



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Thursday 20210318

## Review Strategy vaccinate

### Quick steps must to halt 2nd peak: PM (The Tribune: 20210318)

Daily cases near 29K, highest in 3 months | 5 Punjab, 8 Haryana districts among worst-hit

<https://www.tribuneindia.com/news/nation/quick-steps-must-to-halt-2nd-peak-pm-226668>

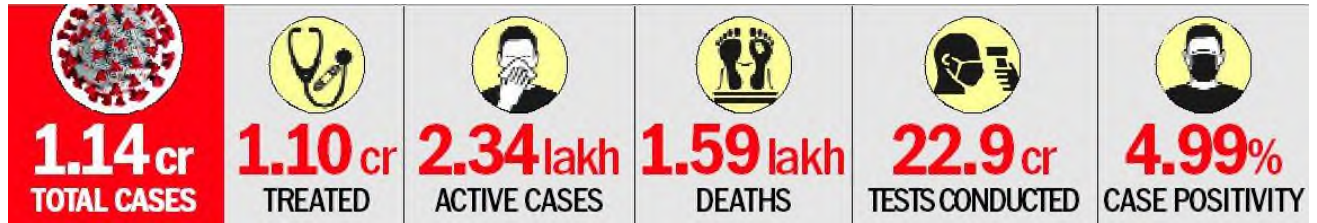
With India recording the highest daily Covid cases at 28,903 in the last 94 days, Prime Minister Narendra Modi on Wednesday said states and UTs must take “quick and decisive” steps to stop the emerging “second peak” of the pandemic.

Also read:

- [Review strategy, vaccinate all in sensitive areas: CM to Centre](#)
- [Himachal plans curbs on visitors from Punjab](#)

In a virtual interaction with chief ministers and L-Gs, the PM called for enhanced RT-PCR tests, besides ensuring Covid-appropriate behaviour, earmarking micro-containment zones and expanding the vaccination drive.

“Many hitherto unaffected districts are witnessing cases with some reporting over 150 per cent rise in two weeks. If we don’t stem the surge now, we can face a national outbreak,” cautioned the PM, urging states to ensure at least 70 per cent share of RT-PCR tests in the overall process and stop depending on rapid antigen tests.



Modi said India had succeeded in its fight against the pandemic because it kept the villages safe. “Now we see infections rising in tier 2 and 3 cities, which means the disease can reach our villages. We must take proactive steps to stop that and ensure people’s participation going forward,” the PM, said urging zero tolerance on vaccine wastage.

Meanwhile, the daily new cases soared to 28,903 after the lowest point of 9,121 on February 9. In two weeks, new cases rose by 43 per cent and daily deaths by 37 per cent with 70 districts across 16 states recording more than 150 per cent rise and 55 districts recording 100-150 per cent rise.

Five Punjab districts of concern which saw rapid surge from March 1-15 are Rupnagar (256 per cent rise), Amritsar (123 per cent), Moga (100 per cent), SBS Nagar (51 per cent) and Kapurthala (51 per cent).

In Haryana, eight districts are of concern — Yamunanagar (300 per cent rise), Karnal (245%), Panchkula (225%), Kaithal (180%), Kurukshetra (158%), Ambala (121%) and Gurugram (115%). In Himachal, rapid surge is seen in Sirmaur (367%), Solan (267%) and Una (220%).

## **Fresh Covid cases**

**35 more die in Punjab as nation sees 35,871 fresh Covid cases, biggest single-day jump in 102 days (The Tribune: 20210318)**

<https://www.tribuneindia.com/news/nation/india-adds-35-871-fresh-covid-19-cases-biggest-single-day-jump-in-102-days-226995>

India on Thursday recorded 35,871 new COVID-19 cases, the highest single-day rise in over 100 days, which took the infection tally to 1,14,74,605, according to Union Health Ministry data.

Registering an increase for the eighth consecutive day, the active caseload reached 2,52,364, which accounts for 2.20 per cent of the total infections. The recovery rate further dropped to 96.41 per cent, the data updated at 8 am showed.

The death toll increased to 1,59,216 with 172 new fatalities, it stated.

The single-day spike of 35,871 cases is the highest in 102 days. As many as 36,011 new infections were recorded on December 6.

The number of people who have recuperated from the disease surged to 1,10,63,025, while the case fatality rate stands at 1.39 per cent, according to the data.

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 Indian Council of Medical Research, 23,03,13,163 samples had been tested up to March 17 with 10,63,379 being tested on Wednesday.

The 172 new fatalities include 84 from Maharashtra, 35 from Punjab and 13 from Kerala.

So far, 1,59,216 deaths have been reported in the country including 53,080 from Maharashtra, 12,564 from Tamil Nadu, 12,407 from Karnataka, 10,948 from Delhi, 10,298 from West Bengal, 8,751 from Uttar Pradesh and 7,186 from Andhra Pradesh.

The Health Ministry stressed that more than 70 per cent 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. PTI

## **Human rights issues**

### **US senator urges Defence Secretary to discuss human rights issues, Russian S-400 sale during India visit (The Tribune: 20210318)**

<https://www.tribuneindia.com/news/nation/us-senator-urges-defence-secretary-to-discuss-human-rights-issues-russian-s-400-sale-during-india-visit-226989>

Lloyd Austin is scheduled to meet his counterpart Defence Minister Rajnath Singh, along with External Affairs Minister S Jaishankar and National Security Advisor Ajit K Doval, during his New Delhi visit from March 19 to 21

An American Senator on Wednesday urged US Defence Secretary Lloyd Austin to take up the issue of sale of Russian S-400 missile system during his visit to India later this week along with their concerns on human rights issues.

“Getting the US-India partnership right is critical to addressing 21st century challenges, and that includes urging the Indian government to uphold democratic values and human rights,” Senator Robert Menendez, Chairman of the powerful Senate Foreign Relations Committee, wrote in a letter to Austin.

Austin, the first ever US defence secretary to include India on his maiden foreign trip, is scheduled to meet his counterpart Defence Minister Rajnath Singh, along with External Affairs Minister S Jaishankar and National Security Advisor Ajit K Doval, during his New Delhi visit from March 19 to 21.

“In meetings with Indian counterparts during your upcoming visit, I strongly encourage you to make clear that in all areas, including security cooperation, the US-India partnership must rest on adherence to democratic values,” Menendez said in his letter, a copy of which was released to the press on Wednesday.

In his capacity as Chairman of the Senate Foreign Relations Committee, Menendez plays a key role in influencing the country's foreign policy and national security. Among his predecessors include President Joe Biden, who occupied this position during former president George Bush's administration and former secretary of state John Kerry.

On India's reported plan to purchase the Russian S-400 missile system, Menendez said that if India chose to go forward with its purchase, that act would clearly constitute a sanctionable transaction with the Russian defence sector under provisions of the Countering America's Adversaries Through Sanctions Act or CAATSA.

“I recognise that India is not a US treaty ally and has historical ties with the Soviet and Russian militaries. However, if India chooses to go forward with its purchase of the S-400, that act will clearly constitute a significant, and, therefore, sanctionable, transaction with the Russian defense sector under Section 231 of CAATSA,” Menendez wrote.

“It will also limit India's ability to work with the US on development and procurement of sensitive military technology. I expect you to make all of these challenges clear in conversations with your Indian counterparts,” he said.

