



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20210303

New Covid cases

Nation witnesses 14,989 new Covid cases, 98 more deaths (The Tribune: 20210303)

<https://www.tribuneindia.com/news/nation/nation-witnesses-14-989-new-covid-cases-98-more-deaths-219947>

The recovery rate is 97.06 per cent, while the fatality rate is 1.41 per cent

India's total tally of Covid cases rose to 1,11,39,516 with 14,989 new infections being reported in a day, while the active cases were recorded above 1.7 lakh after a month, according to the Union Health Ministry data updated on Wednesday.

The death toll increased to 1,57,346 with 98 new fatalities, the data updated at 8 am showed.

The Covid active caseload has increased to 1,70,126, which comprises 1.53 per cent of the total infections, the data stated.

The number of people who have recuperated from the disease surged to 1,08,12,044, which translates to a national Covid recovery rate of 97.06 per cent, while the case fatality rate stands at 1.41 per cent.

According to the ICMR, 21,84,03,277 samples have been tested up to March 2 with 7,85,220 samples being tested on Tuesday.

The 98 new fatalities include 54 from Maharashtra, 16 from Kerala and 10 from Punjab.

A total of 1,57,346 deaths have been reported so far in the country, including 52,238 from Maharashtra, followed by 12,502 from Tamil Nadu, 12,343 from Karnataka, 10,911 from Delhi, 10,270 from West Bengal, 8,728 from Uttar Pradesh and 7,169 from Andhra Pradesh.
PTI

COVID-19 vaccines

WHO chief scientist says India exhibited capacity to innovate, manufacture COVID-19 vaccines (The Tribune: 20210303)

<https://www.tribuneindia.com/news/coronavirus/who-chief-scientist-says-india-exhibited-capacity-to-innovate-manufacture-covid-19-vaccines-219494>

As many as 30 vaccines are at different stages of development in India

India has shown the capacity to be a global-scale manufacturer and also an innovator when it comes to coronavirus vaccines, World Health Organisation's Chief Scientist Soumya Swaminathan said Monday.

Speaking at the Global Bio-India 2021, she opined that the fight against the coronavirus pandemic was at a very critical junction now as cases had suddenly gone up, particularly in Europe and America.

There were many uncertainties now, especially on the different variants of the virus, she noted.

“India has shown the capacity to be a manufacturer at the global scale and also be an innovator when it came to vaccine development. There is a huge amount of scope to study the impact of vaccines, which needs to be thought-through by a very coordinated approach,” she said.

As many as 30 vaccines are at different stages of development in India. Covaxin, developed indigenously by Biotech, and Covishield, developed by Oxford-AstraZeneca and being manufactured at Serum Institute of India, are already in use in the country.

The vaccine candidates of Zydus Cadila and Russia's Sputnik V are in phase 3 of the human clinical trials. Sputnik V, which is being manufactured by Reddy's Laboratories in India, has initiated the process for Emergency Use Authorisation (EUA) with the Drugs Controller General of India (DCGI).

India has supplied vaccines to several nations while many others have also placed orders for the same.

Vinod Paul, Member (Health), NITI Aayog, lauded the efforts of scientific community and said the speed with which the solutions during the pandemic appeared was phenomenal.

“The stories of development of vaccines are amazing examples of how time can be compressed and scientific mobilisation can be initiated. The intent to have a global footprint in the manufacturing sector when it came to COVID-19 vaccine was path-breaking and something to be proud of. We have realised that we have the potential to deliver in a speedy manner, like we did for vaccine distribution,” he said.

The three-day Global Bio-India 2021 was inaugurated Monday by Harsh Vardhan, the Minister of Science & Technology, and Health & Family Welfare. PTI

Covid Vaccination

Covid Vaccination: Glitches mark Day 1 in Panchkula (The Tribune: 20210303)

<https://www.tribuneindia.com/news/coronavirus/covid-vaccination-glitches-mark-day-1-in-panchkula-219246>

Only 139 people vaccinated at centres against target of 300

Covid Vaccination: Glitches mark Day 1 in Panchkula

Senior citizens wait at the Panchkula Civil Hospital. Ravi Kumar

The third phase of the Covid vaccination began at three public centres in the district – the Sector 6 Civil Hospital, Sub-Divisional Hospital in Kalka and Polyclinic in Sector 26 – for those above 60 years and between 45 and 59 with comorbidities.

The first day was marked by technical glitches at all centres due to which several elderly were compelled to return home without getting the jab.

Only 139 people were vaccinated against the target of 300, registering a coverage rate of 46.7 per cent. PD Gupta, a 78-year-old man from Sector 4, who turned up at the Civil

Hospital with enthusiasm around 10.30 am, was left high and dry as servers remained down at the centre for a long time. He left the centre at 3.15 pm without getting vaccinated.

The elderly man, who is suffering from diabetes and hypertension, said: “It’s sad that on the first day of the vaccination for us, the system was down. Hope the authorities get things resolved and running soon. Senior citizens face a lot of problems in reaching the sites — we pay for travel and have to bear with the physical exhaustion. Now, I have been told to visit tomorrow.”

Col JS Kandah (ret'd), who is 84 years old, was another intended beneficiary who was part of the disappointed lot that couldn't get the jab on the first day.

He showed up at 9.30 am, much before the scheduled time of 10 am, but was full of resentment. “I was looking forward to this day. I came to the Civil Hospital early and waited for six hours, but the server remained down,” he said.

“I left the centre around 4 pm. They (authorities) told us to come tomorrow at 9.30 am,” he said.

Dr Rameshwar Jha (76), who turned up at the centre with his wife Moorti around 11 am, was among the fortunate ones to get the jab.

Sitting at the observation centre after getting his first jab, he said: “I was looking forward to this day. I am feeling perfectly fine.”

