Review Strategy vaccinate

Quick steps must to halt 2nd peak: PM (The Tribune: 20210318)

Daily cases near 29K, highest in 3 months | 5 Punjab, 8 Haryana districts among worst-hit


With India recording the highest daily Covid cases at 28,903 in the last 94 days, Prime Minister Narendra Modi on Wednesday said states and UTs must take “quick and decisive” steps to stop the emerging “second peak” of the pandemic.

Also read:

- Review strategy, vaccinate all in sensitive areas: CM to Centre
- Himachal plans curbs on visitors from Punjab

In a virtual interaction with chief ministers and L-Gs, the PM called for enhanced RT-PCR tests, besides ensuring Covid-appropriate behaviour, earmarking micro-containment zones and expanding the vaccination drive.

“Many hitherto unaffected districts are witnessing cases with some reporting over 150 per cent rise in two weeks. If we don’t stem the surge now, we can face a national outbreak,” cautioned the PM, urging states to ensure at least 70 per cent share of RT-PCR tests in the overall process and stop depending on rapid antigen tests.
Modi said India had succeeded in its fight against the pandemic because it kept the villages safe. “Now we see infections rising in tier 2 and 3 cities, which means the disease can reach our villages. We must take proactive steps to stop that and ensure people’s participation going forward,” the PM, said urging zero tolerance on vaccine wastage.

Meanwhile, the daily new cases soared to 28,903 after the lowest point of 9,121 on February 9. In two weeks, new cases rose by 43 per cent and daily deaths by 37 per cent with 70 districts across 16 states recording more than 150 per cent rise and 55 districts recording 100-150 per cent rise.

Five Punjab districts of concern which saw rapid surge from March 1-15 are Rupnagar (256 per cent rise), Amritsar (123 per cent), Moga (100 per cent), SBS Nagar (51 per cent) and Kapurthala (51 per cent).

In Haryana, eight districts are of concern — Yamunanagar (300 per cent rise), Karnal (245%), Panchkula (225%), Kaithal (180%), Kurukshetra (158%), Ambala (121%) and Gurugram (115%). In Himachal, rapid surge is seen in Sirmaur (367%), Solan (267%) and Una (220%).

Fresh Covid cases

35 more die in Punjab as nation sees 35,871 fresh Covid cases, biggest single-day jump in 102 days (The Tribune: 20210318)


India on Thursday recorded 35,871 new COVID-19 cases, the highest single-day rise in over 100 days, which took the infection tally to 1,14,74,605, according to Union Health Ministry data.
Registering an increase for the eighth consecutive day, the active caseload reached 2,52,364, which accounts for 2.20 per cent of the total infections. The recovery rate further dropped to 96.41 per cent, the data updated at 8 am showed.

The death toll increased to 1,59,216 with 172 new fatalities, it stated.

The single-day spike of 35,871 cases is the highest in 102 days. As many as 36,011 new infections were recorded on December 6.

The number of people who have recuperated from the disease surged to 1,10,63,025, while the case fatality rate stands at 1.39 per cent, according to the data.

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 Indian Council of Medical Research, 23,03,13,163 samples had been tested up to March 17 with 10,63,379 being tested on Wednesday.

The 172 new fatalities include 84 from Maharashtra, 35 from Punjab and 13 from Kerala.

So far, 1,59,216 deaths have been reported in the country including 53,080 from Maharashtra, 12,564 from Tamil Nadu, 12,407 from Karnataka, 10,948 from Delhi, 10,298 from West Bengal, 8,751 from Uttar Pradesh and 7,186 from Andhra Pradesh.

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

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

US senator urges Defence Secretary to discuss human rights issues, Russian S-400 sale during India visit (The Tribune: 20210318)


Lloyd Austin is scheduled to meet his counterpart Defence Minister Rajnath Singh, along with External Affairs Minister S Jaishankar and National Security Advisor Ajit K Doval, during his New Delhi visit from March 19 to 21

An American Senator on Wednesday urged US Defence Secretary Lloyd Austin to take up the issue of sale of Russian S-400 missile system during his visit to India later this week along with their concerns on human rights issues.

