



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DA

Monday

20210308

Covid-19: 108 +ve,

Covid-19: 108 +ve, four teachers among infected in Ludhiana district (The Tribune: 20210308)

<https://www.tribuneindia.com/news/coronavirus/covid-19-108-ve-four-teachers-among-infected-in-ludhiana-district-222043>

Covid-19: 108 +ve, four teachers among infected in Ludhiana district

A city resident gets vaccinated against Covid. Inderjeet Verma

A total of 108 persons from this district and 31 from other districts tested positive for Covid today, taking the total number of active cases in the district to 27,940.

Click here for the latest developments on Covid-19 epidemic

Meanwhile, the number of active cases has gone up to 839 (+108).

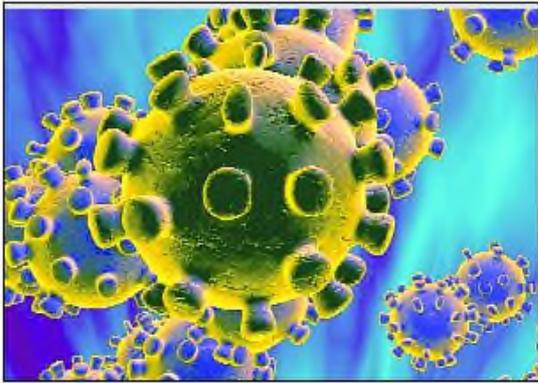
Among those testing positive were four teachers of government schools (two from Koom Kalan and one each from Mullanpur and Sahnewal).

One patient from Moga succumbed to the virus, but the number of deaths in the district remained at 1,036.

Among those testing positive today 13 were in contact with infected persons, 30 from OPDs, 38 from flu corner (ILI), 16 (tracing in process), two health workers and one AMC.

The total number of samples taken during the last 24 hours were 4,195 and the reports of 2,034 were awaited.

Weblink where residents can check real time status of vacant and filled beds in all hospitals:



COVID-19 FIGURES

SAMPLES	6,92,827
POSITIVE	27,832
ACTIVE	915
	↑ 108
DEATHS	1,036

COVID-19 CONTROL ROOM

- For Home Isolation:
78147-64759
- For Ambulance Problem:
78143-63850
- For Hospital Problem:
62849-12553
- For General Problem:
62845-31852



Weblink where residents can check real time status of vacant and filled beds in all hospitals:
<https://ludhiana.nic.in/notice/covid-19-bed-status-in-ludhiana-district>

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India Covid tally crosses

India Covid tally crosses 1.12 crore with 18,711 new cases (The Tribune: 20210308)

<https://www.tribuneindia.com/news/coronavirus/india-covid-tally-crosses-1-12-crore-with-18-711-new-cases-221859>

Recovery rate drops to 96.95 per cent; death toll climbs to 1,57,756

India Covid tally crosses 1.12 crore with 18,711 new cases

A medic takes samples from a man for COVID-19 testing, at APMC market in Navi Mumbai. — PTI

New cases of coronavirus infection in India were recorded above 18,000 for the second consecutive day taking the country's tally of COVID-19 cases to 1,12,10,799, the Union Health Ministry said on Sunday.

The active cases registered an increase for the fifth consecutive day. The COVID-19 active caseload increased to 1,84,523 which now comprises 1.65 per cent of the total infections.

The recovery rate has dropped further to 96.95 per cent, the ministry data stated.

A total of 18,711 new infections were registered in a day, while the death toll increased to 1,57,756 with 100 daily new fatalities, the data updated at 8 am showed. On January 29, 18,855 new infections were recorded in a span of 24 hours.

The number of people who have recuperated from the disease surged to 1,08,68,520 which translates to a national COVID-19 recovery rate of 96.95 per cent, while the case fatality rate stands at 1.41 per cent.

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, crossed 80 lakh on October 29, 90 lakh on November 20 and surpassed the one-crore mark on December 19.

According to the ICMR, 22,14,30,507 samples have been tested up to March 6 with 7,37,830 samples being tested on Saturday.

The 100 new fatalities include 47 from Maharashtra, 16 from Kerala and 12 from Punjab.

