Every year, we celebrate National Day of Sports to honour and commemorate the spirit of legendary sportsperson, Major Dhyan Chand who is regarded as the nation’s greatest hockey player ever.

The day was instituted to educate India’s youth on the importance of being fit and healthy, by practicing sports and other physical activities.

Along with a focused approach towards one’s fitness levels, it is equally important to supplement this routine with good nutrition, a balanced diet, and healthy snacking. Good nutrition paves the way to a healthy lifestyle, and is a small investment towards long-term health. This can be achieved by simply making small, yet relevant and impactful changes to the diet.

Stressing on the need to eat right to complement one’s sports schedule, Ritika Samaddar, Regional Head - Dietetics, Max Healthcare - Delhi, said: “The amount, composition and choice of food intake can profoundly affect a sports performance. Balancing nutritional needs while practicing a sport or form of exercise is very important as it helps build the foundation for success.”

According to Madhuri Ruia, Pilates Expert and Diet and Nutrition Consultant, “Sports and physical exercise are very important for the body’s overall growth and development. But, to optimise your physical training it’s essential to consume balanced and nutritious diets including healthy snacks.”

According to a recent research from King’s College London, snacking on almonds everyday improved endothelial function of the arteries and also lowered “bad” LDL-cholesterol - both key indicators of heart health, she said.

Highlighting the need to snack right while engaging in physical activities, Sheela Krishnaswamy, Nutrition and Wellness Consultant, said: “People in India are increasingly
understanding the significance of sports and regular physical activity. More so now, as there is
a greater interest around immunity especially with regard to foods and practices that can help
strengthen it. Research has also suggested that regular moderate intensity exercise can also
strengthen immunity. This is important more so for children, as they continue to attend online
classes at home without much physical activity. Parents must ensure that they setup a routine,
so that the child engages in some sort of sport/physical activity every day. Also, be sure to
augment this routine by adding snacks to the child’s diet.”

Fuelling the body with the right foods is essential while playing any sport or even maintaining
a proper fitness routine. This year, take a pledge and commit to your health goals by eating
well and staying fit. IANS

**Treating COVID-19 may lead to increased antibiotic resistance**

*Treating COVID-19 may lead to increased antibiotic resistance, UK study
finds (The Tribune: 2020826)*

https://www.tribuneindia.com/news/health/treating-covid-19-may-lead-to-increased-
antibiotic-resistance-uk-study-finds-131228

Patients hospitalised due to the novel coronavirus infection are being given a combination of
medications to prevent possible secondary bacterial infections

The use of antibiotics in people with COVID-19 could lead to raised levels of the drugs within
rivers or coastal waters which may in turn result in an increase in antimicrobial resistance,
according to a UK study.

Patients hospitalised due to the novel coronavirus infection are being given a combination of
medications to prevent possible secondary bacterial infections, noted the researchers at the
University of Plymouth in the UK.

The study, published in the Journal of Antimicrobial Chemotherapy, suggests their increased
use during the pandemic could be placing an additional burden on waste water treatment works.

Scientists noted that this could lead to raised levels of antibiotics within rivers or coastal waters
which may in turn result in an increase in antimicrobial resistance (AMR), where bacteria
become resistant to the action of antibiotics.

This would be particularly acute in receiving waters from waste water treatment works serving
large hospitals, or emergency hospitals, where there is a concentration of COVID-19 patients,
they said.

The findings are based on reports that up to 95 per cent of COVID-19 inpatients are being
prescribed antibiotics as part of their treatment, and concerns that such a large-scale drug
administration could have wider environmental implications, according to the researchers.
"COVID-19 has had an impact on almost every aspect of our lives. But this study shows its legacy could be felt long after the current pandemic has been brought under control," said Sean Comber, Professor of Environmental Chemistry in Plymouth.

"From our previous research, we know that significant quantities of commonly prescribed drugs do pass through treatment works and into our water courses.

"By developing a greater understanding of their effects, we can potentially inform future decisions on prescribing during pandemics, but also on the location of emergency hospitals and wider drug and waste management," said Comber.

The COVID-19 guidance issued by the National Institute for Health and Care Excellence (NICE) suggests patients with COVID-19 should be treated with doxycycline and either amoxicillin or a combination of other medications if a bacterial infection is suspected, but to withhold or stop antibiotics if a bacterial infection is unlikely, the researchers said.

"Common with other hospitalised patients in the UK, and other countries, the majority of our patients with COVID symptoms were prescribed antibiotics because it is very difficult to know whether a patient presenting with symptoms of COVID has an overlying bacterial infection or not," Neil Powell, Consultant Pharmacist at the Royal Cornwall Hospital said.

"We did a lot of work to try and identify those patients who were unlikely to have a bacterial infection complicating their viral COVID infections in an attempt to reduce the amount of antibiotic exposure to our patients and consequently the environment," said Powell.

This research combined patient numbers for UK emergency hospitals set up temporarily around the country with waste water treatment work capacity and available river water dilution serving the emergency hospital and associated town. PTI

Coronavirus

**Scientists say Hong Kong man got coronavirus a second time (The Tribune: 2020826)**


Man had different strain of coronavirus than the one he'd previously been infected with

Scientists say Hong Kong man got coronavirus a second time

The man had mild symptoms the first time and none the second time

University of Hong Kong scientists claim to have the first evidence of someone being reinfected with the virus that causes COVID-19.
Genetic tests revealed that a 33-year-old man returning to Hong Kong from a trip to Spain in mid-August had a different strain of the coronavirus than the one he'd previously been infected with in March, said Dr Kelvin Kai-Wang To, the microbiologist who led the work.

The man had mild symptoms the first time and none the second time; his more recent infection was detected through screening and testing at the Hong Kong airport.

“It shows that some people do not have lifelong immunity” to the virus if they've already had it, To said. “We don't know how many people can get reinfected. There are probably more out there.” The paper has been accepted by the journal Clinical Infectious Diseases but not yet published, and some independent experts urged caution until full results are available.

Whether people who have had COVID-19 are immune to new infections and for how long are key questions that have implications for vaccine development and decisions about returning to work, school and social activities.

Even if someone can be infected a second time, it's not known if they have some protection against serious illness, because the immune system generally remembers how to make antibodies against a virus it's seen before.

