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Epidemic Mosaic: State-Wise Patterns and Impacts of Covid-19 in India

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Abstract

After being discovered for the first time in Wuhan, China in December 2019, the extremely contagious coronavirus illness (COVID-19) quickly spread to 212 nations and territories worldwide, affecting millions of people. The sickness was discovered for the first time in India, a sizable nation of 1.3 billion people, on January 30, 2020, in a student who was returning from Wuhan. The extremely contagious coronavirus illness 2019 (COVID-19) was initially identified in Wuhan, China, in December 2019. Over two million people have been verified to have been infected by the disease, which has spread to 210 different nations and territories worldwide. The sickness was initially discovered in India on January 30, 2020, in Kerala in a student who had just returned from Wuhan. Thus far, 17615 individuals have been verified to be infected nationwide (19 April 2020). The majority of studies and press reports center on the total number of infected individuals in India. But considering the vastness and diversity of India, it could be wise to examine the disease's spread across each state independently, as well as the nation as a whole. The goal of this research is to present a thorough overview of the COVID-19 pandemic analysis in India, including state-by-state death rates and management strategies. We obtained articles from the official website that describe the COVID-19 management approach and the death rates in each state, as well as up-to-date data from 2022 and 2023. With 4.2 billion people, India is the nation with the biggest population. The nation's economy grew significantly as a result of this disaster. India saw the third-highest number of deaths worldwide and the second-highest number of confirmed positive cases. Nevertheless, considering the vastness and diversity of India, it is crucial to examine the disease's spread in each state independently, as conditions in each vary greatly. We analyses data on the number of infected individuals in each Indian state in this research (limited to those states with sufficient data for analysis). Our analysis is intended to assist state governments in more effectively allocating their little healthcare resources in anticipation of emerging health crises.

Keywords: Analysis; COVID-19; India; Review; Management; Wuhan

Abbreviations: EAG: Empowered Action Group; MOHFW: Ministry of Health and Family Welfare; WHO: world Health Organisation.

Introduction

Novel Coronavirus (2019-nCoV) situation report [1] was first discovered in Wuhan, China in December 2019, and it caused an extraordinary disaster for the entire planet. India is a country located in South Asia and is the seventh-largest country by land area. India is divided into **28 states and 8 union territories totally we see about the 36 including states and un**ion territories. The Middle East respiratory syndrome coronavirus and the severe acute respiratory syndrome coronavirus are among the viruses that make up the corona virus family, according to the World Health Organization (WHO) [2]. Corona viruses, along with other common cold symptoms and therapy, are circulating in certain wild animals and can be transmitted from animals to humans. [3] A diverse strategy is needed to combat the COVID-19 pandemic as it continues to spread. The community, the government, the health sector, and each person all have a crucial part to play in preventing the spread of infection. Healthcare practitioners should receive clinical management training in order to enable them to reliably and quickly identify and treat every infected person in the fast-spreading viral disease [4]. This article evaluated how well each Indian state fared against the COVI-19 pandemic. In order to stop the COVID-19 virus from spreading, each state government develops its own plan for prompt decision-making and assigns specific teams to capacity building, containment, isolation and treatment, and awareness raising. The state government's key choices to break the COVID-19 virus chain include efficient governance, evaluation of the medical facilities, effective monitoring, testing strategy, patient care, managing the enormous migrant intake, capacity building, financial incentives, and etc. COVID-19 has impacted every sector in the country including healthcare. Indian healthcare system crumbled under the massive burden of the global pandemic highlighting the gaps and challenges in the existing health delivery system.

Method

We have used publically accessible Indian COVID-19 data. The Ministry of Health and Family Welfare is one of the main data providers. COVID-19. [2020-04-21] Ministry of Health and Family Welfare [5]. State wise active and death cases taken from official portal site ministry of health and family welfare which was taken on Dec21 2023.

Epidemiological Situation of Covid-19 in India

A thorough overview of the COVID-19 situation in India may be found in the WHO India weekly COVID-19 situational report. An epidemiological overview of India is included in the reports, along with highlights from WHO and operational updates on risk, communication, community involvement, infection prevention and control, clinical management, and operation support in India [6]. The WHO situational report gives an update on the distribution of pandemic vaccines in India and summarizes the harshness of social and public health measures put in place there [7].

