COVID-19 Results Briefing

India

November 8, 2021

This document contains summary information on the latest projections from the IHME model on COVID-19 in India. The model was run on November 2, 2021, with data through November 1, 2021.

India had a dramatic rise in COVID-19 cases and deaths in April and the first half of May 2021. The cases peaked around mid-May and the deaths in late May, after which these have generally shown a decreasing trend. The daily cases decreased last week by 10% and daily deaths by 6% compared with the week before. The Delta variant of the virus, which contributed to the explosive increase of cases and deaths in India in April and May, is the dominant variant in India. Persistent measures are needed to bolster the health system to deal with such surges of COVID-19 and rapidly increase the pace of vaccination, as well as sustain effective face mask use and control social mixing through appropriate restrictions. IHME's reference scenario forecasts 2.90 million total deaths due to COVID-19 in India by March 1, 2022. An important component for successful control of COVID-19 in India over the next few months is timely reporting of genomic sequencing of an adequate number of samples of the virus from across the country, and assessing the efficacy of the available vaccines against the variants of the virus.

Current situation

- Daily infections in the last week increased to 223,700 per day on average compared to 219,800 the week before (Figure 1.1). Daily hospital census in the last week (through November 1) decreased to 52,800 per day on average compared to 57,200 the week before.
- Daily reported cases in the last week decreased to 12,900 per day on average compared to 14,400 the week before (Figure 2.1).
- Reported deaths due to COVID-19 in the last week decreased to 160 per day on average compared to 170 the week before (Figure 3.1).
- The estimated total deaths due to COVID-19 in the last week decreased to 680 per day on average compared to 720 the week before (Figure 3.1). This makes COVID-19 the number 10 cause of death in India this week (Table 1). Estimated total daily deaths due to COVID-19 in the past week were 4.3 times larger than the reported number of deaths.
- No locations had daily reported COVID-19 death rates greater than 4 per million (Figure 4.1).
- The daily rate of total deaths due to COVID-19 is greater than 4 per million in Kerala (Figure 4.2).

- We estimate that 67% of people in India have been infected as of November 1 (Figure 6.1).
- Effective R, computed using cases, hospitalizations, and deaths, is greater than 1 in 17 states and union territories (Figure 7.1).
- The infection-detection rate in India was close to 6% on November 1 (Figure 8.1).
- Based on the GISAID and various national databases, combined with our variant spread model, we estimate the current prevalence of variants of concern (Figure 9.1). We estimate that the Beta variant is circulating in four states and union territories, that the Delta variant is circulating in 30 states and union territories, and that the Gamma variant is circulating in four states and union territories.

Trends in drivers of transmission

- Mobility last week was 9% lower than the pre-COVID-19 baseline (Figure 11.1). Mobility was near baseline (within 10%) in 19 states and union territories. Mobility was lower than 30% of baseline in no locations (Figure 12.1).
- There were 93 diagnostic tests per 100,000 people on November 1 (Figure 15.1).
- As of November 1, 10 states and union territories have reached 70% or more of the population who have received at least one vaccine dose, and no states or union territories have reached 70% or more of the population who are fully vaccinated (Figure 17.1).
- In India, 85% of the population that is 12 years and older say they would accept or would probably accept a vaccine for COVID-19. Note that vaccine acceptance is calculated using survey data from the 18+ population. The proportion of the population who are open to receiving a COVID-19 vaccine ranges from 65% in Tamil Nadu to 95% in Sikkim (Figure 19.1).
- In our current reference scenario, we expect that 911 million people will be vaccinated with at least one dose by March 1 (Figure 20.1). We expect that 54% of the population will be fully vaccinated by March 1.
- Based on the estimate of the population that have been infected with COVID-19 and vaccinated to date, combined with assumptions on protection against infection with the Delta variant provided by either natural infection, vaccination, or both, we estimate that 69% of the region is immune to the Delta variant. In our current reference scenario, we expect that by March 1, 74% of people will be immune to the escape variants (Figure 21.1). These two calculations do not take into account waning of natural or vaccine-derived immunity.

Projections

- In our **reference scenario**, which represents what we think is most likely to happen, our model projects 468,000 cumulative reported deaths due to COVID-19 on March 1. This represents 13,000 additional deaths from November 1 to March 1. Daily reported deaths will decline to 80 by December 26, 2021 (Figure 22.1).

- Under our **reference scenario**, our model projects 2,899,000 cumulative total deaths due to COVID-19 on March 1. This represents 79,000 additional deaths from November 1 to March 1 (Figure 22.1).
- If **universal mask coverage (95%)** were attained in the next week, our model projects 5,100 fewer cumulative reported deaths compared to the reference scenario on March 1.
- Under our **worse scenario**, our model projects 519,000 cumulative reported deaths on March 1, an additional 51,000 deaths compared to our reference scenario. Daily reported deaths in the **worse scenario** will rise to 1,130 by February 8, 2022 (Figure 22.1).
- Daily hospital census in the **reference scenario** will decline to 34,630 by December 28, 2021 (Figure 22.5). Daily hospital census in the **worse scenario** will rise to 303,310 by January 25, 2022 (Figure 22.5).
- Figure 23.1 compares our reference scenario forecasts to other publicly archived models. Forecasts are widely divergent.

Model updates

No model updates.

Figure 1.1. Daily COVID-19 hospital census and infections

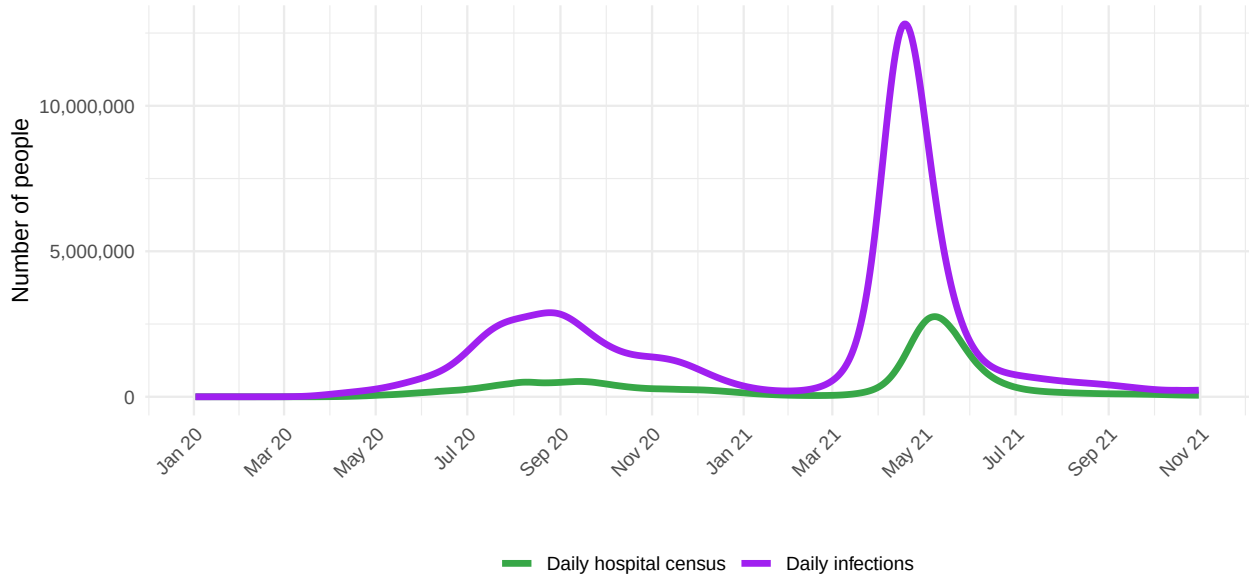


Figure 2.1. Reported daily COVID-19 cases, moving average

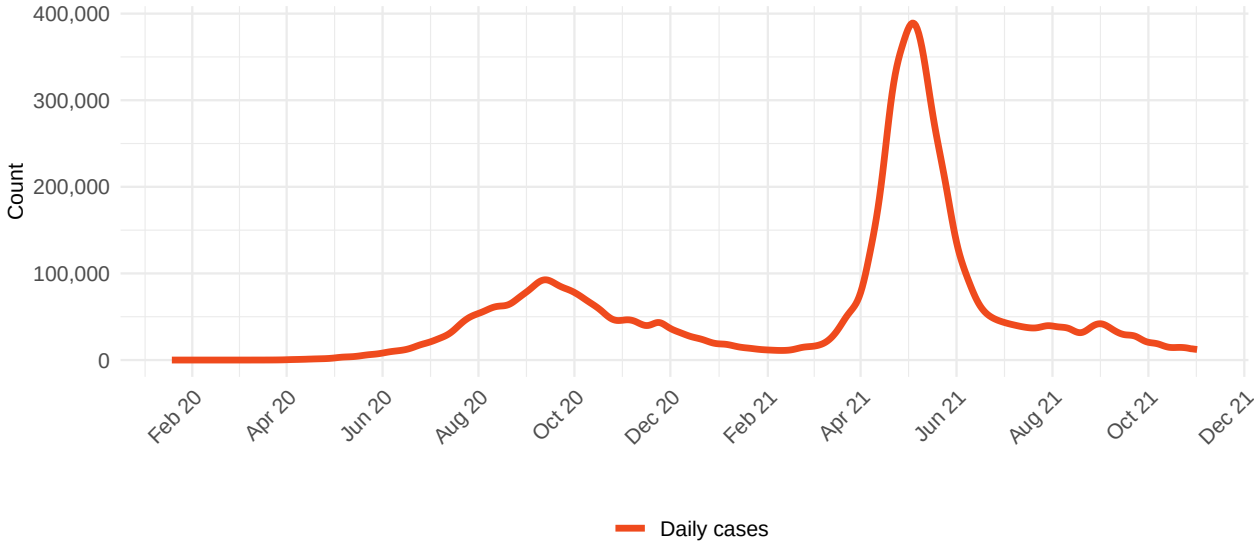
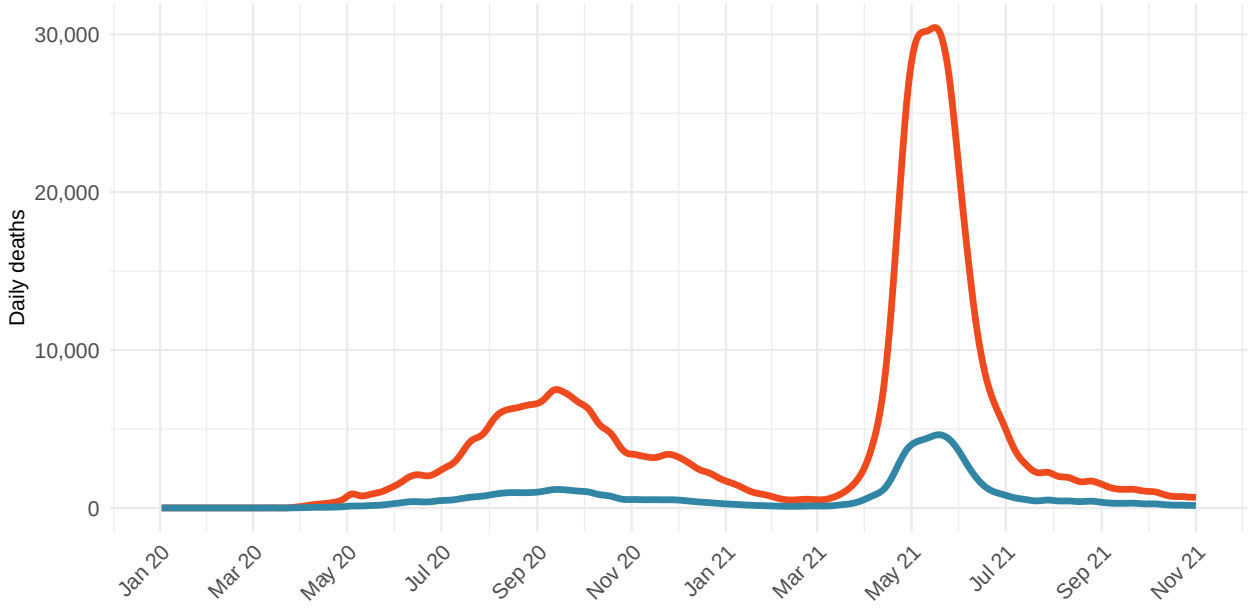


