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RESEARCH ARTICLE

SHORT REPORTS ON COVID-19 CASES IN INDIA: RECOVERED CASES, ACTIVE CASES AND DEATH CASES REPORTED STATE WISE

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ABSTRACT

Since December 2019, a series of unexplained pneumonia cases have been reported in Wuhan, China. On 12 January 2020, the World Health Organization (WHO) temporarily named this new virus as the 2019 novel coronavirus (2019-nCoV). On 11 February 2020, the WHO officially named the disease caused by the 2019-nCoV as coronavirus disease (COVID-19). The COVID-19 epidemic is spreading all over the world, especially in China. Based on the published evidence, we systematically discuss the characteristics of COVID-19 in the hope of providing a reference for future studies and help for the prevention and control of the COVID-19 epidemic (Pengfei Sun, 2020). After 80 days of lockdown still number of cases increases day by day. Data was taken from Ministry of family and welfare of India sites on 11th June 2020 after 80 days of lockdown. 277648 number of cases of COVID-19 on 11th June 2020 was reported. Active cases are around 128517 and Recovered cases are around 141029. Death cases are around 8102. Considering that a large number of cases are asymptomatic (or present with very mild symptoms) and that testing has not been performed on the entire population, only a fraction of the SARS-CoV-2 infected population is detected, confirmed through a laboratory test, and officially reported as a COVID-19 case (<https://www.worldometers.info/coronavirus/coronavirus-death-rate/>). The number of actual cases is therefore estimated to be at several multiples above the number of reported cases. The number of deaths also tends to be underestimated, as some patients are not hospitalized and not tested. Mortality rate of Gujrat is 6.3 which is highest all over India. Maharashtra has largest number of deaths around 3438 and Delhi has 1347 death reported. These two states has largest number of death and increases day by day. Decrease number of active cases and increase recovered cases.