A total of 1,57,756 deaths have been reported so far in the country including 52,440 from Maharashtra followed by 12,517 from Tamil Nadu, 12,359 from Karnataka, 10,919 from Delhi, 10,277 from West Bengal, 8,729 from Uttar Pradesh and 7,173 from Andhra Pradesh

9 apes at San Diego Zoo get Covid vax

Eight western lowland gorillas were infected with the virus (The Tribune: 20210308)

<https://www.tribuneindia.com/news/coronavirus/9-apes-at-san-diego-zoo-get-covid-vax-221858>

Four orangutans and five bonobos received the Covid-19 injections in January and February

Nine great apes at the San Diego Zoo have been vaccinated against the novel coronavirus after some gorillas were infected with the disease.

Four orangutans and five bonobos received the Covid-19 injections in January and February, the zoo confirmed earlier this week.

The vaccinations followed a January outbreak at the zoo's Safari Park, reports Xinhua news agency.

Eight western lowland gorillas were infected with the virus, probably due to exposure to a zookeeper who had tested positive for Covid-19, officials said.

The gorillas' symptoms were mild and limited to coughing, congestion and fatigue.

They have fully recovered, according to the zoo.

According to the US Centers for Disease Control and Prevention (CDC), several animals in zoological facilities have tested positive for the novel coronavirus earlier, including large cats and great apes.

Several lions and tigers in a New York zoo, a puma in South Africa, tigers in a Tennessee zoo, snow leopards at a Kentucky zoo, and gorillas at a California zoo have tested positive for the virus after showing signs of illness.

A cougar and tiger at a Texas facility that exhibits wild animals also tested positive.

It is suspected that these animals became sick after being exposed to employees with Covid-19, despite the staff following health precautions, the US CDC said.

Health spending

How govt plans to push health spending to target of GDP's 2% (Hindustan Times: 20210308)

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

India's official policymakers have long recognised that spending on public health care ought to be at least 2% of gross domestic product (GDP), first proposed by the 11th five-year plan (2007-12), but the country has been struggling to spend even less than half of it.

The NK Singh-led 15th Finance Commission (FC)'s recommendations on health, accepted by the Union government in its action-taken report, have called for many first-time financial and non-financial measures to re-prioritise public health expenditure to reach a targeted 2.5% of gross domestic product by 2025.

Despite decades of strong economic growth, the country's spending on health care is barely 1% of GDP, way below Brics peer nations, resulting in serious supply-side deficits of facilities and professionals.

According to the Rural Health Survey 2018-19, there is an 85.6% shortfall of surgeons, 75% deficit of obstetricians and gynaecologists, 87.2% of physicians, and 79.9% shortfall of paediatricians in the primary health sector in rural areas.

Based on the recommendations of the 15th FC, a significant portion of federal health care grants will for the first time be routed through urban local bodies, or municipalities, and, at the rural level, through panchayats, the government's action-taken report shows.

The grants for the health sector have been divided into two parts. One, grants worth ₹70,051 crore meant exclusively for local governments (municipalities and panchayats). Two, sectoral grants aggregating to ₹31,755 crore for the states.

Also, during the 15th FC's award period (2021-26), unconditional grants-in-aid for health care alone will work out to 0.1% of GDP for the first time. The target of 2% of GDP for provisioning public health care was first proposed by the 11th five-year plan (2007-12). The target was reiterated by the National Health Policy 2017. Yet, total expenditure on health was just 0.96% in 2018-19.

In another first, the 15th FC has reserved a majority of health grants for the primary sector. "We recommend that primary health care should be the number one commitment of each and every state and that primary health expenditure should be increased to two-thirds of total health expenditure by 2022," the commission's report stated.

"The total grants-in-aid support to the health sector over the award period works out to ₹1,06,606 crore which is 10.3% of the total grants in aid recommended by us. This forms about 0.1% of gross domestic product. The grants for the health sector will be unconditional," the commission's report said.

The commission has calculated that states should allocate 8% of their annual budgets to achieve the overall spending target.

For critical-care hospitals, the 15th FC has recommended ₹15,265 crore. This includes ₹13,367 crore for general states, and ₹1,898 crore for North-east states.

