



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20210602

Covid-19: India logs 1.32 lakh fresh cases

Covid-19: India logs 1.32 lakh fresh cases, 3,207 new fatalities (The Tribune: 20210602)

<https://www.tribuneindia.com/news/nation/covid-19-india-logs-1-32-lakh-fresh-cases-3-207-new-fatalities-262255>

The weekly positivity rate has declined to 8.21 per cent

Covid-19: India logs 1.32 lakh fresh cases, 3,207 new fatalities

A health worker prepares a dose of the Covid-19 vaccine before inoculating a beneficiary, during a mega vaccination campaign Mission June, in Indirapuram. — PTI

India added 1,32,788 new coronavirus infections taking the country's tally of Covid-19 cases to 2,83,07,832, while the daily positivity rate has further dropped to 6.57 per cent, according to the Union Health Ministry data updated on Wednesday.

The Covid-19 death toll climbed to 3,35,102 with 3,207 fresh deaths.

The active cases were recorded below 20 lakh for the second consecutive day, the data updated at 8 am showed.

Also, 20,19,773 tests were conducted on Tuesday taking the total cumulative tests conducted so far for detection of Covid-19 in the country to 35,00,57,330, while the daily positivity was recorded at 6.57 per cent. It has been less than 10 per cent for nine consecutive days, the ministry said.

The weekly positivity rate has declined to 8.21 per cent.

The active cases have reduced to 17,93,645 comprising 6.34 per cent of the total infections, while the national Covid-19 recovery rate has improved to 92.48 per cent.

A net decline of 1,01,875 cases has been recorded in the Covid-19 caseload in a span of 24 hours.

Recoveries continue to outnumber daily new cases for the 20th consecutive day. The number of people who have recuperated from the disease surged to 2,61,79,085, while the case fatality rate stands at 1.18 per cent, the data stated.

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. India crossed the grim milestone of 2 crore on May 4.

The 3,207 new fatalities include 854 from Maharashtra, 490 from Tamil Nadu, 464 from Karnataka, 194 from Kerala, 175 from Uttar Pradesh, 137 from West Bengal and 104 from Andhra Pradesh.

A total of 3,35,102 deaths have been reported so far in the country including 96,198 from Maharashtra, 29,554 from Karnataka, 24,722 from Tamil Nadu, 24,299 from Delhi, 20,672 from Uttar Pradesh, 15,678 from West Bengal, 14,649 from Punjab and 13,077 from Chhattisgarh.

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.

The government on Thursday rejected as "baseless and outrageous" a New York Times report that estimates Indian Covid toll at 42 lakh in a worst case scenario, 13.3 times the official toll of 3,15,235.

It is possible to have missed some deaths, but NYT projections are outrageous.- VK Paul, Niti Aayog

The report cites experts to present three scenarios. In the best case, they estimate real infections at 15 times higher than reported, which means 40 crore cases. It assumes infection fatality rate at 0.15 per cent, throwing up 6 lakh deaths whereas official IFR is 0.05 per cent.

The second scenario assumes that actual cases are 20 times higher (53 crore) and an IFR of 0.30 per cent (16 lakh deaths). The worst scenario estimates actual infections at 26 times (70 crore) and an IFR of 0.6 per cent (42 lakh deaths).

VK Paul, member, health, Niti Aayog, said the question of mortality concealment did not arise. “The NYT report is based on assumptions. We have a strong mortality tracking system which has stood the test of time. Adjustments of late reporting can happen in a large country. It is possible to have missed some deaths, but NYT projections are outrageous,” he said. “It can be argued that actual infections were higher than detected. That can happen anywhere. But on what basis did NYT exaggerate India’s IFR from 0.05 per cent to 0.3 per cent (three times) and 0.6 per cent (12 times),” said Paul.

Strain of Covid variant

Only 1 strain of Covid variant first detected in India is now of concern: WHO (The Tribune: 20210602)

<https://www.tribuneindia.com/news/nation/only-1-strain-of-covid-variant-first-detected-in-india-is-now-of-concern-who-262258>

The B.1.617 variant was first detected in India and was divided in three lineages

Only 1 strain of Covid variant first detected in India is now of concern: WHO

Photo for representation only.

The World Health Organisation (WHO) has said only B.1.617.2, one of the three strains of the B.1.617 Covid-19 variant first detected in India, is a “variant of concern” now and noted that lower rates of transmission have been observed for the other two lineages.

The B.1.617 variant was first detected in India and was divided in three lineages - B.1.617.1, B.1.617.2 and B.1.617.3.

In the Covid-19 Weekly Epidemiological Update published on Tuesday, WHO said available findings for lineages B.1.617.1 and B.1.617.2 were initially used to designate B.1.617 a global Variant of Concern (VOC) on May 11 this year.

“Since then, it has become evident that greater public health risks are currently associated with B.1.617.2, while lower rates of transmission of other lineages have been observed,” WHO said.

The UN health agency said that in order to reflect this updated information, B.1.617 has been “delineated”.

“B.1.617.2 remains a VOC and labelled variant Delta – we continue to observe significantly increased transmissibility and a growing number of countries reporting outbreaks associated with this variant. Further studies into the impact of this variant remain a high priority for WHO.”

The Delta variant has now been reported in 62 countries around the world as of June 1, the update said.

