



DAILY NEWS BULLETIN

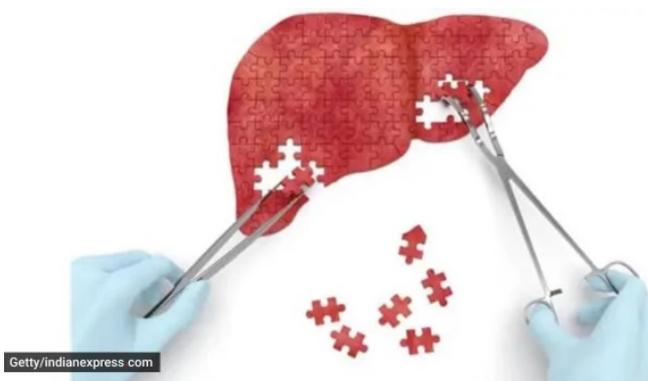
LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 20220419

World Liver Day 2022

World Liver Day 2022: Expert answers frequently asked questions (The Indian Express: 20220419)

The most common causes of liver disease are viral hepatitis i.e., hepatitis C and E, excessive consumption of alcohol, and unhealthy lifestyles leading to obesity, said Dr Prashant Vilas Bhangui, associate director, Institute of Liver Transplantation and Regenerative Medicine, Medanta Hospital, Gurugram

<https://indianexpress.com/article/lifestyle/health/world-liver-day-expert-frequently-asked-questions-causes-treatment-7875461/>



liverOnce a liver reaches the stage of cirrhosis, the disease becomes irreversible (Source: Getty Images/Thinkstock)

Liver is the second largest and one of the most complex organs in the body, yet awareness regarding liver diseases continues to be low. This is why, World Liver Day is observed on April 19 every year — to create awareness about diseases related to the liver. Dr Prashant Vilas Bhangui, associate director, Institute of Liver Transplantation and Regenerative Medicine, Medanta Hospital, Gurugram answers some frequently asked questions related to liver diseases.

What is cirrhosis of the liver?

Liver disease initially starts off with fatty liver (where there is an accumulation of excess fat in the liver). This then progresses to fibrosis of the liver which leads to stiffness, and ultimately end-stage liver disease or cirrhosis, the expert added.

Also Read |Fatty Liver: Simple dietary strategies to manage the condition
Causes

The most common causes of liver disease are viral hepatitis i.e., hepatitis C and hepatitis E, excessive consumption of alcohol, and an unhealthy lifestyle that may cause obesity. A patient who drinks alcohol for prolonged periods of time in substantial quantity ultimately develops cirrhosis. Additionally, people who are overweight, lead an unhealthy lifestyle, have unhealthy diet, lack physical activity, and suffer from co-morbid conditions like diabetes, hypertension, thyroid disorders, and abnormal cholesterol levels are at a risk of developing non-alcoholic fatty liver disease (NAFLD), which progresses to cirrhosis. NAFLD has become a leading cause of cirrhosis of the liver in many countries. Other congenital causes of cirrhosis in children are biliary atresia, metabolic disease of the liver. Some rare causes include autoimmune hepatitis, Wilson's disease, and hemochromatosis.

liver, liver health, foods for liver, which foods are best for liver, how to keep the liver healthy, healthy diet, indian express news Keep your liver healthy. (Photo: Getty/Thinkstock)

Symptoms

Initially, a patient may experience constant lethargy, fatigability, swelling of the feet after walking, jaundice, fluid in the abdomen, episodes of bleeding, portal hypertension in the later stage leading to vomiting of blood, blood in stools, internal bleeding. Liver failure also affects other organs like kidney, and even leads to memory loss, and drowsiness.

Also Read |Health tips: Add these foods to your diet and keep your liver healthy
Diagnosis

If someone has a genetic pre-disposition to cirrhosis and has symptoms of liver disease or is suffering from viral hepatitis for a long period of time, they must get some blood tests, liver function tests, abdominal ultrasound, CT scan, and endoscopy done to understand the stage of cirrhosis they are at.

Stages

Compensated cirrhosis – The liver functions get damaged to a great extent; however, the body somehow copes with that liver function, sometimes to an extent of 50-60 per cent.

Decompensated cirrhosis – When the liver damage becomes more than about 70-80 per cent. The patients gets symptoms like swelling of the feet, accumulation of fluids in the abdomen, bleeding tendencies, and effects on other organs e.g., on kidneys and brain.

Can cirrhosis be cured?

Once the liver reaches the stage of cirrhosis, the disease becomes irreversible. Fatty liver and early stage of liver fibrosis can be cured through medications along with diet control, understanding causes, and taking proper actions to reverse the condition. Patients at the stage of cirrhosis are highly recommended medical therapies, to support the liver and prevent the progression of the disease. The doctor, based on the CTP (Child-Turcotte-Pugh) score, and other additional scores, determines the treatment procedure i.e., medical treatment or to undergo liver transplantation.

Also Read |Physical activities may cut risk of death from liver disease: Study
Prevention tips

There are some high-risk individuals who may get exposed to hepatitis B and C like healthcare workers, and patients having blood transfusions, should be extra vigilant and take extra precautions. The viral markers used to identify a range of Hepatitis B, C, and other viral infections needed to be checked at regular intervals. Experts suggest undergoing an annual check-up including a liver function test, and an ultrasound after the age of 45-50, blood tests are done for early detection, especially for the people who are diabetic, hypertensive, and have thyroid disorders.

People should avoid excessive consumption of alcohol, have a healthy diet, avoid fried and junk food, exercise regularly, avoiding smoking, etc.

Is it possible to “cleanse” the liver? Is it a myth?

It's more of a myth than reality. There is nothing called cleansing a liver. One can take effective measures including liver-friendly juices, staying hydrated, and eating healthy foods that help in maintaining the healthy liver.

