Handling of COVID-19 - Kerala's Strategy

What is the issue?

- Kerala has made global headlines for its handling of Covid-19, and K K Shailaja, Kerala Health Minister, has gained global attention too.
- Here is an account by her on how Kerala kept the numbers down and the challenges ahead.

What all contributed to Kerala's success model?

- **Panchayati Raj and healthcare systems** - In Kerala, the Panchayati Raj is implemented in a truly democratic way.
- The local self-governments are fully charged with power.
- The distribution of money also follows the same proportion.
- The Primary Health Centres (PHCs) are under the local-level panchayat, ensuring people-centric measures.
- **Planning** - Planning preparedness is one of the most important aspect in COVID-19 handling.
- Kerala started its planning well before in January 2020 itself.
- This was when reports on virus spread in Wuhan came out and WHO was yet to declare it a pandemic.
- Notably, many Keralites were in Wuhan.
- A Rapid Response Team meeting was held, and Kerala opened a control room at the state level.
- The Health department informed all 14 districts, district medical officers (DMOs).
- They also started district-level control rooms with expert groups in each.
- Additional health officials had different responsibilities.
- These included contact tracing, making isolation rooms and Covid hospitals, logistics collection, and even mental health.
- The State ensured that the surveillance team was at the airport to examine.
- The State then followed a rigorous strategy of trace, quarantine, test, isolate and treat.
- **Testing** - Testing is important, but Kerala did not follow the slogan, “Test, test, test, nothing else”.
- Testing everybody is not necessary, as that might result in running out of testing kits etc.

- Instead, Kerala did testing in a strategic way.
- The priority is tracing first and testing the symptomatic cases first.
- Efficient and scientific quarantining is so far keeping the spread under control.
- With the help of local self-government, anganwadi workers and helpers, ASHA workers, there is a thorough watching of quarantined people.
- Every day, there is inquiry over phone or in person to check on symptoms if any.
- If detected, at once, the health department sends ambulance to the house and shifts that person to hospital and takes samples and tests.
- When new people are coming from the epicentres, there is increased testing among the highest contacts and also secondary contacts.
- Random testing is being done and sentinel surveillance testing is also there.
- **Recent resurgence of cases** - The situation changed when the lockdown was relaxed, air travel reinstated, and surface travel restarted.
- People again started to come back from other countries and also from other parts of India.
- But the State anticipated this and was well prepared for the second wave.
- It follows the same strategy of containment, tracing, testing and treating.
- Surveillance and tracing teams are deployed at airports, seaports, railway stations and checkposts at road.
- Notably, more than 1.5 lakh people returned from the Gulf countries; a number of people tested positive.
- Population from other states included those from Chennai, Maharashtra Mumbai and Gujarat primarily.
- Not only were they positive, but also some of the people who returned from these epicentres were in a pathetic condition (advanced stages).
- This is another reason why the positive cases and deaths were increasing.
- **Strain on health systems** - The pressure on health care systems was high due to increasing cases.
- Nevertheless, the State went with Plan A, Plan B, Plan C etc.
- In Plan A, there were 3 COVID-19 hospitals in every district and nearly 1,500 beds for COVID-19 patients in each hospital.
- In Plan B, there were even more hospitals.
- Many hospitals were changed to COVID-19 hospitals with higher capacity.
- In Plan C, Kerala planned for arranging some hotels, hostels and some auditoriums.
- This is under consideration, and there is a good list of institutions under the plan.
- The State is also keeping track of human resources, not only in the government sector, but also in the private sector.

- The State is also giving training to medical resource personnel to handle the situation if many positive cases occur.
- **Community transmission** - As of now, there is no community transmission in Kerala.
- The cases are largely traceable at present.
- Some augmented samples from all parts of the society are also being tested, at a time 3,000 etc.
- Out of this, there were not many positive cases, which again shows that the virus has not entered the community.
- But the possibility of a community transmission cannot be ruled out altogether either.
- **Approach** - The overall approach in Kerala was towards breaking the chain of spread.
- Every individual is responsible. That is the slogan in Kerala: “My health is my responsibility”.
- So ensuring health behaviours and habits among people was one of the key aspects in breaking the chain.

Source: Indian Express

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