



Indian Public Health Association (IPHA),

&

Indian Association of Preventive and Social Medicine (IAPSM)



5th Joint Statement on COVID-19 Pandemic in India –

Normalizing COVID-19

January 6, 2023

Dr. Sanjay K. Rai
President, IPHA

Dr. Harivansh Chopra
President, IAPSM

Dr. Sanghamitra Ghosh
Secretary General, IPHA

Dr. Purushottam Giri
Secretary General IAPSM

Indian Public Health Association (IPHA),
&
Indian Association of Preventive and Social Medicine (IAPSM)
Fifth Joint Statement on COVID-19 Pandemic in India:
Normalizing COVID-19

January 6, 2023

Terms of Reference:

A Joint Task Force of eminent public health specialists of India was constituted by IPHA, and IAPSM in April 2020 to advise the Government of India for containment of COVID-19 pandemic in the country.

The members of the IPHA, & IAPSM, **Joint COVID-19 Task Force** are as follows: (in alphabetical order)

1. Dr A. C. Dhariwal, Former Director, NVBDCP & NCDC, and Advisor NVBDCP, MoHFW, GoI, New Delhi
2. Dr A.M. Kadri, President Elect, IAPSM, Ahmedabad
3. Dr. Amitav Banerjee, Professor & Head, Community Medicine, Dr DY Patil Medical College and Hospital, Pune
4. Dr Chandrakant S. Pandav, Past President IPHA & IAPSM, former Professor & Head, Centre for Community Medicine (CCM), AIIMS, New Delhi, and President, ICCIDD
5. Dr D.C.S. Reddy, Former Professor & Head, Community Medicine, IMS, BHU, Varanasi
6. Dr Farooq Ahmed, Former Director NEIGRIMS, and Pro VC KBN University, Gulbarga
7. Dr Forhad Akhtar Zaman, Additional Professor, Department of Community & Family Medicine AIIMS Guwahati
8. Dr Harivansh Chopra, President IAPSM, and former Professor & Head Community Medicine, LLRM Medical College, Meerut, UP
9. Dr Kapil Yadav, Professor, CCM, AIIMS, New Delhi
10. Dr Puneet Misra, Past President, IAPSM & Professor, CCM, AIIMS, New Delhi
11. Dr Purushottam Giri, Secretary General IAPSM
12. Dr Rajesh Kumar, Former Professor & Head, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh
13. Dr Rajib Dasgupta, Professor and Chairperson, Community Health, Jawaharlal Nehru University, New Delhi
14. Dr Sanghamitra Ghosh, Secretary-General, IPHA, and CMO (SG) Ministry of Defence, Kolkata
15. Dr Sanjay Chaturvedi, Professor and Head, Department of Community Medicine, University College of Medical Sciences, Delhi
16. Dr Sanjay K. Rai, National President, IPHA and Professor, CCM, AIIMS, New Delhi
17. Dr Sanjiv Kumar, Former Executive Director, NHSRC, and Chairman, Indian Academy of Public Health (IAPH), New Delhi
18. Dr Shashi Kant, Past President IAPSM, and Professor & Head, CCM, AIIMS, New Delhi
19. Dr Sujeet Kumar Singh, Ex Director, National Centre for Disease Control, New Delhi
20. Dr Suneela Garg, Director Professor and Ex-Head, Department of Community Medicine, Maulana Azad Medical College, New Delhi, and President, IAPSM

PREAMBLE

In response to reports of a COVID-19 surge in several countries including China, Japan, South Korea, Hong Kong and Thailand, the Union Ministry of Health & Family Welfare (MoH&FW) issued an advisory on December 20, 2022, to all the States and Union Territories (UT).

The advisory reaffirmed the five-fold strategy of test-track-treat-vaccinate plus COVID-appropriate behaviour. The States and UTs were advised to scale up genome sequencing to enable timely detection of newer variants that will inform appropriate public health measures. Random testing of inbound international passengers was reintroduced, and negative RT-PCR reports made mandatory for travellers from China, Hong Kong, Japan, South Korea, Singapore and Thailand from January 1, 2023.

Significantly, a quote from an unnamed Health Ministry official “a new wave of COVID-19 hits India around 30-35 days after it hits East Asia.... This has been a trend”, and therefore the next 40 days is crucial has gained widespread traction causing considerable concern and raising several questions.

SARS CoV-2 (the causative agent of COVID-19) is now more than three years old, and abundant research and scientific knowledge is available. Adopting a public health perspective, this 5th Joint Statement of the Indian Public Health Association (IPHA) and the Indian Association of Preventive and Social Medicine (IAPSM) makes recommendations based on the available evidence and an epidemiological approach to support the MoH&FW in formulating strategies that are appropriate for the control of COVID-19 in India.

CONTEXT

- Populations in most countries have now acquired considerable immunity against COVID-19 either through natural immunity (clinical disease or sub-clinical infections) or vaccination, or a combination of both (hybrid immunity). Any future surge will be shaped by population level immunity against SARS CoV-2 and immune escape properties of the new variants/sub-variants.
- India is now endemic for SARS CoV-2 infection due to a combination of early spread of infection (on account of key enabling factors) leading to natural immunity followed by a robust coverage of vaccination. Several rounds of national-level sero-surveys bear testimony to this including high levels of sero-conversion in the younger age groups.
- Global evidence bears testimony that natural infection provides better and a longer duration of protection than any of the current vaccines *alone*. There is some evidence that suggests that the natural infection

may even provide lifelong immunity. Put differently, there is no evidence to the contrary, i.e., vaccination alone provides better immunity than the natural infection.

