

**LIST OF DATES AND EVENTS**

<b>Dates</b>	<b>Facts/ Events</b>
27/03/2021-29/04/2021	West Bengal Assembly Elections conducted in blatant violation of safety protocol as per State Government advisory.
13/04/2021	The Hon'ble Calcutta High Court called for stringent measures against violation of COVID norms in the conduct of elections.
15/04/2021	Shortage in the supply of Remdesivir used in COVID treatment reported in the news as 'What led to the shortage in Covid-19 vaccines and Remdesivir?'-published by Deccan Herald; The Hon'ble Gujarat High Court held that State must publish all COVID related data in a transparent manner
21/04/2021	<ol style="list-style-type: none"> <li>I. News report- West Bengal govt orders ramping up of Covid beds: Govt hospitals told to increase beds by 20%, private by 25%-published by The Indian Express as West Bengal recorded the highest single day spike.</li> <li>II. The Hon'ble High Court of Bombay in Suo-Motu P.I.L. No. 4 of 2020 emphasised on making immediate efforts to procure Remdesivir vials in sufficient quantity and augment supply of oxygen to Covid hospitals; while addressing the possibility of malpractices being committed by some unscrupulous persons.</li> <li>III. The Hon'ble High Court of Delhi in interim order dated 21.04.2021 in W.P. (C) (temp) 5500/2021 directed the State to immediately procure sufficient quantities of medical oxygen.</li> </ol>
22/04/2021	<ol style="list-style-type: none"> <li>I. News report- Bengal: Home Minister Amit Shah Holds 3 Rallies A Day After State Logs Over 10,000 Covid Cases published by Outlook dated 22.04.2021 reports a series of political rallies with thousands of people gathering in some parts of the State.</li> <li>II. Central Government vide order bearing No. 40-3/2020-DM-I(A) directs oxygen to be diverted from industries to healthcare and mandates the States/ UTs to abide by the oxygen supply plan.</li> <li>III. Home Secretary to the Government of India vide D.O. No. 40-6/2020-DM- I (A) informed that a Monitoring mechanism has been set up for monitoring and coordinating the supply of COVID-19 drugs on a daily basis.</li> <li>IV. News report-West Bengal: Oxygen demand doubles as supply chain takes a hit published by The Times of India reported the shortage in medical oxygen in</li> </ol>

	hospitals and pharmacies and noted that suppliers had almost run out of stock in less than a week and were not being able to get fresh stock due to an acute crisis across the country.
23/04/2021	A nightmare on repeat - India is running out of oxygen again published by BBC News India summarized the oxygen deficiency and reported that many stricken with coronavirus are dying while they wait for oxygen.
27/04/2021	No action taken by the Respondents to ensure adequate supply of oxygen and COVID treatment drugs; and, adherence to safety protocol during elections and counting. Hence, this petition.

#### SYNOPSIS OF THE CASE

The present writ petition is being filed by the Petitioner to ensure adequate supply of medical oxygen and COVID treatment drugs in the State and adherence to safety protocol during West Bengal Assembly elections, to safeguard the right to health under the right to life under Article 21 of the Constitution of India, 1950.

A massive surge in COVID cases in the second wave has been compounded by the complete disregard of safety norms in election campaigning and conduct of polls in the State. Exacerbating the crisis, there has arisen an acute shortage in the supply of medical oxygen and life-essential drugs such as Remdesivir, Tocilizumab etc. in the hospitals, medical facilities and pharmacies across the State. Several thousand lives are at stake as the hospitals grapple with the severe shortage in the face of inaction on the part of the Respondents.

In spite of the Central Government directives, the supply chain management of medical oxygen and COVID treatment drugs remains riddled with inadequacies, jeopardising lives needlessly.

Following the steepest single-day rise in COVID cases in the State, new beds have been installed at hospitals as per State Government orders. However, not all such beds have been fitted with oxygen equipments and other medical amenities making them unfit for COVID treatment.

The Respondents have been alarmingly neglectful of their duties in not initiating rapid efforts to augment the supply of oxygen, medicines and other necessary amenities and have shirked their responsibilities under the National Disaster Management Act, 2005 and policies and rules framed thereunder.

DISTRICT: KOLKATA

IN THE HIGH COURT AT CALCUTTA  
CONSTITUTIONAL WRIT JURISDICTION  
(APPELLATE SIDE)  
PUBLIC INTEREST LITIGATION

W.P.A. (P) No. of 2021

In the matter of:  
An application under Article 226  
of the Constitution of India.

Subject matter relating to:  
National Disaster Management  
Act, 2005, and the Manuals,  
Policies and Plans framed  
thereunder including West  
Bengal State Disaster  
Management Policy

Under Group-IX (Residuary) of  
the Classification List

CAUSE TITLE

Joveria Sabbah

...Petitioner.

-Versus-

The State of West Bengal & Ors.

...Respondents.

Advocate on Record



Mr. Sandipan Das

Advocate

High Court, Calcutta,

43/2B, Suhasini Ganguly Sarani, Kolkata - 700025

Mobile : 9038121315

Email ID : officially.connect2sandy@yahoo.com

DISTRICT: KOLKATA

IN THE HIGH COURT AT CALCUTTA  
CONSTITUTIONAL WRIT JURISDICTION  
(APPELLATE SIDE)  
PUBLIC INTEREST LITIGATION

W.P.A. (P) No. 134 of 2021

In the matter of:

Joveria Sabbah

...Petitioner

-Versus-

The State of West Bengal & Ors.

...Respondents.

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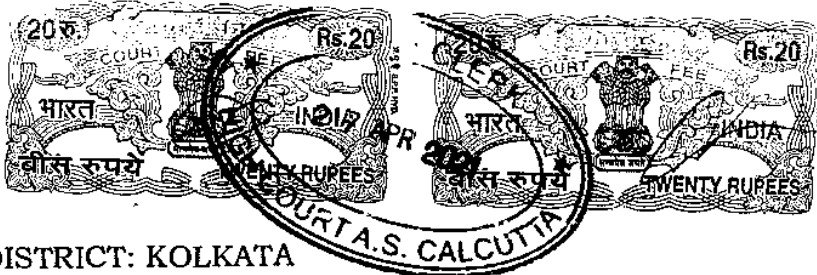
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27/04/2021	No action taken by the Respondents to ensure adequate supply of oxygen and COVID treatment drugs; and, adherence to safety protocol during elections and counting. Hence, this petition.

## POINTS OF LAW

- I. Whether the Respondents are in severe dereliction of duty in not ensuring adequate measures for the treatment of patients afflicted with COVID-19 multiplying in the State of West Bengal owing to the the rapid spread of a second wave of COVID-19 in the State further aggravated by the non-compliance of preventive norms in the season of West Bengal Assembly Elections 2021?
- II. Whether the failure of the medical facilities in the State of West Bengal to address the crippling health emergency that is the second wave of the COVID-19 Pandemic portends negligence on the part of the Respondents to protect the Right to Health under the Right to Life under the Constitution of India?
- III. Whether it is the responsibility and duty of the Respondents to make available essential drugs for the treatment of COVID-19 in all the state hospitals/hospitals to patients being prescribed the same?
- IV. Whether the Respondents have taken positive steps to address the alarming shortage of anti-viral drug Remdesivir, immunosuppressive drug Tocilizumab and other necessary drugs in the treatment of COVID-19 in hospitals across Kolkata and the State of West Bengal?
- V. Whether the State of West Bengal has an Action Plan to prevent shortage in the supply of medical oxygen either by increasing production or by diverting liquid oxygen from industries?
- VI. Whether such Action Plan has been set in motion due to the increasing demand of oxygen and slow and dwindling supplies of the same amid rising demand for the emergency treatment of COVID-19 in the State of West Bengal?
- VII. Whether the Respondents have neglected their duty to regulate COVID-19 safety protocols as per the State Advisory issued on 17.04.2021?



DISTRICT: KOLKATA

IN THE HIGH COURT AT CALCUTTA  
CONSTITUTIONAL WRIT JURISDICTION  
(APPELLATE SIDE)  
PUBLIC INTEREST LITIGATION

W.P.A No. \_\_\_\_\_ of 2021

In the matter of:  
An application under Article 226  
of the Constitution of India.

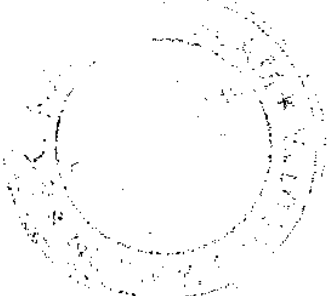
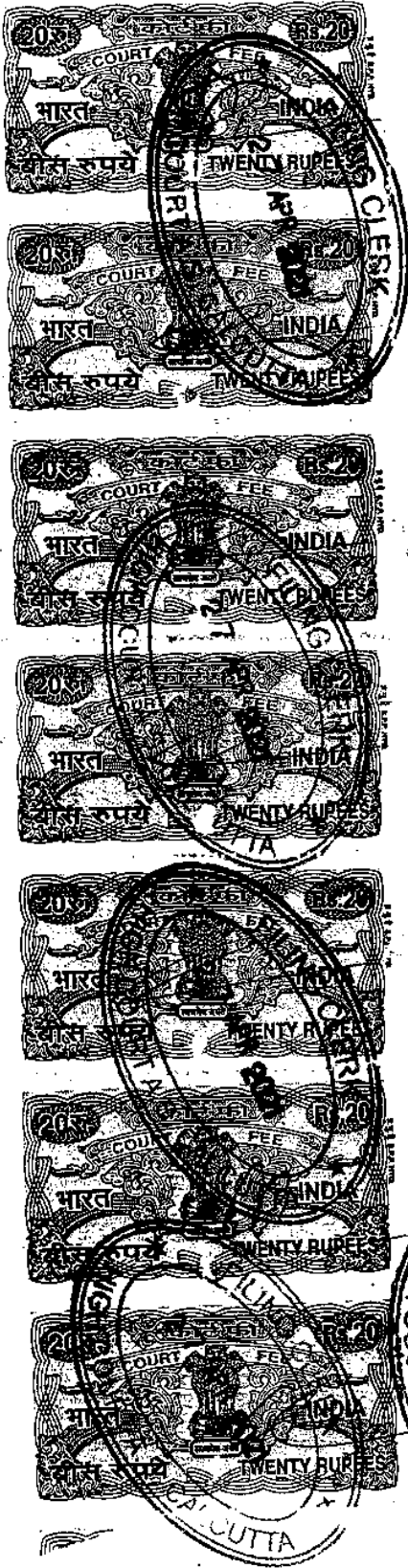
And

In the matter of:  
Joveria Sabbah  
D/o Syed Ahmed Sabbah  
Address- Merlin Riverview, 15,  
Kabitirtha Sarani, Police Station -  
Watganj, Kolkata- 700023.

...Petitioner.

-Versus-

1. The State of West through the Chief Secretary, Nabanna (13th Floor), 325, Sarat Chatterjee Road, Shibpur, Howrah-711102
2. Department of Home and Hill Affairs, through the



16404

Through  
Handipal Das

Additional Chief Secretary,  
Nabanna , 13th Floor,325, Sarat  
Chatterjee Road,Mandirtala,  
Shibpur, Howrah-711102

3. Department of Health and  
Family Welfare through the  
Secretary, Swasthya Bhawan,  
GN-29, Sector V, Salt Lake,  
Kolkata-700091

4. Department of Disaster  
Management and Civil Defence,  
through the Principal Secretary,  
Nabanna, 2nd Floor, 325 Sarat  
Chatterjee Road, Mandirtala,  
Shibpur, Howrah-711102

5. Directorate of Drugs  
Control, Government of West  
Bengal, P - 16, India Exchange  
Place Extension, K.I.T. Building -  
5th Floor, Kolkata - 700 073

...Respondents.



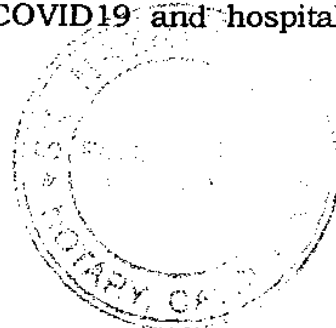
To

The Hon'ble Thottathil B. Radhakrishnan, Chief Justice and His  
Companion Justices of the said Hon'ble Court.

The humble petition of the  
petitioner above-named;

Most Respectfully Sheweth:-

1. That your Petitioners and Respondents are citizens of India and are hence amenable to the writ jurisdiction of this Hon'ble Court.
2. That the instant Petition is being filed seeking directions towards ensuring adequate supply of medical oxygen in the hospitals and medical health facilities in the State of West Bengal and towards redressing the shortfall in the supply of the drugs used in the treatment of COVID patients such as Remdesivir, and other necessary drugs in the backdrop of the steep multiplication in COVID positive cases in the second wave of the COVID-19 Pandemic in the State of West Bengal.
3. That the Petitioner is filing the instant writ petition in public interest. The Petitioner has no personal interest in the litigation and the petition is not guided by self-gain or for gain of any other person/ institution/ body and that there is no motive other than of public interest in filing the present public interest litigation.
4. That the Petitioner is the daughter of a COVID- afflicted patient who is currently hospitalised and dependent on oxygen support, and faced with shortage in the supply of the prescribed drug Remdesivir, and has based the instant Writ Petition on first hand knowledge and authentic information collected from government notifications, news reports.
5. That the Petition, if allowed, would immensely benefit thousands of patients afflicted with COVID19 and hospitalised, in need of essential life saving drugs.



6. That Respondent No. 1 is the State of West through the Chief Secretary; Respondent No. 2 is the Department of Home and Hill Affairs, through the Additional Chief Secretary, that is responsible for protecting human rights in the State; Respondent No. 3 is the Department of Health and Family Welfare through the Secretary; Respondent No. 4 is the Department of Disaster Management and Civil Defence, through the Principal Secretary, and its responsibilities include the establishment of necessary systems, structures, programs, resources, capabilities and guiding principles for reducing disaster risks and preparing for and responding to disasters and threats of disasters in the State of West Bengal in order to save lives and property, avoid disruption of economic activity and damage to the environment and to ensure the continuity and sustainability of development; Respondent No. 5 is the Directorate of Drugs Control, Government of West Bengal.

7. That the prayers sought for in the present Writ petition pertain to the Respondents herein. To the best of the knowledge of the petitioner, no other person/body/institution is likely to be affected by the orders. However, the petitioner seeks this Hon'ble Court's indulgence to add any other party, if the same is/are likely to be affected.

8. That the Petitioners have not moved earlier before this Hon'ble Court on the self-same cause of action.

#### BRIEF FACTS OF THE CASE

9. That on 24.03.2020, the Central Government imposed a national lockdown in view of the rising COVID-19 cases. A year into the Pandemic, India is experiencing a renewed surge in infections with

many states reportedly in the grip of a second wave, including the State of West Bengal. To bring matters to a head, campaigning ahead of the West Bengal Assembly Elections 2021 and conduct of the same scheduled in eight phases began in the State of West Bengal marked by rampant flouting of safety protocols and COVID-19 preventive norms.

10. That vide order dated 13.04.2021 in WPA (P) 117 of 2021 in *Nitish Debnath versus Election Commission of India and Ors.* and WPA (P) 118 of 2021 in *Sankar Halder & Ors. versus Union of India and Ors.*, the Division Bench of the Hon'ble High Court at Calcutta in addressing the violation of COVID preventive measures in the election campaigning in the State of West Bengal ahead of and during the West Bengal Assembly Elections 2021, held that:

*"...We are dealing with an extraordinary situation and this calls for extraordinary measures. It is in public interest that the Administration must ensure that all the COVID protocols are strictly adhered to by all concerned including those engaged in election campaigning activities. Stringent measures must be taken against persons who fail, neglect or refuse to obey the COVID protocols. Callous, irresponsible and non-chalant attitude or behavior of some of the members of the society cannot be permitted to endanger the lives of the other members of the society."*

The above stated order highlights the deadly impact of the second wave of COVID-19 on the State healthcare machinery. A true copy of the common order dated 13.04.2021 of the Calcutta High Court is annexed herewith and marked as ANNEXURE-P/1.

11. That accordingly, the Government of West Bengal, Home and Hill Affairs Department issued an advisory No.- 715-Home(Cons)/RIM(Cons)-92/2021 dated 17.04.2021 extending certain restrictions in combating the surge in COVID-19 up to 30.04.2021.

True copy of the advisory is annexed herein and marked as ANNEXURE-P/2.

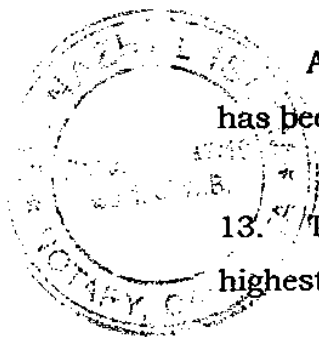
12. That further augmenting the frustration of the already beleaguered medical infrastructure, there peaked a shortage in the supply of the anti-viral drug Remdesivir used in COVID treatment as reported in the news item titled *What led to the shortage in Covid-19 vaccines and Remdesivir? There was a scaling down or stoppage of production of the Remdesivir drug in January and February* published by the Deccan Herald on 15.04.2021, which reads:

*"...Amid the unprecedented second wave, the sudden spike in demand for Remdesivir injections and fear of shortage in supply of Covid-19 vaccines has added to the stressful condition across the country. Experts have pointed out other reasons including a halt in production of injections apart from the alarming spike in everyday cases, that may have led to the shortage in supply.*

*Meanwhile, in its reports, the government recently gave the approval to enhance the production of Remdesivir to around 78 lakh vials per month from the earlier 38.80 lakh vials. Over the reported shortage of vaccines, it has said that it is an issue of planning and not supply."*

A true copy of the aforementioned news item dated 15.04.2021 has been annexed herewith and marked as ANNEXURE-P/3.

13. That on 21.04.2021, the State of West Bengal registered its highest single-day spike of 10,784 fresh COVID-19 cases, which took





the tally in the State to 6,88,956. The death toll also rose to 10,710 after 58 fresh fatalities were reported.

14. That a new variant of the virus causing COVID-19 - 'triple mutant variant' (also being referred to as the 'Bengal strain' of COVID-19) which is reportedly more infectious than other strains, has been detected in West Bengal.

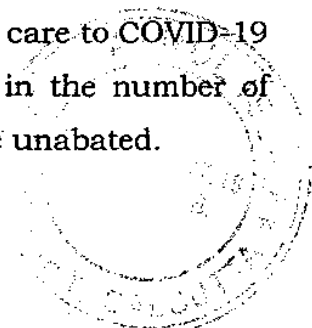
15. That in response to the spiking caseload of COVID-19, the Government of West Bengal ordered the increase in the number of beds in hospitals across the State as reported in the news item titled *West Bengal govt. orders ramping up of Covid beds: Govt hospitals told to increase beds by 20%, private by 25%* published by The Indian Express dated 21.04.2021 which reads as under:

*"...With West Bengal recording 46 Covid-related deaths in the past 24 hours, the state government on Tuesday ordered government hospitals to add 20 per cent more beds as compared to its strength when the state had hit the Covid peak last year. The government also directed private hospitals and nursing homes in Kolkata, which has highest caseload, to increase the number of beds by 25 per cent.*

*The decision was taken during a Covid review meeting with all the Chief Medical Officers of Health (CMOHs) in the districts."*

A true copy of the aforementioned news item dated 23.04.2021 has been annexed herewith and marked as ANNEXURE-P/4.

16. That in spite of the above decision, the new beds installed in the various hospitals are not all fitted with oxygen and ancillary medical equipment and not suitable for providing competent care to COVID-19 patients across the State. Concerns for deficiency in the number of hospital beds for COVID treatment, thus, deteriorate unabated.



17. That despite the abovementioned advisory No.- 715-Home(Cons)/RIM(Cons)-92/2021 dated 17.04.2021 of the Government of West Bengal and in chilling violation of the COVID-19 prevention protocol and safety norms, news item titled *Bengal: Home Minister Amit Shah Holds 3 Rallies A Day After State Logs Over 10,000 Covid Cases* published by Outlook dated 22.04.2021 reported as under:

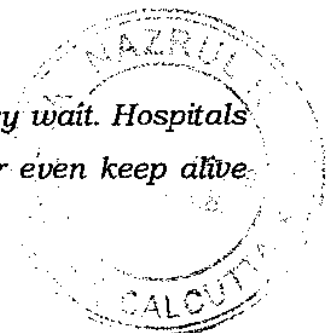
*"...A series of political rallies saw thousands of people gathering in some parts of the state on Thursday, while at some other, people stood in long queues to cast their votes in the sixth phase of the state elections, a day after West Bengal recorded 10,784 new cases of Covid-19 infection and 58 deaths.*

*This created a unique scene for the state that stood in contrast to the rest of India. While the country was worried about the possibility of another lockdown and politicians and administrators were seen urging people to maintain social distancing, in West Bengal political parties were urging people to gather in large numbers and show their support."*

A true copy of the aforementioned news item dated 22.04.2021 has been annexed herewith and marked as ANNEXURE-P/5.

18. That as the crisis of the second wave assumes catastrophic proportions, the newspaper report titled *A nightmare on repeat - India is running out of oxygen again* published by BBC News India dated 23.04.2021 summarized the oxygen deficiency and its resulting impact as under:

*"...Many stricken with coronavirus are dying while they wait. Hospitals are struggling to accommodate breathless patients, or even keep alive*



*those who were lucky enough to find a bed. Social media feeds and WhatsApp groups are full of frantic pleas for oxygen cylinders. For a week, India has been reliving this nightmare on repeat, waiting for the terrifying moment when there is no oxygen left at all."*

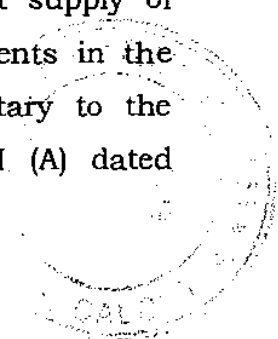
A true copy of the aforementioned news item dated 23.04.2021 has been annexed herewith and marked as ANNEXURE-P/6.

#### RELEVANT CENTRAL GOVERNMENT ORDERS/ NOTIFICATIONS

19. That as hospitals buckled under the weight of the COVID-19 Pandemic, the Central Government vide order bearing No. 40-3/2020-DM-I(A) issued by the Ministry of Home Affairs, Government of India dated 22.04.2021 banned the supply of oxygen starting 22.04.2021 for industrial purposes as oxygen shortages continues in many hospitals in the national capital of New Delhi, amid a lethal second wave of COVID-19 in the country. The Empowered Group II, set up by the Prime Minister's Office and mandated for co-ordinating the medical logistics, had recommended to prohibit the supply of oxygen for industrial use and divert the same to meet the rising demand for medical oxygen. The Ministry of Home affairs further directed the States/ UTs to abide by the oxygen supply plans prepared by the EG-II in consultation with the States/ UTs and oxygen manufacturers etc., and as revised from time-to-time.

A true copy of the aforementioned order bearing No. 40-3/2020-DM-I(A) issued by the Ministry of Home Affairs, Government of India dated 22.04.2021 is annexed herewith and marked as ANNEXURE-P/7 .

20. That amid rising desperation rooted in the short supply of antiviral drug Remdesivir for treatment of COVID patients in the various hospitals of the States/UTs, the Home Secretary to the Government of India vide D.O. No. 40-6/2020-DM- I (A) dated



22.04.2021 informed that a Monitoring mechanism has been set up under Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers through National Pharmaceuticals Pricing Authority (NPPA) and Drug Controller General of India for monitoring and coordinating the supply of COVID-19 drugs on a daily basis, with Pharmaceutical associations, manufacturing companies and State Governments.

A true copy of the aforementioned letter issued by the Home Secretary to the Government of India: D.O. No. 40-6/2020-DM- I (A) dated 22.04.2021 is annexed herewith and marked as ANNEXURE-P/8.

#### SHORTAGE IN THE SUPPLY OF DRUGS USED IN THE TREATMENT OF COVID+ PATIENTS IN THE STATE

21. That it is most humbly submitted that Remdesivir injections are recommended to be given to the patients complaining of high grade fever continuously for a longer period with lack of oxygen saturation under emergency use authentication and medical supervision. It is a medicine which reduces the hospitalization period. Indian Medical Association (IMA) has urged the medical fraternity to ensure judicious use of anti-viral injection Remdesivir in coronavirus-infected patients. Remdesivir is the only drug approved by the United States Food and Drug Administration for treating COVID-19 patients. On October 22, 2020, FDA approved Veklury (Remdesivir) for use in adults and pediatric patients (12 years of age and older and weighing at least 40 kg) for the treatment of COVID-19 requiring hospitalization. The Drug Controller General of India approved emergency use of remdesivir on June 1, 2020, and the government subsequently released guidelines for doctors to use the anti-viral for treatment of Covid-19 patients. While tocilizumab is still imported,

remdesivir has now been certified to be manufactured by two Indian companies Cipla and Hetero Drugs. Remdesivir injections are not covered by the Drug Price Control Order, 1995, as it is not a scheduled drug. However, the National Pharmaceutical Pricing Authority (NPPA) has asked manufacturers of COVID drug Remdesivir to implement the revised MRP through a voluntary reduction of prices.

22. That the Government of India has approved Remdesivir under the National Clinical Management Protocol for COVID-19 which was developed after many interactions by a committee of experts. The Protocol acts as the guiding document for the treatment of Covid-19 patients in India. In the protocol. The Clinical Management Protocol: COVID-19 released by the Government of India, Ministry of Health and Family Welfare, Directorate General of Health Services (EMR Division) on 27.06.2020 recommends the use of Remdesivir and Tocilizumab among other viable drugs and medicines for the treatment of COVID+ patients. The relevant sections of the abovementioned Protocol read as under:

*"May consider investigational therapies such as Remdesivir (under EUA);*

*Convalescent Plasma (Off label use) as detailed under Section 11.*

*...6. Investigational therapy: Tocilizumab (Off Label) Anti IL-6 therapy may be considered as detailed under Section 11.*

*.... Currently, these drugs should only be used in a defined subgroup of patients: i. Remdesivir (under Emergency Use Authorization) may be considered in patients with moderate disease (those on oxygen) with none of the following contraindications: AST/ALT > 5 times Upper limit of normal (ULN) Severe renal impairment (i.e., eGFR < 30ml/min/m<sup>2</sup> or*

*need for hemodialysis) Pregnancy or lactating females Children (< 12 years of age) Dose: 200 mg IV on day 1 followed by 100 mg IV daily for 4 days (total 5 days)*

*...iii. Tocilizumab (Off Label) may be considered in patients with moderate disease with progressively increasing oxygen requirements and in mechanically ventilated patients not improving despite use of steroids. Long term safety data in COVID 19 remains largely unknown. Special considerations before its use include: Presence of raised inflammatory markers (e.g., CRP, Ferritin, IL-6) Patients should be carefully monitored post Tocilizumab for secondary infections and neutropenia The drug is contraindicated in PLHIV, those with active infections (systemic bacterial/fungal), Tuberculosis, active hepatitis, ANC < 2000/mm<sup>3</sup> and Platelet count < 1,00,000/mm<sup>3</sup> Dose: 8mg/kg (maximum 800 mg at one time) given slowly in 100 ml NS over 1 hour; dose can be repeated once after 12 to 24 hours if needed"*

A true copy of the above stated Protocol of the Government of India is annexed herewith and marked as ANNEXURE-P/9.

23. That the supply of Remdesivir injection and imported drug Tocilizumab is under severe constraint due to sharp increase in demand for the same. While the production capacity of the seven licensed manufacturers of Remdesivir in the country has been augmented, the shortage of the drug in the hospitals and the medical facilities of the State is seriously hampering the State's fight against COVID-19. The short supply dovetailing illegal trade practices is rendering thousands suffering from COVID-19 and contingent diseases in the State in brutal despair.

24. That it is relevant to note that in the news item titled *Remdesivir numbers dwindle across Kolkata pvt hospitals* dated 09.04.2021 published by The Times of India, it reads as follows:

*"...Even as the number of Covid patients continue to rise sharply, several hospitals have been running out of stock over the last few days and some were forced to borrow from other hospitals. The crisis was triggered by a sudden slump in supply that has resulted from a diversion of Remdesivir to the worst-affected states, said a section of suppliers."*

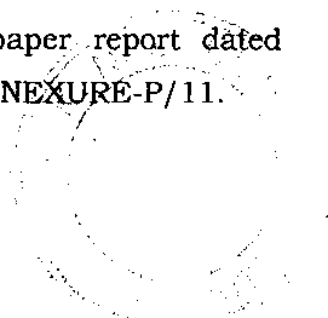
A true copy of the aforementioned news item dated 09.04.2021 has been annexed herewith and marked as ANNEXURE-P/10.

25. That in the newspaper report dated 19.04.2021 titled *Drug crisis adds to Kolkata's Covid woes* published by The Times of India, it was revealed as reads:

*"...Remdesivir, a broad-spectrum antiviral medication, and Tocilizumab, an immunosuppressive drug that is used to treat inflammatory and autoimmune conditions, are either in short supply or not available in market channels."*

It was further reported that after the Remdesivir crisis first surfaced, pharmaceutical companies were asked by the Centre to deliver the drugs directly to hospitals and doctors according to their requirement. As a result, those prescribed the drug in home isolation were deprived from procuring the same. At the same time, negligence of the authorities in regulating the supply led to concerns of an artificial crisis caused by panic purchase and hoarding by an affluent section of the population.

A true copy of the aforementioned newspaper report dated 19.04.2021 is annexed herewith and marked as ANNEXURE-P/11.



26. That the mother of the Petitioner afflicted with COVID-19 was admitted at a private hospital on 16.04.2021 and has since been administered the broad-spectrum antiviral medication Remdesivir. A second dose of five injections of the same drug was again prescribed for the patient on 21.04.2021. However the same wasn't available in the hospital pharmacy stating that they were out-of-stock.

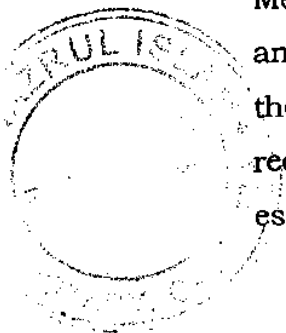
A true copy of the aforesaid prescription and the COVID positive report of the mother of Petitioner is annexed herewith and marked as ANNEXURE-P/12 colly.

27. That in the newspaper report titled *Ground Report: Most Kolkata shops are yet to get fresh stock of Remdesivir* published by India Today on 21.04.2021, it was stated that following reports of the shortage, the prices of Remdesivir were slashed. However, the exhausted stock of drugs used in the treatment of COVID-19 are yet to be replenished leading to despair among the COVID patients in the State who urgently need doses of the drugs to prevent the eventuality of becoming COVID casualty.