“Getting the US-India partnership right is critical to addressing 21st century challenges, and that includes urging the Indian government to uphold democratic values and human rights,” Senator Robert Menendez, Chairman of the powerful Senate Foreign Relations Committee, wrote in a letter to Austin.

Austin, the first ever US defence secretary to include India on his maiden foreign trip, is scheduled to meet his counterpart Defence Minister Rajnath Singh, along with External Affairs Minister S Jaishankar and National Security Advisor Ajit K Doval, during his New Delhi visit from March 19 to 21.

“In meetings with Indian counterparts during your upcoming visit, I strongly encourage you to make clear that in all areas, including security cooperation, the US-India partnership must rest on adherence to democratic values,” Menendez said in his letter, a copy of which was released to the press on Wednesday.
In his capacity as Chairman of the Senate Foreign Relations Committee, Menendez plays a key role in influencing the country's foreign policy and national security. Among his predecessors include President Joe Biden, who occupied this position during former president George Bush's administration and former secretary of state John Kerry.

On India's reported plan to purchase the Russian S-400 missile system, Menendez said that if India chose to go forward with its purchase, that act would clearly constitute a sanctionable transaction with the Russian defence sector under provisions of the Countering America's Adversaries Through Sanctions Act or CAATSA.

“I recognise that India is not a US treaty ally and has historical ties with the Soviet and Russian militaries. However, if India chooses to go forward with its purchase of the S-400, that act will clearly constitute a significant, and, therefore, sanctionable, transaction with the Russian defense sector under Section 231 of CAATSA,” Menendez wrote.

“It will also limit India's ability to work with the US on development and procurement of sensitive military technology. I expect you to make all of these challenges clear in conversations with your Indian counterparts,” he said.

While democracy and human rights issues do not come under the domain of the Pentagon, Menendez urged Austin to raise these concerns with Indian leaders. PTI

Highest one-day spike since Jan 6

536 more cases: Highest one-day spike since Jan 6 (Hindustan Times: 20210318)

https://epaper.hindustantimes.com/Home/ArticleView
The Covid-19 trend continued to tick upwards in Delhi, with the Capital reporting 536 new cases of Covid-19 on Wednesday, the most in a day since January 6, when the city logged 654 cases of the viral infection. Delhi on Wednesday added over 500 cases for the first time in nearly 70 days, and for the fourth time this year. The other three were in January, when the number of cases in the city was still on the decline after the heights of the third wave in November.

The new cases came on the back of 80,856 tests and a positivity rate of 0.66%, also the highest since January 6.

The daily case count and positivity rate have doubled over the past fortnight, from 240 cases at a rate of 0.33% on March 3.

Even though the positivity rate remains below the 5% threshold that the World Health Organization recommends for an infection to be considered under control, experts believe Delhi’s case spike is a cause of concern.

“The number of cases has nearly doubled in the last two to three weeks and even though the positivity rate in Delhi is low, things will soon get out of hand. People have not been following Covid-appropriate behaviour and they tend to follow it only when there is strict enforcement. The government should again start fining people for not wearing masks and maintaining social distance,” said Dr Lalit Kant, former head of the department of epidemiology at the Indian Council of Medical Research.
Delhi health minister Satyendar Jain two days ago had said, “The positivity rate in Delhi was over 15% at one time and the WHO (World Health Organisation) says that it should be below 5%. The positivity rate in Delhi has been below 5% for a few months now and below 1% for nearly 2.5 months. In comparison, the positivity rate in Maharashtra is 16.46%, Kerala 3.54%, Punjab 4.81%, and Gujarat 1.78%. This means that the positivity rate in Gujarat is three times that of Delhi, Punjab six times, Kerala seven times, and Maharashtra thirty times. Till the positivity rate does not cross 1%, the infection is well control.”

Dr Kant, however, disagreed. “There is a need to immediately take action – increase and intensify contact tracing, test as many people as possible, and prevent large gatherings. The government also needs to start looking at whether the new infections are in a different age group or demography – there are still around 50% people susceptible to the infection in the city.”

Experts have also called for an increase in the pace of vaccination.

“Yes, we have vaccinated a huge number of people but when we look at the size of our population, it is nothing,” said Dr Suranjit Chatterjee, senior consultant for internal medicine at Indraprastha Apollo hospital.

