

Local news reports about COVID-19 mortality from rural areas of North and Central India

(Murad Banaji, Leena Kumarappan, and Aashish Gupta, June 9, 2021)

COVID-19 swept through many rural areas in India during April and May, 2021. Local and national media provided valuable snapshots of the unfolding catastrophe. When we take these reports together, a number of important patterns emerge.

We searched for news reports in Hindi media which discussed deaths occurring from suspected COVID-19 in rural areas. We restricted the search to the first three weeks of May, 2021, and to case studies which reported 5 or more deaths. Most reports were found using google keyword searches.

Reports were excluded only when the identity or population of a village was hard to ascertain. In some cases a report which lacked detail – for example, about symptoms, or confirmed deaths – was followed up, and other reports used to fill in gaps. Some of the follow-up reports were in the English press.

In this way we obtained a total of 61 case-studies each describing the situation in either a single village, or a cluster of a few nearby villages. A full table listing the villages, fatalities, and other details is given at the end of this document. Sometimes a single news report included more than one case study.

Of the sixty-one studies, 26 were from Uttar Pradesh, 9 from Haryana, 8 from Bihar, 6 each from Madhya Pradesh, Jharkhand and Rajasthan. We also searched for, but failed to find, rural reports from Chhattisgarh, Himachal Pradesh and Uttarakhand during this period.

A surge in mortality

The sixty-one reports were from villages with an estimated combined 2021 population of around 480,000. They detailed a total of 1297 deaths. The ratio of total deaths to total population is termed the population fatality rate (PFR). In these villages taken together the PFR was 0.27%. In individual reports, the PFR varied between 0.05% and 1% with a median value of 0.31%.

The reports covered periods ranging from less than one week to around six weeks. The median period covered by the reports was around 16 days. In many reports the deaths were all presumed to be from COVID-19 based on symptoms, some limited testing, or some triggering event. It is not possible to be sure from most reports if the death-tolls reported included all deaths in the village during the period covered, or only those suspected to be from COVID-19. There were uncertainties about the toll in some reports.

Given the uncertainties, we can ask how many deaths we would expect in these villages during the periods covered. Based on [2018 crude death rates](#) for rural areas of the states in question, we would have expected around 174 deaths in these villages during the periods covered in the reports. Thus, the deaths described were more than seven times expected.

Removing 174 deaths from the total of 1297 gives 1123 “excess deaths”. We will refer to excess deaths divided by total population as **excess mortality**. The excess mortality described in this population was thus around 0.23%, or 2.3 excess deaths per thousand population.

In individual reports, excess mortality varied from 0% to 0.95%. The median value was 0.29%. Thirteen of the 61 reports described excess mortality of over 0.5%. It seems that during this wave

when a village was hit by a COVID-19 outbreak, it was not very uncommon for one in every 200 villagers to die in a month or less.

The estimates of total/excess mortality in these villages are conservative. As mentioned above, it is often not clear if all deaths in the village during the period covered are described. Many reports describe an ongoing epidemic with villagers still unwell; it is likely that further deaths followed. Uncertainties in the estimates are discussed in the Appendix.

Were all of the deaths from COVID-19?

The great majority of deaths described in the reports were not from *confirmed* COVID-19. However, for several reasons, it seems safe to assume that most were, in fact, COVID-19 deaths. The timing coincides with the massive epidemic surge around the country, including in the states covered. Generally, news reporters turned up in villages precisely because there was a spurt of unexplained deaths consistent with the epidemic, and this was brought to the attention of the media.

Secondly, most reports describe symptoms consistent with COVID-19 (including breathing difficulties, fever, and “cold-like” symptoms) in those affected, although the reports often do not make it clear whether all, most, or only some, of the deceased had symptoms. Several reports describe testing teams arriving after some or all the deaths, testing a sample of villagers, and confirming that many villagers were, indeed, infected by SARS-CoV-2.

Testing and reporting

Some reports explicitly state that none of the deceased were tested, although health teams may later have arrived to carry out some testing. In many reports the lack of testing is strongly implied, but not stated explicitly. In some instances, the villagers report the deaths as “mysterious”, or even as being from other diseases such as typhoid or malaria.

