



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Monday

20210621

## Yoga and physical fitness

### Yoga remains 'ray of hope' as world fights Covid: PM Modi (The Tribune: 20210621)

<https://www.tribuneindia.com/news/nation/yoga-remains-ray-of-hope-as-world-fights-covid-pm-modi-271827>

World to get M-Yoga app; it will make videos on yoga training based on common protocol available in many languages: Modi

Prime Minister Narendra Modi on Monday said yoga remains a "ray of hope" as the world fights the coronavirus pandemic and asserted that in these difficult times it has become a source of inner strength.

Addressing the 7th International Yoga Day programme, Modi also said that in collaboration with the World Health Organization (WHO), India has taken another important step and now the world is going to get the power of M-Yoga application, which will have many videos of yoga training based on Common Yoga Protocol available in different languages of the world.

This will help us in making the 'One World, One Health' motto successful, he said.

"At a time when the whole world is fighting the coronavirus pandemic, yoga remains a ray of hope," Modi said.

The prime minister noted that there may not have been any major public events in countries around the world and in India for around a year and a half, but the enthusiasm for Yoga Day has not diminished.

For most of the countries of the world, Yoga Day is not their age-old cultural festival and in this difficult time, people could have forgotten about it and ignored it, but on the contrary, people's enthusiasm for yoga has increased, he said.

"When the unseen coronavirus knocked on the doors of the world, no country was prepared for it in terms of resources, capability and mental state. We all have seen that in such difficult times, yoga has become a great source of inner strength," he said.

Yoga shows us the way from stress to strength and from negativity to creativity, he asserted.

Modi noted that the medical science focuses as much on "healing" as on treatment, and said yoga plays a role in healing.

Many schools now begin their online classes with yogic exercises like pranayam, he said, adding that this prepares children physically to deal with Covid.

The prime minister expressed confidence that yoga will continue playing its preventive, as well as promotive role in healthcare of masses. PTI

## **Co-morbidities**

### **Irrespective of co-morbidities, classified as deaths due to Covid: Centre (The Tribune: 20210621)**

<https://www.tribuneindia.com/news/coronavirus/irrespective-of-co-morbidities-classified-as-deaths-due-to-covid-centre-271405>

Guidelines in sync with the WHO Mortality Coding

Irrespective of co-morbidities, classified as deaths due to Covid: Centre

The Centre has told the Supreme Court that all deaths with a diagnosis of COVID-19, irrespective of co-morbidities, are to be classified as deaths due to COVID-19

The Centre has told the Supreme Court that all deaths with a diagnosis of COVID-19, irrespective of co-morbidities, are to be classified as deaths due to COVID-19.

The MHA in its affidavit said: "All deaths with a diagnosis of COVID-19, irrespective of co-morbidities, are to be classified as deaths due to COVID-19. The only exception could be where there is a clear alternative cause of death, that cannot be attributed to COVID-19 (e.g. accidental trauma, poisoning, acute myocardial infarction, etc), where COVID-19 is an incidental finding."

The MHA submitted for the recording of Covid-19 deaths, that there is a statutory mechanism in place either by way of an Act of Parliament or guidelines having the force of mandate and the law. Any breach of the guidelines mentioned hereunder would be a criminal offence as stipulated under section 188 of the IPC. The affidavit said broad guidelines for recording COVID-19 related deaths in India were prepared by the Indian Council of Medical Research (ICMR).

"The guidelines clearly state positive deaths, implicate deaths related to COVID-19. Further, these guidelines are in sync with the WHO Mortality Coding", said the affidavit.

The affidavit said the ministry of health had released guidelines on the distinction between 'death audit' and 'death certification'. The Centre said the primary goal of certification of cause of death (death certificate) is to identify and correctly classify all deaths due to a medical condition (e.g., COVID-19) and to eliminate any discrepancy in coding to obtain true estimates of the burden of COVID-19 deaths. On the other hand, 'death audit' is an administrative exercise to identify gaps that contribute to the deaths of patients. The aim is to improve the quality of healthcare services by suitable corrective measures to prevent/minimize future deaths. "It is however submitted that, States/UTs may continue using their State-specific death audit proforma, provided it broadly captures the parameters as the indicative proforma", added the affidavit.

The MHA said in May, 2021, the Office of the Registrar General of India (ORGI) has also issued guidelines regarding registration of deaths and recording of the cause of death, wherein it was advised that the death of the person should be registered within the stipulated time within 21 days.

On May 24, the top court had suggested there must be a uniform policy and also some guidelines for issuance of death certificates for those affected with Covid-19. A bench comprising Justices Ashok Bhushan and M.R. Shah had said many a time reasons given in a death certificate can be a heart attack or lung failure, but these could be triggered by Covid-19. The bench asked Centre's counsel, "So, how are death certificates being issued?" The Centre filed an affidavit in response to the petitions filed by advocates Reepak Kansal and Gaurav Kumar Bansal citing Section 12(iii) of the Disaster Management Act (DMA) providing for ex gratia monetary compensation for the families of those who died during a notified disaster.

## **UNEP India**

### **Covid pandemic result of degradation of natural areas, species' loss, exploitation: UNEP India (The Tribune: 20210621)**

<https://www.tribuneindia.com/news/coronavirus/covid-pandemic-result-of-degradation-of-natural-areas-species-loss-exploitation-unep-india-271391>

'Climate change, pollution and loss of biodiversity are three crises facing the entire planet and India'

Covid pandemic result of degradation of natural areas, species' loss, exploitation: UNEP India

India has taken the path of short-term economic interest over decades and this has diminished the ability of ecosystems.