**Vaccination drive**

**Stop 2nd surge to prevent pan-Indian outbreak: Modi (Hindustan Times: 20210318)**

[https://epaper.hindustantimes.com/Home/ArticleView](https://epaper.hindustantimes.com/Home/ArticleView)

CMs ask for opening vaccination drive to more people, higher supply to boost pace

If India does not stop a second surge of Covid-19 cases, it could face another pan-Indian outbreak, Prime Minister Narendra Modi said on Wednesday during an urgent meeting with chief ministers, some of whom asked the Union government to open up the vaccination drive to allow more people to become eligible.

The PM said 70 districts have logged an over 150% increase in Covid-19 cases recently, and that “quick and decisive steps” were needed to revamp safety protocols, scale up RT-PCR testing, and add more vaccination sites.

“This is also a test of good governance,” the PM told the chief ministers in his first meeting with them since vaccination started in India on January 16, and stressed on his mantra of “davai bhi, kadai bhi” (treatment also, stringent protocols also).
“We have to stop this rising second surge immediately, and for this, we need quick and decisive steps,” the PM said.

The PM raised several key points — bringing focus back on the test-trace-treat strategy by ensuring at least 70% of tests are through the RT-PCR method, more contacts of patients are traced, and micro-containment zones are created; the need to accelerate vaccinations, reduce wastage, and prevent expiry of doses; and the importance of protecting villages and rural areas that have weaker health resources. “Our progress in the fight against Covid gives us confidence. But this should not turn into overconfidence. Our success should not turn into carelessness. We also need to ensure we don’t go into panic, or let fear spread. We have to be proactive in this phase,” he said.

On Wednesday, Union health ministry separately listed out districts in 12 states and Union territories where infections have grown significantly. From a low of around 11,000 cases every day in the second week of February – the lowest levels recorded since the outbreak began in the country in March last year – India is now recording over 24,000 cases a day on a weekly average. On Wednesday, it added 35,836 cases, highest since December 5.

Representatives of at least three states asked the PM at the meeting to consider allowing more people to seek coronavirus doses. At present, people above the age of 60 or those older than 45 but with certain medical conditions are eligible for doses.

The demand to relax these conditions came from Maharashtra’s CM Uddhav Thackeray, Punjab CM Amarinder Singh and Kerala’s tourism minister K Surendran, filling in for CM Pinarayi Vijayan. According to officials in Punjab and Maharashtra, both the states pointed to a large number of infections among younger people to call for those groups to be included. Singh also suggested lawyers and judges should be added in the priority list.

According to the Maharashtra CM’s office, Thackeray said: “Keeping in mind that there is young population among those who are getting infected, people above age 45, irrespective of comorbidities, should get vaccination”. According to a functionary present in the meeting, the PM replied we might not need to go to that level of vaccination.

Several of the states also urged the Union government to send over more vaccine doses. “I have already informed the Union health ministry about the state’s plan to inoculate 300,000 people on a daily basis. At present, the state has a stock that will last only for the next 10 days,” said
Maharashtra health minister Rajesh Tope. Similar demands were made by West Bengal and Karnataka.

PM Modi outlined the need to accelerate vaccinations as well as the number of tests being carried out, and in particular highlighted regions where vaccine wastage was high. “We need to take the process of test-trace-treat as seriously as we did over the past year. Every infected person’s contacts should be traced in the quickest amount of time, and it is important to ensure at least 70% of all tests are through the RT-PCR method,” Modi said.

Modi said governments must focus on ramping up testing in smaller cities. “Till now, over tier-2 and tier-3 cities largely avoided the worst of the outbreaks. Hence, the villages in their vicinities were spared. But if the virus now reaches these regions, our resources could fall short,” he said. The PM asked for micro-containment zones to be set up and noted that “in some places, local administration is not very strict on wearing masks. These issues must be resolved.” He noted that some states made certain recommendations about the vaccination process and that while the country has scaled up the process, it now needs to address wastage. “Telangana and Andhra Pradesh have 10% wastage of vaccines. UP has near 10% wastage. More beneficiaries should be mobilised...States must target zero wastage of vaccines,” Modi said, suggesting daily monitoring of vaccine usage. “If we waste vaccines, we are robbing someone’s right to get vaccinated. We cannot take that right away from anyone.”

