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LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
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India's child mortality rate declined between 1990 and 2019

India's child mortality rate declined between 1990 and 2019: UN (The Tribune: 2020909)

<https://www.tribuneindia.com/news/nation/indias-child-mortality-rate-declined-between-1990-and-2019-un-138665>

The 'Levels & Trends in Child Mortality' Report 2020 says the number of global under-five deaths dropped to its lowest point on record in 2019 – down to 5.2 million from 12.5 million in 1990

India's child mortality rate declined between 1990 and 2019: UN
Photo for representation only

India's child mortality rate has declined substantially between 1990 and 2019 but the country, along with Nigeria, still accounted for almost a third of all under-five deaths last year, according to a new report which warned that COVID-19 pandemic threatens to undo decades of progress in eliminating preventable child deaths globally.

The 'Levels & Trends in Child Mortality' Report 2020 said that the number of global under-five deaths dropped to its lowest point on record in 2019 – down to 5.2 million from 12.5 million in 1990.

Over the past 30 years, health services to prevent or treat causes of child death such as preterm, low birth weight, complications during birth, neonatal sepsis, pneumonia, diarrhoea and malaria, as well as vaccination, have played a large role in saving millions of lives.

However, the COVID-19 pandemic has resulted in major disruptions to health services that threaten to undo decades of hard-won progress towards eliminating preventable child deaths.

According to the new mortality estimates released by UNICEF, the World Health Organisation (WHO), the Population Division of the United Nations Department of Economic and Social

Affairs and the World Bank Group, the under-five mortality rate (deaths per 1,000 live births) in India declined to 34 in 2019 from 126 in 1990.

The country registered a 4.5 per cent annual rate of reduction in under-five mortality between 1990 and 2019. The number of under-five deaths in India dropped from 3.4 million in 1990 to 8,24,000 in 2019.

The infant mortality rate (deaths per 1,000 live births) in India declined from 89 in 1990 to 28 last year, with the country registering 6,79,000 infant deaths last year, a significant decline from 2.4 million infant deaths in 1990.

The country also witnessed a decrease in neonatal mortality rate between 1990 and 2019 from 57 to 22 - 1.5 million neonatal deaths in 1990 to 522,000 deaths in 2019. Further, the probability of dying among children aged 5–14 years declined from 21 in 1990 to 5 in 2019 (447,000 deaths in 1990 to 136,000 deaths in 2019) and the probability of dying among youth aged 15–24 years dipped from 24 to 10 (407,000 deaths to 246,000 deaths) between the period under review.

The sex-specific under-five mortality rate (deaths per 1,000 live births) in India in 1990 stood at 122 males and 131 females and this declined to 34 males and 35 females in 2019.

The regions of Central and Southern Asia and Oceania (excluding Australia and New Zealand) both saw a faster decline in under-five mortality from 2010-2019 compared to 2000-2009.

However, the global burden of under-five deaths weighs most heavily on just two regions - sub-Saharan Africa and Central and Southern Asia. The report said that about 53 per cent of all under-five deaths in 2019 - 2.8 million - occurred in sub-Saharan Africa, and roughly 1.5 million children (28 per cent) died in 2019 before reaching age 5 in Central and Southern Asia.

These two regions alone accounted for more than 80 per cent of the 5.2 million global under-five deaths in 2019, but they only accounted for 52 per cent of the global under-five population.

“Nearly half (49 per cent) of all under-five deaths in 2019 occurred in just five countries: Nigeria, India, Pakistan, the Democratic Republic of the Congo and Ethiopia. Nigeria and India alone account for almost a third,” the report said.

The report added that countries worldwide are now experiencing disruptions in child and maternal health services, such as health checkups, vaccinations and prenatal and post-natal care, due to resource constraints and a general uneasiness with using health services due to a fear of getting COVID-19.

“The global community has come too far towards eliminating preventable child deaths to allow the COVID-19 pandemic to stop us in our tracks,” said Henrietta Fore, UNICEF Executive Director.

“When children are denied access to health services because the system is overrun, and when women are afraid to give birth at the hospital for fear of infection, they, too, may become casualties of COVID-19. Without urgent investments to re-start disrupted health systems and services, millions of children under five, especially newborns, could die.”

Even before COVID-19, newborns were at highest risk of death. In 2019, a newborn baby died every 13 seconds. Moreover, 47 per cent of all under-five deaths occurred in the neonatal period, up from 40 per cent in 1990. With severe disruptions in essential health services, newborn babies could be at much higher risk of dying.

The report said that meeting the SDG target on under-five mortality would save the lives of almost 11 million children.

On current trends, about 48 million children under 5 years of age will die between 2020 and 2030, half of them newborns. More than half (57 per cent) of these 48 million deaths will occur in sub-Saharan Africa (28 million) and 25 per cent in Central and Southern Asia (12 million).
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Global Health Tech Summit, 2020- healthcare

Global Health Tech Summit, 2020: Bridging gaps and leveraging innovation for transformation of healthcare in India (The Indian Express: 2020909)

<https://indianexpress.com/article/education/sponsored-education/global-health-tech-summit-2020-bridging-gaps-and-leveraging-innovation-for-transformation-of-healthcare-in-india-6581309/>

The aim of the Virtual Global Health Tech Summit was to fill the gap between individuals and enterprises committed to advancing impactful innovations...

The Punjab Chamber of Commerce and Industries (PCCI), under its global initiative World Punjabi Business Forum (WPBF), organised a virtual Global Health Tech Summit on Aug 31, 2020. This event was attended by hundreds of innovative thinkers across healthcare, technology players and beyond to confront the most challenging dilemmas in healthcare and uncover new solutions. The theme of the summit was “Bridging Gaps: Leveraging Innovation for transformation of Healthcare in India”.

The goal was to fill the gap between individuals and enterprises committed to advancing impactful innovations. Distinguished doctors, institutions, hospitals, start-ups, innovators, academic institutions and global funds from around the world were among panellists and participants. The Summit was held under the backdrop of these critical times of covid-19 and ongoing GOI’s effort to digitalise national health services. The Global Health Tech Summit explored the topic with an eye towards enabling business leaders, doctors and stakeholders with practical guidance they can use to get the most out of digital health.

Addressing the galaxy of luminaries from health, technology and academic, Nitin Pangotra, DG Punjab Chamber of commerce and Industries (PCCI) in his opening remarks warmly welcomed senior leaders, major healthcare professionals and companies, along with selected innovators, investors, academics and start-up founders in the global summit. He said, “The purpose of the summit is to build a profound ecosystem in health tech so that a global platform can be built for knowledge-sharing, to explore best practices, deliver practical tools, and disseminate useful information to industry leaders around the topic of digital tech in healthcare. This forum has been institutionalised to integrate and aggregate all stakeholders and provide

them a platform for seamless interactions and a launch pad for innovators and start-ups in the health domain for transforming the health delivery system in India and to provide solutions to the world.”

Among the imminent speakers were Dr Vishal Upadhyay, an orthopaedic surgeon from UK and CEO Agile healthcare, who is disrupting the primary health care sector with his robust tech-based solution. He brought up how Covid-19 has exposed the vulnerabilities of the global health care system and as an urgent solution, use of modern technologies and digital services offer an innovative way for monitoring and delivery of health and well-being. He offered a tech solution as “smart care” for transforming primary health care services.