While democracy and human rights issues do not come under the domain of the Pentagon, Menendez urged Austin to raise these concerns with Indian leaders. PTI

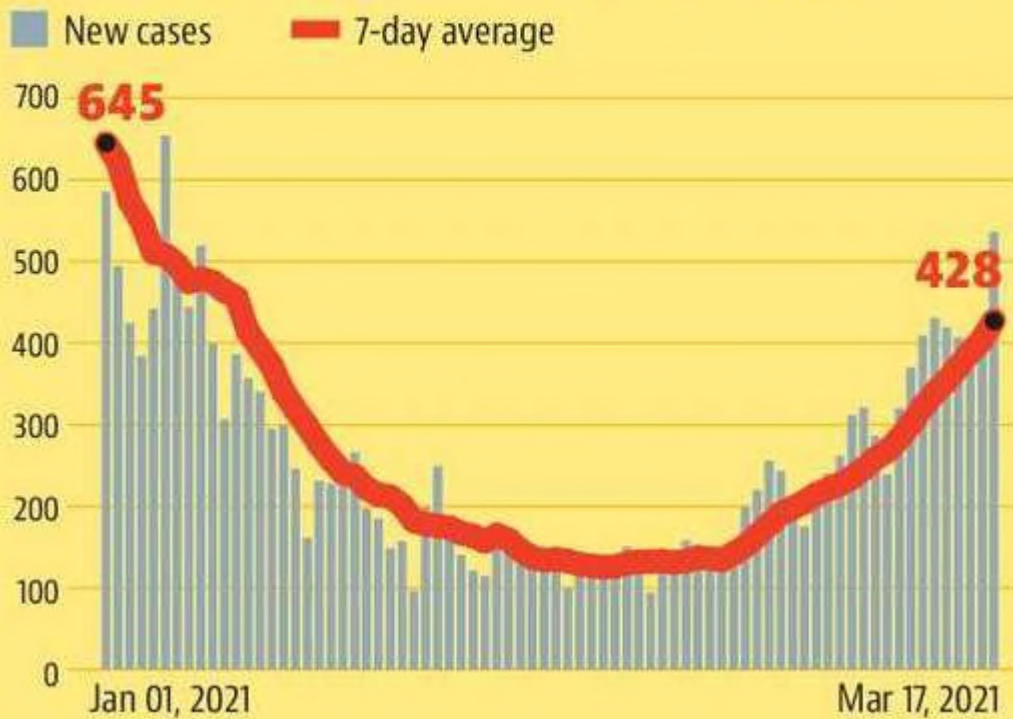
**Highest one-day spike since Jan 6**

**536 more cases: Highest one-day spike since Jan 6 (Hindustan Times: 20210318)**

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

# Delhi's 2021 virus graph

The number of daily Covid-19 infections have been on the rise in the Capital over the past few weeks



The Covid-19 trend continued to tick upwards in Delhi, with the Capital reporting 536 new cases of Covid-19 on Wednesday, the most in a day since January 6, when the city logged 654 cases of the viral infection. Delhi on Wednesday added over 500 cases for the first time in nearly 70 days, and for the fourth time this year. The other three were in January, when the number of cases in the city was still on the decline after the heights of the third wave in November.

The new cases came on the back of 80,856 tests and a positivity rate of 0.66%, also the highest since January 6.

The daily case count and positivity rate have doubled over the past fortnight, from 240 cases at a rate of 0.33% on March 3.

Even though the positivity rate remains below the 5% threshold that the World Health Organization recommends for an infection to be considered under control, experts believe Delhi's case spike is a cause of concern.

“The number of cases has nearly doubled in the last two to three weeks and even though the positivity rate in Delhi is low, things will soon get out of hand. People have not been following Covid-appropriate behaviour and they tend to follow it only when there is strict enforcement. The government should again start fining people for not wearing masks and maintaining social distance,” said Dr Lalit Kant, former head of the department of epidemiology at the Indian Council of Medical Research.

Delhi health minister Satyendar Jain two days ago had said, “The positivity rate in Delhi was over 15% at one time and the WHO (World Health Organisation) says that it should be below 5%. The positivity rate in Delhi has been below 5% for a few months now and below 1% for nearly 2.5 months. In comparison, the positivity rate in Maharashtra is 16.46%, Kerala 3.54%, Punjab 4.81%, and Gujarat 1.78%. This means that the positivity rate in Gujarat is three times that of Delhi, Punjab six times, Kerala seven times, and Maharashtra thirty times. Till the positivity rate does not cross 1%, the infection is well control.”

Dr Kant, however, disagreed. “There is a need to immediately take action – increase and intensify contact tracing, test as many people as possible, and prevent large gatherings. The government also needs to start looking at whether the new infections are in a different age group or demography – there are still around 50% people susceptible to the infection in the city.”

Experts have also called for an increase in the pace of vaccination.

“Yes, we have vaccinated a huge number of people but when we look at the size of our population, it is nothing,” said Dr Suranjit Chatterjee, senior consultant for internal medicine at Indraprastha Apollo hospital.

## **Vaccination drive**

### **Stop 2nd surge to prevent pan-Indian outbreak: Modi (Hindustan Times: 20210318)**

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

CMS ask for opening vaccination drive to more people, higher supply to boost pace

If India does not stop a second surge of Covid-19 cases, it could face another pan-Indian outbreak, Prime Minister Narendra Modi said on Wednesday during an urgent meeting with chief ministers, some of whom asked the Union government to open up the vaccination drive to allow more people to become eligible.

The PM said 70 districts have logged an over 150% increase in Covid-19 cases recently, and that “quick and decisive steps” were needed to revamp safety protocols, scale up RT-PCR testing, and add more vaccination sites.

“This is also a test of good governance,” the PM told the chief ministers in his first meeting with them since vaccination started in India on January 16, and stressed on his mantra of “davaai bhi, kadai bhi” (treatment also, stringent protocols also).

“We have to stop this rising second surge immediately, and for this, we need quick and decisive steps,” the PM said.

The PM raised several key points — bringing focus back on the test-trace-treat strategy by ensuring at least 70% of tests are through the RT-PCR method, more contacts of patients are traced, and micro-containment zones are created; the need to accelerate vaccinations, reduce wastage, and prevent expiry of doses; and the importance of protecting villages and rural areas that have weaker health resources. “Our progress in the fight against Covid gives us confidence. But this should not turn into overconfidence. Our success should not turn into carelessness. We also need to ensure we don’t go into panic, or let fear spread. We have to be proactive in this phase,” he said.

On Wednesday, Union health ministry separately listed out districts in 12 states and Union territories where infections have grown significantly. From a low of around 11,000 cases every day in the second week of February – the lowest levels recorded since the outbreak began in the country in March last year – India is now recording over 24,000 cases a day on a weekly average. On Wednesday, it added 35,836 cases, highest since December 5.

Representatives of at least three states asked the PM at the meeting to consider allowing more people to seek coronavirus doses. At present, people above the age of 60 or those older than 45 but with certain medical conditions are eligible for doses.

The demand to relax these conditions came from Maharashtra’s CM Uddhav Thackeray, Punjab CM Amarinder Singh and Kerala’s tourism minister K Surendran, filling in for CM Pinarayi Vijayan. According to officials in Punjab and Maharashtra, both the states pointed to a large number of infections among younger people to call for those groups to be included. Singh also suggested lawyers and judges should be added in the priority list.

According to the Maharashtra CM’s office, Thackeray said: “Keeping in mind that there is young population among those who are getting infected, people above age 45, irrespective of comorbidities, should get vaccination”. According to a functionary present in the meeting, the PM replied we might not need to go to that level of vaccination.

Several of the states also urged the Union government to send over more vaccine doses. “I have already informed the Union health ministry about the state’s plan to inoculate 300,000 people on a daily basis. At present, the state has a stock that will last only for the next 10 days,” said



Maharashtra health minister Rajesh Tope. Similar demands were made by West Bengal and Karnataka.

PM Modi outlined the need to accelerate vaccinations as well as the number of tests being carried out, and in particular highlighted regions where vaccine wastage was high. “We need to take the process of test-trace-treat as seriously as we did over the past year. Every infected person’s contacts should be traced in the quickest amount of time, and it is important to ensure at least 70% of all tests are through the RT-PCR method,” Modi said.

