



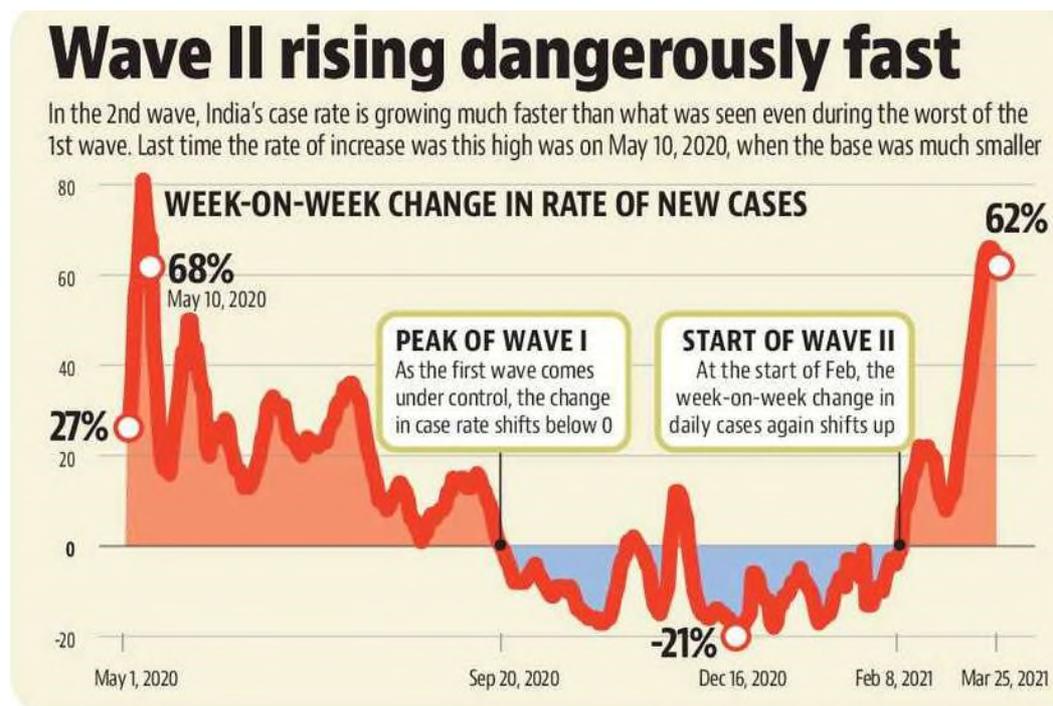
DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Friday 20210326

2nd surge of infections

2nd surge of infections quicker than first wave (Hindustan: 20210326)

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



Coronavirus disease cases in India are rising at a rate not seen since May last year, and the daily infections in two states have already hit record highs, indicating that the country's second wave may be worse than the first wave despite the ongoing vaccination drive.

India on Thursday reported 59,074 new Covid-19 infections, the highest in a single day since October 17, or in 159 days, as the country's second Covid-19 wave continued to push daily case numbers up to levels not seen since the first wave was brought under control last November.

The daily infection trajectory in two states — Maharashtra and Gujarat — has already surpassed the peaks of their first wave, and a third state, Punjab, is perilously close to crossing its previous peak.

Data analysed by HT also shows that the Indian outbreak has again started spreading geographically. This spread, measured by counting districts reporting at least one new case in the past week, fell to a nine-month low of 447 on February 19. Since then, these districts have been rising again and this number stood at 550 by March 23.

For the week ending March 25, India reported 47,442 new infections every day on average, the highest the seven-day average has touched since October 28. While in absolute numbers, this is the worst the case rate has been in four months, the numbers get more alarming if we look at the rate that this is increasing in. Just seven days ago, the national seven-day average of daily cases was 28,551. This means that in just a week, the rate of new infections have increased by 66%. This is the largest week-on-week case growth witnessed in the country since May 10.

To be sure, an important distinction between the case trajectory in May and today is the sheer volume of cases — in May, there were only around 3,500 new cases across India every day, against the current new infection rate of over 47,000 new cases every day.

This means that the case rate in the second wave is growing much faster than what was seen even when the peak of the first wave was ravaging through August and September. If such a week-on-week growth rate persists, then the second wave may surpass the peak of the first wave in April, shows data.

A report released by the State Bank of India (SBI) on Thursday said that the country's second wave may peak towards the end of April and the entire duration of the wave may last up to 100 days beginning February 15. In November, a report by SBI research had analysed the first wave and said regions such as Maharashtra, Karnataka, Andhra Pradesh, Kerala, Chhattisgarh, West Bengal, Delhi and Tamil Nadu performed poorly.

States breaking records

Pushed by yet another record 35,952 daily cases in Maharashtra on Thursday, the seven-day average of daily infections (or the daily case trajectory) in the state touched 29,213, the highest ever. The previous record for this number was 22,149 cases a day for the week ending September 17, the same week that India's first wave peaked.

Like Maharashtra, Gujarat also set a new single-day record for new cases on Thursday (1,961) sending the seven-day average of new cases to an all-time high of 1,669 on Thursday. The state had previously seen its case rate touch 1,554 for the week ending November 30.

In Punjab, meanwhile, the case trajectory is hovering close to the peak of the first wave. In the past week, the state has reported 2,503 new cases every day, slightly below its peak of 2,639 for the week ending September 19. This number, however, is rising, and going by the current rate of increase, it appears set to cross its first wave peak by the weekend.

Delhi reported 1,515 new cases on Thursday, highest in the city since December 16, as the Capital's yet another wave of infections continued to grow. At least six other states and UTs — Tamil Nadu, Chandigarh, Karnataka, Haryana, Rajasthan, Punjab and Madhya Pradesh — are displaying an upward trajectory.

Experts have called on restrictions to be reintroduced on non-essential activities in order to curb the rise in cases. "Large weddings and get-togethers are not essential; going to restaurants and pubs are not essential. These should be restricted now before the cases spread further. Yes,

there will be economic consequences but it will save lives,” said Dr GC Khilnani, former head of the department of pulmonology at AIIMS and the chairman of PSRI Institute of Pulmonary and Critical Care.

Expanding geographically

For the week ending February 11, there were on average 10,988 new cases every day, the lowest since the country’s first peak in September. It was around this time that the geographical spread of the disease in the country was also the least.

On February 19, only 447 of 707 districts for which daily case data is collated by How India Lives reported at least one new case on the day. This number has increased to 550 by March 23.

To be sure, the expansion in the disease’s spread is not uniform across the country. Jharkhand (which consists of 24 districts), Uttar Pradesh (75), and Uttarakhand (13) – which is seeing a surge in cases with devotees gathering for the upcoming Kumbh Mela – have seen the biggest rise in share of districts reporting at least one case. Here the share of districts reporting at least one case has risen 183%, 116%, and 67%, respectively, since February 19.

