



# COVID-19 Emergency in India

Kusum K Rohilla<sup>1</sup>, C Vasantha Kalyani<sup>2</sup>

<sup>1</sup>PhD Scholar & Nursing Tutor, College of Nursing, All India Institute of Medical Sciences, Rishikesh

<sup>2</sup>Assistant Professor, College of Nursing, All India Institute of Medical Sciences, Rishikesh

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India's scenes of misery are difficult to understand. More than 202 million cases of COVID-19 had been registered as of May 12, with a rolling average of 378000 cases per day, and more than 222000 deaths,<sup>1</sup> which experts believe are likely to be understated. Hospitals are overburdened, and medical personnel are tired and infected.<sup>2</sup> People (both doctors and the general public) are searching for medical oxygen, hospital beds, and other necessities on social media. Even before the second wave of COVID-19 cases started to emerge in early March,<sup>3</sup> India's Health Minister Dr Harsh Vardhan announced that the epidemic was nearing its end.

Despite repeated warnings about the dangers of a second wave and the emergence of new strains, the government gave the impression that India had defeated COVID-19 after several months of low case counts. Modeling incorrectly suggested that India had achieved herd immunity, promoting complacency and inadequate planning, according to a serosurvey conducted by the Indian Council of Medical Research in January, only 21% of the population had antibodies to SARS-CoV-2.<sup>4</sup> Prime Minister Narendra Modi's government has seemed to be more concerned with suppressing criticism on twitter than with containing the pandemic at times.

Despite warnings about the dangers of super-spreader activities, the government permitted religious festivals, which drew millions of people from all over the world, as well as massive political rallies, which were notable for their lack of COVID-19 mitigation steps. The message that COVID-19 was effectively over also slowed India's COVID-19 vaccination programme, which has only vaccinated less than 3% of the population.<sup>5</sup> India's vaccination programme at the federal level quickly disintegrated. The govern-

ment suddenly changed course without consulting states, extending vaccination to all over the age of 18, depleting stocks, and causing widespread uncertainty and a vaccine dose market in which states and hospital systems competed.

During the pandemic of COVID-19, effectiveness of that initiative will hinge on the government admitting its errors, having responsible leadership and accountability, and implementing a science-based public health response.

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**Correspondence:** Dr. Kusum K Rohilla (Email: kus2211@gmail.com)