Modi said governments must focus on ramping up testing in smaller cities. “Till now, over tier-2 and tier-3 cities largely avoided the worst of the outbreaks. Hence, the villages in their vicinities were spared. But if the virus now reaches these regions, our resources could fall short,” he said. The PM asked for micro-containment zones to be set up and noted that “in some places, local administration is not very strict on wearing masks. These issues must be resolved.” He noted that some states made certain recommendations about the vaccination process and that while the country has scaled up the process, it now needs to address wastage. “Telangana and Andhra Pradesh have 10% wastage of vaccines. UP has near 10% wastage. More beneficiaries should be mobilised...States must target zero wastage of vaccines,” Modi said, suggesting daily monitoring of vaccine usage. “If we waste vaccines, we are robbing someone’s right to get vaccinated. We cannot take that right away from anyone.”

Since it began vaccinating people on January 16, India has delivered 36.4 million doses. In the last 24 hours, 1.4 million doses were delivered. “If more centres can be added and they work on a mission mode, we will reduce wastage... Also, keep in mind the expiry date of the vaccine. Use the earlier batches first,” Modi said, hailing how 3 million people were vaccinated on one single day.

During the meeting, Union home minister Amit Shah highlighted districts that require special focus. Health secretary Rajesh Bhushan gave a presentation on the Covid situation and the vaccination strategy.

## Type 2 diabetes symptoms: Three stages in which diabetes (neuropathy) affects your feet

Diabetes Type 2 is a condition characterised by unstable blood sugar levels. The condition in which the body either doesn't produce enough insulin or resists insulin is often accompanied by a plethora of health conditions. For every diabetes patient, managing blood sugar level is the greatest challenge of all. If left uncontrolled, it can inflict damage on other parts of the body, which even includes nerve damage.

### 02/5How high blood sugar affects the nerve system

Diabetic neuropathy most often damages nerves in your legs and feet. The symptoms may differ from individual to individual depending on the severity of the condition. Some may experience mild symptoms, while for others the situation can cause great discomfort. People may experience numbness in their feet and legs, along with problems in digestive issues, urinary tract, blood tract and heart. The symptoms of the condition start to appear slowly and can be controlled from causing severe damage by managing the blood sugar level.

### 03/5The stages of diabetic neuropathy in feet

There are different kinds of neuropathy, but the most common of all is peripheral neuropathy. Also known as distal symmetric peripheral neuropathy, this condition affects the nerves system of the feet and legs first, followed by the hands and arms. Common symptoms may include

- Numbness or reduced ability to feel temperature changes
- Tingling or burning sensation
- Sharp pains
- Increased sensitivity
- Foot problems, such as ulcers, infections, and bone and joint pain

The nerve-damaging first starts in the feet and then starts affecting other parts of the body. According to the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), there are three stages to neuropathy.

The first stage: In the first one the person may experience pain and tingle in the feet in intervals. The symptoms are subtle, so most people fail to recognise them at an early stage. They may feel discomfort in the foot, but may not pay attention to it.

The second stage: After some time the pain grows more severe and regular. It can be hard to say when you move from stage one to stage two, but you will be able to notice the symptoms more clearly. Your feet will constantly hurt while walking or performing other activities.

The third stage: The third stage is the most severe one where you will lose all pain sensation. The pain will start to decline, which means that the nerves are dying. This increases the risk of severe tissue injury because the patient can no longer feel any kind of pain even when they are injured.

Diabetic neuropathy is caused due to persistent high blood sugar level. The primary treatment could be to eat healthy food and exercise. Both of these things play a great role when it comes to managing blood sugar level. Apart from that, track your blood sugar level regularly and take care of your foot. Your doctor may prescribe you some medicines that may help to manage the condition.

Find out about the latest Lifestyle, Fashion & Beauty trends, Relationship tips & the buzz on Health & Food.

**Vaccine (The Asian Age: 20210318)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15472619>

# China's Catch-22 on vaccine

The decision of the Chinese government to ease visa restrictions, imposed during the peak of the pandemic Covid-19, is a welcome step that will speed up the return of life back to normalcy. However, its insistence that those who apply for a visa should have inoculated themselves with a Chinese-made vaccine defies logic and scientific principles, and reflects a total ignorance about the objective realities about the pandemic situation in the world.

Scientists in several countries have in the last few months come out with vaccines that can protect people from the deadly virus. Each one is certified by the national regulators concerned following universally accepted scientific norms on safety and efficacy, and hence it is grossly unfair for a country to set vaccination with a product made there as a precondition to enter that country. The humanity is not engaged in a war among the nations of the world but one against a virus. Every nation must realise that.

It is estimated that there are about 23,000 Indians who are waiting to return to China for various purposes including education and business. Given the fact that there is no availability of Chinese-made vaccines in India, they will have to wait for some more time. The Chinese side has explained that vaccine producers in other countries should file applications to competent authorities in China and the latter will make decisions in accordance with laws and regulations. There has been no timeframe or assurance on that either.

There are many countries that have no access to vaccine as its production has been concentrated in a few spots and most of it has been contracted by the rich nations. Vaccination for all must be a universal goal at present, and every nation, including China, should be part of it. China has an added responsibility as the SARS-Cov-2 virus that causes Covid-19 originated there. Unilateral actions by countries do not aid that endeavour.

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## **Polio lessons for COVID vaccination**

### **Polio lessons for COVID vaccination (The Indian Express: 20210318)**

<https://indianexpress.com/article/opinion/columns/polio-lessons-covid-vaccination-public-health-7232853/>

Communication drives that reach out to all sections can help ease vaccine hesitancy

India covid vaccination Another meta-analysis study by the British Medical Journal found that only 68.4 per cent of the population is willing to receive the COVID-19 vaccination globally. That is a low figure considering vaccines can eradicate diseases and save lives.

More than a year ago, the SARS-COV-2 virus sent the world into a bubble. We were caught by surprise and there was little or no preparation to meet this challenge. Health systems were

ravaged, and countless people lost their lives. In hindsight, this could have been prevented had we been prepared.

A year later, while the virus is still circulating in our communities, we know much more about it, thanks to one of the biggest health information campaigns in human history. The world is slowly but gradually bouncing back, and science has given us another chance. Cases are on the decline. However, sporadic outbreaks have led governments around the world to continue to enforce fundamental public health measures.

At the same time, the focus has shifted to the development of vaccines. The race has fast-tracked efforts. Scientists have developed vaccines in record time and more than 250 vaccine candidates are in different stages of development globally. India, too, has already approved and rolled out Covishield and Covaxin for emergency use and many more are on the horizon. And here is where we have hit a bump, expectedly so. Vaccine hesitancy – notorious words commonly associated with inoculation drives — has been cited by WHO as one of the top 10 global health challenges.

Opinion | People's confidence is a must for a successful roll out of the Covid-19 vaccine

There is no denying that immunisation is one of the most successful and cost-effective means to help children grow into healthy adults. But with any large-scale immunisation programme, hesitation and fear usually follows. A World Economic Forum survey released in November 2020 indicated a growing reluctance among people to receive a vaccine, despite progress made by numerous pharmaceutical companies and international organisations. Another meta-analysis study by the British Medical Journal found that only 68.4 per cent of the population is willing to receive the COVID-19 vaccination globally. That is a low figure considering vaccines can eradicate diseases and save lives. So, what makes it difficult and how can we tackle this lack of confidence among people?

The answers can be found in comparing the immunisation coverage of other diseases. As per estimates released by WHO and UNICEF on immunisation — nearly one in 10 infants did not receive any vaccination in 2016. This means that infants missed the first dose of DTP/Pentavalent vaccine putting them at serious risk of these potentially fatal diseases. Another survey by WHO in 2014 revealed that among the 1 lakh parents (of children who were not vaccinated) interviewed, 33 per cent had no idea about the vaccination, and another 30 per cent only knew about the Adverse Events Following Immunisation (AEFI).

