

# “A STORM has shaken the nation”

Col Ram Athavale discusses India's tryst with the second wave of Covid-19



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India recorded its first Covid-19 case on 30 January 2020 in the southern state of Kerala. The first wave peaked in October 2020, when the maximum daily cases were nearly 90,000 per day. By 14 July 2021 the world's second most populous country had 30,946,074 total cases and more than 411,400 deaths

**W**hen will it end? That is the question everyone is asking about Covid-19. Having emerged in 'Patient Zero' of Wuhan around November 2019, it took just twelve weeks for this deadly virus to bring the world to a halt.

In India, initial shortages of PPE, masks and ventilators were at first overcome by rapid home production and imports. While overstretched, health infrastructure coped with the then heavy surge. Cases came down to about 10,000 per day by February 2021 and the general mood was that of a victory over Covid-19.

### The second surge

Since almost a year ago, experts had been predicting and warning of a second

surge. Anticipating the lull and the inevitable complacency, many experts urged the Administration to take stock and build adequacy in all related fields to meet the surge.

The vaccine roll-out since Jan 2021 in age-based phases began and the process was well organised. Then in March 2021, India was hit by the second wave. This surge overcame the government, healthcare system and population at large with a severity very few had imagined.

Within a few days India had a near-vertical spike in its daily case load. Covid-19 deaths soared from 68,000 at end March 2021 to an all-time high of 414,433 on 6 May. By 22 May 2021 there were 26,289,290 total cases and more than 295,525 deaths, based on official data from the Ministry of Health and

Family Welfare. In fact, India sadly maintained more than 300,000 daily cases and a daily death rate of more than 3,800 for more than a fortnight in May 2021.

This super-surge took the Administration and healthcare infrastructure by supreme surprise. Prime Minister Narendra Modi has described the second wave as a "storm" that has "shaken the nation."

### Why the steep surge?

The relatively mild first wave (by global standards) and the favourable dip in cases bolstered the Government to declare a victory of sorts. The administrative mechanism and economy had survived and resurged throughout 2020. The handling of the pandemic was praised and state 'models' were being touted as gold standards in management of the pandemic.

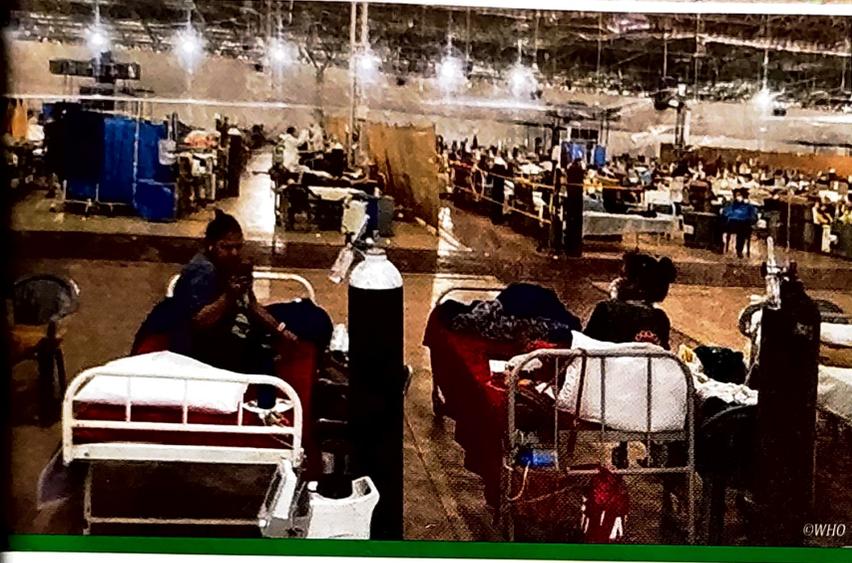
However, by mid-February 2021 cases took a sharp vertical trend. Key reasons for the present dire situation include:

**Virus variants.** By February 2021, it looked as if multiple variants were behind a series of surges in India.

**Left:** Stranded migrant workers wait to return to their villages.

**Right:** Family members of Covid-19 patients wait outside an oxygen-filling centre to refill their empty cylinders in New Delhi.