Dr Meenu Sasan, District Immunisation Officer, confirmed that technical glitches were witnessed at all three centres throughout the day. “As it was the first day, hurdles were expected. We are hopeful to address the glitches to make the process seamless for the elderly,” she said.

As many as 203 healthcare workers and frontline workers were vaccinated along with the general public.

On Tuesday, the vaccination drive will take place at 10 public and private health centres — Civil Hospital in Sec 6, Sub-Divisional Hospital (Kalka), Surajpur Primary Health Centre (PHC), Pinjore PHC, Old Panchkula PHC, Kot PHC, Nanakpur PHC, Alchemist Hospital, Paras Hospital and Sec 26 Polyclinic.

Vaccinations

Delhi to cover 2.1mn in 2nd leg of vaccinations (The Tribune: 20210303)

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

There are roughly 2.14 million people in Delhi who need to be covered as part of the ongoing drive to give coronavirus vaccines to the most vulnerable sections of the general public, authorities in the Capital estimate, projecting a period of two to three months in which most of these people may get at least their first doses.

The number is roughly half the 4.2 million target previously estimated, when authorities believed the age criteria would be lower at 50 and above, and more pre-existing illnesses would be included in the list of conditions to qualify a person to get shots in this phase.

Instead, the drive now covers those above 60, and identifies a list of 20 specific comorbid conditions that will allow anyone above the age of 45 to get doses.

According to officials who asked not to be named, the number is an estimate, and final numbers will depend on the number of registrations that happen. “For the third category of people being vaccinated, the new Co-WIN portal depends on self-registrations or bulk registrations. This is what we think the number will be — but the final number will depend on how many people

come forward, get registered, get vaccinated,” said a senior district official, asking not to be named.

Delhi’s health minister said these people are likely to be covered by summer. “For the beneficiary group in Delhi comprising people aged over 60 years and those in age group 45-59 years with any of the 20 comorbid conditions specified by the Union government, the first dose should be covered in two to three months,” Delhi health minister Satyendar Jain told HT.

According to estimates for Delhi, there are 1.22 million people between the ages of 60 and 69 years, 0.67 million between the ages of 70 and 79, and 0.23 million over the age of 80 years, who are currently included in the priority list.

Additionally, the number of people eligible because they have one of the 20 medical conditions that put them at higher risk if they have Covid-19 is expected to be around 22,000. “We estimate that the people with comorbidities will be around 1% of the beneficiaries above the age of 60 years. This is because the comorbidities listed are severe ones and most of the people who suffer from it are over the age of 60 years,” said the second official quoted above.

On an average, Delhi has been carrying out 19,236 vaccinations per day over the last week. As on Tuesday, the city has 308 centres, each of which can give doses to 100 people a day. The government is planning to add 100 more, raising the daily capacity to over 40,000, a second district official said, asking not to be named.

The government’s target is to eventually scale this up to 1,000 centres. According to Union government figures, over 15 million doses have been given to people across India since vaccinations began on January 16. Since registrations opened on March 1, roughly five million sign-ups (each has a provision to register up to four people) have been done by people who qualify under the age or pre-existing illness criteria.

Experts say if people in these vulnerable groups are vaccinated, it will help bring in a drastic drop in hospitalisations and fatalities. “We have heard Dr Paul (NITI Aayog member) say that 80% of the Covid-19 deaths in our country were happening in people over the age of 50 years. Now, we do not know what proportion of these deaths happened among those between the ages of 50 and 59,” said Dr Lalit Kant, former head of the department of epidemiology at the Indian Council of Medical Research. “In any case, the lowering of the age among the comorbid people is likely to take care of those most at risk of severe infection and death. So, even if we are able to cover these people quickly, it should reduce the number of hospitalisations and deaths in case there is a surge in the number of infection,” he said.

The projection ties in with the experience of other countries. In a report on Monday, UK’s Public Health England said a single shot of either the Oxford-AstraZeneca or the Pfizer-BioNTech vaccine reduces the chance of needing hospital treatment by more than 80%.

India too uses the Oxford-AstraZeneca vaccine, which is given to people as Covishield, the version made domestically by Serum Institute of India.

“The age cut-off is different in different countries – for example, it is 65 years in the United States. We know that the mortality is higher among the higher age group. It is just a matter of prioritisation. Our aim is to prevent as many deaths as possible,” said Dr GC Khilnani, former head of the department of pulmonology at the All India Institute of Medical Sciences (AIIMS).

According to the second official quoted above, authorities are focussing on initial hitches of rolling out the drive to the first of the general population. “For now, we are just keeping an eye on the problems and challenges faced by the vaccination sites as we open it up to the general population. Once the teething troubles have been taken care of, the pace of vaccination will go up. The government is aiming to add 100 centres later this week or early next week – this will include more sites at the existing hospitals and additional hospitals being taken on board,” said this person, while adding that for now, dispensaries and clinics will not be included.

The 308 sites in Delhi are located in 192 hospitals – 56 government and 136 private ones (which can charge the beneficiaries ₹250 per shot).

The estimates of the priority population are based on data from the several door-to-door surveys that were conducted during the surveillance for Covid-19 cases in the city, as well as information from voter registration records and the last socio-economic survey. “We do not have a definite number yet because during the surveys conducted by us, people were asked for various comorbidities such as diabetes, hypertension, and heart disease. But the list released by the central government has several conditions combined together or requirements such as people should have diabetes for more than 10 years,” the first official quoted above said. Dr Puneet Mishra, professor of community medicine at AIIMS, said, “I cannot comment about the exact number. However, there is a large proportion of people who have diabetes and hypertension in our country. And, contrary to what happens in the West, Indians tend to get these lifestyle diseases early on — in the 40s and 50s in comparison to 60s in the West.” Dr Khilnani added: “Nearly 40% of the people in the age group of 45 and 50 years would have diabetes and hypertension. It is extremely common. However, it is not possible to vaccinate so many people at present so there was a need to fix an inclusion criteria.”

