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Webinar on

# COVID-19: Current Scenarío at International, National & State Level

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Latest update 10<sup>th</sup> November 2020, WHO is continuously monitoring and responding to this pandemic.

#### What is COVID-19?

COVID-19 is the disease caused by a New Coronavirus called SARS-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, People's Republic of China. COVID means Coronavirus Disease. Corona coming from the word Crown, the fashion of its spike protein looks like crown. Its DOB is 17<sup>th</sup> Nov'2019.

#### What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are:

- Fever (87.9%)
- Dry cough (67.7%)
- Fatigue (56.7%)

Other symptoms that are less common and may affect some patients include:

- Loss of taste or smell (29.8%)
- Nasal congestion (25%)
- Sore throat (13.9%)
- Headache
- Muscle or joint pain,
- Different types of skin rash,
- Nausea or vomiting (3.5%)
- Diarrhoea (3.7%)
- Chills or dizziness.

Symptoms of severe COVID-19 disease include:

- Shortness of breath (18.6%)
- Loss of appetite
- Confusion
- Persistent pain or pressure in the chest
- High temperature (above 38 °C).

Other less common symptoms are:

- Irritability,
- Confusion,

- Reduced consciousness (sometimes associated with seizures),
- Anxiety,
- Depression,
- Sleep disorders,
- More severe and rare neurological complications such as strokes, brain inflammation, delirium and nerve damage.

People of all ages who experience fever and/or cough associated with difficulty breathing or shortness of breath, chest pain or pressure, or loss of speech or movement should seek medical care immediately. If possible, call your health care provider, hotline or health facility first, so you can be directed to the right clinic.

#### What happens to people who get COVID-19?

Among those who develop symptoms, most (about 80%) recover from the disease without needing hospital treatment. About 15% become seriously ill and require oxygen and 5% become critically ill and need intensive care.

Complications leading to death may include respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, thromboembolism, and/or multiorgan failure, including injury of the heart, liver or kidneys.

In rare situations, children can develop a severe inflammatory syndrome a few weeks after infection.

#### Who is most at risk of severe illness from COVID-19?

People aged 60 years and over, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, obesity or cancer, are at higher risk of developing serious illness. However, anyone can get sick with COVID-19 and become seriously ill or die at any age.

#### Are there long-term effects of COVID-19?

Some people who have had COVID-19, whether they have needed hospitalization or not, continue to experience symptoms, including fatigue, respiratory and neurological symptoms.

WHO is working with our Global Technical Network for Clinical Management of COVID-19, researchers and patient groups around the world to design and carry out studies of patients beyond the initial acute course of illness to understand the proportion of patients who have long term effects, how long they persist, and why they occur. These studies will be used to develop further guidance for patient care.

#### How can we protect others and ourselves if we don't know who is infected?

Stay safe by taking some simple precautions, such as physical distancing, wearing a mask, especially when distancing cannot be maintained, keeping rooms well ventilated, avoiding crowds and close contact, regularly cleaning your hands, and coughing into a bent elbow or tissue. Check local advice where you live and work. Do it all!

#### When should I get a test for COVID-19?

Anyone with symptoms should be tested, wherever possible. People who do not have symptoms but have had close contact with someone who is, or may be, infected may also consider testing – contact your local health guidelines and follow their guidance.

While a person is waiting for test results, they should remain isolated from others. Where testing capacity is limited, tests should first be done for those at higher risk of infection, such as health workers, and those at higher risk of severe illness such as older people, especially those living in seniors' residences or long-term care facilities.

#### What test should I get to see if I have COVID-19?

In most situations, a molecular test is used to detect SARS-CoV-2 and confirm infection. Polymerase chain reaction (PCR) is the most commonly used molecular test. Samples are collected from the nose and/or throat with a swab. Molecular tests detect virus in the sample by amplifying viral genetic material to detectable levels. For this reason, a molecular test is used to confirm an active infection, usually within a few days of exposure and around the time that symptoms may begin.

#### What about Rapid Tests?

Rapid antigen tests (sometimes known as a rapid diagnostic test - RDT) detect viral proteins (known as antigens). Samples are collected from the nose and/or throat with a swab. These tests are cheaper than PCR and will offer results more quickly, although they are generally less accurate. These tests perform best when there are more viruses circulating in the community and when sampled from an individual during the time they are most infectious.