A few reports give an official figure for the number of patients who were tested, and for confirmed COVID-19 deaths in the villages, for example from a local health official. Based on the given numbers, and the implication in many reports that none of the deaths were confirmed, it appears that fewer than 10% of the deaths described were officially recorded as COVID-19 deaths.

There is uncertainty in this figure, and even 10% could significantly overestimate the fraction of rural deaths from SARS-CoV-2 being recorded in these areas. This is because there is an inherent bias in the sample: in some cases, district health teams arrived and did testing in the village precisely because of the scale of mortality, and possibly because of the media attention. Thus, the villages from which such reports emerge might have seen more testing than typical because of the high mortality and media attention.

Minimum values for COVID-19 IFR

The reports can potentially give some lower bounds for COVID-19 infection fatality rate (IFR) in these areas of the country during the second surge. Indeed, IFR would equal excess mortality if all the excess deaths were from COVID-19, and everyone in a village was infected during the outbreak. While the first of these assumptions is likely close to the truth, the second is less plausible in most cases; excess mortality should, in general, underestimate IFR.

The median excess mortality of 0.29% can thus be considered a very conservative lower bound on rural IFR during this surge. More than 20% of the reports described excess mortality of over 0.5%, and this could well be closer to the true value of IFR in these areas during this surge. Note that this is roughly twice the median estimate for COVID-19 [IFR in Mumbai](#) during 2020.

It seems likely that at least some of the deaths were preventable: the unavailability of medical care, and in particular of medical oxygen, is described in several of the reports. Preventable deaths very possibly pushed up IFR in these parts of rural India. We cannot know what IFR might have been if oxygen and some medical infrastructure had been available. It is also possible that the circulation of more lethal variants of the virus increased IFR.

Can we use these reports to estimate the scale of mortality across rural India?

In short, no. We would expect such reports to focus on villages where mortality has been high, and our chosen cut-off of a minimum of five deaths creates a further bias in this direction. While searching for these reports we also found reports [such as this one](#) of villages which managed to keep the epidemic at bay during this second wave.

During this wave – as, no doubt, during the last – the picture of spread in rural India is varied. In order to estimate the scale of excess mortality more widely, death registration data or surveying will be needed.

So, while we cannot extrapolate excess mortality, the reports strongly suggest that we should treat any suggestion of low rural fatality rates with caution. If rural mortality appears lower than urban mortality in official death counts, we should assume this is either because

- spread was more limited in rural areas, or
- a higher fraction of rural deaths went uncounted

Indeed, the lack of healthcare workers, facilities, medical oxygen, and so forth, means that rural fatality rates could be higher than urban ones.

This is worth stressing, because naive IFR values (i.e., *recorded* COVID-19 deaths as a fraction of estimated infections) from the country as a whole are consistently lower than naive IFR values from cities. Consistent with this trend [national estimates of naive IFR fell as disease spread further into rural areas](#) in the latter part of 2020. This could be taken to imply lower rural IFR. However the data here suggests that it was more likely connected with weak rural death reporting.

Conclusions

The latest COVID-19 crisis has caused a surge in mortality in parts of rural India. In the reports we looked at, most of the deceased were not tested, and many did not receive medical attention. Some of the deaths were likely preventable. The great majority of the deaths do not appear in any official figures.

The reports do not allow us to infer the scale of the mortality crisis. But they suggest that disease can sweep rapidly through a village, and may often cause the deaths of more than 0.25% of the villagers. It is possible that more transmissible and/or lethal variants of the virus circulated during this wave, exacerbating the deadliness of these outbreaks.

Even with more transmissible variants in circulation, we do not expect every introduction of disease to seed an outbreak. It seems likely that high mobility in and out of rural areas, as a consequence of

religious gatherings or local elections for example, and precisely at a time when prevalence was high, was a crucial factor in these rural surges.

Finally, even after the first epidemic wave, awareness of the pandemic in parts of rural India was limited. Some of the reports describe the residents being perplexed by the deaths, or suggesting other diseases as causes for the deaths. There are serious questions about the inadequacies of public health messaging reflected by such limited knowledge of COVID-19 in rural areas, even as a massive national COVID-19 wave was occurring.

Appendix: data and uncertainties

Population estimates. Where a population value was given in the article, this was used (except in one case where there appeared to be a typographical error – the article read “a small village of 40 thousand”, when all available estimates suggest the village population is about 4 thousand). Where the article gave no population estimate, we used 2011 census values scaled up according to government estimates of state population growth (given [here](#)).