Pre-pandemic levels

Global CO2 emissions back to pre-pandemic levels: IEA (The Tribune: 20210303)

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

Energy emissions rose 2% in Dec 2020 from last year, driven by economic recovery and lack of green policies, IEA said. AP

Paris : Global CO2 emissions have returned to pre-pandemic levels and then some, threatening to put climate treaty targets for capping global warming out of reach, the International Energy Agency (IEA) said Tuesday.

Energy-related emissions were two percent higher in December 2020 than in the same month a year earlier, driven by economic recovery and a lack of clean energy policies, the IEA said in a report.

“The rebound in global carbon emissions toward the end of last year is a stark warning that not enough is being done to accelerate clean energy transitions worldwide,” IEA executive director Fatih Birol said in a statement.

“If governments don’t move quickly with the right energy policies, this could put at risk the world’s historic opportunity to make 2019 the definitive peak in global emissions.”

A year ago, the intergovernmental agency called on governments to put clean energy at the heart of economic stimulus plans, but the appeal appears to have fallen on deaf ears for the most part.

“Our numbers show we are returning to carbon-intensive business-as-usual,” Birol said.

In India, carbon pollution last year rose above 2019 levels from September as economic activity increased and Covid restrictions relaxed.

In China, it exceeded 2019 levels by more than half a percent despite a draconian, though brief, lockdown to halt the virus’ spread.

China – which accounts for more than a quarter of global CO2 output – was the only major economy to grow in 2020.

Other countries are also now seeing emissions climb above pre-Covid crisis levels, the report found.

The rebound of road transport in Brazil from May drove a recovery in oil demand, while increases in gas demand toward the end of 2020 pushed emissions above 2019 levels in the final quarter.

US emissions fell by 10 per cent in 2020, but by December were approaching levels from the year before.

Decoupling growth and emissions

“If current expectations for a global economic rebound this year are confirmed – and in the absence of major policy changes in the world’s largest economies – global emissions are likely to increase in 2021,” Birol said.

A sharp surge in economic activity – and the pollution that comes with it – is more the norm than the exception after an economic downturn.

Annual GDP growth and CO2 emissions, for example, both spiked after the Great Recession of 2008.

But as pressure builds to tackle the climate crisis, there are encouraging signs that major emitters are taking steps to decouple economic growth from planet-warming carbon emissions, Birol noted.

China's surprise commitment to become carbon neutral by 2060, the Biden administration's ambitious climate agenda along with the US reentry into the Paris Agreement, and the European Union's Green New Deal all point in the right direction, he said.

"India's stunning success with renewables could transform its energy future," he added.

Global emissions plunged by almost two billion tonnes in 2020, the largest absolute decline in history.

More than half of that decline was due to lower use of fuel for road transport and aviation.

The 2015 Paris Agreement enjoins nations to cap the rise in global temperatures "well below" two degrees Celsius compared with preindustrial levels, and to strive for a ceiling of 1.5C if possible.

Earth's surface is already 1.1°C warmer on average, enough to increase the frequency and intensity of deadly heatwaves, droughts and superstorms made more destructive by rising seas.

In May, the IEA is to publish its first global road map on how the energy sector can reach net-zero by 2050.

Vaccines

Pvt hospitals account for 74% of vaccines given on Day 2 of drive(The Tribune: 20210303)

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

Senior citizens and people with co-morbidities register to receive a vaccine at Delhi Heart and Lung Institute. Amal KS/HT PHOTO

With the Covid-19 vaccination drive being extended to senior citizens and those aged over 45 years with comorbidities, inoculation centres in private hospitals across Delhi are seeing more rush than government facilities. Private hospitals charge up to ₹250 per shot while the vaccines are administered for free at government sites.

Of the 11,655 such persons who received the jab on Tuesday, 74% went to centres in private hospitals, according to government data. The government hospitals immunised 3,063 such persons on Tuesday.

Officials said this could also be because a majority of vaccination sites in the national capital are in private hospitals — of the 308 vaccination sites in Delhi, 136 are in private hospitals while only 56 are in government hospitals.

“Many elderly people choose to go to private hospitals because they think they will get better services there. They worry that queues would be longer in government hospitals, but that is not the case. The whole point of online registrations is to ensure that there aren’t too many people at any given site,” said a senior district official, requesting anonymity.

Many senior citizens were seen gathered outside the vaccination centres in private hospitals even after 5pm.

At Max Hospital in Saket, a group of senior citizens was seen banging on the doors of the vaccination centre, insisting that they be inoculated even though the hospital had closed the drive for the day.

“We came here around 3pm but were told that due to the rush, our turn won’t come before 5pm. Now when we have returned at 5pm, they have closed the doors,” said Anita Kapur, 65, who had come from Noida to get the shot.

An official at the hospital said the rush was unprecedented over the past two days. As many as 490 persons were vaccinated at the hospital on Tuesday.

“We could have covered over 600 persons had the Co-WIN app been working properly. We had to manually enter the data of persons throughout the day since the server was down,” the official said.

At Jasola’s Apollo Hospitals, 280 persons were vaccinated on Tuesday. Among them was Vinod Chawala, 74, who said he chose a private hospital because of the hassle-free process. “I had registered on the app on Monday and got an appointment for Tuesday. Besides, the vaccine charges are affordable. Had it been too expensive in private hospitals, I would have chosen a government facility to avail of a free shot,” he said.