Table 1. Ranking of total deaths due to COVID-19 among the leading causes of mortality this week, assuming uniform deaths of non-COVID causes throughout the year

Cause name	Weekly deaths	Ranking
Ischemic heart disease	29,214	1
Chronic obstructive pulmonary disease	17,278	2
Stroke	13,444	3
Diarrheal diseases	12,160	4
Neonatal disorders	8,423	5
Lower respiratory infections	8,340	6
Tuberculosis	8,128	7
Diabetes mellitus	5,252	8
Cirrhosis and other chronic liver diseases	5,193	9
COVID-19	4,751	10

Figure 3.1. Smoothed trend estimate of reported daily COVID-19 deaths (blue) and total daily deaths due to COVID-19 (orange)



Daily COVID-19 death rate per 1 million on November 1, 2021

Figure 4.1 Daily reported COVID-19 death rate per 1 million

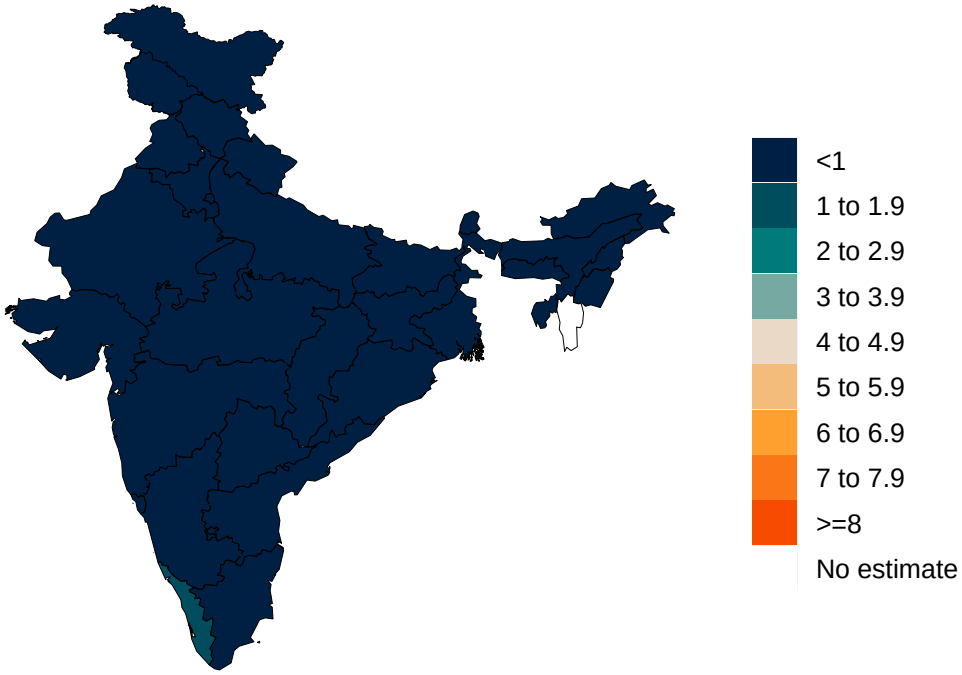
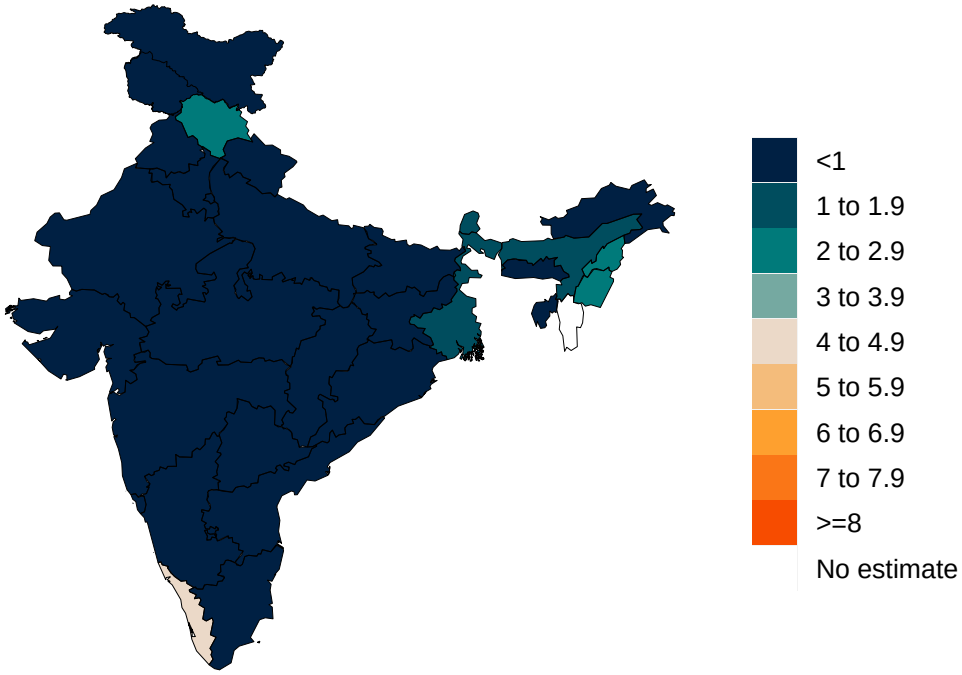


Figure 4.2 Daily total COVID-19 death rate per 1 million



Cumulative COVID-19 deaths per 100,000 on November 1, 2021

Figure 5.1 Reported cumulative COVID-19 deaths per 100,000

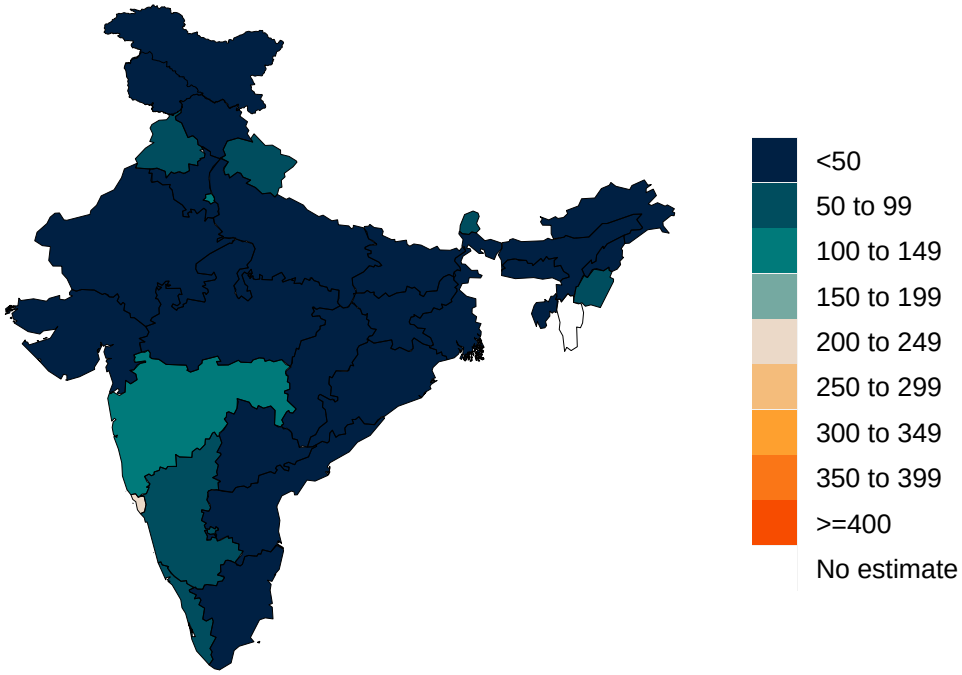


Figure 5.2 Total cumulative COVID-19 deaths per 100,000

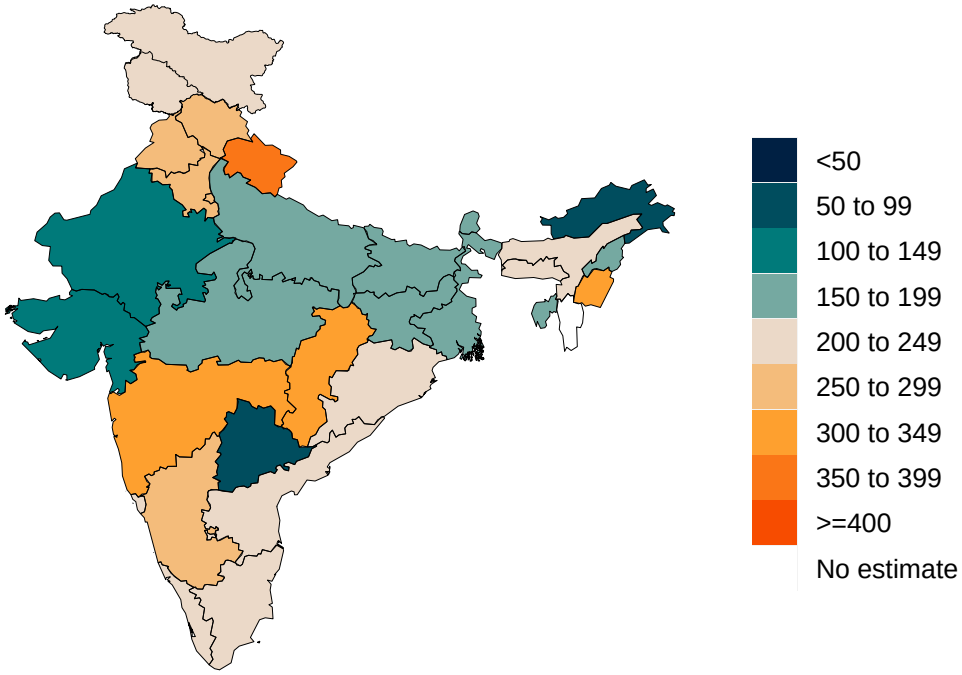


Figure 6.1. Estimated percent of the population infected with COVID-19 on November 1, 2021