A true copy of the aforementioned newspaper report dated 21.04.2021 is annexed herewith and marked as ANNEXURE-P/13.

#### SHORTAGE IN THE SUPPLY OF MEDICAL OXYGEN IN THE STATE

28. That the availability of adequate and uninterrupted supply of Medical Oxygen is an important prerequisite for managing moderate and severe cases of COVID-19 and with the relentlessly rising cases, the medical oxygen supply is stumbling to keep pace with the requirements of the State of West Bengal. Medical Oxygen is an essential public health commodity and impediments in the supplies of





Medical Oxygen is critically impacting the management and treatment of patients suffering from COVID-19 in the State of West Bengal.

29. That in the news item titled *Oxygen stock running out of breath in Bengal* published by The Times of India dated 21.04.2021, it read as under:

*"...The sharp spike in Covid cases in the last few weeks and the resultant surge in demand for medical oxygen and oxygen concentrators as well as Covid kit tools like pulse oximeters and spirometers has tripped medical stores. A 77-year-old man at a residential complex off EM Bypass, who has diabetes and chronic heart ailments and advised oxygen support last week, was unable to source one. His son, a techie who had also developed Covid symptoms, called up over two dozen medical shops along EM Bypass and large parts of south east Kolkata but was unable to get a cylinder.*

*'... There are five major companies who supply medical oxygen and three of them are based in Gujarat and Maharashtra. Since there is even a higher spike in those areas, the entire oxygen is consumed in the home states, leading to the shortage,' said Aryan Shaw, a medical oxygen and oxygen equipment supplier in north Kolkata."*

A true copy of the aforementioned newspaper report dated 21.04.2021 has been annexed herewith and marked as ANNEXURE-P/14.

30. That in the newspaper report titled *West Bengal: Oxygen demand doubles as supply chain takes a hit* published by The Times of India on 22.04.2021, it was reported as follows:



*"Several nursing homes, pharmacies and oxygen equipment suppliers in Kolkata reported shortages of medical oxygen for a growing pool of patients who are gasping for breath. Be it in Kolkata or the rest of the state, oxygen suppliers said they had almost run out of stock in less than a week and were not being able to get fresh stock due to an acute crisis across the country."*

*It was further reported as stated by an industry expert, "There are not enough cylinders and tankers to store and transport oxygen. It requires specially trained labourers as well as machines to increase the production of cylinders."*

A true copy of the aforementioned newspaper report dated 22.04.2021 has been annexed herewith and marked as ANNEXURE-P/15.

31. That in the throes of such cataclysmic deficit, the people are turning to black marketeers to fulfil their urgent needs for essential drugs and medical oxygen and its equipments, as evidenced in various news reports including the news item titled *India's Covid-19 shortages spur black market for drugs, oxygen* published by The Economic Times dated 22.04.2021 which reads as under:

*"...For remdesivir, the costs of the medicine can be bought for Rs 1 lakh, which is 30 times its actual price. It is also 3 times the average monthly salary of a white-collar worker.*

*...Even though India is touted as the "pharmacy of the world", the manufacturers are unable to meet demand for antiviral medicines. An oxygen cylinder on the black market is sold at Rs 45,000, which is 9 times its usual cost."*

A true copy of the aforementioned newspaper report dated 22.04.2021 has been annexed herewith and marked as ANNEXURE-P/16.

REMEDIAL MEASURES AND DIRECTIONS OF THE HON'BLE HIGH COURTS OF JUDICATURE

32. That most notably, in R/WRIT PETITION (PIL) NO. 53 of 2021 in Suo Motu Versus State of Gujarat, the High Court of Gujarat at Ahmedabad vide interim order dated 15.04.2021 has held as under:

*"...(viii) The State must come up publicly in a transparent and fair manner with complete details with regard to availability and modalities of the required amenities, medication and related infrastructure for the treatment of the Covid patients, who require either facility of Covid care center, hospitalization with oxygen, ventilator, medicines, etc.*

*(ix) Any material or facility or infrastructure, if lacking in required numbers should be accepted by the State publicly and remedial steps should be taken immediately to improve the situation. The State should take up the onus of declaring the accurate data so as to eliminate the others from propagating the same with spice and causing panic amongst the people."*

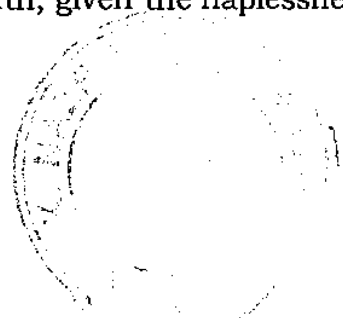
A true copy of the aforementioned interim order of the High Court of Gujarat dated 21.04.2021 is annexed herewith and marked as ANNEXURE-P/17.

33. That it is pertinent to bring to the knowledge of the Hon'ble Court the interim order dated 21.04.2021 of the Hon'ble High Court of

Bombay in Suo-Motu P.I.L. No. 4 of 2020 wherein in dealing with the shortage in the supply of the medical Oxygen dovetailing Remdesivir drugs in the State of Maharashtra, the Hon'ble Court held as under:

*"...We would emphasise that Nagpur Covid19 Committee must make efforts to procure Remdesivir vials today itself in sufficient quantity and also augment supply of oxygen to Covid hospitals. For this purpose, the Committee will have to have a meeting with the Managers of depots of the seven manufacturing Companies, Clearing and Forwarding agents of these Companies and all Stockists and Distributors of these Companies. The Committee will have to assess stock position at each of the three levels of depots, C & F agents and Stockists. There have been complaints about indulging in malpractices by the Managers of the depots, C & F Agents and Stockists. There has been a News Item published regarding one instance of such malpractices allegedly attributed to a Gujarat based Manufacturing Company. It has been reported in the News Item that the Director of this Company was planning to export sixty thousand vials of Remdesivir outside the Country in-spite of there being a ban imposed on export of said drug. These sixty thousand vials of Remdesivir, as per the News report, have been seized by police and further investigation is on. This instance would only indicate the possibility of malpractices being committed by some unscrupulous dealers, suppliers and manufacturers."*

It is pertinent to mention here that whispers of malpractices in supply chains of essential drugs and medical oxygen abound in the news reports in West Bengal as well, and as such hoarders, marketeers and illegal sale of the said drugs must be dealt with, given the haplessness of those impacted in these times.



A true copy of the aforementioned interim order of the Hon'ble High Court of Bombay dated 21.04.2021 is annexed herewith and marked as ANNEXURE-P/18.

34. That it is brought to the notice of the Hon'ble Court that in the interim order dated 21.04.2021 in W.P. (C) (temp) 5500/2021 *Balaji Medical and Research Centre vs Union of India and Ors*, the Hon'ble High Court of Delhi at New Delhi in deliberating upon the shortage in the supply of medical oxygen in the State has held that:

*"...7. In terms of the aforesaid allocation order, the GNCTD shall immediately to work out the logistics of procuring the remaining quantity which is claimed not to have been supplied today out of the allocated 480 MT. The aforesaid suppliers are directed to comply with the allocation order issued by the Central Government and make the supplies on an emergent basis."*

A true copy of the aforementioned interim order of the Hon'ble High Court of Delhi dated 21.04.2021 is annexed herewith and marked as ANNEXURE-P/19.

35. That in apprehending immense raucous during the counting of votes in the elections thereby augmenting the second covid wave, the Hon'ble High Court at Madras via interim order dated 26.04.2021 in W.P.No.10441 of 2021 has directed as under:

*"7. In such a scenario, the Election Commission does not expect that Covid protocol and appropriate measures cannot be taken if counting is conducted at the two designated halls. The Election Commission says that six additional counting tables have been organized so that distancing norms can be maintained."*

*8. Similar appropriate measures have to be adopted at every counting centre and it is only upon maintaining regular sanitization, proper hygienic conditions, mandatory wearing of mask and adherence to the distance norms, should any counting begin or be continued. The State Health Secretary and the Director of Public Health should be consulted by the Election Commission and the Chief Electoral Officer responsible in the State, to put appropriate measures in place immediately."*

A true copy of the aforementioned interim order of the Hon'ble High Court at Madras dated 26.04.2021 is annexed herewith and marked as ANNEXURE-P/20.

36. That the emergent needs of the various hospitals in the State of West Bengal for medical oxygen supply as well as adequate stocks of the emergency drugs for the treatment of COVID-19 including Remdesivir must be met in order to avoid casualties suffered on account of discontinuing the supply of Oxygen to seriously ill COVID patients, and other serious patients who require and are dependant on Oxygen for support.

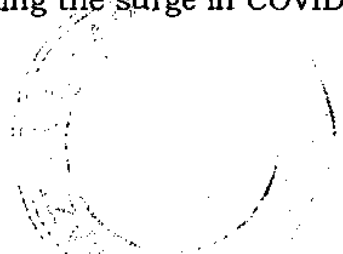
37. That it is most humbly submitted before this Hon'ble Court that the precipitating crisis set-off by the second wave of the mutant COVID-19 strain is inescapably close to reeling irretrievably out of control owing to the Respondent authorities shirking their responsibilities in giving relief and succour to the COVID-19 patients.

38. That alarmed and despairing at the nonchalance of the Respondents in the midst of this wracking crisis, the Petitioner seeks to move this Hon'ble Court under Art. 226 of the Constitution of India, 1950, on the following grounds:



## GROUNDS

- A. For that powers under the Disaster Management Act, 2005 ought to be invoked and implemented by the State Government which is failing to meet the continued public grievance on oxygen shortage, hospital beds and life essential drugs.
- B. For that inadequate and/ or incompetent implementation of the Act is costing the public their right to life under Article 21 of the Constitution of India.
- C. For that an apocalyptic scenario is being witnessed across States in the nation, and the Respondents in an act of clairvoyance are to immediately take action regarding adequate oxygen supply management across all hospitals and individual home care requirements.
- D. For that immediate co-ordination with the Monitoring mechanism set up vide D.O. No. 40-6/2020-DM- I (A) dated 22.04.2021 under Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers through National Pharmaceuticals Pricing Authority (NPPA) and Drug Controller General of India for monitoring and coordinating the supply of COVID-19 drugs on a daily basis, is the need of the hour to ensure right to health under right to life of the citizens of india.
- E. For that there has been negligence on part of the Respondents in regulating large scale gatherings in compliance of its advisory No.- 715-Home(Cons)/RIM(Cons)-92/2021 dated 17.04.2021 extending certain restrictions in combating the surge in COVID-19 up to 30.04.2021.



- F. For that it is the duty of the Respondents to address the life threatening crisis and avert untoward incidents by taking prompt action.
- G. For that the Petitioner has not filed any other petition seeking the same relief and prayed for herein and above against Respondents herein and above before this Hon'ble court or before any other court in this country.

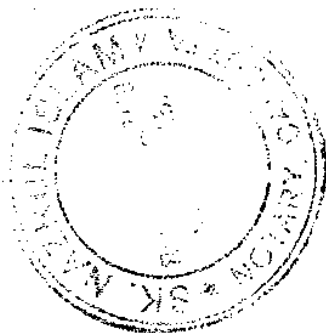
39. That there is no other alternative efficacious and speedy legal remedy than to move a writ application under Article 226 of the Constitution of India and seek appropriate direction and or directions and/or relief(s). The remedy sought for if granted would be adequate and complete.

40. There are no latches on the part of the Petitioners in moving the instant petition and the balance of convenience and/or inconveniences is in favour of your Petitioner for passing the order, as prayed for herein by the petitioner.

41. That the application made is bonafide and for the ends of justice.

In the circumstances, your Petitioner humbly prays that Your Lordships would graciously be pleased to pass the following orders:

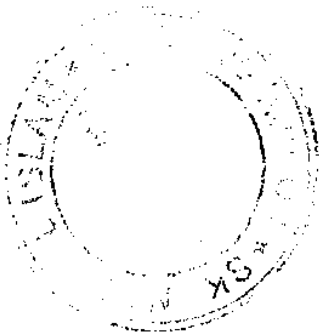
- a. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue



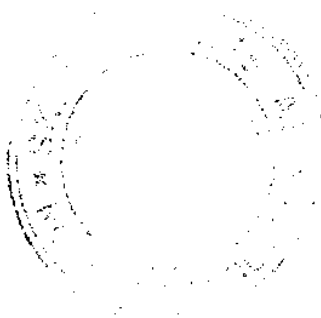


commanding the Respondents, their agents, servants, subordinates, employees and/or assignees to make efforts to augment the supply of medical oxygen along with the necessary equipments and make it freely available; and, to take necessary steps to increase the supply of medical oxygen to hospitals and health care centres by reducing the share allotted for industrial use and/ or by enhanced production through the installation of more oxygen generation plants;

- b. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue commanding the Respondents to ensure required infrastructure for the treatment of the COVID patients, who require either facility of COVID care center, hospitalization with oxygen, ventilator, medicines, etc.; and, to ensure that the augmented number of hospital beds as per State Government orders are all adept and fitted with oxygen supply and other necessary/ ancillary medical equipment for providing competent care to COVID patients;



- c. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue commanding the Respondents to ensure sufficient supply of the essential drugs such as Remdesivir, Tocilizumab etc., for the COVID+ patients across the State, in the medical health facilities as well as make them available for those under home care; and, the Respondents to accordingly stock the medicines/drugs at state hospital pharmacies for procurement of the same by persons in need; and, in order to meet the rapidly rising demand, private pharmacies may be selected and stocked with the drugs- the regulation of which to be undertaken by the Respondents.
- d. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue commanding the Respondents to ensure effective management of supply and ensure availability by checking the hoarding of drugs and other illegal trade practices, so that they reach health facilities unhindered;
- e. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s)



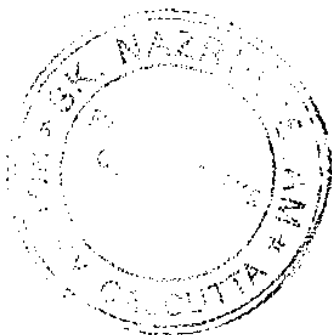
or order(s) or direction(s) do issue commanding Respondents No. 1 and 2 to enforce strict adherence to COVID-19 safety protocols as per the State Advisory issued on 17.04.2021 in the State of West Bengal, especially during the counting procedure post elections;

- f. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue commanding the Respondents to formulate a State Action Plan to address the health emergency arising out of the shortfall in the supply of drugs such as Remdesivir and medical oxygen for the treatment of COVID patients in the State and to publish compliance reports accordingly;
- g. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue commanding the Respondents to make public comprehensive data in a transparent and fair manner with complete details with regard to availability and modalities of the required amenities being government stock of medication/drugs and related infrastructure for the treatment of the



Covid patients, who require either facility of Covid care center, hospitalization with oxygen, medicines, including information regarding the oxygen availability on the new augmented number of beds, etc., and, provide corollary data on the available medicine stock on the government website and update the same on a real-time basis; and to accordingly provide information on the no. of covid hospital beds added in the State, along with the no. equipped with oxygen support and/or ventilators.

- h. A writ of or in the nature of Mandamus and/or any other or appropriate writ(s) or order(s) or direction(s) do issue command that if any monitoring committee is deemed to be established, the same must report to the authority and supervision of this Hon'ble High Court.
- i. Rule NISI in terms of the prayers (a) to (g) hereinabove; calling upon the Respondents to show cause why the relief/reliefs sought for above may not be granted, and on return of the rule, and after hearing the counsel for the



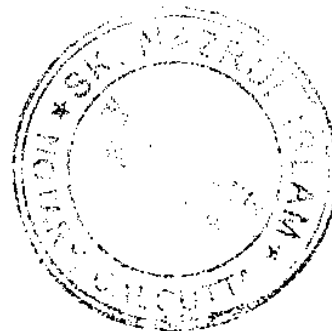
parties be pleased to make the rule absolute;

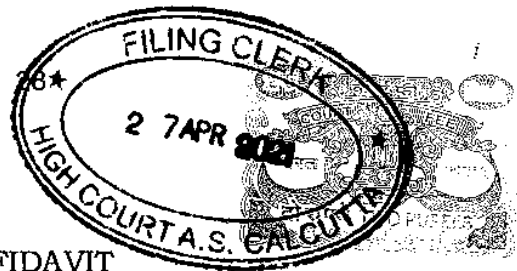
j. Interim orders in terms of the prayers (a) to (h) hereinabove;

k. And to pass such other or further order or orders, direction or directions as Your Lordships may seem fit and proper;

And your petitioner, as in duty bound, shall ever pray.

*Joveri Sabbah*





AFFIDAVIT

I, Joveria Sabbah, D/O Syed Ahmed Sabbah, aged about 27 years, by faith -Muslim, by Occupation - Advocate, having residential address at Merlin Riverview, 15, Kabitirtha Sarani, Police Station - Watganj, Kolkata- 700023, do hereby solemnly affirm and state as follows:

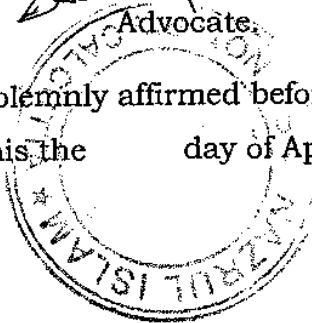
1. That I am the Petitioner of this instant case and as such I am well acquainted with the fact and circumstances of the case and as such I am competent to do so .

2. That the statements made in paragraph No. 1 to 8 are true to my knowledge and those made in paragraph 9 to 35 derived from the records which I verily believe to be true and rest of the paragraph are my respectful submissions before this Hon'ble Court.

Prepared in my office,

*[Signature]*  
Advocate

Solemnly affirmed before me on this the \_\_\_\_\_ day of April, 2021.



All annexure are legible.

*[Signature]*  
Advocate

*[Signature]*

The deponent is known to me,

Clerk to:

Advocate.

COMMISSIONER

Solemnly Affirmed and Declared before me U/S 119 CPC U/S 297 (C) CRPC

*[Signature]*  
Notary

*SK, Nazrul Islam*  
Notary, Govt. of W.B.  
Regd. No. 447/19  
City Civil Court, Calcutta

27 APR 2021

13.04.2021  
Item no.04 & 05  
Court No.1

(Via Video Conference)

WPA (P) 117 of 2021

Nitish Debnath

-Vs-

Election Commission of India & Ors.

&

WPA (P) 118 of 2021

Sankar Halder & Ors.

-Vs-

Union of India & Ors.



Mr. Srijib Chakraborty,  
Mr. Arindam Das  
Smt. Rumali Sarkar  
Ms. Anushka Mahato  
Smt. Sonia Parvin Mondal,

...for the Petitioner  
(WPA (P) 117 of 2021)

Mr. Manisankar Chattopadhyay

...for the Petitioner  
(WPA (P) 118 of 2021)

Mr. Y. J Dastoor, Ld. ASG  
Mr. Phiroze Edulji  
Ms. Amrita Pandey

...for the Respondent No.2,3 & 4  
(WPA (P) 117 of 2021)

...for the Respondent no.1  
(WPA (P) 118 of 2021)

Mr. Sonal Sinha

...for the State Election  
Commission

Mr. Dipayan Choudhury  
Mr. Suvradal Choudhury  
Mrs. Priyanka Chwdhury

...for the Election Commission  
Of India & Chief Electoral  
Officer in WPA (P) 117 of 2021  
& Election Commission of  
India in WPA (P) 118 of 2021

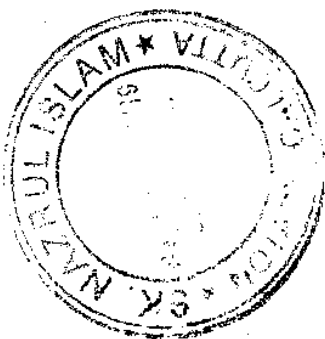
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These two writ petitions have been filed by two public spirited citizens expressing their concern that the people participating in the ongoing election campaigns are not adhering to the COVID protocol and this may cause serious spike in COVID-19 cases in our State.

Newspaper reports and photographs published in newspapers have been brought on record to demonstrate that the people engaged in campaigning including, in some cases, the candidates, are not always wearing masks nor are maintaining the prescribed social distancing.

We have heard Learned Counsel for the petitioners as well as Learned Counsel for the Election Commission of India (1<sup>st</sup> respondent) and the Chief Electoral Officer, West Bengal, (5<sup>th</sup> respondent). Learned Counsel for the petitioner in WPA (P) 117 of 2021 drew to our attention a letter dated April 09, 2021 addressed by the Secretary, Election Commission of India to the President/General Secretary of recognized National/State political parties. In the said letter reference has been made to the COVID-19 guidelines for conduct of general election/bye-election issued by the Election Commission on 21.08.2020. Paragraphs 2 to 8 of the said letter read as follows:

*"2. Those guidelines were followed during general election to Bihar state assembly and several bye-elections in 2020.*



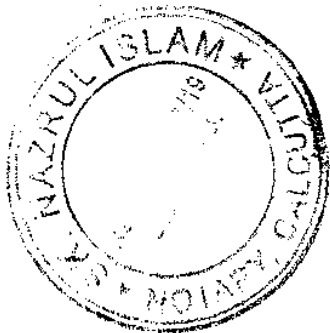


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3. While announcing the election schedule of Legislative Assemblies of 5 States/UTs on 26.02.2021, the Commission again stipulated that the same guidelines should be followed during these elections. Guidelines were further reiterated vide letter no.4/2021/SDR/Vol-I dated 12.03.2021 to all recognized political parties and CEOs of all States/UTs for compliance.

4. It is widely known that in the recent weeks, COVID cases are being reported in larger numbers. However, instances of election meetings/campaigns have come to the notice of the Commission, where norms of social distancing, wearing of masks etc. have been flouted in disregard to the Commission's above guidelines. Instances of star campaigners / political leaders / candidates not observing COVID protocols including non-wearing masks themselves at stage or while campaigning have come to notice. By doing so, the political parties and candidates are exposing themselves as well as the public attending such election meetings to the grave danger of infection.

5. The Commission has taken a serious view of the laxity in maintaining the norms, particularly not wearing masks and not keeping social distance by political leaders on dais / stage and therefore,



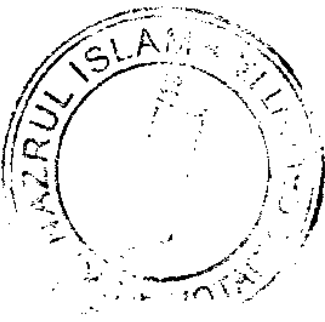
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*reiterates the said guidelines issued on 21.08.2020 referred to above for observance in all seriousness.*

*6. Political parties, leaders, campaigners, candidates, existing or aspiring policy makers are expected to be torch bearers for the campaign against COVID and hence are expected to not only set an example by maintaining social distancing, wearing masks and following prescribed protocols but also by exhorting all the local formations who attend programmes to follow COVID protocols.*

*7. The Commission seeks fullest cooperation from the political parties and candidates of strictest observance of the protocols so that all the COVID guidelines are adhered to by all the participants including organizers in the electioneering. It is advisable that political leader/candidates who have incumbent duty to control spread of COVID, demonstrate by their personal example and nudge all supporters in the beginning of rally, meetings, campaign itself to wear masks, use sanitizers and put in place crowd control measures as per social distancing norms.*

*8. It is clarified that the Commission, in cases of breach, will not hesitate in banning public meetings, rallies, etc. of the defaulting candidates / star*



*campaigners / political leaders without any further reference."*

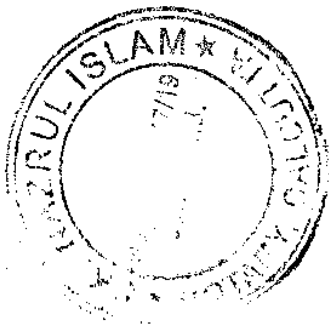
With reference to the said letter, Learned Counsel for the petitioner submitted that the Election Commission itself is aware and conscious that the COVID guidelines are being flouted by the people engaged in election campaigning. He submitted that the Election Commission should take all necessary steps for strict enforcement of the COVID guidelines.

Learned Counsel for the Election Commission submitted that everything necessary is being done to ensure that the COVID guidelines are adhered to by the people engaged in election campaigning. However, the Court may issue further directions if deemed necessary.

We see that a Press Note dated February 26, 2021 was issued by the Election Commission of India containing COVID guidelines for conduct of the Legislative Assembly Elections in Assam, Kerala, Tamil Nadu, West Bengal and Puducherry. Clause 6(3) of the said press note which deals with the polling station arrangements is to the following effect.

***"Polling Station Arrangements***

*In view of COVID-19 situation, the Commission has issued detailed instructions for*



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*assured minimum facilities to each polling station which are mentioned in Para 2 above. In addition, they will include:*

*(1) Mandatory sanitization of Polling Station, preferably, a day before the poll.*

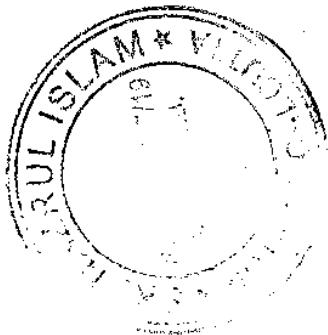
*(2) Thermal Checking of voters at entry point of polling station location / Polling Station, either by polling staff or Para Medical staff or Asha worker.*

*(3) If temperature is above the set norms of MoHFW at first reading, then it will be checked twice and if it remains, then the elector shall be provided with token/certificate and will be asked to come for voting at the last hour of poll. At the last hour of poll, such electors shall be facilitated voting, strictly following COVID-19 related preventive measures.*

*(4) Help Desk for distribution of token to the voters of first come first basis so that they do not wait in queue.*

*(5) Marker to demonstrate social distancing for queue.*

*(6) Earmarking circle for 15-20 persons of 2 yards (6ft) distance for voters standing in the queue depending on the availability of space. There shall be*



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*three queues each, for male, female, and PWD/ Senior Citizen voters.*

*(7) The services of BLOs, volunteers etc. may be engaged to monitor and regulate social distancing norms strictly.*

*(8) One shaded waiting areas with chairs, dari, etc. will be provided, for male and female separately, within the polling station premises so that voters can participate in voting without safety concerns.*

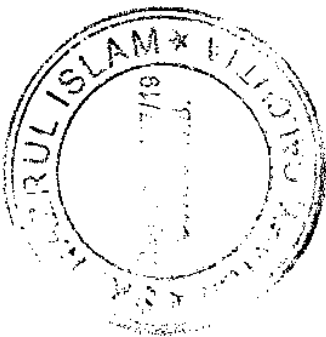
*(9) Wherever possible, Booth App shall be used at the polling station.*

*(10) Face Masks in reserves for those electors who are not carrying the mask will be kept.*

*(11) Awareness posters on COVID-19 should be displayed at visible locations.*

*(12) If polling agent or counting agent is having temperature above the prescribed limit, then their reliever shall be allowed by Presiding Officer, who will keep a record accordingly.*

*(13) During the process of identification of voter, the voters will require to lower the facemask for identification, when required.*



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(14) *Hand gloves shall be proved to the voter, for signing on the voter register and pressing button on EVM for voting.*

(15) *COVID-19 patients who are quarantined will be allowed to cast their vote at the last hour of the poll day at their respective Polling Stations, under the supervision of health authorities, strictly following COVID-19 related preventive measures. Sector Magistrates shall coordinate this in their allocated polling stations. Record of such electors shall be maintained by the Presiding Officer.*

(16) *Voters, who are residing in the area notified as containment zone, separate guidelines are being issued.*

(17) *Proper mechanism of collection and disposal of waste/used gloves will be put in place at each Polling Station."*

Clause 9 of the said Press Note which pertains to campaigning by the political parties / contesting candidates, reads as under:

***"9. Campaign by the political parties / contesting candidates-***



- 1) **Door to Door Campaign** – subject to any other restriction(s) including extant COVID-19 guidelines, a group of 5 (five) persons including candidates, excluding security personnel, if any, is allowed to do door to door campaigning.
- 2) **Road Shows** – the convoy of vehicles should be broken after every 5 (five) vehicles instead of 10 vehicles (excluding the security vehicles, if any). The interval between two sets of convoy of vehicles should be half an hour instead of gap of 100 meters. (In supersession of Para 5.8.1 of Returning Officer's Handbook 2019)
- 3) **Election Meetings** – Public gathers / rallies may be conducted subject to adherence to extant COVID-19 guidelines. District Election Officer should take following steps for this purpose:
  - a) District Election Officer should, in advance, indentify dedicated grounds for public gathering with clearly marked Entry/Exit points.
  - b) In all such identified grounds, the District Election Officer should, in advance, put markers to ensure social distancing norms by the attendees.



- c) *Nodal District Health Officer should be involved in the process to ensure that all COVID-19 related guidelines are adhered to by all concerned in the district.*
- d) *District Election Officer and District Superintendent of Police should ensure that the number of attendees does not exceed the limit prescribed by State Disaster Management Authority for public gatherings.*
- e) *DEO should depute Sector Health Regulators to oversee that COVID-19 instructions/guidelines are being followed during these meetings.*
- f) *The political parties and candidates concerned should ensure that all COVID-19 related requirement like face mask, sanitizers, thermal scanning etc. are fulfilled during each of these activities.*
- g) *Allocation of public spaces must be done using Suidha app in the manner already prescribed by Commission.*
- h) **Non-compliance of instructions** – *Anybody violating instructions on COVID-19 measures will be liable to proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Section 188 of the IPC, and other legal provisions as applicable, as*

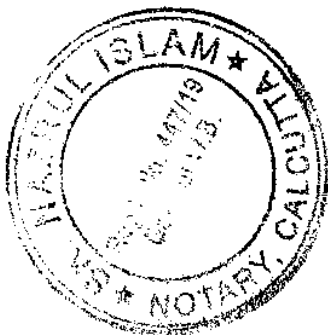




*specified in Order No.40-3/2020-DM-I(A) dated 25<sup>th</sup> November, 2020 of Ministry of Home Affairs.*

*District Election Officer should bring this to the notice of all concerned."*

An undated circular issued by the Chief Electoral Officer, West Bengal has also been placed before us which also lays down the measures that have been taken and are to be taken at the polling booths in the wake of the second wave of the COVID-19 pandemic. It is stated in the said circular that venue sanitization will be done before and after all election activities; in polling stations, physical distancing circle of 6 ft has been marked; checking of temperature of electors, sanitizing hands of electors and providing disposable gloves to electors by health workers are being done. Availability of dustbin and disposal of biomedical waste is being ensured. The use of mask at polling stations is made compulsory. Stock of reserve mask is kept at booths for providing to defaulting electors. Disposable gloves are also being given to the electors for pressing the button on EVM. The last hour has been fixed for voting by COVID suspect/positive who does not opt for postal ballot voting. Good number of posters, pamphlet, video clips have been prepared and shared with public through various platforms for awareness on COVID safety.