Sachin Vaze scandal leaves one lesson: Dump 'encounter specialists'

BJP has turned the heterogeneity of Hindu culture into its strength

The government wants to build highways for growth. It might not work

Given the severity of the pandemic, with 2.5 million deaths reported worldwide, vaccines are the only effective solution that can be deployed against COVID-19. India's vaccine rollout has kicked off to a good start with more than 2.5 crore vaccine doses being administered as of March 15. However, the country has been witnessing hesitancy from unexpected quarters – doctors and health-workers. Such a development can have further implications on the vaccine coverage of the larger population, especially when there are less takers among the ones who save lives. The apprehension it seems has been attributed to lack of vaccine efficacy data, questions on safety, quick clinical trials, and reported deaths among the elderly and sick population.

To combat this misinformation, the Indian government has stepped up efforts to quash wrong claims and has conducted regular press conferences. The Union Minister of Health and Family Welfare, Harsh Vardhan, has led the initiative. Messages such as “Let us put a STOP to these falsehoods” and “Truth is powerful and shall prevail” have been disseminated to ensure its acceptance and uptake in a timely, accurate and transparent fashion. Eminent physicians from well-known private and public hospitals have also taken vaccine shots to boost public confidence. Pharmaceutical companies have released factsheets addressing concerns and an extensive communications campaign is being undertaken on social media platforms to ensure the right information reaches people. In addition to this, development partners have been roped in to spread awareness about the COVID-19 vaccines. All vaccines are almost 100 per cent effective in preventing COVID-related deaths, severe symptoms and complications – that's the message the needs to go through.

opinion | There are challenges in Covid vaccination drive, but these are not intractable

Much can, in fact, be learnt from the country's successful Polio eradication and Mission Indradhanush initiative. In 2002, when Uttar Pradesh alone harboured 65 per cent of global polio cases and vaccine hesitancy was at its peak, UNICEF's induction of an army of social mobilisers in Uttar Pradesh and Bihar states helped mitigate fears.

Similarly, while designing Mission Indradhanush in 2014, behaviour change communications was put at the centerstage of immunisation planning. The campaign converted a routine immunisation into a Jan Andolan – a people's movement. It mobilised communities to deal with the barriers to seeking vaccines. This was achieved through a sustained coordination effort led by the Ministry of Health with 12 different ministries.

India is on the right path with the recent decision to open the vaccination drive for the general public and to speed up private sector participation. While developed countries like United Kingdom, United States, and France are still struggling with either strict lockdowns or a health system operating under tremendous pressure, India in contrast, has done well in focusing on preventive measures such as an early lockdown, that also provided a window to establish robust health systems to contain the virus and treat those with the disease. The country has seen a drop in the number of cases – though there has been a rise in some parts of the country in the past month — and deaths considerably. Therefore, India is in a much better situation to fast track the vaccination drive to achieve herd immunity and prevent the second wave of infections.

As the third phase of vaccination closes in, it is vital that we draw inspiration from past lessons and move to inoculate our priority population. Behaviour change communications must be intensified. Mass media (radio, television, billboards, print material, and internet), interpersonal channels and community mobilisation must be optimised to advertise and achieve the desired outcomes. There is a need for active involvement of people from all strata of the society — local community leaders, associations, private sector, celebrities, religious groups, experts, and political leaders. It will not only keep misinformation at bay but find acceptance among all. Let people take the lead here. With more evidence pouring in, vaccine hesitancy among the healthcare providers is bound to evaporate soon.

## **Pandemic's other scourge**

**Plastics and other medical waste created while dealing with COVID-19 could prove to be environmental hazards. (The Indian Express: 20210318)**

<https://indianexpress.com/article/opinion/pandemics-other-scurge-7232898/>

While the social and economic impacts of the COVID-19 pandemic are in everyone's mind and every country's policy and budget papers, the third element of a triple-bottom-line assessment, the environment, should not be forgotten. The environmental consequences of COVID-19 impact various aspects of the planet's life, such as changes in the type and quantity of waste, management and disposal of waste, use of energy due to varied work and life practices, use of fuel due to varied travel practices.

It has been reported that hospitals in the US alone produce more than five million tonnes of waste each year of which more than a quarter is made of plastic. The packaging and equipment used in healthcare have to strictly adhere to medical-grade plastic standards and be resistant to sterilisation methods, radiation, static and other potentially damaging situations. This means the margin of error or impurity is pretty much zero. That means such materials have to be made from virgin resources and not from recycled materials and their disposal also has to follow certain norms and procedures due to the potential for pathogenic contamination to the environment (which includes people and animals).

Based on industry reports and in the professional opinion of this writer, the scale of the problem is not reliably quantified. Normally, as the focus has rightly been on reducing the risk of illness, a single item from a package of single-use items will be used and the remaining sterilised items would be thrown out.

When an unprecedented situation eventuates, the routine is thrown out the window. Many studies, more so in 2020, have reported on the impact of a pandemic and epidemic on our material utilisation and changes to the LCA (life cycle analysis) of many of our resource streams.

Single-use plastics, especially light plastics that one can scrunch with bare hands, are usually bestowed the “un-recyclable” label, with the dungeons of a dirty landfill as their only fate, where they will survive the ensuing millennia, like a soul devoid of any divinity destined to forever endure the fires of hell.

The unavoidable increment in the quantity of single-use plastic products required for personal protection and healthcare has disrupted and impacted the short-term and long-term waste management practices. The Australian waste management industry had been set up with a reliance on several international processing industries, in the absence of a good domestic manufacturing industry. Especially in light of the recent ban on waste imports by several receiving countries such as China, alternatives, or a new business plan, had been on the cards. A sudden shift in waste composition requires resilience and dynamic responsiveness. In addition to the quantities, the residual pathogenic potential of old and newly added waste materials (the latter mainly comprising masks, gloves, PPE overall) especially in residential, commercial and healthcare sectors has caused some concerns in the waste industry.

The energy footprint of producing and managing items including plastic packaging is also not to be forgotten. Plastic packaging is easy to produce and strict requirements for healthcare standards require this to be sourced mostly from virgin materials, not recycled sources. A country such as Australia where a seemingly robust waste management industry exists and with



a low COVID health impact can manage the added waste streams from the widespread use of single-use materials. Countries such as India with a nascent waste management industry are rife with immature practices. With a heavy reliance on manual scavenging for recycling, any health and safety imbalance will see this waste industry overwhelmed.

Unbeknown to the healthcare industry, public littering from used masks and gloves have been captured in widely publicised (on social media and in academic circles at least) images at beaches, public parks and other open spaces due either to carelessness of the user or lack of proper disposal options. This would eventually find its way to a water body or other sensitive environment.

In a medical setting, the service-receiver (the patient and their support personnel) are neither usually in a position to deny plastics nor in a mindset to give any priority to it – unlike rejecting another single-use plastic bag at the supermarket checkout or avoiding the use of a plastic straw at the restaurant. So, change has to come from within the sector. While it is acceptable that during the start of COVID-19, no country in the world had the luxury of time to focus on how to manage the potential for increased medical waste, the months that ensued had afforded time to contemplate and consider better choices.

Alternatives to landfilling exist to convert single-use plastics into useful products – such as light-weight composites used to produce prosthetics or into harder recycled plastics such as outdoor furniture/landscaping materials, where it will still survive for a long time but while serving a good cause. The advent of 3D-printing has ameliorated voids of manufacturing opportunities. The only thing required is a constant and reliable supply of relatively clean materials delivered to a processing unit or, outside the healthcare sector, to collection points such as the red-cycle bins located at supermarkets. The single-use plastic packaging and other materials need to be carefully managed for contamination, though.