Given regional disparities, the commission devised an innovative “per capita health expenditure distance method”, similar to the income distance method, to award the shares.

To decide on a state’s share of resources, finance commissions usually rely on parameters such as income distance, population size, geographical location and forest cover, etc, which are then assigned weightages. Income distance is the difference between average per capita incomes and the per capita income of an individual state in question. It gives the most direct measure of how rich or poor a state is.

The grants states will receive on the basis of this innovative “expenditure distance” formula will be sufficient to cover the full capital cost of building 205 hundred-bed hospitals and 157 fifty-bed hospitals, according to the 15th FC report.

“The recommendations are revolutionary and, if implemented, will revolutionise the sector because of the focus on primary health care,” said Dr Dorairaj Prabhakaran, vice-president, research and policy, at the Public Health Foundation of India.

However, Prabhakaran said the large disparities in capacities of states could still be a stumbling block. “Some better-placed states will definitely implement, utilise and add to the funds while less developed states may return some of the funds unutilised, as seen in the past,” he said.

Health Care

Shots will stay free at all Delhi govt hospitals (Hindustan Times: 20210308)

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

An elderly man gets vaccinated against Covid-19 at Sanjeevani Hospital in Daryaganj.

The Covid-19 vaccination centres in Delhi government facilities are likely to continue with the free jabs even after the drive opens up for everyone, irrespective of their age or health comorbidities, a senior government official said on Sunday.

Appropriate allocation of funds in this regard will be made in the upcoming Delhi budget that is likely to be presented this week, he added .

The budget session of the Delhi government starts on Monday and it is scheduled to continue till March 16. HT has learnt that the economic survey and outcome budget 2020-21 is likely to be tabled on Monday, while the 2021-22 state budget — the seventh by the Aam Aadmi Party (AAP) — will be tabled on Tuesday.

The Delhi government had proposed a ₹65,000 crore budget outlay for 2020-21, the highest till date and around 8.33% higher than the previous financial year’s expenditure. The total outlay in the AAP government’s first budget, presented in 2015-16, was ₹41,500 crore.

In the 2021-22 budget, the government is likely to further increase the total outlay, said the senior government official.

This will be the first budget by the state government after the Covid-19 pandemic struck the Capital, with the infection and the consequent nationwide lockdown severely denting the state government's revenue collection by at least 42%, finance department officials said.

The 2020-21 budget had been tabled on March 23, even as Delhi planned a week-long lockdown, and plans for a nation-wide lockdown loomed.

"Covid-19 vaccines will remain free for all in the government centres. Funds for the same will be allocated in the budget in this regard," said the first government official.

Currently, Delhi has 402 vaccine centres spread across 192 locations. Of the total locations – 136 are in private hospitals and 56 are in government hospitals. The drive is currently open for health workers, front line workers, people aged over 60 years and people aged between 45 and 59 years with specific comorbidities as listed by the Central government. While the inoculation drive was launched across India on January 16, vaccine shots for the last two groups only started on March 1. Delhi, so far, has administered the first dose of Covid-19 vaccines to 75,673 people aged over 60 years and 11,095 shots to people with comorbidities aged between 45 and 59 years, government data showed.

In a report published in HT on Wednesday, health minister Satyendar Jain said the government would take two to three months to cover the first dose for these groups. While there are 2.1 million people aged over 60 years in Delhi, government data showed, there is still no clear estimate of people aged 45-59 years with comorbidities from the Central government's list.

Dr K Srinath Reddy, president of Public Health Foundation of India, said: "Extensive vaccine coverage is needed even for persons below 60 years, because of a high prevalence of comorbidities in younger age groups. Many people with those health conditions are unaware of them, especially in the lower socio-economic groups. Both to protect such people and to slow down the transmission, vaccines have to be administered free of cost in government hospitals."

The theme of the upcoming budget of the Delhi government will be "patriotism" and there is likely to be an allocation of funds for a series of events to be held across the city over a span of 75 weeks – starting this Thursday with a programme in Connaught Place – to celebrate 75 years of independence in India in August next year and installing national flags across the city, said the senior government official.

The senior official said that the upcoming budget is also likely to have a proposal for setting up a new Sainik school in Delhi, apart from allocation of funds for Delhi's own state education board which chief minister Arvind Kejriwal had announced on Saturday.