Since it began vaccinating people on January 16, India has delivered 36.4 million doses. In the last 24 hours, 1.4 million doses were delivered. “If more centres can be added and they work on a mission mode, we will reduce wastage... Also, keep in mind the expiry date of the vaccine. Use the earlier batches first,” Modi said, hailing how 3 million people were vaccinated on one single day.

During the meeting, Union home minister Amit Shah highlighted districts that require special focus. Health secretary Rajesh Bhushan gave a presentation on the Covid situation and the vaccination strategy.
Type 2 diabetes symptoms: Three stages in which diabetes (neuropathy) affects your feet

Diabetes Type 2 is a condition characterised by unstable blood sugar levels. The condition in which the body either doesn't produce enough insulin or resists insulin is often accompanied by a plethora of health conditions. For every diabetes patient, managing blood sugar level is the greatest challenge of all. If left uncontrolled, it can inflict damage on other parts of the body, which even includes nerve damage.

02/5 How high blood sugar affects the nerve system

Diabetic neuropathy most often damages nerves in your legs and feet. The symptoms may differ from individual to individual depending on the severity of the condition. Some may experience mild symptoms, while for others the situation can cause great discomfort. People may experience numbness in their feet and legs, along with problems in digestive issues, urinary tract, blood tract and heart. The symptoms of the condition start to appear slowly and can be controlled from causing severe damage by managing the blood sugar level.

03/5 The stages of diabetic neuropathy in feet

There are different kinds of neuropathy, but the most common of all is peripheral neuropathy. Also known as distal symmetric peripheral neuropathy, this condition affects the nerves system of the feet and legs first, followed by the hands and arms. Common symptoms may include

- Numbness or reduced ability to feel temperature changes
- Tingling or burning sensation
- Sharp pains
- Increased sensitivity
- Foot problems, such as ulcers, infections, and bone and joint pain
The nerve-damaging first starts in the feet and then starts affecting other parts of the body. According to the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), there are three stages to neuropathy.

The first stage: In the first one the person may experience pain and tingle in the feet in intervals. The symptoms are subtle, so most people fail to recognise them at an early stage. They may feel discomfort in the foot, but may not pay attention to it.

The second stage: After some time the pain grows more severe and regular. It can be hard to say when you move from stage one to stage two, but you will be able to notice the symptoms more clearly. Your feet will constantly hurt while walking or performing other activities.

The third stage: The third stage is the most severe one where you will lose all pain sensation. The pain will start to decline, which means that the nerves are dying. This increases the risk of severe tissue injury because the patient can no longer feel any kind of pain even when they are injured.

Diabetic neuropathy is caused due to persistent high blood sugar level. The primary treatment could be to eat healthy food and exercise. Both of these things play a great role when it comes to managing blood sugar level. Apart from that, track your blood sugar level regularly and take care of your foot. Your doctor may prescribe you some medicines that may help to manage the condition.

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Vaccine (The Asian Age: 20210318)

Communication drives that reach out to all sections can help ease vaccine hesitancy.

India covid vaccination

Another meta-analysis study by the British Medical Journal found that only 68.4 per cent of the population is willing to receive the COVID-19 vaccination globally. That is a low figure considering vaccines can eradicate diseases and save lives.

More than a year ago, the SARS-COV-2 virus sent the world into a bubble. We were caught by surprise and there was little or no preparation to meet this challenge. Health systems were...
ravaged, and countless people lost their lives. In hindsight, this could have been prevented had we been prepared.

A year later, while the virus is still circulating in our communities, we know much more about it, thanks to one of the biggest health information campaigns in human history. The world is slowly but gradually bouncing back, and science has given us another chance. Cases are on the decline. However, sporadic outbreaks have led governments around the world to continue to enforce fundamental public health measures.

At the same time, the focus has shifted to the development of vaccines. The race has fast-tracked efforts. Scientists have developed vaccines in record time and more than 250 vaccine candidates are in different stages of development globally. India, too, has already approved and rolled out Covishield and Covaxin for emergency use and many more are on the horizon. And here is where we have hit a bump, expectedly so. Vaccine hesitancy — notorious words commonly associated with inoculation drives — has been cited by WHO as one of the top 10 global health challenges.