The Covid-19 pandemic is a result of degradation of natural areas, species' loss and exploitation, UNEP country head Atul Bagai said, underlining that countries, including India, must intensify their efforts to prevent and reverse ecosystem degradation.

He also highlighted that climate change, pollution and loss of biodiversity are three crises facing the entire planet and India, and are interconnected.

India has taken the path of short-term economic interest over decades and this has diminished the ability of ecosystems to provide and support both humans and other life forms, the United Nations Environment Programme (UNEP) official said while speaking to PTI.

"The Covid-19 pandemic is a result of the degradation of natural areas, species' loss and exploitation. This needs to change. India is already making a concerted effort to reduce carbon dioxide emissions and be part of the global effort to reach net-zero emissions by 2050," he said.

"India must intensify these efforts and participate actively in the UN Decade for Ecosystem Restoration that was launched on the World Environment Day, 2021, to prevent, halt, and reverse the degradation of ecosystems," Bagai said.

Several actions on this front are relevant for India, which include taking policy and legislative action, raising awareness and making smart choices, he said.

"For a better future, India must work towards creating food systems that work with nature, reduce waste, and are adaptive to change and resilient to shocks. This could also take the form of halting purchases of products that are not certified as sustainable or pledging and donating for restoration initiatives," the UNEP official said.

Bagai said that a barrier to restoration is limited awareness of the negative effects of ecosystem degradation.

This can be rectified in many ways that include discussions on the value of ecosystems, campaigns that draw attention to climate change, biodiversity loss and pollution, empowering small-scale farmers and women farmers, changing patterns of consumption, challenging social norms and business practices, and capacity building and education, he said.

"We need to inculcate in India a culture that respects nature and cares for it. A healthier respect for nature will give us a healthier country and healthier people," Bagai said.

On the role of the youth on the climate change issue, he said they are part of the larger international youth movements demanding drastic and visible action in the face of global warming and climate justice, biodiversity loss, and development at the cost of the environment.

"My best advice to young people who are concerned about environmental issues is two-fold -- get informed and get involved. There is a wealth of opportunities to make a difference. Often the best place to get started is in your local community. There is much to be done, and we need everyone involved," he added.

In recent years, he said there has been a surge in global attention on marine litter and plastic pollution.

"However, scientific knowledge on marine plastic litter and effective countermeasures remains insufficient. Keeping this in mind, the UNEP is implementing two major projects in India that focus on plastic waste management and reduction of marine plastic pollution," Bagai said.

UNEP, with the support of the governments of Japan and Norway, is undertaking a multiyear assessment of how plastic finds its way into riverways, and ultimately the ocean through the 'CounterMEASURE' project and the India Norway Marine Pollution initiative.

Both projects aim to reduce marine litter and other pollutants from land-based sources and track plastic waste leakage from land into rivers.

'CounterMEASURE' has been working in Agra, Haridwar, Allahabad, Patna and Mumbai to address the problem of plastic waste. Technical studies have been conducted, including analysis of microplastics, macroplastics and mapping of plastic pollution hotspots in these cities and in the river Ganga, Bagai said.

The new phase of the project will look at the impact of plastic pollution on migratory species as well.

"We've also trained relevant stakeholders and conducted outreach for raising awareness and behaviour change. The UNEP is further supporting India by developing a national roadmap on marine plastic litter and hosting policy dialogues," he said.

Talking about the concept of inclusive wealth, Bagai said it is a measure of the social value, not dollar price, of all its capital assets, including natural capital, human capital and produced capital.

"It can provide insights into whether current growth is sustainable or is based on overexploiting natural capital. This information can help develop policy better suited to sustaining growth while better managing human and natural capital," he said.

On the other hand, he said the shortcomings of gross domestic product (GDP) as a measure of social well-being are now well known. GDP was introduced as an index of the size of a country's economy – an accounting measure of all goods and services produced in a country over a given period of time, Bagai said.

"Over time, however, it began to be used not just as a measure of market activity but a measure of a country's overall well-being. In doing so, GDP ignores the value of human capital, the non-market values of natural capital, and the economic value of environmental externalities, such as pollution," he said. PTI

## **Depression**

### **Screen time during Covid pandemic linked to depression (The Tribune: 20210621)**

<https://www.tribuneindia.com/news/coronavirus/screen-time-during-covid-pandemic-linked-to-depression-271401>

Nearly half of participants exhibited mild to moderate depression, with more than 70 per cent ranging from mild to severe depression

Increased screen time among young adults during the Covid-19 crisis correlated with a rise in pandemic-related mental distress, according to research.

A survey led by researchers from the Saint James School of Medicine in Saint Vincent, Caribbeans, found that nearly half of participants exhibited mild to moderate depression, with more than 70 per cent ranging from mild to severe depression.

Seventy per cent of participants also experienced mild to severe anxiety, and slightly more than 30 per cent could potentially meet DSM-IV-TR criteria for post-traumatic stress disorder (PTSD).

The increase in time spent viewing entertainment on a screen both before and during the pandemic was associated with a boost in anxiety scores. Students scored higher than non-students in pandemic-related distress.