It added that the B.1.617.1 strain has been reclassified to a Variant of Interest (VOI) and labelled variant “Kappa”. While Kappa is also demonstrating increased transmissibility (in specified locations), “global prevalence appears to be declining. This variant will continue to be monitored and reassessed regularly.”

The B.1.617.3 lineage is “no longer classified as either a VOI or VOC – relatively few reports of this variant have been submitted to date.”

On Monday, the WHO announced the new naming system for key Covid variants and the labels are based on the Greek alphabet (i.e. Alpha, Beta, Gamma, etc), “making them simple, easy to say and remember.”

“The labels do not replace existing scientific names, which convey important scientific information & will continue to be used in research. The naming system aims to prevent calling #COVID19 variants by the places where they are detected, which is stigmatising & discriminatory,” WHO said in a tweet.

WHO said that as the global public health risks posed by specific Covid variants becomes better understood and evolves, it will continue to update the list of global VOIs and VOCs.

“This is necessary to adjust to the emergence of new variants, their changing epidemiology (e.g., the incidence of some variants is rapidly declining), and our understanding of their phenotypic impacts as new evidence becomes available and is shared.”

Variants no longer classified as VOCs or VOIs will continue to be monitored as part of the overall evolution of SARS-CoV-2, and may be reassessed pending new evidence indicating an increased public health risk, WHO said.

The update further said that India reported the highest numbers of new COVID-19 cases in the past week at 1,364,668, a 26 per cent decrease compared to the previous week. Other countries reporting the highest numbers of new cases are Brazil (420,981 new cases; 7 per cent decrease), Argentina (219,910 new cases; 3 per cent increase), the United States of America (153,587 new cases; 18 per cent decrease), and Colombia (150,517 new cases; 40 per cent increase).

The South-East Asia Region reported over 1.5 million new cases and over 29,000 new deaths, a 24 per cent and an 8 per cent decrease respectively compared to the previous week.

“Case incidence continued to follow a sharp decline for a third consecutive week, and death incidence decreased for the first time since early March 2021, primarily driven by trends reported in India,” the update said.

In the South-East Asia Region, the highest numbers of new deaths were reported from India (26,706 new deaths; 1.9 new deaths per 100,000; an 8 per cent decrease), Indonesia (1057 new deaths; 0.4 new deaths per 100,000; a 15 per cent decrease), and Nepal (1010 new deaths; 3.5 new deaths per 100,000; a 22 per cent decrease).

Globally, the number of new Covid cases and deaths continues to decrease, with over 3.5 million new cases and 78,000 new deaths reported globally in the past week; a 15 per cent and 7 per cent decrease respectively, compared to the previous week, the update said.

The European and South-East Asia Regions reported the largest decline in new cases and deaths in the past week, while case incidence increased in the African and Western Pacific regions. “Although the number of global cases and deaths continued to decrease for a fifth and fourth consecutive week respectively, case and death incidences remain at high levels and significant increases have been reported in many countries in all regions,” the WHO update said. PTI

Child policy

When two is too little: On China's three child policy (The Hindu: 20210602)

<https://www.thehindu.com/opinion/editorial/when-two-is-too-little-on-chinas-three-child-policy/article34702598.ece>

China’s demographic interventions have had unintended social, economic consequences

Six years after abandoning the “one child policy” of 1979, China’s Communist Party has now introduced a “three child policy”. The move is to “improve China’s population structure, actively respond to the ageing population, and preserve the country’s human resource advantages”, the party’s Politburo said on May 31. The once-in-a-decade population census, released on May 11, may have prompted the latest change, recording 12 million births in 2020, the lowest since 1961. The census said there were 264 million in the 60 and over age group, up 5.44% since 2010 and accounting for 18.70% of the population. After the one child policy, China’s fertility rate fell from 2.75 in 1979 to 1.69 in 2018. Monday’s announcement is as much an acknowledgement as may ever come of the unintended consequences of deeply intrusive family planning measures, going back even before 1979, to Mao’s “later, longer, fewer” campaign, which itself, ironically, followed his exhortations to have more children to build the workforce. The party officially still defends the one child policy — that it prevented an additional 300 million births. Yet, the urgency of recent measures suggests otherwise, as China grapples with both an ageing and deeply gender-imbalanced population, and demographers’ worst fears of countries getting old before they get rich.

In 2013, China allowed couples to have a second child if either parent was an only child, with the two child policy introduced in 2015. Explaining why the measures did not boost birth rates, economists Jin Zhangfeng, Pan Shiyuan, and Zheng Zhijie wrote last year the two child policy “substantially increase[d] the number of second-child births” among those “less sensitive to child-rearing costs” but “substantially decrease[d] the number of first-child births” attributing it to rising costs. “Other developing countries, even without China’s stringent child-limitation policies, have also experienced declines,” they argued, suggesting “policy makers should give priority to reducing the child-rearing costs borne by prospective parents rather than simply relaxing or even abolishing birth quotas”. The latest announcement did acknowledge those broader structural problems, pledging to reduce families’ spending on education. It is, however, by no means an abandoning of China’s family planning policies. The entrenched — and widely reviled — family planning bureaucracy remains in place, and this week’s statement underlined that the “current reward and assistance system and preferential policies” for those following rules continue. Even leaving aside the strong moral argument against intrusive family planning — enforcement has meant forced abortions, sterilisations, and other abuses, some of which are still being reported in parts such as the Muslim-majority Xinjiang region — China’s experience is a reminder of the unintended social and economic consequences of state-led demographic interventions.

