



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Thursday 202106617

Third Covid wave

Third Covid wave: Delhi govt to train 5,000 youths as health assistants (The Tribune: 202106617)

<https://www.tribuneindia.com/news/coronavirus>

Training will start from June 28 in batches of 500 candidates

Third Covid wave: Delhi govt to train 5,000 youths as health assistants

Photo for representational purpose only. PTI file

The Delhi government will train 5,000 youths to assist doctors and nurses as part of preparations for a possible third wave of Covid-19, Chief Minister Arvind Kejriwal said on Wednesday.

The health assistants or community nursing assistants will be imparted two weeks basic training in nursing and lifecare. The training will start from June 28 in batches of 500 candidates.

"I believe this move will strengthen our preparation for the third wave of Covid. Our aim is to learn from experiences across the globe such as the UK where the third wave has emerged, and to be fully prepared," Kejriwal said in an online briefing.

Training applicants need to have cleared class 12 and be at least 18-years-old. Online applications for training will be received on a first come, first served basis from June 17, he said.

The health assistants will be roped in whenever their services are required during the possible third wave. They will be paid for the days they work, the chief minister said.

They will be trained in basic nursing, paramedical, lifesaving, first aid home care, sample collection, oxygen concentrators and cylinders operations and other such tasks, Kejriwal said.

The initiative is being taken in view of shortage of medical staff witnessed during the first and the second wave of the Covid-19 pandemic. The basic training will be imparted to the selected candidates by Indraprastha University (IP) University and nine medical institutes of Delhi, he said.

The Delhi government has already undertaken preparations to tackle the possible third wave of Covid-19 like arranging oxygen plants, oxygen concentrators, oxygen cylinders, and oxygen storage tanks, Kejriwal said. — PTI

India reports 62,224 fresh Covid cases

India reports 62,224 fresh Covid cases, 2,542 deaths; active cases below 9 lakh after 70 days(The Tribune: 202106617)

<https://www.tribuneindia.com/news/coronavirus/india-reports-62-224-fresh-covid-cases-2-542-deaths-active-cases-below-9-lakh-after-70-days-269291>

Tally reaches 2,96,33,105; death toll climbs to 3,79,573

India reports 62,224 fresh Covid cases, 2,542 deaths; active cases below 9 lakh after 70 days

Cumulatively, 26,19,72,014 Covid-19 vaccine doses have been administered so far under the Nationwide Vaccination Drive. PTI file

A single-day rise of 62,224 new coronavirus infections were reported taking India's total tally of Covid-19 cases to 2,96,33,105, while the active cases were recorded below nine lakh after 70 days, according to the Union Health Ministry data updated on Wednesday.

The Covid-19 death toll climbed to 3,79,573 with 2,542 fresh fatalities, the data updated at 8 am showed.

The active cases further declined to 8,65,432 comprising 2.92 per cent of the total infections, while the national Covid-19 recovery rate has improved to 95.80 per cent.

A net decline of 47,946 cases has been recorded in the Covid-19 caseload in a span of 24 hours.

Also, 19,30,987 tests were conducted on Monday taking the total cumulative tests conducted so far for detection of Covid-19 in the country to 38,33,06,971.

The daily positivity rate dropped to 3.22 per cent. It has been less than five per cent for nine consecutive days, the ministry said, adding the weekly positivity rate has declined to 4.17 per cent.

Recoveries continue to outnumber daily new cases for the 34th consecutive day. The number of people who have recuperated from the disease surged to 2,83,88,100, while the case fatality rate stands at 1.28 per cent, the data stated.

Cumulatively, 26,19,72,014 Covid-19 vaccine doses have been administered so far under the Nationwide Vaccination Drive.

India's Covid-19 tally had crossed the 20-lakh mark on August 7, 30 lakh on August 23, 40 lakh on September 5 and 50 lakh on September 16. It went past 60 lakh on September 28, 70 lakh on October 11, crossed 80 lakh on October 29, 90 lakh on November 20 and surpassed the one-crore mark on December 19. India crossed the grim milestone of 2 crore on May 4.