Omicron

Omicron more likely to cause upper airway infections among children, says study

21.1 per cent of children hospitalised with both Covid-19 and UAI developed severe disease (The Tribune: 20220419)

<https://www.tribuneindia.com/news/health/omicron-more-likely-to-cause-upper-airway-infections-among-children-says-study-387403>

Omicron more likely to cause upper airway infections among children, says study
Photo for representational purpose only. Reuters file

Omicron is more likely than other coronavirus variants to cause upper airway infection (UAI) among children, putting them at risk of heart attack and other severe complications, according to a study.

The researchers from the University of Colorado, Northwestern University, and Stony Brook University in the US analysed data from the National COVID Cohort Collaborative pertaining to 18,849 children under age 19 who were hospitalised with COVID-19.

The study, published last week in the journal JAMA Pediatrics, also found that Omicron causes UAI in younger children with the mean age of hospitalised children falling from about four years and five months during the pre-Omicron period to about two years and one month during the Omicron period.

The researchers conducted the study to determine if cases of UAI among children increased when Omicron became the dominant SARS-CoV-2 variant in the US.

The proportion of children with a pediatric complex chronic condition was not significantly different in the pre-Omicron period compared with the Omicron period, they said.

Overall, 21.1 per cent of children hospitalised with both COVID-19 and UAI developed severe disease requiring measures like inserting a tube into the lungs to assist with breathing, known as intubation.

“Children with severe UAI are at risk of cardiac arrest from rapid-onset upper airway obstruction. They may require therapies typically provided in intensive care units, including frequent administration of nebulised racemic epinephrine, helium-oxygen mixtures, and intubation,” the authors of the study study noted.

Nebulised racemic epinephrine is typically reserved for patients in the hospital setting with moderate-to-severe respiratory distress.

“While the rate of SARS-CoV-2 pediatric UAI is not overwhelmingly high, understanding this new clinical phenotype and the potential for acute upper airway obstruction may help guide therapeutic decision-making,” they said.

The Omicron strain of SARS-CoV-2 became dominant in the US the week ending December 25, 2021.

The highly transmissible variant is known to cause lower severity disease than the Delta variant, the researchers noted.

This may be because Omicron replicates less efficiently in lung cells and more efficiently in the conducting airways, they said.

The researchers acknowledged some limitation of this analysis, including that children who are still hospitalised are not represented in the study, and the frequency of severe disease observed in the Omicron period may be an underestimate.

T B

Cutting Edge: After Covid, can genome sequencing help identify gene responsible for drug-resistant TB?

Tuberculosis is the leading infectious disease killer in the world and was only recently overtaken by Covid-19. Scientists are keen on exploring whole genome sequencing (WGS) for TB investigation. (The Indian Express: 20220419)

<https://indianexpress.com/article/lifestyle/health/cutting-edge-tuberculosis-drug-genome-sequencing-7875991/>

India, Indonesia, the Philippines, and China have together seen a reduction of 1.3 million cases (93%) in tuberculosis.

In the past two years, genome sequencing enabled scientists to rapidly identify the SARS-CoV-2 virus and its variants. Now, can the gains made during the Covid-19 pandemic be expanded to more uses and help frame public health responses for other infectious diseases such as tuberculosis — which India hopes to end by 2025? Taking a lead in this direction is the Pune-based B J Medical College and Sassoon General Hospital, which plans to utilise their year-old genome sequencing facility to identify genes responsible for drug-resistant TB.

Tuberculosis is the leading infectious disease killer in the world and was only recently overtaken by Covid-19. Compared to 2019, tuberculosis cases in 2020 reduced by 18% globally (from 7.1 million to 5.8 million cases) and by up to 24% in the ten worst-affected countries

with high tuberculosis burden, as per the new Lancet Respiratory Medicine series published on March 23 this year.

Scientists are keen on exploring whole genome sequencing (WGS) for TB investigation and this concept further got a fillip when a joint study by BJMC with Johns Hopkins University School of Baltimore, USA, and others, highlighted the need for increased surveillance of TB antibiotic resistance in India. Findings of their study that compared transmissibility across four major lineages (L1-4) of Mycobacterium tuberculosis (Mtb) has shown that there are inherent differences between the lineages with implications for TB control, surveillance, and monitoring.

Published recently on medRxiv, the pre-print server for health sciences, the study showed that modern Mtb lineages (L2 and L4) were more recently introduced in Western India, compared to older lineages (L1 and L3). L2 shows a higher frequency of drug-resistance as well as higher transmissibility.

“Our findings highlight the need for contact tracing around cases of TB due to L2, and heightened surveillance of TB antibiotic resistance in India,” said Dr Rajesh Karyakarte, coordinator of Maharashtra’s genome sequencing project and head of the department of microbiology at B J Medical College and Sassoon General Hospital, the largest government hospital in Maharashtra

“While there is geographic variation in the lineage prevalence, L1 comprises approximately two thirds (67%) of the Mtb isolates in the country. However, all four major lineages are found in circulation. The Mtb transmissibility may vary between lineages (or variants) and this may contribute to the slow decline of tuberculosis (TB) incidence,” Dr Karyakarte explained.

Health |With khichdi, tiranga paratha and sesame laddu, Gadchiroli’s severe malnourishment cases drop by 50%

“As modern and more drug-resistant lineages take further hold in India, the proportion of TB with drug resistance may continue to rise, along with the number of possible new resistance associated variants. To achieve control, resources will need to be directed towards interrupting transmission by increasing efforts towards active case finding, contact tracing, early diagnosis, and treatment. The wider adoption of WGS can assist these efforts allowing clinicians to tailor therapy sooner and in turn help decrease transmission. Hence an improved understanding of these characteristics is important to improve the ability to control TB transmission,” he said.