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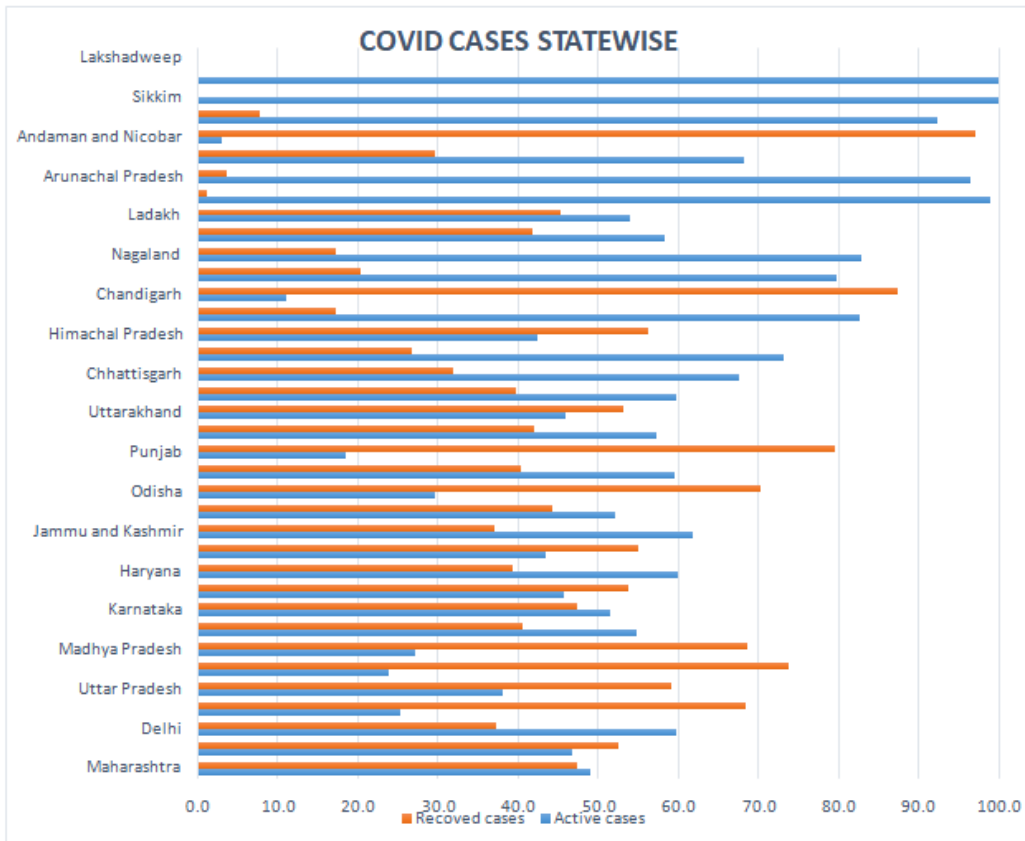
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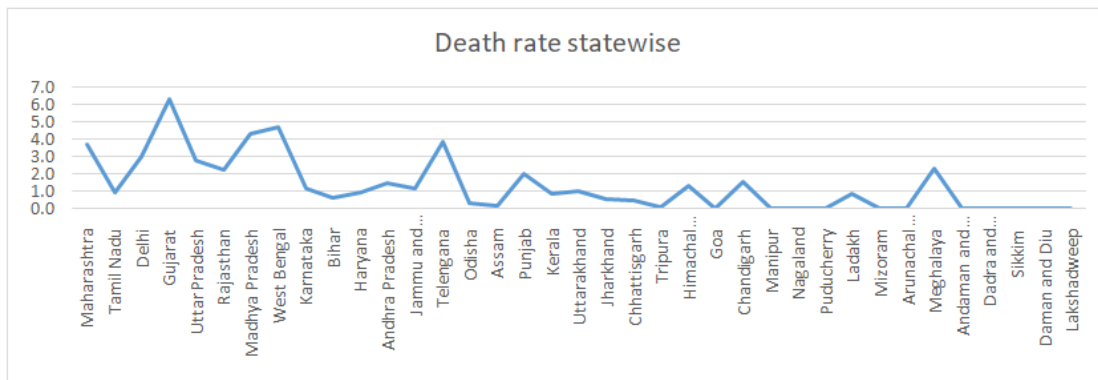
INTRODUCTION

The virus originated in bats and was transmitted to humans through yet unknown intermediary animals in Wuhan, Hubei province, China in December 2019 (Balachandar, 2020). There have been around 96,000 reported cases of coronavirus disease 2019 (COVID-19) and 3300 reported deaths to date (05/03/2020). The disease is transmitted by inhalation or contact with infected droplets and the incubation period ranges from 2 to 14 d (<https://www.mohfw.gov.in/>). The symptoms are usually fever, cough, sore throat, breathlessness, fatigue, malaise among others (<https://www.mohfw.gov.in/>). The disease is mild in most people; in some (usually the elderly and those with comorbidities), it may progress to pneumonia, acute respiratory distress syndrome (ARDS) and multi organ dysfunction (<https://www.mohfw.gov.in/>). Many people are asymptomatic. The case fatality rate is estimated to range from 2 to 3% (<https://www.mohfw.gov.in/>).

Diagnosis is by demonstration of the virus in respiratory secretions by special molecular tests. Common laboratory findings include normal/ low white cell counts with elevated C-reactive protein (CRP) (<https://www.worldometers.info/coronavirus/coronavirus-death-rate/>). The computerized tomographic chest scan is usually abnormal even in those with no symptoms or mild disease (<https://www.worldometers.info/coronavirus/coronavirus-death-rate/>). Treatment is essentially supportive; role of antiviral agents is yet to be established. Prevention entails home isolation of suspected cases and those with mild illnesses and strict infection control measures at hospitals that include contact and droplet precautions (Yan-Chao Li, 2020). The virus spreads faster than its two ancestors the SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV), but has lower fatality (Yan-Chao Li, 2020). The global impact of this new epidemic is yet uncertain (Pengfei, 2020). In December 2019, adults in Wuhan, capital city of Hubei province and a major transportation hub of China started presenting to local hospitals with severe pneumonia of unknown cause (Tanu Singhal, 2017).