Covid Vaccination (The Asian Age: 20210308)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15452793>

■ Free vaccines for all likely in 3rd phase of vaccination at Delhi govt hospitals

Budget may allocate fund for free Covid vaccination

New Delhi, March 7: The Delhi Budget 2021-22, to be presented in the Assembly session starting on Monday, is expected to have a special allocation for free Covid-19 vaccination at Delhi government hospitals, sources said. The Budget is also likely to have proposals to open "Sainik Schools" in Delhi and promote yoga at a widescale in the city, they said.

Vaccination is currently underway in Delhi at 192 hospitals, including 56 run by the Delhi government, for people aged 60 years and above and those in the age group of 45-59 years having comorbidities.

As many as 286 new cases and two deaths were reported in the city on Sunday, while the positivity rate stood at 0.31 per cent amid a sudden surge in incidences. "The government is expected to allocate funds for free vaccines to all people in the third phase of vaccination at its hospitals in Delhi," said a government source.

PATRIOTISM FLAVOUR

● Vaccination is currently underway in Delhi at 192 hospitals, including 56 run by the Delhi government, for people aged 60 years and above and those in the age group of 45-59 years having comorbidities.

● Currently, vaccination at government hospitals is free for elderly and those with comorbidities, while ₹250 is being charged at private hospitals.

Currently, vaccination at government hospitals is free for elderly and those with comorbidities, while ₹250 is being charged at private hospitals. The government is also expected to share its plan to increase Delhi's per capita income to the level of Singapore by 2047, in the Budget, the sources said.

"The master plan of the Kejriwal government will focus on economic reforms and fundamental changes in trade and industries to effect a rise in per capita income so that it equals

that of Singapore by 2047," they said.

The government is also expected to outline measures in the Budget to simplify the trade and business processes and make them more user-friendly in the future, they said.

The Delhi government is working on a plan for taking yoga to the masses in Delhi. The government intends to popularise yoga through extensive campaign in residential areas of the city, the sources said.

Besides this, the govern-

ment is likely to share its plan to celebrate 75th Independence Day in 2022 through various programmes, including installing of high mast tri-colour like one at Connaught Place, across the city, they added.

The Budget session will commence with Lieutenant Governor Anil Baijal's address to the House at 11 am on Monday. It will be followed by presentation of Economy Survey of Delhi (2020-21) by Deputy Chief Minister Manish Sisodia.

The Outcome Budget of the Delhi government for 2020-21 will also be tabled in the House by Sisodia, who is also the finance minister of the government.

BJP MLA and Leader of Opposition in the Assembly Ramvir Singh Bidhuri alleged that the AAP government has curtailed the Question Hour in the Budget session to evade questions from opposition legislators.

— PTI

Healthcare

What we must consider before digitising India's healthcare (The Indian Express: 20210308)

<https://indianexpress.com/article/opinion/columns/national-digital-health-mission-harshvardhan-healthcare-sector-7218715/>

Technologists and technocrats should be careful to not define 'public good' as what they can conveniently deliver, and instead understand what is actually required.

Developing a comprehensive understanding of the considerations related to health data infrastructure may also inform the general concerns of e-governance and administrative digitisation in India, which have not been all smooth sailing.

The National Digital Health Mission – announced by the Prime Minister on Independence Day — aims to develop the backbone needed for the integrated digital health infrastructure of India. As the COVID-19 pandemic has shown, a well-functioning personal health data infrastructure can play a key role in public health management. Developing countries like India, with significant health challenges, perhaps need such an infrastructure the most. This can help not only with diagnostics and management of health episodes, but also with broader public health monitoring, socio-economic studies, epidemiology, research, prioritising resource allocation and policy interventions. Digitisation can't be a substitute for the fundamentals — for example, investment in nutrition and welfare, primary healthcare services and healthcare professionals — but it can certainly make healthcare more organised, efficient, and effective.

However, before we start designing databases and APIs and drafting laws, we must be mindful of certain considerations for design choices and policies to achieve the desired social objectives.

