



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Friday 20220107

## Guidelines on Covaxin

### Guidelines on Covaxin for under 18 don't mention EUL by WHO: Health Ministry (The Tribune: 20220107)

<https://www.tribuneindia.com/news/nation/guidelines-on-covaxin-for-under-18-dont-mention-eul-by-who-health-ministry-359039>

Such reports are highly ill-informed, misleading and far from the truth, it says in a statement

Guidelines on Covaxin for under 18 don't mention EUL by WHO: Health Ministry

The Union Health Ministry on Friday termed as "highly ill-informed" and "misleading" media reports suggesting that approval for the Covaxin vaccine in the 15-18 age group has been given despite the WHO not having accorded Emergency Use Listing (EUL) to its use in this age bracket.

The guidelines issued by the Union Ministry of Health at no place mention about EUL by WHO, it said.

Such reports are highly ill-informed, misleading and far from the truth, it said in a statement.

The guidelines issued by the Ministry on December 27, 2021, under the heading 'New beneficiaries aged 15-18 years' state that "For such beneficiaries, option for vaccination would only be available for Covaxin as this is the only vaccine with EUL for the age-group 15-18", it said in a statement.

The EUL by CDSCO, the national regulator, for Covaxin vaccine for age group 12-18 age group was accorded on December 24, 2021.

Subsequently, the guidelines for vaccination of 15-18 yearr age group of young adults and precaution dose for other identified categories was issued by it on December 27, the ministry added. PTI

## **Milder omicron**

### **Milder omicron an 'evolutionary mistake'; next variant could be more virulent: warns Indian-origin UK expert (The Tribune: 20220107)**

<https://www.tribuneindia.com/news/nation/milder-omicron-an-evolutionary-mistake-next-variant-could-be-more-virulent-warns-indian-origin-uk-expert-359032>

"There is this assumption that viruses become more benign over time but that's not what's happening here because those are long-term evolutionary trends," Prof. Gupta said

Milder omicron an 'evolutionary mistake'; next variant could be more virulent: warns Indian-origin UK expert

The reduced severity of Omicron is good news for now, but it is the result of an "evolutionary mistake" as COVID-19 is transmitting very efficiently and there is no reason for it to become milder, indicating that the next variant could be more virulent, a leading Indian-origin scientist from the University of Cambridge has warned.

Ravindra Gupta, Professor of Clinical Microbiology at the Cambridge Institute for Therapeutic Immunology and Infectious Diseases (CITIID), led a recent study on the Omicron variant and was among the first globally to describe the modified fusion mechanism of cells at play which might make Omicron more visible to the body's immune defences.

While the study showed that the new variant, dominant in the UK and now sweeping parts of India, is infecting the cells found in the lungs less, the virus itself is not intending to become milder.

"There is this assumption that viruses become more benign over time but that's not what's happening here because those are long-term evolutionary trends," Prof. Gupta told PTI in an interview on Thursday.

"SARS-CoV-2 (COVID-19) does not have that issue because it is transmitting very efficiently so it doesn't have any reason to become milder, especially in the era of vaccination with plenty of susceptible hosts. So that's why I think it's an evolutionary mistake. It's not something intentional that the virus is trying to do to change its biology," he explained.

"This finding of reduced severity with Omicron is obviously good news for now but the next variant that comes, and there will be one, will not necessarily have these characteristics and could go back to the severity that we've seen before.

"And, in fact I think it probably will... Therefore, blocking infection is a potentially desirable thing to do rather than what I've heard, which is people seeing this as a natural vaccine. That is an understandable but dangerous thing to do because we don't understand the complete implications of different variants on our health," he said.

According to the UK-born scientist with familial roots in Uttar Pradesh, who advises the UK government's Scientific Advisory Group for Emergencies (SAGE) and New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), keeping up the vaccination drive is important because that remains "our first line of defence" against the virus.

"Whilst we have a situation of a milder variant, we should use that as a chance to increase vaccination coverage," he said.

Asked how he sees the Omicron wave impacting India, Prof. Gupta said it was important to learn from other countries' experiences and take pre-emptive action. Also, the types of vaccines used, with fewer RNA vaccines compared to the US and Europe, and genetic differences could play a role in India's experience of the Omicron wave.

Gupta said: "In India, there were a lot of Delta infections so there's some immunity there. The vaccines have been rolled out very nicely. We know that Omicron is able to escape from vaccines and third dose boosting is essential.

"It's not clear in India, where mainly people have had two doses plus an infection, whether this will be adequate. There will be certain people who are vulnerable who get sick and do need ventilation, specially the unvaccinated.

"That's why caution is needed and focus on infection transmission interruption and vaccination are so important." According to Gupta's study into Omicron, there seems to be a difference between its impact on the deep tissues in the lung and the upper airways or bronchus. This is down to the presence of a particular protein or enzyme which is sitting on the surface of the cells in the lung called TMPRSS2, which prevents the virus from completing an efficient infection.

"So, two pathways are available to the virus and Omicron prefers one pathway rather than the other and because of that choice, that pathway is more dominant in the upper airways where implications for oxygenation and lung function are milder compared to if things are going on deep into your lungs," he explains.

As the Omicron variant does not engage the TMPRSS2 very efficiently, its ability to cause large fused cells is impaired. This fusion mechanism of making larger cells is a way that the virus can help itself avoid neutralising antibodies and by not being able to fuse, Omicron might make itself more visible to the immune system.

“It's a bit unclear. But it's very real and it's very related to what we call a tropism (behavioural) switch. The big question is why the virus is unable to use TMPRSS2. We are still trying to understand this... for some reason, Omicron's spike is less well processed or cleaved,” said Gupta.

The virus needs to be cleaved, or cut in two, in order for it to perform its functions optimally and Omicron seems to have lost some aspect of its function.

"But if it's replicating in the upper airways, passing very efficiently, it fulfills the goal of transmission much more effectively than if it were infecting deep tissues, which is probably an evolutionary mistake for the virus,” added Gupta.