Dr D S Rana, Chairman, Sir Ganga ram Hospital, New Delhi underlined the role of technology in hospital and patient management in his talk and discussed the need of future partnerships between innovators and medical professionals for building comprehensive health solutions.

Dr John Wynn Jones, UK, a global expert of Rural Healthcare emphasised on digitalization and innovation as a key in delivering healthcare in rural areas. He also highlighted the historical role of India in global health care. He said that India has always been ahead of the world and also quoted from the edicts of Ashoka (3rd century), “In and outside his dominions, Priyadarshini Ashoka has arranged for medical treatment of man and beast.”

Among the esteemed panelists was Mahendra Penumathsa, founder of US-based Unytalk, who has extensively worked to leverage and build robust technology solutions around healthcare. He accentuated the issue of digital technology adaptability in rural areas.

Dr Sunil Mehra, Professor of Clinical Medicine at Mt. Sinai School of medicine was among the distinguished panelists who focused on technological solutions for affordable and accessible health care in India.

Sandeep Rana, ex-Cisco Systems and Founder of Xbode, an Indian tech startup, working to create unique smart healthcare solutions webbed around “Smart Home” to provide patients a real time access to the doctors and hospitals at home. In his view, innovation in digital health care is highly required to help reduce inefficiencies in healthcare delivery, improving access, reducing costs, increasing quality of care, making our health services more patient-centric, personalising medicine for each patient’s unique needs.

The Summit was a profound initiative by PCCI to explore gaps and to enable in building healthcare solutions not just for India but for the world through collaborative approach by bringing all stakeholders on a platform.

Telemedicine

Telemedicine market in India to reach USD 5.5 bn by 2025: Study (The Tribune: 2020909)

<https://www.tribuneindia.com/news/health/telemedicine-market-in-india-to-reach-usd-5-5-bn-by-2025-study-138231>

15-20 per cent of the healthcare ecosystem expected to shift to virtual care

Telemedicine market in India to reach USD 5.5 bn by 2025: Study

Photo for representational purpose only.

The Indian healthcare industry needs to shift from traditional in-person doctor-patient interaction to digitally-enabled remote consultations, according to an EY-IPA study which said the domestic telemedicine market would reach USD 5.5 billion by 2025.

"15-20 per cent of the healthcare ecosystem is expected to shift to virtual care, across triaging, consults, remote monitoring, home health, etc.," as per the study – Healthcare goes mobile: Evolution of teleconsultation and e-pharmacy in new Normal.

However, the rapid growth driven by increased digitisation will raise challenges related to patient's data privacy and prescription substitution. Thus, there is an immediate need for a strong regulatory framework in the interest of patients and consumers, it added.

"The telemedicine market in India is expected to grow at a compound annual growth rate (CAGR) of 31 per cent for the period 2020-25 and reach USD 5.5 billion," said the study.

Virtual care consists of tele-consult, tele-pathology, tele-radiology and e-pharmacy and is experiencing an encouraging stimulus in India due to the pandemic, it added.

This stimulus has the potential to make teleconsultation and e-pharmacy account for around 95 per cent of the telemedicine market by 2025 which amounts to USD 5.2 billion, it said.

As per the study, India's e-pharmacy market is projected to reach 10-12 per cent of the overall pharmaceutical sales in the next five years driven by strong regulations, increased funding and creation of digital infrastructure.

"As the COVID-19 pandemic throws unprecedented challenges, consumer behaviour and patterns are changing dramatically. With the new norms of 'social distancing', traditional ways of in-person doctor-patient interaction are being digitally enabled by remote consultations," said Sudarshan Jain, secretary-general, Indian Pharmaceutical Alliance (IPA).

While the technology will be a great enabler, evolving regulation should guard areas of patient privacy which is fundamental in relation to healthcare, he added.

EY India Life Sciences - Partner & Leader Sriram Shrinivasan said: "With the current levels of adoption by the patients and doctors along with emerging technologies and ecosystem, India is well poised to grow the digital health ecosystem."

For wider acceptance and usage, there is a need for a robust regulatory and governance framework that provides the right support for growth, he added. PTI

COVID-19 vaccine

AstraZeneca puts COVID-19 vaccine trial on hold after 'unexplained' illness of participant

AstraZeneca with University of Oxford is a frontrunner in the global race for the shot (The Tribune: 2020909)

<https://www.tribuneindia.com/news/health/astrazeneca-puts-covid-19-vaccine-trial-on-hold-after-unexplained-illness-of-participant-138658>

AstraZeneca puts COVID-19 vaccine trial on hold after 'unexplained' illness of participant
Photo for representation. Reuters

Late-stage studies of AstraZeneca's COVID-19 vaccine candidate are on temporary hold while the company investigates whether a recipient's "potentially unexplained" illness is a side effect of the shot.

In a statement issued on Tuesday evening, the company said its "standard review process triggered a pause to vaccination to allow review of safety data".

AstraZeneca didn't reveal any information about the possible side effect except to call it "a potentially unexplained illness".

The health news site STAT first reported the pause in testing, saying the possible side effect occurred in the United Kingdom. An AstraZeneca spokesperson confirmed the pause in vaccinations covers studies in the US and other countries.

Late last month, AstraZeneca began recruiting 30,000 people in the US for its largest study of the vaccine. It also is testing the vaccine, developed by Oxford University, in thousands of people in Britain, and in smaller studies in Brazil and South Africa.

Two other vaccines are in huge, final-stage tests in the United States, one made by Moderna Inc. and the other by Pfizer and Germany's BioNTech. Those two vaccines work differently than AstraZeneca's, and the studies already have recruited about two-thirds of the needed volunteers.

Temporary holds of large medical studies aren't unusual, and investigating any serious or unexpected reaction is a mandatory part of safety testing. AstraZeneca pointed out that it's possible the problem could be a coincidence; illnesses of all sorts could arise in studies of thousands of people.

"We are working to expedite the review of the single event to minimize any potential impact on the trial timeline," the company statement said.

It's likely the unexplained illness was serious enough to require hospitalization and not a mild side effect such as fever or muscle pain, said Deborah Fuller, a University of Washington

researcher who is working on a different COVID-19 vaccine that has not yet started human testing.

"This is not something to be alarmed about," Fuller said. Instead, it's reassuring that the company is pausing the study to figure out what's happening and carefully monitoring the health of study participants.

Dr Ashish Jha of Brown University said via Twitter that the significance of the interruption was unclear but that he was "still optimistic" that an effective vaccine will be found in the coming months.

"But optimism isn't evidence," he wrote. "Let's let science drive this process."

Angela Rasmussen, a virologist at Columbia University in New York, tweeted that the illness may be unrelated to the vaccine, "but the important part is that this is why we do trials before rolling out a vaccine to the general public".

During the third and final stage of testing, researchers look for any signs of possible side effects that may have gone undetected in earlier patient research. Because of their large size, the studies are considered the most important study phase for picking up less common side effects and establishing safety.

The trials also assess effectiveness by tracking who gets sick and who doesn't between patients getting the vaccine and those receiving a dummy shot.

The development came the same day that AstraZeneca and eight other drugmakers issued an unusual pledge, vowing to uphold the highest ethical and scientific standards in developing their vaccines.

The announcement follows worries that President Donald Trump will pressure the US Food and Drug Administration to approve a vaccine before it's proven to be safe and effective.

