

IMPACT OF COVID-19: A STUDY ON THE POPULATION OF DELHI -NCR

Anjana Goyal^{1*}, Reena Doomra^{2**}, Anushka Choudhary³, Ishu Gupta⁴, Nitik Baisoya⁵, Ramya Shanta⁶, Saher Javed⁷, Urvi Vashistha⁸

Article History: Received: 04.05.2023 Revised: 17.06.2023 Accepted: 12.07.2023

Abstract

Long-term impact of COVID-19 post-acute sequelae in patients vary according to the period since infection, organ systems and tissues affected. The objective of this study is to emphasize the long-term impact on the recovered COVID-19 patients and understand the post-COVID-19 sequelae. The analysis was done through a cross-sectional study in COVID-19 recovered patients during the first and second SARS-CoV-2 pandemic waves. It was found that majority of the survey population was infected during the second surge, April 2021 onwards. The sample survey endured all these symptoms infrequently. Psychological side effects including depression, fear and anxiety might continue for a longer time frame. There were people who reported heart and lung ailments even after recovering from COVID-19. The findings of this study will help researchers better understand the consequences of post-COVID symptoms.

Furthermore, the mental health difficulties that have evolved as a result of the COVID-19 epidemic are expected to have global ramifications. During the second wave of infection, the majority of the sample population became infected, with severe symptoms.

Keywords: SARS-CoV-2, Pandemic, COVID-19, mental health, second wave.

*Corresponding Author:

Dr. Anjana Goyal

Professor and Head, Department of Biochemistry School of Dental Sciences, MRIIRS, Faridabad 121004, Haryana, India.

Email: anjana.sds@mrei.ac.in ORCID ID- 0000-0002-8855-3237

Cite as: Goyal A, Doomra R, Choudhary A, Gupta I, Baisoya N, Shanta R, Javed S, Vashistha U. Impact of Covid-19: A Study On The Population Of Delhi -NCR. Eur. Chem. Bull. 2023, 12 (S3), 5883–5893

DOI: 10.31838/ecb/2023.12.s3.658

^{1*}Professor and Head, Department of Biochemistry, Manav Rachna Dental College, MRIIRS, Faridabad.

^{*}ORCID ID - 0000-0001-9121-4749

^{2**}Professor and Head, Department of Pharmacology, Manav Rachna Dental College, MRIIRS, Faridabad.

^{**}ORCID ID - 0000-0002-8855-3237

^{3,4,5,6,7,8}BDS students, Manav Rachna Dental College, MRIIRS, Faridabad

1. INTRODUCTION

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was detected in China in December 2019. [11] Up till June 11, 2021, India had reported 29.27 million cases during the pandemic, with a case fatality rate of 1.24 percent (363,079 fatalities)⁽²⁾.

Since the emergence of the 2019 new coronavirus (2019-nCoV) infection, it has spread across China and lots of other countries [3, 4, 5, 6, 7, 8]. So far, 2019-nCoV has affected 43,000 cases in 28 countries and regions and has become a major global health concern. On February 11, 2020, the World Health Organization (WHO) blazoned a relief name for the contagious complaint caused by the 2019-nCoV coronavirus complaint (COVID-19). The COVID-19 contagion created an annihilation in a short span of time all over the world. We're in this for the long haul and are still fighting against it. Major parts of the population infected with the coronavirus 2019 (COVID-19) recover within a 15-day span. However, some people, even those with mild symptoms, continue to experience long-term or short-term symptoms after being infected with the COVID-19 virus^[9].