As a result, his team's focus now is on further studying why this evolutionary mistake occurred and to understand the biology of the virus better to help with more effective and efficient future courses of drugs and vaccines. According to the COVID-19 Weekly Epidemiological Update, released by the global health agency on Thursday, a record 9.5 million new COVID-19 cases were reported around the world during the week December 27-January 2.

The update said that during the week December 27, 2021 to January 2, 2022, following a gradual increase since October, the global number of new cases increased sharply by 71 per cent as compared to the previous week.

WHO Director-General Tedros Adhanom Ghebreyesus cautioned that while the Omicron variant appears to be less severe compared to Delta, especially in those vaccinated, it does not mean it should be categorised as 'mild'.

Just like previous variants; Omicron is hospitalising people and it is killing people, he said in Geneva at a press briefing.

"In fact, the tsunami of cases is so huge and quick, that it is overwhelming health systems around the world," Tedros said.

Hospitals are becoming overcrowded and understaffed, which further results in preventable deaths from not only COVID-19 but other diseases and injuries where patients cannot receive timely care, he said.

Since the Coronavirus was first reported in central China's Wuhan city, the deadly disease has infected over 300,173,00 people globally and caused more than 5,472,000 deaths. PTI

**New Cases (The Asian Age:20220107)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16083826>





Indian Navy personnel during rehearsals for the Republic Day parade on a cold winter morning in New Delhi on Thursday. It is feared that if Covid-19 infections, including of its Omicron variant, continue to explode in Delhi and across the country, the Republic Day celebrations may have to be scaled back this year. — PTI

■ Delhi surge continues ■ Vibrant Gujarat Summit off

## 56% jump: Covid cases rise to 90K; fall in tests worries govt

**SANJAY KAW**  
NEW DELHI, JAN. 6

India registered a jump of about 56 per cent in Covid-19 cases in the last 24 hours. With 90,928 new coronavirus infections, the highest in over 200 days, the country's active caseload has gone up by 33 per cent. The Omicron tally in the country reached 2,715, with Maharashtra topping the count at 876, followed by Delhi, with 465, and Rajasthan at 236.

Delhi reported 15,097 fresh Covid-19 cases, the highest single-day rise since May 8, and six deaths, while the positivity rate jumped to 15.34 per cent. The number of new cases in the city is 41 per cent more than the previous day's figure. Maharashtra also reported a huge surge of 36,265 Covid-19 cases, including 79 Omicron infections, and 13 deaths. Of the Covid-19 cases, 20,181 infections and four deaths were in Mumbai.

In Punjab, a total of 125 passengers on a Milan-

**▶ IN PUNJAB**, a total of 125 passengers on a Milan-Amritsar charter flight were found to be Covid-19 positive when tested on arrival

positive when tested on arrival. Airport director V.K. Seth said there were 179 passengers on the charter flight that landed at Amritsar airport at about 11.30 am. Since Italy is an "at risk" country, all eligible passengers (160) were tested for Covid-19 and 125 were found to be positive. Out of 179 passengers, 19 were children or infants so they were exempt from on-arrival RT-PCR testing. The Milan-Amritsar flight was operated by Portuguese company Euro Atlantic Airways.

Given the massive spike in Covid-19 cases, the Gujarat government has decided to postpone the 10th edition of the Vibrant Gujarat Summit, that was to be inaugurated by Prime Minister Narendra Modi on January 10. The three-day

**EC briefed by health secy on Covid, dates for polls soon**

**AGE CORRESPONDENT**  
NEW DELHI, JAN. 6

Union health secretary Rajesh Bhushan on Thursday briefed the Election Commission on the latest Covid-19 and Omicron variant situation in the five states headed for Assembly polls. The election dates in these states are expected to be announced soon, with restrictions on crowds at rallies and vaccination drives in full swing.

UP, Punjab, Uttarakhand, Goa and Manipur are due to hold Assembly polls in February and March.

The EC is holding regular meetings with the health ministry to get the exact picture of the Covid-19 pandemic's third wave and the possible period of the "peak"

# Coronavirus Surge (The Asian Age:20220107)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=16083842>

## Delhi witnesses massive coronavirus surge

15,097 new cases, 6 deaths in 24 hours, positivity rate at 15.34%

**AGE CORRESPONDENT  
with agency inputs  
NEW DELHI, JAN. 6**

In a massive surge, Delhi Thursday recorded 15,097 fresh Covid cases, the highest single-day rise since May 8, and six deaths while the positivity rate mounted to 15.34 per cent, according to data shared by the city health department. The number of new cases recorded on Thursday is 41 per cent more than the figure the day before.

On Wednesday and Tuesday, 10,665 and 5,481 cases were recorded with a positivity rate of 11.88 per cent and 8.37 per cent respectively, according to official figures.

The daily cases count on Thursday was 15,097 at a positivity rate of 15.34 per cent, the latest health bulletin showed.

This rise is the highest since May 8, 2021 when 17,364 cases were reported

▶ **THIS RISE** is the highest since May 8, 2021 when 17,364 cases were reported with a positivity rate of 23.34 per cent. As many as 332 deaths were also recorded on that day.

▶ **THE HUGE spike** in fresh cases over the past several days here is being recorded amid a significant jump in cases of the new Omicron variant of the virus. The death toll due to the Covid in Delhi has now risen to 25,127.

with a positivity rate of 23.34 per cent. As many as 332 deaths were also recorded on that day.

The huge spike in fresh cases over the past several days here is being recorded amid a significant jump in cases of the new Omicron variant of the

virus. The death toll due to the coronavirus infection in Delhi has now risen to 25,127.

The number of cumulative cases on Thursday stood at 14,89,463. Over 14.32 lakh patients have recovered from the infection.

During the height of the second wave of the pandemic, 28,395 cases, the highest-ever single-day tally here, and 277 deaths were recorded in Delhi on April 20 last year, according to official figures.

Nine Covid deaths were reported here in December last year, and seven in November, according to official data. Delhi had recorded four Covid deaths in October and five in September.

A total of 98,434 tests — 90,051 RT-PCR tests and 18,383 rapid antigen tests — were conducted a day ago, the bulletin said.



Covid infected patient wait outside a ward at the Commonwealth games village sports complex, temporarily converted into Covid-19 care center, in New Delhi on Thursday.