It's not clear how different a virus needs to be to trigger illness, but the new work suggests that “COVID patients should not be complacent about prevention measures” and should continue social distancing, wearing masks and other ways to reduce infection, To said.

Two experts with no role in the work agreed.

“We've always known reinfection was a possibility and I think this is highly suggestive” that it occurred in this case, said Dr Jesse Goodman, a former U.S. Food and Drug Administration chief scientist now at Georgetown University. --AP

WHO:

WHO: Children aged 6-to-11 should wear masks at times, too (The Tribune: 2020826)


Just as millions of children are heading back to school, the World Health Organization says those aged 6 to 11 should wear masks in some cases to help fight the spread of coronavirus.

The recommendations presented Monday follow the widespread belief that children under 12 are not considered as likely to propagate the virus as much as adults. Children in general face less severe virus symptoms than adults, with the elderly the most vulnerable to severe infection and death.
Now WHO says decisions about whether children aged 6 to 11 should wear masks should consider factors like whether COVID-19 transmission is widespread in the area where the child lives; the child’s ability to safely use a mask; and adult supervision when taking the masks on or off.

“Luckily, the vast majority of children who are infected with the virus appear to have mild disease or asymptomatic infection, and that’s good news,” said Maria Van Kerkhove, technical chief of the UN health agency’s emergencies programme.

She still cautioned that some children can develop severe cases of coronavirus and even die.

The shift comes as confirmed COVID-19 infections worldwide have surpassed 23 million and confirmed deaths have passed 809,000, according to a tally by Johns Hopkins University. Experts say the tally understates the true toll of the pandemic due to limited testing, missed mild cases and other factors.

The UN health agency for months trailed many governments in backing the widespread use of masks, a point not lost on critics, who said WHO was too slow to get on board with the benefits of general mask use.

WHO had expressed concern that people who put on masks might unwittingly spread the virus from an unclean hand to their face, and insisted that health-care providers needed masks first amid some shortages.

Since then, researchers have found that the virus can be transmitted through aerosols — tiny droplets emitted when people talk, laugh, sing or sneeze — and mask-wearing can cut down on the amount of virus that people are exposed to.

Some policymakers, including public transport authorities in Europe and elsewhere, have set the bar for mask-wearing in crowded places like buses and trains at age 12 — with everyone older required to put them on.

Acknowledging gaps in both research and understanding of the virus, WHO said kids under age 6 should not wear masks, while those 12 to 18 should wear them just like adults should — notably in cases where physical distancing cannot be ensured and in areas of high transmission.

WHO advises a “risk-based approach” for kids aged 6 to 11 that balances various factors?

“Everyone agrees how important it is that schools are operating safely,” Van Kerkhove said. “We’ve outlined how that can be done in terms of physical distancing and hand hygiene stations, respiratory etiquette, the potential use of masks by either the workers or the children themselves.”

WHO said the current evidence suggests virus cases reported from kids stemmed mostly from transmission within households and that “documented transmission among children and staff within educational settings is limited.”

Parents, health officials and educators in countries around the world have been wrestling with the safety questions posed by having millions of children go back to school during a pandemic.
Over the weekend, Britain’s top public health officials issued a joint statement saying that children were more likely be harmed by staying away from school than from being exposed to COVID-19.

They said children are less likely to catch COVID-19 than adults and have “an exceptionally low risk” of dying from the disease. By contrast, they said studies show that not going to school limits children’s ability to succeed in life and may worsen physical and mental health problems.

“Very few, if any, children or teenagers will come to long-term harm from COVID-19 due solely to attending school,” the medical officers said. “This has to be set against a certainty of long-term harm to many children and young people from not attending school.”

The recommendations by WHO on Monday also noted lingering uncertainty about the effectiveness of transparent face shields, with WHO calling for more research into their use in response to COVID-19. AP

**Covid-19: What you need to know today (Hindustan Times: 2020826)**

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

India has seen 70,182 new cases of Covid-19 on average every day in the week ended Monday. That works out to 5.3 cases per 100,000 people (assuming India’s population at 1.3 billion). One way of looking at the Covid-19 challenge is to target reducing the number of new cases to less than one per 100,000. This isn’t a number picked without basis – it is the trend seen in countries that managed to crush the virus, if only temporarily. That’s a huge challenge for India.

India’s Covid-19 numbers could well see an increase in the coming weeks – as testing increases (although states are blindly using rapid antigen tests without understanding when they should be used – a theme discussed several times in this column), and as the virus moves into rural India. Indeed, the pandemic’s progress in India has been outward – from the metros to the other cities and towns; and from urban districts to rural ones (see front page).

India and the US are similar in terms of their approach to the pandemic – they opened up when cases were still rising (unlike Europe, where countries opened up only after the number of new cases started declining). Sure, the US saw a dip and then a long plateau between mid-April and mid-June, but cases rose rapidly after that. They rose till late July, when they started falling again. Interestingly, the seven-day average of daily cases in the US is well off its peak seen in late July, but still higher than the peak seen in early April. In contrast, India’s seven-day average has never dipped – the trajectory of the coronavirus disease, in terms of number of cases, has been one steady upward curve as the infection spread across the second-most populous country in the world.

In the week ended Monday, India added 463,999 cases, according to the HT dashboard. This is 26% of the 1.75 million new cases recorded around the world in the same period (the second number is from the New York Times database). This statistic is worrying, although India’s case fatality rate of 1.85% is among the lowest in the world, and of the 3.16 million cases recorded
till Monday night, 76% had recovered. The disease is yet to peak in India but doctors have clearly become better at saving lives.

There has been some debate about a possible second lockdown in the US. There hasn’t been much talk of one in India. Through August, even some of the states that insisted on partial lockdowns (on certain days) have eased up. This is understandable – the lockdown has wreaked havoc on livelihoods and the economy. Once it became clear that the virus wasn’t going away anytime soon, and that a vaccine wouldn’t be available till early 2021, the focus moved to living and working with the virus.

The buzz in Delhi is that the next set of so-called unlock guidelines issued by the home ministry could reflect that. HT reported on Tuesday that Delhi Metro could soon begin operations. This is a good move, provided the safety protocols that have been put down on paper are faithfully implemented. That could be problematic, though. Many Indians have shown poor discipline when it comes to wearing masks or practising social distancing. Police departments around the country do not seem keen to enforce the home ministry’s guidelines on masks (there is very poor monitoring in markets and parks, especially). Many people who wear masks, wear them improperly. And experience around the world has shown that crowds, especially in enclosed places, are a magnet for the virus. Talk of restarting the Delhi Metro also comes at a time when the number of cases in Delhi is beginning to inch up again (although it is still 60-70% off its peaks) – all the more reason why safety and social distancing protocols will need to be strictly followed, and monitored.

