

**UNNAT BHARAT GRAM AROGYA SERIES**  
**उन्नत भारत ग्राम आरोग्य शृंखला**

**VIRTUAL SESSION REPORT**

<b>RCI Name</b>	IISER Thiruvananthapuram, IIT Palakkad and KAU Thrissur
<b>Date &amp; Day</b>	8 <sup>th</sup> June 2021, Tuesday
<b>Time</b>	10.00 AM to 11.00 AM
<b>Language</b>	Malayalam
<b>Expert Name &amp; Designation (Doctors/Consultant/Speakers)</b>	Dr. Benny P V, Professor & HoD, Sree Gokulam Medical College, Thiruvananthapuram
<b>Expert's Bytes</b>	<ul style="list-style-type: none"><li>• Dr. Benny has started the program by mentioning the first wave of the pandemic and how it started and where it started. He also mentioned the current test positivity rate of the state, the number of active positive cases in the state on the date. He also emphasized that Kerala's mortality rate of .38% is the lowest when it compares with other Indian states.</li><li>• The causative virus of COVID19 is SARS-CoV-2 virus. It is an enveloped RNA beta corona virus related to the Severe Acute Respiratory Syndrome (SARS) virus.</li><li>• He also mentioned about the variants of concern viruses, such as the new mutated forms of Covid19 are comes under the category of this particular group and it is more contagious than the previous versions.</li><li>• There are several variants of covid19 such as Epsilon (USA variant), Zeta (Brazil), Eta (Multiple countries have reported), Theta (Philippines), Iota (USA), and Kappa (India).</li><li>• The Transmission happens predominantly through the airborne route, droplet released when the infected person coughs, sneezes or talks. It also occurs when a person touches an infected surface and then touches his or her eyes or nose or mouth.</li><li>• The incubation period, the median incubation period is 5.1 days. The period of infectivity starts 2 days prior to onset of symptoms and declines rapidly within the first week of symptom onset.</li><li>• The resource person has also mentioned about the management and clinical categorization of the virus.</li><li>• Apart from that, he also mentioned about the various facilities available in Kerala when you find out that you are affected by the virus. Those are as follows:</li><li>• Community programs: - Psychosocial support, mental health personnel including Psychiatrists, Psychiatric Social Workers, Clinical Psychologists, and Counsellors are giving psycho-social support calls to persons in quarantine/ isolation.</li><li>• Destitute and homeless rehabilitation programme.</li><li>• He also mentioned about the food program started by the government of Kerala with the help of Kudumbashree and local self-government institutions. The focus</li></ul>

	<p>of the program is to prepare and deliver food to door to door for those under home quarantine and for the underprivileged and deserving communities.</p> <ul style="list-style-type: none"> <li>• Also, 378134 people are registered to be a part of the Sannadha Sena (Community Volunteers). And the induction has been provided in various wings, including police and health department in their local areas.</li> </ul>
<p><b>Questions &amp; Answers session</b></p>	<p><b>Q.</b> What are the vaccines available in India and the efficacy rate of those vaccines?  <b>A.</b> At present, the government has approved 3 vaccines and a few are in pipeline. Covaxin, Covishield and Sputnik. Covaxin has 77% efficacy in phase 3 trails and if someone takes both doses of covishied will have almost 70% efficacy and sputink offers 90% efficacy. Even though, recent studies show that taking any of these vaccines will be able to control or reduce the intensity of the virus in human body.</p> <p><b>Q.</b> What is known about young children and whether they are carriers and can transmit the virus?  <b>A.</b> If there is a third wave, young children may be at a higher risk, because at present, the vaccination strategies are focusing on elder people as they are more vulnerable than children now due to comorbidity. Hence the older people are already been vaccinated the children are more susceptible to the virus.</p> <p><b>Q.</b> What does "recovered" mean?  <b>A.</b> When we take the example united states, they are also preparing or expecting for a next wave. At present, the only option is to vaccinate the maximum number people and observe how its going to affect the humanity, and we need to observe that whether we will be able to adapt or get herd immunity or will succumb to the virus. Moreover, it is important to get vaccinated as soon as possible which will have give us the capacity to dilute the intensity of the virus. Hence, the term recover will depend on the outcome of mass vaccination.</p> <p><b>Q.</b> What is the possibility of reinfection after you have recovered from COVID19?  <b>A.</b> Considering the current statistics, the chances of reinfection is relatively less and mostly people got confused relapse of the disease as re-infection. However, the surge in the variants of virus made it difficult to suggest that the chances of reinfection is zero.</p> <p><b>Q.</b> Are some groups at a higher risk for severe Covid19 illness?  <b>A.</b> For any illness, the recovery is based on the age of the affected person. If the person has any underlying medical condition the chance of them getting affected by the virus is very high, hence they are at higher risk.</p>
<p><b>Glimpse (2 pictures) of the session.</b></p>	

Via CiscoWebex

## Clinical Severity

Clinical Severity	Clinical Parameters	Corresponding Category according to state guidelines
Mild	No breathlessness or Hypoxia <b>Adult:</b> dyspnea and/ or hypoxia, fever, cough, SpO2 $\geq$ 94% (range 90-94%) on room air, Respiratory Rate $\geq$ 24 per minute.	A, B
Moderate	<b>Child</b> - dyspnea and or hypoxia, fever, cough, including SpO2 $\leq$ 94% (range 90-94%) on room air, Respiratory Rate $\geq$ 24 per minute. Fast breathing (in breaths/min): $<$ 2 months: $\geq$ 60; 2-11 months: $\geq$ 50; 1-5 years: $\geq$ 40	C
Severe	<b>Adult:</b> Pneumonia plus one of <ul style="list-style-type: none"> <li>respiratory rate <math>\geq</math>30 breaths/min</li> <li>severe respiratory distress</li> <li>SpO2 <math>\leq</math>90% on room air.</li> </ul> <b>Child:</b> cough/dyspnoea, plus one of <ul style="list-style-type: none"> <li>central cyanosis or SpO2 <math>\leq</math>90%;</li> <li>severe respiratory distress (e.g. grunting, chest in-drawing);</li> <li>signs of pneumonia with danger signs: (inability to breastfeed or drink, lethargy, unconsciousness, or convulsions).</li> <li>Other signs of pneumonia like chest in drawing, fast breathing (in breaths/min): <math>&lt;</math>2 months <math>\geq</math>60, 2-11 months <math>\geq</math>50; 1-5 years <math>\geq</math>40.</li> </ul>	C

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Via CiscoWebex

# COVID-19

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**Number of participants & category**

**YouTube Link**

A total of 224 participated in the program, students, community members, and coordinators from across the state participated.

<https://www.youtube.com/watch?v=MTAygDyrM2g>