### Kin of Covid-19 victims to soon get additional aide of ₹50,000

**AGE CORRESPONDENT  
NEW DELHI, JAN. 6**

Families that have lost loved ones to Covid in Delhi will get a one-time ex gratia assistance of ₹50,000 from the Delhi Disaster Response Fund (DDRF), in addition to the financial aid of an equal amount being provided by the city government, officials said.

Senior government officials said on Wednesday that directions have been issued to district magistrates to disburse ex gratia assistance of ₹50,000 out of the Delhi Disaster Response Fund to such families and a public notice in this regard is expected to be issued on the weekend.

Around 21,000 such families have received financial assistance of ₹50,000 under the Delhi government's 'Mukhya-mantri Covid Pariwar Aarthik Sahayata Yojana' scheme. Now, they will also receive an ex gratia of ₹50,000 out of the DDRF, a senior official said.

"Applicants are required to apply directly to the concerned district magistrate in GNCT of Delhi for Covid death related ex gratia assistance and District Disaster Management Authority district administration will release fund directly to beneficiary in accordance to guidelines," the DDMA said in an order.

## HC asks govt about status of Omicron in city

New Delhi, Jan. 6: The Delhi High Court Thursday asked the city government to apprise it of the position of Covid new variant Omicron in the national capital, including how many patients are in ICU, on ventilator support and with oxygen beds in hospitals. "We want to know the position of Omicron," a bench of Justices Vipin Sanghi and Jasmeet Singh said.

Senior advocate Rahul Mehra, representing the Delhi government, said he will get instructions and come back with the figures.

The court also sought to know as to out of the total number of Covid patients

### 1,116 out of 12,104 oxygen beds in hospitals occupied

New Delhi, Jan. 6: A total of 1,116 Covid oxygen beds out of 12,104 are occupied in the Delhi hospitals, while 72 ICU beds with ventilators have patients, with city health minister Satyendar Jain saying the numbers do not mean that the patients require oxygen or ventilator support. Lok Nayak Jai Prakash Narayan (L.N.J.P) hospital's medical

director Dr Suresh Kumar said only four coronavirus patients are on ventilator support at the facility and they have comorbid conditions. "One of the ventilator patients has brain tuberculosis, one has cancer and both are aged. Bed occupancy is more due to people who have comorbid conditions along with Covid," he said. —PTI

in Delhi, how many are of Omicron, on ventilators, in ICU and with oxygen support in hospitals.

hospitalisation is not much?

Giving the statistics, Mehra said there were 10,906 active cases of Covid as on January 3.

He then said the period of home isolation has been now reduced to seven days from 10 and the governments, both central and state, are closely looking at the situation.

The high court listed the matter for further hearing on February 1.

During the hearing, Central government standing counsel Amrugh Ahluwalia informed the court that the Centre has already come with the policy on "precautionary dose" of Covid vaccine. —PTI

"So your chief minister is also down with Covid," the bench said. "What is the position otherwise?"

## Govt extends application deadline for nursery admissions in schools

**AGE CORRESPONDENT  
NEW DELHI, JAN. 6**

The Delhi government has extended the application deadline for nursery admissions in private schools by two weeks in view of the prevailing Covid situation, deputy chief minister Manish Sisodia said on Thursday.

The process of nursery admissions in nearly 1,800 private schools across the national capital began from December 15, and the application window was scheduled to close on January 7.

"Keeping in view the prevailing Covid conditions, the last date for filing applications for admission

in nursery and entry level classes in private schools of Delhi is being extended for further two weeks," Mr Sisodia tweeted.

The DoE had last month notified the admission schedule. The admission to entry-level classes for the previous academic session began in February 2021, after a delay due to the Covid pandemic. However, this year, the schedule was in line with previous years.

As per the notified schedule, the first list of selected children will be put up on February 4. This will be followed by a second list on February 21 and a subsequent list for admission, if any, on March 15.

## Covid -19 (The Asian Age:20220107)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16083875>

# Covid-19 cases rise to 90K; drop in testing worries govt

■ Continued from Page 1  
a big way to attract investments, and delegations from many partner nations and CEOs of top firms were due to participate in the event.

Gujarat CM Bhupendra Patel, after analysing the situation, decided to postpone the summit as of now to stop the spread of Covid-19 and its new variant Omicron among the state's people, the CM's office said.

The Centre has, meanwhile, expressed serious concern over a steep fall in

Covid-19 testing and urged eight states and a Union territory to ramp up testing to ensure infected people don't spread the highly contagious Omicron variant.

In a letter to poll-bound Uttar Pradesh, Punjab and Uttarakhand, as well as Bihar, Odisha, Tamil Nadu, Mizoram, Meghalaya and J&K, health ministry additional secretary Aril Ahuja said that a considerable decline

in Covid-19 testing amid rising cases and positivity rate is a "cause of con-

cern". She noted the true level of the virus' spread in the community was impossible to determine in the absence of sufficient testing.

The official advised the states to ensure the availability of sufficient stock of testing kits and prompt arrangement of testing facilities, consumables and logistics. She said:

"With the increased detection of Omicron, and a majority of countries seeing multiple surges in cases despite high levels of vaccination, there is a

need for continued vigil and efforts to prevent any deterioration of the Covid-19 scenario."

In Delhi, health minister Satyendra Jain said the number of cases in the national capital was high as a large number of people are being tested for the virus. "We have been conducting a large number of tests. If we don't do that, the new cases can reduce to 500-1,000. A lot of people (states) don't conduct tests and say they don't have cases. We are transparent... We are conducting

the maximum number of tests in the country."

Amid rising Covid-19 cases, the Haryana authorities ordered the closure of cinema halls, multiplexes and sports complexes in six more districts till January 12. The six districts are Karnal, Panipat, Kurukshetra, Yamunanagar, Rohtak and Jhajjar. Earlier, the curbs were imposed in Gurgaon, Faridabad, Ambala, Panchkula and Sonapat from January 2 to 12. While cinema halls, theatres and multiplexes will be closed,

malls and markets will be allowed to stay open till 6 pm. Shops selling essentials like milk and medicines will be allowed to be open at all times.