There is no point in pretending things have returned to normal – because they haven’t.

**Rural India HEALTH CHALLENGE:**

**Battle shifting as Covid threat stalks rural India**

Over half the new cases in August come from 584 non-urban districts

(Hindustan Times: 2020826)

https://epaper.hindustantimes.com/Home/ArticleView
New Delhi: More than half of all Covid-19 cases recorded in August came from 584 districts that are classified as “mostly rural” or “entirely rural”, reflecting the spread of the coronavirus disease from the large urban centres into the Indian hinterland where health care challenges, from testing to treatment, are much more significant.

The trend is very different from that seen in the initial months of the pandemic, when the cases were largely in the urban areas, especially the three metropolitan cities of Delhi, Mumbai and Chennai.

This Hindustan Times analysis is based on district-level data by How India Lives, which is available till August 24, although even a cursory look at the HT dashboard suggests that, if anything, this trend has been strengthening for weeks. The front lines of India’s fight against the viral disease have clearly moved.

Experts said the lack of adequate health infrastructure in villages will be a major challenge. “The first challenge that villages will likely face is of testing. Most of the RT-PCR labs are currently located in big cities or district headquarters, and are very rare if one looks for them at the subdistrict level. There is also the issue of the lack of medical equipment and physicians. Machines like pulse oximeters and radiology facilities such as good quality chest X-rays, which are crucial tools to monitor the health of Covid patients, are not as easily found in rural areas,” said Dr Suresh Kumar, medical director, Delhi’s Maulana Azad Medical College.
To be sure, there is a counter view as well: “There are reports of cases coming from rural areas, but the advantage that we have there is that population density is low because of which cases can be identified, isolated, and treated early. In these areas, surveillance can be far better and also compliance, and that is instrumental in controlling spread of the disease effectively,” says Dr VK Paul, member, Niti Aayog, who also chairs one of the National Task Forces on Covid-19 management.

“Having said that, we have to be careful and concentrate on rural areas as some of the villages may suffer from lack of adequate health infrastructure to manage positive cases,” he added.

The analysis also shows that few of India’s 734 districts are untouched by Covid-19: More than 700 districts and the national capital have reported cases so far. When a nationwide lockdown was imposed on March 25, just over a hundred districts had reported cases (many of them just had one case). The number of affected districts was more than 600 by the end of May.

Experts said that the spread of the disease in rural pockets may lead to a long-drawn battle. “We’ve seen the disease spread like wildfire in cities such as Delhi, Mumbai and Chennai. But equally fast, the governments were able to bring the outbreak into relative control. What we are likely to see in villages will not be like this – it will be a slow- and long-burning fire, which will be much harder to contain. But in general, villages are already disadvantaged because of their inadequate health care system, so this may end up becoming a much longer battle,” said Dr T Jacob John, professor emeritus and former head of virology at Christian Medical College, Vellore.

The analysis classifies districts into five categories based on the proportion of the rural population – entirely urban (under 20% of the rural population), mostly urban (20%-40% rural), mixed (40%-60% rural), mostly rural (60% to 80% rural) and entirely rural (over 80% rural population). The proportion of the rural population is based on the 2011 census (the latest data available).

According to the analysis, 55% of the about 1.4 million new Covid-19 cases reported in August (those cases where the district is known) have come from 584 districts in the last two categories. This was not the case earlier. Only 23% of new cases reported in April came from these districts. This share, though, has been steadily increasing every month – it was 28% in May, 24% in June and 41% in July.

As Covid-19 shifts away from the urban centres, 16 urban districts (15 districts plus Delhi) where the share of rural population is less than 20% reported only 13% of the country’s Covid-19 cases in August. More than 44% new cases reported in April, May and June came from these urban districts. In July, 23% of the cases came from these districts (See Chart 1).

The bulk of the rural challenge is likely to be centred around two states that have sizeable rural populations – Uttar Pradesh and Bihar – which have seen a rapid and steady growth of cases in the past few weeks. The two states, which together account for more than a quarter of the country’s population, are also among the states with the lowest testing rates in the country despite a recent jump in numbers in the past few weeks. Both have conducted a little over 20,000 tests per million of their population against the national average of around 28,000.

Nearly all major metropolitan cities in the country are districts among themselves, with the exception of Delhi, which consists of 11 revenue districts. However, the Delhi government does not release a district-wise breakup of cases, deaths and recoveries.

The move into the hinterland has also decreased the share of metros in new Covid-19 cases. For instance, about 40% of the country’s Covid-19 cases in June were being reported from only
three metro cities – Delhi, Mumbai and Chennai. They accounted for only 6% of the new cases in August.

The number of Covid-19 cases reported in urban areas is still disproportionately higher than their population. The 16 districts which reported 13% of new Covid-19 cases in August are home to only 5.6% of India’s population. Similarly, the 584 districts where the share of rural population is more than 60% are home to 74% population, but reported only 55% of new Covid-19 cases this month.

The disproportionate role of urban areas is also reflected in the number of cases currently active in the country. Regions with the recent outbreaks generally tend to have a higher share of active cases. Of the 10 districts with the most active cases in the country, seven are city districts or districts that constitute a single city, and thus entirely urban. This can also be explained by two other factors: the number of cases in rural India are spread over a large number of districts; and at least some of the active cases are those from June and July.

The number of active cases — those still under treatment — directly reflects the pressure on the health care system in any region. It is calculated by subtracting the number of recovered patients and deaths from the total tally. As of Tuesday night, of the 3,229,351 total Covid-19 cases in the country, 704,672 (21.8%) were active, according to HT’s Covid-19 dashboard.

With over 44,717 cases out of the 150,207 cases in Pune active, the city tops this list. It is followed by Bengaluru with 34,877 cases active out of the 107,875 cases, and Thane, where 20,372 cases out of the 122,626 infections are active. Delhi, which is the city with the most cases in the country, had 11,778 active cases as of Monday.