"This study highlights that the pandemic did not simply affect people physically, but emotionally and mentally, with various groups being impacted to a greater extent than others," said Michelle Wiciak, a researcher from the Saint James School of Medicine.

"It reiterates that there is an increased need for mental health support during disastrous times," Wiciak added.

The research will be presented at the World Microbe Forum, taking place online from June 20 to 24.

The survey was based on 294 responses collected from participants ranging from 18 to 28 years old.

Screen time use was not different between genders. Still, there were gender differences in average scores in depression, anxiety and distress from Covid-19.

"The study is unique in having evaluated mental health status as a function of screen time," said Wiciak.

"Since the pandemic shifted work and education to online, we wanted to gain more insight into that transition's impact. We did find unexpected results, potentially paving the way for future research and various protective factors, which can be vital in keeping a person healthy during tumultuous times,"

## **India records 53,256 new Covid cases, lowest in 88 days**

### **India records 53,256 new Covid cases, lowest in 88 days(The Tribune: 20210621)**

<https://www.tribuneindia.com/news/nation/india-records-53-256-new-covid-cases-lowest-in-88-days-271830>

The overall tally of Covid-19 cases in the country now stands at 2,99,35,221

A worker wearing a PPE suit sanitises the sitting area in a restaurant that reopened after authorities eased some restrictions and extended Covid induced lockdown till 30th June, in Kolkata, Tuesday, June 15, 2021. PTI

India logged 53,256 new coronavirus infections, the lowest in 88 days, taking the total tally of Covid cases to 2,99,35,221, while the active cases further reduced to 7,02,887, according to the Union Health Ministry data updated on Monday.

The death toll climbed to 3,88,135 with 1,422 fresh fatalities, the lowest in 65 days.

The active cases now comprise 2.35 per cent of the total infections, while the national Covid recovery rate has improved to 96.36 per cent, the data updated at 8 am showed.

A net decline of 26,356 cases has been recorded in the Covid caseload in a span of 24 hours.

As many as 13,88,699 tests were conducted on Sunday taking the total cumulative tests conducted so far for detection of COVID-19 in the country to 39,24,07,782.

The daily positivity rate was recorded at 3.83 per cent. It has been less than 5 per cent for 14 consecutive days, the ministry said, adding the weekly positivity rate has declined to 3.32 per cent.

Recoveries continue to outnumber daily new cases for the 39th consecutive day. The number of people who have recuperated from the disease surged to 2,88,44,199, while the case fatality rate has increased to 1.30 per cent, the data stated.

Cumulatively, 28,0036,898 Covid vaccine doses have been administered so far.

India's Covid 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.

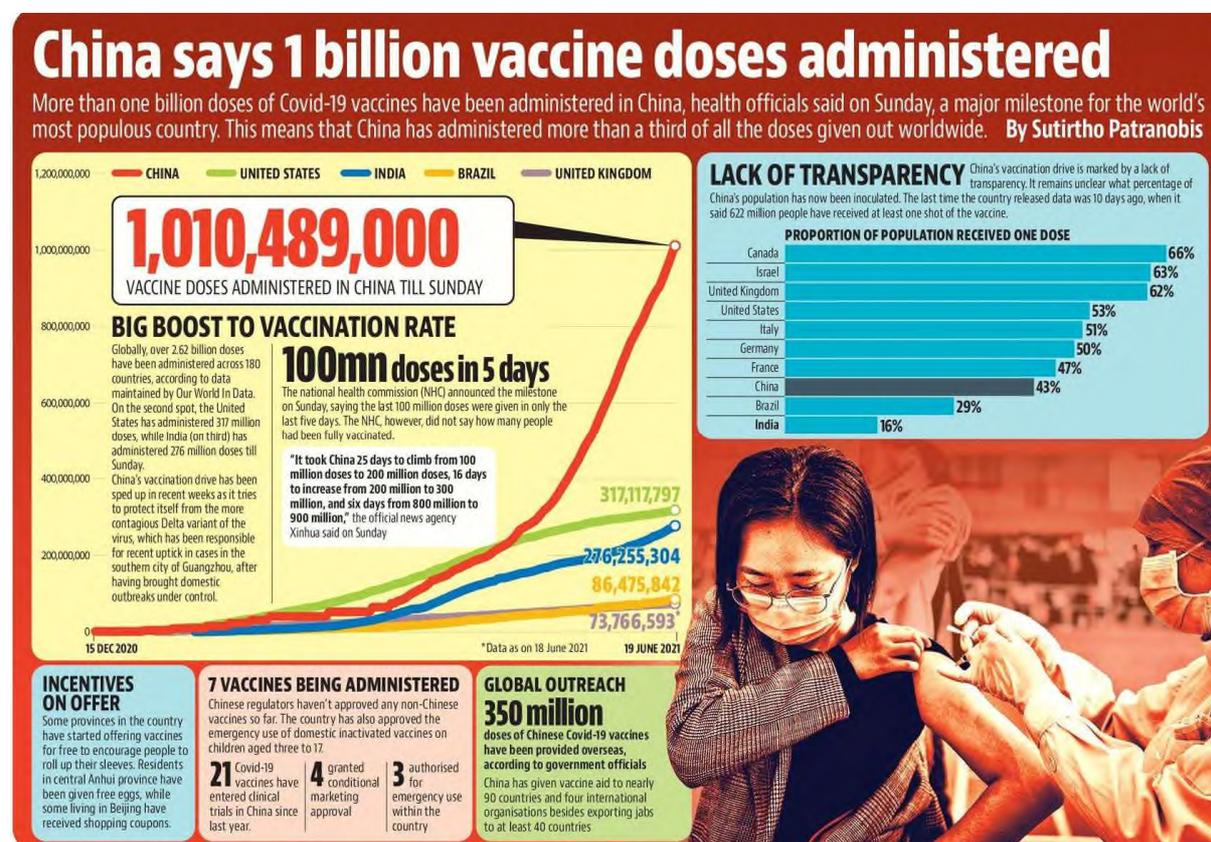
The 1,422 new fatalities include 605 from Maharashtra, 182 from Tamil Nadu, 120 from Karnataka and 112 from Kerala.