We therefore, see that the Election Commission of India and the Chief Electoral Officer, West Bengal have laid down guidelines and taken measures to ensure public health safety during the election days keeping in view the resurgence of the COVID-19 pandemic. What needs to be done is that the said guidelines need to be implemented in the strictest possible manner. This the Administration must do. The District Magistrates of all the districts in the State of West Bengal shall ensure that all the guidelines laid down by the Election Commission of India and the Chief Electoral Officer, West Bengal, adverted to hereinabove, are strictly implemented in their true letter and spirit, if necessary, with the aid of the police authorities. We are dealing with an extraordinary situation and this calls for extraordinary measures. It is in public interest that the Administration must ensure that all the COVID protocols are strictly adhered to by all concerned including those engaged in election campaigning activities. Stringent measures must be taken against persons who fail, neglect or refuse to obey the COVID protocols. Callous, irresponsible and non-chalant attitude or behavior of some of the members of the society cannot be permitted to endanger the lives of the other members of the society. If the Administration finds that a person, whether engaged in election campaigning or

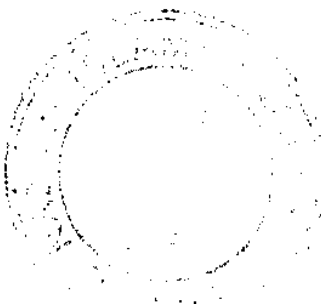


otherwise, is flouting the COVID protocols, such person must be taken to task immediately.

Most importantly: (i) wearing of masks has to be made mandatory at all gatherings; (ii) sanitizers must be made available liberally; (iii) safe distancing norms must be followed at all gatherings; (iv) the Administration shall do its best to ensure that there are no large congregations, and (v) public awareness through distribution of pamphlet and miking should be resorted to.

We request the members of all political parties and all candidates who are contesting the Assembly Elections and who hold meetings and travel across the State for campaigning purpose, to ensure that at every gathering all persons present wear masks and maintain the safe distancing norms. We are sure that the contesting candidates and their aides and associates who are all responsible citizens of the country, would realize the enormous gravity of the situation and encourage all concerned to unfailingly observe the COVID rules in the interest of all concerned.

The District Magistrates of all the Districts in the State of West Bengal and the Chief Electoral Officer, West Bengal shall be personally responsible for ensuring that the COVID guidelines referred to above are scrupulously followed by all and sundry. For the enforcement of social



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distancing the Administration may, so far as possible, resort to the provisions of Section 144 of the Criminal Procedure Code, 1973. This is absolutely necessary to avert a deadly disaster that is staring at our faces in the form of possible galloping rise in COVID-19 cases.

The Chief Electoral Officer, West Bengal may issue such further guidelines as he may deem necessary to check the incidents of COVID-19 which, it is apprehend by all concerned, may increase due to the large gatherings and rallies associated with the election campaigning.

List the matter on 19.04.2021 when the Chief Electoral Officer, West Bengal shall file a report in the form of an affidavit as regards the measures taken for implementation of the guidelines for holding a safe election insofar as public health is concerned.

*(Thottathil B. Radhakrishnan, C.J.)*

*(Arijit Banerjee, J.)*



42 Annex. P 2

**Government of West Bengal**  
**Home & Hill Affairs Department**  
Nahanna, 325, Sarat Chatterjee Road, Howrah- 711102

No-715 -Home (Cons)/RIM(Cons)-92/2021

Dated, Howrah, the 17<sup>th</sup> April, 2021

**Advisory**

The Government of West Bengal has from time to time issued orders for combating the spread of COVID-19. The latest being No. 521 -I.S.S/PL/O/Secret-2M-22/2020 Date: 09-04-2021, extending certain restrictions in combating COVID-19 up to 30<sup>th</sup> April, 2021.

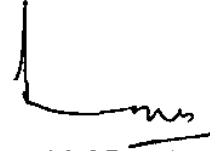
Now, the following advisory is being issued with an objective to effectively control and contain the pandemic in the State:

1. Effective enforcement of wearing masks, social distancing and other Covid-19 appropriate protocol in all public places, transport, etc. will be ensured by regulating authorities.
2. Complete sanitization of entire work place at least once a week will be taken up by all Public and Private offices, business places, industrial and commercial complexes.
3. All the bazars will be re-subjected to sanitization in association with chamber of commerce/trade associations as was done in 2020.
4. Wearing masks, sanitization and physical distancing in crowded places like markets, weekly bazaars, public and private transport shall be strictly maintained.
5. Staggering of work/business works in shops, markets, industrial and commercial establishments shall be ensured.
6. The attendance in any office/ establishment under the State Government shall not exceed 50% on any given day as stipulated under Finance Department's memo No. 2272-F(P) dt.21.7.2020. The employees will attend office on a rotational basis as may be decided by the appropriate authority.
7. Private establishments are advised to re-introduce Work from Home (WFH)/Rotational days/hours/shifts strictly, as far as possible.
8. All persons in charge of work places will ensure wearing of masks and adequate physical distancing among workers and other staff attending the offices and other work places including shops and establishments, factories etc.



LP 3

9. Provisions for thermal scanning, hand wash or sanitizer will be made at all entry and exit points of Shopping Malls, Multiplexes, Theatres, restaurants, eateries, etc. in strict adherence to the SOPs circulated earlier.
10. Stadia and Swimming Pools should strictly adhere to the guidelines and SOPs circulated earlier.
11. Any violation of the measures noted hereinabove will be dealt with strictly and as per provisions under the existing law.



Additional Chief Secretary

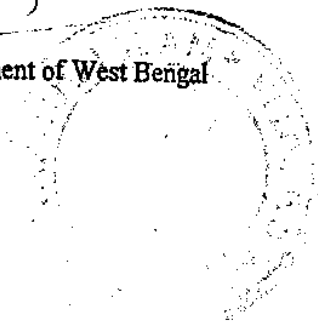
No-715/1(100) -Home (Cons)/R1M(Cons)-92/2021 Dated, Howrah, the 17<sup>th</sup> April, 2021

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- 4) The Divisional Commissioner  
\_\_\_\_\_ (All Division)
- 5) The District Magistrate  
\_\_\_\_\_ ( All)
- 6) The Chairman / Director/ Assistant Director,  
\_\_\_\_\_ Chamber of Commerce ( All)



Special Secretary to the Government of West Bengal



- Annan - P3  
44

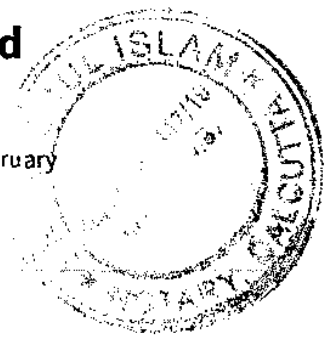
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Home / National / Why India is running short of vaccines and Remdesivir

# What led to the shortage in Covid-19 vaccines and Remdesivir?

There was a scaling down or stoppage of production of the Remdesivir drug in January and February



DH Web Desk, APR 15 2021, 12:26 IST | UPDATED: APR 15 2021, 14:48 IST



Huge crowd outside the office of Chemists Association during a protest, demanding the necessary Remdesivir injections for the treatment,

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wheelchairs.

Amid the unprecedented second wave, the sudden spike in demand for Remdesivir injections and fear of shortage in supply of Covid-19 vaccines has added to the stressful condition across the country. Experts have pointed out other reasons including a halt in production of injections apart from the alarming spike in everyday cases, that may have led to the shortage in supply.

**Also read: All you need to know about India's Covid-19 vaccines**

Meanwhile, in its efforts, the government recently gave the approval to enhance the production of Remdesivir to around 78 lakh vials per month from the earlier 38.80 lakh vials. Over the reported shortage of vaccines, it has said that it is an issue of planning and not supply.

Let us take a look at what could have led to the sudden shortage in vaccines and the Remdesivir injections:

### **Halt in production of Remdesivir**

There was a scaling down or stoppage of production of the Remdesivir drug in January and February due to the low Covid-19 caseload.

**Also read: Remdesivir shortage amid Covid surge: How India plans to deal with the crisis**

As Remdesivir has a short shelf-life of six-eight months, manufacturers didn't take the risk of "being saddled with huge inventories," pharma industry experts told *The Times of India*. He further pointed out that the unprecedented second wave of the pandemic also was a reason for a 'mismatch' in the production and demand curve.

India on April 11 banned the export of anti-viral drug Remdesivir and its active pharmaceutical



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**Also read: Remdesivir not for home use, meant for serious patients, says Centre amid rise in demand**

Several companies in India, such as Dr Reddy's and Zydus Cadila among others have been granted permission by the DCGI to manufacture and market Remdesivir for "restricted emergency use" on hospitalised Covid-19 patients. The drug is administered in the form of an injection.

### **'No shortage of vaccines'**

Even as the Opposition has attacked the government over the export of vaccines when it is in "acute shortage in the country and when there is no vaccine for Indians", the Centre has rubbished the claims and has maintained that there is no "shortage of vaccines".

**Also read: India's double whammy, Covid-19 cases up but vaccines run out in several states**

However, multiple vaccination centres in Maharashtra, Andhra Pradesh and Odisha have complained of a shortage in supply of Covid-19 vaccines and remained shut as the states rationed their supply of vaccines amid a surge in Covid-19 cases.

Many vaccination centres in Mumbai reported halting their vaccination processes as they ran out of doses.

"The vaccine shortage is due to poor logistics planning and coordination. If a software platform was built to forecast demand through pre-registration, then there should be no reason for a shortage. Yes, opening up the vaccination to all above 45 years may have some increase in demand but there has not been a population explosion overnight," a community health specialist told *DH*.

Meanwhile, the Centre on April 13 said that over 1.67 crore Covid-19 vaccine doses are still available with states and UTs, underlining that the problem is not of vaccine shortage but of better planning.

"No one expected there would be such a surge in the Covid-19 cases as being witnessed. The vaccination strategy was designed assuming that there was reasonable herd immunity as per the series of serosurveys. But most of the assumptions that formed the basis of the vaccine delivery strategy no longer hold good," explained Oommen John, a senior public health researcher from the George Institute for Global Health, Delhi.

### **CORONAVIRUS SPECIAL COVERAGE ONLY ON DH**

Currently, two vaccines -- Covaxin by Bharat Biotech and Oxford-AstraZeneca Covishield

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India reported a maximum of over two lakh cases and 1,027 deaths due to Covid-19 on Thursday and now has the second-highest number of infections after the United States.

(With agency inputs)

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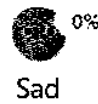
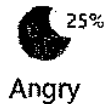
Remdesivir

COVID-19

Coronavirus

Coronavirus vaccine

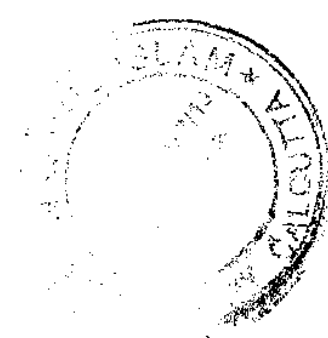
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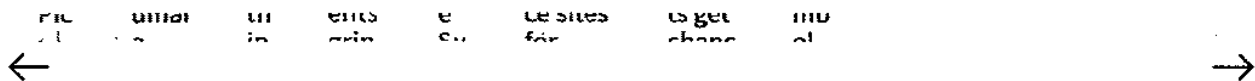


**Haryana cancels Class 10 board exam**  
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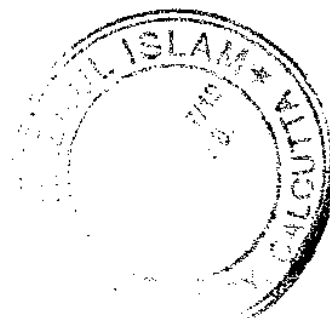
NEXT STORY

Home / National / Haryana cancels Class 10 board exam

# Haryana cancels Class 10 board exam, postpones exam for Class 12



DH Web Desk, APR 15 2021, 14:57 IST | UPDATED: APR 15 2021, 14:57 IST



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Haryana on Thursday announced that it would cancel board examinations for Class 10, along the lines of CBSE, and delay Class 12 exams.



"On the lines of the CBSE Board, we have decided to cancel Class 10th board exams and postpone Class 12th exams. Class 10th students will be evaluated based on internal assessment," Haryana Education Minister Kanwar Pal Gujjar said.

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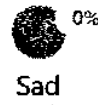
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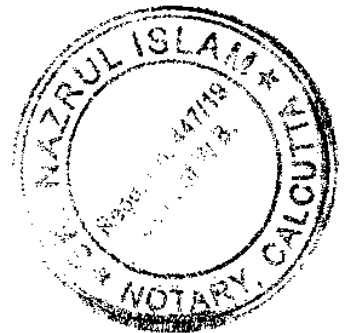
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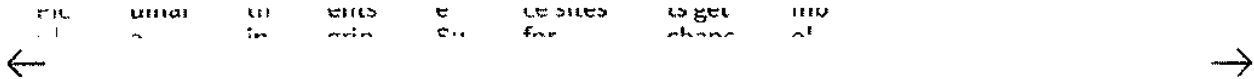
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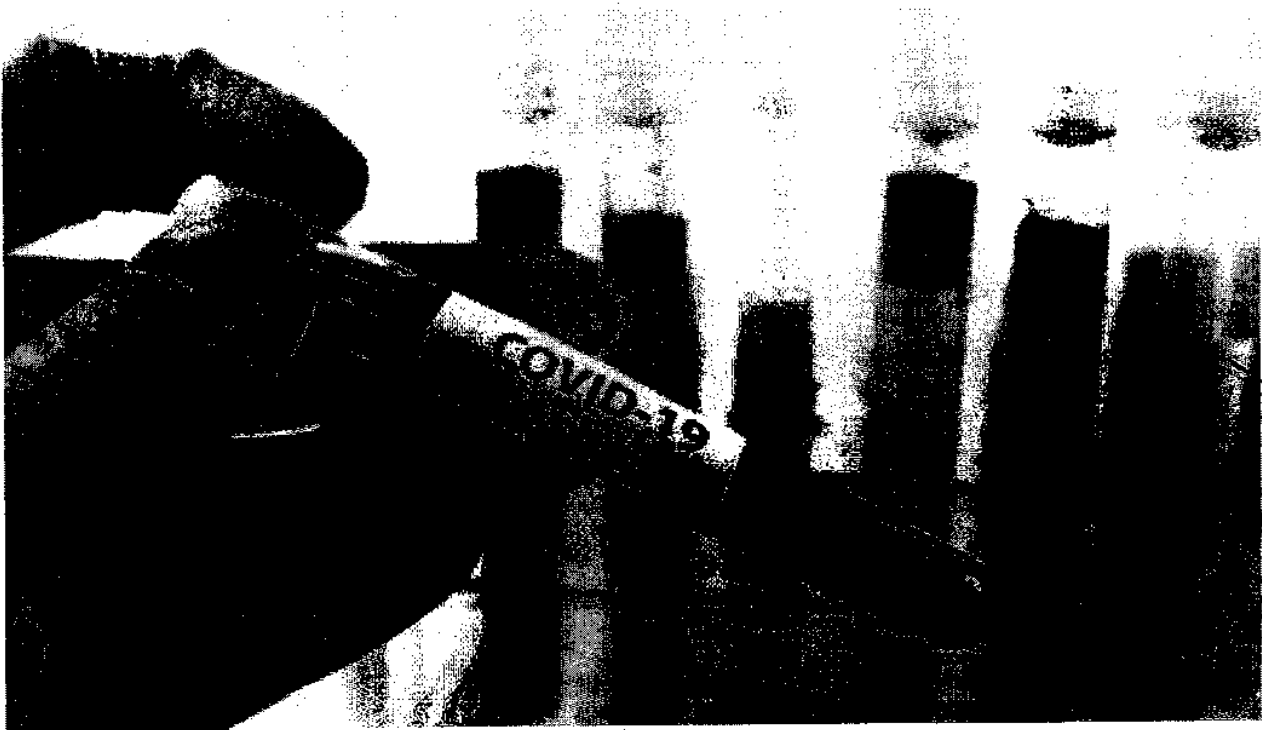
Home / National / Staffers at residence of SC judge test Covid positive

# All staffers at residence of SC judge Justice M R Shah test Covid-19 positive

Additional Solicitor General Aishwarya Bhati said the court should take its own time to deal with the situation



PTI, New Delhi, APR 15 2021, 14:23 IST | UPDATED: APR 15 2021, 14:23 IST



All staff members of Supreme Court judge Justice M R Shah have tested positive for the Covid-19

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The bench then rose and would reassemble at 2 pm.

**CORONAVIRUS SPECIAL COVERAGE ONLY ON DH**

Additional Solicitor General Aishwarya Bhati said the court should take its own time to deal with the situation.

Over 40 staffers of the apex court had tested positive for novel coronavirus infection a few days ago.

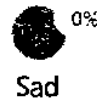
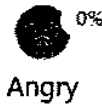
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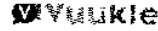
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NEXT STORY

Home / National / Centre tries to up oxygen availability amid Covid surge

# India reports more than 2 lakh daily Covid-19 cases; nationwide exercise to improve oxygen availability

Medical oxygen is a critical component in the treatment of Covid-19 affected patients



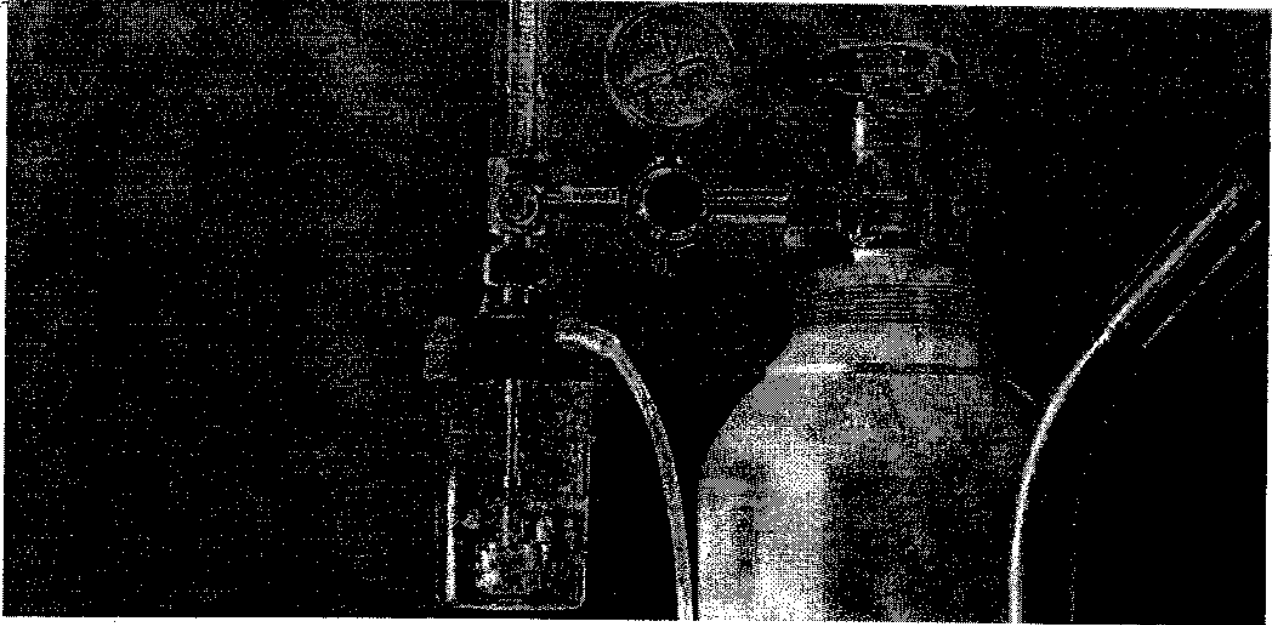
Kalyan Ray, DHNS, New Delhi, APR 15 2021, 14:07 IST | UPDATED: APR 15 2021, 23:18 IST





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With India's daily Covid-19 tally crossing the 200,000 mark and set to grow further, the Centre on Thursday gave a renewed thrust on oxygen supply logistics across the country to ensure that no hospital or Covid care centres are bereft of the life-saving gas as there is adequate production of medical oxygen in India to meet the current requirements.

Since India's daily production capacity (7,287 Metric Tonnes) and the stock (about 50,000 MT) are more than the current daily consumption (3,842 MT), there was no immediate reason for any dearth of oxygen and the consequent panic reactions, the Union Health Ministry said in a statement.

Following a mapping exercise involving 12 high-burden states including Karnataka, a high-level group of officials has decided that such states would be requiring 4,880 metric tonnes of oxygen by April 20; 5,619 MT by April 25 and 6,593 MT by April 30 as the scale of epidemic is likely to expand. All efforts are now being made to procure the required quantity.

In addition, the Union Health Ministry will identify 100 hospitals in far-flung areas where PSA (Pressure Swing Adsorption) technology-based oxygen generation plants can be set up with government back up. This would be in addition to 162 such plants that are being set up with support from the PM-Cares fund.

**Read: India's daily Covid cases jump from 1 lakh to 2 lakh in just 10 days**

Moreover, the Centre has decided to import 50,000 MT of oxygen as the reserve. A series of actions

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This happened on a day when India registered 200,739 new cases (Union Health Ministry data released at 8 AM) doubling the size of the previous peak recorded in mid-September.

While Maharashtra (58,952 cases) continues to account for the bulk of the cases, the epidemic is on a steady rise in Uttar Pradesh (20,439), Delhi (17,282), Chhattisgarh (14,250) and Karnataka (11,265). Nearly 81% of the new cases come from 10 states.

For the second consecutive day, more than 1,000 Covid-19 deaths were reported on Wednesday. Of the 1,038 deaths, Maharashtra accounted for 278 deaths followed by Chhattisgarh (120) and Delhi (104). This for the first time three states registered more than 100 deaths in the second surge. The number of active cases stands at 14.71 lakh.

Officials said the current challenge is to move oxygen from states with less necessity to needy states like Maharashtra, Gujarat, Madhya Pradesh, Uttar Pradesh, Delhi and Chhattisgarh.

An initial mapping exercise has helped Maharashtra to lift surplus medical oxygen on a daily basis from steel plants like JSW in Dolvi (Maharashtra), SAIL in Bhilai (Chhattisgarh) and JSW in Bellary (Karnataka). Similarly, Madhya Pradesh supplemented its oxygen supply with procurement from Bhilai Steel plant.

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Home / Cities / Kolkata / West Bengal govt orders ramping up of Covid beds

## West Bengal govt orders ramping up of Covid beds

Govt hospitals told to increase beds by 20%, private by 25%

By: Express News Service | Kolkata |

April 21, 2021 5:54:00 am



Kolkata: Relatives react after the death of a family member from Covid-19, amid the ongoing surge in

coronavirus cases, outside the Calcutta Medical College Hospital, in Kolkata, Tuesday, April 20, 2021. (PTI)

With West Bengal recording 46 Covid-related deaths in the past 24 hours, the state government on Tuesday ordered government hospitals to add 20 per cent more beds as compared to its strength when the state had hit the Covid peak last year. The government also directed private hospitals and nursing homes in Kolkata, which has highest caseload, to increase the number of beds by 25 per cent.

The decision was taken during a Covid review meeting with all the Chief Medical Officers of Health (CMOHs) in the districts.

### Coronavirus Update April 20: Rahul Gandhi tests...



“It has been decided to enhance the Covid bed strength in all private/corporate hospitals/nursing homes in Kolkata metropolitan area by at least 25 per cent over and above the number of Covid beds that they had made available during the Covid peak period last year. As many as 3,400 beds have been secured out of 3,500 beds targeted and more are being made available,” the government order stated. Sanjay Bansal, secretary, Health and Family Welfare, who is heading a Task Force on Covid beds, will monitor till the target is achieved, the order added.



From April 17, when the fifth phase poll was conducted in Bengal, till April 20 (Tuesday) 156 people have died in West Bengal of Covid. "This is dangerous. This (Assembly) election will be remembered for all the deaths it has brought about in Bengal," a senior doctor, who did not wish to be named, told The Indian Express.

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In the past two days, the daily fresh Covid caseload in the state has crossed 8,000. In the last 24 hours, the state recorded the highest single day spike with 9,819 new cases taking the total Covid count to 6,68,353. Kolkata recorded 2,234 new cases followed by North 24 Paraganas 1,902 new cases.

According to sources, the government has planned to make 8,000 beds available by the weekend. It has directed all CMOHs to ensure that no "non-serious" Covid patients are referred to Kolkata for treatment unless "absolutely necessary," the sources added. It instructed CMOHs to "redeploy doctors and staff in districts as required" and have asked them to pool resources across neighbouring districts if needed.

Sagar Dutta Hospital has been again designated as a Covid Hospital and Shambhunath Pandit Hospital (annexe of SSKM Hospital) has already started functioning as a Covid facility.

The government has also made adequate funeral arrangements. All stakeholders such as Kolkata Municipal Corporation (KMC), Urban Local Bodies (ULBs) and rural bodies have been asked to take care of the bodies of Covid victims. The government sought a report in this regard, which said all the 125 ULBs have indicated that 180 burial grounds, 119 crematoriums/burning ghats and 83 hearse vans are "in readiness".

## Kolkata News

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Three Covid patients die waiting for beds: Kin

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"Each ULB will be provided one more hearse van, observing all norms. Necessary instructions on restricted numbers of family members to attend funerals have been issued. Nodal officers have been identified in KMC/ULBs to attend to family of the deceased to ensure seamless funeral arrangements," said an official.



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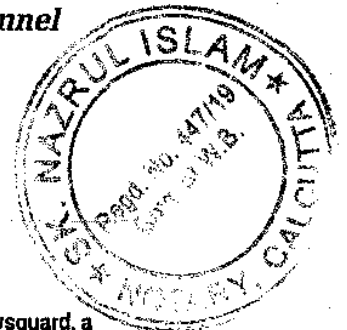
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Home » Website » National » Bengal: Home Minister Amit Shah Holds 3 Rallies A Day After State Logs Over 10,000 Covid Cases

## Bengal: Home Minister Amit Shah Holds 3 Rallies A Day After State Logs Over 10,000 Covid Cases

In the past two weeks, two candidates have died after testing positive for Covid-19, while more than a dozen candidates have tested positive for the coronavirus infection.



Snigdhendu Bhattacharya  
22 April 2021

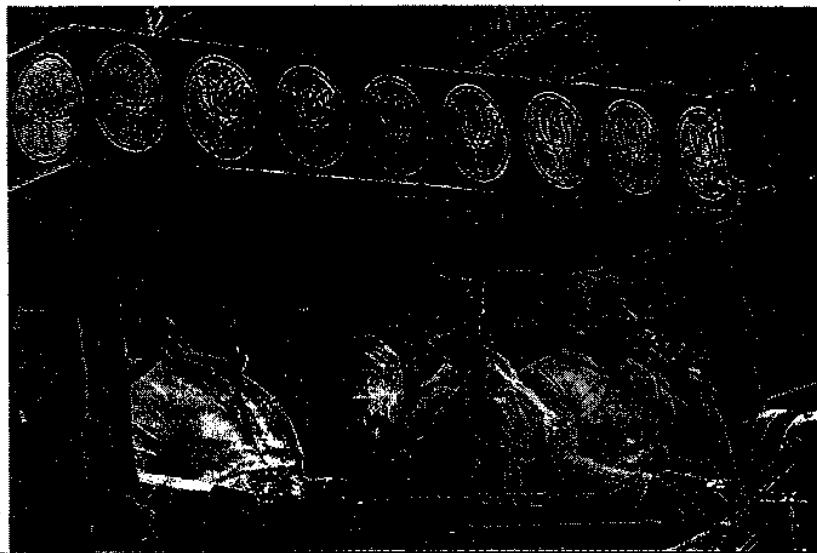
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Panic-stricken



Nagaland: Security

A series of political rallies saw thousands of people gathering in some parts of the state on Thursday, while at some other, people stood in long queues to cast their votes in the sixth phase of the state elections, a day after West Bengal recorded 10,784 new cases of Covid-19 infection and 58 deaths.

This created a unique scene for the state that stood in contrast to the rest of India. While the country was worried about the possibility of another lockdown and politicians and administrators were seen urging people to maintain social distancing, in West Bengal

Also read

- Covid-19 Vaccine Policy Discriminatory: Sonia Gandhi Writes Letter To PM Modi
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- India Records World's Highest Single-Day Spike With Over 3 Lakh Fresh Covid Cases

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political parties were urging people to gather in large numbers and show their support.

The state has two more phases left, to be held on April 26 and April 29. On Thursday, 43 seats in the districts of Nadia, North 24-Parganas, Purba Bardhaman and Uttar Dinajpur went for the polling,

recording 70.42% polling till 4 pm.

Regarding the campaign in the seats where elections will be held in the coming phases, Union home minister Amit Shah had three public meetings scheduled in the districts of Dakshin Dinajpur, Malda, and West Burdwan.

BJP state unit president Dilip Ghosh held four roadshows in the district of Malda, Delhi's Lok Sabha MP Manoj Tiwari held three rallies in Kolkata, Bihar industry minister Syed Shahnawaz Hussain held two rallies in West Burdwan district, TMC minister-turned-BJP leader Suwendu Adhikary held three rallies in Kolkata and former Jharkhand chief minister Babulal Marandi held two rallies in West Burdwan district.

From his rallies in Dakshin Dinajpur and Malda, Shah promised citizenship for the Hindu refugees and a full stop in infiltration as soon as the BJP formed the new government.





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On the other hand, chief minister Mamata Banerjee had four public meetings scheduled in the districts of Dakshin Dinajpur, Malda and West Burdwan. The chief minister, over the past few days, has been regularly criticising the Election Commission of India and other political parties for not accepting her suggestion of clubbing the last three phases of the election into one.

West Burdwan has the state's fourth highest number of cases, after Kolkata, North 24-Parganas and South 24-Parganas. On Wednesday, the district reported 556 new cases of Covid-19 infection. Kolkata has been reporting more than 2,000 cases a day over the past few days.

In the past two weeks, two candidates have died after testing positive for Covid-19, while more than a dozen candidates have tested positive for the coronavirus infection and taken admission in hospitals. They include the CPI(M)'s Sujan Chakrabarty, the TMC's Ujjwal Biswas, Sadhan Pande, Madan Mitra, Kajal Sinha, Paresh Ram Das, Gholam Rabbani and Kalpana Kisku, the BJP's Rantidev Sengupta, Anandamay Barman, Samarendranath Ghosh and Ambujaksha Mahanti of the Forward Bloc's Sanjib Chattopadhyay.

Some of them tested positive during the campaign before the elections, and some after the elections were completed.

Earlier this week, the chief minister had alleged from a public rally in Nadia district that the BJP's Rantidev Sengupta continued to campaign even after testing positive for the virus. She has also alleged that the BJP's campaign is worsening the state's pandemic situation because the party is bringing in leaders and workers from other states.

