



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday

20220511

Population control

Gains made but onus remains unfairly on women (The Tribune:20220511)

<https://www.tribuneindia.com/news/editorials/population-control-393028>

THE latest National Family Health Survey-5 report is heartening as it shows an overall improvement in the country's public health parameters related to maternal and child well-being, resulting from greater use of contraceptives. These gains assume significance for they are, in turn, indicators of a sure, though slow, progression towards meeting the Sustainable Development Goals that India is committed to. While the finding that family planning methods are more prevalent among the rich and working-class women than the poor lot is not surprising, the region-wise statistical details should lead to the fine-tuning of policies and strategies aimed at population control.

Punjab — with its traditional preference for the male child — has fared better in family planning this time than the last survey of 2015-16, but there is still scope for a more focused approach for tackling gender discrimination. With their impressive figures, Haryana and Himachal Pradesh have been exemplary in curbing child marriage, but Punjab has not done enough on this count.

It is encouraging that knowledge of birth control methods among men and women in the reproductive age of 15-49 years is near total. But the fact that just 56.4 per cent adopt these methods shows that the awareness and sensitisation campaign for the lower socio-economic stratum needs to be stepped up with higher budget outlays and wider outreach. It is crucial for achieving the targeted replacement-level fertility rate of 2.1 (the rate at which a population exactly replaces itself from one generation to the next). It is directly related to lowering maternal and infant mortality figures and bettering children's health. However, the one factor consistent over the years and requiring course correction is the fact that the onus of family planning continues to be on the woman. Having a blinkered view, 35 per cent of India's men believe that using contraceptives is the woman's responsibility, with Chandigarh topping the chart with 69 per cent of its men holding this unfounded belief. This is totally unfair.

Migraine treatment maker Biohaven

Pfizer to spend \$11.6 billion on migraine treatment maker Biohaven (The Tribune:20220511)

<https://www.tribuneindia.com/news/health/pfizer-to-spend-11-6-billion-on-migraine-treatment-maker-biohaven-393604>

Pfizer will pay \$148.50 in cash for each share of Biohaven, which makes Nurtec ODT for treating and preventing migraines and has a nasal spray under development

Pfizer to spend \$11.6 billion on migraine treatment maker Biohaven
Photo for representational purpose only.

Pfizer is starting to put its Covid-19 cash influx to use by spending \$11.6 billion to venture deeper into a new treatment area.

The New York vaccine and cancer drug maker said Tuesday it will use cash on hand to buy the remaining portion of migraine treatment developer Biohaven Pharmaceuticals it does not already own.

Pfizer will pay \$148.50 in cash for each share of Biohaven, which makes Nurtec ODT for treating and preventing migraines and has a nasal spray under development.

Pfizer Inc. brought in more than \$14 billion in sales during the recently completed first quarter from its Covid-19 vaccine Comirnaty and its new pill treatment for the virus, Paxlovid.

Most of that came from Comirnaty, which also rang up nearly \$37 billion in sales last year. But revenue from Comirnaty, which Pfizer developed with BioNTech, is expected to fade in the coming years, and Pfizer also faces the loss of patent protection for some key products in its broad portfolio over the next decade.

That includes Eliquis for preventing blood clots and strokes and the Prevnar 13 vaccine for preventing pneumonia and related bacterial diseases.

The company plans to have about \$25 billion in sales by 2030 come from new business developments.

The deal announced Tuesday is a step in that direction. U.S. regulators approved Nurtec tablets for treating migraines in February 2020 and for preventing them about a year ago.

Nurtec ODT brought in nearly \$124 million in sales in the first quarter, and Biohaven expects \$825 to \$900 million in product sales this year.

Last November, Pfizer said it would invest \$350 million in Biohaven to help sell Nurtec OTD and the spray, zavegepant, outside the United States.

Pfizer said Tuesday the spray is on track for U.S. acceptance in the current quarter, and an oral gel version of it also is being developed for preventing chronic migraines.

The deal price announced Tuesday represents a 33 per cent premium over Biohaven's 90-day weighted average trading price of \$111.70 for Biohaven Pharmaceutical Holding Co. Ltd., which is based in New Haven, Connecticut.

The deal for Biohaven also includes some other potential treatments in early stages of development.

Other elements of Biohaven's late-stage development pipeline will go to a new, publicly traded company that keeps the Biohaven name.

The boards of both Pfizer and Biohaven have approved the sale, but Biohaven shareholders and regulators still need to ok it.

