Why Bengaluru’s Success In Containing Covid Was Short-Lived

Experts say the Karnataka capital is a case study in what can go wrong if authorities and residents lower their guard too soon.

By Akshita Jain

Bengaluru, which was hailed for its early success in containing Covid-19, has suddenly seen a surge in the number of cases in the past two weeks. This in itself is not surprising. As India emerged out of the punitive national lockdown and people began travelling to other states, many regions that were considered safe, including parts of Kerala, have reported an uptick in cases.

Even national capital Delhi, which was initially thought to have a hold on the disease, has
faltered since June, with a shortage in hospital beds and policy chaos.

But what makes Bengaluru a cause for concern is just how sharp the increase has been—in just 11 days from 27 June, its tally went up by 9,427 to 11,361 cases, which is over 40% of Karnataka’s total cases.

Since 27 June, Bengaluru has seen a daily increase of over 500 cases per day.

The southern city, which is home to migrants from across the country, is a case study in what can go wrong if the guard is lowered too soon, said Professor K. Srinath Reddy, president of the Public Health Foundation of India (PHFI), a PPP initiative for public health. Reddy and other experts say the sharp rise can be attributed to two reasons: laxity in adhering to physical distancing norms after the lockdown period and the lack of preparedness by authorities to deal with the continuing rise in cases.

“Till recently, Bengaluru had adopted an exemplary approach of Covid-19 control, with symptom-based syndromic surveillance, early case detection and isolation, mandating of masks and physical distancing, restrictions on mass gatherings and limited opening of markets,” Reddy told HuffPost India.

However, this cautious approach came to an end once the country began exiting from the national lockdown.

“This perfect public health playbook was suddenly discarded as the euphoria of lockdown’s final end gave rise to the misconception that the virus was vanquished,” he said.

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**The people problem**

Reddy pointed out that crowds started gathering at shopping areas and political, social and religious gatherings involved large numbers and close contact. People flowing into
Bengaluru from other parts of the state and country also added to virus transmission, he said.

Last month, chief minister BS Yediyurappa had also expressed dissatisfaction over the “misuse” of relaxations after the two-month lockdown. He blamed inter-state travellers and those violating quarantine rules for the rise in Bengaluru cases.

Karnataka began relaxing its strict lockdown on 8 June when the Modi government announced ‘Unlock-1’ and lifted all restrictions on inter-state travel. Places of worship and markets were also allowed to reopen.

Usha Manjunath, director of the Bengaluru-based Institute of Health Management Research (IIHMR), said the surge began during this unlock period and the lack of adherence to physical distancing norms and refusal to wear masks by some people helped the spread in the city.

The change in quarantine rules for travellers coming to the state was another reason for the spread of the virus, Manjunath pointed out.

On 8 June, the Karnataka government had announced mandatory institutional quarantine of three days for people coming from Delhi and Tamil Nadu, followed by 11 days of home quarantine. People coming from other states were told to stay in home quarantine for 14 days. This was revised in a 26 June order, which restricted institutional quarantine for people coming from Maharashtra, according to The News Minute.

For people coming from Maharashtra, the government had announced institutional quarantine of seven days and seven days of home quarantine. This order was revised on Monday and people now travelling to the state from Maharashtra will have to undergo 14 days of home quarantine.

However, Manjunath said that people who come out of institutional quarantine did not strictly adhere to home quarantine rules for the prescribed number of days.

Rohini Swamy wrote in The Print that the city’s civic body Bruhat Bengaluru Mahanagara Palike (BBMP), which was initially praised for its response, is now being blamed for lapses including test backlogs and shortage of hospital beds.

BBMP Commissioner BH Anil Kumar told The Print, “We are in the midst of the third cycle after the lockdown was lifted. It takes 15 days of incubation for the virus to spread. We are
now in the middle of that cycle." He also said his team is looking at ways to ramp up the system.

The Covid Care Centre with the capacity of 10,100 beds inside the Bangalore International Exhibition Centre (BIEC) on 6 July.

**Testing concerns**

The Covid-19 positivity rate (number of positive cases per 100 tests conducted) has also spiked in Bengaluru and was higher than the national average on Tuesday, according to *The Times of India*.

The positivity rate touched 8.5% on Tuesday. In epidemiological circuit, a higher test positivity rate, the report said, indicates that adequate number of tests are not being conducted.

