



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DA

Tuesday

202102016

## Covid-19

### **Covid-19: 26 positive; no death in Ludhiana district (The Tribune: 202102016)**

<https://www.tribuneindia.com/news/coronavirus/covid-19-26-positive-no-death-in-ludhiana-district-212931>

Covid-19: 26 positive; no death in Ludhiana district

A student gives her sample for the Covid test in Ludhiana on Monday. Photo: Inderjeet Verma

No death was reported, while 26 persons tested positive for Covid in the district today. The total number of confirmed cases in Ludhiana district has reached 26,366, while 1,013 have lost their life so far since the spread of the pandemic.

Click here for the latest developments on Covid-19 epidemic

At present, there are 322 active patients in the district. According to the Health Department, 37 patients (26 new patients from district Ludhiana and 11 from other states/districts) tested positive in the last 24 hours. Till date, a total of 6,33,797 samples have been taken, out of which the reports of 6,32,549 samples have been received. Out of these, 6,02,131 samples were found negative, while the reports of 1,248 samples were pending.

Civil Surgeon Dr Sukhjeevan Kakkar said the total number of patients related to Ludhiana was 26,366, while 4,052 patients belonged to other districts/states.

He added said that till date, 56,882 persons had been kept under home quarantine in the district and at present, the number of such persons was 770. Today, 21 persons were sent for home quarantine.

Deputy Commissioner Varinder Sharma said whenever the district administration and Health Department find any positive or suspected Covid person, his/her samples are immediately sent

for testing. Similarly, 1,779 samples of suspected patients were sent for testing today and their results are expected shortly.

## **WHO approves AstraZeneca/Oxford COVID-19 vaccine?**

### **WHO approves AstraZeneca/Oxford COVID-19 vaccine for emergency use (The Tribune: 202102016)**

<https://www.tribuneindia.com/news/coronavirus/who-approves-astrazeneca-oxford-covid-19-vaccine-for-emergency-use-212858>

WHO approves AstraZeneca/Oxford COVID-19 vaccine for emergency use

A vial of AstraZeneca coronavirus disease (COVID-19) vaccine is pictured at St. Marys Hospital, in Phoenix Park in Dublin, Ireland, February 14, 2021. REUTERS

The World Health Organization (WHO) on Monday listed AstraZeneca and Oxford University's COVID-19 vaccine for emergency use, widening access to the relatively inexpensive shot in the developing world.

"We now have all the pieces in place for the rapid distribution of vaccines. But we still need to scale up production," Tedros Adhanom Ghebreyesus, WHO Director-General, told a news briefing.

"We continue to call for COVID19 vaccine developers to submit their dossiers to WHO for review at the same time as they submit them to regulators in high-income countries," he said.

A WHO statement said it had approved the vaccine as produced by AstraZeneca-SKBio (Republic of Korea) and the Serum Institute of India.

The listing by the UN health agency comes days after a WHO panel provided interim recommendations on the vaccine, saying two doses with an interval of around 8 to 12 weeks should be given to all adults, and can be used in countries with the South African variant of the coronavirus as well.

The WHO's review found that the AstraZeneca vaccine met the "must-have" criteria for safety, and its efficacy benefits outweighed its risks.

The AstraZeneca/Oxford shot has been hailed because it is cheaper and easier to distribute than some rivals, including Pfizer/BioNTech's , which was listed for

emergency use by the WHO late in December.

Nearly 109 million people have been reported to be infected by the novel coronavirus globally and more than 2.5 million have died, according to a Reuters tally.

Infections have been reported in more than 210 countries and territories since the first cases were identified in China in December 2019.

Doses of AstraZeneca's vaccine make up the lion's share of doses in the COVAX coronavirus vaccine sharing scheme, with more than 330 million doses of the shot due to begin being rolled out to poorer countries from the end of February.

The WHO established its emergency use listing (EUL) process to help poorer countries without their own regulatory resources quickly approve medicines new diseases like COVID-19, which otherwise could lead to delays.

The COVAX Facility, which is co-led by GAVI, the World Health Organization, the Coalition for Epidemic Preparedness Innovations and the U.N. Children's Fund, has said doses would cover an average of 3.3% of total populations of 145 participating countries. - Reuters

### **Covid-19: Woman succumbs, 18 infected in Chandigarh**

### **Covid-19: Woman succumbs, 18 infected in Chandigarh (The Tribune: 202102016)**

<https://www.tribuneindia.com/news/coronavirus/covid-19-woman-succumbs-18-infected-in-chandigarh-212438>

Chandigarh on Sunday reported one death and 18 new cases of Covid, taking the toll to 346 and tally to 21,238. - File photo

Chandigarh: The city on Sunday reported one death and 18 new cases of Covid, taking the toll to 346 and tally to 21,238. A 54-year-old woman from Sector 56, a case of type 2 diabetes mellitus, hypertension, coronary artery disease and cerebral artery infarct, breathed her last at the PGI. A total of 13 more patients have recovered. — TNS

No death, 20 test positive in Mohali

Mohali: Twenty fresh cases of Covid-19 surfaced in the district during the past 24 hours, taking the tally to 19,779. Meanwhile, 19 more patients were cured of the disease. No fresh fatality was reported in the district till Sunday evening, keeping the toll at 377. So far, 19,012 patients have been cured. — TNS