First, the theory of pathways to “public good” needs to be carefully developed. This should not be based on mere claims and opinions but on rigorous scrutiny and peer review. There must be a careful examination of how exactly digitisation may facilitate better diagnosis and management, and an understanding of the data structures required for effective epidemiology. We must articulate how we may use digitisation and data to understand and alleviate health problems such as malnutrition and child stunting, the precise data we require to better understand crucial maternal- and childcare-related problems, how digitisation and precise data might help better manage and plan our vaccination programmes or the healthcare system in general, and how implementation programmes may affect different communities — especially marginalised ones — in different ways.

Second, the potential tensions between public good and individual rights must be examined, as must the suitable ways to navigate them. Any data infrastructure endeavour that fails to avoid possible exclusions and hardships due to digitisation, or effectively address privacy concerns and incorporate ex-ante privacy protection, is bound to get mired in controversies and endless litigations. Moreover, for the balancing to be sound and for determining the level of due diligence required, it is imperative to clearly define the operational standards for privacy management. Privacy cannot be protected by mere forceful proclamations of privacy-by-design. Conflating privacy with security, as is typical in careless approaches, will invariably lead to problematic solutions. In fact, most attempts at building health data infrastructures worldwide — including in the UK, Sweden, Australia, the US and several other countries — have led to serious privacy-related controversies and have not yet been completely successful.

Third, and relating to the previous point, is digital identity. Even if we define and use a sector-specific identity, the question of when and how to link it with that of other sectors remains — for example, with banking or insurance for financial transactions, or with welfare and education

for transactions and analytics. Indiscriminate linking may break silos and create a digital panopticon, whereas not linking at all will result in not realising the full powers of data analytics and inference.

Fourth, we need to work out the operational requirements of the data infrastructure in ways that are informed by, and consonant with, the previous points. In other words, the design of the operationalisation elements must follow the deliberations on above points, and not run ahead of them. This requires identifying the diverse data sources and their complexity — which may include immunisation records, birth and death records, informal health care workers, dispensaries, primary health care centres, anganwadis and schools, government and private hospitals at the primary, secondary and tertiary levels, imaging and other diagnostic centres, personal health equipment, self-declared records of lifestyle indicators and habits, and perhaps also genetic data along with profiling information. It also requires an understanding of their frequency of generation, error models, access rights, interoperability, sharing and other operational requirements. There also are the complex issues of research and non-profit uses of data, and of data economics for private sector medical research.

Finally, “due process” has always been a weak point in India, particularly for technological interventions. Building an effective system that can engender people’s trust not only requires managing the floor of the Parliament and passing a just and proportional law, but also building a transparent process of design and refinement through openness and public consultations. It will be imperative to consider all concerns, avoid “crony expertism” and reject half-baked and poorly-conceived designs. In particular, technologists and technocrats should take care to not define “public good” as what they can conveniently deliver, and instead understand what is actually required. While we can understand the urge to move forward quickly, given the urgent need to improve health outcomes in the country, deliberate care is needed.

Developing a comprehensive understanding of the considerations related to health data infrastructure may also inform the general concerns of e-governance and administrative digitisation in India, which have not been all smooth sailing.

This article first appeared in the print edition on March 8, 2021 under the title ‘In digital health, equity first’. Banerjee is professor, computer science and engineering, IIT Delhi; Sagar is founding head, School of Public Policy, IIT Delhi

Coronavirus (Hindustan: 20210308)

https://epaper.livehindustan.com/imageview_684759_83882264_4_1_08-03-2021_0_i_1_sf.html

जज्बा : कोरोना ने भारतीय महिलाओं को मजबूत बनाया

100 | 50 फीसदी कामकाजी

नई दिल्ली | हिन्दुस्तान ब्यूरो

महिला दिवस के मौके पर एक सुखद खबर सामने आई है। कोरोना महामारी से जहां अधिकांश लोगों की वित्तीय स्थिति कमजोर हुई है वहीं, पुरुषों के मुकाबले कामकाजी महिलाएं आर्थिक रूप से अधिक सुरक्षित हुई हैं। एक सर्वे की रिपोर्ट से यह जानकारी मिली है।

