



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Friday

202101203

## **Omicron SARC COV-2**

### **Vigilance, genome sequencing, and border surveillance and vaccination key things against Omicron: Expert (The Tribune: 202101203)**

<https://www.tribuneindia.com/news/nation/vigilance-genome-sequencing-border-surveillance-and-vaccination-key-things-against-omicron-expert-345841>

The task force member, Dr Vasant Nagvekar says although there is no need to panic, the Omicron variant is definitely a cause of concern

Vigilance, genome sequencing, border surveillance and vaccination key things against Omicron: Expert

Photo for representation purposes. Reuters

A member of the Maharashtra government's Covid task force has said that vigilance, genome sequencing, improving border surveillance and vaccination are some of the things that are necessary to tackle the new Omicron variant of coronavirus.

The task force member, Dr Vasant Nagvekar, who is a consultant on infectious diseases at a city-based hospital, said in a statement on Thursday that although there is no need to panic, the Omicron variant is definitely a cause of concern.

"What we need is vigilance. This variant has accumulated 50 mutations and has caused a lot of concern. It could be more transmissible, and it could also be immune-evasive. But so far, there is no proof that it produces more severe infections. The early data from South Africa shows most patients are younger and the variant produces milder infections," he said.

Dr Nagvekar said that for now the variant appears to be stable, with high transmissibility, but low virulence, which perhaps explains the lack of surge in hospitalisations and deaths where it was earlier reported.

"We need vigilance, improvement in border surveillance, genomic sequencing and vaccination cover," he said, urging people to keep wearing masks.

"Scientific data have proved that masks can reduce Covid transmission by 53 per cent...A booster dose of vaccine, even if it works, is just a temporary fix. We can't keep on taking boosters every six months and for every variant of concern that emerges. Masking is the need of the hour and there is no alternative for vaccination," he said.

Apart from the restrictions, strict contact tracing, isolation and quarantine of close contacts are some very important things, he said.

The Omicron strain, first detected in South Africa, has been classified as a 'variant of concern' by the World Health Organisation. PTI

### **Active Covid cases in country increase to 99,976**

### **Active Covid cases in country increase to 99,976(The Tribune: 202101203)**

<https://www.tribuneindia.com/news/nation/active-covid-cases-in-country-increase-to-99-976-345843>

The daily rise in new coronavirus infections has been less than 50,000 for 159 consecutive days now

With 9,216 new coronavirus infections being reported in a day, the country's total tally of Covid cases rose to 3,46,15,757, while the active cases increased to 99,976, according to the Union Health Ministry data updated on Friday.

The death toll climbed to 4,70,115 with 391 fresh fatalities, including 320 from Kerala, according to the data updated at 8 am.

Of the 320 deaths in Kerala, 66 were reported over the last few days and 254 were designated as Covid deaths after receiving appeals based on the new guidelines of the Centre and the directions of the Supreme Court, a Kerala state government release said.

The ministry said the daily rise in new coronavirus infections has been less than 50,000 for 159 consecutive days now.

The active cases comprise 0.29 per cent of the total infections, the lowest since March 2020, while the national Covid recovery rate was recorded at 98.35 per cent, the ministry said.

An increase of 213 cases has been recorded in the active Covid caseload in a span of 24 hours.

The daily positivity rate was recorded at 0.80 per cent. It has been less than two per cent for last 60 days. The weekly positivity rate was also recorded at 0.84 per cent. It has been below one per cent for the last 19 days, according to the ministry.

The number of people who have recuperated from the disease surged to 3,40,45,666, while the case fatality rate was recorded at 1.36 per cent.

The cumulative doses administered in the country so far under the nationwide Covid vaccination drive has exceeded 125.75 crore.

The 391 new fatalities 24 from Maharashtra.

A total of 4,70,115 deaths have been reported so far in the country including 1,41,049 from Maharashtra, 40,855 from Kerala, 38,216 from Karnataka, 36,504 from Tamil Nadu, 25,098 from Delhi, 22,911 from Uttar Pradesh and 19,510 from West Bengal. PTI

## **Drug-resistant TB**

### **Rise in cases poses a public health challenge (The Tribune: 202101203)**

<https://www.tribuneindia.com/news/editorials/drug-resistant-tb-345713>

Multi-drug-resistant TB is especially a public health concern and challenge as the country struggles to meet its ambitious goal of becoming TB-free by 2025.

Globally, India bears the burden of the highest prevalence of both tuberculosis (TB) and multi-drug-resistant TB (MDR-TB). Multi-drug-resistant TB is especially a public health concern and challenge as the country struggles to meet its ambitious goal of becoming TB-free by 2025. The record of Haryana's Karnal in tackling MDR-TB is not encouraging. There has been a steady rise in the number of such cases in the district annually since 2015 (from 27 in 2015 to 64 in 2020 and 58 till now in 2021). This picture is grim, for going by the general trend in the past, it could well be reflective of the average figures across the states.