#### I want to find out if I had COVID-19 in the past, what test could I take?

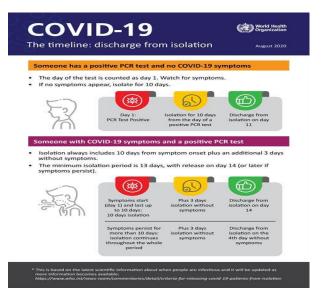
Antibody tests can tell us whether someone has had an infection in the past, even if they have not had symptoms. Also known as serological tests and usually done on a blood sample, these tests detect antibodies produced in response to an infection. In most people, antibodies start to develop after days to weeks and can indicate if a person has had past infection. Antibody tests cannot be used to diagnose COVID-19 in the early stages of infection or disease but can indicate whether or not someone has had the disease in the past.

#### What is the difference between isolation and quarantine?

Both isolation and quarantine are methods of preventing the spread of COVID-19.

**Quarantine** is used for anyone who is a contact of someone infected with the SARS-CoV-2 virus, which causes COVID-19, whether the infected person has symptoms or not. Quarantine means that you remain separated from others because you have been exposed to the virus and you may be infected and can take place in a designated facility or at home. For COVID-19, this means staying in the facility or at home for 14 days.

**Isolation** is used for people with COVID-19 symptoms or who have tested positive for the virus. Being in isolation means being separated from other people, ideally in a medically facility where you can receive clinical care. If isolation in a medical facility is not possible and you are not in a high risk group of developing severe disease, isolation can take place at home. If you have symptoms, you should remain in isolation for at least 10 days plus an additional 3 days without symptoms. If you are infected and do not develop symptoms, you should remain in isolation for 10 days from the time you test positive.



#### How long does it take to develop symptoms?

The time from exposure to COVID-19 to the moment when symptoms begin is, on average, 5-6 days and can range from 1-14 days. This is why people who have been exposed to the virus are advised to remain at home and stay away from others, for 14 days, in order to prevent the spread of the virus, especially where testing is not easily available.

#### **INTERNATIONAL SENARIO OF COVID-19:**

Global epidemiological situation reveals the number of new cases being reported globally continues to rise, with almost 4 million new cases in the past week (9–15 November) alone. The number of new deaths globally has also grown by 11%, with almost 60,000 new deaths reported, of which 81% were in Europe and the Americas. Although the European Region continues to report the highest number of new cases globally (46%), it has seen a 10% fall in the past week following the strengthening of public health and social measures across the region. However, the number of new deaths in Europe has increased substantially with over 29,000 new deaths reported in the past week. The Region of the Americas reported a sharp upward trend, with a 41% increase in new cases in the past week. The Eastern Mediterranean, African and Western Pacific Regions also reported increases in the number of

new cases. The South-East Asia Region, on the other hand, reported a decline in the number of new cases and new deaths. As of 15 November, over 53.7 million cases and 1.3 million deaths have been reported globally.

Countries reporting the highest number of cases in the past week included: the United States of America (reporting over 1 million new cases, a 47% increase compared to the previous week), India (306000 cases, 5% decrease), Italy (242000 cases, 9% increase), France (203000 cases, 47% decrease), and Brazil (179000 cases, 57% increase).

On 18<sup>th</sup> November 2020, New York Times reported that, in America, total numbers of children affected by COVID-19 are more than 10 lakhs, which never happened in any others countries. From last one week, this number was 1 lakh 12 thousand.

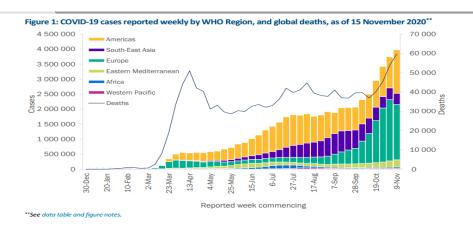


Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 15
November 2020**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	1 840 086 (46%)	-10%	15 047 248 (28%)	29 043 (49%)	18%	341 488 (26%)
Americas	1 450 998 (36%)	41%	22 960 102 (43%)	19 106 (32%)	11%	675 735 (52%)
South-East Asia	373 786 (9%)	-4%	10 015 731 (19%)	4 534 (8%)	-12%	153 860 (12%)
Eastern Mediterranean	238 390 (6%)	11%	3 545 801 (7%)	5 747 (10%)	1%	90 052 (7%)
Africa	40 990 (1%)	22%	1 398 935 (3%)	834 (1%)	<1%	31 450 (2%)
Western Pacific	32 973 (1%)	5%	798 170 (1%)	435 (1%)	15%	16 377 (1%)
Global	3 977 223 (100%)	6%	53 766 728 (100%)	59 699 (100%)	11%	1 308 975 (100%)