Some senior citizens said the government needs to create more awareness about the vaccine availability in public hospitals. “A major reason why people are choosing private hospitals is because they are not confident about the safety of the vaccine available in government facilities. They don’t know if vaccines at both sites are equally safe. The government needs to create more awareness about this; otherwise, beneficiaries will continue to throng private hospitals,” said Abha Sardana, 70, who took her first vaccine shot at Apollo Hospitals.

In comparison, there were around 40 people waiting to get the shot outside the five vaccination sites at the All India Institute of Medical Sciences (AIIMS) at 4.30pm. All of them were in the

waiting area, maintaining proper social distancing in the spacious area arranged for recipients on the eighth floor of the new OPD building.

“There was some rush around midday. Even then, it just takes about 1 hour – including the 30-minute waiting time – for a person to get done with. When there is no rush, it takes barely 40 minutes. With the new OPD block, we are able to ensure that social distancing is maintained even during peak hours,” said a nursing orderly on duty at one of the sites, who did not want to be named.

Around 100 elderly and comorbid persons were immunised at the five sites on Tuesday.

Across the road, at Safdarjung Hospital, too, the vaccination site seemed relatively empty. Most of the persons were at the centre were either hospital or government employees.

“We are getting more health-care and front-line workers in government hospitals because they do not want to pay for the jabs. Now that the drive for them is over, they are not given priority,” said a senior district official, on condition of anonymity.

Covid Patient (The Asian Age: 20210303)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15443119>

March 1, 2020 is seared into my memory: Delhi's 1st Covid patient

New Delhi, March 2: It's a day most Delhiites would like to erase from their memories but March 1, 2020, the day the city reported its first case of Covid, is seared into Rohit Datta's memory.

There's no erase button for the businessman, the national capital's first patient. From facing stigma in the initial days after the diagnosis to becoming “Googleable” and a popular subject on quizzing platforms now, Datta says life has come a full circle.

“As I was the first case, initially there was lot of

fear and guilt too. I would consider myself as the carrier of the virus as I had just returned from Italy after a work-related visit and found myself positioned in a scenario where the unpredictability of this new virus fuelled more fear and apprehensions among people,” he told PTL.

A resident of Mayur Vihar in east Delhi, Datta had flown in from Italy on February 25 last year, and got a fever the same night. Next morning, he paid a visit to a local doctor and got some medicines, he

recalled. February 28, 2020 was his son's 12th birthday, and he hosted a small get-together at a luxury hotel in south Delhi. That night, he got a fever again.

By February-end last year, the novel coronavirus had already wreaked havoc in China, where it was reported first globally in the city of Wuhan, and Italy too had been ravaged by it.

“I then decided to go to RML Hospital, and my samples were taken on February 29 for a Covid test,” the businessman said. — *PTI*

Covid-19 Vaccine (The Asian Age: 20210303)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15443158>

All private hospitals okayed to give Covid-19 vaccine: Govt

■ Continued from Page 1

Harsh Vardhan. "We have the highest recovery rate and lowest fatality rate in the world. This vaccination will help us in controlling this virus. I would like to request all citizens to follow Vaccine Appropriate Behaviour along with Covid Appropriate Behaviour. All of us should fight against the myths and misconceptions related to vaccines. Make this vaccination drive a 'Jan Andolan' by motivating your friends, family members and neighbours," he added.

Kerala health minister K.K. Shailaja, revenue minister E. Chandrasekharan, minister of ports and museums K a d a n n a p p a l l y Ramachandran also got the shot while chief minister Pinarayi Vijayan and other Cabinet colleagues are expected to take the vaccine in the coming days. The state is going through a rough

patch in terms of the number of cases.

Two states — Maharashtra and Kerala — account for 75 per cent of the total active Covid-19 cases. Niti Aayog member (health) Dr V.K. Paul said the surge in new cases in some states is due to wedding season gathering and political rallies.

Union health secretary Rajesh Bhushan said although certain states are witnessing a surge in active Covid-19 infections, India's active cases are less than 2 per cent, and recoveries over 97 per cent. There were 12,286 fresh cases and 91 deaths in the last 24 hours across the country.

Meanwhile, the Health Ministry has said that registration and booking an appointment for Covid-19 vaccination is to be done through CoWIN portal (<http://cowin.gov.in>). It warned that there is no CoWIN app for beneficiary registration and the app on Play Store is for

administrators only.

Union health secretary and Dr Ram S. Sharma, chairman of the Empowered Group on Vaccine Administration (Co-WIN) and member, National Expert Group on Vaccine Administration of Covid-19 (NEGVAC), chaired a review meeting with additional chief secretaries, principal secretaries and secretaries (H&FW) of states and UTs through a video conference during which they discussed the status and pace of the next phase of the country-wide Covid vaccination program.

States and UTs were urged to utilise 100 per cent capacities of all private hospitals empanelled under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), those under Central Government Health Scheme (CGHS), and state health insurance scheme as Covid vaccination centers.

Vaccine Drive (The Asian Age: 20210303)

THE ASIAN AGE

3 MARCH 2021

Hope in war on Covid as vaccine drive picks pace

Participating in the vaccination drive aiming to inoculate senior citizens and those above 45 years of age with a health condition, Prime Minister Narendra Modi has generated a signal encouraging a vast section of people, estimated to be in the region of 27 crores, to take the jab. There has been a slight decline in the daily average of new cases in India but it is far too early to be dropping the guard. There are a number of regions that are experiencing another surge in infections, which can be blunted only by vaccinating close to 70 per cent of the population even as precautionary measures like social distancing and the wearing of masks is observed universally and with life-saving discipline.

There is still a debate over the efficacy of the Covaxin, which the Prime Minister took. The data and findings from Phase 3 trials are yet to be scrutinised and reviewed though it is a positive sign that the number of adverse events relating to administration of the wholly indigenous vaccine is thus far insignificant. The inoculation rate is going to be the biggest challenge for India with a huge number of two-dose vaccinations to be undertaken. The minimum number of jabs would have to be in the range of 20 lakhs a day to have any impact on the big numbers to achieve anything close to immunity for the community.