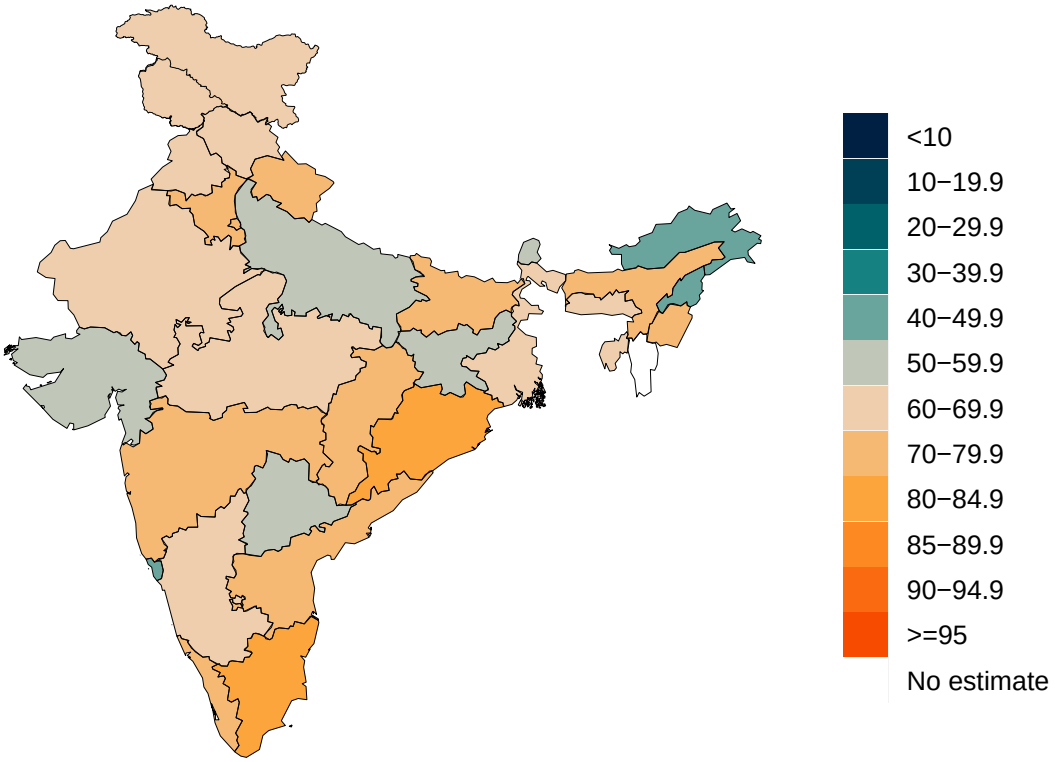


Figure 7.1. Mean effective R on October 21, 2021. Effective R less than 1 means that transmission should decline, all other things being held the same. The estimate of effective R is based on the combined analysis of deaths, case reporting, and hospitalizations where available. Current reported cases reflect infections 11-13 days prior, so estimates of effective R can only be made for the recent past.

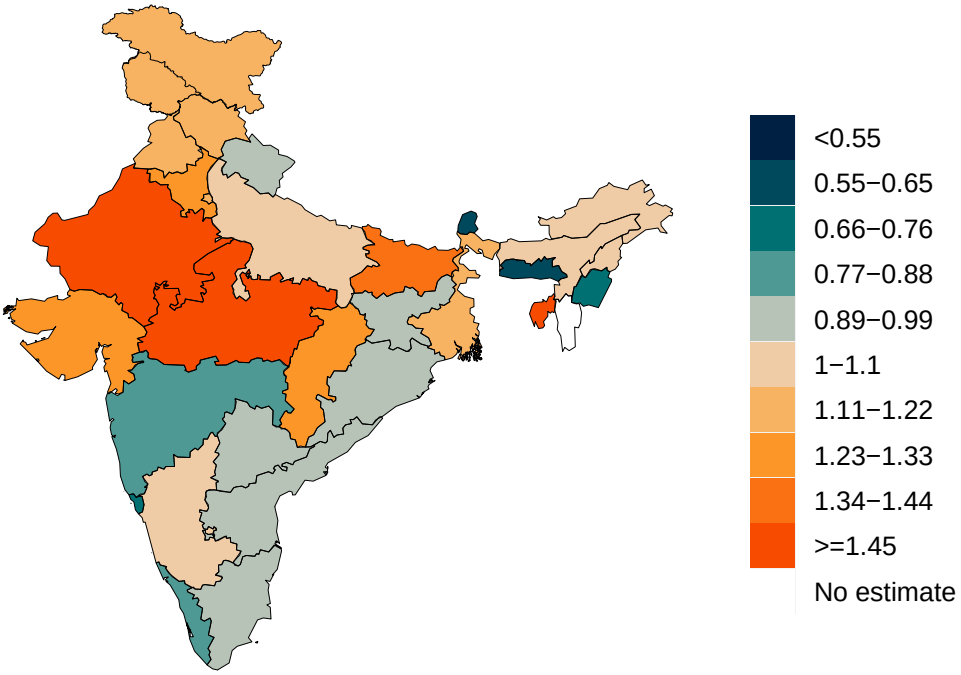
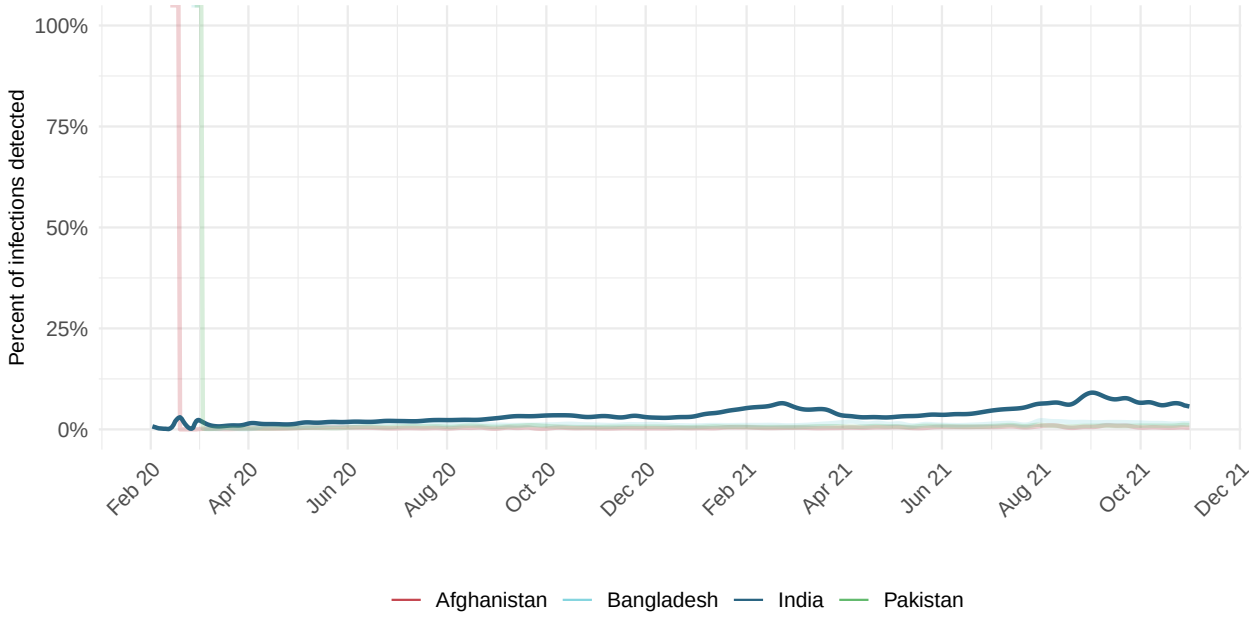


Figure 8.1. Percent of COVID-19 infections detected. This is estimated as the ratio of reported daily COVID-19 cases to estimated daily COVID-19 infections based on the SEIR disease transmission model. Due to measurement errors in cases and testing rates, the infection-detection rate can exceed 100% at particular points in time.



Estimated percent of circulating SARS-CoV-2 for primary variant families on November 1, 2021

