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IMPACT AND INFECTION OF SARS-CoV-2 (COVID-19) IN INDIA: CURRENT STATUS

N. SRIDHAR¹, K. ELUMALAI², M. BARANITHARAN^{1*} AND M. MUTHULINGAM¹

¹Department of Zoology, Annamalai University, Annamalai Nagar, Tamil Nadu, India. ²Department of Zoology, Government Arts College (Autonomous), Nandanam, Chennai – 600088, Tamil Nadu, India.

AUTHORS' CONTRIBUTIONS

This work was carried out in collaboration among all authors. Author MB designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors NS and KE managed the analyses of the study. Author MM managed the literature searches. All authors read and approved the final manuscript.

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Case Study

ABSTRACT

Corona Virus Disease (COVID-19) is an RNA virus, and the trade impact of the epidemic for India. In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions. Nosocomial transmission has been described as an important driver in the epidemiology of SARS, MERS and has also been documented in COVID-19. In India, totally were recorded (59662, and 182142), such as active cases (39834, and 89995), cured (17846, and 86983) death rates (1981, and 5164) at 10th and 30th May 2020. The case report provides an insight into the COVID-19 current situation and represents a picture of the current state of the art in terms of public health impacts.

Keywords: SARS-CoV-2; Coronavirus disease; public health; COVID-19.

1. CASE PRESENTATION

Corona Virus Disease (COVID-19) is an RNA virus with severe acute respiratory syndrome (SARS, 2003), and Middle East respiratory syndrome (MERS, 2014). COVID-19 pandemic has emerged as an unprecedented health emergency, and was declared a pandemic by WHO on 25th March, 2020. Further, it has shattered the health systems in all the major economies of the worldwide. While earlier the focus of spread was centred on China, it has now shifted to Europe and North America. WHO has advised countries to take a whole-of-government, whole-ofsociety approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact [1]. Government of India process early and started a nationwide lockdown on 25th March 2020, which has resulted in observing the spread of the virus, as upto date of May 10th and 30th totally recorded 59662, and 182142, such as active cases 39834 and 89995, cured/discharged 17846, and 86983, death rate 1981, and 5164 and report have cases, recovered, and death rates in 28 States and 8 union territories (Table 1), for a total of 36 entities, particularly noticed top ten states death rates, such as Maharashra (731/2098), Tamil Nadu (40/154), Delhi (68/398), Gujarat (449/980), Rajasthan (101/184), Bihar (5/15), Madhya Pradesh (200/334), Uttar Pradesh (66/198), West Bengal (160/302), and Andhra Pradesh (41/60), including totally, 104829

^{*}Corresponding author: Email: bharanitharan2011@gmail.com;

outpatients who were discharged up to date (Fig. 1) [2].

The profession impact of the COVID-19 epidemic for India is estimated to be about 348 million dollars. So, according to Asian Development Bank (ADB) the COVID-19 outbreak could cost the Indian economy between 387 million to 29.9 billion in personal consumption losses (https://www.livemint.com/). Further, the professional impact is approximately estimated to be the most for the wood products and furniture at 15 million dollars, automotive sector at 34 million dollars, textiles and apparel at 64 million dollars, electrical machinery at 12 million dollars, metals and metal products at 27 dollars, leather products at 13 million dollars, and chemicals sector at 129 million dollars within India. COVID-19 global pandemic has bury humanity, with a huge impactful on health systems across the worldwide [3].