The key to containing urban surges is the vaccine even if there is no guarantee on efficacy against the Brazilian strain, which is said to be reinfecting those who have had the virus

The number of hospitalisations and deaths has plummeted, not only in India, and what the enhanced vaccine drive primarily promises is to bring them further down to negligible levels. Realistically, it will be months before vaccination can dent the pandemic. But is there a better way to fight the coronavirus that is evolving dangerously now into contagious variants that are threat-

ening to sidestep the human immune system? As new threats emerge, science is already tweaking the vaccine to try and quickly take on the dominant forms like the UK, South African and Brazilian variants. A third dose of new vaccines may be needed to take care of threats from newer strains but that is a long way from where we are at the moment.

It may be India's good fortune that the fatality rate is very low while the recovery rate is as high as 97.07 per cent. The summer ahead should see heat and humidity help more in containing the survival of the virus even as more people get immune after getting infected or get vaccinated. The key to containing urban surges is the vaccine even if there is no guarantee on efficacy against the Brazilian strain, which is said to be reinfecting those who have had the virus. Privatisation of the vaccine effort has come like a booster shot. The way forward towards opening up the economy fully as well as all the schools can only be after this fuller rollout of the vaccine programme has been in operation in the next few months and tends to people outside of the health and frontline workers and senior citizens.

Ageing (The Asian Age: 20210303)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15442083>



Karan Singh

Art of ageing: The five facets, and what work goes into each

There are two things that we do from the moment that we are born all the way to the moment when we die, breathing and aging. It is, therefore, necessary for us to be aware of the many methods of breathing which include pranayam and other such practices, as well as of the many dimensions of aging. I have identified five dimensions of aging. The first dimension is chronological, depending on our birth date. This obviously cannot be legally changed. The second dimension is physiological age. Some people are healthy at 80, others unhealthy at 40. This depends considerably on the individual lifestyle adopted when we were young, including food habits (overeating is to be avoided), tobacco (smoking is an anti-social act because it poisons not only the smoker but all those around them), alcohol and drugs (these are highly addictive and cause severe psychosomatic damage), and a sedentary lifestyle (exercise remains essential for our whole life). This is where ancient disciplines such as yoga and tai chi are of tremendous benefit. Young people should always remember that what they do when young will have a major impact on the quality of their later years. The third dimension is emotional age. Unfortunately, our educational system does not involve advice regarding how to maintain emotional stability. As a result of tension at the work place and at home, and as we age the loss of friends and dear ones, tensions within the family, between husband and wife and between parents and children as well as financial problems, all add up to the growing emotional trauma that we are now witnessing. There has been an exponential growth in mental illness and depression around the world due to the pandemic. This is particularly painful for elderly people and, therefore, we must, through meditation, yoga or any other means, learn to come to terms with our emotional problems. In India, psychological counselling is still in its infancy and needs to be strengthened, although some gurus do fulfil this role. Trained counsellors can make a marked difference towards helping elderly people deal with their emotional problems. The fourth dimension is intellectual age. The body-mind relationships are now well established, and if we plan to have a healthy old age, our brain has to function in a positive and creative manner. This involves the practice of reading, doing puzzles, playing indoor games and so on. We must always remember that the brain has an infinite capacity to grow. As a famous psychologist has said, "people do not grow old, when they stop growing they become old". I am often asked how it is that at ninety I seem to remain psychologically as active as ever. The reason basically is divine grace. In addition, I continue to walk half-an-hour every day, read a variety of books, mainly the glorious Upanishads, play bridge with my computer, invariably do the Asian Age scrabble, and of course, pursue my puja, pranayam and bhakti for two hours a day. Simply being a passive viewer of television may, in fact, have a negative impact, especially if we watch movies or serials full of violence and hatred. The Internet can also be a mixed blessing and we must use it responsibly. Finally, there is spiritual age. Here we enter an ageless realm, because the spiritual quest cannot be put into a time straitjacket. Life is not merely a meaningless journey from the womb to the tomb, but a unique opportunity for spiritual growth. All religions speak of an inner light, which represents our spiritual goal. The Bible calls it "the Light that lighteth every man that cometh into the world"; the Sufis call it the Noor-e-Ruhani, the Sikhs call it Ek Onkar, the Vedants call it the Effulgent Light of Lights. Whatever path we may be following it is very important that elderly people do have a spiritual awareness which will be a great support and solace to them in the ageing process. I must finally address the question of death which ultimately will come to us all. The Gita simply says "that which is born must die and that which dies must be reborn; therefore, for what is inevitable, we should not grieve". Of course, this is easier said than done, but if possible we should approach death with courage and dignity. This will depend to a considerable extent on how modern medicine can keep us comfortable. Geriatrics is now a specialised branch of medicine dealing exclusively with the problems of old age, and both pharmacological and handicapped-friendly products are growing rapidly. Buildings now are legally required to have special facilities for the handicapped. There is also the delicate question of giving terminally ill people the Right to Die. In fact, this is one of the last human rights that humanity has not yet achieved and is the subject of an animated international debate. Let me end with a Vedic prayer for a long and vigorous life that has come down to us through the long and tortuous corridors of time. "For a hundred autumns, may we live For a hundred autumns, may we know For a hundred autumns, may we rise For a hundred autumns, may we become Aye, and even more than a hundred autumns" — Atharva Veda XIX 67 The writer is a senior Congress leader and a former Union minister

Vaccination drive

How to optimise the vaccination drive (The Indian Express: 20210303)

<https://indianexpress.com/article/opinion/how-to-optimise-the-vaccination-drive-7211254/>

Covid-19 vaccination: Addressing vaccine hesitancy, ramping up the manufacture, balancing export with domestic requirement and a glitch-free working of the Co-Win portal is crucial to the process.