Vaccine gap

Centre defends vaccine gap amid political row (Hindustan: 202106617)

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

The Union government on Wednesday defended its decision to keep a long gap between two doses of Covishield despite new evidence from other regions that shows second shots need to be given sooner for adequate protection from the prevalent Delta variant, although it admitted that since mid-May it has been discussing, based on the evidence, whether it needs to revert to the originally recommended 4-8 weeks gap.

India's health authorities have been under increasing pressure from experts since last month, when they expanded the gap to 12-16 weeks while the UK, whose data it cited, itself reversed the delay. The government has been studying the suggestions and new reports suggested a group of experts did not recommend an extension beyond 12 weeks, a fact picked up by opposition leaders such as the Congress's Rahul Gandhi.

“Decision to increase the gap between administering 2 doses of Covishield has been taken in a transparent manner based on scientific data. India has a robust mechanism to evaluate data. It's unfortunate that such an important issue is being politicised!” said Union health minister Harsh Vardhan in a tweet, before subsequent posts in which he accused Gandhi of “mythical claims without checking any facts”.

Gandhi, while sharing a portion of a Reuters story, earlier said: “India needs quick & complete vaccination -- not BJP's usual brand of lies & rhyming slogans to cover-up vaccine shortage caused by Modi Govt's inaction. GOI's constant attempts to save PM's fake image are facilitating the virus & costing people's lives”.

The Reuters report quoted three members of the National Technical Advisory Group on Immunisation (NTAGI) as saying that the recommendation was to extend the gap between Covishield doses to 8-12 weeks, not beyond.

The Union government on May 13 set a minimum of 12 weeks and a maximum of 16 to delay the second doses, altering its earlier schedule of 6-8 weeks.

At the time, it seemed like a good idea given constraints in the supply of vaccines. That was before the emergence of new data on the Delta variant, and the high likelihood of it being the dominant strain in the country (and responsible for the second wave) .

On May 15, the UK announced the Delta variant (B.1.617.2, seen first in India) may be more resistant to vaccines and went on to cut the delay from 12 weeks to 8 weeks for everyone above 50 the same day, and on June 15, extended this shorter dose interval to anyone over 40.

A week later, Public Health England released data of its tests on two vaccines, Pfizer/BioNTech and AstraZeneca/Oxford, that showed that one dose of the vaccine offered just a 33% protection against infection, and that two doses of the vaccine offered 88% protection in the case of the Pfizer jab and 60%, in the case of the AstraZeneca one.

Subsequent research, released earlier this week, showed that the AstraZeneca/Oxford vaccine was 71% effective in preventing hospitalisation after one dose, and 92% after both.

The AstraZeneca/Oxford shot, made in India as Covishield, accounts for nearly 90% of the 260 million vaccine doses administered in the country, where some states have curtailed vaccination programmes over supply constraints.

The head of NTAGI claimed that the decision to increase the gap was unanimous.

The move to the gap was to give flexibility to the community, since everyone cannot come at precisely 12 weeks or so, the chairman of NTAGI in a statement on Wednesday, clarifying it was a scientific decision with no dissenting voices in the expert group.

“In the last week of April, 2021, the data released by Public Health England, United Kingdom’s executive agency of the Department of Health, showed that vaccine efficacy varied between 65% - 88% when interval is 12 weeks. This was the basis on which they overcame their epidemic outbreak due to the Alpha variant. The UK was able to come out of it because the interval they kept was 12 weeks. We also thought that this is a good idea, since there are fundamental scientific reasons to show that when interval is increased, adenovector vaccines give better response,” said Dr NK Arora.

Indeed, research on both the Wuhan strain and the Alpha variant seemed to suggest enhanced efficiency when the gap was extended to 12 weeks.

“Hence the decision was taken on May 13, to increase the interval to 12 - 16 weeks. This also gives flexibility to the community, since everyone cannot come at precisely 12 weeks or so... We have a very open and transparent system where decisions are taken on scientific basis. The COVID Working Group took that decision, with no dissenting voice. This issue was then discussed threadbare at an NTAGI meeting, again with no dissenting notes,” he added.