The data released by the Union health ministry at 8 am on Thursday showed that the total number of Covid-19 cases across the country has gone up to 3,51,09,286. There are now 2,85,401 active cases, which is about 0.81 per cent of total infections. The national Covid-19 recovery rate has also decreased to 97.81 per cent.

## Covid (The Asian Age:20220107)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16083892>



# Covid no Djoke, after all

**T**he extraordinary story of the world's top ranked tennis player sequestered in a hotel notorious for serving maggot-infested food to travellers in quarantine and facing deportation from Australia has not ended yet. Within minutes of landing after a 14-hour flight from Dubai, Novak Djokovic's dream of a world record 21st Grand Slam lay in tatters even as he was being held in an immigration room with armed guards on duty at the door, all because he had not applied for the right visa.

In such dramatic circumstances in which a player is forbidden to enter a tournament he is eligible to participate in, public sympathy would have been overwhelmingly in a sportsman's favour. But one of the world's greatest players is not the most likeable personality and one who suffers gravely in comparison to his equally great contemporaries — Roger Federer and Rafael Nadal. Great champions have been known to possess tunnel vision and the Serbian is no exception and is seen as a self-centred professional.

The Australians, including Prime Minister Scott Morrison, believe they have brought a tall poppy down. They have felled a giant even before he could hit a tennis ball in anger at the Australian Open. The Covid-weary public are applauding because they had made all those sacrifices in their lives just to keep a virus at bay, bending to every diktat, rule and regulation. The fundamental grounds on which there is so much anti-Djokovic feeling is he is an anti-vaxxer who is seeking an exemption to enter Australia on the grounds that he has suffered Covid, possibly in June 2020 when he defied restrictions to hold a tennis event in Serbia.

Vaccination is a personal choice but those who refuse it must be prepared to pay the price in terms of not being allowed to mix with the vaccinated in public places lest they endanger society. It was clear that Djokovic cannot be so privileged as to eat the cake and have it too, not even if he is an exalted all-time great wielder of the tennis racquet. The rules apply to everyone in these pandemic times and not even the sporting demigods are exempt. This is a humbling lesson for those who don't conform merely because to vax or not is their choice.

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## **Nutrition indicators in NFHS-5 data**

### **Worrying trends in nutrition indicators in NFHS-5 data (Indian Express:20220107)**

<https://indianexpress.com/article/opinion/columns/worrying-trends-nutrition-indicators-nfhs-5-data-7710473/>

● Veena S Rao writes: India's nutrition programmes must undergo a periodic review addressing gaps such as institutional delivery and adolescent anaemia

The NFHS-5 factsheets for India and all states and Union territories are now out. At first glance, it appears to be a mixed bag — much to cheer about, but concern areas remain.

The good news is that there seems to be a change in our demographic trends, particularly in the sex ratio. For the first time since the NFHS 1992-93 survey, the sex ratio is slightly higher among the adult population. It is also for the first time in 15 years that the sex ratio at birth has reached 929 (it was 919 for 1,000 males in 2015-16).

The total fertility rate has also dropped from 2.2 per cent to a replacement rate of 2 per cent, albeit with not much change in the huge fertility divide between the high and low fertility states. It appears that states which were already experiencing a decline in fertility rates have continued to do so, without much change in the trends in the higher fertility states. This fertility divide can have several socio-economic and political repercussions in any society. One assumes that adequate attention will be given to this challenge at the policymaking and social levels after the detailed report is out. But, clearly, policies and programmes for the girl child and women's empowerment have produced positive results, and a direct correlation between higher female literacy, the improvement in the sex ratio, and the decrease in the total fertility rate can easily be drawn.

There has been an appreciable improvement in general literacy levels and in the percentage of women and men who have completed 10 years or more of schooling, which has reached 41 per cent and 50.2 per cent respectively. Of course, much remains to be done, especially because these figures imply that around half of our workforce still does not have the qualifications and skills to achieve upward mobility and escape the poverty trap.

The health sector deserves credit for achieving a significant improvement in the percentage of institutional births, antenatal care, and children's immunisation rates. There has also been a consistent drop in neonatal, infant and child mortality rates — a decrease of around 1 per cent per year for neonatal and infant mortality and a 1.6 per cent decrease per year for under five mortality rate.

Now turning to the areas of concern — nutrition or nutrition-related indicators. To begin with, India has become a country with more anaemic people since NFHS-4 (2015-16), with anaemia rates rising significantly across age groups, ranging from children below six years, adolescent girls and boys, pregnant women, and women between 15 to 49 years. Almost half our human capital lacks iron power.

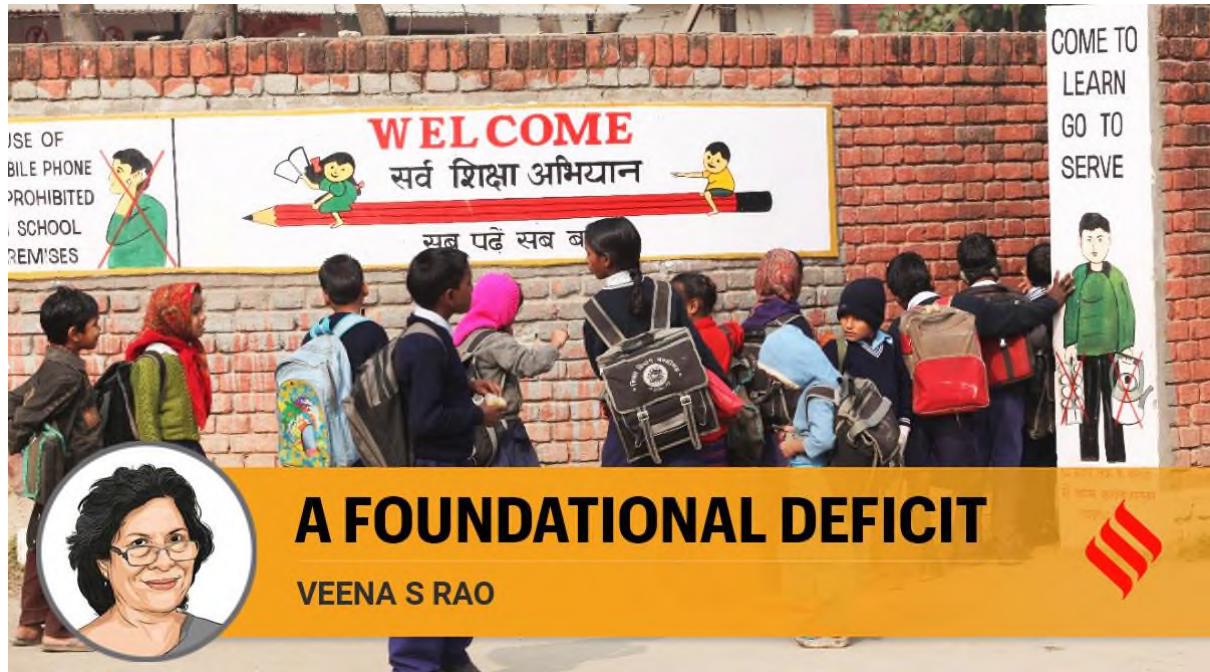
The insidious, adverse effects of anaemia affect all age groups — lower physical and cognitive growth and alertness among children and adolescents, and lesser capacity to learn and play, directly impacting their future potential as productive citizens. Lower capacity to work and quick fatigue for adolescents and adults, translates into lower work output and lesser earnings. Further, anaemia among adolescent girls (59.1 per cent) advances to maternal anaemia and is a major cause of maternal and infant mortality and general morbidity and ill health in a community.

