



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 2020707

Hydroxychloroquine

WHO ending hydroxychloroquine trial for COVID Hydroxychloroquine and lopinavir/ritonavir “produce little or no reduction in the mortality of hospitalized COVID-19 patients” (The Tribune: 2020707)

<https://www.tribuneindia.com/news/health/who-ending-hydroxychloroquine-trial-for-covid-108899>

The World Health Organization says it is ending a trial into whether anti-malaria drug hydroxychloroquine helps patients hospitalised with COVID-19.

WHO said Saturday it has “accepted the recommendation” from the committee overseeing the trial to discontinue testing of hydroxychloroquine and lopinavir/ritonavir, a drug combination used to treat HIV/AIDS. The drugs were being compared with standard care for hospitalized patients.

WHO says a review of the interim results showed hydroxychloroquine and lopinavir/ritonavir “produce little or no reduction in the mortality of hospitalized COVID-19 patients when compared to standard of care.”

The agency adds that while there was no “solid evidence” of increased mortality for hospitalized patients given the drugs, there were “some associated safety signals in the clinical laboratory findings” of an associated trial.

WHO says the decision won’t affect possible trials on patients who aren’t hospitalized, or on those receiving the drugs before potential exposure to the coronavirus or shortly afterward. —

ICMR

Covid-19 vaccine not this year'; CCMB Director contradicts ICMR The ICMR on Friday wrote to select medical institutions and hospitals to fast-track clinical trial approvals for the coronavirus vaccine candidate Covaxin''(The Tribune: 2020707)

<https://www.tribuneindia.com/news/health/covid-19-vaccine-not-this-year-ccmb-director-contradicts-icmr-108512>

'Covid-19 vaccine not this year'; CCMB Director contradicts ICMR
Photo for representational purpose only. iStock

A vaccine for COVID-19 cannot be expected before early next year as the process involves a lot of clinical trials and data testing, a top official of CSIR- CCMB said on Saturday, a day after ICMR said it aims to launch the world's first COVID-19 vaccine by August 15.

Don't second-guess India's top scientists: ICMR rejects apprehensions on Covid vaccine
When coronavirus vaccine will be available, at what price: Adar Poonawalla, CEO, Serum Institute of India, explains

Impossible to have vaccine by August 15, say experts

Rakesh K Mishra, Director of CSIR-Centre for Cellular and Molecular Biology, said the ICMR's letter in this regard may be for internal consumption and aimed at putting pressure on hospitals to get ready for clinical human trials.

"If everything goes absolutely really like a textbook plan, then we are talking about six to eight months to think of something that now we have a vaccine.

"Because you have to test in large numbers.

"It is not like a drug that if somebody is sick you give and see if it is cured or not," Mishra told PTI when asked about the possibility of the vaccine becoming ready by August 15.

The Indian Council of Medical Research on Friday wrote to select medical institutions and hospitals to fast-track clinical trial approvals for the coronavirus vaccine candidate Covaxin, being developed in collaboration with Bharat Biotech, a city-based vaccine maker, which it plans to release on August 15.

"Actually vaccine development takes many years, but you are in very desperate conditions. Maybe by the beginning of the next year if the vaccine clicks, we can expect. Not before that.

"Before that (it is) very unlikely as far as I understand," Mishra said.

He said thousands of people are given vaccine during clinical trials and one has to wait for the data and results, which normally takes months.

To a query, he said CCMB is currently doing 400-500 COVID-19 tests every day and had sent proposals to the ICMR for undertaking a new way of testing, which will consume less time and manpower.

“We are doing a lot of tests... 400 to 500 tests every day. But there are limitations that you cannot go beyond certain numbers.

“But we had proposed to the ICMR a new way of testing. It is a shorter method. It can be done in a safer way and will take half the time.

“It is much less expensive and less human resources required. We are waiting for the ICMR to give an advisory on that,” he said. PTI

Depression

Depression, the silent killer

Frequent mood disorder that affects people of all ages can be severely disabling and a risk factor for suicidal thinking"(The Tribune: 2020707)

<https://www.tribuneindia.com/news/health/depression-the-silent-killer-105633>

DEPRESSION is a word we often throw around without realising the depth of the disease. It is a mental health condition that affects people of all ages in the form of one or recurrent major depressive episodes (MDEs) that can be mild, moderate, or severe. There is no single cause of depression known — it is a disorder of the brain that occurs due to a combination of genetic and environmental factors working together. It is a frequent mood disorder that is severely disabling and has a significant impact on everyday life of an individual as well as society at large, including a substantial economic burden on society. According to The Lancet, mental disorders are among the leading causes of non-fatal disease burden in India; 197.3 million people had mental disorders in India in 2017, which includes 45.7 million people with depressive disorders and 44.9 million people with anxiety disorders. It goes on to state that mental disorders comprised 2.5 per cent of the total disability-adjusted life-years (DALYs) in India in 1990 that increased to 4.7 per cent in 2017. Among non-communicable diseases (NCD), mental health is the largest contributor to economic loss in India — an estimated 20 percent of economic loss from NCDs between 2012 and 2030 worth \$6.2 trillion will be caused by mental health issues.

Need for big effort

And yet, it takes a suicide to make people post ‘I am there’ messages on social media. It is time we shun this ‘one at a time’ approach towards depression and other mental health conditions and take up the cudgels to support them. A mark of depression is the tendency to fatally injure oneself — that is, attempt suicide. Depression is a risk factor for suicidal thinking and good mental health care can reduce the risk; thankfully, there are several ways to help affected person access these. Suicide prevention programmes and hotlines can provide support and can

withhold the tendency for some time. However, the focus on suicide and its prevention draws attention away from the fact that in ‘worst case’ situations depression and resultant suicidal thinking/suicide attempts/suicide can be compelling. According to the World Health Organisation, ‘suicide epidemics’ have been a quagmire and are known to occur sporadically, but repeatedly, in certain populations such as American Indians and in certain sites such as psychiatric inpatient units. Those who commit such acts predominantly suffer from mood disorders, and the most prevalent mood disorder is major depression.

Hear them out

The Mental Healthcare Act, 2017, is a welcome step in acknowledging this disease that is often silent. Mental health budget is less than 1 per cent of India’s total health budget and conservative estimated cost on the government to implement the Act is Rs94,073 crore per annum. However, clinical therapies can have limited impact in the absence of an effective social support group. One of the most important things that we can offer someone suffering from mental health condition is to allow them space and comfort of talking – listening to how they are feeling without forcing them to open up can relieve them partially. Also, ask what is most helpful for them when they are feeling depressed and listen to what they have to say. But unless you are a trained professional dealing with mental health, try not to give advice. It is important to understand depression, so some familiarity with its symptoms, possible course and treatments may help understand the person and how he or she is feeling. Support their treatment and carry on with regular activity – remind them of their appointments or medicines, or carry on with the habit of watching movies on a Friday night.

—The writer is a mental health expert, Poddar Foundation, Mumbai

When mental health affects your body

Depression may trigger insomnia, increased pain sensitivity, weight fluctuations, fatigue, narrow the blood vessels and lower your libido. Here are some preventive measures and the way out:

Take good care of yourself — get enough sleep, eat nutritious food and exercise regularly.

Reach out to family and friends if you are feeling lonely or sad.