A total of 3,88,135 deaths have been reported so far in the country, including 1,17,961 from Maharashtra, 33,885 from Karnataka, 31,197 from Tamil Nadu, 24,914 from Delhi, 22,178 from Uttar Pradesh, 17,348 from West Bengal, 15,826 from Punjab and 13,387 from Chhattisgarh.

The ministry stressed that more than 70 per cent of the deaths occurred due to comorbidities.

"Our figures are being reconciled with the Indian Council of Medical Research," the ministry said on its website, adding that state-wise distribution of figures is subject to further verification and reconciliation. PTI

## Vaccines (Hindustan Times: 20210621)



## Wave

### Wave on steady decline, expert's advice caution (Hindustan Times: 20210621)

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

The daily positivity rate for Covid-19 in Delhi dropped to an all-time low of 0.17% on Sunday, even as the city reported 124 new infections, the lowest in over four months, underlining the Capital's turnaround after the brutal fourth wave of the viral outbreak. For the second day in a row, there were only seven new deaths reported in the city on Sunday, according to Delhi government data.

Sunday's positivity rate —proportion of samples tested that return positive for Covid-19 – in Delhi is the joint-lowest ever recorded in the city (tied with the positivity rate on February 16) since the start of the outbreak in March last year.

Positivity rate is a crucial metric that shows how widespread the virus is in the community, and over time it provides an idea of whether a region's testing strategy is adequate to contain the virus. The World Health Organization (WHO) recommends that this statistic remain below 5% for an outbreak to be considered under control. In Delhi, the daily positivity rate has now remained below that threshold for more than a month.

However, experts warned that as the city has started opening up the authorities should strictly enforce Covid appropriate behaviour such as wearing a mask and social distancing.

Dr Jacob John, former head of the clinical virology department at Christian Medical College in Vellore said, "People have to be responsible and there should be strict enforcement drives. Vaccination numbers also need to be increased gradually. The government should keep a close watch on Covid-19 trends and exercise caution before lifting restrictions from closed spaces such as gyms, cinema halls, etc," he said.

The fourth wave of the pandemic has now seen a steady drop for eight consecutive weeks in the city. The seven-day average of new infections – which denotes a region's Covid-19 curve – had touched a peak of 25,294 new cases a day on April 23, but has now dropped to 165 cases a day in the past week, a drop of over 99% from the peak, according to HT's Covid-19 dashboard.

This drop in cases over the past few weeks has prompted the government to begin a phased opening up of the city since the start of June. On Sunday, the government said bars in the city can reopen with 50% seating capacity from Monday, so can public parks, gardens, golf clubs and outdoor yoga activities. The latest order comes in addition to the previously enforced opening up of services like Metro, buses, markets, shops and multiplexes etc.

A government spokesperson said chief minister Arvind Kejriwal has directed all authorities to follow the strictest measures against those who are found flouting the norms.

### **COVID-19: Experts recommend throat gargle sample test for children**

### **COVID-19: Experts recommend throat gargle sample test for children (The Hindu: 20210621)**

<https://www.thehindu.com/news/national/karnataka/covid-19-experts-recommend-throat-gargle-sample-test-for-children/article34874688.ece>

If the recommendations of a 13-member expert committee headed by cardiologist Devi Prasad Shetty are implemented by the State government

### **Alzheimer's**

### **Malayali researcher to study gender connection of Alzheimer's (The Hindu: 20210621)**

<https://www.thehindu.com/news/national/kerala/malayali-researcher-to-study-gender-connection-of-alzheimers/article34869354.ece>

She receives Canadian post-doctoral fellowship to probe role of G-protein-coupled receptors

After a recent finding by the Cleveland Clinic indicated that the COVID-19 infection has a relationship with conditions such as brain inflammation that happens in Alzheimer's disease, research on the mode of pathogenesis in Alzheimer's is gaining critical attention.

### **Coronavirus | Most infections**

### **Coronavirus | Most infections in second wave in Tamil Nadu were due to Delta variant: study (The Hindu: 20210621)**

<https://www.thehindu.com/news/national/tamil-nadu/coronavirus-most-infections-in-second-wave-in-tamil-nadu-were-due-to-delta-variant-study/article34868066.ece>

Delta variant was observed in 70% of the samples collected

Most of the infections during the second wave of COVID-19 in the State were due to the Delta variant, a study has shown.