The spike in the past two years could also be attributed to the extensive periods of Covid-induced lockdowns when the healthcare resources were focused on and diverted to controlling the pandemic. Like most other diseases, TB treatment, too, took a beating. This setback is particularly exacerbating as TB patients are known to develop the debilitating MDR-TB if their cure is left undiagnosed, interrupted or the medicine is discontinued before time. Once the body

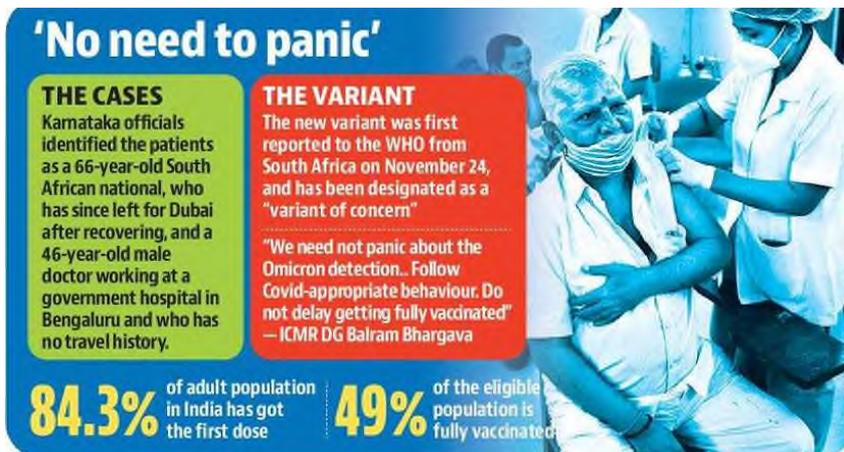
fails to effectively respond to the drugs vital for healing, it becomes harder and longer to treat and often turns fatal, as per the WHO. At the same time, given the poor airborne infection control protocol in India, including the wearing of masks by the medical fraternity, the chances of the transmission of this disease are high. At this rate, it is estimated that a massive chunk of all TB cases would comprise MDR-TB in a decade because of primary transmission.

Crucial to arresting the spread of TB is bringing about more awareness of the government's programmes to battle it. Incidentally, its treatment and medicines are available free of cost in government facilities, a fact not widely known. Also, the overwhelmed and inadequate public infrastructure pushes patients towards the costlier private sector. More widespread screenings of those exhibiting consistent cough, low-grade fever, weight loss and night sweat are the key to the timely detection of TB and, consequently, its survival. The adage, prevention is better than cure, is most true for TB control.

## Omicron variant of the Sars-Cov-2, Infection

**Two Omicron cases in K'taka, infections mild (Hindustan Times: 202101203)**

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



**'No need to panic'**

**THE CASES**  
Karnataka officials identified the patients as a 66-year-old South African national, who has since left for Dubai after recovering, and a 46-year-old male doctor working at a government hospital in Bengaluru and who has no travel history.

**THE VARIANT**  
The new variant was first reported to the WHO from South Africa on November 24, and has been designated as a "variant of concern"

"We need not panic about the Omicron detection.. Follow Covid-appropriate behaviour. Do not delay getting fully vaccinated"  
— ICMR DG Balram Bhargava

**84.3%** of adult population in India has got the first dose

**49%** of the eligible population is fully vaccinated

: Two men in Karnataka tested positive for the Omicron variant of the Sars-Cov-2, Union government officials said on Thursday, and added that there was no need to panic since at least these two individuals had “very mild” symptoms.

The government did not give further details in the interest of their privacy, but officials in Karnataka said the younger of the two men, who were unrelated, was a health care worker without a travel history.

“Two cases of Omicron have been found positive: a 66-year-old male, and a 46-year-old male. We got the results very late last night,” said Lav Agarwal, joint secretary, Union ministry of health and family welfare, during a press briefing on Covid-19 on Thursday.

“It is being investigated how the second person got the infection; he could be a contact of the 66-year-old but that is still under investigation. The foreign national has flown out, and the second person is on road to recovery,” said a senior government official aware of the matter, on condition of anonymity.

The 66-year-old man, who recovered before leaving, was a foreign national who arrived from an unidentified South African city – the country detected the variant first and one of its regions has recorded a sharp spike in new cases, although evidence of whether it is more transmissible, virulent or resistant will take a few weeks to develop.

The confirmation came after genome sequencing results returned from one of the labs under INSACOG. “All primary and secondary and tertiary contacts have been identified and are being tested under isolation as per the government of India’s protocol. There is absolutely no need to panic as we have a robust and aggressive surveillance mechanism in place to ensure cases are detected early and no case is missed,” Agarwal added.

A second government official at the briefing, too, stressed that there was no reason to worry yet. “We need not panic but awareness is absolutely essential; Covid-appropriate behaviour is required,” said Balram Bhargava, director general, ICMR. The government officials stressed on the need for people to take both their doses on time, but did not indicate whether there was a plan to shrink the gap between two doses.

“All Omicron-related cases are found to have mild symptoms so far... In all such cases in the country and across the world so far, no severe symptom has been noted. World Health Organization (WHO) has said that its emerging evidence is being studied,” said Agarwal.

To be sure, the variant was first detected only on November 8 and experts say more time is needed to determine if cases progress to the severe stage.

The two cases confirmed in India takes the total number of countries confirmed with a variant on their soil to 30.

Since December 1, India has begun actively screening international passengers on arrival, with mandatory RT-PCR for people coming from ‘at risk’ countries. “If found positive for Covid-19, they will be treated under clinical management protocol. If tested negative they will follow, home quarantine for seven days with a repeat test on day 8,” Agarwal added.