The Congress has, however, reduced the public rallies significantly.

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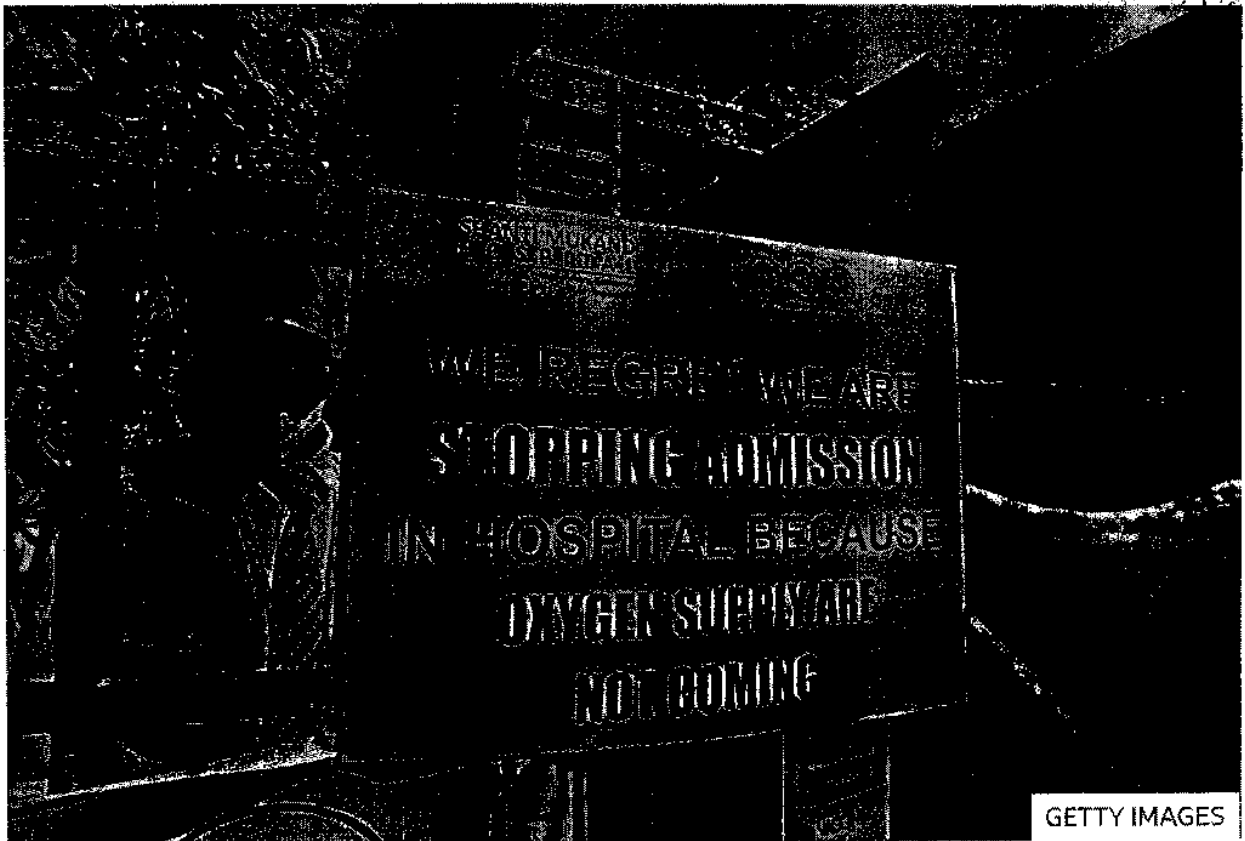
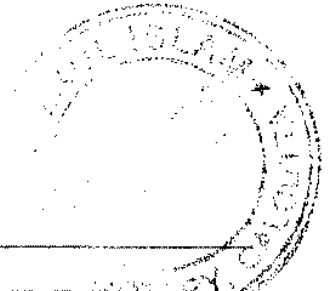
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# A nightmare on repeat - India is running out of oxygen again

By Janhatee Moole  
BBC Marathi

🕒 18 hours ago

Coronavirus pandemic



GETTY IMAGES

Hospitals in Delhi have been forced to display signs saying they have run out of oxygen

**Twenty-five families in India's capital Delhi woke up to the news on Friday morning that someone they loved had died in the city's Sir Ganga Ram hospital, reportedly because coronavirus patients could not get enough oxygen.**

The hospital's medical director said a severe shortfall had slowed the flow of oxygen to 25 of the sickest patients, who needed a high pressure, stable supply.

The tragedy came at the end of a week where several major hospitals in Delhi have repeatedly come close to running out of oxygen, which can help patients with the virus who need support with their breathing stay alive.

On Tuesday, it took a desperate public plea from the chief minister and an intervention from the high court for the Indian central government to organise a late night refill.

An oxygen tanker eventually arrived at Sir Ganga Ram hospital on Friday morning, shortly after a dire warning that 60 more patients were on the verge of death.

But India's rising wave of cases is pushing its healthcare system to the brink - from the country's richest cities to its remotest corners.

## A battle for breath

Maharashtra and Gujarat in the west, Haryana in the north, and Madhya Pradesh in central India are all facing an oxygen shortage.

In the northern state of Uttar Pradesh, some hospitals have put "oxygen out of stock" boards outside, and in the state capital Lucknow hospitals have asked patients to move elsewhere.

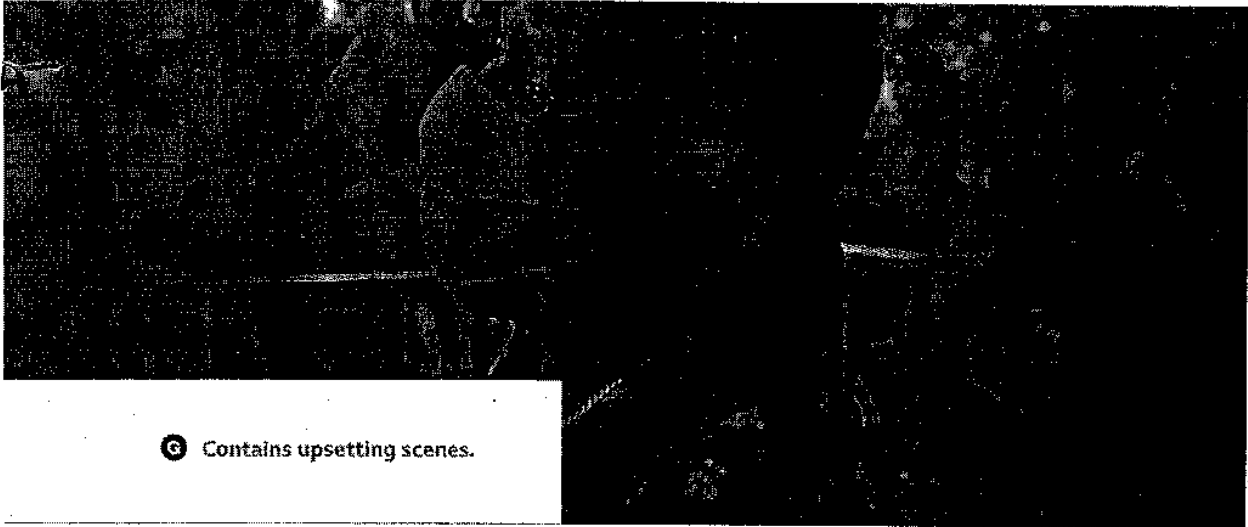
Smaller hospitals and nursing homes in Delhi are doing the same. Desperate relatives in several cities are lining up outside oxygen refilling centres. One plant in the southern city of Hyderabad hired bouncers to manage the crowd.

Many stricken with coronavirus are dying while they wait. Hospitals are struggling to accommodate breathless patients, or even keep alive those who were lucky enough to find a bed. Social media feeds and WhatsApp groups are full of frantic pleas for oxygen cylinders.

For a week, India has been reliving this nightmare on repeat, waiting for the terrifying moment when there is no oxygen left at all.



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Ⓢ Contains upsetting scenes.

Relatives beg for help as oxygen runs out

For anyone who has watched the pandemic unfold here - from doctors to officials to journalists - this feels like déjà vu. Seven months ago, the country had grappled with a similar oxygen shortage amid a rapid surge in case numbers. But this time, it's much worse.

Typically, healthcare facilities consume about 15% of oxygen supply, leaving the rest for industrial use. But amid India's second wave nearly 90% of the country's oxygen supply - 7,500 metric tonnes daily - is being diverted for medical use, according to Rajesh Bhushan, a senior health official.

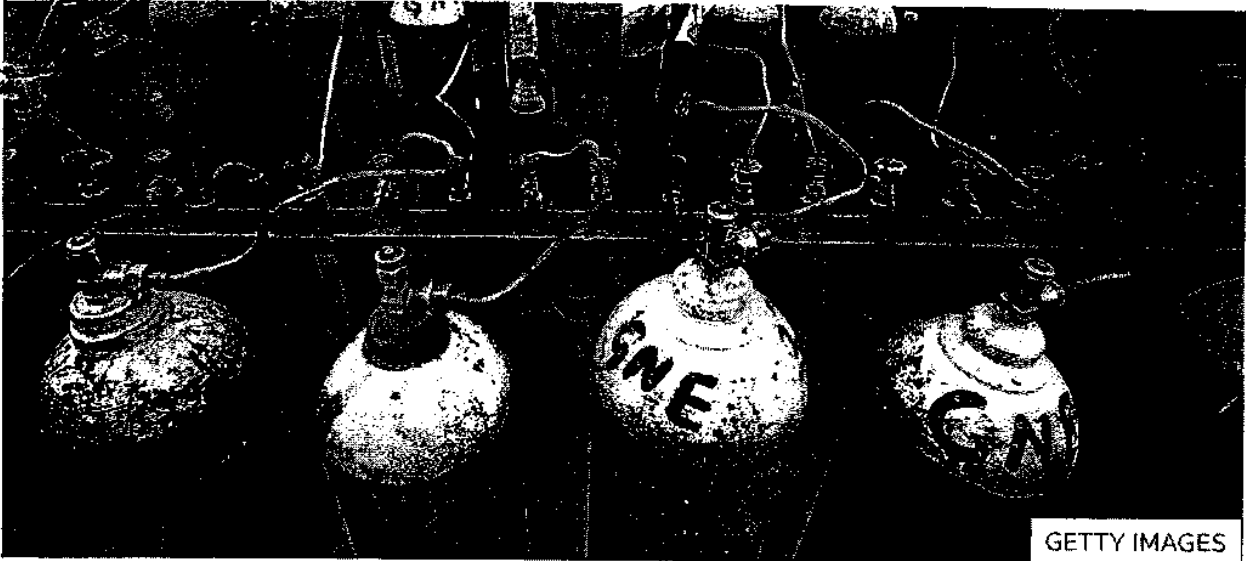
That's nearly three times higher than was consumed every day at the peak of the first wave in mid-September last year.

Then, India was adding about 90,000 cases daily. Just two weeks ago, in early April, the single-day spike was around 144,000. Now, the daily caseload has more than doubled to well more than 300,000.

"The situation is so bad that we had to treat some patients in a cardiac ambulance for 12 hours until they could get an ICU bed," said Dr Siddheshwar Shinde, who runs a Covid hospital in Pune, a western district with India's second-highest active caseload and third-highest death toll from the virus.

Last week, when there were no ventilators left, Dr Shinde began moving patients to other cities - unheard of in Pune, where patients usually arrive from nearby districts seeking treatment.





Relatives of Covid patients have been queuing up in cities to refill cylinders

The state of Maharashtra, where Pune is located, is among the worst-affected parts of India, and currently accounts for more than a third of active cases. The state is producing about 1,200 metric tonnes of oxygen daily but all of it is already being used for Covid patients.

And demand is rising along with cases, and outstripping supply. It shows no signs of letting up.

"Usually hospitals like ours were able to have enough oxygen supply. But in the past fortnight, keeping people breathing has become a task. Patients as young as 22 need oxygen support," said Dr Shinde.

Doctors and epidemiologists believe the deluge of cases is delaying tests and consultation, leading to many people being admitted to hospital when their condition is severe. So the demand for high-flow oxygen - and therefore more oxygen - is higher than it was during the last wave.

"Nobody knows when this is going to end," Dr Shinde said. "I think even the government did not foresee this."

## A scramble to find supply

Some governments did. The southern state of Kerala increased supply by monitoring demand closely and planning for a rise in cases. Kerala now has surplus oxygen that it is sending to other states.

But Delhi and some other states do not have their own oxygen plants and are relying on imports.

The Supreme Court has weighed in, asking Prime Minister Narendra Modi's administration for a national Covid plan that addresses the oxygen crunch.

The federal health ministry had invited bids for new oxygen plants in October last year - more than eight months after the beginning of pandemic in India. Of the 162 that were sanctioned, only 33 have been installed so far - 59 will be installed by the end of April and another 80 by the end of May, the ministry has said.



A woman with access to oxygen waits for admission at the LNJP Hospital in Delhi

The scramble to increase supply points to the lack of any emergency plan.

Liquid oxygen, pale blue and extremely cold, with a temperature of around  $-183^{\circ}\text{C}$ , is a cryogenic gas that can only be stored and transported in special cylinders and tankers.

About 500 factories in India extract and purify oxygen from air and send it to hospitals in liquid form. Most of it is supplied through tankers.

Major hospitals usually have their own tank where oxygen is stored and then piped directly to beds. Smaller and temporary hospitals rely on steel and aluminium cylinders.

Oxygen tankers often queue outside a plant for hours and it takes about two hours to fill one tanker. It takes several hours more for these tankers to travel to various towns within or across states.

The tankers also have to follow a specific speed limit - no more than 25mph (40km/h) - and they often don't travel in the night to avoid accidents.

The head of one of India's biggest oxygen suppliers has said part of the struggle has been getting oxygen from eastern India, where supply in industrial states such as Orissa and Jharkhand is high, to western or northern India such as Maharashtra or Delhi, where cases are rising fast.

And the demand for oxygen at individual facilities is unpredictable, making it difficult to gauge a hospital's requirement and adequately get supply where it is needed.



Transporting oxygen has become a huge logistical challenge

"Not every patient needs the same amount of oxygen for the same duration. How many patients need oxygen changes by hour in a hospital," said Dr Om Shrivastav, an infectious diseases expert at a Mumbai hospital.

"We are taking all the care we can. But I've not seen anything like this. I think nobody here has."

## Too little, too late

Before the crunch of the oxygen crisis, the federal government was already facing criticism for allowing election rallies and a massive Hindu festival, and failing to expand the vaccination drive quickly enough. Critics have accused various state governments of doing too little to prepare for the devastating second wave now washing through the country.

Doctors and virologists who spoke to the BBC said the oxygen shortfall was more a symptom than a cause of the crisis - effective safety protocols and strong public messaging could have kept more people at home, and the virus at bay.

But a sharp drop in cases by January lulled the country into a false sense of safety, they said, creating the conditions for a terrible second wave.

Mr Modi's government has now started an "oxygen express", with trains carrying tankers to wherever there is demand, and the Indian Air Force is airlifting oxygen from military bases. They are also mulling plans to import 50,000 metric tonnes of liquid oxygen.

"We have been telling authorities that we are willing to increase our capacity, but we need financial aid for that," said Rajabhau Shinde, who runs a small oxygen plant in Maharashtra.

"Nobody said anything and now suddenly, hospitals and doctors are pleading for more cylinders," he said.

"This should not have happened. As the saying goes, dig the well before you're thirsty. But we didn't do that."

## Get in touch

Have you been affected by any of the issues raised in this story? Email [haveyoursay@bbc.co.uk](mailto:haveyoursay@bbc.co.uk).

Please include a contact number if you are willing to speak to a BBC journalist. You can also get in touch in the following ways:

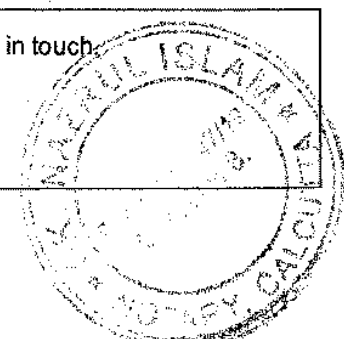
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### Your contact info

We'll be in touch if we look into your question.





40-3/2020-DM-I(A)  
Government of India  
Ministry of Home Affairs

70 Annexure - P.F.

North Block, New Delhi  
Dated 22<sup>nd</sup> April, 2021

**ORDER**

Whereas, an Order bearing No. 40-3/2020- DM-I(A) dated 23.03.2021, alongwith guidelines for effective control of COVID-19 have been issued under section 10(2)(i) of the Disaster Management Act, 2005 (*hereinafter referred to as the DM Act*) wherein, inter alia, it is mandated that there shall be no restriction on inter-State and intra-State movement of persons and goods;

And whereas, due to rapid rise in COVID-19 cases and with increasing case positivity rate, various States/UTs have imposed some additional restrictions on certain activities and weekend lockdowns/curfews etc. to break the chain of transmission and to contain the spread of Covid-19;

And whereas, the availability of adequate and uninterrupted supply of Medical Oxygen is an important pre-requisite for managing moderate and severe cases of COVID-19 and with the increasing cases, the medical oxygen supply will need to keep pace with the requirements of the States/ UTs;

And whereas, medical oxygen is an essential public health commodity and any impediment in the supplies of Medical Oxygen in the country may critically impact the management of patients suffering from COVID-19 disease in other parts of the country;

And whereas, Empowered Group-II (EG-II), is mandated for coordinating medical logistics, including medical oxygen. EG-II has reviewed the supply of oxygen for industrial use in order to divert the same to meet the rising demand for medical oxygen in the country and save precious lives. Accordingly, EG II has recommended to prohibit the supply of Oxygen for industrial purposes by manufacturers and suppliers forthwith from 22.04.2021 till further orders, with the exception of nine specified industries. The recommendations of the EG-II have been accepted by the Central Government and the said decision, alongwith the list of nine exempted industries, have been conveyed by Secretary, Ministry of Health & Family Welfare, vide his DO letter dated 18th April 2021 (Annexure-I).

And whereas, keeping in view the requisitions of Medical oxygen and to ensure smooth supplies of it to the States/ UTs concerned, EG-II, in consultations with the States/UTs and oxygen manufactures etc., prepares supply plan, which is required to be followed by all States, UTs and all the agencies concerned. The oxygen supply plans, as revised from time to time by EG-II based on the assessment of the situation, are circulated by MoHFW to all the States/UTs concerned, and the last revised plan has been circulated vide MoHFW letter dated 21.04.2021 (Annexure II);

22/04/2021  
SECRETARY, MINISTRY OF HEALTH & FAMILY WELFARE

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Now, therefore, to ensure the uninterrupted supply of medical oxygen across the country for management of COVID-19 patients, in exercise of powers conferred under section 10(2)(f) of the DM Act, the undersigned, in the capacity as Chairperson, National Executive Committee, hereby directs the State/Union Territory Governments and State/ Union Territory Authorities to ensure the following measures within their areas of jurisdiction:

- (i) No restriction shall be imposed on the movement of Medical Oxygen between the States and transport authorities shall be instructed to accordingly allow free inter-state movement of oxygen carrying vehicles;
- (ii) No restrictions shall be imposed on oxygen manufacturers and suppliers to limit the oxygen supplies only to the hospitals of the State/ UT in which they are located;
- (iii) There shall be free movement of oxygen carrying vehicles into the cities, without any restriction of timings, while also enabling inter-city supply without any restriction;
- (iv) No authority shall attach the oxygen carrying vehicles passing through the district or areas for making supplies specific to any particular district(s) or area;
- (v) Supply of oxygen for industrial purposes, except those exempted by the Government, is prohibited w.e.f. 22<sup>nd</sup> April, 2021 and till further orders;
- (vi) States/UTs shall strictly abide by the supply plan of medical oxygen prepared by EG-II and as revised from time-to-time;
- (vii) The District Magistrates/Deputy Commissioners and Senior Superintendents of Police/ Superintendents of Police/ Deputy Commissioners of Police will be personally liable for implementation of the above directions.

  
22/04/2021  
Union Home Secretary

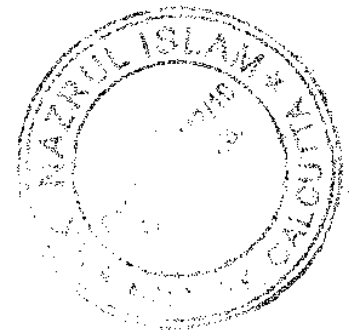
and, Chairman, National Executive Committee (NEC)

To,

1. Secretaries of Ministries/Department of Government of India
2. Chief Secretaries/Administrators of States/Union Territories  
(As per list attached)

Copy to:

- i. All members of the national Executive Committee
- ii. Member Secretary, National Disaster Management Authority





राजेश भूषण, आईएएस  
सचिव

**RAJESH BHUSHAN, IAS**  
SECRETARY



सत्यमेव जयते

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**ANNEXURE-I**

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare  
D.O. No.17/S(HFW)/MO/2021  
18<sup>th</sup> April 2021

The Empowered Group-II (EG-II) headed by Secretary, Department for Promotion of Industry & Internal Trade (DPIIT) is mandated by Govt. of India to manage requisite supplies of medical equipments, drugs including medical oxygen across the country in the wake of resurgence of COVID-19 cases. Medical oxygen is one life saving drug, whose supplies are being regularly monitored and managed by this Group.

2. There has been a significant surge in the demand for medical oxygen. Department for Promotion of Industry and Internal Trade (DPIIT) has conveyed that this has already reached about 60 percent of the total daily Oxygen production, and is expected to rise further.

3. While every effort is being made to meet the rising demand for medical oxygen, including augmenting daily production and stocks and States/UTs are taking appropriate steps for optimum and rationalized utilisation of available stock of oxygen, the present trend necessitates additional measures. The matter has been deliberated by the DPIIT with all the stakeholders and after due deliberations, it has been considered prudent to restrict industrial usage of oxygen to meet the rising demand for medical oxygen.

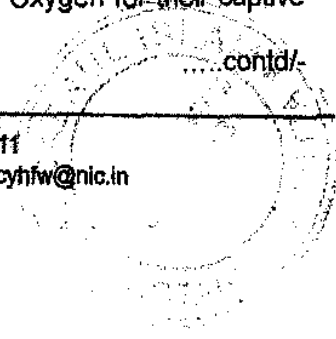
4. Accordingly, the EG-II has recommended that the supply of Oxygen for industrial purposes by manufacturers and suppliers be prohibited forthwith from 22.04.2021 till further orders. This recommendation has been accepted & the said prohibition on supply would come into effect from 22/04/2021.

5. The aforesaid prohibition, however, shall not apply to the supply of oxygen for the industries listed hereunder:

- i) Ampoules & Vials
- ii) Pharmaceutical
- iii) Petroleum refineries
- iv) Steel plants
- v) Nuclear energy facilities
- vi) Oxygen cylinder manufacturers
- vii) Waste water treatment plants
- viii) Food & water purification
- ix) Process industries which require uninterrupted operation of furnaces, processes, etc. as approved by respective State governments

6. The industrial units (other than those listed above) which would not be in a position to obtain oxygen are advised to consider alternate measures such as import of Oxygen or setting up their own Air Separator Units (ASU) for generation of Oxygen for their captive requirements.

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011  
Tele : (O) 011-23061853, 23063221, Fax : 011-23061252, E-mail : secyhfww@nic.in



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7. All Chief Secretaries are advised to ensure effective implementation & compliance of this Order.

Yours sincerely



(Rajesh Bhushan)

Chief Secretary / Administrator  
All States/UTs

Copy to : Principal Secretary to PM for information



(Rajesh Bhushan)

Copy to : Cabinet Secretary for information



(Rajesh Bhushan)

✓ Copy to : Home Secretary with the request to issue appropriate directions to States / UTs to facilitate effective implementation of the above Order.



(Rajesh Bhushan)





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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN

निपुण विनायक, भा.प्र.से.  
संयुक्त सचिव  
NIPUN VINAYAK, IAS  
Joint Secretary

D. No:17/S(HFW)MO/2021  
Dated:21<sup>st</sup> April, 2021

Dear Madam/Sir,

In continuation of the orders issued on 15<sup>th</sup> April and 18<sup>th</sup> April 2021 regarding supply plan for medical oxygen, an updated Order as below is being issued for the States of Maharashtra, Gujarat, Karnataka, Madhya Pradesh, Delhi, Haryana, Uttar Pradesh, Punjab, Tamil Nadu, Kerala, Chhattisgarh, Rajasthan, Telangana, Andhra Pradesh, Uttrakhand, Jammu and Kashmir, Goa, Chandigarh and Himachal Pradesh.

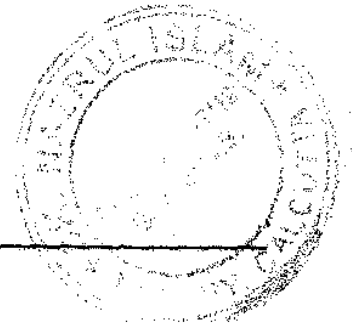
This is keeping in view increased demands from the States on quantity of Oxygen supply and its source. The supply plan has been done as recommended by the DPHT in consultation with States, Oxygen manufacturers, AIIGMA and Steel Ministry under the overall guidance of the Empowered Group-II.

Yours Sincerely,

*Nipun Vinayak*  
(Nipun Vinayak)

**Addl. Chief Secretary/ Principal Secretary/ Secretary (Health)**

Maharashtra, Gujarat, Karnataka, Madhya Pradesh, Delhi, Haryana, Uttar Pradesh, Punjab, Tamil Nadu, Kerala, Chhattisgarh, Rajasthan, Telangana, Andhra Pradesh, Uttrakhand, J&K, Goa, Chandigarh and Himachal Pradesh.











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	MH	GJ	KR	MP	DL	HR	UP	PB	TN	KL	CG	RJ	TL	AP	UK	J&K	Goa	CH	HP
PY National Oxygen Ltd									30										
PY Inox Ruducherry									40										
TL Ellenbarrie Industrial Gases Ltd													41						
TL Inox Hyderabad													60						
UP Goyal MG Gases, Ghazabad					30		30												
UP Inox Surajpur					35														
UP Inox Modi Nagar				40	30	0	80												
UP India Glycols Limited Kashipur																			
UK Utrarakhand					30										40				
UK LINDE Selasqui					55		40	30							20				
UK Air Liquide Roorkhee					20	25	15	14							16				
WB Goyal MG Gases, Durgapur																			
WB Ellenbarrie Industrial Gases Ltd				0															
WB Inox Barjora							60												
WB LINDE Haldia							60												
WB LINDE SAIL - OGP							20												
WB SAIL Durgapur							20												
WB SAIL Burmpur							40												
MSME ASU	64	48		60	0	10	93	32				125	25	12	27				
Total Allocation	1661	975	300	543	480	162	753	136	220	99	227	205	360	440	103	12	11	20	15



अजय भल्ला, भा.प्र.से.  
AJAY BHALLA, IAS



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गृह सचिव  
Home Secretary  
भारत सरकार  
Government of India  
नॉर्थ ब्लॉक/North Block  
नई दिल्ली/New Delhi

D.O. No. 40-6/2020-DM -I (A)

22<sup>nd</sup> April, 2021

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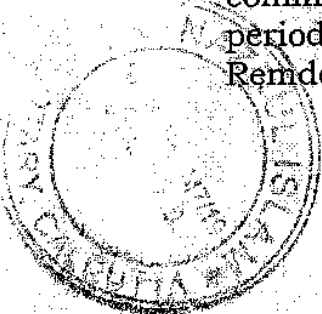
Dear Chief Secretary,

Please refer to Ministry of Home Affairs (MHA) Order No. 40-3/2020- DM-I(A) dated 23.03.2021 whereby Guidelines for effective control of COVID-19 have been issued. As per these Guidelines, there shall be no restriction on inter-State and intra-State movement of persons and goods as also reiterated in my D.O. letter of even number dated 23.03.2021.

2. In the recent past, there is a sharp increase in COVID-19 cases in the country along with high positivity rate. In order to break the chain of transmission and curb the spread of COVID-19, various States/UTs have imposed additional restrictions on certain activities, including weekend and night curfews etc.

3. I would like to bring it to your kind notice that a Monitoring mechanism has been set up under Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers through National Pharmaceuticals Pricing Authority (NPPA) and Drug Controller General of India for monitoring and coordinating the supply of COVID-19 drugs on a daily basis, with Pharmaceutical Associations, manufacturing companies and State Governments.

4. The supply of Remdesivir injection and imported drug Tocilizumab is under severe constraint due to sharp increase in demand. Several steps have been taken to augment the production capacity of the seven licensed manufacturers of Remdesivir injection in the country from 38.80 lakh units per month to 74 lakh units per month by early May 2021. Further, MoHFW and DoP, vide their D.O. letter dated 21.04.2021, have communicated to States and UTs, an interim allocation (for the period from 21st April to 30th April, 2021) for supply of Remdesivir by all the licensed domestic manufacturers.



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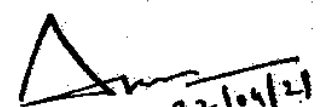
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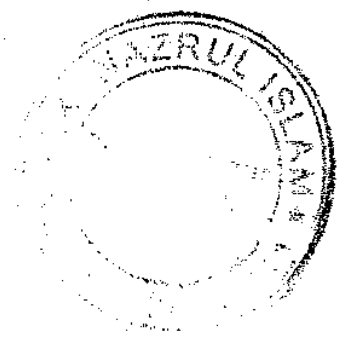
5. In view of the above, I would urge you to issue necessary instructions to all the authorities concerned to take all measures for compliance with the above allocation and subsequent allocations to be made by MoHFW and DoP in a smooth and timely manner to ensure seamless supply and transport of Remdesivir to States/UTs concerned. Any disruption or hindrance to the movement of this drug, may have unintended adverse effect to the nation's fight against COVID-19. I would also request you to personally monitor the supply of essential medicines required under COVID Treatment Protocol in your State and appoint Nodal Officers who will be responsible for un-restricted and timely movement of Remdesivir within their State as per allocation made by MoHFW.

With regards,

Yours sincerely,

  
22/04/21  
(Ajay Bhalla)

**Chief Secretaries of All States**



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सत्यमेव जयते

# CLINICAL MANAGEMENT PROTOCOL: COVID-19



Government of India  
Ministry of Health and Family Welfare  
Directorate General of Health Services  
(EMR Division)

Version 5  
03.07.20

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## 1. Background

Coronaviruses are large group of viruses that cause illness in humans and animals. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS. The outbreak of Novel coronavirus disease (COVID-19) was initially noticed in a seafood market in Wuhan city in Hubei Province of China in mid-December, 2019, has now spread to 214 countries/territories/areas worldwide. WHO (under International Health Regulations) has declared this outbreak as a "Public Health Emergency of International Concern" (PHEIC) on 30<sup>th</sup> January 2020. WHO subsequently declared COVID-19 a pandemic on 11<sup>th</sup> March, 2020.