The US has invested billions of dollars in efforts to quickly develop multiple vaccines against COVID-19. But public fears that a vaccine is unsafe or ineffective could be disastrous, derailing the effort to vaccinate millions of Americans.

Representatives for the FDA did not immediately respond to requests for comment Tuesday evening.

AstraZeneca's US-traded shares fell more than 6 per cent in after-hours trading following reports of the trial being paused.

Viruses play critical role in survival of species

Viruses play critical role in survival of species: Study (The Tribune: 2020909)

They also show that species-specific transcriptomes are fine-tuned by endogenous retroviruses in the mammalian germline

<https://www.tribuneindia.com/news/health/viruses-play-critical-role-in-survival-of-species-study-138193>

Viruses play critical role in survival of species: Study

They also show that species-specific transcriptomes are fine-tuned by endogenous retroviruses in the mammalian germline

As the world scrambles to control the growing Covid-19 pandemic, a new study shows viruses also play a key evolutionary role in mammals' ability to reproduce and survive.

According to the study, published in the journal Nature Structural & Molecular Biology, scientists in the Cincinnati Children's Perinatal Institute (CCPI) and at Azabu University in Japan obtained their data by studying laboratory mice and human germline cells.

In two separate papers appearing in the same edition of the journal, they revealed two distinct and fundamental processes underlying germline transcriptomes. They also show that species-specific transcriptomes are fine-tuned by endogenous retroviruses in the mammalian germline.

Germline transcriptomes include all the messenger RNA in germline cells, which contain either the male or female half of chromosomes passed on as inherited genetic material to offspring when species mate.

This means that germline transcriptomes define the unique character of sperm and egg to prepare for the next generation of life.

"Although the studies are separate they complement one another. One paper explores super-enhancers, which are robust and evolutionally conserved gene regulatory elements in the genome," said study researcher Satoshi Namekawa of CCPI.

They fuel a tightly regulated burst of essential germline genes as sperm start to form," Namekawa added. The second study involves endogenous retroviruses that act as another type of enhancer - gene regulatory elements in the genome - to drive the expression of newly evolved genes.

This helps fine-tune species-specific transcriptomes in mammals like humans, mice, and so on, the team said.

The study, combined biological testing of mouse models and human germline cells with computational biology, including genome-wide profiling of gene regulatory elements in germline cells. Those tests revealed that the genome-wide reorganisation of super-enhancers drives bursts of germline gene expression after germ cells enter meiosis, a specialised form of cell division that produces the haploid genome of germ cells. The study further demonstrated the molecular process through which super-enhancer switching takes place in germ cells.

Super-enhancers are regulated by two molecules that act as gene-burst control switches - the transcription factor A-MYB and SCML2, a critical silencing protein in sperm formation,

according to the team."What we learn from our study is that, in general, viruses have major roles in driving evolution. In the long-term, viruses have positive impacts on our genome and shape evolution," Namekawa explained.—IANS

89,000 fresh Covid cases

India reports around 89,000 fresh Covid cases; death toll goes beyond 73,000(The Tribune: 2020909)

<https://www.tribuneindia.com/news/nation/india-reports-around-89-000-fresh-covid-cases-death-toll-goes-beyond-73-000-138669>

The total coronavirus cases mounted to 43,70,128; 1,115 people succumb to the disease in a span of 24 hours

India reports around 89,000 fresh Covid cases; death toll goes beyond 73,000
Photo for representation only

With 89,706 infections being reported in a day, India's COVID-19 tally went past 43 lakh, while 33,98,844 people have recuperated from the disease so far pushing the national recovery rate to 77.77 per cent on Wednesday, according to data shared by the Union Health Ministry.

The total coronavirus cases mounted to 43,70,128, while the death toll rose to 73,890 with 1,115 people succumbing to the disease in a span of 24 hours in the country, the data updated at 8 am showed.

The COVID-19 case fatality rate has further dropped to 1.69 per cent.

There are 8,97,394 active cases of COVID-19, which is 20.53 per cent of the total caseload in the country, the data stated.

India's COVID-19 tally had crossed the 20-lakh mark on August 7, reached 30 lakh on August 23 and went past 40 lakh on September 5.

According to the Indian Council of Medical Research, a cumulative total of 5,18,04,677 samples have been tested up to September 8 with 11,54,549 samples being tested on Tuesday.

Coronavirus pandemic

UN agencies supporting Indian govt-led efforts to deal with coronavirus pandemic: Spokesperson (The Tribune: 2020909)

<https://www.tribuneindia.com/news/nation/un-agencies-supporting-indian-govt-led-efforts-to-deal-with-coronavirus-pandemic-spokesperson-138660>

It is supporting the ‘government-led health and socioeconomic consequences of the pandemic’, with over 4.2 million confirmed cases to date

UN agencies supporting Indian govt-led efforts to deal with coronavirus pandemic:
Spokesperson

Photo for representation only

As the number of COVID-19 cases in India soars to over 4.2 million, several UN agencies are supporting the government-led health and socioeconomic efforts to help deal with the outbreak.

Spokesman for the UN Secretary-General Stephane Dujarric said at the daily press briefing on Tuesday that the UN team in India is led by Resident Coordinator Renata Dessallien.

It is supporting the “government-led health and socioeconomic consequences of the pandemic”, with over 4.2 million confirmed cases to date.

The World Health Organisation (WHO) has assisted with contact tracing of 8 million cases, while the UN Children's Fund (UNICEF) has trained 2.2 million health workers in Infection Prevention and Control, reaching 650 million children and families with life-saving information. The UN team has also supplied personal protective equipment.

With a view to reaching the most vulnerable, the UN Development Programme (UNDP) helped 100,000 migrant workers access social protection and reached 100,000 sanitation workers with safety kits and 4,000 metric tonnes of dry rations, Dujarric said.

The UN Population Fund (UNFPA) has trained 5,300 sanitation workers on safe waste disposal and is also helping develop a helpline directory for women in distress and supported guidelines on reproductive and adolescent services during lockdown.

The International Labour Organisation (ILO) colleagues supported guidelines for gender-responsive job recovery, Dujarric said.