Infectious COVID variant

Infectious COVID variant spreading rapidly across country (The Hindu:20210602)

<https://www.thehindu.com/news/cities/Hyderabad/infectious-covid-variant-spreading-rapidly-across-country/article34691118.ece>

Masks, vaccines the only weapons to check its spread, says adviser to CCMB

B.1.617.2, a sub-lineage of the so-called double mutated Indian variant of SARS-CoV-2 (B.1.617) which is more infectious, is currently increasing its footprint in the entire country and gradually even eclipsing the B.1.1.7 variant originated from the United Kingdom, said top scientists at the CSIR-Centre for Cellular & Molecular Biology (CCMB) on Monday.

“It is fast becoming the dominant strain, and very efficiently. It is also seen to be spreading even in Delhi and Punjab where the UK variant was earlier found to be prevalent to the extent of 80-90%. Cases may be coming down due to the lockdowns, but the virus is still around. Face masks are the only weapon apart from vaccination to prevent it from spreading,” said former director and now adviser to CCMB, Rakesh Mishra.

In the current second wave of the pandemic, the low Ct (cycle threshold) value has been apparent indicating the high viral loads, possibly contributing to more people getting infected. Similarly, it was also noticed that a significant number of those infected have been needing oxygen support.

“We have to analyse why this has been happening and if the disease is progressing faster by taking the samples from the hospitals, genome sequencing and have an interaction between doctors and scientists. What we have is anecdotal account and this needs to be backed by scientific research. This is the right time to do it when the pressure has somewhat eased on the healthcare system,” he observed.

The new mutation is being kept under close watch with 10 designated laboratories, under INSCOG or Indian SARS-CoV-2 Genome Sequencing Group, taking up genome sequencing of the patients’ swab samples from different geographical locations across the country.

“We are able to pick the information so far but we need to do epidemiological studies based on the data. With more labs joining this effort, we are going to increase our genome sequencing numbers to understand the virus transmission in the population. The virus will come out with new versions and we have to watch out for those which could escape our immune systems — trained by natural infection or by vaccination,” said the CCMB scientist.

The way out to prevent further surges is to ramp up testing and surveillance. “The biggest opportunity is when the cases are low, we should for the kill by continuing with the testing, tracing and isolation till we get rid of the pandemic status. If the face masks are worn properly over nose and mouth — surgical masks, triple-layered cloth masks or N-95 — it can protect any person against any variant without exception as the virus can only spread from person to person,” he affirmed.

This along with avoidance of “clustering of people will fetch the same results of a lockdown keeping the virus spread under control”, added Dr. Mishra.

Uncontrolled diabetics

Uncontrolled diabetics more prone to COVID-19 complications, says study (The Hindu: 20210602)

<https://www.thehindu.com/news/national/tamil-nadu/uncontrolled-diabetics-more-prone-to-covid-19-complications-says-study/article34684671.ece>

A new study has reinforced the fact that uncontrolled diabetics are more prone to complications if they contract COVID-19.

The study collated data from patients admitted at five private hospitals in the city between May and November 2020 for treatment of symptomatic COVID-19. An analysis showed diabetics ran a higher risk of pneumonia, respiratory distress syndrome, heart attack and kidney failure.

Researchers at A. Ramachandran's Diabetes Hospitals compared 422 non-diabetic patients with 423 diabetic patients and found that the rate of mortality was almost double among those with uncontrolled diabetes. "We did an outcome analysis. Double the number of people with diabetes died, compared with those without diabetes. It does not mean those with diabetes are more prone to contracting the infection," said Dr. A. Ramachandran.

"In a sub-analysis, we found that if diabetes was under good control, the risk was the same as for a non-diabetic. So the level of control of diabetes at admission decided the outcome," he said. Likewise, the risk was higher among patients with chronic kidney disease or hypertension, the study showed.

Arun Raghavan, lead author of the article, Profile and prognosis of patients hospitalized for COVID-19 virus infection with and without diabetes – An observational study from South India, published in *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, said: "We wanted to establish how vulnerable Indian diabetic patients were. They have higher cardiovascular disease complications and more progressive course of diabetes than the Caucasian population. We wanted to understand how severe the COVID disease is in the Indian population. The percentage of death in the non-diabetic group was 5.9, whereas it was 10.2 in the diabetic group."

The data included those from patients who were hospitalised. "Since hospitalisation is for symptomatic patients, we took this up. The mean hospital stay is seven days — all of these patients had a symptomatic disease and patients with diabetes seemed to have twice the chances of mortality," he said.

An interesting find was the influence of chronic kidney disease. The study found that patients with this disease had nearly three times higher mortality rate than those without it, indicating that diabetics and patients with chronic kidney disease were immune-compromised. "It reinforces the fact that patients with diabetes and chronic kidney disease should not take things lightly," Dr. Arun Raghavan said.

Not only should they get vaccinated but they should also follow the COVID-19- appropriate behaviour even after vaccination. "We are also seeing people contracting the infection even after vaccination. Diabetic and chronic kidney disease population are extremely vulnerable in terms of mortality," he said.

