



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Monday 20210705

First jab to all by July-end

Himachal plans first jab to all by July-end (The Tribune: 20210705)

<https://www.tribuneindia.com/news/coronavirus/himachal-plans-first-jab-to-all-by-july-end-276802>

First dose administered to around 33 lakh people I 5 lakh have got both shots

Himachal plans first jab to all by July-end

People flout social-distancing norm at a Covid vaccine centre.

Himachal has set sights on vaccinating its entire eligible population with the first dose by July-end.

“The entire 18-plus population is around 55 lakh. Depending on the availability of vaccine, we should be able to administer everyone with the first dose by July-end,” said Secretary, Health, Amitabh Awasthy on National Doctors’ Day.

The state has administered the first dose to around 33 lakh people and a little over five lakh have received both shots. Overall, over 38 lakh doses have been administered.

Besides, Awasthy hoped that all 28 allotted PSA oxygen plants would be ready before the anticipated third wave in the state. “Eight PSA plants are already functional and we are trying to make the remaining functional before August 15,” he said. The state is unlikely to face oxygen shortage. He said with the active cases hovering around 1,600 now, the pandemic is in control to a large extent.

Dr Mallay Sarkar, a member of the state Covid committee, said there was no scope for complacency even if the situation seemed under control. Stressing the need to continue Covid-appropriate behaviour, Dr Sarkar said there was need to conduct a gap analysis for manpower, beds and oxygen and address the shortcomings immediately to stay prepared. “Also, there’s

need to create community Covid care centres at gram panchayat level to ensure preparedness in the rural areas,” he said.

Docs role lauded

On National Doctors’ Day, Chief Minister Jai Ram Thakur showered praises on doctors for their role in handling the pandemic. “You will tell this to the coming generations with pride that you were there in PPE kits, fighting the pandemic. Your work will be remembered for generations,” he said. The doctors worked day in and day out to treat the patients, without bothering about their own lives.

Delta variant

Delta variant is dangerous and is continuing to evolve and mutate: WHO chief (The Tribune: 20210705)

<https://www.tribuneindia.com/news/coronavirus/delta-variant-is-dangerous-and-is-continuing-to-evolve-and-mutate-who-chief-277683>

Says in countries with low vaccination coverage, terrible scenes of hospitals overflowing are again becoming the norm

The world is in a very "dangerous period" of the Covid pandemic compounded by more transmissible variants like Delta, which is continuing to evolve and mutate, World Health Organisation Director-General Tedros Adhanom Ghebreyesus has warned.

He said in countries with low vaccination coverage, terrible scenes of hospitals overflowing are again becoming the norm.

“Compounded by more transmissible variants, like Delta, which is quickly becoming the dominant strain in many countries, we are in a very dangerous period of this pandemic,” Ghebreyesus said at a press briefing on Friday.

“But no country is out of the woods yet. The Delta variant is dangerous and is continuing to evolve and mutate, which requires constant evaluation and careful adjustment of the public health response,” he said.

Noting that the Delta variant has been detected in at least 98 countries and is spreading quickly in countries with low and high vaccination coverage, he said there are essentially two ways for countries to push back against new surges.

“Public health and social measures like strong surveillance, strategic testing, early case detection, isolation and clinical care remain critical,” he said, adding that masking, physical

distance, avoiding crowded places and keeping indoor areas well ventilated are the basis for the response.

Ghebreyesus underscored that the world must equitably share protective gear, oxygen, tests, treatments and vaccines and stressed that he has urged leaders across the world to work together to ensure that by this time next year, 70 per cent of all people in every country are vaccinated.

"This is the best way to slow the pandemic, save lives, drive a truly global economic recovery and along the way prevent further dangerous variants from getting the upper hand. By the end of this September, we're calling on leaders to vaccinate at least 10 per cent of people in all countries," he said.

As new manufacturing hubs – including for mRNA vaccines – are being developed, the WHO chief said this could be accelerated by companies openly sharing technology and know-how.

"In particular, I urge those companies – BioNTech, Pfizer and Moderna – to share their know-how so that we can speed up the development of new production. The sooner we start building more vaccine hubs and upping global vaccine capacity, the sooner we can diminish deadly surges," he said.

The Delta variant, first detected in India, is now being reported in nearly 100 countries, which is "likely an underestimate" and the highly transmissible strain is expected to rapidly outcompete other variants and become dominant globally over the coming months, WHO had said this week. PTI

New Cases

India reports 738 more Covid deaths, lowest in 86 days (The Tribune: 20210705)

44,111 new Covid cases reported

<https://www.tribuneindia.com/news/coronavirus/india-reports-738-more-covid-deaths-lowest-in-86-days-277685>

India saw a single-day rise of 44,111 new coronavirus infections, raising its tally to 3,05,02,362, while the death toll climbed to 4,01,050, with 738 new fatalities, the lowest in 86 days, according to the Union Health Ministry data updated on Saturday.

The active cases - 4,95,533 - were recorded below five lakh after 97 days and comprised 1.62 per cent of the total infections. The national Covid recovery rate improved to 97.06 percent, the data updated at 8 am showed.

A net decline of 14,104 cases has been recorded in active coronavirus infections in a span of 24 hours, it said.

Also, 18,76,036 tests were conducted on Thursday, taking the total cumulative tests conducted so far for detection of Covid in the country to 41,64,16,463.

The daily positivity rate was recorded at 2.35 per cent. It has been less than 5 per cent for 26 consecutive days, the ministry said.

The weekly positivity rate has declined to 2.5 percent, it added.

Recoveries continue to outnumber daily new cases for 51st consecutive day. The number of people who have recuperated from the disease surged to 2,96,05,779, while the case fatality rate stands at 1.31 per cent, the data stated.

Cumulative vaccine doses administered so far has reached 34.46 crore under the Nationwide Vaccination Drive, it said.