Fight stress with exercise, meditation and yoga.

Know yourself better — find your strengths and pay attention to what makes your symptoms worse. This can help your doctor or therapist.

Stick with your treatment plan. If you are on medicine, take it as prescribed.

Do not skip sessions. Tell your doctor what is and is not working for you.

What triggers this disorder?

There is no single cause, but one or more of the following may cause depression:

Stressful events: Personal events such as divorce, loss of job, death of a friend or close relative.

Family history: Genes have a role to play, so if you have a parent or a sibling with the condition, chances are you will also develop it.

Giving birth: The hormonal and physical changes in a woman's body during pregnancy and after birth, coupled with the added responsibility of a new life, may cause post-natal depression, also known as 'baby blues'.

Substance abuse: A sustained high consumption of alcohol and psychedelic can affect brain.

Illness: Chronic or life-threatening illness, e.g. coronary heart disease or cancer, can cause depression. Other triggers can be poor hormonal balance (hypothyroidism) or head injury.

Gender: Women are more prone to depression than men, mainly due to socio-cultural surroundings.

Remdesivir

**Mylan gets DCGI nod for remdesivir in India
Per 100 mg vial to cost Rs 4,800; Cipla and Hetero have also got permission
to manufacture and market the drug for the treatment of COVID-19" (The
Tribune: 2020707)**

<https://www.tribuneindia.com/news/coronavirus/mylan-gets-dcgi-nod-for-remdesivir-in-india-109372>

Mylan gets DCGI nod for remdesivir in India

Remdesivir is approved for the treatment of suspected or laboratory confirmed incidences of COVID-19 in adults and children hospitalised with severe presentations of the disease. Reuters File

Pharmaceutical major Mylan NV on Monday said it had received approval from Indian drugs regulator DCGI to manufacture and market its remdesivir for restricted emergency use in the country for the treatment of COVID-19.

The drug will be priced at Rs 4,800 per 100 mg vial and would be available to the patients in this month, it added.

The company joins domestic pharma firm Cipla and Hetero who have already received permission from the Drug Controller General of India (DCGI) to manufacture and market remdesivir for the treatment of COVID-19.

The DCGI has approved the company's remdesivir 100 mg per vial for restricted emergency use in India as part of the regulator's accelerated approval process to address urgent, unmet needs amid the evolving the COVID-19 pandemic, Mylan said in a statement.

The drug is approved for the treatment of suspected or laboratory confirmed incidences of COVID-19 in adults and children hospitalised with severe presentations of the disease, it added.

"The drug will be launched under the brand name 'Desrem' in India and will be available to patients in July at a price of Rs 4,800, which is more than 80 per cent less than the price at which the branded version of this product will be available to governments in the developed world," said Mylan.

The company will manufacture remdesivir in India at its injectables facilities, which also make products for the US and have been inspected by the United States Food and Drug Administration (USFDA) for compliance with good manufacturing practices, it added.

"The approval by DCGI in India represents the first for Mylan in these 127 markets," said Mylan.

The company continues to work extensively toward expanding emergency use access for patients in the 127 low- and middle-income countries where it is licensed by Gilead Sciences to do so, it added.

"Mylan and Gilead Sciences have partnered for many years to make high quality medicines available to people who need them and have made significant progress to reduce the incidence of infectious diseases, including HIV/AIDS, around the world," said Mylan president Rajiv Malik.

Mylan commends Gilead for their continued leadership on this front, and also applauds and is proud to continue partnering with the DCGI for its ongoing efforts to accelerate access to critical medicine for patients with COVID-19 in India, he added.

"Our approval is a significant milestone for Mylan, for the global public health community and, most importantly, for patients who are battling this pandemic," said Malik.

Domestic pharma major Cipla has already said it would price its generic version of antiviral drug remdesivir at less than Rs 5,000 per vial.

Hetero has also said that it had fixed a maximum retail price of Rs 5,400 per vial for the drug.

In May, domestic pharma firms Hetero, Cipla and Jubilant Life Sciences and pharma major Mylan had entered into non-exclusive licensing agreements with drug major Gilead Sciences Inc for manufacturing and distribution of remdesivir.

The medicine has been issued an Emergency Use Authorisation (EUA) by the United States Food and Drug Administration (USFDA) to treat COVID-19 patients. PTI

Covid Positivity Rate (The Asian Age: 2020707)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=14974563>

■ CM urges recovered patients to donate plasma ■ 1.82L tests conducted since June 18 'Covid positivity rate declined from 30% to 10%'

New Delhi, July 6: The Centre on Monday said the average number of samples being tested per day for coronavirus has gone up in Delhi from 5,481 to 18,766 in about a month and in spite of increased testing, the positivity rate has declined from around 30 per cent to 10 per cent in the last three weeks.

The government also said that the national positivity rate, percentage of samples testing coronavirus positive from the total number of samples, has also reduced and now stands at 6.73 per cent. The Union, state and union territory governments have made a joint and coordinated effort to effectively manage the Covid pandemic in the country, the Union health ministry said in a statement. As part of the coordinated efforts, the Union government has emphasised on increasing testing, prompt contact tracing and timely clinical management of cases, the statement said.

It has also helped states to significantly ramp up testing capacities, the ministry said.

This has resulted in reduced positivity rate in the country and the national positivity rate stands at 6.73 per cent, it said. As on July 5, the states with their positivity rate lesser than the national average and tests per million higher than the national average are Puducherry (5.55), Chandigarh (4.36), Assam (2.94), Tripura (2.72), Karnataka (2.64), Rajasthan (2.51), Goa (2.5), and Punjab (1.92). In Delhi, efforts being made by the Union Territory were significantly bolstered by the central government to ensure an increase in testing, the ministry said.

New 50-bed Covid centre inaugurated

AGE CORRESPONDENT
NEW DELHI, JULY 6

The North Delhi Municipal Corporation on Monday inaugurated a 50 bed Covid isolation centre at its primary school at Rohini. The centre was inaugurated by Delhi BJP president Adesh Gupta and Mayor Jai Prakash. Area MLA Vijender Gupta was also present on the occasion.

According to mayor Mr Jai Prakash, with the opening of this isolation centre, the facility will be available to infected people near their home. "This initiative would prove to be a milestone in fighting an epidemic like Corona. All types of facilities are available in this centre and the isolation centre will be looked after by the doctors and paramedical staff of the Corporation's Hindu Rao Hospital. CCTV cameras are installed in every room of the isolation centre, the footage of which will be provided to the patient's family members," said Mr Jai Prakash.

Tests were ramped up through increased RT-PCR testing along with the new Rapid Antigen Point-of-Care (POC) tests which gives results in only about 30 minutes, the Centre said.

As a result of concerted and focused efforts by the government of India to augment efforts, the average number of samples being tested per day which was only 5,481 (June 1-5) has witnessed a huge increase to reach an average of 18,766 samples per day between July 1 to 5," it said. —PTI



A young girl takes a selfie at Humayun's Tomb after it re-opened for public during Unlock 2.0 in New Delhi on Monday. —PTI

ASI monuments reopen, masks mandatory

New Delhi, July 6: Qutub Minar, Humayun's Tomb and a host of other centrally-protected monuments in Delhi were reopened for visitors on Monday after being shut for over three months due to the Covid-19 crisis, officials said.