Fatalities. The death-tolls also come with some uncertainty. In some reports the dead were all named, but others simply quoted the number of fatalities as given by local residents. In some cases phrases such as “approximately” or “more than” were used when describing the toll. Where there is a mismatch between two reports on the number of fatalities, we generally used the first figure found, unless there were good reasons to believe that one report was more credible than another. Sometimes mismatches appeared to be a question of timing (i.e., later reports listed higher figures).

Timing. In most cases the reports mentioned the period of time over which the deaths had occurred: this ranged from over a month, to less than a week. Where the suggestion was that the fatalities had all occurred recently, but dates were not given, we assumed they had occurred in the previous month. Such assumptions make a marginal difference to the estimates of expected mortality and hence excess mortality.

Local excess mortality calculations may underestimate COVID-19 mortality. Several reports described a surge in suspected COVID-19 deaths, but calculations revealed low excess mortality. In two cases, we calculated excess mortality of 0%. For example, a report from Patara in Kanpur Nagar district of UP described 10 suspected COVID-19 deaths in a village of around 16,500 over the course of one month. The dead were named, and symptoms consistent with SARS-CoV-2 infection described. However, 10 deaths is close to the expected monthly toll in a village of this size. There may well have been other deaths in the village not mentioned in the piece. Such examples indicate that excess mortality calculations based on this data may underestimate COVID-19 mortality in these villages.

Table of the case studies

village(s) & alternative names	district	state	report	report date (2021)	Period of time	2011 census pop.	other pop. estimates	scaled up 2011 census pop ¹	pop. estimate used	number of deaths	symptoms	recorded deaths	number tested	notes	PFR (%)	expected deaths ²	(%)excess mortality
Parawana Mahmudpur (परवाना)	Bulandshahr	UP	NDTV	04/05	15 days	9797	11717	11322	11322	18	"COVID-like symptoms"	none implied	none implied	At least 18 deaths. Panchayat elections blamed. The dead are named. No oxygen or beds at the local private hospital. Elections blamed in this Live Hindustan report (the village falls in Pahasu block).	0.16	3.26	0.13
Banaul (Banail, बनैल)	Bulandshahr	UP	Amar Ujala	07/05	two weeks	5641	6747	6519	6519	15	"Fever, etc."	none implied	none implied	The dead are named. No oxygen or beds at the local private hospital. Elections blamed in this Live Hindustan article (the village falls in Pahasu block).	0.23	1.75	0.20
Deeghi (दीघी)	Bulandshahr	UP	Amar Ujala	07/05	two weeks	3063	3663	3540	3540	14	"Fever, etc."	none implied	none implied	Aaj Tak report says the population is 2000, 70% of the village reporting symptoms. Followed up in Indian express : says population of village is around 3000. Officially 2 COVID deaths. Confirmed presence of symptoms. This Prabhat Khabar article mentions this village and suggests the elections were to blame. People were tested in the village after the deaths. This earlier Amar Ujala report says 13 deaths. All 13 are named. One tested positive according to the villagers.	0.40	0.95	0.37
Sultanpur Khera (सुल्तानपुर खड़ा)	Rae Bareilly	UP	Aaj Tak	07/05	one week	7619	3000	8805	3000	17	cold, fever, breathlessness, cough, cold, fever and breathing difficulties	2	2	This Prabhat Khabar article mentions this village and suggests the elections were to blame. People were tested in the village after the deaths. This earlier Amar Ujala report says 13 deaths. All 13 are named. One tested positive according to the villagers.	0.57	0.40	0.55
Kurgawan Khokar (कुरगावाँ खोकर, कुरगवाँ)	Agra/Firoz abad	UP	Aaj Tak	11/05	20 days	2286	2734	2642	2642	14	breathlessness	1 implied	1(?)	Aaj Tak report says around 50 deaths, COVID like symptoms,	0.53	1.01	0.49
Bamrauli Katara	Agra	UP	Aaj Tak	11/05	20 days (?)	11489	37500	13277	37500	50		none implied	none implied		0.13	14.4	0.09

and the village has a population of around 40K. See also [India Today](#) which says over 50 deaths (the time-scale is not given, but is assumed to be similar.) Population given as 35-40K. Mismatch in fatalities with those given in this [Amar Ujala](#) piece. (Also big mismatch with census population – village vs gram panchayat?)