Present Status

Over 1.4 million new COVID-19 cases and over 1800 deaths were reported to WHO over the most recent 28-day period (August 31, 2023–December 21, 2023). These numbers represent increases of 38% and decreases of 50%, respectively, over the preceding 28 days. Over 6.9 million deaths and over 770 million confirmed cases had been reported worldwide as of December 21, 2023. Two WHO areas reported a drop in instances, while three recorded an increase in cases. The Eastern Mediterranean and Western Pacific WHO regions reported higher death tolls, despite three WHO areas reporting lower death tolls. The global figures in this WEU issue comprise all data that is currently available from the Americas region from the beginning of the epidemic until December 21, 2023, as reported [8].

Name of the state	Active cases	Death rate	Total population
Andaman and Nicobar	10637	129	403,000
Andhra Pradesh	2340676	14733	53,156,000
Arunachal Pradesh	66753	296	1,562,000
Assam	738130	8035	35,713,000
Bihar	842953	12314	126,756,000
Chandigarh	99514	1185	1,231,000
Chhattisgarh	1173508	14190	30,180,000
Dadra and Nagar Haveli and Daman and Diu	11588	4	1,263,000

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Delhi	2014449	26669	21,359,000
Goa	259379	4014	1,575,000
Gujarat	1280390	11080	71,507,000
Haryana	1068195	10779	30,209,000
Himachal Pradesh	318700	4245	7,468,000
Jammu and Kashmir	477247	4792	13,603,000
Jharkhand	438510	5334	39,466,000
Karnataka	4048696	40359	67,692,000
Kerala	6837414	72043	35,776,000
Ladakh	29372	231	300,000
Lakshadweep	11363	52	69,000
Maharashtra	8023411	148561	126,385,000
Manipur	137886	2149	3,223,000
Meghalaya	95362	1628	3,349,000
Mizoram	238828	734	1,238,000
Madhya Pradesh	1045770	10786	86,579,000
Nagaland	35251	782	2,233,000
Odisha	1339177	9215	46,276,000
Puducherry	175591	1981	1,646,000
Punjab	773109	19338	30,730,000
Rajasthan	1316732	9736	81,025,000
Sikkim	44431	501	689,000
Tamil Nadu	3572748	38081	76,860,000
Telangana	840388	4111	38,090,000
Tripura	107553	942	4,147,000
Uttar Pradesh	2121788	23712	235,687,000
Uttarakhand	444820	7768	11,637,000
West Bengal	2104989	21555	99,084,000

Table 1: State-wise Active cases and Death rate [9].

Analysis State Wise

Among the larger states, Kerala continued to rank highest on the health index, while Uttar Pradesh was at the bottom. Among the smaller states, Mizoram had the highest health score while Nagaland had the lowest. Maharashtra is likewise having a lot of trouble controlling the pandemic. As previously mentioned, some of the poorest states in India include Bihar, Uttar Pradesh, Uttarakhand, Odisha, and Madhya Pradesh. These states comprise the Empowered Action Group (EAG), along with Rajasthan, Jharkhand, and Chhattisgarh, which have all improved their health index scores. Following independence, the state government-built hospitals at the Taluk, District, and Medical College levels. Every village has a primary health center with a doctor and free medications. Kerala's health care has been around for more than 150 years! For professional care, patients go from 50 different nations to Kerala Hospitals.

Conclusion

Because to "test, track, and treat," the reported fatality rate has decreased to 1.45 and the national recovery rate has increased to 94.66%. The current pandemic outbreak in India is being prevented and managed by the Ministry of Health and Family Welfare (MOHFW) and the Ministry of Ayush. With its early origins in Wuhan, China, the new coronavirus disease 2019 (COVID-19) has spread over the world and become a pandemic. Most countries in the war footing have provided the most resources and precautions possible to minimize transmission and lower death rates. When used

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in conjunction with SOC for COVID-19 care, homoeopathy has been shown to lower mortality and morbidity due to a decreased need for oxygen and hospital stays.

A few laboratory markers reach normalcy sooner. Therefore, the sickness is under general control [10]. These developments not only meet the pandemic's immediate needs, but also open the door for anticipatory and adaptable reactions to infection threats in the future [11]. The COVID-19 epidemic has presented healthcare with an unprecedented issue, for which there are inadequate current treatments. It's possible that classical homoeopathy can help to lessen this load [12]. The management of medical center's should provide coping mechanisms for the difficulties brought on by COVID-19, particularly for health human resources, as healthcare professionals are at the frontline of the fight against the virus. This would enhance the performance of healthcare organizations [13].

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