In the good old waste management hierarchy, the top priority is to ‘Reduce’ (followed by Reuse and Recycle) – so it is pretty straight forward to think up ways to reduce the need for materials that will make our ever-expanding ecological footprint grow to a shoe size we will find too large to fit into anything. However, when it comes to the healthcare requirements especially related to an unprecedented pandemic, “reducing” may not be a priority as much as saving lives and stopping the spread of the virus.

According to some publicly-available data, almost 85 per cent of waste from healthcare is noninfectious and a large portion of it can be recycled too. However, waste from a hospital environment is collected as commingled and disposed of together – landfilled or incinerated. As per reports, Western Health in Melbourne had identified a saving of \$100,000 per year by

replacing single-use items with some reusable items. Similar stories have been reported by Auburn Hospital in Sydney and Flinders Medical Centre near Adelaide. Non-reusable items such as truly-single-use saline bags are recycled by specialist recycling industry units. RMIT in Australia has reported methods to literally pave a road to recycle disposable COVID (or otherwise) facemasks. This goes well with the recycling of plastic into roads elsewhere in Australia, India and other places.

Considerable effort and financial backing are required from governments and possibly industry (perhaps based on the polluter-pays policy, or corporate social responsibility from medical and pharmaceutical producers) to assist in source-separating the materials and safely managing them appropriately.

The Canadian government has decided to award grants for developing solutions for the manufacture of compostable disposable surgical masks and respirators to be used by healthcare workers and for the efficient and cost-effective recycling of disposable PPE waste generated in the Canadian healthcare sector. We need more like this!

During the pandemic, many workplaces have restructured their worker placement habits, if practically possible, to reduce the number of personnel in constricted spaces such as offices and meeting rooms. This included many businesses advising their workers to work from home as much as possible, reducing face to face meetings and, most importantly in the context of this article, the commute. Most of the blue-collar jobs have, however, continued as they are mostly outdoors.

An article in the journal *Science of The Total Environment* (Aug 2020) reported: “Recent data released by NASA (National Aeronautics and Space Administration) and ESA (European Space Agency) indicates that pollution in some of the epicentres of COVID-19 such as Wuhan, Italy, Spain and the USA etc. has reduced up to 30 per cent.” A lock-down in one-third of the cities in China, the birthplace of COVID-19, has been assessed and reported to have contributed to significant improvement in air quality in those areas in comparison to previous years’ data.

There have been several reports and academic studies on various cities and industrial economies previously choking on smog, having clearer air and resultant amelioration of breathing issues for residents.

Globally, some early analysis (Carbon Brief) predicted that the reduction in CO<sub>2</sub> emission would be around 1600 million tonnes in 2020 – nearly 5.5 per cent of what we puffed out in

2019. This is a blessing, perhaps, as per a Harvard University School of Public Health report which stated that people who live in areas with poor air quality could have more health impact from COVID-19.

## Infection (Hindusta: 20210318)

[https://epaper.livehindustan.com/imageview\\_707600\\_84225652\\_4\\_1\\_18-03-2021\\_2\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_707600_84225652_4_1_18-03-2021_2_i_1_sf.html)

चिताजनक

### चुनाव वाले राज्यों में फिर तेजी से बढ़ रहा संक्रमण

27 मार्च से देश के चार राज्यों व एक केंद्र शासित प्रदेश में विधानसभा चुनाव होने वाले हैं, चुनाव प्रचार के बीच राज्यों में संक्रमण की स्थिति गंभीर हो रही है। 26 फरवरी को चुनाव आयोग ने इन राज्यों में चुनाव कार्यक्रम की घोषणा की थी। उस दिन से पहले और बाद के संक्रमण के आंकड़े बताते हैं कि तमिलनाडु, केरल और पश्चिम बंगाल में मामले तेजी से बढ़ रहे हैं। असम में फिलहाल हालात स्थिर हैं जो बचाव के जरूरी कदम न उठाने पर बिगड़ सकते हैं। वहीं, पुडुचेरी की स्थिति सतोषजनक है।

27

60

मार्च से चार राज्यों में विधानसभा चुनाव हजार लोग मरे थे दूसरे में चुनाव प्रचार के दौरान फैले संक्रमण से

तमिलनाडु

**सक्रिय केशों की संख्या में तेजी से उछाल**

800

से ज्यादा केश रोज मिल रहे जबकि अब राज्य में हर दिन 800 से ज्यादा नए केश आ रहे हैं। राज्य में मंगलवार को 836 नए केश आए और उपचारार्थीन मरीजों की संख्या 5,149 हो गई। सक्रिय मामलों के आधार पर यह संकेत का वाक्यांश सबसे ज्यादा संक्रमण वाला राज्य बन गया है।

केरल

**दो से तीन हजार नए मामले प्रतिदिन**

केरल में भी संक्रमण तेजी से बढ़ रहा है। एक दिन के भीतर दर्ज होने वाले नए केशों के मामले में केरल दूसरा सबसे ज्यादा संक्रमण वाला राज्य बना हुआ है। यहां अभी 2,70,57 सक्रिय मरीज हैं जिन्होंने उपचार जारी है। 26 फरवरी के बाद यहां हर दिन 2 से 3 हजार से भी ज्यादा नए केश मिल रहे हैं। विशेषज्ञों का मानना है चुनाव प्रचार के दौरान केशों में तेजी से उछाल आ सकता है।

पश्चिम बंगाल

**राज्य में महामारी की स्थिति बिगड़ी**

चुनाव की घोषणा के बाद से राज्य में संक्रमण की स्थिति बिगड़ी है। 26 फरवरी तक राज्य में हर दिन 2,00 से कम केश आ रहे थे जो अब 2,70 तक हो गए हैं। राज्य में टिक होने वाली की संख्या में सुधार आने से यहां कुल सक्रिय मामलों में आंशिक कमी आई है। 26 फरवरी को 2,16 नए केश व तीन मीत दर्ज की गई थीं जबकि 15 मार्च को 251 नए मामले और तीन मीत दर्ज हुईं।

पुडुचेरी और असम में हालात स्थिर

पुडुचेरी में चुनाव की घोषणा के वक्त हर दिन कोरोना के नए मामले 20 से 27 के बीच आ रहे थे और शून्य अथवा एक या अधिकतम दो मीत दर्ज हो रही थीं। 18 दिन बाद भी राज्य में 25 से 30 तक नए केश आ रहे हैं और शून्य या एक मीत दर्ज हो रही है। इस वकालत यहां कुल 186 विचारार्थीन उपचारार्थीन मरीज हैं जो 26 फरवरी को 194 थे।

असम

26 फरवरी को राज्य में संक्रमण के 287 सक्रिय केश थे जो 15 मार्च को घटकर 2,65 हो गए हैं। यानी राज्य में चिकित्सा संसंधनों पर मरीजों का बोझ थट रहा है। राजधानी को सख्ता में भी गिरावट बनी हुई है। 26 फरवरी से 15 मार्च के बीच राज्य में सात बार एक मीत हुई जबकि आठ दिन एक भी मीत दर्ज नहीं की गई।

11

270

से 15 मीत दर्ज हो रही हैं अभी यहां हर दिन तक कोरोना वायरस के मामले प्रतिदिन मिल रहे

## Coronavirus (Hindusta: 20210318)

[https://epaper.livehindustan.com/imageview\\_707600\\_84231614\\_4\\_1\\_18-03-2021\\_2\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_707600_84231614_4_1_18-03-2021_2_i_1_sf.html)

● 16 राज्यों के 70 जिलों में स्थिति सबसे ज्यादा बिगड़ी ● एक दिन में कोविड-19 के सर्वाधिक 28,903 नए मामले मिले