Dozens of countries have imposed travel restrictions on southern African nations since the mutation was discovered.

Experts backed the government’s call for people to not panic.

Anurag Agrawal, director, CSIR- Institute of Genomics and Integrative Biology, said: “That Omicron would have reached in India in November was almost guaranteed. Nothing has changed by actually sequencing and confirming. There is no need to panic; just [need] to continually assess risks in a scientific manner and to be prepared.”

WHO termed Omicron a variant of concern last Friday, and the UN health body suggested that preliminary evidence found an increased risk of re-infections as compared to other variants of concern. The new variant is heavily mutated, with up to 30 mutations in the spike protein, which is what most vaccines use to train the immunity.

India has added 11 regions, including all of Europe, to the list of “at risk” countries from where travellers would need to follow additional measures on arrival in the country, including post-arrival testing for infection

“The detection of Omicron demonstrates that the screening systems are there and the systems are working well. As for the clinical implications or severity of the variant, it is still being studied,” said Vinod Paul, member (health), Niti Aayog.

## **Omicron variant**

### **What we know about Omicron variant so far (Hindustan Times: 202101203)**

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

The big questions -- whether the newest variant of concern (VOC) is more transmissible, more resistant to vaccine or past infection immunity, or more virulent – are likely to take some time to be answered. To determine these, experts will need to wait for adequate epidemiological and clinical data. At the least, cases need to be watched for three weeks, the time by when infections usually completely resolve or take a turn for the worse.

For now, there are only two approximate knowns with the Omicron variant: first, it is almost certainly out-competing the Delta variant; and second, evolutionarily, it has taken a much farther leap than variants typically have.

Late on Wednesday, the Network for Genomic Surveillance in South Africa (NGS-SA) released new details about their surveillance of Sars-Cov-2 variants, including findings specific to Omicron that they first sequenced in a sample collected on November 8.

Much still remains unknown about the variant of concern (VOC), but the new report strengthens one of the earliest assumptions: Omicron is likely displacing Delta, the VOC that led to India’s devastating summer surge and is at present triggering hotspots of outbreak in much of Europe. From no sequences in October, Omicron accounted for 74% of the 249 genotyped samples by NGS-SA. In the same period, Delta prevalence plummeted from 83% to 22% of the samples.

The switch is almost identical to what happened in May and June, when the then prevalent variant, Beta, dropped from being found in 65% of the samples to 18% in a span of 30 days, while Delta accounted for 66%, after being found in 16% of samples in the month before.

Delta went on to displace Beta and trigger a new wave in South Africa, and it appears Omicron is on a similar course. Overall, South Africa’s case numbers doubled daily for the last two days.

Beyond that, scientists are reluctant to draw any conclusions – and with good reason: There has to be more evidence.

That brings us to the second known: there are 45-52 changes in the variant’s entire genome, with 26-32 in the Spike protein alone. In contrast, Delta has 15-17, and Alpha has 23 mutations.

They each have unique combinations, but they share the characteristic of being significantly more transmissible (as opposed to being significantly more resistant like the Beta variant).

The number of mutations, then, is unlike any seen before, and scientists note that there are many changes that have not been observed in any other variant at all – one of them being the fact that there are two mutations surrounding what is known as the furin-cleavage site, the portion of the pathogen that essentially activates the spike to cleave into two and infect a human cell.

Answering the top three questions is crucial for what Omicron means for the pandemic in the immediate term. But what the VOC says about the future of the pandemic needs a different answer: How did Omicron arise?

In a Twitter thread on Wednesday, immunologist and Scripps Research professor Kristian G Andersen said there could be three main possibilities: the variant was in undetected circulation, quietly picking up mutations over a long period; it developed in a person with a chronic infection; and it came from an animal. Each of these possibilities will mean something else for the pandemic.

### **Was it in undetected circulation?**

Andersen says he believes it is unlikely, and other scientists have separately made similar remarks. Even in low resource regions such as Africa, experts believe such a fast-spreading variant would have shown up in surveillance in other countries sooner. But if it did circulate in a region, likely with low testing and vaccination coverage, it spotlights a risk vaccine equity activists have been flagging for long: the world is setting up a catastrophe if it does not fix the imbalance in supplies.

### **Did it evolve during a chronic infection?**

Every time the virus replicates, it has some errors – or mutations. In a chronically infected person, this process is far longer drawn than in regular cases; most people clear out the virus in 10-14 days. But when the pathogen is in a tug-of-war with the immunity, the copies that have the “fittest” mutations survive, likely being passed on to others. The Alpha variant, which has one of the largest numbers of mutations after Omicron, is believed to have formed in a chronically ill, immunocompromised person in the UK, who was also possibly exposed to convalescent plasma.

Experts have called on helping people with immune deficiencies secure antivirals and monoclonal antibody therapies.

### **Did it arise via zoonosis?**

Andersen, in his opinion, identifies this as having a high likelihood. “I slightly favour reverse zoonosis for a few reasons... SARS-CoV-2 is a generalist virus and we have seen human>animal>human transmission happen in e.g, mink...