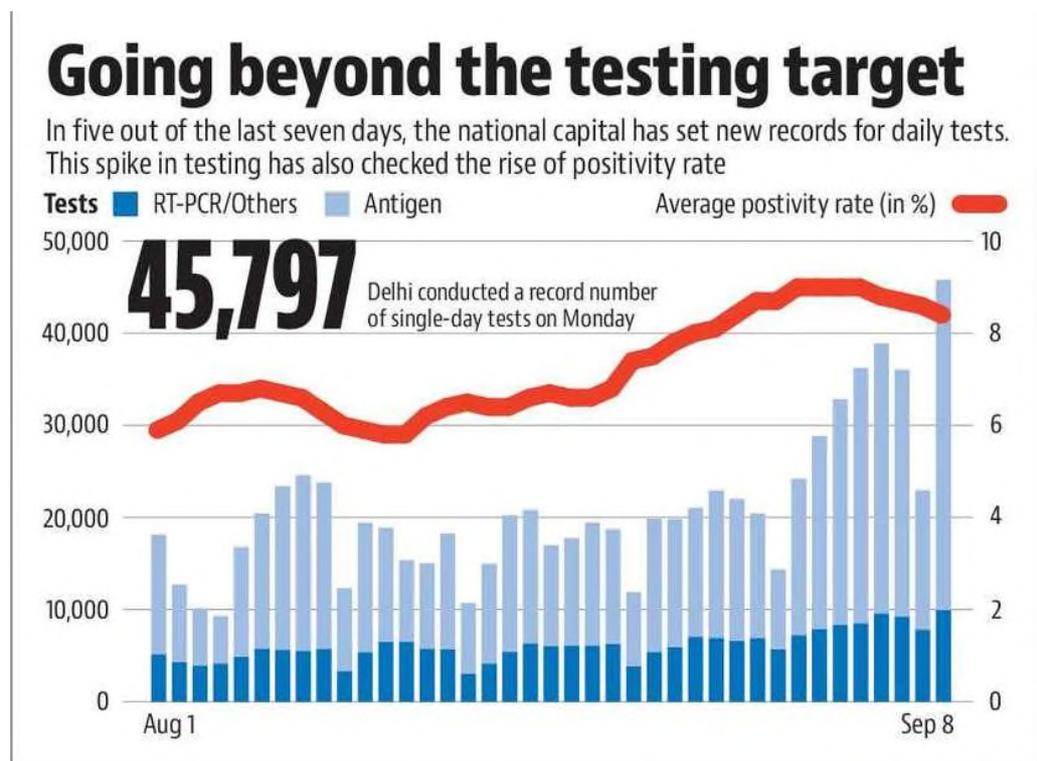
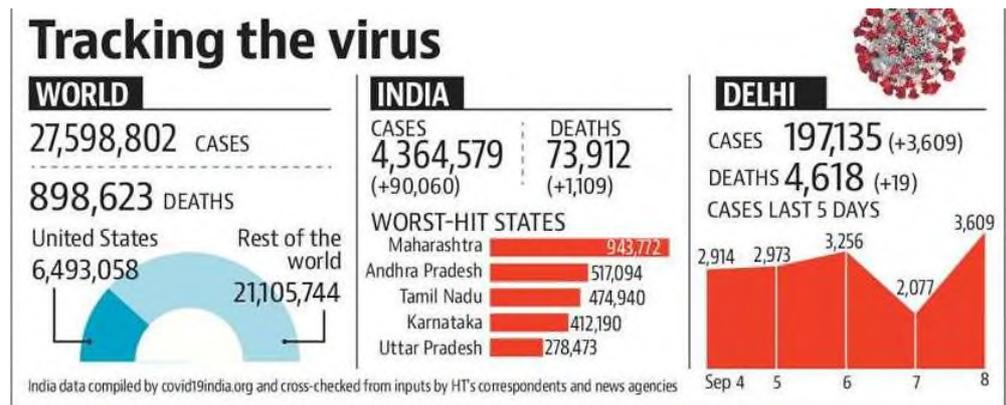
“The UN in India is also supporting the government's anti-stigma campaign, with over 170 million social media impressions in August alone,” he added.

According to estimates by the Johns Hopkins University, India currently has 4.2 million coronavirus cases in the world, second only after the US, which has 6.3 million cases. Over 72,000 people have died in India from the virus, the third-highest death toll after the US and

Delhi scales new testing high with 45k+ samples RT-PCR tests

Delhi scales new testing high with 45k+ samples RT-PCR tests allowed for asymptomatic people, to be capped at 2,000 per day in the Capitaln (Hindustan Times:2020909)

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



The Delhi government conducted a record 45,797 tests for Covid-19 on Tuesday — days after Delhi chief minister Arvind Kejriwal announced the ramping up of testing to 40,000 daily samples to tackle a resurgence of cases.

This was the first time that the number of daily tests crossed the CM's target of 40,000 announced on August 26 though a gradual increase in testing in Delhi had started from August 31, with the city setting new records for daily tests in five out of the last seven days.

The milestone in Covid-19 testing comes on the same day that the Delhi high court removed the requirement of a doctor's prescription to get a reverse transcription-polymerase chain reaction, or RT-PCR, tests in the city.

As testing increased, 3,609 new cases were reported in Delhi — the highest single-day case count since June 24, 76 days ago, when 3,788 new cases were reported. Over the past week, Delhi has recorded 2,868 new cases every day on average.

Cases in Delhi rose rapidly through May and June, and started dropping by end of June after hitting an initial peak. After a steady drop in cases for around three weeks (seven-day average of daily cases dropped to 983 by August 4), cases again started rising alarmingly from mid-August. As of Tuesday, there are 197,135 cases in the city.

Delhi health minister Satyendar Jain said people should not panic over the rising number of daily cases. "The main reason why Covid-19 cases are more now is because we have more than doubled our testing. It is part of our 'test, track, treat and isolate' strategy, which essentially is the Delhi model," he said.

He added the current daily numbers cannot be compared to the cases reported in June, when 18,000-20,000 tests were being conducted daily and the fresh cases ranged between 2,000-3,000.

Also on Tuesday, the Delhi high court said that a doctor's prescription is not required anymore for asymptomatic patients to get an RT-PCR test. Until now, if someone who did not have any Covid-19 symptoms wanted to get an RT-PCR test (which is considered the gold standard for tests) in Delhi, they had to produce a doctor's prescription. Delhi residents, however, could get antigen tests without any prescription.

Now, only Aadhaar cards (with Delhi address) and an Indian Council of Medical Research form would be required for people who want to get RT-PCR test. On a trial basis, RT-PCR tests for asymptomatic patients would be capped at 2,000, the court said.

With 9,944 RT-PCR tests, Delhi also set a record for the highest number of single-day RT-PCR tests, according to Tuesday's health bulletin. Previously, this record was set on June 29, when Delhi conducted 9,619 such tests.

Delhi chief minister Arvind Kejriwal said in a tweet on Tuesday: "The Delhi government has increased testing multifold. I have directed the health minister this morning that doctor's prescription should not be asked for testing. Anyone can get himself tested."

With the increase in tests, the average positivity rate has also started declining. Around 7.9% of tests came back positive on Tuesday. The number, which had dropped from a peak of 31.4% in mid-June to 5.7% at the end of July, was 8.4% in the past week. Overall, 10.7% of all tests done in Delhi have come back positive.

Experts welcomed the increase testing in Delhi and said rising cases are not an immediate concern.

"The government has taken a very good step of ramping up testing massively. What we need to see is that the number of positive cases that we are reporting every day is not that bad considering the number of tests. We were reporting the same number of cases with maybe 15,000-odd tests in June. The government has also asked hospitals to test all the patients coming into the OPD and their family members too, if needed. This has resulted in us detecting several asymptomatic cases that might have otherwise transmitted the infection on to others,"

said Dr SK Sarin, director, Institute of Liver and Biliary Disease where the city's first plasma bank is located.

Covid-19: What you need to know today (Hindustan Times: 2020909)

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

In the beginning (I've always wanted to start a column thus), everyone thought the battle against the coronavirus disease would be a sprint. One 49-day long lockdown, or multiple weeks-long lockdowns interspersed with breaks for a few months, would flatten the curve, experts said. A post titled The Hammer and the Dance, detailing one such lockdown-and-fight approach, went viral. The HT newsroom wrote up (and talked up) several research studies and papers that spoke of this. How wrong we all were.