\*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.
\*\*See data, table and figure notes

World Health Organization		<u>As on 17</u>	7 <sup>th</sup> November 20	<u>)20</u>	i < [
HO Coronavirus Dis last updated: 2020/11/17, 3:33pm CET	ease (COVID-19) Das	hboard		Overview	Data Table
Situation by Cou	Intry, Territory &	Area			
Name	Cases - cumulative total ≂↓	Cases - newly reported in last 24 hours	Deaths - cumulative total	Deaths - newly reported in last 24 hours	Transmission Classification
Global	54,771,888	456,751	1,324,249	6,871	
United States o	10,933,918	137,486	244,411	653	Community transmission
India	8,874,290	29,163	130,519	449	Clusters of case
Srazil	5,863,093	14,134	165,798	140	Community transmission
Russian Feder	1,971,013 🗖	22,410	33,931	442	Clusters of case
France	1,954,562	9,094	44,719	504	Community transmission

#### **NATIONAL SENARIO OF COVID-19:**

The South-East Asia Region observed six weeks of continued decline in cases and deaths from the second half of September until the end of October. New weekly cases fell from over 690000 to around 380000, and new weekly deaths decreased from over 9300 in the week commencing on 14 September to less than 4600 in the past week. Since the start of November, weekly cases have stabilized fewer than 400000 for the past three weeks, with 373786 cases reported in the past week. Weekly deaths have also remained relatively stable, with 4534 deaths reported in the past week. Countries with highest number of weekly new cases per million populations in the past week included Nepal, Maldives and India.

The regional trend continues to be strongly influenced by India, which consistently reports the highest numbers of cases and deaths in the Region. After a period of sharp decline, cases and deaths in India have stabilized since the end of October. In the past week, further decreases of 5% in cases and 12% in deaths were observed, with 306825 cases (222 cases per 1 million population) and 3514 deaths reported. At the end of the week, the states of Maharashtra, Kerala and Delhi reported the highest numbers of new cases, with over 80,000 in Maharashtra and almost 40,000 in Delhi.

# COVID-19 confirmed cases and deaths reported in the last 7 days by countries, territories and areas, and WHO Region, as of 15 November 2020

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guernsey	4	282	4 462	0	13	206	Community transmission
Faroe Islands	2	497	10 171	0	0	<1	Sporadic cases
Greenland	0	17	299	0	0	<1	No cases
South-East Asia	373 786	10 015 731	4 955	4 534	153 860	76	
India	306 825	8 814 579	6 387	3 514	129 635	94	Clusters of cases
Indonesia	29 171	463 007	1 693	608	15 148	55	Community transmission
Nepal	16 663	208 299	7 149	128	1 215	42	Clusters of cases
Bangladesh	11 732	430 496	2 614	124	6 173	37	Community transmission
Myanmar	6 386	66 734	1 227	138	1 534	28	Clusters of cases
Sri Lanka	2 772	16 191	756	19	53	2	Clusters of cases
Maldives	192	12 154	22 485	3	42	78	Clusters of cases
Thailand	29	3 866	55	0	60	1	Clusters of cases
Bhutan	16	375	486	0	0	<1	Sporadic cases
Timor-Leste	0	30	23	0	0	<1	Sporadic cases

WH Data	O Coronavirus Disease (O	COVID-19) Dashboard	As on 17 <sup>th</sup>	November 2020	Overview	Data Table Expl Back to top
-	Name	Cases - cumulative total ≂↓	Cases - newly reported in last 24 hours	Deaths - cumulative total	Deaths - newly reported in last 24 hours	Transmission Classification
_	Global	54,771,888	456,751	1,324,249	6,871	
	India	8,874,290	29,163	130,519	449	Clusters of cases
			$\square$			

The COVID-19 pandemic in India is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). On 30 January 2020, India reported its first case of COVID-19 in Kerala, which rose to three cases by 3 February; all were students returning from Wuhan, which originated from China. India currently has the largest number of confirmed cases in Asia, and has the second-highest number of confirmed cases in the world after the United States ,with almost 8 million reported cases of COVID-19 infection, more than 1 lakh deaths and more than 7 million recovered. By mid of 2020, India had approached in position of conducting highest number of daily tests in the world which subsequently translated into highest number of daily new cases in world and has sustained highest number of daily cases spike since then.