Indeed, as acute COVID-19 has been shown to affect every part of the body, there can be a range of symptoms endured by patients post-COVID. Some might witness symptoms that last weeks or months after first being infected with the COVID-19 contagion. Unlike some of the other types of post-COVID conditions that tend only to affect people that have had severe illnesses, these symptoms can affect anyone who has had COVID-19, albeit the illness was mild, or if they had no original symptoms. [10] The COVID-19 symptoms' inflexibility ranges from extremely mild to severe. Some people

may be symptomatic, some may have no symptoms or mild symptoms, but they can still spread it (asymptomatic transmission). Some might have the primary symptoms only, such as fever, dizziness, breathlessness, headache or dry cough. [11,12]

Symptoms endured for more than four weeks after being diagnosed with COVID-19 are called post-COVID-19 conditions or post-COVID symptoms. Aged people and others with a variety of serious medical conditions are more likely to experience moping COVID-19 symptoms, but even young, otherwise healthy people can feel ill for weeks to months after infection. [13] People generally report different combinations of symptoms such as difficulty in breathing, frazzle or fatigue^[14], symptoms that get worse after physical or internal conditioning (also referred to as "post-exertional malaise"), headache, tachycardia, joint or muscle pain, legs-and-needles feeling, diarrhea, insomnia, fever, dizziness on standing, rash, mood changes, change in smell or taste or changes in menstrual cycles in ladies.[15, 16,17,18,19]Some people suffering from severe illness with COVID-19 may succumb to multiorgan diseases or autoimmune conditions over an extended period of time, with symptoms lasting weeks or months after the illness with COVID-19 illness^[20]. Multiorgan diseases can affect numerous, if not all, body systems, including heart, lungs and brain functions, and are the most common organs affected post-COVID^[21]. Follow-up examinations of infected people can assist medical professionals to remain alert. Early medical action can help to either avoid complications or improve the prognosis. The risk of organ damage is linked to COVID-19, as well as the long-term consequences that may result. Table 1 shows all of the characteristics of SARS-CoV-2 in multi-organ systems. [22]

Table 1: Organs affected post COVID-19

Organ	Site of symptom	Manifestati on	Confirma tive test	Presence of viral nucleic acid	Presence of ACE-2 receptor	Remarks	Referen ces
Brain	Olfactory Bulb	Hyposmia, hypogeusia , hypopsia, encephaliti s and headache	MRI Scan,	Nasopharyn geal swab	ľ	- SARS- CoV-2 enroute to the olfactory bulb	Mathe w, 2020; Poyiadj i et al., 2020;

			Donnardria			looding to	Duic of
			Pennsylva			leading to	Puja et
			nia Smell			smell	al.,
						dysfunctio	2020
						n and	
						cytokine	
						storm in	
			Identificat			the	
			ion Test)			thalamus.	Somme
Eye	Conjunctiv	Conjunctivi			Retina and	-SARS-	r, 2020;
Lyc	a	tis,	Slit Lamp	_	Ketina and	CoV-2	Qing
						could	Qing
						enters	
						the tears in	at al
		ahamasis				the droplet	et al., 2020;
		chemosis, swelling of				form and	Wu et
		conjunctiva,	diagnostic		Retinal	could	al.,
		epiphora or	S		nigment	transmit	2020
		overflow of			epithelium	the disease	2020
	D-1	tears onto		T	epithenum	to various	
Lung	Pulmonary	the face		Lung	Transient	organs.	Cao et
	lobe	Bilateral	CT Scan	sputum	Transient		al.,
		pneumonia,				-Damage	2020;
		F,				of walls	Han
						and lining	
						cells by	
		unilateral				SARS-	
		pneumonia,			secretory	CoV-2	et al.,
	Pulmonary	ground			cells	-	2020
		glass				Inflammas	
		opacities,				ome	
						pathway	
		Irregular				mediated	
	nodules	lesions				lung injury	
	Bronchovas	Thickening				and	
	cular	Tillekelling	.			damage	
	bundles	Shortness	Physical				
	Alveolus	of breath	symptom				Max.1-:
II.aa.ii		ARDS	Increased		\/:\al_1.	-	Markia
Heart	Myocardiu	Cardiac	levels of	_	Viable	Inflammati	n,
	m and	failure or				on and	2020;
		Turidre or				cytokine	
						storm	Llucas
						mediated	Huang
		Myrogandia:	Tuonania			myocardial	et al.,
		Myocarditis	•		myocardiu	infraction	2020;
	Cardiac	, Myggardial	protein		m	or	Bansal, 2020;
	muscle cell	Myocardial infraction.				myocarditi	Wang
Gastrointes	Stomach	miracuon.	Dhygiaa1	Nasophary		s.	et al.,
tinal	and	Anorovio	. •		Oesophagu		2020
unai	anu	Anorexia, vomiting,	symptom	117	S,	- GI	
		voillung,	S			symptoms	Zhu et
						may occur	al., 2020;
						at	2020,
	-	-	•	-	-	-	