The pandemic is now in its seventh month in India. A 68-day long lockdown (albeit, with some relaxations after three weeks) was imposed when the country had a few hundred cases. It now has over four million. And among large countries hit hard by the viral disease, it is the only one yet to see its peak (or even its first peak).

In the beginning, everyone was careful. People respected rules, wore masks, socially distanced themselves, didn't venture out unless they had to (and when they did, the sensible ones wore gloves even if they made them look funny), asked the help not to come (the generous ones still paid them), stocked up, and stayed safe.

Even those who couldn't afford to stay home did so — fear and the rules kept them there.

In the beginning — after a few missteps, most notably in the case of migrant workers left stranded in large cities without jobs, and in some cases, without homes — the central government was proactive. There were daily briefings by the health ministry, expert groups addressing various aspects of the pandemic, sincere efforts to acquire ventilators and PPE, regular interactions between the Prime Minister and chief ministers, addresses to the nation by the PM, and there was a general sense that we would overcome.

Things are opening up now, from a feeling that the infection fatality rate (see Dispatch 152 for more on this) is only around 0.1% in large cities; from the knowledge that masks, hand hygiene, and social distancing can prevent infections; but also from a sense of resignation, fatigue, desperation, and lack of any other options.

The opening can't be driven by the confidence that the worst is behind us, simply because it isn't. India is seeing the most cases in a day, and the most deaths, and no amount of spin about how many recoveries there are (there are bound to be, it's simple math) or how low the fatality rate is (it is, but if we accept this cheerfully, we somehow seem to be suggesting that a thousand deaths a day is a price worth paying) can hide the fact that we are in the midst of a huge crisis.

It is a crisis that has wreaked havoc on lives and livelihoods — and transformed life, work, study, and play. Indeed, it has become so bad that many of us no longer even talk about the crisis — unfortunately, this includes those who should only be talking about it.

The battle against Covid-19 is a marathon, and it is suddenly becoming clear that many may not have the mental stamina for it. Managing Covid-19 requires respect for science and data (don't get me started on this); attention to detail; an understanding of cause, effect, and consequences; and a willingness to read, listen, assimilate and synthesise.

Policymakers and political leaders need this (the latter have, in the past, displayed tremendous physical and mental stamina for political work), and many have been found wanting. It still isn't clear who is leading the fight against the disease in the country — when India crossed a million cases, Dispatch 108 recommended that the government appoint a Covid Commissioner to spearhead the country's response, and also a data chief.

Health administrators need this stamina too — and many of them have also been found wanting. In hindsight, India's testing strategy was wrong (it took till the end of last week for the Indian Council of Medical Research to even recommend when which test should be used); it didn't trace aggressively enough; and even if the system of isolating the infected worked (it didn't always), people let themselves down with their behaviour.

So, what should we do now?

Like a flagging marathoner, all of us need to refocus, and run on. To quote from the best book of running ever written (I may have referred to it before in this column): “You don't become a runner by winning a morning workout. The only true way is to marshal the ferocity of your ambition over the course of many days, weeks, months, and (if you could finally come to accept it) years. The Trial of Miles; Miles of Trials.”

Coronavirus | Oxford vaccine

Coronavirus | Oxford vaccine trial put on hold over safety concern (The Hindu: 2020909)

<https://www.thehindu.com/sci-tech/health/coronavirus-oxford-vaccine-trial-put-on-hold-over-safety-concern/article32557090.ece>

In this handout photo released by the University of Oxford samples from coronavirus vaccine trials are handled inside the Oxford Vaccine Group laboratory in Oxford, England Thursday June 25, 2020.

In this handout photo released by the University of Oxford samples from coronavirus vaccine trials are handled inside the Oxford Vaccine Group laboratory in Oxford, England Thursday June 25, 2020. | Photo Credit: AP

The nature of the safety issue and when it happened were not immediately known

AstraZeneca Plc has put a hold on the late-stage trial of its highly-anticipated COVID-19 vaccine candidate after a suspected serious adverse reaction in a study participant, health news website Stat News reported on Tuesday.

It quoted an AstraZeneca spokesperson as saying in a statement that the “standard review process triggered a pause to vaccination to allow review of safety data.

The study is testing a COVID-19 vaccine being developed by AstraZeneca and University of Oxford researchers at sites including India, the United States and the United Kingdom, where the adverse event was reported.

Also read: Russian vaccine generated strong immune response, says Lancet study

The nature of the safety issue and when it happened were not immediately known, although the participant is expected to recover, according to Stat News.

The report said suspension of the trial was having an impact on other AstraZeneca vaccine trials - as well as on clinical trials being conducted by other vaccine makers.

Nine leading U.S. and European vaccine developers pledged on Tuesday to uphold scientific safety and efficacy standards for their experimental vaccines despite the urgency to contain the coronavirus pandemic.

Also read: Editorial | Vaccine for all: On COVID-19 vaccine policy

The companies, including AstraZeneca, Pfizer Inc and GlaxoSmithKline, issued what they called a “historic pledge” after a rise in concern that safety standards might slip in the face of political pressure to rush out a vaccine.

The companies said they would “uphold the integrity of the scientific process as they work towards potential global regulatory filings and approvals of the first COVID-19 vaccines.”.

The other signatories were Johnson & Johnson, Merck & Co, Moderna Inc, Novavax Inc, Sanofi and BioNTech.

Mental health helpline

Centre launches 24/7 toll-free mental health helpline (The Hindu: 2020909)

<https://www.thehindu.com/sci-tech/health/centre-launches-247-toll-free-mental-health-helpline/article32545325.ece>

It will provide support to people facing anxiety, stress depression and suicidal thoughts
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Covid-19 vaccine tracker

Covid-19 vaccine tracker, Sept 9: Leading developers say will not release vaccines prematurely

Coronavirus (COVID-19) vaccine tracker September 9 Update: The joint statement is an attempt to allay fears of the public.(The Indian Express: 2020909)

<https://indianexpress.com/article/explained/september-9-coronavirus-vaccine-latest-covid-19-updates-6588721/>

coronavirus, coronavirus vaccine, covid 19 vaccine india, coronavirus pledge, coronavirus moderna vaccine, coronavirus oxford vaccine, coronavirus china vaccine, russia vaccine
X

Small bottles labeled 'Vaccine COVID-19' are seen in this illustration taken taken April 10, 2020. (Reuters Photo: Dado Ruvic)

Coronavirus (COVID-19) Vaccine Tracker: Amidst concerns that normal regulatory processes were being by-passed to fast-track a coronavirus vaccine, nine major pharmaceutical companies promised to “adhere to high scientific and ethical standards” in development and manufacture of a coronavirus vaccine.

Among the nine companies are AstraZeneca, Moderna and Pfizer, whose coronavirus vaccine candidates are currently undergoing late-stage clinical trials. The other companies to sign on the joint statement are Novavax, Sanofi, GlaxoSmithKline, Johnson & Johnson, BioNTech, and Merck. Each of these companies is developing a coronavirus vaccine. BioNTech is collaborating with Pfizer on one vaccine.

The companies said they were pledging to “always make the safety and well-being of vaccinated individuals” their top priority, and that they will seek an approval for their vaccines only “after demonstrating safety and efficacy through a phase-3 clinical study”.