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Many of the initial cases had a common exposure to the Huanan wholesale seafood market that also traded live animals. The surveillance system (put into place after the SARS outbreak) was activated and respiratory samples of patients were sent to reference labs for etiologic investigations (Tanu Singhal, 2020). On December 31st 2019, China notified the outbreak to the World Health Organization and on 1st January the Huanan sea food market was closed. Airports in different countries including India put in screening mechanisms to detect symptomatic people returning from China and placed them in isolation and testing them for COVID-19 (Tanu Singhal, 2020). Soon it was apparent that the infection could be transmitted from asymptomatic people and also before onset of symptoms. Therefore, countries including India who evacuated their citizens from Wuhan through special flights or had travelers returning from China, placed all people symptomatic or otherwise in isolation for 14 d and tested them for the virus (Tanu Singhal, 2020). As of 05/03/2020 96,000 cases worldwide (80,000 in China) and 87 other countries and 1 international conveyance (696, in the cruise ship Diamond Princess parked off the coast of Japan) have been reported India, which had reported only 3 cases till 2/3/2020, has also seen a sudden spurt in cases. By 5/3/2020, 29 cases had been reported; mostly in Delhi, Jaipur and Agra in Italian tourists and their contacts (<https://www.icmr.gov.in/>). In India number of cases increases day by day first there was increases 1000 cases daily but from May First week it increases to 1000 approximately and it increases daily more than 10000 cases.

DATA METHODOLOGY

Data was updated on Ministry of Health and Family Welfare, Government of India sites on 11th June, 2020 have been used for the analysis (<https://www.mohfw.gov.in/>). As we all know number of cases increases day by day after the initial lockdown but now lockdown is opened but still the number of cases increases. People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick (<https://www.mohfw.gov.in/>). India was lockdown by one country but working as an individual state wise in health system. Number of cases in India 3,08,993 till June 13th 2020, some are recovered and death but active cases are still more in

India. India comes in 4th position in COVID-19 cases. Total number of world COVID-19 cases are 7,672,346 on 12th June 2020. In India according to ICMR number of sample test were 53,63,445 it was approximately 6% more of number of cases. (8) So in India testing should increase as there are many asymptomatic cases which can cause infection to other people. The classification of states in India with population is shown in Figure 1.

(<http://www.indiaonlinepages.com/population/population-map-of-india.html>). Reports suggest that older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others, also pregnant women with the infection had did not pass the infection to their unborn babies (Wu, 2019; Chen, 2020). Also it has been reported that some of the Asian populations are more susceptible to acquire this COVID-19 infection when compared to the other races populations (Xu, 2019). Following are the protective measures given by (World Health Organization),

- Wash hands completely using an alcohol-based hand sanitizer will kill the virus,
- Avoid touching eyes, nose and mouth when outside.
- Be updated about the virus.
- Avoid travelling or gathering in crowded places.
- Women with infants are encouraged to breastfeed their babies to enhance their immunity.

National Institutes of Health (NIH), has mentioned that SARS-CoV-2 could survive for up to 3 h maximum as aerosols to a maximum of three days on surfaces. Slowing the spread of the COVID-19 cases will significantly reduce the strain on the healthcare system of the country by limiting the number of people who are severely sick by COVID-19 and need hospital care.

DISCUSSION

38 states of India. All the states are working or fighting individually. One states has 0 corona cases. Some states are working great as they become corona free. Maharashtra states is highest number of cases in India. And Tamil Nadu is second highest number of cases in India and Delhi is third highest number of corona cases in India. Maharashtra states recorded 94041 cases and Tamil Nadu recorded 36841 cases and Delhi recorded 32810 cases on 11th June 2020 and daily approximately more than 1000 cases are added. Daily cases added some recovered and some losses death.