Vaccines against COVID-19 have brought a glimmer of hope globally and in India. As of March 1 2021, 1.48 million doses have been administered in India. (Representational/PTI)

British politician Winston Churchill once said, "However beautiful your strategy, you should occasionally pause and look at the results". This applies very aptly to the juncture that we are at today in the COVID-19 pandemic. India has done well so far in its fight, but now is the time to reassess, realign and take stock of the situation if we want to win the battle. Our strategy must continuously evolve in the fields of vaccination, diagnostics, contact tracing, tracking, sero-surveillance, data analysis, modelling-forecasting and communication advocacy to overcome the challenges in a dynamic COVID environment.

Vaccines against COVID-19 have brought a glimmer of hope globally and in India. As of March 1 2021, 1.48 million doses have been administered in India. The government has done well to open up vaccinations to private healthcare sector at a reasonable cost price, but the process needs to be hastened as only 1 per cent of the country's population has been vaccinated in the past month and a half. Assuming that the efficacy of the vaccines is 60 per cent, we need to vaccinate 100 per cent of our population to achieve a herd immunity of 60 per cent which at the present rate could take many years and would lose relevance. Other vaccine candidates are at least a year away and optimisation of the vaccination drive with two available vaccines must be achieved by addressing vaccine hesitancy, ramping up the manufacture, balancing export with domestic requirement and a glitch-free working of the Co Win portal. The availability of vaccines for the seniors (above 60) and above 45 with co-morbidities is a good strategy for trust building, but some other high risk mobile spreaders could be targeted. The prime minister getting the indigenous vaccine has sent a positive signal for vaccine acceptance. The future should see a bouquet of vaccines to choose from and an assembly line project to administer the vaccines in about three to six months to have an impact.

With about 200 million tests done thus far in India, the country is second to the USA in the total number of tests conducted, but low when compared to other developing countries at 139 tests/1,000 population. RTPCR (reverse transcription polymerase chain reaction, CBNAAT (Cartridge based nucleic acid amplification test) True NAAT and multiple Rapid antigen testing have formed the backbone of clinical COVID-19 diagnostic testing. Almost half of the testing has been through rapid antigen testing which could give 50 per cent false negatives. The RTPCR, though the gold standard requires expertise, infrastructure and personnel constraints could make it outside the reach of the underprivileged — despite price revisions. The search for a simple, sensitive, cost effective, accessible point of care test is still on, aided by effective public private partnerships. Emerging technologies like Crisper-FELUDA, saliva-based tests etc. should be explored, encouraged, assessed and validated with a clear and simple approval system in place. Testing for immunity against COVID-19 is tricky, incompletely understood and as of now utilises a surrogate IgG antibody. More research to develop kits to assess quantitative IgG should be conducted. Genomic surveillance is now a necessity to keep track of the variants not only from overseas patients but also for home grown variants. Of the 11 million confirmed infections of COVID-19 at the time of writing this article in India, only 5,000 sequences had been deposited in GISAID (Global initiative on sharing all Influenza data) — only 0.05 per cent, which is lower than the WHO recommended rate of 0.3 per cent. In December 2020, the government committed to sequence 5 per cent of the positive cases and formed INSACOG, which is a national network of labs performing genetic sequencing.

Delhi News

Delhi MCD Election Results 2021 Live Updates: AAP wins 4/5 seats, Sisodia says Delhi is saddened by BJP rule

The full potential of this information should be correlated with the clinical and epidemiological data to institute targeted public health interventions for outbreak management, in designing upgraded primers for diagnostic tests to avoid mutants escaping detection and inform vaccine manufacturers. It is the right time for smart testing.

As the kits for testing (PCR, Rapid antigen testing and antibody tests) are not completely indigenous, in the spirit of Atmanirbhar Bharat we need to build our own research and lab capacities with infrastructural development, targeted training, a centralised procurement to drive down costs and incentivisation. The kit manufacturers should have access to an accurate forecasting of the demands ahead so that they can be in a state of readiness with a four-six week lag time to cater to the domestic market alone or also compete in the global market, should the demand for tests go down. In the interim, however, import regulations for some key ingredients of the kits should be relaxed. Prices could be made more competitive by pooled PCR testing in low prevalence settings and accessibility increased by a hub and spoke model to cover all areas of the country.

As per the last ICMR survey conducted in January 2021, three fourths of the population was susceptible to the infection. So, tracing, tracking and well planned sero-surveys should be continued in the post vaccination phase focusing on super spreader events and cluster analysis without stigmatising the sources. Surveys could be conducted at the state level and supported by the Centre to understand the immune status of the community. Tracking could be enhanced and helped by the digital technologies using Aarogya Setu and ITIHAS (IT enabled integrated hot spot analysis) and be privacy protected and socially accepted.

To overcome vaccine hesitancy and encourage the public to continue to observe precautions, we need to build trust by effective communication and transparent sharing of data. Access to data, its analysis, and subsequent formulation of public health response with centralised coordination and operational monitoring with a team of experts is the key to the control of all such future pandemics. The fight is far from over and one has to be cautious and vigilant. One must guard against a lot of misinformation reaching the public and build trust with simplification of scientific messages and increasing awareness by effective communication and counselling. In accordance with the National Digital Health Mission, digital architecture for COVID could help the public make informed decisions by sharing real time data.

Many questions remain unanswered — whether Covid-19 will become endemic like the influenza, if there is a need to test individuals for antibodies before vaccination, the duration and strength of immunity post a natural infection versus that developed after vaccination, what was the real reason of decline of India's cases and so on. As we evolve, many of them would be answered.