The statement comes at a time when the anxiety of the governments to be the first to make a coronavirus vaccine available to their publics has severely undermined the credibility of the scientific process being followed for the development of the vaccines, and created suspicion in the minds of people about their safety and effectiveness. Additionally, the coronavirus vaccine has also got caught in a political slugfest ahead of the November 3 Presidential election in the United States. President Donald Trump has said several times that it was possible that a coronavirus vaccine might become available before the election date.

Recent directives from the Food and Drug Administration, and the Centres for Disease Control and Prevention, in the United States also suggested that decks were being cleared for introduction of a vaccine into the market by November. A statement from Pfizer saying it expected effectiveness data from the ongoing phase-3 trials of its vaccine to become available by October also reinforced this impression.

The joint statement is therefore an attempt by the pharmaceutical companies to allay the fears of the public which is getting reflected in low enthusiasm for vaccines in several opinion polls conducted in the United States and Europe. The companies said they were committed to developing and testing potential vaccines “in accordance with high ethical standards and sound scientific principles”.

The companies have not ruled out seeking emergency use authorisations for their vaccines, but this too would happen only after the phase-3 trials. The US FDA has indicated that it was open to grant emergency use authorisations to suitable vaccine candidates even before phase-3 trials were completed if it was able to assess that the benefits outweighed the risks. Last week, Pfizer said it would seek emergency use authorisation immediately after preliminary effectiveness data from the ongoing phase-3 trials were available, which it expected to happen by October.

Stress

Stress caused by COVID-19 may be hard to beat by exercise (New Kerala: 2020909)

<https://www.newkerala.com/news/2020/159568.htm>

September 8: Exercise has its benefits in reducing anxiety and stress, however, it may not be enough for the levels caused by the novel coronavirus, according to a new study.

In a study of twins led by Washington State University researchers, people who reported increasing their physical activity after the start of COVID-19 stay-at-home orders reported higher levels of stress and anxiety than those whose activity levels stayed the same.

In the study, published recently in the journal PLOS ONE, researchers analyzed data from over 900 pairs of identical and same-sex fraternal twins from the Washington State Twin Registry. Those who reported a decrease in physical activity within two-weeks after the start of stay-at-home orders had a perceived higher level of stress and anxiety, which was expected. But surprisingly, many of the respondents who increased their physical activity felt the same way.

"Certainly, people who don't exercise know that there are associations with mental health outcomes, yet the ones that increased their exercise also reported increased anxiety and stress," said lead author Glen Duncan, a professor in WSU's Elson S. Floyd College of Medicine. "It's hard to know exactly what's going on, but it could be that they are trying to use exercise as a means to counter that stress and anxiety they're feeling because of COVID."

The twin survey was conducted from March 26 to April 5, 2020, in the early days of the pandemic. Washington State and many other states issued their first stay at home orders near the end of March in an attempt to curb the spread of COVID-19.

Participants were asked about changes in their physical activity compared to one month previously. Of the survey respondents, 42 per cent reported decreasing levels of physical

activity since the COVID crisis began, and 27 per cent said they had increased their activities. Another 31 per cent reported no change.

Conducting the study with twins allowed the researchers to look at whether the associations between changes in physical activity and mental health were mediated by genetic or shared environmental factors or both. Identical twins share all of their genes; fraternal twins share approximately half of their genes, and twins raised in the same family share many formative experiences.

In this study, the researchers found that the association between decreased physical activity and stress was confounded by genetic and environmental factors. The twin pairs who differed in their perceived change in physical activity--when one twin reported decreased activity while the other remained the same--did not differ in their perceived stress levels.

"It's not necessarily that exercise won't help you personally manage stress," said Duncan. "It's just that there is something genetically and environmentally linking the two."

The researchers found some association between decreased physical activity and anxiety within a pair of twins, the sibling with decreased physical activity had higher levels of anxiety than the sibling who reported no change. In addition, anxiety levels were higher among older people and women.

Duncan and his colleagues plan to survey this population again to see if the relationships between physical activity and these mental health issues persist or change.

"At least in the short term, it seems there is not a lot of impact from either decreasing or increasing physical activity in terms of handling stress and anxiety, but that might be different after two or three months under COVID restrictions," Duncan said.

Hormone

This hormone effective in muscle loss treatment: Study (New Kerala: 2020909)

This hormone effective in muscle loss treatment: Study

Researchers have found that the hormone, ghrelin, may help protect the elderly population from muscle loss, The study, presented at e-ECE 2020 online conference on Tuesday, found that administering a particular form of ghrelin to older mice helped to restore muscle mass and strength.

"As muscle-related diseases are a serious health concern in the elderly population, these findings suggest a potential new treatment strategy for muscle loss to enable the ageing population to remain fit and healthy," said study author from University of Piemonte Orientale in Italy.

Ghrelin is a hormone involved in metabolic regulation and energy balance through activation of appetite, but also plays an important role in protecting against muscle wasting.

According to the researchers, both acylated (AG) and unacylated (UnAG) forms are present in the body, but UnAG does not bind to the AG receptor (GHSR-1a), so does not increase appetite.

A growing body of evidence indicates that UnAG is acting at an unidentified receptor, which also mediates some common AG and UnAG biological activities, including a strikingly protective effect against muscle wasting. "Ghrelin levels decline as we age and may be involved in the development of sarcopenia, but the role of AG versus UnAG in this process has not been investigated previously," the team wrote.

For the current study, the research team investigated how unAG affected the age-related decline of muscle mass and function, by either deleting the ghrelin gene in mice or overexpressing unAG.

Muscle function as they aged was assessed through a wire hanging test, during which "falling" and "reaching" scores were recorded, to assess whole-body strength and endurance. Both the deletion of the ghrelin gene and the lifelong overexpression of UnAG reduced age-associated decline in muscle mass and function.

Despite both groups of animals displaying similar ageing tendencies in body weight and muscle mass, the mice overexpressing UnAG maintained better muscle structure, performance and metabolism, more typical of muscle in younger mice.

The study indicates that UnAG, or possibly drugs that mimic it, can preserve muscle function and reduce the risk of age-related sarcopenia, without causing weight gain and obesity. The research team now plans to identify the receptor mediating UnAG biological activities. This will help better define the molecular pathways involved in AG/UnAG actions and to design treatments that may reduce the loss of muscle mass in sarcopenia and other similar conditions.

Prostate cancer

Study highlights possible causes of racial disparities in prostate cancer deaths (New Kerala: 2020909)

<https://www.newkerala.com/news/2020/159418.htm>

September 8: A new research provides insights on the potential causes of racial disparities in deaths following prostate cancer surgery.

The findings are published in *CANCER*, a peer-reviewed journal of the American Cancer Society (ACS).

Black men not only have a higher rate of developing prostate cancer compared with white men, but they're also more than twice as likely to die from the disease. Meanwhile, Asian American

and Pacific Islanders (AAPIs) have the lowest rates of death from prostate cancer among all races.

To investigate the potential causes behind such disparities, Wanqing Wen, MD, MPH, of Vanderbilt University School of Medicine in Nashville, Tennessee, and his colleagues examined information from the National Cancer Database, which includes cancer registry data from more than 1,500 US facilities. The team sought to quantify the contributions of tumour-related and treatment-related characteristics, as well as factors related to access to care and disparities in prostate cancer survival among different groups.

The analysis included 432,640 white, 63,602 Black, 8,990 AAPI and 21,458 Hispanic patients who underwent prostate removal between 2001 and 2014. The median follow-up time was 5.5 years, and the five-year survival rates were 96.2 per cent, 94.9 per cent, 96.8 per cent, and 96.5 per cent for whites, Blacks, AAPIs, and Hispanics, respectively.