Eight new cases in Panchkula

Panchkula: The district reported eight fresh cases of coronavirus on Sunday, taking the overall tally to 10,666. With no new fatality, the Covid toll remained 147. While 10,436 patients have recovered from the disease so far, 83 cases are still active. The recovery rate stands at 97.84 per cent. — TNS

## Coronavirus

### Coronavirus may never go away but could change into mild annoyance (The Tribune: 202102016)

<https://www.tribuneindia.com/news/coronavirus/coronavirus-may-never-go-away-but-could-change-into-mild-annoyance-212382>

'Adults tend not to get very bad symptoms on reinfection if they've already been exposed'

Coronavirus may never go away but could change into mild annoyance

A member of the GP COVID-19 Expert Advisory Group, prepares a dose of AstraZeneca coronavirus disease vaccine at Health Service Executive vaccination centre outside St. Mary's Hospital, in Phoenix Park in Dublin, Ireland, on February 14, 2021. Reuters

What if COVID-19 never goes away? Experts say it's likely that some version of the disease will linger for years. But what it will look like in the future is less clear.

Will the coronavirus, which has already killed more than 2 million people worldwide, eventually be eliminated by a global vaccination campaign, like smallpox? Will dangerous new variants evade vaccines? Or will the virus stick around for a long time, transforming into a mild annoyance, like the common cold?

Eventually, the virus known as SARS-CoV-2 will become yet "another animal in the zoo," joining the many other infectious diseases that humanity has learned to live with, predicted Dr T Jacob John, who studies viruses and was at the helm of India's efforts to tackle polio and HIV/AIDS.

But no one knows for sure. The virus is evolving rapidly, and new variants are popping up in different countries.

The risk of these new variants was underscored when Novavax Inc. found that the company's vaccine did not work as well against mutated versions circulating in Britain and South Africa. The more the virus spreads, experts say, the more likely it is that a new variant will become capable of eluding current tests, treatments and vaccines.

For now, scientists agree on the immediate priority: Vaccinate as many people as quickly as possible. The next step is less certain and depends largely on the strength of the immunity offered by vaccines and natural infections and how long it lasts.

"Are people going to be frequently subject to repeat infections? We don't have enough data yet to know," said Jeffrey Shaman, who studies viruses at Columbia University. Like many researchers, he believes chances are slim that vaccines will confer lifelong immunity.

If humans must learn to live with COVID-19, the nature of that coexistence depends not just on how long immunity lasts, but also how the virus evolves. Will it mutate significantly each year, requiring annual shots, like the flu? Or will it pop up every few years?

This question of what happens next attracted Jennie Lavine, a virologist at Emory University, who is co-author of a recent paper in *Science* that projected a relatively optimistic scenario: After most people have been exposed to the virus — either through vaccination or surviving infections — the pathogen “will continue to circulate, but will mostly cause only mild illness,” like a routine cold.

While immunity acquired from other coronaviruses — like those that cause the common cold or SARS or MERS — wanes over time, symptoms upon reinfection tend to be milder than the first illness, said Ottar Bjornstad, a co-author of the *Science* paper who studies viruses at Pennsylvania State University.

“Adults tend not to get very bad symptoms if they’ve already been exposed,” he said.

The prediction in the *Science* paper is based on an analysis of how other coronaviruses have behaved over time and assumes that SARS-CoV-2 continues to evolve, but not quickly or radically.

The 1918 flu pandemic could offer clues about the course of COVID-19. That pathogen was an H1N1 virus with genes that originated in birds, not a coronavirus. At the time, no vaccines were available.

The US Centers for Disease Control and Prevention estimates that a third of the world’s population became infected. Eventually, after infected people either died or developed immunity, the virus stopped spreading quickly. It later mutated into a less virulent form, which experts say continues to circulate seasonally.

“Very commonly the descendants of flu pandemics become the milder seasonal flu viruses we experience for many years,” said Stephen Morse, who studies viruses at Columbia University.

It’s not clear yet how future mutations in SARS-CoV-2 will shape the trajectory of the current disease.

As new variants emerge — some more contagious, some more virulent and some possibly less responsive to vaccines — scientists are reminded how much they don’t yet know about the future of the virus, said Mark Jit, who studies viruses at the London School of Hygiene and Tropical Medicine.

“We’ve only known about this virus for about a year, so we don’t yet have data to show its behavior over five years or 10 years,” he said.

Of the more than 12 billion coronavirus vaccine shots being made in 2021, rich countries have bought about 9 billion, and many have options to buy more. This inequity is a threat since it will result in poorer countries having to wait longer for the vaccine, during which time the

disease will continue to spread and kill people, said Ian MacKay, who studies viruses at the University of Queensland.

That some vaccines seem less effective against the new strains is worrisome, but since the shots provide some protection, vaccines could still be used to slow or stop the virus from spreading, said Ashley St. John, who studies immune systems at Duke-NUS Medical School in Singapore.

Dr Gagandeep Kang, an infectious diseases expert at Christian Medical College at Vellore in southern India, said the evolution of the virus raises new questions: At what stage does the virus become a new strain? Will countries need to re-vaccinate from scratch? Or could a booster dose be given? “These are questions that you will have to address in the future,” Kang said.