system	digestive organs GI tract	nausea, abdominal pain Gastrointes tinal	Endoscop y,	Throat Stool	ileum and colon	the initial stage of COVID- 19	Zhang et al., 2020; Cui et al., 2020;
		bleeding	colonosc opy				Risman baf and Zarei,
Kidney	Liver	Liver injury Acute Kidney Injury	AST, ALT Creatinine blood test	Urine	Cholangioc ytes Proximal	-Possible drug induced liver injury - Liver fibrosis through AP-1 or inflammas ome pathway - Inflammas ome pathway	2020. Yang et al., 2020;
				(Uncommo n)	convoluted tubules Podocytes	Multi	Perico et al., 2020; Pan et al., 2020

2. METHODS

A cross-sectional study was carried out in the Delhi-NCR region to know regarding the long-term effects of patients who recovered from COVID-19 during the first and second pandemic waves.

The sample population size was 481 participants who gave their consent to be a part of our study. The form was distributed to the age groups of 18–25 years, 25–40 years and 40–60 years. To follow appropriate COVID-19 precaution guidelines, the questionnaire was prepared using Google Forms and was distributed via social media platforms like WhatsApp and other social media apps. The survey targeted patients who recovered from COVID-19.

The form consisted of 14 questions that analyzed their post-COVID effects. The common post-COVID effects were searched

through various online research papers and included in the questionnaire. Survey data was organized into an excel sheet using Microsoft Excel software, and thereafter the results of the study were analyzed and summarized in a table.

The validation of form was done via pilot study. This study was formally approved by the Manav Rachna Dental College, Faridabad.

3. RESULTS

A survey was conducted on the population of Delhi-NCR which consisted of a sample survey of 481 people out of which 278 were COVID-19 positive and 203 were COVID-19 negative patients. The study included both male and females between 18-25 years, 25-40 years and 40-60 years.

Table 2 indicates the general information of the COVID-19 positive cases. It shows that the majority of the survey population (59.7%) was

infected during the second surge, after April 2021.

45.7% of them were symptomatic with signs like fever, cough, lack of taste and smell, sore

throat etc. It was also observed that 43.2% of them were reinfected from COVID-19 and 56.8% had no longer been reinfected in our study.

TABLE - 2

	RESPONSES OF COVID-19 POSITIVE PATIENTS							
	GENERAL INFORMATION							
S.NO	QUESTION	OPTIONS	RESPONSES	PERCENTAGE				
		Between May 2020 & September 2020 (1st wave)	46	16.50%				
1	Period of COVID-19	Between September 2020 & April 2021 (Intermediate period)	66	23.70%				
1	infection	After April 2021 (2nd wave)	166	59.70%				
		Highly Symptomatic	127	45.70%				
2	Symptoms	Very less Symptoms	115	41.40%				
2	Symptoms	Asymptomatic	36	12.90%				
		Yes	120	43.20%				
3	Re-infection.	No	158	56.80%				

Table 3 and Figure 1 show the chronic health conditions and COVID-19 on the sample population. The survey evaluation confirmed that before getting infected from covid 19.4% of the study population suffered from heart problems, 9.4% suffered from Diabetes Mellitus and 7.2% suffered from Lung Disorders whereas after getting infected from covid 26.6% suffered from heart problems, 4%

suffered from diabetes mellitus, 12.2% suffered from lung disorders. When asked to rate their prevalence of falling sick, headache, breathlessness post covid majority of the sample survey endured all these symptoms infrequently but 69.1% of them had frequent hair fall and 36.7% couldn't see alterations in their weight where 33.5% gained weight and 29.9% lost weight post covid.