It is expected to close by early 2023, once the new company spinoff is completed.

Shares of Biohaven, which had tumble below \$100 in recent weeks, soared about 70 per cent before the opening bell to \$141.50. Pfizer's stock slipped. AP

Brain tumour growth identified

New drug that halts recurring brain tumour growth identified (The Tribune:20220511)

<https://www.tribuneindia.com/news/health/new-drug-that-halts-recurring-brain-tumour-growth-identified-393587>

The scientists at universities of North-western, California, and Hong Kong demonstrated the effectiveness of the drug in select patients, mouse models, a 3D living tissue brain tumour (organoids) and cell cultures

An international team of scientists has identified a drug that blocks growth of the most aggressive brain tumour and how to most accurately identify which tumour will respond to the drug.

When a non-metastatic brain tumour - Meningioma - recurs after surgery and radiation treatment, a patient is out of options. No drugs are approved for these aggressive tumours, which occur in up to 20 per cent of cases and can lead to patient disability or even death.

But the new drug called abemaciclib, detailed in the journal Nature Genetics, is a cell cycle inhibitor, meaning it blocks the cell division cycle and inhibits tumour growth.

The scientists at universities of North-western, California, and Hong Kong demonstrated the effectiveness of the drug in select patients, mouse models, a 3D living tissue brain tumour (organoids) and cell cultures.

Investigators discovered that Meningiomas can be divided into molecular subgroups with different clinical outcomes and recurrence rates. This new method of classifying tumours allows scientists to predict recurrence more accurately than the current method of classifying the tumour.

Currently, after surgery, doctors examine a specimen of a tumour under a microscope and grade it one, two or three in its aggressiveness. But the grade is only about 70 per cent accurate, meaning some tumours will behave in a way that doesn't fit with how it appears under the microscope.

“Our study identifies which patients we should treat with this drug, because their tumours will likely respond to it,” said Dr Stephen Magill, Assistant Professor of neurological surgery at North-western's Feinberg School of Medicine.

“We now have the potential to give them options and hope for a longer, symptom-free life.” The team found that mice with Meningiomas treated with the medication lived longer and their tumours didn't grow as rapidly.

The drug was also used off-label as compassionate use in several patients whose tumours decreased in size and whose symptoms improved, suggesting the drug should be considered for clinical trials, Magill said.

“Eventually we hope to tailor medical therapy to the genetic changes within each individual person's meningioma,” Magill said.

Meningiomas are the most common primary (non-metastatic) tumour in the central nervous system. The symptoms are headaches, seizures or neurological deficits (weakness, vision loss, double vision or sensory changes).

Eye Health

What your eyes reveal about your health

It is possible to detect a number of health problems simply by looking at the eyes (The Tribune:20220511)

<https://www.tribuneindia.com/news/health/what-your-eyes-reveal-about-your-health-393556>

Scientists at the University of California, San Diego, have developed a smartphone app that can detect early signs of Alzheimer's disease and other neurological conditions. The app uses the phone's near-infrared camera to track changes in the size of a person's pupils at a sub-

millimetre level. These measurements can then be used to assess that person's cognitive condition.

As technology evolves, the eyes will prove more and more useful as a means of diagnosing all kinds of diseases and conditions because, by being transparent, the eye requires far less invasive methods of examination than other body parts. But even without technology, it is possible to detect a number of health problems simply by looking at the eyes. Here are some of the warning signs.

Pupil size

The pupil responds instantly to light, becoming smaller in bright environments and larger in dimmer conditions. Sluggish or delayed responses in pupil size can point to several diseases that can include serious conditions such as Alzheimer's disease, as well as effects of medications and evidence of drug use. Dilated pupils are common in those who use stimulant drugs, such as cocaine and amphetamine. Very small pupils can be seen in heroin users.

Red or yellow eyes

A change in the colour of the sclera (the “whites of the eyes”) suggests that something is not right. A red, bloodshot eye can be triggered by excess alcohol or drug abuse. It can also be caused by an irritation or infection that, in most cases, passes within days.

If the change in colour is persistent, it can signal a more serious infection, inflammation, or a reaction to contact lenses or their solutions. In extreme cases, a red eye indicates glaucoma, a sinister disease that can lead to blindness.

When the sclera become yellow, this is a most obvious sign of jaundice and a diseased liver. The underlying causes of jaundice vary widely. They include inflammation of the liver (hepatitis), genetic or autoimmune conditions, and certain medications, viruses or tumours.

