



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 202101228

Kerala tops Niti's health index

Kerala tops Niti's health index for 4th yr in a row (Hindustan Times: 202101228)

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

HEALTH TEST

The report considers 24 indicators, including neonatal mortality rate and under 5 mortality rate, which are grouped in domains of health outcomes, governance and key processes

TOP HEALTH CARE PROVIDER: KERALA (AMONG 'BIG' STATES)

- **UTTAR PRADESH** was adjudged the worst. However, it was reported best in terms of improved performance
- Among eight smaller states, **Mizoram topped the list**, Nagaland at the bottom

Among UTs

- Dadra and Nagar Haveli, Daman and Diu on top
- Delhi ranked 5th. But emerged as top performer in terms of improved performance among UTs

- The report is significant as the health ministry has linked the index to incentives to states and UTs under the National Health Mission, according to a Niti Aayog official
- The report compares performance for financial year 2019-20 with 2018-19

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New Delhi : Kerala is the best among India's states in providing healthcare, while Uttar Pradesh is at the bottom of the table among big states, the Niti Aayog's fourth State Health Index showed on Monday.

The country's most populous state, however, was adjudged the best in improving its performance, followed by Assam and Telangana. Kerala, which topped the overall health performance index for the fourth consecutive time, stood 12th on that count.

The report – 'Healthy States, Progressive India' – considers 15-24 indicators including neonatal mortality rate (NMR), sex ratio at birth, maternal mortality rate, under 5 mortality rate (U5MR) and governance, among others, which are grouped in the three domains of health outcomes, governance and key processes.

The states are divided based on their size (19 big and eight small states) and Union territories.

The federal think tank has prepared the report with technical assistance from the World Bank, and in consultation with the health ministry. It compared performance for financial year 2019-20 in comparison to 2018-19.

Among the eight smaller states, Mizoram topped the list, while Nagaland was at the bottom of the table in overall performance. In the overall health performance of Union territories, Dadra and Nagar Haveli, and Daman and Diu topped the list, while Delhi ranked fifth.

"States are beginning to take cognizance of indices such as the State Health Index and use them in their policymaking and resource allocation," said Rajiv Kumar, vice-chairman, Niti Aayog.

The incremental performance of states is crucial as it indicates efforts made by them to address challenges, officials said.

While there is no change in the overall performance of states such as Uttar Pradesh, Jharkhand, Madhya Pradesh, Maharashtra and Bihar since last year, they have shown some improvement, the official said, requesting anonymity.

Similarly, among the Union territories, the national capital emerged as the top performer in terms of improved performance, registering an incremental change of 9.7 percentage points from last year's index.

"Our objective through this index is to not just look at the states' historical performance, but also their incremental performance. The index encourages healthy competition and cross-learning among states and UTs," said Amitabh Kant, chief executive officer of Niti Aayog.

This report is important as the health ministry has linked the index to incentives to states and Union territories under the National Health Mission, a Niti Aayog official said.

"States which have shown improvement in incremental performance will get higher incentives under the NHM. Some states such as Haryana, Karnataka, Himachal Pradesh, etc., indicate an overall better health system, but have shown a negative incremental performance," the official said, declining to be named.

"There is an urgent need to accelerate efforts to narrow the performance gap between the states/UTs as 50% of the larger states, 50% of smaller states and 43% of the UTs did not even reach the halfway mark in terms of the Composite Overall Index Score (100)," the report said.

Telangana, Maharashtra, Kerala, Tamil Nadu, Andhra Pradesh, Mizoram and Tripura are the only states to have shown improvement both in overall and incremental performances.

The report pointed out that Rajasthan was the weakest performer both in terms of Overall Performance and Incremental Performance.

The performance of states on key health indicators such as U5MR and NMR reflect the need for improvement.

For instance, NMR, which should be 12 or less per 1,000 births, is between five and 13 in only five states, namely , Himachal Pradesh, Kerala, Maharashtra, Punjab and Tamil Nadu.

“All states registered a reduction in NMR or its level remained the same during 2014 to 2018, except Chhattisgarh, where the number of neonatal deaths per 1,000 live births increased from 28 to 29. This is an important trend as NMR reflects the availability and quality of prenatal, intrapartum and neonatal services,” the report read.

All the larger states recorded a reduction in U5MR between 2014 and 2018, a critical indicator for a child’s survival, the report said.

“Kerala continued to be the best performing state with the lowest U5MR of 13 per 1,000 live births in 2014 and 10 per 1,000 live births in 2018,” it said.

Assam and Madhya Pradesh are the worst performers with U5MR of 66 and 56 per 1,000 live births, respectively, according to the report.

A Niti Aayog official said, “Uttar Pradesh has shown a marked improvement in the performance in majority of the indicators. There has been improvement in its performance with respect to the intermediate health outcome indicators such as full immunisation coverage, total case notification of TB, TB treatment success rate etc.”