The future of the coronavirus may contrast with other highly contagious diseases that have been largely beaten by vaccines that provide lifelong immunity — such as measles. The spread of measles drops off after many people have been vaccinated. AP

## **Fatality**

### **1 fatality; 7 students of two schools positive in district (The Tribune: 202102016)**

<https://www.tribuneindia.com/news/coronavirus/1-fatality-7-students-of-two-schools-positive-in-district-212150>

A person lost his life to Covid, while 30 persons tested positive for the virus in the district today. Now, the total positive cases in Ludhiana are 26,283 and 1,013 persons have lost their lives since March 2020.

Three more students from Government Senior Secondary School, Sekhewal, have tested positive and with this, the total number of students who are positive from this school has reached 15. Five teachers from this school are also positive.

Four students from MAM Public School, Samrala, have also tested positive and one teacher from GSSS Bhaini Baringa is also positive.

At present, there are 308 active patients and 31 people were home quarantined. The samples collected so far are 6,29,630, while the reports of 1,627 are awaited.

Civil Surgeon Dr Sukhjeevan Kakkar said awareness and information are the only methods to prevent this disease. He added anyone could escape from this disease just with a few basic precautions such as maintaining adequate social distancing, washing hands with soap and water and wearing mask.

“School students and teachers attending need to follow all precautions while attending the school. They should wear mask and follow social distancing,” he said.

## **Coronavirus | Bulk of COVID-19 vaccine**

### **Coronavirus | Bulk of COVID-19 vaccine recipients pass up second dose (The Hindu: 202102016)**

<https://www.thehindu.com/news/national/coronavirus-bulk-of-covid-19-vaccine-recipients-pass-up-second-dose/article33836527.ece>

A health worker administers the second dose of a COVID-19 vaccine at a hospital in Daryaganj, New Delhi on February 13, 2021. | Photo Credit: PTI

Only 1 in 10 take jab after four weeks.

Only about one in 10, or about 23,628 healthcare-workers inoculated themselves with the second dose of the COVID-19 vaccine on February 13, according to data from the Health Ministry.

February 13 was an important day in India's COVID-19 vaccination calendar marking 28 days — or four weeks — since the vaccination programme was flagged off by Prime Minister Narendra Modi on January 16.

On day one, 2,07,229 people were inoculated, according to figures from the Health Ministry so far. Ideally all of them should have been inoculated with the second shot on February 13.

The second doses of Covaxin and Covishield, the two vaccines approved, are recommended to be administered four to six weeks apart, according to guidelines from the Drug Controller General of India. While some international studies show that the vaccines can be more effective, when given apart even in a 6-12 week window, India's current policy does not recommend such a wide spacing.

Unlike many countries where available vaccines are fewer than those required, India is still to exhaust its first stock of vaccines — about 16 million doses — that the government had ordered from vaccine companies in the first week of January.

Coronavirus | Updated efficacy results show benefits of delaying second dose of Oxford vaccine

Until February 14, about 8.24 million healthcare and frontline workers have been inoculated with at least one dose of the vaccine. Of them, around 2.72 lakh were vaccinated on February 13. No updated figures were available on February 14, which going by past trends, is unlikely to have seen a spike in vaccinations.

The 8.2 million vaccinations have been conducted over 1.72 lakh vaccination sessions, suggesting that only around half the total vaccination capacity was being utilised. For nearly a week, there have been around 4,00,000 inoculations a day.

India's active caseload of coronavirus patients has dropped to 1.37 lakh as of February 14 or about 1.26% of India's total positive cases. About eight in 10 of the new cases are from six States. Kerala reported the highest daily new cases at 5,471 followed by Maharashtra with 3,611 and Tamil Nadu at 477.

Only Maharashtra and Kerala reported deaths in the double digits — 38 and 16 on February 14. Overall 92 new deaths were reported on February 14.

## **Dengue infection**

### **Tap water access in Delhi linked to dengue infection risk: Study (The Hindu: 202102016)**

<https://www.thehindu.com/news/cities/Delhi/tap-water-access-in-delhi-linked-to-dengue-infection-risk-study/article33819138.ece>

In the current study, scientists analysed social and environmental risk factors for contracting the virus in Delhi.

Tap water access in densely populated parts of Delhi is a strong predictor of the risk of contracting dengue, says a study that may lead to new strategies to control transmission of the deadly virus in urban areas.

## **Skin hunger**

### **What is skin hunger? (The Hindu: 202102016)**

<https://www.thehindu.com/sci-tech/health/what-is-skin-hunger/article33782782.ece>

Touch is important for humans and its deprivation can lead to mental and physical issues. Here, experts tell us how to deal with such a situation

Arya M did not touch another person for three months after the country went into lockdown last year. She isolated herself in her home in Coimbatore and worked remotely. “I have been

living alone for the past three years and did not find it a big deal,” she says. But things changed after two months. “Over time, I missed the feeling of human touch; shaking hands, getting a pat and so on,” she recalls. Finally, unable to stand the loneliness, she left her home and moved in with her parents. “It was such a relief. I still remember my mother’s hug when we met,” she says.

The human body is meant to touch and be touched. “When there is a deprivation of skin-to-skin touch for a prolonged period, we tend to develop a desire for it from other living beings. This is called skin hunger and is a topic much discussed now due to the pandemic,” explains Vaishnaruby Shanmugaraj, senior clinical psychologist, Vazhikatti Mental Health Centre and Research Institute, Coimbatore. From the time a baby is born, it depends on touch for physical and emotional wellbeing.