Red spot

A blood-red spot on the white of the eye (subconjunctival haemorrhage) can look frightening and is always the result of a small localised blood vessel that has burst. Most times, there is no known cause, and it disappears within days. However, it can also be an indication of high blood pressure, diabetes and blood-clotting disorders that cause excessive bleeding. Blood-thinning drugs such as aspirin can also be the cause, and if the problem is frequent, might suggest that the dosage should be reviewed.

Ring around the cornea

A white or grey ring around the cornea is often linked to high cholesterol and an increased risk of heart disease. It can also reveal alcoholism and is sometimes seen in the eyes of older people, which is why the medical name given to it is arcus senilis.

Fatty lump

Sometimes the most alarming features that can appear on the eyes are actually the most benign and easy to treat. A yellowish fatty lump that can appear on the white of the eye is a pinguecula,

a small deposit of fat and protein that may be easily remedied by eye drops or removed by a simple operation.

Covid-19 severity

**Covid-19 severity among elderly may be due to genetic reasons
Body's ability to produce cloned immune cells, which cannot be infinitely created, falls off significantly in old age, says US study (The Tribune:20220511)**

<https://www.tribuneindia.com/news/health/covid-19-severity-among-elderly-may-be-due-to-genetic-reasons-393280>

Covid-19 severity among elderly may be due to genetic reasons
Photo for representational purpose only. iStock

Genetically predetermined limit on the immune system may be the key to why COVID-19 has such a devastating effect on the elderly, according to a modelling study.

Researchers at the University of Washington (UW) in the US noted that the immune system's ability to combat COVID-19, like any infection, largely depends on the replication of the immune cells effective at destroying the SARS-CoV-2 virus that causes the disease.

The study, published recently in The Lancet eBioMedicine journal, suggests that the body's ability to produce these cloned immune cells, which cannot be infinitely created, falls off significantly in old age.

“When DNA split in cell division, the end cap—called a telomere—gets a little shorter with each division,” said professor James Anderson, a modeller of biological systems at UW.

“After a series of replications of a cell, it gets too short and stops further division. Not all cells or all animals have this limit, but immune cells in humans have this cell life,” Anderson said in a statement.

The average person's immune system coasts along pretty good despite this limit until about 50 years old, the researchers said.

That is when enough core immune cells, called T cells, have shortened telomeres and cannot quickly clone themselves through cellular division in big enough numbers to attack and clear the COVID-19 virus, which has the trait of sharply reducing immune cell numbers, they said.

According to Anderson, telomere lengths are inherited from parents.

There are some differences in these lengths between people at every age as well as how old a person becomes before these lengths are mostly used up.

“Depending on your parents and very little on how you live, your longevity or, as our paper claims, your response to COVID-19 is a function of who you were when you were born,” he said.

To build their model, the researchers used publicly available data on COVID-19 mortality from the Center for Disease Control and US Census Bureau and studies on telomeres, many of which were published by the co-authors over the past two decades.

Assembling telomere length information about a person or specific demographic could help doctors know who was less susceptible, the researchers said.

The doctors could allocate resources, such as booster shots, according to which populations and individuals may be more susceptible to COVID-19, they added.

Total fertility rate dips in India

Total fertility rate dips in India; find out what it is and how it is calculated According to National Family Health Survey-5, the current fertility rate is slightly lower than the replacement level of fertility of 2.1 children per woman (The Indian Express:20220511)

<https://indianexpress.com/article/lifestyle/health/total-fertility-rate-dips-india-national-family-health-survey-calculation-7907946/>

fertility rateThe TFR has declined noticeably in India over time (Source: Getty Images/Thinkstock)

The Total Fertility Rate (TFR) has declined from 2.2 children per woman in 2015-16 to 2.0 children per woman in 2019-21, the fifth National Family Health Survey, conducted by the Ministry of Health and Family Welfare, revealed.

“The TFR has declined noticeably in India over time. Between 1992-93 and 2019-21, the TFR declined from 3.4 children to 2.0 children (a decrease of 1.4 children). The TFR among women in rural areas has declined from 3.7 children in 1992-93 to 2.1 children in 2019-21. The corresponding decline among women in urban areas was from 2.7 children in 1992-93 to 1.6 children in 2019-21,” the survey stated.

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What is fertility rate?

