India records 14,264 new COVID-19 cases

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India records 14,264 new COVID-19 cases

A health worker conducts swab test of a resident for COVID-19 following rise in coronavirus cases at Dharavi, Mumbai. PTI Photo

Daily COVID-19 cases in India registered an increase for the fourth consecutive day with the country recording 14,264 new cases, taking the total tally of cases to 1,09,91,651, according to Union Health Ministry data updated on Sunday.

The death toll increased to 1,56,302 with 90 daily new fatalities, the data updated at 8 am showed.

The country had registered 18,855 infections in a day on January 29.

The number of people who have recuperated from the disease surged to 1,06,89,715 — which translates to a national COVID-19 recovery rate of 97.25 per cent and the case fatality rate stands at 1.42 per cent. The COVID-19 active caseload remained below 1.5 lakh.

There are 1,45,634 active cases of coronavirus infections in the country which comprises 1.32 per cent of the total caseload, the data stated.
India’s COVID-19 tally had crossed the 20-lakh mark on August 7, 30 lakh on August 23, 40 lakh on September 5 and 50 lakh on September 16. It went past 60 lakh on September 28, 70 lakh on October 11, crossed 80 lakh on October 29, 90 lakh on November 20 and surpassed the one-crore mark on December 19.

According to the ICMR, as many as 21,09,31,530 samples have been tested up to February 20 with 6,70,050 samples being tested on Saturday. PTI

**COVID-19 vaccine**

**Britain to offer all adults a COVID-19 vaccine by end of July (The Tribune: 20210222)**


Britain now aims to give the first dose to all over-50s by April 15

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Britain now aims to give the first dose to all over-50s by April 15

All adults in Britain will be offered the first shot of a COVID-19 vaccine by the end of July, Prime Minister Boris Johnson said on Saturday ahead of a planned announcement on the cautious reopening of the economy from lockdown.

Johnson will set out a roadmap to ease England’s third national lockdown on Monday, having met a target to vaccinate 15 million Britons from higher-risk categories by mid-February.

Britain now aims to give the first dose to all over-50s by April 15, the government said, having previously indicated it wished them to receive the shot by May.

If all adults receive a dose by the end of July, it will be well ahead of a previous target that they would receive a vaccine by autumn.

After suffering the world’s fifth-worst official COVID-19 death toll and a series of mishaps in its pandemic response, Johnson’s government moved faster than much of the West to secure vaccine supplies, giving it a head start.

Johnson cautioned that there was a need to avoid complacency, adding that lockdown would only be lifted slowly.

“We will now aim to offer a jab to every adult by the end of July, helping us the most vulnerable sooner, and take further steps to ease some of the restrictions in place,” Johnson said in a statement.
“But there should be no doubt - the route out of lockdown will be cautious and phased, as we all continue to protect ourselves and those around us.”

So far, the United Kingdom has given the first dose of vaccine to 17.2 million people, over a quarter of its 67 million population and behind only Israel and the United Arab Emirates in vaccines per head of population.

Two vaccines - one made by Pfizer and BioNTech, and another developed by the University of Oxford and AstraZeneca - are being rolled out, and UK officials have advised that there can be a 12-week gap between doses.—Reuters

Vaccination

**100% vaccination target acheived in Panchkula (The Tribune: 20210222)**


100% vaccination target acheived in Panchkula

Photo for representational purpose only

Panchkula: The Panchkula Health Department on Saturday achieved 100 per cent target of vaccinating 200 healthcare workers with Covid-19 vaccine. While 177 beneficiaries received the second dose, 23 received the first jab. No Adverse Event Following Immunisation (AEFI) was reported. The vaccination drive was held at two sites - Civil Hospital in Sector 6 and Alchemist Hospital. As many 8,885 beneficiaries – 4,207 healthcare workers and 4,678 frontline workers – have received the vaccine. —TNS

“The number of vaccination sessions held each day has increased from around 3,000 to over 12,000 now. In the next few weeks, the number of sessions will cross 50,000”

As on February 20, nearly 10.1 million healthcare workers and frontline workers have been vaccinated. The target is to vaccinate 300 million people with two doses of COVID-19 vaccine by July, for which the daily vaccinations have to be over 1 million. However, the seven-day average is currently only 0.38 million vaccinations per day.

On January 16, when the mass COVID-19 vaccination programme began in India, only 3,352 sessions were held and 0.19 million people were vaccinated.

“The vaccination rate will increase exponentially in the next few weeks,” says Dr. N.K. Arora, Head of the Operations Research Group of the COVID-19 Task Force.

“The number of vaccination sessions held each day has already increased from around 3,000 in the beginning to over 12,000 now. In the next few weeks, the number of vaccination sessions a day will cross 50,000.” Since each session can vaccinate 100 people a day, Dr. Arora is optimistic that India will be able to vaccinate around five million people every day.