“This is why doctors let mothers have skin to skin contact with their child right after birth,” she explains. Human touch has many benefits. It helps calm the nervous system, boost the immune system, activate the hormone oxytocin that is critical for bonding, reduce the production of the stress hormone called cortisol, lower blood pressure and heart rate.

Sugami Ramesh, senior consultant, Clinical Psychology, Apollo Hospitals, Bengaluru says, “A lack of touch can cause loneliness, sleep disturbance, depression and anxiety but it also varies from person to person.” While there isn’t a replacement for human touch, there are still things that can help. Vaishnaruby recommends hugging a body pillow and massaging the back of our neck to stimulate the nerves. Sugami suggests exercise.

“It helps to decrease stress and improves sleep.” Getting a pet is also a good option. “Hugging an animal will be good for you. Use a heavy blanket that puts a little pressure on your body thereby giving a feeling of being enveloped in a hug. But make sure to seek medical help if you think it is needed,” she says.

In this column, we demystify the buzzword

**New Cases)(The Asian Age: 202102016)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15412549>

# 141 new Covid-19 cases, +vity rate rises to 0.36%

**New Delhi, Feb. 15:** Delhi recorded 141 fresh Covid cases and two deaths on Monday, even as the positivity rate rose to 0.36 per cent, authorities said.

These 141 cases came out of the 39,065 tests conducted the previous day, according to the latest health bulletin issued by the Delhi government.

The infection tally in the city rose to 6,37,087 authorities said, adding the positivity rate was 0.36 per cent.

No death from Covid was recorded in Delhi on Saturday, second time in February when the single-day fatality count was nil.

On February 9, no fatality from coronavirus infection was registered in the national capital, after a gap of nearly nine months.

Also, on February 5 and February 7, the fatality counts were two on both days, same as on February 2.

**DELHI HAD** recorded 96 coronavirus cases on January 27, the lowest in over nine months, and the first time the daily incidences count had stood below the 100-mark in that month

Delhi had recorded 96 coronavirus cases on January 27, the lowest in over nine months, and the first time the daily incidences count had stood below the 100-mark in that month.

On Sunday, Delhi had recorded 150 Covid cases and two deaths, while the positivity rate had stood at 0.26 per cent.

The active cases tally on Monday slightly rose to 1,036 from 1,031 the previous day, according to the bulletin.

The total number of tests conducted the previous day included 28,852 RT-PCR tests and 10,213 rapid antigen tests, the bulletin said. — *PTI*

**Kids Health (The Asian Age: 202102016)**

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15411462>

Aakar Patel



## Vital areas in kids' health left ignored in Budget 2021

The Union Budget delivered earlier this month was praised for two things. First, that it was spending money in the right place: capital expenditure, which would create value over the long term. And second, that it was transparent. The deficit is three times what it should be, but at least the government has accepted it. Perhaps these two things are enough to make it a good Budget, though one doesn't know. There has not really been any Budget I can remember that made any difference to most people's lives, except perhaps one, and that was in 1991.

However, it is clear the Budget has ignored something that was really urgent. The National Family Health Survey 2019-20, conducted by the government, revealed some terrible numbers.

On four key metrics which represent the nutritional status of children, states recorded a significant fall in 2019-20 compared to the levels in 2015-16. In states like Gujarat, Maharashtra and West Bengal, the share of anaemic and wasted (low weight for height) children was significantly higher than the levels recorded 15 years earlier in 2005-06.

This indicated a reversal of progress that had been hard to win. Even in states such as Kerala, which continued to lead in these indicators, the levels recorded in 2019-20 were poorer than the 2015-16 figures.

The survey put out data for 22 states and Union territories and an analysis of 10 major states was conducted. Anaemia among children was higher in all the 10 states in 2019-20 compared to 2015-16. In Gujarat, Himachal, Maharashtra and West Bengal, a higher percentage of children were anaemic in 2019-20 than were in 2005-06. The percentage of wasted (low weight for height) children was higher in half of the 10 states. In Assam, Gujarat, Karnataka, Maharashtra and West Bengal, a higher percentage of children were wasted in 2019-20 compared to 2005-06. In 7 of the 10 states analysed, a higher percentage of children were underweight (low weight for age) in 2019-20 compared to 2015-16.

Stunting (low height for age) was higher in six out of the 10 states compared to 2015-16. The study also found that the incidence of diarrhoea had increased in half the states, including Andhra Pradesh, Bihar, Gujarat, Maharashtra, Karnataka and West

Bengal. In Bihar it was up from 10.4 per cent in 2015-16 to 13.7 per cent in 2019-20. This is the reality of the situation. We can debate what has caused this and that can wait for another day. The problem is that the Budget that was presented by Nirmala Sitharaman did not acknowledge and therefore didn't accommodate this problem. The mid-day meal scheme, on which scores of children depended for their one good meal of the day, found its budget cut from ₹13,490 crore in FY 2021 to ₹11,500 crore in 2022. This was lower in nominal terms than what it had been seven years earlier. Inflation adjusted, it was 38 per cent lower. The Integrated Child Development Scheme (ICDS), meant to provide preschool children with food, education, primary health care, immunisation, health checkups and referral services to children under six and their mothers, was also lower in nominal terms, at ₹16,888 crore in FY 2022 versus ₹18,001 crore in 2014-15. The programme, running rural anganwadis or creches, is meant to improve the nutritional and health status of children "to lay the foundation for proper psychological, physical and social development of the child", to "reduce the incidence of

mortality, morbidity, malnutrition and school dropouts", and "to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education".