All guidelines, including social distancing and sanitisation measures, will be followed at these heritage sites. Wearing of masks will be mandatory and no one will be allowed to enter without it.

There are 173 monuments in Delhi protected under the Archaeological Survey of India (ASI). It includes three UNESCO

World Heritage Sites — Red Fort, Humayun's Tomb and Qutub Minar — and Safdarjung Tomb, Purana Quila, Tughlaqabad Fort and Feroz Shah Kotla.

"Delhi's ASI-protected monuments have been reopened for the public as per the directions of the Culture ministry.

However, Red Fort, which is closed every Monday on regular days, will remain closed today," the official said.

Visitors can book tickets in either of the two slots — forenoon slot, which starts in the morning and ends at noon; and afternoon slot from noon to 6 pm. In each slot, a maximum of 1,500 visitors will be allowed, according to the official.

On regular days, the official said, Red Fort gets an average daily footfall in the range of 8,000-12,000; Humayun's Tomb gets 6,000-10,000 and Qutub Minar gets 8,000-10,000. However, Humayun's Tomb attracts

more foreign visitors, they said.

As many as 3,691 centrally-protected monuments and archaeological sites maintained by the Archaeological Survey of India were shut from March 17 due to the novel coronavirus pandemic.

Recently, the historic Jama Masjid, which had closed earlier this month due to a surge in Covid cases in the city, was reopened for congregational prayers (namaz) from July 4.

The mosque was closed on June 11 in view of the "critical" conditions in the city due to a surge in COVID-19 cases, till June 30. —PTI

Covid tally crosses 1L mark with 1,379 cases

AGE CORRESPONDENT
NEW DELHI, JULY 6

As covid cases crossed one lakh mark in city, chief minister Arvind Kejriwal on Monday appealed to recovered Covid patients to donate plasma after 14 days of recovery from the disease, noting that the number of donors is yet to pick pace. As the city's tally neared the one-lakh mark, the chief minister said there is no need to worry about the figure as around 72,000 people have already recovered.

As many as 1,379 new cases and 48 deaths were reported in the last 24 hours. Of the total 1,00,823 cases in the city, 25,620 are active and 72,088 patients have recovered. The death count stands at 3,115.

Mr Kejriwal said that the recovery rate has gone up to 72 per cent, and more and more people are recovering from Covid on a daily basis. "There has been a considerable dip in the positivity ratio and the death rate. The plasma bank set-up by the Delhi government has yielded positive results and has eased out the complications faced by people earlier to obtain plasma for treatment." Indicating that the demand for plasma is more than its supply, the CM also appealed to the cured Covid-19 patients to donate plasma to treat those infected with the virus.

Coronavirus disease (Covid-19) cases (Hindustan Times: 2020707)

<https://epaper.hindustantimes.com/Home/ArticleView>

Total cases cross 100k but new infections fall LOW TESTING : Sunday lull in tests, fresh cases lowest since June 9

The number of coronavirus disease (Covid-19) cases recorded in the national capital till now crossed the 100,000 mark on Monday, crossing a grim milestone that underlines the challenge in containing the outbreak even as daily numbers show a sustained decline.

The capital recorded 1,379 new cases, the lowest in a day since June 9, according to Delhi government data. The number of tests dipped from 23,136 in Sunday's to 13,879 in Monday's bulletin.

The capital's first case was 127 days ago when on March 2, a 45-year-old man from Mayur Vihar tested positive after returning from Italy.

Senior government officials said the dip in the number of tests conducted on July 5 was because it was a Sunday. Government data confirmed the trend. On June 28 (Sunday), 16,157 tests were conducted and on June 21 (Sunday), 14,682 tests were conducted.

“On Saturday, all the 11 districts had conducted a total of 23,136 tests, which dropped to 13,879 on Sunday. These numbers include both RT-PCR and rapid antigen detection tests. Earlier also, the testing numbers had dipped on Sundays because fewer people turn up and fewer workers report to duty. They cannot be working seven days a week for months together,” a senior government official said.

The city touched the 1-lakh mark six days later than predicted by a five-member panel set up in the beginning of June to aid the Delhi government plan the increase of infrastructure. Contrary to what the committee had suggested, the number of active cases has also not shot up to 50,000-60,000 yet.

It has remained between 25,000-27,000 for the last two weeks—reaching a peak of 28,329 active cases on June 27.

“We had predicted the trajectory of the infection based on the trends then. Anyway, it was the worst-case scenario; now we are well-prepared to handle the cases. The number of active cases seems to have stabilised. This is mainly due to two reasons—now even though we are testing over 20,000 people a day, the positivity rate has been reducing—fewer new cases are being reported. At the same time, the number of recoveries has gone up,” said Dr Arun Gupta, one of the members of the panel and the president of Delhi Medical Council.

Reduced mortality

Even though it is declining, Delhi's case fatality rate—the number of people who died of Covid-19—remains over 3%. This is slightly higher than the national average of about 2.8%.

Chief minister Arvind Kejriwal during a press briefing on Monday said the number of deaths due to Covid-19 has come down. “Earlier, over 125 deaths were being reported on a single day. Now there are 55 to 60 deaths daily. So, the number of deaths has come down by half. It needs to be reduced further,” he said.

Dr Gupta said, “No one across the globe has been able to predict the behaviour of this infection; the models have all failed. But, from the current numbers, I feel that the number of new cases and new hospitalisations will start going down now.”

recovery rate UP

An increased recovery rate is the reason for the number of active cases stabilising. The number of recoveries shot up June 18 onwards when 3,884 people recovered or were discharged in one day, rather than the few hundred that were recovering before. According to the data provided by the Delhi government, the highest number of recoveries was recorded on June 20—7,725.

An increase in the number of cases in June and the revised discharge policy of the union health ministry—wherein a Covid-19 patient can be discharged 10 days after the onset of symptoms or three days after recovery—are likely the reasons for Delhi’s increased recovery rate.

On Monday, the recovery rate stood at 71.4%; it had crossed the 70%-mark a day ago.

“I do not know whether the increased recovery rate is because of a change in the behaviour of the virus. It could also be that we are testing more people in the community and detecting mild cases,” said Dr Shobha Broor, former head of the department of microbiology at All India Institute of Medical Sciences.

The data also shows that hospitalisations have started going down —with 5,250 people in hospitals on Monday as opposed to over 6,000 people that were in hospitals the week ending on June 28. This decline, however, is because of the decline in the number of new cases being recorded and not because the cases are milder.

The proportion of active cases that need hospitalisation has remained more or less the same at about 21%.

Low positivity rate

Delhi’s positivity rate—proportion of people who test positive among those tested —as also continued to decline and came to a single digit for the first time on Sunday after May third week. On Sunday, only 2,244 of the 23,136 people tested turned out to be positive, bringing the positivity rate to 9.7%.

Experts say this is a positive sign as the number continues to decline despite increased testing.

Covid-19: What you need to know today (Hindustan Times: 2020707)

<https://epaper.hindustantimes.com/Home/ArticleView>



Till Sunday, July 5, India tested 9.79 million people (9,790,387 to be precise – excluding repeat tests) for the coronavirus disease (Covid-19). That translates into 7,531 tests per million (taking India's population as 1.3 billion). India's Covid-19 dashboard on Sunday night read: 697,284 cases, 19,700 deaths, and 424,596 recoveries. That translates into a positivity rate of 7.12% overall, a case fatality rate of 2.82%, and a recovery rate of almost 61%.