“There was vaccine hesitancy in the beginning but more than one month after the vaccination programme began, we see an increasing number of healthcare workers coming forward to take the vaccine,” he says. “This is the first time anywhere in the world vaccination of adults has been undertaken. So there was hesitancy in the beginning.”

Dr. Arora adds: “India has the capacity to vaccinate millions of children. For instance, in the case of the pulse polio programme, over 170 million children are vaccinated in a week. Though it is oral administration of the vaccine, it testifies the ability of the programme to reach such a huge number of children in a week.”

Admitting that glitches in the CoWIN platform have been slowing down the daily uptake of COVID-19 vaccines, Dr. Arora says that in a week the glitches will be fixed. “In a week or two, people over 50 years will be able to self-register on the CoWIN platform and take the vaccine,” he says.
The population above 50 years of age, and people below 50 years with comorbidities are scheduled to start receiving the COVID-19 vaccine from March onwards.

When asked if more vaccines will be supplied to States such as Kerala, Maharashtra, Chhattisgarh, Madhya Pradesh, Punjab and Jammu and Kashmir, which are seeing increased number of daily fresh cases, Dr. Arora said each State is provided with sufficient number of vaccines and it is for the respective States to increase the daily number of vaccines administered.

On Saturday, Adar Poonawalla, CEO of Serum Institute of India, Pune, tweeted: “Dear countries & governments, as you await Covishield supplies, I humbly request you to please be patient. Serum Institute has been directed to prioritise the huge needs of India and along with that balance the needs of the rest of the world. We are trying our best.”

**Coronavirus | Variants**

**Coronavirus | Variants with two specific mutations may evade antibodies, says virologist: (The Hindu: 20210222)**


Shahid Jameel, Virologist, and Director, Trivedi School of Biosciences, Ashoka University

The spike protein of the coronavirus enables it to bind to the ACE2 receptor on host cells — a process which studies have show to be crucial for the virus to enter the cells and cause infection.

Variants of the novel coronavirus carrying two specific mutations in their spike protein may evade antibodies and make vaccines less effective, according to eminent virologist Shahid Jameel, who says the need of the hour is to improve surveillance for "homegrown" lineages of the virus.

Dr. Jameel, Director of the Trivedi School of Biosciences at Ashoka University in Haryana, said these two mutations would lead to a "drastic change" in the structure of the part of the spike protein that binds with antibodies, making vaccines less effective against such variants.

The spike protein of the coronavirus enables it to bind to the ACE2 receptor on host cells — a process which studies have show to be crucial for the virus to enter the cells and cause infection.
According to the noted virologist, currently, the data is consistent with poor activity of neutralising antibodies against the South African lineage of the coronavirus, which carries both these mutations on the spike protein.

At GYANTEeka, an online presentation-discussion series hosted by the Indian National Young Academy of Science (INYAS), New Delhi to spread awareness and bust myths on vaccines, Dr. Jameel said these mutations are in the 501st and 484th amino acid building blocks that make up the virus spike protein.

In his presentation on Saturday, the noted virologist said both these mutations happen at the interface where antibodies bind to the virus spike protein.

"At the interface, there are a couple of key amino acid residues. One is the N501Y mutation. Another emerging mutation is the E484K mutation, and if you notice, the 484 changes negatively charged amino acid into positively charged amino acid," he explained in his presentation, citing studies.

"If you have both 501 and 484 mutations happening at the same time in the same virus, that virus is likely to either evade antibody response, or it is going to make the antibodies less effective. That's the take-home," he added.

On Tuesday, the Health ministry said four people in the country tested positive for infection with the South African variant, and one for the Brazil variant — a first for India.

While in India, there have not been reports of community transmission of these virus, Dr. Jameel believes the need of the hour is also to look out for homegrown variants. "Remember India already has about 11 million infections now, so there could easily be homegrown variants and I think for that it is very important to have genomic surveillance, which is done at scale," the virologist said.

"And for that government of India has set up an inter-ministerial Group which is called INSA COG which brings together 10 different National Laboratories to start sequencing at a density of about 5%," he added.

Currently, the virologist said India is sequencing at a density of about 0.05%.

"So essentially, the plan is to upscale sequencing about a hundredfold in the country," Dr. Jameel added.

A recent study by the scientists of CSIR-Centre for Cellular and Molecular Biology (CCMB) in Hyderabad analysed over 5,000 coronavirus variants, describing how the virus has evolved over the course of the pandemic.

It found that a variant carrying the N440K mutation is spreading a lot more in the southern States of India.
"We now have emerging evidence that the N440K variant is spreading a lot more in southern states. Closer surveillance is needed to understand its spread properly," CCMB Director Rakesh Mishra said in a statement.