Figure 9.1 Estimated percent Alpha variant

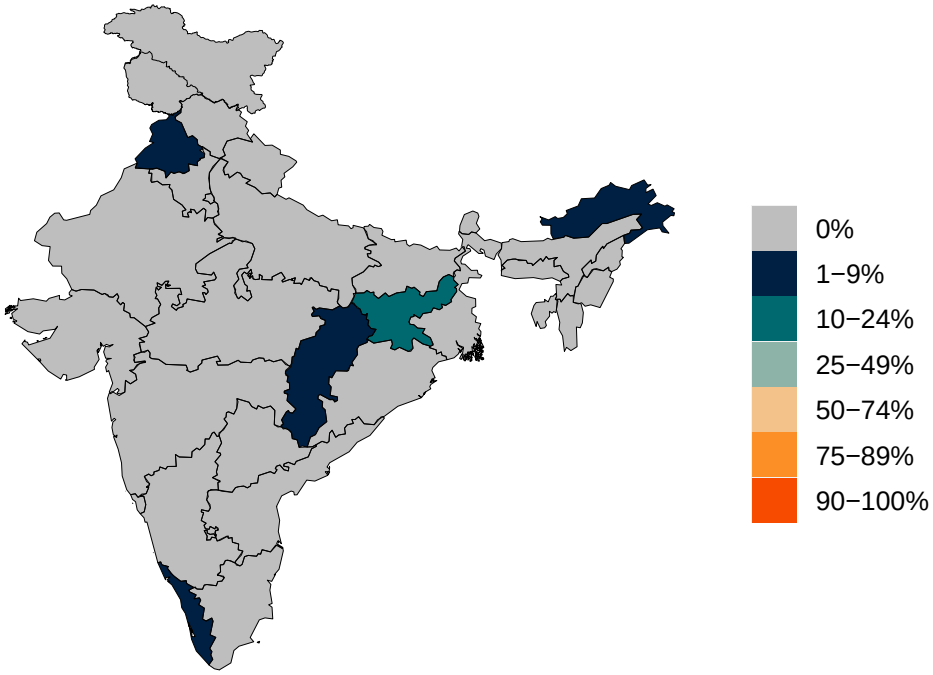


Figure 9.2 Estimated percent Beta variant

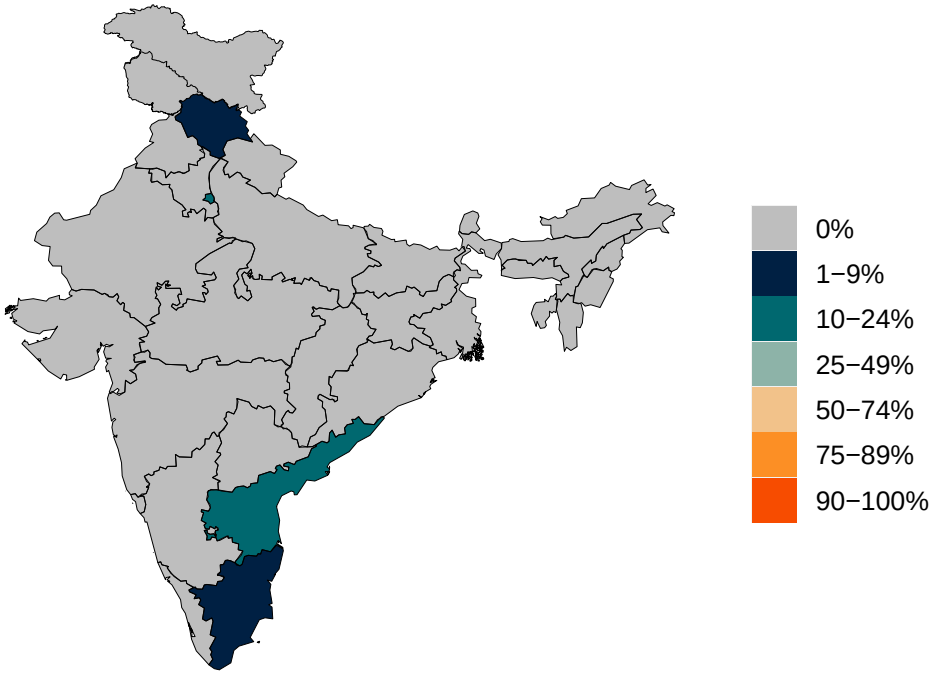


Figure 9.3 Estimated percent Delta variant

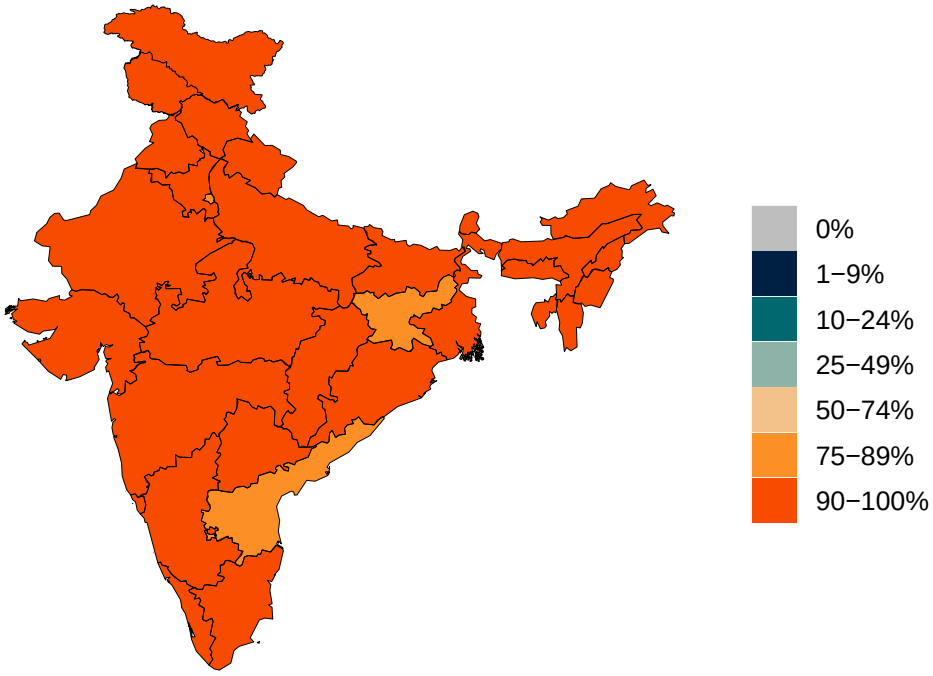


Figure 9.4 Estimated percent Gamma variant

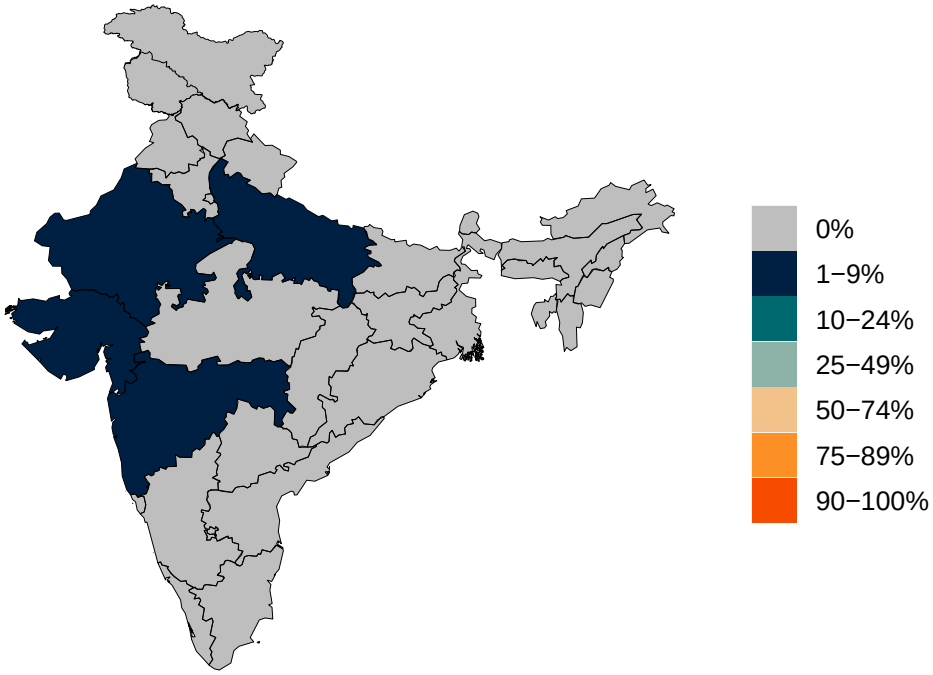
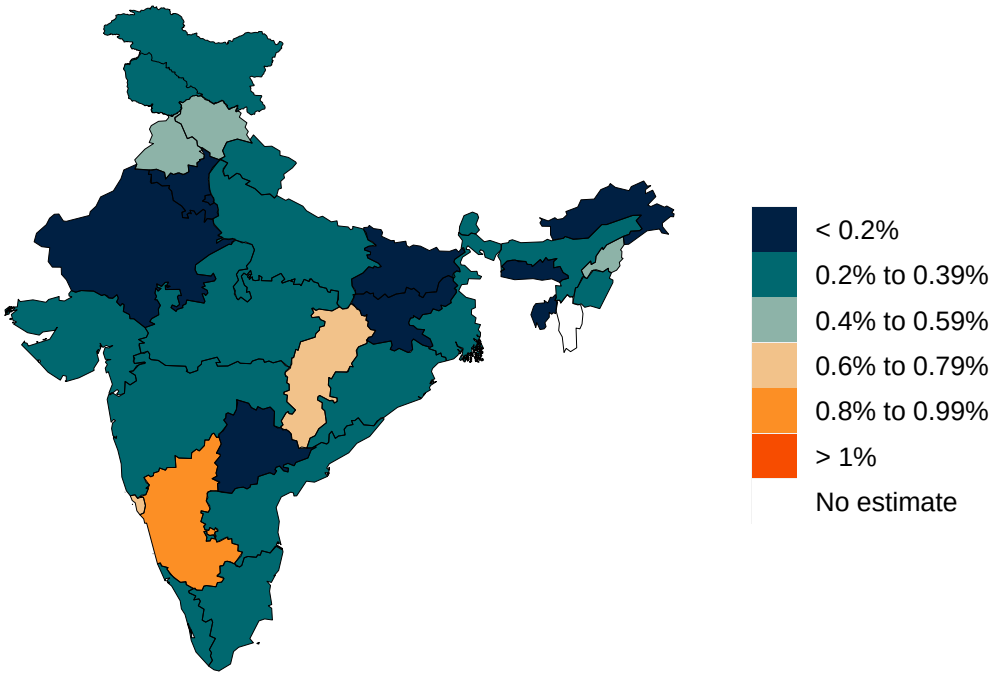


Figure 10.1. Infection-fatality rate on November 1, 2021. This is estimated as the ratio of COVID-19 deaths to estimated daily COVID-19 infections.



Critical drivers

Table 2. Current mandate implementation

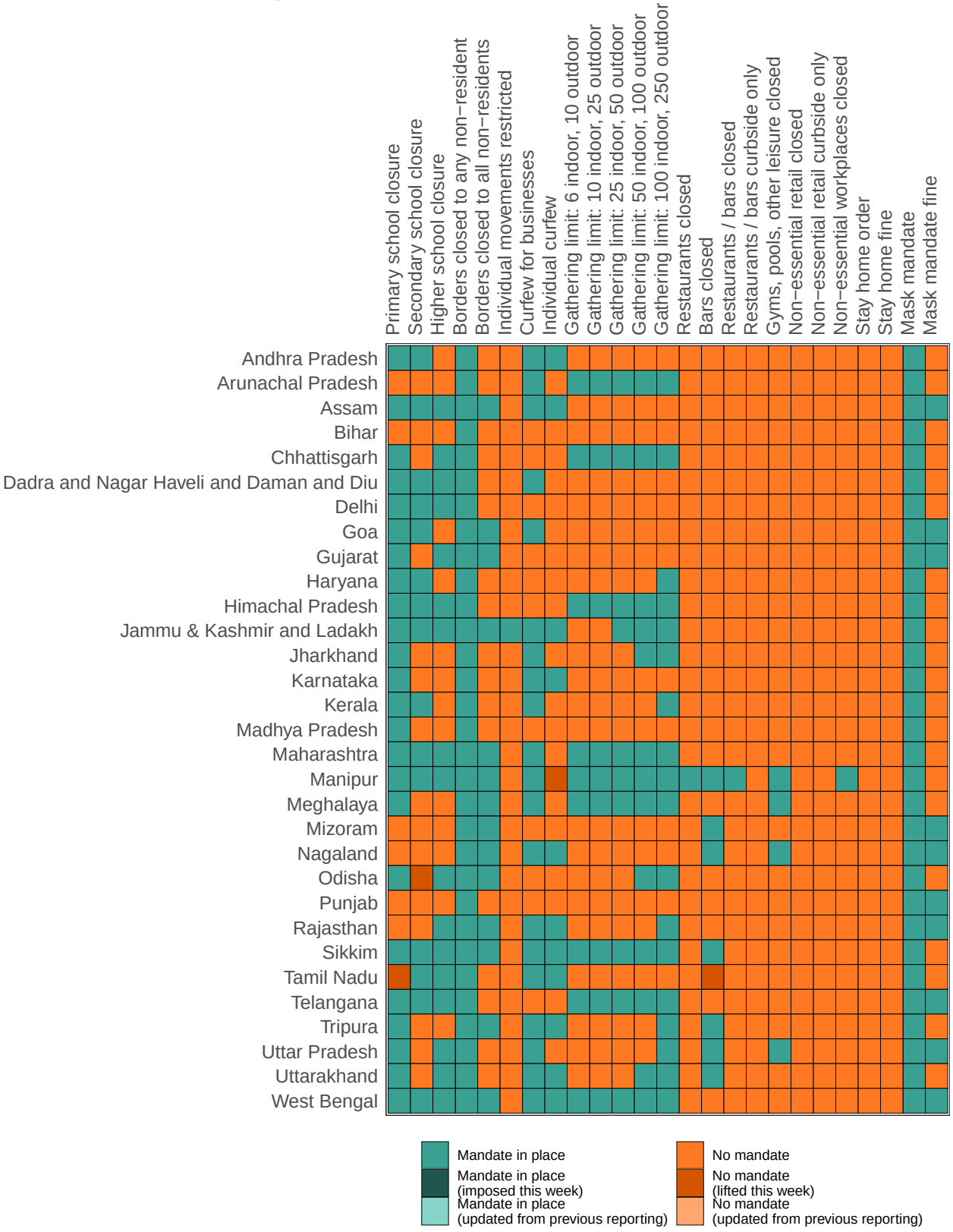


Figure 11.1. Trend in mobility as measured through smartphone app use, compared to January 2020 baseline

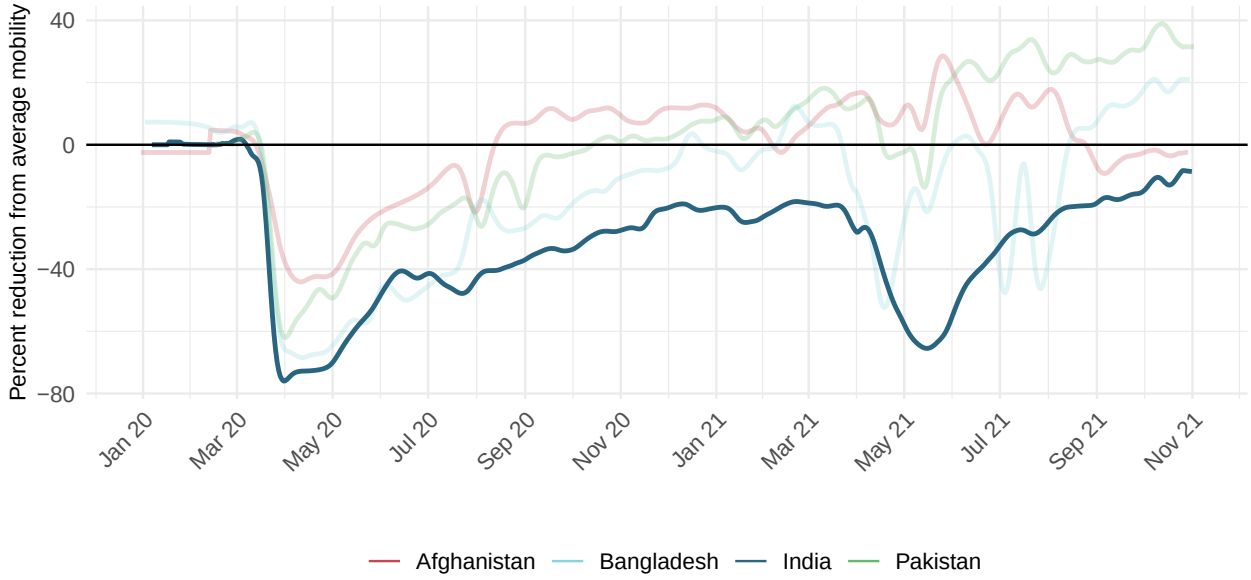


Figure 12.1. Mobility level as measured through smartphone app use, compared to January 2020 baseline (percent) on November 1, 2021