(बमरौली कटारा) Kundol (कुंडोल, कुंडोल)	Agra	UP	Amar Ujala	12/05	22 days	11694	13986	13514	13514	25	“viral fever”	none implied	no testing	Says explicitly that there has been no testing in the village.	0.18	5.70	0.14	
Paras (परास)	Kanpur Nagar	UP	Aaj Tak	03/05	15 days	9774	10000	11295	10000	30	breathlessness, fever	none implied	few or none implied	Lots of people ill in the village. Population given as 10K in the article	0.30	4.21	0.26	
Gagaul (Gagol/ Gagol Gotra, गगोल गोगोल गोत्रा)	Meerut	UP	One India & Times of India	12/05 & 15/05	one month (One India), 40 days (TOI)	7673	9177	8867	8867	27	low oxygen (one death) cough, fever and breathlessness	none implied	none	“the villagers claim”. Mismatch between original One India article (60 deaths) and the Times of India piece (27 deaths). Taking the lower figure, and 40 days as the time period.	0.30	6.80	0.23	
Baida (बैदा)	Deoria	UP	Navbharat Times	09/05	one week	2392	2861	2764	2764	12	cough, fever, breathlessness	none implied	none	After the deaths, 58 people were tested with antigen tests, but none tested positive.	0.43	0.37	0.42	
Bhadras (भदरस)	Kanpur Nagar	UP	Amar Ujala	11/05	one month	5792	6927	6693	6693	40	cough, fever, breathlessness	none implied	none implied	Around 40 fatalities. not tested, mostly died at home. Some of the dead are named.	0.60	3.90	0.54	
Jahangirabad (जहांगीराबाद)	Kanpur Nagar	UP	Amar Ujala	11/05	one month	4509	5393	5211	5211	20	cough, fever, breathlessness	none implied	none implied	not tested, mostly died at home	0.38	3.04	0.33	
Patara (पतारा)	Kanpur Nagar	UP	Amar Ujala	11/05	one month	14303	17106	16529	16529	10	cough, fever, breathlessness	none implied	none implied	not tested, mostly died at home	0.06	9.64	0.00	
Kiara (क्यारा)	Bareilly	UP	Prabhat Khabar	13/05	10 days	585 + 6208	700 + 425 =	8125	7850	7850	26	high fever, breathlessness	none implied	none implied	villagers report total lack of health infrastructure	0.33	1.51	0.31

Sharfuddinpur Javli (Jawli, जावली)	Ghaziabad UP	UP	TV9 Bharatv arsh	13/05	one month	8099	13000	9359	13000	45		none implied	none implied	Population fig of 13000 in article. Journalists given a list of the dead (although they are not named in the article). Article says it is not clear if all the deaths were from COVID. None tested implied by the fact that the villagers want the administration to set up a testing camp.	0.35	7.58	0.29
Astauli (अस्तौली)	Budh Nagar Gautam	UP	Dainik Jagran	11/05	one month	3206		3705	3705	11		none implied	none	Never had so many deaths in such a short period of time. Mostly died at home.	0.30	2.16	0.24
Dujana (दुजाना)	Budh Nagar Gautam	UP	Ek Sandesh	12/05	10 days	9021	10789	10425	10425	19	cough, fever, body ache	none implied	none	An Amar Ujala report says the deaths occurred in one week, and names all 19 deceased.	0.18	2.00	0.16
Shah Beri (शाहबेरी)	Budh Nagar Gautam	UP	Ek Sandesh	12/05	10 days	1177	3613	1360	3613	21	cough, body ache	none implied	none	Using the higher population estimate on geoIQ since this seems to be a rapidly growing village.	0.58	0.69	0.56
Bisrakh Jalalpur (बिसरख)	Budh Nagar	UP	Ek Sandesh	12/05	15 days	5470	6542	6321	6321	16		none implied	none	A Navbharat Times report say 17 people in ten days.	0.25	1.82	0.22
Akbarpur Sadat (अकबरपुर सादात)	Meerut	UP	Amar Ujala	15/05	14 days	4496	5377	5196	5196	12	fever, "COVID symptoms"	1	1 implied	The dead are named. No help from the health department.	0.23	1.40	0.20
Khera (खेड़ा)	Meerut	UP	Amar Ujala	15/05	13 days	6505	7827	7517	7517	12	fever, "COVID symptoms"	none implied	none implied	The dead are named. No help from the health department. Population given as 5400 in article. Many poll workers became sick after the panchayat elections. Most died because of a lack of oxygen. "The doctor told us there was no need to check whether my father was Covid-19 positive since he was already dead." Elections blamed.	0.16	1.87	0.13
Basi (बासी)	Baghpat	UP	The Print	18/05	3 weeks	6958	5400	8041	5400	30	"gasping for breath" (one patient)				0.56	2.17	0.52

