India’s cumulative recoveries

No COVID-19 deaths in last 24 hours in 18 states, UTs: Health Ministry (The Tribune: 202102018)


The Ministry says India’s cumulative recoveries has been showing a progressive increment on a daily basis

No COVID-19 deaths in last 24 hours in 18 states, UTs: Health Ministry

Nearly 90 lakh vaccine doses have been given to beneficiaries through 1,91,373 sessions till 8 am on Wednesday, as per the provisional report. PTI file

Eighteen states and Union Territories, including Uttar Pradesh, Rajasthan and Andhra Pradesh, have not reported any death due to COVID-19 in the last 24 hours, the Union Health Ministry said on Wednesday.

India’s cumulative recoveries had been showing a progressive increment on a daily basis, the Ministry said.

“Eighteen states/UTs have not reported any COVID-19 death in the last 24 hours. These are Uttar Pradesh, Rajasthan, Andhra Pradesh, Jammu and Kashmir, Jharkhand, Puducherry, Himachal Pradesh, Lakshadweep, Manipur, Ladakh, Assam, Andaman and Nicobar Islands, Sikkim, Meghalaya, Tripura, Mizoram, Arunachal Pradesh, Dadra and Nagar Haveli, and Daman and Diu,” the Ministry said in a statement.

Nearly 90 lakh vaccine doses have been given to beneficiaries through 1,91,373 sessions till 8 am on Wednesday, as per the provisional report.

These include 61,50,922 healthcare workers (first dose), 2,76,377 healthcare workers (second dose) and 25,71,931 frontline workers (first dose).
A total of 36 cases of hospitalisation and 29 cases of deaths were reported among those who have been vaccinated till 4 pm on February 16, the Ministry said.

Out of 36 cases of hospitalisation, 22 were discharged after treatment.

“Two are still under treatment and 12 cases (people) died. Out of the 29 deaths, 17 are outside hospital whereas 12 deaths are in hospital,” it said.

The Ministry said no case of serious or severe AEFI (adverse event following immunisation) or death was attributable to vaccination to date.

The administration of second dose of COVID-19 vaccination started on February 13 for the beneficiaries who had completed 28 days after receipt of the first dose.

As on day 32 (February 16) of the vaccination drive, a total of 2,76,943 doses were given across 7,001 sessions.

“Out of which, 1,60,691 beneficiaries were vaccinated for the first dose and 1,16,252 HCWs received the second dose of vaccine,” it said.

“Eight states account for 57.8 per cent of the total vaccine doses administered in India. Uttar Pradesh alone accounts for 10.4 per cent (9,34,962),” it said.

**National Covid cases**

**National Covid cases fall below 10,000 for fourth time in February (The Tribune: 20210218)**


Fresh fatalities remain below 100 for tenth time this month

National Covid cases fall below 10,000 for fourth time in February

Photo for representation purposes. PTI file

The daily new infections fell below 10,000 for the fourth time this month taking India’s tally of Covid cases to 1,09,25,710, while fresh fatalities remained below 100 for the tenth time this month, according to Union health ministry data updated on Tuesday.

A total of 9,121 new cases were reported in a day, while the death toll increased to 1,55,813 with 81 new fatalities, the data updated at 8 am showed.
The number of people who have recuperated from the disease surged to 1,06,33,025 which translates to a national Covid recovery rate of 97.32 per cent, while the Covid case fatality rate stands at 1.43 per cent.

The Covid active caseload remained below 1.5 lakh.

There are 1,36,872 active coronavirus infections in the country which comprise 1.25 per cent of the total caseload, the data stated.

According to ICMR, 20,73,32,298 samples have been tested up to February 15 with 6,15,664 samples being tested on Monday.

The 81 new fatalities include 23 from Maharashtra, 13 from Kerala and 10 from Punjab.