Inflation adjusted, this figure was 36 per cent lower for 2022 than it had been the year Prime Minister Narendra Modi took over.

Poshan Abhiyan, the flagship programme meant to improve nutritional outcomes by 2022, was also damaged. The government had released only 46 per cent of the annual outlay by October 31, and for 2022 the budget was cut by 27 per cent.

The drinking water and sanitation department saw its budget officially rise from ₹21,000 crore to ₹60,000 crore, but of that ₹50,000 crore was for the "Central road and infrastructure fund", suggesting a fudge to avoid embarrassing questions. The numbers seemed deliberately made hard to compare with previous spends. ICDS was clubbed with Poshan Abhiyan, the Scheme for Adolescent Girls and the National Creche Scheme, and the whole thing was called Saksham. Its budget for 2022 was less than the previous year's

budget for ICDS alone. The Pradhan Mantri Matru Vandana Yojana, the Centre's maternity benefit programme, was clubbed with the Beti Bachao Beti Padhao scheme for girls' education, the Mahila Shakti Kendra and other general gender budgeting, and the whole thing was called Samarthya. It received ₹2,622 crore for 2022, less than the ₹2,650 crore allocated in 2021.

The allocation for Ayushman Bharat (dubbed "Modicare" by Amit Shah) was the same for 2022, ₹6,400 crore, as it was for the year before. There was no provision for minimum wage and health insurance for the Anganwadi and Accredited Social Health Activist (ASHA) workers, the individuals whom Mr Modi had called "Covid warriors".

The numbers are not going to improve themselves. They will need external intervention from the government, but that has not happened in this Budget. Whether it was wise on an issue that concerns scores of our children we will not know till the government conducts the next survey.

*The writer is a columnist and a senior journalist*

## Coronavirus (Hindustan: 202102016)

[https://epaper.livehindustan.com/imageview\\_641237\\_84397368\\_4\\_1\\_16-02-2021\\_5\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_641237_84397368_4_1_16-02-2021_5_i_1_sf.html)

दिल्ली में सत्ता में काबिज आम आदमी पार्टी ने अपने तीसरे कार्यकाल का पहला साल आज मंगलवार को पूरा कर लिया। 70 में से 63 सीटें जीतकर तीसरी बार मुख्यमंत्री बने अरविंद केजरीवाल के लिए यह एक साल बहुत चुनौतीपूर्ण रहा। पूरा साल कोरोना महामारी से युद्ध लड़ते बीता। सरकार ने काफी हद तक इस पर काबू भी पाया। मुख्यमंत्री केजरीवाल ने हिन्दुस्तान से बातचीत में कहा कि सिर्फ दिल्ली वाले ही कोरोना से महायुद्ध जीत सकते थे।

# सिर्फ दिल्ली वाले ही जीत सकते थे कोरोना से महायुद्ध : केजरीवाल



नई दिल्ली | वरिष्ठ संवाददाता

मुख्यमंत्री अरविंद केजरीवाल ने कहा कि पिछला एक साल दिल्लीवासियों के लिए ज्यादा मुश्किलभरा रहा। बीते साल 11 नवंबर को दिल्ली में जब एक दिन में साढ़े आठ हजार केस आए थे, तब दिल्लीवालों ने कोरोना महामारी को प्रचंड रूप में देखा था। बताया जाता है कि विश्व के किसी और शहर में इतने ज्यादा केस कहीं नहीं आए। न्यूयॉर्क में एक दिन में 6300 केस आए थे। इससे वहां की पूरी स्वास्थ्य प्रणाली खस्त हो गई थी। इलाज के लिए मरीज अस्पतालों के कारिडोर में भरे पड़े थे। वहीं, दिल्ली में 7000 बेड खाली पड़े थे।

उन्होंने कहा कि कोरोना काल के दौरान दिल्ली में स्वास्थ्य सेवाओं को बेहतरीन करने का सरकार को मौका मिला। इस दौरान अस्पतालों में वेंटिलेटर की संख्या बढ़ाई गई। इसके अलावा दूसरे अन्य उपकरण भी मुहैया कराए गए। बुराई में एक बड़ा अस्पताल दिल्लीवालों को मिला।

**दिल्ली में प्लाज्मा थेरेपी की शुरुआत:** केजरीवाल ने कहा, जब पूरा विश्व महामारी से जूझ रहा था और इसकी दवाई के इंतजार में था, तब दिल्ली में प्लाज्मा थेरेपी की शुरुआत हुई। अप्रैल में हमने इस थेरेपी का ट्रायल शुरू किया। फिर जुलाई में आईएलबीएस में दुनिया का पहला प्लाज्मा बैंक शुरू किया। अस्पतालों में जब भीड़ बढ़ी तो हमने हल्के लक्षण वाले मरीजों के लिए होम आइसोलेशन शुरू किया। उन्हें ऑक्सीमीटर दिया। दिल्ली की इस पहल को पूरे देश में लागू किया गया। इसी का नतीजा है कि कोरोना के गंभीर मरीजों के लिए