The states that have seen no increase in share of districts reporting cases are the ones where the infection was already widespread. Andhra Pradesh, Kerala and Punjab, for instance, had all districts reporting cases; and Maharashtra had all but one district reporting cases on average both on February 19 and on March 23.

Epidemiologists stressed on the importance of closely monitoring data to grasp the extent of the second wave.

“We need fresh seroprevalence data from the districts that are seeing surge in cases. In the absence of this, it is difficult to distinguish the extent to which cases can increase in first and second waves. In order to detect second wave, we need track reproductive numbers, test positivity and growth rate of cases constantly,” said Giridhara Babu, head, epidemiology, Indian Institute of Public Health.

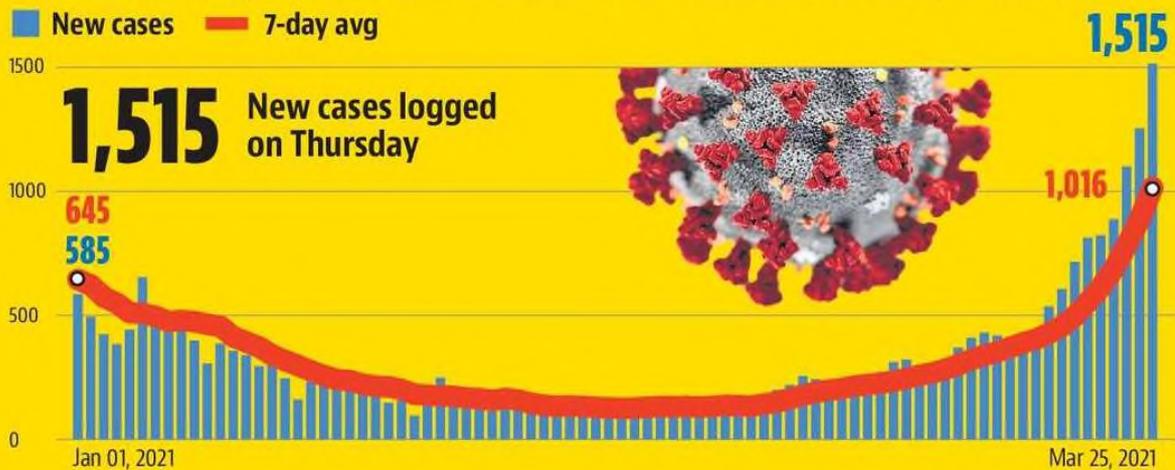
New infections

Covid-19 graph continues to soar: Capital adds 1,515 new infections (Hindustan: 20210326)

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

Delhi's case trajectory climbs upwards

The Capital's daily infection spike has more than doubled in a week, data shows



The Covid-19 surge in the Capital continued unabated on Thursday as Delhi recorded its highest single-day case spike of the year, adding 1,515 new infections — the most since December 16, as experts urged authorities to consider stepping up curbs to prevent infections from spiralling out of control.

The seven-day average of new cases, known as case trajectory, crossed the 1,000-mark for the first time in 91 days, with the city adding an average of 1,016 cases per day over the past week.

The positivity rate also increased to 1.69%, even as the city ramped up testing. For six days now, the test positivity rate, which experts regard as a crucial metric to gauge the spread of an infection, has remained over 1%. It had dipped below 1% in December last year.

On Wednesday, numbers from which are reported a day later in Thursday's bulletin, the city tested 89,836 samples. Of these, about 65% were tested using the more accurate RT-PCR method. A little over 78,000 daily tests were conducted on average during the last seven days. In comparison, about 71,000 tests were conducted the week before, and over 65,000 tests the week before that.

Experts called for immediate measures such as curtailing “non-essential” activities and large gatherings to prevent a surge in cases, as seen in states such as Maharashtra. “There is a need for some restrictions such as curtailing the number of people at weddings, restricting travel between states, closing non-essential services such as bars, restaurants, and cinemas. And these need to be brought in now before we see a surge like in Maharashtra. The case fatality rate in Delhi as well as the country has come down since last year because of the better understanding about the disease, however it still kills. It is a myth that this time around the virus is causing milder infections,” said Dr GC Khilnani, former head of the department of pulmonology at the All India Institute of Medical Sciences.

Four deaths on average were reported each day over the past seven days, up from two deaths that were reported the week before. Five deaths due to the viral infection were reported in Thursday's bulletin.

The spike in cases has brought with it a significant increase in hospitalisations as well. A total of 1,094 Covid patients were admitted to city hospitals as on Wednesday night, out of a total of 5,740 beds in city hospitals reserved for the treatment of the infection, which has so far claimed 10,978 lives in the city.

Other than restrictions on transport, experts also recommended that travel for events such as the Kumbh Mela be restricted.

“In cities where the cases are going up, restrictions have to be put in place. People have to be asked to avoid unnecessary travel and there have to be restrictions on the number of people allowed on modes of public transport,” said Dr Rajinder K Dhamija, professor of medicine and head of the department of neurology at Lady Hardinge Medical College.

In addition to stricter measures and following Covid safety norms, experts also called for an increase in the pace of vaccination in the city.

“There is a need to enhance vaccination on a war footing. But nobody seems to be worried about what is happening; I do not see a sense of urgency anywhere. In addition to the people over the age of 45 years and the health care and frontline workers, the government should also start vaccinating all the teachers and ancillary staff at schools and colleges so that they can be reopened,” said Dr T Jacob John, former head of the department of virology at Christian Medical College, Vellore.

The vaccination drive has failed to pick gather momentum Delhi despite the government announcing that more vaccination centres will be opened, and they will remain open till 9pm. Since the extended drive began on Monday, on average 34,027 jabs were administered each day.

In comparison, 46,769 shots – both first and second dose – were given last Saturday, according to government data.

COVID-19 vaccination

Faster, sooner: On the need to accelerate COVID-19 vaccination (The Hindu: 20210326)

<https://www.thehindu.com/opinion/editorial/faster-sooner-the-hindu-editorial-on-why-india-should-accelerate-its-daily-covid-19-vaccination-rate/article34163840.ece>

India has the wherewithal to sharply accelerate daily vaccination rate

Just three weeks after it rolled out the second phase of the mass vaccination programme for people above 60 years and those above 45 years with comorbidities, India has now undertaken course correction — to vaccinate anyone above 45 years immaterial of comorbidity status from April 1. By following the U.K. model of vaccination based on age bands rather than on comorbidities, millions would become eligible to receive the vaccine and be fully protected. Indeed, people with comorbidities are at greater risk of becoming critically ill and even dying. However, the list of comorbidities that made a person eligible for a vaccine was not only highly restrictive but also focused on multiple comorbidities, and that too of severe nature. Also, the

need for a medical certificate meant that vaccinating as many people as quickly as possible was unachievable. Since a vast majority, particularly the poor and those in rural areas, are ignorant of their underlying disease, the decision, though belated, to make comorbidities redundant for a vaccine is commendable. As vaccines are a tool to promote health equity, all attempts should be made to remove any artificial barriers, more so when several States are witnessing a surge in cases.

