

Kidney News

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The Second COVID-19 Wave in India: Awaiting Light at the End of the Tunnel

By Mayuri Trivedi and Vivekanand Jha



The unfolding story of COVID-19 in India has shown how a narrative can change quickly. It was only a few months ago that experts around the world were wondering what explained India's relatively cheap escape (until then) from the ravages of the COVID-19 pandemic. India is now back in the news, but this time, the reports are highlighting the utter collapse of the healthcare system, shortage of critical supplies and hospital beds, people dying on the curbsides, and striking images of over-busy cremation and burial grounds. Amid this chaos, care of patients with chronic illnesses like kidney diseases has been marginalized (1).

The causes of this second wave of the pandemic have been debated but can be largely divided into changes in the virus genome and people-related factors. With regard to the former, it has been a combination of the B.1.1.7, first identified in the United Kingdom, or the "Kent" variant, and the new B.1.617, first identified in India (2). This SARS-CoV-2 variant contains mutations in the spike proteins that portend enhanced viral infectivity with potential to escape neutralizing antibodies (however, this has not been confirmed) and has been designated by the World Health Organization

(WHO) as a "variant of concern." (3)

It is convenient to blame the virus because that deflects attention from the people-related factors, such as the failing healthcare system or misguided human behavior.

As the cases declined from September 2020, and the country emerged from one of the strictest lockdowns in the world (10 weeks of complete lockdown followed by phased relaxation over 8 months), which had a major impact on the economy, India let down its guard and concluded that the pandemic was over. Serosurveys had shown that 30% to 60% of the population had been infected, leading to a belief that "herd immunity" had already been achieved or was around the corner. There was a sense of triumph and talks of Indian exceptionalism—propagated by the community and political leadership—and a premature euphoria over the protection by herd immunity. Large political rallies and religious gatherings involving tens of thousands of individuals were held, with little adherence to COVID-19-appropriate behavior. Social events that involved large gatherings like weddings, postponed during the first wave,

Continued on page 8 ➤

More Cities and Counties Declare Racism a Public Health Crisis

By Melanie Padgett Powers

The number of cities and counties that have issued declarations about racism has skyrocketed since George Floyd was killed in 2020 and Black Lives Matter protests erupted across the United States.

As of spring 2021, 109 cities, 76 counties, and 8 states have formally declared racism a public health crisis, according to Rita Soler Ossolinski, program director for the National League of Cities' program Race, Equity, and Leadership.

"I think there's real intentionality behind them," Soler Ossolinski said. "The first step is acknowledgment." These declarations can begin to "normalize" the conversation

around racism. The next step is accountability, she said, by developing plans and programs to address racial inequalities. "Racism is a system; it's not necessarily a pejorative remark."

In Ohio, both the Franklin County Board of Health (1) and the City of Columbus City Council (2) declared racism a public health crisis. Columbus is the state capital and largest city in the state. The Board of Health committed to creating an equity and justice-oriented organization, identifying areas where it can embrace diversity and incorporate anti-racism

Continued on page 9 ➤

Inside

Pediatric nephrology

Why caring for kids and kidneys is a journey of joy and discovery



Findings

Comorbid kidney disease increases risk of severe COVID-19



COVID vaccine

What is the response in patients undergoing hemodialysis?



Systemic racism in nephrology

Identifying and addressing it