Indarpur (इंदरपुर)	Gorakhpur	UP	Navbharat Times	19/05	1 month	6647	10000	7681	10000	24	cough, fever, breathlessness	none implied	none implied	A team arrived after the deaths and did some testing. Village population given as 10K in article. Around 25 deaths. Another report in Navbharat Times says 29 deaths. The TV9 team apparently investigated and decided these were COVID deaths (no symptoms given). "At least 80 people have died". According to the villagers they died of COVID as they had shown symptoms. At least one was tested, but no result came before death. One villager says there was no testing.	0.24	5.83	0.18
Khairpur Gurjar (खैरपुर गुर्जर)	Gautam Budh Nagar	UP	TV9	20/05	20 days	3684	4406	4257	4257	25		none implied	none implied	The dead are named. Various information is from other reports, including in Aaj Tak and The Guardian where the number of deaths is listed as 17. Tests not being conducted in the village, not even when patients end up in hospital. "The hospital has not kept any records of patients who have come in recent weeks," - an ayurveda medical student who has been treating patients.	0.59	1.63	0.55
Samesi (Samesee, समेसी)	Lucknow	UP	India Today	21/05	1 month ³	11646	13929	13458	13458	80	breathlessness	none implied	unclear	The dead are named. Various information is from other reports, including in Aaj Tak and The Guardian where the number of deaths is listed as 17. Tests not being conducted in the village, not even when patients end up in hospital. "The hospital has not kept any records of patients who have come in recent weeks," - an ayurveda medical student who has been treating patients.	0.59	7.85	0.54
Sauram (Saurabh, सौरम)	Ghazipur	UP	Dainik Jagran	11/05	15 days	6673	2875	7711	7711	16	cough, fever, breathlessness	none implied	none	Five or six deaths in one village in the panchayat (बागेश्वरी) "इन आठ लोगों में कोरोना वायरस से मरने की पुष्टि स्वास्थ्य विभाग द्वारा नहीं की गई है" [These 8 deaths were not from confirmed COVID according to the health department.]	0.22	2.54	0.19
Agarhan (Agrahan, अग्रहण)	Munger	BR	Aaj Tak	10/05	1 month ³	4551	5356	5381	5381	12		unclear	unclear	Article says they were COVID deaths, but does not clarify if confirmed or not. Some died in	0.22	2.65	0.17
Nachap (नचाप)	Buxar	BR	Dainik Jagran	05/05	14 days	1938	9816	2291	2291	8		none implied	none implied		0.35	0.52	0.33
Chero (चेरो)	Nalanda	BR	Live Hindustan	11/05	1 month ³	11090	12667	13112	13112	6		unclear	unclear		0.05	6.45	0.00