Opinion | People’s confidence is a must for a successful roll out of the Covid-19 vaccine

There is no denying that immunisation is one of the most successful and cost-effective means to help children grow into healthy adults. But with any large-scale immunisation programme, hesitation and fear usually follows. A World Economic Forum survey released in November 2020 indicated a growing reluctance among people to receive a vaccine, despite progress made by numerous pharmaceutical companies and international organisations. Another meta-analysis study by the British Medical Journal found that only 68.4 per cent of the population is willing to receive the COVID-19 vaccination globally. That is a low figure considering vaccines can eradicate diseases and save lives. So, what makes it difficult and how can we tackle this lack of confidence among people?

The answers can be found in comparing the immunisation coverage of other diseases. As per estimates released by WHO and UNICEF on immunisation — nearly one in 10 infants did not receive any vaccination in 2016. This means that infants missed the first dose of DTP/Pentavalent vaccine putting them at serious risk of these potentially fatal diseases. Another survey by WHO in 2014 revealed that among the 1 lakh parents (of children who were not vaccinated) interviewed, 33 per cent had no idea about the vaccination, and another 30 per cent only knew about the Adverse Events Following Immunisation (AEFI).

Sachin Vaze scandal leaves one lesson: Dump 'encounter specialists'
BJP has turned the heterogeneity of Hindu culture into its strength

The government wants to build highways for growth. It might not work

Given the severity of the pandemic, with 2.5 million deaths reported worldwide, vaccines are the only effective solution that can be deployed against COVID-19. India’s vaccine rollout has kicked off to a good start with more than 2.5 crore vaccine doses being administered as of March 15. However, the country has been witnessing hesitancy from unexpected quarters – doctors and health-workers. Such a development can have further implications on the vaccine coverage of the larger population, especially when there are less takers among the ones who save lives. The apprehension it seems has been attributed to lack of vaccine efficacy data, questions on safety, quick clinical trials, and reported deaths among the elderly and sick population.

To combat this misinformation, the Indian government has stepped up efforts to quash wrong claims and has conducted regular press conferences. The Union Minister of Health and Family Welfare, Harsh Vardhan, has led the initiative. Messages such as “Let us put a STOP to these falsehoods” and “Truth is powerful and shall prevail” have been disseminated to ensure its acceptance and uptake in a timely, accurate and transparent fashion. Eminent physicians from well-known private and public hospitals have also taken vaccine shots to boost public confidence. Pharmaceutical companies have released factsheets addressing concerns and an extensive communications campaign is being undertaken on social media platforms to ensure the right information reaches people. In addition to this, development partners have been roped in to spread awareness about the COVID-19 vaccines. All vaccines are almost 100 per cent effective in preventing COVID-related deaths, severe symptoms and complications – that’s the message the needs to go through.

opinion | There are challenges in Covid vaccination drive, but these are not intractable

Much can, in fact, be learnt from the country’s successful Polio eradication and Mission Indradhanush initiative. In 2002, when Uttar Pradesh alone harboured 65 per cent of global polio cases and vaccine hesitancy was at its peak, UNICEF’s induction of an army of social mobilisers in Uttar Pradesh and Bihar states helped mitigate fears.

Similarly, while designing Mission Indradhanush in 2014, behaviour change communications was put at the centerstage of immunisation planning. The campaign converted a routine immunisation into a Jan Andolan – a people’s movement. It mobilised communities to deal with the barriers to seeking vaccines. This was achieved through a sustained coordination effort led by the Ministry of Health with 12 different ministries.
India is on the right path with the recent decision to open the vaccination drive for the general public and to speed up private sector participation. While developed countries like United Kingdom, United States, and France are still struggling with either strict lockdowns or a health system operating under tremendous pressure, India in contrast, has done well in focusing on preventive measures such as an early lockdown, that also provided a window to establish robust health systems to contain the virus and treat those with the disease. The country has seen a drop in the number of cases – though there has been a rise in some parts of the country in the past month — and deaths considerably. Therefore, India is in a much better situation to fast track the vaccination drive to achieve herd immunity and prevent the second wave of infections.