## अब दिल्ली के लोगों के घर पर पहुंचेगा राशन

केजरीवाल ने कहा कि मार्च के महीने तक घर तक राशन पहुंचाने की योजना शुरू कर दी जाएगी। इससे लोगों को राशन की दुकान पर आने की जरूरत नहीं पड़ेगी। अगर किसी को 25 किलो गेहूं और 10 किलो चावल मिलना है तो वह घर पर मिलेगा। एक साल में बेहतरीन काम करने वाला स्वास्थ्य विभाग हर व्यक्ति को हेल्थ कार्ड देगा। झुग्गीवालों को मकान देने की योजना पर भी तेजी से काम चल रहा है।

## दिल्ली सरकार के स्कूल में 98 फीसदी छात्र हुए पास

दिल्ली सरकार के स्कूलों में बारहवीं कक्षा में उत्तीर्ण छात्रों की संख्या 98 प्रतिशत है। इसके बाद कंपार्टमेंट में भी 1 फीसदी छात्र पास हुए। वहीं पर्यावरण को नुकसान पहुंचा रही पराली का भी समाधान दिया। बायो डी कंपोजर का प्रयोग भी शुरू किया।

## कोरोना काल में भी मुफ्त पानी और बिजली बंद नहीं की

अस्पतालों में बेड की कमी नहीं हुई। **लॉकडाउन में हर माह एक करोड़ को राशन, चालकों-निर्माण मजदूरों को आर्थिक मदद:** मुख्यमंत्री ने बताया, लॉकडाउन में रोजगार खत्म हो रहे थे। यह सरकारों के लिए मुश्किल भरा दौर था। सरकारों के सामने राजस्व की समस्या खड़ी हो गई थी। मगर मुझे बेहद खुशी है कि ऐसे कठिन दौर में दिल्लीवासियों ने मिलकर स्थिति को भी संभाला। हमने न केवल सबको समय पर वेतन दिया, बल्कि लोगों को राशन



पूरा विश्व, पूरा देश और दिल्लीवासी पिछले एक वर्ष से कोरोना महामारी से जूझ रहे हैं। मैं उम्मीद करता हूँ कि इस वर्ष हमें इससे छुटकारा मिल जाएगा। दिल्ली ने कोरोना के खिलाफ एक सफल मॉडल पेश किया है, जिसे देश ने अपनाया है। अरविंद केजरीवाल, मुख्यमंत्री



01	38.2	13.66	1.56
मार्च को दिल्ली में कोविड का पहला केस आया	लाख लोगों का बिजली का बिल ज़ीरो आया	लाख को पानी का बिल ज़ीरो आया	लाख चालकों को पांच-पांच हजार की मदद दी गई
43,945	निर्माण क्षेत्र के मजदूरों को दस-दस हजार की आर्थिक मदद मिली	10	लाख लोगों के लिए रोजाना भोजन कराने की व्यवस्था की गई

मुख्यमंत्री ने कहा कि कोरोना काल में हमारा टैक्स आना बंद हो गया था, मगर हमने मुफ्त में दी जा रही सेवाएं नहीं रोकें। लोगों को चिंता सताने लगने लगी थी कि पानी और बिजली मुफ्त मिलना बंद तो नहीं हो जाएगा। लेकिन अच्छे आर्थिक प्रबंधन से यह सुनिश्चित किया कि लोगों को ये सेवाएं मुफ्त मिलती रहे। दिल्ली में कुल 52 लाख घरेलू उपभोक्ताओं में से 38 लाख परिवारों के बिजली के बिल ज़ीरो आए। 25 लाख पानी के घरेलू उपभोक्ताओं में 14 लाख के पिछली बिल साइकिल में पानी के बिल ज़ीरो आए।

के साथ आर्थिक मदद भी उपलब्ध कराई। हर माह एक करोड़ लोगों को राशन उपलब्ध कराया। इसके साथ ही 10 लाख लोगों के भोजन की व्यवस्था की गई। ऑटो चालकों को पांच-पांच हजार और निर्माण मजदूरों को 10-10 हजार रुपये की आर्थिक मदद की। **कोरोना योद्धाओं को एक-एक करोड़ की सहयोग राशि दी:** अरविंद केजरीवाल ने कहा, अपनी जान की बाजी लगाकर पीड़ितों के इलाज में जुटे कोरोना योद्धाओं को यह दर सता रहा था

कि अगर उन्हें कुछ हुआ तो उनके परिवार का क्या होगा। ऐसे में जिम्मेदार सरकार होने के नाते हमने उनके लिए एक करोड़ की सहयोग राशि की घोषणा की। इस योजना में पुलिसकर्मी, अस्पतालकर्मी, सफाईकर्मी, सिविल डिफेंस वॉलंटियर समेत अन्य को शामिल किया गया। दिल्ली सरकार ने कई कोरोना योद्धाओं के परिवार को एक-एक करोड़ रुपये की आर्थिक मदद भी दी। मैं खुद उनके घर गया, उनके परिवार के लोगों से मिला।