Vaccines (The Asian Age: 20210602)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15625939>



A group of Covid-19 infected Jewish people from Manipur offers prayers while undergoing treatment at the Guru Tegh Bahadur Covid Care Centre at Gurdwara Rakab Ganj Sahib in New Delhi on Tuesday. 38 new patients, all of whom are from Manipur and were staying at a hotel in Karol Bagh, were admitted to this Covid care centre on Monday. They were supposed to leave for Israel but couldn't catch the flight after they were detected Covid positive. — PTI

'No mixing of vaccines, no change in 2-dose schedule'

By mid-July, more than 1cr persons to be vaccinated daily: Govt

VINEETA PANDEY
NEW DELHI, JUNE 1

The count of daily Covid-19 cases came down to nearly 1.28 lakh and fatalities to 2,795 on Tuesday while over 2.55 lakh people recovered from the virus in a single day, taking the country's recovery rate to over 92 per cent.

The daily positivity rate dipped to 6.62 per cent and it has been less than 10 per cent for eight consecutive days. The Centre has said that the "ferocious" second wave is abating now as more than half of the country's total districts have less than five per

cent positivity at present. "In the first week of April less than 200 districts had more than 10 per cent positivity, but by the end of April there were 600 districts with more than 10 per cent positivity rate. Due to intensive containment mea-

asures and high testing and tracking only 239 districts have more than 10 per cent positivity rate while in 145 districts it is 5-10 per cent and in 350 districts it is less than 5 per cent," said ICMR director general Dr Balram Bhargawa.

He, however, warned states and Union Territories from rushing to open up restrictions saying unlocking has to be gradual and very slow so that the advantage of the receding wave is not lost. "We have managed to suppress the virus for some time. Hence, we

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Health Care Services (The Asian Age: 20210602)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15626045>

■ Govt sets up a task force to suggest measures to protect children

Delhi hospitals ramping up infra for possible 3rd wave

AGE CORRESPONDENT
NEW DELHI, JUNE 1

Hospitals across Delhi have started ramping up their infrastructure to ensure availability of essential equipment, drugs, and ICU beds for children as part of their plan to tackle a possible third wave of the coronavirus.

The Delhi government has set up a task force to suggest measures to protect children from the third wave. Most of the hospitals are focussing on ramping up their ICU beds and facilities for children amid fears that the third wave might be fatal for them.

Dr P.K. Bhardwaj, the chief executive director of Saroj Super Specialty Hospital in Rohini, said the plan is to improve the infrastructure in the paediatric ICU and neonatal ICU. The hospital has been preparing infrastructure keeping in mind that an attendant will have to be kept with a Covid-positive child, he said.

"So, there will be two partitions in a room for the parent and the kid," Dr Bhardwaj said.

The number of beds in the neonatal unit will be increased from 10 at present to around 20. The capacity of the paediatric ICU and high-dependency unit will be tripled, he added. The hospital has already started procuring oxygen masks, high-flow nasal cannulas, special ventilators, and BIPAP machines for children, he said.

"The facility will also hire more neonatologists and paediatric intensivists. We have one intensivist at present; we have to have minimum three," Dr Bhardwaj said.

Dr Chandrashekhhar, the head of the paediatric

intensive care at Madhukar Rainbow Children's Hospital in Malviya Nagar, said the number of paediatric ICU beds at the facility can be increased to 30 from 25 at present, if need arises.

In case a child aged below one month gets infected, s/he can be accommodated in the 40-bed neonatal ICU at the hospital.

However, there has hardly been any case of a child of that age getting infected. "We expect more cases of multisystem inflammatory syndrome in children and are ramping up our technical and manpower support and taking steps to ensure enough quantity of essential drugs and oxygen," he said.

The hospital is likely to create oxygen storage capacity on its premises and can also tie up with neighbouring hospitals having oxygen plants, he said.

Sources from Indraprastha Apollo Hospitals said that the hospital has existing arrangements with two vendors who would meet any increased requirement for liquid medical oxygen in the future.

Moreover, the hospital has installed an oxygen generator plant to meet its requirements of cylinders through the support of the French government. The hospital is also exploring the creation of an LMO generation plant in keeping with the directions of the Delhi high court and the Delhi government, sources told a news agency.

The Delhi government-run Lok Nayak Jai Prakash Narayan (LNJP) Hospital had recorded around 40 cases of "severe" coronavirus infection among children during the second wave and around 15 of them were aged below one year.

Hospitals record lowest Covid admissions in nearly 2 months

AGE CORRESPONDENT
NEW DELHI, JUNE 1

Delhi recorded less than 200 hospital admissions of Covid-19 patients on Monday, the lowest in nearly two months, according to government data. The number of people discharged from hospitals on a daily basis after recovering from Covid-19 has outnumbered the number of those getting admitted since May 14, the data showed.

The decline in hospital admissions can be attributed to the drop in the number of positive cases, officials said. According to the government data, Delhi witnessed 182 hospital admissions as against 333 discharges on Monday.

On Saturday and Sunday, the hospital admission figures stood

at 228 and 237 respectively. Meanwhile with 623 fresh Covid cases in the last 24 hours, Delhi recorded the lowest single-day count since March 18, while the positivity rate further dropped to 0.88 per cent.

According to the Delhi government's health bulletin on Tuesday, as many as 1,423 people recovered from the disease in the 24-hour period, while 62 people succumbed to the disease, which is the lowest since April 11 when 48 deaths were recorded.

