



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 20210727

29,000, India records lowest new Covid cases

At 29,000, India records lowest new Covid cases in 132 days (The Tribune: 20210727)

<https://www.tribuneindia.com/news/nation/at-29-000-india-records-lowest-new-covid-cases-in-132-days-288937>

The number of active cases dropped to 3,98,100 and comprises 1.27 per cent of the total infections

At 29,000, India records lowest new Covid cases in 132 days

Photo for representation only. Tribune file

India recorded less than 30,000 fresh Covid cases after 132 days while its active caseload fell below 4 lakh after 124 days on Tuesday, according to Union health ministry data.

As many as 29,689 new coronavirus infections took the country's tally of Covid cases to 3,14,40,951 while 415 fresh fatalities pushed the death toll to 4,21,382, the data updated at 8 am showed.

The number of active cases dropped to 3,98,100 and comprises 1.27 per cent of the total infections. The national Covid recovery rate improved to 97.39 per cent, it stated.

The number of active cases fell by 13,089 in a span of 24 hours.

As many as 17,20,110 Covid tests were conducted on Monday, taking the total number of tests conducted so far to 45,91,64,121.

The daily positivity rate declined to 1.73 per cent. The weekly positivity rate was recorded at 2.33 per cent, the ministry data stated.

The number of people who have recuperated from the disease surged to 3,06,21,469, while the case fatality rate stands at 1.34 per cent, it said.

The total number of Covid vaccine doses administered so far as part of the nationwide vaccination drive has reached 44.19 crore.

The 415 new fatalities include 135 from Kerala, 62 from Odisha and 53 from Maharashtra.

A total of 4,21,382 deaths have been reported so far in the country, including 1,31,605 from Maharashtra, 36,405 from Karnataka, 33,937 from Tamil Nadu, 25,044 from Delhi, 22,750 from Uttar Pradesh and 18,085 from West Bengal. PTI

Covid vaccine drive

No timeline for completion of Covid vaccine drive: Govt (The Tribune: 20210727)

<https://www.tribuneindia.com/news/coronavirus/no-timeline-for-completion-of-covid-vaccine-drive-govt-287258>

Bharat Biotech ends MoU with Brazilian partners

No timeline for completion of Covid vaccine drive: Govt

A health worker administers vaccine in Delhi. Photo: Mukesh Aggarwal

The government on Friday informed Parliament that no fixed timeline could be indicated at present for the completion of the Covid vaccination drive, but the expectation was to cover the adult population of 90 crore by December this year.

Responding to a questions by Congress MP Rahul Gandhi, who asked whether the government proposed to complete the exercise of full vaccination of all adults by 2021 end, Minister of State for Health Bharati Panwar said, “The Covid-19 vaccination is an ongoing and dynamic process, which is being guided by National Expert Group on Vaccine Administration for Covid-19 on the basis of concurrent scientific evidence. In view of the dynamic and evolving nature of the pandemic, no fixed timeline at present can be indicated for the completion of the vaccination drive, however, it is expected that beneficiaries aged 18 years and above will be vaccinated by December 2021.”

The government said between August 2021 to December 2021, a total of 135 crore doses of Covid-19 vaccine were expected to be available.

Asked if there was delay in reaching agreements with domestic vaccine makers, the health ministry said no.

Health Minister Mansukh Mandaviya said the government was in talks with Pfizer for import of the vaccine and added that Covid inoculation was not a matter of politics.

Covid: The reason cases are rising among the double vaccinated

Covid: The reason cases are rising among the double vaccinated – it's not because vaccines aren't working (The Tribune: 20210727)

<https://www.tribuneindia.com/news/coronavirus/covid-the-reason-cases-are-rising-among-the-double-vaccinated-%E2%80%93-its-not-because-vaccines-arent-working-287131>

Covid vaccines are extremely effective, but none 100 per cent so

Covid: The reason cases are rising among the double vaccinated – it's not because vaccines aren't working

There are several factors at play that explain why such a high proportion of cases are in the fully vaccinated.

Sir Patrick Vallance, the UK's chief scientific adviser, has announced that 40 per cent of people admitted to hospital with Covid in the UK have had two doses of a coronavirus vaccine. At first glance, this rings very serious alarm bells, but it shouldn't. The vaccines are still working very well.

There are several factors at play that explain why such a high proportion of cases are in the fully vaccinated.

Covid vaccines are extremely effective, but none 100 per cent so. This itself isn't surprising – flu vaccines aren't 100 per cent effective either.