The Health Ministry said the 738 new fatalities include 156 from Maharashtra, 146 from Kerala, 97 from Tamil Nadu and 88 from Karnataka.

A total of 4,01,050 deaths have been reported so far in the country, including 1,22,353 from Maharashtra, 35,222 from Karnataka, 32,818 from Tamil Nadu, 24,983 from Delhi, 22,616 from Uttar Pradesh, 17,758 from West Bengal and 16,086 from Punjab, as per the data. PTI

Final analysis of Covaxin efficacy out; vaccine 65.2 per cent effective against Delta variant

Final analysis of Covaxin efficacy out; vaccine 65.2 per cent effective against Delta variant (The Tribune: 20210705)

<https://www.tribuneindia.com/news/coronavirus/final-analysis-of-covaxin-efficacy-out-vaccine-65-2-per-cent-effective-against-delta-variant-277679>

The company says it concluded the final analysis of Covaxin efficacy from Phase 3 trials

Final analysis of Covaxin efficacy out; vaccine 65.2 per cent effective against Delta variant

Photo for representation only

Bharat Biotech's Covaxin has demonstrated 77.8 per cent effectiveness against symptomatic Covid and 65.2 per cent protection against the new Delta variant.

The company on Saturday said it concluded the final analysis of Covaxin efficacy from Phase 3 trials.

The efficacy analysis demonstrates Covaxin to be 93.4 per cent effective against severe symptomatic Covid cases while safety analysis shows adverse events reported were similar to placebo, with 12 per cent of subjects experiencing commonly known side-effects and less than 0.5 per cent feeling serious adverse events.

The efficacy data demonstrates 63.6 per cent protection against asymptomatic Covid, a release from the city-based vaccine maker said.

Phase 3 clinical trials of the vaccine was an event-driven analysis of 130 symptomatic Covid cases, reported at least two weeks after the second dose, conducted at 25 sites across India.

The whole virion inactivated vaccine against SARS-CoV2, was developed in partnership with Indian Council of Medical Research and National Institute of Virology in Pune.

Krishna Ella, Chairman and Managing Director of Bharat Biotech, said, "The successful safety and efficacy readouts of Covaxin as a result of conducting the largest ever Covid vaccine's trials in India establishes the ability of India and developing world countries to focus towards innovation and novel product development. We are proud to state that Innovation from India will now be available to protect global populations."

Director General of ICMR, Balram Bhargava, said, "I am delighted to note that Covaxin developed by ICMR and BBIL under an effective public private partnership, has demonstrated an overall efficacy of 77.8 per cent in India's largest Covid Phase 3 clinical trial thus far. Our scientists at ICMR and BBIL have worked tirelessly to deliver a truly effective vaccine of highest international standards."

He said Covaxin would not only benefit the Indian citizens but also immensely contribute to protect the global community against the deadly SARS-CoV-2 virus.

"I am also pleased to see that Covaxin works well against all variant strains of SARS-CoV-2. The successful development of Covaxin has consolidated the position of Indian academia and industry in the global arena," Bhargava said.

The Phase 3 trials were conducted between November 16, 2020 and January 7, 2021 with 25,798 participants who were randomised to BBV152 or placebo groups.

The preprint data of Covaxin efficacy has not been certified by peer-review, according to Medrxiv in which the data was published. PTI

Covid vaccine neutralises Delta variant

Johnson & Johnson's says its Covid vaccine neutralises Delta variant(The Tribune: 20210705)

Claims it is 85% effective and could also help prevent hospitalisation and death

Johnson & Johnson's says its Covid vaccine neutralises Delta variant

Photo for representation only.

Johnson & Johnson said late on Thursday that its single-shot Covid vaccine showed strong promise against the Delta variant and other emerging strains and also provided durable protection against the infection more broadly.

Data showed that the durability of immune response for recipients of its vaccine lasted at least eight months, the healthcare company said, adding that its vaccine was 85% effective and could also help prevent hospitalization and death.

First identified in India, Delta is becoming the globally dominant variant of the coronavirus, according to the World Health Organization.

"Current data for the eight months studied so far shows that the single-shot Johnson & Johnson COVID-19 vaccine generates a strong neutralizing antibody response that does not wane; rather, we observe an improvement over time," Mathai Mammen, head of research & development at J&J's drugs business, said in the statement.

Recipients of the vaccine produced strong neutralizing antibodies against all variants including the Delta, the U.S.-based company said.

The Delta variant contributed to a surge in COVID-19 cases in India that resulted in the highest daily death tally in the world, and also prompted the UK to delay its reopening by one month in June.

J&J has submitted data as a preprint to the website bioRxiv ahead of peer review.

Other vaccine makers including Pfizer-BioNTech , Moderna Inc, and AstraZeneca Plc

have previously said that their COVID-19 vaccines are effective against the fast-spreading Delta.

Conservation, communities

What 'Sherni' says about conservation, communities? (The Indian Express: 20210705)

<https://indianexpress.com/article/opinion/columns/what-shreni-says-about-conservation-communities-7388926/>

Zehra Kazmi writes: In Sherni, conservation is not about heroics, but the fine balance between wildlife and people

Amit Masurkar's Sherni is an unusual film for many reasons — it has a laconic, soft-spoken female bureaucrat as a protagonist, the film is set in the forests of Balaghat, Madhya Pradesh, and explores issues of wildlife conservation and environmentalism. Inspired by the events surrounding the 2018 killing of Avni, a man-eating tigress, in Maharashtra, Sherni focuses on the struggles of forest officer Vidya Vincent (played by Vidya Balan) trying to safely capture a big cat before trophy hunters or aggrieved locals get to her.

