Understanding Why Kerala's Covid Caseload Remains High

What is the issue?

The has been growing concerns with Centre briefing that Kerala contributed to over 50% of the country's COVID cases

What are the centre's reasons for high caseload?

- **Intra-house transmission -** The rural-urban divide is very faint in Kerala leading to high intra-house transmission
- **Reinfections -** Kerala is witnessing high reinfections among the people who have received both doses of vaccine
- **Non-Communicable Diseases (NCD) -** High prevalence of NCD is yet another factor responsible for higher disease spread
- **High life expectancy -** As Kerala has high life expectancy, it has a higher proportion of those who are easily susceptible to the virus.
- **Migration -** Massive migration of people from within India and abroad is another cause for the virus spike
- **Containment zones -** Kerala has also not defined containment zones according to Centre's guidelines
- **Containment classification -** Kerala reviewed its containment classification as per 7 day moving average but it actually takes 14 days
- **Unlocking process** - Relaxations for tourism and the impending Onam festival has aggrevated the situation.

What is the other side of the view?

- **Measure of case fatality** is not an appropriate comparison across the population
- The fatality associated with Covid-19 intensified with pre-disposed risks of the patient as well as the age profile.
- **Comparability of Test Positivity Rates (TPR) levels** - Comparability not only depends on the magnitude of testing but also the testing protocols adopted by the health system.
- In Kerala, testing is done in clusters where the likelihood of positivity is obviously greater than the general population.

- **Extent of testing** - Greater access to testing and greater sensitivity to the spread of Covid-19 makes Kerala's numbers higher.
- However, Kerala's case fatality rate as of August 20 remains among the lowest (0.51) of all Indian states and against a national average CFR of 1.36.

How can a genuine comparative assessment be done?

- The entire road from the detection of infection to recovery has to be evaluated
- The evaluation should include the number of patients needing hospitalised care, the rate of their progression to oxygen dependence, ICU care and ventilators and finally, fatalities, etc.
- Comparative evaluation of this kind in many of the northern and eastern states needs adequate infrastructure

Source: The Indian Express

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