As per the government data, 70,813 tests were conducted during the last 24 hours and 1,93,73,093 tests were conducted so far. The cumulative caseload of Delhi has now reached 14,26,863 including 10,178 active cases, 13,92,386 recoveries and 24,299 deaths.

Antibody cocktail treatment begins at Ganga Ram Hospital

AGE CORRESPONDENT
NEW DELHI, JUNE 1

The Sir Ganga Ram Hospital on Tuesday started administering monoclonal antibody cocktail (MAC) to coronavirus patients, the medical facility said in a statement. The hospital is administering a combination of casirivimab and imdevimab to consenting patients with mild and moderate Covid-19 symptoms at high risk of developing serious illness, it added.

The MRP of one MAC dose for a patient is

₹59,750, the statement said. According to the Drug Controller General of India (DCGI), selection of patients will entail that they have Covid positive test report, mild to moderate Covid disease, are in the age group of 12 and above and weighing at least 40 kg, and are at high risk of Covid-19.

Dr D.S. Rana, chairman (BOM), Sir Ganga Ram Hospital said: "As per the claims of the company Roche/ Cipla, we hope MAC will be a major factor in the fight against Covid-19 to prevent disease from progressing to further severity."

WHO names variants 1st found in India as 'Kappa, Delta'

WHO's move comes 3 weeks after India objected to B.1.617 mutant termed an 'Indian Variant'

United Nations/Geneva, June 1: The B.1.617.1 and B.1.617.2 variants of the Covid, first identified in India, have been named as 'Kappa' and 'Delta' respectively by the WHO as it named various variants of the coronavirus using Greek alphabets to simplify public discussions and also help remove stigma from the names.

The World Health Organisation's move on Monday came nearly three weeks after India objected to the B.1.617 mutant of the novel coronavirus being termed an "Indian Variant" in media reports with the Union health ministry pointing out that the UN's top health organ has not used the word "Indian" for this strain in its document.

The UN health agency named the B.1.617.1 variant of the Covid as 'Kappa' while the B.1.617.2 variant was dubbed 'Delta'. Both the variants were first found in India.

Taking to Twitter, Dr Maria Van Kerkhove, WHO's technical COVID-19 lead, on Monday said: "Today, WHO announces new, easy-to-say labels for sARS-CoV-2 Variants of Concern (VOCs) & Interest (VOIs). They will not replace existing scientific names, but are aimed to help in public discussion of VOC/VOI."

The WHO, while announcing the new naming system making them simple, easy to say and remember, said that it is

THE LABELS do not replace existing scientific names, which convey important scientific information & will continue to be used in research. The naming system aims to prevent calling Covid variants by the places where they are detected, which is stigmatizing & discriminatory

stigmatizing and discriminatory to call the variants by names of the nations they are first detected in.

The labels do not replace existing scientific names, which convey important scientific information & will continue to be used in research. The naming system aims to prevent calling Covid variants by the places where they are detected, which is stigmatizing & discriminatory, the WHO said in a tweet on Monday.

The Geneva-based global health agency encouraged countries and others to adopt these names as they will ease public discussions about the global Covid Variants of Concern and Interest.

The B.1.1.7 strain first detected in the UK will be known as Alpha, while the B.1.351 variant detected in South Africa is now Beta. P1 variant first found in Brazil is Gamma and the P2 variant is Zeta.

The strains found in the US are Epsilon and Iota. —PTI



People in large number arrive to receive a dose of Covid vaccine at the Chota Imambara mega vaccination centre in Lucknow on Tuesday. —PTI

Do not discharge Hany Babu till June 3, HC directs hospital

Mumbai, June 1: The Bombay High Court on Tuesday directed a private hospital here not to discharge Hany Babu, a Delhi University associate professor arrested in the Elgar Parishad-Maoist links case, till June 3.

A vacation bench of Justices S.S. Shinde and Abhay Ahuja said if the Breach Candy hospital where he is admitted wishes to send him back to prison before June 3, it must seek the court's permission. The court had passed

similar orders last week which were extended till Thursday as it could not conduct further hearing on the plea filed by Babu's wife due to lack of time. Babu, lodged in Talaja prison in neighbouring Navi Mumbai, tested positive for Covid in May this year, after which he was admitted to J.J. Hospital and later to G.T. Hospital here, both run by the state government. Babu's wife Jenny Rowena filed a petition

seeking interim bail for him on health grounds and also seeking medical aid. His lawyer Yug Chaudhry told the HC last week that Babu had developed a severe eye infection and could lose vision in his left eye.

On May 19, the HC allowed him to be shifted to Breach Candy Hospital in south Mumbai for treatment at his own expense.

On Tuesday, Chaudhry stated that Babu's eye infection was "getting better" but he still needed medical care. —PTI

HC tells Maha to ensure security of Poonawalla

SHAHAB ANSARI MUMBAI, JUNE 1

The Bombay High Court on Tuesday said that the Maharashtra government must assure Adar Poonawalla, the CEO of Serum Institute of India, of adequate security in the wake of alleged threats to him over the supply of the 'Covishield' vaccine manufactured by his company. A vacation bench of Justices S.S. Shinde and Abhay Ahuja was hearing a petition filed by city based lawyer Datta Mane seeking Z+ security for Mr Poonawalla, claiming that the news reports showed that he left the country due

to fear. Even though the Union government has already granted 'Y' category security to the Pune-based industrialist, the petitioner through his lawyer Pradip Havnur, told the court that as per news reports, Mr Poonawalla had been living in fear due to constant pressure from politicians and some others demanding that he provide more supply of the Covishield vaccine to their states. Mr Mane in his petition further said that Mr Poonawalla had left for London due to such threats.



