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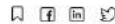


Medical staff, wearing protective suits, hold medical waste as they exit the Special Isolation Ward set up to provide treatment to novel coronavirus patients at Kochi Medical college, in Kerala (File photo: PTI)

## Five ways Kerala mitigated the coronavirus crisis

4-min read · 02 Mar 2020

Nidhish MJC outbreak



### Topics

Kerala | Coronavirus

Kerala closed its book on three coronavirus patients last month without a single death. Mint reported extensively on how the state managed the virus. Here are five big takeaways, prepared from previous reports as well as by talking to experts.

### Identifying the first patient

One of the primary lessons for Kerala from its Nipah days— the deadly virus that hit the state both in 2018 and 2019— was that nothing is as paramount to control the virus as the efficiency of the state to identify the first positive patient (called index case or patient zero). To this end, as and when the news of the coronavirus outbreak began globally, the state had set in place an extensive system of regular checks and conducted even mock drills at public hospitals in search for possible patients. Surely, the state's extensive network of public health infrastructure helped. Kerala has at least two primary health centres for every three villages, that is one every 3.95 kilometres against the national average of 7.3km. They have experienced doctors who receive salaries on par with the private sector, and are heavily subsidised so that they are accessible at costs starting from ₹5, if not free. At least 40 beds were identified in public hospitals that can be quickly converted into isolation wards in the event of a coronavirus outbreak.



### Containing the spread

Once the first patient came in, the state's top priority became execution of a self-designed protocol to contain the spread, by raising contacts of people whom the patient might have closely contacted. For a virus that doesn't have a proper vaccine, identifying those who carry it and stopping them from giving to more people was the only way to avoid a bigger tragedy. This was done by an army of local health staffers and a central team of doctors and experts. From such contacts raised, those who were suspected of having virus symptoms were immediately put in hospital isolation wards and others were home quarantined. Airport authorities also screened for possible patients who returned from affected countries and sent them directly to the state's contact raising team.



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#### Constant monitoring

These protocols were as useful as they are constantly monitored and updated. A control room was opened, with 18 expert groups tasked to oversee departments such as home quarantine, contact tracing, isolation, logistics, training of medical staffers and so on. They met twice a day, with none less than the health minister personally attending the second meeting at 6 pm, where they compiled measures taken in all districts and took note of what is needed for the next day. On the ground, a public health official and a panchayat president paired themselves to lead monitoring teams in every village. They went in turns around the houses of those who are home quarantined, to make sure they don't escape hoodwinking the quarantine period of 28 days. Local health workers were deployed to fulfill whatever needs such home quarantined people had, ranging from medical assistance to grocery shopping. In one district, Malappuram, these local workers even helped to block a marriage, facing considerable heat from the one family, upon learning that the groom had returned from China.



#### Turning panic into vigilance

Kerala realised during Nipah days that the public at large was its best ally in its fight to contain the virus spread but that their support would not be had if they panicked. Neighbourhood families would pack up and leave the affected areas in fear, among them were people who would need medical care and failing the state's local monitoring. Those in home quarantine would too have mood swings and stop cooperating with the state officers, as they combated the fear, discrimination and stigma in the neighbourhood. So during the corona outbreak, the state specifically asked the local workers to stress the need to be vigilant and not panic. Civil society leaders were roped in to put across the message that the protocols are there not to punish anyone but to rescue. The health minister appeared in front of television cameras at least twice a day, smiling and reassuring that the crisis can be mitigated. They also opened multiple call centers: some for the public to clear any doubts, and others to keep a tab on the mental health of those who are home quarantined.



#### Controlling communication

Can drinking alcohol stop coronavirus? Can eating only vegetarian food stop corona? Did the virus originate from pigs or the head of rhino horn? These were some of the rumours that spread in Kerala during the outbreak and the state officials, along with media outlets, pulled out all the stops to prevent them. The health minister met with chiefs of traditional media houses early on during the outbreak, and asked to publish only official figures on suspected cases and deaths. They agreed. In return, she agreed to hold a press meet every evening and take questions to be made transparent and accountable. In parallel, a media monitoring team was set up which scouted unsubstantiated reports or fake news in social media and other channels of communication. Three people were arrested for spreading fake news.