Post-pandemic

What post-pandemic trade numbers show (Hindustan Times:202101228)

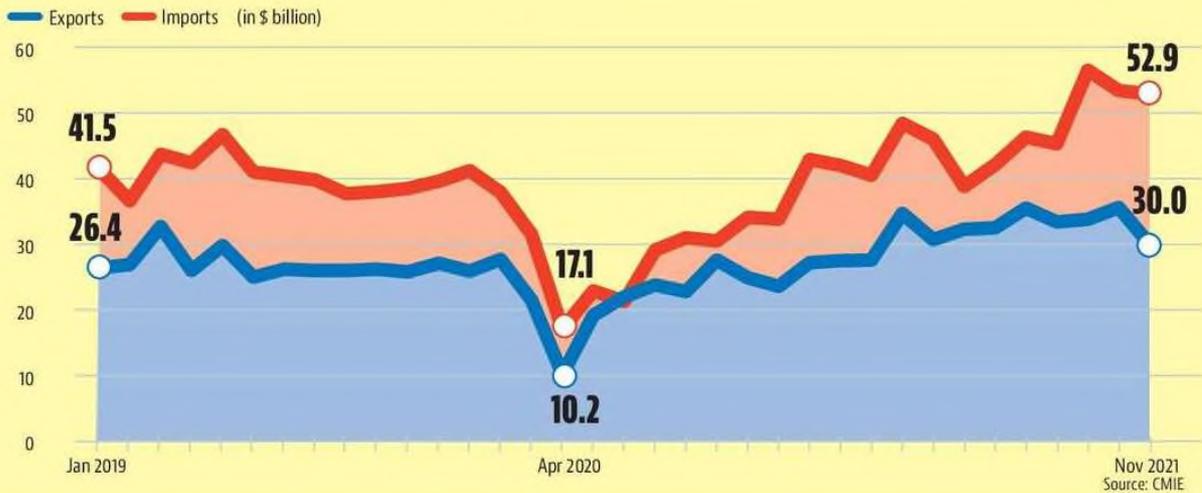
<https://epaper.hindustantimes.com/Home/ArticleView>

By Vineet Sachdev India’s trade deficit in November stood at a record \$22.9 billion, the commerce ministry said on December 14, in sharp contrast to a trade surplus in June 2020. What’s behind the shift? Here are four charts that explain this in detail.

1 Imports suffered a bigger disruption than exports

A comparison of India's merchandise export and import numbers shows there was a bigger disruption in imports during the early phase of the pandemic. Imports fell to \$17.09 billion in April 2020, the lowest in 11 years. Given that most of India's imports are in the intermediate and capital goods category — the World Bank's WITS database shows these two had a share of 54% in India's imports in 2019-20 — imports started rising sharply as the economy opened up. Although exports have increased in the post-pandemic period, the rise is smaller.

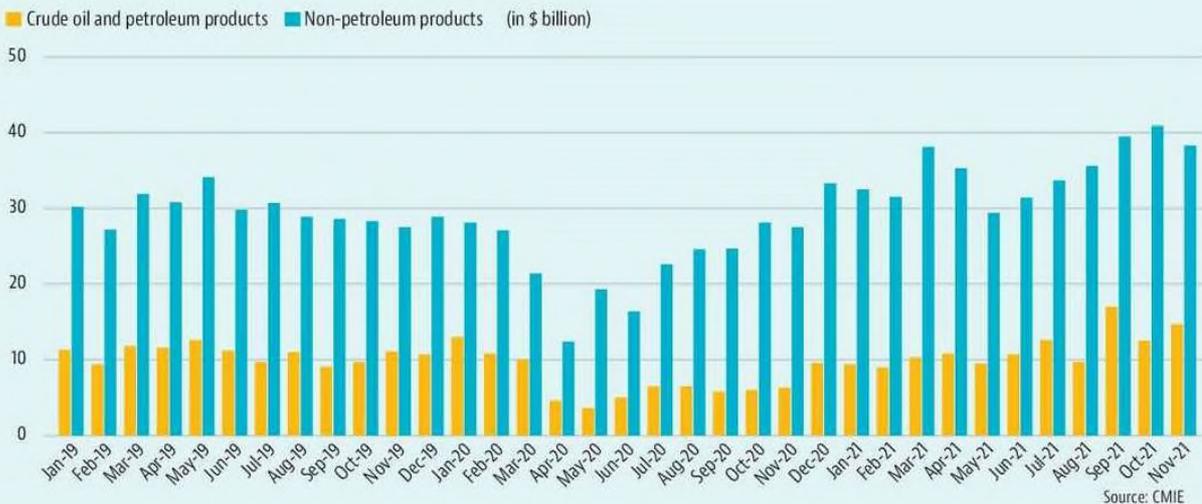
INDIA'S MONTHLY EXPORTS AND IMPORTS



2 Is the import spike just a result of rise in crude oil prices?

Unlike GDP, trade numbers are measured in nominal terms. It means they are affected by changes in prices of important commodities. One commodity that plays a large role in the volatility in India's import bill is crude petroleum. The country imports more than 80% of its crude oil, and its prices have fluctuated wildly during the pandemic. The price of India's crude oil basket (COB) fell from \$54.63 per barrel in February 2020 to just \$19.90 a barrel in April 2020. It was less than \$50 per barrel for the next eight months, a level not seen in the past three years, before climbing once again. Average COB price was \$80.64 per barrel in November 2021. Are petroleum prices the biggest reason for rise in India's import bills? Not entirely, as non-petroleum imports have also shown a large increase.

PETROLEUM AND NON-PETROLEUM IMPORTS



3 But inflation has played a major role in boosting both import and export numbers

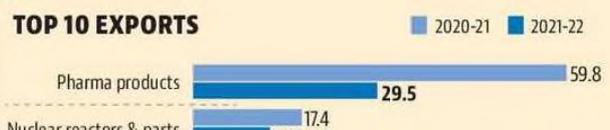
Post-pandemic inflation has not been confined to petroleum alone, with most countries clocking high rates of overall inflation and also a rise in prices of non-food, non-fuel items. This has played a role in India's trade numbers as well. Trade in different commodities in October 2021, as seen in the commerce ministry's latest data, shows this clearly, according to HT's analysis. For most of the top 10 items in India's import and export basket, which account for 80% and 61% of total imports and exports, unit values have increased significantly between April and October 2021 compared to the same period last year.

