Introduction

One year ago, the 7.5 billion people on the Earth would not have predicted the enormous impact of COVID-19. According to the World Health Organization (WHO), the first identifiable case of COVID-19 was discovered in December 2019 in the Wuhan province of China, and the disease was declared a global emergency on January 30, 2020.

…………………………………………………………………………………………………………….

Agenda

Covid 19 in USA

Hospitals

PPE

Surgeries

Outpatient

Virtual

Nursing homes

Industry

Covid-19 was projected to be the United States' third leading cause of death in 2020; the pandemic was expected to cause a 3.3 trillion-dollar deficit in 2020, which is about 15% of the United States' GDP. Over 51% of Americans have reported a loss of employment income since the pandemic started, along with an unemployment rate that skyrocketed to 14.7 when the pandemic started. With lost wages and employment, Americans have been struggling throughout the year to make rent and mortgage payments, especially young adult Americans.

To prepare for a surge in hospitalized patients with COVID -19, hospitals needed to

create more negative pressure rooms,

hire a backup workforce,

pay overtime to staff,

educate staff,

obtain PPE,

and address PPE shortages.

All nonemergent and elective surgeries and procedures were canceled to free up essential hospital staff and hospital beds.

Social distancing practices and patient anxiety related to COVID-19 led to the cancellation of nearly all outpatient appointments and a transition to virtual telemedicine appointments.

With increased costs related to COVID-19 and the lost revenue from the cancellation of outpatient office visits, elective procedures, and elective surgeries, hospitals throughout the country became financially strained.

Nursing homes and long-term care facilities have been extremely impacted by COVID-19, with more than 40% of the total deaths related to the pandemic being residents or staff of these facilities. Eight out of ten COVID -19 deaths in the US occur in individuals older than 65.

Seventy-six percent of establishments in finance and insurance, employing over 2 million workers, continued to pay some or all employees that were told not to work. That compares with 32 percent of establishments in accommodation and food services. Fifty-four percent of establishments in health care and social assistance, employing almost 8 million workers, continued to pay some or all employees who were told not to work while they were not working. Overall, about 43.5 million employees worked in establishments that paid at least some workers while they were not working.

………………………………………………………………………………………………………

India

The first case of COVID-19 in India was reported on January 30, 2020.

Originally, the country employed a strategy focused on containment of the virus, applying measures such as quarantine of individuals traveling from high transmission areas, isolation of infected individuals, contact tracing, and restricting the travel of people from areas where caseloads were high.

As the number of cases increased, the contribution of sustained local transmission to the propagation of the virus became evident, and focus shifted to mitigation measures as a means of tackling the virus. Like the procedures implemented in China, India enforced bans on public gatherings, air travel both within the country and internationally, and the closure of public places. These restrictions put pressure on an economy that was already sluggish, and immediate negative impacts were seen in the agricultural, manufacturing and service sectors. Indian exports were hit significantly as the virus spread within the countries with which India conducts trade, and those countries halted manufacturing. Furthermore, the pandemic and resultant lockdowns have taken a large psychological toll on many in India, exacerbating symptoms of anxiety and depression.