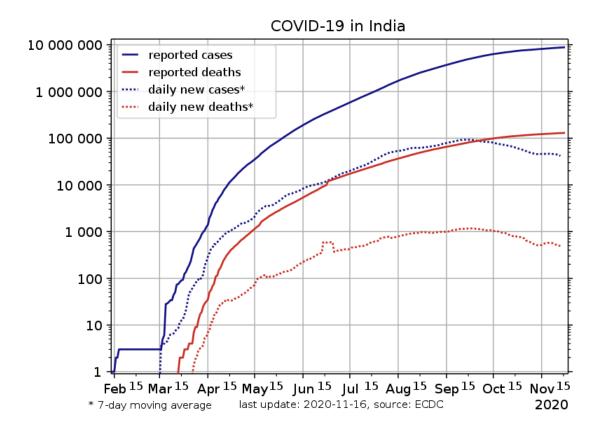
On 22 March, India observed a 14-hour voluntary public curfew at the insistence of Prime Minister Narendra Modi. It was followed by mandatory lockdowns in COVID-19 hotspots and all major cities. Further, on 24 March, the prime minister ordered a nationwide lockdown for 21 days, affecting the entire 1.3 billion population of India. On 14 April, India extended the nationwide lockdown till 3 May which was followed by two-week extensions starting 3 and 17 May with substantial relaxations. From 1 June, the government started "unlocking" the country (barring "containment zones") in three unlock phases.

In July 2020, India's Ministry of Information and Broadcasting claimed the country's case fatality rate was among the lowest in the world at 2.41% and "steadily declining". By mid-May 2020, six cities accounted for around half of all reported cases in the country – Mumbai, Delhi, Ahmedabad, Chennai, Pune and Kolkata. *As of 10 September 2020, Lakshadweep is the only region which has not reported a case.* On 10 June, India's recoveries exceeded active cases for the first time. Infection rates started to drop significantly in September, and the number of daily new cases and active cases started to decline rapidly. A Government panel on COVID-19 announced in October that the pandemic had peaked in India, and may come under control by February 2021.

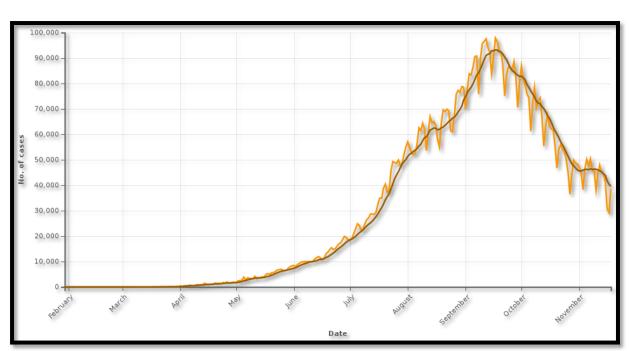
On 18<sup>th</sup> November 2020, Maharashtra, Gujarat and Delhi continue to remain worst-hit states due to the coronavirus pandemic. Madhya Pradesh, Rajasthan and Tamil Nadu are also battling to contain outbreaks of the virus after a high number of Covid-19 cases were reported from these states. Meanwhile, efforts are being made to contain the deadly Covid-19 as cases

are rising each day despite strict measures. Amid the Covid-19 outbreak, the Indian Council of Medical Research (ICMR) asked all states to use rapid antibody tests for surveillance in coronavirus hotspots. India has over 30 anti-COVID vaccines in various stages of development and the first of these is expected to be introduced in early 2021.

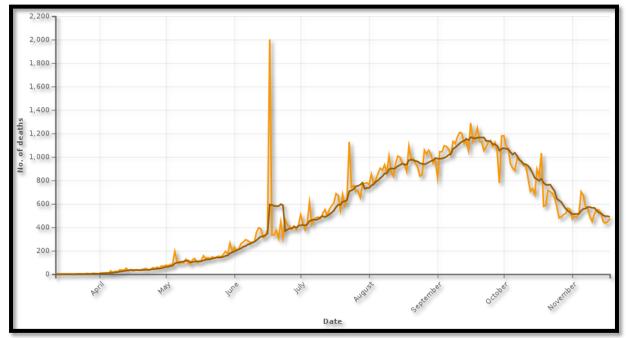
COVID-19 in I	NDIA				
Samples tested	127,480,186				
Tested positive	8,912,907				
Tests per 1 million people	92,386				
Percentage tested positive	6.99				
As of 18 November 2020					



[Daily New Cases & Daily New Deaths have dropping down below 1 lakh]