PSPCL Punjab State Power Corporation Limited
 Regd. Office: PSEB, Head Office, The Mall, Patiala-147001
 Corporate Identity Number: 14816992910500032815 | Website: www.pspcl.in
 (Contact no. 96481-17731)

Tender Enquiry no. 1296/OSM/PC-2204 Dated: 31-05-2021

Chief Engineer / O&M (P&P Cell-II), GHTP, Letra/Monabot, invites e-tender for the Sulphuric Acid, Quantity-300MT. For detailed NIT & Tender Specification please refer to <https://eproc.punjab.gov.in> from 31-05-2021 from 17:00 hrs onwards.

Note: Compendium and addendum, if any will be published online at <https://eproc.punjab.gov.in>

GHTP-2821 83-Ao PR/Adv No. - 78155/2021/02/5014

NORTHERN RAILWAY	
TENDER NOTICE (Through e-tendering)	
Name of work with its location	Provision of new Private siding at Marhaha Station of Delhi Division.
App. Cost of the work (₹)	₹ 43,36,750/- only
Address of the office	Senior Divisional Signal & Telecom Engineer-C, Northern Railway, 3rd Floor, Annex-1, DIRM office, New Delhi-110055.
Date & Time for upload of tender	Tender uploading/closing date & time: 23.06.2021 up to 15:00 hrs.
Website/particular & notice board location where	See the Northern Railway website www.nreps.gov.in & Notice board of S&T branch, 3rd Floor, DIRM office.

Black fungus drug

Prioritise younger people for black fungus drug: HC (Hindustan: 20210602)

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

The Delhi high court Tuesday asked the central government to prioritise younger people over older ones to be given Amphotericin-B, a last-line drug used to treat mucormycosis that is in acute shortage across the country due to an unprecedented spike in cases.

The court said that the young are the "future of the country" and need to be saved, while the elderly have "lived their life", and that the government should learn from foreign countries such as Italy that adopted a similar policy to treat the Covid-19 when cases were spiraling.

“You have to make a policy decision because everyone can't be catered to. We need to protect our future, the youth. That is where our promise is. That is the age group which is going to build the country... It is not an area where God will be able to help us if we don't help ourselves because facts and figures are all before us,” said a bench of justices Vipin Sanghi and Jasmeet Singh.

Mucormycosis is a secondary infection being reported in increasing numbers of Covid-19 patients. Of the 848 cases recorded during the second wave of the pandemic in Delhi, 41 have recovered while 59 have succumbed to it. The remaining are still in hospital. Treatment has been hobbled by the scarcity of the only drug that helps.

The bench noted that supply of Aphotericin-B was about a third of the requirement, and said: “The administration of the drug to the patients who have better chances of survival may have to be prioritised. Similarly, the patients who are younger ..., may have to be prioritised.”

Infection (Hindustan: 20210602)

https://epaper.livehindustan.com/imageview_843247_129802854_4_1_02-06-2021_0_i_1_sf.html

तीन हफ्ते में संक्रमण दर 75 फीसदी घटी

सुखद

नई दिल्ली | विशेष संवाददाता

कोरोना धीरे-धीरे काबू में आ रहा है। पिछले 22 दिनों में संक्रमण दर 24.8 फीसदी से घटकर मंगलवार को 6.6% रह गई। यानी तीन हफ्तों में 75 फीसदी की गिरावट दर्ज की गई। नए मामलों में तेजी से कमी आ रही और मौतों का आंकड़ा भी लगातार कम हो रहा है।

दिल्ली और यूपी में एक फीसदी से भी कम: केंद्रीय स्वास्थ्य मंत्रालय के मुताबिक, 10 मई से संक्रमण दर में लगातार गिरावट आ रही है। दिल्ली में यह 0.88 फीसदी, यूपी में 0.4% दर्ज की गई है। देश में 344 जिले ऐसे हैं



जहां संक्रमण दर पांच फीसदी से भी कम रह गई है। विश्व स्वास्थ्य संगठन के अनुसार, यदि संक्रमण दर पांच फीसदी से नीचे आ जाती है तो काफी हद तक नियंत्रण योग्य मानी जाती है।

द्वील देने में ध्यान रखें: मंत्रालय ने राज्यों से कहा कि सिर्फ उन्हीं इलाकों

से पाबंदियां हटाई जाएं जहां संक्रमण दर हफ्ते भर पांच फीसदी से कम रही हो और 70 फीसदी उन लोगों का टीकाकरण हो गया हो जिनके वायरस की चपेट में आने का खतरा ज्यादा हो।

54 दिन में सबसे कम केस: देश में पिछले 54 दिनों के बाद सबसे कम

अच्छे संकेत

- देश में सक्रिय मामलों में 50 फीसदी की कमी आई, मंगलवार को सक्रिय मामले 1.3 लाख कम हुए
- 30 राज्यों में एक सप्ताह से मामले घट रहे हैं, जो कि एक अच्छा संकेत है
- 29 राज्य-केंद्रशासित प्रदेश ऐसे हैं जहां प्रतिदिन 5000 से कम मामले दर्ज किए जा रहे
- 28 अप्रैल से चार मई के बीच 531 ऐसे जिले थे जहां रोज 100 से अधिक मामले थे, अब 295 जिले रह गए हैं