अधिक जागरूक: मैक्स लाइफ इंश्योरेंस की रिपोर्ट के अनुसार, कोरोना काल में 59% कामकाजी महिलाएं वित्तीय रूप से सुरक्षित पाई गईं, जबकि पुरुषों का अनुपात 57 फीसदी रहा। यह भी देखने को मिला कि टर्म इंश्योरेंस के प्रति जागरूकता पुरुषों के मुकाबले महिलाओं में अधिक तेजी से बढ़ी है। टर्म इंश्योरेंस को लेकर 64% महिलाएं तो 62 फीसदी पुरुष जागरूक पाए गए।

स्वास्थ्य के प्रति रुझान बढ़ा: कोरोना महामारी ने महिलाओं को अपने और परिवार की सुरक्षा के लिए जागरूक किया है। इसके चलते महिलाओं द्वारा स्वास्थ्य बीमा खरीदने में तेजी आई है। रिलायंस जनरल इंश्योरेंस के अनुसार, 57% महिलाओं ने 2020 में स्वास्थ्य बीमा लिया। चार में तीन महिलाओं ने 15 लाख कवर की पॉलिसी ली।

प्रबंधन शानदार : मॉर्निंगस्टार की रिपोर्ट के अनुसार, बीते पांच साल में महिला फंड प्रबंधकों द्वारा प्रबंधित 90% संपत्ति ने शानदार प्रदर्शन किया है। इसके बावजूद भारत में 352 म्यूचुअल फंड मैनेजर/ सह-प्रबंधकों

59 फीसदी कामकाजी महिलाएं वित्तीय रूप से सुरक्षित पाई गईं कोरोना काल में

05 साल में महिला फंड प्रबंधकों द्वारा 90% संपत्ति ने किया शानदार प्रदर्शन

इनसे उबरना अभी बाकी

1  **चिंता बढ़ी**

कोरोना काल में एक ओर महिलाएं वित्तीय रूप से सुरक्षित बनीं तो वहीं, दूसरी ओर उनमें चिंता बढ़ी है। कोरोना काल में महिलाओं में एंगजाइअटी लेवल बढ़कर 61 फीसदी पहुंच गया।

2  **काम का बोझ बढ़ गया**

वोमेनएटवर्क की रिपोर्ट के अनुसार, वर्क फ्रॉम होम का बुरा असर भी सबसे अधिक महिलाओं पर देखने को मिला है। दफ्तर के साथ घर संभालने से उनपर काम का बोझ काफी बढ़ा

3  **पुरुषों से कम वेतन**

लिनकडइन अपॉर्च्युनिटी-2021 के सर्वे में 22% महिलाओं ने कहा कि उन्हें पुरुषों की तुलना में उतनी वरीयता नहीं दी जाती। 85% महिलाओं ने कहा कि उन्हें सही समय पर प्रमोशन, वेतन बढ़ोतरी या वर्क ऑफर नहीं होता

में से केवल 30 महिलाएं हैं।

➤ **विशेष कवरेज :** महिलाओं के साथ से संभले हालात पेज 13

Dialysis Hospital (Hindustan: 20210308)

https://epaper.livehindustan.com/imageview_684763_84123378_4_1_08-03-2021_5_i_1_sf.html



सरायकाले खां के पास रविवार को शुरू हुए बाला साहिब अस्पताल में लोगों को मुफ्त डायलिसिस सुविधा मिलेगी। • एएनआई

सबसे बड़ा डायलिसिस अस्पताल शुरू

नई दिल्ली | वरिष्ठ संवाददाता

दावा

दिल्ली में देश की सबसे बड़ी किडनी डायलिसिस सुविधा रविवार से शुरू हो गई है। दिल्ली सिख गुरुद्वारा प्रबंधन कमेटी (डीएसजीएमसी) ने रविवार को काले खां स्थित बाला साहिब अस्पताल का उद्घाटन किया। यहां डीएसजीएमसी ने सभी मरीजों को सुविधा मुफ्त में देने का फैसला किया है।

डीएसजीएमसी अध्यक्ष मन्जिंदर सिंह सिरसा के मुताबिक, अस्पताल की सभी सुविधाएं तकनीकी तौर पर उन्नत हैं, जो सभी को मुफ्त प्रदान की जाएंगी।