Whole Genome Sequencing (WGS) can be used to assist efforts in providing quicker genotype-based drug susceptibility testing (DST) results of Mycobacterium tuberculosis, and with the genome sequencing facility set up at BJMC a year ago, Dr Karyakarte and his team have been assured funding from Maharashtra government, and are set to embark on the exercise soon.

The molecular laboratory at BJMC has been extremely busy in the last two years of the Covid pandemic. From using molecular scissors to prepare DNA for sequencing machines to studying changes in the genetic structure of SARS-CoV2 virus and identifying variants, scientists were able to sequence 3,000 samples at the college itself.

As part of a memorandum of understanding with IISER, NCL and Pune Knowledge Cluster, they sequenced more than 10,000 samples. Every month, the BJMC coordinated the collection of 100 samples from each of Maharashtra’s 36 districts and sent it to the Council of Scientific

and Industrial Research-Institute of Genomics and Integrative Biology as part of a state project for genome sequencing.

Analysing results and reporting it to the state government, the National Centre for Disease Control and Indian SARS-CoV-2 Genomics Consortium soon became a norm, and it was through the genome sequencing project at BJMC that it was confirmed that the Omicron variant had arrived in the country in December and not November 2021.

“We are ready to use this methodology to detect more genes responsible for drug resistant TB,” Dr Karyakarte said. Scientists at the laboratory also suggest that just as Indian companies (aided by the Department of Biotechnology, Government of India) devised probe and primer sets for Covid, the same could be done for rapid identification of TB. “The government can procure them in mission mode and distribute them to 877 Indian Council of Medical Research approved laboratories across India for diagnosis of TB,” he said.

India, Indonesia, the Philippines, and China have together seen a reduction of 1.3 million cases (93%) in tuberculosis; and major reductions in notified cases have been seen in the Philippines (37%), Indonesia (31%), South Africa (26%), and India (25%). In 2019, India notified 2 1,76, 677 cases of TB to the World Health Organisation, while in 2020 the drop was significant — only 16,29,301 cases of TB were notified.

Data from Maharashtra — among the states with a high burden of TB — shows that over 2.27 lakh new cases were notified in 2019. There was a significant drop in 2020 (1.6 lakh new cases of TB) owing to the Covid pandemic. The figure rose to 2 lakh in 2021 as efforts to detect active TB cases intensified. Last year, Maharashtra reported 9,445 multi-drug resistant TB cases and 254 Extremely drug resistant (XDR) TB cases.

Childhood asthma, eczema

Is disinfectant use during pregnancy linked to childhood asthma, eczema? Here's what experts say

Chemicals present in disinfectants can cause skin irritation, allergies, infections, and eczema in newborn babies, said Dr Swati Gaikwad, consultant obstetrician and gynaecologist (The Indian Express: 20220419)

<https://indianexpress.com/article/lifestyle/health/disinfectant-use-pregnancy-childhood-asthma-eczema-study-7853423/>

disinfectants pregnancy The odds of children having asthma or eczema were significantly higher if their mothers used disinfectant one to six times a week compared with the odds in children of mothers who never used disinfectants, according to a study (Source: Pixabay)

A new population study notes that the use of disinfectants by pregnant women may be a risk factor for asthma and eczema in their children. Published online in Occupational and Environmental Medicine, the study says that the odds of children having asthma or eczema were significantly higher if their mothers used disinfectant one to six times a week compared with the odds in children of mothers who never used them.

Also Read |All you need to know to have a safe pregnancy (and post pregnancy care)

The authors used data on 78,915 mother-child pairs who participated in the Japan Environment and Children's Study to examine whether mothers' exposure to disinfectants in the workplace was associated with an increased risk of a diagnosis of allergic diseases in their children when aged three years. The study noted that there was an exposure-dependent relationship between prenatal exposure to disinfectants and the odds of children experiencing these allergic conditions, with the children of mothers exposed to disinfectants every day having the highest odds of a diagnosis – 26 per cent greater for asthma, and 29 per cent greater for eczema than children of mothers who were never exposed.

Also Read |Five things to consider while planning pregnancy in your 30s

Notably, disinfectants are used frequently in hospitals and other medical facilities, with the covid-19 pandemic leading to an increase in their use in medical settings and also more widely, including by the general population, to curb the spread of the virus.

What are disinfectants?

Disinfection is a process used in healthcare to destroy disease-causing organisms, said Dr Rohini Kelkar, senior consultant, clinical microbiology, Metropolis Healthcare Ltd. "Antisepsis is the use of disinfectants on the skin before surgery, for hands contaminated with microorganisms. The commonly-used household disinfectants are Chlorhexidine gluconate, Quaternary ammonium compounds, and alcohol. It is necessary to disinfectant surfaces in hospitals contaminated with blood and other infectious material," said Dr Kelkar.

Chemicals present in these disinfectants can cause skin irritation, allergies, infections, and eczema in newborn babies, said Dr Swati Gaikwad, consultant obstetrician, and gynaecologist, Motherhood Hospital, Pune. "It can aggravate respiratory health issues. Even those with existing respiratory problems will have a tough time if the disinfectants are used on a daily basis. They can damage the respiratory tract through prolonged or repeated exposure, if inhaled. Other signs like skin burns and eye irritation will also be seen," she explained.

What to keep in mind?

According to Dr Gaikwad,

*Choose an appropriate disinfectant based on the type of surface to be disinfected (hard surface, soft surface, electronics).

*Opt for gloves while using disinfectants. Using the proper concentration and application method is essential.