## 16

फरवरी 2020 को केजरीवाल ने तीसरी बार दिल्ली के मुख्यमंत्री पद की ली थी राध

## चार योजनाएं जो परवान चढ़ीं

### 1. ई-वाहन नीति को मंजूरी दी

दिल्ली सरकार ने लॉकडाउन में प्रदूषण मुक्त दिल्ली की दिशा में काम करते हुए अगस्त 2020 में ई-वाहन नीति को अधिसूचना जारी की। तब से अब तक 6000 से अधिक ई-वाहन पंजीकृत हुए हैं। चार पहिया पर 1.50 लाख तक और दुपहिया पर 15 हजार रुपये तक की सब्सिडी दी गई।

### 2. डीटीसी बड़े में एक हजार बसों का ऑर्डर

दिल्ली परिवहन निगम (डीटीसी) में 2011 से बस लाने की कोशिश चल रही थी। मगर यह दस साल बाद दिसंबर 2020 में पूरा हुआ। डीटीसी के बड़े में दस साल बाद 1000 वातानुकूलित बसों की खरीद के लिए आदेश जारी किए गए। अभी डीटीसी में 3738 बसें हैं, जबकि यह 5500 होनी चाहिए।

### 3. उद्योग नीति में बदलाव

दिल्ली की उद्योग नीति में बदलाव करते हुए सरकार ने एक बड़े वर्ग को राहत दी, जिससे दिल्ली में नौकरियों के अवसर भी पैदा होंगे। अब दिल्ली के औद्योगिक क्षेत्र में भी सेवा क्षेत्र वाली कंपनियों को ऑफिस खोलने की मंजूरी दी गई है। पहले सिर्फ फेक्ट्री लगाने की अनुमति थी। अब आईटी सेक्टर, सीए ऑफिस समेत अन्य सेवा क्षेत्र के लोग भी ऑफिस खोल सकते हैं। अभी ये एनसीआर में जाते थे।

### 4. सड़कों की री डिजाइनिंग पर काम

दिल्ली में सड़कों को री डिजाइन का काम शुरू कर दिया गया है। कुल दस सड़कों को चिह्नित किया गया है जिन्हें यूरोपीय सड़कों की तर्ज पर विकसित किया जाएगा। इसमें कुछ सड़कों पर काम भी शुरू हो गया है।

**Nasale Vaccine (Hindustan: 202102016)**

[https://epaper.livehindustan.com/imageview\\_641237\\_84398298\\_4\\_1\\_16-02-2021\\_5\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_641237_84398298_4_1_16-02-2021_5_i_1_sf.html)

# नेजल वैक्सीन का देश में जल्द शुरू होगा ट्रायल



नई दिल्ली | वरिष्ठ संवाददाता

कोरोना के इंजेक्शन वाले टीके के बाद अब नाक के रास्ते दिए जाने वाले नेजल टीके का ट्रायल शुरू होने वाला है। कोवैक्सीन बनाने वाली भारत बायोटेक ने भारतीय आयुर्विज्ञान अनुसंधान परिषद (आइसीएमआर) के साथ मिलकर यह टीका विकसित किया है। इसके पहले ट्रायल की तैयारी शुरू हो गई है।

**तेजी से रोकेगा संक्रमण :** एम्स के प्रोफेसर डॉक्टर नीरज निश्चल के मुताबिक नेजल टीका परंपरागत टीके के मुकाबले ज्यादा कारगर हो सकता है, हालांकि यह ट्रायल के नतीजों के बाद ही स्पष्ट होगा। उन्होंने बताया कि इस टीके से न सिर्फ व्यक्ति को कोरोना से लड़ने वाली एंटीबॉडी मिलेगी, बल्कि

## बच्चों को लगाना आसान होगा

पहले चरण के ट्रायल में कुल 75 लोगों को शामिल किया जाएगा। सूत्रों के मुताबिक 12 साल से अधिक उम्र के लोगों को इस ट्रायल में शामिल किया जाएगा। अभी तक जो टीके देश में लग रहे हैं, वो 18 साल से अधिक उम्र के लोगों को लग रहे हैं। एम्स के मेडिसिन विभाग के प्रोफेसर डॉक्टर नीरज निश्चल का कहना है कि यह टीका बच्चों को देना आसान होगा। आधा घंटे में ही पूरी क्लास के बच्चों को टीका दिया जा सकता है। जानकारी के मुताबिक इस टीके का एक ही डोज होगा, जबकि अभी 28 दिन बाद दूसरी डोज देनी होती है।

उस व्यक्ति से दूसरे लोगों में कोरोना फैलने के खतरे को यह अन्य टीकों के मुकाबले ज्यादा कम करेगा। यह टीका नाक के म्यूकोस में सबसे पहले एंटीबॉडी उत्पन्न कर वायरस को खत्म कर देगा।

## कैसे काम करेगा नेजल टीका

नेजल वैक्सीन को नाक से दिया जाता है। यह नाक के अंदरूनी हिस्सों में प्रतिरोधक

## **Cabozantinib**

### **Cabozantinib most effective treatment for metastatic papillary kidney cancer: Study (Hindustan: 202102016)**

<https://www.newkerala.com/news/2021/27753.htm>

Recent research in a SWOG Cancer Research Network trial that put three targeted drugs to the test, found cabozantinib, which is a small molecule inhibitor, most effective in treating patients with metastatic papillary kidney cancer.

There are currently no effective treatments for metastatic papillary kidney cancer, or metastatic pRCC, a rare subtype of kidney cancer. One study of 38 patients found that the average survival rate was eight months after diagnosis.