In less than five minutes of runtime, Sherni shows what a day in the life of an Indian Forest Service officer posted in the field actually looks like. In the opening scene, a team of forest guards sets up a camera trap to observe the tigers of the area. Vidya reprimands them about a dry watering hole in the forest. A staff member sheepishly informs her that the maintenance of the watering hole is up to a contractor who happens to be the nephew of a local politician. The scene shifts to the forest department office, with its rickety chairs, a large tiger portrait in a senior officer's chamber, mounds of dusty files, and disinterested clerks plodding through desk work. Masurkar's visuals of the backwaters of forest bureaucracy have an unsettling intimacy.

As the daughter of a forest officer, I noted with satisfaction the details that the film got right, from quaint colonial bungalows, the heat and dust of sarkaari offices, the vast breadth of staff who make up the forest department—trackers, guards, rangers, clerks and IFS officers—to the sounds of the forest at dusk. The forest department is also one of the more eccentric workplace cultures, where the presence of certain “characters” is taken for granted — be it the khansaama who can regale you with tales about the forest as he serves you dinner, tipsy uncles who launch into old Hindi songs at official parties after a few drinks, or the trackers and field experts who affectionately discuss the latest exploits of the local tiger, as if it were a mischievous but beloved pet and not a 300 kg wild beast.

There is an India that lives in forest villages, populated by adivasis and forest-dependent communities. It is caught in the complicated matrices and competing interests of conservation, local politics, development and, in many cases, Maoist militancy. It is a precarious and occasionally uneasy coexistence with wildlife, but remains a way of life with ancient roots. In

this twilight zone of contemporary Indian imagination, hardly ever represented in Bollywood, a few men and women try to do their thankless jobs with honesty and grit.

Vidya starts off as a lonely, demotivated woman struggling in a professional environment, where she is seen as an anomaly, a “lady officer” who is met with either hostility or condescension. She lives alone in her rambling home, distant and separated from a husband who does not understand the struggles of her job, with only a kitten for company. There is a quiet desperation, unquestionably gendered, that fuels Vidya’s dogged determination to save local villagers, the tigress and her cubs from preventable deaths. The film does not reward her with a heroic end and yet this is, perhaps, the only representation of a committed woman public servant in Hindi cinema, a welcome addition to a longer tradition of socially-conscious films like *Ardh Satya*, *Swades*, *Shanghai* and *Article 15* (and arguably superior to some examples stated here).

The film depicts the larger necropolitics of what makes the lives of villagers and wildlife so disposable to the powers that be; how cruelly the system fails local communities. Villagers are forced to take the risk of venturing into a forest stalked by a tiger because Vidya’s predecessor cleared the village grazing grounds to plant revenue-generating trees. The model of conservation that Vidya upholds includes looking beyond the confines of her department. Her dedicated motley team includes experts (in the form of Noorani, the local professor turned conservationist played by Vijay Raaz), daily-wage trackers, forest guards – including a number of “lady guards” – and local women with whom she forms partnerships. The film, thus, does not present conservation as simply “catching hunters” or “punishing the man-eating tiger”, but as a complex, multi-faceted project that seeks to preserve a delicate but critical balance between humans and nature.

Vaccine hesitancy challenge

India has a vaccine hesitancy challenge (The Indian Express: 20210705)

<https://indianexpress.com/article/opinion/india-has-a-vaccine-hesitancy-challenge-7388907/>

Misguided hesitancy and fake information about vaccines are a substantial threat to the elimination of the pandemic.

vaccinationThe demand-side barriers like vaccine hesitancy fuelled by lack of trust, fear of side-effects, and concerns regarding safety and efficacy of the vaccines are less debated. (Express photo)

India launched the world’s largest Covid-19 vaccination programme on January 16, 2021, to vaccinate its 900 million eligible population. An estimated 30 million healthcare and frontline workers were to be vaccinated in phase 1. The subsequent phases covered the majority of the population, starting with the elderly and those with co-morbidities, people in the age cohort of

45-60 and 18-44 beginning May 2021. Despite logistical hiccups, India surpassed the USA in administering the maximum number of doses in the world. As of June 30 2021, India administered 33.2 crore doses to 27.4 crore individuals. However, only 4 per cent of India's population is fully vaccinated compared to 45 per cent in the US and 48 per cent in the UK.

Much of the public discussion regarding the slow pace of vaccinations has centred around the supply-side barriers like shortage of vaccines, lack of infrastructure, logistics and equitable access to vaccines. The demand-side barriers like vaccine hesitancy fuelled by lack of trust, fear of side-effects, and concerns regarding safety and efficacy of the vaccines are less debated. Even before the emergence of Covid-19, WHO recognised vaccine hesitancy as one of the 10 leading threats to global health. In 2015, the WHO defined vaccine hesitancy as a “delay in acceptance or refusal of vaccination despite the availability of vaccination services”. In India, misguided hesitancy and fake information about vaccines are a substantial threat to the elimination of the pandemic and achieving herd immunity against the infection.

To get a complete picture of Covid-19 vaccine hesitancy and understand the trends, and reasons for hesitancy in India, I analysed the findings from ‘The Covid Symptom Survey’ (CSS). The CSS is conducted by Facebook, in partnership with the University of Maryland, in 200 countries, including India. The CSS, with its large sample size, ability to collect real-time information, and robust statistical framework, provides an opportunity to explore the trends in vaccine hesitancy in India. In India, CSS is using an active base of over 320 million Facebook users as a sample dataset.

The CSS survey asked the specific question: “If a vaccine to prevent Covid-19 were offered to you today, would you choose to get vaccinated?” The respondents were asked to respond with the following options: Yes, definitely; Yes, probably; No, probably not; No, definitely not. The survey findings reveal that a significant proportion of the population across states are vaccine-hesitant. The proportion of the population hesitant to Covid vaccines is highest in Tamil Nadu (40 per cent), Punjab (33 per cent), Haryana (30 per cent), Gujarat (29 per cent), and Andhra Pradesh (29 per cent). The proportion of the population hesitant to Covid vaccines is lowest in Uttarakhand (14 per cent), Assam (15 per cent), Jharkhand (19 per cent), Kerala (19 per cent), Odisha (19 per cent).