While hesitancy towards the two available vaccines was partly responsible for the low uptake initially, there is now increasing willingness to get vaccinated. While 0.8 million doses administered on February 25 was the highest before the second phase began, the numbers have been rising steadily thereafter; increasing the gap between two Covishield doses partly addresses vaccine shortage. Yet, the seven-day rolling average crossed two million doses per day only in the last couple of days; only about 50.23 million doses have been administered as on March 24, or less than four doses per 100 people. The vaccination programme has also been witnessing lukewarm participation by private medical facilities. The reasons for this, besides the slow pace of expansion in some States, need to be fixed. Though the COVID-19 vaccination, which targets adults, is vastly different from the universal immunisation programme, India has the wherewithal to accelerate the daily vaccination rate. What is missing is the political will to achieve that, reflected in absent targets and awareness building exercises, including vaccine safety, vaccine sites and permissibility of walk-ins. Also, unlike the immunisation programme, overreliance on the CoWIN platform has made vaccination into a largely passive, facility-based exercise rather than a public-health initiative. Lack of microplanning and outreach activities are further impacting uptake. Clearly, there is a case for reaching out to people to quickly increase vaccine uptake.

Covid infections

39 more die in Punjab as national Covid infections rise to 5-month high (The Tribune: 20210326)

<https://www.tribuneindia.com/news/coronavirus/39-more-die-in-punjab-as-national-covid-infections-rise-to-5-month-high-230282>

39 more die in Punjab as national Covid infections rise to 5-month high

India saw 53,476 new coronavirus infections in a day, the highest single day rise so far this year, taking the nationwide Covid tally to 1,17,87,534, according to the Union Health Ministry data updated on Thursday.

The active caseload registered an increase for the 15th day in row and was recorded at 3,95,192 comprising 3.35 per cent of the total infections, while the recovery rate has further dropped to 95.28 per cent, the data stated.

Covid norms go for a toss as devotees make a beeline to offer liquor at shrine in Amritsar

The daily rise in infections was the highest recorded in 153 days. The death toll increased to 1,60,692 with 251 daily new fatalities, the data updated at 8 am showed.

As many as 54,366 new infections were recorded in a span of 24 hours on October 23.

The number of people who have recuperated from the disease surged to 1,12,31,650, while the case fatality rate has further dropped to 1.36 per cent, the data stated.

According to the ICMR, 23,75,03,882 samples have been tested up to March 24 with 10,65,021 samples being tested on Wednesday.

Airlines may ban 15 passengers for 3 months for violating Covid norms

The 251 new fatalities include 95 from Maharashtra, 39 from Punjab, 29 from Chhattisgarh, 12 each from Tamil Nadu and Karnataka and 10 from Kerala.

A total of 1,60,692 deaths have been reported so far in the country, including 53,684 from Maharashtra, 12,630 from Tamil Nadu, 12,461 from Karnataka, 10,973 from Delhi, 10,312 from West Bengal, 8,769 from Uttar Pradesh and 7,197 from Andhra Pradesh. PTI

Covid-19: 311 fresh cases

Covid-19: 311 fresh cases, 2 succumb to virus in Ludhiana (The Tribune: 20210326)

<https://www.tribuneindia.com/news/coronavirus/covid-19-311-fresh-cases-2-succumb-to-virus-in-ludhiana-230194>

Covid-19: 311 fresh cases, 2 succumb to virus in Ludhiana

Two persons succumbed to the virus while 311 fresh Covid cases were reported from the district in the past 24 hours. - File photo

Two persons succumbed to the virus while 311 fresh Covid cases were reported from the district in the past 24 hours.

The Health Department confirmed six deaths, including two persons from Ludhiana district, one each from Nawanshahr, Jalandhar, Gurdaspur and Kapurthala. In Ludhiana, a 60-year-old man from Shimlapuri and a 76-year-old woman from Jagraon died due to the disease.

The department confirmed 354 fresh cases, including 311 from Ludhiana and 43 from other districts. In Ludhiana, three more teachers, one each from Sacred Heart School, BRS Nagar,

Government High School, Daad village and GSSS at Ladhowal. Besides, 15 students, including three from GSS School Ladhowal, two from Lala Sarkara Mal School Khanna, one from Nanakan Sahib School in Samrala, three from All Saints College of Physiotherapy, five students from CMC Nursing College and one student from Baba Jaswant Singh College.

The number of active case has increased to 2,280 at present. A total of 7,60,461 samples have been taken, out of which 7,23,246 samples were found negative. The total number of patients related to Ludhiana district is 3,17,41 and 5,039 patients belong to other districts/states.

The total number of persons who lost their lives including 1,091 people from Ludhiana and 563 from other districts. As many 5,334 samples for Covid-19 test were collected today.

The District Administration appealed to the residents to adhere all the safety protocols like wearing masks, maintaining social distance and washing hands frequently.

A woman teacher of a government school at Sehala village in Samrala died today. Dr Ashwani Chaudhary, MS, DMCH, said the woman was tested positive for Covid-19. However, the Health Department has not confirmed her death due to Covid-19. District Epidemiologist Dr Ramesh Bhagat said he has no information in this regard.

Weblink where residents can check real time status of vacant and filled beds in all hospitals:

Covid-19

Despite rise in cases, fatality stays low in Chandigarh (The Tribune: 20210326)

<https://www.tribuneindia.com/news/coronavirus/despite-rise-in-cases-fatality-stays-low-in-chandigarh-229502>

2,689 cases reported this month, only 11 deaths

Even as the cases of Covid-19 are spiralling in the city, the number of deaths has been quite low this month. The city has recorded 2,689 cases in March so far and only 11 of these were fatal.

According to experts, the new UK variant — B.1.1.7 — found in Punjab could be the reason behind a faster spread in the city. However, its correlation to the severity of the disease has not been epidemiologically established.

The city had reported 18 Covid deaths last month, whereas 17 fatalities were recorded in January. During the last surge, the month of September had seen over 100 deaths. At the beginning of the first peak in August, the number of deaths was 41.

Dr Mini P Singh, a virologist at PGI, said, “At this point, it is difficult to say how the mutant strain will behave in the country. It is not the virus every time but also the immunity of the host body. It will depend on how it will impact the Indian genes. It is definite that the spread is very fast and a younger lot is quite affected.”