Though there has been some improvement, an area of concern is the poor consumption of IFA tablets by pregnant women. Perhaps the detailed report will explain why a dedicated programme like Anaemia Mukh Bharat which focused on IFA consumption failed to gain impetus.

Equally worrying is the exceedingly slow pace of improvement in nutritional indicators across all age groups. Between NFHS 4 and NFHS 5, the percentage of children below five years who are moderately underweight has reduced from 35.8 per cent to 32.1 per cent, moderately stunted children have fallen from 38.4 per cent to 35.5 per cent, moderately wasted from 21 per cent to 19.3 per cent and severely wasted have increased slightly from 7.5 per cent to 7.7 per cent. Details regarding severely stunted and underweight children will be published in the detailed report.

The root cause for this is that the percentage of children below two years receiving an adequate diet is a mere 11.3 per cent, increasing marginally from 9.6 per cent in NFHS-4. This foundational nutritional deficit which ought to be considered an indicator of great concern, is generally ignored by policy makers and experts. Unless this is addressed, rapid improvement in nutritional indicators cannot happen.

India's nutrition programmes must undergo a periodic review, just as our health programmes did right from the Reproductive and Child Health (RCH) programme in 1997 to the present National Health Mission (NHM), addressing gaps such as institutional delivery, ambulance services, adolescent anaemia, and additional health volunteers. The Integrated Child Development Services (ICDS), which is perceived as the guardian of the nation's nutritional well-being must reassess itself and address critical intervention gaps, both conceptually and programmatically, and produce rapid outcomes. Ad hoc add-ons are just not enough, and smartphones, tweets and webinars cannot substitute hard action on the ground.



**pandemic**

**What the pandemic has revealed about the arts in India (Indian Express:20220107)**

<https://indianexpress.com/article/opinion/columns/india-covid-19-pandemic-arts-7710489/>

● T M Krishna writes: It has highlighted the inadequacies of our cultural space, the lack of economic support for artists and the dangers of allowing social media to dictate art-making

Trying to imagine a post-Covid artistic universe while we are facing a new virus variant is risky, but we need to begin thinking of that possibility. Since March 2020, our minds have been stuck, cemented to the present and the immediate past. Understandably, our works of art have either been acts of desperation or immediate responses to current experiences. Little has come from reflection. In the past two years, our inner and outer worlds have been altered. Existential questions of what it means to be an artist, the role of technology, the lack of any economic fallback and our relationship with the audience have been hounding us.

In this two-year span when our social media face became our real self, portfolios conjured by social media, such as Content Creator and Influencer, have become much more impactful. People who are adorned with these titles behave in an artist-like manner and produce things that have a semblance to art. But are they artists, and are they creating art? Much like drawing a distinction between cognac and brandy, we have to differentiate between the artist and the

content creator. All artists are content creators, but all content creators are not artists. The influencer, at times, is an upgraded content creator. Someone who has garnered enough attention and influence to monetise his status effectively. There are, of course, those who, by virtue of their real-life popularity, jump the queue and are instantly seated on the influencer high chair. Many artists are not sure which category's membership they seek. They would like to be artists who create content but the last two years have shown that the qualities of artistry can be sacrificed at the altar of content that has potential for virality.

Where is the art in all this? Some may believe that this discussion is high-brow elitism. Do we artists not need to ponder over the ethics of art creation, its social positionality and emotional energy? Let us not conflate the digital medium with the social media circus. They are not the same. Within our respective genres, we have to question the influential social media environment. It is amusing that even those who agree that social media manipulates our emotional status, picks on our vulnerabilities and accentuates divisions are unable to see that algorithms do exactly the same thing to art. When art's intentionality is morphed, the art experience is twisted. I am concerned that when the temporal world returns to normalcy, the way we make and receive art would have become distorted. I cannot brush away these thoughts with the convenient explanation that this is a type of evolution.

What about artists who have been unable to work this numerically orchestrated hidden mechanism? They have been left behind only because they do not know how to play this game. Are we going to just say they lost out because they didn't adapt? It is our responsibility to take care of them and ensure that injustice is not meted out. Unfortunately, rarely have we taken a social justice stance about art, artists or aesthetics. It is high time we do.

There is no one art world; there are worlds around and within worlds. Many of these remain in local clusters, unseen and unheard by the mainstream powerful socio-cultural brokers. Artists who belong to these art worlds have been struggling to keep their artistry alive. Their lives came to a standstill in 2020. With public spaces becoming "no-entry" zones, these artists remained at home, unable to sing, dance or act. This caused emotional distress and economic ruin. There has been no mind space or incentive to train, imagine and create. Two years of artistic inactivity has had an impact. Most artists always work other jobs to remain economically afloat. With art becoming useless, the "other jobs" have robbed artists of their art. Therefore, when the post-Covid season appears on the horizon, artists will need to somehow rediscover their spirit and abilities. This is easier said than done. There are also practical difficulties — costumes becoming un-usable, instruments damaged and infrastructure needing renovation. We need to provide support for all these necessities.