**Below:** The Sardar Vallabhbhai Patel Covid Care Centre in New Delhi was reopened for the second wave with 500 beds on 26 April 2021.



refilling cycles were not built up for such surge demands. In addition, the ICMR stated that the need for oxygen has remained relatively higher than the previous surge. Lack of cryogenic oxygen tankers and logistical inertia caused acute short-term shortages – which caused many avoidable deaths.

#### **Administrative shortcomings.**

After the first wave tapered off, Government and industry focused on reviving the shattered economy. Businesses were opened up; markets were awash with fresh goods, and the euphoria of being out of lockdown shackles was everywhere to be seen.

But the experts, epidemiological studies and medics kept warning of a second wave causing increased impact. Poor public advisories and complacency led to lax preparation for the surge, with little effort to build reserves or strengthen existing capacities.

#### **Public complacency.**

The festival season added fuel to the fire. From Diwali in November to Holi in March, despite partial lockdowns the Indian citizenry went berserk crowding at weddings, parties, religious and political events. The Administration continued its public advisories and even tried to fine mask defaulters and curfew breakers – but could not check the spread.

The second-wave surge was too fast and too massive. However, it could have been controlled to a certain extent. In the war against the virus we need astute planning, sound logistics and mega reserves for intense battles – in addition to optimally trained and equipped frontline workers.

Genomic data collected by the Indian Council of Medical Research (ICMR) indicated that variant B.1.1.7, first identified in the UK, was dominant. By end March, the ICMR stated that a new variant B.1.617 had become the faster-spreading, more persistent and dominant strain across India. The variant soon spread to about 40 nations, including the UK, Fiji and Singapore.

**Vaccine phases.** For many years, India has been the world's largest producer of vaccines. It began its Covid-19 vaccination drive for its 1.3 billion population in January. The World Health Organisation (WHO) hailed Indian vaccine exports and donations as saviours.

As in many countries, the phased vaccination programme progressed, despite technical glitches. Just as India was gaining momentum, the sudden surge and public pressure prompted the programme to be accelerated from April 2021. The programme then faltered due to an unexpected spurt in domestic demand, the obligated export quota, and production shortages and delays – resulting in public outrage. As of 22 May 2021, India had vaccinated about 41.6 million

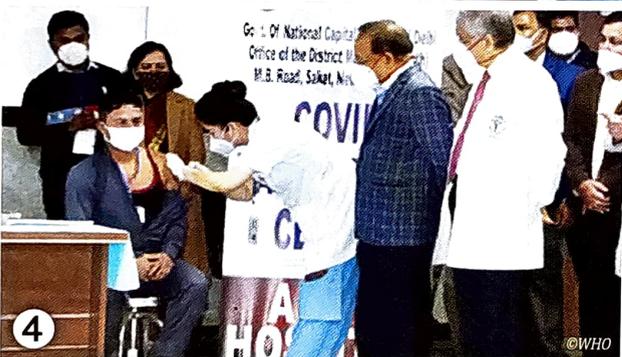
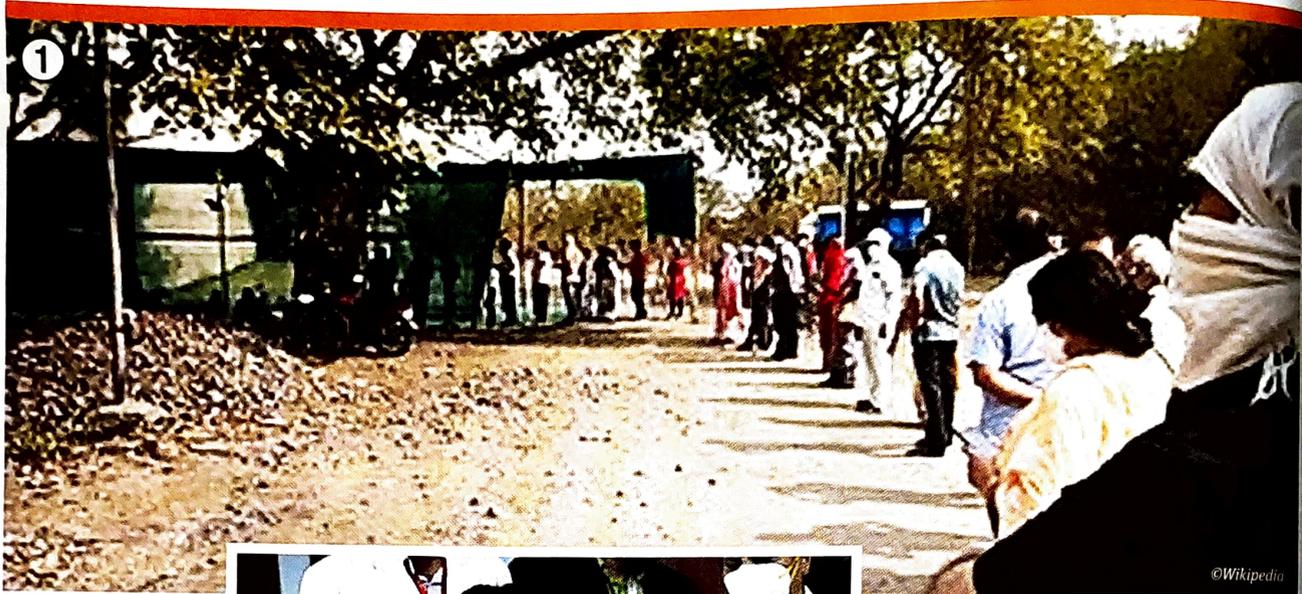
people – just 3% of the population.

