

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_80232
Title of the Manuscript:	COVID-19 – RESURGENCE AND VACCINATION
Type of the Article	Review Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<ol style="list-style-type: none"> 1. On topic REASONS FOR RESURGENCE IN COVID-19 CASES, it is necessary to demonstrate the values that prove that the second wave is more deadly, spreads faster and affects all age groups. It is important to present the numbers that illustrate that information. Also display the numbers of the first and second waves. It is also important to indicate the reference. 2. Indicate the reference used in the following paragraph, belonging to the topic COLLAPSED HEALTH CARE INFRASTRUCTURE “In India, the health care infrastructure is ailing with massive lack of beds, shortage of sophisticated infrastructure like ICU accommodations, shortage of oxygen supply, lack of medical professionals and so on. All the hospitals and health care facilities are completely overwhelmed. Patients have to travel hundreds and thousands of kilometers to get bed and hospital accommodation. Need of medicines which are helping to cure the COVID-19 patients are all time high. Shortage of blood plasma of recently cured patient of COVID-19 can be felt. Drugs like Remdesivir, Fabiflu are on peak demands and black marketing has been started only to make condition worse. Tsunami of messages on social media as well as on various platforms only indicates how situation is graver than before. In the first phase, the extra facilities like stadiums, rail coaches and malls converted to COVID-19 care facility were sparingly used as infection cases were not as much, therefore these facilities were lying vacant. Now the condition has reversed and almost all the facilities around the national boundary has been showing full accommodation. This time, the need of sophisticated medical care is required is far more than the first wave. There is already reported shortage of oxygen cylinders, ICU beds and the demand of these care is going through the roof. There is also reporting of false negative test result of RT-PCR (Reverse Transcript Polymerase Chain Reaction) tests in large numbers. As the person with active infection get test results negative, he or she can transmit the infection even to greater number of people. In some cases, the person showing standard symptoms of COVID-19 is also getting the test results negative creating confusion among masses. Although the RTPCR tests are not meant to be 100 percent accurate but the margin of error has been exceeded way back. There are several reasons attribute to this topic. The surge in swab givers is so huge that the demand is barely met as there are already lack of manpower in hospitals and pathology labs. Many medical professionals and swab takers are over worked and exhausted and can commit manual error unknowingly by taking swab incorrectly. Also viral load may take time to show up, average time being 5 days, meanwhile the test results can be negative creating false sense of security. Capacity of the tests has been already exceeded and there little to no supervision resulting in substandard test facilities. The standard and quality of test kits are also in question as the price has been dropped by considerable amount. Also the minimum critical threshold (ct) value for test to be negative have found to be varying creating ambiguity. It seems that no lessen has been taken from the insights provided by 1918 Spanish flu pandemic about the destructive power of second wave.” 3. I believe the correct way to spell the word "re-imposing" is using the hyphen. 	
Minor REVISION comments	<ol style="list-style-type: none"> 1. On topic MUTATIONS IN NOVEL CORONAVIRUS, it would be important to show which are the name of those variants present at the following sentence “Some of the infamous strains which has caused more infections includes Californian strain from USA, Kent or UK variant, south African variant and Brazilian variant. 	

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Optional/General comments	<ol style="list-style-type: none">1. I suggest for you to discuss a little more about the margin of error of the RTPCR tests, about the accuracy of the tests. Sentence “Although the RTPCR tests are not meant to be 100 percent accurate but the margin of error has been exceeded way back.”, belonging to the topic COLLAPSED HEALTH CARE INFRAESTRUCTURE.2. I suggest replacing the term "jabs" with “shot”.	
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PART 2:

	Reviewer’s comment	Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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