*Don't mix disinfectants with cleaners, other disinfectants, or other chemicals. It is better that pregnant women stay away from disinfectants or wear masks when they are used at home or outside.

pregnancy, planning a pregnancy in 30s, pregnancy in 30s versus pregnancy in 20s, reproductive health, healthy pregnancy, late pregnancy, indian express news It is important to consider a few things in pregnancy when it comes to mother and child's health (Photo: Getty/Thinkstock)

Dr Kelkar advised against "indiscriminate use" of disinfectants. "Disinfectants are like antibiotics and should not be used indiscriminately. They can also cause infertility and create antibiotic resistant superbugs. If used on contact surfaces in kitchens, they can contaminate food in contact even after the cleaning is done," she said.

Are there any alternatives?

According to Dr Kelkar, liquid soap and hot water are the ideal disinfectants for homes. "Handwashing with soap and water is the best way to prevent the transmission of infections. Sunlight is the best natural disinfectant," she said.

Nutrient-dense foods

From cashews to moong lentil: 5 nutrient-dense foods you must consume
"Nutrient-dense foods are those that have a high nutrient content for the number of calories that they contain," said nutritionist Lovneet Batra (The Indian Express: 20220419)

<https://indianexpress.com/article/lifestyle/health/nutrient-dense-foods-lovneet-batra-nutrition-7821090/>

healthy eating, healthy gut, healthy lifestyle, how to keep the gut healthy, digestive health, digestive disorders, indian express news Eat a variety of plant-based foods. (Photo: Getty/Thinkstock)

Consuming nutritious foods is extremely important to maintain one's health and fitness levels. As such, if you have been scouting for options, look no further. Nutritionist Lovneet Batra recently took to Instagram to share some foods that are healthy and delicious!

Also Read | Healthy eating: Nutritionist suggests 6 effective ways to maximise nutrition
"Nutrient-dense foods are those that have a high nutrient content for the number of calories that they contain. So, if you're looking for nutritious foods to add to your meals we got a few of them," she said in a post on Instagram.

Chickpeas

Chickpeas are a great source of protein, folate (vitamin B9), iron, zinc and fibre. In fact, regularly consuming chickpeas may even help offset the development and progression of several chronic diseases because of their fibre and protein content.

Amaranth

A pseudocereal, low-fat grain with a remarkable nutritional value and protein content, amaranth is a valuable food source. Further, it contains relatively high levels of micronutrients especially iron, phosphorus, magnesium, vitamin A and E.

Also Read |Eleven nutrients you will need in 2022 to keep yourself strong and healthy
Moong lentil

moong Moong dal is a nutrient-dense food (Source: Getty Images/Thinkstock)
Moong lentils pack the most essential amino acids. Their phytic acid (an antinutrient that blocks the digestion of protein) content is also lower than in other legumes and cereals, making it a more bioavailable source of protein. They are also easily digestible – which means they're less likely to create flatulence, making it, quite literally, a comfort food!

Cashews

Cashews are one the most beloved nuts around the world. They contain high amounts of vegetable protein and fat (mostly unsaturated fatty acid), are an excellent source of protein (approximately 25 per cent of energy) and have an optimal nutritional density with respect to healthy minerals (calcium, magnesium, and potassium) and vitamins.

Also Read |‘Small, sustainable changes can go a long way in improving deep health’: Munmun Ganeriwal
Ragi

Although all types of millet are nutritious, ragi has some particular qualities that set it apart. Ragi is gluten-free and rich in protein. It contains more calcium and potassium than other millets. The list doesn't end there. Ragi is also rich in polyphenol and dietary fibre which have multiple health benefits.

Traditional medicinal practices

GCTM aims to improve quality of traditional medicinal practices: WHO regional director

Prime Minister Narendra Modi along with World Health Organization (WHO) Director-General Dr Tedros Ghebreyesus will perform the ground-

breaking ceremony of the facility in Jamnagar on April 19 (The Tribune:20220419)

<https://www.tribuneindia.com/news/health/gctm-aims-to-improve-quality-of-traditional-medicinal-practices-who-regional-director-387135>

GCTM aims to improve quality of traditional medicinal practices: WHO regional director
Photo for representational purpose only.

The WHO Global Centre for Traditional Medicine, set to come up in Gujarat, aims at improving the quality and safety of traditional medicinal practices by developing a cohesive approach to healthcare, said the world body's Regional Director Dr Poonam Khetrpal Singh.

The objective is also to develop a mechanism that allows access to such traditional medicinal practices and protects such knowledge, she said.

Prime Minister Narendra Modi along with World Health Organization (WHO) Director-General Dr Tedros Ghebreyesus will perform the ground-breaking ceremony of the facility in Jamnagar on April 19.

It would be the first global outpost centre for traditional medicine and define the issues that countries face in regulating, integrating and positioning traditional medicine.

Asked why the need for establishing the WHO Global Centre for Traditional Medicine (GCTM) has been felt now, Dr Singh told PTI that nearly 80 per cent of people in 170 of 194 WHO member countries use traditional medicines and indigenous therapies.

For many, traditional medicines are the first port of call for treatment, said the regional director of WHO South-East Asia Region.

“Many of their governments have requested WHO's support in creating a body of reliable evidence and data on traditional medicines practices and products,” she said.

According to her, the Covid pandemic has further impacted health systems in the world and all countries need to mobilise all available resources to recover, fill gaps in health coverage and accelerate progress toward health goals.

“Consumer expectations for healthcare are rising while costs are soaring. Therefore, integrating traditional medicine into the public healthcare delivery system becomes an obvious and pressing need.

“Although traditional medicines have been around for millennia, they lack robust evidence, data and a standard framework, preventing their integration into mainstream healthcare delivery system. As a result, millions of accredited traditional medicine workers, facilities, expenditures and products are still not fully accounted for,” Dr Singh said.

