

Impact of Second Wave of Coronavirus Disease-2019 on Indian Healthcare Workers

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ABSTRACT

India had reported the first case of coronavirus disease-2019 (COVID-19) at the beginning of 2020. India successfully battled the first COVID-19 wave, but the second was a catastrophe. Globally, as of November 26, 2021, a total of 259 million confirmed cases and 5.183 million deaths have been reported, and India reported 34.5 million confirmed cases and 0.4 million deaths. Among the total population, the medical personnel, nurses, and healthcare workers (HCW) are being exposed to the increased risk of contracting deadly disease from this killer virus. There are no exact statistics about the number of COVID-19 deaths among healthcare professionals. According to Indian Medical Association, there were nearly 1,500 doctors, 128 nurses, and 200 HCWs lost their lives to the deadly virus in the country. The second wave of COVID-19 has given the lifetime opportunity for the policy makers and authorities to look into the healthcare system of the nation. Effective administration and intervention are vital in streamlining the control measures and curbing the COVID-19 surge.

Keywords: Coronavirus disease-2019, Healthcare workers, Health professions.

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Novel coronavirus disease-2019 (COVID-19) hit the world during late 2019, and India reported the first case of COVID-19 at the beginning of 2020. India successfully battled the first COVID-19 wave, but the second one was not just a wave, it was a catastrophe, and the deadly virus had already claimed many lives counting the younger ones as well.

Among the total population, the medical personnel, nurses, and healthcare workers (HCW) are being exposed to the increased risk of contracting deadly disease from this killer virus. It is pivotal to take additional care of the medical personnel, as our country at present is facing acute shortage of HCWs. The problem encountered is not related only to their health risk but also at the cost of affecting the continuity in the healthcare delivery service by keeping them away from duty leading to shortage in the number of HCWs.

Globally, as of November 26, 2021, a total of 259 million confirmed cases and 5.183 million deaths have been reported, and India reported 34.5 million confirmed cases and 0.4 million deaths.¹ There are no exact statistics about the number of COVID-19 deaths among healthcare professionals. According to Indian Medical Association, there were nearly 1,500 doctors, 128 nurses, and 200 HCWs lost their lives to the deadly virus in the country.² Medical personnel and HCWs across the nation are being holding their nerves for the past 22 months to deal with the ceaseless COVID-19 cases. They are at increased risk of contracting disease mainly due to various factors such as catering huge patient load which engender risk of disease transmission; lack of proper supply of protective gears; inadequate training for proper protection during pandemic; and skewed distribution of HCWs across states, districts, rural, and urban areas. This persistent struggle had put them into mental and physical exhaustion.^{3,4}

Recent statistics revealed that there are only eight doctors, 8.5 hospital beds, and 20.6 HCW per 10,000 population. Such a shortage in the healthcare workforce in a country with large population will certainly hinder the accelerated progress toward the nationwide health coverage. In addition, inequity in healthcare access, inadequate resources, and poor risk perception among the

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public contributed to the unprecedented challenge in combating the pandemic.⁵

Although India is being considered as pharmacy of the world, the surge during the second wave of COVID-19 has created a sudden demand exceedingly far beyond the supply, which led to severe shortage of drugs, hospital beds, and oxygen. Adoption of various strategies reasoning better outcomes such as distinct management protocols by hospitals, prescription of different combinations of medicines for patients with mild or even asymptomatic, and suggesting array of hematological and biomarker investigations. In addition, search for beds with oxygen support and procurement of oxygen concentrators have put the affected under financial crisis and severe mental stress.⁶ With nation's massive vaccination drives, 86% of eligible population is vaccinated with first dose, and about 40% is fully vaccinated.⁷ With all these challenges, the strive to stabilize the pandemic is challenged by the rising incidence of mucormycosis, also known as black fungus.

In conclusion, the second wave of COVID-19 has given the lifetime opportunity for the policy makers and authorities to look into the healthcare system of the nation. The pandemic situation conveyed that there is no efficient system or policy in place to control the COVID-19 surge. It is suggested that there should be redefining and clarity in the roles and responsibilities of central, state, and local government in managing the pandemic. Effective administration and intervention are vital for the correction of present flaws in the system.

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