**Healthcare shortcomings.** All hospitals and clinics were already at peak operation during the first wave. Medics and paramedics were exhausted due to heavy caseloads and supplies were running at sub-optimal levels. Then came the surge. Medical infrastructure was already bursting due to increased admissions and many hospitals put up a 'No Beds Available' sign at the gate.

In addition, in spite of a yearlong experience, there is still a dearth of ambulances, ICU beds and specialised medical equipment. India's doctor-population ratio per 1,000 is very low – at 0.62 compared with a high of 4.12 in Germany or 2.81 in the UK. This further aggravated the situation.

**The oxygen conundrum.** There is no oxygen produce deficit in India. Steel and many other industries have been producing huge amounts of oxygen for their plant processes. The moot issue is that nobody anticipated the sharp surge and did not cater for specialised tankers and the large number of cylinder reserves.

Available monthly stocks of oxygen in hospitals were depleted by the hour and



- 1 Covid-19 vaccination queue on 1 May 2021 in Nagpur.
- 2 Covishield ChAdOx1 nCoV-19 coronavirus vaccine (recombinant) is made by the Serum Institute of India (SII) in collaboration with AstraZeneca.
- 3 Covid-19 vaccination roll-out in AIIMS, New Delhi on 16 January 2021.
- 4 Sanitation worker Manish Kumar became the first person to get vaccinated against coronavirus disease in India.
- 5 Covaxin made by Bharat Biotech is India's first indigenous Covid-19 vaccine.

## Key recommendations

**Medical Intelligence.** Setting up a dedicated department comprising relevant experts: epidemiologists, virologists, bio-disaster specialists and scientists to forecast and prepare for the anticipated impact. The department would be responsible for detecting, identifying, analysing and drawing actionable intelligence of health threats.

**Strengthening of healthcare infrastructure.** Strong stable policy and strict enforcement of Covid-19 norms by the government is vital to keep complacent behaviour in check. Unified and strategic partnership between the

states and central government for health management and effective crisis response must combine with intensive efforts to bolster healthcare facilities, create adequate reserves, and improve surge capacities in partnership with medical experts, industry and hospitals.

**Vaccine distribution.** A steady momentum of the vaccination drive must be maintained by ramping up production and vaccination centres for enhanced capacity. Access to the vaccination process should involve registrations and slot bookings.

The super surge of the Covid-19 second wave has been a shattering

experience for most Indians. Most families have members currently affected or recovering from Covid-19, while many continue to lose their loved ones. Government administration, industry and of great importance, citizens – all need to learn lessons to prepare for not only the next wave, but also for future pandemics. We are already seeing an epidemic of Black Fungus. A synergetic and concerted effort by all stakeholders is the only solution. ■

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