I also have this lurking fear that "public spaces" will become more and more out of bounds. I am not questioning the need for restrictions during Covid. But we all know that the Indian political establishment has always wanted control over public spaces. The pandemic may have provided them with the perfect excuse to further limit our access. No court will dare challenge it, at least in the near future. By the time they awaken, we would have normalised the

heightened restrictiveness. Therefore, this is not just a problem of public spaces and protests; it is as much about creating art in the open.

Opinion |It's dangerous to take Omicron lightly

The pandemic has highlighted the inadequacies of our cultural space, the lack of concern and the dangers of allowing social media to dictate art-making. When we emerge from Covid, if we are a sensitive society, our plans will be directed towards those who are on the margins or have been pushed to the margins. The successful ones do not prove that things are working well; they only highlight the asymmetrical nature of our society. But, in our culture, the temptation to just let things be in the hope that it will slide back to the way it was is very high. We believe that things will work themselves out. But they will not. Artists and art forms will disappear and we will not get to know until it is too late. Whenever we archive or document an artist or art form we have lost, we are not saving anything or anybody. We are merely registering our collective failure.

## **Omicron variant**

### **How to survive the Omicron variant (Indian Express:20220107)**

<https://indianexpress.com/article/opinion/columns/how-to-survive-the-omicron-variant-covid-third-wave-vaccination-7708595/>



With Omicron, most individuals who are doubly vaccinated will need no more than symptom-based treatment at home. (Express Illustration: C R Sasikumar)

As we battle the third wave of the pandemic in India, it is important to acknowledge that we have learned a lot during the past two years. We now have better tools. If we can avoid the past errors, and use the newer tools smartly, we should handle this crisis better.

## **Tackling Omicron**

### **No room for complacency: On tackling Omicron (The Hindu;20220107)**

<https://www.thehindu.com/opinion/editorial/no-room-for-complacency-the-hindu-editorial-on-tackling-the-omicron-spread/article38159715.ece>

Omicron's mild nature is more due to the protection offered by vaccines

India recorded its first death caused by Omicron in a fully vaccinated person in Rajasthan on the last day of 2021. The 73-year-old man, with co-morbidities, had tested positive on December 15. Preliminary evidence from South Africa and the U.K. suggests that unlike the Delta variant, a majority of people with Omicron, particularly in the fully vaccinated, exhibit only mild disease; hospitalisation is relatively less among the vaccinated. A huge percentage of the population in India was infected when the Delta variant raged last year. Studies from

other countries have shown that such people might enjoy the same level or even better protection from severe disease than fully vaccinated people. Hybrid immunity achieved through full vaccination in people who have been previously infected offers the highest level of protection against severe disease, as several studies outside India show. With vaccination picking up speed after the second wave peaked in India, a significant percentage of the fully vaccinated might possess hybrid immunity. Even a single dose of an mRNA vaccine in previously infected people has been found to induce a high level of hybrid immunity. If vaccination coverage with at least a single dose has already crossed 90% in those above 18 years, the rollout of vaccines for adolescents will widen the protective net. But immaterial of the protection conferred, it is too early to draw any conclusions about Omicron's virulence. For instance, in the U.S., the first Omicron-related death was in an unvaccinated person who was previously infected. The time lag between infection and hospitalisation should be another reason why it is too early to pronounce any verdict on the virulence of the variant in India. Vulnerable populations run a risk of suffering from severe disease despite their vaccination status.

The unprecedented speed at which Omicron is spreading in countries that have high levels of testing, the number of people a single infected person can spread the virus to, and a doubling time of less than three days are a loud warning that things can go out of control soon. Mild symptoms notwithstanding, its higher transmissibility can pose a severe threat to health-care settings as a high number of infections within a short time could lead to more people needing hospital care. Overwhelmed hospitals can make it harder to provide much-needed care, leading to mounting deaths. The situation can become even more challenging when health-care settings suffer from staff shortage caused by increasing infections among health-care workers — as seen in many hospitals across India. India should learn from the hard lessons of the second wave, strictly adhere to COVID-appropriate behaviour and increase vaccination coverage. Getting misled by the mild nature of the disease and throwing caution to the wind will be a dangerous gamble.

### **Third COVID-19 wave**

### **Third time lucky? On economy and the third COVID-19 wave (The Hindu;20220107)**

<https://www.thehindu.com/opinion/editorial/third-time-lucky-the-hindu-editorial-on-the-economy-and-the-third-covid-19-wave/article38138542.ece>

The economy needs closer attention for a less bumpy 2022 amid the latest COVID-19 wave



India's post-COVID economic recovery remains delicately poised at the turn of the new year — the third successive year under the shadow of the pandemic. With the Union Budget for 2022-23 less than four weeks away, the latest set of numbers capturing different aspects of the economy present a mixed picture with persistent pressure points. COVID-19 restrictions are already denting India's services exporters' order books, even as merchandise exports have hit a record high in December. Worryingly though, imports grew even faster last month than exports, keeping the merchandise trade deficit at an elevated \$22 billion, just a tad less than the record \$22.9 billion in November. The eight core sectors had a disappointing November, but GST collections from that month were reasonably healthy at around ₹1.3-lakh crore, albeit a three-month low. GST compensation cess revenues touched a record high in November, but customs duty collections dipped to a five-month low. The Purchasing Managers' Indices (PMI) for manufacturing and services were robust for December, but have moderated from previous months even as input cost pressures remain a headache for businesses along with the prospect of the latest virus wave upending normalcy again. For the first time in four months, firms surveyed for the PMI by IHS Markit reported 'broad-based' job losses in manufacturing and services in December. Global headwinds are shifting after the surge of COVID cases and disruptions, even as inflationary forces have central bankers bracing for interest rate hikes from the U.S. Federal Reserve this year.