Daily new cases in COVID-19, India



Daily New Deaths in COVID-19, India

view-talk-edit COVID-19 pandemic in India by state and union territory								
State/U	Inion Territory 🔶	Cases <sup>[a]</sup> ♦	Deaths 🗢	Recoveries 🖨	Active +			
	35 / 36	8,912,907	130,993	8,335,109	446,805			
Andaman and Nico	bar Islands	4,574	61	4,363	150			
Andhra Pradesh		856,159	6,890	832,284	16,985			
Arunachal Pradesh		15,904	48	14,644	1,212			
Assam		210,696 <sup>[b]</sup>	966	206,401	3,329			
Bihar		227,018	1,194	220,668	5,156			
Chandigarh		16,022	252	14,744	1,026			
Chhattisgarh		213,365	2,623	192,181	18,561			
Dadra and Nagar H	laveli and Daman and Diu	3,297	2	3,274	21			
Delhi		495,598	7,812	445,782	42,004			
Goa		46,182	667	44,132	1,383			
Gujarat		190,361	3,815	174,088	12,458			
Haryana		204,477	2,063	183,261	19,153			
Himachal Pradesh		30,740	462	23,506	6,772			
Jammu and Kashm	ir	103,581	1,604	96,392	5,585			
Jharkhand		106,491	931	102,891	2,669			
Karnataka		864,140	11,557	827,241	25,342			
Kerala		533,500	1,915 <sup>[c]</sup>	461,394	70,191			
Ladakh		7,563	94	6,539	930			
Lakshadweep		0	0	0	0			
Madhya Pradesh		185,446	3,102	173,284	9,060			
Maharashtra		1,752,509	46,102	1,623,503	82,904			
Manipur		22,208	225	19,065	2,918			
Meghalaya		10,791	102	9,955	734			
Mizoram		3,481	5	2,972	504			
Nagaland		10,188	53	8,997	1,138			
Odisha		310,052	1,560	300,474	8,018			
1			-					
Puducherry		36,409	608	34,958	843			
Punjab		142,597	4,510	132,266	5,821			
Rajasthan		230,180	2,089	209,058	19,033			
Sikkim		4,548	92	4,144	312			
Tamil Nadu		761,568	11,513	734,970	15,085			
Telangana		259,776	1,415	245,293				
Tripura		32,112	364	30,750	998			
Uttarakhand		68,887	1,119	63,603	-			
Uttar Pradesh		514,270	7,412	484,692	22,166			
West Bengal		438,217	7,766	403,340	27,111			
	As of 18 N	ovember 2020 <sup>[3</sup>	9]					

### As of 18th November 2020, COVID-19 in Indian State

#### **STATE SENERIO IN COVID-19:**

The COVID-19 pandemic was first confirmed in the Indian state of West Bengal on 17 March 2020 in Kolkata when an 18-year-old student, who had returned from London, tested positive for the virus. The student had been admitted to the Infectious Diseases and Beliaghata General Hospital. On March 23 2020, West Bengal recorded its first COVID-19related death when a 57-year-old succumbed to the virus. The case was a matter of concern as it was unclear where the man, a resident of Dum Dum, Kolkata and an employee of the Eastern Railways, had contracted the virus.

The last few days of March, it became clear that the virus had spread to different parts of the State: a resident of Kalimpong in North Bengal died, several in Howrah succumbed to the infection, and Purba Medinipur and Nadia districts also registered cases. Between March 31 and April 2, the death toll jumped from 2 to7. Those who had died had no confirmed travel history outside the country.

The bulletins caused more suspicion about the accuracy of the numbers. On April 2 and 3, the government did not release the official bulletin. The April 4 bulletin had no column on COVID-19-related deaths. This continued for a couple of days until April 7, when

the government finally re-introduced the column specifying how many had died in West Bengal of SARS-CoV-2. After so many confusions, on April 30 the government simply published the number of active cases. This number excluded the number of recoveries and deaths. The active cases in the State stood at 572, while 139 COVID-19 patients have been discharged after treatment.

Regarding Testing, While COVID-19 cases emerged in many districts in south Bengal, and in a few districts in north Bengal, Howrah and Kolkata especially posed a challenge. According to the 2011 Census, about 31% of the total population in Kolkata resides in urban slums. It was in the slums that the first rapid antibody tests were conducted on April 21. Of the 14 samples collected, two people tested positive. The National Institute of Cholera and Enteric Diseases (NICED), a facility of the Indian Council of Medical Research, was the only testing facility in the first few days of the outbreak. NICED provided training to other testing centres of the State, particularly the medical colleges and hospitals.