It isn't clear why NTAGI decided to extend the gap to 16 weeks; Spain extended the gap to 16 weeks in April, but prompted by a decision to conduct tests on mixing vaccines. Canada, too, has a 16-week gap, although several states have started reducing this based on supplies (which prompted the decision in the first place).

According to the statement, the earlier (first) decision of (a) four weeks (gap) was based upon the bridging trial data available at the time, Arora added, referring to the trials carried out by Serum Institute of India, which makes Covishield.

“Later we came across additional scientific and laboratory data, based on which after six weeks or so, we felt we should increase the interval from four weeks to eight weeks, since studies showed that vaccine efficacy is about 57% when it is four weeks and about 60% when it is eight weeks,” Arora said. That change was made on March 22.

The government statement said “Canada, Sri Lanka and few other countries are also using 12-16 weeks interval for the AstraZeneca Covid-19 vaccine”.

“2-3 days after we took the decision to increase the dosage interval, there were reports from UK that single dose of AstraZeneca vaccine gives only 33% protection and two doses give about 60% protection; discussion has been going on since mid-May whether India should revert to four or eight weeks,” Arora added, according to the statement.

“Tomorrow, if the vaccine platform tells us that a narrower interval is better for our people, even if the benefit is 5% - 10%, the committee will take the decision on the basis of merit and its wisdom. On the other hand, if it turns out that the current decision is fine, we will continue with it,”

Explaining why NTAGI did not increase the gap to 12 weeks sooner, he said, “We decided we should wait for ground-level data from the UK (the other biggest user of AstraZeneca vaccine).”

There was no mention of vaccine supply difficulties during the month of May, when many vaccination centres across the country were shut down, in the statement.

“Part of the problem earlier was shortage of vaccine supply, but now as the supplies are improving and there is a pandemic to deal with, I would say, for Covishield, 4 weeks gap is good enough. If you are not in a hurry then you could wait for 12 weeks,” said Dr Jacob John, former head, virology department, Christian Medical College, Vellore, Tamil Nadu.

Next Covid wave

Delhi to train 5k nurses for next Covid wave: CM (Hindustan: 202106617)

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

The chief minister said this force will ensure improved efficiency of doctors and better patient care. SOURCED

READ: Govt prepping for 3rd wave, city will be able to tackle 30k daily cases, says CM Kejriwal

Chief minister Arvind Kejriwal on Wednesday announced that the Delhi government will build a force of 5,000 “community nursing assistants” in the Capital to help medical professionals as the city prepares for a potential third wave of Covid-19 infections.

This force will be trained in paramedics, life care, home care, first aid, administering injections including vaccines and sample collection, setting up oxygen concentrators and cylinders, checking basic vitals of patients, and other patient care activities, the CM said.

Those who are 18 and above, and have graduated from Class 12, will be eligible to apply, and online applications will open from Thursday (June 17).

The selected assistants will be trained by IP University, and their role will be to assist doctors and nurses when requisitioned for their service during the next wave of Covid-19.

“The advent of the third wave of Covid-19 has already begun in the United Kingdom. Preparations for the potential wave are on in full swing in the Delhi government. In the first and second waves in the country, we noticed that the huge surge in Covid-19 cases led to a severe shortage of medical and paramedical staff. Keeping that in mind, the Delhi government has made an ambitious plan to recruit and train 5,000 health assistants, who are technically called community nursing assistants,” Kejriwal said at a digital press briefing on Wednesday.

He added that recruitment will be on first-come-first-serve basis.

“These 5,000 nursing assistants will be given two weeks’ training each in batches of 500. Indraprastha University will impart the training in Delhi government’s nine major hospitals. These trained recruits will assist doctors and nurses, but they will not have the power to take any decision in patient treatment or anything related,” Kejriwal said.

The city endured a punishing fourth wave of Covid-19 infections between April and May that left health infrastructure overrun, overwhelmed medical workers, and led to crematoriums running out of space.

Over 760,000 people were infected in that period, while over 13,000 died of the infection between April and May alone. Cases in the city begin to peter out towards the middle of May on the back of a lockdown, which the state government imposed from April 19 onwards.

The chief minister said this force will ensure improved efficiency of doctors and better patient care, adding that they will be deployed at temporary Covid Care Centres and health care facilities, along with other such facilities.