Number of deaths are more males than females. Maharashtra states is highest number of deaths 3438 and Gujarat was second highest number of deaths around 1347. Graph shows that in many states people recovered more than active cases. Delhi, Tripura, Haryana, Jharkhand, Chhattisgarh, and Jammu and Kashmir, reported more active cases than recovered cases. Around 60% cases are active in Delhi, only but recovered 30%. Overall India recovery rate is 49% which is better than some countries. But 7 countries like New Zealand are corona free countries. There are no more cases of India. And lockdown was opened now. They working normally. India is having huge population around 1,326,093,247. So each states should work properly like Rajasthan, Odisha in such states recovery cases are more than active cases. In India Mortality rate of Gujrat is 6.3 which is highest all over India. Maharashtra has largest number of deaths around 3438 and Delhi has 1347 death reported. These two states has largest number of death and increases day by day. Decrease number of active cases and increase recovered cases.

Conclusion

India should work on reducing active cases and improve recovering cases. And decrease the death rate all over India. And should reduce deaths and first increase the recovery cases. Reduce active cases. India should focus in which active cases increases should reduce COVID-19 cases. In which states Death rate increases the government should focus on increases number of cases. Government should provide ventilator and oxygen in which active cases are more. And know the cause of Death cases. Active cases which having number of cases more lockdown should not open. Maintain social distance and all precaution.

REFERENCES

- Balachandar Vellingiri, Kaavya Jayaramayya, ' COVID-19: A promising cure for the global panic Sci Total Environ. 2020 Jul 10; 725: 138277. Published online 2020 Apr doi: 10.1016/j.scitotenv.2020.138277
- Chaochao Tan, Ying Huang C-reactive Protein Correlates With Computed Tomographic Findings and Predicts Severe COVID-19 Early J Med Virol 2020 Jul;92(7):856-862. doi: 10.1002/jmv.25871. Epub 2020 Apr 25.

- Chen H., Guo J., Wang C., Luo F., Yu X., Zhang W., Li J., Zhao D., Xu D., Gong Q. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. Lancet. 2020;395:809–815. doi: 10.1016/S0140-6736(20)30360-3
- Coronavirus Outbreak. Available at: <https://www.worldometers.info/coronavirus/>. Accessed 23 Feb 2020.
- <http://www.indiaonlinepages.com/population/population-map-of-india.html>
- <https://www.icmr.gov.in/>
- <https://www.mohfw.gov.in/>
- <https://www.worldometers.info/coronavirus/coronavirus-death-rate/>
- Pengfei Sun, Xiaosheng Lu Understanding of COVID-19 based on current evidence J Med Virol. 2020 Mar 5 : 10.1002/jmv.25722. doi: 10.1002/jmv.25722
- Tanu Singhal A Review of Coronavirus Disease-2019 (COVID-19) Indian J Pediatr. 2020; 87(4): 281–286. Published online 2020 Mar 13. doi: 10.1007/s12098-020-03263-6
- World Health Organization (WHO) Surveillance case definitions for human infection with novel coronavirus (nCoV) 2020. <https://apps.who.int/iris/handle/10665/330376> (Ref list)
- Wu Z., Mc Googan J.M. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. JAMA. 2020 doi: 10.1001/jama.2020.2648.
- Xu Y. Unveiling the origin and transmission of 2019-nCoV. Trends Microbiol. 2020;28:239–240. doi: 10.1016/j.tim.2020.02.001.
- Yan-Chao Li, Wan-Zhu Bai The Neuroinvasive Potential of SARS-CoV2 May Play a Role in the Respiratory Failure of COVID-19 Patients J Med Virol. 2020 Feb 27;10.1002/jmv.25728. doi: 10.1002/jmv.25728.