Headaches

The science of headaches | Understanding and managing pain better (The Hindu: 20210303)

<https://www.thehindu.com/sci-tech/health/founder-of-world-headache-society-dr-pravin-thomas-says-there-is-a-need-to-understand-headaches-in-order-to-manage-them-better/article33959190.ece>

There is a need to promote headache science in order to understand and manage pain better, says Founder of World Headache Society, Dr Pravin Thomas

A searing pain around the eye and on one side of the head wakes up Niranjan on most nights. It lasts between 15 minutes to an hour and on some days returns after short periods of respite.

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Infections

COVID-19: India records 12,286 infections, 91 fatalities (The Hindu: 20210303)

<https://www.thehindu.com/news/national/covid-19-india-records-12286-infections-91-fatalities/article33969444.ece>

Senior citizens wait to receive the first dose of COVID-19 vaccine, during the second phase of countrywide inoculation drive, at a private hospital in Bengaluru on March 1, 2021. | Photo Credit: PTI

COVID-19 death toll increased to 1,57,248 with 91 new fatalities, the data updated at 8 a.m. showed

India's COVID-19 cases rose to 1,11,24,527 with 12,286 new infections being reported in a day, while the recoveries have surged to 1,07,98,921, according to data updated by the Union Health Ministry on March 2.

Coronavirus updates — March 2, 2021

The death toll increased to 1,57,248 with 91 new fatalities, the data updated at 8 a.m. showed.

The number of people who have recuperated from the disease surged to 1,07,98,921 which translates into a national COVID-19 recovery rate of 97.07%, while the case fatality rate has dropped 1.41%.

The active caseload was recorded at 1,68,358 which accounts for 1.51% of the total infections, the data stated.

Watch | How to sign up for COVID-19 vaccine?

India's COVID-19 tally had crossed the 20-lakh mark on August 7; 30 lakh on August 23; 40 lakh on September 5; and 50 lakh on September 16.

It went past 60 lakh on September 28; 70 lakh on October 11; 80 lakh on October 29; 90 lakh on November 20; and surpassed the one-crore mark on December 19.

According to the Indian Council of Medical Research (ICMR), 21,76,18,057 samples have been tested up to March 1, of which 7,59,283 were done on March 1.

The 91 new fatalities include 30 from Maharashtra, 18 from Punjab and 13 from Kerala.

State Helpline numbers for COVID-19

A total of 1,57,248 deaths have been reported so far in the country, including 52,184 from Maharashtra, followed by 12,501 from Tamil Nadu, 12,336 from Karnataka, 10,911 from Delhi, 10,268 from West Bengal, 8,727 from Uttar Pradesh and 7,169 from Andhra Pradesh.

The Health Ministry stressed that more than 70% of the deaths occurred due to comorbidities.

“Our figures are being reconciled with the Indian Council of Medical Research,” the Ministry said on its website, adding that State-wise distribution of figures is subject to further verification and reconciliation.

Vaccination (Hindustan: 20210303)

https://epaper.livehindustan.com/imageview_674485_86536344_4_1_03-03-2021_3_i_1_sf.html

चिंता : आठ राज्यों में बढ़ रही महामारी की रफतार, फिर झुंड में मिलने लगे नए मरीज

चेतावनी : डब्ल्यूएचओ ने कहा, इस साल कोरोना के खत्म होने की संभावना नहीं है

तैयारी : राज्यों को सभी निजी अस्पतालों में टीकाकरण करने की अनुमति मिली

संक्रमण बढ़ा, टीकाकरण तेज

नई दिल्ली | हिन्दुस्तान ब्यूरो

देश के कई हिस्सों में संक्रमण फिर बढ़ रहा है। मंगलवार को हरियाणा, हिमाचल और उत्तराखंड समेत कई जगह झुंड में नए मरीज मिले। इसे देखते हुए सरकार ने राज्यों को टीकाकरण तेज करने का निर्देश दिया है। इतना ही नहीं, सभी निजी अस्पतालों में टीकाकरण की अनुमति दे दी गई है। उधर, विश्व स्वास्थ्य संगठन ने चेतावनी दी है कि इस साल महामारी के खत्म होने की संभावना नहीं दिख रही।

स्थिति पर कड़ी नजर: केंद्रीय स्वास्थ्य मंत्रालय ने मंगलवार को बताया कि आठ राज्यों में मरीजों की संख्या बढ़ रही है। केंद्रीय टीमें भेजी गई हैं और राज्यों को टीकाकरण तेज करने के लिए कहा गया है। स्वास्थ्य सचिव राजेश भूषण ने कहा कि पंजाब और तमिलनाडु में हमने केंद्रीय टीमों तैनात की हैं और हरियाणा की स्थिति पर भी हमारी नजर है। महाराष्ट्र, पंजाब, कर्नाटक, गुजरात और मध्य प्रदेश में नए मामलों में तेजी देखी गई है।

टीका कम न पड़े: स्वास्थ्य मंत्रालय के अधिकारियों ने मंगलवार को राज्यों के स्वास्थ्य सचिवों के साथ बैठक कर महाअभियान की समीक्षा की। इसमें टीके

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लाख लोगों ने दो दिन में करा लिया पंजीकरण

लाख से ज्यादा ने मंगलवार को टीका लगवाया

राजनाथ, हर्षवर्धन समेत कई मंत्रियों ने खुराक ली

रक्षामंत्री राजनाथ सिंह, स्वास्थ्य मंत्री डॉ. हर्षवर्धन, कानून मंत्री रविशंकर प्रसाद, अभिनेता कमल हासन समेत कई हस्तियों ने भी मंगलवार को कोरोना टीके की पहली खुराक ली।