## 2. Disease Epidemiology

Current available evidence for COVID-19 suggests that the causative virus (SARS-CoV-2) has a zoonotic source closely related to bat-origin SARS-like coronavirus. It is an enveloped RNA beta coronavirus related to the Severe Acute Respiratory Syndrome (SARS) virus, and the virus has been shown to use the angiotensin-converting enzyme 2 (ACE2) receptor for cell entry.

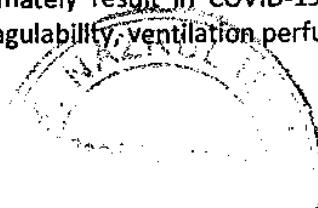
The persons infected by the novel coronavirus are the main source of infection. Direct person-to-person transmission occurs through close contact, mainly through respiratory droplets that are released when the infected person coughs, sneezes, or talks. These droplets may also land on surfaces, where the virus remains viable. Infection can also occur if a person touches an infected surface and then touches his or her eyes, nose, or mouth.

The median incubation period is 5.1 days (range 2–14 days). The precise interval during which an individual with COVID-19 is infectious is uncertain. As per the current evidence, the period of infectivity starts 2 days prior to onset of symptoms and lasts up to 8 days. The extent and role played by pre-clinical/ asymptomatic infections in transmission still remain under investigation.

## 3. Patho-physiology

Most patients with COVID-19 predominantly have a respiratory tract infection associated with SARS-CoV-2 infection. However, in a small proportion of cases, they can progress to a more severe and systemic disease characterized by the Acute Respiratory Distress Syndrome (ARDS), sepsis and septic shock, multiorgan failure, including acute kidney injury and cardiac injury.

Autopsy findings in China and European countries showed endothelial damage of pulmonary vasculature, microvascular thrombosis and hemorrhage linked to extensive alveolar and interstitial inflammation that ultimately result in COVID-19 vasculopathy, pulmonary intravascular coagulopathy, hypercoagulability, ventilation perfusion



mismatch, and refractory ARDS. Hypoxemia, secondary to ARDS may also activate the coagulation cascade.

#### 4. Case definition<sup>1</sup>

##### Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

##### Probable case

A. A suspect case for whom testing for the COVID-19 virus is inconclusive.

OR

B. A suspect case for whom testing could not be performed for any reason.

##### Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

#### 5. Clinical Features

COVID-19 patients reporting to various Covid treatment facilities have reported the following signs and symptoms:

- Fever
- Cough
- Fatigue
- Shortness of breath
- Expectorations
- Myalgia
- Rhinorrhea, sore throat, diarrhea

<sup>1</sup> As per WHO surveillance guidelines



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- Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms has also been reported

Older people and immune-suppressed patients in particular may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhoea, loss of appetite, delirium, and absence of fever. Children might not have reported fever or cough as frequently as adults.

As per data from Integrated Health Information Platform (IHIP)/ Integrated Disease Surveillance Programme (IDSP) portal case investigation forms for COVID 19 (n=15,366), the details on the signs and symptoms reported are (as on 11.06.2020), fever (27%), cough (21%), sore throat (10%), breathlessness (8%), Weakness (7%), running nose (3%) and others 24%.

## 6. Risk factors

The major risk factors for severe disease are:

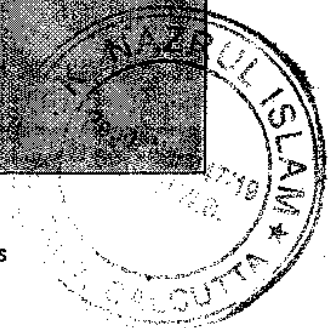
- Age more than 60 years (increasing with age).
- Underlying non-communicable diseases (NCDs): diabetes, hypertension, cardiac disease, chronic lung disease, cerebro-vascular disease, chronic kidney disease, immune-suppression and cancer

## 7. Clinical Severity

Table 1: Clinical severity and assessment parameters

Clinical Severity	Clinical presentation	Clinical parameters	Remarks
Mild <sup>2</sup>	Patients with uncomplicated upper respiratory tract infection, may have mild symptoms such as fever, cough, sore throat, nasal congestion, malaise, headache.	Without evidence of breathlessness or Hypoxia (normal saturation)	(i) Managed at Covid Care Centre

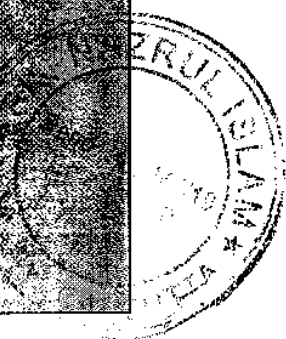
<sup>2</sup> Revised guidelines for Home Isolation of very mild/asymptomatic COVID-19 cases (<https://www.mohfw.gov.in/pdf/RevisedHomeIsolationGuidelines.pdf>)



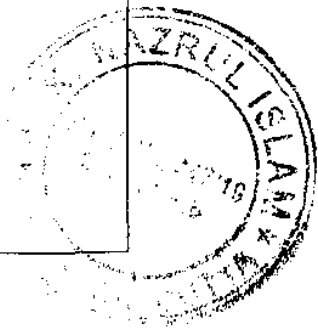


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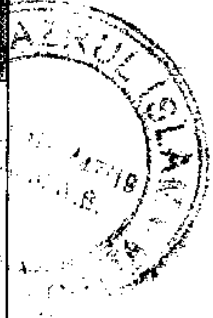
<p>Moderate</p>	<p>Pneumonia with no signs of severe disease</p>	<p>Adolescent or adult with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO2 &lt;94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute.</p> <p>Child with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO2 &lt;94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute.</p> <p>Fast breathing (in breaths/min): &lt; 2 months: ≥ 60; 2-11 months: ≥ 50; 1-5 years: ≥ 40</p>	<p>Managed in Dedicated Covid Health Centre (DCHC)</p>
<p>Severe</p>	<p>Severe Pneumonia</p>	<p>Adolescent or adult with clinical signs of Pneumonia plus one of the following: respiratory rate &gt;30 breaths/min, severe respiratory distress, SpO2 &lt;90% on room air.</p> <p>Child with cough or difficulty in breathing plus at least one of the following: central cyanosis or SpO2 &lt;90%, severe respiratory distress (e.g. grunting, chest in-drawing), signs of pneumonia with any of the following danger signs: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Other signs of pneumonia may be present: chest in-drawing, fast breathing (in breaths/min): &lt;2 months ≥60; 2-11 months ≥50; 1-5 years ≥40.</p> <p>The diagnosis is clinical, chest imaging can exclude complications.</p>	<p>Managed in Dedicated Covid Hospital</p>



	<p><b>Acute Respiratory Distress Syndrome</b></p>	<p><b>Onset:</b> new or worsening respiratory symptoms within one week of known clinical insult.</p> <p><b>Chest imaging</b> (Chest X ray and portable bed side lung ultrasound): bilateral opacities, not fully explained by effusions, lobar or lung collapse, or nodules.</p> <p><b>Origin of Pulmonary infiltrates:</b> respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g. echocardiography) to exclude hydrostatic cause of infiltrates/oedema if no risk factor present.</p> <p><b>Oxygenation impairment in adults:</b></p> <p><u>Mild ARDS:</u> <math>200 \text{ mmHg} &lt; \text{PaO}_2/\text{FiO}_2 \leq 300 \text{ mmHg}</math> (with PEEP or CPAP <math>\geq 5 \text{ cm H}_2\text{O}</math>)</p> <p><u>Moderate ARDS:</u> <math>100 \text{ mmHg} &lt; \text{PaO}_2/\text{FiO}_2 \leq 200 \text{ mmHg}</math> with PEEP <math>\geq 5 \text{ cm H}_2\text{O}</math>)</p> <p><u>Severe ARDS:</u> <math>\text{PaO}_2/\text{FiO}_2 \leq 100 \text{ mmHg}</math> with PEEP <math>\geq 5 \text{ cm H}_2\text{O}</math>)</p> <p>When <math>\text{PaO}_2</math> is not available, <math>\text{SpO}_2/\text{FiO}_2 \leq 315</math> suggests ARDS (including in non-ventilated patients)</p> <p><b>Oxygenation impairment in Children</b></p> <p>Note Oxygenation Index (OI) and OSI (Oxygen Saturation Index)</p> <p>Use OI when available. If <math>\text{PaO}_2</math> not available, wean <math>\text{FiO}_2</math> to maintain <math>\text{SpO}_2 &lt; 97\%</math> to calculate OSI or <math>\text{SpO}_2/\text{FiO}_2</math> ratio:</p>	
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		<p>using SpO<sub>2</sub>)</p> <p>Bi-level (NIV or CPAP) ≥5 cm H<sub>2</sub>O via full face mask: PaO<sub>2</sub>/FiO<sub>2</sub> ≤ 300 mmHg or SpD<sub>2</sub>/FIO<sub>2</sub> ≤ 264</p> <p>Mild ARDS (invasively ventilated):</p> <p>4 ≤ OI &lt; 8 or 5 ≤ OSI &lt; 7.5</p> <p>Moderate ARDS (invasively ventilated): 8 ≤ OI &lt; 16 or 7.5 ≤ OSI &lt; 12.3</p> <p>Severe ARDS (invasively ventilated):</p> <p>OI ≥ 16 or OSI ≥ 12.3</p>	
Severe (Continued)	Sepsis	<p>Adults: Acute life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia.</p> <p>Children: suspected or proven infection and ≥2 age-based Systemic Inflammatory Response Syndrome (SIRS) criteria, of which one must be abnormal: temperature or white blood cell count.</p>	
	Septic Shock	<p>Adults: persisting hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥65 mmHg and serum lactate level &gt; 2 mmol/L</p> <p>Children: any hypotension (SBP &lt;5th centile or &gt;2 SD below</p>	



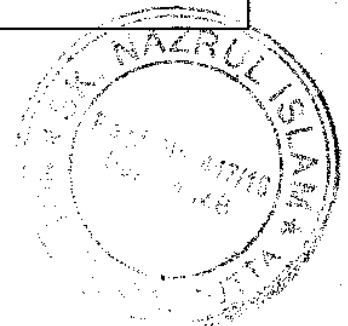
		<p>normal for age) or 2- 3 of the following: altered mental state; bradycardia or tachycardia (HR &lt;90 bpm or &gt;160 bpm in infants and HR &lt;70 bpm or &gt;150 bpm in children); prolonged capillary refill (&gt;2 sec) or weak pulse; tachypnea; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output ; hyperthermia or hypothermia</p>	
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### 8. Infection Prevention and Control Practices<sup>3</sup>

Infection prevention control (IPC) is a critical and integral part of clinical management of patients and should be initiated at the point of entry of the patient to hospital (typically the Emergency Department). Standard precautions should always be routinely applied in all areas of health care facilities. Standard precautions include hand hygiene; use of PPE to avoid direct contact with patients’ blood, body fluids, secretions (including respiratory secretions) and non-intact skin. Standard precautions also include prevention of needle-stick or sharps injury; safe waste management; cleaning and disinfection of equipment; and cleaning of the environment.

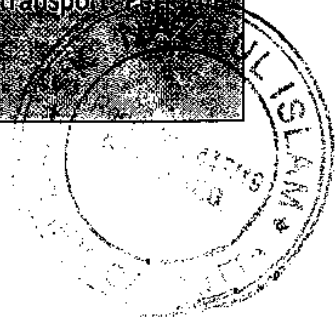
**Table 2: Infection prevention control practices**

<b>At triage</b>	Give suspect patient a triple layer surgical mask and direct patient to separate area, an isolation room if available. Keep at least 1meter distance between suspected patients and other patients. Instruct all patients to cover nose and mouth during coughing or sneezing with tissue or flexed elbow for others. Perform hand hygiene after contact with respiratory secretions
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<sup>3</sup> National guidelines for infection prevention and control in healthcare facilities <https://www.mohfw.gov.in/pdf//National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final%281%29.pdf>

<p><b>Apply standard precautions</b></p>	<p>Apply standard precautions according to risk assessment for all patients, at all times, when providing any diagnostic and care services. Standard precautions include hand hygiene and the use of personal protective equipment (PPE) when risk of splashes or in contact with patients' blood, body fluids, secretions (including respiratory secretions) and non-intact skin. Standard precautions also include appropriate patient placement, prevention of needle-stick or sharps injury, safe waste management, cleaning and disinfection of equipment, and cleaning of the environment. Best practices for safely managing health care waste should be followed.</p>
<p><b>Apply droplet precautions</b></p>	<p>Droplet precautions prevent large droplet transmission of respiratory viruses. Use a triple layer surgical mask if working within 1-2 meters of the patient. Place patients in single rooms, or group together those with the same etiological diagnosis. If an etiological diagnosis is not possible, group patients with similar clinical diagnosis and based on epidemiological risk factors, with a spatial separation. When providing care in close contact with a patient with respiratory symptoms (e.g. coughing or sneezing), use eye protection (face-mask or goggles), because sprays of secretions may occur. Limit patient movement within the institution and ensure that patients wear triple layer surgical masks when outside their rooms</p>
<p><b>Apply contact precautions</b></p>	<p>Droplet and contact precautions prevent direct or indirect transmission from contact with contaminated surfaces or equipment (i.e. contact with contaminated oxygen tubing/interfaces). Use PPE (triple layer surgical mask, eye protection, gloves and gown) when entering room and remove PPE when leaving. If possible, use either disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect between each patient use. Ensure that health care workers refrain from touching their eyes, nose, and mouth with potentially contaminated gloved or ungloved hands. Avoid contaminating environmental surfaces that are not directly related to patient care (e.g. door handles and light switches). Ensure adequate room ventilation. Avoid movement of patients or transport. Perform hand hygiene.</p>



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<p><b>Apply airborne precautions when performing an aerosol generating procedure</b></p>	<p>Ensure that healthcare workers performing aerosol-generating procedures (i.e. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation) use PPE, including gloves, long-sleeved gowns, eye protection, and fit-tested particulate respirators (N95). (The scheduled fit test should not be confused with user seal check before each use.) Whenever possible, use adequately ventilated single rooms when performing aerosol-generating procedures, meaning negative pressure rooms with minimum of 12 air changes per hour or at least 160 liters/second/patient in facilities with natural ventilation. Avoid the presence of unnecessary individuals in the room. Care for the patient in the same type of room after mechanical ventilation commences.</p> <p>Because of uncertainty around the potential for aerosolization, high-flow nasal oxygen (HFNO), NIV, including bubble CPAP, should be used with airborne precautions until further evaluation of safety can be completed. There is insufficient evidence to classify nebulizer therapy as an aerosol-generating procedure that is associated with transmission of COVID-19. More research is needed.</p>
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## 9. Laboratory Diagnosis

Guidance on specimen collection, processing, transportation, including related biosafety procedures, is available at:

[https://www.mohfw.gov.in/pdf/5Sample%20collection\\_packaging%20%202019-nCoV.pdf](https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf)

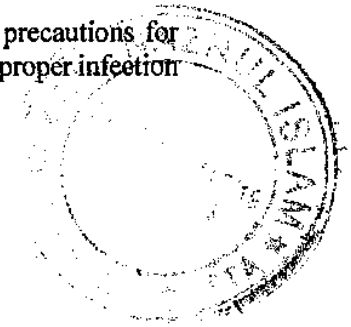
### Sample collection

**Preferred sample** Throat and nasal swab in viral transport media (VTM) and transported in cold chain.

**Alternate** Nasopharyngeal swab, BAL or endotracheal aspirate which has to be mixed with the viral transport medium and transported in cold chain.

### General guidelines

- Use appropriate PPE for specimen collection (droplet and contact precautions for URT specimens; airborne precautions for LRT specimens). Maintain proper infection control when collecting specimens
- Restricted entry to visitors or attendants during sample collection
- Complete the requisition form for each specimen submitted
- Proper disposal of all waste generated



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## Respiratory specimen collection methods:

### A. Lower respiratory tract

- Bronchoalveolar lavage, tracheal aspirate, sputum
- Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

### B. Upper respiratory tract

- Nasopharyngeal swab AND oropharyngeal swab

**Oropharyngeal swab (e.g. throat swab):** Tilt patient's head back 70 degrees. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media.

**Combined nasal & throat swab:** Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch into nostril (until resistance is met at turbinates). Rotate the swab several times against nasal wall and repeat in other nostril using the same swab. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick. For throat swab, take a second dry polyester swab, insert into mouth, and swab the posterior pharynx and tonsillar areas (avoid the tongue). Place tip of swab into the same tube and cut off the applicator tip.

**Nasopharyngeal swab:** Tilt patient's head back 70 degrees. Insert flexible swab through the nares parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient. Gently, rub and roll the swab. Leave the swab in place for several seconds to absorb secretions before removing.

Clinicians may also collect lower respiratory tract samples when these are readily available (for example, in mechanically ventilated patients). In hospitalized patients in Dedicated Covid Hospitals (severe cases with confirmed COVID - 19 infection, repeat upper respiratory tract samples should be collected to demonstrate viral clearance.

### Recommended Test

Real time or Conventional RT-PCR test is recommended for diagnosis. SARS-CoV-2 antibody tests are not recommended for diagnosis of current infection with COVID-19.

Dual infections with other respiratory infections (viral, bacterial and fungal) have been found in COVID-19 patients. Depending on local epidemiology and clinical symptoms, test for other potential etiologies (e.g. Influenza, other respiratory viruses, malaria, dengue fever, typhoid fever) as appropriate.

For COVID-19 patients with severe disease, also collect blood cultures, ideally prior to initiation of antimicrobial therapy



## 10. Management of COVID-19: symptomatic treatment

### 10.1. Management of Mild Cases

In the containment phase, patients with suspected or confirmed mild COVID-19 are being isolated to break the chain of transmission. Patients with mild disease may present to primary care/outpatient department, or detected during community outreach activities, such as home visits or by telemedicine.

Mild cases can be managed at Covid Care Centre, First Referral Units (FRUs), Community Health Centre (CHC), sub-district and district hospitals.

Detailed clinical history is taken including that of co-morbidities. Patient is followed up daily for temperature, vitals and Oxygen saturation (SpO<sub>2</sub>).

Patients should be monitored for signs and symptoms of complications that should prompt urgent referral. Patients with risk factors for severe illness should be monitored closely, given the possible risk of deterioration. If they develop any worsening symptoms (such as mental confusion, difficulty breathing, persistent pain or pressure in the chest, bluish coloration of face/lips, dehydration, decreased urine output, etc.), they should be immediately admitted to a Dedicated Covid Health Centre or Dedicated Covid Hospital.

Children with mild COVID-19 should be monitored for signs and symptoms of clinical deterioration requiring urgent re-evaluation. These include difficulty in breathing/fast or shallow breathing (for infants: grunting, inability to breastfeed), blue lips or face, chest pain or pressure, new confusion, inability to awaken/not interacting when awake, inability to drink or keep down any liquids.

Mild COVID-19 cases may be given:

1. Symptomatic treatment such as antipyretic (Paracetamol) for fever and pain, anti-tussives for cough
2. Adequate nutrition and appropriate hydration to ensured.
3. Tab Hydroxychloroquine (HCQ) may be considered for any of those having high risk features for severe disease (such as age > 60 years; Hypertension, diabetes, chronic lung/kidney/ liver disease, Cerebrovascular disease and obesity) under strict medical supervision, preferably after shifting to DCHC/DCH.
4. Avoid HCQ in patients with underlying cardiac disease, history of unexplained syncope or QT prolongation (> 480 ms).

### 10.2. Management of Moderate Cases

Patients with suspected or confirmed moderate COVID-19 (pneumonia) is to be isolated to contain virus transmission. Patients with moderate disease may present to an emergency unit or primary care/outpatient department, or be encountered during community surveillance activities, such as active house to house search or by telemedicine.

The defining clinical assessment parameters are Respiratory Rate of more than or equal to 24 per minute and oxygen saturation (SpO<sub>2</sub>) of less than 94% on room air (range 90-94%).



Such patients will be isolated in Dedicated Covid Health Centre (DCHC) or District hospital or Medical College hospitals.

The patient will undergo detailed clinical history including co-morbid conditions, measurement of vital signs, Oxygen saturation (SpO<sub>2</sub>) and radiological examination of Chest X-ray, Complete Blood Count and other investigations as indicated.

Antibiotics should not be prescribed routinely unless there is clinical suspicion of a bacterial infection.

**Clinical Management of Moderate cases**

1. Symptomatic treatment such as antipyretic (Paracetamol) for fever and pain, anti-tussives for cough
2. Adequate hydration to be ensured
3. Oxygen Support:
  - Target SpO<sub>2</sub>: 92-96% (88-92% in patients with COPD)
  - The device for administering oxygen (nasal prongs, mask, or masks with breathing / non-rebreathing reservoir bag) depends upon the increasing requirement of oxygen therapy. If HFNC or simple nasal cannula is used, N95 mask should be applied over it.
  - Awake proning may be used as a rescue therapy. (Protocol at Annexure-i)

Criteria to be fulfilled	Avoid proning
<ul style="list-style-type: none"> <li>• Patients with oxygen requirement of &gt;4L</li> <li>• Normal mental status</li> <li>• Able to self-prone or change position with minimal assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Hemodynamic instability</li> <li>• Close monitoring not possible</li> </ul>

Patients will undergo a rotational change in position from prone to lying on each side to sitting up. Typical protocols include 30–120 minutes in prone position, followed by 30–120 minutes in left lateral decubitus, right lateral decubitus, and upright sitting position.

- All patients should have daily 12-lead ECG
4. Anticoagulation
    - Prophylactic dose of UFH or LMWH (e.g., enoxaparin 40 mg per day SC)
      - \*Contraindications: End stage renal disease, active bleeding, emergency surgery
      - \*\*Consider unfractionated heparin in ESRD
  5. Corticosteroids
    - Consider IV methylprednisolone 0.5 to 1 mg/kg OR Dexamethasone 0.1 to 0.2 mg/kg for 3 days (preferably within 48 hours of admission or if oxygen requirement is increasing and if inflammatory markers are increased). Review the duration of administration as per clinical response.



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6. Anti-virals

- Tab. Hydroxychloroquine (400mg) BD on 1st day followed by 200mg 1 BD for 4 days. (after ECG Assessment)
- May consider investigational therapies such as Remdesivir (under EUA); Convalescent Plasma (Off label use) as detailed under Section 11.

7. Control of co-morbid condition

8. Follow up CRP, D-dimer & Ferritin every 48-72 hourly (if available); CBC with differential count, Absolute Lymphocyte count, KFT/LFT daily

9. Monitor for:

- Increased work of breathing (use of accessory muscles)
- Hemodynamic instability
- increase in oxygen requirement

If any of the above occurs, shift to Dedicated Covid Hospital

Few patients with COVID-19 experience a secondary bacterial infection. Consider empiric antibiotic therapy as per local antibiogram and guidelines in older people, immune-compromised patients, and children < 5 years of age.

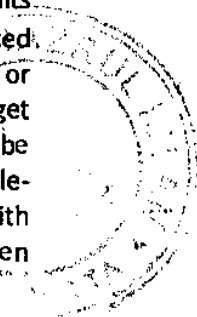
Close monitoring of patients with moderate COVID-19 is required for signs or symptoms of disease progression. Provision of mechanisms for follow up and transportation to Dedicated Covid Hospital should be available.

**10.3. Management of Severe Cases**

**10.3.1 Early supportive therapy and monitoring**

1. Symptomatic treatment with paracetamol and antitussives to continue
2. Oxygenation: Give supplemental oxygen therapy immediately to patients with Severe Covid and respiratory distress, hypoxaemia, or shock: Initiate oxygen therapy at 5 L/min and titrate flow rates to reach target SpO<sub>2</sub> ≥ 90% in non-pregnant adults and SpO<sub>2</sub> ≥ 92- 96% in pregnant patients. Children with emergency signs (obstructed or absent breathing, severe respiratory distress, central cyanosis, shock, coma or convulsions) should receive oxygen therapy during resuscitation to target SpO<sub>2</sub> ≥ 94%. All areas where patients with Severe Covid are cared for should be equipped with pulse oximeters, functioning oxygen systems and disposable, single-use, oxygen-delivering interfaces (nasal cannula, simple face mask, and mask with reservoir bag). Use contact precautions when handling contaminated oxygen interfaces of patients with COVID – 19.
3. Use conservative fluid management in patients with Severe Covid when there is no evidence of shock.
4. Anticoagulation: High prophylactic dose of UFH/ LMWH (e.g. enoxaparin 40 mg BD SC) if not at high risk of bleeding.

\*Contraindications: End stage renal disease, active bleeding, emergency surgery



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\*\* Consider unfractionated heparin in ESRD .

5. Corticosteroids: IV Methylprednisolone 1-2 mg/kg or Dexamethasone 0.2-0.4 mg/kg for 5-7 days
6. Investigational therapy: Tocilizumab (Off Label) Anti IL-6 therapy may be considered as detailed under Section 11.

### 10.3.2 Management of hypoxemic respiratory failure and ARDS

Recognize severe hypoxemic respiratory failure when a patient with respiratory distress is failing standard oxygen therapy. Patients may continue to have increased work of breathing or hypoxemia even when oxygen is delivered via a face mask with reservoir bag (flow rates of 10-15 L/min, which is typically the minimum flow required to maintain bag inflation; FiO<sub>2</sub> 0.60-0.95). Hypoxemic respiratory failure in ARDS commonly results from intrapulmonary ventilation-perfusion mismatch or shunt and usually requires mechanical ventilation.

Lung protective ventilation strategy by ARDS net protocol:

- Tidal volume 6ml/kg, RR 15-35/min, PEEP 5-15cm H<sub>2</sub>O; target plateau pressure < 30cm H<sub>2</sub>O, target SpO<sub>2</sub> 88-95% and/or PaO<sub>2</sub> 55-80mmHg

Prone ventilation to be considered when there is refractory hypoxemia; PaO<sub>2</sub>/FiO<sub>2</sub> ratio <150 with FiO<sub>2</sub> > 0.6 with PEEP > 5cm H<sub>2</sub>O.

**High – Flow Nasal Cannula oxygenation (HFNO) or non – invasive mechanical ventilation:**

When respiratory distress and/or hypoxemia of the patient cannot be alleviated after receiving standard oxygen therapy, high – flow nasal cannula oxygen therapy or non – invasive ventilation can be considered. Compared to standard oxygen therapy, HFNO reduces the need for intubation. Patients with hypercapnia (exacerbation of obstructive lung disease, cardiogenic pulmonary oedema), hemodynamic instability, multi-organ failure, or abnormal mental status should generally not receive HFNO, although emerging data suggest that HFNO may be safe in patients with mild- moderate and non-worsening hypercapnia. Patients receiving HFNO should be in a monitored setting and cared for by experienced personnel capable of endotracheal intubation in case the patient acutely deteriorates or does not improve after a short trial (about 1 hr).

NIV: setting - PS 5-15 cmH<sub>2</sub>O adjusted to tidal volume of 5-7 ml/kg and PEEP 5-10 cm H<sub>2</sub>O and FiO<sub>2</sub> @ 0.5 -1.0 titrated to target SpO<sub>2</sub> > 94%.

There have been concerns raised about generation of aerosols while using HFNO and NIV. However, recent publications suggest that newer HFNO and NIV systems with good interface fitting do not create widespread dispersion of exhaled air and therefore should be associated with low risk of airborne transmission. If conditions do not improve or even get worse within a short time (1 – 2 hours), tracheal intubation and invasive mechanical ventilation should be used in a timely manner.

- Endotracheal intubation should be performed by a trained and experienced provider using airborne precautions. Patients with ARDS, especially young children

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or those who are obese or pregnant, may de-saturate quickly during intubation. Pre-oxygenate with 100% FiO<sub>2</sub> for 5 minutes, via a face mask with reservoir bag, bag-valve mask, HFNO, or NIV. Rapid sequence intubation is appropriate after an airway assessment that identifies no signs of difficult intubation.

- Implement mechanical ventilation using lower tidal volumes (4–8 ml/kg predicted body weight, PBW) and lower inspiratory pressures (plateau pressure <30 cmH<sub>2</sub>O). This is a strong recommendation from a clinical guideline for patients with ARDS, and is suggested for patients with sepsis-induced respiratory failure. The initial tidal volume is 6 ml/kg PBW; tidal volume up to 8 ml/kg PBW is allowed if undesirable side effects occur (e.g. dys-synchrony, pH <7.15). Hypercapnia is permitted if meeting the pH goal of 7.30-7.45. Ventilator protocols are available. The use of deep sedation may be required to control respiratory drive and achieve tidal volume targets.
- In patients with severe ARDS, prone ventilation for 16-18 hours per day is recommended but requires sufficient human resources and expertise to be performed safely. (Refer to Annexure-I)
- In patients with moderate or severe ARDS, higher PEEP instead of lower PEEP is suggested. PEEP titration requires consideration of benefits (reducing atelect trauma and improving alveolar recruitment) vs. risks (end-inspiratory over distension leading to lung injury and higher pulmonary vascular resistance). Tables are available to guide PEEP titration based on the FiO<sub>2</sub> required to maintain SpO<sub>2</sub>. In patients with moderate-severe ARDS (PaO<sub>2</sub>/FiO<sub>2</sub><150), neuromuscular blockade by continuous infusion should not be routinely used.
- In settings with access to expertise in extracorporeal life support (ECLS), consider referral of patients with refractory hypoxemia despite lung protective ventilation. ECLS should only be offered in expert centres with a sufficient case volume to maintain expertise and that can apply the IPC measures required for COVID – 19 patients.
- Avoid disconnecting the patient from the ventilator, which results in loss of PEEP and atelectasis. Use in-line catheters for airway suctioning and clamp endotracheal tube when disconnection is required (for example, transfer to a transport ventilator).

### 10.3.3 Management of septic shock

- Recognize septic shock in adults when infection is suspected or confirmed AND vasopressors are needed to maintain mean arterial pressure (MAP) ≥65 mmHg AND lactate is >2 mmol/L, in absence of hypovolemia. Recognize septic shock in children with any hypotension (systolic blood pressure [SBP] <5th centile or >2 SD below normal for age) or two of the three of the following: altered mental state; tachycardia or bradycardia (HR <90 bpm or >160 bpm in infants and HR <70 bpm or >150 bpm in children); prolonged capillary refill (>2 sec) or warm vasodilation with bounding pulses; tachypnea; mottled skin or petechial or purpuric rash; increased lactate; oliguria; hyperthermia or hypothermia.
- In the absence of a lactate measurement, use MAP and clinical signs of perfusion to define shock. Standard care includes early recognition and the following treatments within 1 hour of recognition: antimicrobial therapy and fluid loading and vasopressors for hypotension. The use of central venous and arterial catheters should be based on

resource availability and individual patient needs.