“Several of the mutations in Omicron have been observed in animals, including rodents,” he wrote. Essentially, Andersen argues that the fact that some of the mutations seen when the virus multiplied in animals are also in Omicron, which could be the proverbial smoking gun in the mystery of Omicron’s origin.

If this is the case, the world will need to increase surveillance on animal-human transmission, and the threat of animal reservoirs could have distinct implications for future flare-ups.

Breast cancer

Can wearing an underwired bra cause breast cancer? Know what experts say (The Indian Express: 202101203)

<https://indianexpress.com/article/lifestyle/health/underwired-bras-cause-cancer-experts-doctors-advice-7652541/>

Another common worry includes the impact of wearing a bra at night.

BSE or Breast Self-Exam. Guidelines to check for breast cancer.

Read on to know more about how safe (or not) underwired bras are. (Source: Getty/ Thinkstock images)

Love them or hate them, bras are an integral part of a woman's wardrobe. But, despite being a common piece of clothing, there are many myths that surround bras.

The most common ones being that wearing a bra at night, and wearing an underwire bra causes cancer. Is it so?

Dr Tanaya, who describes herself as a 'millennial doctor' on Instagram, shared an informative post that dismissed underwired bras as cancer causing agents. Check out the post here:

"You can wear an underwired bra if you like, it will not give you breast cancer. Wearing a bra, wearing a bra at night, or underwired bras are not associated with breast cancer," she said.

## **Cardiac angiosarcoma**

### **What is cardiac angiosarcoma? (The Indian Express: 202101203)**

<https://indianexpress.com/article/lifestyle/health/what-is-cardiac-angiosarcoma-7652250/>

Cardiac angiosarcoma is a rare form of cancer that causes cells inside the blood vessels of the heart to multiply and form tumors

Mr. Abloh was diagnosed with the rare cancer in 2019 and underwent a number of treatments before he died. (Source: Reuters)

By Melina Wenner Moyer

On Nov. 28, Virgil Abloh, a noted designer and artistic director of men's fashion at Louis Vuitton, died at 41 in Chicago after a two-year battle with cardiac angiosarcoma. According to

a statement released on his Instagram account, Mr. Abloh was diagnosed with the rare cancer in 2019 and underwent a number of treatments before he died.

## WHAT IS CARDIAC ANGIOSARCOMA?

First described by doctors in 1934, cardiac angiosarcoma is a rare form of cancer that causes cells inside the blood vessels of the heart to multiply and form tumors. The cancerous cells are often found in blood vessels lining the musculature of the wall of the heart, said Dr. Robert Maki, a medical oncologist and the clinical director of the Sarcoma Program at Penn Medicine in Philadelphia.

These cancers are part of a larger family of cancers called sarcomas, which affect the connective tissues that support and surround other parts of the body, including muscle, fat and blood vessels. Angiosarcomas are a kind of sarcoma that specifically afflict cells that line blood vessels, and cardiac angiosarcomas are angiosarcomas that occur within or around the heart.

Cardiac angiosarcomas that begin in the heart are known as primary cardiac angiosarcomas, whereas cancers that form elsewhere and then spread to the heart are secondary cardiac angiosarcomas. It's unclear which kind Mr. Abloh had, but it's likely it was primary, said Dr. Sumeet Mitter, a cardiologist at The Mount Sinai Hospital in Manhattan, because if the tumor had originated elsewhere it would probably be described differently.

Angiosarcomas are aggressive and can also spread, or metastasize, to other parts of the body, including the lungs, liver and bone marrow, Dr. Maki said.

## HOW COMMON ARE CARDIAC ANGIOSARCOMAS?

Cardiac angiosarcomas are extremely rare. Of the 17,000 or fewer people in the United States who are diagnosed with sarcomas each year, up to 700 are diagnosed with angiosarcomas, and then only 30 to 40 of those have cardiac angiosarcomas, Dr. Maki said.

Angiosarcomas are more common in dogs, especially retrievers, Dr. Maki added, where they often afflict the spleen.

## WHAT ARE THE SYMPTOMS?

Cardiac angiosarcomas can be difficult to identify because people often do not have symptoms, or they have only vague symptoms like shortness of breath or fatigue during physical exertion, said Dr. Ankit Mangla, a medical oncologist at the Case Comprehensive Cancer Center in Cleveland. These symptoms typically arise because the tumors make it harder for blood to flow through the chambers of the heart.

But while many people experience shortness of breath and fatigue, only a very small portion of people with these symptoms have cardiac angiosarcoma. Typically, people have other heart problems instead — the heart muscle itself might be weak, or it may be too muscular and stiff, Dr. Maki said.

## HOW ARE CARDIAC ANGIOSARCOMAS DIAGNOSED?

Diagnosing these rare cancers can be difficult, because the tumors cannot always be seen using common imaging techniques such as CT scans, which are often administered to patients in emergency rooms who complain of shortness of breath, Dr. Mangla said.

During a physical exam, a doctor might, however, be able to hear the sounds of blood rushing around the tumor. They might then conduct an ultrasound of the heart to visualize and identify a tumor, and then follow up with other kinds of imaging, including M.R.I., PET scan or three-dimensional echocardiography.

