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Guest Editorial

COVID 19: Where we are ?

Jai Krishna Mishra^{1,*}, Devendra Pratap Yadav¹

¹Dept. of TB & RD, Institute of Medical Sciences, BHU, Varanasi, Uttar Pradesh, India



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COVID-19 pandemic erupted in the Wuhan City of People's Republic of China in December 2019. Soon, the disease spread rapidly within and outside China and also engulfed a large number of countries. It was named as severe acute respiratory syndrome (SARS)-CoV-2 by the International Committee on Taxonomy of Viruses. WHO also named the disease due to this virus as COVID-19.¹

As of March 29, 2021 a total of 126,890,643 confirmed cases of COVID-19, including 2,778,619 deaths reported to WHO had taken place with no respite in geographical spread.

In India, More than 12 million confirmed cases has been registered out of which 11.4 million recovered completely.²

The case fatality ratio is less than that seen in two recent epidemics due to SARS-CoV-1 and Middle East respiratory syndrome (MERS)-CoV, but greater transmissibility and rapidity of the spread are the observed characteristics of this virus.

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people had fallen into extreme poverty. Without the means to earn an income during lockdowns, many were unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.

A pandemic is not just a medical phenomenon; it affects individuals and society and causes disruption, anxiety, stress, stigma, and xenophobia. The behavior of an individual as a unit of society or a community has marked effects on the dynamics of a pandemic that involves the level of severity, degree of flow, and after effects.³ Rapid human-to-human transmission of the SARS-CoV-2 resulted in the enforcement of regional lockdowns to stem the further spread of the disease. Isolation, social distancing, and closure of educational institutes, workplaces, and entertainment venues consigned people to stay in their homes to help break the chain of transmission. However, the restrictive measures undoubtedly have affected the social and mental health of individuals from across the board. Quarantine and self-isolation can most likely cause a negative impact on one's mental health.⁴ They can be placed in a situation or an environment that may be new and can be potentially damaging to their health.

Within 12 months since the identification of the SARS-CoV-2 virus and its genome, an exceptional effort by the scientific community has led to the development of over 300 vaccine projects worldwide. Over 40 are now undergoing clinical evaluation.⁵ A few of these new vaccines are being approved for emergency use.

In India two vaccines namely Covishield and Covaxin were approved by DCGI for restricted use in emergency situations. On 16 January 2021 India started its national vaccination programme against the SARS-CoV-2 virus which has caused the COVID 19 pandemic. The drive

* Corresponding author.

E-mail address: mishrajkb@bhu.ac.in (J. K. Mishra).

prioritises healthcare and frontline workers, and then those over the age of 45 years. More than 60 million doses of coronavirus vaccines have been administered in India in what is the world's biggest inoculation drive. Efficacy of these vaccines is under investigation in preventing the COVID 19. Preliminary data from its phase 2 trial shows Covaxin, has an efficacy rate of 81%.⁶

Amid vaccination programme the second wave of coronavirus infections is spreading rapidly in India and the cases may continue to rise for the next few days. The total cases in the country have now crossed the 12-million mark.

Even though the ongoing surge is restricted to limited areas, as many as ten states have started showing an upward trajectory in daily new infections.

In sheer numbers, India is vaccinating a huge number – more than 2 million – a day. But relative to the country's massive population, that pace is extremely slow, and would mean many months before coming close to the perceived herd immunity threshold, and that is assuming the vaccines work against new variants. With more and more people getting vaccinated, and a large proportion having already been infected, the expectation is that the second wave would last for a shorter period of time than the first.

1. Conflict of Interest

None.

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Author biography

Jai Krishna Mishra, Professor

Devendra Pratap Yadav, Senior Resident

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