But the number of daily cases has been on the rise (as has the number of deaths). On Sunday, 24,422 cases and 421 deaths were recorded. The average number of cases registered last week was 21,180; the average number of deaths, 460. The positivity rate on July 5 was 13.52%; the average positivity rate for the past week was 9.43% (which is a better measure; testing in India seems to fall off on Sundays). Still, given that the positivity rates of the past week have been higher than those overall, there's clearly some increase, although this is not necessarily a bad thing – as this writer has previously pointed out, positivity rates increase with testing up to a point, then plateau, and finally start decreasing with more testing (as is happening in Delhi). Sure, the system can be gamed (and some Indian states are definitely guilty of this) by going slow on tests, although no one gains in the long term from this.

Delhi and Tamil Nadu have been aggressive in testing, and the results are evident – Delhi has actually seen the number of daily cases begin to fall from their June peaks, although they are still high (on Sunday, for instance, 2,244 new cases were recorded in Delhi) and experts are beginning to speak of the city entering a long plateau in terms of cases; Tamil Nadu has seen the number of cases increase (4,150 new cases on Sunday alone), but has managed to keep its positivity rate in the 7-12% band, and lower than previous peaks, indicating adequate testing. The big difference between Tamil Nadu and Delhi is that the latter is carrying out antigen tests, which are administered indiscriminately in so-called containment zones (which means anyone in a containment zone can get tested, not just those who meet the Indian Council of Medical Research's stringent criteria for testing). Last week, the central government asked states to roll out antigen testing, pretty much on the same basis that Delhi has. This is a good move, and may finally mean India starts testing adequately.

Which brings us to the original question: How does one define adequate testing?

Russia has so far tested close to 16% of its population, according to worldometers.info. The US has tested 11%, and the UK 15%. India has tested 0.8% of its population. Even Brazil has tested 1.5%. And China, with a population higher than India's, has tested 6% of its population.

India's policymakers and politicians have been happy to cite per capita statistics to show how India has managed the pandemic well, but point to the country's size and population when its low testing number is highlighted. If China (the world's most populous nation) and the US (the world's third most populous nation) can test 6% and 11% of their population, India can surely do better than 0.8%?

So, what should India's target be, when it comes to tests?

India should aim for 50 million tests (which would mean testing a little less than 4% of the population).

India has increased its testing capacity manifold – but the most tests it has carried out in a single day in the past few weeks is a quarter of a million. Is there a way to increase this to a million? For that would mean hitting the 50 million tests target by August 15.

This is the kind of challenge and deadline I'd like to see ICMR set for itself.

CM encourages plasma donation (Hindustan Times: 2020707)

<https://epaper.hindustantimes.com/Home/ArticleView>

New Delhi : Delhi chief minister Arvind Kejriwal urged on Monday all hospitals treating Covid-19 patients in the city to counsel recovered patients at the time of discharge to donate their plasma, noting that even though the demand for the therapy has gone up, the number of people ready to donate is yet to pick up.

The Delhi government had set up the country's first plasma bank at the Institute of Liver and Biliary Sciences (ILBS) in South Delhi's Vasant Kunj last week to streamline plasma therapy, a treatment in which plasma -- a component of the blood -- from a recovered patient is injected into an infected person in order to boost their immune response.

According to the government, plasma therapy trials in Delhi have shown improvement in the condition of 34 out of 35 Covid-19 patients in government hospitals and 46 out of 49 patients in private hospitals.

Addressing a digital press conference on Monday, Kejriwal said the plasma bank has boosted the demand for the therapy but the availability of plasma has remained low. "We opened the plasma bank last Wednesday and since then we have found that the number of people who require plasma is more than the number of people who are donating plasma. If things continue like this, the plasma stock at the bank will be over soon," he said.

Hospitals offering plasma therapy in Delhi include Lok Nayak Hospital, All India Institute of Medical Sciences (AIIMS), Dr Ram Manohar Lohia Hospital, Lady Hardinge Medical College, Rajiv Gandhi Super Speciality Hospital, Max Hospital, Saket, Indraprastha Apollo Hospital, Batra Hospital and Sir Ganga Ram Hospital.

To scale up donations, he said the government has deployed a team of doctors who are calling up all recovered patients and appealing them to donate plasma.

"If you receive such a call, please do not refuse to donate. I also request all the hospitals that whenever they discharge a recovered Covid-19 patient from their hospitals, they must counsel the patient to donate plasma after 14 days of their recovery," Kejriwal said.

"I want to request the people of Delhi to come forward and donate their plasma. There is no need to worry. You will not experience any pain or weakness, and the government will arrange transport for you. Some people are scared that if they visit ILBS hospital, they will contract the

coronavirus disease. I want to clarify that ILBS is a non-Covid hospital. You will not be infected,” he said.

On Monday, Delhi crossed 100,000 Covid-19 cases. The CM said there is no need to panic as of the 100,823 cases, 72,088 have already recovered. The recovery rate in Delhi has gone up to 72% and the positivity rate has dipped below the 10% mark for the first time in nearly 7 weeks.

On the availability of beds, he said only around 5,169 beds of the total 14,986 were occupied as on Monday afternoon across all hospitals. The peak Covid-19 bed occupancy in Delhi so far has been around 6,200.

Dr Puneet Mishra, a professor of community medicine, AIIMS, said that a bank helps ease the process of procuring plasma for patients.

“Opening one centralised plasma bank is a good idea, but before opening more, the government should wait until ICMR comes out with the final result of their plasma trials. Besides, the government should now focus on increasing ICU beds and ventilators,” he said.

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Covid transmission: Centre (Hindustan Times: 2020707)