“Training of these assistants will begin from June 28 and they will be called when needed. They will be paid according to the number of days they work. I hope with this move, Delhi government’s preparation for the third wave will be strengthened and the shortage of manpower that we faced in the previous waves will not reoccur,” Kejriwal said.

Dr Lalit Kant, former head of epidemiology and infectious disease at the Indian Council of Medical Research (ICMR) said addressing the shortage of health care staff is as important as arranging for sufficient medical infrastructure.

“It is one of the main pillars of augmenting health care infrastructure. It will, of course, be important to keep this new force under close supervision whenever they are deployed on the field to avoid negligence or callousness,” Dr Kant said.

Covid -19 Accountability (The Asian Age: 202106617)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15656061>

Covid-19 accountability: Making the dead count



Patralekha Chatterjee

Dev 360

In hyper-polarised India, it needs dollops of bravery for governments to admit that they got their Covid-19 death data wrong, that the magnitude of the problem they face in the time of the pandemic is more serious than they previously stated. Because political rivals are likely to pounce on such bursts of honesty as evidence of rank incompetence.

Nevertheless, some states are taking baby steps towards greater transparency of Covid-19 data. That is good news.

Bihar is in the spotlight. Covid-19 death figures in the state shot up from 5,478 on June 8 to 9,429 on June 9 in the wake of data revision. The dramatic jump in the number of coronavirus casualties did not happen because the Bihar government suddenly woke up to the need for good data. It was because the judiciary stepped in. The Patna high court demanded an audit of the figures after widespread allegations that the state government was underplaying the scale of infections and deaths.

Arguably, Bihar is not the only state which has faced such accusations. Ground reports by the media from crematoriums in many places, along with images of dozens of bodies dumped in rivers or buried in shallow graves have only bolstered the widespread belief that the official Covid-19 death count in the country doesn't tell the real story. Many states like Maharashtra and Telangana are revising their official death toll in the Covid-19 pandemic.

Interestingly, Jharkhand, one of India's poorest states, is setting an inspiring example by initiating an Intensive Public Health Survey. This is the first such door-

to-door survey in the state in April-May 2021 — that is 43 per cent higher than the 17,819 total deaths officially registered across all 24 districts in the state in April-May 2019.

What should one make of this sudden rush for data integrity in many states even as the pandemic rages on? Will other states follow suit? Will the Narendra Modi government stop denying that India's official Covid-19 death toll is a massive undercount?

It is too early to tell. The pandemic is indeed making many countries finally acknowledge that they have been undercounting Covid-19 deaths. Peru did it. Mexico did it. But truth-telling may not be as contagious as the mutating coronavirus. Here in India, even as state governments start to revise their Covid-19 data, the Centre insists all is well. It recently lashed out at an international news-magazine for pegging the country's excess deaths due to the pandemic at 5-7 times the official figure.

But better late than ever. Whatever be their motives, the states which are embracing greater data transparency deserve to be cheered even if by doing so, they push up India's official Covid-19 death count.

As health economist Rijo M. John puts it: "Those brave states that are indeed doing this must be appreciated and I hope it motivates the rest to do so too."

Dr John cites the example of Maharashtra, which he says "has been relatively honest with the data right from the beginning, compared to many others".

Now, more states are joining in.

In India, even in normal times, many deaths are not officially recorded. Globally two-thirds (38

per cent) of deaths are not recorded.

But the coronavirus pandemic may have set in motion a laudable trend; many governments are beginning to acknowledge that there has been a massive undercount of deaths. The science of death-counting is making headlines and the critical need for strong and developed death registries is a talking point.

Dr Hemant Shewade, a medical doctor specialising in community medicine and operational research, points to the uneven quality of even routine surveillance of deaths in the country. "The coverage of routine death surveillance (proportion of deaths registered along with medical certification of cause of death) is as high as 100 per cent in Goa and as low as 2.5 per cent in Jharkhand. One did not really expect 100 per cent accuracy in Covid-19 death reporting. We cannot improve routine death surveillance overnight. But in the time of the pandemic, the problem rose because the undercounting of deaths was way too high," he told me.