The GCTM, with its global reach, will be a game-changer by focusing on four strategic areas of work. These are evidence and learning; data and analytics; sustainability and equity; and innovation and technology, she stated.

“It will help harness the power of traditional medicine to advance the Sustainable Development Goal 3 target of ensuring the health and promoting wellbeing for all at all ages.” Asked what other areas will it contribute to, Dr Singh said traditional medicine is a part of the growing trillion-dollar global health, wellness, beauty and pharmaceutical industries.

Many countries have well-established systems of traditional medicine. Supporting the member states in developing a safe, effective and organised traditional medicine will enable the medical system to tap into and fully realise its potential and attract people from other countries who seek such care, she said.

“Traditional medicines also represent a vibrant and expanding part of healthcare. There has been rapid modernisation in the ways traditional medicine is being studied.

“Artificial intelligence is now used to map evidence and trends in traditional medicine and to screen natural products for pharmacokinetic properties,” Dr Singh told PTI.

Eye problems, dementia common post Covid recovery

Eye problems, dementia common post Covid recovery Breathlessness, muscle weakness, weight loss, concentration issues and disturbed sleep cycle other symptoms (The Tribune:20220419)

<https://www.tribuneindia.com/news/health/eye-problems-dementia-common-post-recovery-386944>

Breathlessness, eye problems, muscle weakness, dementia, weight loss, concentration issues and disturbed sleep cycle have been commonly observed among people months after recovery from coronavirus infection, healthcare specialists said.

They said that even though cases of Covid were plateauing in India, many instances of long Covid were being observed with varied symptoms.

Covid-19 impact

Long Covid also has an impact on the neurological system, kidneys, gastrointestinal tract and neuromuscular and musculoskeletal systems. — Dr Rakesh Pandit, Doctor in Delhi

There is no definitive number of long Covid patients officially. But according to the World Health Organisation (WHO), current evidence suggests approximately 10-20 per cent of people experience a variety of mid and long-term effects after they recover from the initial infection.

It is usually seen three months from the onset of Covid infection and lasts for at least two months.

India has recorded the second-highest number of Covid cases after the US. In India, 4,30,40,947 people contracted the infection and 5,21,747 people lost their lives due to the disease.

Dr Rakesh Pandit, senior consultant and head of the department of internal medicine at Aakash Healthcare, Dwarka, said the age group of 25 to 50 years has been hit hardest by long Covid.

“The lungs of those who were on Non-Invasive Ventilation or ventilator assistance during the Covid waves are now showing permanent damage. Long Covid also has an impact on the neurological system, kidneys, gastrointestinal tract, and neuromuscular and musculoskeletal systems,” he said.

The doctor said progressive dyspnea, a condition characterised by breathlessness, is one of the most typical symptoms of long Covid. —

Covid -19 Cases (The Asian Age:20220419)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16306857>



Mauritius PM Pravind Jugnauth being welcomed on his arrival at Rajkot airport on Monday. He later held a 2-km roadshow in Rajkot. On Tuesday, he will attend the stone-laying ceremony of the WHO Global Centre for Traditional Medicines in Jamnagar, to be performed by Prime Minister Narendra Modi. — PTI

Huge 90% jump in Covid-19 cases triggers fears of spike

■ 500% surge in Delhi in 15 days ■ Mask fines again?

SANJAY KAW
NEW DELHI, APRIL 18

India on Monday recorded a massive jump in its daily Covid-19 count, raising fears of another spike in infections. As many as 2,183 fresh Covid-19 cases have been recorded over the past 24 hours, an 89.8 per cent jump from Sunday's case count of 1,150 cases. This is the first time in nearly a month that the country has registered more than 2,000 cases in a day -- 2,075

cases were registered on March 19.

A total of 214 deaths were also recorded over the past 24 hours. This, however, includes a backlog of 213 deaths from Kerala. Of all the states, Kerala has also logged the highest number of 940 cases.

Among the cities seeing a surge in infections is Delhi, which reported 501 fresh cases in the last 24 hours. The city had logged 517 new cases on Sunday. The total number of Covid-infected patients

in Delhi is 1,729 -- the highest since March this year.

Covid-19 cases shot up significantly in Delhi-NCR in the past couple of days, with a recent survey claiming the infections may have gone up by almost 500 per cent in the last 15 days.

While the number of Covid-19 cases have shot up in the national capital, Delhi health minister Satyendar Jain claimed it was not very alarming as

■ Turn to Page 4

Positivity Rate (The Asian Age:20220419)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16306912>

Delhi records 501 fresh Covid-19 cases, positivity rate jumps to 7.72%

AGE CORRESPONDENT
NEW DELHI, APRIL 18

Delhi's Covid-19 positivity rate on Monday jumped to 7.72 per cent even as the city recorded 501 fresh cases, 16 less than the previous day, according to health department data. Officials said that last time the positivity rate was above seven per cent in the city on January 29 (7.4 per cent) and on January 28 (8.6 per cent).

Barring Sunday, Delhi has been witnessing an upward trend in daily Covid-19 cases positivity rate in the last few days.

Despite less tests the posi-

tivity rate in the city on Monday rose to 7.72 per cent. The national capital on Sunday recorded a 4.21 per cent positivity rate.

A total of 6,492 Covid-19 tests were conducted the previous day, the bulletin stated on Monday. However, Sunday's health bulletin had stated that a total of 12,270 Covid-19 tests were conducted the previous day.

According to data provided by city health department, the positivity rate in last one week between April 10 and April 18 has increased by six times. The positivity rate on April 10 was 1.29 per cent with 141

cases which rose to 7.72 per cent on Monday with 501 fresh Covid-19 cases.

With the new cases, the city's infection tally has risen to 18,69,051 while the death toll stood at 26,160 as no new fatality was reported.

