

Assessment of COVID Prevention

Posted On: 18 SEP 2020 4:17PM by PIB Delhi

World Health Organization, Country office, India alerted India on 6th January, 2020 about outbreak of pneumonia of unknown origin in Wuhan city of China. WHO issued a statement on 9th January, 2020 about a novel coronavirus, which was later named as SARS-CoV-2 virus and the disease was named COVID-19 by WHO on 11th February, 2020.

The first Indian case of COVID-19 was reported on 30th January 2020. Before the Nationwide lockdown, a series of actions were undertaken in a pro-active, graded and pre-emptive manner based on the evolving scenario.

To prevent entry of disease, India started point of entry screening of passengers at ports, airports and land border crossings on 18th January, 2020 to identify symptomatic travelers from affected countries. Subsequently universal screening was done for all passengers. Integrated Disease Surveillance Programme followed up these international travelers in the community and contacts of suspects and confirmed cases. In all such States/Districts that reported cases, a containment strategy was followed to contain clusters and large outbreaks. Travel advisories and guidelines on surveillance, contact tracing, sample collection & transportation, clinical management, discharge policy, infection prevention & control and home quarantine were also issued.

The details are as under:

Date	Cases	Deaths
23-03-2020	451	9
01-09-2020	3691166	65288

Between 16-23rd March most of the State Governments/UTs resorted to partial or full lockdown in their respective State/UTs based upon their assessment of the situation.

COVID-19 is a highly infectious disease. There was a need for consistency in the approach & implementation in a scientific manner to prevent the spread of the virus and break/suppress the chain of transmission.

Taking into consideration the above facts, the global experience and the needs for consistency in approach and implementation of various containment measures across the country, a Nationwide lockdown was announced on 24th March, 2020 to contain the spread of COVID-19 in the country.

By imposing country-wide lock-down, India successfully blunted the aggressive progression of COVID. The period of lockdown helped the nation create much required additional health infrastructure. During this time, dedicated isolation beds recorded an increase of 22 times and dedicated ICU beds above 14 times to what existed in March 2020. Similarly, laboratory capacity for testing COVID was increased nearly 10 times during this time. Whereas there was no indigenous manufacturing of PPE and N-95 masks, with the requisite standards, at that point in time, we are now self-sufficient and, in a position, to export the same. Similarly, very limited indigenous manufacturing ventilators was available at the time of lockdown, this capacity was also enhanced to attain self-reliance in this regard.

During this period, various cadres of personnel and volunteers across sectors and departments for COVID related works and maintenance of other essential medical services were worked out, trained through resources made available on the website of MoHFW, iGOT (online platform) by DOPT (<https://igot.gov.in/igot/>).

It has been estimated that the decision of lockdown by slowing down the progress of pandemic in India, prevented 14–29 lakh cases and 37–78 thousand deaths.

The Minister of State (Health and Family Welfare), Sh Ashwini Kumar Choubey stated this in a written reply in the Lok Sabha here today.

MV

(Release ID: 1656184)