#### HOW DO DOCTORS TREAT CARDIAC ANGIOSARCOMA?

It depends on the patient, but treatment might include surgery to try to remove the heart tumor, or a heart transplant. But sometimes — even in transplant patients — the tumor can reappear.

Generally, if the cancer has not yet spread, it won't be treated with chemotherapy or radiation. "It's very rare for us to be able to treat just the heart itself with something like chemotherapy, and you also don't want to necessarily radiate the heart either, because that will damage it," Dr. Maki said.

If the cancer has spread, though, a patient might undergo chemotherapy, radiation or treatment with other cancer-fighting drugs that can kill the spreading cancer.

It is unclear whether Mr. Abloh's cancer had spread, but if he had it for two years, that is certainly possible, Dr. Maki said.

#### WHAT IS THE PROGNOSIS?

Because cardiac angiosarcomas can damage the heart, which is a vital organ, and because they are aggressive and often spread, these cancers are often fatal.

Some research suggests that if people do not undergo surgery, or their surgery does not remove all of the cancer, they typically survive for up to nine months, Dr. Mangla said. With surgery and other treatments, patients may live for 12 to 30 months.

Because so few people are diagnosed with this kind of cancer, we don't know much about specific risk factors, Dr. Maki said.

However, people are more likely to be diagnosed with angiosarcomas in general if they have undergone radiation therapy or have been exposed to high levels of vinyl chloride (a chemical used to make P.V.C.); arsenic; or thorium dioxide, a chemical people can be exposed to in drinking water if they live near sites that mine for the radioactive metal thorium or use it in manufacturing.

## **Mental health**

### **Young people and mental health: What we can be done to enhance well-being (The Indian Express: 202101203)**

<https://indianexpress.com/article/lifestyle/health/young-people-mental-health-stress-anxiety-treatment-7624881/>

Health services need to be empathetic to young people with health service providers trained in communicating effectively

mental health caregivers, therapists mental health, therapist burnout, pandemic second wave, therapists and their mental health, indianexpress.com, indianexpress,

\*Most young people, experiencing an emotional or behavioral problem, face stigma and discrimination from their family, and peers. (Source: Getty Images/Thinkstock)

Many children and young people experience anxiety about school or periods of sadness when a friendship or relationship comes to an end, among various other emotional distress. Most of these episodes, however, are transient in nature. But when symptoms persist, it may be time to seek professional assistance.

Most young people are healthy, physically and emotionally, yet one in every four to five young people in the general population meets the criteria for a mental disorder. Mental health and wellbeing lie on a continuum, and good mental health, includes wellbeing at the psychological, emotional, and social levels.

Good mental health is determined by the ability to

\*Successfully navigate complex situations of one's life.

\*Develop fulfilling relationships.

\*Adapt to change.

\*Realise one's potential to the extent possible.

\*Develop skills that helps an individual navigate the different roles and environs of one's life.

emotions

Mental health and wellbeing lie on a continuum, and good mental health, includes wellbeing at the psychological, emotional and social level (Source: Getty Images/Thinkstock)

Factors that put us at risk for mental ill-health

A risk factor can be defined as a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of mental ill-health. Some examples of risk factors include:

#### Individual

Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration.

Low self-esteem and perceived incompetence.

Poor social skills: communication and problem-solving skills.

Emotional problems in childhood.

Early substance use.

ALSO READ | Easy and effective ways to take care of your mental and emotional health

#### Family

Parent-child conflict.

Parental depression or a severe mental illness.

Negative family environment (may include substance abuse in parents).

Child abuse/maltreatment.

Family/marital conflict.

Divorce.

ALSO READ | What is the difference between stress and anxiety?

#### Social- school neighbourhood and community

Peer rejection- loss of close relationships or friends.

Stressful life events.

Poor academic achievement.

Community-level stressful or traumatic events- experiences of conflict, stigma or marginalisation.

School-level stressful or traumatic events including violence.

Poor academic performance.

Association with deviant peers.

taking care of stress and anxiety, the 4D technique, how to manage stress, parenting, indian express, indian express news

## Advertisement

Are you feeling exhausted? (Source: Getty/Thinkstock)

## Factors that protect us from mental ill-health

A protective factor can be defined as a characteristic at the biological, psychological, family, or social (including peers and culture) level that is associated with a lower likelihood of mental ill-health or that reduces the negative impact of a risk factor on mental health and wellbeing. Some examples of protective factors are:

### Individual

Positive physical development

Academic achievement/intellectual development

High self-esteem

Emotional self-regulation

Good coping skills and problem-solving skills

Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

### Family

Family provides structure, limits, rules, oversight, and predictability

Supportive relationships with family members and a cordial home environment

Clear expectations for behaviour and values

Social- school neighbourhood and community

Presence of mentors and support for development of skills and interests

Opportunities for engagement within school and community

Positive norms

Clear expectations for behaviour

Physical and psychological safety

What can be done to support them?

Recognise the early warning signs of distress and seek help from family, school authorities or health care services. Early warning signs can include:

- \*A marked fall in school performance

- \*Poor grades in school despite trying very hard

- \*Marked changes in sleeping and eating habits

- \*Frequent physical complaints

- \*Marked difficulty in concentrating at school or home

- \*Severe mood swings

- \*Sexual acting out

- \*Most young people experiencing an emotional or behavioral problem face stigma and discrimination from their family, peers and school staff expressed in the form of fear, dislike, avoidance, underestimation of their abilities, pity and gossip.

