



A Physician's Experience of COVID in India

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After a hectic schedule in Delhi, on April 7th, 2023, we were coming back to Coimbatore. The flight was full. My body was aching and just did not feel right. Got home and isolated myself in a separate room. That night was miserable. The next morning, my temperature was 103 F. My mind was not clear and felt confused. My SpO2 was 93%. I just could not move, could it be COVID? I had taken 5 shots of Moderna Vaccine before we came from Chicago. I could not believe that I could have contracted COVID because I was wearing an N95 as well as a surgical mask throughout the day. But this is unlike any viral infections I have had over the years.

Of course, the home test was positive. After a series of tests at the ER, I was admitted to the COVID floor at KMCH Hospital in Coimbatore and was started on Paxlovid. Two days went by, and my mind was becoming clearer. My experience at the hospital was excellent. Also, I heard that three people from the corporation showed up at our house the very next day and interviewed the contacts and told them not to go out and mix with other people. They also drew a line outside of the house so that the neighbors would know that the people in this house have been exposed to COVID. In addition, I started getting several phone calls. One from the Bioline commercial lab where I had the initial test, a physician from Villanguruchi PHC, and also a representative from the Coimbatore Corporation Health Department. The questioning was very detailed: where I had traveled, who was with me during travel, who are all in the same house, whether they were vaccinated and so on. They also gave clear instructions for COVID precautions. If it was Dengue instead, they would have come and sprayed around the house to get mosquito control. I could not help comparing the experience with that of the US. My son, his wife and two children

all got COVID and had tested in an emergency medical center in the US. Both my son and daughter in law took Paxlovid, the antivirals, through a pharmacy. Yet, no one contacted them.

I have come to realize that all of this information is collected by the Indian Council of Medical Research (ICMR), from the government of India, by authorized centers and government officials throughout the country using a mobile app. This provides accurate data from which the Government generates its report. Also, when one gets vaccinated, it gets registered in the national registry. Before we boarded the flight, they were checking on the proof of vaccination. My niece who traveled with me to Delhi, instantly got the info from her mobile that she has been completely vaccinated, the dates of vaccinations, and the type of vaccine she received, while I pulled out this small card given to me at the site of vaccination in Chicago, with dates of vaccination written in pen as a proof of vaccination.

I have heard people say that we cannot rely upon any data coming from India. But a report by CDC (*Weekly* / January 22, 2021/70(3);83-87) shows that in the US approximately only one half of the health departments were able to meet the median level of contacts and that number was even lower when the case loads are high. Despite the huge healthcare budget, the US is far behind in managing public health emergencies. Rather, India successfully got the pandemic under reasonable control, with efficient and mass vaccination, disease surveillance and contact tracing. The credit goes to the State and the Central Government's ability to meet and manage public health emergencies quickly and effectively despite the limited resources and the huge population.

As an Obstetrician, I started thinking about maternal and child health and how it compares to the US system. The Maternal Mortality Ratio (MMR) in India has declined by about 70% from 398/100 000 live births (95% CI 378-417) in 1997-98 to 99/100 000 (90-108) in 2020. However, in the US, after decreasing annually after 1979, the reported pregnancy-related mortality ratio increased from 7.2 in 1987 to 10.0 in 1990. According to CDC, the US maternal death rate for 2021 (the year for which the most recent data is available) was 32.9 deaths per 100,000 live births, an increase of more than 3 times. India though not perfect, is striving for excellence in maternal and child health and nutrition and compares favorably with a nation of far greater resources. Ministry of Health & Family Welfare, Government of India has launched a new initiative namely- SUMAIV- Surakshit Matritva Aashwasan" (an Initiative for Zero Preventable Maternal and Newborn Deaths) with an aim to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility. In addition, the government also has a nationwide scale-up of emergency referral systems and maternal death audits, and improvements in the governance and management of health services at all levels. Though India has a long way to go in meeting the Sustainable Developmental Goals, it is on a right path and could become a model country in taking care of the poor.