A total of 1,55,813 deaths have been reported so far in the country, including 51,552 from Maharashtra, followed by 12,425 from Tamil Nadu, 12,267 from Karnataka, 10,893 from Delhi, 10,233 from West Bengal, 8,704 from Uttar Pradesh and 7,163 from Andhra Pradesh.

PTI

**Covid Cases (The Asian Age: 202102018)**

No Covid deaths reported in 18 states, 11K new cases

AGE CORRESPONDENT
NEW DELHI, FEB. 17

As active cases of novel coronavirus continue to be on a decline, no deaths were reported in 18 States and Union territories in the last 24 hours. On the other hand, recoveries continue to be the rise and cumulative recoveries have now reached 1.06 crore.

In the last 24 hours 11,610 fresh cases and 100 deaths were reported. High number of cases continue to be reported from Kerala and Maharashtra.

Maharashtra chief minister Uddhav Thackeray warned of imposing fresh lockdown measures if Covid appropriate behavior was not followed. He has directed local bodies to take punitive action against people and establishments found violating Covid norms and standard operating procedures.

“People have become carefree. It is for the people to decide if they want a lockdown or want to continue living with the small restrictions like now,” said Mr Thackeray.

India to ‘gift’ 2 lakh vaccine doses for UN Peacekeepers

AGE CORRESPONDENT
NEW DELHI, FEB. 17

India on Wednesday announced a “gift” of two lakh India-manufactured Covid vaccine doses for UN Peacekeepers, even as external affairs minister S. Jaishankar on Wednesday appealed to the international community through the UN to stop “vaccine nationalism” and rather “actively encourage internationalism”. Stating that “hoarding superfluous doses will defeat our efforts towards attaining collective health security”, he also pointed to the need to “stop disinformation campaigns taking advantage of this pandemic to advance their nefarious objectives and activities”.

Vaccine (The Asian Age: 202102018)

Stranded in London because of the Covid-19 pandemic-related travel restrictions, I cannot but welcome any innovation that might facilitate my return to India. But having grown up in Kolkata, I am also acutely aware of the self-defeating flaw from which the proposal for what are called “vaccine passports” suffers.

Even in the 1960s an Indian going abroad had to be armed with a little booklet certifying that he or she had been vaccinated against yellow fever and (I think) the plague. A traveler from Kolkata that I knew of ever suffered through the small payment, perhaps ten or fifteen rupees, to the travel agent produced the small booklet with the vanishing array of official-looking seals.

Kolkata cannot have been unique among Indian cities. In fact, an American diplomat once told me that no matter what ingenious devices were introduced by the state department in US visas, Indian forgers were always a step ahead. No one recommends illegal travel, but as the floods of refugees from West Asia across the Mediterranean confirm, travel is often essential for survival. Nor was Mark Twain’s observation that “travel is fatal to prejudice, bigotry and narrow-mindedness” only for the rich.

The summer holidays are a sacred ritual for most British people, and the Prime Minister, Boris Johnson, is under intense pressure to allow his fellow citizens to go abroad later this year. The assertion by Matt Hancock, his Cabinet colleague who is no plans to issue “vaccine passports” because “going on holiday is illegal in this lockdown” has not gone down very well.

People are piqued by the mounting evidence that the sleight of hand that was once practised by Indians is common among others too. Under universal lockdown rules, all travelers need new documentation. The act of testing negative for Covid-19 within three days of departure. If, for instance, an Air India flight had not suspended its direct London to Kolkata flight, I would have to take the test in London and the result would be emailed, printed or sent as a text message both to the airline and to the authorities in Kolkata.

This is where things are going wrong, with thousands of passengers entering Britain every week with fake negative Covid-19 test certificates. “We’re catching up to 1,000 passengers every day with a fake certificate,” says Lucy Moreton of the British immigration service. “But that’s just the tip of the iceberg. There is no international standard.” Certificates are not standardised. “Each country — and within that, each company — produces something different,” Ms Moreton adds. “There is no way to know which are real and which are not.”

