







[27]. The present study could not find any correlation between the prevalence of CLD and the burden of Covid-19.

## Limitations

Being ecological and self-reported data on co-morbidities are two limitations of this study. As there is no national registry with individual data on co-morbidity in India, LASI report plays the role of a surrogate databank. Use of individual records would have improved the scope of extrapolation of the analyzed report of the present study. The prevalence of co-morbidities was considered for people >45 years. No data were available on delay in getting test reports for Covid, a factor that could have influenced the further spread of the infection, particularly from asymptomatic cases. Use of multiple regression would have addressed the issue pertaining to confounders, as Covid burden could be best described by an outcome of complex interplay several known and unknown factors. However, putting data from different sources for building a national perspective for Covid is not very common in India. From that point of view, this study stands unique.

To sum up, the burden of Covid-19 was associated with the presence of co-morbidities and demographic factors. The states with poor literacy and health condition bore the brunt of the pandemic. Tailored intervention is wanted to reach the vulnerable and alleviate their sufferings. The findings may help tailor public health strategies for mitigation of the burden of Covid-19.

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