It will be equally challenging for North Block mandarins to conjure up an appropriate mix of relief and support measures for businesses and jobs — preferably going beyond the credit guarantees that appear to have lost traction in sanctions and disbursements in recent months. This needs to be accompanied by a fresh ramp up in health-care spending, including on COVID inoculations and booster shots, as well as maintaining the bullish stance on public capital expenditure with a demonstrably greater purpose in getting actual projects off the ground. The prospect of more disruptions looms large, even though their extent and impact on GDP may be uncertain at this point. Preparing for the worst may be a good idea, even if it is accepted that manufacturing suffered less in the second wave than during the initial lockdowns in 2020, and may likely be even better prepared to cope with the ongoing third wave. Yet, there is a risk that damage to contact-intensive services sectors that have had another topsy-turvy year with lakhs of jobs at stake, and have barely struggled back from the first two waves, could be permanently debilitating this time around, if mobility restrictions spiral in tandem with cases. More effective interventions, with a stable and clear articulation of policy direction, could have a calming effect in 2022.

## ICMR

### **Covid antiviral drug Molnupiravir has major safety concerns: ICMR chief (The Hindu;20220107)**

<https://www.thehindu.com/sci-tech/health/covid-antiviral-drug-molnupiravir-has-major-safety-concerns-icmr-chief/article38146837.ece>

ICMR Chief Dr. Balram Bhargava. File | Photo Credit: V.V. Krishnan

ICMR Chief Dr. Balram Bhargava said the World Health Organisation and the U.K. have not included it for treatment

ICMR Chief Dr. Balram Bhargava said on January 5 that Covid antiviral drug Molnupiravir has major safety concerns and has not been included in the national protocol for treatment of coronavirus.

During a press briefing, he said the World Health Organisation (WHO) and the U.K. have not included it for treatment.

“We have to remember that this drug has major safety concerns. It can cause teratogenicity, mutagenicity and it can also cause cartilage damage and can also be damaging to muscles also. Contraception will have to be done for three months for male and female if this drug is given because the child born could be problematic due to teratogenic influence,” he told reporters.

Dr. Bhargava said the U.S. has approved it based on only 1,433 patients in which 3% reduction was observed in symptoms in patients with mild to moderate disease.

He stressed that it is not part of the national treatment protocol for Covid.

“We have concerns about the drug and its use during lactation, in children, soft-tissue injuries, reproductive age group,” he said, adding that they have debated on its usage twice and will further debate over it.

India’s Drug Regulator Central Drugs Standard Control Organisation on December 28 had approved Molnupiravir for restricted use in emergency situations.

“Molnupiravir will now be manufactured in the country by 13 companies for restricted use under emergency situations for treatment of adult patients with COVID-19 and who have high risk of progression of the disease,” Union Health Minister Mansukh Mandaviya had said.

Molnupiravir is an antiviral that inhibits SARS-CoV-2 replication by viral mutagenesis. The U.K. MHRA on December 4, 2021 granted approval for Molnupiravir under special condition for treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults with a

positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness, an official statement had said.

The U.S. FDA on December 23 granted EUA for Molnupiravir for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by the FDA are not accessible or clinically appropriate.

The CDSCO had received 22 applications for manufacture and market of the drug Molnupiravir in the country.

“Considering the emergency and unmet medical need in Covid, the SEC on December 27 recommended for grant of permission to manufacture and market the Molnupiravir 200 mg capsule with recommended dose of 800 mg twice daily for 5 days for restricted use under emergency situation in the country for treatment of adult patients with COVID-19, with SpO2 over 93% and who have high risk of progression of the disease including hospitalization or death subject to various conditions,” the statement said.

**कोरोना की तीसरी लहर का कहर जल्द खत्म होगा**

**आकलन : विशेषज्ञों ने कहा-संकेत मिल रहे कि तीसरी लहर पहले से बड़ी होगी, पर चरम जल्द आएगा ( Hindustan:20220107)**

**कोरोना की तीसरी लहर का कहर जल्द खत्म होगा**

<https://epaper.livehindustan.com/>

देश में शुरू हो चुकी कोरोना की तीसरी लहर पहले से बड़ी होगी पर चरम जल्दी आएगा और खत्म भी जल्द होगी। इस लहर में संक्रमण की तीव्रता के आंकड़ों के साथ-साथ विशेषज्ञों की तरफ से भी ऐसी संभावना व्यक्त की जा रही है।

आईआईटी कानपुर के प्रोफेसर मनींद्र अग्रवाल ने ‘हिन्दुस्तान’ से वार्ता में कहा कि जिस रफ्तार से संक्रमण बढ़ रहा है, उससे संकेत मिलने लगे हैं कि तीसरी लहर बड़ी होगी। यह पहली लहर को पार करने के अभी करीब है। संक्रमण का चरम दूसरी लहर से भी बड़ा हो सकता है, लेकिन कितना बड़ा होगा, कुछ दिनों में इसका आकलन हो जाएगा। संभावना है कि जिस तेजी से मामले बढ़ रहे हैं, उसी तेजी से घटेंगे।

पहली लहर में 17 सितंबर 2020 को सर्वाधिक 97894 मामले एक दिन में दर्ज किए गए थे, जबकि दूसरी लहर में 7 मई 2021 को 414188 मामले दर्ज हुए थे। गुरुवार को संक्रमण पहली लहर के करीब पहुंच चुका था। दूसरी एवं तीसरी लहर के शुरुआती आंकड़े भी संकेत कर रहे हैं कि यह लहर काफी लंबी होने वाली है। स्वास्थ्य मंत्रालय के मुताबिक, दूसरी लहर की शुरुआत पिछले साल 2 फरवरी से हुई थी तब रोज 8635 मामले दर्ज किए गए थे और 7 मई को संक्रमण चरम पर पहुंचा। इसके बाद गिरावट आनी शुरू हुई। 28 दिसंबर को दैनिक संक्रमण 6358

दर्ज किया गया तथा इसके बाद बढ़ोतरी का दौर शुरू हुआ। दूसरी लहर के नौ दिनों में संक्रमण 49 बढ़ा वहीं, तीसरी लहर में यह 1330 तक पहुंच गया।