ALSO READ |This two minute breathing exercise will help ‘reset and re-energise your mind’

Some things that can be done to support young people dealing with mental ill-health

- \*Educating the young person on mental health, illness, and wellness along with those in their environment

- \*Avoiding the use of negative labels

- \*Promoting non-discrimination and ensuring participation and inclusion at home, in the social environment and at work or school

- \*Friends form an important support system and having a supportive friend circle can make a big difference to the young person

- \*Mental health promotion encompasses a broad spectrum and can include the following:

- Early childhood interventions

- Programs aimed at building skills in children and young people

- Reduction of violence

- Community development programs

- Programs targeted at vulnerable groups such as migrants and minority communities

\*Schools are a natural setting in which systematic action can be taken to promote mental health and wellbeing. Some important activities could include:

–Develop evidence-based programmes to provide positive school climate and promote student skills in dealing with bullying and conflicts, solving problems and developing healthy peer relationships

–Train school teachers and peers in the recognition of early warning signs of distress

–Develop a mechanism and referral system to provide care for young people experiencing high levels of distress or a mental disorder

–Mental health treatment and support is a crucial aspect for a young person experiencing mental ill-health. Health services need to be empathetic to young people with health service providers trained in communicating effectively with young people.

### **Omicron Virus (The Asian Age: 202101203)**

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=16007757>

# 2 cases of Omicron found in India, both in Karnataka

*Both patients are men; one is a doc, the other is from South Africa*

*Contact tracing of both patients has been done; 6 have tested positive*

**SANJAY KAW**  
with agency inputs  
NEW DELHI, DEC. 2

India recorded its first two cases of the highly infectious Omicron Covid-19 variant on Thursday, months after the brutal second wave of the virus killed more than 200,000 people in the country. The two cases, detected in Karnataka, have made India the 30th country in the world to report the Omicron strain that has triggered global alarm.

Both the patients detected with Omicron are men aged 46 and 66. While the 46-year-old is a doctor, the other is from South Africa who arrived in the country on November 20 and left for Dubai on a flight seven days later.

Five persons who had directly or indirectly come into contact with the doctor have also tested positive for Covid-19. All the

## 4 intl travellers test +ve at IGI Airport in Delhi

**New Delhi:** New Delhi: In Delhi, four travellers from "at-risk" countries tested positive for Covid-19 on arrival at the IGI Airport on Thursday. Three arrived on an Air France flight, one was on a flight from London. Their samples have been sent to the National Centre for Disease Control for genome sequencing to ascertain if they have the new variant, Omicron, which has been classified as a "variant of concern" by the WHO. **PAGE 2**

six, including the doctor, have been isolated and are being treated in a government hospital.

According to the Bruhat Bengaluru Mahanagara

Palike, Bengaluru's municipal corporation, the foreigner had arrived from South Africa with a negative Covid-19 test report on November 20 at the city's international airport. He had been vaccinated with both doses of a Coronavirus vaccine. Upon his arrival, he checked into a hotel and the results of a Covid-19 test were found to be positive. When a government doctor visited him at the hospital, he was found to be asymptomatic and advised to self-isolate at the hotel. Being a traveller from one of the nations designated "at-risk" given the Omicron breakout, his samples were collected again and sent for genome sequencing on November 22.

All 24 people who came in contact with him were tested and found to be negative for Covid-19. The

■ **Turn to Page 4**

## Govt guidelines for passengers arriving in India

- RT-PCR test for all coming from 'at-risk' countries
- Random test of 5% passengers arriving from other countries
- Passengers have to wait for the test results before leaving the airport or taking a connecting flight
- Those who test positive will be isolated and treated as per clinical management protocol
- The ones who test negative will have to undergo home isolation for 7 days, followed by repeat testing on 8th day of arrival in India and do self-monitoring for 7-days

**Air Pollution (The Asian Age: 202101203)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16007755>

■ **Ultimatum to Centre: 'We can't infuse babu creativity'**

# Take 'extraordinary steps' to tackle Delhi air pollution: SC

**PARMOD KUMAR**  
NEW DELHI, DEC. 2

In an ultimatum of a sort, the Supreme Court on Thursday gave the Centre 24 hours to take "extraordinary steps" to control hazardous levels of air pollution touching 500 AQI in the national capital, otherwise it will pass orders on setting up a task force to monitor the implantation of the steps to bring down toxic air pollution, observing that it "can't infuse creativity in the bureaucracy".

"We expect some serious steps to bring down pollution, otherwise we will act", the court said, telling solicitor-general Tushar Mehta that the court will assemble at 10 am, half an hour before its scheduled time, and he will have 30 minutes to address the court on the steps being taken to effectively reduce air pollution. The court said it was serious about both industrial and vehicular pollution, apart from construction activities.

Referring to the hearing on Delhi air pollution on November 13, 2021, when the AQI was nearly 600, and Thursday, when the AQI is 500, Chief Justice N.V. Ramana, heading a special bench that included Justices D.Y. Chandrachud and Surya Kant, said: "You have to do something extraordinary. It (the way things are going) will not work. We can't infuse creativity in the bureaucracy."