| States | Confirmed | | Active | | Recovered | | Death rates | |
|---------------------------|-----------------------------------|------------------|-----------------------------------|-------|-----------------------------------|-------|-----------------------------------|------|
| | 10 th 31 st | 31 st | 10 th 31 st | | 10 th 31 st | | 10 th 31 st | |
| | May | May | May | May | May | May | May | May |
| Maharashra | 19063 | 62228 | 14862 | 33133 | 3470 | 26997 | 731 | 2098 |
| Tamil Nadu | 6009 | 20246 | 4364 | 8779 | 1605 | 11313 | 40 | 154 |
| Delhi | 6318 | 17386 | 4230 | 9142 | 2020 | 7846 | 68 | 398 |
| Gujarat | 7402 | 15934 | 5081 | 6343 | 1872 | 8611 | 449 | 980 |
| Rajasthan | 3579 | 8365 | 1562 | 2937 | 1916 | 5244 | 101 | 184 |
| Bihar | 571 | 3376 | 269 | 2150 | 297 | 1211 | 5 | 15 |
| Madhya Pradesh | 3341 | 7645 | 1792 | 3042 | 1349 | 4269 | 200 | 334 |
| Uttar Pradesh | 3214 | 7284 | 1761 | 2842 | 1387 | 4244 | 66 | 198 |
| West Bengal | 1678 | 4813 | 1154 | 2736 | 364 | 1775 | 160 | 302 |
| Andhra Pradesh | 1887 | 3436 | 1004 | 1150 | 842 | 2226 | 41 | 60 |
| Karnataka | 753 | 2781 | 347 | 1839 | 376 | 894 | 30 | 48 |
| Telengana | 1133 | 2425 | 404 | 973 | 700 | 1381 | 29 | 71 |
| Punjab | 1731 | 2197 | 1550 | 206 | 152 | 1949 | 29 | 42 |
| Jammu & Kashmir | 823 | 2164 | 450 | 1261 | 364 | 875 | 9 | 28 |
| Odisha | 271 | 1723 | 206 | 829 | 63 | 887 | 2 | 7 |
| Haryana | 647 | 1721 | 360 | 762 | 279 | 940 | 8 | 19 |
| Kerala | 503 | 1150 | 15 | 577 | 484 | 565 | 4 | 8 |
| Assam | 59 | 1024 | 24 | 895 | 34 | 125 | 1 | 4 |
| Uttarakhand | 63 | 716 | 16 | 609 | 46 | 102 | 1 | 5 |
| Jharkhand | 132 | 511 | 77 | 290 | 52 | 216 | 3 | 5 |
| Chhattirgarh | 59 | 415 | 21 | 314 | 38 | 100 | 0 | 1 |
| Himachal Pradesh | 50 | 295 | 10 | 203 | 38 | 87 | 2 | 5 |
| Chandigarh | 150 | 289 | 128 | 96 | 21 | 189 | 1 | 4 |
| Tripura | 118 | 251 | 116 | 80 | 2 | 171 | 0 | 0 |
| Ladakh | 42 | 74 | 25 | 31 | 17 | 43 | 0 | 0 |
| Goa | 7 | 69 | 0 | 28 | 7 | 41 | 0 | 0 |
| Manipur | 2 | 59 | 0 | 51 | 2 | 8 | 0 | 0 |
| Puducherry | 9 | 51 | 3 | 37 | 6 | 14 | 0 | 0 |
| Andaman and | 33 | 33 | 0 | 0 | 33 | 33 | 0 | 0 |
| Nicobar | | | | | | | | |
| Meghalaya | 12 | 27 | 1 | 14 | 10 | 12 | 1 | 1 |
| Nagaland | 0 | 25 | 0 | 25 | 0 | 0 | 0 | 0 |
| Arunachal Pradesh | 1 | 3 | 0 | 2 | 1 | 1 | 0 | 0 |
| Dadra and Nagar Haveli | 1 | 2 | 1 | 2 | 0 | 0 | 0 | 0 |
| Mizoram | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Total | 59662 | 182142 | 39834 | 89995 | 17846 | 86983 | 1981 | 5164 |

Table 1. Outbreaks of COVID-19 in India at $10^{\rm th}$ and $30^{\rm th}$ May 2020

India Fight Corona, COVID-19. Government of India, 30.05.2020

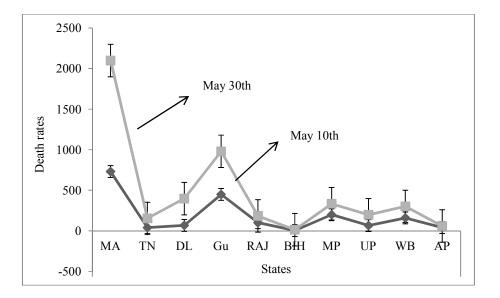


Fig. 1. Top ten states are death rates reports in India

2. CONCLUSION

The utilized of high-capacity is initial health care along with increased awareness of preventive methods in forceful step in the effort to control in India. Most raising international co-operation and decreasing economic constraints can be an effective step toward improving the current situation.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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