### **COVID-19 | Health infrastructure**

**COVID-19 | Health infrastructure has increased up to 45-fold to brace successive waves, Centre says in SC(The Hindu: 20210621)**

<https://www.thehindu.com/news/national/covid-19-health-infrastructure-has-increased-up-to-45-fold-to-brace-successive-waves-centre-says-in-sc/article34864011.ece>

The Centre told the Supreme Court that the nation's health infrastructure has increased up to 45-fold to brace successive waves of COVID-19 pandemic.

### **Sputnik (The Asian Age: 20210621)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15663627>

# Covid: Delhi likely to get Sputnik V jabs by June 25

*15,76,775 fully vaccinated in city so far: Delhi govt*

**AGE CORRESPONDENT**  
NEW DELHI, JUNE 20

Denizens of the national capital will have to wait for some more days as the roll out of Russian Covid-19 vaccine Sputnik V at Indraprastha Apollo and Madhukar Rainbow Children's Hospital in Delhi has been delayed for some days.

The facility in Delhi will tentatively start administering the two-dose vaccine by June 25, said a spokesperson of Apollo Hospitals. Earlier, the jabs of Sputnik V were slated to start by June 20. According to an official of Madhukar Rainbow Children's Hospital, there is a delay on the part of the suppliers. "We are expecting (roll out) next week," he said.

Fortis Healthcare, which had said it would make Sputnik V available at its Gurgaon and Mohali hospitals from Saturday, also has not started administering the Russian vaccine so far. "The rollout did not happen on

**FORTIS HEALTHCARE,** which had said it would make Sputnik V available at its Gurgaon and Mohali hospitals from Saturday, has not started administering the Russian vaccine so far. "The rollout did not happen on Saturday. We expect there will be some clarity on Monday," an official said.

Saturday. We expect there will be some clarity on Monday," an official said. The Centre has fixed the price of the vaccine at ₹1,145 per dose. The maximum price of Covishield for private Covid-19 vaccination centres (CVCs) has been fixed at ₹780 per dose, while that of Covaxin is ₹1,410 per dose.

Russia's Gamaleya National Research Institute of Epidemiology and Microbiology has developed Sputnik V and the Russian Direct Investment Fund (RDIF) is marketing it globally. Hyderabad-based Dr Reddy's Laboratories, the marketing partner for the

vaccine in the country, has been importing the shots from Russia. Over a period of time, the vaccine is also going to be manufactured in India. Sputnik V uses two different viruses that cause the common cold (adenovirus) in humans. It employs a different vector for each of the two shots, given 21 days apart.

According to Gamaleya and the RDIF, Sputnik V has demonstrated an efficacy rate of 92 per cent.

A total of 85,907 vaccine doses were administered in the national capital on Saturday of which 52,060 were given to beneficiaries in the 18 to 44 years age group, Delhi MLA Atishi said.

So far, 65,14,825 vaccines have been administered and a total of 15,76,775 people have been fully vaccinated, the AAP leader said in the daily vaccination bulletin. On Saturday, 60,443 people were given their first dose of vaccine while 25,464 received the second and final dose.

**Yoga Day Programme ((The Asian Age: 20210621))**

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15663668>



Girls perform yoga ahead of International Yoga Day in Surat on Sunday. — PTI

## PM Modi to address Yoga Day programme today

**New Delhi, June 20:** Prime Minister Narendra Modi will on Monday morning address a programme to mark International Yoga Day whose theme this year is 'Yoga For Wellness'.

"Tomorrow, June 21, we will mark the seventh Yoga Day. The theme this year is 'Yoga For Wellness', which focuses on practising Yoga for physical and mental wellbeing," PM Modi tweeted.

"Around 6:30 am tomorrow, will be addressing the Yoga Day programme," he said.

The Ayush ministry, which is the nodal ministry for International Day of Yoga (IDY), in a statement has said that in view of the Covid pandemic and the consequent restrictions on congregational activities, the lead event of the day will be a televised programme with Prime Minister Modi's address being the highlight.

Scheduled to start at 6.30



Narendra Modi

Prime Minister Narendra Modi wrote to Brazilian President Jair Bolsonaro and Sri Lankan President Gotabaya Rajapaksa last month and thanked them for their cooperation in celebrating the International Day of Yoga

am on all Doordarshan channels on Monday, the event will also include an address by minister of state for Ayush Kiren Rijiju and a live yoga demonstration by the Morarji Desai National Institute of Yoga, the ministry said in a statement.

Meanwhile, Prime Minister Narendra Modi wrote to Brazilian President Jair Bolsonaro and Sri Lankan President Gotabaya Rajapaksa last month and thanked them for their cooperation in celebrating the International Day of Yoga.

In his letter to President Rajapaksa, Modi expressed his gratitude for making

Yoga Day celebrations in Sri Lanka a resounding success every year.

The PM, in the letter dated May 25, noted that the 'Yoga For Wellness' theme this year reflected the concern for the good health and wellbeing of people across the globe, according to a tweet by the Indian mission in Lanka.

In his letter to Brazilian President Bolsonaro dated May 14, Modi said in 2014, the overwhelming response of the United Nations General Assembly to recognise June 21 as International Day of Yoga underlined the universal appeal of Yoga that transcends all barriers. — PTI

**New Cases (The Asian Age: 20210621)**

# India records lower than 60,000 cases in 81 days

Country sees 1,576 deaths & 87,619 recoveries in 24 hours

**AGE CORRESPONDENT**  
NEW DELHI, JUNE 20

With 58,419 new Covid-19 cases in the last 24 hours, India recorded less than 60,000 fresh infections after 81 days, according to the Union health ministry's data on Sunday. The country witnessed as many as 1,576 deaths and 87,619 recoveries in the last 24 hours.