When the researchers adjusted for age and year of diagnosis, they observed that Blacks had a 51 per cent higher death rate than whites, while AAPIs and Hispanics had 22 per cent and 6 per cent lower rates, respectively. After adjusting for all clinical factors and non-clinical factors, the Black-white survival disparity narrowed to being 20 per cent higher for Blacks, while the AAPI-white disparity increased to being 35 per cent lower for AAPIs. Adjusting for these factors had little effect on survival disparities between Hispanics and whites.

Of the factors included in the team's adjustments, education, median household income, and insurance status contributed the most to racial disparities. For example, if Blacks and whites had similar education levels, median household income, and insurance status, the survival disparity would decrease from 51 per cent to 30 per cent.

"Socioeconomic status and insurance status are all changeable factors. Unfortunately, the socioeconomic status inequality in the United States has continued to increase over the past decades," said Dr Wen. "We hope our study findings can enhance public awareness that the racial survival difference, particularly between Black and white prostate patients, can be narrowed by erasing the racial inequities in socioeconomic status and health care. Effectively disseminating our findings to the public and policymakers is an important step towards this goal."

Probiotic supplements

Probiotic supplements plus controlled diet may help manage childhood obesity: Study (New Kerala: 2020909)

<https://www.newkerala.com/news/2020/159301.htm>

Probiotic supplements plus controlled diet may help manage childhood obesity: Study Rome [Italy], September 08: Probiotic supplements, when taken alongside a calorie-controlled diet, may help children and adolescents with obesity lose weight, according to new research.

The study, being presented at e-ECE 2020, found that obese children who were put on a calorie-restricted diet and given probiotics Bifidobacterium breve BR03 and Bifidobacterium

breve B632, lost more weight and had improved insulin sensitivity compared with children on a diet only.

These findings suggest that probiotic supplements and a calorie-controlled diet may help manage obesity in the younger population and reduce future health risks, such as heart disease and diabetes.

Obesity is a global health concern and can lead to a number of life-threatening conditions, such as diabetes and heart disease. Treatment and prevention is a serious public health challenge, especially in children and adolescents.

Bifidobacteria are a group of probiotic bacteria that are part of the natural gut microbiome and help with preventing infection from other bacteria, such as E.coli, and digestion of carbohydrates and dietary fiber. During digestion, they release chemicals called short-chain fatty acids, which play an important role in gut health and controlling hunger. Low numbers of Bifidobacteria may impair digestion, affect food intake and energy expenditure, leading to body weight gain and obesity.

Previous studies suggested that probiotic supplementation with Bifidobacteria could help restore the composition of the gut microbiome, which may aid weight loss and could be a potential approach for obesity management. However, current research uses mixtures of different strains of probiotics and does not examine the effects of administering Bifidobacteria alone.

Dr Flavia Prodam and her team at the University of Piemonte Orientale aimed to assess the impact of Bifidobacteria probiotic treatment in children and adolescents with obesity on a controlled diet, on weight loss, and gut microbiota composition. 100 obese children and adolescents (6-18 years) were put on a calorie-controlled diet and randomly given either probiotics Bifidobacterium breve BR03 and Bifidobacterium breve B632, or a placebo for 8 weeks. Clinical, biochemical, and stool sample analyses were carried out to determine the effect of probiotic supplementation on weight gain, gut microbiota, and metabolism.

The results suggested that children who had taken probiotics had a reduction in waist circumference, BMI, insulin resistance, and E.coli in their gut. These beneficial effects demonstrate the potential of probiotics in helping to treat obesity in children and adolescents when undergoing dietary restrictions.

"Probiotic supplements are frequently given to people without proper evidence data. These findings start to give evidence of the efficacy and safety of two probiotic strains in treating obesity in a younger population," Dr Prodam said.

The study suggests that supplementation with probiotics could modify the gut microbiome environment and beneficially affect metabolism, helping obese children or adolescents who are also undergoing a restricted diet to lose weight. However, larger studies over a longer period of time are needed to investigate this.

Dr Prodam explained, "The next step for our research is to identify patients that could benefit from this probiotic treatment, with a view to creating a more personalised weight-loss strategy. We also want to decipher more clearly the role of diet and probiotics on microbiome

composition. This could help us to understand how the microbiota is different in young people with obesity."

Coronavirus Vaccine

Coronavirus Vaccine: भारतीय वैज्ञानिक ने तैयार की कोरोना की नई वैक्सीन, ऑस्ट्रेलिया में शुरू हुआ ह्यूमन ट्रायल (Amar Ujala: 2020909)

<https://www.amarujala.com/lifestyle/fitness/coronavirus-vaccine-new-covid-19-vaccine-from-oxford-begins-early-stage-human-trials-sumi-biswas-spybiotech-vaccine-update>

कोरोना की कोई कारगर वैक्सीन जल्द से जल्द मिल जाए, इसके लिए दुनियाभर के वैज्ञानिक जी-जान से जुटे हुए हैं। इसमें भारतीय वैज्ञानिक भी शामिल हैं। उन्हीं में से एक हैं प्रोफेसर सुमी बिश्वास, जिन्होंने कोरोना की एक नई वैक्सीन तैयार कर दुनिया को चौंका दिया है। उन्होंने यह वैक्सीन भारतीय वैक्सीन निर्माता कंपनी सीरम इंस्टीट्यूट ऑफ इंडिया के साथ मिलकर तैयार किया है। खुशी की बात यह है कि इस वैक्सीन का ह्यूमन ट्रायल भी चल रहा है, जिसे दुनिया की सबसे बड़ी वैक्सीन निर्माता कंपनी सीरम इंस्टीट्यूट संचालित कर रहा है। आइए जानते हैं कि आखिर कौन हैं प्रोफेसर सुमी बिश्वास और उनकी वैक्सीन से जुड़े ताजा अपडेट्स क्या हैं।

Premature Infant: 9 महीने से पहले पैदा हुए बच्चों पर अधिक रहता है विकलांग होने का खतरा (Navbharat Times: 2020909)

<https://navbharattimes.indiatimes.com/lifestyle/family/37-/articleshow/78009677.cms>

प्रेगनेंसी के 37वें सप्ताह से पहले शिशु के जन्म लेने को प्रीमैच्योर या प्रीटर्म बर्थ कहते हैं। हालांकि, एक नॉर्मल प्रेगनेंसी लगभग 40 सप्ताह की होती है।

गर्भावस्था के आखिरी हफ्ते शिशु का वजन बढ़ने के लिए महत्वपूर्ण होते हैं और इस समय उसके कई महत्वपूर्ण अंगों का पूर्ण विकास होता है जिसमें मस्तिष्क और फेफड़े शामिल हैं। यही वजह है कि प्रीमैच्योर बच्चों को अधिक स्वास्थ्य समस्याएं हो सकती हैं और उन्हें लंबे समय तक अस्पताल में रुकना पड़ सकता है। इन बच्चों को लंबे समय तक प्रभावित करने वाली कोई समस्या जैसे कि शारीरिक विकलांगता हो सकती है।