PGI Director Dr Jagat Ram said it was very likely that the new variant might be found in Chandigarh as well due to the interstate mingling of people from Punjab. The results of January and February Covid-19 samples sent for genome sequencing are awaited for Chandigarh.

Dr KK Talwar, Health Adviser to Punjab Government, said, “The available data suggests that the mutant strain is not more virulent as the nature of the disease is the same as the original virus. We need to carry analysis to determine what impact the new mutant will have on the severity of the disease. There has been less number of deaths in Punjab as well.”

Dr Suneela Garg, professor of excellence at Maulana Azad Medical College and member of Lancet Commission Covid India Taskforce, said the mutant strains of the virus in many other countries had been more infectious and less severe due to which there were less number of deaths. “If we are not going to increase vaccination, the virus will become resistant to our existing vaccines as well. One thing is clear that herd immunity can only be achieved with vaccination,” said Dr Garg.

However, the UT health authorities believe that the actual death rate of this surge will be reflected in the next month when the hospital stay of many serious patients will be over.

According to the official data, around 10 per cent of the active patients in the city are currently admitted to the hospital. The case fatality in the city stands at 1.5 per cent.

Covid guidelines

States can impose local restrictions to check Covid spread: Home Ministry (The Tribune: 20210326)

<https://www.tribuneindia.com/news/coronavirus/states-can-impose-local-restrictions-to-check-covid-spread-home-ministry-229395>

The Centre asked states to strictly enforce test-track-treat protocol to check spread of COVID-19 in view of spike in cases

States can impose local restrictions to check Covid spread: Home Ministry

Healthcare workers wearing personal protective equipment (PPE) collect swab samples from men for the coronavirus disease (COVID-19), in Ahmedabad. Reuters

The Centre on Tuesday issued a fresh set of COVID-19 guidelines for the month of April asking the states to strictly enforce Test-Track-Treat (T3) protocol, other containment measures and step up the speed of ongoing vaccination drives in the country.

The Ministry of Home Affairs (MHA) in its order said the Government of India has launched the world's largest vaccination drive against COVID-19, which is going on smoothly, but the pace is uneven across different states and Union Territories (UTs).

“The slow pace of vaccination in some states/UTs is a matter of concern. Vaccination against COVID-19, in the present scenario, is critical to break the chain of transmission. Therefore, all state/UT governments should rapidly step up the pace of vaccination, to cover all priority groups in an expeditious manner,” the MHA said.

Talking about the main focus of the guidelines, the MHA in its order said states and UTs collectively need “to consolidate the substantial gains achieved in containing the spread of COVID-19”, which was visible in the sustained decline in the number of active cases, continuously for about five months.

It, however, said, “Keeping in view a fresh surge in COVID-19 cases, which is being witnessed in some parts of the country, the guidelines mandate the state/UT governments to strictly enforce the Test-Track-Treat (T3) protocol in all parts of the country and ensure observance of COVID appropriate behaviour by everyone.”

The MHA has also asked that in states and UTs, where the proportion of RT-PCR tests is less, they should rapidly increase it to reach the prescribed level of 70 per cent or more.

“The new positive cases, detected as a result of intensive testing, need to be isolated at the earliest and provided timely treatment. Even their contacts have to be traced at the earliest and similarly isolated,” it said.

Asking for listing of containment zones, the MHA said they should be notified on the websites by the respective District Collectors and by the states/UTs. This list will also be shared with MoHFW on a regular basis, it added.

Asking for fixing accountability at the local level, the MHA in the guidelines said district, police and municipal authorities “shall be responsible to ensure that the prescribed containment measures are strictly followed”.

“For strict enforcement of wearing face masks, hand hygiene and social distancing, states and UTs may consider administrative actions, including imposition of appropriate fines,” the MHA said.

The guidelines have allowed restrictions only at the local level, based on the assessment of the authorities at district/sub-district and city/ward level, with a view to contain the spread of COVID-19.

COVID-19 pandemic

The chef who lost her sense of smell 30 years before the COVID-19 pandemic (The Hindu: 20210326)

<https://www.thehindu.com/sci-tech/health/covid-pandemic-a-chef-who-lost-her-sense-of-smell-30-years-ago/article34152228.ece>

As this writer recovers from COVID-19, she speaks to a chef who lost her sense of smell 30 years ago

For 10 days, all I could taste were oranges. Those citrusy bites were my only gustatory awakenings in the sleepy blandness that COVID-19 brought into my life. But, I could not smell them.

Close your eyes and picture your favourite food. It is likely that the first thing you thought of was how it smells. The parts of your brain that process your emotions and memories use olfactory data, linking them closely. Our sense of smell richens our sense of taste.

So when you wake up one morning and lose both, the world around you shifts slightly. You don't realise it but you miss the stimuli that were anchoring you: the smell of your skin, your bedsheets, wet soil in the garden, the shampoo in your hair, breakfast cooking in the kitchen.

It happened to me in February, after I caught COVID-19. But to Chindi Varadarajulu, it happened 30 years ago — a severe flu during her second winter in Vancouver, Canada, left the would-be chef's nose incapable of sniffing out flavours.

"I am still upset that I have never smelt real lilacs," says Chindi. After appointments with specialists in Singapore and Canada, she had a name for the condition: anosmia.

Chef Chindi Varadarajulu, founder of Pumpkin Tales

Chef Chindi Varadarajulu, founder of Pumpkin Tales

In the past year, anosmia has become a significant marker of Covid. Or in my case — parosmia, where instead of an olfactory vacuum, familiar smells seem distorted. For a few days, I wondered if anyone had spilled anything rancid in the vicinity. Did our dog kill a rat we did not know about? Because it seemed as though a stench would follow me around, stuck inside my nose.

Around the world, as there is greater research on 'long covid', there may be relief for people whose symptoms have still not abated, even after testing negative.

Thirty years on, Chindi's sense of smell still has not returned. Still, it did not pull her back from a career in the culinary arts. Could her journey provide some answers for those who still show symptoms of anosmia?

“For a year after I stopped being able to smell, I tried nasal sprays of all sorts. Sometimes I would convince myself that I smelled something familiar — but it was just like a phantom itch,” says Chindi.

At her first restaurant in Vancouver, set up in 2003, she remembers accidentally burning a batch of dal, failing to notice and put it out until someone drew her attention to it. Today, she creates new recipes out of memories of old flavours, and has her team at Pumpkin Tales in Chennai test it out.

She can do this because all these years, she has been making up for her lack of smell through an accentuated sense of taste.

“I may not be able to identify flavour profiles [a combination of taste and smell] but my taste is enhanced in many ways. For instance, tamarind, tomato, lemon — these are all sour tastes, but to different degrees: some sharp, some more rounded, some leave a bitter aftertaste, some sweet. I can appreciate all of that because of my years of training in it,” says Chindi.

