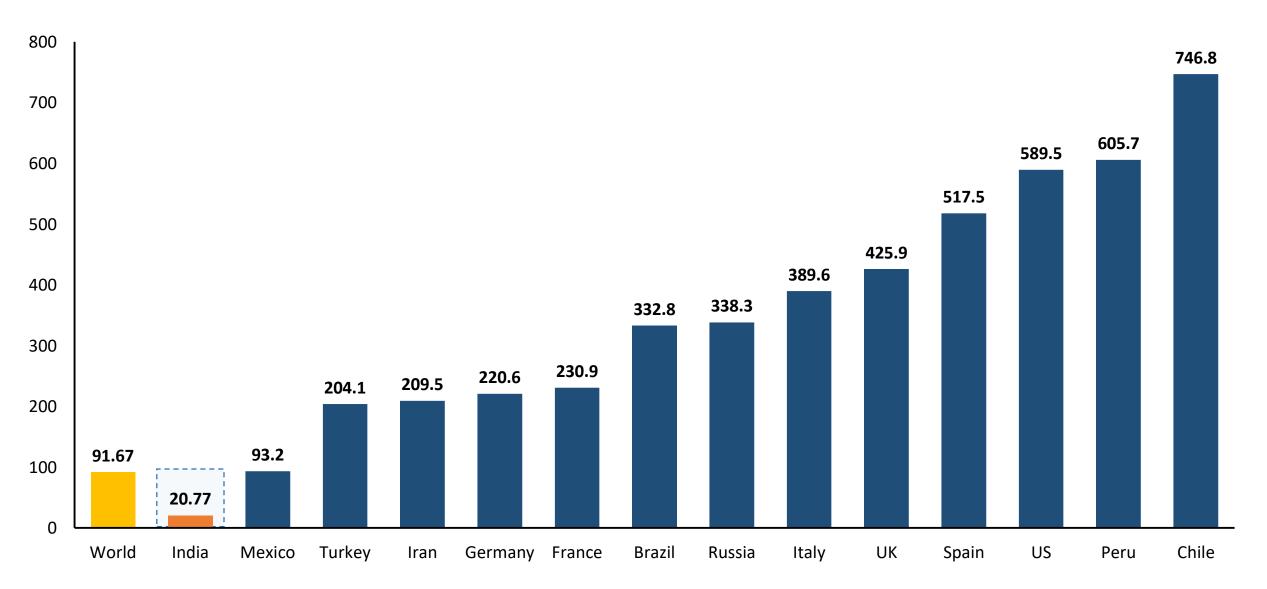
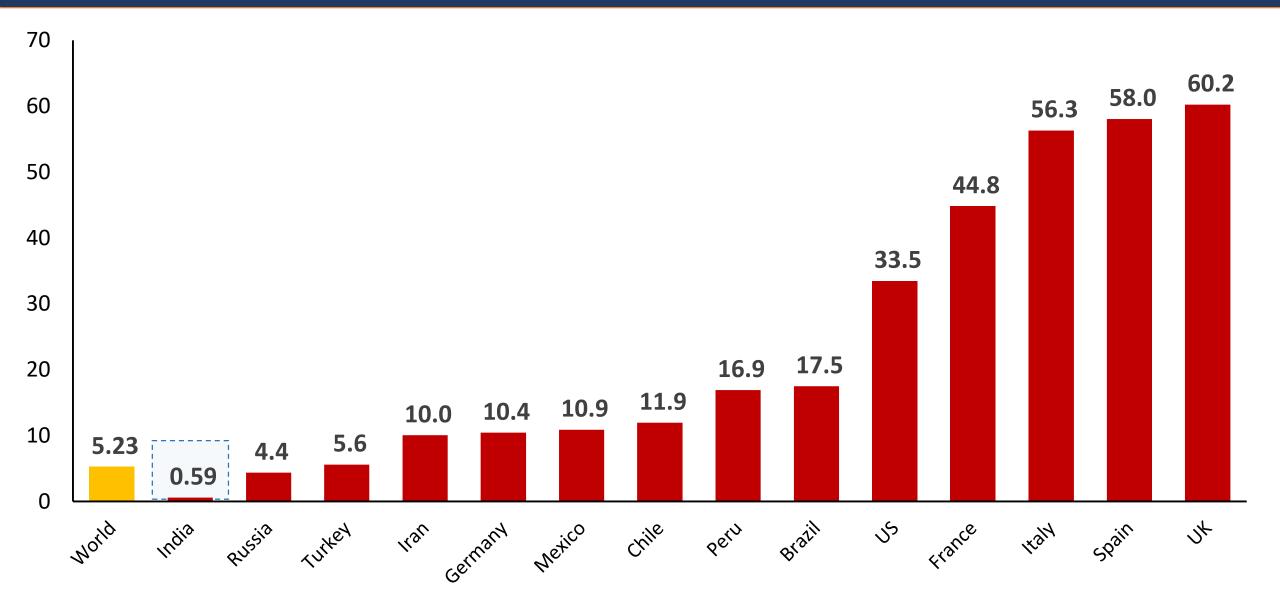
Government of India PIB Press Briefing