1,27,510 नए मामले सामने आए हैं और मौतों में भी कमी आई। एक दिन में 2795 लोगों ने जान गंवाई जबकि पिछले महीने अधिकतम 4.5 हजार मौतें दर्ज की गई थीं। करीब 35 दिन बाद इतने कम मामले सामने आए हैं।

➤ 1 करोड़ टीके रोज पृष्ठ 07

Vaccination (Hindustan: 20210602)

https://epaper.livehindustan.com/imageview_843248_129971868_4_1_02-06-2021_2_i_1_sf.html

सलाह

टीका लगाने पर थक्का जमने का खतरा कम



कोरोना से डरिए मत
सावधान रहिए

50

कोरोना के टीके के बाद खून का थक्का जमने की अफवाह से लोग आशंकित है। विशेषज्ञों का कहना है कि टीके के बाद खून का थक्का जमने का जोखिम बेहद कम होता है। पहली दूसरी खुराक के बाद 55,000 लोगों में से एक में जोखिम होता है, वहीं दूसरी खुराक के बाद 600,000 में से एक को खतरा होता है। इन मामलों में मौत का जोखिम 60 से 80 फीसदी था, लेकिन इसका इलाज होने से यह 20 फीसदी रहा है। तो जानते हैं क्या होते हैं लक्षण और कैसे बच सकते हैं।

रक्त के थक्के जमने के क्या हैं लक्षण

1. गंभीर और लगातार सिरदर्द होना
2. टीके के बाद लगातार चार दिन धुंधला दिखना
3. पैरों में सूजन और सांस लेने में तकलीफ
4. पेट में दर्द और टीका लगने के स्थान पर खरोंच जैसा निशान

स्वास्थ्य के लिए बेहद गंभीर

वैक्सीन लेने के बाद रक्त के थक्के बनते हैं तो वह बहुत गंभीर हो सकते हैं, यहां तक कि घातक भी। अच्छी बात यह है कि इसका इलाज अब मौजूद है इसलिए लक्षण दिखने पर तुरंत डॉक्टर से संपर्क करें।



Black Gunge Medicine: (Hindustan: 20210602)

https://epaper.livehindustan.com/imageview_843248_129764018_4_1_02-06-2021_2_i_1_sf.html

ब्लैक फंगस की दवा के लिए नीति बने

अदालत से

1

नई दिल्ली | प्रमुख संवाददाता

उच्च न्यायालय ने मंगलवार को केंद्र सरकार से ब्लैक फंगस के इलाज में काम आने वाली दवा लिपोसोमल एम्फोटेरिसिन बी के वितरण के लिए नीति बनाने को कहा है। न्यायालय ने सरकार को इसमें मरीजों की प्राथमिकता भी तय करने को कहा है, ताकि सभी नहीं, कुछ जिंदगियों को बचाया जा सके।

जस्टिस विपिन सांघी और जसमीत सिंह की पीठ ने कहा कि दवा देते समय इस बात का ध्यान रखा जाए कि जिनके जीवित रहने की संभावना अधिक है, उन्हें और कम उम्र के मरीजों को, उन बुजुर्गों और अधिक उम्र के मरीजों की

तुलना में प्राथमिकता दी जानी चाहिए, जिन्होंने अपनी जिंदगी जी ली है।

न्यायालय ने केंद्र से कहा है कि वह अपनी नीति में इसे अपवाद कर सकता है कि जो शीर्ष पदों पर राष्ट्र की सेवा कर रहे हैं और जिसकी सुरक्षा उनकी अहम भूमिकाओं के चलते जरूरी है, उन्हें यह दवा दी जाए।

पीठ ने कहा कि दिल्ली सहित पूरे देश में जानलेवा ब्लैक फंगस की दवा की पिछले दो सप्ताह से कमी है। पीठ ने भारतीय चिकित्सा अनुसंधान परिषद को ब्लैक फंगस के इलाज में काम आने वाली दवा लिपोसोमल, एम्फोटेरिसिन-बी और पोसाकोनाजोन के इस्तेमाल को लेकर स्पष्ट निर्देश जारी करने को कहा है। ब्लैक फंगस की दवा आयात के बारे में समुचित जानकारी मुहैया नहीं कराने पर भी न्यायालय ने सरकार के अधिकारियों को आड़े हाथ लिया।

जांच नहीं करने पर जवाब मांगा

2

नई दिल्ली (प्र.सं)। कोरोना से संक्रमित होने के बाद मरीज की दोबारा से आरटीपीसीआर जांच नहीं किए जाने के भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) के परामर्श के खिलाफ दाखिल याचिका पर उच्च न्यायालय ने मंगलवार को केंद्र व दिल्ली सरकार से जवाब मांगा है।

याचिका में मरीज की दोबारा आरटीपीसीआर जांच नहीं कराने के आईसीएमआर के परामर्श को चुनौती दी गई है। मुख्य न्यायाधीश डी.एन. पटेल और न्यायमूर्ति ज्योति सिंह की पीठ ने आईसीएमआर को भी नोटिस जारी कर जवाब देने को कहा है।

Coronavirus (: (Hindustan: 20210602)

https://epaper.livehindustan.com/imageview_843249_127726332_4_1_02-06-2021_3_i_1_sf.html