Sumanta Pal, MD, clinical professor of medical oncology at City of Hope, a comprehensive cancer center, and an investigator at SWOG, a cancer clinical trials group funded by the National Cancer Institute (NCI), part of the National Institutes of Health (NIH), said there is hope for metastatic papillary kidney cancer patients. Mutations in the MET gene are a hallmark of this type of cancer, and there are new drugs that target the MET gene among other important signaling pathways. Pal decided to put three of them to the test against the current standard treatment, sunitinib, a receptor tyrosine inhibitor.

In his study, S1500, Pal studied 147 eligible patients with papillary kidney cancer, most of whom had not received any prior treatment. Patients were randomly assigned to one of four treatment groups - those who took sunitinib and those who took one of the three MET target drugs - cabozantinib, crizotinib, and savolitinib.

Pal and his team wanted to see how long it would take patients' cancer to spread or return, a measure known as progression-free survival. What they found Patients receiving sunitinib went a median of 5.6 months before their cancer progressed; patients receiving savolitinib and crizotinib fared much worse overall.

But cabozantinib, which inhibits VEGF receptors and AXL in addition to MET, gave patients a median of 9.2 months before their cancer progressed. In addition, 23% of patients had a significant reduction in the size of their tumor with cabozantinib. In contrast, only 4% of patients saw this kind of tumor response with sunitinib.

"The magnitude of the response was surprising," Pal said. "We still have a long way to go to help make patients' lives longer and better, but we do have a new standard treatment for these rare cancer patients. This result is a testament to SWOG and to City of Hope, who have the motivation and expertise needed to successfully conduct rare cancer clinical trials."

Building on the momentum of S1500, SWOG will lead the next pivotal trial in papillary kidney cancer, one with a focus on the potential synergy between targeted treatments like cabozantinib and immune therapy. Pal will lead that study with SWOG investigator Dr. Benjamin Maughan at Huntsman Cancer Institute at the University of Utah.

SWOG 1500, also called PAMMET, was sponsored by NCI, designed and led by the SWOG Cancer Research Network under the leadership of Dr. Pal, and conducted through the NCI's National Clinical Trials Network.

S1500 was also funded by the NIH through NCI grants CA180888, CA180819, CA180820, CA180821, CA180863, and CA180868; and in part by AstraZeneca plc/AB, Exelixis, Inc., and Pfizer, Inc. The companies provided savolitinib, cabozantinib, crizotinib, and sunitinib, respectively, for the trial under each company's Cooperative Research and Development Agreement with the NCI.

"NCI's drug development program in the Cancer Therapy Evaluation Program facilitated the collaborations between pharmaceutical companies as well as collaborations between companies and SWOG investigators to make this trial possible. We are proud to have played a part in defining which of these therapies is most effective for patients with papillary renal cell carcinoma," said John Wright, MD, PhD, the associate branch chief of CTEP's Investigational Drug Branch, and the NCI's medical monitor for the study. (ANI/21 hours ago) <https://www.newkerala.com/health-news.php>

## **Post-surgery**

### **Post-surgery in kids, aspirin preferred to prevent blood clots (Hindustan: 202102016)**

<https://www.newkerala.com/news/2021/27708.htm>

The findings of a new study suggest that aspirin should be favoured over warfarin in order to prevent blood clotting in children who undergo a surgery that replumbs their hearts.

The research, led by the Murdoch Children's Research Institute (MCRI) and published in The Journal of Thoracic and Cardiovascular Surgery, will have implications for clinicians when prescribing blood-thinning medications after Fontan surgery, a complex congenital heart disease operation redirecting blood flow from the lower body to the lungs.

The Fontan procedure is offered to children born with severe heart defects, allowing the child to live with just one pumping heart chamber instead of two.

MCRI Dr Chantal Attard said although the operation couldn't completely 'fix' the heart, most were able to live well into adulthood and have relatively normal lives. But she said those who have the procedure were at an increased risk for blood clots.

"Blood clots are dangerous because they can cause the heart to fail or lead to a stroke. For this reason, all patients are given blood-thinning medications, with warfarin and aspirin the most common," she said.

"Warfarin can be affected by food, other medications and illness, so patients must have regular blood tests to check their warfarin levels are safe."

The study involved 121 patients enrolled in the Australian and New-Zealand Fontan (ANZ) Registry. It found stroke was common regardless of which medication the patient took. But patients on warfarin had poorer bone mineral density and were at a higher risk of bleeding.

Dr Attard said the research showed for patients who undergo Fontan surgery, and do not have additional blood clotting risk factors, aspirin should be offered over warfarin.

She said given the need for regular INR monitoring of warfarin, a shift to aspirin would also have a cost-benefit to the patient and the healthcare system.

About 70,000 post-Fontan patients are alive today, with this number expected to double within two decades.

Carley Clendenning's son Lachie, 7, had the Fontan procedure two years ago after being born with one heart ventricle.

She said the aspirin findings were a relief as the medication was much easier to manage and would benefit other families whose children required the procedure in future.

"Lachie has been taking warfarin ever since his surgery and there are things you have to keep on top of with this medication," she said.

"We have to monitor his blood clotting levels with regular finger-prick blood tests at home and watch out for injuries because there is a greater chance of bleeding and bruises.

"In what is already a difficult time for families, this new recommendation will make things a little easier." (ANI/22 hours ago) <https://www.newkerala.com/health-news.php>