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The Total Fertility Rate (TFR) in a specific year or set of years is defined as the average number of children a hypothetical cohort of women would have at the end of their reproductive period provided they were to live to the end of their child-bearing years and give birth to children with the prevailing age-specific fertility rates, World Health Organization (WHO) states.

Replacement level fertility, on the other hand, is the level of fertility at which a population exactly replaces itself from one generation to the next. In most countries, it can be taken as requiring an average of 2.1 children per woman.

How is TFR calculated?

It is determined by the sum of age-specific fertility rates (usually referring to women aged 15 to 49 years), or five times the sum if data are given in five-year age groups, according to WHO.

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“An age- or age-group-specific fertility rate is calculated as the ratio of annual births to women at a given age or age-group to the population of women at the same age or age-group, in the same year, for a given country, territory, or geographic area.”

To estimate TFR, population data is taken from the most recent United Nations Population Division's 'World Population Prospects'. Unit of measure is — children per woman.

Healthcare

Why access to abortion is essential healthcare for women

"Access to good reproductive health care is an essential requirement for them and the right to safe abortions is just a part of it," said Dr Manjiri Mehta, consultant gynecologist, Hiranandani Hospital, Vashi. (The Indian Express:20220511)

<https://indianexpress.com/article/lifestyle/health/why-access-to-abortion-is-essential-health-care-for-women-7901528/>

The US Supreme Court is likely to overturn the landmark 1973 Roe v. Wade judgement that made abortion a constitutional right in the country, according to a report by Politico. If the judgement is passed, it will restrict access to safe abortion for women, wreaking havoc on their mental and physical health.

We reached out to a health expert to understand why abortion is essential health care for women, and what can be the impact of restricting the same. Below, Dr Manjiri Mehta, consultant gynecologist, Hiranandani Hospital, Vashi, answers some important questions with regards to safe abortion:

Why is abortion essential healthcare for women?

Women's reproductive rights are an integral part of their overall health. A significant portion of a woman's adult life involves maintaining their reproductive health, which indirectly impacts their overall health. This means access to good reproductive health care is an essential requirement for them and the right to safe abortions is just a part of it.

Abortion is a controversial topic as it has many differing viewpoints, especially from a medical, social and religious perspective. From a medical point of view, abortion should be a part of essential healthcare or at least it should be freely available, as an unwanted pregnancy can wreak immense havoc in a woman's life, be it emotionally, physically, mentally, and socially.

ALSO READ |Why your nearby chemist doesn't have abortion pills, and why he should stock them

How is safe abortion important for a woman's physical and mental health?

In many countries around the world, abortion is prohibited, and this directly results in the continuation of unwanted pregnancies, affecting a woman's health in the long run. If abortions are not legally permitted and, therefore, not performed in the medically correct way, then women will have to go through it through unsafe means

It is well-known that bleeding, infection, prolonged recovery period, and sometimes even death are complications of unsafe abortions, which can be prevented if women are given access to proper healthcare facilities.

Safe abortion is essential for a woman's physical and mental health. If it is not performed accurately, it can cause physical and psychological stress, besides unnecessary emotional stress, all of which can impact a woman's overall health and well-being.

Cardiovascular disease

Not just winters, summers can affect your heart, too: Follow these preventive measures

"People who are already suffering from high blood pressures, diabetes, high cholesterol levels and pre-existing heart conditions are immensely affected,

" said Dr Ritwick Raj Bhuyan, director-adult cardiothoracic vascular surgery, Fortis Escorts Heart Institut(The Indian Express:20220511)

<https://indianexpress.com/article/lifestyle/health/summer-season-heart-health-symptoms-prevention-lifestyle-diet-7882392/>

It is widely known that cardiovascular disease-induced deaths and risks increase dramatically during the winter season. Experts attribute this to the narrowing of heart blood vessels leading to less supply to the heart muscle. Also, there's an inverse relationship between blood pressure and environmental temperature, putting stress on the heart.

Breast conservation surgery

Cutting Edge: An innovative breast conservation surgery is helping patients lead better lives

**“The advantage of oncoplastic surgery is that it exterminates cancer safely and provides a cosmetically excellent outcome to a patient of breast cancer.”
(The Indian Express:20220511)**

<https://indianexpress.com/article/lifestyle/health/an-innovative-breast-conservation-surgery-is-helping-patients-lead-better-lives-cancer-7909631/>

Apart from addressing aesthetic and safety concerns, there is also a reduced rate of depression among patients opting for oncoplastic surgery. (Express Photo)

On July 14, 2020, Meghana Yardi, a 42-year-old pre-primary teacher felt an “extra growth” in her left breast. On further investigation, a tumour was confirmed and soon her fear of injections and the idea that “I may not have a breast ruined my peace of mind”.