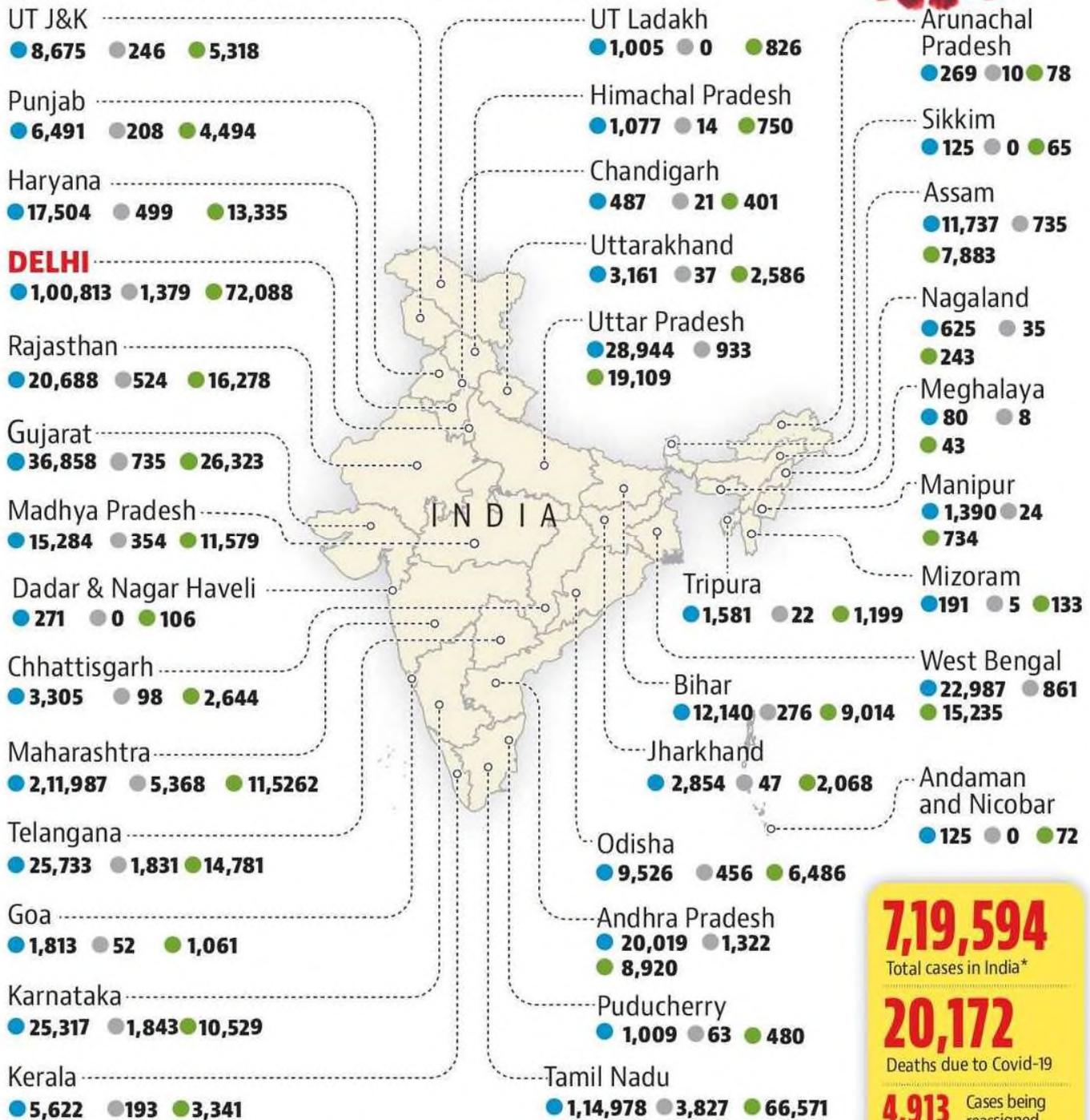
<https://epaper.hindustantimes.com/Home/ArticleView>

Keep toll low, suppress Covid transmission: Centre to states
TWO-PRONGED APPROACH: States also told to ensure 72-hr surveillance of 80% of close contacts of patients

THE SPREAD OF COVID-19



● Total confirmed cases including new cases added on July 6 ● New cases ● Recovered cases



7,19,594
Total cases in India*

20,172
Deaths due to Covid-19

4,913 Cases being reassigned to states

*Data compiled by covid19india.org and cross-checked from inputs by HT's correspondents and news agencies. 'Cases reassigned to states' is as per data released by the MOHFW. This figure has not been included in the calculation for the daily new cases.

With cases of the coronavirus disease (Covid-19) spiralling to nearly 700,000, the Centre has asked state governments to adopt a two-pronged strategy to slow the spread of the pandemic, people aware of the development said. Key elements of the new strategy include keeping the mortality rate at less than 1% and suppressing transmission of the disease by following the guidelines of World Health Organization (WHO).

The strategies were discussed at meetings last week in an interaction between cabinet secretary Rajiv Gauba and state officials, the people said on condition of anonymity.

The Centre's revised strategy to tackle Covid-19 comes at a time when India has overtaken Russia to the third position in the tally of cases, behind only the US and Brazil, and after a careful assessment of the experiences of states such as Karnataka, Tamil Nadu, Kerala and Haryana and the urban centre of Hyderabad, capital of Telangana.

The Centre has also pointed out that Delhi, which had a positivity rate—or number of positive cases per 100 tests—of 40% a month ago, has reduced to just 10% now. The Centre underlined that Delhi has also doubled its testing from 11,000 per day a month ago to daily 22,000 tests.

The states have been told to ensure 72-hour surveillance of at least 80% of close contacts of Covid-19 patients, a measure that can go a long way in reducing the transmission and possibility of spread of the virus. From proper quarantine of suspected Covid-19 patients to setting a target of ensuring a positivity rate of less than 10%, the centre has set a series of doable tasks for the states. Gauba has also said that once the positivity rate declines to less than 5%, the states can feel they are in a comfort zone.

All states have been told to conduct minimum of a 14 tests per 100,000 people.

While Delhi's Covid-19 management has improved after the Union home ministry stepped in last month, working out collaborative strategies at joint meetings with the state, a few other states have emerged as a big headache for the Centre.

“Karnataka, Tamil Nadu and the city of Hyderabad had seen transmission slowing down but again the outbreak gained pace. We have told the states that they initially did a good job but then lost some momentum,” said a senior official involved in the management of the outbreak.

In two meeting with the cabinet secretary, lasting two hours each, examples of Kerala, Haryana and Tamil Nadu were given to other states to show how these states were able to keep the death rate around 1% or below. To improve the death rate, the Centre has asked states to improve the “speed to care”.

“We had asked states to do an assessment of how many people called for ambulances, how many were rejected and what time it took for the patient to reach hospital in an ambulance,” said another official, “and also ensure that when a patient reaches the hospital he/she should not spend more than 45 minutes in triage.”

The states were also told it is critical to “smoothen transition points” which includes test confirmation to hospitalization to ambulance coordination.

For suppressing transmissions, the Centre is referring to the detailed guidelines issued by the WHO such as the need for more effective contact tracing, better sealing of hotspots and antibody testing.

The states were also encouraged to hold teleconferences for local doctors with specialists or senior doctors of the All India Institute of Medical Sciences and other top hospitals.

Pandemic

What the pandemic has taught us Protect nature; invest in health; ensure a safety net for the poor; and enhance global cooperation (Hindustan Times: 2020707)

<https://epaper.hindustantimes.com/Home/ArticleView>



Despite WHO coming in for criticism, India must continue cooperating with it and take advantage of its expertiseHT photo

The Covid-19 pandemic has taught India several painful lessons. The first is that we can no longer continue with the ruthless exploitation of nature. The climate crisis, erratic weather phenomena, pollution of air, land and ocean have pushed the country, and the world, to a dangerous brink. Unless this is reversed immediately, we are in for serious trouble by the end of the century. It is extraordinary that the lockdown period has led to nature regenerating. We saw blue skies again after many decades, pollution levels dropped, and several species of animals, birds and insects staged a comeback. We must try and ensure that these positive developments are sustained so that we do not revert to the old normal, but adopt a new normal vis-à-vis nature.

The second lesson is that India needs a drastic restructuring of its developmental plans which involves allocating at least 3% of the Gross Domestic Product (GDP) each to health and education. If the country does not strengthen these sectors, all plans of becoming a world-class power are doomed to fail. It has been a national failure that we have not done so since Independence. It is also clear that in a vast federal country such as India, a crisis like this demands close cooperation between the Centre and the states, regardless of which political party is in power. Health is a state subject, and in the final analysis, it is the states and the Union territories that have to deal with the crisis on the ground. This is an area where cooperative federalism rather than confrontational federalism is required.