As the third phase of vaccination closes in, it is vital that we draw inspiration from past lessons and move to inoculate our priority population. Behaviour change communications must be intensified. Mass media (radio, television, billboards, print material, and internet), interpersonal channels and community mobilisation must be optimised to advertise and achieve the desired outcomes. There is a need for active involvement of people from all strata of the society — local community leaders, associations, private sector, celebrities, religious groups, experts, and political leaders. It will not only keep misinformation at bay but find acceptance among all. Let people take the lead here. With more evidence pouring in, vaccine hesitancy among the healthcare providers is bound to evaporate soon.

Pandemic’s other scourge

Plastics and other medical waste created while dealing with COVID-19 could prove to be environmental hazards. (The Indian Express: 20210318)

https://indianexpress.com/article/opinion/pandemics-other-scourge-7232898/

While the social and economic impacts of the COVID-19 pandemic are in everyone’s mind and every country’s policy and budget papers, the third element of a triple-bottom-line assessment, the environment, should not be forgotten. The environmental consequences of COVID-19 impact various aspects of the planet’s life, such as changes in the type and quantity of waste, management and disposal of waste, use of energy due to varied work and life practices, use of fuel due to varied travel practices.
It has been reported that hospitals in the US alone produce more than five million tonnes of waste each year of which more than a quarter is made of plastic. The packaging and equipment used in healthcare have to strictly adhere to medical-grade plastic standards and be resistant to sterilisation methods, radiation, static and other potentially damaging situations. This means the margin of error or impurity is pretty much zero. That means such materials have to be made from virgin resources and not from recycled materials and their disposal also has to follow certain norms and procedures due to the potential for pathogenic contamination to the environment (which includes people and animals).

Based on industry reports and in the professional opinion of this writer, the scale of the problem is not reliably quantified. Normally, as the focus has rightly been on reducing the risk of illness, a single item from a package of single-use items will be used and the remaining sterilised items would be thrown out.

When an unprecedented situation eventuates, the routine is thrown out the window. Many studies, more so in 2020, have reported on the impact of a pandemic and epidemic on our material utilisation and changes to the LCA (life cycle analysis) of many of our resource streams.

Single-use plastics, especially light plastics that one can scrunch with bare hands, are usually bestowed the “un-recyclable” label, with the dungeons of a dirty landfill as their only fate, where they will survive the ensuing millennia, like a soul devoid of any divinity destined to forever endure the fires of hell.

The unavoidable increment in the quantity of single-use plastic products required for personal protection and healthcare has disrupted and impacted the short-term and long-term waste management practices. The Australian waste management industry had been set up with a reliance on several international processing industries, in the absence of a good domestic manufacturing industry. Especially in light of the recent ban on waste imports by several receiving countries such as China, alternatives, or a new business plan, had been on the cards. A sudden shift in waste composition requires resilience and dynamic responsiveness. In addition to the quantities, the residual pathogenic potential of old and newly added waste materials (the latter mainly comprising masks, gloves, PPE overall) especially in residential, commercial and healthcare sectors has caused some concerns in the waste industry.

The energy footprint of producing and managing items including plastic packaging is also not to be forgotten. Plastic packaging is easy to produce and strict requirements for healthcare standards require this to be sourced mostly from virgin materials, not recycled sources. A country such as Australia where a seemingly robust waste management industry exists and with
a low COVID health impact can manage the added waste streams from the widespread use of single-use materials. Countries such as India with a nascent waste management industry are rife with immature practices. With a heavy reliance on manual scavenging for recycling, any health and safety imbalance will see this waste industry overwhelmed.

Unbeknown to the healthcare industry, public littering from used masks and gloves have been captured in widely publicised (on social media and in academic circles at least) images at beaches, public parks and other open spaces due either to carelessness of the user or lack of proper disposal options. This would eventually find its way to a water body or other sensitive environment.

In a medical setting, the service-receiver (the patient and their support personnel) are neither usually in a position to deny plastics nor in a mindset to give any priority to it – unlike rejecting another single-use plastic bag at the supermarket checkout or avoiding the use of a plastic straw at the restaurant. So, change has to come from within the sector. While it is acceptable that during the start of COVID-19, no country in the world had the luxury of time to focus on how to manage the potential for increased medical waste, the months that ensued had afforded time to contemplate and consider better choices.