However, Giridhara R Babu, professor and head of Life Course Epidemiology at the Public Health Foundation of India, told *The Times of India* that assuming the testing rates and the approach to finding new cases have remained constant, rise in test positivity means more people are infected than before.

A central team which visited Bengaluru on Tuesday asked the state to ramp up testing.*The Indian Express* pointed out that the state is testing around 15,000 samples on a daily
basis. Karnataka is testing 9,741 people per million, which is lower than Delhi and Tamil Nadu but higher than the national figure.

Manjunath said the rise in cases in Bengaluru cannot be attributed to increased testing. The BBMP said it would conduct 7,500 random tests per day from 22 June, but Deccan Herald pointed out that from June 22 to 28, it conducted only 23,578 tests (an average of 3,368 tests per day).

**Source of infection unknown**

Manjunath also pointed out that the source of infection in a lot of cases in Bengaluru is still not known. The BBMP bulletin from 6 July showed that out of 10,561 cases, 277 cases can be attributed to travel and 544 to primary or secondary contacts. The source of transmission in 762 cases has been shown as influenza like illness (ILI) or severe acute respiratory infections (SARI). A report is awaited for the rest of the cases.

Manjunath said it's not clear for how many days the report has been due for and that delay in tracing should be avoided.

*The Times of India* said the description in most cases in Bengaluru has been “contact under tracing” since 26 June. The report quoted BBMP commissioner BH Anil Kumar as saying, “we are trying to do everything to control the spread of the virus.”

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**Shortage of beds**

Several reports (see [here](#) and [here](#)) have also pointed out that Bengaluru residents have been struggling to find hospital beds despite the Karnataka government's claims that they have made arrangements for beds and ambulances.

Medical education minister K Sudhakar tweeted that 4,958 beds have been reserved for Covid-19 patients in 41 facilities (Covid Care Centres, government and private medical
There are 4958 beds reserved for treatment of Covid patients in 41 facilities across Bengaluru city including Covid Care Centres, Government & Private Medical Colleges and Hospitals. Detailed information of nodal officer for each facility is provided here.

A Covid Care Centre with 10,000 beds has also been set up at the Bangalore International Exhibition Centre in the city. Asymptomatic people who have tested positive for Covid-19 will be housed there, according to The Hindu.

Babu told HuffPost India that the reports of shortage of beds and stranded ambulances indicate that the city needs better dissemination of information. “I personally don’t think there’s a shortage of beds. We need an app that shows real-time information on the availability of beds and this is BBMP’s job. They should have been preparing this during
the lockdown period. The health department has now almost finalised it."

The state government is working to set up an app-based system for health officials who will be deployed at a call centre to guide patients to vacant beds, according to The Indian Express. A version of the app could also be put in public domain, the report added, to indicate bed availability.

Reports have also highlighted the shortage of ICU beds with ventilators in Bengaluru. There are only around 225 ICU beds with ventilators available for Covid-19 patients in the government healthcare sector, private hospitals and medical colleges, according to The Indian Express.

However, Babu said that while the city doesn’t require as many ventilators as initially thought, the bigger concern is whether there are enough oxygenated beds in the city.

The state government on 3 July said that 775 ICU beds with oxygen facilities will be created at government hospitals.

The Congress MLA from Jayanagar, Sowmya Reddy, tweeted on Saturday that hospitals don’t respond to calls and if they do, they don’t have any available beds with oxygen or ICU.
On the phone calling hospital after hospital. They don’t respond/switched off, if they do they say NO BEDS/with oxygen/ICU. Was finally able to accommodate a critical patient after a lot of requesting. Trying since 9pm. So angry. Pathetic state of our healthcare!

@CMofKarnataka

Another lockdown?

As the cases continued to surge, a 33-hour lockdown was imposed in the city from 8 pm on Saturday till 5 am on Monday. Karnataka had earlier announced a statewide lockdown on Sundays beginning July 5.

Yediyurappa on Monday, however, clarified that his government is not considering another lockdown and people should learn to live with the virus while taking precautions, The New Indian Express reported.

Babu said that a lockdown might be necessary only for getting the preparedness and coordination mechanisms working more efficiently. A lockdown, he said, is not needed for pandemic response but to fix preparedness.