I could see how visually appealing the meal was: a dollop of ghee melting over the tomato dal, seasoned with herbs and greens. But inside my mouth, it was a hot lump of nothingness

The passion with which she speaks of taste reminds me of the two weeks I spent bereft of it. At lunchtime, I could see how visually appealing the meal was: a dollop of ghee melting over the tomato dal, seasoned with herbs and greens. But inside my mouth, it was a hot lump of nothingness. Fluffy rotis were like wet paper; evening snacks nothing better than an exercise in chewing.

So of course, after getting my taste back, the first swirl of peanut butter chocolate ice cream made me feel complete in a way nothing else has.

Chindi encourages me to pay more attention to the food I eat, and I readily agree. “Take in the texture. Look at what you are eating and associate it with what you’re feeling in your mouth, focus on the balance of tastes,” she recommends.

Train yourself

Pay attention because if it slips away, you might not notice all at once. For, while there are eye charts and hearing tests, there are not many quantitative ways we can measure our power of smell and taste. Which is why, many people who have been infected with Covid once find it difficult to say for sure whether their senses have returned completely.

Smell kits help. Comprising essential flavour profiles, they help associate odours with the correct source, almost willing your brain into recognising and remembering them.

Back in February, I would do an informal training every day, as I picked up an apple or my favourite bar of soap, sniffing it, trying to remember what it smelt like.

After I was reacquainted with a familiar smell — a cloud of freshly sprayed disinfectant, I rushed to the kitchen, sniffing spice after spice like some strange dog-woman. Most I could recognise again, but some are ‘muffled’ till date.

“You should come over to the restaurant once,” offers Chindi, “We can do a smell-test and see how many you get right.” I look forw

TB

Major decline in TB incidence in Kerala (The Hindu: 20210326) (The Hindu: 20210326)

<https://www.thehindu.com/news/national/kerala/major-decline-in-tb-incidence-in-state/article34142605.ece>

State will be awarded bronze medal today, World TB Day

Estimated incidence of tuberculosis (TB) went down by 37.5% in Kerala between 2015-20, the State registering an annual decline rate of 7.5%.

“This is huge, because even global figures for annual incidence of TB reduction has never been more than 2-3% and Kerala is the only State to achieve this,” Rakesh P.S., WHO consultant, TB Elimination, said

This has won the State a bronze medal in the Union Health Ministry’s just-concluded Sub National Certification of Efforts Towards Elimination of TB. The award will be presented by the Union Health Minister on Wednesday, World TB Day.

The nation has set an ambitious goal to achieve “End Tuberculosis” by reducing the incidence of new TB cases by 80% by 2025, five years ahead of UN Sustainable Development Goals time lines.

The sub-national certification is a process that the Health Ministry introduced this year to reward well-performing States /districts when they achieve specific milestones in their journey towards TB elimination.

The State's claim of TB incidence decline was independently evaluated by a team from the National Institute of Epidemiology, Chennai, WHO and Indian Association of Preventive and Social Medicine, which went through the entire data sets since 2015.

This was followed by a month-long door-to-door survey, which covered 83,000 people in the districts of Kollam, Ernakulam, Malappuram and Kasaragod.

About 43 amongst this 83,000 persons had TB in the past one year. The researchers found that all 43 had been accounted for in the Nikshay national TB notification software, an indication of the State's strong surveillance and reporting system. The researchers also cross checked data on TB drug sales from major private practitioners from all districts and the State Drugs Control Department

"In 2017, Kerala re-designed the TB elimination drive as People's Movement Against TB and from that point, it was the active involvement of the local community and panchayats which drove the State's efforts. This was a unique initiative which gave rich dividends," M. Sunilkumar, State TB Officer, said.

The State did a mammoth vulnerability mapping study to identify people at high risk of developing active TB and the 7.5 lakh individuals thus identified are being followed up at the community level.

Attention was paid to the control of diabetes and Chronic obstructive pulmonary disease (COPD), reduction of tobacco use and malnutrition, which also reduced the vulnerability to TB. Strengthening private sector involvement in TB control and air-borne infection control programmes at all hospitals too helped the State in its TB elimination drive.

Vaccines

Coronavirus | Vaccines appear effective in preventing severe illnesses caused by COVID-19 variants of concern in India, says JIPMER Director (The Hindu: 20210326)

<https://www.thehindu.com/sci-tech/health/coronavirus-vaccines-appear-effective-in-preventing-severe-illnesses-caused-by-covid-19-variants-of-concern-in-india-says-jipmer-director/article34161140.ece>

Prof. Rakesh Aggarwal says the surge is happening partly because ‘people are no longer taking precautions as seriously as they were previously’.

Professor Rakesh Aggarwal, Director, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry talks exclusively to The Hindu’s Bindu Shajan Perappadan about the unique double mutant COVID-19 virus found in India, its implication for the country which is at the beginning of the second COVID-19 wave, the new manifestations of COVID-19, and the importance of vaccination.

What do the COVID-19 variants and double mutants found in India mean for the ongoing pandemic and second wave that the country is witnessing?

The genome sequencing data of the COVID-19 virus from 10 national laboratories in India made available on Wednesday show that nearly 7.7% of the nearly 11,000 specimens tested contained one of the viral variants.

In this context, it is important for us to understand what the variant viruses are, and what this detection means. Viruses develop changes in their genomes very often during their multiplication and spread. The progeny viruses with one or more such changes are referred to as ‘variants’. The appearance of variants of COVID-19 viruses in our population was not really unexpected.

The ‘double mutant’ simply means that this virus has two mutations, each of which has individually been seen in viruses from other parts of the world, except that it has both these mutations simultaneously. Such double-mutants are not rare. Based on the recent announcement, there is no reason to believe that this double mutant has any special characteristics for it to raise any special interest or concern.

Does this mean that nearly 7%-8% of all COVID-19 patients in our country have a variant virus? And should we worry about the variants of the COVID-19 virus?

No. I would not think so. The specimens tested were highly selected and preferentially included arriving foreign travellers and their close contacts. These groups would be more likely to have variants. Hence, the data in this select group would overestimate the frequency of variants. The real proportion of variant virus in all cases in our population should be lower than this. Of course, the rate would also be different across different geographical areas of our large country.

Genetic variations are very common in all viruses, including the COVID-19 virus. So, we do not need to worry about each and every variant. Detection of a variant virus is a matter of interest or of concern if the variant has some special characteristics.

Why are some variants a reason for concern? And are the variants detected in India 'variants of concern'?