TABLE-3

CHRONIC HEALTH CONDITIONS						
S.NO	QUESTION	OPTIONS	RESPONSE	PERCENTAGE		
		Heart problems	54	19.40%		
	Chronic ailments before getting infected by COVID-	Diabetes mellitus	26	9.40%		
1 8		Lung disorders	20	7.20%		
		None	178	64%		
		Heart problems	74	26.60%		
	Chronic ailments post recovery	Diabetes mellitus	11	4%		
2		Lung disorders	34	12.20%		
		None	159	57.20%		
3		Frequently	93	33.50%		
	Frequency of falling sick	Moderately	84	30.20%		
		Rarely	101	36.30%		
	Headaches after recovery	Frequently	97	34.90%		
4		Moderately	83	29.90%		
		Rarely	98	35.30%		
	Breathlessness after recovery	Frequently	97	34.90%		
5		Moderately	83	29.90%		
		Rarely	98	35.30%		
6		Yes	192	69.10%		
	Frequent hair-fall post COVID-19	No	86	30.90%		
		Gained	93	33.50%		
7	Weight changes post COVID-19	Lost	83	29.90%		
		No Change	102	36.70%		

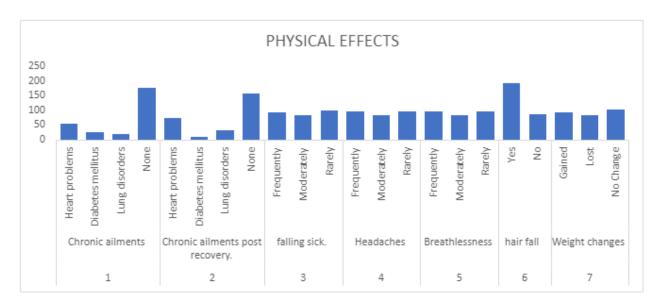


Figure 1: Chronic health conditions in post COVID-19 patients

Table 4 and Figure 2 show the psychological effects faced by the covid positive cases. As we know COVID-19 has had a huge impact on mental health all over the world. The results of our study showed that 61.2% of the total survey sample suffered from insomnia, 58.6% had

memory issues as they complained of forgetfulness post COVID-19, 51.1% had tremors, 59% faced anxiety, 25.5% had stress, 5.8% had panic attacks, 7.6% had fear of isolation.

TABLE-4

MENTAL EFFECTS						
S.NO	QUESTION	OPTIONS	RESPONSE	PERCENTAGE		
1	Classics assumes assid	Yes	170	61.20%		
1	Sleeplessness post covid.	No	108	38.80%		
2	Effect on money	Yes	163	58.60%		
2	Effect on memory.	No	115	41.40%		
3	Difficulty in movement	Yes	142	51.10%		
3	post COVID-19	No	136	48.90%		
		Anxiety	164	59%		
		Stress	71	25.50%		
4	Mental health issues post COVID-19	Panic Attacks	16	5.80%		
		Fear of Isolation	21	7.60%		
		None	87	31.30%		

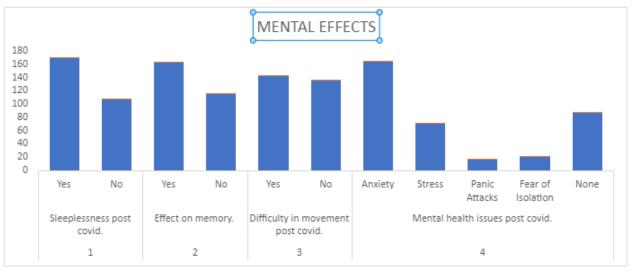


Figure 2: Mental issues post COVID-19

4. DISCUSSION

The aim of the survey was to identify the impact of COVID-19 in recovered patients, to identify long-term effects of the disease, and to determine if the common myths among the general population were actually true or false.