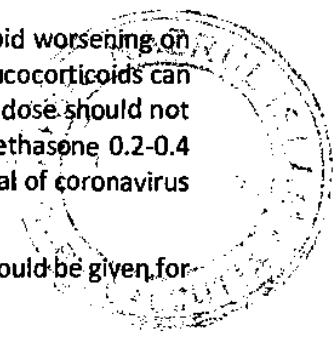
- In resuscitation from septic shock in adults, give at least 30 ml/kg of isotonic crystalloid in adults in the first 3 hours. In resuscitation from septic shock in children in well-resourced settings, give 20 ml/kg as a rapid bolus and up to 40-60 ml/kg in the first 1 hr. Do not use hypotonic crystalloids, starches, or gelatins for resuscitation.
- Fluid resuscitation may lead to volume overload, including respiratory failure. If there is no response to fluid loading and signs of volume overload appear (for example, jugular venous distension, crackles on lung auscultation, pulmonary oedema on imaging, or hepatomegaly in children), then reduce or discontinue fluid administration. This step is particularly important where mechanical ventilation is not available. Alternate fluid regimens are suggested when caring for children in resource-limited settings.
- Crystalloids include normal saline and Ringer's lactate. Determine need for additional fluid boluses (250-1000 ml in adults or 10-20 ml/kg in children) based on clinical response and improvement of perfusion targets. Perfusion targets include MAP (>65 mmHg or age-appropriate targets in children), urine output (>0.5 ml/kg/hr in adults, 1 ml/kg/hr. in children), and improvement of skin mottling, capillary refill, level of consciousness, and lactate. Consider dynamic indices of volume responsiveness to guide volume administration beyond initial resuscitation based on local resources and experience. These indices include passive leg raising test, fluid challenges with serial stroke volume measurements, or variations in systolic pressure, pulse pressure, inferior vena cava size, or stroke volume in response to changes in intrathoracic pressure during mechanical ventilation.
- Administer vasopressors when shock persists during or after fluid resuscitation. The initial blood pressure target is MAP ≥ 65 mmHg in adults and age-appropriate targets in children.
- If central venous catheters are not available, vasopressors can be given through a peripheral IV, but use a large vein and closely monitor for signs of extravasation and local tissue necrosis. If extravasation occurs, stop infusion. Vasopressors can also be administered through intraosseous needles.
- If signs of poor perfusion and cardiac dysfunction persist despite achieving MAP target with fluids and vasopressors, consider an inotrope such as dobutamine.

**10.3.4. Other therapeutic measures**

For patients with progressive deterioration of oxygenation indicators, rapid worsening on imaging and excessive activation of the body's inflammatory response, glucocorticoids can be used for a short period of time (3 to 5 days). It is recommended that dose should not exceed the equivalent of Methylprednisolone 1 – 2mg/kg/day OR Dexamethasone 0.2-0.4 mg/kg/day. Note that a larger dose of glucocorticoid will delay the removal of coronavirus due to immunosuppressive effects.

Prophylactic dose of UFH or LMWH (e.g., enoxaparin 40 mg per day SC) should be given for anti-coagulation. Control of co-morbid conditions should be ensured.

For pregnant severe cases, consultations with obstetric, neonatal, and intensive care specialists (depending on the condition of the mother) are essential. Patients often suffer



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from anxiety and fear and they should be supported by psychological counseling.

Note – An algorithm for clinical guidance for management of COVID-19 suspect/confirmed case is placed at Annexure-II.

## 11. Investigational Therapies<sup>4</sup>

At present, use of these therapies is based on a limited available evidence. As the situation evolves, and when more data become available, the evidence will be accordingly incorporated, and recommendation upgraded. Further, use of these drugs is subjected to limited availability in the country as of now. Currently, these drugs should only be used in a defined subgroup of patients:

- i. **Remdesivir** (under Emergency Use Authorization) may be considered in patients with moderate disease (those on oxygen) with none of the following contraindications:
  - AST/ALT > 5 times Upper limit of normal (ULN)
  - Severe renal impairment (i.e., eGFR < 30ml/min/m<sup>2</sup> or need for hemodialysis)
  - Pregnancy or lactating females
  - Children (< 12 years of age)

Dose: 200 mg IV on day 1 followed by 100 mg IV daily for 4 days (total 5 days)

- i. **Convalescent plasma** (Off Label) may be considered in patients with moderate disease who are not improving (oxygen requirement is progressively increasing) despite use of steroids. Special prerequisites while considering convalescent plasma include:
  - ABO compatibility and cross matching of the donor plasma
  - Neutralizing titer of donor plasma should be above the specific threshold (if the latter is not available, plasma IgG titer (against S-protein RBD) above 1:640 should be used)
  - Recipient should be closely monitored for several hours post transfusion for any transfusion related adverse events
  - Use should be avoided in patients with IgA deficiency or immunoglobulin allergy

Dose: Dose is variable ranging from 4 to 13 ml/kg (usually 200 ml single dose given slowly over not less than 2 hours)

<sup>4</sup>*This document will be updated as more data emerge. The document contains some potential off label/investigational use of medications and is based on a consensus of experts along with the available evidence. An informed and shared decision making is essential before prescribing any of these therapies.*



- iii. Tocilizumab (Off Label) may be considered in patients with moderate disease with progressively increasing oxygen requirements and in mechanically ventilated patients not improving despite use of steroids. Long term safety data in COVID 19 remains largely unknown. Special considerations before its use include:
  - Presence of raised inflammatory markers (e.g., CRP, Ferritin, IL-6)
  - Patients should be carefully monitored post Tocilizumab for secondary infections and neutropenia
  - The drug is contraindicated in PLHIV, those with active infections (systemic bacterial/fungal), Tuberculosis, active hepatitis, ANC < 2000/mm<sup>3</sup> and Platelet count < 1,00,000/mm<sup>3</sup>

Dose: 8mg/kg (maximum 800 mg at one time) given slowly in 100 ml NS over 1 hour; dose can be repeated once after 12 to 24 hours if needed

## 12. Repurposed or off-label therapies

**Hydroxychloroquine:** This drug has demonstrated in vitro activity against SARS-CoV2 and was shown to be clinically beneficial in several small single center studies though with significant limitations. Nonetheless, several large observational studies with severe methodologic limitations have shown no effect on mortality or other clinically meaningful outcomes. As such, the evidence base behind its use remains limited as with other drugs and should only be used after shared decision making with the patients while awaiting the results of ongoing studies. As is the case with other antivirals, this drug should be used as early in the disease course as possible to achieve any meaningful effects and should be avoided in patients with severe disease. An ECG should ideally be done before prescribing the drug to measure QTc interval (and HCQ avoided if QTc is >500 ms)

Dose: 400 mg BD on day 1 followed by 400mg daily for next 4 days.

## 13. Prevention of complications

Implement the following interventions (Table 3) to prevent complications associated with critical illness. These interventions are based on Surviving Sepsis or other guidelines, and are generally limited to feasible recommendations based on high quality evidence.

Table 3: Prevention of complications

Anticipated Outcome	Interventions
Reduce days of invasive mechanical ventilation	<ul style="list-style-type: none"> <li>• Use weaning protocols that include daily assessment for readiness to breathe spontaneously</li> <li>• Minimize continuous or intermittent sedation, targeting specific titration endpoints (light sedation unless contraindicated) or with daily interruption of continuous sedative infusions</li> </ul>



Reduce incidence of ventilator associated pneumonia	<ul style="list-style-type: none"> <li>• Oral intubation is preferable to nasal intubation in adolescents and adults</li> <li>• Keep patient in semi-recumbent position (head of bed elevation 30-45°)</li> <li>• Use a closed suctioning system; periodically drain and discard condensate in tubing</li> <li>• Use a new ventilator circuit for each patient; once patient is ventilated, change circuit if it is soiled or damaged but not routinely</li> <li>• Change heat moisture exchanger when it malfunctions, when soiled, or every 5-7 days</li> </ul>
Reduce incidence of venous thromboembolism	<ul style="list-style-type: none"> <li>• Use pharmacological prophylaxis (low molecular weight heparin [preferred if available] or heparin 5000 units subcutaneously twice daily) in adolescents and adults without contraindications. For those with contraindications, use mechanical prophylaxis (intermittent pneumatic compression devices).</li> </ul>
Reduce incidence of catheter related bloodstream infection	<ul style="list-style-type: none"> <li>• Use a checklist with completion verified by a real-time observer as reminder of each step needed for sterile insertion and as a daily reminder to remove catheter if no longer needed</li> </ul>
Reduce incidence of pressure Ulcers	<ul style="list-style-type: none"> <li>• Turn patient every two hours</li> </ul>
Reduce Incidence of stress ulcers and gastrointestinal bleeding	<ul style="list-style-type: none"> <li>• Give early enteral nutrition (within 24-48 hours of admission)</li> <li>• Administer histamine-2 receptor blockers or proton-pump inhibitors in patients with risk factors for GI bleeding. Risk factors for gastrointestinal bleeding include mechanical ventilation <math>\geq</math> 48 hours, coagulopathy, renal replacement therapy, liver disease, multiple comorbidities, and higher organ failure score</li> </ul>
Reduce incidence of ICU-related weakness	<ul style="list-style-type: none"> <li>• Actively mobilize the patient early in the course of illness when safe to do so</li> </ul>





**Annexure- I****Early self-proning in awake, non-intubated patients**

- Any COVID-19 patient with respiratory embarrassment severe enough to be admitted to the hospital may be considered for rotation and early self-proning.
- Care must be taken to not disrupt the flow of oxygen during patient rotation
- Typical protocols include 30–120 minutes in prone position, followed by 30–120 minutes in left lateral decubitus, right lateral decubitus, and upright sitting position  
(*Caputo ND, Strayer RJ, Levitan R. Academic Emergency Medicine 2020;27:375–378*)

**Requirements for safe prone positioning in ARDS**

- Pre-oxygenate the patient with FiO<sub>2</sub> 1.0
- Secure the endotracheal tube and arterial and central venous catheters
- Adequate number of staff to assist in the turn and to monitor the turn
- Supplies to turn (pads for bed, sheet, protection for the patient)
- Knowledge of how to perform the turn as well as how to supine the patient in case of an emergency

**Contraindications to prone ventilation**

- Spinal instability requires special care
- Intra cranial pressure may increase on turning
- Rapidly return to supine in case of CPR or defibrillation

**When to start proning?**

- P/F ratio <150 while being ventilated with FiO<sub>2</sub> >0.6 and PEEP >5 cm H<sub>2</sub>O

**When to stop proning?**

- When P/F exceeds 150 on FiO<sub>2</sub> ≥ 0.6 and ≥ 6 PEEP

**What portion of the day should patients be kept prone?**

- As much as possible (16-18 hours a day)
- Adult patients with severe ARDS receive prone positioning for more than 12 hours per day (strong recommendation, moderate-high confidence in effect estimates)  
(*ATS-ERS Guideline. Am J Respir Crit Care Med;2017;195(9):1253-1263*)



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4/23/2021

Remdesivir numbers dwindle across Kolkata pvt hospitals - Times of India

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## Remdesivir numbers dwindle across Kolkata pvt hospitals

TNN | Apr 9, 2021, 04:00 AM IST



KOLKATA: Private hospitals across Kolkata have been facing a shortage of Remdesivir — the principal Covid drug used on patients with moderate to severe symptoms, including those on oxygen. Even as the number of Covid patients continue to rise sharply, several hospitals have been running out of stock over the last few days and some were forced to borrow from other hospitals. The crisis was triggered by a sudden slump in supply that has resulted from a diversion of Remdesivir to the worst-affected states, said a section of suppliers.

The Dhakuria unit of AMRI Hospitals had run out of Remdesivir earlier this week. While the hospital had 47 Covid patients then, 40 of them needed the drug. "We somehow managed to acquire some. On Thursday, we received 50 doses and are supposed to get 50 more on Friday. But this

slow supply is not enough to cater to patients," said an AMRI spokesperson.

A consignment of the drug that is administered to Covid patients for five consecutive days reached Kolkata on Thursday. But the size of the consignment — just 1,260 doses — was inadequate. A patient at a south Kolkata private hospital who was supposed to receive her third dose on Tuesday had to skip it as the hospital ran out of Remdesivir.

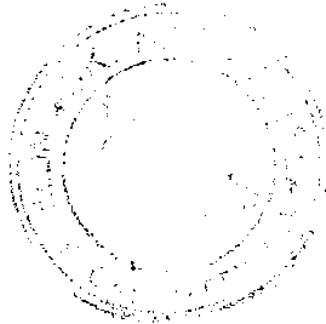
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4/23/2021

Remdesivir numbers dwindle across Kolkata pvt hospitals - Times of India

Hospital authorities are exchanging frantic messages on their WhatsApp groups, keeping track of each others' stocks and seeking replenishment from each other.

Belle Vue Clinic said its stock has been thin for several days and the authorities are worried since the number of Covid patients has gone up sharply. "We have 83 Covid patients and several require the drug. Supplies have slowed with the rise in cases across Maharashtra, Karnataka and Punjab. Our suppliers say that the bulk of the drug is going to these states. We are keeping fingers crossed," said CEO P Tondon.

He added that two other hospitals owned by the Belle Vue group in Rajasthan and Jharkhand were facing a similar shortage.

Peerless Hospital was supposed to receive 80 vials on Thursday, but received only half that quantity.

"We have more than 35 Covid patients now and around six of them need the drug. Four of our suppliers have stopped providing Remdesivir. Our stocks will last two more days and we will have a crisis if fresh stock doesn't reach us by then," said CEO Sudipta Mitra.

There is no suitable alternative to Remdesivir, according to doctors. "It has to be administered early to moderate and severe patients. This is why it's important to have enough stock. At this stage, we are not sure if the requirement will rise sharply over the next few days," said Belle Vue internal medicine consultant Rahul Jain.



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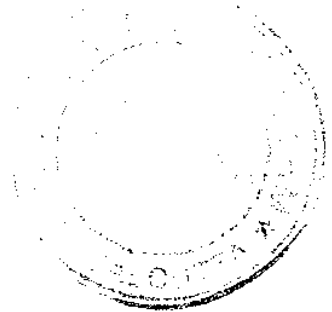
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According to the letter, Bengal currently requires 6,000 vials of Remdesivir and 1,000 vials of Tocilizumab daily.

**KOLKATA:** The crisis in hospital beds triggered by an unprecedented rise in Covid cases in the city has been further accentuated by a shortage of two key medicines used to treat serious patients.

Remdesivir, a broad-spectrum antiviral medication, and Tocilizumab, an immunosuppressive drug that is used to treat inflammatory and autoimmune conditions, are either in short supply or not available in market channels. The crisis in these two drugs prompted chief minister Mamata Banerjee to write to Prime Minister Narendra Modi on Sunday and seek the Centre's assistance for emergency supply to treat critical patients admitted in hospitals.



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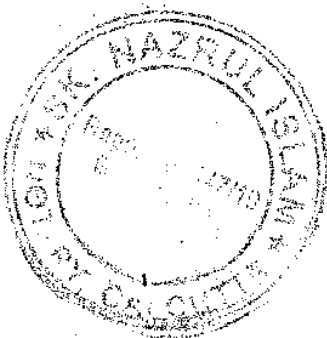
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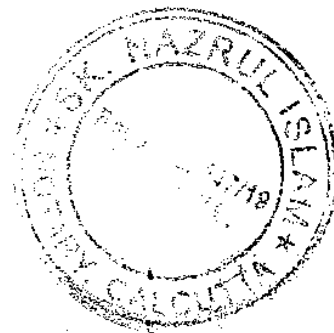
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SRF ID : 1931501140521

Test Name	Results
<b>SARS-CoV-2 (COVID-19) QUALITATIVE REAL TIME RT-PCR</b> (Real Time PCR)	
Type of Specimen	Nasopharyngeal / Oropharyngeal Swabs
Result	<b>Positive</b>
N- Gene ct value	18.00
ORF1ab- Gene ct value	18.00

Condition of specimen received / Quality on arrival: Good Quality Specimen / In Cold Chain

**Notes**

1. ICMR Registration number for Covid -19 is DLPLL001.
2. Negative result does not rule out the possibility of Covid-19 infection. Presence of inhibitors, mutations & insufficient RNA specific to SARS-CoV-2 can influence the test result. Kindly correlate the results with clinical findings. A negative result in a single upper respiratory tract sample does not rule out SARS-CoV-2 infection. Hence in such cases a repeat sample should be sent. Lower respiratory tract samples like Sputum, BAL, ET aspirate are appropriate samples especially in severe and progressive lung disease.
3. Covid-19 Test conducted as per kits approved by ICMR / CE-IVD / USFDA.
4. Kindly consult referring Physician / Authorized hospitals for appropriate follow up.
5. Test conducted on Nasopharyngeal & Oropharyngeal Swabs
6. This is a qualitative test. The Ct values do not provide a measure of viral load due to inherent variability in sampling and kits. According to ICMR guidelines Ct values should not be used to gauge the severity of the disease.  
[https://www.icmr.gov.in/pdf/covid/techdoc/Advisory\\_on\\_correlation\\_of\\_COVID\\_severity\\_with\\_Ct\\_valu es.pdf](https://www.icmr.gov.in/pdf/covid/techdoc/Advisory_on_correlation_of_COVID_severity_with_Ct_values.pdf)

**Comments**

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more

\* Not in NABL scope



For more information, please contact our customer care team at 1800-102-1021. For any queries, please contact our customer care team at 1800-102-1021.

L51 - KASTURI DAS MEMORIAL SUPER  
SPECIALITY HOSPITAL (A)



112

Name	: SHAISTA SABBAH	Collected	: 16/4/2021 10:40:00AM
Lab No.	: 303022631	Age: 55 Years	Gender: Female
A/c Status	: P	Ref By: Dr.A RAHMAN	Report Status: Final
		Received	: 17/4/2021 12:11:03PM
		Reported	: 17/4/2021 2:31:47PM

severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and kidney failure.

Note: The results relate only to the specimens tested and should be correlated with clinical findings.

Interpretation guidance:

- Please ensure and maintain the confidentiality of the test report.
- Testing of referred clinical specimens were considered on the basis of request /referral received from/ through the State Surveillance Officer (SSO) of concerned State Integrated disease Surveillance Programme(IDSP) / any other health facility affirming requirements of the case definition/s.
- A single negative test result, particularly if this is from an upper respiratory tract specimen, doesn't exclude infection.
- Repeat sampling and testing of lower respiratory specimen is strongly recommended for severe or progressive disease. The repeat specimens can be considered after a gap of 2 to 4 days after the collection of first specimen for additional testing if required.
- A positive alternate pathogen doesn't necessarily rule out either, as little is yet known about the role of coinfections. Testing of non-viral agent has not been undertaken.
- Please note that these results are not to be used for any thesis or presentations or for Publications in any Journal without prior permission of Director General, ICMR.

In case of COVID-19 Positive Report -  
Please contact for any information to:

CORONA CALL CENTRE NUMBER -1800313444222 /033-23412600

Telemedicine Help Line Number-033-23576001

Source - Department of Health & Family Welfare, Government of West Bengal)

\* Not in NABL scope



L51 - KASTURI DAS MEMORIAL SUPER  
SPECIALITY HOSPITAL (A)



113

Name	: SHAISTA SABBAH	Collected	: 16/4/2021 10:40:00AM
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Dr. Prajapati Khushboo  
MD (Microbiology)  
Consultant Microbiologist

Dr Malika Ghosh  
MD, Microbiology  
Incharge and Technical Lead -  
Microbiology Serology Clinical  
Pathology Molecular Diagnostics  
KRL - Dr Lal PathLabs Ltd

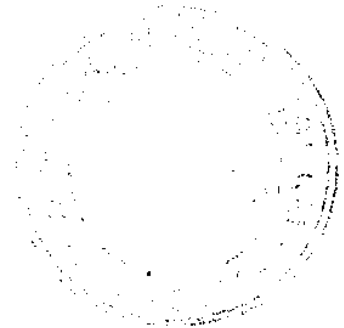
-----End of report-----



### IMPORTANT INSTRUCTIONS

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
\*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
(#) Sample drawn from outside source.

\* Not in NABL scope



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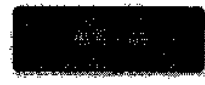
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HOME

News / Cities / Kolkata / Ground Report: Most Kolkata shops are yet to get fresh stock of Remdesivir

# Ground Report: Most Kolkata shops are yet to get fresh stock of Remdesivir

At a time when states across the country have reported a shortage of Remdesivir, India Today carried out a reality check to find out whether popular medical stores in Kolkata have Remdesivir in stock.

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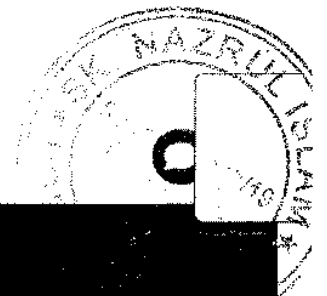
FACT CHECK

QUIZ



Suryagni Roy

Kolkata April 21, 2021 UPDATED: April 21, 2021 06:37 IST



Time to wear mask even at home, don't step out unnecessarily: Govt

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al drug in Kolkata.

## North Kolkata

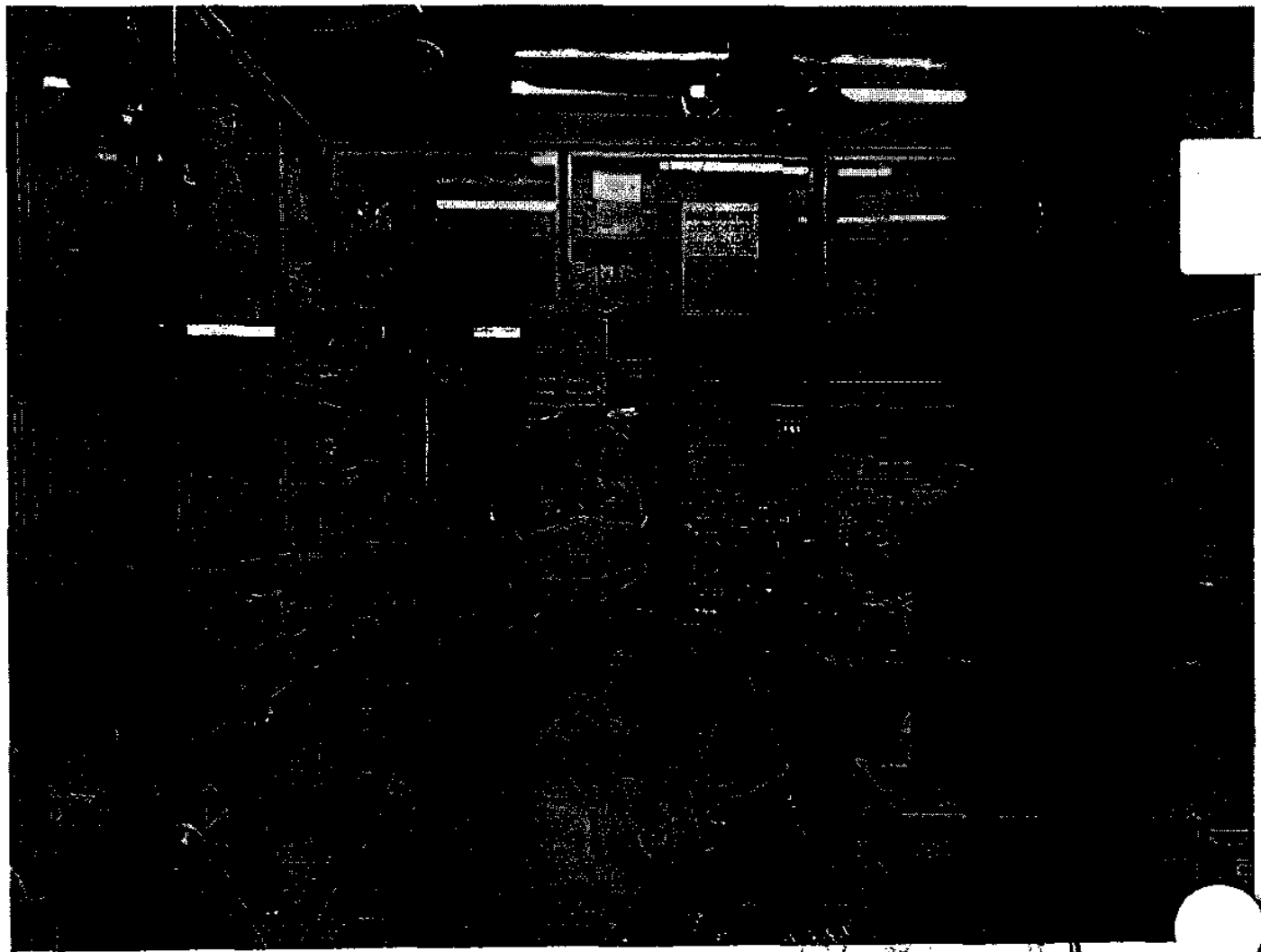
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In North Kolkata's Shyambazar, S Poddar, owner of Shyambazar Medical Store, said they don't have any stock of Remdesivir or Fabiflu.

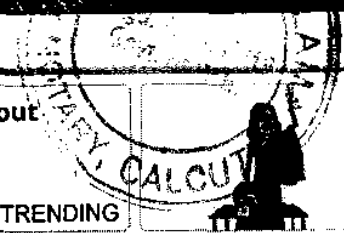
"It is the same story in most of the medicine stores across the city. Sufficient stock of Remdesivir is not present. Forget about my store, it is not available in most medical stores in the city. The wholesalers, too, don't have stock," Poddar said.

He claimed that the demand for Fabiflu started suddenly over the past few months. However, medicines like Ivermectin, Azithromycin, Doxycyclin, which were available, are also witnessing a huge demand in the past two weeks.



(Photo: Suryagni Roy)

Time to wear mask even at home, don't step out unnecessarily: Govt



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"We never got the supply. Only hospitals were given Remdesivir. We requested the government to sell it to retailers as well. They need to allow the sale of Remdesivir not because of profit or business, but because people are afraid to go to hospitals and buy it," added Ghosh.

However, he too, claimed that apart from Remdesivir and Fabiflu, there is still a good supply of other medicines, which are being prescribed by doctors to Covid-19 patients.

### South Kolkata

India Today also visited a shop named Calcutta Chemist Corner in South Kolkata. The story th too was the same.

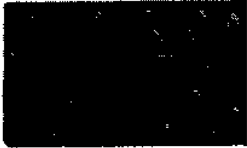
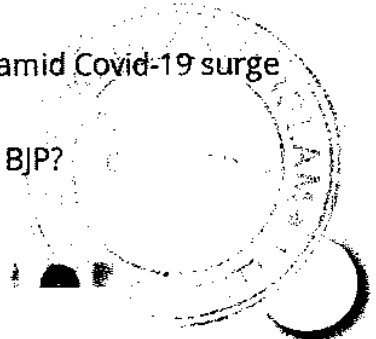
"We have the generic medicines but there is no supply of Remdesivir injection. We are getting prescriptions from Covid hospitals but we do not have it. We don't know when these injections will arrive but what we do understand is that it will directly be sent to hospitals," said Biman at the store.

Meanwhile, West Bengal recorded nearly 10,000 fresh Covid-19 cases and 46 deaths in 24 hours on Tuesday.

**ALSO READ:** Summer vacations in West Bengal schools begin from today amid Covid-19 surge

**ALSO READ:** Battle for Bengal: Is Covid 2.0 Mamata's new weapon to fight BJP?

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Time to wear mask even at home, don't step out unnecessarily: Govt

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Posted by  
Tarini Mehta

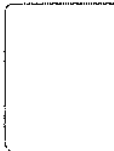
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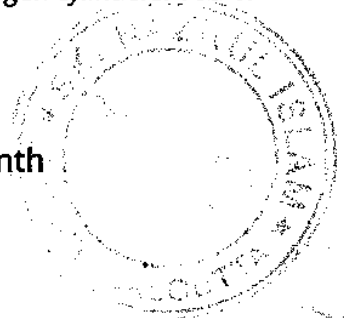
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Annexure - P 14

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4/26/2021

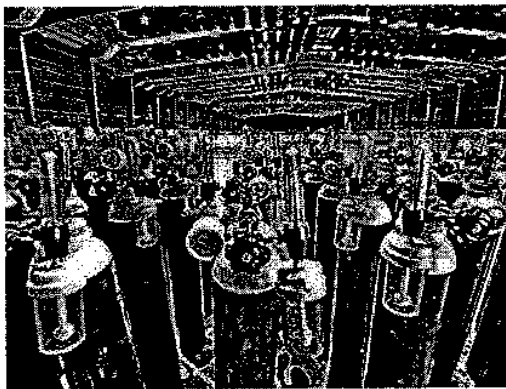
Oxygen stock running out of breath in Bengal - Times of India

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THE TIMES OF INDIA

## Oxygen stock running out of breath in Bengal

TNN | Apr 21, 2021, 04:44 AM IST



KOLKATA: The sharp spike in Covid cases in the last few weeks and the resultant surge in demand for medical oxygen and oxygen concentrators as well as Covid kit tools like pulse oximeters and spirometers has tripped medical stores.

A 77-year-old man at a residential complex off EM Bypass, who has diabetes and chronic heart ailments and advised oxygen support last week, was unable to source one. His son, a techie who had also developed Covid symptoms, called up over two dozen medical shops along EM Bypass and large parts of south east Kolkata but was unable to get a cylinder.

"My father's oxygen level was declining. But I just couldn't get a cylinder. I even approached local nursing homes and the state health department's telemedicine helpline but without success. Finally, an acquaintance who had an oxygen concentrator that was not being used came in handy," said the 42-year-old man.

**Congratulations!**

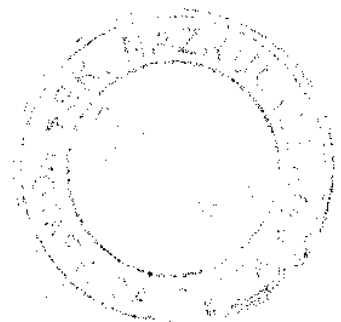
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According to pharmacies that stock oxygen cylinders in bulk and home healthcare service providers, the demand for oxygen

<https://timesofindia.indiatimes.com/city/kolkata/oxygen-stock-running-out-of-breath-in-state/articleshowprint/82168024.cms>

1/2



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4/26/2021

Oxygen stock running out of breath in Bengal - Times of India

cylinders and concentrators — a device that concentrates oxygen from gas by selectively removing nitrogen — is at an all-time high. "The demand for oxygen cylinders and concentrators has increased tremendously over the last one week. Even six days ago, there were around 40-50 queries per day and now, I receive more than 1,000 queries each day. But we have run out of stock. There are five major companies who supply medical oxygen and three of them are based in Gujarat and Maharashtra. Since there is even a higher spike in those areas, the entire oxygen is consumed in the home states, leading to the shortage," said Aryan Shaw, a medical oxygen and oxygen equipment supplier in north Kolkata.