# दो सप्ताह में कोरोना से मौतें 37 फीसदी बढ़ी



नई दिल्ली | विशेष संवाददाता

देश में पिछले दो सप्ताह के दौरान कोरोना के संक्रमण में सप्ताह दर सप्ताह 43 फीसदी और मौतों में 37 फीसदी की बढ़ोतरी दर्ज की गई है। 16 राज्यों के 70 जिलों में स्थिति चिंताजनक है जहां मामले दो सप्ताह में 150 फीसदी से ज्यादा बढ़े हैं। देश में एक दिन में सर्वाधिक 28,903 नए मामले आए हैं।

केंद्रीय स्वास्थ्य सचिव राजेश भूषण ने बुधवार को यह जानकारी दी। उन्होंने कहा कि सितंबर मध्य में देश में कोरोना के मामले सबसे ज्यादा 97894 थे जो फरवरी में न्यूनतम 9121 प्रतिदिन रह गए थे। 17 राज्यों में 65 जिले ऐसे हैं जहां पिछले दो सप्ताहों के दौरान कोरोना के नए मामलों में 100-150 फीसदी की बढ़ोतरी हुई है। उन्होंने कहा कि देश में अभी 2.34 लाख सक्रिय कोरोना मामले हैं जिनमें से 60 फीसदी महाराष्ट्र



**43**

फीसदी बढ़ती मौतों में

**24**

घंटे में देश में 188 और मरीजों ने जंवाई जान

बंगलुरु में बुधवार को एक बच्चे की कोरोना जांच की गई। ● फोटो

में हैं। इस माह हुई कुल कोरोना मौतों में 45.4 फीसदी मौतें अकेले महाराष्ट्र में हुई हैं। देश में कुल 1,10,45,284 लोग संक्रमण मुक्त हो चुके हैं। वहीं, पिछले 24 घंटे में 188 और मरीजों की चावरस से मौत हुई है।

मंत्रालय ने बताया कि बुधवार सुबह 08 बजे तक 5,86,855 सत्रों में कुल 3,50,64,536 लोगों को कोविड-19 रोधी टीके लगाए जा चुके थे। राजस्थान में सर्वाधिक 1.52 लाख डोज प्रतिदिन लगाई जा रही है।

## टीके की बर्बादी

राजेश भूषण ने कहा कि देश में 6.5 फीसदी कोरोना टीका बर्बाद हो रहा है। तेलंगाना में 17.6, आंध्र में 11.6, उत्तर प्रदेश में 9.4 फीसदी टीका बर्बाद हो गया है। उत्तराखंड में यह 1.6 तथा हिमाचल प्रदेश में 1.4 फीसदी ही है। बिहार में भी टीके की बर्बादी अक्सर क्वारंटाइन कम कर फीसदी है।

## विदेशों को टीका

एक प्रश्न के उत्तर में उन्होंने कहा कि विदेशों को टीके की आपूर्ति कोविडस के प्रायधानों के तहत की जा रही है जिसे टीका उत्पादक के लिए मानना अनिवार्य है। टीका उत्पादन करने वाले सभी देश ऐसा कर रहे हैं। कोविडस ने इसके लिए निर्माताओं को अग्रिम भुगतान किया है।

## अमेरिका में सर्वाधिक मामले

देश	मामले	मौत
अमेरिका	2,95,49,008	5,36,914
ब्राजील	1,16,03,535	2,92,127
रूस	43,60,000	91,395
ब्रिटेन	42,82,000	1,25,927
फ्रांस	41,68,000	91,324
इटली	32,52,000	1,03,001
स्पेन	32,00,000	72,565
जर्मनी	26,03,000	73,952
ईरान	17,63,000	61,427
द. अफ्रीका	15,30,000	51,580

## विश्व में एक दिन में नौ हजार से अधिक की मौत

विश्व भर में कोरोना वायरस (कोविड-19) संक्रमण से बीते एक दिन में 9738 लोगों की मौत होने से मृतकों की संख्या बढ़कर 26.70 लाख से अधिक हो गई और इस दौरान संक्रमण के 46 हजार से अधिक मामले आने से संक्रमितों का आंकड़ा 12.06 करोड़ से पार हो गया। यह आंकड़े अमेरिका की जॉन हॉपकिंस यूनिवर्सिटी के विज्ञान एवं इंजीनियरिंग केंद्र ने जारी किए हैं।

## टीके की कमी नहीं

उन्होंने परिवर्तन बंगाल की मुख्यमंत्री ममता बनर्जी के इन आरोपों को भी खारिज किया कि राज्यों के पास टीके की कमी है। उन्होंने कहा कि अब तक राज्यों को 7.54 करोड़ डोज टीका दिया जा चुका है।

## तीन महीने का गैप

पाल ने कहा कि कई देशों में एस्ट्रोजेनका के टीके की दो खुराक के बीच में 8-12 सप्ताह की अगति रखी जा रही है। निर्णय लिया है कि मौजूदा वार हफ्ते के अंतराल को ही जारी रखा जाएगा।

## कोविशील्ड पर सैक नहीं

नीति आयोग के सदस्य डॉ. वी.के. पाल ने कहा कि भारत में फिलहाल कोविशील्ड का टीकाकरण जारी रहेगा।

## गुजरात में पार्क बंद, रात्रि कर्फ्यू का समय बढ़ा

देश के कई हिस्सों में कोरोना के एक और लहर की शुरुआत की आशंका के बीच गुजरात के सबसे बड़े शहर अहमदाबाद में प्रशासन ने गुरुवार से शहर के सभी सार्वजनिक पार्क और चिडियाघर बंद रखने की घोषणा कर दी। अहमदाबाद महानगरपालिका ने अपने मालहत आने वाले शहर के सभी 273 पार्क बंद करने की घोषणा की।

## Vaccination Cooperation (Hindusta: 20210318)

[https://epaper.livehindustan.com/imageview\\_707600\\_84233808\\_4\\_1\\_18-03-2021\\_2\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_707600_84233808_4_1_18-03-2021_2_i_1_sf.html)

# ‘टीका मैत्री’ से कद बढ़ा : जयशंकर

नई दिल्ली | विशेष संवाददाता

विदेश मंत्री एस. जयशंकर ने बुधवार को संसद में कहा कि कोरोना महामारी जैसी वैश्विक चुनौती के दौर में भी प्रधानमंत्री नरेंद्र मोदी ने वैक्सीन मैत्री को लेकर जो कदम उठाए, उससे भारत का विश्व में कद ऊंचा हुआ है। इससे देश के प्रति सद्भाव की भावना निर्मित हुई। उन्होंने कहा कि मौजूदा समय में भारत दुनिया के लिए एक फार्मोसी हब के तौर पर उभरा है।

राज्यसभा में भारत की वैक्सीन मैत्री पहल पर एक बयान देते हुए जयशंकर ने यह भी कहा कि इस दौरान विश्व ने ना सिर्फ भारत की लोक केंद्रित कूटनीति

## 150 देशों को चिकित्सा सामान दिए

जयशंकर ने कहा कि कोरोना महामारी के मुश्किल समय में भी भारत ने दुनिया के कई देशों की मदद की। भारत ने 150 देशों को दवाओं और पीपीई किट जैसे जरूरी चिकित्सा सामान की आपूर्ति की है। इनमें से 82 देशों को अनुदान के रूप में यह मदद पहुंचाई गई है।

और निःस्वार्थ सेवा भाव को देखा, बल्कि गुणवत्तापूर्ण उत्पादों को लेकर भारतीय क्षमता का भी पता लगा।

उन्होंने कहा कि भारत में टीके की उपलब्धता और घरेलू मांगों का आकलन करने के बाद ‘वसुधैव कुटुम्बकम्’ की भावना के अनुरूप अब तक 72 देशों को कोविड-19

रोधी टीका उपलब्ध कराया गया है। कोरोना काल में दवाई से लेकर मास्क और पीपीई किट तक कई राष्ट्रों को मुहैया कराया गया है। भारत ने कोरोना संकट के दौरान दुनिया के अधिकांश देशों की दवाओं, वैक्सीन और अन्य जरूरी चिकित्सा उपकरणों के साथ मदद की है।