East Godavari (17,228 active cases as of August 23) and Chittoor (9,999 active cases), both in Andhra Pradesh; and Maharashtra’s Nashik (10,667 active cases) are the only three districts in the top 10 that are not entirely urban.

The only major city-district excluded from this tally is Hyderabad as Telangana does not release recovery and death data for the city.

1,500 fresh infections

Daily new Covid-19 cases in Capital hit 40-day highWORRYING TREND: City last logged more than 1,500 fresh infections on July 16(Hindustan Times: 2020826)

https://epaper.hindustantimes.com/Home/ArticleView
New Delhi: The Capital on Tuesday recorded 1,544 new cases of the coronavirus disease (Covid-19), the highest single-day increase in infections in the city in 40 days, according to official data -- a worrying statistic at a time when the state government has asked that Metro rail services be resumed.

After witnessing a drop in Covid-19 cases in the past few weeks, infections in Delhi have started rising again, leading experts to warn the city against complacency, which, they said, may cause a resurgence of the outbreak.

The Capital was the first major Covid-19 hot spot in the country to have successfully controlled the outbreak last month. At the end of June, the city was reporting over 3,400 cases every day at an average, which then dropped in the 900s in the first week of August. In the last week, Delhi has added 1,333 cases every day on average – the highest the weekly case trajectory has touched since July 21, or 35 days ago, when cases were still dropping from the peak.

Tuesday’s increase in daily Covid-19 cases is the highest since July 16, when 1,652 new cases were registered.

While the Delhi government said the Covid-19 situation continues to be under control in the city, clinicians and public health experts said the new-case trajectory implies that the infection rate has once again started to increase, and this can be attributed to violations of recommended protection protocols such as social distancing and wearing masks in public places.
The increase in case rate comes at a time when the Delhi government has started opening hotels and weekly markets, with talks underway to open the Delhi Metro, which carries around 2.5 million people every day.

Dr Lalit Kant, former head, epidemiology, Indian Council of Medical Research (ICMR), said that residents must continue to maintain extreme caution despite the opening up of services in the city because two out of every three people in Delhi remain susceptible to infection from Sars-Cov2 as per the latest serological survey, findings of which were released by the Delhi government on Thursday.

“Services such as the Metro, which carried millions of people daily, should be opened only when the positivity rate is below 5%. Same goes for other economic activities as well because more opportunities will lead to more infections. But, these are all ‘date’ driven (political) not data driven decisions. Since the government has opened up economic activities it should be absolutely confident about being able to test, treat and isolate the increased caseload. Contact tracing and active surveillance should not be compromised at any cost,” said Kant.

With 1,544 new Covid-19 cases reported on Tuesday, Delhi’s tally of total cases now stands at 164,071 of which 11,998 are active cases. In the last 24 hours, 1,155 people have been cured of the virus in Delhi. Out of those infected, 147,743 have recovered. Delhi reported 17 new deaths due to Covid-19 death toll to 4,330.

Dr VK Paul, member (health), Niti Aayog said this week that people need to take protective measures seriously.

“Delhi is at a stage where whether cases increase or decrease will depend on how people here behave. Covid-19 appropriate behaviour such as wearing a mask, maintaining social distancing, hand hygiene etc. must be strictly followed if the numbers have to go down from here otherwise cases will keep coming as the susceptible population is there and virus is in circulation,” Dr Paul said on Monday.

The rise in cases corresponds with the number of daily tests in Delhi being on a near-steady drop from peak levels – 19,841 samples were tested on Monday, with 14,461 (72.9%) of these being antigen, or rapid tests. The seven-day average for tests stands at 17,924 — significantly off the peak of 21,660 for the week ending July 10.

This drop in testing has also caused a steady increase in the positivity rate — the fraction of tests that return positive. Around 7.8% of tests came back positive for Covid-19 according to Tuesday’s bulletin. This pushes the seven-day average of positivity rate to 7.5%, the highest since July 19, or 37 days ago. The number had dropped from a peak of 31.4% in mid-June to 5.7% at the end of July, the lowest recorded in the city so far.

According to recommendations by the World Health Organization (WHO), the positivity rate from a region that has a comprehensive testing programme should be at or below 5% for at least two weeks before it can be considered that the outbreak is under control in the region. Delhi has never dropped below this threshold.

While the Delhi government declined to comment on Tuesday, Delhi health minister Satyendar Jain on Monday said that the Covid-19 situation is still under control because the infection rate in the Capital is still below 10%.

“We see the infection rate in ranges of 5-10%, 10-20%, 20-30% and so on. As on date, the infection rate is well below 10%, whereas, Delhi has also seen a time when the infection rate had hit 40%. The current variation of 1-1.5% we are seeing these days is understandable and
keeps happening. It is just day-to-day variation,” Jain said during his interaction with reporters on Monday.

**Russian Vaccine (The Asian Age: 2020826)**


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**India seeks Russian vaccine data; 61K +ve cases in 24 hrs**

VINEETA PANDEY
NEW DELHI, AUG. 25

While Covid-19 vaccine trials are on track in India, the government is also engaging with Russia on the possible use of its Sputnik V vaccine. “Some initial information has been shared... (but) detailed information is awaited,” Union health secretary Rajesh Bhushan said Tuesday. No immediate imports are, however, planned.

With nearly 61,000 cases in the last 24 hours, the total coronavirus cases in India reached 31,67,323 till Tuesday morning, and with 848 fresh fatalities, the death toll rose to 88,830. But for the first time, total active cases fell in the past 24 hours, the health secretary said.

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**False Plasma data (The Asian Age: 2020826)**

Norms for post-COVID treatment soon

Coronavirus | Norms for post-COVID treatment soon (The Hindu: 2020826)


Reports of re-infection not cause for worry, says ICMR
“A technical body of experts is gathering data to develop a guideline for addressing post-COVID complications,” Union Health Secretary Rajesh Bhushan said on Tuesday.

Speaking at a press conference, the official said while the Ministry is not tracking the number of post-COVID syndrome cases in India, it was following reports of re-infection confirmed in Hong Kong earlier this week.

“We have read with interest the reports of re-infection in Hong Kong, but we would like to state that re-infection depends on a number of factors including immune status of the person, whether the virus has mutated etc. This is just one case as of now and normally it doesn’t happen in viral diseases for example measles,” said Indian Council of Medical Research (ICMR) director general Balram Bhargava, who also addressed the press.