By the end of April, more than 20 healthcare staff, including at the Medical College, Kolkata, one of the oldest medical colleges in the country, had tested positive. On April 26, a senior health official of the West Bengal government died. The news sent shockwaves across the health sector.

In the last week of April, the State government started sharing more information about the spread of the outbreak. It released the list of containment zones in the State (444 on April 30). Almost 60% of these containment zones (264) are in Kolkata, followed by 72 in Howrah and 70 in the adjoining district of North 24 Parganas. On April 30, West Bengal had 931 COVID-19 infections. With 489 cases, Kolkata alone accounted for over 52 % off all infections in the State.

As on 18<sup>th</sup> November 2020, 438217 people are so far affected in West-Bengal by COVID-19. 403340 out of 438217 have recovered. Sadly, 7766 patients have died. 27111 patients are still in hospital and recovering. From Department of Health & Family Welfare, Govt. of W.B on 18<sup>th</sup> November 2020 Health Bulletin shows:

17 November 2 Health Bulletin at a COVID-19 Up	a glance				
Samples tested for the day	44,238				
New Positive Cases	3,654				
Recovery/ Discharge for the day	4,388				
Case Fatality Rate of the State	1.77%				
Recovery Rate of the State 92.04%					
Total Recovered so far 4,03,340					
Total Active Cases in the State as on the	day				
In Home Isolation	20,214				
In Safe Homes	1,037				
In Hospitals	5,860				
For any query call 1800 313 444 222 & 1 phone number. 32 lines. 96 doctors. 24x7. Just a call away to answer any query related to Covid treatment. Dial 033 2357 6001 (Direct Line) Get Well Soon					
Government of West Ber	ngal				

West Bengal COVID-19 Daily Health Bulletin: 18<sup>th</sup> November, 2020. A snapshot of all relevant details on COVID-19 in WB shows

	(	Department of Health & Family Welfare Govt. of West Bengal								
	WEST	BENGAL COVID-19 HEALTH BULLETIN – 18th NOVE	MBER 2020							
	Active COVID-19 Cases as on 18 <sup>th</sup> November: 26,296									
1	S. No	Subject	Number							
<u> </u>	1	Total COVID-19 Cases till 17th November	4,38,217							
	2	New COVID-19 Cases on 18th November	3,668							
Ę	3	Total COVID-19 Cases till 18th November (1+2)	4,41,885							
156	4	Total Discharged	4,07,769 (+4,429)							
COMD 19 STATUS	5	Total Deaths as on 18th November*	7,820 (+54)							
S.	6	Active COVID-19 Cases as on 18th November	26,296 (-815)							
×	7	Discharge Rate (4/3)	92.28%							
	#Daily incre	ures updated till SAM, 18th November ase/decrease with respect to previous day is shown as (+/-) analysis can be referred from Section X, (Page no. S)								
ш	S. No	Subject	Number							
	1	Samples Tested till 17th November	53,01,162							
- H	2	Samples Tested on 18th November	44,519							
TOHISANAS BUILDE	3	Total Number of Samples Tested till 18th November (1+2)	53,45,681							
- Š	4	Tests per Million population	59,396							
5	5	% of Positive Cases out of Samples Tested	8.27%							
ž.	6	Total Testing Laboratories*	95							
18	7	Testing Laboratories added this week	0							
	8	Testing Laboratories pending approval	1							
	*Detailed bri	eakup of these laboratories is given on Page 4 and Page 5								
111	S. No	Subject	Number							
	1	Total Number of Hospitals dedicated for treating COVID-19	101							
-	2	Total Number of Govt. Hospitals dedicated for treating COVID-19	44							
Ē.,	3	Total Number of Pvt. Hospitals requisitioned for treating COVID-19	57							
6 TRUCT	4	Total Number of earmarked COVID-19 Beds	13,508							
NF RAS TRUCTURE DETAILS	5	% Occupancy in COVID Beds	29.09%							
5	6	Total ICU/HDU Beds in the COVID Hospitals	1,809							
-	7	Total Number of Ventilators in the COVID Hospitals	1090							
IV		Home Quarantine								
	4	Total Hama Outpracticad Recola	0.02.004							