## Coronavirus infection (Hindustan: 20210318)

[https://epaper.livehindustan.com/imageview\\_707600\\_84234428\\_4\\_1\\_18-03-2021\\_2\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_707600_84234428_4_1_18-03-2021_2_i_1_sf.html)

# मुख्यमंत्रियों ने संक्रमण रोकने को कमर कसी

नई दिल्ली | हिन्दुस्तान ब्यूरो

प्रधानमंत्री नरेंद्र मोदी के साथ वीडियो कॉन्फ्रेंसिंग के जरिए हुई बैठक में राज्यों के मुख्यमंत्रियों ने कोरोना संक्रमण पर काबू पाने के लिए कमर कसने की बात कही। मुख्यमंत्रियों ने कहा कि जैसे तो राज्यों में महामारी नियंत्रण में हैं लेकिन जरूरत पड़ने पर वे और कठोर उपाय करने को लेकर प्रतिबद्ध हैं।

**झारखंड में टेस्टिंग बढ़ाई जाएगी:** झारखंड के मुख्यमंत्री हेमंत सोरेन ने बैठक के बाद मीडिया से कहा कि झारखंड में कोरोना संक्रमण की स्थिति नियंत्रित है। यही स्थिति कायम रखने के

## कोरोना वायरस की जांच को फिर से बढ़ाना है : नीतीश

बिहार के मुख्यमंत्री नीतीश कुमार ने संवाद कार्यक्रम के बाद बुधवार को कहा कि प्रदेश में कोरोना की जांच की संख्या को फिर से बढ़ाने की जरूरत है। तय किया गया है कि प्रतिदिन 70 हजार नमूनों की जांच की जाए। बिहार विधान परिषद के मुख्यद्वार के समीप पत्रकारों के साथ बातचीत के दौरान कुमार ने कहा कि आज कोरोना को लेकर प्रधानमंत्री ने सभी मुख्यमंत्रियों के साथ बैठक की है, जिसमें प्रस्तुतीकरण के माध्यम से कोरोना की वर्तमान स्थिति की जानकारी दी गई है।

लिए सरकार कदम बढ़ाएगी। बड़े कदम उठाने पड़े तो भी उठाएंगे। रांची में आवागमन अधिक है, यहां टेस्टिंग बढ़ाई जाएगी। एयरपोर्ट की तरह रेलवे में भी कोरोना जांच की व्यवस्था की जाएगी। उन्होंने कहा कि झारखंड में पहले से ही एहतियात बरती जा रही है।

आठवीं से नीचे के स्कूल बंद रखे गए हैं। कहीं पर भी एक हजार से अधिक जमावड़ा को अनुमति नहीं दी गई है। जुलूस को प्रतिबंधित रखा गया है।

**बेंगलुरु, कलबुर्गी और बीदर में नियंत्रण को कहा:** प्रधानमंत्री नरेंद्र मोदी ने कर्नाटक से बेंगलुरु, कलबुर्गी और

बीदर में कोरोना वायरस के बढ़ते मामलों के मद्देनजर इन क्षेत्रों पर विशेष ध्यान देने का आह्वान किया है। मुख्यमंत्री बी.एस. येदियुरप्पा ने कहा, ‘महाराष्ट्र की सीमा से सटे बेंगलुरु, कलबुर्गी और बीदर में चूंकि मामले बढ़ रहे हैं, इसलिए प्रधानमंत्री नरेंद्र मोदी ने हमसे इन जिलों पर विशेष ध्यान देने को कहा है।’

**टीकाकरण रणनीति की केंद्र करे समीक्षा :** पंजाब में कोरोना वायरस संक्रमण के मामलों में वृद्धि के बीच मुख्यमंत्री अमरिंदर सिंह ने बुधवार को केंद्र सरकार से आग्रह किया कि वह कोविड-19 टीकाकरण की अपनी रणनीति की समीक्षा करे।

## Virus (Hindusta: 20210318)

[https://epaper.livehindustan.com/imageview\\_707600\\_84228490\\_4\\_1\\_18-03-2021\\_2\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_707600_84228490_4_1_18-03-2021_2_i_1_sf.html)

अंतरराष्ट्रीय जर्नल ऑफ ऑबेसिटी में प्रकाशित हुआ शोध, यूके बायोबैंक डाटा का उपयोग कर कोरोना और लोगों के चलने की गति को लेकर तुलना की

# धीमे चलने वालों में वायरस से जान जाने का जोखिम ज्यादा

**दावा**  
लंदन | एजेसी

धीमी गति से चलने वालों को कोरोना से मौत का ज्यादा खतरा होता है। ब्रिटेन के शोधकर्ताओं ने यह खुलासा किया है। शोधकर्ताओं ने अध्ययन के लिए यूके बायोबैंक डाटा का उपयोग किया और कोविड जोखिम के लिए चलने की गति की तुलना की। शोधकर्ताओं ने पाया कि सामान्य वजन वाले लोग अगर धीमी गति से चलते हैं तो उनमें मौत का खतरा बढ़ जाता है। अधिक वजन और तेज गति से चलने वाले लोगों को कोरोना का कम खतरा होता है। तेज गति से चलने वालों का हृदय तथा रक्तवाहिकाओं संबंधी सिस्टम सही से काम करता है। नए अध्ययन के आधार पर चेतावनी जारी की गई है कि जो लोग धीरे-धीरे चलते हैं, उन्हें कोरोना से मौत का चार गुना अधिक खतरा होता है। लीसेस्टर विश्वविद्यालय के शोधकर्ताओं ने 3,12,596 मध्यम आयु वर्ग के यूके बायोबैंक प्रतिभागियों के वजन, चलने की गति और कोविड - 19 के बीच संबंधों का अध्ययन किया। उन्होंने पाया कि धीरे-धीरे चलने वाले सामान्य वजन के लोगों से चलने वालों की तुलना में 2.5 गुना अधिक संक्रमित होने की संभावना तेज चलने वालों की तुलना में 3.75 गुना अधिक मौत की संभावना तेज चलने वालों की तुलना में 30 मिनट के ब्रिस्क वॉकिंग (तेज पैदल चलने) से 150 फीटोरी बर्न होती है

**हृदय रोग का खतरा कम**  
इसके पूर्व में हुए शोध के अनुसार तेज गति से पैदल चलने से हृदय रोग का खतरा 31 प्रतिशत कम हो जाता है। हार्वर्ड मेडिकल स्कूल द्वारा किए शोध के अनुसार रोजाना तेज गति से चलने वालों की मृत्युदर 32 प्रतिशत तक कम हो जाती है। इस शोध के अनुसार हर घंटे कुछ मिनट ही तेज चलना पूरे दिन में एक घंटा जिम में की गयी मेहनत के बराबर होता है। चिकित्सक भी मानते हैं कि रोजाना 30 मिनट के ब्रिस्क वॉकिंग (तेज गति से पैदल चलने) से 150 फीटोरी बर्न होती है। ऐसे में आप रोजाना वॉकिंग से हफ्तेभर में एक पाउंड वजन तो कम कर ही सकते हैं।

**तेज पैदल चलने के ये फायदे**

- वजन सही रहता है
- हार्ट अटैक, हाई ब्लड प्रेशर का खतरा कम
- टाइप 2 डायबिटीज का खतरा कम
- तनाव कम करने में सहायक
- हड्डियां, मांसपेशियां मजबूत बनती

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प्रतिशत की कमी देखी गई तेज गति से चलने वालों की मृत्युदर में

