

Short Communication

The Current Scenario of COVID-19 Status in Jharkhand

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With Corona virus disease-2019 (COVID-19) the whole world has been affected, and Jharkhand, a state in eastern India also has not been spared. The 1st case of COVID 19 in Jharkhand was detected on 31st March 2020 in Ranchi district, who was a foreign national attended some religious congregation with many thousands of people in other state a few days back. India had 106 patients on 29th March in 2 months time after the first case detection [1]. Also, in Jharkhand, the cases rose to 88 in number in one month as on by April 30th, 2020 [2].

Gradually cases started increasing, seeing the rising trend of COVID-19, the nationwide lockdown was imposed on 25th March 2020 to contain the spread of this infection, which remained for nearly 75 days. But, following few weeks of lockdown bringing back of stranded laborers were allowed as there were no jobs for them and they wanted to come back. This led to an increase in the cases especially in those states where there were very few cases initially. In the northeastern region Bihar, Jharkhand, Uttar Pradesh, West Bengal, and Odisha witnessed a speedy rise in the number of cases due to their movement [3]. Currently, our country is an unlocked phase. India has 5,08,953 number of COVID-19 positive cases as on 25th June 2020. But, in our state, in comparison to the cumulative national figures, the burden of infection is quite lower, with 2,207 positive patients with COVID-19 and that contribute to 0.43% cases of national COVID-19 volume as per the data available [1]. We have tried to identify the other associative factors which are helping Jharkhand locals to have less infection rate. In some of the studies, where authors observed that countries that routinely used the BCG vaccine in neonates had

less reported cases of COVID-19 to date. Experimental evidence from both animal and human studies have shown that the BCG vaccine has non-specific effects on the immune system. The clinical trials addressing this question are underway. However, WHO does not recommend BCG vaccination for the prevention of COVID-19 [4]. In Jharkhand BCG vaccination status under 2 years of age was 85% (Rural-84% and Urban 93.1%) during the year of 2007-2008 [5].

Another narrative could be that the majority part of this state is in the high Malaria transmission zone accounting for 7% of the national burden [6]. In 2018, there were 50,.457 cases of malaria in Jharkhand [7]. And, there are reports where malaria-prone regions have less COVID-19 cases than the regions with limited or no transmission [8]. China reported <0.01 per 1000 population at risk for malaria, and no malaria cases were reported in Itlay, US, Spain, and Germany in 2015. The world has witnessed the number of cases and fatalities in these countries. However, African countries, Brukina with high Malaria transmission of 389/1000 population has reported only 75 cases of COVID -19 as of March 22, 2020 [8]. However, there are multiple factors which could be described for this differential infection rate and fatality, like different strain of COVID-19 strain is circulating in different regions, and role of environmental factors, and limited travel. Also, the wide use of anti-malarial drugs Chloroquine which has been reported to be an effective anti-viral agent pre- and post-infection of severe acute respiratory syndrome- corona virus-1 (SARS-COV-1) can also have role in mitigating the severe acute respiratory syndromecorona virus-2 (SARS-COV-2) [8]. Another reason could be people's strict adherence to lockdown rules and regulations. The average literacy rate in the state is 66.4% [9]. People of this state have shown discipline in following the practices of social distancing, wearing masks/face covers, gloves, and hand hygiene with hand-washing with soap and water or sanitizer. And strong efforts of the Government authorities to get the advisory implemented in the general population and society to be applauded. One among other causes may be the less dense population (414/km2) of this region compared to neighboring states of West Bengal (1028/ km²), Bihar (1106 /km²) and Uttar Pradesh (829/ km2) [9] has also helped to contain the infection. Also, the majority of the population (75.95%) in the state lives in the rural region and 24.05% of the population lives in the urban region [9] and their dependency on the towns and cities is less.

Another reason could be a smaller number of COVID testing in the state, on an average, there are approx. 800-1000 samples are tested per day by real time polymerase chain reaction (RT-PCR) [10]. Presently for a population of 4 crores, we have 5 government and 4 private labs approved by the Indian council of medical research (ICMR) [11]. As of 25th June 2020, 7.77 million peoples have been tested, with total no of positive cases 5.089 lakhs, per day approx. 2.15 lakhs people are being tested for COVID-19 [1]. The current infection rate prevalent in the country is 6.54% [1]. Nationally, the average number of contacts traced and tested per laboratory-confirmed case was found to be six. Jharkhand was at the bottom of the table with 1.3 contacts tested

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per positive case [12]. In Jharkhand COVID-19 positive patients are admitted to the hospital. Approximately 80 % cases are asymptomatic or have mild symptoms [13]. For first five days patients are prescribed Hydroxychloroquine, Vitamin C, and Zinc and other supportive care as required bases on the clinical discretion [14]. We have a 71% recovery rate, whereas it is 58.1% at the national level [1]. There have been 11 (0.4%) deaths due to this virus and the majority were having inter-current illness like chronic renal failure, brain hemorrhage, uncontrolled diabetes, and malignancy. In India there is a fatality rate of 3% [1]. Asymptomatic and cases with some symptoms but oxygen saturation >95% are discharged after 10 days, if afebrile after 3 days. Testing is not required before discharge for such patients. All such patients are advised to self-isolate at home for another 10 days. Severe cases including immune-compromised patients are discharged if there is recovery clinically and they are subjected to testing by RT-PCR before discharge [15]. Now India is in the peak stage of this viral infection with approximately 18000-20000 cases being positive per day with deaths of 350-400 patients [1]. Demographic variation, infection rate, and fatality about this virus in different zones of the world is the area of need to be studied. This is the current high demand for time.

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