UNIT VALUE OF TOP 10 IMPORT AND EXPORT ITEMS

TOP 10 IMPORTS



TOP 10 EXPORTS



Omicron variant

What more we know about the Omicron variant (Hindustan Times:202101228)

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

To recap the impressive speed at which scientists responded to the Omicron variant, there are three critical things to know.

First, it spreads faster than any Sars-CoV-2 variant yet – a UK study by Imperial College London estimated that for every infection the Delta variant led to, Omicron led to three.

Second, it is highly resistant to antibodies from a past infection or vaccination, but only as far as symptomatic disease was concerned. The risk of reinfection with Omicron rose 5.4-fold compared to Delta.

But, and the third important point, is that it is significantly less likely to cause severe disease. Some of it could be due to its inherent trait – Imperial College researchers estimate a 0-30% reduction in risk for unvaccinated, previously uninfected people needing to go to a hospital. But most of it, as estimated by South African researchers, is likely due to a past infection or vaccination. On average, the UK study found the risk of needing hospital care to be almost halved.

There are some associated insights too, like the two studies by researchers in Hong Kong, Cambridge and Japan that found the Omicron variant replicating more in the bronchus and nasal airways, but was significantly less potent in infecting the lungs.

The import, then, is that Omicron is a threat because of the speed at which it spreads even though it is likely to cause milder disease.

To look at it differently, if Delta variant caused 100 infections in, say, a week and led to four hospitalisations, Omicron would likely cause 300 infections with six hospitalisations in the same period.

In the second week, given what we know of the transmissibility, this number will grow to eight Delta hospitalisations (from 200 infections) and 18 Omicron hospitalisations (from 900 infections).

At a population scale, these numbers can be much larger with more confounders. In a population with more past immunity or a more recent vaccination surge, Omicron may cause much fewer hospitalisations. Conversely, a region not exposed to past waves or one where vaccines have waned, the Omicron wave may be more severe.

Reorienting perspectives

The uncertainties make the case for an outbreak to now be assessed more on hospitalisation and fatality rates instead of case rates, experts say.

“We have to do a shift. For two years, infections always preceded hospitalisations which preceded deaths... it was largely the unvaccinated people getting infections then. Omicron changes that. We are moving through a phase where large populations that are vaccinated gets infected, be unwell, and bounce back after a few days. I no longer think that infections should be the major metric – sure, we should continue tracking it, especially in unvaccinated people – but we must focus on hospitalisation and deaths now,” said Ashish Jha, the dean of the Brown University School of Public Health, in an interview with ABC News on Sunday.

In India, there is no official figure on hospitalisations. The Union health ministry issues a daily bulletin with cases, active cases, and testing bulletin, but offers no figures on how many people with Covid-19 were admitted to a medical care facility. In terms of states, only some, like Delhi, give hospitalisation data in their state-specific daily bulletin.

A second expert too recently said this was problematic. “The fact that we are not tracking hospitalisations is going to become very critical in coming months. For example, if Omicron, which is highly transmissible, truly leads to lot of mild infections and we have nothing to worry about, we need to know that,” Bhramar Mukherjee, head of biostatistics at University of Michigan and an epidemiologist who has modelled India’s outbreak, in an interview with The Wire.

Mukherjee added that with the lack of this data, restrictions based simply on surging cases can turn into overkill or unvaccinated people may not be aware of the higher risk they will be at.

India’s data hurdle

The Indian-origin University of Michigan epidemiologist said predicting India’s outbreak is difficult because of “data denial, data opacity and data paucity”. “What is the breakdown of cases, hospitalisation and deaths, across age, sex and now vaccination status? I cannot find it,” she said during the interview.

Last week, the routine press briefing on Covid-19 offered a brief illustration how misrepresented data could be problematic. One of the figures shared by the officials in a slide show claimed 91% of the known cases of Omicron were in fully vaccinated people – without accounting for significant caveats in the fine print.

The fine print said vaccination details of 73 of the 183 samples were not available, which meant that in reality, only 47% were known to be fully vaccinated.

But the main figures were reported as is, leading at least one respected civil society member to share photographs of a newspaper headline to falsely claim the “vaccinated were more likely to get infected”.

Even if it were indeed 91%, a second major caveat was mentioned, either by the government or in the particular report: the large proportion of vaccinated people is simply a testing bias artefact.

All international travellers, who are mostly likely to be vaccinated, are tested even if they are asymptomatic, and all positive samples are sequenced for their genome.

Omicron changes the pandemic equation significantly. To understand that, all elements of the equation must first be reported and reported

Delhi HC seeks AIIMS' opinion on termination of 28-week pregnancy

New Delhi, Dec. 27: The Delhi High Court on Monday sought an AIIMS expert body's opinion on medical termination of a 28-week pregnancy on account of certain abnormalities in the foetus after the initial medical report indicated the foetus was alive and might need medical care after being removed from the uterus at this stage.

Justice Anu Malhotra, who was dealing with a petition by a 33-year old woman seeking permission to undergo medical termination of pregnancy, said that in view of the medical report, the question was not whether the pregnancy "can" be terminated but whether it "should" be.

The counsel for the All India Institute of Medical Sciences (AIIMS), Delhi, said that the foetus has a heartbeat and in case the medical termination of pregnancy is proceeded

with, there was a chance that the child would be born alive. He nonetheless stated that the institute would comply with whatever orders are passed in the case.

