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The complex causes of India's 2021 COVID-19 surge

We agree that the Indian Government has, knowingly or unknowingly, faltered in its role to control the COVID-19 pandemic.¹ However, these criticisms should at least be partly qualified by an acknowledgment of the sheer complexity of the required operation in India.

For example, COVID-19 data reporting in India has been scrutinised extensively because of its disagreement with crematorium data and paradoxically low rates of case fatality when compared with other countries.² Unreported asymptomatic cases, the questionable handling of suspected cases, distinguishing the primary cause of death in patients with comorbidities, and overburdened testing and hospital facilities all undermine data accuracy,² but are not unique to India. Countries rich in public health resources with smaller populations have also faced similar obstacles.

On a fundamental level, a society's health literacy plays an important role in adopting preventive guidelines.³ Although academics and medical professionals might consider mass gatherings such as Kumbh Mela to be blasphemous at this time, many consider this festival to be of non-negotiable religious importance.⁴ The difficulty of changing a society's perception that the pandemic is as, or more, important than religion or individual rights is understated. Politicians thus might also be reflections of this poor health literacy or perception of life, rather than only the cause. Furthermore, the situation in India is not unlike that seen in the USA, where social unrest had complicated US Government interventions, and groups of individuals had refused to wear masks despite guidelines.⁵

Perhaps it would also be appropriate to proactively assist neighbouring countries whose governments have

also allowed gatherings and who are probably seeing an uptick in the number of cases.

We declare no competing interests.

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- 4 Quadri SA, Padala PR. An aspect of Kumbh Mela massive gathering and COVID-19. *Curr Trop Med Rep* 2021; published online March 29. <https://doi.org/10.1007/s40475-021-00238-1>.
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India's COVID-19 response: science first

The Editorial¹ about India's COVID-19 emergency was disappointing to read and does not behave a venerated journal such as *The Lancet*.

Since the onset of the pandemic, media and medical literature has pursued the progress of this infection, its complications, and its social and economic implications. Some publications follow the data generated daily by various hospitals, districts, and states in India, which work together as one big machine in diagnosing, tracking, and reporting patients and their outcomes.^{2,3} Other publications critique all these data. There are self-deprecatory analyses, interpretations of what could have been done, condemnations of the painstakingly built processes, and frank denigration of the health-care professionals involved in this effort.

It is sad to see that the Editors¹ are keen to give a verdict on the Indian

COVID-19 emergency and the so-called botched vaccination campaign on the basis of media reports, rather than medical evidence. We do not understand why such an important scientific journal should embark on such political commentaries and arrive at prejudiced decisions.

The response of any country to a pandemic is a complex process that is guided by its existing health infrastructure, the scalability of both skilled labour and machinery to counter the infection, the rapidity in establishing vaccine immunity, and the economic feasibility of a lockdown. At this point in time, when health and economic crises cannot be separated from each other, the only way out for medical communities is to stick to what they do best: the science of preventing and treating diseases. The Indian response of testing strategies, vaccination dosing, and treatment algorithms have all been well considered by teams of doctors and health-care professionals with knowledge and understanding in both public health and infectious diseases. Many health decisions, although seemingly guided by economic policy, have existing evidence at heart.

India, as a nation, has stood firmly to manage the unprecedented challenge caused by COVID-19 infections, with both government and non-governmental support augmenting preventive and therapeutic health-care facilities, diagnostic and research facilities, and tracking services, to minimise the loss of human life. The management model adopted at the national and at the state level (including the largest state of Uttar Pradesh, with a population of 240 million), has been well lauded nationally and internationally during these trying times for planning and execution. The second wave has caught the nation unaware with its rapidity and magnitude. Despite this difficulty, the case fatality rate has yet to be as