“This is still a relatively new virus — only about 7-8 months old. We aren’t alarmed with the development but are following it closely. We still are understating the time period of immunity that the infection provides,” Dr Bhargava added.

Talks over vaccine
Speaking about the Sputnik-5 vaccine (COVID-19 vaccine developed in Russia) the Ministry said India and Russia are in communication. “Some initial information has been shared and we are awaiting details,” said Mr. Bhushan.

While ICMR chief said, “It’s the irresponsible section of the population who don’t adhere to COVID-safety norms, who are driving-up the pandemic numbers in India”, the Health Ministry said of the total number of active cases in India, only 2.7% patients are on oxygen support, 1.92% patients are in ICU and 0.29% patients are on ventilator support.

Rising recoveries
Stating that India has on Tuesday reported the highest recoveries in a single day Mr. Bhushan said, “66,550 COVID-19 patients have recovered and been discharged in the last 24 hours. With this the total number of recoveries has crossed 24 lakh (24,04,585). India's Recovery Rate has reached 76% (75.92%). The number of recovered patients has outpaced the active cases (7,04,348) by more than 17 lakh. The recovered patients are 3.41 times the active cases, as on date. There has been more than 100% hike in the recoveries in the last 25 days.”

“The record high recoveries have ensured that the actual caseload of the country viz. the active cases, has reduced and currently comprises only 22.24% of the total positive cases. The steadily falling Case Fatality Rates stands at 1.84% today,” he added.

As of Tuesday, India has tested nearly 3.7 crore samples, the ICMR said.

“The cumulative testing as on date has reached 3,68,27,520. With 9,25,383 tests conducted in the last 24 hours, the Tests Per Million have seen a sharp rise to 26,685. Starting from a single lab at Pune, India’s testing lab network has seen a substantial widening with a total of 1,524 labs today with 986 labs in the government sector and 538 private labs,” said Dr. Bhargava.

**Deadly infection**

**IIT Roorkee finds breakthrough for treatment against deadly infection (New Keala: 2020826)**


The Indian Institute of Technology Roorkee (IIT-R) on Tuesday said that its researchers have demonstrated that vaccination using a fungal strain protein can protect against systemic candidiasis (C tropicalis) infection in a mice model.

Systemic candidiasis refers to a spectrum of infections affecting blood, heart, eyes, brain and bones, among others. Common symptoms of the disease include fever and chills that do not improve with antibiotics.

Candidemia can also cause septic shock and therefore may be associated with symptoms such as low blood pressure, fast heart rate and rapid breathing.

According to an estimate, it accounts for 6.51 cases per 1,000 ICU admissions that is equivalent to 90,000 cases in India.

"Due to a progressive shift towards non-albicans Candida species and the emergence of antifungal drug resistance, systemic candidiasis infections caused by Candidatropicalis species are a matter of concern, especially in tropical countries,” Soma Rohatgi, chief author and Assistant Professor at IIT Roorkee, said in a statement.

"As such, developing vaccines and alternative immunotherapies is of paramount importance," Rohatgi added.
The researchers have shown that Sap2-parapsilosis vaccination can improve mice survival during candidiasis by means of humoral and cellular immunity. The study also demonstrated that higher amounts of Sap2-specific antibodies are beneficial during systemic candidiasis.

"A subunit vaccine candidate can prove effective due to a variety of reasons," said study lead author Manisha Shukla from IIT Roorke.

Their study, published in the American Society for Microbiology journal Infection and Immunity will pave the way for future studies in the development of anti-Candida vaccines.

**Amid pandemic**

**Waiting-list for cornea transplant increases amid pandemic (New Keala: 2020826)**


The Coronavirus pandemic has adversely impacted the eye banking sector from March to July, resulting in tissue collection and keratoplasty surgeries coming to a screeching halt. After the resumption, the waiting list for surgeries have now increased.

"This year, the eye banking sector has been the one of the worst casualties of the Covid-19 pandemic. The lockdown measures implemented to contain the spread of the virus have adversely impacted both corneal tissue collection and keratoplasty surgeries," said Dr. Aarti Vij of AIIMS.

No tissues were collected by the National Eye Bank, AIIMS during the period from March to July, she said, ruling that hundreds of patients requiring keratoplasty could not be operated upon.

"However, emergency keratoplasty surgeries were performed with previously retrieved glycerin preserved tissues during this period," she said.

"After the temporary halt in corneal tissue retrieval during the lockdown, we have resumed corneal tissue collection via the HCRP since July 1. However, the waiting list of the patients awaiting keratoplasty surgery has further increased because of the pandemic," Dr. Vij added.

The National Blindness and Visual impairment Survey report released last year jointly by AIIMS's Dr. Rajendra Prasad Centre for Ophthalmic Sciences and Health Ministry, reported the overall prevalence of blindness in the country is 0.36 per cent.

Among the people aged less than 50 years of age, corneal disease was the leading cause of blindness, accounting for 37.5 per cent of the cases.

The prevalence of blindness among the population with age more than 50 years age was 1.99 per cent, with corneal blindness being the second most common cause in this group, accounting for 8.2 per cent of the cases.
Till now, more than 31,000 corneas have been collected by AIIMS National Eye Bank in Delhi. It has visually rehabilitated over 22,000 corneal blind patients from all over the country by means of corneal transplantation.

"We have collected 2,055 tissues last year, the NEB achieved a new landmark by collecting more than 2,000 tissues per annum for 2 years in succession," said a doctor from AIIMS.

She added "For the past 5 years, more than 1,000 corneal transplant surgeries have been performed consistently. In 2019, 1,721 corneal blind patients received corneal transplants. This amounts to a record utilisation rate of 83.7 per cent, which is much greater than the national average."

**Yoga, Tai Chi, and meditation**

**Yoga, Tai Chi, and meditation showing promising benefits for veterans (New Keala: 2020826)**


Yoga, Tai Chi, and meditation are the three popular complementary and integrative health (CIH) therapies that are showing physical and health improvement among veterans.

The therapies lead to significant improvements in key outcomes perceived by veterans receiving care in the Veterans Health Administration (VA) system, suggests a new study, published in the Lippincott portfolio by Wolters Kluwer.