What makes matters worse is that over 40 per cent of British voters accuse the government of lying about the pandemic. They think it is a coverup and a conspiracy involving politicians, scientists and journalists, and certainly not sufficient reason for forbidding foreign travel.

The main objection seems to be that vaccine passports will prevent travel by people in countries that will not get vaccines for months, or even years. There is also the ethical question of those who for one reason or another refuse to be vaccinated.

The writer is a senior assistant editor with Dawn.
**Pandemic lesson**

**Pandemic lesson on importance of service must not be forgotten (The Indian Express: 20210218)**

To care and serve somebody without any prejudice or immediate interest became the calling card of compassion. The values of interpersonal relationships, community bonding and intrapersonal relationships emerged larger than life.


Who am I and why am I here? The straightforward questions, Pablo Neruda said, are the toughest. Tougher, as we mark one year of the pandemic. The pain and suffering around the world and in our country has brought us closer to a specific human value — the spirit of service.

In a world where profit and loss decide human interaction, it was the essence of service, the doctor and the nurse, the delivery person, the storekeeper, all risking their lives to help ease ours, that touched every one across the world, even in the most powerful of nations. Service and only service stirred our souls.

The French designer Coco Chanel said, “the best things in life are free. The second-best things are very expensive.” Apart from water, sunlight and air, during the pandemic, we came closer to the human value of selfless service. It prepared us to relate, to forge a solidarity with others.

The pandemic has, therefore, defined the texture of a human relationship in terms of service and connection. But the nature of that connection has a history.

The great writer, Mulk Raj Anand, once came to meet Mahatma Gandhi at Sabarmati Ashram. His purpose was to get insights from the Mahatma on the condition of untouchables which could inform the book he was working on. Scheduled to return to London, he became impatient when even after a few days at the ashram, he was not able to collect the kernels of wisdom he had come for. Finally, Bapu advised him to stay a few days more and get involved in cleaning the ashram. Anand got busy in dusting activities and, subsequently, saw the light. “I can tell younger novelists that Gandhi cured me … by asking me not to put my own Bloomsbury intellectualism into the mind of a sweeper,” he wrote.

This sense of service as key to the human relationship got sharply defined during the pandemic. To care and serve somebody without any prejudice or immediate interest became the calling card of compassion. The values of interpersonal relationships, community bonding and
intrapersonal relationships emerged larger than life. Swami Vivekananda affirmed that “if one wants to find God, serve man. To reach Narayana, one must serve the Daridra Narayan.”

Here, Daridra Narayan would mean those fighting the COVID-19 virus in critical care or those who succumbed to it, those who had to care for their loved ones. The day and night became a battle for the survival of humanity itself. Professionals, from frontline workers to vaccine researchers, emerged to serve in the middle of a crisis. They proved that one can live individually but survival needs the collective spirit. This wasn’t the case before the pandemic. Between customer — the customer is god or king — service and selfless service, we liked to read balance sheets and work out the margin of profit. Selfless service wasn’t a natural choice. Many of us have worked with countless people all our lives, but most of us will find it a challenge to pick four to five persons whom we have served selflessly.

The psychologist Carol Gilligan’s experiments underline how care constructs relationships. We have been participants and observers in this experiment for the last one year. The corona warriors, masked and kitted, erased their identities of class, caste or any religious divide. Their fragility and courage assuaged our own fears and made us more empathetic. When our neighbours are in distress, when we ourselves are on the edge of the precipice, it’s care that binds us all.

But what after vaccination? What after the COVID-19 curve has flattened, when the lockdown is over? Will we still remember what our fears and our anxieties were? Will we look at the corona warrior with the same awe and respect? Will we wonder who we are and why we are here? Way back in 1885, Womesh Chandra Bonnerjee said that India is a nation in the making. The last year was a part of that making. Will the values of citizenship change once we don’t need the mask? All we have is the vaccine of hope.