With the new cases, the cumulative caseload has climbed to 2,98,81,965 including 7,29,243 active cases. The daily positivity rate in the country stands at 3.22 per cent while the weekly positivity rate is currently at 3.43 per cent. The daily positivity rate has remained below 5 per cent for 13 consecutive days.

As many as 3,86,713 people have succumbed to the Covid-19 infection so far while the recoveries reached 2,87,66,009. As daily recoveries continue to outnumber the daily new cases for the 38th consecutive day, the recovery rate is currently at 96.27 per cent.

According to the Indian Council of Medical Research (ICMR), a total of 39,10,19,083 samples were tested for Covid-19 up to June 19. Out of these, 18,11,446 samples were tested on Saturday. The Union health ministry informed that 27,66,93,572 vaccine doses have been administered so far under the vaccination drive in the country.

While many states eased Covid-19 relaxations, the Haryana government, on Sunday, extended the Covid-19 guidelines in the state for another week till June 28. Uttarakhand

## India begins free Covid-19 jabs for all above 18 today

**AGE CORRESPONDENT**  
NEW DELHI JUNE 20

Narrowing the gap between jabs and arms, India will begin its free Covid vaccination drive for population above the age of 18 from Monday, June 21. The move came in force after Prime Minister Narendra Modi on June 7, announced that the central government will provide free coronavirus vaccine to states for inoculation of all adults and had also asserted that vaccine supply would be increased significantly in the country in coming days.

All citizens above the age of 18 can get free vaccination at government facilities from June 21. Several states had already declared free vaccines for all. All vaccination centres, government and private, would provide onsite registration facilities for both

individuals and groups. Citizens need not pre-register themselves on CoWin or Aarogya Setu app.

As per centre, states may avail the facilities of Common Service Centres and Call Centres to help citizens book slots for vaccination. The Centre will buy 75 per cent of the total vaccine production from vaccine manufacturers and give it free to the state governments. The central government also bears the responsibility of 25 per cent of the work related to vaccination with the states, an arrangement that was implemented in the weeks following the announcement.

However, private sector hospitals can continue to procure 25 percent of vaccines, but their service charge would be capped at ₹150 per dose over fixed price of the vaccine. State governments may monitor the price being so charged.

chief minister Subodh Uniyal has announced that a Covid-19 curfew will be imposed in the state from June 22 to June 29 with certain relaxations. Kerala reported 11,647 fresh Covid cases and 112 deaths while Andhra Pradesh reported 5,646 new cases of Covid-19 on Sunday, taking the active caseload in the state to 63,068. Karnataka reported 4,517 new Covid cases and 120 deaths in 24 hours. Delhi reported 124 fresh cases of coronavirus

on Sunday, taking the active case tally in the city to 2,091. The city also registered 7 deaths in the past 24 hours.

The ministry stressed that more than 70 per cent of the deaths happened due to comorbidities.

"Our figures are being reconciled with the Indian Council of Medical Research," the ministry said on its website, adding that state-wise distribution of figures is subject to further verification and reconciliation.

**Vaccination (Hindustan: 20210621)**

[https://epaper.livehindustan.com/imageview\\_876411\\_138769716\\_4\\_1\\_21-06-2021\\_3\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_876411_138769716_4_1_21-06-2021_3_i_1_sf.html)

# अभियान: युवाओं के लिए मुफ्त टीकाकरण आज से

नई दिल्ली | एजेसी

कोरोना के खिलाफ टीकाकरण मुहिम सोमवार से और तेज होने जा रही है। प्रधानमंत्री नरेंद्र मोदी ने युवाओं को भी मुफ्त टीके देने का ऐलान किया है, जिसकी 21 जून से शुरुआत हो रही है। वहीं, मध्य प्रदेश, ओडिशा समेत कई राज्यों में बड़े पैमाने पर टीके लगेगे।

हरियाणा ने एक दिन में 2.5 लाख टीके लगाने का लक्ष्य रखा है तो ओडिशा में तीन लाख टीके रोज लगाए

**पहले पंजीयन जरूरी नहीं**

टीकाकरण के नए चरण में 18 साल से ज्यादा उम्र के सभी लोगों को निशुल्क खुराक दी जाएगी। इसका पूरा खर्च केंद्र सरकार उठाएगी। अब कोविन एप पर पहले से पंजीयन अनिवार्य नहीं है।

जाएंगे। मध्य प्रदेश सरकार ने एक दिन में 10 लाख लोगों को खुराक देने का लक्ष्य तय किया है। यूपी-बिहार-उत्तराखंड और दिल्ली में भी सोमवार को नया रिकॉर्ड बनाने की तैयारी की गई है।

**Sugar (Hindustan: 20210621)**

[https://epaper.livehindustan.com/imageview\\_876411\\_138771290\\_4\\_1\\_21-06-2021\\_3\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_876411_138771290_4_1_21-06-2021_3_i_1_sf.html)