In a poser to the solicitor-general, appearing for the Centre, CJI Ramana said: "As a layman I am asking that on the first hearing of the matter there was X AQI level of pollution, then all state-

**We expect some serious steps to bring down pollution, otherwise we will act. You have to do something extraordinary. It (the way things are going) will not work. We can't infuse creativity in the bureaucracy.**

— **Supreme Court**

ments were made. If so much effort has been made, then how is the pollution still rising further? Why is it not going down? Stubble burning has also come down."

Noting that despite every step taken to reduce pollution, nothing was happening, the court, pointing to the mammoth composition of the Commission for Air Quality Management in the National Capital

Region and Adjoining Areas, said: "You are unable to contribute to reduce air pollution."

The court said the commission must close down all units operating in breach of its restrictions. Emphasising on the promptitude with which steps were required to be taken to deal with the situation and reduce air pollution, the Chief Justice said: "In an emergency situation, you have to work in emergent ways, suppose temperature is rising in a fever, what can be done to bring it down"; and "in an emergency situation, you have to be very creative".

Referring to the Centre's resistance to the top court

■ **Turn to Page 4**

## All schools in Delhi closed, board exams will continue

**AGE CORRESPONDENT**  
NEW DELHI, DEC. 2

As pollution levels in the national capital turned severe again, the Delhi government on Thursday announced the closure of all schools in the city till further orders. However, board exams will continue as scheduled and teaching-learning activities will be conducted online, it said.

The decision came hours after the Supreme Court pulled up the Delhi government for resuming physical classes in schools despite an increase in the air pollution levels in the city.

"We had reopened the schools considering the forecast that air quality would improve. However, the air pollution levels have increased again and we have decided to shut the schools from Friday till further orders," Delhi environment minister Gopal Rai said.

After being shut since November 13, physical classes in schools, colleges and other educational institutions had resumed from Monday.

Citing the challenges due to the new Covid variant, Mr Rai said the situation wasn't conducive for running Metro trains and buses at full seating capacity.

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## Vaccine (The Asian Age: 202101203)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16006719>



Zahid Hussain

### The inequality of vaccine access: One reason for rise of Omicron

Just as the world appeared to be limping back to life from the devastating effects of Covid-19 and its myriad strains, a new, perhaps more deadly, variant has thrown nations around the world into a state of panic. Described by the World Health Organisation as a "variant of concern", the Omicron could prove more contagious than earlier strains, pushing many countries to close their borders.

Last week, the WHO warned that the global risks emanating from the new variant of the coronavirus were very high, and that the larger number of variants could mean "future surges of Covid-19". It remains to be seen how effective the existing vaccines will be in providing protection against the fast-mutating virus. There are concerns that Omicron could evade antibodies.

The concerns of the world health body may not be exaggerated. Yet there are still wide gaps in the global response to the risk posed by the pandemic. The new variant like the previous strains has emerged from a region with poor vaccination equity. Omicron is believed to have taken form in the countries of southern Africa where the rate of vaccination has been extremely low.

It has exposed the widespread inequality in the global battle against the disease. While the rich countries have total control over the distribution of vaccines, many poorer countries are still struggling to get even a limited supply. They cannot even vaccinate a small segment of their population. That may also be a major reason behind the deadly mutations emerging in countries with dismal rates of vaccination. But some scientists do believe that the existing vaccines may offer protection in the case of the new variant as well.

According to the Global Dashboard for Vaccine Equity, jointly run by UNDP, WHO and Oxford University, only 0.07 per cent of people living in the low-income countries have been vaccinated with at least one dose, compared to 61.18 per cent residing in high-income countries. The vaccination rate in the UK of those who have received at least one vaccine is around 71 per cent while in the US it is about 65 per cent.

Compared to these figures, other high-income and middle-income countries may not be doing so well. But the situation is appalling in some of the poorest countries such as the Democratic Republic of the Congo where only 0.06 per cent have received one dose; a slightly better rate of 1.15 per cent prevails in Papua New Guinea.

Ironically, the spread of the new strain equally threatens the more developed countries. No number of measures can totally protect any country from the pandemic. Most countries have acted quickly in order to contain the new variant by imposing travel restrictions on half a dozen southern African nations. Not surprisingly, South Africa has reacted strongly to the travel ban and has said that the West was discriminating against a "region that has already been set back by vaccine shortages caused by rich nations hoarding doses".

It is really a frightening situation.

While countries might find a travel ban necessary, can they stop the raging pandemic? So far, the patchwork of travel curbs has not been very effective. The ever-mutating virus cannot be fully contained without an equitable global approach to fighting a potentially fatal infection.

The inequitable distribution of and a few countries' monopoly over the Covid-19 vaccines have been major reasons for the relentless spread of the virus. The supply of vaccines to less developed and non-vaccine-producing countries may have improved in recent months but the gap is still very wide. Statistics show that there is very little change in the situation with poorer nations falling far behind in vaccinating their citizens.

Following the other countries, Pakistan too has taken some protective measures including banning travel from southern African nations. Still, there is a need for more caution to stop the spread of the new variant. So far, Pakistan has done well in containing the various strains of Covid-19 with the infection positivity ratio going below one per cent. There may not be a reason for panic. But neither is there any room for relaxing as another virus strain rears its head.