Yet in the US alone flu vaccines are estimated to prevent millions of cases of illness, tens of thousands of hospitalisations and thousands of deaths every year. The Covid vaccines are doing the same in the UK right now – all one has to do is compare the curves from the winter wave with those from this summer.

As cases are rising, hospitalisations and deaths are rising too, but not at anywhere near the same level as they were in the winter. In the second half of December 2020 – a time when UK case rates were similar to what they are now – about 3,800 people were being admitted to hospital with Covid each day.

The average now is around 700. So though that's still higher than we wish it was, it's a lot lower than it was the last time we had this many infections.

Covid is also growing among the vaccinated because the number of people in the UK who have had both doses is continuing to rise. At the time of writing, 88 per cent of UK adults have had a first dose and 69 per cent a second. As more and more of the population is vaccinated, the relative proportion of those with Covid who have had both jabs will rise.

If you imagine a hypothetical scenario in which 100 per cent of the population is double vaccinated, then 100 per cent of people with Covid, and in hospital with Covid, will also have had both jabs. As with deaths, this doesn't mean the vaccine isn't working. It just means the vaccine rollout is going very well.

We also need to remember that the vaccine rollout in the UK has systematically targeted people at the highest risk from Covid.

Older people and people with health conditions that make them more vulnerable were the first to get vaccinated. Once vaccinated, these people (including me) are at much lower risk from Covid than they would have been otherwise – but they are still at risk.

That means that when we compare people with both vaccinations being hospitalised to those who haven't had both doses, we aren't comparing like with like. People with both vaccinations are more likely to have been at greater risk from COVID in the first place. This makes them both more likely to be hospitalised and more likely to have already received both of their vaccine doses.

Is Covid different in the vaccinated?

The latest data from Public Health England suggests that against the delta variant, which is now dominant in UK, two doses of any of the vaccines available in Britain are estimated to offer 79 per cent protection against symptomatic Covid and 96 per cent protection against hospitalisation.

We don't have clear estimates yet from Public Health England on the level of protection against death caused by the delta variant – fortunately, this is partly driven by the fact deaths have been relatively low during this third wave in the UK.

But for the alpha variant, Public Health England data estimates the Pfizer vaccine to be between 95 per cent and 99 per cent effective at preventing death from Covid-19, with the AstraZeneca vaccine estimated to be between 75 per cent and 99 per cent effective. The evidence we have so far doesn't suggest that the delta variant substantially changes this picture.

There's lots we still need to learn about how people with both vaccine doses respond to getting infected with the virus. The UK's Covid Symptom Study is looking at this.

One of the key questions that remain is who is at most risk. Emerging data – released in a preprint, so yet to be reviewed by other scientists – suggests people who are overweight or obese, poorer people, and people with health conditions causing frailty seem to be more likely to get infected after having both jabs.

The preprint also suggests that age itself doesn't seem to affect chances of developing Covid after being vaccinated, nor does having a long-term condition such as asthma, diabetes or heart disease – but we need more data on this to be sure of these findings.

Generally, the Covid Symptom Study has found that people report the same Covid symptoms whether or not they've been vaccinated, but that people who've been vaccinated have fewer

symptoms over a shorter period of time, suggesting less serious illness. The most commonly reported symptoms in people who had had both doses were headache, runny nose, sneezing, sore throat and loss of smell. (The Conversation)

Delta variant

Covid: Study finds lower antibody activity against delta variant at single dose, but vaccines still work(The Tribune: 20210727)

<https://www.tribuneindia.com/news/coronavirus/covid-study-finds-lower-antibody-activity-against-delta-variant-at-single-dose-but-vaccines-still-work-286692>

Monoclonal antibodies are engineered by pharmaceutical companies to target a single part of the spike protein

Covid: Study finds lower antibody activity against delta variant at single dose, but vaccines still work

Chris Whitty, the chief medical officer for England, recently announced that the delta variant is no longer of concern because it now comprises 98 per cent of new cases in the country and is therefore “the normal variant”.

This virus has spread to at least 90 countries and is 50 per cent more transmissible than the alpha variant (the variant first identified in Kent), which is around 50 per cent more transmissible than the original coronavirus that caused the pandemic.

With cases rising exponentially and restrictions lifted, it is important to understand how well the vaccines are faring against the delta variant.

A new study from the Pasteur Institute in France found that the delta variant is less sensitive to neutralising antibodies (the Y-shaped proteins that latch onto the coronavirus and stop it from entering our cells). The researchers compared three “variants of concern” – alpha, beta and delta – for their sensitivity to different sets of antibodies:—antibodies used as drugs to treat people with Covid (monoclonals)—antibodies from infected people six months after they recovered—antibodies from vaccinated people who were previously infected—antibodies from vaccinated people who had not been infected.