You would hear two terms: 'variant of interest' and 'variant of concern'. The first — 'variant of interest' — refers to variants that appear to be associated with a special characteristic, but evidence is still limited. A 'variant of concern', on the other hand, is one where there is evidence supporting such association. These special characteristics of a variant could be an increased risk of transmission, causing more severe disease, failure of detection by the usual tests, or a higher risk of infection after prior infection or vaccination.

The three variants of concern have been detected in India. These had been first identified in the United Kingdom, South Africa and Brazil, respectively, and have been identified in several countries globally.

These are of concern primarily because they have an increased potential for spread from one person to another.

Fortunately, these variants are not associated with more severe disease or a higher risk of death. The good news is that simple measures, such as the proper use of face masks and of physical distancing, are highly effective in preventing the spread of these variant strains. Hence, we can still effectively control their spread by following these steps. Just that we have to be disciplined.

The other reason for concern has been the reports that some COVID-19 vaccines may not be as good in preventing infection with the South African variant. Again, fortunately, though these vaccines may not prevent mild illness caused by this variant as well, they still appear to be effective in preventing severe illnesses that need intensive care and ventilator, caused by these variants. Hence, it is prudent that those at a high risk of such disease, for example, the elderly and those with co-morbid conditions, and are eligible for receiving COVID-19 vaccines, get themselves vaccinated as soon as possible.

Is the current vaccination drive enough to control the pandemic?

The current COVID-19 vaccination drive is not really for controlling the spread, but to protect those who are likely to develop severe disease. Elderly people are more likely to develop severe disease, more likely to need ICU admission, more likely to need ventilators, more likely to die. The primary aim of the drive is to reduce the need for ICU beds, the use of ventilators, and deaths.

However, as immunisation continues and covers a large proportion of the population, it eventually will lead to a reduction in cases as well. In some small

countries, such as Israel, where immunisation coverage is high, the disease rate has come down remarkably. Besides, case-control studies in the U.K. show that an extremely small number of vaccinated people get COVID-19. Increasing vaccination coverage will surely help.

The surge is a cause for worry. It is happening partly because people are no longer taking precautions as seriously as they were previously. COVID-19 is a highly contagious disease and spreads rapidly and exponentially.

Vaccination

How medical professionals, belonging to the class of '78 from Madurai Medical College, have come out with a 'Covid Vaccine Song' to leave a positive message on vaccination (The Hindu: 20210326)

<https://www.thehindu.com/life-and-style/a-covid-vaccine-song-by-doctors/article34140369.ece>

A group of doctors, from across the world, have come together with a song in Tamil and English to motivate people to get vaccinated.

Played over the score of 'Roop Tera Mastana' from the Bollywood classic Aradhana, the song has registered more than 18k views within 24 hours (the video was uploaded on YouTube on Friday). "As more people watch it, the urgency to get vaccinated will hopefully translate," says Madurai-based ophthalmologist Dr Badri NarayananThiagarajan, who appears for a split second in the video, along with 40 other contemporaries belonging to the 1978 class of Madurai Medical College (MMC).

The idea of a song to motivate people came from his batchmate, Dr KRK Baskar, a general practitioner with the NHS in the UK. Over a phone call from Manchester, Dr Baskar says it has been difficult for him to convince his parents and in-laws living in Madurai, to take the COVID shot. "As a doctor who has taken both the doses, I could not up the confidence of my family members. I find a general reluctance among Indians to take the injection. A lot of my non-medico friends and acquaintances keep calling me to check if they should go for it," he says.

This made him wonder about the millions who are perhaps still debating whether to get vaccinated. Three weeks ago, he put out a message on the WhatsApp groups of

MMC batchmates in India and abroad. "We all felt as frontline warriors spearheading the vaccination drive, we should be able to address peoples' fears," he says.

Baskar took 48 hours to pen down the lyrics. "I wanted to keep the wordings simple and direct for people to understand easily," he says.

A thumbs up for COVID-19 vaccination with a song by doctors

The seven-minute video has six doctors singing the song with Baskar taking the lead. 'Covid Vaccine song' is about the need to take Covishield or Covaxin to build antibodies against the coronavirus. The song also addresses the common issues such as side effects.

Despite backing his concept, a majority of his classmates were shy of singing. So, Baskar added their photographs showing a thumbs up, as a sign of encouragement. "When so many doctors from Tamil Nadu to Dubai, Malaysia and the UK have joined to send a positive message, it is likely to have a powerful impact," he adds.

Baskar says the pandemic-induced lockdown helped him to live his childhood dream. "I always wanted to learn music but had to study medicine for a living and the last three decades were lost to work," says the 60-year-old, who has also made music videos on topics such as hair loss, osteoarthritis and diabetes and sung them solo over popular Tamil music tracks.

"The Covid vaccine song is a team work to fight vaccine hesitation because herd immunity will help to bring down the prevalence rate of coronavirus infection," says Baska's batchmate, Dr.Mehboob Ali from Birmingham, UK. "If we want to return to normalcy, then we should get vaccinated," says Baskar, adding that his family is now been vaccinated

Got exams? Boost memory, reduce stress with these nutrition tips

"March-April is exams season in India. Eating the right food before the exams not only helps boost the memory but also helps in keeping calm in stressful times. Ensure your best self on exam day," said Celebrity nutritionist Munmun Ganeriwal

Nutrition,

Exam nutrition, what to eat before exams, nutrition tips before exams, indianexpress.com, indianexpress, foods to eat to boost memory, memory foods, superfoods for exams, what to eat to boost

memory, Count on some effective nutrition tips to beat exam stress. (Source: Getty Images/Thinkstock) (The Indian Express: 20210326)

<https://indianexpress.com/article/lifestyle/health/how-to-reduce-exam-stress-boost-memory-nutrition-tips-munmun-ganeriwal-curd-rice-sugar-7244504/>

Just like there are no shortcuts to acing exams, there are no shortcuts to a good diet that can help you stay focused. Now, with the exam fever catching up, nutrition experts suggest making a few diet tweaks that can help your stomach feel full and also boost memory.

Celebrity nutritionist Munmun Ganeriwal recently took to Instagram to share quick nutrition tips for those appearing for their exams.

Here's what she said: "March-April is exams season in India. Eating the right food before the exams not only helps boost the memory but also helps in keeping calm in stressful times. Ensure your best self on exam day."

Here's what you can do.

Hot homemade breakfast

Packaged foods like cereals and instant oats contain synthetic molecules that are not recognised by our bodies and brain. Eating them will make the body feel dull and sluggish. Instead have fresh poha, upma etc.

Ghee

Rich in Omega 3 fatty acids, ghee boosts memory power and improves cognitive function. Include one teaspoon of ghee each with breakfast-lunch-dinner.

