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A CONCERNING SEQUENCE: THE HINDU EDITORIAL ON A NEW CORONAVIRUS STRAIN AND A SPURT IN CASES IN CHINA

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The spurt in coronavirus cases reported out of China has triggered global alarm. India's Health Ministry has issued a directive to States to send positive samples to the Indian SARS-CoV-2 Genomics Consortium (INSACOG) to check for new, concerning strains. The Health Minister, too, neeting of the coronavirus situation in India. India's official numbers suggest that, thus far, there is little to worry. There are only 3,408 active cases. Only one district has a test positivity rate of over 10% and only four between 5 and 10%, as per the latest available weekly data. India's COVID-19 vaccination coverage has exceeded 219.33 crore, and there are no signs of distress being reported out of hospitals. However, the experience of previous years is that it is usually many weeks after which a noticeable spike, let alone a wave, is confirmed by health authorities. There is scarce monitoring and mask mandates for public gatherings, airports and railway stations have been removed everywhere; so, low numbers do not necessarily mean new variants are not taking root.

In China, despite reports of <u>crowded mortuaries</u>, hospital admissions piling up and stocked-out pharmacies, weekly death counts are officially in the single digits. The prevalent opinion is that the lifting of curbs, after almost three years of some of the most restrictive containment measures, has now exposed a large swathe of people who lack 'natural immunity'. Some mathematical modelling projections calculate a million COVID-19 cases in the coming days in China. Given that much of the world has moved to normalcy in terms of travel, the concern is that this surge is likely to reverberate globally with many more infections, even in India, inevitable. There are two key lessons that can be derived from the Chinese experience: long lockdowns cannot eliminate the virus or prevent the development of new strains, and the only reasonable defence possible against severe disease is via vaccines. China has largely depended on home-grown vaccines such as CoronaVac and Sinopharm vaccines that rely on the inactivated virus technology. Despite 90% of the population receiving a single dose, and half, a second dose, the numbers in China suggest that waning immunity is a fait accompli. The big lesson for India is to not only establish the prevalent coronavirus variants but also whether the administered vaccines continue to be efficacious. While most of the vaccines administered in India are Covishield, and thus of the spike protein, it may be time to accommodate for changes in the virus. The sequencing of strains by INSACOG should not remain an academic exercise.

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