Monoclonal antibodies are engineered by pharmaceutical companies to target a single part of the spike protein. The researchers used four of these monoclonals to test the different viruses. The alpha variant continued to be neutralised by all four monoclonals. And the delta variant was neutralised by three out of four. But the beta variant, which is known to be the most difficult to neutralise, had lost sensitivity to two out of four monoclonals.

Thankfully, our immune system makes a remarkable array of antibodies against different parts of the virus proteins. This is known as a “polyclonal response”. Do these polyclonal antibodies contain neutralising antibodies that prevent delta variant infection?

To find out, the researchers drew blood from a small group (56 people) six months after they recovered from Covid.

They found a four to sixfold reduction in the neutralisation of the beta and delta variants compared with the alpha variant. This does not mean that people are more susceptible to infection with the new variants; immune protection is not merely defined by antibodies. However, it does mean that the beta and delta variants are sufficiently different from previous viruses to affect the immune response.

Encouragingly, when previously infected people were vaccinated (Pfizer, AstraZeneca or Moderna vaccines), they all showed an increase in neutralising antibodies against all three variants. A single dose of vaccine was enough to boost neutralising responses to the delta variant.

These findings chime with recent work from the University of Oxford and Public Health England (PHE), and with studies that have yet to be published.

The results were not so encouraging for those who received one dose of vaccine in the absence of a previous infection. The Oxford group reported that a single dose of vaccination conferred poor neutralising antibodies against the delta variant. This was also the case in the French study for both Pfizer and AstraZeneca vaccines at ten weeks after vaccination.

Both peer-reviewed studies showed that booster vaccinations had the desired effect of increasing neutralisation against the delta variant, albeit at lower efficacy compared with the alpha variant.

What it means for immune protection

These studies show that our vaccines are still effective against these variants. Further data from PHE and from a Canadian study that awaits peer review show substantial vaccine-induced antibody activity against the delta variant.

In real-life terms, there is a significant reduction in hospitalisations and deaths due to Covid in the UK this summer, compared with similar rising cases last autumn.

The advanced UK vaccination rollout is sparing us the severe effect of the fast-spreading delta variant, so far. But will we be spared thousands of new long-Covid sufferers in the aftermath of the rising infections? Scientists don't yet know the effect of vaccines on preventing long Covid, but it is known that mild infection can lead to long Covid.

Vaccine coverage in the UK and worldwide is not enough to achieve herd immunity, which is important to protect those who can't be vaccinated. Under the circumstances, we need to curb transmission to prevent further variant mutations from incapacitating the vaccines.

Continuing surveillance of our antibodies' effectiveness against new variants is critical to determine when we need further booster vaccinations and when we need to update our vaccines. As schools are closing and many of us are getting ready for our summer holidays, it is important to continue to take sensible precautions and ensure that our vaccines remain effective for longer. — PTI

Covid-19 origin

China rejects WHO plan for study of Covid-19 origin (The Tribune: 20210727)

<https://www.tribuneindia.com/news/coronavirus/china-rejects-who-plan-for-study-of-covid-19%2%A0origin-286660>

The WHO this month proposed a second phase of studies into the origins of the coronavirus in China

The Wuhan Institute of Virology in the eye of the storm over Covid-19. Reuters file photo

China rejected on Thursday a World Health Organization (WHO) plan for a second phase of an investigation into the origin of the coronavirus, which includes the hypothesis it could have escaped from a Chinese laboratory, a top health official said.

The WHO this month proposed a second phase of studies into the origins of the coronavirus in China, including audits of laboratories and markets in the city of Wuhan, calling for transparency from authorities.

"We will not accept such an origins-tracing plan as it, in some aspects, disregards common sense and defies science," Zeng Yixin, vice minister of the National Health Commission (NHC), told reporters.

Zeng said he was taken aback when he first read the WHO plan because it lists the hypothesis that a Chinese violation of laboratory protocols had caused the virus to leak during research.

"We hope the WHO would seriously review the considerations and suggestions made by Chinese experts and truly treat the origin tracing of the Covid-19 virus as a scientific matter, and get rid of political interference," Zeng said.

China opposed politicising the study, he said.

The origin of the virus remains contested among experts.

The first known cases emerged in the central Chinese city of Wuhan in December 2019. The virus was believed to have jumped to humans from animals being sold for food at a city market.