Third, despite efforts of leaders such as the United States (US) President Donald Trump to trash the concept of globalisation, the fact remains that international collaboration in crises like this is essential. This applies to the quest for a vaccine as well as the availability of medicines and personal protective equipment. As our ancient concept of *Vasudhaiva Kutumbakam* (the world is one family) tells us, in the final analysis, no nation, howsoever great, can be an island unto itself. The human race will ultimately sink or swim together. We have some of the best scientists and researchers in the world, and several of India's laboratories are working overtime to find a vaccine against the coronavirus. Here again, cooperation with the laboratories in other countries will be of great value.

I led the Indian delegation to the World Health Organization (WHO) general conference on several occasions as health minister. In its building in Geneva, there is a beautiful Nataraja image that I presented to the then director-general Dr H Mahler when he visited Delhi to celebrate the eradication of smallpox worldwide. Despite WHO coming in for criticism recently, I feel we must continue to cooperate with it fully and take advantage of its organisational expertise.

The fourth lesson is that the intolerable sufferings of millions of migrant workers due to the sudden lockdown, and the lack of preparedness for their welfare, will remain a matter of deep shame to the nation. This teaches us that there has to be a safety net for the most vulnerable sections of society — the one-quarter of India's population that still lives below the poverty line. Apart from other measures, an assured minimum income credited directly into their accounts is the only way to achieve this. This is the least that India can do as a nation. This can be achieved with the restructuring of India's financial planning and reorienting its monetary policy.

Fifth, the virus has forced us to revisit family relationships and to extend support and affection, particularly to the elderly. Reports of increased domestic violence during the lockdown are disturbing. This is the opposite of what is needed. Existing laws need to be strictly enforced because any improper behaviour towards women, children or the elderly is unacceptable and against the tenets of Indian culture. The Covid-19 crisis has also impelled us to change personal lifestyles in a manner that unnecessary expenditure on luxury items has been minimised. That some of us can afford to spend on these is no justification for avoidable expenditure. The vulgar and grossly over-the-top engagement and wedding ceremonies, along with hugely wasteful banquets and receptions, should be restricted by law by designating a limited guest list, say, 50 people. With millions not getting one square meal a day, it is nothing short of criminal to waste so much money on so few.

Finally, the virus has taught us the benefits of silence and solitude so that we can look into ourselves and explore the deeper recesses of our consciousness. We are so involved in superficial activities that we seldom get time to look within. In the ultimate analysis, it is our inner consciousness that will express itself in our actions and relationships. If we can find deep within ourselves the divine light that is the core of our beings, this will uplift not only each individual but society at large.

WHO

Morning Digest: WHO reviewing report urging new guidance over airborne spread of coronavirus; 1.4 lakh families have reached annual MGNREGA work limit, and more (The Hindu: 2020707)

<https://www.thehindu.com/news/national/morning-digest-july-7-2020/article32008520.ece>

Harmful microbes

Harmful microbes found on sewer pipe walls: Study (New Kerala: 7.7.2020)

<https://www.newkerala.com/news/2020/120316.htm>

Researchers have found that the microbe-laden "biofilms" that cling to sewer walls often contain harmful, antibiotic-resistant bacteria and can withstand standard treatment to disinfect sewers.

The study, published in the journal Environmental Science Water Research and Technology, also revealed that cleaning with bleach can reduce the density of biofilms but not entirely remove them, potentially leaving wastewater treatment workers and the public exposed to health risks.

"Given the current interest in wastewater-based epidemiology for monitoring the coronavirus, our study highlights the need to consider sewer processes and how best to combat pathogens," said senior author Nicole Fahrenfeld from the Rutgers University in the US. For the findings, the research team examined the microbe-laden "biofilms" that cling to sewer walls and even built a simulated sewer to study the germs that survive within.

They found that these biofilms often contain harmful, antibiotic-resistant bacteria and can withstand standard treatment to disinfect sewers. Cleaning with bleach can reduce the density of biofilms but not entirely remove them, potentially leaving wastewater treatment workers and the public exposed to health risks, the study said.

According to the researchers, disinfecting a sewer line may be a good idea before sewer maintenance is done, especially following events such as a disease outbreak or bioterrorism incident that might expose sewer lines to high-risk microbes. "Luckily, with respect to SARS-CoV-2, the coronavirus causing COVID-19, water and wastewater are not expected to be important transmission routes," the researcher said.

"Normally, what's flushed down a toilet goes to a wastewater treatment plant. But rainfall can cause overflows of untreated waste into bays, rivers, streams and other waterways," they wrote. The researchers said a potential worst-case scenario would be an infectious disease outbreak following a sewer overflow that releases wastewater, sewer solids and biofilms to surface water.

"We will work to repeat a portion of our experiments to understand how long the coronavirus may linger in sewers and if that will impact monitoring of it in wastewater," Fahrenfeld noted.

High BP pills

High BP pills can also reduce colorectal cancer risk (New Kerala: 7.7.2020)

Researchers have now claimed that medications commonly prescribed to treat high blood pressure may also reduce patients' colorectal cancer risk.

Angiotensin converting enzyme inhibitor (ACE-i) or angiotensin II receptor blocker (ARB) medications are prescribed for conditions such as heart failure, high blood pressure or heart disease. These medications inhibit or block angiotensin, a chemical that causes arteries to become narrow, the researchers said.

Doctors commonly prescribe these medications to people with high blood pressure to relax and open blood vessels, thereby lowering blood pressure.

The current study, published in the Hypertension, an American Heart Association journal, revealed that taking these medications may also reduce colorectal cancer risk.

"Our results provide new insights on a potential role of these medications for colorectal cancer prevention," said study author Wai K Leung from the University of Hong Kong in Hong Kong.

"This is the first study to show the potential beneficial effects of ACE inhibitors and ARBs on colorectal cancer development, based on a large group of patients who were colorectal cancer-free at the beginning of the study," Leung added.

The roles of ACE inhibitors and ARBs on cancer development are controversial and, in some cases, study findings are conflicting. Results of previous studies have been limited by several factors including a small number of patients and data only on short-term follow-ups.

For the present study, the research team reviewed health records of 187,897 adult patients in Hong Kong from 2005 to 2013, with a negative baseline colonoscopy for colorectal cancer. The analysis found that those who took hypertension medications such as ACE-i or ARBs had a 22 per cent lower risk of developing colorectal cancer in the subsequent three years.

The benefits of ACE-i and ARBs were seen in patients 55 or older and those with a history of colon polyps and the benefit associated with the medications were limited to the first three years after the negative baseline colonoscopy.

"While ACE-i and ARBs are taken by patients with high blood pressure, heart failure and kidney diseases, the reduction in colorectal cancer risk may be an additional factor for physicians to consider when choosing anti-hypertensive medications," Leung said.

Researchers noted that the results should be verified with a prospective randomised controlled study, which would actively follow patients to determine the potential benefits of these medications on colorectal cancer risk.

Asthma, allergies

Study finds asthma, allergies more common in teens who stay up late (New Kerala: 7.7.2020)

<https://www.newkerala.com/news/2020/119942.htm>

Teenagers who prefer to stay up late and wake later in the morning are more likely to suffer from asthma and allergies compared to those who sleep and wake earlier, according to a study.