While variants with immune-escape such as the South African variant have been identified with only a low prevalence in India, Dr. Mishra believes this could be because not enough sequencing has been done.

"More coronavirus genomes need to be sequenced across the country to accurately identify the emergence of these and other new variants," he added.

**Post-menopausal**

**You need to change your post-menopausal skincare routine; find out why (The Indian Express: 20210222)**

https://indianexpress.com/article/lifestyle/life-style/change-skincare-routine-menopause-7195543/

Start incorporating these changes so you can delay the onset of aging

menopause, skincare routine for 50s woman, menopause skincare routine, what is menopause, menopause news, menopause skincare

Change is inevitable, but you can still keep taking care of your skin. (Photo: Pixabay)

While menopause is the most natural process a woman goes through, no one prepares her for it. But just like any other change, it brings about significant transitions. Dr Mikki Singh, a dermatologist, cosmetologist, trichologist and head of Centre of Excellence, Bodycraft Clinic in Bengaluru says: “During menopause, women might experience dryness, adult acne, melasma, and thinning of the skin.”

She explains one of the main causes of all these changes is that the body faces a reduction in the stimulation of estrogen and collagen. In order to keep dullness and sagging away, one needs to modify their skincare routine according to the needs of the body. She mentions some of the steps that can be followed.

As we age, our body produces less collagen and that is why our skin gets drier. “Hydrate your skin by cleansing it, but not too much that the natural oils are stripped off.

“Use a moisturiser that suits you and helps you keep your skin hydrated at all times,” suggests Dr Singh. She adds that drinking water can help flush out toxins. “Water is your best friend.”

READ | Signs your skin is begging for a change of routine

Never forget your sunscreen
It is no secret that UVA/UVB rays can cause age spots and accelerates signs of aging. You must wear sunscreen indoors, too. “During the period of menopause — because of the decrease in the production of collagen in the body — the skin starts to age faster. You must carry your sunscreen with you all the time and apply a minimum of 30 SPF,” suggests the dermatologist.

Visit a dermatologist regularly

Dr Singh shares how women who have never experienced acne in their life complain about adult acne and melasma during menopause. “Although it is not similar for every woman, it is better to visit your dermatologist to understand the changes that your skin is going through which can help you do just the right thing.”

Skin boosters are enriched with a rich component known as ‘hyaluronic acid’, which can help keep your skin hydrated from the inside and reduce the fine lines. “It should be incorporated into your yearly skincare plan as these skin boosters last somewhere between six to nine months and can help keep the skin supple.”

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Vaccination (Hindustan: 20210222)

https://epaper.livemint.com/imageview_654624_108101572_4_1_22-02-2021_2_i_1_sf.html
Oximeter (Hindustan: 20210222)

https://epaper.livehindustan.com/imageview_654624_108103146_4_1_22-02-2021_2_i_1_sf.html
पल्स ऑक्सीमीटर सांवली त्वचा पर काम नहीं करता

दावा

नई दिल्ली | हिन्दुस्तान ब्यूरो

कोरोना वायरस के खिलाफ जंग में पल्स ऑक्सीमीटर अहम हथियार बनकर उभरे हैं। हालांकि, अब अमेरिका के खाद्य एवं औषधि प्राधिकरण (एफडीए) ने संक्रमितों के खून में ऑक्सीजन के स्तर पर नजर रखने के लिए इस्तेमाल होने वाले इस उपकरण की विश्वसनीयता पर ही सवाल उठाए दिये हैं। एफडीए ने कहा है कि पल्स ऑक्सीमीटर सांवली त्वचा पर काम नहीं करता।

एफडीए के मुताबिक पल्स ऑक्सीमीटर खून में ऑक्सीजन का स्तर आंकने में सक्षम है, लेकिन कुछ मामलों में यह गलत अंक दे देकर सक्ता है। त्वचा की रंगत, नोटाइंग, तापमान के अलावा तंबाकू का सेवन और नमलेनिस्का का इस्तेमाल पल्स ऑक्सीमीटर की रिडिंग को प्रभावित कर सकता है।

एफडीए की ओर से शरीक वार को जारी बयान में कहा गया है, ‘कोविड-19’ के लक्षणों में निर्देशित उपस्थिति नहीं दिखाई दिए हैं।

सीडीसी के अध्ययन में मिले संकेत

इससे पहले, अमेरिका के रोम नियंत्रण एवं रोकथाम केंद्र (सीडीसी) ने एक अध्ययन के आधार पर चेताया था कि त्वचा की रंगत पल्स ऑक्सीमीटर की रिडिंग पर असर डाल सकती है। यद्यपि संक्रमितों के मुकाबले अश्वेत स्वास्थ्य में पल्स ऑक्सीमीटर के ऑक्सीजन का मिट्टी स्तर नहीं बढ़ा कर पाने की आशा तीन गुना ज्यादा पाई गई थी।