The court said that it shared AIIMS' concern for the foetus being born with life. "That's what I'm also saying that I will be entering into murder. That was my first sentence. I know that the child is alive. The report is very clear and it says that if the child is born, it will need postnatal resuscitation," Justice Malhotra said.

"It is very clear that the child is alive and if it is removed from the uterus also, it would continue to be there and it would need care and immediate attention and if it is not given, it may collapse but can a court order that? That's my concern," she said.

The petitioner had moved

JUSTICE ANU Malhotra, who was dealing with a petition by a 33-year old woman seeking permission to undergo medical termination of pregnancy, said that in view of the medical report, the question was not whether the pregnancy "can" be terminated but whether it "should" be

the court for permission to undergo medical termination of her pregnancy under the Medical Termination of Pregnancy (MTP) Act, claiming that the foetus suffered from abnormalities of the heart and chances of survival were remote.

On December 22, the court had asked AIIMS to set up a medical board at the earliest for the examination of the woman.

The court noted that according to the report submitted by the AIIMS med-

ical board, the foetus was viable and there was an 80 per cent chance of success if it receives due medical care and attention. "There have been cases where patients have survived and here they are showing a success rate of 80 per cent, and 80 per cent is not small. What can be done is that a further report can be called for," the court stated. The court directed the board to give its opinion on the postnatal outcome in the case of a full-term delivery and the need for surgeries during childhood for the child's well-being as well as the follow-up care.

The court also asked the board to state if there was any danger, physical or mental, to the petitioner if the pregnancy is continued and the kind of postnatal resuscitation and management required in case of termination done at the present gestation. —PTI



Birds fly over the Taj Mahal on a cold winter morning in Agra on Monday.

— PTI

■ TN, Telangana 2nd and 3rd best performers

Kerala again top performer in health parameters, UP worst

New Delhi, Dec. 27: Kerala has again emerged as the top performer in terms of overall health performance among larger states, while Uttar Pradesh is the worst, according to the fourth Health Index launched by Niti Aayog. The fourth round of the Health Index took into account the period 2019-20 (reference year).

The report by the government think tank said Tamil Nadu and Telangana have emerged as the second and third best performers, respectively, on health parameters.

Bihar and Madhya Pradesh were the second and third worst performers, respectively, on health parameters.

The report, however, added that Uttar Pradesh topped in terms of incre-

mentary performance by registering the highest incremental change from the base year (2018-19) to reference year (2019-20)

mental performance by registering the highest incremental change from the base year (2018-19) to reference year (2019-20).

Among the smaller states, Mizoram emerged as the best performer in overall performance as well as incremental performance, while among UTs, Delhi and Jammu and Kashmir ranked among the bottom UTs in terms of overall performance but emerged as the leading performer in terms of incremental performance.

The report pointed out that for the fourth consecutive round Kerala emerged as the best performer in terms of overall performance.

According to the report, Kerala and Tamil Nadu were top two performers in terms of overall performance with the highest reference year (2019-20) index scores but ranked twelfth and eighth respectively in terms of incremental performance.

Telangana performed well both in terms of overall performance as well as incremental performance and secured the third position in both instances.

It pointed out that Rajasthan was the weakest performer both in terms of overall performance and incremental performance. — PTI

NFHS-5 data reveals about gender in India

What NFHS-5 data reveals about gender in India (The Indian Express: 202101228)

[https://indianexpress.com/article/opinion/columns/nfhs-data-reveals-gender-india-](https://indianexpress.com/article/opinion/columns/nfhs-data-reveals-gender-india-7693694/)

[7693694/](https://indianexpress.com/article/opinion/columns/nfhs-data-reveals-gender-india-7693694/)

● Christophe Jaffrelot, Trishali Chauhan write: There have been small steps towards progress, although Indian women still lag behind in literacy, and gender-related violence has increased in many states



THE GENDER SNAPSHOT

CHRISTOPHE JAFFRELOT & TRISHALI CHAUHAN



The sex ratios in the factsheet are based on de facto enumeration — the number of men and women present in the household on the last night of the survey.

The National Family Health Survey-5 report is a mine of information, especially in the context of the growing paucity of data. The overall picture it gives of society is a rather complex one. The decline in the total fertility rate (TFR) across all the states is a positive sign. The TFR has been falling over the years and has now reached 2.0 at the national level, which means that

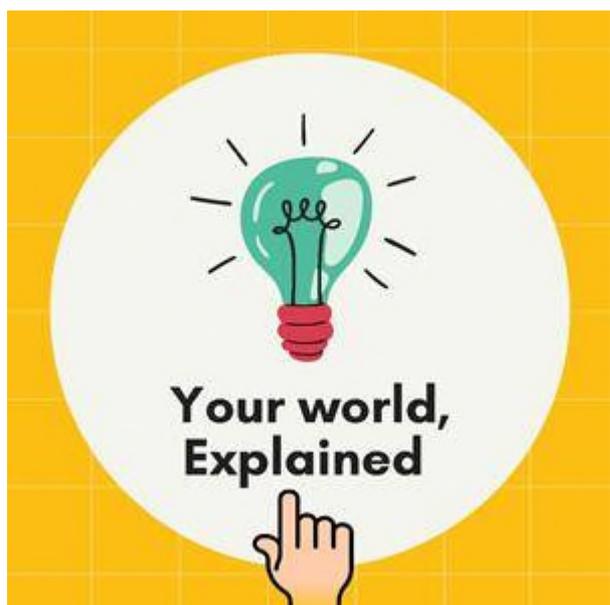
India's population will decrease soon — probably by 2047-48 — after reaching a peak of about 1.6 billion people.