# खोज : कोविड के बाद बढ़ी शुगर नियंत्रित करेगी दवा

नई दिल्ली | विशेष संवाददाता

राहत

कोरोना संक्रमण से ठीक होने के बाद कई लोगों में अनियंत्रित मधुमेह ( हाइपरग्लेसेमिया ) के मामले मिल रहे हैं। इसे नियंत्रित करने में डीपीपी-4 इन्हिबिटर सबसे सुरक्षित पाए गए हैं। सीएसआईआर द्वारा विकसित मधुमेह की दवा बीजीआर-34 में ये तत्व प्राकृतिक रूप से मौजूद हैं क्योंकि इनका स्रोत दारुहरिद्रा है जिसका इस्तेमाल इस दवा को बनाने में किया गया है।

मधुमेह जर्नल डाइबिटीज में प्रकाशित शोध के अनुसार अस्पताल से ठीक होकर आने के बावजूद 14.4 फीसदी कोरोना रोगी हाइपरग्लेसेमिया के शिकार हो रहे हैं। एल्सवियर जर्नल की रिपोर्ट के अनुसार डीपीपी-4 इन्हिबिटर में मुख्यतः तीन शर्करा अवरोधक होते

- सीएसआईआर की बीजीआर-34 दवा में मौजूद तत्व असरकारी
- तीन अलग-अलग अध्ययनों में सर्वाधिक प्रभावी होने की पुष्टि

हैं जिनमें सीटाग्लिप्टिन, लिनाग्लिप्टिन तथा विन्डाग्लिप्टिन शामिल हैं।

सीएसआईआर लखनऊ की प्रयोगशाला एनबीआरआई के वैज्ञानिक डा. एकेएस रावत ने कहा कि दारुहरिद्रा के इस गुण के कारण ही इसे बीजीआर में शामिल किया गया। इसमें दो और तत्व गुड़मार और मेथी मौजूद हैं जो मधुमेह नियंत्रित करते हैं। केम रेक्सीव जर्नल में प्रकाशित शोध में कहा गया है कि जिमनेमिक एसिड का स्रोत गुड़मार औषधीय पादप है।

## Vaccination

As India gets vaccinated, women are falling behind. We must mind this gap (TheIndian Express: 20210621)

<https://indianexpress.com/article/opinion/columns/centre-must-make-way-for-states-in-covid-fight-7368026/>

<https://indianexpress.com/article/opinion/columns/as-india-gets-vaccinated-women-are-falling-behind-we-must-mind-this-gap-covid-7368044/>

Ashwini Deshpande writes: Mass vaccination can succeed only when we take into account structural inequalities, recognise the specific challenges these impose, and find solutions to circumvent them.

At a vaccination centre in New Delhi (Express photo/Amit Mehra)

The second wave of Covid-19 is finally slowing down after tearing through India with a ferocity that the country was tragically underprepared to handle. Given that public health was a low priority item for government expenditure for decades, expecting the medical infrastructure to be ramped up, even though it was urgently needed in the wake of the pandemic, might have been unrealistic. Some might argue that decades of neglect cannot be reversed within months.

But if a radical overhaul was difficult, there were, and continue to be, several interventions that are not at all infeasible, provided there is adequate recognition of the gravity of the problem, a willingness to engage with scientific evidence and the political will to act on immediate recommendations.

When the caseload was low between October 2020 and February 2021, the government could have made productive use of the lull to push for speedy and free mass vaccination, as many experts had recommended. But it did not, because it believed that India had won the war against the pandemic, that India was somehow immune to second waves which had ravaged other countries around the world.

The roll-out was slow and marked by a complicated and inefficient procurement and pricing policy, which threatened to exacerbate inequalities in access to vaccines between states and between the rich and the poor.

After a great deal of tumult and the loss of precious time, the central government has announced a course correction and decided on the central procurement of vaccines. This is long overdue and a welcome move.

As the country gears up towards accelerating the vaccination drive, we need to be mindful of the ground realities that could impede the progress towards mass vaccination. In addition to the slow pace and the abysmally low absolute numbers of people vaccinated, women are getting left behind in the ever-lengthening vaccine queue. At the Centre for Economic Data and Analysis (CEDA), Ashoka University, we have created a moving map that shows the gender gap (female to male ratio) in vaccinations by district each day since vaccinations started (<https://bit.ly/3w6vR68>).

Till June 3, 2021, this ratio for India was 0.90, which means that 90 women received Covid vaccine doses for every 100 men vaccinated. The vaccination programme was unrolled in phases. Phase 1 started on January 16 and covered all healthcare and frontline workers, a large proportion of whom were women. Subsequent phases opened up vaccine eligibility to different age groups.

The CEDA maps reveal that as vaccination has opened up to the larger sections of the general public, the ratio has declined. In other words, the ratio in the first phase was high because women formed a high proportion of frontline health workers. As citizens are voluntarily getting vaccinated, women are falling behind, which is a matter of concern.

One might legitimately ask whether adopting a gender lens to assess the progress on vaccinations is the right approach when, surely, the overarching aim should be to prevent mortality. This should mean that we should put sections with higher vulnerability to the disease, men or women, young or old, ahead in the vaccine queue. Undoubtedly. However, the problem is that there is no official data for India, sliced by age group, gender, state, rural-urban residence or any other classification, which would help identify these sections accurately, and be a good guide to plan proper targeting.