The CSS survey further probed the reasons for not taking the vaccine or delaying it among the naysayers. The top five reasons for not taking vaccine includes “waiting for others to get it first” (42 per cent), “other people need it more than me” (35 per cent), “fear of any side-effects” (34 per cent), “vaccines won't work” (21 per cent) and “don't believe in the vaccine” (11 per cent). Contrary to popular perception, the proportion of people choosing “high price of vaccines” and “religious belief” as reasons to opt-out remains minuscule.

Although 33.6 crore doses of Covid vaccines were administered in India, a larger proportion of the population continues to be apprehensive about them due to lack of information. The CSS survey collected this information by specifically asking respondents how informed they are about how to get a Covid vaccine. The state-wise findings show the proportion of the population informed about vaccines is lowest in Tamil Nadu (60 per cent), Andhra Pradesh (60

per cent), Punjab (60 per cent), Assam (60 per cent), Karnataka (65 per cent), and Haryana (65 per cent). The proportion of the population informed about vaccines is highest in Goa (90 per cent), Delhi (75 per cent), Odisha (75 per cent), Madhya Pradesh (75 per cent), and West Bengal (75 per cent).

Lack of trust in safety and efficacy of the newly developed vaccines, fear of side-effects, rumours about infertility and death after taking the vaccine, combined with the inconvenience of registration/booking slots, low-risk perception from Covid-19 and the absence of incentives for rural and urban poor etc. are fuelling high vaccine hesitancy.

Overcoming Covid-19 vaccine hesitancy will require a target-based approach focusing on the needs and concerns of individuals, groups, and communities. Behaviour science research shows that individuals are time-inconsistent, i.e., they are more concerned about the present as compared to some distant future event. The benefits of the vaccines will accrue in the future; however, the cost of vaccines, fear of immediate side-effects, inconvenience, time and money spent etc., have to be borne in the present. Therefore, the strategies to overcome hesitancy have to target the present through adequate incentives and timely information.

Active involvement of local influencers, religious leaders, traditional healers, local NGOs, local doctors, panchayat heads, etc., may encourage vaccine uptake. These leaders can be made to take the vaccines in open public sessions to spread the message regarding their safety; vaccination sites may be opened up at places trusted by people, such as temples and mosques, Election Commission offices, etc; public campaigns like “I am proud to be vaccinated” can create awareness and build momentum around vaccinations in regions with low uptake. Indelible ink, generally used in elections, can be applied on the fingers of vaccinated people. Such a campaign will create a sense of nation-building and can encourage participation. Given that a large proportion of the rural population works as daily wagers and fears losing a day’s income due to vaccination, workers may be given one-day MGNREGA wage for taking the shot. Small incentives, (1kg rice and pulses, 1 litre of cooking oil, etc) can be given to compensate people for the time and money they spend to get the vaccine and, finally, behaviour innovations like announcing prize money (lucky draw) amongst the people vaccinated in selected centres with low uptake can boost vaccination rate.

China’s now reversed one-child policy

Nothing could be worse for India than to emulate China’s now reversed one-child policy (The Indian Express:20210705)

<https://indianexpress.com/article/opinion/columns/two-child-norm-population-control-fertility-rate-7387945/>

Poonam Muttreja writes: While India has managed to slow down the growth of its population, yet our family planning programme leaves much to be desired.

India does not have to worry about reducing population growth

There are many reasons to celebrate India's achievements on the population front. Our Total Fertility Rate (TFR) is 2.2 — slightly higher than the replacement level of 2.1, the state when a couple is replaced by two children. Twenty-five out of 28 states and six out of eight UTs and most urban areas report a replacement TFR of 2.1 and less.

While we were the first country in the world to launch a National Family Planning Programme in 1952, its first 25 years were characterised by lacklustre implementation. Contraception choices other than female sterilisation were few. Then, the 21 months between 1975 and 1977 during the Emergency proved to be disastrous. Forced sterilisations of men were carried out in “family planning camps”, and incentives and penalties led to coercion to meet targets. This caused a public outrage that contributed to bringing down the Indira Gandhi led-Congress government.

The two decades between Emergency and International Conference on Population and Development in 1994 were a wasted period. As a signatory to the ICPD Programme, India formally recognised that reproductive rights and gender equality were fundamental to population stabilisation. The National Population Policy 2000 emphasised the importance of enabling women to determine their family size and did away with sterilisation targets.

While India has managed to slow down the growth of its population, yet our family planning programme leaves much to be desired. To begin with, women's well-being has not been fully assured. In November 2014, 16 young women tragically died and many were left critically ill following tubectomies at a mass sterilisation camp in Bilaspur district, Chhattisgarh.

The burden of planning a family falls almost entirely on Indian women. According to the NFHS-4, in 2015-16, 36% of married women in the ages of 15-49 years underwent sterilisation as against less than 1% of married men aged 15-54 years. Less than 6% of men use condoms.

There is a large need for contraception among married women, and contraception choices for couples are limited. Besides sterilisation, there are only five other contraceptive methods available in the public health system. Injectables, which were approved for use in the private sector in India in 1994, were only added in the public health system in 2017, 23 years later.

But despite these gaps, India's fertility rate is declining. Why then are some politicians and states such as Assam, UP and Lakshadweep calling for a two-child policy? It reveals a poor understanding of what is needed to stabilise population. Kerala and Tamil Nadu have shown what needs to be done: ensure the provision of basic services, promote girls' schooling and improve development opportunities for women.