Bhojpur Jadid (भोजपुर जदीद, नया भोजपुर)	Buxar	BR	Dainik Jagran	03/05	4 days	17088	12599	20204	20204	17	none	hospital "being treated", but it's not clear if even these were counted as confirmed COVID deaths.	Local people assuming these are COVID deaths	0.08	1.31	0.08	
Purushottampur (पुरुषोत्तमपुर)	Muzaffarpur	BR	Prabhat Khabar	16/05	20 days	3000		3000		16	none implied	"COVID symptoms", "mystery fever"	Population given as 3000 in article, and easy to find the village on the map , but couldn't find any census data. Villagers assume it is COVID. After two deaths there was some testing in the village, but only two of the deaths are recorded as COVID deaths.	0.53	0.97	0.50	
Kesaur (केसौर)	Aurangabad	BR	Navbharat Times	17/05	1 month ³	1353	1701	1600	1600	10	2	2 implied	"covid symptoms" in 20 of the 37 who died not specifically given, but COVID assumed in the article	Village head says many in the village are ill and have COVID symptoms, but no treatment available. People not being tested.	0.62	0.79	0.58
Samastpur (सरमस्तपुर)	Muzaffarpur	BR	Aaj Tak	19/05	1 month	11098	12577	13122	13122	37	none implied	none implied	Population given as "more than 2000" in article, and deaths as "more than 15". Apparently half the village are ill, and hundreds have tested positive.	0.28	6.45	0.23	
Ghoswar (घोस्वर) Mundhal Khurd & Mundhal Kalan (मुंधाल खुर्द & मुंधाल कला)	Vaishali	BR	Navbharat Times	20/05	"a few days" (taken as 1 month ³)	1970	2000	2329	2329	15	none implied	unclear	Twin villages. "Mysterious deaths" but with COVID symptoms. Most died at home.	0.31	1.64	0.30	
Titoli (टिटौली) Sisai Bola & Sisai Kali Rawan	Rohtak	HR	Gaon Connect	10/05	10 days	10177	11714	11129	11129	40	5	Likely 5	Five COVID deaths in the village according to the Rohtak Chief Medical Officer	0.36	2.01	0.34	
	Hisar	HR	Amar Ujala	11/05	9 days	7027	8088	15681	15681	28	8?	8?	Local people assuming COVID, but only 8 confirmed. More info on village here. A later report in	0.18	2.55	0.16	

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Nigana (निगाना)	Rohtak	HR	Dainik Bhaskar	18/05	1 month	5674	5000	6205	5000	24	“cough, cold and other symptoms”	none	unclear	<p>Dainik Bhaskar from May 19 says that the villagers say 60 deaths have occurred in the villages, but government records say there have been only 12 COVID deaths in the villages.</p> <p>Village population given as 5000 in article. People turning to Jholachap doctors. 165 people have been tested so far in the village and 19 positive. But none of the deaths is a recorded COVID death.</p> <p>Population of 4500 given in article. Apparently villagers refused vaccination. 2 or 3 deaths officially of COVID according to this Amar Ujala report. “more than 10 deaths”. There was testing and some people had symptoms. 5 confirmed COVID deaths.</p>			
Roopgarh (रूपगढ़)	Jind	HR	Dainik Bhaskar	19/05	23 days	4205	4500	4598	4500	16	fever	2 or 3		0.36	1.87	0.31	
Nathusari Kalan (नाथूसरीकलां)	Sirsa	HR	Dainik Bhaskar	19/05	15 days	6092	7012	6662	6662	10	COVID symptoms	5		0.15	1.81	0.12	
Jogiwala (जोगेवाला)	Sirsa	HR	Dainik Bhaskar	19/05	15 days	3540	4028	3871	3871	13	fever, cold and cough	3	3 implied	0.34	1.05	0.31	
Bapora (misspelt Bopara, बपोर)	Bhiwani	HR	The Telegra ph	17/05	14 days	14332	20000	15673	20000	30	cough, fever	3	3 implied	0.15	5.06	0.12	
Kumharia (कुम्हारिया)	Sirsa	HR	Dainik Bhaskar	19/05	15 days	2730	3112	2985	2985	10	“corona”, fever, cold and cough	3		0.33	0.81	0.31	
Kheerwa (खीरवा)	Sikar	RJ	Outlook	08/05	21 days	3763	4467	4352	4352	21		3 or 4		0.48	1.53	0.45	