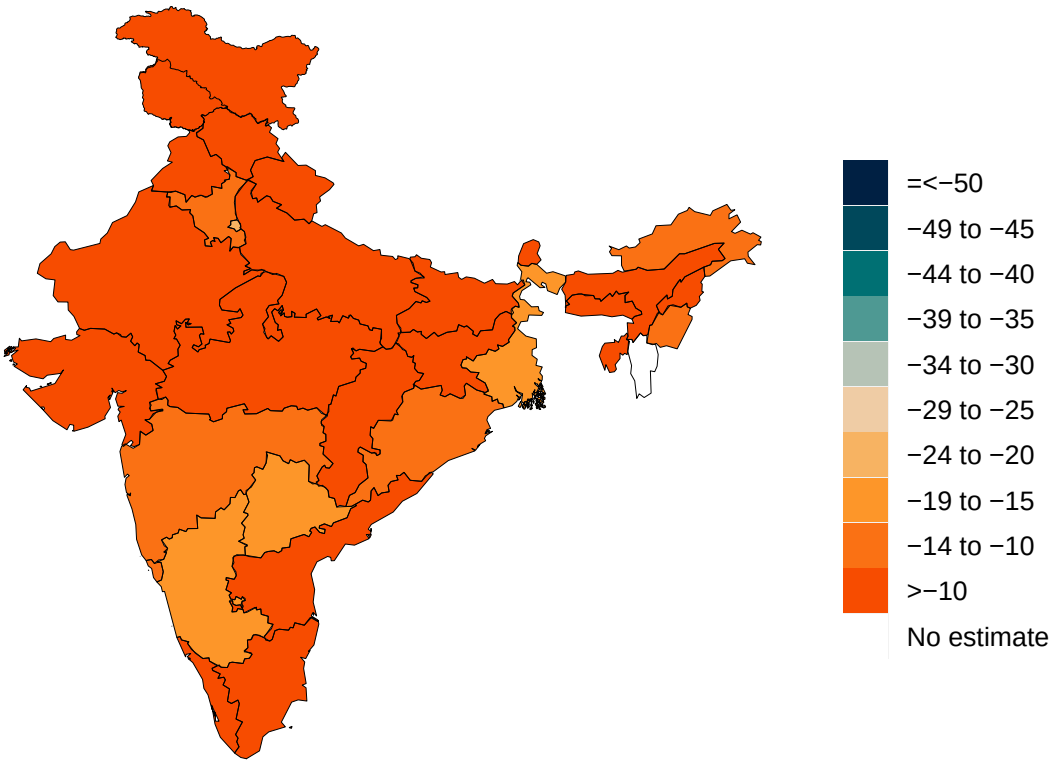


Figure 13.1. Trend in the proportion of the population reporting always wearing a mask when leaving home

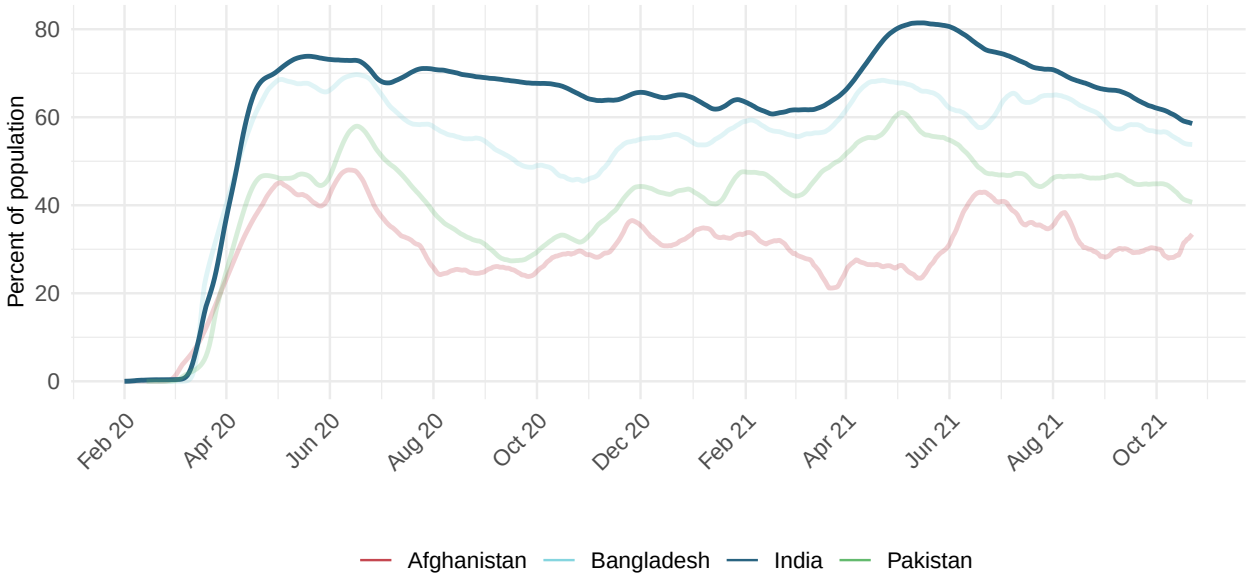


Figure 14.1. Proportion of the population reporting always wearing a mask when leaving home on November 1, 2021

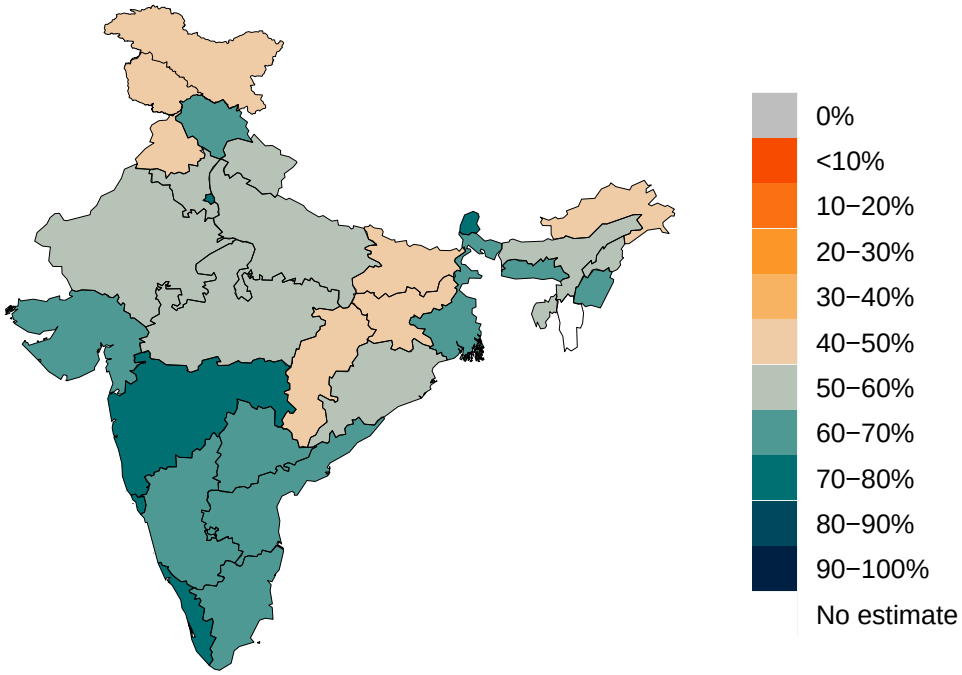


Figure 15.1. Trend in COVID-19 diagnostic tests per 100,000 people

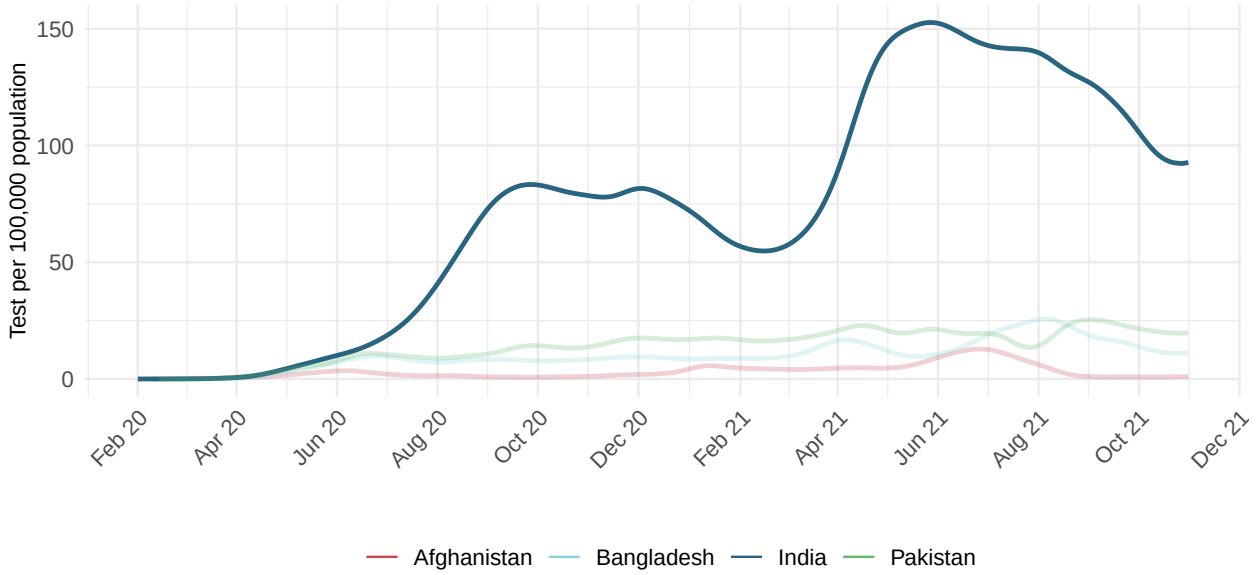


Figure 16.1. COVID-19 diagnostic tests per 100,000 people on November 1, 2021

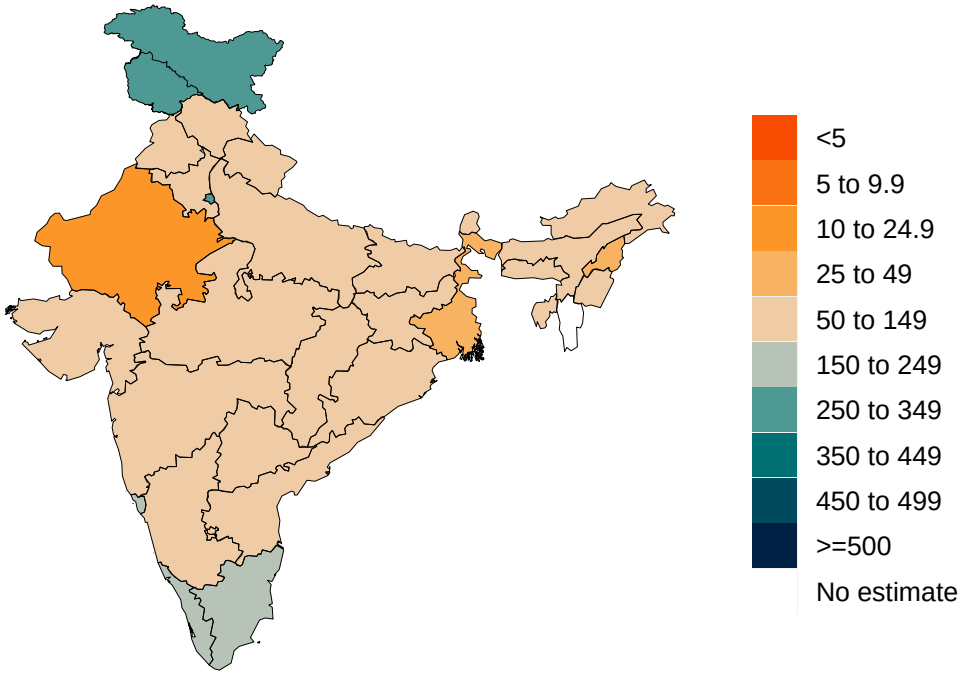


Table 3. Estimates of vaccine efficacy for specific vaccines used in the model at preventing disease and infection. The SEIR model uses variant-specific estimates of vaccine efficacy at preventing symptomatic disease and at preventing infection. We use data from clinical trials directly, where available, and make estimates otherwise. More information can be found on our website.