Sajal Ganguly, a senior functionary of the Bengal Chemist and Druggist Association said, the dealer rates for cylinders and oxygen refilling has also increased manifold over the last few days. A number of companies and individuals have also started stocking cylinders for worse times, leading to the current crisis, he added.

Like last year, this time, too, pulse oximeters — a device that is used for detecting hypoxemia or low blood oxygen level — are flying off the shelves, leading to a rapid demand-supply gap. Already priced double than last year, Germany- and India-made pulse oximeters are being sold at anything between Rs 2,000-Rs 5,000 at medical shops and online platforms while Chinese variants are available between Rs 1,200-Rs 1,500. Even the products that might not be meeting industry-specified medical standards are now being bought at a premium.

"Last year, I had bought an oximeter online but it had developed snags soon after. After my wife and I both fell ill, I frantically tried to buy another oximeter but the online platforms weren't delivering before at least seven days. I called five local shops after which I managed to buy an oximeter, that too for Rs 2,000, more than double at what I had paid last year," said Arijit Roy, a resident of Behala.

Some medical shops had stocked their shops after sensing the rapidly increasing demand but even the stocks are depleting fast. "We have six stores in Kolkata and have been selling anything between 25-30 pulse oximeters per day over the last few days. We are constantly in talks with our dealers to keep stocks ready," said Somenath Ghos of Metro Pharma.



America - 915

120

4/23/2021

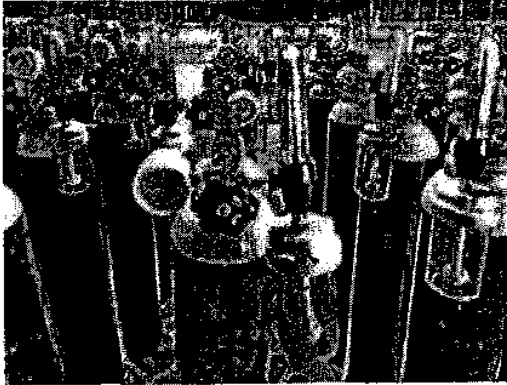
West Bengal: Oxygen demand doubles as supply chain takes a hit - Times of India

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**THE TIMES OF INDIA**

## West Bengal: Oxygen demand doubles as supply chain takes a hit

TNN | Apr 22, 2021, 04:00 AM IST



**KOLKATA:** In less than a month, the state's medical oxygen requirement has almost doubled from 150 tonne per day to around 270 tonne per day as Bengal touched 60,000 active cases, with more than 10,000 new cases on Wednesday.

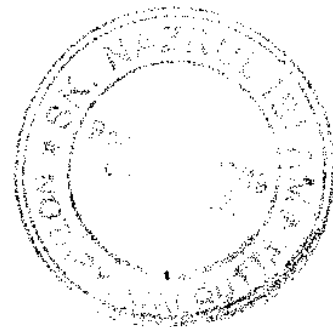
Several nursing homes, pharmacies and oxygen equipment suppliers in Kolkata reported shortages of medical oxygen for a growing pool of patients who are gasping for breath. Be it in Kolkata or the rest of the state, oxygen suppliers said they had almost run out of stock in less than a week and were not being able to get fresh stock due to an acute crisis across the country.

"While there is additional requirement from hospitals, several companies and individuals are also stocking cylinders to tide over the future crisis and at present most pharmacies and oxygen suppliers have run out of their stock," said Sajal Ganguly, a senior functionary of the Bengal Chemist and Druggist Association.

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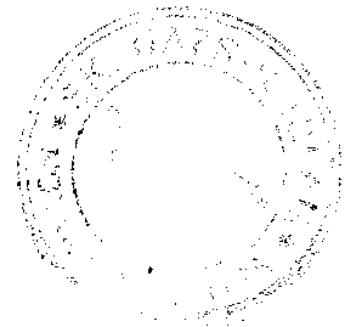
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4/23/2021

West Bengal: Oxygen demand doubles as supply chain takes a hit - Times of India

Abhijit Ghosh, the owner of Seba Medical on Sukeas Street said, till four days ago, he had 25 oxygen cylinders at his store. On Wednesday, he had only two, both of which were already booked by a customer. Ilias Rahman, a supplier in Chinar Park, said even the dealers and companies who provide cylinders can't provide them with fresh stocks anymore. The suppliers said the problem is accentuated with the existing customers not returning the cylinders. Oxygen supplier Aryan Shaw said there were five major companies who manufacture oxygen cylinders in the country, of which three are in Gujarat and Maharashtra. Considering the Covid spike in those states, the stocks from those plants are getting utilized locally. "Bengal is yet to match Madhya Pradesh, Gujrat, Maharashtra or Delhi numbers. As a result, we still have to supply oxygen to those states as per instruction by the central government. If large numbers are reported, the Centre would take adequate measures and this scarcity in Bengal can be met with," said a senior official of a leading medical oxygen manufacturer in eastern India.

"There are not enough cylinders and tankers to store and transport oxygen. It requires specially trained labourers as well as machines to increase the production of cylinders," an industry expert opined.



Ankore - P16

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## India's Covid-19 shortages spur black market for drugs, oxygen

22 Apr 2021, 01:01 PM IST



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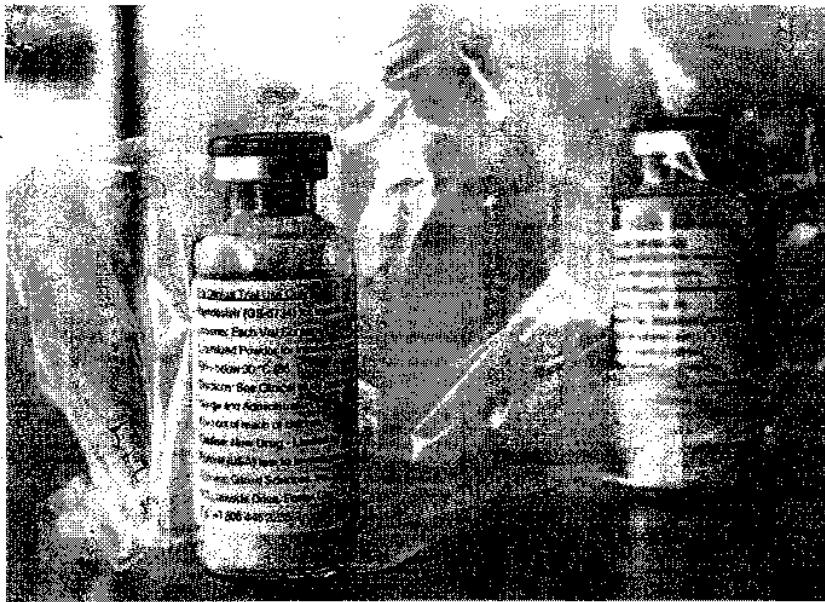
### 1/5 Jacked-up prices

As India fights the coronavirus wave, many hospitals are facing an alarming shortage of medicines and oxygen supplies. While many have taken to social media apps to help people find resources, some have turned to black marketeers.



Will lotus bloom in Bengal?

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### 2/5 Remdesivir

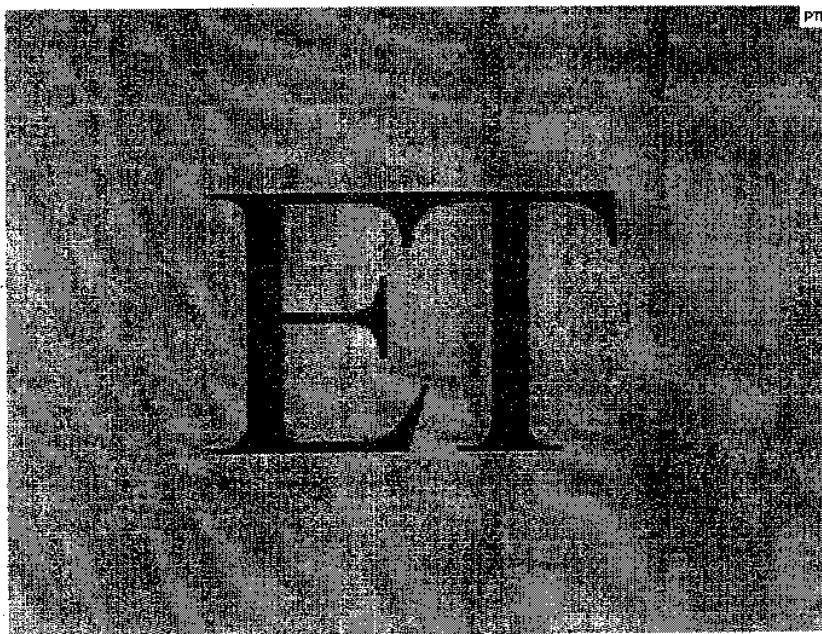
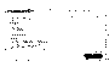
For remdesivir, the costs of the medicine can be bought for Rs 1 lakh, which is 30 times its actual price. It is also 3 times the average monthly salary of a white-collar worker.

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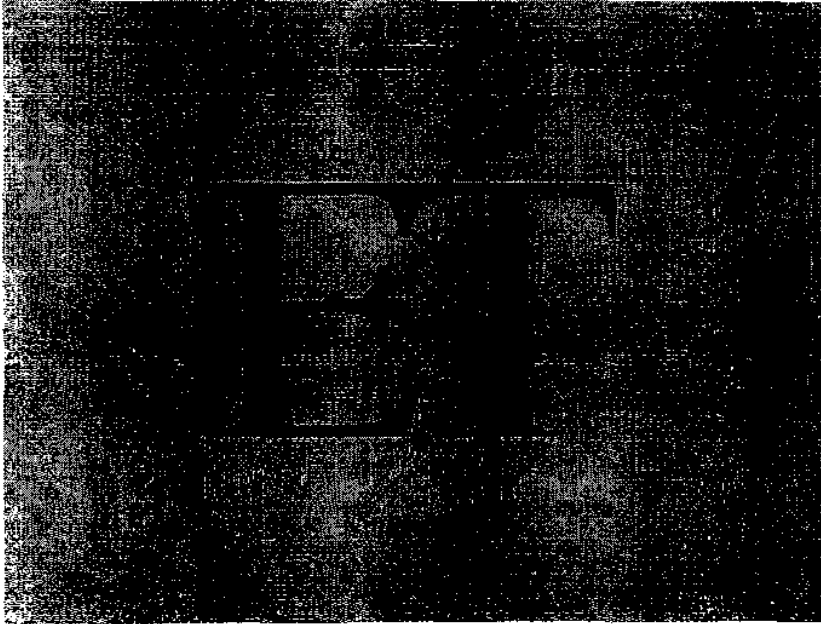
### 3/5 Pharmacy of the world?

Even though India is touted as the "pharmacy of the world", the manufacturers are unable to meet demand for antiviral medicines. An oxygen cylinder on the black market is sold at Rs 45,000, which is 9 times its usual cost. The Modi



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**4/5 Oxygen Express**

An "Oxygen Express" train service has been set up which is helping states with oxygen refilling. With medicines like remdesivir and fabiflu in low supply, many are now taking to Instagram or Twitter to help those in need.

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### 5/5 SOS

While many have been working to send out details about available resources and amplifying requests for help, it is hard to keep up with a new request from someone in need every 30 seconds. As cases rise, healthcare workers and anxious Indians are now struggling to pick up the pieces of the second wave.

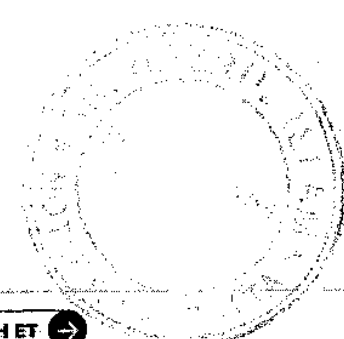
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Will lotus bloom in Bengal?

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Annexure - "P17"

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## IN THE HIGH COURT OF GUJARAT AT AHMEDABAD

R/WRIT PETITION (PIL) NO. 53 of 2021  
 With  
 CIVIL APPLICATION (FOR JOINING PARTY) NO. 1 of 2021  
 In R/WRIT PETITION (PIL) NO. 53 of 2021  
 With  
 CIVIL APPLICATION (FOR JOINING PARTY) NO. 2 of 2021  
 In R/WRIT PETITION (PIL) NO. 53 of 2021

SUO MOTU  
 Versus  
 STATE OF GUJARAT

## Appearance

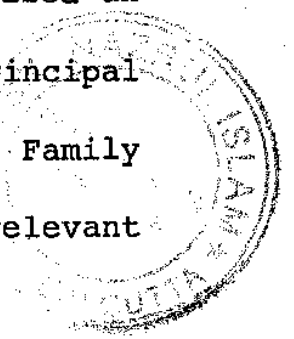
SUO MOTU(25) for the Applicant(s) No. 1  
 for the Opponent(s) No. 2,3,4  
 MR KAMAL TRIVEDI, ADVOCATE GENERAL ALONG WITH MS  
 MANISHA LAWKUMAR, GOVERNMENT PLEADER ASSISTED BY MR DM  
 DEVNANI AND MR CHINTAN DAVE, AGs(1) for the Opponent(s) No. 1  
 SHRI DEVANG VYAS, ADDITIONAL SOLICITOR GENERAL OF INDIA  
 MR PERCY KAVINA, SENIOR ADVOCATE WITH MR RASESH PARIKH for  
 Applicant in Civil Application No.2 of 2021  
 MR AJ YAGNIK, ADVOCATE for Applicant in Civil Application No.1 of  
 2021

CORAM: HONOURABLE THE CHIEF JUSTICE MR. JUSTICE VIKRAM NATH  
 and  
 HONOURABLE MR. JUSTICE BHARGAV D. KARIA

THE HIGH COURT  
 OF GUJARAT  
 Date : 15/04/2021  
 ORAL ORDER

(PER : HONOURABLE THE CHIEF JUSTICE MR. JUSTICE VIKRAM NATH)

1. Pursuant to our order dated 12.04.2021, the matter was taken up today. The State has filed an affidavit-in-reply duly sworn by the Principal Secretary, Department of Health and Family Welfare. The affidavit is accompanied by relevant



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documents supporting the averments contained therein. The salient aspects mentioned in the affidavit on different aspects are short-listed hereinafter.

(I) Suggestions of the Court made on 12.04.2021

- In paragraph 4 of the affidavit, it is stated that the Core Committee headed by the Hon'ble Chief Minister and the Deputy Chief Minister deliberated on the Hon'ble Court's suggestions of 12.04.2021, on the same day. Immediate decisions were taken as contained in Notification dated 12.04.2021 (Annexure-

1). The salient features of which are as follows

- i) On and from the 14<sup>th</sup> of April, no more than 50 persons to assemble at a wedding function, whether hosted in an enclosed space or an open area. The time duration shall be restricted to curfew timings where applicable.
- ii) No more than 50 person for the funeral or last rites ceremonies.

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iii) All religious celebrations and festivities during the month of April and May are prohibited.

iv) All public gatherings, processions, social events, for any reason whatsoever are strictly prohibited.

v) In all government offices, semi government offices, boards, corporations, private establishments, the strength of employees coming to work daily to be reduced to 50% or employees be called to work on alternate days, as has been decided. This shall not apply to essential services.

vi) All religious places to remain closed. Entry to worshippers and pilgrims shall remain stalled till the 30<sup>th</sup> of April."

(II) Testing - RTPCR

सत्यमेव जयते

- At present 97 Covid testing laboratories are available in the State of Gujarat. 43 are in Government hospitals and 54 are private laboratories. In government laboratories, total 70 RTPCR machines available.

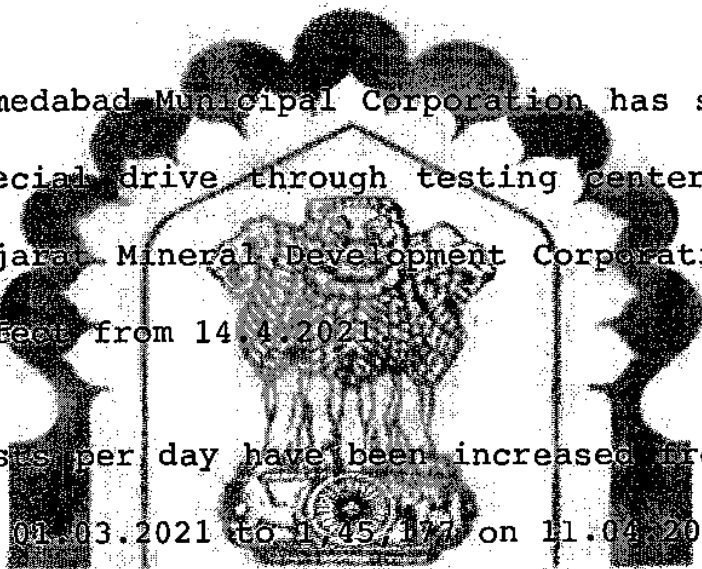
- Additional 40 machines are being purchased to enhance the testing capacity of RTPCR.

- Rapid Antigen testing is available at all Primary Health Centers, Community Health Centers, Health and Wellness Centers, Urban Health Centers and Outdoor Walk-in facility Kiosks.

- Ahmedabad Municipal Corporation has set up a special drive through testing center at the Gujarat Mineral Development Corporation with effect from 14.4.2021.

- Tests per day have been increased from 33271 on 01.03.2021 to 1,45,177 on 11.04.2021.

- Reference has also been made to the efforts being taken in contract tracing, use of Dhanvantari Rath, house to house surveillance, Covid help line, ITIHAS (IT enabled Hotspot Analysis System) helping the Dhanvantari Rath to conduct Antigen Testing and the surveillance by 11914 survey teams working in 19084 micro containment zones in



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the State.

(III) Strengthening of health system :

- Total beds available as on 12.04.2021 is 71021 out of which 46447 in Dedicated Covid Hospitals (DCH), 9200 in Dedicated Covid Health Center (DCHC) and 15374 in Covid Care Center (CCC). Additional 10,000 beds to be augmented by 3<sup>rd</sup> week of April, 2021.
- Further dedicated Covid Care Hospital with 900 beds is being set up at the University Convention Center, GMDC, Ahmedabad within two weeks and a 550 beds Covid Care Centers are being set up at Morbi within a very short time.
- In Surat, Community Covid Isolation Centers are being created with the help of local communities by the Surat Municipal Corporation which will provide treatment and isolation facilities to asymptomatic and mild

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symptomatic Covid positive patients.

- The Association of Hospitals and Nursing Homes at Ahmedabad on their website [www.ahna.org.in](http://www.ahna.org.in) are providing the requisite data of the availability of beds in the 142 private designated Covid hospitals. Data is being uploaded twice a day.
- Ahmedabad Municipal Corporation has issued order dated 13.04.2021 declaring 20% hospital beds in all the 142 private designated Covid hospitals as the quota for the Corporation and admission to such beds to be given through 108 Ambulance Service only. The chargeable rates would be as determined by the Corporation.
- The State Government has increased the total number of beds from 19668 in the State on 15.03.2021 to 44329 beds as on 13.04.2021. Further enhancement of 7840 beds is also in the pipeline.

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- Ayushman Bharat and MA Yojana, two ongoing schemes have been merged to provide medical treatment covering a wide spectrum of ailments including Covid-19 disease also. The Municipal Commissioners and Collectors all over the State have been empowered to take over any hospital if need arises. Further hostels, hotels and community halls have been converted to Covid Care centers to accommodate Asymptomatic or mild Symptomatic patients.

(IV) Shortage of Remdesivir injections and remedial measures :

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- Remdesivir injections are recommended to be given to the patients complaining high grade fever continuously for a longer period with lack of oxygen saturation under emergency use authentication and medical supervision. It is a medicine which reduces the hospitalization

period.

- Remdesivir injections are not covered by the Drug Price Control Order, 1995, as it is not a scheduled drug. The State Government has requested the authority i.e. the National Pharmaceutical Pricing Authority, New Delhi, for fixing a consistent price for all the brands available in the market manufactured by different pharmaceutical companies.

- Shortage of supply of Remdesivir injection is admitted.

- State is making all out efforts to procure sufficient quantity of Remdesivir injection to cater to the enhanced demand in the current times.

- Action is being taken against hoarders and black marketeers and illegal sale of the said injection.

2. According to the figures mentioned in between



01.04.2021 to 12.04.2021, the State Government purchased 1,71,000 injections whereas in the private sector the total sale was of 2,28,597 directly from the whole-sellers / stockists of the manufacturers.

3. Insofar as city of Ahmedabad is concerned, an arrangement has been made that all Covid Designated Private Hospitals as well as Covid Care Centers requiring Remdesivir injections may send their request with complete details to the Sardar Vallabhbhai Patel Hospital and the said hospital would arrange for the injections at the earliest. The same arrangement is being followed by the districts in the entire State through respective District hospitals.

(V) Availability of oxygen :

- Shortage of oxygen supply is admitted.

Government is making efforts to increase the supply for hospitals and health care centers

by reducing the share allotted for industrial use.

- Efforts are being made to arrange for more oxygen and making it available freely.
- Under the sanction of 8 PSA (Pressure Swing Absorption) plants by the Central Government against a request of 16 by the State, two PSA plants have already been established at Vadnagar and Himmatnagar. Four other PSAs are coming up at Surat, Valsad, Morbi and Chhota Udepur where the machinery has arrived and installation is underway. For the remaining two districts namely Navsari and Gandhinagar, the arrangements are in progress.

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(VI) Human Resource Management :

- Special guidelines have been issued from time to time for recruitment of Resident Nursing Staff and also for creating of District Level Task Force, patient flow algorithm,

deployment and rotation of human resource. The Collector and the Municipal Commissioner as the case may be have been authorized to fill up these posts.

(VII) Information, Education, Communication Campaigns (IEC Campaign) :

- Government is conducting extensive IEC campaign for generating awareness among the people at large. All our efforts are being made through various resources to provide information about Covid-19. Newspaper advertisement and Radio jingles, LCD/LED screen advertisements at public places are also being set up for generating awareness.

**THE HIGH COURT  
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(VIII) Leadership and governance :

- Monitoring by the High Level Committee and details of other steps taken by the State for supervision and monitoring are mentioned.

(IX) Enforcement :

- Some of the important key decisions taken regarding control and spread of the pandemic are:

a) Negative RTPCR report is made mandatory for all passengers arriving in Gujarat by any route from 1<sup>st</sup> April, 2021. This has been implemented for Maharashtra state since 23<sup>rd</sup> March, 2021.

b) 22 Senior IAS officers have been assigned special duty for monitoring of Corporations and Districts where number of cases are increased.

c) 08 senior IAS officers have been given special responsibility for monitoring of COVID 19 Covid Care Centers in Corporations.

d) Vaccination is made available for all above 45 years without any comorbidity from 1<sup>st</sup> April, 2021.

e) Night curfew imposed in 20 cities along with 4 Metro cities from 8 pm to 6 am till 30<sup>th</sup> April.

f) All Educational institutes are closed in the state till 30th April.

g) Public transport is closed in Surat and Ahmedabad Corporation.

h) Intern doctors and students of final year of nursing, MBBS, dental, physiotherapy are involved in containment activities of COVID 19.

i) Strict implementation of Social Distance and mask. Every day more than Rs. 1.2 Cr. fine is collected for not wearing of masks and breaching the rules of curfew and social distancing.

j) Mass gathering for Social, Political or any other activities are prohibited.

k) Restriction is imposed on public gathering.

l) All festivities have been restricted to just symbolic offering safeguarding public sentiments, Chaitri Navratri, Gudī padavo, Ram Navami, Ramazan Eid etc. have all been restricted.

m) It is most humbly submitted that considering the increase in the number of COVID-19 cases, the State has as an emergency measure issued a notification dated 12.04.2021, whereby the maximum number of persons permitted for wedding and related events, in open and closed spaces, has been reduced to 50, and for funeral and other related activities, the maximum number of persons permitted has been reduced to 50. The notification further states that wedding and other related events will not be permitted during the night in cities where night curfew has been imposed. All the protocols and SOPs prescribed would have to be mandatorily followed.

n) Wide notification dated 12.04.2021 also state has issued direction to all Government/Private/Board Institute and factories to work with 50 percent workforce."

- Suggestions received from members of Gujarat High Court Advocates' Association and Shri Amit Panchal have been duly considered.
- State is making all efforts and is leaving no stone unturned in its battle against pandemic of Covid-19.

4. We have heard Shri Kamal Trivedi, learned Advocate General along with Ms. Manisha Lavkumar, learned Government Pleader assisted by Shri Dharmesh Devnani and Shri Chintan Dave, learned Assistant Government Pleaders for the State, Shri Devang Vyas, learned Additional Solicitor General of India, Shri Percy Kavina, learned Senior Advocate assisted by Shri Rasesh Parikh, Advocate for the Gujarat High Court Advocates' Association in Civil Application No.2 of 2021, Shri A.J.Yagnik, Advocate for the applicant in Civil Application No.1 of 2021, Shri Amit Panchal, Shri K.R.Koshti and Shri Chetan Pandya, learned Advocates in person.

5. Having heard the submission of all the learned advocates and having perused the material placed on record, we flag the following issues for consideration of the State and for appropriate response for being incorporated in its next affidavit.

(i) It has been brought to our notice that RTPCR testing laboratories are not available in all the districts of the State, what to say of the towns / talukas and tribal areas. The State to ensure setting up of such laboratories in all the districts where it is not available, also in the towns / talukas and tribal areas of the State as early as possible. For this, the State may explore public-private partnership mode or any other mode which may encourage setting up of such laboratories throughout the State.

(ii) Existing capacity for RTPCR testing be

increased across the State in order to reduce time for collection of sample and getting the report ready after analyzing the sample. The delay in getting an RTPCR sample being collected and the further delay being caused in getting the report, may be forthwith reduced.

(iii) Accurate reporting of RTPCR testing with correct figures of positive results be made public. The state should not feel shy of publishing the correct data of RTPCR testing results, if such figures are not being correctly reported.

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(iv) Remdesivir injection which at present is being looked at as a life saving drug for Covid-19 virus infected patients, when apparently it is not so, should be explained and communicated to the public at large by the experts of the subject in the State through print, digital and electronic media.



Otherwise so long as the myth continues, Remdesivir injection will always be in a deficit and being misused by black-marketeers and hoarders. Such an exercise would also reduce the over prescription and undue prescription of the said injection.

(v) The on-line portal giving details of the availability of vacant beds and occupied beds under different categories for Covid patients for all districts be controlled by the State. Instead of data being uploaded twice a day, the availability of beds should be displayed

on a real time basis on the portal i.e. as

soon as a bed is occupied in a particular hospital, the number of vacancies should go

down and as soon as a bed is made available

by discharge of a patient in a particular

hospital, the number of vacancies should be

immediately displayed as increased. This will

save a lot of hardship to the patients as

also their attendants and family members in

reaching the right hospital may be of choice for admission and treatment rather than running, waiting and again running to different hospitals.

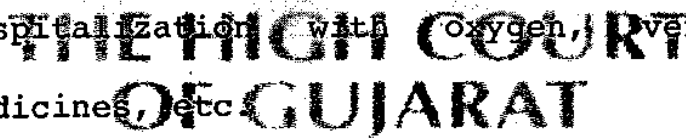
(vi) As assured by Shri Trivedi, learned Advocate General, the availability of oxygen would be sufficient to cater to the demands within three to four days in view of the efforts to procure the same by the State. The status of availability of oxygen vis-a-vis demand be reported to the Court.

(vii) We know that the State is not responsible for increase in upward swing of Covid patients, but at the same time the State should publish data by making efforts to find out actual number of Covid positive cases so as to remove general conception from the minds of the people that data given by the State is not accurate. Necessary arrangements should be made by issuing

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statement by responsible officer of the State with regard to the number of positive Covid patients, number of deaths due to Covid and number of deaths due to Covid with comorbidity so that faith and trust can be restored in the minds of public at large.

(viii) The State must come up publicly in a transparent and fair manner with complete details with regard to availability and modalities of the required amenities, medication and related infrastructure for the treatment of the covid patients, who require either facility of Covid care center, hospitalization with Oxygen, ventilator, medicines, etc.



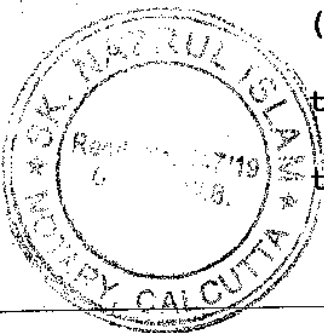
(ix) Any material or facility or infrastructure, if lacking in required numbers should be accepted by the State publicly and remedial steps should be taken immediately to improve the situation. The



State should take up the onus of declaring the accurate data so as to eliminate the others from propagating the same with spice and causing panic amongst the people.

(x) It is only when the State declares that it has requisite essential infrastructure, medication and treatment facilities available with supporting infrastructure, then only the rush for acquiring medicines, hoarding of medicines, buying medicines at higher price, exploitation by the unscrupulous sector would be stopped. The State should also make endeavour to make public the efforts which are being made and the time which may be taken to provide essential infrastructure, medication and treatment facilities in view of rising number of Covid patients.

(xi) In order to achieve the above objectives the State needs to have honest and transparent dialogue with the public which

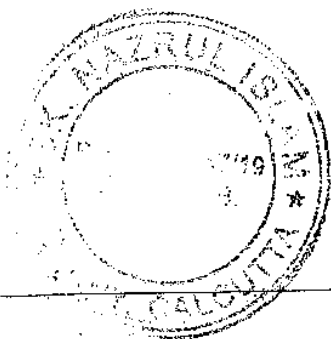


should be communicated to one and all through print, electronic and social media. The State has nothing to gain by hiding real picture and hence suppression and concealment of accurate data would generate more serious problems including fear, loss of trust, panic amongst public at large.

(xii) We appreciate the efforts put up by the State and its officers who are discharging their duties round the clock 24x7 to meet the requirement which has arisen due to second / third wave of pandemic with the best use of the available resources.