ब्योरा पृष्ठ 09



दिल्ली स्थित सेना के अस्पताल में मंगलवार को टीका लगवाते रक्षामंत्री राजनाथ सिंह। दिव्य

की समुचित मात्रा हर केंद्र पर उपलब्ध कराने को कहा गया। मंत्रालय ने साफ किया कि टीके की कमी नहीं है, केंद्रों को भरपूर मात्रा में वैक्सीन मुहैया कराएं।

केंद्र बढ़ाने के निर्देश: केंद्र ने सभी निजी अस्पतालों को कोरोना टीकाकरण केंद्र के रूप में काम करने की अनुमति दे दी है, बशर्ते कि उनके पास टीका लगाने वाले पर्याप्त कर्मचारी, लाभार्थियों को निगरानी में रखने के लिए समुचित

व्यवस्था, कोल्ड चेन, और टीका लगाने के बाद प्रतिकूल प्रभाव वाले लोगों के इलाज की पर्याप्त व्यवस्था हो। पहले सिर्फ कुछ अस्पतालों को यह मंजूरी थी।

जबरदस्त उत्साह: टीका लगवाने के लिए बीते दो दिन में 50 लाख से ज्यादा लोगों ने पंजीकरण कराया। इनमें से 6.9 लाख लोगों को मंगलवार को खुराक दी गई। दिल्ली में शाम छह बजे तक 21,277 लोगों ने खुराक ली। स्वास्थ्य

मंत्रालय के मुताबिक, अब तक 1.54 करोड़ लोगों को वैक्सीन दी जा चुकी है।

डब्ल्यूएचओ की चेतावनी: संगठन के आपातकालीन मामलों के निदेशक डॉ. माइक रेवान ने कहा कि यह सोचना कि इस साल के अंत तक कोरोना खत्म हो जाएगा, यह सही नहीं है। दुनिया को वायरस का प्रसार रोकने पर ध्यान देना चाहिए। हम सतर्क रहे तो साल के अंत तक इससे होने वाली मौतें रोक पाएंगे।

संकट

अचानक मिल रहे नए मरीज

- धर्मशाला के पास करमापा मठ में 330 बौद्ध भिक्षु की जांच कराई गई, इनमें से 158 में संक्रमण पाया गया। बताया जाता है कि ये लोग हाल ही में राजधानी दिल्ली से होकर लौटे थे।
- करनाल में नए केरा नहीं मिल रहे थे पर मंगलवार को यहां सैनिक स्कूल में 54 बच्चे संक्रमित पाए गए
- रामनगर में सेना भर्ती की तैयारी कर रहे 26 युवाओं के कोरोना पॉजिटिव पाए जाने के बाद हड़कंप मच गया

सहूलियत

कहीं भी लगवाएं दूसरी खुराक

- लोग अब कोरोना टीके की दोनों खुराक अलग-अलग शहरों में भी लगवा सकेंगे। केंद्र सरकार ने लोगों को यह सहूलियत दे दी है।

नया खतरा

वायरस के दो नए रूप मिले

- ब्राजील में पी-1, पी-2 नाम के दो नए रूप मिले जो काफी संक्रामक हैं। ये एंटीबॉडी से बचने वाली मौतें रोक पाएंगे।

Health Care Services (Hindustan: 20210303)

https://epaper.livehindustan.com/imageview_674486_86743208_4_1_03-03-2021_4_i_1_sf.html

दूसरे दिन दोगुने बुजुर्गों को टीका लगा



कोरोना के 217 नए मरीज मिले

नई दिल्ली | एजेंसी

दिल्ली में मंगलवार को 10213 वरिष्ठ नागरिकों ने कोरोना वैक्सीन की पहली खुराक ली। यह संख्या सोमवार को शुरू हुए बुजुर्गों के टीकाकरण से दोगुनी है। सोमवार को 5176 बुजुर्गों ने टीका लगवाया था।

दिल्ली में मंगलवार को गंभीर बीमारियों से पीड़ित 45 से 59 साल के 1442 लोगों को वैक्सीन की पहली खुराक दी गई, जबकि सोमवार को यह आंकड़ा 1009 था। दक्षिण दिल्ली में सर्वाधिक 3500 लोगों को टीका लगा,

नई दिल्ली (का.सं.)। दिल्ली में मंगलवार को कोरोना के 217 नए मरीज मिले, वहीं स्वस्थ होने वाले मरीजों की संख्या 78 रही। कोरोना से एक भी व्यक्ति की मौत नहीं हुई।

स्वास्थ्य विभाग द्वारा जारी बुलेटिन के अनुसार मंगलवार को 66624 नमूनों की जांच हुई। रैपिड एंटीजन से

23,992 और आरटीपीसीआर से 42,632 नमूनों की जांच की गई।

होम आइसोलेशन में कोरोना के 777 मरीजों का उपचार जारी है, जबकि अस्पताल में इलाज के लिए 544 मरीज भर्ती हैं। दिल्ली में कोरोना के सक्रिय मरीजों की संख्या बढ़कर 1543 हो गई है।

जबकि उत्तरी दिल्ली में सबसे कम 990 लोग टीकाकरण में शामिल हुए। दोनों श्रेणियों में करीब 70 फीसदी लोगों ने पहला टीका लगवाने के लिए निजी अस्पतालों को चुना। मंगलवार को नौ हजार स्वास्थ्यकर्मियों और फ्रंटलाइन वर्कर को भी टीका लगा। इनमें से 5946

को टीके की पहली खुराक दी गई, 3676 को दूसरी खुराक दी गई।

कोविन पोर्टल पर पंजीकरण की प्रक्रिया दूसरे दिन भी प्रभावित रही। लोगों को पंजीकरण कराने में दिक्कत हुई। करीब डेढ़ घंटे तक पंजीकरण संबंधी परेशानी बनी रही।