Alternatives to landfilling exist to convert single-use plastics into useful products – such as light-weight composites used to produce prosthetics or into harder recycled plastics such as outdoor furniture/landscaping materials, where it will still survive for a long time but while serving a good cause. The advent of 3D-printing has ameliorated voids of manufacturing opportunities. The only thing required is a constant and reliable supply of relatively clean materials delivered to a processing unit or, outside the healthcare sector, to collection points such as the red-cycle bins located at supermarkets. The single-use plastic packaging and other materials need to be carefully managed for contamination, though.

In the good old waste management hierarchy, the top priority is to ‘Reduce’ (followed by Reuse and Recycle) – so it is pretty straight forward to think up ways to reduce the need for materials that will make our ever-expanding ecological footprint grow to a shoe size we will find too large to fit into anything. However, when it comes to the healthcare requirements especially related to an unprecedented pandemic, “reducing” may not be a priority as much as saving lives and stopping the spread of the virus.

According to some publicly-available data, almost 85 per cent of waste from healthcare is noninfectious and a large portion of it can be recycled too. However, waste from a hospital environment is collected as commingled and disposed of together – landfilled or incinerated. As per reports, Western Health in Melbourne had identified a saving of $100,000 per year by
replacing single-use items with some reusable items. Similar stories have been reported by Auburn Hospital in Sydney and Flinders Medical Centre near Adelaide. Non-reusable items such as truly-single-use saline bags are recycled by specialist recycling industry units. RMIT in Australia has reported methods to literally pave a road to recycle disposable COVID (or otherwise) facemasks. This goes well with the recycling of plastic into roads elsewhere in Australia, India and other places.

Considerable effort and financial backing are required from governments and possibly industry (perhaps based on the polluter-pays policy, or corporate social responsibility from medical and pharmaceutical producers) to assist in source-separating the materials and safety managing them appropriately.

The Canadian government has decided to award grants for developing solutions for the manufacture of compostable disposable surgical masks and respirators to be used by healthcare workers and for the efficient and cost-effective recycling of disposable PPE waste generated in the Canadian healthcare sector. We need more like this!

During the pandemic, many workplaces have restructured their worker placement habits, if practically possible, to reduce the number of personnel in constricted spaces such as offices and meeting rooms. This included many businesses advising their workers to work from home as much as possible, reducing face to face meetings and, most importantly in the context of this article, the commute. Most of the blue-collar jobs have, however, continued as they are mostly outdoors.

An article in the journal Science of The Total Environment (Aug 2020) reported: “Recent data released by NASA (National Aeronautics and Space Administration) and ESA (European Space Agency) indicates that pollution in some of the epicentres of COVID-19 such as Wuhan, Italy, Spain and the USA etc. has reduced up to 30 per cent.” A lock-down in one-third of the cities in China, the birthplace of COVID-19, has been assessed and reported to have contributed to significant improvement in air quality in those areas in comparison to previous years’ data.

There have been several reports and academic studies on various cities and industrial economies previously choking on smog, having clearer air and resultant amelioration of breathing issues for residents.

Globally, some early analysis (Carbon Brief) predicted that the reduction in CO2 emission would be around 1600 million tonnes in 2020 – nearly 5.5 per cent of what we puffed out in
2019. This is a blessing, perhaps, as per a Harvard University School of Public Health report which stated that people who live in areas with poor air quality could have more health impact from COVID-19.

Infection (Hindusta: 20210318)

https://epaper.livehindustan.com/imageview_707600_84225652_4_1_18-03-2021_2_i_1_sf.html

Coronavirus (Hindusta: 20210318)

https://epaper.livehindustan.com/imageview_707600_84231614_4_1_18-03-2021_2_i_1_sf.html
16 राज्यों के 70 जिलों में विश्वसनीय स्वस्थ्य विभाग ने लगाया है जो एक दिन में कोरियान-19 के सामान्य वायरस के साथ लगाया गया है 28,903 जिलों में मिले।

दो सप्ताह में कोरोना से मारे गए 37 फीसदी बढ़ीं

Vaccination Cooperation (Hindusta: 20210318)

https://epaper.livehindustan.com/imageview_707600_84233808_4_1_18-03-2021_2_i_1_sf.html
'टीका मैत्री' से कद बढ़ा : जयशंकर