This article first appeared in the print edition on February 18, 2021 under the title ‘A time to care’. The writer is the author of Being Good and Aaiye, Insaan Banaen. He teaches courses on and offers training in ethics, values and behaviour

Psychotherapy boosts positive effects in panic disorder patients (New Kerala: 202102018)


Psychotherapy boosts positive effects in panic disorder patients

Psychotherapy appears to be beneficial in the longer run for people suffering from panic disorder, a new study suggests.
The findings, published in the journal Psychotherapy and Psychosomatics, indicated that 70 per cent of the patients clearly improved and 45 per cent were remitted two years after treatment.

Psychotherapy is a general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health providers.

"Many people adapt to their panic disorder by various restrictions in their daily living," said researcher Thomas Nilsson from Lund University in Sweden.

"Treatment is crucial as the disorder often leads to a downward spiral in which the margin for everyday life activities becomes increasingly narrow," Nilsson added.

For the study, the team included 221 participants and studied not only the short and long-term effects of therapy but also how treatment outcome was affected by offering the patients to choose their treatment.

The options were two forms of therapy, specifically designed to treat panic disorder -- a psychodynamic psychotherapy (PDT) and a cognitive behavioural therapy (CBT).

One half of the patients were allowed to choose their form of therapy and the other half were randomly assigned to one or the other.

The researchers' hypothesis was that the patients offered a choice between two validated treatments would benefit from receiving their chosen form of therapy.

In previous research this has been the case, and psychologists generally take patient preferences into account in treatment decisions. Therefore, the researchers were surprised by the result -- patients who had chosen PDT tended to have better outcomes than those who were randomly assigned to the same treatment. (IANS/16 hours ago) https://www.newkerala.com/health-news.php

Healthy lifestyle behaviour

Healthy lifestyle behaviour may improve cholesterol profiles (New Kerala: 202102018)


Combining healthy lifestyle interventions reduces heart disease through beneficial effects on different lipoproteins and associated cholesterols, a new study suggests.

The study, published in the journal eLife, indicated that combining cholesterol-lowering medications and lifestyle interventions may yield the greatest benefits to heart health.
"Until now, no studies have compared the lipid-lowering effects of cholesterol-lowering medications and healthy lifestyle interventions side by side," said lead author Jiahui Si, from Harvard University in the US.

Cholesterol-lowering medications such as statins help reduce heart risks by lowering levels of low-density lipoprotein (LDL) cholesterol, the so-called "bad" cholesterol.

Healthy lifestyle interventions, including exercising regularly, having a healthy diet, lowering alcohol consumption and maintaining a healthy weight, have also been shown to lower LDL as well as increase "healthy" high-density lipoprotein (HDL) cholesterol.

For the study, the team used a technique to measure 61 different lipid markers in blood samples from 4,681 participants, including cases of stroke, coronary heart disease and healthy individuals.

They studied lipid markers in the blood of participants who had multiple healthy lifestyle habits and compared them to those of participants with less healthy habits. They found 50 lipid markers associated with a healthy lifestyle.

When the team looked at a subset of 927 individuals who had coronary heart disease in the next 10 years and 1,513 healthy individuals, they found 35 lipid markers that showed statistically significant mediation effects in the pathway from healthy lifestyles to the reduction of heart disease.

Together, the combined beneficial effects of the lipid changes associated with healthy lifestyle practices were linked to a 14 per cent reduced risk of heart disease, the team said.

Specifically, very-low-density lipoprotein (VLDL) and HDL levels in the blood were linked to the heart-protecting benefits of healthy lifestyles, they added.

Overall, they found that taking cholesterol-lowering medications and engaging in multiple healthy lifestyles would likely help individuals to achieve the greatest heart-protecting benefits because of the complementary effects of the drugs and healthy behaviours.

Read more at: https://www.newkerala.com/news/2021/28988.htm
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