What is really unacceptable, says Dr Shewade, "is singling out certain states for contributing higher proportion of reported Covid-19 deaths. This creates an environment that encourages poor Covid-19 death reporting."

Why is accurate Covid-19 data so important?

Because poor data makes for poor planning. "The administration, as well as the public, become lax as the true picture is not presented. Then it takes a wave as large as the second wave to wake us up. By then any action is too little too late," says Dr Shewade.

What should be done? Public health experts

who have been tracking the Covid-19 numbers stress the importance of making an honest attempt to not "show less numbers" by reporting all Covid-19 deaths, captured by routine death surveillance. "Accepting that under-reporting is an inescapable reality in India, we need regular local estimates of under-reporting to guide us regarding the true estimate of mortality," says Dr Shewade. "This can be done through post-mortem surveillance of all Covid-19 deaths in sentinel sites. Every district should have one sentinel site (local data for local action). This should be explored. This is important because in a country like India it takes time for data on excess deaths to come out."

Alongside inaccurate data, there is the problem of inadequate data. Together, they create a fertile ground for the spread of misinformation which severely hampers the battle against Covid-19. Many public health experts say the Centre must proactively and regularly publish reliable all-cause mortality data in regular intervals at the national level so that studies using incomplete and unreliable data to measure the true extent of deaths become redundant.

Telling the truth may seem politically risky, but it's the only way out. Bad data causes reputational damage. India has already suffered heavily with its official Covid-19 data being widely questioned and public trust being dented. It's true that the Indian Council of Medical Research has issued a "Guidance for appropriate recording of Covid-19 related deaths in India", as the Centre likes to stress.

However, there are gaps. As Dr Rijo John tweeted last week: "Do you have data to show which states adhere to these guidelines & which do not? What actions have you taken against those who didn't?"

In India, even in normal times, many deaths are not officially recorded. Globally two-thirds (38 million) of 56 million annual deaths are still not recorded.

The writer focuses on development issues in India and emerging

Government guidelines

Most drugs for treating adult COVID patients not recommended for kids: Government guidelines (The Hindu: 202106617)

<https://www.thehindu.com/news/national/most-drugs-for-treating-adult-covid-patients-not-recommended-for-kids-government-guidelines/article34830967.ece>

The recommendations include augmenting existing Covid care facilities to provide care to children with acute coronavirus infection

Drugs such as ivermectin, hydroxychloroquine, favipiravir and antibiotics like doxycycline and azithromycin prescribed for adult COVID-19 patients have not

Coronavirus updates

Coronavirus updates | Covaxin moves a step closer to WHO nod (The Hindu: 202106617)

<https://www.thehindu.com/news/national/coronavirus-live-updates-june-17-2021/article34836552.ece>

About 22.8% of adults in India, 43% of those aged above 45, and 46.6% of people aged above 60, have been administered at least one dose of a COVID-19 vaccine, until 8 p.m. on Wednesday

The average daily COVID-19 vaccination rate in the first 10 days of June was relatively higher than the levels recorded initially in May after India opened up

Vaccination (Hindustan: 202106617)

https://epaper.livehindustan.com/imageview_868437_110484822_4_1_17-06-2021_0_i_1_sf.html

स्वास्थ्य मंत्रालय ने कहा-विशेषज्ञ समिति के सदस्यों में इसे लेकर कोई मतभेद नहीं

टीकों के बीच अंतर साक्ष्यों के आधार पर बढ़ाया : केंद्र

नई दिल्ली | एजेसी

केंद्र सरकार ने टीकों की दो खुराक के बीच अंतर बढ़ाने के अपने फैसले का बचाव किया है। सरकार ने कहा कि कोविशील्ड टीके की दो खुराकों के बीच अंतराल को चार-छह हफ्ते से बढ़ाकर 12-16 हफ्ते करने का फैसला वैज्ञानिक आधार पर और पारदर्शी तरीके से लिया गया था, इस बारे में विशेषज्ञ समूह के सदस्यों में कोई मतभेद नहीं था।