In this article, we would like to focus on gender-related issues. Among the points made by the survey in this domain, we'd like to emphasise one that has been neglected for a long time: The proportion of 15- to 24-year-old women using menstrual care products has increased across almost all states between the fourth (2015-16) and the fifth (2019-2021) NFHS — although, it still remains low in states like Bihar (59 per cent) and in Assam and Gujarat (66 per cent). The largest increase was seen in Bihar and West Bengal.

Secondly, the sex ratio question needs to be scrutinised in detail. The good news is that India has now 1,020 women for every 1,000 men, against 991 for 1,000 in the 2015-16 NFHS. But although the sex ratio at birth (SRB) shows an increase in the number of females as compared to males (from 919 in 2015-16 to 929 in 2019-21), the data remains skewed towards males as this is still lower than the natural standard of 952 female births per 1,000 male births. In three states, the ratio is below 900 (Goa: 838, Himachal Pradesh: 875, and Telangana: 894). While comparing the data from NFHS-4 to NFHS-5, Tamil Nadu has seen its SRB decline from 954 to 878, as has Chandigarh (from 981 to 838), Jharkhand (from 919 to 899) and Odisha (932 to 894). States with SRB in the 900s are also seeing a decline — for example, Meghalaya (from 1,009 to 989), Nagaland (from 953 to 945), Maharashtra (from 924 to 913) and Bihar (from 934 to 908).

Thus, the number of baby girls fails to explain why there are more women than men in India. Is it the effect of the pandemic, which has possibly led to the death of more men? Or were more men away from their households during the data collection? Only the next Census of India will tell. Also, note that the more urbanised the state, the worse the sex ratio.

Thirdly, the NFHS shows that there is an increase in gender-related violence in many states. The proportion of married women (between 18 and 49 years) who have been a victim of spousal violence has increased in five states. In Karnataka, it has jumped from 21 per cent to 44 per cent. A significant number of married women face spousal violence in Bihar (40 per cent), Manipur (40 per cent), and Telangana (37 per cent).



Last but not the least, women lag behind men in the literacy rate (71.5 per cent against 84.4 per cent for men). This is partly due to the number of years of schooling: Only 41 per cent of women have 10 or more years of schooling, against 50.2 per cent for men. Correlatively, only 33 per cent of 15- to 49-year-old women use internet, against 57 per cent among men of the same age. In spite of an increase in the number of women owning a house or land, the country still struggles with a digital divide in terms of accessibility between men and women.

We need to end with a word on methodology. First, the NFHS takes only certain demographic categories into account. This, particularly, stems from the difference in questionnaires. The women's questionnaire roughly has 1,140 questions and is 96 pages long, whereas the men's questionnaire is 38 pages long with 843 questions. The report advises "readers to be cautious while interpreting and comparing the trends as some states and Union territories may have smaller sample sizes". For example, Andaman and Nicobar Islands gathered information from 2,624 households, 2,397 women, and 367 men; whereas Assam gathered its information from 30,119 households, 34,979 women, and 4,973 men. In fact, each state/UT factsheet separately reminds the readers to be cautious while interpreting trends. Further, the sex ratios in the factsheet are based on de facto enumeration — the number of men and women present in the household on the last night of the survey. This can be misleading because there is a possibility that the rural men and women could be away from their households on the last night of de facto enumeration.

As a result of this, the micro-level disparity in urban and rural dynamics might be camouflaged by migration. Last but not the least, the survey was conducted in two parts. One, before the pandemic and the second phase was conducted around the second wave of [Covid-19](#) in India.

This increases the scepticism over data collection, absence of meta-data and the systematic errors arising thereof. It also points to a possibility of actual issues being buried under the demands of the pandemic.

precaution dose'

Why a gap of 9-12 months between 'precaution dose' and second jab is important (The Indian Express: 202101228)

<https://indianexpress.com/article/lifestyle/health/precaution-doses-booster-shots-9-12-months-second-vaccination-elderly-comorbidities-7692343/>

According to PM Modi, 61 per cent of India's adult population has received both doses while 90 per cent has received the first dose

By: Lifestyle Desk | New Delhi |

December 28, 2021 10:50:23 am

boosterWith Omicron threat looming over the festive season, Kerala became the latest state to impose a night curfew. (Express Photo by Narendra Vaskar)

Prime Minister Narendra Modi, in a televised address to the nation on Saturday night, announced that a "precaution dose" for frontline workers, and people with co-morbidities above 60 years of age, would be administered from January 10, 2022.

ALSO READ |Covid vaccine potentially benefits mental health, a study finds

The decision was taken amid reports of rising Omicron variant cases in the country. "In India, many people have been found to be infected with Omicron. I would urge all of you not to panic, be careful and alert. Remember to wash hands and mask," he said.

The likely gap between the second dose of Covid-19 vaccine and the third, being called a “precaution dose”, is likely to be nine to 12 months, as per reports. However, the specific gaps for the vaccines — Covishield and Covaxin — is being worked out.

ALSO READ |Doctors weigh in on the importance of Covid vaccine for kids and booster shots for adults

As per Dr Trupti Gilada, infectious disease specialist, Masina Hospital, Byculla, Mumbai, 9-12 months holds a “right balance”.

“Although International studies have shown that Covid-19 antibody levels post primary vaccination starts waning at around six weeks, this evidence from Indian studies is still awaited. Also, a large proportion of Indians got immunity through the natural infection in the second wave. In these two regards, the 9-12 months seems like the right balance, because a booster coming in too early is not required and a booster that comes too late might make the population susceptible once again,” Dr Gilada said.