Curd

curd, how to make curd at home, curd culture, no curd culture, how to make dahi without curd culture, yogurt, how to make dahi, dahi without starter curd, nisha

madhulika, indianexpress.com, indianexpress, Have curd. (Source: Getty Images/Thinkstock)

The live bacteria in curd acts in the gut and enhances the release of the happy hormone serotonin that helps to control stress levels during exams. “Do not miss the ‘dahi-shakkar’ before appearing for exams,” said Ganeriwal, referring to the ritual of eating curd with sugar that many Indian families follow just before stepping out for any important work.

ALSO READ |Exam stress? Here’s when and how to seek help

Unrefined sugar or Khaand

Sugar re-energises the body and brain and provides the mental ability and energy needed for a long-duration study. Choose laddoos, chikki, kokam/lemon sherbets to keep the blood sugar levels stable.

Eye Care

Puffy eyes? Count on these easy remedies (The Indian Express: 20210326)

<https://indianexpress.com/article/lifestyle/health/puffy-eyes-easy-home-remedies-hydration-7223679/>

However, if you have long-lasting puffy eyes, pain, irritation, or severe swelling in or around your eye, it is better to consult a doctor

puffy eyes, what to do for puffy eyes, puffy eyes remedy, home remedies for puffy eyes, pooja makhija nutrition hacks, how to get rid off puffy eyes, indianexpress.com, indianexpress,Here's what to keep in mind when you want to reduce puffy eyes. (Source: Getty Images/Thinkstock)

Puffy eyes can be a result of many things. In fact, mild morning puffiness is commonly experienced by many which usually recedes after one washes their face with cold water. But if under-eye puffiness is still visible, here are some easy remedies that can help, courtesy of nutritionist Pooja Makhija.

In an Instagram video, Makhija shared some nutrition hacks that can help.

*It’s important to have two-three litres of water so that your brain knows that it does not need to store water.

*Eat foods and vegetables rich in water to increase the body's hydration levels.

*Reduce diuretics such as tea and coffee, energy drinks, and alcohol, as they increase puffiness.

*Add parsley to your diet because it tells your kidneys to filter out the waste or toxins from the body. It can be consumed in the form of salads or soups to not just add flavour but also take out excess fluids.

But is there one remedy that has maximum benefits?

“Combine all of these together into a magical vegetable juice,” said Makhija.

Health Care Services: (The Asian Age: 20210326)

Dreaded criminal flees amid gunfight at GTB Hospital

Gangster was taken to hospital for treatment, cops nab one of the 6 assailants

New Delhi, March 25: A fierce gunfight broke out at a government hospital in Delhi in broad daylight on Thursday when a police team escorting a notorious criminal came face-to-face with those who came to aid his escape, leaving one assailant dead and triggering a chaos with patients and their relatives running for cover, officials said.

While the prisoner managed to flee, the police nabbed one of his six associates who was injured in the gunfight at the GTB hospital here, they said.

In a high-voltage drama, the assailants first threw chilli powder at the police team and then started firing at them to which the security personnel retaliated with 12 rounds of fire, killing one of them on the spot and injuring another, officials said.

The shootout took place around 12.30 pm when the third battalion of the Delhi Police was taking

gangster Kuldeep alias Fajja, who is a member of the Gogi gang, to the hospital for treatment, a senior police officer said.

"Five to six men came in a Scorpio car and a motorcycle from the rear entrance of the hospital building and fired at the third battalion of the police in an attempt to help the accused escape from custody," he said.

During the encounter, one assailant died on the spot and another got injured who was nabbed. The remaining accused, including Kuldeep, managed to escape, the police said.

The accused who died during the incident has been identified as Ravi, while the injured man was identified as Ankesh, police said, adding that both are aged between 25 to 28 years.

"Kuldeep was lodged at the Mandoli Jail and was brought to the OPD of the GTB Hospital for check up by the third battalion of

IN A high-voltage drama, the assailants first threw chilli powder at the police team and then started firing at them to which the security personnel retaliated with 12 rounds of fire, killing one of them on the spot and injuring another

the Delhi Police.

"After his check up was done by the doctors, the security personnel were taking him back to the police vehicle when the assailants started firing," Joint Commissioner of Police (east) Alok Kumar said.

Kumar said Kuldeep took the advantage of the chaos and managed to escape from the spot along with his associates.

"One of the assailants was killed during the cross fire and other was injured. Police fired 12 rounds in retaliation," the officer said.

Police said the assailants left the car on the spot while escaping.

The accused used multiple gates to escape from the spot. They also snatched a bike from a person outside the hospital and to escape, police said, adding there was chaos at the hospital as people started running to take cover during the shooting.

Chilli powder was seen strewn at the spot and the police also marked the area where empty bullet cartridges were found, officials said.

According to the police, Ankesh, who was injured, is out of danger.

Kuldeep is a member of the Gogi gang. The members of the gang were involved in extortion, collecting ransom and protection money as well as committing car-jacking among others. Kuldeep was arrested by the Special Cell of the Delhi Police in March last year from Gurgaon, they said. — *PTI*

Coronavirus Wave (Hindustan: 20210326)

https://epaper.livehindustan.com/imageview/726296_83881064_4_1_26-03-2021_5_i_1_sf.html

स्टेट बैंक का आकलन-अप्रैल में चरम पर होगा कोरोना

रिपोर्ट : सौ दिन चल सकती है दूसरी लहर

नई दिल्ली | सौरभ शुक्ल

देश में तेजी से बढ़ते कोरोना संक्रमण के बीच एक नई रिपोर्ट ने चिंता बढ़ा दी है। स्टेट बैंक की रिसर्च टीम ने दावा किया है कि कोरोना की दूसरी लहर 100 दिन तक चल सकती है। महामारी 15 अप्रैल के बाद अपने चरम पर होगी। छोटे-छोटे लॉकडाउन इसका मुकाबला नहीं कर सकते, सामूहिक टीकाकरण ही इससे लड़ने का एकमात्र उपाय है।

ट्रेंड देखकर अनुमान: रिसर्च टीम के मुताबिक, 15 फरवरी से दूसरी लहर चल रही है और काफी तेजी से आगे बढ़ रही है। 23 मार्च तक के ट्रेंड को देखकर कहा जा सकता है कि दूसरी लहर में 25 लाख से ज्यादा लोग संक्रमण की चपेट में आ सकते हैं। रोजाना दर्ज किए जा रहे मामलों को देखते हुए बताया गया है कि अप्रैल के दूसरे हिस्से में इस दूसरी लहर का चरम बिंदु देखा जा सकता है।

छोटे लॉकडाउन प्रभावी नहीं: बैंक के चीफ इकोनॉमिस्ट एडवाइजर सौम्य कांति घोष ने 28 पन्नों की यह रिपोर्ट तैयार की है। इसमें इस ओर भी इशारा किया गया है स्थानीय स्तर पर लगाए जा रहे लॉकडाउन या पाबंदियां असरदार नहीं रहेंगी सिर्फ बड़े पैमाने पर टीकाकरण के जरिए ही इसे काबू किया जा सकेगा।