Vaccine	Efficacy at preventing disease: ancestral and Alpha	Efficacy at preventing infection: ancestral and Alpha	Efficacy at preventing disease: Beta, Delta, & Gamma	Efficacy at preventing infection: Beta, Delta, & Gamma
AstraZeneca	90%	52%	85%	49%
CoronaVac	50%	44%	43%	38%
Covaxin	78%	69%	68%	60%
Johnson & Johnson	86%	72%	60%	56%
Moderna	94%	89%	94%	80%
Novavax	89%	79%	79%	69%
Pfizer/BioNTech	94%	86%	85%	78%
Sinopharm	73%	65%	63%	56%
Sputnik-V	92%	81%	80%	70%
Tianjin CanSino	66%	58%	57%	50%
Other vaccines	75%	66%	65%	57%
Other vaccines (mRNA)	91%	86%	85%	78%

Percent of the population having received at least one dose (17.1) and fully vaccinated against SARS-CoV-2 (17.2) by November 1, 2021

Figure 17.1 Percent of the population having received one dose of a COVID-19 vaccine

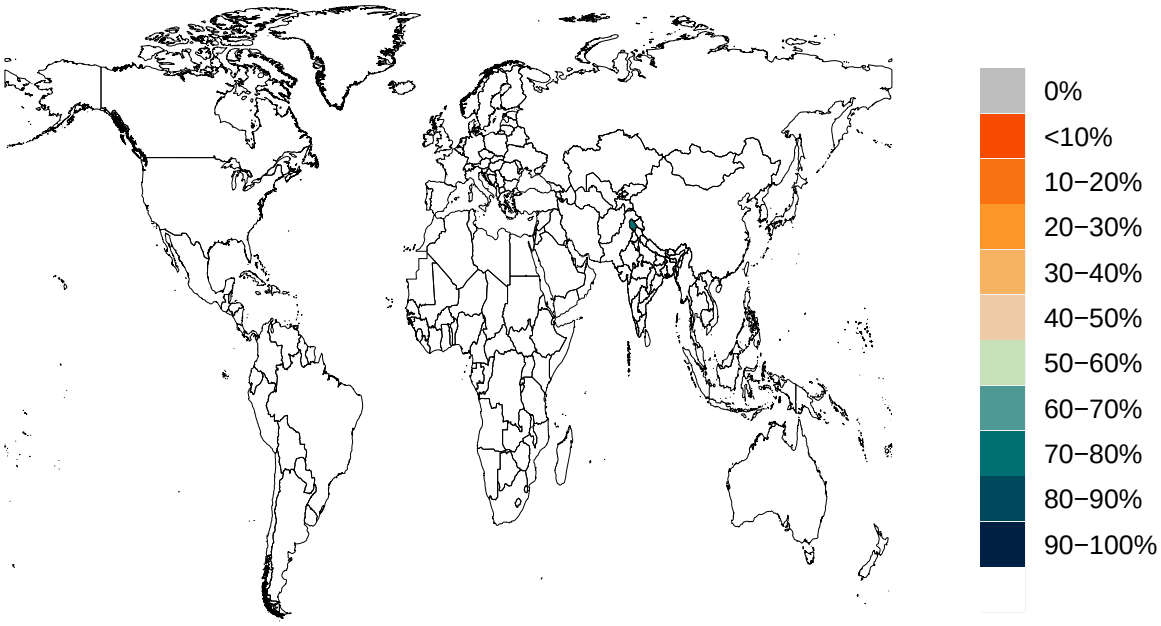


Figure 17.2 Percent of the population fully vaccinated against SARS-CoV-2

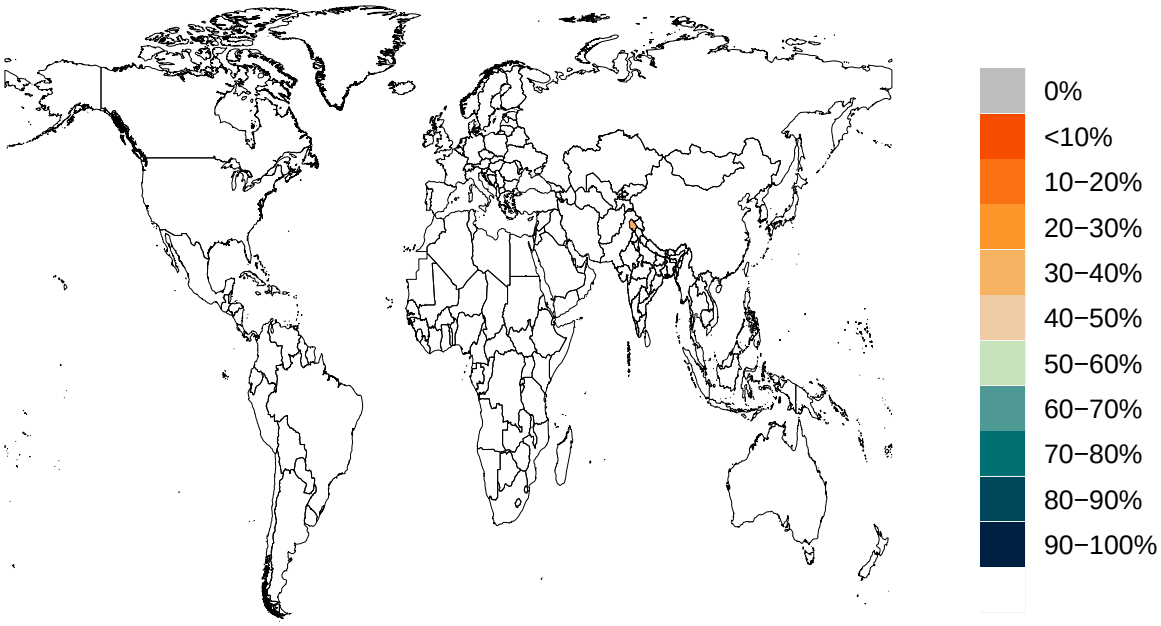


Figure 18.1. Trend in the estimated proportion of the population that is 12 years and older that has been vaccinated or would probably or definitely receive the COVID-19 vaccine if available. Note that vaccine acceptance is calculated using survey data from the 18+ population.

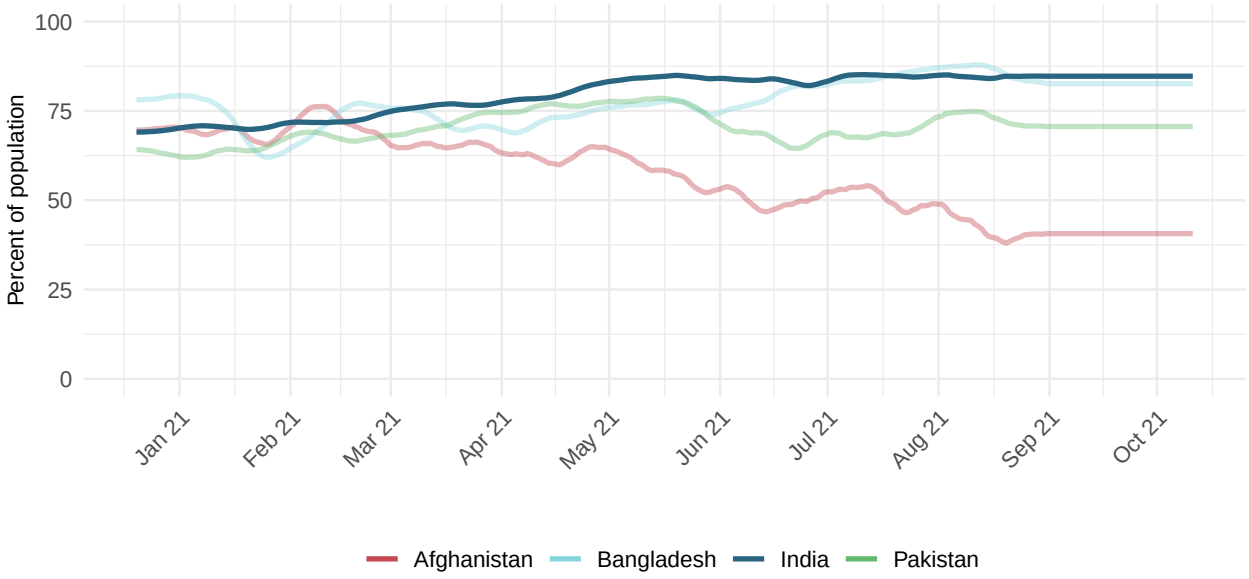


Figure 19.1. Estimated proportion of the population that is 12 years and older that has been vaccinated or would probably or definitely receive the COVID-19 vaccine if available. Note that vaccine acceptance is calculated using survey data from the 18+ population.