"Our study showed that meditation, tai chi, and yoga appear to improve overall physical and mental health and reduced perceived stress," according to the new research, led by Dr A. Rani Elwy of the VA Center for Healthcare Organization and Implementation Research at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Mass, and an Associate Professor in the Warren Alpert Medical School of Brown University.

The special issue of Medical Care documents progresses toward implementing CIH therapies throughout the VA system - part of efforts to promote a "Whole Health" approach in VA care. As required by the 2016 Comprehensive Addiction and Recovery Act (CARA), the VA has expanded research and education on CIH programs, focusing on the impact on pain, mental health, and chronic illness.

Improvements in patient-reported outcomes with CIH therapies Dr. Elwy and colleagues performed a 12-month survey study to examine the impact on CIH therapies on 119 veteran's self-reported health and well-being.

These veterans completed 401 surveys over five different time points during the study. The surveys focused on patient-reported outcomes (PROs) - an important target for efforts to
improve healthcare, focusing on the most important problems and outcomes identified by patients themselves.

Overall, veterans in the study reported using 14 different CIH therapies. Yoga was the most popular, with nearly half of the veterans participating. This was followed by meditation, acupuncture, and tai chi. Three CIH therapies were associated with significant improvements in PROs

- Yoga was related to decreases in perceived stress.

- Tai chi was linked to improvements in overall physical and mental health functioning, anxiety levels, and the ability to participate in social role activities.

- Meditation was also associated with improvements in physical functioning.

None of the CIH therapies resulted in improvement in veterans' pain intensity or level of engagement in their health care. Larger studies with longer follow-up times may be needed to show significant effects on these outcomes, according to Dr. Elwy and coauthors.

They conclude "It is time to focus on health and well-being, as defined by Veterans, and reaching these goals must include participation in CIH treatment approaches."

The special issue papers address strategies to build support for and implement CIH programs, to evaluate their effectiveness, and to promote their long-term sustainability.

"We already know that CIH therapies are effective for the treatment of Veterans' chronic pain, posttraumatic stress, depression, and other chronic conditions. Now we need to develop, test, and use effective strategies to increase CIH use and sustainment," Drs. Elwy and Taylor write.

In a commentary, Alison Whitehead and Dr. Benjamin Kligler of the VA Office of Patient-Centered Care and Cultural Transformation state "As the VA continues to develop new and better ways of making CIH approaches available to all Veterans, and to collect data on the outcomes of this expanded access for veterans and employees, we hope to demonstrate to the rest of the U.S. healthcare system how an emphasis on whole-person care and self-management skills should become the new standard across the industry."

Organ donation

Organ donation and the COVID pandemic (New Keala: 2020826)


is observed as organ donation day. The reason for observing this day is to spread awareness and eliminate myths and fears regarding organ donation. Organ donation is aptly termed he gift of life.
For patients with organ failure waiting for a transplant, availability of a suitable donor organ is their only hope for a normal life. There are two ways in which a person can donate organs.

A living donor is a healthy person who donates one of a pair of organs such as the kidney or part of an organ such as the liver. A deceased donor is one who donates their organs after death (specifically brain death). Brain death is caused by a catastrophic, irreversible, permanent damage to the brain either due to a road accident with head injury or a major bleed into the brain from a burst blood vessel.

Since the brain is the controlling centre for the whole body, it is not possible to survive without it and all other organ systems shut down subsequently. Brain death is diagnosed with specific medical tests and is medically and legally recognized as death. The bereaved family are counselled and offered the option to donate the organs of their loved one.

A single deceased donor can give life to about six-nine recipients (two kidneys, liver, heart, lungs, pancreas, intestine, eyes and tissues). The "Transplantation of Human Organs and Tissues Act" was passed by the Indian Parliament in 1994 but it is only over the last dozen years or so that deceased organ donation has picked up across the country.

The nationwide deceased organ donation rate in India is 0.34 per million population (pmp) which still lags far behind western countries such as Spain (35.1) or the United States (21.9). Donation rates are skewed across the country with only 13 of the 36 states and Union Territories contributing to organ donation.

The Southern states have led the way in organ donation. Tamil Nadu accounted for a donation rate of 1.8 pmp in 2018, a number five times higher than the national average. This number dropped in 2019 and 2020 making the case for directing sustained resources and efforts towards promoting awareness and improving organ donation.

Some of the reasons for the low organ donation rates include:

1. Lack of awareness among the public regarding brain death and organ donation.
2. Lack of infrastructure and expertise for identification, stabilization and brain death declaration in potential donors.
3. Mistrust of the healthcare and organ allocation systems.

Several initiatives have been taken by the government to improve organ donation, notable being:

1. Streamlining procedures to declare brain death and organ allocation.
2. Instituting a centralized, transparent, online waiting list system for recipients.
3. Promoting awareness regarding brain death and expressing appreciation for organ donors through media and various NGO's.

There is a wide gap between the numbers of patients with organ failure waiting for a transplant and organs donated. Most patients die while waiting for an organ and the rest undergo a live
donor liver or kidney transplant. Over 92 per cent of all transplants performed in the country have been with organs donated from living donors and only 8 per cent from deceased donors.

In Tamil Nadu, the trend is reversed with 77 per cent of transplants performed from deceased donors and 23 per cent from living donors (source NOTTO). It is estimated that if the nationwide deceased donation were to increase to 1 pmp, it would meet the requirements for all heart, liver and partially kidney transplants.

During these troubled times of the COVID pandemic, the world around us has come to a standstill. Organ donations, as well as transplants, have reduced drastically. This is due to multiple reasons;

1. Due to lockdowns and reduced traffic on the roads, accidents with a consequent head injury and brain death-related organ donors have reduced. Recipients are unable to travel to transplant centres due to intra and interstate travel restrictions.

2. There is apprehension regarding COVID status and potential transmission from deceased donors to recipients and healthcare providers. Similarly, there is a risk of recipients, live donors and the healthcare team inadvertently transmitting COVID to each other.

3. The existing healthcare machinery (specifically ICU infrastructure, equipment and personnel) has been reorganized to care for COVID patients. Elective/planned outpatient clinics and surgeries have been suspended or reduced. Consultations are being encouraged on virtual platforms for stable patients with minor complaints so that only sick patients or emergencies need to come to the hospital.

It appears unlikely that this pandemic will end anytime soon. Till an effective vaccine is available and herd immunity is established, we have to adapt and adjust to the "new normal".