The recent study was published in the journal ERJ Open Research.

Asthma symptoms are known to be strongly linked to the body's internal clock, but this is the first study to look at how individual sleep preferences influence asthma risk in teenagers.

Researchers say the study reinforces the importance of sleep timing for teenagers and opens up a new channel of research into how sleep affects teenagers' respiratory health.

The study was led by Dr Subhabrata Moitra from the division of pulmonary medicine at the University of Alberta, Canada, who carried out the research while at the Barcelona Institute for Global Health, Spain.

He said "Asthma and allergic diseases are common in children and adolescents across the world and the prevalence is increasing. We know some of the reasons for this increase, such as exposure to pollution and tobacco smoke, but we still need to find out more.

"Sleep and the 'sleep hormone' melatonin are known to influence asthma, so we wanted to see if adolescents' preference for staying up late or going to bed early could be involved in their asthma risk."

The study involved 1,684 adolescents living in West Bengal, India, aged 13 or 14 years, who were taking part in the Prevalence and Risk Factors of Asthma and Allergy-Related Diseases among Adolescents (PERFORMANCE) study.

Each participant was asked about any wheezing, asthma, or symptoms of allergic rhinitis, such as a runny nose and sneezing. They were asked a series of questions to judge whether they were 'evening types', 'morning types' or in between, such as what time of the evening or night they tend to feel tired, when they would choose to wake up, and how tired they feel first thing in the morning.

Researchers compared the teenagers' symptoms with their sleep preferences, taking into account other factors that are known to affect asthma and allergies, such as where the participants live and whether their family members smoke

They found that the chance of having asthma was around three times higher in teens who prefer to sleep later compared to those who preferred to sleep earlier. They also found the risk of suffering allergic rhinitis was twice as high in late-sleepers compared to early-sleepers.

Dr Moitra adds "Our results suggest there's a link between preferred sleep time, and asthma and allergies in teenagers. We can't be certain that staying up late is causing asthma, but we know that the sleep hormone melatonin is often out of sync in late-sleepers and that could, in turn, be influencing teenagers' allergic response.

"We also know that children and young people are increasingly exposed to the light from mobile phone, tablets, and other devices, and staying up later at night. It could be that encouraging teenagers to put down their devices and get to bed a little earlier would help decrease the risk of asthma and allergies. That's something that we need to study more."

A second phase of the PERFORMANCE study is scheduled in 2028-29, which means it will be possible to repeat the study with a new group of teenagers to see if there has been any change in teenagers' sleeping habits and their respiratory health. Dr Moitra and his team also hope to quantify their findings by taking objective measurements of participants' lung function and sleep time.

Professor Thierry Troosters is President of the European Respiratory Society and was not involved in the research. He said "We need to know much more about why asthma and allergies are rising in children and teenagers and, hopefully, find ways to reduce these conditions.

"This is the first study to examine the possible role of different sleep preferences in teenagers' risk of asthma and allergies, and it opens up an interesting and important new line of research. We already know that sleeping well is important for physical and mental health, so we should continue to encourage teenagers to get a good night's sleep."

Nutrition, exercise counselling

Study suggests fathers are more likely to be referred for nutrition, exercise counselling (New Kerala: 7.7.2020)

<https://www.newkerala.com/news/2020/119932.htm>

Philadelphia, July 6: Overweight, obese men who are fathers are more likely to be referred for nutrition or exercise counselling as compared to the men without children, suggests a new study published by Elsevier in the Journal of Nutrition Education and Behaviour.

Researchers from the UPMC Children's Hospital of Pittsburgh and the University of Pittsburgh School of Nursing studied 2,562 men visiting their medical provider for both routine and sick visits. This study corroborates other researchers' findings that only 20 per cent to 40 per cent of obese patients report receiving nutrition or weight loss counselling.

"There's more research showing that fathers play a central role in child development but also in their weight-related health outcomes," said lead study author Alicia Boykin, MD, MS, Division of Adolescent and Young Adult Medicine, UPMC Children's Hospital of Pittsburgh, Pittsburgh, PA, USA. "It's critical to address healthy diets and physical activity among men who are already fathers, but also among men who may become fathers soon in the future."

As previous research has shown, fathers' commitment to their children has increased as evidenced by the increased time (doubled) that fathers spend on a child's care. Researchers have documented that fathers are more committed to weight programs that enable them to support their children (and families) and focus on child health and well-being rather than solely on their own health. "Men are willing to make positive changes during fatherhood and the results may suggest that providers are capitalizing on this time," Dr Boykin said.

This study furthers a general understanding of weight-related practices and management during clinic visits for men, in general, and fathers, in particular.

"I think that given the link between paternal obesity and child obesity, providers have a great opportunity to positively influence family outcomes, so not just the health outcomes for their patients, but also the health outcomes for their patients' children. The next step would include understanding adult provider motivators for referring, but also understanding the type of interventions that providers refer fathers to for nutrition and exercise counselling."

Mitigate airborne spread of COVID-19

Mitigate airborne spread of COVID-19, 239 scientists urge WHO (New Kerala: 7.7.2020)

<https://www.newkerala.com/news/2020/119835.htm>

It is time to recognise and mitigate airborne transmission of COVID-19, says a plea to the World Health Organization (WHO) issued by 239 scientists from around the world.

The scientists suggest that while measures like washing hands and maintaining social distance are important, they may not be enough to arrest the rapid spread of the disease.

The measures that need to be taken to mitigate airborne transmission include providing sufficient and effective ventilation -- supply clean outdoor air, minimise recirculating air -- particularly in public buildings, workplace environments, schools, hospitals, and aged care homes, they said.

Supplementing general ventilation with airborne infection controls such as local exhaust, high efficiency air filtration, and germicidal ultraviolet lights can be useful, according to the plea set to be published in the journal *Clinical Infectious Diseases*.

They said that it is important to avoid overcrowding, particularly in public transport and public buildings.

Led by air quality and health expert Lidia Morawska, Professor at the Queensland University of Technology in Australia, the appeal is to address the overwhelming research finding that an infected person exhales airborne virus droplets when breathing and talking that can travel further than the current 1.5 metre social distance requirement.

"We are concerned that people may think they are fully protected by following the current recommendations, but in fact, additional airborne precautions are needed to further reduce the spread of the virus," Morawska said.

The WHO has maintained that Covid-19 infection is primarily transmitted by respiratory droplets expelled by infected people.

In its update on June 29, the UN health body said that in the context of Covid-19, airborne transmission may be possible in specific circumstances and settings related to Covid-19 treatment.

So the current WHO recommendations emphasise the importance of rational and appropriate use of all personal protective equipment, not only masks, which requires correct and rigorous behaviour from health care workers.

Professor Morawska said several retrospective studies of the SARS epidemic had shown that airborne transmission was the most likely mechanism that explained the spatial pattern of infections.

"For example, a recent study analysed the data and video records in a restaurant where three separate groups of diners contracted Covid-19, observed no evidence of direct or indirect contact between the three groups, but modelled how the transmission occurred through the air," Morawska said.

The 239 signatories from 32 countries come from many different areas of science and engineering, including virology, aerosol physics, flow dynamics, exposure and epidemiology, medicine, and building engineering.