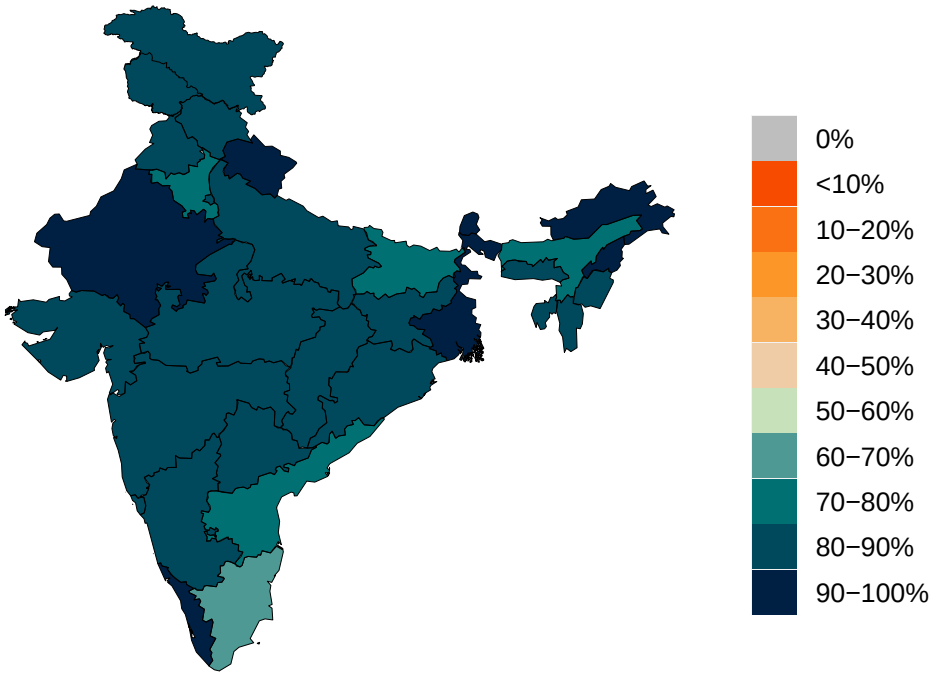


Figure 20.1. Percent of people who receive at least one dose of a COVID-19 vaccine and those who are fully vaccinated

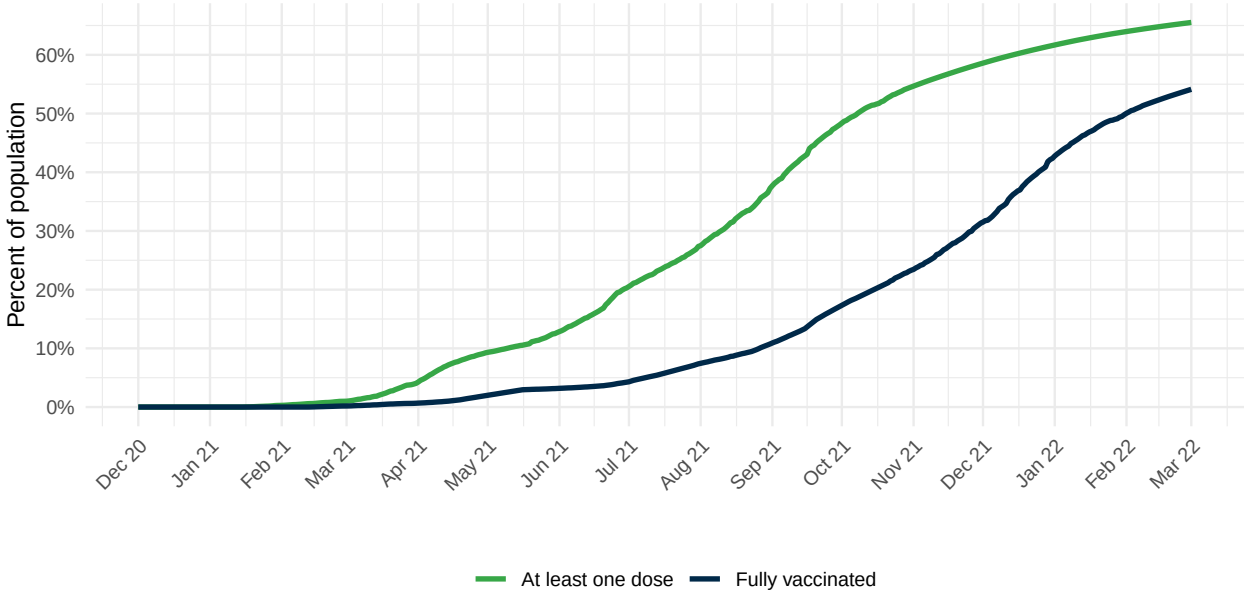
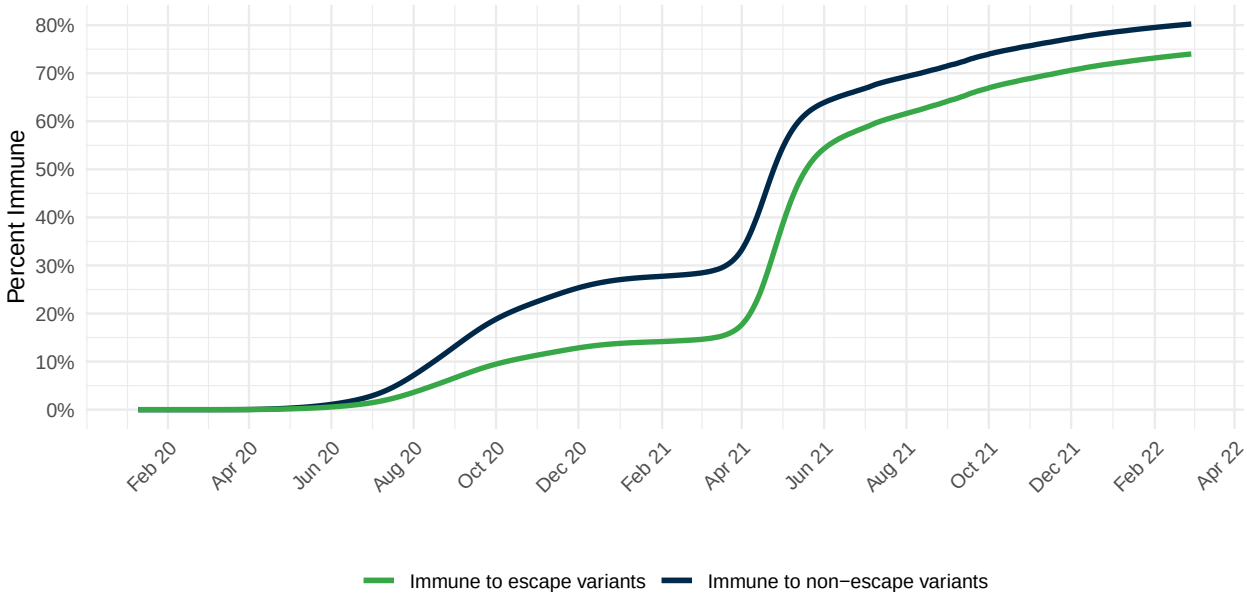


Figure 21.1. Percentage of people who are immune to non-escape variants and the percentage of people who are immune to escape variants



Projections and scenarios

We produce three scenarios when projecting COVID-19. The **reference scenario** is our forecast of what we think is most likely to happen:

- Vaccines are distributed at the expected pace. Brand- and variant-specific vaccine efficacy is updated using the latest available information from peer-reviewed publications and other reports.
- Future mask use is the mean of mask use over the last 7 days.
- Mobility increases as vaccine coverage increases.
- Governments adapt their response by re-imposing social distancing mandates for 6 weeks whenever daily deaths reach 8 per million, unless a location has already spent at least 7 of the last 14 days with daily deaths above this rate, and not yet re-imposed social distancing mandates. In this case, the reference scenario assumes that mandates are re-imposed when daily deaths reach 15 per million.
- Variants Alpha, Beta, Gamma, and Delta continue to spread regionally and globally from locations with sufficient transmission.

The **worse scenario** modifies the reference scenario assumption in four ways:

- 100% of vaccinated individuals stop using masks.
- Mobility increases in all locations to 25% above the pre-pandemic winter baseline, irrespective of vaccine coverage.
- Governments are more reluctant to re-impose social distancing mandates, waiting until the daily death rate reaches 15 per million, unless a location has already spent at least 7 of the last 14 days with daily deaths above this rate, and not yet re-imposed social distancing mandates. In this case, the reference scenario assumes that mandates are re-imposed when daily deaths reach 38 per million. In either case, we assume social distancing mandates remain in effect for 6 weeks.
- Variants Alpha, Beta, Gamma, and Delta spread between locations twice as fast when compared with our reference scenario.

The **universal masks scenario** makes all the same assumptions as the reference scenario but assumes all locations reach 95% mask use within 7 days.