भारत बेहतर स्थिति में: बताया गया है कि टीकाकरण से भारत संक्रमण



नोएडा सेक्टर-22 स्थित स्वास्थ्य केंद्र पर गुरुवार को टीका लगवाती महिला। • सुनील घोष

संकेत

शहरों में असर ज्यादा

दूसरी लहर का प्रभाव ग्रामीण जिलों के मुकाबले शहरी जिलों में ज्यादा देखा जा रहा है। वहां तेजी से इस पर काबू पाने की कोशिशें की जा रही हैं लेकिन इसमें तेजी लाने की जरूरत।

सूझाव

45 लाख टीके लगाएं

अभी रोजाना 30 से 32 लाख लोगों का टीकाकरण किया जा रहा, इसे बढ़ाकर 40-45 लाख किया जाए तभी चार महीनों में 45 साल से ऊपर उम्र के लोगों का टीकाकरण।

मौतें 66 फीसदी बढ़ीं



रोकने की बेहतर स्थिति में है। वैश्विक स्तर पर कोरोना वायरस संक्रमण की दूसरी लहर पहले के मुकाबले ज्यादा तेज थी लेकिन भारत में हालात अच्छे

सक्रिय मरीजों की संख्या



हैं। देश में करीब सवा पांच करोड़ लोगों को टीका लग चुका है ऐसे में भारत दुनिया के मुकाबले तेजी से कोरोना की दूसरी लहर का मुकाबला कर सकता है।

Covid -19 Vaccination (Hindustan: 20210326)

https://epaper.livehindustan.com/imageview/726297_83901110_4_1_26-03-2021_6_i_1_sf.html

34789 लोगों को लगाया गया कोविड-19 का टीका



नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली में कोरोना टीकाकरण अभियान के तहत गुरुवार को कुल 34,789 लोगों को टीका लगाया गया। बुधवार के मुकाबले टीका लेने वालों की संख्या में करीब 10 हजार का इजाफा हुआ है।

स्वास्थ्य विभाग के मुताबिक, 600 से अधिक केंद्रों पर वैक्सीन लगाई गई।

सुबह 9 से 3 बजे तक ऑनलाइन पंजीकरण कराने वालों का टीकाकरण हुआ। इसके बाद रात 9 बजे तक सीधा केंद्र पर आकर पंजीकरण कराने वालों को वैक्सीन लगाई गई। शाम 6 बजे तक के आंकड़ों के अनुसार, 27,667 को पहली और 19781 लोगों को दूसरी खुराक लगाई गई। पहली खुराक लेने वालों में 60 साल से अधिक उम्र के 19,781 लोग रहे। वहीं, 45-59 साल के बीमारियों से पीड़ित 3384 लोगों ने टीका लगवाया। 2800 अग्रिम मोर्चे पर तैनात कर्मचारियों और 1702 स्वास्थ्यकर्मियों ने टीका लगवाया।

Surgery ((Hindusta: 20210326)

https://epaper.livehindustan.com/imageview/726297_83900800_4_1_26-03-2021_6_i_1_sf.html

सर्जरी से पहले टीका लगाने से सालभर में 58,687 लोगों की जान बचाई जा सकती है

सर्जरी से पहले कोरोना का टीका लगवाएं

शोध

जई दिल्ली | हेनवती मंदन राजौरा

मरीजों को नियमित सर्जरी से पहले कोरोना का टीका लगाया जाना चाहिए। अगर आम जनता के मुकाबले सर्जरी कराने वाले मरीजों को कोरोना का टीका लगावाया जाए तो सालभर में 58,687 लोगों की जान बचाई जा सकती है। यह टावा दुनियाभर में 141,582 मरीजों के

ऊपर किए गए अध्ययन के बाद किया गया है।

इस अध्ययन में दिल्ली एम्स के 25 सर्जन ने भी योगदान दिया है। दुनिया के 116 देशों में 1667 अस्पतालों में 141582 मरीजों पर हुए अध्ययन में एम्स समेत भारत के 56 अस्पतालों ने हिस्सा लिया है। यह शोध ब्रिटेन के नेशनल इंस्टीट्यूट ऑफ हेल्थ रिसर्च संस्थान की ओर से आयोजित किया गया। अध्ययन की सहलेखक और एम्स की वरिष्ठ पीडियाट्रिक सर्जन



डॉक्टर शिल्पा शर्मा ने बताया कि अध्ययन के मुताबिक नियमित सर्जरी के बाद 0.6 से 1.6 फीसदी मरीज कोरोना से

संक्रमित हो जाते हैं। इन मरीजों में एक महीने के अंदर मौत का खतरा चार से आठ गुना तक बढ़ जाता है।

किस सर्जरी के बाद कितना खतरा

कैसर सर्जरी (18-49 साल उम्र)

- सर्जरी के 30 दिन में संक्रमित मरीजों की मृत्यु दर - **3.63%**
- सर्जरी के 30 दिन में संक्रमित नहीं हुए मरीजों की मृत्यु दर - **1%**
- **3,922** ऐसे मरीजों को टीका लगाया जाए तो कोरोना से एक व्यक्ति की मौत कम की जा सकती है।

नियमित गैर कैसर वाली सर्जरी (18-49 साल उम्र)

- सर्जरी के 30 दिन में संक्रमित मरीजों की मृत्यु दर - **1.03%**
- सर्जरी के 30 दिन में संक्रमित नहीं हुए मरीजों की मृत्यु दर - **0.26%**
- **18,421** ऐसे मरीजों को टीका लगाया जाए तो कोरोना से एक व्यक्ति की मौत कम की जा सकती है।

कैसर सर्जरी (50-69 साल उम्र)

- सर्जरी के 30 दिन में संक्रमित मरीजों की मृत्यु दर - **13.71%**
- सर्जरी के 30 दिन में संक्रमित नहीं हुए मरीजों की मृत्यु दर - **2.16%**
- **559** ऐसे मरीजों को टीका लगाया जाए तो कोरोना से एक व्यक्ति की मौत कम की जा सकती है।

नियमित गैर कैसर वाली सर्जरी (70 साल से अधिक उम्र)

- सर्जरी के 30 दिन में संक्रमित मरीजों की मृत्यु दर - **18.64%**
- सर्जरी के 30 दिन में संक्रमित नहीं हुए मरीजों की मृत्यु दर - **2.79%**
- **351** ऐसे मरीजों को टीका लगाया जाए तो कोरोना से एक व्यक्ति की मौत कम की जा सकती है।