- Vaccines may evoke a higher specific IgG level than the natural infection, but that does not necessarily translate to better individual protection. However, the waning of IgG level with time does not necessarily mean a corresponding decline in the immune protection.
- Naturally infected individuals have lower chance of getting reinfected and therefore being a source of further transmission.
- The epidemiology of COVID-19 in the countries experiencing the current surge are distinct from that of India. These countries are highly vaccinated with 3 to 4 doses of different COVID vaccines but they did not allow much room for natural infection. This rendered their populations relatively immunologically naïve than that of India.
- There are 37 COVID vaccines approved by various regulatory authorities of the world. These vaccines have played very important role in reducing severity and deaths from COVID-19 during the initial phase of pandemic when the population was susceptible. However, immune response to different vaccines varies and hence, the community protection level (which is a combination of natural immunity and vaccine immunity or both) in different populations also vary accordingly.
- With a very high proportion of the population having been exposed to SARS CoV-2 infection, vaccination against COVID-19 (after recovery from natural infection) will not provide any additional benefits. On the other hand, vaccinations following natural infections may have potential for some harm, however rare. It would be prudent to err on the side of safety and not insist on vaccination for those who have acquired immunity following natural infection.
- Some of the Omicron sub-variants such as BF.7 or XBB (responsible for the current surges in China and USA) were detected in India and have been in circulation for some time. This points to:
 - The robustness of the surveillance network in India, including genomic surveillance.
 - The absence of any instances of clustering of cases (an important epidemiological signal) or an appreciable increase in hospitalisation, clinically complicated cases or deaths.

RECOMMENDATIONS

- Based on the current epidemiological understanding and prevailing situation, it is likely that India will not experience another wave driven by the current Omicron sub-variants of COVID-19 that can result in significant increase in hospitalisation and complicated cases and/or deaths. This scientific evidence needs to be extensively disseminated to educate the masses.
- The next wave in India with significant public health impacts may happen only in the unlikely event of major mutations in the virus that have unforeseen levels of immune-escape properties capacity to overwhelm naturally acquired immunity for which Government of India has rightfully upscaled the genomic sequencing and there is a need to put the relevant information in public domain to build the confidence in the community.
- There is no relevance of the mandate for population-wide use of masks, sanitisers or social distancing at the current level of endemicity.
- Individuals who have experienced natural infection due to SARS CoV-2, may not gain any additional benefits with either two primary doses or precautionary/ booster dose or any additional doses.
 - Vaccination should be recommended for those having co-morbidities or never had COVID-19.
 - Unnecessary and irrational use of vaccination against COVID-19 will divert resources and attention from other pressing public health tasks.
 - Resources, both financial and human, saved from avoiding unnecessary vaccination and other unnecessary interventions can be better used for strengthening public health care facility. This would help deal not only with the current pandemic but be useful for any other future epidemics.
- The Hon'ble Supreme Court of India has ruled that vaccination against COVID-19 is voluntary and the Government of India too has reiterated this. Nevertheless, many states continue to insist for vaccination certificates selectively in some situations. It is recommended that wherever a vaccination certificate is demanded, a proof of having recovered from natural infection should be considered as adequate alternative, and a vaccination certificate should not be insisted upon. This will help in reducing needless burden on already stretched health system as well as unnecessary harassment of common man.
- As COVID-19 enters its fourth year in India, the emphasis should be on further strengthening surveillance including wastewater surveillance, identifying outbreaks and clustering of cases, and genomic sequencing using Integrated Health Information Platform (IHIP) and National Pandemic Preparedness with Capacity Building Plan.
- Screening of incoming international passengers should be aimed towards identifying novel/emerging variants rather than detecting and tracking individual cases. There is no role of universal screening of international travellers, contact tracing or quarantine and vaccination certificates. All new globally

prevalent variants of COVID-19 have already been detected in India. These measures have not been successful in preventing entry of new variants in any country in past over two years.

- Primary health care systems need further strengthening to ameliorate the impact of future pandemics.
- As mortality was high in the persons with comorbidities, especially uncontrolled diabetes and hypertension, the focus should be on strengthening the National Programme for Prevention of Cancer, Diabetes Cardiovascular Disease and Stroke (NPCDCS).
- There is a need to constitute and strengthen interdisciplinary teams of medical epidemiologists, related clinical and laboratory disciplines, veterinarians (preferably zoonotic diseases expert) and social scientists under the leadership of public health specialists to support central, state and local governments. Clinical specialists deserve special mention for rendering sterling care to COVID-19 patients. It is desirable that they refrain from issuing statements and advisory relate to epidemiological and public health perspectives and principles.
- It is high time to declare end to covid pandemic, reassure population at large and at the same time institute mechanism for preventing misuse of covid and any other similar disease in future by pharmaceutical and vaccine industry in cahoots with self-styled public health experts and scientists.

For further details please contact: Prof. (Dr.) Sanjay K. Rai, Room No. 29, Centre for Community Medicine (CCM), All India Institute of Medical Sciences (AIIMS), New Delhi-29.
Phone - 011-26594416, Ph - 9868397358, email - drsanjay.aiims@gmail.com