समीक्षा संभव: राष्ट्रीय टीकाकरण तकनीकी सलाहकार समूह के कोविड संबंधी कार्यसमूह (एनटीएजीआई) के प्रमुख डॉ. एन के अरोड़ा ने कहा कि कोविड-19 और टीकाकरण बहुत परिवर्तनशील हैं। यदि कल टीका निर्माण तकनीक में कहा जाता है कि टीके की खुराकों के बीच अंतराल कम करना लोगों के लिए फायदेमंद है, भले ही इससे महज पांच या दस फीसदी ही अधिक लाभ मिल रहा हो, तो समिति गुण-दोष तथा समझ के आधार पर इस बारे में



इसलिए बदलाव

अरोड़ा ने कहा, शुरुआत में अपने डेटा के आधार पर चार हफ्ते का अंतराल तय किया। बाद में ब्रिटेन जैसे कुछ देशों ने दिसंबर 2020 में टीका लाने के बाद से 12 सप्ताह का अंतराल के बाद दूसरी खुराक लगाने का फैसला किया, कुछ और आंकड़े आए तो हमने भी बदलाव किया। अंतराल बढ़ने बेहतर परिणाम मिलता है

फैसला लेगी। यदि ऐसा पता चलता है कि वर्तमान फैसला सही है तो हम इसे जारी रखेंगे। उन्होंने कहा कि आंशिक टीकाकरण बनाम पूर्ण टीकाकरण की प्रभावशीलता के बारे में सामने आ रही

65% से 88% तक प्रभावी कोविशील्ड 12 हफ्ते के अंतर पर, डेल्टा पर एक खुराक 61% प्रभावी

देश

कोविड-19 कार्यकारी समूह की अनुशंसाओं को स्वीकार करते हुए कोविशील्ड टीके की दो खुराकों के बीच के अंतराल को 6-8 सप्ताह से बढ़ाकर 12-16 सप्ताह किया।

दुनिया

कनाडा, श्रीलंका व कुछ अन्य देशों के उदाहरण भी हैं जहां एस्ट्राजेनेका टीके के लिए 12 से 16 हफ्ते का अंतराल रखा गया है। ब्रिटेन ने टीकों का अंतराल 12 हफ्ते से घटाया।

“डेटा के मूल्यांकन के लिए भारत के पास मजबूत तंत्र है। दुर्भाग्यपूर्ण है कि इतने महत्वपूर्ण मुद्दे का राजनीतिकरण किया जा रहा है। - डॉ. हर्षवर्धन, केंद्रीय स्वास्थ्यमंत्री

डेटा का हवाला

- मंत्रालय ने कहा कि ब्रिटेन के वास्तविक साक्ष्यों के आधार पर कोविड-19 कार्यसमूह ने कोविशील्ड की दो खुराक में अंतराल बढ़ाकर 12 से 16 सप्ताह करने पर सहमति जताई।
- 13 मई को एनटीएजीआई की स्थायी तकनीकी उपसमिति ने सिफारिश पर विचार किया गया।
- दोनों बैठकों में डॉ. मैथ्यू वर्गीज, डॉ. एम डी गुप्ता और डॉ. जेपी मुलियिल मौजूद थे लेकिन किसी ने असहमति नहीं जताई। डॉ. वर्गीज ने तो बात करने से इंकार किया

खुराकों के बीच अंतराल बढ़ाने को लेकर तकनीकी विशेषज्ञों में असहमति थी। मंत्रालय ने कहा कि यह फैसला एडिनोवेक्टर टीकों के व्यवहार के बारे में वैज्ञानिक कारणों पर आधारित था।

Health Worker (Hindustan: 202106617)

https://epaper.livehindustan.com/imageview_868437_110481078_4_1_17-06-2021_0_i_1_sf.html

घोषणा : तीसरी लहर के लिए पांच हजार 'हेल्थ असिस्टेंट' तैयार होंगे

नई दिल्ली | वरिष्ठ संवाददाता

कोरोना संक्रमण की संभावित तीसरी लहर को देखते हुए दिल्ली सरकार पांच हजार सहायक स्वास्थ्यकर्मियों (हेल्थ असिस्टेंट) तैयार करेगी। पहली और दूसरी लहर में स्वास्थ्यकर्मियों की कमी को देखते हुए यह फैसला किया गया है। मुख्यमंत्री अरविंद केजरीवाल ने इसकी घोषणा करते हुए कहा कि 17 जून से इच्छुक लोग इसके प्रशिक्षण के लिए आवेदन कर सकते हैं।