IV		Home Quarantine				
	1	Total Home Quarantined People	9,93,894			
	2	Total number of people currently in Home Quarantine	93,418			
N N	3	Total number of people released from Home Quarantine	9,00,476			
AND	Safe Homes					
19	1	Total Number of Safe Homes	200			
10 C	2	Total Number of Beds in Safe Homes	11,507			
	3	Total Number of Patients in Safe Homes currently	1,039			

#### **District wise COVID-19 in West Bengal**



Department of Health & Family Welfare Govt. of West Bengal

#### WEST BENGAL COVID-19 HEALTH BULLETIN – 18th NOVEMBER 2020

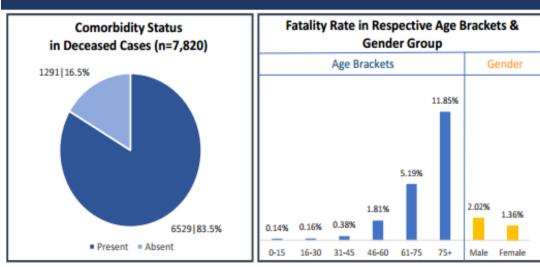
1	2	3	4	5	6 = 3-4-5	7
S. No	District	Total Cases	Total Discharged	Total Deaths	Total Active Cases	Last Reported Case
1	Alipurduar	6,987*10	6,768*34	80	139-24	17- Nov
2	Coochbehar	10,045*59	9,623+173	57	365-114	17- Nov
3	Darjeeling	14,012*148	13,026+194	161	825-46	17- Nov
4	Kalimpong	1,660*17	1,589*7	19	52 <sup>+10</sup>	17- Nov
5	Jalpaiguri	11,208*141	10,334+146	116*2	758-7	17- Nov
6	Uttar Dinajpur	5,458+30	5,126*38	56 <sup>+1</sup>	276-9	17- Nov
7	Dakshin Dinajpur	7,567+25	7,274*51	56	237-26	17- Nov
8	Malda	10,949*44	10,482*125	94	373-81	17- Nov
9	Murshidabad	10,176*67	9,624+135	111*3	441-71	17- Nov
10	Nadia	15,736*247	14,421+194	202*3	1,113*50	17- Nov
11	Birbhum	7,362+56	6,886*87	65	411-31	17- Nov
12	Purulia	5,784+27	5,668*25	35	81 <sup>+2</sup>	17- Nov
13	Bankura	9,134+60	8,767*22	84	283-39	17- Nov
14	Jhargram	2,271+28	2,138+33	13	120-5	17- Nov
15	Paschim Medinipur	17,077*78	15,951+193	241	885-115	17- Nov
16	Purba Medinipur	17,202*81	16,035*145	222*3	945-67	17- Nov
17	Purba Bardhaman	9,336+76	8,729*72	78	529 <sup>+4</sup>	17- Nov
18	Paschim Bardhaman	12,100*91	11,192*88	116*1	792 <sup>+2</sup>	17- Nov
19	Howrah	28,977*210	27,104+228	825**	1,048-22	17- Nov
20	Hooghly	22,417*245	20,477*268	376*5	1,564-28	17- Nov
21	North 24 Parganas	90,998*805	82,359+879	1,829*19	6,810 93	17- Nov
22	South 24 Parganas	28,985*249	27,116+303	522* <sup>2</sup>	1,347 56	17- Nov
23	Kolkata	96,378*874	87,017+912	2,459*11	6,902-49	17- Nov
24	Other State	66	63	3	0	6-June
	TOTAL	4,41,885+3,668	4,07,769*4,429	7,820*54	26,296-815	

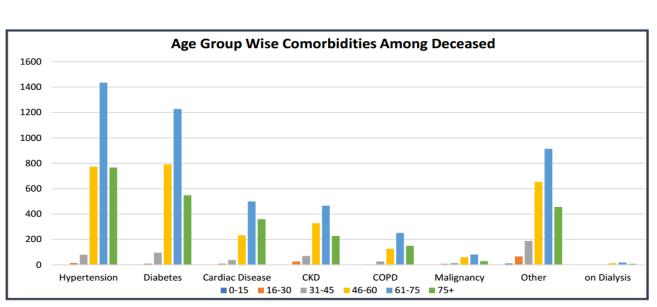
#District Wise data is subject to verification and may change #Daily increase/decrease with respect to previous day is in superscript as +/• (Eg: \*\*)