Kanwat (कांवट)	Sikar	RJ	Patrika	11/05	10 days	7903	9191	9140	9140	9	cough, cold and fever	likely some, but not all	likely some	Article suggests that some might be confirmed COVID deaths. 110 have so far tested positive in the village. Villagers say samples are not being collected on time for testing.	0.10	1.53	0.08
Dantru (दांतरु)	Sikar	RJ	Aaj Tak on youtube	14/05	15 days	1812	6500	2096	6500	30	cough, cold, fever, breathing difficulties	Likely 5	5	Apparently triggered by a wedding. Some data for other villages given too. An earlier BBC report mentions 22 deaths in 8 days. Fever cough and other symptoms, population of ~3500. Population given as 6500 in Aaj Tak report. Some info taken from TV9 Bharatvarsh	0.46	1.63	0.44
Mangloona (मंगलूणा)	Sikar	RJ	Patrika	16/05	15 days	6904	8195	7985	7985	17		3	3 implied	49 samples taken after the event and 18 came back positive. Some villagers denying that the deaths are from COVID – saying natural causes and old age.	0.21	2.00	0.19
Roroo Bari (रोरू बाड़ी)	Sikar	RJ	Navbharat Times	18/05	16 days	2284	3000	2642	3000	16	covid-like symptoms cold, cough and fever.	3?	likely 3	Population given as 3000 in the article. Six deaths in one family. Three died in a COVID centre, and 12 after “flu-like symptoms”	0.53	0.80	0.51
Somalpur (सोमलपुर)	Ajmer	RJ	Amar Ujala	19/05	34 days	9455	11223	10935	10935	44	Flu-like illness.	7 implied	7 implied	A doctor says that 7 of the deaths were from COVID.	0.40	6.21	0.35
Belkheda (बेलखेड़ा)	Jabalpur	MP	Dainik Bhaskar	01/05	28 days	6327	7536	7363	7536	28		3		Population given as 7536 in article. “suspicious deaths”. 18 people infected in the village at the time of the piece. Article states that only 3 deaths are officially from COVID.	0.37	4.1	0.32
Nawali Badagaon (बड़ागांव)	Morena	MP	Nai Duniya	11/05	15 days	9368	11195	10902	10902	14	fever and breathlessness	none (implied)	none	Some ambiguity about the village. There is also a much smaller village called Badagaon with a population of 918, but this does not seem to fall in the Dimani Vidhan Sabha constituency. Most houses have someone ill according	0.13	3.18	0.10

Borgaon (बोरगांव)	Betul	MP	Nai Duniya	12/05	one month	2418	3500	2814	3500	22	“low oxygen” mentioned in one case	1 or 2 implied	1 or 2	to the villagers. The dead are named. Ambiguity about the population: census: 2418. Article 3500. Report says 5-7% of the deaths recorded as COVID.	0.63	2.07	0.57
Kudana (कुडाना)	Indore	MP	Nai Duniya	10/05	12 days	3524	1243	4101	4101	15		15(?)	Unclear. Possibly all.	Article says “small village with a population of 40,000” which is surely a mistake given the census value of ~3000; perhaps it means a population of 4000 consistent with the scaled up census value. Also some ambiguity about whether all 15 deaths occurred in 12 days.	0.37	0.96	0.34
Shiwani (सिवनी)	Indore	MP	Nai Duniya	06/05	14 days	5564	6649	6475	6475	11		possibly some	possibly some	8 deaths from Shiwani village itself, and one or two each from three other villages in the panchayat. So, at least 11.	0.17	1.76	0.14
Nunhad (नुन्हाड)	Bhind	MP	Nai Duniya	14/05	10 days	3186	3807	3708	3708	11	fever, breathless-ness	possibly some	At least one	30% of people in the village are ill “More than 14” deaths. The article gives a population figure of 5378.	0.30	0.72	0.28
Balalong (बालालोंग)	Ranchi	JH	Lagatar	11/05	20 days	2261	5378	2637	5378	14		unclear	some tested	At least 50 currently ill. 4 seriously ill and in hospital.	0.26	1.68	0.23
Kudlong Panchayat (Kudlum, कुदलोंग)	Ranchi	JH	Lagatar	11/05	one week		8248		5600	8	cold and cough	none implied	none	three villages covered: उदलोंग, होटवासी व हडसेड. Many report typhoid and malaria. Population given as 5600	0.14	0.61	0.13
Hundru (हुंडरू)	Ranchi	JH	Lagatar	11/05	one month	925 3809	2000	1079	2000	20	cold, cough, fever	unclear	unclear	The article gives a population of 2000. Many currently seriously ill. 8 to 10 families infected in the village.	1.00	0.95	0.95
Hurhuri and Pheta (हुरहुरी और फेटा)	Ranchi	JH	Lagatar	11/05	one month	5703	8000	6651	8000	11	cold cough fever breathless-ness	none	none	Population estimate of 8000 given in report for Hurhuri panchayat. Presumably Pheta village also falls in the panchayat. (Map.)	0.14	3.8	0.09

