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Viewpoint Article

# Monsoon vicissitude in COVID-19 and the vulnerable Indian health care system: an urgent call to circumvent the impending doom

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## Abstract

With the escalating number of covid-19 positive cases and amidst the glooming shadows of an anticipated second wave of the covid-19 pandemic, the health care system of a developing country like India is already under pressure. With the encroachment of monsoon season, the ghosts of the past haunt India. Monsoon brings along endemic diseases like dengue, malaria, swine flu, Japanese encephalitis, chikungunya, etc. Every year there is significant morbidity and mortality. These diseases have clinical features of fever, sore throat, and body aches in common, which also happens to be the common manifestations of covid-19. The growing stigma related to COVID-19, the fake news, and fear related to hospitalization and isolation may lead to low reporting cases to the hospitals. Lockdown and non-availability of beds may perplex the situation further. There is an urgent need of the hour to address this grave issue to prevent a major mishappening. A comprehensive evaluation of the health-care systems is desperately needed, especially on the fronts of governance, decision making, scientific and technical advice, and operational capacity.

**Keywords:** COVID-19, Dengue, Endemic Diseases, Malaria, Monsoon, India

## Background

India is now only behind the USA in COVID-19 cases globally. As of 04 December 2020, there have been 9,571780 confirmed cases of COVID-19 with 139,227 deaths [1]. India is already struggling to tackle the steep rise in daily COVID-19 cases, exhausting its health care resources. Being a developing country, it still has many limitations in health care services. It ranks 57th in the Global Health Security index. There is a substantial disparity in subnational levels in the Health care access index [2].

While the dark clouds of the COVID-19 pandemic are still hovering over the Indian health care system, monsoon and the endemic illnesses are knocking on doors. Every year illnesses like Dengue, swine flu, chikungunya, and malaria consume and exhaust India's health care resources during monsoon. It goes to such an extreme that there are bed-sharing in many hospitals due to unavailability of bed. The gravity of the concern cannot be eluded. According to the data by the Indian government, in 2019, there have been a total of 338494 cases and 77 deaths by malaria, 157315 cases and 166 deaths by dengue, 28798 cases and 1218 deaths by swine flu, 2545 cases and 266 deaths by Japanese encephalitis, 81914 suspected and 12205 confirmed cases of chikungunya [3,4]. The picture gets even scarier as both COVID-19 and these diseases share similar initial symptoms like fever, myalgia, weakness. This may masquerade either way. Fever, dry cough, and tiredness are the common symptoms of COVID-19 as per WHO. Other fewer common symptoms are body ache, sore throat, headache, nasal congestion, conjunctivitis, diarrhea, loss of smell or taste, skin rash, or finger discoloration. Typically, malaria produces fever, headache, vomiting, and other flu-like symptoms. Dengue has an abrupt onset of high fever, headache, retro-orbital pain, joint and muscle pains, loss of sense of taste and appetite. Chikungunya usually starts suddenly with fever, chills, headache, nausea, vomiting, rash, and joint pain [3].

COVID-19 has changed the scenario completely this year. There is a very real possibility that an individual experiencing a febrile episode may not get optimum medical care in time. The majority of Indians use public transport. With lockdown implied in many areas of the country, it is not easy to reach hospitals. There is limited/no vacancy for many non-COVID-19 patients as many hospitals are pre-occupied with COVID-19 cases. The scariest issue is social stigma. People are afraid that once they are declared COVID-19 positive [5], discrimination in society, friends & relatives, and residential areas is an unavoidable consequence. India has already witnessed cases

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where a pregnant woman was reportedly abandoned by her family when she found COVID-19 positive. COVID-19 survivors in India were stalked and bullied on social media. Even doctors and health care workers faced grave social exclusion; some were asked to evacuate the rented homes and were even threatened [6].

Now is the time not to shy away from but to align investments for improving access and quality across the full array of health-care needs. India has to address and overcome the deficiencies in public health functions, financing, health, and social workforce, health information systems, access to diagnosis and treatment, and the role of scientific research. A comprehensive evaluation of the health-care systems is desperately needed, especially on the fronts of governance, decision making, scientific and technical advice, and operational capacity.

**Urgent actions that need to be taken; -**

- Compiling and Displaying the list of non-COVID-19 hospitals on various media platforms, including social media.
- Safeguard and promote access to non-COVID-19 hospitals with a safe and affordable commute.
- Invest in improving the present conditions with quality infrastructure for non-COVID-19 facilities.
- Re-activate and scale-up services for the early recognition and management of child wasting, acute febrile illness, and various water bore and vector-borne diseases endemic to India, along with COVID-19 testing centers.
- Reinforce and design effective programs and social movements to reduce the stigma and encourage people to seek medical care, thus curtailing the pandemic.
- Reaching out and educating the rural population, the illiterates, and underprivileged communities.
- Empowering primary health care services.
- Sustain the delivery of nutritious & safe meals for vulnerable communities and children to fight malnutrition and upsurge community protection to preserve access to essential services and nutritious diets.
- Minimizing the gap in health care quality in urban & rural belts as there is an urgent need to improve access to and quality of health care across service areas and for all populations.

## Abbreviation

COVID-19: Corona Virus Disease; WHO: World Health Organization

## Declaration

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### Availability of data and materials

Data will be available by emailing drprakash777@gmail.com

### Authors' contributions

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### Ethics approval and consent to participate

We conducted the research following the Declaration of Helsinki. However, Viewpoint Articles need no ethics committee approval.

### Consent for publication

Not applicable

### Competing interest

The author declare that they have no competing interests.



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