

POST –LOCKDOWN:
-WHAT MUST GOVERNMENTS DO?
...and what they must NOT do
!

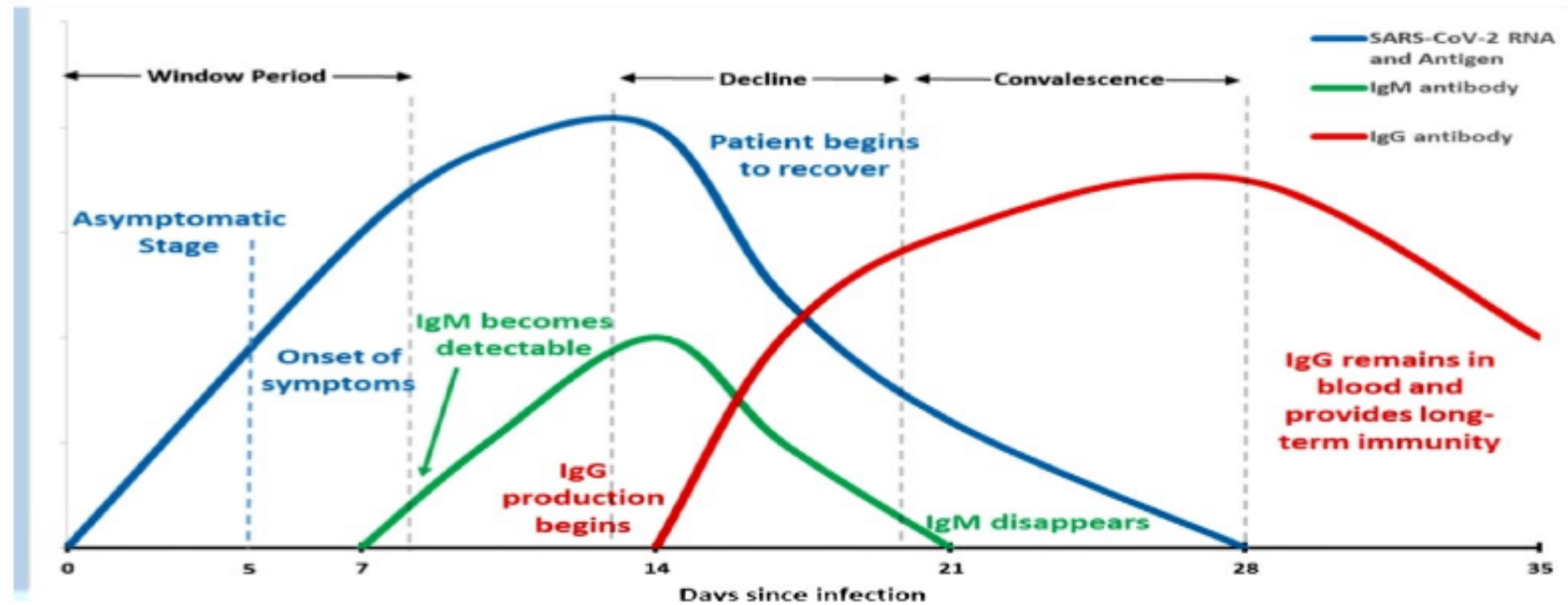
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Identify early- Identify spread Data driven policy decisions need data-

Whatever Happened to IDSP (Integrated disease surveillance program): and what is CCC (Covid 19 collection centers) and SSS (special surveillance system): The principles of surveillance systems:

1. Monitoring **S**uspect, **P**resumptive AND **L**aboratory Confirmed Cases – S, P and L forms
3. Importance of Case Definitions- ILI, SARI and COVID
Definitions of Contact & Outbreak
4. Fever – from Surveys (active) & health centre (passive) :
Test every suspect;
5. Contacts under observation- pick up fever/infection early
6. De-stigmatization and the need for public cooperation

Testing- Antigen- **RT-PCR** and NAT tests: Antibody- Elisa and **Rapid Test Kits**
 Days of Appearance of Viral RNA (Antigen) , IgM, Ig G antibodies:



TEST : WHY: 1. Provide clinical care 2. Prevent Spread: 3 Evidence for Planning

WHOM: 1- Symptoms 2. Primary contacts 3. High Risk-a, b,c, 4. Random

HOW: What test ? Pros and Cons: Where ? When?

Problems: 1. Procurement 2. Low test positivity rates 3 High Asymptomatics

Isolate & Trace

1. Positive case : Isolate Contact: Quarantine:
2. SITE @ home, @ community managed institution @ hospital
3. Tracing: Volunteers , Patience, Trust, Cooperation:
4. Social media - the south korean model

Problems/Critiques in the Indian strategy:

- Coercive Isolation:
- Aarogya Setu and its dangers.
- Circular geographical hot-spots : is it relevant
- Area disinfection & Masks:

Treat:

- Mild and Moderate- Observation: Isolation Facility- not at home preferably
- Severe- Breathlessness: Hospitalize- maybe oxygen
- Critical- Intensive Care- Ventilation:

Hospital capacity for isolation/ for critical care: ICU beds and ventilators

Problems in Indian strategy:

- Difference between creating surge capacity and re-purposing hospitals: For ICU beds and for ventilators
- Which hospitals to re-purpose?
- What role for the private sector & The costs of care
- Preventing Hospital Acquired Infection- and Ensuring Health Worker Safety

So what about lock-downs

- Physical Distancing Lowers R_0 : Needed at each contact site:
- Site specific closures OR a closure of all sites viz. lock-down
- Contact Sites: (S1 to S5)
 1. At place of residence
 2. At schools and colleges
 3. At work places:
 4. At community- (a)access to essential services, (b) recreation, (c)cultural gatherings (d) immediate neighborhood
 5. In public transport:

Take decisions on each contact site based on : No of likely contacts in Site * probability of transmission in each site *increase in contacts in other sites if shutdown in $S_{(1-5)}$ * likely extent of compliance in $S_{(1-5)}$

Meaning of community transmission: Lockdowns are always about responding to community transmission, never about preventing it.

Difference between containment and mitigation :

Till we get to the
vaccines and the
drugs...

..... **And** the next pandemic

Thank You