In May, U.S. President Joe Biden ordered aides to find answers to questions over the origin saying that U.S.

intelligence agencies were pursuing rival theories potentially including the possibility of a laboratory accident in China.

Zeng, along with other officials and Chinese experts at the news conference, urged the WHO to expand origin-tracing efforts beyond China to other countries.

"We believe a lab leak is extremely unlikely and it is not necessary to invest more energy and efforts in this regard," said Liang Wannian, the Chinese team leader on the WHO joint expert team.

However, Liang said the lab leak hypothesis could not be entirely discounted but suggested that if evidence warranted, other countries could look into the possibility it leaked from their labs. Reuters

Covid positivity rate (The Asian Age: 20210727)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15733415>

Covid positivity rate rises after 35 days; 39,361 cases reported

AGE CORRESPONDENT
NEW DELHI, JULY 26

With 39,361 people testing positive for Coronavirus in a day, India's total tally of Covid-19 cases rose to 3,14,11,262, while the daily positivity was recorded above three per cent after 35 days, according to the Union health ministry data updated on Monday.

Over 3.09 crore unutilised Covid-19 vaccine doses are still available with the states, UTs and private hospitals. The Covid-19 death toll climbed to 4,20,967 with 416 fresh fatalities.

The active cases have increased to 4,11,189 and comprise 1.31 per cent of the total infections. The national Covid recovery rate was recorded at 97.35 per cent, the data updated at 8 am showed. An increase of 2,977 cases has been recorded in the active Covid-19 caseload in a span of 24 hours.

India adds 39,361 fresh Covid cases, 416 fatalities in 24 hrs

BHAGWAN PARAB
MUMBAI, JULY 26

Maharashtra on Monday added yet another feather to its cap by becoming the first state in the country to administer both the doses of Covid vaccines to more than one crore people. Over 3.16 crore people have been given the first dose of the vaccine.

More than 4.16 crore doses have been administered in Maharashtra with over a crore fully

inoculated. On Monday, nearly four lakh people were administered the vaccines, said Dr Pradeep Vyas, additional chief secretary (health).

A total of 1.7 crore beneficiaries in the age group of 45 and above have been given the first vaccine shot, while 74.28 lakh have received both the doses. In the 18-44 age group, total 1.04 crore people have got the first dose, while 4.5 lakh have received both the shots.

As many as 11,54,444 tests were conducted on Sunday taking the total cumulative tests conducted so far for detection of Covid-19 in the country to 45,74,44,011. The daily positivity rate has increased to 3.41 per cent and the weekly positivity rate was

recorded at 2.31 per cent, according to the ministry.

The number of people who have recuperated from the disease surged to 3,05,79,106 while the case fatality rate stands at 1.34 per cent. Cumulative vaccine doses administered so far has reached 43.51 crore.

Vaccine Goals (The Asian Age: 20210727)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15732720>

THE ASIAN AGE

27 JULY 2021

No more dithering, be clear on vaccine goals

The statement of Union health minister Mansukh Mandaviya in the Lok Sabha last week saying that no fixed timeline can be indicated for the completion of the vaccination drive against Covid-19 reflects the ambivalent, confused and opaque manner in which the Union government has been responding to the pandemic which officially killed over four lakh Indians in the last one-and-a-half years. It is a reflection, too, of the failure of the government launching purportedly the world's largest vaccination programme to come up with a realistic and practical plan to achieve universal vaccination, this despite repeated averments by the top people, starting from Prime Minister Narendra Modi, about the vaccine being the most important tool to stop the killer virus.

The health minister, who was non-committal on the vaccination drive, however, went on to add that "it is expected that all beneficiaries aged 18 years and above will be vaccinated by December 2021". The curious point in the statement is that the deadline of December 31 by which the minister "expects" everyone to be vaccinated was drawn up by no agency other than the government; it was the government and its experts' group that had been repeatedly assuring the people that they will be able to vaccinate all eligible people before the deadline. It had also told the Supreme Court the same. The three-member bench of the Supreme Court had, in its order on May 31 in a case it had taken

The Centre has been talking with little clarity on its assessment of the ground realities. It had publicly said that it will procure 215 crores doses by December but the figure was reduced to 136 crores in an affidavit to the SC.

up *suo motu* on the response of the Union government to the pandemic, noted the averments of the Union of India. The judgment quoted from the submission of solicitor-general Tushar Mehta: "The vaccination drive will be complete by the end of December 2021, and the Central government is in active talks with foreign vaccine manufacturers at the highest political and diplomatic levels, to ensure the adequate supply of vaccines." It's a bit shocking that the Government of India is in no position, nor with a plan, to honour its word on the most important mission a government has on hand in these times.