The city had on Sunday recorded 517 Covid cases with no deaths.

On Saturday, 461 Covid cases and two deaths were reported in Delhi while the positivity rate was 5.33 per cent.

On Friday, Delhi had logged 366 Covid-19 cases and zero death, while the positivity rate was 3.95 per cent.

The number of patients under home isolation have also increased as there were 1,188 covid patients under home isolation while on Sunday this number was 964.

There are 9,735 beds for Covid-19 patients in Delhi hospitals and 81 (0.83 per cent) of them are occupied, the bulletin said.

The bulletin added that as on date there were 623 containment zones across the city.

The number of daily Covid-19 cases in Delhi had touched the record high of 28,867 on January 13 this year during the third wave of the pandemic.

Huge Jump covid 19 (The Asian Age:20220419)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16307003>

Huge 90% jump in Covid-19 cases triggers fears of spike

■ **Continued from Page 1**
the rate of hospitalisation was low. He said the Delhi government was keeping a close watch on the situation.

The minister underlined that it was necessary to wear face masks, even though the fine for not doing so had been withdrawn. A crucial meeting of the Delhi Disaster Management Authority on Wednesday is expected to consider the reimposition of fines for not wearing face masks. Asked about the increasing number of Covid-19 cases among children, Mr Jain said the Delhi government had already issued an advisory asking schools to close specific classes for a few days if any student or teacher tests positive for Covid-19.

In Haryana, the state government has again made

the wearing of face masks mandatory in four districts. State health minister Anil Vij said in view of the rise in Covid-19 cases over the past a few days in Gurgaon, the wearing of face masks has been made mandatory there, as well as in three other districts — Faridabad, Sonapat and Jhajjar. Of 234 cases reported in Haryana on Monday, 198 surfaced in Gurgaon alone while 21 were from Faridabad. In more than half the districts, however, the cases are nil or very little. Mr Vij said a team led by the state's additional chief secretary (health), Rajeev Arora, has been asked to study why the cases are increasing in Gurgaon. Its report is awaited.

The decision by the Haryana government came on the day Uttar Pradesh

made it compulsory for people to wear a face mask in public places in Lucknow and six NCR districts. The districts where the wearing of a mask has been made mandatory are Gautam Buddha Nagar (Noida), Ghaziabad, Hapur, Meerut, Bulandshahr and Baghpat. Gautam Buddha Nagar district, adjoining Delhi, reported 65 new Covid-19 cases, including 19 children, on Monday. The number of active cases in the district has reached 332, with children being around 100 cases. The spike in cases is worrying at a time when all states have eased Covid-19 restrictions on public movement. Many states have also removed the fine for not wearing masks in public while advising citizens to continue wearing them to guard against the infection.

WHO

India's excess deaths not derived from global model: WHO team (Hindustan Times: 20220419)

<https://epaper.hindustantimes.com/Home/ShareArticle?OrgId=1940df6f341&imageview=0>

India's excess deaths not derived from global model: WHO team

An NYT report put India's death toll at nearly 4 million, disputing the government's figure of over 520,000 fatalities. Raj K Raj/HT archive

India's excess deaths not derived from global model: WHO team

Senior members of World Health Organisation (WHO) team tasked with calculating the global death toll from the coronavirus pandemic responded Monday to the Union government's statement that criticised the model they used for arriving at their death estimates for India, and said their numbers for excess mortality in India were solely based on data from within the country — and not on some global formula.

Researchers working in the Technical Advisory Group (TAG) of the WHO Covid-19 Mortality Assessment Group shared an extract from their yet-to-be-published research paper titled “Estimating Country-Specific Excess Mortality During the COVID-19 Pandemic” detailing their methodology for countries that did not have official national all-cause mortality data and explained how they arrived at individual mathematical models to reach their estimates.

The controversy about the volume of “excess deaths” in India kicked off on April 16, when a report in The New York Times claimed that an effort by WHO to calculate the real global death toll from the pandemic “has been delayed for months because of objections from India, which disputes the calculation of how many of its citizens died and has tried to keep it from becoming public”. The article put India's death toll from the pandemic at nearly four million.

Hours later, the Union health ministry responded to the article and said India has been in “regular and in-depth technical exchange with WHO on the issue”. “India's basic objection has not been with the result (whatever they might have been) but rather the methodology adopted for the same,” the government said in a statement.

The “excess death” calculation at WHO is being performed by TAG. An advisory body to WHO, its primary role is to support efforts to assist the UN agency and UN member states in obtaining accurate estimates of numbers of deaths attributable to the direct and indirect impacts of the pandemic.

“Excess death” is a term that refers to the total number of deaths occurring due to all causes during a crisis that is above and beyond what would have been expected under regular conditions. To be sure, not all such deaths may be due to Covid-19, but during a pandemic an abrupt rise in fatalities is likely to be either directly or indirectly caused by the outbreak.

The full paper, which has been submitted for publication, will be available shortly, said Professor Jon Wakefield, TAG member and professor of statistics and biostatistics at the University of Washington.

The extract of the paper explained that for a handful of countries (which included India), the team did not have the national all-cause mortality (ACM) data and that researchers constructed different statistical models to estimate country-specific death tolls. Other than India, this list of nations included Argentina, China, Indonesia and Turkey. Their model expanded a proportionality assumption method (which assumes that hazards are proportional over time) previously proposed by Ariel Karlinsky (2022) to analyse excess mortality in Argentina, it stated.

“For India we have data from up to 17 states and union territories... over the pandemic period (out of 36), but this number varies by month,” it said.

The state/UT-level data for India was gathered by a series of official reports, and Right to Information (RTI) data requests by journalists. “For India, we use a variety of sources for registered number of deaths at the state and Union territory-level. The information was either reported directly by the states through official reports and automatic vital registration, or by journalists who obtained death registration information through Right To Information requests,” the statement explained.