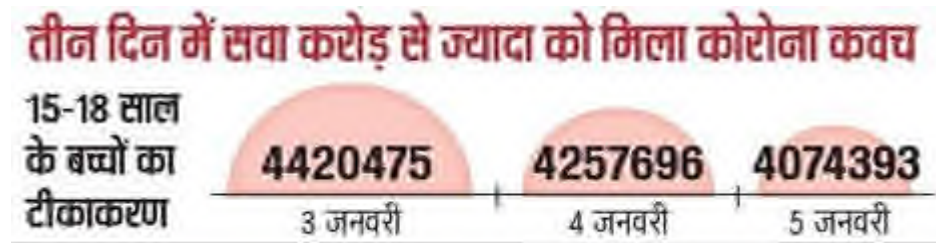
वर्धमान महावीर मेडिकल कॉलेज के प्रोफेसर जुगल किशोर ने कहा कि आंकड़े स्पष्ट हैं कि यह ओमिक्रोन का संक्रमण बेहद तीव्र है। इसके दो नतीजे निकलते हैं। एक तरफ संक्रमण तेजी से बढ़ेगा और पहले से ज्यादा बढ़ेगा। यानी तीसरी लहर दूसरी से बड़ी हो सकती है। दूसरे अगले दस या कुछ और दिनों के बाद संक्रमण पीक पर पहुंच जाएगा।

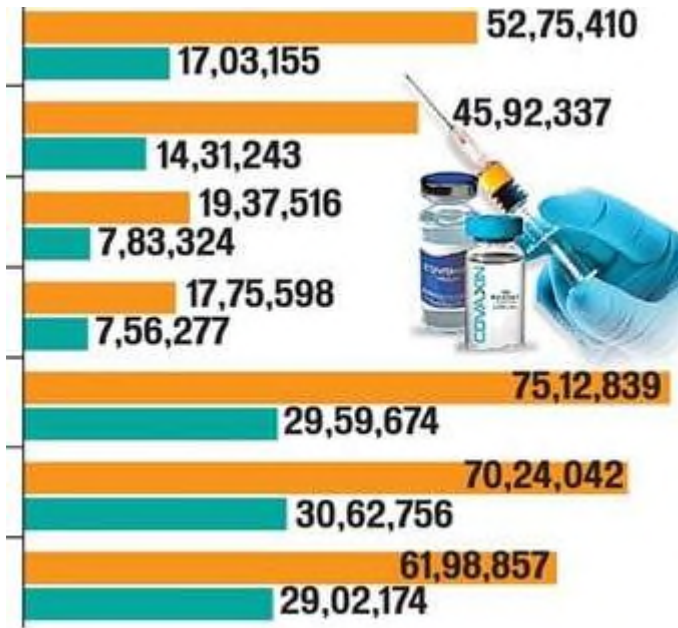
विदेश से मिले अनुभव

7 जनवरी 2021 को विश्व में सर्वाधिक 892750 मामले दर्ज किए गए पर 23 अप्रैल को 904253 केस आ गए। बाद में ओमिक्रोन ने सारे रिकॉर्ड तोड़ दिए और 4 जनवरी को 26 लाख मामले दर्ज किए गए हैं। सर्वाधिक प्रभावित देशों अमेरिका, ब्रिटेन, फ्रांस, इटली-स्पेन में भी पहले की तुलना में सबसे अधिक मामले आए और काफी तेजी से बढ़े हैं। दक्षिण अफ्रीका के अनुभव बताते हैं कि 45 दिनों में गिरावट आने लगती है।

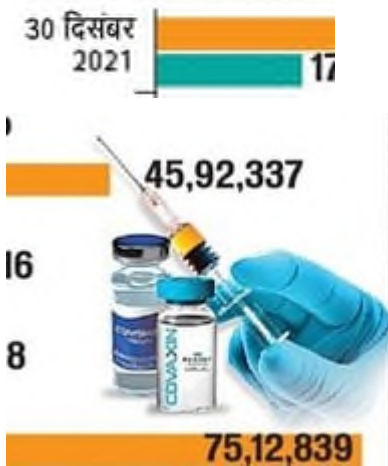
### Vaccination

**दिसंबर आखिर के मुकाबले लगभग दोगुने लोग लेने लगे कोरोना टीके की खुराक, ग्रामीण क्षेत्रों में भी बड़ा उछाल आयासुखद: कोरोना बढ़ने के साथ शहरी टीकाकरण में भी तेजी( Hindustan:20220107)**





## टीके की रफ्तार



नई दिल्ली | हिन्दुस्तान ब्यूरो

तीसरी लहर की शुरुआत होते ही शहरी क्षेत्रों में कोरोना टीकाकरण की रफ्तार अचानक तेज हो गई है। दिसंबर के आखिरी दिनों में जहां 15-17 लाख लोग टीके ले रहे थे वहीं, अब रोजाना करीब 30 लाख लोग खुराक ले रहे हैं।

स्वास्थ्य मंत्रालय के आंकड़ों को देखें तो शुरुआत से ही ग्रामीण क्षेत्रों में टीकाकरण ज्यादा तेजी से होता आया है पर वहां भी तेजी देखी जा रही है। पहले 45-50 लाख लोग टीके ले रहे थे जो अब बढ़कर 70 लाख तक पहुंच गए।

ग्रामीण क्षेत्र

शहरी क्षेत्र

45,92,337

**31 दिसंबर 2021**

14,31,243

**कुल टीकाकरण**

**पहली खुराक**

**दूसरी खुराक**

**7.40**

**01 जनवरी**

**2022**

19,37,516

1,49,68,27,784

7,83,324

87,42,07,869

करोड़ किशोरों में से 17 प्रतिशत को टीके की पहली डोज मिल गई है।

17,75,598

**02 जनवरी**

**2022**

7,56,277

62,26,19,915

75,12,839

**03 जनवरी**

**2022**

29,59,674

**04 जनवरी**

**2022**

70,24,042

30,62,756

61,98,857

**05 जनवरी**

**2022**

29,02,174