But that was only till she met oncoplastic breast cancer surgeon Dr C B Koppiker. He explained to her that that she would not lose her breast and that the hollow created by removing the cancerous tumour would be filled up through ‘oncoplastic surgery’.

Now, nearly two years later, Yardi says “I cannot even see the incision on my breast till I specifically look for it.” “Even if I wear a halter neck top, at the most a slight line may be visible,” she smiled.

Also Read in Cutting Edge |Biomarker can predict pre-diabetes years before diagnosis
Breast cancer prevalence has been rising steadily in India, and is presently the most common cancer among females. Of the cases being reported, at least 14% are being detected at a late stage and approximately 50% are “locally advanced” at diagnosis. Mastectomy or breast

removal is still performed widely in patients in India and South East Asia. However, the procedure has been associated with several long-term side effects such as body asymmetry, postural instability, depression, loss of self-esteem and poor quality of life.

Covid pills,

**As poor nations seek Covid pills, officials fear repeat of AIDS crisis
Now, with that history in mind, global health agencies and the Biden administration are working to bring coronavirus tests and expensive antiviral pills to low- and middle-income nations. (The Indian Express:20220511)**

<https://indianexpress.com/article/lifestyle/health/covid-pills-aids-crisis-7907964/>

A Covid-19 vaccine is administered in Kathantha Yimbo in northern Sierra Leone, Feb. 15, 2022. (The New York Times)

A devastating virus was laying waste to nations that lacked medicines available to Americans. The pills were patented and pricey. Poor countries lacked refrigeration to store them, the thinking went, and patients would not be able to follow the complex dosing regimen.

The year was 2002, the virus was HIV, and the president, George W. Bush, secretly sent his top health advisers to Africa to investigate what activists were calling “medical apartheid.” In the 20 years since, the United States has led the way in building a global infrastructure for HIV testing and treatment, saving an estimated 21 million lives.

Now, with that history in mind, global health agencies and the Biden administration are working to bring coronavirus tests and expensive antiviral pills to low- and middle-income nations. This week, President Joe Biden will emphasize “global test to treat” at his second international Covid-19 summit, a virtual gathering of world leaders aimed at injecting new energy into the international pandemic response.

Until now, the response has been focused largely on vaccinations, which remain a high priority. But Biden will also use the summit to call on wealthy nations to donate \$2 billion to purchase Covid treatments and \$1 billion to purchase oxygen supplies for low- and middle-income countries, according to a senior administration official involved with the planning.

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Explained |What is Molnupiravir, the Covid-19 pill approved by India?

In the United States, where antiviral pills to combat Covid are widely available, Biden's "test to treat" initiative lets many patients go to pharmacies, get tested for Covid and receive a free prescription on the spot if they test positive. In low- and middle-income nations, such efforts will most likely be much more limited until generic pills arrive, probably in 2023.

But the global effort faces some of the same obstacles and inequities that existed two decades ago.

Rich nations, including the United States, have gobbled up much of the supply. Global health agencies do not have the money to buy the antivirals or tests, which are crucial because the medication needs to be started early in the course of infection. Drug companies, trying to protect their patents, are limiting the supply of generic alternatives in many middle-income countries, including an entire swath of Latin America.

Anti-Covid pill Molnupiravir |Approved, not recommended

All of this is playing out against the infectious disease equivalent of a ticking time bomb.

"We all expect a major new surge from omicron or a new variant in the global south from June to September, and if that happens, we are not going to be ready with test and treat," said Dr. Bill Rodriguez, who runs the testing arm of the ACT Accelerator, the Geneva-based consortium coordinating the global response. "It feels extremely similar — painfully, ironically, tragically similar — to what happened with HIV."

On Monday, ahead of the summit, the consortium, which is backed by the World Health Organization, is set to convene a discussion of global health experts and declare access to testing and treatment an "equity issue," officials said.

Biden may well show up at his own summit empty-handed. The White House has asked Congress for an additional \$22.5 billion in emergency coronavirus aid, including \$5 billion for the global response, but Senate Republicans are refusing to authorize any funding unless it is offset by cuts to other programs. A \$10 billion compromise proposal includes no money for the global response, and it is unclear when or whether that plan will come up for a vote.