It was not the first time that the government's callous attitude towards the vaccination drive has been exposed. Its Liberalised Vaccine Policy had earlier passed on the responsibility of vaccinating people aged between 18 and 45 years to the state governments and the private sector. It was only upon a strong intervention by the Supreme Court, which warned of invoking the fundamental rights to equality and life, that the government went back and made some amends to that self-defeating policy.

Equally pertinently, the government has been talking with little clarity on its assessment of the ground realities. It had publicly said that it will be able to procure 215 crore doses by December but the figure was later reduced to 136 crores when it filed an affidavit in the Supreme Court after the apex court insisted on a roadmap on vaccine procurement. In short, the government set before the public one figure, gave the court another, and is now unsure of both.

It must at least now wake up to the grim realities instead of attempting to divert attention. Confusion and ineptitude cannot be the qualities that drive a government during a pandemic; but clarity and promptness can.

Universal healthcare in India

Why Covid should spur moves towards universal healthcare in India (The Indian Express: 20210727)

<https://indianexpress.com/article/opinion/columns/why-covid-should-spur-moves-towards-universal-healthcare-in-india-7423657/>

The health crisis has affected the economy, taken a toll on livelihoods. Increasing accessibility and affordability of healthcare should be part of the healing process

Oxygen cylinders being readied for patients in the hallway of an overcrowded hospital amid a surge in Covid cases (AP photo)

As India's second Covid-19 wave recedes, it leaves behind an indelible mark on the country's living memory. More than 4 lakh lives have been lost during the pandemic. It is estimated that maximum deaths occurred below the age group of 50. Many of those who died were the sole breadwinners of their families, leaving behind children exposed to an uncertain future. The human tragedy behind the statistics of the second wave will continue to disturb our conscience for a long time.

The pandemic has created a dual crisis, pertaining to health and economy. At least 230 million Indians are said to have fallen below the poverty line during the first lockdown in 2020. It exacerbated the longstanding problem of unavailability, inaccessibility and unaffordability of health services, particularly in urban areas. With patients having to bear healthcare expenses, household savings were depleted at a time when livelihoods have been drastically affected. Increased hospitalisations put an immense burden on the existing healthcare system.

As India begins to heal, we must all ask ourselves a question: How can the country equip itself so that it never faces such a dire situation ever again? The answer lies in increased investment in health systems to achieve universal health coverage (UHC) with a sharper focus on primary healthcare. This suggestion is old wine in a new bottle. It was first recommended in pre-independent India by the Sir Joseph Bore Committee, followed by several committees set up by the Government of India, WHO's "Health for All" Alma-Ata Declaration four decades ago, and more recently at Astana in 2018. It is an old idea whose time may have finally come. Primary healthcare remains the most inclusive, effective, and efficient approach to address public health needs – the emphasis should be on preventive care to minimise burden on the existing infrastructure.

UHC promises every individual access to quality healthcare, including promotive, preventive, curative, rehabilitative and palliative health services, without financial hardship. The global Covid-19 experience has proved the need to revisit the requisites germane to Target 3.8 of the SDGs — UHC, in the most practical and workable sense.

Moving towards UHC requires strengthening health systems well described in WHO's 2007 framework through six "building blocks": Service delivery, health workforce, health information systems, accessible essential medicines, health financing and governance. Responsiveness and efficacy of the building blocks of health systems can be significantly enhanced by answering three policy questions around UHC: Who is covered? Which services are covered? What amount of the costs are covered?

India can learn from other countries and turn its experience in battling the pandemic into a set of unique opportunities. Countries such as Vietnam, Sri Lanka, South Korea, and Thailand in the Asia Pacific have shown just how early investment in UHC-focused resilient health systems made them well-prepared to battle the pandemic.

Before Covid-19 hit, India had been making small but significant strides towards UHC. However, the pandemic has adversely impacted these efforts with rising challenges such as insufficient funds, high out-of-pocket expenses, poor access to healthcare, gender inequities, reduction in quality and efficiency of medical services.

The National Health Policy 2017 laid out the roadmap to achieving UHC. It recommends the government increase the health budget from the existing 1.15 per cent to 2.5 per cent of the GDP by 2025 and decrease the proportion of households facing catastrophic health expenditure from the current levels by 25 per cent, till 2025. More recently, the 15th Finance Commission made similar recommendations related to an increase in state expenditure for health systems strengthening by 2022. However, it is yet to see the light of the day. To make a meaningful impact, it is important for all states to increase their state health expenditure by over 8 per cent of their budget.