Nothing could be worse for India than to emulate China's now reversed one-child policy. Given the country's strong son preference, it has led to a skewed female-to-male ratio and an increase

in sex-selective abortions. China is now facing a demographic disaster with an ageing population and shrinking workforce.

India does not have to worry about reducing population growth. The Institute for Health Metrics and Evaluation has projected that India's TFR will drop to 1.3 by 2100. However, we need to make our family planning programme more effective, which needs three actions. One, get rid of misconceptions about vasectomies and links to virility. Two, prioritise women's agency, giving them the ability to choose if, when, and how many children they want. Finally, promote choice and do away with any form of coercion. The Ministry of Health, in a response in Supreme Court in December 2020, stated that it was 'unequivocally' against setting limits on the number of children couples could have in a bid to 'control' population. This is why invoking a two-child norm makes little sense.

Covid shield

Covid shield: on the new CM of Uttarakhand policy (The Hindu: 20210705)

<https://www.thehindu.com/opinion/editorial/covid-shield-on-the-new-cm-of-uttarakhand/article35137809.ece>

The change at the helm in Uttarakhand seems triggered by legal and political obstacles

Pushkar Dhami has replaced Tirath Singh Rawat as the new CM of

Pregnant women in India now eligible for COVID-19 vaccination

Pregnant women in India now eligible for COVID-19 vaccination (The Hindu: 20210705)

<https://www.thehindu.com/sci-tech/health/pregnant-women-in-india-now-eligible-for-covid-19-vaccination/article35101824.ece>

Women can now register on CoWIN or walk-in to the nearest Covid vaccination centre to get themselves inoculated

Pregnant women in India are now eligible to get vaccinated against COVID-19 with the union Health Ministry on Friday giving the approval based on

Delta variant to become dominant strain of COVID-19 in coming months: WHO

Delta variant to become dominant strain of COVID-19 in coming months: WHO (The Hindu: 20210705)

<https://www.thehindu.com/sci-tech/health/delta-variant-to-become-dominant-strain-of-covid-19-in-coming-months-who/article35071265.ece>

The World Health Organization said the Delta variant of COVID-19 is now present in nearly 100 countries.

The World Health Organization (WHO) has said the Delta variant of COVID-19 is now present in nearly 100 countries as per conservative estimates, and

Coronavirus | Guidelines

Coronavirus | Guidelines issued for administering COVID-19 vaccine to pregnant women (The Hindu: 20210705)

<https://www.thehindu.com/sci-tech/health/guidelines-issued-for-administering-covid-19-vaccine-to-pregnant-women/article35031269.ece>

Coronavirus | Guidelines issued for administering COVID-19 vaccine to pregnant women

Photo for representational purpose only. | Photo Credit: Special Arrangement

On the side effects of the COVID-19 vaccines, the fact-sheet stated that the COVID-19 vaccines available are safe and vaccination protects pregnant women against COVID-19 illness/disease like other individuals.

The Union Health Ministry has prepared a fact-sheet to guide frontline workers and vaccinators on counselling pregnant women about the value and precautions of the COVID-19 vaccine so that they can make an informed decision. Although more than 90% infected pregnant women recover without any need for hospitalisation, rapid deterioration in health may occur in a few and that might affect the foetus also, the document said.

Also read: Most drugs for treating adult COVID patients not recommended for kids: Government guidelines

“It is, therefore, advised that a pregnant woman should take COVID-19 vaccine,” it said.

However, pregnancy does not increase the risk of COVID-19 infection, the document stressed.

Symptomatic pregnant women appear to be at an increased risk of severe disease and death. In case of severe disease, like all other patients, pregnant women shall also need hospitalisation. Pregnant women with underlying medical conditions like high blood pressure, obesity, age over 35 years are at a higher risk of severe illness due to COVID-19, the fact sheet said.

According to the document, a frontline worker or a vaccinator needs to counsel pregnant women about the availability, value and precautions of the COVID-19 vaccine. “This note provides you with the information that you need to educate and support pregnant women so that they can make an informed decision about getting the COVID-19 vaccine,” the note said.

Also read: COVID-19-affected should defer vaccination by three months: Health Ministry

The note is structured in the form of questions-answers to make it easier for frontline workers to inform pregnant women and their families about the most important issues related to COVID-19 vaccination in pregnant women. The note stated that over 95% newborns of COVID-19 positive mothers have been in good condition at birth. In some cases, COVID-19 infections in pregnancy may increase the possibility of premature delivery, the baby’s weight might be less than 2.5 kg and in rare situations, the baby might die before birth, it said.

It said pregnant women, older than 35 years of age, obese, having a pre-existing illness such as diabetes or high blood pressure and having a history of clotting in the limbs are at a higher risk of developing complications after COVID-19 infection.

In case a woman has been infected with COVID-19 during the current pregnancy, then she should be vaccinated soon after the delivery, the document stated.

On the side effects of the COVID-19 vaccines, the fact-sheet stated that the COVID-19 vaccines available are safe and vaccination protects pregnant women against COVID-19 illness/disease like other individuals.

Like any medicine, a vaccine may have side effects which are normally mild. After getting the vaccine injection, a pregnant woman can get mild fever, pain at the injection site or feel unwell for 1-3 days. □ The long-term adverse effects and safety of the vaccine for foetus and child is not established yet. “Very rarely [one in 1-5 lakh persons], the pregnant women may experience some symptoms within 20 days after getting the COVID-19 vaccination which may require immediate attention,” it said.

Symptoms occurring within 20 days after receiving any COVID-19 vaccine may include shortness of breath (difficulty in breathing), persistent abdominal pain with or without vomiting, pain in limbs/pain on pressing limbs or swelling in the limb, small pinpoint haemorrhages or bruising of skin beyond the injection site, weakness/paralysis of limbs or any particular side of the body, severe and persistent headaches with or without vomiting (in absence of history of migraine or chronic headache) □ Seizures with or without vomiting (in the absence of previous history of seizures) among others are possible.