केजरीवाल ने कहा कि ऑक्सीजन प्लांट लगाए जा रहे हैं। ऑक्सीजन कंसट्रिटर-सिलेंडर और ऑक्सीजन का बफर स्टॉक तैयार किया जा रहा है।



जब तक काम तब तक वेतन

केजरीवाल ने कहा कि सहायक स्वास्थ्यकर्मियों को प्रशिक्षण देने के बाद छोड़ दिया जाएगा। कोरोना मरीजों के बढ़ने पर अगर नए कोविड केयर केंद्र, क्वारंटाइन सेंटर बनाए जाते हैं तो वहां पर कम गंभीर मरीजों की देखभाल के लिए इनकी तैनाती की जाएगी। जिन दौरान यह तैनात रहेंगे उसी दौरान उन्हें वेतन दिया जाएगा।

28 से प्रशिक्षण: आवेदन के लिए 17 जून से ऑनलाइन लिंक जारी होगा। पहले आओ पहले पाओ के आधार पर प्रशिक्षण मिलेगा। 28 जून से प्रशिक्षण शुरू होगा। 500-500 के समूह में दो-दो सप्ताह का प्रशिक्षण होगा जो इंद्रप्रस्थ विश्वविद्यालय नौ

मेडिकल इंस्टीट्यूट में देगा। इन्हें नर्सिंग, पैरामेडिक्स, होम केयर, ब्लड प्रेशर, ऑक्सीजन मापने, टीका लगाने आदि का प्रशिक्षण दिया जाएगा। ये सभी डॉक्टर-नर्स के सहायक होंगे। कम से कम 12वीं पास व 18 वर्ष से अधिक उम्र वाले ही आवेदन कर पाएंगे।

Illness (Hindustan: 202106617)

https://epaper.livehindustan.com/imageview_868438_110635358_4_1_17-06-2021_2_i_1_sf.html

खुद को ज्यादा बीमार महसूस कर बेवजह परेशान न हों



कोरोना से डरिए मत
सावधान रहिए

65

कोरोना काल में एक बात यह भी सामने आई है कि लोगों को दिक्कत कम है, लेकिन खुद को बीमार ज्यादा महसूस कर रहे हैं। बार-बार डॉक्टरों के यहां चक्कर लगा रहे हैं। फायदा न मिलने पर दूसरे डॉक्टर के पास जा रहे हैं। पर आप पहले जान लें कि आपको दिक्कत क्या है। दरअसल, इसमें मानसिक समस्या होती है, पर बेवजह परेशान न हों। इसका इलाज मनोचिकित्सक या मनोवैज्ञानिक ही कर सकते हैं। बेवजह परेशान न हों। आइए जानें कैसे होती है पहचान और क्या है बीमारी...

ऐसे पहचानें

1. यह एक ऐसी मनोवैज्ञानिक स्थिति है जिसमें लक्षण न्यूरोलॉजिकल प्रतीत होते हैं

2. असामान्य चलना, कंपकंपी, अंधापन या दोहरी दृष्टि, बहरापन या सुनने में समस्या

3. संतुलन की हानि, गंध कम लगना, कमजोरी या पक्षाघात का अहसास

4. हाथ न उठना, सिर में दर्द, पेट में दर्द, कम दिखना आदि



लोगों में अजब-गजब लक्षण

1. एक महिला का रात में सोते समय पेट फूल जाता था। उसका इलाज देश के बड़े अस्पतालों में हुआ लेकिन फायदा नहीं हुआ। पति-पत्नी का रिश्ता टूटने की कगार पर पहुंच गए। कानपुर पीटीसीसी में महिला का रोसा टेस्ट हुआ। उसे कन्वर्जन डिसऑर्डर निकला। इसकी वजह अन्य कोई बीमारी नहीं थी। महिला के डर ने उसे इस बीमारी का शिकार बना दिया था।