The Government of India has taken a few strong measures by creating a window of opportunity for speeding up UHC implementation. Health allocation saw a 138 per cent increase in the Union Budget, 2021-22, with approximately Rs 64,180 crore allocated to the Atmanirbhar Swasth Bharat Yojana over the next six years to ramp up primary, secondary and tertiary healthcare systems. Ayushman Bharat, to an extent, is moving towards addressing sustainable and comprehensive primary healthcare by operationalising more than 75,500 wellness centres. It has provided for covering Covid-19 testing and treatment expenses for eligible beneficiaries. In a welcome move, Covid-19 vaccinations have been made free for all in government hospitals and health centres. If Ayushman Bharat can gradually cover the ambulatory care expenses as well, it will be a major step towards accelerating the pace of universal health coverage in India.

While public funding is key to driving UHC in India, the inclusion of the private sector remains an unfinished agenda. Private sector is indispensable to UHC since it caters to around 70 per cent of Indians' healthcare needs. The government must take the lead in addressing the trust deficit and regulate the private sector to collectively deliver on the realisation of UHC. Countries in the Asia Pacific have begun to take steps towards catalysing private sector engagement in the effort to promote equity, access, quality and financial protection for their population. It would be prudent for the Centre to create a division on private sector partnership in the Ministry of Health and Family Welfare.

When both last-mile population as well as the targeted range of benefits are prioritised, results are more tangible. Strengthening social safety nets for the vulnerable, and economically deprived must be facilitated as a part of the national development agenda in the next 4-5 years, including establishing service delivery systems for migrants.

India entered a 37-year period of demographic dividend in 2018. Such periods are marked by rapid double-digit economic growth. Japan, China, South Korea, and Singapore were able to tap the potential of their young working population during their time and showcase tremendous progress. India, too, will need to harness the economic potential of the youth and turn it into a success story. The government, especially the Health, Education, Skills Development and Youth Affairs Ministries, will have to develop a roadmap focusing on the youth and ensure they have access to good health, quality education and decent employment to make it happen.

Lastly, the three questions around coverage, services and funds require a strong political will. Health must be turned into an issue of the masses, particularly urban health which warrants attention in the wake of Covid-19 pandemic. It is for these reasons that increased investments in UHC (with an urban primary healthcare focus) will enable us to build back better.

Population bill

Uttar Pradesh's draft population bill has an ableism problem (The Indian Express: 20210727)

<https://indianexpress.com/article/opinion/columns/ups-draft-population-bill-population-control-7423718/>

Muralidharan writes: Apart from its coercive approach to population control, it plays into the widely prevalent notion of the disabled as a burden. Ramsagar is a resident of Noida. Of his three children, the oldest and the youngest are deaf. A trade union activist, Ramsagar, though he had heard of the proposed Uttar Pradesh Population (Control, Stabilisation and Welfare) Bill, was unaware of its contents, let alone the disability aspect. He was bemused when told

that if the draft Bill is enacted into law, parents like him would not be seen in contravention of the two-child norm.

But he did ask what the status of his two disabled children would be, whether they would be counted as children at all. His queries were not misplaced.

That is precisely what Section 15 of the draft Bill would do, if enacted. The draft Bill, even while adopting a highly objectionable and coercive approach to population control, grants exemption to certain classes of individuals from the two-child norm. It lays down that, "... an action of an individual shall not be deemed to be in contravention of the two child norm under this Act, if either, or both, of his children born out of the earlier pregnancy suffer from disability and the couple conceives a third child subsequently".

A clarification: One does not "suffer" from a disability, but rather because of it. But since that is not germane to this debate, we can leave it at that. It does, however, reflect poorly on the authors of the proposed Bill.

Section 15 adopts a pejorative, almost eugenic rationale. It seeks to invoke an ableist mindset and tends to view the disabled as non-existent and equivalent to being dead. It reinforces the belief of disability being a curse. The draft Bill underpins the preconceived but widely prevalent notion of incapability or incapacity of all persons with disabilities while underlining that having a disabled child is as good as not having one at all. It views the disabled as a burden. This is despite people like IAS officer Ira Singhal and many others proving that they can overcome hurdles, both societal and structural.

Unfortunate instances of parents killing their disabled children do make news once in a while. It is the abject failure of the state to provide adequate social security and other protective measures that lead desperate parents to take such a drastic step. It also compels individual parents and society at large to think in terms of opting for another child, who they presume will be able-bodied and provide support to the family.