The results indicated that a large portion of the COVID-19 recovered patients are encountering stress, but the psychological side effects, including depression, fear, and anxiety, might continue for a longer time. There were people who reported heart and lung ailments even after recovering from COVID-19.

This analysis supports the theory that COVID-19 may affect the patients in the long run by having effects on the multiple organ systems of the patients. A recent study reported that the human kidney is a specific target for SARS-CoV-2 infection.^[23] In the follow-up of SARS recovered patients, in addition to the alveolar cells in the lungs, ACE2 expression has been reported in other organs, including the kidney, the heart, and the gut ^[26].

Individuals who have recovered from COVID-19 have to be more cautious and keep a check on their health status. They must monitor their health and do blood tests regularly for timely management of any health complication if it occurs after COVID-19 recovery. Henceforth, the recovered patients are recommended to go through a master health check-up to scout for any risks of other diseases. The patients who have recovered should get CT and MRI scans after consultation if required. The University of

Pennsylvania Smell Identification Test (UPSIT) to test smell identification, as loss of smell is one of the underlying symptoms in COVID-19 patients. Lung inflammation [24], inflammation in the heart [25], and GI tract inflammation [27,24] can all be analyzed by various scans and tests. LFT and KFT should be done to rule out any liver or kidney impairment. Regular health check-up of the recovered patients will definitely combat the challenges faced by them after COVID-19 recovery, and help to reduce their stress levels by making them feel psychologically better.

It was found that during the quarantine period, the infected, as well as a few recovered COVID-19 patients, were away from human contact, which could increase the possibility of psychological symptoms. Some strategies that can help overcome loneliness, depression, anxiety and stress by planning a daily routine, performing different activities and hobbies which may help to cope up with anxiety and stress.^[28] COVID-19 recovered patients are prone to develop physical, mental, as well as a few psychological issues, which could likewise be named 'post-intensive care syndrome'. Unaffected people being stressed over getting the infection from somebody who has recovered may attempt to stay away from them, but it is important not to exclude the individuals who have recovered from the illness. They may likewise be stressed over being stigmatized by the community. Henceforth, we propose giving counseling, moral help, as well as a few recommended guidelines to the COVID-19 recovered patients to get back to work as usual.

These should be followed by a COVID-19 recovered patient [22].

COVID-19 is a severe epidemic that has had a worldwide impact. People are affected physically, emotionally, financially as well as psychologically. Since it is still spreading, death rates are increasing day by day, life may come to a halt, and its control time is unpredictable. Many people will be affected by this consequence. Long-term health problems and psychological effects will be more apparent after the COVID-19 outbreak has been contained for a period of time.

This study found that the majority of the sample population was infected during the second wave with high symptoms. A significant number of people suffered from sleeplessness and hair fall post COVID-19. The mental health issues that have arisen as a result of the COVID-19 pandemic are predicted to have worldwide consequences. Certain steps must be taken to reduce the unfavorable psychological impacts. Future research should move beyond the cross-sectional design of the present study to explore the other factors affecting the mental health in a public health emergency. To fight any battle the basic yet one of the most important weapon is self-awareness.^[29]



5. CONCLUSION

COVID-19 is a pandemic that has a worldwide impact. This study found that the majority of the sample population was infected during the second wave with severe symptoms. A significant number of people suffered from insomnia and hair fall post-COVID. The mental health issues that have arisen as a result of the COVID-19 pandemic are predicted to have worldwide consequences. Certain steps must be taken to reduce the unfavourable psychological impacts. Future research should move beyond the cross-sectional design of the present study to explore the other factors affecting youth mental health in a public health emergency.