शोधकर्ताओं ने प्रतिभागियों के वजन, चलने की गति और कोविड - 19 के बीच संबंधों का



## Coronavirus wave (Hindusta: 20210318)

[https://epaper.livehindustan.com/imageview\\_707601\\_84211288\\_4\\_1\\_18-03-2021\\_3\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_707601_84211288_4_1_18-03-2021_3_i_1_sf.html)

**अपील :** प्रधानमंत्री ने मुख्यमंत्रियों संग चर्चा की, कहा-दूसरी लहर को तुरंत रोकें

# कोरोना से जंग में दवाई और कड़ाई जरूरी: मोदी

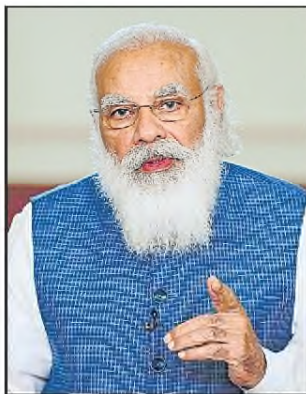
नई दिल्ली | विशेष संवाददाता

प्रधानमंत्री नरेंद्र मोदी ने बुधवार को मुख्यमंत्रियों के साथ वर्चुअल बैठक में कोरोना वायरस के बढ़ते मामलों पर चिंता जताई। उन्होंने कहा, हमें कोरोना की दूसरी लहर को तुरंत रोकना ही होगा। इसके लिए हमें तेज और निर्णायक कदम उठाने होंगे। इसके लिए दवाई और कड़ाई के साथ ही मास्क पहनना है। दो गज की दूरी बनाए रखनी होगी।

**इतिहास का वक्त:** मोदी ने कहा कि महाराष्ट्र, पंजाब और मध्य प्रदेश जैसे राज्यों में मामले बढ़े हैं। यह विमर्श का विषय है कि कुछ क्षेत्रों में ही जांच और टीकाकरण की संख्या कम हो रही है। इसे बढ़ाएं। उन्होंने कहा, यह सुशासन की परीक्षा का समय है।

**मोदी के तीन मंत्र:** प्रधानमंत्री ने तीन मंत्र सुझाते हुए कहा कि टेस्ट ( जांच ), ट्रैक ( निगरानी ) और ट्रीट ( उपचार ) को लेकर भी वैसी ही गंभीरता जरूरी है जैसे कि एक साल से होती आ रही है।

**टीके की बर्बादी रोकें:** प्रधानमंत्री ने यूपी समेत कई राज्यों में टीके की बर्बादी पर चिंता जताई। उन्होंने कहा, तेलंगाना-आंध्र प्रदेश में 10% से ज्यादा टीके बर्बाद हो रहे हैं। हमें किसी के अधिकार को बर्बाद करने का हक नहीं है।



नई दिल्ली में वर्चुअल बैठक में बुधवार को मुख्यमंत्रियों से मुखातिब प्रधानमंत्री। • प्रेस

## 3 बातों पर प्रधानमंत्री का जोर

### 1. जांच में और तेजी लाएं

- आरटीपीसीआर जांच को 70 फीसदी करने की जरूरत
- यूपी, छत्तीसगढ़, केरल एंटीजन जांच पर ज्यादा निर्भर
- टियर 2 और 3 शहरों में मामले तेजी से बढ़ रहे हैं
- गांवों में मामले बढ़ते तो संभालना मुश्किल हो जाएगा

### 2. टीकाकरण को बढ़ाएं

- देश में रोजाना 30 लाख तक हो रहा टीकाकरण
- इसमें तेजी जरूरी, केंद्रों की संख्या भी बढ़ाई जाए
- टीके की हो रही बर्बादी पर राज्यों को आगाह किया
- जो भी वैक्सीन पहले आई, उसका उपयोग पहले किया जाए

### 3. पाबंदी खुद तय करें

- मुख्यमंत्रियों से कहा, बंदिशें अपने हिसाब से तय करें
- इसका भी ध्यान रखना होगा कि दहशत न फैले
- राज्य एक-दूसरे से संपर्क रखें, सूचना भी साझा करें
- राज्यों में माइक्रो-कंट्रोलमेंट जोन बनाने पर जोर हो

## चिंता इसलिए... दो हफ्ते में संक्रमण के केस करीब दोगुने

28903	14998	188	150%
नए मामले दर्ज किए पिछले 24 घंटों में देशभर में कोरोना के	मामले देश में दर्ज हुए थे संक्रमण के दो मार्च को	मौतें दर्ज, दो 98 था आंकड़ा दो मार्च को	तक केस बढ़े 17 राज्यों के 55 जिलों में

## राजधानी में 70 दिन बाद रिकॉर्ड 536 मामले

दिल्ली में बुधवार को संक्रमण के 536 नए केस सामने आए और तीन मरीजों की मौत हो गई। इससे पहले छह जनवरी को दिल्ली में 654 मामले आए थे। वहीं, सक्रिय मरीज भी बढ़कर 2702 हो गए। दिल्ली में बढ़ते मामलों के बीच हॉटस्पॉट की संख्या बढ़कर 608 हो गई है।

➤ 700 के पार पेज 02

## देश में 6.5% टीका बर्बाद

राज्य	नुकसान
तेलंगाना	17.6%
यूपी	9.4%
उत्तराखंड	1.6%
बिहार	4.0%

## दिल्ली में निगरानी कड़ी

- होम आइसोलेशन वाले मरीजों की कड़ी निगरानी होगी
- मोबाइल नंबर से लोकेशन ट्रैक किया जाएगा, औचक निरीक्षण पर जोर

चिंताजनक

# अस्पतालों में 48 दिन बाद 700 के पार पहुंचे संक्रमित

दिल्ली के अस्पतालों में बुधवार को भर्ती कोरोना मरीजों की संख्या 700 के पार पहुंच गई। अस्पतालों में मरीजों की इतनी संख्या 48 दिन पहले थी। राजधानी में बुधवार को कोरोना के कुल 715 मरीज अस्पतालों में भर्ती थे। इससे पहले 28 जनवरी को 702 कोरोना मरीज अस्पतालों में भर्ती थे।



## आईसीयू या वेंटिलेटर पर 45% संक्रमित भर्ती

कोरोना मरीजों के साथ ही गंभीर मरीजों की संख्या भी फिर से बढ़ने लगी है। दिल्ली के अस्पतालों में भर्ती कुल कोरोना पीड़ित 715 मरीजों में से लगभग 45 फीसदी ऐसे आईसीयू या वेंटिलेटर पर हैं। इनमें से 161 मरीज वेंटिलेटर पर और 163 मरीज आईसीयू में हैं।

## 10 दिन में 38% गंभीर मरीज बढ़े

पिछले 10 दिन में गंभीर मरीजों की संख्या 38% बढ़ी है। सात मार्च तक 234 मरीज ही आईसीयू या वेंटिलेटर पर इलाज करा रहे थे, 17 मार्च इनकी संख्या 323 हो गई।

## अस्पतालों में बढ़े रोगी

तारीख	भर्ती मरीज
17 मार्च	715
16 मार्च	659
15 मार्च	607
14 मार्च	582
13 मार्च	564

राजधानी में कोरोना का खतरा फिर से बढ़ रहा है। छोटी लापरवाहियों की वजह से यह और तेजी से फैल सकता है। कोरोना गाइडलाइन का सख्ती से पालन करें। -प्रोफेसर नवल विक्रम, मेडिसिन विभाग, एम्स

## ऐसे बढ़ा संक्रमण

दिन	संक्रमण दर
17 मार्च	0.66%
16 मार्च	0.61%
12 मार्च	0.59%
11 मार्च	0.59%
10 मार्च	0.52%

## ऐसे बढ़ रहे हैं कोविड से पीड़ित

दिन	मरीज
17 मार्च	536
16 मार्च	425
15 मार्च	368
14 मार्च	407
11 मार्च	409
10 मार्च	370
9 मार्च	320
8 मार्च	239