## THE HIGH COURT

(xiii) At the same time, the honest and transparent dialogue by the State would generate trust amongst general public so as to know the grave situation prevailing at the current times which may persuade the public at large to strictly abide by the standard protocol of wearing mask, keeping social

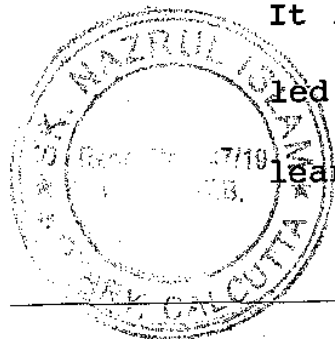


distance, sanitization by frequent hand washing, etc., as prescribed and known to one and all since more than a year.

(vx) In the present situation, it is not expected from the State to provide all essential infrastructure, medication and treatment facilities at once, but if the people are taken into confidence with regard to the efforts being made by the State to take care of the people suffering from the pandemic, the people at large would definitely cooperate and appreciate the efforts being made by the State.

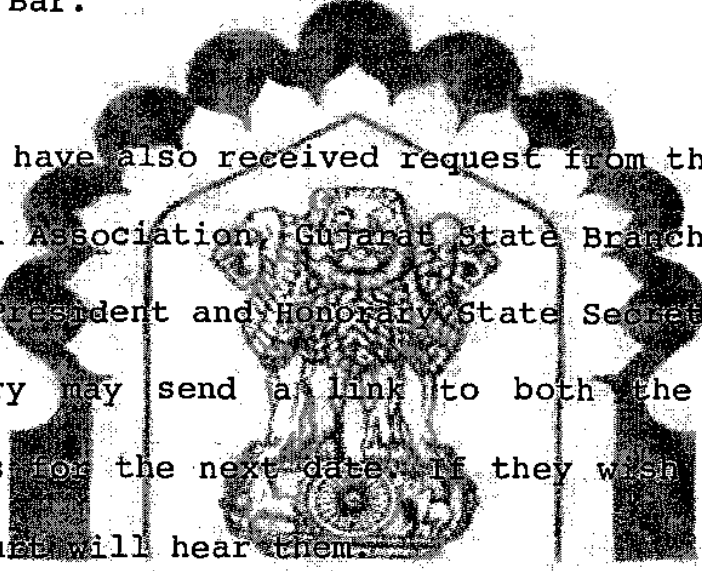
## THE HIGH COURT OF GUJARAT

6. All the parties seeking intervention are requested to sit together, deliberate and address the Court through one voice. Gujarat High Court Advocates' Association has sought intervention. It is represented by Advocate Shri Rasesh Parikh led by Senior Advocate Shri Percy Kavina. All the learned counsels appearing today have agreed to



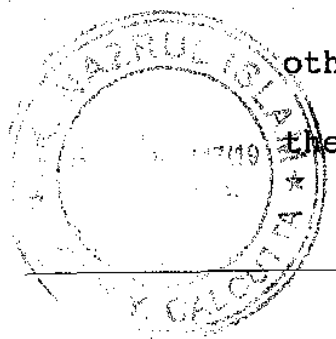
join with Gujarat High Court Advocates Association and address the Court through Shri Kavina. Shri Kavina would be at liberty to address the Court on his own views as also the views as may be expressed to him by his friends at the Bar.

7. We have also received request from the Indian Medical Association, Gujarat State Branch through their President and Honorary State Secretary. The Registry may send a link to both the office-bearers for the next date. If they wish to join, the Court will hear them.

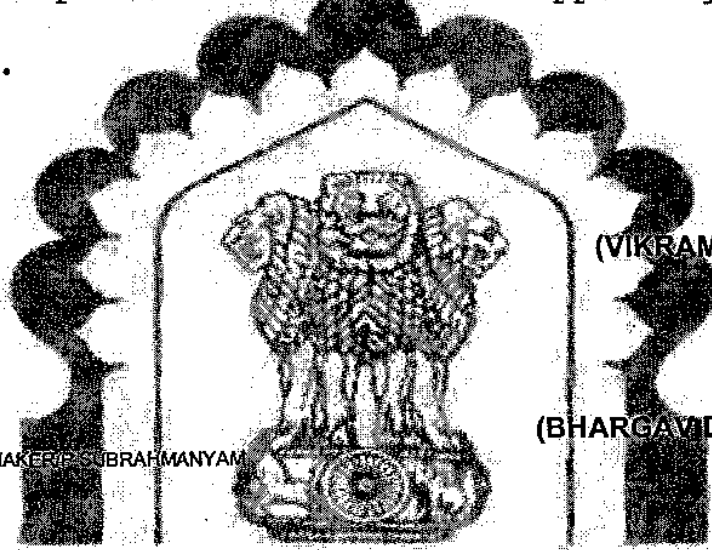


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8. Let this matter be now listed before us on Tuesday i.e. 20/04/2021, to be taken up at 11.00 a.m. In the meantime, we expect the State to come up not only to the expectations of the Court but the public of the State at large. Further affidavit on all the issues stated above and any other issues which the State may like to bring to the notice of the Court may be submitted latest



by the evening of 19.04.2021. Copy of the same may be provided to Shri Rasesh Parikh, Advocate also and he may share it with his friends at the Bar showing concern in the matter. The State would not be under obligation to provide copy to all the parties and advocates appearing in the matter.



(VIKRAM NATH, CJ)

(BHARGAV D. KARIA, J)

GAURAV J THAKER &amp; SUBRAHMANYAM

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THE HIGH COURT  
OF GUJARAT



Ameywar - P-18<sup>c</sup>

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**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
**NAGPUR BENCH : NAGPUR**

**Suo-Motu P.L.L. No.4 of 2020**

(Court on its own motion vs. Union of India and Ors.)

with

**P.L.L. No.10 of 2020**

(Subhash Jainarayan Zanwar vs. Union of India and Ors.)

with

**P.L.L. No. 25 of 2020**

(Advocate Kamal s/o. Lakhmichand Satuja .vs. Union of India and Ors.)

Office Notes, Office Memoranda of Coram,  
appearances, Court's orders of directions  
and Registrar's orders

Court's or Judge's orders

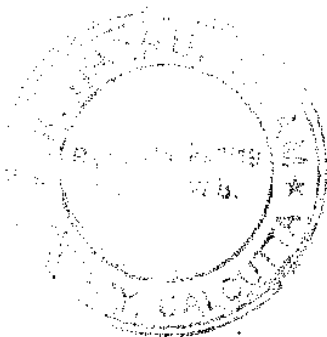
Mr.S.Bhandarkar, amicus curiae for petitioner.  
Mr.U.M.Aurangabadkar, ASGI for respondent no.1.  
Mr.M.G.Bhangde, Sr. Cl. Assisted by Mr.D.PThakare, Addl.  
G.P along with Mrs.Ketki Joshi, G.P for respondent  
nos. 2, 5, 6, 8 & 9.  
Mr.S.M.Puranik, Advocate for respondent no.4.  
Mr.B.G.Kulkarni, Advocate for respondent no.10.  
Mr.C.S.Samundre, Advocate MADC.  
Mr.M. Anilkumar, Advocate for Intervenor/applicant (C.A.  
No.5775 of 2021 & 692 of 2020 in P.L.L. No.4 of 2020).  
Mr.T.D.Mandlekar, Advocate for Intervenor/applicant (C.A.  
St.No.5806 of 2021 in P.L.L. No.10 of 2020).  
Dr.PK.Arora, in-person in CAO No.723 of 2021.  
Mr.Ram Heda, Advocate for Applicants in Civil Applications  
C.A.O. St. Nos. 4987 of 2021 and 4988 of 2021.  
Mr.Nitin Lambat, Advocate for Railways.  
(Ms Sushma Advocate for Respondent No.1 & Mr.J.B.Kasat,  
Advocate for Respondent No.4 in P.L.L. No.25 of 2020).

**CORAM : SUNIL B. SHUKRE &  
AVINASH G. GHAROTE, JJ.**

**DATE : 21.4.2021.**

1. Heard the learned Counsel for the  
respective parties.

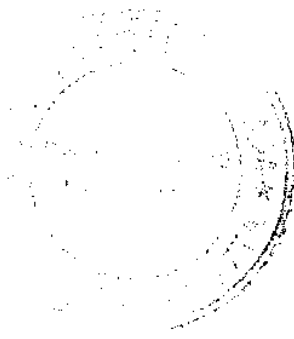
2. We have had an extensive hearing of this  
matter. However, so far no concrete solution could be  
found regarding deficiency in supply of Remdesivir



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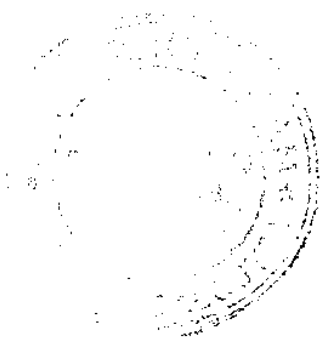
drug and also oxygen to Covid hospitals in the City of Nagpur as well as in all the hospitals situated in the entire Vidarbha region. It has been informed to the Court by Mr.Kose, Joint Commissioner, F.D.A. Nagpur that there are seven manufacturers of said drug and these Companies send stock of Remdesivir to their depots situated at Nagpur and from these depots, that the drug is supplied all over Vidarbha region as per requirements. It is informed by him that the problem has arisen owing to the fact that there is shortage in supply of these drugs by the manufacturing Companies and therefore, there is also shortage in making available these drugs to all the Covid hospitals.

3. We had issued directions to the State on 19.4.2021 to release ten thousand vials of Remdesivir to Nagpur immediately. But, only partially this direction has been complied with. Several reasons are given for non-compliance. On perusal of the affidavits filed by the Joint Commissioner, F.D.A. and the Additional Collector, Nagpur, we find that contradictory statements are made therein. We also find that these Officers have now started to shirk their responsibilities in giving succour and relief to Covid-19 patients. However, at this juncture, we would not like to pass any further order in the matter and we would like to give an opportunity to the authorities at the helm of affairs to correct themselves. Accordingly, we would request Nagpur



Covid-19 Committee to hold an emergency meeting immediately today itself and come back to the Court with some positive response. This Court would not be satisfied with mere supply of outcome of the meeting.

4. We would emphasise that Nagpur Covid-19 Committee must make efforts to procure Remdesivir vials today itself in sufficient quantity and also augment supply of oxygen to Covid hospitals. For this purpose, the Committee will have to have a meeting with the Managers of depots of the seven manufacturing Companies, Clearing and Forwarding agents of these Companies and all Stockists and Distributors of these Companies. The Committee will have to assess stock position at each of the three levels of depots, C & F agents and Stockists. There have been complaints about indulging in malpractices by the Managers of the depots, C & F Agents and Stockists. There has been a News Item published regarding one instance of such malpractices allegedly attributed to a Gujarat based Manufacturing Company. It has been reported in the News Item that the Director of this Company was planning to export sixty thousand vials of Remdesivir outside the Country in-spite of there being a ban imposed on export of said drug. These sixty thousand vials of Remdesivir, as per the News report, have been seized by police and further investigation is on. This instance would only indicate the possibility of malpractices being committed by some unscrupulous



dealers, suppliers and manufacturers. Although we are not saying that this must be happening in Nagpur as well, but it is always advisable to be on guard and therefore, the authorities would have to consider increase in frequency of checks, surprise raids and inspection.

5. With these observations, we would eagerly await for the positive response of Nagpur Covid-19 Committee in the matter.

6. This hearing is being held for the purpose of making effective rendering of essential services to Covid patients and therefore, the concerned Authorities would not take any coercive action against anybody who would be coming to the Court to assist the Court, which would be consistent with the SOP and Covid restrictions.

7. The affidavits filed by the Joint Commissioner and Additional Collector today making contradictory statements and taking inconsistent stands would have to be ignored and opportunity would have to be given to both these Officers to come out with consistent and correct stands and also stating correct facts. Accordingly, leave is granted to file fresh affidavits which shall be considered in lieu of both these affidavits.



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8. Adjourned to 8.00 p.m. today.

JUDGE

JUDGE

*ssjaiswal*



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P-19.

Answer - 'P-19'

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\* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

+ W.P.(C)(temp) 5500/2021 (to be registered and numbered)

**BALAJI MEDICAL AND RESEARCH CENTRE ..... Petitioner**

Through: Mr. Sandeep Sethi Sr, Adv, Mr. Mahesh Agarwal, Adv, Mr. Rishi Agrawala, Adv, Mr. Karan Luthra, Adv, Mr. Ankit Banati, Adv

versus

**UNION OF INDIA & ORS.**

..... Respondents

Through: Mr. Tushar Mehta, SGI, Mr. Chetan Sharma, ASG, Ms. Monika Arora, CGSC, Mr. Anil Soni, CGSC  
Mr. Rahul Mehra, Sr. Advocate with Mr. Satyakam, ASC, GNCTD  
Mr. Rajiv Nayar, Sr. Advocate with Mr. Ajay Bhargav, Mr. Aseem Chaturvedi, Mr. Saurab Seth Advocates with Mr. Siddharth Jain, Whole Time Director for M/s. INOX.

**CORAM:**

**HON'BLE MR. JUSTICE VIPIN SANGHI**

**HON'BLE MS. JUSTICE REKHA PALLI**

**ORDER**

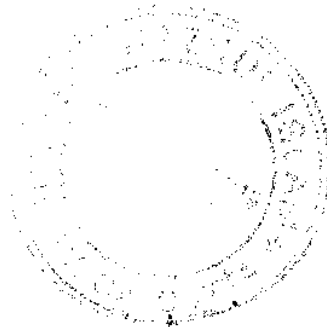
**21.04.2021**

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1. After hearing learned counsels at some length, we had dictated the draft order. However, the learned ASG, Mr. Chetan Sharma sought accommodation of about 45 minutes to take instructions, and make further submissions. Consequently, we re-assembled at 09:20 P.M. when the learned Solicitor General, Mr. Tushar Mehta joined the proceedings. Ms. Sumita Dawra, Additional Secretary, DPIIT, Ministry of Commerce and Industry also joined the proceedings. She is in-charge of allocation of medical Oxygen to various States in the country in the wake of raging

Validity unknown

Digitally Signed  
By: BHUPIND SINGH  
ROHELLA  
Signing Date: 21/04/2021 00:03



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Pandemic. She has given us the history of how industrial Oxygen has been diverted for medical use since April, 2020. She has explained that a process of mapping is undertaken so that the sources from which the Oxygen can be supplied are mapped to the States/ Union Territories, where the same is required. She has informed us that today itself, the allocation for use of medical Oxygen in the NCT of Delhi has been raised from 378 MT to 480 MT. This decision was taken yesterday, and the communication in this regard was issued today. The same has come into effect from today.

2. The order passed today – raising the allocation for NCT of Delhi to 480 MT has been shared with us, and the relevant extract of the same reads as follows:

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAWAN**

***D. No. 17/S(HFFW)MO/2021***

***Dated: 21<sup>st</sup> April, 2021***

***Dear Madam/Sir,***

***In continuation of the order issued on 15<sup>th</sup> April and 18<sup>th</sup> April 2021 regarding supply plan for medical oxygen, an updated Order as below is being issued for the States of Maharashtra, Gujarat, Karnataka, Madhya Pradesh, Delhi, Haryana, Uttar Pradesh, Punjab, Tamil Nadu, Kerala, Chhattisgarh, Rajasthan, Telangana, Andhra Pradesh, Utrakhand, Jammu and Kashmir, Goa, Chandigarh and Himachal Pradesh.***

***This is keeping in view increased demand from the States on quantity of Oxygen supply and its source. The supply plan has been done as recommended by the DPIIT in consultation with States, Oxygen manufacturers, AIIGMA and Steel Ministry under the overall guidance of the Empowered Group-II.***

***Yours Sincerely,***

***-sd-***

***(Nipun Vinayak)***

Validity unknown

Digitally Signed  
By: BHUPINDER SINGH  
ROHILLA  
Signing Date: 2021.06.03



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	<b>Demand for 20.04.2021 onwards</b>	700
<b>State</b>	<b>Manufacturer Name, Location</b>	<b>DL</b>
HR	Air Liquide, Panipat	140
HP	Inox Barotiwala	20
OD	LINDE Rourkela RSP BOO-1/2	40
OD	LINDE Kalinganagar TATA-KPO1/2	30
RJ	Inox Bhiwadi	20
UP	Goyal MG Gases, Ghaziabad	30
UP	Inox Surajpur	35
UP	Inox Modi Nagar	30
UK	India Glycols Limited Kashipur Uttarakhand	30
UK	LINDE Selaqui	55
UK	Air Liquide Roorkee	20
WB	LINDE SAIL - DGP	30
	MSME ASU	0
	<b>Total Allocation</b>	<b>480</b>
		<b>DL</b>

3. The above extract indicates the names of the manufacturers/producers of Oxygen; the States wherein they are located, and; the quantity of Oxygen that they are obliged to supply to the NCT of Delhi.

4. Mr. Mehra, learned Senior Advocate for GNCTD has stated, on instructions, that the NCT of Delhi has received somewhere between 200-250 MT of Oxygen today. He has also stated that there were obstructions in the receipt of the said Oxygen, and the same was delayed for that reason.

5. Mr. Mehta, learned Solicitor General has requested that the matter be

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Signing Date: 2021.04.20 00:03





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adjourned, and taken up tomorrow morning and, at the same time he has assured us that the Central Government shall facilitate the supply of 480 MT of Medical Oxygen to Delhi in terms of the aforesaid order. He has assured that the Central Government shall ensure unobstructed and safe passage of the Medical Oxygen tankers to Delhi of the allocated Oxygen.

6. We take this statement of Mr. Mehta on record, and we are hopeful that the emergent needs of various hospitals in Delhi, including those run by the petitioner, would be met so that no casualties are suffered on account of discontinuing the supply of Oxygen to seriously ill COVID patients, and other serious patients who require Oxygen for support, till we take up the matter tomorrow, and pass further orders.

7. In terms of the aforesaid allocation order, the GNCTD shall immediately to work out the logistics of procuring the remaining quantity which is claimed not to have been supplied today out of the allocated 480 MT. The aforesaid suppliers are directed to comply with the allocation order issued by the Central Government and make the supplies on an emergent basis.

8. During the course of hearing, we are informed that Oxygen supplies have been received by Max Hospital, Patparganj, and Max Hospital, Shalimar Bagh.

9. List on 22.04.2021.

VIPIN SANGHI, J

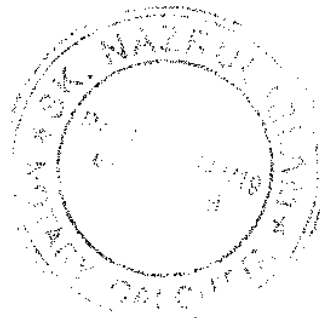
REKHA PALLI, J

APRIL 21, 2021

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**W.P.No.10441 of 2021**

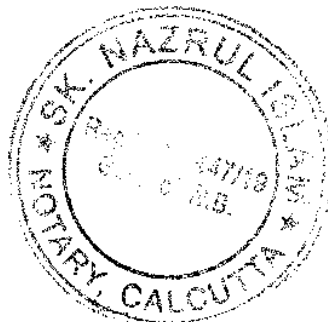
**THE HON'BLE CHIEF JUSTICE**  
**and**  
**SENTHILKUMAR RAMAMOORTHY, J.**

(made by the Hon'ble Chief Justice)

Mr.V.Jayaprakash Narayanan, State Government Pleader, takes notice for the first respondent, Mr.Niranjan Rajagopalan takes notice for the Election Commission.

2. The petition pertains to the counting of votes at a solitary assembly constituency, but the larger picture cannot be missed.

3. The petitioner apprehends that at assembly constituency No.135 in Karur, special measures have to be taken at the time of counting to maintain Covid protocol since 77 candidates are in the fray and even though an additional hall has been arranged by the Election Commission for the purpose of counting, that may not suffice to accommodate the counting personnel and the agents of 77 candidates.



4. In the suo motu proceedings pertaining to the Covid situation initiated by this Court on April 22, 2021, among the directions issued to the State, some were for appropriate measures to be put in place in consultation with the Election Commission for counting day on May 2, 2021. Even though the polling was by and large peaceful in this State on April 6, 2021, it must be observed that the Election Commission could not ensure that political parties adhered to the Covid protocol at the time of election campaigns and rallies. Despite repeated orders of this Court, going on like a broken record at the foot of almost every order on an election petition, that Covid protocol ought to be maintained during the campaign time, the significance of adhering to such protocol may have been lost on the Election Commission, going by the silence on the part of the Election Commission as campaigning and rallies were conducted without distancing norms being maintained and in wanton disregard of the other requirements of the protocol.

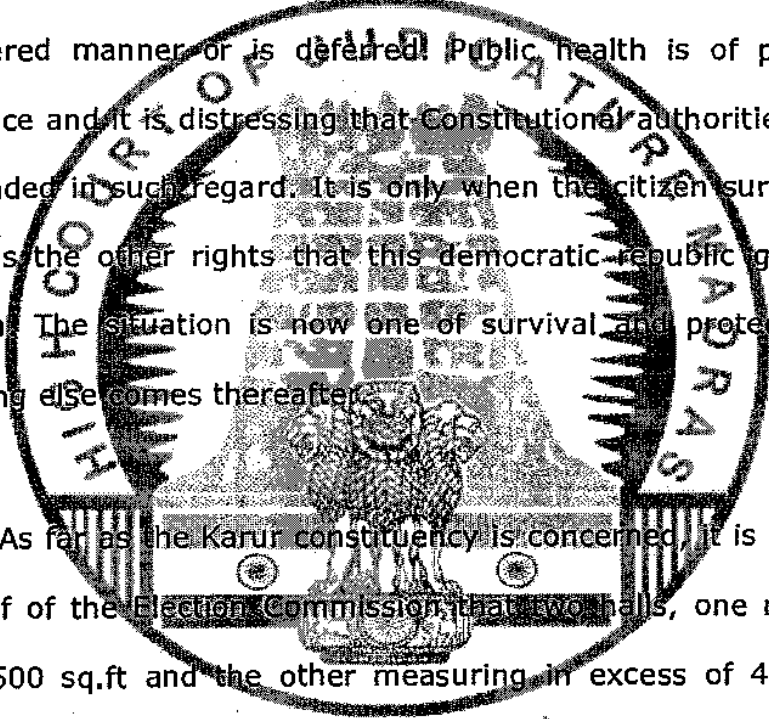
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5. In view of the rapid surge in the number of cases on a daily basis, albeit this State not yet being as badly affected as some other



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States, the measures to be adopted at the time of the counting of votes on May 2, 2021, which is about a week away, should already have been planned in the light of the grim situation now prevailing. At no cost should the counting result in being a catalyst for a further surge, politics or no politics, and whether the counting takes place in a staggered manner or is deferred. Public health is of paramount importance and it is distressing that Constitutional authorities have to be reminded in such regard. It is only when the citizen survives that he enjoys the other rights that this democratic republic guarantees unto him. The situation is now one of survival and protection and, everything else comes thereafter.

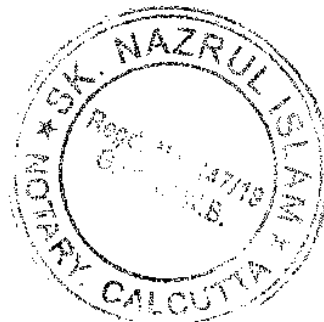


6. As far as the Karur constituency is concerned, it is submitted on behalf of the Election Commission that two halls, one measuring about 3500 sq.ft and the other measuring in excess of 4000 sq.ft, have been arranged. Upon the Court's query whether such spaces

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would be adequate if most of the 77 candidates were to engage agents at the time of counting, the Election Commission claims that all but two of the independent candidates have indicated that they would not engage any agents at the time of counting and only seven

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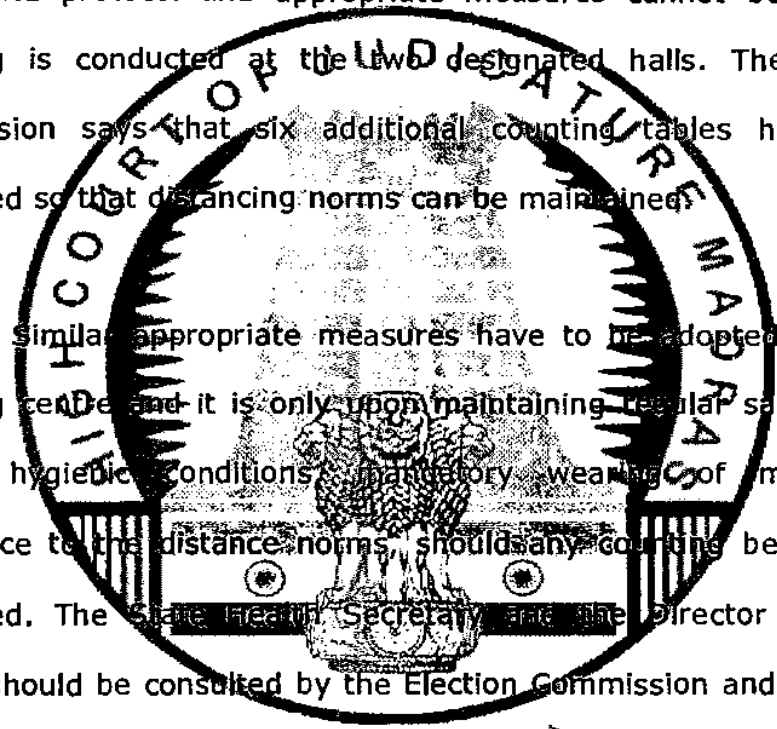


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out of nine major political parties have confirmed in writing that they would be appointing agents.

7. In such a scenario, the Election Commission does not expect that Covid protocol and appropriate measures cannot be taken if counting is conducted at the two designated halls. The Election Commission says that six additional counting tables have been organized so that distancing norms can be maintained.

8. Similar appropriate measures have to be adopted at every counting centre and it is only upon maintaining regular sanitization, proper hygienic conditions, mandatory wearing of mask and adherence to the distance norms, should any counting begin or be continued. The State Health Secretary and the Director of Public Health should be consulted by the Election Commission and the Chief Electoral Officer responsible in the State, to put appropriate measures in place immediately.



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9. The matter will appear on April 30, 2021 to review the situation when a complete picture as to adequate steps having been

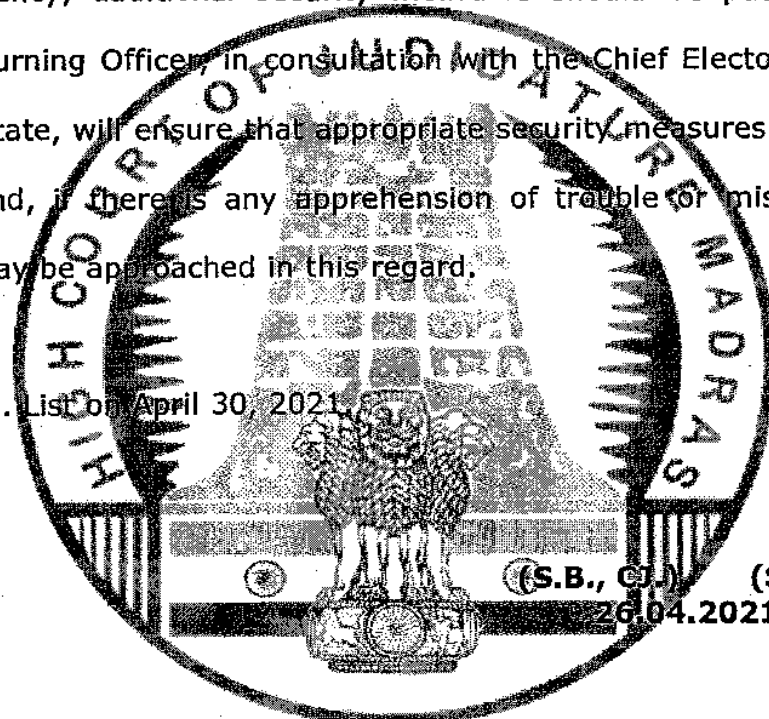


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taken at all counting centres should be indicated by the Election Commission.

10. The petitioner says that since Karur is a sensitive constituency, additional security measures should be put in place. The Returning Officer, in consultation with the Chief Electoral Officer in the State, will ensure that appropriate security measures are put in place and, if there is any apprehension of trouble or mischief, the State may be approached in this regard.

11. List on April 30, 2021.



(S.B., C.J.) (S.K.R., J.)  
26.04.2021

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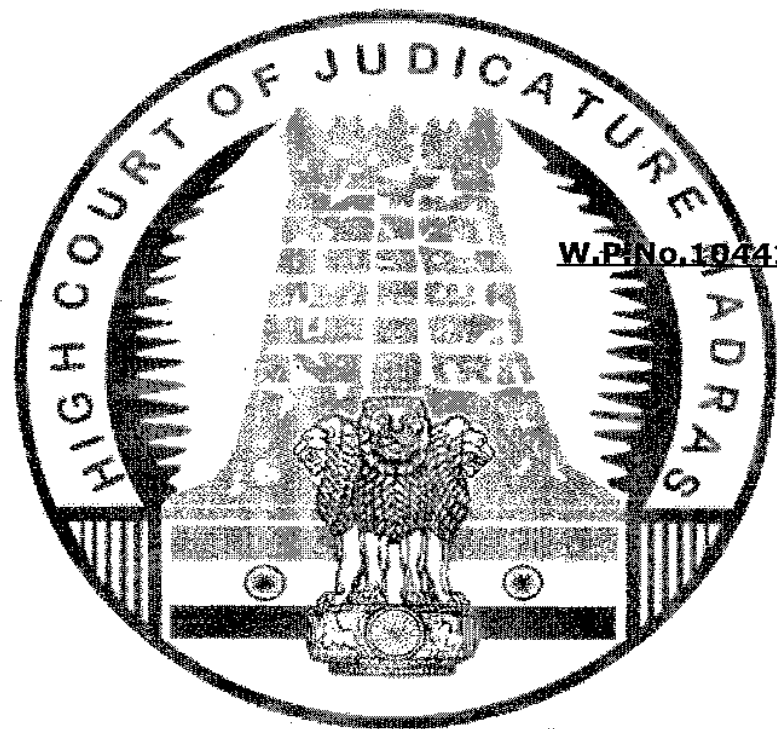
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**THE HON'BLE CHIEF JUSTICE**  
**and**  
**SENTHILKUMAR RAMAMOORTHY, J.**  
(tar)



W.P.No.10441 of 2021

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**WEB COPY** 26.04.2021



DISTRICT : KOLKATA

IN THE HIGH COURT AT CALCUTTA  
CONSTITUTIONAL WRIT  
JURISDICTION  
(APPELLATE SIDE)  
PUBLIC INTEREST LITIGATION

W.P.A No. <sup>(P)</sup>134 of 2021

In the matter of:  
An application under Article 226  
of the Constitution of India.

And

In the matter of :  
Joveria Sabbah

...Petitioner

-Versus-

The State of West Bengal & Ors.

...Respondents.



WRIT PETITION

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