One of the biggest hurdles is the rapid decline of Covid testing around the world. The WHO-backed consortium recently reported that just 20% of the 5.7 billion tests conducted globally have been in low- and middle-income nations. Low-income countries accounted for less than 1% of the testing. The reasons are twofold: Countries lack money to buy the tests, and demand has dropped in regions where Covid rates are now low.

"What really worries me is the testing part of this," said Dr. Bruce Aylward, a top WHO official and the consortium's coordinator. "If you're not testing, you can't sequence; you can't isolate; you can't treat. Everything else unravels."

Paxlovid, the more powerful of the two Covid antiviral pills approved by the Food and Drug Administration, is so plentiful in the United States that pharmacies are struggling to use up their supplies. The Biden administration has committed to purchasing 20 million treatment courses for Americans.

The WHO recently issued a "strong recommendation" that Paxlovid, which is made by Pfizer, be given to patients at high risk of hospitalization and called for its "wide geographic

distribution.” The WHO has given a far weaker “conditional recommendation” to the other drug, molnupiravir, which is made by Merck and is not nearly as in demand.

Global health experts say both companies have absorbed the lessons of AIDS — but only to a point.

They have each agreed to allocate several million courses of treatment — a total of 7 million courses in all — to UNICEF for distribution in most low- and middle-income countries, which account for more than half the world’s population. But UNICEF will not be able to buy the drugs unless it can raise the money to do so or countries supply the funds. And 7 million courses is hardly enough to address the need, experts say.

The cost to UNICEF of Paxlovid — including Pfizer’s insistence that UNICEF keep how much it pays confidential — remains a sticking point, said Dr. Philippe Duneton, who runs the therapeutics arm of the WHO consortium. In announcing its “strong recommendation” for Paxlovid, the WHO took the highly unusual step of publicly scolding Pfizer for a “lack of transparency,” which makes it difficult to know which countries have the drug and what they are paying.

“We need to have better visibility in terms of price,” Duneton said.

Manufacturers often prefer that the details of their sales agreements be secret so as not to weaken their hand with other potential buyers. Pfizer’s chief executive, Albert Bourla, reported last week that Paxlovid had been a “key growth driver” for the company, which is using a “tiered pricing approach” in which low- and lower-middle-income countries will get Paxlovid at a not-for-profit price.

In response to an inquiry from The New York Times, Pfizer issued a statement saying that it was “deeply disappointed by the sentiment expressed by our partners,” adding, “We have in good faith heard and responded to many of their concerns.”

So far, 36 companies from 12 countries have signed up to make generic Paxlovid. Companies in India are already making generic versions of both Paxlovid and molnupiravir. The expectation is that both drugs will ultimately be available in about 100 low- and middle-income countries, covering about half the world’s population. The companies will not receive royalties from the sales while the WHO’s declaration of the pandemic as a global health emergency remains in effect.

“Given the severity of the pandemic and given the fact that vaccines had a very uneven penetration rate, we felt that this was a very important contribution the company could make,” said Paul Schaper, executive director for global public policy at Merck.

But those generics will not be available until next year. In the meantime, doctors and activists around the world say vulnerable patients are dying as antiviral pills, monoclonal antibodies and even oxygen remain out of reach. In countries with low vaccination rates, the need is especially urgent.

In Uganda, Dr. Sabrina Kitaka, a pediatrician who also advises the government on Covid-19 vaccination, said many children with underlying conditions — sickle cell disease, diabetes, advanced HIV disease — have had complications from Covid-19. She has lost young patients

who would have been eligible for Paxlovid, which is approved in the United States for children 12 and older who weigh at least 40 kilograms, or about 88 pounds.

“Paxlovid will be the game changer,” Kitaka said. That is especially true “for patients who become critically ill and end up in the ICU,” she added.

In the Dominican Republic, Pfizer is fighting a petition for the government to compel the company to share its patents for Paxlovid with generic makers. Similar petitions have been filed in Colombia, Chile and Peru.

“Both Merck and Pfizer have reserved for themselves all the high-income countries and virtually all of the upper-middle-income countries and even some lower-middle-income countries,” said Brook Baker, a law professor at Northeastern University who has submitted a legal brief in support of the Dominican Republic petition.

In Brazil, regulators have authorized both Paxlovid and molnupiravir. The country and Pfizer are negotiating a purchase agreement so Paxlovid can be offered for free through Brazil’s public health system.