या नाखुन नीला पड़ने, सीने में दर्द उठने, दम घुटने, नम्मु अनियंत्रित होने जैसे लक्षणों को हलके में न लेने की सलाह दी गई है।
Infection (Hindustan: 20210222)

https://epaper.livehindustan.com/imageview_654627_107970406_4_1_22-02-2021_5_i_1_sf.html
कोरोना का नया स्ट्रेन ज्यादा संक्रामक: गुलेलिया

नई दिल्ली | वरिष्ठ संवाददाता

भारत में कोरोना वायरस के कई नए स्ट्रेन मिले हैं। एम्स के निदेशक डॉक्टर रणदीप गुलेलिया ने आशंका जताई है कि अगर लोगों ने एहतियत नहीं बरता तो नया स्ट्रेन क्षेत्रीय संक्रामक हो सकता है।

डॉ. गुलेलिया ने कहा कि भारत में कोरोना वायरस के प्रति हर्ड इम्यूनिटी बनाना एक मिश्रित है, क्यों कि इससे लगभग 80 फीसदी आबादी में कोरोना वायरस के प्रति एंटीबॉडी बनना चाहिए, जो पूरी आबादी की सुरक्षा के लिए जरुरी है।

डॉक्टर गुलेलिया ने कहा कि रूप बदलता वायरस लोगों द्वारा वैक्सीन लेने की वजह से बनी प्रतिरोधक क्षमता को कमजोर कर सकता है, जिससे दोबारा संक्रमण हो सकता है।

ये स्ट्रेन अत्यधिक संक्रामक और खतरनाक हो सकते हैं। ऐसे में इस स्थिति में महामारी से बचाव के नियमों का पालन करना ही सबसे बड़ा उपचार साबित होगा।

जांच और निगरानी बेहद जरूरी

डॉक्टर गुलेलिया ने बताया कि देश में कोरोना की जांच, संपर्क माइन आने वालों की पहचान और संक्रमितों को अलग रखने के लिए आवश्यक उपायों को फिर से लागू करने की जरूरत है। उन्होंने कहा कि लोगों मात्र चाहिए। दिल्ली अन्तरिक्ष में वैक्सीन दे रहे हैं। ये अन्तरिक्ष स्थलों के लिए बनाए गए हैं।
कोरोना का नया स्ट्रेन ज्यादा संक्रमक: गुलेरिया

नई दिल्ली | वरिष्ठ संवाददाता

भारत में कोरोना वायरस के कई नए स्ट्रेन छिले हैं। एम्स के निदेशक डॉ. राजीव गुलेरिया ने आश्चर्य का जताया है कि अगर लोग ने पिछले नहीं बना तो नया स्ट्रेन ज्यादा संक्रमक हो सकता है। डॉ. गुलेरिया ने कहा कि भारत में कोरोना वायरस के प्रति ईम्यूनिटी नई स्ट्रेन की तरह है। क्योंकि इसके लिए 80 फीसदी आबादी के कोरोना वायरस के प्रति एंटीबॉडी बनना चाहिए, जो पूरी आबादी की सुरक्षा के लिए जरूरी है।

डॉ. गुलेरिया ने कहा कि रूप संबंधित वायरस लोगों द्वारा वैक्सीनेशन लेने की वजह से बनी प्रतिरोधक क्षमता को कमजोर कर सकता है, जिससे दोस्ता संक्रमण हो सकता है। डॉ. गुलेरिया ने कहा कि विशेष रूप से महाराष्ट्र में सामने आया वायरस के नए स्ट्रेन के कारण ईम्यूनिटी को हासिल करना बहुत अधिक मुश्किल होगा। ये स्ट्रेन अंतर्निक संक्रमक और खतरनाक हो सकते हैं। ऐसे में इस स्थिति में महामारी से बचाव के नियमों का पालन करना ही सबसे बड़ा उपचार साबित होगा।

जांच और निगरानी बहद जरूरी
डॉ. गुलेरिया ने बताया कि देश में कोरोना की जांच, संपर्क मैनेजमेंट आने वालों का पहचान और संक्रमितों की अलग रखने के लिए अवरोधक उपायों को फिर से लागू करने की जरूरत है। उन्होंने कहा कि लोगों ने फहराया जाना चाहिए। दिल्ली में डॉ. गुलेरिया ने आंदोलन के बारे में बोलते हुए कहा कि यह पहचान और संक्रमिएँ का समाप्त होने की आवश्यक है।