To be sure, several news organisations, HT included, have tried to estimate all-cause mortality figures for which they have generally used data from Civil Registration System (CRS) — a national system of recording all births and deaths, under the Office of the Registrar General of India and implemented on the ground by state governments — to count the number of excess deaths. A wide range of undercount has appeared in such analysis by several news organisations — ranging from as little as 0.42 times in Kerala to 48 times in Bihar. Some experts have previously argued that CRS may not be the best database to estimate all cause deaths.

The WHO researchers also stressed that for the India analysis, they did not use a global model.

“We stress that for India the global predictive covariate model is not used and so the estimates of excess mortality are based on data from India only,” they wrote.

One of the key concerns raised by India’s ministry of health was regarding the covariates used by the WHO team. “Of the covariates used for analysis, a binary measure for income has been used instead of a more realistic graded variable. Using a binary variable for such an important measure may lend itself to amplifying the magnitude of the variable. WHO has conveyed that a combination of these variables was found to be most accurate for predicting excess mortality for a sample of 90 countries and 18 months,” the health ministry said in its April 16 statement, adding that the Indian government was yet to receive from WHO a detailed justification of how the combination of these variables is found to be most accurate.

But the researchers themselves admitted to the limitations to their approach in the summary findings.

“If, over all (local) regions, there are significant changes in the proportions of deaths in the regions as compared to the national total, or large changes in the populations within the regions over time, then the approach will be imprecise,” they wrote. However, they added: “We have carried out sensitivity (for example, we remove different subsets of states and run the model) and cross-validation analyses” to address these shortcomings.

Several issues raised by the Indian government (such as inverse relationship between monthly temperature and monthly average deaths, which it said had “no scientific backing”) in its April 16 statement found no mention in the excerpt tweeted by Wakefield.

When asked about the Indian statement regarding the New York Times article, a spokesperson from WHO said their full report concerning excess deaths would be released in the “near future”. “We are planning the release of the Excess Mortality Data in the near future. Once there is a date of release, we will let you know,” the body said in an emailed response.

To be sure, several other researchers have tried to estimate the total number of excess deaths that took place in India during the pandemic, and have arrived at figures that suggest a

significant undercounting. The excess deaths figures in these studies have ranged from 2 million to 4.9 million.

One such scientist, Prabhat Jha, director of the Centre for Global Health Research at St Michael's Hospital in Toronto, whose research paper published in the journal Science estimated India's Covid deaths by September 2021 to be "six to seven times higher than reported officially" said that his findings were similar to the numbers from WHO. "Our paper in Science using additional data sources reached similar conclusions to the WHO," he said about his paper which put the excess death toll in India till June 2021 to over 3 million.

These studies have used a variety of sources and methods ranging from household surveys to CRS data, to infection fatality rate estimates for Covid-19. As of Monday morning, the Indian government's official death toll from the pandemic is 521,965.

To be sure, a precise picture on the real mortality numbers can be a near-impossible task in a country the size of India, especially over a large period of time as has been in the case of the global pandemic, which spanned over two years.

Experts stressed that it is still prudent for India to set up a system which records precise number of deaths that registers a definitive scientific cause as well.

"In the time of an epidemic when excess deaths due to all causes are reported with no explanation, it can be attributable to the disease that has caused the outbreak. It is an assumption, nonetheless, since there is not an adequate system in place that can give the real picture. What is required in our public health system is the need to set-up a proper system to determine exact death numbers on daily or weekly basis in each city or town with a definitive cause of death determined by scientific method; and adequate actions in that control the cause. It is doable. European cities did it 300 years ago. It is not rocket science. India must invest in such a system," said Dr Dileep Mavalankar, director, Indian Institute of Public Health, Gandhinagar.

Depression

छोटे बच्चों को भी सताने लगी चिंता, अमेरिकी टास्क फोर्स ने 8 से 18 साल के बच्चों की स्क्रीनिंग की सिफारिश की (Dainik Bhasker: 20220419)

<https://epaper.bhaskar.com/detail/1253719/40008626193/mpcg/19042022/194/text/>

क्रिस्टिना कैरॉनबड़े-बुजुर्गो को सताने वाली चिंता बच्चों के कोमल मन-मस्तिष्क में भी घर करने लगी है। बच्चों में मानसिक स्वास्थ्य की बिगड़ती स्थिति के कारण अमेरिकी विशेषज्ञों की प्रभावशाली टास्क फोर्स ने पहली बार 8 से 18 साल वाले सभी बच्चों की जांच करने की सिफारिश की है। बाल मनोवैज्ञानिक और मेयो क्लिनिक में पीडियाट्रिक एंजाइटी डिसऑर्डर्स क्लिनिक के निदेशक स्टीफन पीएच व्हाइटसाइड के मुताबिक, "चिंता बचपन की सबसे आम मानसिक गड़बड़ी बनकर उभरी है। ज्यादा से ज्यादा बच्चों की चिंता के लिए जांच करना वास्तव में महत्वपूर्ण है। अधिकांश