Daily COVID-19 deaths until March 01, 2022 for three scenarios

Figure 22.1 Reported daily COVID-19 deaths per 100,000

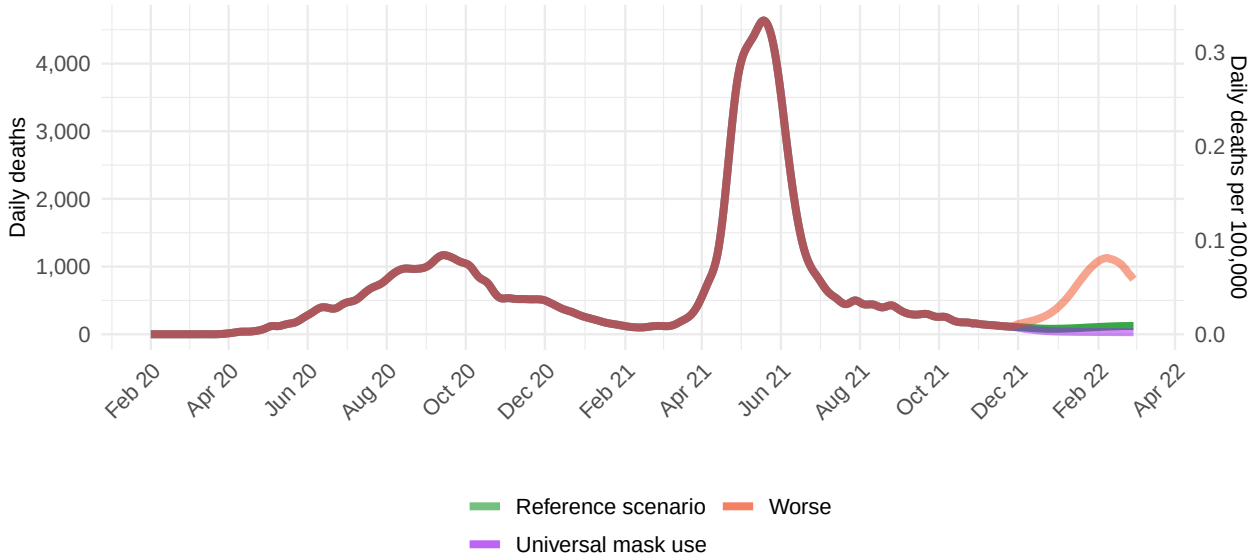


Figure 22.2 Total daily COVID-19 deaths per 100,000

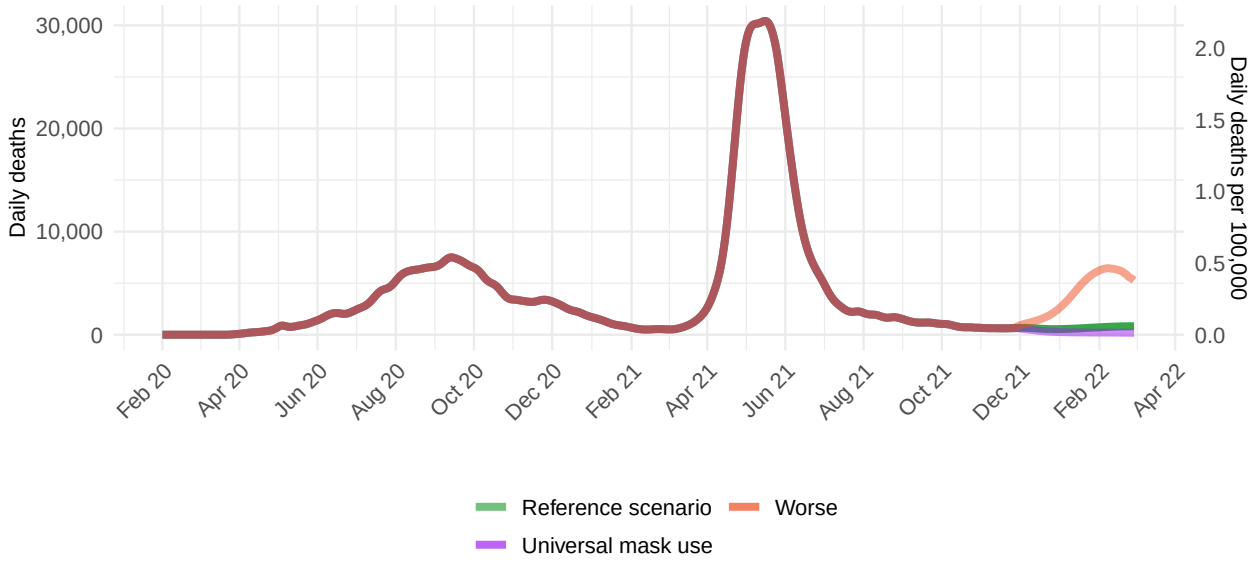


Figure 22.3. Daily COVID-19 infections until March 01, 2022 for three scenarios

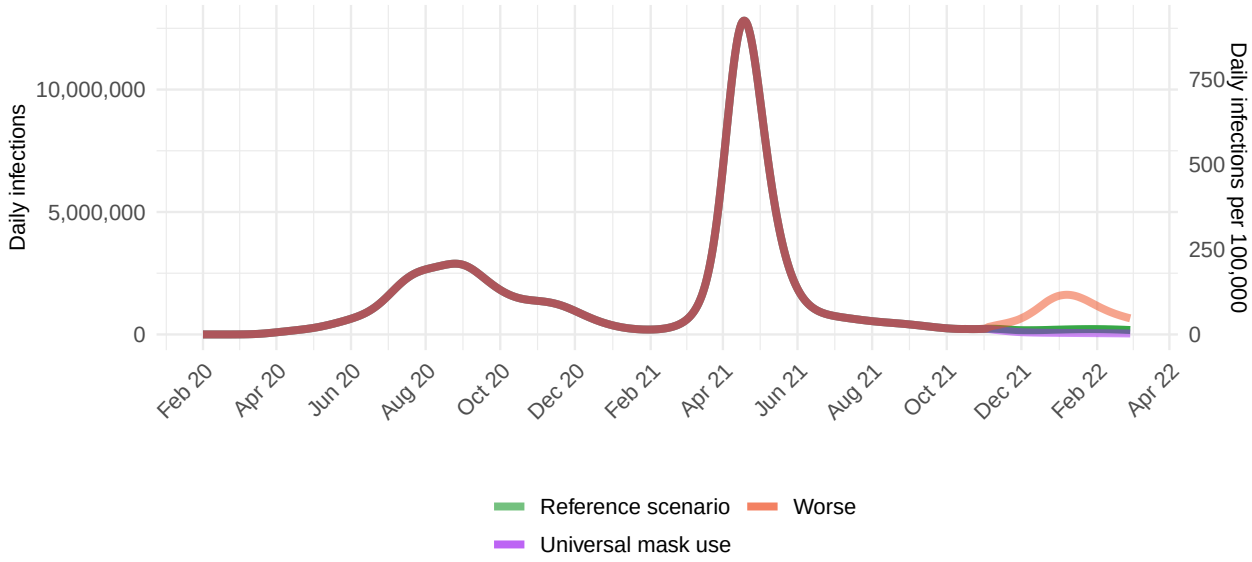


Figure 22.4. Daily COVID-19 reported cases until March 01, 2022 for three scenarios

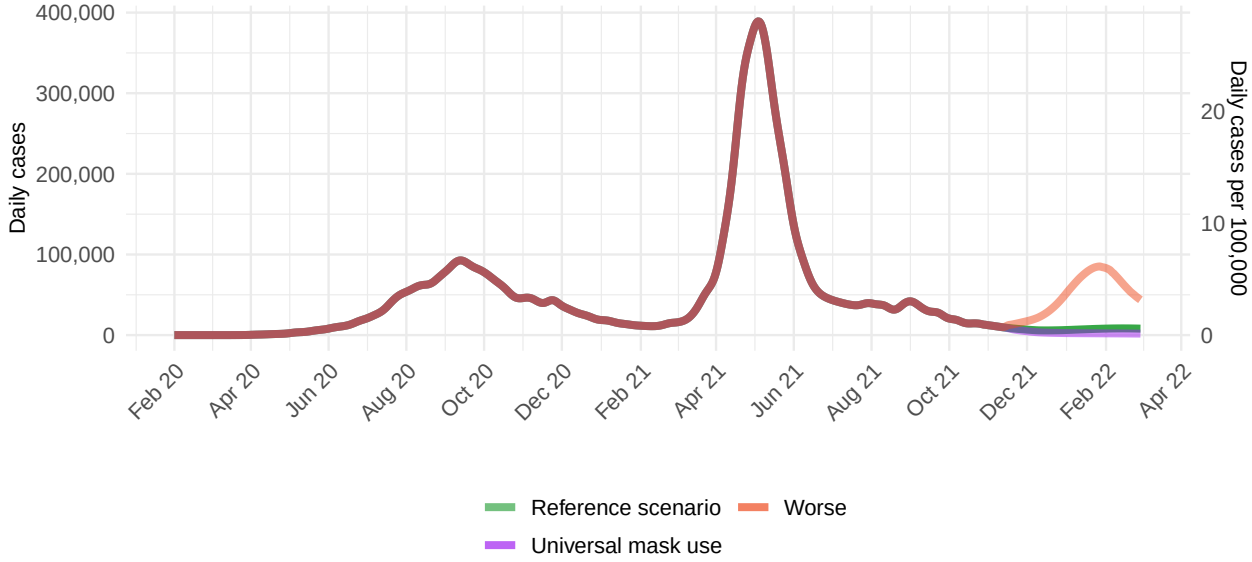


Figure 22.5. Daily COVID-19 hospital census until March 01, 2022 for three scenarios

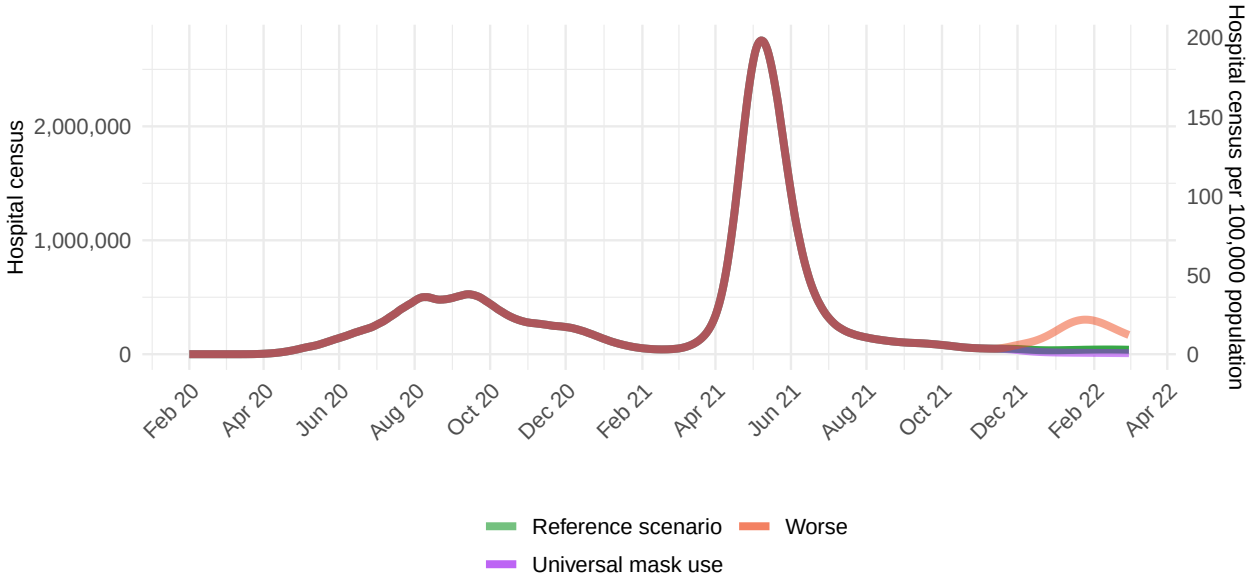
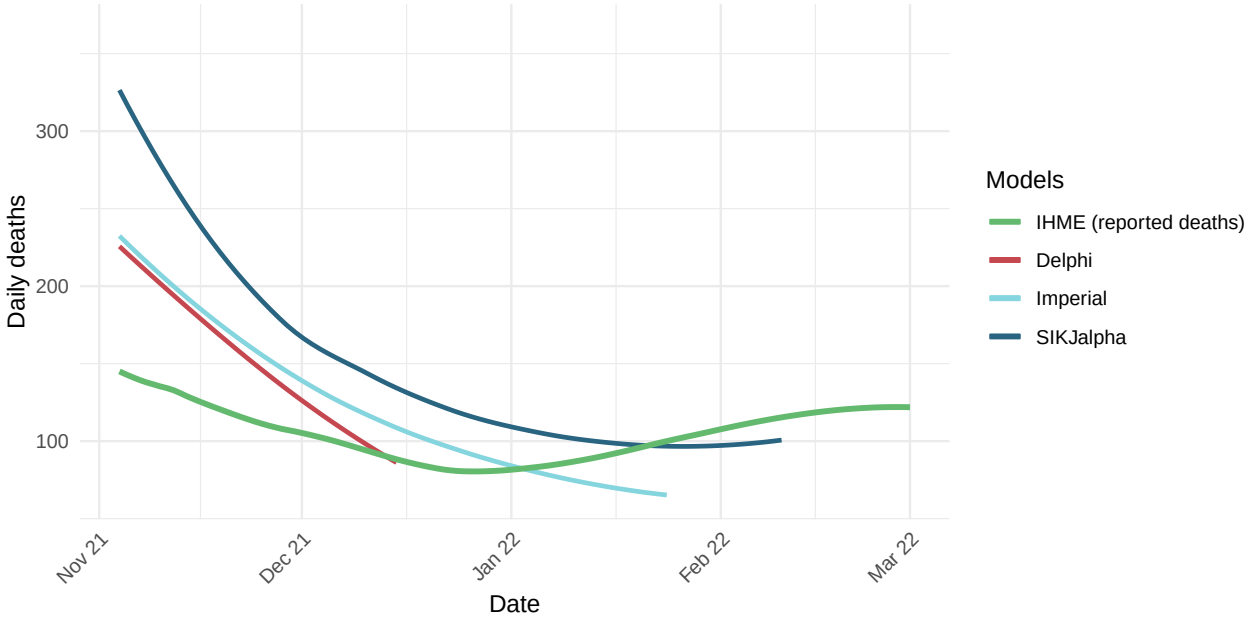


Figure 23.1. Comparison of reference model projections with other COVID modeling groups. For this comparison, we are including projections of daily COVID-19 deaths from other modeling groups when available, last model update in brackets: Delphi from the Massachusetts Institute of Technology (Delphi) [November 3, 2021], Imperial College London (Imperial) [October 27, 2021], the SI-KJalpha model from the University of Southern California (SIKJalpha) [November 3, 2021]. Daily deaths from other modeling groups are smoothed to remove inconsistencies with rounding. Regional values are aggregates from available locations in that region.



More information

Data sources:

Mask use and vaccine confidence data are from the The Delphi Group at Carnegie Mellon University and University of Maryland COVID-19 Trends and Impact Surveys, in partnership with Facebook. Mask use data are also from Premise, the Kaiser Family Foundation, and the YouGov COVID-19 Behaviour Tracker survey.

Genetic sequence and metadata are primarily from the GISAID Initiative. Further details available on the COVID-19 model FAQ page.

A note of thanks:

We wish to warmly acknowledge the support of these and others who have made our COVID-19 estimation efforts possible.

More information:

For all COVID-19 resources at IHME, visit http://www.healthdata.org/covid.

To download our most recent results, visit our Data downloads page.

Questions? Requests? Feedback? Please contact us at https://www.healthdata.org/covid/contact-us.