



Two Developments of COVID-19 in Odisha: Some Suggestions

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Abstract: The setting up of COVID-19 hospitals is historic and visionary. It will not only cater to an increasing requirement, if situation warrant, but will also reduce transmission from hospitals to general population. To aid this further, independent residential facilities for care (includes support service) providers should be considered. Further, the risk of care providers should also be minimised by introducing prehabilitation among them, limiting exposure of those with co-morbid conditions and looking into their mental and psychological well-being. The third positive case of Odisha raises concern of possible community transmission. To minimise this, the surveillance net should be increased to all those who are symptomatic, the state may be bifurcated into different zones and sub-zones, and the proactive steps initiated to address the livelihood and nutritional well-being of all those in distress, on account of lockdown, needs to be strengthened and converged with public health measures for curbing transmission.

Introduction

This is the third policy brief from NCDS in the COVID-19 series. The [first](#) one was on incidences across countries and in provinces of China and the [second](#) one was on some lessons from behavioural economics. The current one is on two important developments that happened in Bhubaneswar on 26 March 2020. One is that the Government of Odisha is [setting up](#) two COVID-19 [hospitals](#) in Bhubaneswar, which will be ready in a fortnight, and is also planning to have COVID-19 hospitals elsewhere in the state. The other is the [third](#) COVID-19 positive case in Bhubaneswar, Odisha. Let me elaborate on these developments

COVID-19 Hospitals

A feature of COVID-19 hospitals is their separation from general hospitals. It is implied that for these hospitals the physical infrastructure and the care as also all support service providers will be different from the general hospitals. This is historic and visionary, not only because they will cater to an increasing requirement, if situation warrants, but also because they will also reduce COVID-19 transmission from hospitals to general population.

To reduce transmission from care providers (including all support service providers) to general population, it is also necessary that all care providers should have independent residential facilities and they should avoid a physical meeting with others including a separation from their family members during the period when they are associated with COVID-19 care (including a quarantine after the care period).

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To reduce risk to care providers, plans may be made for their prior conditioning through [prehabilitation](#),² which was initially used in the Army during World War II as a prior physical and mental conditioning to increase chances of recruitment and has subsequently been used for patient care prior to major surgery or treatment and has also been recently suggested to be taken up by individuals at home during [lockdown](#). Further, if possible, limiting the exposure to COVID-19 for those [care providers](#) who are older and with other co-morbid conditions. In addition, measures should also be taken to address the [mental and psychological](#) well-being of care providers.

Third COVID-19 Case of Odisha

The third case of COVID-19 positive patient of Bhubaneswar, Odisha, has raised concerns about a possible [community transmission](#). The person has no recent history of international travel, but has travelled within the country about a fortnight ago. The person has also been treated at multiple places in Bhubaneswar before being identified as COVID-19 positive.

While, the first development of yesterday indicating COVID-19 hospitals is a plan to address a possible situation with more and more COVID-19 cases, a community transmission is not what we want. If community transmission has happened then we need to take up additional steps to reduce this.

All individuals who are likely to be suspects for COVID-19, as per [WHO guidelines](#), should report to [officials](#) (through 104 or through an alternative number) and their cases documented and followed-up. It is advisable that they go into quarantine. In particular, individuals with a recent travel history (domestic or international) or in contact with someone who had a recent travel history should keep a watch on possible symptoms and keep the officials informed.

As of now, in Odisha, all the three cases have been in Bhubaneswar. It would help, if any individual who has travelled from Bhubaneswar or other parts of the country to other parts of the state in the last fortnight then they quarantine themselves for at least a fortnight. This quarantine should also be applicable to all those who have come in contact with them. To begin with, a plan to consider Bhubaneswar and the rest of the state as two different zones and sub-zones within Bhubaneswar may be worthwhile. This may be reviewed, as the situation evolves. Note that, as indicated in the [first](#) policy brief of COVID-19 series, nearly 84% transmission in China was restricted to Hubei province, which had Wuhan, as its epicentre and China could also contain the spread of virus, as of 18 March 2020, to only nine of its 31 provinces. Odisha can also contain it to Bhubaneswar or within sub-zones of Bhubaneswar.

Most people involved in the informal and agricultural sector, on account of lockdown, are in a distress situation without access to [livelihood and food](#). In such a scenario, [poor diet and](#)

² Prehanilitation, for COVID-19, should include physical conditioning to build muscle and strengthen lung and heart function, adequate diet and nutrition for strengthening their immunity, cessation of smoking as that is an added risk for lung and cardiovascular ailment, control of diabetes (another risk factor) that would include exercise at regular intervals (particular, for jobs that may be largely sedentary such as waiting on a patient), appropriate breathing exercises (like *pranayama*) to increase lung and cardiovascular functioning, and psychological strengthening, among others.



[nutrition](#) can also compromise their immune system and increase their vulnerability. Independent shelters with access to food has already been [initiated](#) in Odisha. These centres are not necessarily quarantine centres, but they should follow all possible quarantine measures (including physical/social distancing) and be under watch so that if anyone develops symptoms then the concerned person and all those in contact should be taken to designated quarantine/isolation centres.

Conclusion

While appreciating the setting up of COVID-19 hospitals, this brief suggests that the care (includes support service) providers attached to these hospitals should have independent residential facilities to reduce risk of transmission from them to general population. At the same time, efforts to minimize risk of infection among care providers should also be taken up through their prehabilitation, limiting exposure for those with co-morbid conditions and looking into their mental and psychological well-being. On the third positive case in Odisha indicating a possible community transmission, efforts may be taken to increase the surveillance net, bifurcate the state into zones and sub-zones such that, to begin with, Bhubaneswar (the city with all the three COVID-19 cases) to be considered as a different zone from that of the rest of the state, and strengthen the proactive steps initiated in addressing livelihood and nutritional requirement of those in distress by converging them with public health measures to curb transmission.

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