Depending on the severity of organ failure, patients may stand a higher risk of dying from their disease-related complications than due to contracting COVID.

It is, therefore, time to reassess our approach to organ donation and transplant by moving forward but with appropriate caution. Expert scientific bodies such as the Indian Society of Organ Transplantation and Liver Transplant Society of India have published guidelines for selection and screening of recipients and donors for organ transplantation during this pandemic.

With the availability of accurate tests (RT PCR and Antibody) for COVID with a rapid turnaround time (four-six hours), it is possible to determine whether the transplant can be safely performed. Let us pledge to donate our organs after death and share our feelings with family and loved ones.

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Depression

Astrology & Depression (New Keala: 2020826)


Nowadays depression is a very common problem. What is depression? As per the best astrologer in Delhi, Dr Sohini Sastri, it is a state of mind in which a person doesn't feel happy or good, and many times people get depressed without any apparent reason.

Some people seem to have all the happiness in life, yet they suffer from depression. Failures in life, career problems, and disturbed love life can lead to depression.

Most people can't handle depression due to weakness of mind and the severity of depression is due to the position of planets and stars in the horoscope. The depression causes can be established astrologically.

Following are some Depression Symptoms

Mood - Depressed, anger, aggressiveness, restlessness, anxiety, thoughts of death, or suicide.

Emotions - Feeling empty, sad, unhappy, hopeless.

Sleep - Insomnia, inappropriate sleep.

Physical - Aches, headache, digestive problems, unintentional weight loss (without dieting), or low appetite.

Thinking - Inability to think, concentrate, or make decisions.

What Causes Depression?

Let's look at some Astrology depression indicators.

It is caused by the damaged state if mind. In astrological science, 'Mind' is represented by the planet Moon. Moon is the receiver of everything that is good and bad. We all feel happy if we have good things in life and when there seems to be nothing good in life, we obviously feel gloomy and sad. A combination of Moon with other planets can cause mental illness.

Moon with Saturn, Rahu, and Ketu can give rise to depression. Debilitated Moon, Mercury, and Jupiter can cause a mental imbalance.

Moon sitting in conjunction with Saturn makes a person's mind heavy. Saturn is fear and limitation. It brings aloofness. Moon is the peace of mind and it wants happiness.

The Saturn and the Moon combination make one depressive by putting extra burden, responsibility, and feeling of heaviness on the emotional side.
Another reason for depression is when the Moon is sitting in conjunction with Ketu. Ketu is the south node of the Moon. It is our subconscious thinking.

Ketu is a headless body that compels us to think about what is beyond this world. It represents spirituality, nothingness, and has no interest in the materialistic world.

Moon in conjunction with the planets in the sixth, eighth, and 12 houses makes a person more prone to depression as Moon is not happy in these houses.

If Moon is exalted in Taurus sign, where the mind is stable, it may not cause problems, but if debilitated and sitting with the Saturn, Rahu and Ketu may give rise to depression.

Moon is not comfortable in some Nakshatras. Ashlesha nakshatra falls in Moon's own sign Cancer, but it is a most emotionally turbulent nakshatra. Vishakha Nakshatra in which Moon loses its mental peace due to a lot of problems related to jealousy and makes a person prone to depression.

Good Jupiter saves a person from depression and many evil effects in life. Jupiter in any combination inspires a person and makes him hopeful about life. Jupiter gives wisdom, hope, and inspiration to life. So if we want happiness in life we should try to respect planet Jupiter.

Hence the depression reasons are many and life is not about happiness all the time; we should understand that there is something that is bigger than personal happiness.

We should learn to accept that we cannot achieve everything in life so that we are capable of managing depression. It's not good for your health or mind to panic.

So the moment one comes across early signs of depression, one should consult with an expert and follow Astro remedies for depression. Keep the faith, eventually, you will overcome your depression.

For an appointment with Dr Sohini Sastri, send a mail to sohini.sastri@gmail.com

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**Corona Vaccine**

सरकार ने बदले CSR के नियम, ताकि कोरोना के टीके और दवा के लिए मिल सकें अधिक पैसा (Navbharat Times: 2020826)


मोदी सरकार ने सीएसआर बदले अधिक दवाओं और टीकों के लिए मिल सकें अधिक पैसे (Navbharat Times: 2020826)
सरकार ने कंपनी अधिनियम के तहत कॉरपोरेट सामाजिक उत्तरदायित्व (सीएसआर) नियमों में संशोधन किया है। ऐसा कोविड-19 के नए टॉपिक, द्वार से विकास के लिए अधिक धन उपलब्ध कराने को लेकर किया गया है।

एस संशोधन में नये टीके, दवा के विकास में अधिक धन उपलब्ध कराने के लिए अधिक ने कंपनी अधिनियम के तहत कॉरपोरेट सामाजिक उत्तरदायित्व (सीएसआर) नियमों में संशोधन किया है।

नए संशोधन के बाद इस संबंध में अपने शोध एवं विकास मद में फिर गए खर्च को सीएसआर खर्च में दिखा सकती है।

नया नियम, टीकों में तभी बिलिंग हिस्ट्राउंट जब गाड़ी पर लगा होगा फार्मेस।

यह वित्त वर्ष 2020-21, 2021-22 और 2022-23 के लिए मान्य है। उल्लेखनीय है कि कंपनी अधिनियम के तहत कंपनियां को अपने पिछले तीन साल के औसत गुणदर्शन का दो प्रतिशत सीएसआर पर खर्च करना होता है। कॉरपोरेट मामलों के मंत्रालय ने 24 अगस्त को सीएसआर नियमों में बदलाव की अधिसूचना जारी की।

कोरोना काल: बर्फ़ प्रौं होम का असर, कंपनियाँ ने छोड़ा इतना ऑफिस पेस!