सेंटर फॉर डिजीज कंट्रोल एंड प्रिवेंशन के अनुसार, दुनियाभर में नवजात शिशु की मृत्यु का प्रमुख कारण प्रीमैच्योर बर्थ है। यह बच्चों में दीर्घकालिक नर्वस सिस्टम से संबंधी विकारों का भी मुख्य कारण है।

प्रीमैच्योर बर्थ के कारण

अक्सर प्रीमैच्योर बर्थ का कारण पता नहीं चल पाता है। हालांकि, कुछ ऐसे कारक हैं जिनकी वजह से महिलाओं को जल्दी लेबर पेन शुरू हो जाता है।

डायबिटीज, हृदय रोग, किडनी डिजीज और हाई ब्लड प्रेशर से ग्रस्त महिलाओं में प्रीमैच्योर लेबर का खतरा अधिक होता है।

इसके अलावा गर्भावस्था के दौरान कंसीव करने से पहले पोषण की कमी, प्रेगनेंसी में धूम्रपान, ड्रग्स और शराब लेने, मूत्र मार्ग में संक्रमण और एमनियोटिक मेम्ब्रेन इन्फेक्शन जैसे कुछ संक्रमणों, पहली प्रेगनेंसी में प्रीमैच्योर बर्थ, असामान्य गर्भाशय और गर्भाशय ग्रीवा के कमजोर होने के कारण उसका जल्दी खुल जाना भी प्रीमैच्योर बर्थ का कारण हो सकता है।

17 से कम और 35 से अधिक उम्र की महिलाओं में नौ महीने में से पहले डिलीवरी होने का खतरा अधिक रहता है।

प्रीमैच्योर शिशु में होने वाली समस्याएं

जितनी जल्दी शिशु का जन्म होगा, उसमें मेडिकल समस्याएं भी उतनी ही ज्यादा होंगी। प्रीमैच्योर इन्फैंट में जन्म के तुरंत बाद ही ये लक्षण दिख सकते हैं :

सांस लेने में दिक्कत, वजन कम होना, बॉडी फैट कम होना, शरीर का तापमान सामान्य रखने में असमर्थता, कम एक्टिव रहना, दूध पीने में दिक्कत और शरीर की त्वचा पीली पड़ना।

प्रीमैच्योर इन्फैंट में जानलेवा बीमारियां भी हो सकती हैं जैसे कि ब्रेन हैमरेज या दिमाग में ब्लीडिंग होना, पल्मोनरी हैमरेज या फेफड़ों में ब्लीडिंग, हाइपोग्लाइसेमिया, निओनेटल सेप्सिस, निमोनिया, एनीमिया, निओनेटल रेस्पिरैट्री डिस्ट्रेस सिंड्रोम।

शिशु को प्रॉपर क्रिटिकल केयर देकर इनमें से कुछ समस्याओं को ठीक किया जा सकता है। बाकी दीर्घकालिक विकलांगता या बीमारी में तब्दील हो सकती हैं।

Covid Testing (Hindustan: 2020909)

https://epaper.livehindustan.com/imageview_302107_85109402_4_1_09-09-2020_3_i_1_sf.html

दिल्ली में कोविड जांच को सिर्फ आधार कार्ड जरूरी

नई दिल्ली | प्रमुख संवाददाता

दिल्ली हाईकोर्ट ने मंगलवार को कहा है कि राजधानी में अब स्वेच्छा से कोरोना जांच कराने वालों के लिए डॉक्टर का पर्चा लाना जरूरी नहीं होगा। जांच कराने वालों को निवास प्रमाण पत्र के तौर पर सिर्फ आधार कार्ड दिखाना होगा।

हाईकोर्ट के इस आदेश से हजारों लोगों को फायदा होगा जो कहीं यात्रा के मकसद से कोरोना जांच कराना चाहते हैं। जस्टिस हीमा कोहली और एस. प्रसाद की पीठ ने कहा है कि लोगों को जांच कराने के वास्ते दिल्ली के निवास प्रमाण के तौर पर आधार कार्ड ले जाने और कोरोना जांच के लिए

सुविधा

- स्वेच्छा से जांच कराने वालों के लिए डॉक्टर की पर्ची जरूरी नहीं
- निवास प्रमाण पत्र के तौर पर आधार कार्ड दिखाना होगा

आईसीएमआर द्वारा निर्धारित फॉर्म भरना जरूरी होगा। कोर्ट ने सरकार को निजी प्रयोगशालाओं को प्रतिदिन दो हजार जांच की अनुमति देने के लिए कहा है। दिल्ली के मुख्यमंत्री अरविंद केजरीवाल ने ट्वीट कर कहा, हमने जांच दोगुनी कर दी है। मैंने निर्देश दिया है कि कोरोना जांच कराने वालों से डॉक्टर की पर्ची के बारे में ना पूछा जाएं।

एम्स ओपीडी में 30 सितंबर तक नंबर नहीं



सोशल मीडिया से

नई दिल्ली | वरिष्ठ संवाददाता

एम्स में लोगों को ओपीडी में इलाज के लिए भटकना पड़ रहा है। अस्पताल में 30 सितंबर तक के लिए सभी पंजीकरण फुल हो गए हैं। यहां तक एम्स के पूर्व डॉक्टर को भी अपॉइंटमेंट नहीं मिल सका।

बता दें कि वेबसाइट पर ऑनलाइन ओपीडी अपॉइंटमेंट के लिए 30 सितंबर तक के लिए खाली नहीं है। पंजीकरण कराते समय सितंबर के अंत तक की वेरिंग दिखा रहा है। इससे मरीजों को परेशानी हो रही है।

पूर्व डॉक्टर ने कई बार फोन किया

: एम्स के पूर्व डॉक्टर ने मंगलवार सुबह एम्स ओपीडी में पंजीकरण कराने के लिए हेल्पलाइन नंबर पर कई बार कॉल किए लेकिन फोन नहीं उठा। उन्होंने ई-सेवा के माध्यम से पंजीकरण कराने की कोशिश की, उसमें माह के अंत तक ओपीडी में किसी भी दिन उपलब्धता नहीं मिली। उन्होंने ट्विटर पर कहा कि अब वे कैसे इलाज कराएंगे।

इसी प्रकार एम्स की रेजिडेंट डॉक्टर एसोसिएशन के पूर्व महासचिव अरुण पांडे को पत्नी के इलाज के लिए प्रसूति रोग विभाग में ओपीडी का अपॉइंटमेंट लेना था लेकिन समय न मिलने पर उन्होंने ट्विटर पर अपना दर्द साझा किया।



एम्स के एक पूर्व डॉक्टर ने सोशल मीडिया पर इसे शेयर किया।

चार दिन बाद मिली विमान में गुम हुई बिल्ली 'नाला'

नई दिल्ली (प्र.सं)। विमान से गुम हुई पालतू बिल्ली 'नाला' को चार दिन की मशक्कत के बाद खोज निकाला गया।

यह बेंगलुरु से दिल्ली आए विमान से गायब हो गई थी। हवाई अड्डे पर जगह-जगह खाने की चीजें रखने के बाद आखिरकार उसे ढूँढ़ लिया गया। एयर इंडिया के विमान से एक महिला दो पालतू बिल्लियों के साथ सफर कर रही थीं। बिल्लियों को नियम सम्मत तरीके से पेट करियर में रखा गया था। जब विमान दिल्ली में उतरा तो पालतू बिल्ली 'नाला' गायब मिली।