In order to protect themselves and those around from spreading the COVID-19 infection, pregnant woman and her family members should practice COVID-19 appropriate behaviour like wearing a double mask, practising frequent hand hygiene and maintaining physical distance and avoid crowded places. All pregnant women need to register themselves on the Co-WIN portal or may get themselves registered on-site at the COVID-19 vaccination centre.

Third wave (The Asian Age: 20210705)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15690852>

'Delhi & key pollution hotspots may be hit harder by 3rd wave'

43K cases, 955 deaths in 24 hrs ■ Slight rise in Delhi's cases

**SANJAY KAW and
SHWETA SINGH**
NEW DELHI, JULY 4

Fresh Covid-19 fatalities in India saw a considerable jump with 955 more people succumbing to the disease in the last 24 hours. The number of deaths due to the deadly virus, which stood at 738 a day before, has now gone up to 4,02,005.

Amid fears of the possible third wave, 371 new deaths were reported in Maharashtra, followed by 135 in Kerala and 115 in Tamil Nadu.

A new study has found, meanwhile, that Delhi and other highly polluted cities in India with high PM 2.5 emissions may be hit much harder if a "third wave" of Covid-19 occurs.

In Delhi, both Covid-related deaths and infections registered an

▶ **A NEW study has found, meanwhile, that Delhi and other highly polluted cities in India with a high PM 2.5 emissions may be hit much harder if a 'third wave' of Covid occurs.**

increase in comparison to the previous day's figures. With 94 new cases detected in the city — up from 86 a day ago — the city's infection tally has risen to 1,434,554. Delhi reported seven fatalities, against five the previous day. With this, the city's Covid-19 death toll has reached 24,995, five short of topping the dubious 25,000-mark.

Despite the hike in the number of Covid-19 deaths in the country, there has been a dip in the number of viral infections in the past 24 hours. With 43,071 more people

testing positive, the cumulative caseload now stands at 3,05,45,433. The daily positivity rate has gone down to 2.34 per cent. The positivity rate was below five per cent for the 27th consecutive day.

The recoveries have also outnumbered fresh infections for the 52nd day, as 52,299 were discharged between Saturday and Sunday. With this, the total number of discharges reached 2,96,58,078 and the recovery rate has improved to 97.09 per cent. India has 4,85,350 active infections now. The tally dipped by 10,183 in the last 24 hours and now consists 1.59 per cent of the total infections.

India has tested 41,64,16,463 samples for Covid-19 until now, according to the Indian

■ **Turn to Page 4**

Covid Complication ((The Asian Age: 20210705)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15690892>



Visitors at India Gate during the coronavirus pandemic in New Delhi on Sunday.

— PTI

Man recovers 50 days after severe Covid complications

New Delhi, July 4: A 38-year-old patient, who had developed severe complications due to Covid, recovered after 50 days and was discharged from a private hospital here, authorities said on Sunday.

The patient, an executive in a multinational company, was diabetic and had been admitted to the Moolchand Hospital on May 7, when the city was battling a fierce second wave of Covid.

He had severe bilateral pneumonia and had also developed acute respiratory distress syndrome (ARDS), said Dr Surabhi Awasthi, the director of critical care at the hospital.

According to hospital authorities, the patient's relatives had considered airlifting him for extra-corporeal membrane

oxygenation (ECMO) and lung transplant but were somehow convinced to continue the treatment at the facility.

"He was in the ICU for 50 days and on ventilator support for nearly 35-40 days. After we could cure his lungs, he developed quadriplegia and could not move any of his limbs.

"We treated that condition with the help of a neurologist. Then the patient developed pneumothorax, in which air gets filled inside the lungs, but he managed to overcome everything," Ms Awasthi said.

Every three to four days, his kids would send him drawings to cheer him up, the doctor said.

"He has a two-year-old son and another five-six-year-old kid. They were waiting for him to come

back home. The patient held his moral fort really well. Around him people were dying and there was a lot of gloom around him, but he is a fighter," said the doctor.

"Currently, the patient has regained movement in his upper limbs but his lower limbs are still weak," the doctor said, adding that he can stand on his feet for just a few seconds.

"He has a long road to recovery and still has to get back on his feet," said the doctor.

Delhi had been reeling under a brutal second wave of coronavirus with shortage of beds and lack of oxygen adding to the woes of patients. However, cases have started declining with recoveries outnumbering the daily hospital admissions since May 14.

— PTI

Covid Safety Net ((The Asian Age: 20210705)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15690968>

Expanding the Covid safety net

The decision of the Union government to allow pregnant women to vaccinate themselves against pandemic Covid-19 is welcome. As per the recommendations of the National Technical Advisory Group on Immunisation (NTAGI), pregnant women can take the jab at any point in their pregnancy. Studies have found that the vaccine is not only safe for pregnant women but it will also be able to save them and the newborns from potential health issues. It could also prevent deterioration of other health conditions should they catch Covid-19. While strongly recommending vaccination, the government insists that the guidelines it has issued is only to help women take an informed decision. The government also appears to have leaned on the reports that the pandemic affected pregnant and postpartum women more severely during the second wave than the first.

The decision covers a hitherto uncovered segment of the population and makes every person aged above 18 now eligible for vaccination. India as of now has given 35 crore doses but has fully vaccinated only 4.5 per cent of the population; the government has declared its intention to vaccinate every eligible person by December 31, 2021. In an affidavit filed in the Supreme Court recently, the government gave its vaccine procurement plan, too. While the experts are predicting in unison the arrival of a third wave of the pandemic and differ only on the timing, it is imperative that the governments at the Centre and the states redouble their efforts to vaccinate people and strictly implement social distancing norms to stop the virus from wreaking havoc.