- डीएसजीएमसी के बाला साहिब अस्पताल में शुरू हुई सुविधा
- एक दिन में 500 मरीजों का मुफ्त उपचार हो सकेगा अस्पताल में

इसके लिए अस्पताल में बिल जमा कराने के लिए केश काउंटर नहीं बनाया गया है।

20 साल बाद शुरू हुआ : डीएसजीएमसी की तरफ से वर्ष 2000 में बाला साहिब अस्पताल को बनाने का काम शुरू किया गया था। रविवार को

डायलिसिस सुविधा की शुरुआत के साथ ही अस्पताल की औपचारिक शुरुआत हो गई। अस्पताल का उद्घाटन बाला बचन सिंह ने किया।

एक दिन में 500 मरीजों का उपचार : बाला साहिब अस्पताल में एक समय में 101 मरीजों का डायलिसिस हो सकेगा। वहीं अस्पताल में प्रतिदिन 500 मरीजों का डायलिसिस हो सकेगा।

डीएसजीएमसी से मिली जानकारी के अनुसार, अभी अस्पताल को 101 बिस्तरों के साथ शुरू किया गया है। जल्द ही इसकी क्षमता को 1000 बिस्तर वाला किया जाएगा।

Coronavirus (Hindustan: 20210308)

https://epaper.livehindustan.com/imageview_684764_84233570_4_1_08-03-2021_6_i_1_sf.html

राजधानी में 91 हजार से अधिक कोरोना सैंपल की हुई जांच, वर्तमान में संक्रमण के शिकार 1803 सक्रिय मरीज

छह दिन बाद कोरोना के मामलों में आई गिरावट



नई दिल्ली | कार्यालय संवाददाता

राजधानी में कोरोना के बढ़ते मामलों में छह दिन बाद गिरावट देखने को मिली है। साथ ही कोरोना के मामलों को लेकर रिकॉर्ड जांच की गई है। बीते 24 घंटे में 286 कोरोना के नए मरीज मिले और ठीक होने वाले मरीजों की संख्या 260 रही। वहीं, कोरोना के चलते दो लोगों की मौत हुई।

सर्वाधिक हुई आरटीपीसीआर जांच: स्वास्थ्य विभाग द्वारा रविवार को जारी बुलेटिन के अनुसार, रिकॉर्ड 91614 सैंपल की जांच की गई। इसमें रैपिड एंटीजन टेस्ट से 20364 और आरटीपीसीआर से 71250 लोगों की जांच की गई। जानकारी के अनुसार ऐसा पहली बार है जब इतनी संख्या में रिकॉर्ड सैंपल की जांच हुई हो।

साथ ही आरटीपीसीआर से भी सर्वाधिक जांच की गई है। जांच संक्रमण की दर 0.31 फीसदी दर्ज की गई। इससे पहले दिसंबर में 90354 सैंपल की जांच एक दिन में दर्ज की गई थी। कोरोना



नई दिल्ली रेलवे स्टेशन पर यात्रियों की जांच करते स्वास्थ्यकर्मी। • सन्स महता

कोरोना के मामले



को लेकर अब तक 12826117 सैंपल की जांच हो चुकी है।

होम आइसोलेशन में 937 मरीज: होम आइसोलेशन में कोरोना के 937 मरीजों का उपचार जारी है, जबकि अस्पताल में कोरोना के इलाज के लिए 574 मरीज भर्ती हैं।

इसके अलावा कोविड केयर सेंटर में छह और कोविड हेल्थ सेंटर में एक भी मरीज नहीं है। कोविड केयर सेंटर में 14 बेड पर वंदे भारत मिशन सहित बबल फ्लाइट से आने वाले यात्री क्वारंटाइन हैं। दिल्ली में कोरोना के 1803 सक्रिय मरीज हैं।

अबतक 75 हजार बुजुर्गों को टीका लगा

नई दिल्ली | कार्यालय संवाददाता

राजधानी में 60 या उससे अधिक उम्र के बुजुर्गों को टीकाकरण के लिए बुद्ध-चंद्र आगे आ रहे हैं। एक मार्च से तीसरे चरण की शुरुआत के बाद से दिल्ली में छह दिन के अंदर 75 हजार से अधिक बुजुर्गों को वैक्सिन की पहली डोज लगा दी गई है।