But a quarter of Brazilians have private insurance and may already have access to the drug, said Felipe Carvalho, coordinator of the Doctors Without Borders Access Campaign in Latin America.

COVID-19 vaccination

COVID-19 vaccination | Use same phone number for both doses, says Health Ministry (The Hindu :20220511)

<https://www.thehindu.com/news/national/covid-19-vaccination-use-same-phone-number-for-both-doses-says-health-ministry/article65401182.ece>

A healthcare worker administering a dose of the COVID-19 preventive vaccine to a beneficiary, at a vaccination centre, in Gurugram on Tuesday. | Photo Credit: PTI

Same ID proof cannot be used for two different numbers; many issues can now be digitally rectified on CoWIN portal, it says

The Health Ministry said that, after receiving the first dose of COVID-19 vaccination, a beneficiary needs to schedule for or avail the second dose of the same vaccine with the same mobile number used at the time of first dose of vaccination. This is the only mechanism for both the first and second dose details to be tagged to the same beneficiary.

In case a beneficiary uses a separate mobile number for second dose and schedules a vaccination, it will automatically be recognised as a first dose for the beneficiary. Also the same identity proof is not allowed to be used across two different mobile numbers, cautioned the Health Ministry.

The Ministry said that CoWIN platform has successfully served as the digital backbone for India's COVID-19 vaccination programme and has enabled the administration of over 190 crore doses of COVID-19 vaccination for over 100 crore residents in India that are registered on the platform.

“Such scale has been achieved without a single day of down-time. The platform takes pride in its simplicity and ease of use. For registration on the platform, the beneficiary is provided three media – walk-in (offline), online portal and assisted through helplines and CSCs (Common Services Centres). An individual only needs to provide their mobile number for registration, along with minimal inputs in name, age (Year of Birth) and gender for scheduling an appointment for vaccination or availing a vaccine at walk-in. As a proof of identity, an option to choose from nine photo identity proofs has been accorded,” said the Ministry.

Merging certificates

The Ministry also noted that there is a provision for scenarios where an individual may have provided two different identity proofs under the same mobile number registered. If the name, age and gender match as per the photo ID proofs submitted by the beneficiary, CoWIN prompts for merging the two first dose certificates to give a single fully vaccinated certificate for both the doses.

“The assumption that the system must recognise two first dose certificates of a beneficiary registered with two different mobile numbers and photo ID proofs, is preposterous. With a country of a billion plus, there may be hundreds of thousands of individuals with the same name, age, and gender. If such a service was provided, we would be left chasing our own tail, praying another individual with the same name, age and gender didn't exist in the country,” said the Ministry in its release.

Eight issues that were commonly observed and widespread have been incorporated for individuals to digitally rectify, with a provision at CSCs and a helpline to call upon. Similarly, any individual could also merge their two first dose certificates with ease, provided there is a match in name, age and gender and the two registered accounts are known to the individual.

Organ transplants

Explained | The process of organ transplants from a deceased donor (The Hindu :20220511)

<https://www.thehindu.com/sci-tech/health/organ-transplants-from-deceased-donor/article65381304.ece>

Scientific developments are clearing the path for organ transplants, but what is the process for it?

Given the advancements in the surgical methods we have today, organ donation and transplantation are boons to those suffering from failing organs. There are several routes that

have emerged for organ transplantation – from animals to humans, from dead persons to living ones, and from live donors to those having defective or malfunctioning organs.

Recently, in Chennai, doctors successfully conducted cadaveric liver transplants from two patients whose families consented to organ donation after they were declared brain-dead. Similarly, the heart of a youth who died in a Vellore hospital was transported to a hospital in Chennai for transplantation.

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Health Care

Besides cutting cost of treatment of poor, efforts on to rapidly increase number of doctors: Mandaviya (The Hindu :20220511)

<https://www.thehindu.com/news/national/besides-cutting-cost-of-treatment-of-poor-efforts-on-to-rapidly-increase-number-of-doctors-mandaviya/article65397902.ece>

Making health accessible, affordable and patient-friendly is very important, says Union Health Minister

The Central government would work holistically in the health sector with synergy between preventive healthcare and modern medical facilities. Besides reducing the cost of treatment of the poor, efforts were on to rapidly increase the number of doctors, Health Minister Dr. Mansukh Mandaviya said on Monday while inaugurating a multi-speciality Outpatient and Inpatient (OPD/IPD) blocks at the Lady Hardinge Medical College (LHMC) and associated hospital, Delhi.