Navbharat Times News App: देश-दुनिया का हाल, एजुकेशन और व्यापार अपडेट्स, ऑफसे और खेल के दुनिया का हलचल, वायरल यूज़ और धम-कम... पाएँ हिंदी का ताज़ा खबर डाउनलोड कर NBT ऐप कॉमेंट लिखें

Covid-19 Vaccine Sputnik V

Hindi NewsIndia News In HindiIndia And Russia In Talks Over Covid-19 Vaccine Sputnik V (Navbharat Times: 2020826)


Coronavirus Vaccine news: कोरोना के लिए किसी भी देश की तरफ से मजबूर की गई पहली वैक्सीन स्पूटनिक V को लेकर भारत और रूस के बीच बातचीत चल रही है। शुरुआती स्थिति में सामान्य ढंग से होंगी कहने की। सुरुआती मुलाकात ने वैक्सीन बनाने और भारत में उसके तीसरे चरण के दौरान के लिए सहयोग मांगा है।

कोरोना वायरस के दौरान वैक्सीन (Corona Vaccine) बनाने की दिशा में रोटी से काम करने का लगा हो रहा है। ‘स्पूटनिक V’ वैक्सीन (Russian Vaccine for Covid-19) को लेकर भारत और रूस के बीच बातचीत चल रही है।
में सेक्टरी राजेश भूषण ने बताया कि दोनों देशों के बीच शुद्धाती सूचनाएं साझा भी हों चुकी हैं। इस बीच सूचना जानकारी की दोनों देशों के बीच इशारा होता है कि रूस ने स्पूटनिक-V कैसेस ने बनाने और उसके तीसरे चरण के परीक्षण को भारत में करने के लिए नई वैश्विक सहयोग मांगा है।

रूसी राष्ट्रपति व्लादिमीर पुतिन ने 11 अगस्त को कोरोना वैक्सीन पुतिनक-स्पूटनिक V का ऐलान किया था। इसके साथ ही कोविड-19 के लिए रूस के संसाधनों के मुख्य निदेशक रूस ने इस वैक्सीन के आगाज में मदद की गई थी। कुछ रेपोर्ट्स के मुताबिक रूस ने इस वैक्सीन के पहले बैच में उपग्रह भी कर दिया है। हालांकि, 'स्पूटनिक V' को नये विशेषज्ञों ने यह कहा जाता है कि रूस ने इस वैक्सीन के पहले बैच का उपग्रह भी कर दिया है। हालांकि, 'स्पूटनिक V' को लेकर विशेषज्ञों ने यह कहा था कि इसे मुख्यतः राष्ट्रीय संचालन से प्राप्त किया गया है।

कोरोना LIVE: कोविड-19 से जुड़े देश-दुनिया से हर बड़े अपडेट

रूस ने भारत से कोविड-19 स्पूटनिक V कैसेस का ऐलान किया था। इसके साथ ही कोविड-19 के लिए रूस ने भारत से तीसरे चरण के परीक्षण के लिए सहयोग खिलाया था। सरकारी सूचना ने न्यूज एजेंसी भाषा को बताया कि कोविड-19 टीके से जुड़े राष्ट्रीय विशेषज्ञ समूह की 22 अगस्त को हुई पिछली बैठक में इस मुद्दे पर चर्चा हुई।

'स्पूटनिक V' का विकास 'ग्यामालेया एंडट्रूट हाइड्रोकार्स' और 'रिश्यन डॉयरेक्ट इंटरनेट फंड' (आरडीआईएफ) ने मिलकर किया था। इस वैक्सीन के बारे में सीमित प्रेट को लेकर कई तकनीकी दल के नेता संदेह कर रहे हैं। सरकार के एक सूची ने कहा, 'रूस सरकार ने भारत सरकार से कोविड-19 के टीके 'स्पूटनिक V' की मैन्यूफैक्चरिंग और यहां इसका तीसरे चरण का परीक्षण करने के लिए सहयोग मांगा है।'

Coronavirus Cases (Hindustan: 2020826)

https://epaper.livehindustan.com/imageview_274762_86319648_4_1_26-08-2020_3_i_1_sf.html
आकलन : विशेषज्ञों ने कोरोना मामलों में बढ़ती दर पर चिता जातई, अगस्त में मरीजों की संख्या में इजाफा

दिल्ली में बाहरी मरीज और कोरोना खुलने से कैसे बढ़े

Infection (Hindustan: 2020826)

https://epaper.livehindustan.com/imageview_274763_86341010_4_1_26-08-2020_4_i_1_sf.html
हर दिन जांच में पॉजिटिव मिलने वाले लोगों की संख्या बढ़ी

संक्रमण: बीते सात दिनों से बढ़ रही संक्रमण की दर

7.15
पॉसीडी संक्रमण रेज
है इस बार देर की
राजधानी दिल्ली में

2.65
पॉसीडी कोरोना पॉजिटिव
मरीजों की मौत हो
चुकी है दिल्ली में

90.19
पॉसीडी कोरोना मरीज़ टीका हो चुके हैं
दिल्ली में

लागतार बढ़ना वितान वनक है
एम्स के मेडिसिन विभाग के प्रोफेसर नवल विक्रम के मुताबिक, हर रोज कोरोना के
नए मामलों में तो उतार-वदाव आ रहा है। कोरोना के खतरे को मानने के लिए युवां
जरूरत है कि हर दिन मौके न्यूज़ में पॉसीडी मिलने वाले लोगों की
हिस्सेदारी करें। दिल्ली में 17 अगस्त को 5.25 पॉसीडी स्पीसि पॉजिटिव मिले
थे। वहाँ 24 अगस्त को 8.90 पॉसीडी
लोगों के संख्या कोरोना संक्रमित पाए
गए। यही स्थानीय में संक्रमण दर में
3.65 पॉसीडी के ज्ञापन हुआ है।

इस तरह बढ़ा संक्रमण
17 अगस्त 5.25%
18 अगस्त 6.7%
19 अगस्त 6.71%
20 अगस्त 7.0%
21 अगस्त 7.04%
22 अगस्त 7.26%
23 अगस्त 7.74%
24 अगस्त 8.90%

जून के अंतिम सप्ताह में कुछ रहत
मिली थीं: जून के अंतिम ओल्ड में
लगातार नौ दिन में खरी-धारी संक्रमण
dर में गिरकर एक दिन में नहीं
हो गई थी, जिससे
विशेषज्ञों ने रहत की सांस ली थी। वहाँ
अब विशेषज्ञों का कहना है कि दिल्ली
में लयर से कोरोना की संक्रमण दर बढ़ना
चित्रा का किया गया है। डिल्ली में लोगों को
विकसित लापस्वायत्त न रहने के लिए
कहा गया है।
Dengue Malaria (Hindustan: 2020826)

https://epaper.livehindustan.com/imageview_274763_86118788_4_1_26-08-2020_4_i_1_sf.html