Notwithstanding some significant progress in the campaign, vast numbers of people in this country are still not vaccinated. While approximately 36 per cent of the population has been administered one dose, only 22.5 per cent are fully vaccinated. This is much lower than in India where 32 per cent of the population has been fully vaccinated.

*By arrangement with Dawn*

## Limited gains: On Omicron risk (The Hindu: 202101203)

<https://www.thehindu.com/opinion/editorial/limited-gains-the-hindu-editorial-on-omicron-risk/article37813370.ece>

Increased vaccination, COVID-appropriate behaviour can cut the Omicron risk

If China was severely criticised for keeping the SARS-CoV-2 outbreak that began in November 2019 shrouded in secrecy and for sharing the genetic sequence on a public database only on January 12, 2020, countries that are transparent and quick in sharing vital information are not rewarded but are punished. After the first infection by a new variant — it has 32 mutations in the spike protein alone — was confirmed from a specimen collected on November 9, Botswana and South Africa diligently posted its genetic sequence on the public database, on November 23. Instead, the travel bans now imposed on South Africa and a few other African countries are not only incongruous but can actually be counterproductive. Such rash decisions disincentivise countries from promptly reporting and sharing vital data with huge public health implications, particularly during the pandemic. The demonstration by Botswana and South Africa of their capability to quickly detect new variants through superior surveillance via genomic sequencing needs to be rewarded through enhanced vaccine access to protect Africa and cut the risk of new variants. On November 30, the Netherlands reported that samples collected on November 19 and 23, before South Africa announced its findings and the travel bans went into effect, were of the Omicron variant. While it is unclear whether these people had also visited southern Africa, 14 of the 61 passengers returning from South Africa on November 26 and who tested positive for Omicron showed different strains. This suggests that the people were 'very probably infected independently... from different sources and in different locations'.

Belgium and Germany too have reported the presence of the variant well before South Africa flagged it. Even if the Omicron variant did not emerge in Europe, the presence of the variant before South Africa notified it and the travel bans strongly suggests that the variant was already spreading in some European countries. It also reflects the relatively poor surveillance in place there when compared with the two African countries. This underscores the need to have systems in place that delay or reduce the spread of the new variant through testing prior to or upon arrival or the application of quarantine, as recommended by WHO. An indiscriminate travel ban is no solution. Several countries, including India, have already reported cases of the Omicron variant, said to pose a 'very high' global risk. Though disease severity in different categories of people still remains unclear, preliminary evidence suggests that the new variant increases the risk of reinfection and possesses a possible transmission advantage, as seen in the surge in Omicron cases in South Africa. It is time India increases the pace of vaccination and has better adherence to COVID-appropriate behaviour to cut the risk.

## **Reproductive rights**

### **Births and rights: On laws on reproductive rights(The Hindu: 202101203)**

<https://www.thehindu.com/opinion/editorial/births-and-rights-the-hindu-editorial-on-laws-on-reproductive-rights/article37813402.ece>

Laws on reproductive rights must recognise differences in orientation, relationship choices

A Bill that the government of the land intends to make law, cannot be exclusivist at the very outset; and at least, with the time of passage, it is imperative that it loses its biases. It cannot exclude certain categories of citizens from the benefits and rights that the law seeks to confer upon the people of the country. And, that is what the Assisted Reproductive Technology (Regulation) Bill, 2020, that was passed in the Lok Sabha on Wednesday, has done, by excluding two categories — LGBTQIA+ and single men. Undoubtedly, the time has indeed come for such a Bill; for government intervention to regulate the field of fertility treatments, and by seeking to establish a national registry and registration authority for all clinics and medical professionals in the segment, it will fill a vacuum. The Bill has provisions to protect the rights of the donors, the commissioning couple and the children born out of ART, to grant and withdraw licences for clinics and banks depending on performance factors. It proposes to make it impossible for outlaws to operate within the system and profit from it, while exploiting patients. It also plans to put an end to illegal trafficking in embryos, and mistreatment of the poor coerced by their circumstances into donating eggs or sperm.

It is unfathomable that a Bill, so progressive by its very nature, would glaringly exclude members of the LGBTQIA+ community and single men. As citizens, these groups too have the right to exercise reproductive rights. The omission is particularly baffling considering that the legislation has made provisions for single women too, apart from a commissioning heterosexual couple. The Union Health Minister said that several recommendations made by the Parliamentary Standing Committee had been considered. Unfortunately, despite expert recommendations to include both categories, the Committee recommended 'it would not be appropriate to allow live-in couples and same sex couples to avail the facility of ART' citing the best interest of the child born through ART. It also recorded that 'given [the] Indian family structure and social milieu and norms, it will not be very easy to accept a child whose parents are together but not legally married'. While the law would do well to be cognisant of the sentiments of the people, its purpose is also to nudge retrograde social norms out of their freeze-frames towards broader acceptance of differences and preferences. Legislators have also pointed out that the Surrogacy Bill intrinsically connected with the ART Bill was pending in the Rajya Sabha, and that it would only be appropriate that both Bills be considered together before they are passed. The ball is now squarely in the court of the Upper House; legislators can still set right the omissions and introduce the spirit of justice in the letter of the law.