### Department of Health & Family Welfare Govt. of West Bengal

## WEST BENGAL COVID-19 HEALTH BULLETIN – 18th NOVEMBER 2020





**Conclusion:** This discussion must be concluded though homoeopathy. From the current issue (July-Oct'20) of IJRH, Dr. Anil Khurana, Editor-in-Chief narrated in editorial about 'COVID-19: What lies ahead for Homoeopathy?' In this context, he mentioned: The potential role of AYUSH medicines in promoting immunity during COVID-19 has been internationally reported. [ Vellingiri B, Jayaramayya K, Iyer M, Narayanasamy A, Govindasamy V, Giridharan B, et al. COVID-19: A promising cure for the global panic. Sci Total Environ 2020; 725:138277.] It is predicted that the use of Traditional and Complementary Medicine during the pandemic may result in the further global adoption of alternative medicine and possibly its long-term acceptance as mainstream medicine. [ https://www.beltandroad.news/2020/06/27/couldcovid-19-bring-shift-in-alternative medicine industry/.] The Homoeopathy sector has been quick and responsive to the need of humankind to offer preventive and curative treatment options. Homoeoprophylaxis studies are reported from Cuba [https://apps.who.int/trialsearch/Trial2.aspx?Trial ID=RPCEC00000312.] and India.[ Azis S, Kaur H. Enabling use of Homoeopathy in India's preparedness for pandemic/epidemic situation like COVID-19 Indian J Res Homoeopathy 2020;14:143-51] Meanwhile, Arsenic album is being prescribed by many homoeopathic doctors the world over as the preventive for the illness in many parts of the world. Interestingly, the clinical trials with Homoeopathy as an add-on to the standard of care in hospitalised cases of COVID-19 have also initiated eventually in some parts of the world, including India. These primarily refer to moderate and severe cases. Seeking permissions for such trials and getting clearance of the ethical committees of the hospitals for such trials is a task in itself. Nevertheless, our profession has risen to this opportunity and taken to the task of proving the role of Homoeopathy in the ongoing pandemic.

#### References:

- 1. <u>"Novel Coronavirus 2019, Wuhan, China"</u>. *www.cdc.gov (CDC)*. 2020-01-23. Archivedfrom the original on 2020-01-20. Retrieved 2020-01-23.
- 2019 Novel Coronavirus infection (Wuhan, China): Outbreak update". Canada.ca. 2020-01-21.
- 3. Virus Taxonomy: 2018b Release. International Committee on Taxonomy of Viruses (ICTV). March 2019. Archived from the original on 2018-03-04. Retrieved 2020-01-24.
- 4. WHO Statement Regarding Cluster of Pneumonia Cases in Wuhan, China. <u>www.who.int</u>. 2020-01-09. Archived from the original on 2020-01-14. Retrieved 2020-01-10.
- 5. ''<u>Common Human Coronaviruses</u>". <u>Centers for Disease Control and Prevention</u>. 27 May 2020. Retrieved 29 October 2020.
- 6. "Definition of corona". Dictionary.com. Section Behind the Word. Retrieved 29 October 2020.
- 7. "WHO | Novel Coronavirus China" WHO. Retrieved 29 October 2020.
- 8. Sheikh, Knvul; Rabin, Roni Caryn (10 March 2020). "The Coronavirus: What Scientists Have Learned So Far". The New York Times. Retrieved 24 March 2020.
- 9. Reid, David (30 January 2020). "India confirms its first coronavirus case". CNBC. Retrieved 28 March 2020.
- 10. <u>"Home | Ministry of Health and Family Welfare | GOI"</u>. *mohfw.gov.in*. Retrieved 18 November 2020
- 11. Debobrat Ghose (8 April 2020). "Coronavirus Outbreak: Mamata Banerjee displays little cooperation even as Opposition unites to stand behind Centre". Firstpost. Retrieved 9 April 2020. Again, on 2 April, while seven coronavirus deaths in the state were confirmed by its health department, the figure was soon revised to three.
- 12. "WEST BENGAL COVID-19 HEALTH BULLETIN" (PDF). Wbhealth.gov.in. Retrieved 18 November 2020.
- 13. Khurana A. COVID-19: What lies ahead for Homoeopathy? Indian J Res Homoeopathy 2020; 14:169-70.
- 14. Nilashi M, Samad S, Yusuf SYM, Akbari E. Can complementary and alternative medicines be beneficial in the treatment of COVID-19 through improving immune system function? J Infect Public Health 2020; 13:893-6.
- 15. Liu D, Zhang W, Pan F, Li L, Yang L, Zheng D, et al. The pulmonary sequalae in discharged patients with COVID-19: A short-term observational study. Respir Res 2020; 21:125.