बच्चों को मानसिक स्वास्थ्य देखभाल की आवश्यकता होती है, जो उन्हें नहीं मिलती है। व्यवहारगत समस्याओं से जूझ रहे बच्चों में चिंता बढ़ने की आशंका होती है।' महामारी ने ऐसे बच्चों की समस्या को और बढ़ाया ही है। अमेरिकी टास्क फोर्स ने अनुशंसा की है कि चाहे बच्चे में कोई लक्षण दिखे या नहीं, हर बच्चे की स्क्रीनिंग की जाए। टास्क फोर्स की सदस्य मारथा कुबिक के मुताबिक, 'जीवन अस्त-व्यस्त हो, इससे पहले दखल देना महत्वपूर्ण है। चाइल्ड माइंड इंस्टीट्यूट की एक रिपोर्ट बताती है कि बचपन के चिंता विकार आगे चलकर डिप्रेशन, चिंता, व्यवहारगत समस्याओं और मादक द्रव्यों के सेवन में बदल सकते हैं। टास्क फोर्स ने कहा कि उसके पास अभी 8 साल से छोटे बच्चों की स्क्रीनिंग की सिफारिश के लिए पर्याप्त सबूत नहीं हैं। वहीं अमेरिका के रोग नियंत्रण और रोकथाम केंद्र का कहना है कि 3 से 17 साल उम्र वाले 7% से अधिक बच्चे चिंता से घिरे पाए गए हैं। >शेष पेज 06 पर

देश में 2,218 नए कोरोना मरीज मिले, यह 1 महीने बाद सर्वाधिक मरीज बढ़े, लेकिन मौतें देशभर में सिर्फ 2... भर्ती की नौबत भी नहीं

भास्कर Analysis

दिल्ली, हरियाणा, यूपी में संक्रमित तेजी से बढ़ रहे, हालांकि अस्पताल में भर्ती होने वाले मरीजों की संख्या नहीं बढ़ी, यानी संक्रमण गंभीर नहीं

नई दिल्ली | देश में एक दिन में कोरोना के नए मरीज दोगुने हो गए। कुल 2,218 मरीज मिले। यह संख्या 18 मार्च के बाद सबसे ज्यादा है। केंद्र सरकार के आंकड़ों के अनुसार, एक दिन में कुल 214 मौतें दर्ज हुईं। लेकिन, असल बात यह है कि देशभर में सिर्फ 2 मौतें हुईं। एक दिल्ली में और एक यूपी में। 212 मौतें केरल ने पिछली जोड़ी हैं। अहम बात यह है कि मरीज बेशक दोगुने हो गए, लेकिन अस्पताल में भर्ती होने वाले मरीजों की संख्या नहीं बढ़ी। उदाहरण के लिए दिल्ली में 517 नए मरीज मिले। इससे सक्रिय मरीजों की संख्या बढ़कर 1,518 हो गई। लेकिन, अस्पताल में भर्ती मरीजों की संख्या 50 ही रही, जो चार दिन पहले थी।

एक चौंकाने वाली बात यह भी है कि जैसे ही दिल्ली और हरियाणा में मरीजों की संख्या बढ़नी शुरू हुई,

दोनों ही राज्यों में रोज होने वाले टेस्ट आधे रह गए। यानी, अगर टेस्ट नहीं घटते तो नए मरीजों की संख्या ज्यादा हो सकती थी। इससे दिल्ली में संक्रमण की दर (टेस्ट पॉजिटिविटी रेट) 5% से ज्यादा हो गई है, जो एक हफ्ते पहले 1% से कम थी। डब्ल्यूएचओ का मानना है कि संक्रमण की दर 5% से ज्यादा हो तो महामारी नियंत्रण से बाहर मानी जाती है।

सावधानी बेहद जरूरी

देश में सक्रिय मरीज 9,300 पार हो गए हैं। ऐसे में सिर्फ दो मौतों पर विशेषज्ञों का कहना है कि इस बार संक्रमण गंभीर नहीं लग रहा। यह सामान्य फ्लू जैसा है। लेकिन, पहले से गंभीर बीमारियों वाले लोगों को ऐहतियात जरूरी है। उन्हें मास्क का इस्तेमाल नहीं छोड़ना चाहिए।

वैक्सिनेशन से हमारा सुरक्षाचक्र मजबूत, पर बूस्टर डोज का उत्साह न होना चिंता की बात

राज्य	18+		15 से 18		12 से 14		बूस्टर (संख्या)
	डोज-1	डोज-2	डोज-1	डोज-2	डोज-1	डोज-2	
बिहार	84.3%	73.2%	65.4%	35.4%	25.1%	0.0%	674
छत्तीसगढ़	94.9%	86.0%	70.1%	49.3%	51.1%	0.0%	226
दिल्ली	100%	90.7%	95.5%	76.9%	49.4%	0.5%	21,247
गुजरात	100%	97.9%	71.4%	72.1%	44.7%	1.3%	6,887
हरियाणा	100%	87.5%	71.4%	41.9%	18.1%	0.1%	11,084
हिमाचल	100%	100%	91.9%	84.1%	58.6%	0.5%	102
झारखंड	85.0%	60.3%	58.1%	30.9%	21.1%	0.0%	2,345
मप्र	98.1%	96.2%	86.5%	63.2%	42.9%	--	1,599
महाराष्ट्र	92.2%	75.0%	63.4%	41.9%	31.4%	0.1%	33,042
पंजाब	97.0%	75.2%	70.1%	37.3%	27.1%	0.2%	515
राजस्थान	98.6%	84.8%	73.3%	36.7%	37.9%	0.2%	1,637

18+ के सिर्फ 1.62 लाख लोगों ने बूस्टर डोज लगाई है। 10 अप्रैल से शुरू हुई थी।

यूपी-हरियाणा के 11 जिलों में मास्क अनिवार्य

हरियाणा के 4 जिलों में मास्क अनिवार्य कर दिया गया है। वहीं, यूपी के लखनऊ और 6 एनसीआर जिलों में भी मास्क अनिवार्य होगा।

■ आईपीएल की दिल्ली कैपिटल टीम को व्वारंटोइन कर दिया गया है। टीम के दो मेंबर सोमवार को कोरोना पॉजिटिव पाए गए। टीम मैनेजमेंट ने कहा कि 20 अप्रैल को पंजाब के साथ मैच नहीं रहेगा।