"Studies by the signatories and other scientists have demonstrated beyond any reasonable doubt that viruses are exhaled in microdroplets small enough to remain aloft in the air and pose a risk of exposure beyond one to two metre by an infected person," Morawska said.

"At typical indoor air velocities, a 5-micron droplet will travel tens of metres, much greater than the scale of a typical room while settling from a height of 1.5m above the floor."

Flu (Hindustan: 7.7.2020)

दिल्ली सरकार अस्पतालों से सांस और फ्लू के रोगियों की जानकारी जुटाएगी, इसके लिए जिला सर्विलांस की टीम सर्वे करेगी

फैसला: फ्लू के हर मरीज की कोरोना जांच होगी



दिलशाद गार्डन स्थित राजीव गांधी सुपर स्पेशियलिटी अस्पताल में सोमवार को पीपीई किट में एंटीजन टेस्ट करना स्वास्थ्यकर्मी। सरकार ने उच्च जोखिम समूह वाले लोगों के लिए रैपिड एंटीजन किट जांच को अनिवार्य किया है। • सोनू मेहता

नई दिल्ली | वरिष्ठ सवादाता

कोरोना संक्रमण रोकने के लिए सरकार सरकारी अस्पतालों, निजी अस्पतालों और क्लीनिक का सर्वे करेगी। ओपीडी में आने वाले फ्लू और सांस की बीमारी के मरीजों का पता लगाकर उनकी कोरोना जांच कराई जाएगी।

स्वास्थ्य विभाग की ओर से फ्लू और सांस संबंधी बीमारी के मरीजों की कोरोना जांच अनिवार्य करने के बाद ऐसे मरीजों को चिह्नित करने के लिए यह फैसला लिया गया है। ऐसे मरीजों को चिह्नित करने के लिए सर्वे किया जाएगा। सर्वे में कॉलोनिंग, हाउसिंग सोसायटी के बाहर चलने वाले निजी क्लीनिक को भी शामिल किया जाएगा। सर्वे में ऐसे मरीजों को चिह्नित करने के बाद सीधे उनके घर जाकर उनकी रैपिड एंटीजन जांच की जाएगी।

इस समय अस्पताल में आने वाले लोगों का अस्पतालों को नाम, पता, मोबाइल नंबर लिखवाना अनिवार्य है। अधिकारियों का कहना है कि बीमार होने पर लोग नजदीक की क्लीनिक पर जाते हैं। उसके बाद अस्पताल में जाते हैं। ऐसे में घर-घर जाकर ऐसे बीमार लोगों को ढूँढने से बेहतर है कि हमें एक जगह ही ज्यादा मरीजों के बारे में पता चल जाए।

तीन प्रमुख बातें

- निजी क्लीनिक, सस्कारी व निजी अस्पतालों का सर्वे कर वहां आने वाले फ्लू और सांस संबंधी बीमारी के मरीजों का पता लगा उनकी कोरोना जांच की जाएगी।
- हाई रिस्क ग्रुप में आने वाले बुजुर्गों की पहचान और उनकी कोरोना जांच करने के लिए पॉलिंग स्टेशन वार उनका डाटा तैयार किया जाएगा।
- आरडब्ल्यू की मदद से निगरानी समिति का गठन कर आने-जाने वालों पर नजर रखी जाएगी।

06

लाख रैपिड एंटीजन टेस्ट किट खरीद चुकी है सरकार

05

लाख रैपिड एंटीजन टेस्ट किट और खरीदने के आदेश जारी

हाउसिंग सोसायटी, गांव में निगरानी समिति बनेगी

जिलास्तर पर अब सभी डीएम अपने यहां गांव, हाउसिंग सोसायटी और कॉलोनिजों में आरडब्ल्यू की मदद से निगरानी समिति का गठन कर रहे हैं। ये निगरानी समिति अपने यहां आने-जाने वालों पर नजर रखेंगी। उच्च जोखिम श्रेणी में आने वाले लोग जिनकी जांच अनिवार्य है उसकी सूचना जिला प्रशासन को देगी। निगरानी समिति जिन लोगों पर विशेष नजर रखेगी उसमें फ्लू से बीमार लोग, बीमार बुजुर्ग, केसर या एडस मरीज के अलावा किसी संक्रमित इलाक़ से आने वाले लोग या निवासी शामिल होंगे।

पॉलिंग स्टेशन वार होगा बुजुर्गों का डाटा

सरकार ने 65 वर्ष से ऊपर वाले बीमार बुजुर्गों की जांच को अनिवार्य किया है। इन्हें उच्च जोखिम श्रेणी में रखा गया है। इसके लिए जिला प्रशासन की टीम पूर्व में फुट वॉरियर्स की ओर से तैयार बुजुर्गों की सूची का प्रयोग करेगी। पॉलिंग स्टेशन वार इनका डाटा तैयार करेगी। मतदाता सूची के अनुसार, दिल्ली में 60 वर्ष से अधिक उम्र वाले मतदाताओं की संख्या 18.50 लाख है।

यह चुनौती भी

सरकार ने घर-घर सर्वे के बजाए हाई रिस्क वाले लोगों की जांच के आदेश दिए हैं। मगर ऐसे लोगों को चिह्नित करना उन तक पहुंचकर उनकी जांच करना आसान नहीं है। सरकार को एक बड़े संसाधन और लोगों की जरूरत होगी। क्योंकि अनिवार्य कोरोना जांच करने वालों की जो सूची तैयार हुई है। उसमें लाखों की संख्या में लोग आते हैं। फिर उन लोगों को चिह्नित करके उनके लिए डॉक्टर की टीम तैयार करना और जांच करना प्रशासन के लिए आसान नहीं होगा।

इस तरह घट रही संक्रमण दर

तारीख	दिन	संक्रमण दर	कुल जांच
29 जून	सोमवार	12.89	16157
30 जून	मंगलवार	12.80	17179
1 जुलाई	बुधवार	12.23	19,956
2 जुलाई	गुरुवार	11.39	20,822
3 जुलाई	शुक्रवार	10.42	24,165
4 जुलाई	शनिवार	10.58	23,673
5 जुलाई	रविवार	9.69	23,136

संक्रमित व्यक्तियों पर तकनीक के जरिए नजर

कोरोना संक्रमण रोकने के लिए सबसे जरूरी है कि संक्रमित व्यक्ति किसी दूसरे व्यक्ति से न मिले। इसके लिए जरूरी है कि संक्रमित व्यक्ति प्रयत्न करे कि वह दूसरे लोगों से दूरी बनाए रखे। इसके लिए तकनीकी मदद से उनके स्थान ट्रैक लोकेशन पर नजर रखी जाएगी।

अब तक दो लाख से अधिक जांच हो चुकी

सरकार ने हाई रिस्क समूह वालों की रैपिड एंटीजन किट जांच को अनिवार्य किया है। इसलिए सरकार की ओर से अभी तक दो बार में 11 लाख किट खरीदने का आदेश जारी किया जा चुका है। पहले चरण में छह लाख किट खरीदी गई थी। अब पांच लाख और रैपिड एंटीजन किट खरीदने का आदेश खुद मुख्यमंत्री कार्यालय से दिया गया है। दिल्ली में अबतक दो लाख से अधिक रैपिड एंटीजन किट से जांच हो चुकी है। इसमें 7.20 फीसदी लोग ही संक्रमित मिले हैं।