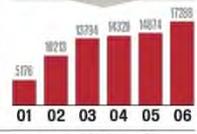
बुजुर्गों के टीकाकरण की संख्या में रोजाना वृद्धि हो रही है। एक मार्च से शुरू हुए टीकाकरण के बाद से छह मार्च तक तीन गुना से ज्यादा बुजुर्गों के टीकाकरण में देखा गया है। दिल्ली में 75673 बुजुर्गों को टीकाकरण करा चुके हैं। सबसे ज्यादा टीकाकरण छह मार्च को 17288 बुजुर्गों का किया गया। एक मार्च को यह संख्या 5176 थी।

100 से अधिक उम्र वाले दो को लगी वैक्सिन: दिलचस्प बात यह भी है कि दिल्ली में 100 वर्ष से अधिक उम्र वाले दो बुजुर्गों को टीकाकरण के लिए अब तक सामने आए हैं।

इसमें 101 वर्षीय हरब्रंश लाल मेहरा और 104 वर्षीय तुलसी दास चावला ने कोरोना का टीका लगवाया।



60 से अधिक उम्र वाले



छूटे कर्मियों के पास टीकाकरण का मौका

कोविड टीका से वंचित रह गए स्वास्थ्यकर्मियों और फ़र्टलाइन कर्मचारियों को सरकार ने एक और मौका दिया है। यह आदेश दिल्ली में 36 टीकाकरण केंद्र चिह्नित करते हुए आदेश जारी किया है। अपने विभाग का आईडी कार्ड और आधार दिखाकर टीका लगा सकते हैं। बीते कुछ समय से स्वास्थ्यकर्मियों और फ़र्टलाइन कर्मचारियों की ओर इसे लेकर अपील की जा रही थी।

दोनों ने टीकाकरण के लिए दूसरे लोगों को भी आगे आने का आग्रह किया है। **खाली पेट न आएं:** राजीव गांधी

वायरस एडेमिक फेज के करीब : जैन

नई दिल्ली (एजेंसी)। दिल्ली के स्वास्थ्य मंत्री सत्येंद्र जैन ने कहा कि कोरोना राजधानी में एडेमिक फेज के करीब है। किसी संक्रमण को तब एडेमिक फेज कहा जाता है जब वह किसी भौगोलिक क्षेत्र में एक स्तर पर लगातार बना रहता है। दिल्ली में 10 साल पहले स्वाइन फ्लू का प्रकोप देखा गया था, लेकिन अब भी हर साल कुछ मामले सामने आते हैं। कोरोना पूर्ण तरह से समाप्त नहीं होने जा रहा है।

सुपर स्प्रेडिंग अस्पताल के कोविड अधिकारी डॉ. अजीत जैन ने कहा कि टीकाकरण के लिए खाली पेट न आएं।

Herd immunity

Coronavirus | Kerala's delayed approach towards herd immunity (The Hindu: 20210308)

<https://www.thehindu.com/sci-tech/health/keralas-delayed-approach-towards-herd-immunity/article34007278.ece>

Unlike the rest of India, Kerala has maintained the same level of daily testing despite a reduction in number of cases

From mid-February, a spike in daily new cases was reported from a few States including Maharashtra. For days on end, the Health Ministry kept repeating the message that Kerala too was “witnessing an upsurge of daily new cases”. Even as

Alzheimer's

JNCASR team develops potential drug candidate for Alzheimer's (The Hindu: 20210308)

<https://www.thehindu.com/sci-tech/science/jncasr-team-develops-potential-drug-candidate-for-alzheimers/article34007349.ece>

The team observed that the small molecule TGR63 reduced amyloid plaques in mice brains and reversed cognitive decline

Researchers from Jawaharlal Nehru Centre for Advanced Scientific Research (JNCASR), Bengaluru, have developed a small molecule that helps disrupt and reduce formation of amyloid plaques in the brains of mice with Alzheimer's Disease. The group is planning to take this molecule, which is a potential drug candidate, forward for clinical studies. The results of their study were published in the journal *Advanced Therapeutics*.