The new IPD Block will increase the bed strength of the LHMC from 877 to more than 1000 beds. The IPD Block houses an additional highly sophisticated CT scanner. The new OPD Block has additional facilities for holistic healthcare, including all medical and surgical specialities, Ayurveda, Yoga, Naturopathy and Homeopathy.

Dr. Mandaviya stated that the States played a very crucial role in the implementation of any programme made by the Centre. “Making health accessible, affordable and patient-friendly is very important. Our efforts need to be in the direction of advancement of the nation; the nation should always come first”, he noted.

Dr. Bharati Pravin Pawar, Minister of State, said it was important to note that better health facilities were not limited only to the treatment of diseases. They also encouraged and promoted social justice. “When the poor get affordable and quality treatment, their faith in the system gets stronger,” she pointed out.

WHO’s COVID-19 excess deaths report

India to contest WHO’s COVID-19 excess deaths report (The Hindu :20220511)

<https://www.thehindu.com/sci-tech/health/who-has-released-the-excess-death-estimates-without-adequately-addressing-indias-concerns-health-ministry/article65385022.ece>

The body of a COVID-19 victim is taken for cremation at Nigam Bodh Ghat in New Delhi on January 13, 2022. | Photo Credit: The Hindu

WHO has released COVID-19 excess death estimates without adequately addressing India’s concerns, says Health Ministry.

India will take up the “glaring anomalies” in the report by the World Health Organisation on excess mortality estimates associated with the COVID-19 pandemic at the highest and appropriate forum, said sources in the Health Ministry on Thursday.

India has objected to the sourcing of data, methodology for collecting data, mathematical model used for arriving at the final figures that have been released, the outcome of the data analyses and the fact that it has been listed in tier-2 countries despite being open to share all data with the WHO.

Explained | Why is India concerned about WHO approach on excess deaths during the pandemic?

India has been consistently objecting to the methodology adopted by the WHO to project excess mortality estimates based on mathematical models. Despite India’s objection to the process, methodology and outcome of this modelling exercise, the WHO has released the excess mortality estimates without adequately addressing India’s concerns, the Ministry said in a response issued after the report was officially released.

It added that India had also informed the WHO that in view of the availability of authentic data published through the Civil Registration System (CRS) by the Registrar General of India (RGI), mathematical models should not be used for projecting excess mortality numbers for India. India has also consistently questioned the WHO’s own admission that data in respect of seventeen Indian states was obtained from some websites and media reports and was used in their mathematical model.

“This reflects a statistically unsound and scientifically questionable methodology of data collection for making excess mortality projections in the case of India,” said the Ministry.

Settling India's COVID-19 mortality data

It explained that throughout the process of dialogue, engagement and communication with the WHO, the global health body had projected different excess mortality figures for India citing multiple models, which itself raises questions on the validity and robustness of the models used.

“The Indian government has always been ready to share data with the WHO. The matter will be taken up at the highest forum, while adhering to the due procedure. The matter was discussed when WHO Director-General Tedros Adhanom Ghebreyesus was in India recently,” added the source.

The Health Ministry said that despite having written to the WHO ten times since November last, the organisation had not given a satisfactory response to defend the methodology used to arrive at figures that have been released for the period between January 2020 and 31 December 2021.

Editorial | An honest reckoning: On simmering dispute between India and WHO about COVID-19 deaths

“We don't understand why, when the government is ready to share all data with the WHO, it would resort to using data collected without a scientific basis. The numbers are nowhere close to reality and India can't be compared to smaller countries in the world and the model used there can't be extrapolated to India,” said the Ministry.

India has also said that the WHO should appreciate the fact that mortality is a sensitive topic and any speculative report on this can have multiple and needless adverse effects.

ALSO READ

India's excess COVID deaths statement inaccurate, says WHO technical group member
Validity of model

“WHO is yet to give answers to India's question on validation of the mathematical model by running it on tier-1 countries to prove its robustness and validity. India has told the WHO multiple times about the Registrar-General of India's numbers on birth and deaths which is collected through a rigorous process and also expressed its keenness to share this data. Why this was never taken up is also something WHO hasn't been able to answer,” said the Ministry.

It noted that despite communicating availability of data released by the Civil Registration System (CRS) report-2020 to the WHO for supporting their publication, the WHO chose to ignore the data submitted by India.

Brain tumour

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