The Bill draws from the Rights of Persons with Disabilities Act, 2016 to define disability. There are 21 conditions listed in the Act. These include impairments like visual, hearing and speech, locomotor, intellectual disabilities as also blood disorders and learning disabilities like dyslexia.

The way disability is dealt with in the draft Bill shows a complete lack of understanding of what constitutes a disability as also its heterogeneous status. It reflects sadly on how the state views persons with disabilities. There is a total disregard of the thrust of the United Nations Convention on the Rights of Persons with Disabilities, which India ratified, as also the Rights of Persons with Disabilities Act, 2016. In fact, the UP draft Bill is in complete contravention of the United Nations Convention of the Rights of Persons with Disabilities. The UNCRPD in its preamble emphasises mainstreaming disability and "respect for difference and acceptance of persons with disabilities as part of human diversity and humanity". The draft Bill negates this understanding and turns it on its head.

Among the few other states that have legislated a two-child norm, Rajasthan adopts an approach similar to the UP draft Bill. The 2017 Assam population policy also advocates a similar position.

The UP draft Bill seeks to codify and institutionalise an ableist mindset. It stigmatises and devalues the disabled as lesser beings. Apart from its regressive, anti-poor and anti-women nature, it should also be opposed for reinforcing an ableist mindset.

It is no coincidence that Section 15 of the draft Bill is titled, "Of Death or Disability of Child". It equates the two.

Personal hygiene

Personal hygiene: Should you use an intimate wash? (The Indian Express: 20210727)

<https://indianexpress.com/article/lifestyle/health/intimate-wash-personal-hygiene-cleanliness-7407861/>

"An intimate wash is a solution formulated especially for women to cleanse the intimate areas. Intimate wash is used for the treatment of dryness, itching and irritation of intimate areas," said Dr Megha Ranjan

Intimate hygiene, intimate washes Many women prefer using an intimate wash to clean their intimate areas. (Source: Unsplash)

When it comes to maintaining personal hygiene, women pay a lot of attention to their skin and hair. Hygiene of intimate areas, however, is not as widely talked about. But just like any other part of the body, it is extremely important to take care of one's intimate areas by keeping them clean to prevent infections and other health hazards.

While many women are unable to decide what is safe to use, some prefer intimate washes to clean their intimate areas. But is it safe?

"An intimate wash is a solution formulated especially for women to cleanse the intimate areas. Intimate wash is used for the treatment of dryness, itching and irritation of intimate areas. They also help in maintaining normal PH of the vagina which is important in preventing bacterial infection," said Dr Megha Ranjan, assistant professor, Department of Obs & Gynae, Sharda Hospital.

The expert added that using soap to wash the intimate areas is, however, "not recommended, as it disrupts the natural vaginal flora, which will, in turn, allow the harmful bacteria to grow rapidly."

ALSO READ | Covid-19: Why pregnant women should get vaccinated, according to the Health Ministry

Dr Ranjan also said an ideal intimate wash product should be “soap-free with no irritants and hypoallergic”. Some of the key components to look out for while selecting an intimate wash are lactic acid, glycerin, sodium hydroxide, cocamidopropyl betadine and water.

For menopausal women, it is advised to include intimate washes in their personal cleanliness routine because they “experience hormonal changes which make their vagina extra sensitive and dry”.

“There are special intimate washes for menopausal women to maintain PH and to balance out vaginal flora,” Dr Ranjan added.

Like any other product, these washes should be used with discretion, as Dr Ranjan advised only “a small quantity should be taken in hand and used during toilet uses and showering” and should not be “overdone”.

Additionally, intimate washes for pregnant women “should not contain strong chemicals and should be paraben-free”.

Covid toes:

Covid toes: Know the symptoms, causes, prevention, treatment(The Indian Express: 20210727)

<https://indianexpress.com/article/lifestyle/health/covid-toes-symptoms-causes-prevention-treatment-7411994/>

As research is still ongoing, there has not been any particular cause pointed out for why it occurs, and in whom, say experts

covid toes" Covid toes will usually be cured on its own, but sometimes we may use mild doses of hydrocortisone to make the treatment faster," Dr Shuchin Bajaj said. (Source: Getty Images/Thinkstock)

Among the various effects of Covid-19, many have reported ‘covid toes’ or cases where ulcer or necrosis occurs on the tip of a toe and the neighbouring toe. Why is it a concern? A recent report in the BBC suggested that a teenager in Scotland has been unable to wear shoes owing to the condition, which has been prevailing for the past nine months.