ALSO READ |Why get vaccinated? An expert answers your frequently-asked questions

According to PM Modi, 61 per cent of India’s adult population has received both doses while 90 per cent has received the first dose. This also means there will be a gap of at least nine months, explained Dr Shuchin Bajaj, founder director, Ujala Cygnus Group of Hospitals.

“India will, most likely, be advising a gap of nine months because we are still looking to get the second dose for a lot of people in the country as only 61 per cent have received the second dose. So there is automatically a big gap needed to cover the entire adult population. We also need to give vaccination to 15 to 18 year old. So, right now that interval is required,” Dr Bajaj explained.

As per the address, children between the age of 15-18 years will also be administered vaccination starting January 3, 2022.

Healthy diet

Healthy diet: Nutritionist explains how you can stay fit this holiday season (The Indian Express: 202101228)

Rujuta Diwekar explains how you can enjoy a night of festivity without feeling sick in the morning

<https://indianexpress.com/article/lifestyle/health/healthy-diet-nutritionist-stay-fit-holiday-season-7680353/>

healthy eating, healthy eating during festive and holiday season, how to eat healthy during festive season, healthy foods, drinking enough water, indian express news It is essential to have a full stomach before a night of drinking. (Photo: Getty/Thinkstock)

The festive period is usually when people stray from their normal healthy routines to enjoy time with friends and family. And New Year is the perfect occasion to meet with people, revel and have a jolly good time.

While you are allowed to experience festive joy, it is important to remember that health is precious, too. And that when all the festivities are over, ideally, you should feel your best both mentally as well as physically, as opposed to experiencing various symptoms of digestive issues and other such problems.

Celebrity nutritionist Rujuta Diwekar shares in her audiobook — ‘Eating in the Age of Dieting’ — available on Audible, some healthy eating habits which can make sure you remain in the pink of health.

* “Dal, rice, roti with paneer sabzi before leaving for the party.”

It is essential to have a full stomach before a night of drinking. The nutritionist states that a “well-fed stomach comes with a brighter face and a happier state of mind. Basically, be ready to drink and dance the moment you arrive”.

* The nutritionist’s mantra to survive a night-out is staying hydrated. “Drink water between your drinks and eat peanuts, paneer, olives, cheese, small stuff with good fats, stay well hydrated and don’t let the alcohol hit you of your beauty or brains,” she says.

ALSO READ |Mindy Kaling shares her ‘cheaty version’ of a super healthy green smoothie

* Rujuta also recommends “eating something before you sleep”. “It could be khichdi, biriyani or just bread and butter, but eat.”

* She emphasises that one must “wake up to a glass of water and eat some soaked raisins and one teaspoon of gulkand, as nothing prevents headaches or hangovers like this does. It also helps you cleanse your system”.

* “Eat a wholesome snack before noon. Essentially take your pick but eat something to ease your next day,” she says.

Gynaecology

Gynaecologist lists 5 health issues young women must know about (The Indian Express: 202101228)

<https://indianexpress.com/article/lifestyle/health/gynaecologist-health-young-women-pcos-pregnancy-infertility-sti-7664590/>

One out of five women in child bearing age suffer from PCOS due to lack of exercise and consumption of high calorie fast food," said Dr Vaishali Joshi, senior obstetrician and gynaecologist

stress Young women are prone to multiple health issues (Source: Getty Images/Thinkstock)

The physical, mental, and reproductive health of women is equally important. Every woman should know about her hormonal health to effectively seek diagnosis and treatment at the earliest, said Dr Vaishali Joshi, senior Obstetrician and Gynaecologist at Kokilaben Ambani Hospital, Mumbai.

As per the expert, some of the common issues that young women continue to face are stemming from lifestyle habits, and lack of awareness — which, she said, can be managed effectively if diagnosed on time.

PCOS or Polycystic Ovarian Syndrome

PCOS is a lifestyle disease which leads to irregular periods, scanty menstrual flow, acne, excess body hair, weight gain, darkening of skin along with Polycystic bulky ovaries (PCOD) on sonography, and hormonal imbalance.

“It is a silent epidemic. One out of five women in child bearing age suffer from PCOS due to lack of exercises and consumption of high calorie fast food,” she noted.

ALSO READ |Five important health concerns women must discuss with their gynecologists

Unplanned pregnancies

This is mostly due to lack of awareness, inaccessibility to contraceptive and family planning clinics, unavailability of confidential services or simple ignorance. This can impact planning of pregnancies to strike a balance between career-and motherhood experience, and inter-pregnancy interval. “Occasionally, young, unmarried women can get exploited and can be misled by unsafe abortion practices which can endanger their lives,” said Dr Joshi.

Sexually Transmitted Infections (STI)

Healthy women are prone to STIs due to unsafe sexual practices without barrier (condom) contraceptives, changes in acceptance of social norms of sexual behaviours, particularly pre-marital sex, multiple sexual partners etc. “It’s important to use barrier method not only during vaginal sex but also during oral and anal sex,” said Dr Joshi.

ALSO READ |Visiting the gynaecologist? Here are some things to keep in mind

Ectopic pregnancies

Ectopic pregnancies are pregnancies occurring outside the womb or uterus. Most common sites are Fallopian tubes, followed by previous uterine caesarean section scar. “The incidence has increased due to overt untreated STI, particularly Chlymadia and high rates of caesarean deliveries,” said Dr Joshi.