नए कोरोना मरीजों के मुकाबले दोगुने से भी अधिक स्वस्थ हुए

रिपोर्ट

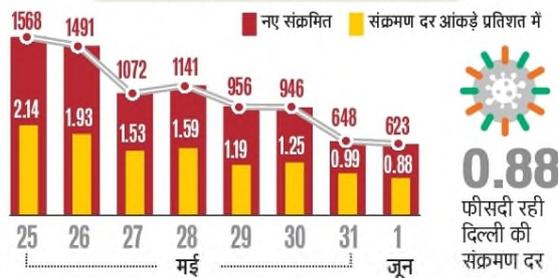
नई दिल्ली | वरिष्ठ संवाददाता

राजधानी दिल्ली में कोरोना संक्रमण की रफ्तार कम होने के साथ ही सक्रिय मरीज भी लगातार घट रहे हैं। दिल्ली के स्वास्थ्य विभाग के अनुसार मंगलवार को दिल्ली में कोरोना संक्रमण के 623 नए मामले सामने आए, जबकि 1423 मरीजों को स्वस्थ होने पर छुट्टी दी गई, वहीं 62 मरीजों ने दम तोड़ दिया।

कोरोना रिपोर्ट के मुताबिक दिल्ली में सक्रिय मरीजों की संख्या घटकर 10 हजार के करीब पहुंच गई है। वहीं संक्रमण दर भी लगातार दूसरे दिन एक फीसदी से कम बनी हुई है। मंगलवार को संक्रमण दर 0.88 फीसदी रही, इससे एक दिन पहले सोमवार को संक्रमण दर 0.99 फीसदी थी। दिल्ली में अभी तक 14,26,863 मरीज संक्रमित हो चुके हैं, इनमें से 13,92,386 मरीज ठीक हो चुके हैं, जबकि 24,299 मरीजों ने दम तोड़ दिया। दिल्ली में कोरोना से मृत्युदर 1.70 फीसदी है। दिल्ली में कोरोना के 10,178 सक्रिय मरीज हैं।

दिल्ली के विभिन्न अस्पतालों में 4405 मरीज भर्ती हैं। वहीं कोविड केयर सेंटर में 176 और कोविड मेडिकल सेंटर में 86 मरीज भर्ती हैं। होम आइसोलेशन में 4888 मरीज हैं।

ऐसे कम होती गई संक्रमण दर



0.88 फीसदी रही दिल्ली की संक्रमण दर

अस्पतालों में भर्ती मरीज पांच हजार से कम हुए

दिल्ली में कोरोना के मामले घटने पर गम्भीर मरीजों की संख्या भी कम होने लगी है। दिल्ली के अस्पतालों में भर्ती कोरोना मरीजों की संख्या घटकर 4405 रह गई है। अभी दिल्ली के अस्पतालों में कोरोना के कुल 24752 बेड हैं और इनमें से 20347 बेड अभी मरीजों के लिए खाली हैं। दिल्ली में घटते मामलों के साथ हॉटस्पॉट की संख्या भी घटकर 18843 हो गई है।

62 मरीजों ने कोरोना संक्रमण के कारण दम तोड़ दिया राजधानी दिल्ली में

10 हजार के करीब सक्रिय मरीज हैं अभी राजधानी दिल्ली के अंदर

70 हजार से अधिक कोरोना जांच हुई

दिल्ली में सोमवार को कोरोना जांच के लिए 70813 टेस्ट हुए, जिसमें 0.88 फीसदी मरीज कोरोना संक्रमित पाए गए। आरटीपीसीआर से 46,715 और रैपिड एंटीजन से 24,098 जांच की गई। दिल्ली में अभी तक 1,93,73,093 जांच हो चुकी है।

दो महीने में पहली बार 200 से कम अस्पताल पहुंचे

नई दिल्ली | वरिष्ठ संवाददाता

कोरोना संक्रमण का सबसे बुरा दौर देख चुके दिल्लीवालों के लिए अच्छी खबर है। बीते दो महीने में पहली बार एक दिन में 200 से कम कोरोना संक्रमित अस्पताल में भर्ती हुए हैं। दिल्ली में 31 मई को कुल 182 मरीज अस्पताल में भर्ती हुए जबकि 333 मरीजों को

अस्पताल से छुट्टी मिली। 60 दिन पहले 294 मरीज भर्ती हुए थे। एक दिन में सबसे अधिक 1993 मरीज 29 अप्रैल को अस्पतालों में भर्ती हुए थे।

दिल्ली में एक अप्रैल से कोरोना संक्रमण की दूसरी लहर की शुरुआत हो गई थी, जो अब 31 मई को लगभग खत्म हो चुकी है। इस दौरान कुल 65 हजार 762 मरीज अस्पताल में भर्ती

हुए। 51 हजार मरीजों को अस्पताल से छुट्टी मिली। अप्रैल का आखिरी सप्ताह कोरोना के लिहाज से सबसे बुरा रहा।

अप्रैल के आखिरी सात दिनों में रोजाना औसतन 1676 कोरोना मरीज अस्पताल में भर्ती हुए। मई के आखिरी सात दिनों में रोजाना औसतन 276 कोरोना मरीज ही भर्ती हो रहे थे। 13 मई से भर्ती होने वालों की संख्या घटी है।