“My feet swell up, I get blisters all over them and they go from pink to purple really quickly,” she told BBC Scotland’s The Nine. “I get lumps on the bottom of them which makes it really hard to stand up for long. I can only wear flip-flops,” she added.

What is Covid toes?

Covid toes can develop on the fingers and toes alike. As per news-medical.net, it appears to be more common on the toes and begins with a bright red colouration on the fingers or toes, which then gradually turns purple. It can start from one toe and affect all the toes.

ALSO READ |Long COVID: The impact of coronavirus on humans

“Covid toes are a recently-recognised symptom of Covid and can last anywhere from 10 to 14 days to many months. Usually, there is a discoloration of the toes and the toes become red or purplish and there may be some itching associated with it. But usually there is no pain in the toes, but sometimes there can also be a presentation of pain which may become so severe that the patient is not able to wear his shoes,” Dr Shuchin Bajaj, founder-director, Ujala Cygnus Group of Hospitals told indianexpress.com.

Causes

As research is still ongoing, there has not been any particular cause pointed out for why it occurs, and in whom.

As per news-medical.net, many of the patients who have so far been reported to have Covid toes have not had many other symptoms of Covid-19. Those that have had symptoms have had a mild fever or congestion and have been predominantly younger patients. It states that as per a proposed mechanism by Kolviras et al., Covid toes could be an antiviral immune response implemented by younger immune systems that results in microangiopathic (small blood vessel disease) changes.

However, another theory suggests that the condition may not be a direct result of Covid-19, as per medicalnewstoday.com. Instead, the researchers propose that the condition is due to lifestyle changes brought on by the lockdown, such as walking barefoot in homes; inactivity, and increased time spent in sedentary positions, the site states.

Symptoms

For most people, Covid toes are painless but the discolouration of the toes makes it noticeable. But for many others, it can also cause blistering, itch, and pain. For some others, there could be a build-up of pus under the skin, mentioned Dr Nandini Barua, senior consultant dermatology, Paras Hospitals, Gurgaon.

Treatment

While the condition clears up on its own in most cases, one should contact healthcare professional if it persists. “There is no such treatment. To reduce pain or itching, apply hydrocortisone cream to the affected area. However, if this fails to bring relief or symptoms worsen, contact a board-certified dermatologist,” mentioned Dr Barua.

COVID-19: Variants of Concern and Variants of Interest

COVID-19: Variants of Concern and Variants of Interest (The Hindu: 20210727)

<https://www.thehindu.com/sci-tech/health/covid-19-variants-of-concern-and-variants-of-interest/article35301681.ece>

Which variants come under which category?

What began as a pneumonia outbreak in Wuhan, China, in December 2019, has assumed global proportions and claimed countless lives within a span of two

Over three crore COVID-19 vaccine doses in balance with States/UTs: Health Ministry

(The Hindu: 20210727)

<https://www.thehindu.com/sci-tech/health/over-three-crore-covid-19-vaccine-doses-in-balance-with-statesut-health-ministry/article35521985.ece>

51,18,210 vaccine doses were administered in the last 24 hours, says Health Ministry

More than 3.29 crore (3,29,38,559) balance and unutilised COVID-19 vaccine doses are still available with the States/UTs and private hospitals to be

Data | COVID-19 vaccination rate improved

Data | COVID-19 vaccination rate improved in all States between June-July 2021(The Hindu: 20210727)

<https://www.thehindu.com/data/data-covid-19-vaccination-rate-improved-in-all-states-between-june-july-2021/article35509004.ece>

To fully vaccinate all adults by the end of this year, 8.84 million doses per day must be administered in the remaining days

More than 400 million doses have been administered at an average rate of 2.22 million per day since India's vaccination drive started on January 16. The daily rate has improved considerably after the introduction of the new COVID-19 vaccine policy. Between June 18 and July 17, about 4.53 million doses have been administered daily on average, significantly higher than the previous periods. However, to fully vaccinate all adults by the end of this year, 8.84 million doses per day must be administered in the remaining days.

Data | COVID-19 cases

Data | COVID-19 cases rising in the north-eastern States (The Hindu: 20210727)

<https://www.thehindu.com/data/data-covid-19-cases-rising-in-the-north-eastern-states/article35496780.ece>

In States with a higher vaccination rate, the case fatality rate is either lower or decreasing

While the second wave of COVID-19 is going down in the rest of India, infections are rising in many north-eastern States. The Delta variant is responsible for the majority of the cases in six of the eight northeastern S