The government had recently done away with the mandatory e-registration on the CoWin portal and allowed anyone to walk into a vaccination centre and get jabbed. It may now consider launching a pro-active programme and take the vaccine to the doorsteps of the people in a massive way. It's worthwhile to remember that prevention is several times better than cure in pandemic times.

Black Fungi (Hindustan: 20210705)

https://epaper.livehindustan.com/imageview_903480_133213618_4_1_05-07-2021_2_i_1_sf.html

विशेषज्ञों ने इसे परफेक्ट कोविड तूफान बताया, कमजोर प्रतिरक्षा प्रणाली वालों को इससे काफी खतरा

ब्रिटेन में तेजी से फैल रहा ब्लैक फंगस



नई दिल्ली | हिन्दुस्तान व्यूरो

भारत के बाद अब ब्रिटेन में भी कोरोना मरीजों में ब्लैक फंगस जैसे घातक संक्रमण के मामले सामने आ रहे हैं। विशेषज्ञों ने इसे परफेक्ट कोविड तूफान बताया है। कोरोना से गंभीर रूप से पीड़ित मरीजों में या जिनकी प्रतिरक्षा प्रणाली कमजोर है उनमें इस तरह के घातक संक्रमण देखने को मिल रहे हैं। हालांकि अधिकांश लोग इससे संक्रमित होने पर भी इससे बच सकते हैं लेकिन जिनकी प्रतिरक्षा प्रणाली कमजोर उन्हें इससे काफी खतरा है।

अमेरिका स्थित सेंटर फॉर डिजीज कंट्रोल एंड प्रिवेंशन में माइक्रोटिक डिजीज के प्रमुख डॉ. टॉम चिलर ने बताया कि कोरोना के इलाज में इस्तेमाल होने वाले स्टेरॉयड कुछ मामलों में लोगों के लिए काफी घातक सिद्ध हो रहे हैं। यह इन लोगों के सच में परफेक्ट कोविड तूफान साबित हो रहा है। भारत में कोरोना की दूसरी लहर के दौरान सैकड़ों मरीजों में ब्लैक फंगस के केस मिले थे।

यह होता है कारण

यह दुर्लभ स्थिति म्यूकर माइक्रोसिस के कारण होती है जो कमजोर प्रतिरक्षा प्रणाली वाले लोगों को अपना निशाना बनाती है। जिससे मरीजों की मौत भी हो जाती है। ये फंगस वातावरण में भी पाए जाते हैं जो सांस लेने पर चेहरे और मस्तिष्क में फैलने से पहले फेफड़ों और साइनस पर हमला करते हैं। ब्लैक फंगस आंख में घुसतेपन, सीने में दर्द और सांस लेने में कठिनाई का कारण बनता है।



ब्रिटेन में हफ्ते भर में कोरोना मामले 70% बढ़े

ब्रिटेन में पिछले एक हफ्ते में कोरोना संक्रमण के मामलों में 70 फीसदी की बढ़ोतरी देखने को मिली है। संक्रमण के चलते अस्पताल में भर्ती होने वाले लोगों की संख्या भी बढ़ी है। हालांकि दूसरी लहर के दौरान एक ही समय की तुलना में अब भी अस्पतालों में दस गुना कम मरीज हैं। पिछले 24 घंटे के दौरान कोरोना के 21,125 नए मामले सामने आए जबकि पिछले शुक्रवार को यह संख्या 15,810 ही थी। इसके साथ ही लगातार पांचवें दिन कोरोना के मामलों की संख्या 20 हजार से ज्यादा रही।



28 जून को 304 मरीज अस्पताल में मर्ती हुए

27 लोगों की मौत हुई बीते शुक्रवार को ब्रिटेन में

तमिलनाडु में 30 लोगों ने एक आंख की रोशनी खोई कोयंबटूर। कोयंबटूर में एक सरकारी अस्पताल में ब्लैक फंगस से पीड़ित 264 मरीजों में से 30 लोगों की एक आंख की रोशनी चली गई। अस्पताल के एक शीर्ष अधिकारी ने रविवार को यह जानकारी दी। अस्पताल की डीन डॉक्टर एन निर्मला ने बताया कि यहां भर्ती सभी लोगों की एंडोस्कोपी हुई थी, जिनमें से 110 की आंख की सर्जरी हुई। लेकिन 30 मरीजों की एक आंख की रोशनी चली गई।

मास्क लगाना या नहीं खुद पर करेगा निर्भर

ब्रिटेन में 19 जून से लॉकडाउन पाबंदियां हटाए जाने के बाद मास्क लगाना व्यक्तिगत इच्छा पर निर्भर करेगा। आवासीय मंत्री रॉबर्ट जेनरिक ने कहा कि ऐसा प्रतीत होता है कि हमारे पास टीकाकरण कार्यक्रम की सफलता के चलते पाबंदियां हटाने और सामान्य स्थिति में लौटने की गुंजाइश है। हमें वायरस के साथ रहना, सावधानी बरतना और जिम्मेदारी के साथ रहना सीखना होगा। मास्क लगाने की जरूरत के बारे में पूछे जाने पर उन्होंने कहा कि अगर आने वाले दिनों में आंकड़े ठीक रहे तो ऐसा किया जा सकता है।

राहत: देश में 4.85 लाख ही सक्रिय केस

नई दिल्ली। देश में रविवार को कोरोना के 43,071 नए मामले सामने आने के बाद संक्रमितों की संख्या बढ़कर 3,05,45,433 हो गई, जबकि संक्रमण के सक्रिय मामले कम होकर 4,85,350 रह गए।

स्वास्थ्य मंत्रालय के अनुसार, देश में सक्रिय मामलों की संख्या कम होकर 4,85,350 रह गई, जो संक्रमण के कुल मामलों का 1.59 प्रतिशत है, जबकि कोरोना से स्वस्थ होने की दर सुधरकर 97.09 हो गई है। पिछले 24