6. REFERENCES

- 1. Lu, H., Stratton, C. W., & Tang, Y. W. (2020). Outbreak of pneumonia of unknown etiology in Wuhan, China: The mystery and the miracle. *Journal of medical virology*, 92(4), 401.
- World Health Organization WHO coronavirus (COVID-19) dashboard. https://covid19.who.int/region/searo/count ry/in/2021 Accessed on June 11, 2021)
- 3. Bao, L., Deng, W., Huang, B., Gao, H., Liu, J., Ren, L., ... & Qin, C. (2020). The pathogenicity of SARS-CoV-2 in hACE2 transgenic mice. *Nature*, 583(7818), 830-833.

- Nicholls, J. M., Poon, L. L., Lee, K. C., Ng, W. F., Lai, S. T., Leung, C. Y., ... & Peiris, J. M. (2003). Lung pathology of fatal severe acute respiratory syndrome. *The Lancet*, 361(9371), 1773-1778.
- 5. Yang, X., Yu, Y., Xu, J., Shu, H., Liu, H., Wu, Y., ... & Shang, Y. (2020). Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. *The Lancet Respiratory Medicine*, 8(5), 475-481.
- 6. Shimizu, K. (2020). 2019-nCoV, fake news, and racism. The lancet, 395(10225), 685-686.
- 7. Holshue, M. L., DeBolt, C., Lindquist, S., Lofy, K. H., Wiesman, J., Bruce, H., Spitters, C., Ericson, K., Wilkerson, S., Tural, A., Diaz, G., Cohn, A., Fox, L., Patel, A., Gerber, S. I., Kim, L., Tong, S., Lu, X., Lindstrom, S., Pallansch, M. A., ... Washington State 2019-nCoV Case Investigation Team (2020). First Case of 2019 Novel Coronavirus in the United States. *The New England journal of medicine*, 382(10), 929–936. https://doi.org/10.1056/NEJMoa2001191
- 8. Bai, Y., Yao, L., Wei, T., Tian, F., Jin, D. Y., Chen, L., & Wang, M. (2020). Presumed asymptomatic carrier transmission of COVID-19. *Jama*, *323*(14), 1406-1407.
- 9. Rubin, R. (2020). As their numbers grow, COVID-19 "long haulers" stump experts. *Jama*, *324*(14), 1381-1383.
- https://www.mayoclinic.org/diseasesconditions/coronavirus/symptomscauses/syc-20479963
- 11. Maron, B. J., Udelson, J. E., Bonow, R. O., Nishimura, R. A., Ackerman, M. J., Estes, N. M., & Maron, M. S. (2015). Eligibility and disqualification recommendations for competitive athletes with cardiovascular abnormalities: task force 3: hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy and other cardiomyopathies, and myocarditis: a scientific statement from the American Heart Association and American College of Cardiology. *Journal of the American College of Cardiology*, 66(21), 2362-2371.
- 12. Phelan, D., Kim, J. H., & Chung, E. H. (2020). A game plan for the resumption of sport and exercise after coronavirus disease