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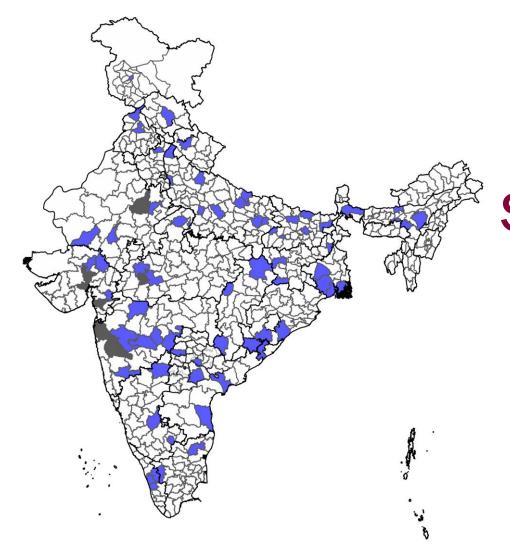
Cases per Lakh Population amongst the Lowest in the World



Death per Lakh Population - Amongst the Lowest in the World







Sero-surveillance to monitor the trend of SARS-CoV-2 infection transmission

COVID serosurvey

- What is serological survey?
 - Blood samples collected from general population and tested for IgG antibodies
 - If a person is IgG positive, it means they were infected with SARS-CoV-2 in the past

- Serosurveys are expected to answer the following questions
 - What percentage of the general population has been infected by the virus?
 - Who are at higher risk of getting infection?
 - Which are the areas where containment efforts need to be strengthened?



Serosurvey for COVID

- ICMR conducted the first serosurvey in May 2020
 - In collaboration with state health departments, NCDC, and WHO India
- Serosurvey had 2 parts
 - PART I: Estimate fraction of population who has been infected with SARS-CoV-2 in general population (COMPLETED)
 - PART II: Estimate fraction of population who has been infected with SARS-CoV-2 in containment zones of hotspot cities (ONGOING)



Data and blood sample collection

- Data collection
 - Socio-demographic details
 - History of respiratory symptoms
 - Written informed consent and ethics clearance
- Blood sample collection
 - 3-5 ml of blood sample
- Laboratory investigations
 - Sera tested for IgG antibodies, infection using COVID KAVACH ELISA



PART I: Population based serosurvey in districts

- Districts into four groups based on number of reported COVID-19 cases (incidence)
 - Zero cases
 - Low incidence
 - Medium incidence
 - High incidence
- Selected minimum <u>15 districts from each group</u>
- 400 individuals from each district
 - Selected 10 villages/urban wards randomly
 - From each village/ward, enrolled 40 adults
 - Only one adult enrolled from each household



Selection of districts & individuals surveyed

Stratum	Total no. of districts	Districts selected	No. of clusters selected	No. of clusters in urban area (%)	No. of households visited **	No. of individuals enrolled ** (% response)
Zero cases*	233	15	150	16 (11.4)	5886	5614 (95.4)
Low*	229	22	220	42 (21.0)	8352	8022 (96.0)
Medium*	84	16	160	48 (32.0)	6917	5980 (86.5)
High*	190	18	180	70 (41.2)	7440	6784 (91.2)
Total	736	83	770	176 (26.7)	28,595	26400 (92.3)



^{*}Based on incidence of reported COVID cases as on 25 April 2020

^{**}Data for 65 districts completed

Results

- 0.73% of the population in these districts had evidence of past exposure to SARS-CoV-2
- Lockdown/containment has been successful in keeping it low & preventing rapid spread
- However, it means that a large proportion of the population is still susceptible
- Risk is higher in Urban (1.09); Urban Slums (1.89) times higher than rural areas
- Infection fatality rate is very low 0.08%
- Infection in containment zones were found to be high with significant variations (still ongoing)



Conclusion: Way forward...

- Since, large proportion of the population is susceptible and infection can spread
- Non Pharmacological Interventions such as physical distancing, use of face mask/cover, hand hygiene, cough etiquette must be followed strictly
- Urban slums highly vulnerable for the spread of infection
- Local lockdown measures need to continue as already advised by GOI
- <u>High risk groups:</u> Elderly, chronic morbidities, pregnant women & children less 10 years of age need to be protected
- Efforts to limit the scale and spread of the disease will have to be continued by strong implementation of containment strategies by the states
- The states cannot lower their guard & need to keep on implementing effective surveillance and containment strategies