2. कक्षा सात की एक बच्ची से जैसे ही पढ़ने को कहा जाता तो उसका पेट दर्द होने लगता। पसीने से तर-बतर हो जाती। उसे डॉक्टरों को दिखाया गया, लेकिन फायदा नहीं हुआ। रोसा टेस्ट में पता चला कि उसने दो साल पहले मां-बाप से वादा किया था कि वह डॉक्टर बनेगी। पर पढ़ाई में वह कमजोर थी जिसने उसे इस बीमारी का शिकार बना दिया।



कन्वर्जन डिसऑर्डर की गंभीर बीमारी एक माह से अधिकतम छह माह में गायब हो जाती है। कोई दवा नहीं खाना पड़ती। बस मानसिक स्थिति को पूर्व की स्थिति में लाना होता है।

-डॉ. एलके सिंह, निदेशक, साइकोलॉजिकल टैस्टिंग एंड कउंसिलिंग सेंटर

अपोलो अस्पताल समूह ने देश के 24 शहरों में स्थित उसके 43 अस्पतालों में कार्यरत स्वास्थ्यकर्मियों पर किया अध्ययन

टीका लगवाने वाले 95% स्वास्थ्यकर्मियों को मिला सुरक्षाकवच

दावा

नई दिल्ली | कार्यालय संवाददाता

एक निजी अस्पताल समूह की ओर से देश के विभिन्न हिस्सों में टीका लगवाने वाले अपने 31 हजार स्वास्थ्यकर्मियों पर किए गए अध्ययन के मुताबिक 95 फीसदी कर्मचारियों को कोविड से प्रतिरक्षण कवच मिला है। यह दावा अस्पताल के अधिकारियों ने किया है।

अस्पताल के प्रवक्ता ने बुधवार को बताया कि यह अध्ययन अपोलो के अस्पतालों ने 16 जनवरी से 30 मई के बीच उन 31,621 स्वास्थ्यकर्मियों पर किया जिन्होंने कोविशील्ड या कोवैक्सीन की एक या दोनों खुराक ले ली थी। उल्लेखनीय है कि कोरोना की दूसरी लहर अप्रैल और मई महीने में चरम पर थी। इस दौरान ऐसे चिकित्सक भी संक्रमित हुए जिन्होंने टीके की दोनों खुराक ली थीं। देश में सरकार द्वारा स्वास्थ्यकर्मियों के लिए सबसे

दो सप्ताह बाद अधिकतर मामले सामने आए

अस्पताल के एक वरिष्ठ अधिकारी ने बताया कि अधिकतर संक्रमण के मामले दूसरी खुराक लगने के दो सप्ताह के बाद और औसतन छह सप्ताह में आए। 43.6 प्रतिशत संक्रमित स्वास्थ्य कर्मियों की उम्र 30 साल से कम थी जबकि 35.42 प्रतिशत संक्रमित 31 से 40 साल के थे।

पहले टीकाकरण 16 जनवरी को शुरू किया गया था।

अपोलो अस्पताल समूह ने एक बयान में बताया कि देश के 24 शहरों में स्थित उसके 43 अस्पतालों में कार्यरत स्वास्थ्यकर्मियों पर यह

अध्ययन टीकाकरण के बाद संक्रमण की घटनाओं का आकलन करने के लिए किया गया। अपोलो अस्पताल समूह के प्रबंधन निदेशक और वरिष्ठ बाल गैस्ट्रोइंट्रोलाॅजिस्ट डॉ. अनुपम सिब्बल ने कहा कि

अध्ययन के नतीजे संकेत करते हैं कि कोविड-19 टीके ने 95% से अधिक कर्मचारियों की संक्रमण से रक्षा की और स्वास्थ्यकर्मियों में टीकाकरण के बाद संक्रमण के मामले केवल 4.28 प्रतिशत (कुल 31,621 कर्मचारियों में केवल 1355) रहे।

फोर्टिस में 99% स्वास्थ्यकर्मी सुरक्षित : इधर फोर्टिस अस्पताल ने टीकाकरण की दोनों डोज के बाद 99 फीसदी कर्मचारियों के संक्रमण से सुरक्षित होने का दावा किया है।