Infertility or difficulty in conceiving

The most common reason is ovulation, i.e difficulty to produce an egg due to PCOS. This is followed by tubal factor, i.e blockage in tubes most commonly due to STI like Chlymadia or previous surgeries. “The decreased ovarian egg reserve or pool is a new contributor. This may be due to advanced age (after 35 years) when first pregnancy is planned after career commitments are completed,” she said.

Gut health

Know the connection between gut health and optimal weight loss(The Indian Express: 202101228)

<https://indianexpress.com/article/lifestyle/health/connection-between-gut-health-and-optimal-weight-loss-nutritionist-healthy-tips-7684974/>

"If your gut is not okay, how can you expect to eat intuitively..." wrote nutritionist Rashi Chowdhary

gut, gut bacteria, gut health, healthy gut, indian express, indian express news

Diarrhea, constipation, excessive bloating, etc., are signs of gut health problems. (Source: Getty/Thinkstock)

Your gut health lies at the absolute core of your overall health. Taking care of it will automatically make sure that you can fight and manage complex chronic diseases like diabetes, ward off infectious bacteria, and also keep digestive problems at bay. But did you know that gut health also plays a role in your weight loss journey?

Nutritionist Rashi Chowdhary, who specialises in gut health, weight issues, and diabetes, recently shared an explanatory post on Instagram wherein she elaborated on “the connection between your gut and optimal weight loss”.

|Study says ‘moving more often’ helps ‘long-term weight loss’ in older adults; here’s how

“There are so many times when clients come to me with a complain that they just can’t seem to lose weight or stick to a healthy meal plan,” she said.

Omicron infections

India sees highest single-day rise of Omicron infections; Goa, Manipur report first cases (The Tribune: 202101228)

<https://www.tribuneindia.com/news/nation/india-sees-highest-single-day-rise-of-omicron-infections-go-manipur-report-first-cases-355169>

Union Home Secretary says states and UTs may consider imposing need-based curbs and restrictions to control the crowd during festive season

India sees highest single-day rise of Omicron infections; Goa, Manipur report first cases

A health worker collects a swab sample for a Covid-19 test amid concern over rising Omicron cases, in New Delhi. Tribune photo

India reported over 150 fresh Omicron infections with Goa and Manipur on Monday registering their first cases as the total tally of this latest variant of COVID-19 touched nearly 600.

With the surge in cases, the Centre issued a fresh advisory to all states and union territories, asking them not to let the guard down.

According to Union Health Ministry data updated in the morning, 156 fresh cases of Omicron were logged, taking the tally of such cases to 578. However, 151 out of the 578 people, who contracted the infection, have recovered or migrated.

The 578 cases have been detected across 19 states and union territories with Delhi recording the maximum number of 142 cases followed by Maharashtra at 141, Kerala 57, Gujarat 49, Rajasthan 43 and Telangana 41.

India’s total tally of COVID-19 cases rose to 3,47,93,333, while the active cases declined to 75,841, according to the data updated at 8 am.

The death toll has climbed to 4,79,997 with 315 fresh fatalities, the data stated.

Union Home Secretary Ajay Bhalla said states and union territories may consider imposing need-based, local curbs and restrictions, to control the crowd during the festive season. A number of states have already imposed curbs on congregation of people besides night curfew.

A 48-year-old returnee from Tanzania tested positive for Omicron variant in Manipur, making him the first patient of the strain in the northeastern state.

The Directorate of Health Services in Imphal said the man, a resident of Imphal West district, recently returned via Delhi. He tested positive on the eighth day of his return to India.

He has been placed under isolation at the state-run Jawaharlal Nehru Institute of Medical Sciences in Imphal, and he has not exhibited any severe symptoms, officials said.

Three other family members of the man have also tested positive for COVID-19, but their genome sequencing results are yet to come.

In Panaji, an eight-year-old boy, who arrived from the UK, was confirmed to be infected with Omicron.

The Delhi government on Sunday had decided to re-impose night curfew from 11 pm to 5 am from Monday in view of surge in daily cases and significant rise in positivity rate. According to a graded response action plan, a 'Yellow' alert will come into force, bringing a set of restrictions.

Maharashtra reported 26 new cases, including 11 in Mumbai, of the Omicron variant, taking the state's tally of those infected with the new strain to 167.

During the day, Haryana reported two more cases of the Omicron variant, pushing the tally of such cases to 12 in the state.

In view of the emergence of the Omicron cases, the Haryana government has already imposed a night curfew and restrictions on gatherings from Saturday. It has also said people eligible for vaccination but not fully vaccinated will be banned from entering shopping malls, cinema halls, restaurants and grain markets, among other crowded places, from January 1.

Three more persons tested positive for Omicron in Uttarakhand, taking the number of people infected with the latest variant to four in the state.

One of the three cases is a 28-year-old man who had returned from Yemen and tested positive for the Omicron variant in Haridwar.

The two others are a 74-year-old man and a 65-year-old woman who had come into contact with a family that had returned from Dubai and tested positive for the strain in Dehradun.

Gujarat reported 24 new cases of the Omicron variant, raising the tally to 73.

In Indore, the health department has sent for tests samples of 164 people, who came in contact with nine people found infected with the new Omicron variant.

Out of these 164 people, if anyone tests positive for coronavirus, then that person's sample will be sent to the National Centre for Disease Control for genome sequencing to ascertain if the person is infected with the Omicron variant, Indore's Chief Medical and Health Officer Dr B S Saitya said.

Of the nine people found infected with Omicron after return from abroad, seven have recovered and gone back home from hospital, he said.

"The other two patients are admitted in different hospitals here and their health condition is stable," the official said.