महाराष्ट्र में सबसे ज्यादा लोगों की जान गई

देश में संक्रमण के कारण 955 और लोगों की मौत होने के बाद मृतक संख्या बढ़कर 4,02,005 हो गई। देश में पिछले 24 घंटे में संक्रमण से 955 लोगों की मौत हुई है, जिनमें से महाराष्ट्र में 371, केरल में 135 और तमिलनाडु में 115 लोगों की मौत हुई।

घंटे में सक्रिय मामलों की संख्या में 10,183 की कमी आई है।

देश में अब तक 41,82,54,953 नमूनों की जांच की जा चुकी है। दैनिक संक्रमण दर 2.34 प्रतिशत है। यह लगातार 27 दिन पांच प्रतिशत से कम

रही है। साप्ताहिक संक्रमण दर गिरकर 2.44 प्रतिशत रह गई। देश में लगातार 52वें दिन स्वस्थ हुए लोगों की संख्या दैनिक मामलों से अधिक रही। बीमारी से उबरने वाले लोगों की संख्या बढ़कर 2,96,58,078 हो गई है।

Vaccines (Hindustan: 20210705)

https://epaper.livehindustan.com/imageview_903480_133216122_4_1_05-07-2021_2_i_1_sf.html

लेने से पहले ही जान सकेंगे टीके का प्रभाव

शोध

नई दिल्ली | हिन्दुस्तान ब्यूरो

अब इस बात का भी पता लगाया जा सकेगा कि कोरोना रोधी टीका किसी व्यक्ति में कितना असरदार होगा। कोविशील्ड टीका विकसित करने वाले ऑक्सफोर्ड यूनिवर्सिटी के वैज्ञानिकों ने ऐसे बायोमार्कर की पहचान की है जिसकी मदद से आसानी से अनुमान लगाया जा सकेगा कि कोई टीका उसे लगवाने वाले व्यक्ति को सुरक्षा प्रदान करेगा या नहीं। यह शोध द नेचर जर्नल में प्रकाशित हुआ है।

बायोमार्कर शरीर में पाए जाने वाले परीक्षण योग्य उन तत्वों, अणुओं और गुणों को कहते हैं जिनके जरिये जैविक दशा का पता लगाया जा सकता है। यह पहला मामला है जब वैज्ञानिकों की टीम ने एक ऐसे रक्त मार्कर की पहचान की है, जिससे नई और अधिक कारगर वैक्सीन के विकास का मार्ग सुगम होगा।

मैसाचुसेट्स के बोस्टन स्थित में बेथ इजरायल डेकोनेस मेडिकल सेंटर के निदेशक डैन बारूच कहते हैं-टीकों के लिहाज से सहसंबंध बड़े काम की चीज

इंफ्लुएंजा वैक्सीन से प्रेरित

शोधकर्ताओं ने पाया कि इंफ्लुएंजा वैक्सीन को आम तौर पर इस आधार पर परखा जाता है कि वे कुछ लोगों में वायरल प्रोटीन के खिलाफ मजबूत और पर्याप्त संख्या में एंटीबॉडी उत्पन्न कर रही हैं या नहीं। वैज्ञानिकों ने उम्मीद जताई है कि कोरोना रोधी वैक्सीन को भी इसी आधार पर परखा जा सकता है।

फाइजर-मॉडर्ना का टीका अधिक प्रभावी

शोध रिपोर्ट के मुताबिक फाइजर और मॉडर्ना का कोरोना रोधी टीका बहुत अधिक संख्या में एंटीबॉडी उत्पन्न करते हैं। अन्य टीकों के मुकाबले ये टीके ज्यादा प्रभावी हैं। लेकिन अध्ययन में यह भी साफ किया गया कि कोई भी टीका वायरस के खिलाफ शत प्रतिशत कारगर नहीं है।

यह भी फैसला कर सकते हैं कि कौन से और किस प्रकार के टीके के काम करने की संभावना अधिक है। आमतौर पर परीक्षण में शामिल प्रतिभागियों की प्रतिरक्षा प्रतिक्रियाओं की तुलना करके निर्धारित किए जाते हैं। इसमें टीका लगवा

कोविशील्ड लगवा चुके 16% लोगों में नहीं मिली एंटीबॉडी

आफत

नई दिल्ली | एजेसी

काउंसिल ऑफ मेडिकल रिसर्च (आईसीएमआर) के एक अध्ययन में पता चला है कि कोविशील्ड वैक्सीन की दोनों खुराक लेने वाले 16.1 फीसदी में डेल्टा वैरिएंट के खिलाफ एंटीबॉडी नहीं मिली। एक खुराक लेने वाले 58.1 फीसदी लोगों में एंटीबॉडी नहीं थी।

वेल्लोर स्थित क्रिश्चियन मेडिकल कॉलेज में माइक्रोबायोलॉजी विभाग के पूर्व प्रमुख डॉ. जैकब जॉन ने बताया, एंटीबॉडी नहीं दिखना और एंटीबॉडी

अध्ययन

- आईसीएमआर ने पाया, एक खुराक लेने वाले 58% में एंटीबॉडी नहीं
- 65 साल से अधिक उम्र के बुजुर्गों को तीसरी खुराक की सिफारिश

नहीं होना, दोनों एक ही बात नहीं है। हो सकता है कि एंटीबॉडी हो, लेकिन वो इतनी कम हो कि उसे पता कर पाना मुश्किल हो। उन्होंने कहा कि अध्ययन के बाद यह जरूरी हो जाता है कि 65 साल से ऊपर के पुरुषों (महिलाओं में एंटीबॉडी देखी गई) को तीसरा डोज भी देनी चाहिए।