Analysis of early evidence, based on crowdsourced data, suggests that men have a higher overall burden of the disease, but women have a higher relative risk of Covid-19 mortality in India. A study in Lancet indicates that while globally men are at greater risk of mortality, in some countries (and India is one of them), the case fatality rate is higher among women than men (<https://bit.ly/3gqZb0C>).

This is subject to data caveats.

In a country with low smartphone penetration, lack of English fluency and a deep digital divide, the logic of making vaccine access conditional on app-based registration is mysterious at best and callous at worst.

Even if these divisions were a secret before March 2020, the first wave definitely unveiled these in too glaring a light to be ignored. It should have been obvious that making access to an

English-language smartphone-based app compulsory for getting vaccinated would be a recipe for guaranteed exclusion. Women are seriously disadvantaged, more than men, in being able to meet these conditions and book appointments for themselves.

Finally, when vaccines are not free for all (or there is not a sufficient number of free vaccinations), households that can pay will be ahead of the queue, and within families, men will take priority over women. The evidence on an unequal gendered division of precious resources within families is unambiguous and sadly, shows long-standing and pervasive disparities, whether in the allocation of food, private school or tuition fees, property or asset ownership.

## Health sector

R Poornalingam writes: Centre's major role is in vaccine procurement. Aside from that, it has only a minor, behind-the-scenes role in the health sector(TheIndian Express: 20210621)

<https://indianexpress.com/article/opinion/columns/centre-must-make-way-for-states-in-covid-fight-7368026/>

A covid patient being taken for further investigation from a ward at the Medical college & hospital in Kolkata. (Express photo by Partha Paul)

A widespread belief that Indians are somehow immune to Covid had built up thanks to the government and government-controlled media. But the second wave struck us with ferocity, with daily cases touching a peak of four lakh, and daily deaths crossing 4,000 — a record for any country. Instead of a post-mortem, let us focus on what we must do to manage this crisis and prepare for the coming waves.

First and foremost, an acknowledgment that this is a national crisis calling for concerted efforts by both, the Government of India (GoI) and state governments, irrespective of party or region, is a must. Denials, finger-pointing, and media management will not help. All must rise as one and look ahead, forgetting the past, but learning from past mistakes. Admitting to mistakes is even better, but I doubt that it will ever happen.

It is time the GoI realises that health is a state subject, and that the states have been pioneering many health programmes on their own, some with support and funding from the GoI, for a very long time. The number of employees in the health wing of the GoI is negligible as compared to that in any state government. The implication is that if anything good in health or Covid management happens, the credit must rightly go to the state government. The GoI must stop claiming undue credit for better healthcare and must stop criticising state governments. But it must help them, motivate them to do better and assist them in their task.

Where the GoI must and can play a major role is in vaccination. So far, all vaccine procurement has been by the GoI, which allots vaccines to states depending on the need. It had, however, abdicated this responsibility. Fortunately, realising the chaos created by its policy, it has now accepted its role in vaccine procurement. The task before it is to procure 160 crore doses before December, the target date declared by the GoI. This works out to 26 crore doses per month as against the current production capacity of 6 crore. It must try to augment supplies by encouraging companies to produce more and through imports/gifts. It is doubtful whether this can be achieved. However, whatever it procures must be allotted to states in proportion to their eligible population. State governments must be involved in this policy. The vaccination policy may be left to the state governments based on the allocation.

The GoI must also augment supplies of critical medical goods through imports and donations from friendly nations in view of their acute shortage. It must distribute them to the needy states transparently and equitably.

State governments have rightly opted for lockdowns, which need to be lifted in a calibrated manner depending on local conditions. There is clear evidence that lockdowns have helped arrest the spread of the virus. But we must remember that lockdowns are not the solution. They just buy breathing time which can be used by governments to ramp up capacity.

State governments must set up efficient and well-functioning control rooms and telemedicine centres to guide people on home treatment and timely admission to hospitals. The private sector can also be fully involved in these efforts. Bed capacity must be increased in both private and public sectors, with all necessary requirements such as oxygen, medicines, and health workers. This planning must be for the anticipated caseload in the future so that no patient has to die for want of proper treatment.

It is also important to put in place a standard guidance protocol for health workers and control rooms to guide patients through the disease. The telemedicine doctor must be competent to provide timely guidance for hospital admission, with the control room finding the patient a bed quickly.

Printed handouts and handbooks on proper mask-wearing, hand-washing, risks associated with travel and shopping, immunity development, risks that need to be avoided will help. Enforcement of masks and distancing in public places must go on till the country is fully vaccinated.

The measures suggested above require hard work and efficient management by state governments, by a team of reputed professionals and civil servants. They must closely monitor the field data to help leaders take correct decisions.

Above all, a high level of transparency on Covid management, particularly on vaccination, beds, supplies, infections and deaths, is a must to handle this war-like situation. Daily briefing by a professional, not a politician, is the need of the hour at both the Centre and state level,

giving some confidence and assurance to the public. Transparency is a good medicine to lessen public panic.

What was going on in this country was worse than a war, because in a war the enemy is seen and known. In this war, the enemy is not seen, its ways are unknown, and it can speedily change its tactics. Let us not declare victory because of the declining trend in cases. Another wave may be lurking. This calls for total co-operation of the central and the state governments and also the public. The central government must realise that states are on the forefront in this war, and therefore, play a supporting and proactive role. It has only a minor, behind-the-scenes role in the health sector. The sooner it realises this, the better will be our Covid management now, and in the coming waves.