- 2019 (COVID-19) infection. *JAMA cardiology*, *5*(10), 1085-1086.
- 13. Park, M., Thwaites, R. S., & Openshaw, P. J. (2020). COVID-19: lessons from SARS and MERS. *European Journal of Immunology*, 50(3), 308.
- 14. Fatigue following SARS-CoV, P. (2). infection is common and independent of severity of initial infection/Townsend L. et all. *PloSone*, *15*(11), e0240784.
- 15. Wostyn, P. (2021). COVID-19 and chronic fatigue syndrome: Is the worst yet to come?. *Medical hypotheses*, *146*, 110469.
- 16. Vink, M., & Vink-Niese, A. (2020, December). Could cognitive behavioural therapy be an effective treatment for long COVID and post COVID-19 fatigue syndrome? lessons from the Qure study for Q-fever fatigue syndrome. In *Healthcare* (Vol. 8, No. 4, p. 552). Multidisciplinary Digital Publishing Institute.
- 17. Lamprecht, B. (2020). Gibt es ein Post-COVID-Syndrom?. *Der Pneumologe*, 17(6), 398-405.
- 18. Pallanti, S., Grassi, E., Makris, N., Gasic, G. P., & Hollander, E. (2020). Neurocovid-19: A clinical neuroscience-based approach to reduce SARS-CoV-2 related mental health sequelae. *Journal of Psychiatric Research*, 130, 215-217.
- 19. Nath, A. (2020). Long-haul COVID. *Neurology*, *95*(13), 559-560.
- Mokhtari, T., Hassani, F., Ghaffari, N., Ebrahimi, B., Yarahmadi, A., & Hassanzadeh, G. (2020). COVID-19 and multiorgan failure: A narrative review on potential mechanisms. *Journal of molecular histology*, 51(6), 613-628.
- 21. Guzik, T. J., Mohiddin, S. A., Dimarco, A., Patel, V., Savvatis, K., Marelli-Berg, F. M., ... & McInnes, I. B. (2020). COVID-19 and the cardiovascular system: implications for risk assessment, diagnosis, and treatment options. *Cardiovascular research*, *116*(10), 1666-1687.
- Balachandar, V., Mahalaxmi, I., Subramaniam, M., Kaavya, J., Kumar, N. S., Laldinmawii, G., & Cho, S. G. (2020). Follow-up studies in COVID-19 recovered patients-is it mandatory?. Science of the Total Environment, 729, 139021.
- Diao, B., Wang, C., Wang, R., Feng, Z., Zhang, J., Yang, H., ... & Chen, Y. (2021). Human kidney is a target for novel severe acute respiratory syndrome

- coronavirus 2 infection. *Nature* communications, 12(1), 1-9.
- 24. Chen, N., Zhou, M., Dong, X., Qu, J., Gong, F., Han, Y., Qiu, Y., Wang, J., Liu, Y., Wei, Y., Xia, J., Yu, T., Zhang, X., & Zhang, L. (2020). Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet(London, England), 395 (10223), 507 –513.https://doi.org/10.1016/S0140-6736(20)30211-7
- 25. Hawryluk, M. Heart Damage in COVID-19 Patients Puzzles Doctors. Kaiser Health News. 2020.[Internet] 2020.
- 26. Ye, M., Wysocki, J., William, J., Soler, M. J., Cokic, I., & Batlle, D. (2006). Glomerular localization and expression of angiotensin-converting enzyme 2 and angiotensin-converting enzyme: implications for albuminuria in diabetes.

- Journal of the American Society of Nephrology, 17(11), 3067-3075.
- 27. Jin, X., Lian, J. S., Hu, J. H., Gao, J., Zheng, L., Zhang, Y. M., ... & Yang, Y. (2020). Epidemiological, clinical and virological characteristics of 74 cases of coronavirus-infected disease 2019 (COVID-19) with gastrointestinal symptoms. *Gut*, 69(6), 1002-1009.
- 28. Goyal, A., Doomra, R., Choudhary, A., Varghese, A. M., Atkaan, N., Jayaswal, A., & Siddiqui, Z. (2020). A Comparative Study of Problems Faced by the Young-Middle Aged-/Elderly-Adults during COVID Pandemic in Delhi-NCR (National Capital Region). *Journal of Evolution of Medical and Dental Sciences*, 9(43), 3204-3209.
- 29. Goyal, A., Doomra, R., Thakran, N., Monga, M., Raj, R., & Gupta, S. (2021). A survey on awareness towards the new COVID-19 variants. *Indian Journal of Health & Wellbeing*, 12(2).