Meanwhile, the Tamil Nadu government has requested the Centre to grant the state permission, as a special case, to announce Omicron confirmed cases rather than wait for reports from the National Institute of Virology, owing to its expertise in whole genome sequencing.

Reiterating the demand for necessary approvals, Health and Family Welfare Minister Ma Subramanian claimed that by the time the NIV confirmed the samples, those testing positive in the state get discharged after treatment.

Subramanian said of the 97 people recently detected with S-gene drop in Tamil Nadu, the NIV confirmed the presence of Omicron variant in 34, of whom 18 have already been discharged while 16 are undergoing treatment. PTI

Vaccine

Congress seeks vaccine for 5-15 age group (The Tribune: 202101228)

<https://www.tribuneindia.com/news/nation/congress-seeks-vaccine-for-5-15-age-group-354895>

15-18 age category may get only Covaxin

A day after Prime Minister Narendra Modi announced expansion of vaccination coverage, the Congress demanded jabs for children between 5 and 15 years.

Demanding that the government must follow a clear vaccination policy, the Opposition party also asked the PM to spell out the plan for combating the pandemic.

Taking a swipe at the PM for holding political rallies, the Congress said, while in Uttar Pradesh gatherings at weddings were being limited to 200, Modi was holding huge rallies. On Saturday, the PM had announced that vaccination for children between 15 and 18 years would start from

January 3, while the “precaution dose” for healthcare and frontline workers would be administered from January 10.

In an address to the nation, Modi said the precaution dose would also be available for citizens above 60 years of age having comorbidities on the advice of their doctors from January 10 next year.

Briefing media at AICC headquarters here, Congress chief spokesperson Randeep Surjewala alleged that the Modi government had “failed India” during the pandemic. He said, “Modi ji failed the migrant workers, poor and small traders during the Covid waves.”

Alleging that Covid “mismanagement” led to “death of nearly 40 lakh Indians” Surjewala said, “The tepid response on Omicron virus is even more alarming now.” The Congress leader said despite the “lofty announcement”, the harsh reality is that 47.95 crore adults over 18 years of age are yet to be administered 59.40 crore doses.

Questioning job availability, Surjewala said the PM’s announcement would mean that 25.69 crore people would be entitled to 35.7 crore more vaccine doses. He said the need was over 90 crore doses.

Omicron, Covid-19

Omicron, Covid-19: Centre sends health teams to Punjab, 9 other states (The Tribune: 202101228)

<https://www.tribuneindia.com/news/punjab/centre-sends-health-teams-to-punjab-9-other-states-354497>

Omicron, Covid-19: Centre sends health teams to Punjab, 9 other states

Multi-disciplinary central teams have been deployed in 10 states, including Punjab, which are reporting either an increasing number of Omicron and Covid-19 cases or a slow vaccination pace, according to a Union Health Ministry office memorandum. - File photo

Multi-disciplinary central teams have been deployed in 10 states, including Punjab, which are reporting either an increasing number of Omicron and Covid-19 cases or a slow vaccination pace, according to a Union Health Ministry office memorandum. As per the document, besides Punjab, the teams have been sent to Kerala, Maharashtra, Tamil Nadu, West Bengal, Mizoram, Karnataka, Bihar, Uttar Pradesh and Jharkhand. — TNS

Coronavirus vaccine

Coronavirus vaccine for 15+: Should you get your child vaccinated for COVID-19? What are the possible side effects? (The Times of India: 202101228)

<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/coronavirus-vaccine-for-15-should-you-get-your-child-vaccinated-for-covid-19-what-are-the-possible-side-effects/photostory/88525478.cms?picid=88525642>

In a bid to immunise adolescents against COVID-19, the Indian Government has approved vaccination for kids between 15-18 years. The decision to cover this section of the population came almost a year after India began its vaccination drive in 2020. Several Western and European countries have already started vaccinating kids for the infectious disease earlier this year. The United States and Canada were the first two countries to begin the administration of Pfizer jab to kids aged 12 years and older from May. While the move to immunise kids aged 15 and above in the country has been welcomed by all, there are still a lot of questions among parents on getting their little ones vaccinated. Here we have tried to answer a few.

02/6 Why do some parents hesitate to get the shot?

When it comes to getting vaccinated against COVID-19 or any other disease, many parents hesitate. They do not believe in the idea of exposing their kids to chemicals about which they have limited knowledge. They argue that it is best to develop immunity naturally against the condition rather than exposing their kids to several kinds of

chemicals. Apart from this, many parents refuse to get the jab on a religious basis and others due to fear of the effectiveness of the vaccine and its long-term impact.

Read more: [Coronavirus: Booster doses available for seniors above 60 with comorbidities; find out if you qualify for the booster dose](#)

READMORE

03/6Should you get your child vaccinated?



At present getting your kids vaccinated against COVID-19 is the best way to protect them from infectious diseases. Looking at the impact of the coronavirus on the healthcare system and the number of lives it has claimed across the globe, vaccination seems the only way to cut down the risk of infection. Moreover, the virus is continuously mutating, posing challenges to our immunity and health. Vaccination may not provide 100 per cent protection, but it can reduce the risk of developing severe symptoms and cut down the risk of hospitalisation and fatality. The second wave of the coronavirus, caused by the Delta variant, has proved that children are not the only carriers of the

virus, as was believed earlier. They can develop severe symptoms and may suffer from post-infection complications. Keeping these points in mind, getting the jab is the best and only way to keep your little ones safe from the highly contagious virus.

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Pregnancy

Study suggests childhood obesity linked to mother's unhealthy diet before pregnancy (New Kerala:202101228)

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