विदेश मंत्री एस. जयशंकर ने वृन्दावन के संगम में कहा कि कोरोना महामारी में भी व्यक्तियों की नीतियों को लेकर जो कदम उठाये, उनसे भारत का चिंतामण्ड में कद बढ़ जाया है और निःक्रिया संभव कर देने की कोशिश की जाएगी।

150 रोज़ों को विकसित सामान्य दिनें

जयशंकर ने कहा कि कोरोना महामारी के पुनःआते समय में भी भारत ने दुनिया के कई देशों की मदद की है। भारत ने 150 इन्जीनियर्स को दवाई और पीपीई फिट जैसे जरूरी विकसित सामान की आपूर्ति की है। इनमें से 82 इन्जीनियर्स का अनुमान के रूप में यह मदद पहुँच गई है।

मुख्यमंत्रियों ने संक्रमण रोकने को कमाल कसी

विदेश मंत्री एस. जयशंकर ने वृन्दावन के संगम में कहा कि व्यक्तियों की स्वास्थ्य को लेकर जो कदम उठाये, उनसे भारत का चिंतामण्ड में कद बढ़ जाया है और निःक्रिया संभव कर देने की कोशिश की जाएगी।

Coronavirus infection (Hindusta: 20210318)

https://epaper.livehindustan.com/imageview_707600_84234428_4_1_18-03-2021_2_i_1_sf.html
Virus (Hindusta: 20210318)

https://epaper.livehindustan.com/imageview_707600_84228490_4_1_18-03-2021_2_i_1_sf.html

Coronavirus wave (Hindusta: 20210318)

https://epaper.livehindustan.com/imageview_707601_84211288_4_1_18-03-2021_3_i_1_sf.html
अपील : प्रधानमंत्री ने मुख्यमंत्रियों संग चर्चा की, कहा-दूसरी लहर को तुरंत ठोके कोरोना से जंग में दवाई और कड़ाई जरूरी: मोदी

नई दिल्ली | विशेष विदेशवादाता
प्रधानमंत्री नरेंद्र मोदी ने युवावर को मुख्यमंत्रियों के साथ वायुवेश बैठक में कोरोना बाधाओं के बढ़ते मामलों पर पूरा नाला। मोदी सहभागी भाग्य को हुएती स्लाय होने की कुर्स स्लाय होने होगी। इसलिए हमें अपना आंदोलन बढ़ाने के लिए लड़ने होगी। इसके लिए दवाई और कड़ाई के साथ ही महत्वपूर्ण होगी।

इन्हें पूरा नाला मोदी ने कहा कि महानगर, जनजीवन और मध्य प्रदेश जैसे क्षेत्रों में मुख्यमंत्री रहे हैं। यह विवरण का विवरण है कि कोरोना के दृश्य में ही जाना और कड़ाई के साथ ही उपलब्धता की होने होगी।

इसी बाद के बाद, मोदी ने कहा कि नया संसद का उदभव होगा।

मोदी के क्वीर नाला: प्रधानमंत्री ने क्वीर नाला के साथ ही नवयुवा अनुभव का उद्देश्य किया।

3 बातों पर प्रधानमंत्री का जोर
1. जान में और टेजी लाएं
   - आर्थिक और नारीवादी जागरूकता को बढ़ाएं।
   - युवा, नारीवादी, शिक्षा एवं आर्थिक जागरूकता के उपकरणों को उन्नत करें।
   - नौकरी के लिए जागरूकता की बढ़ौता करें।
2. टेजीकरण को बढ़ाएं
   - देश में नौकरी 30 लाख लोगों को टेजीकरण करें।
   - देश में नौकरी 50 लाख लोगों को टेजीकरण करें।
   - टेजी के लिए जागरूकता को बढ़ाएं।
3. वायुप्रदान तय करें
   - मुख्यमंत्रियों से वायुप्रदान तय करें।
   - इनका टेजीकरण जागरूकता की होगी।
   - नया शासन अनुसार वायुप्रदान करें।

दिवा इलाही दो हालों में स्कैबल हेल्थ के केस के ठीक दोगुने
28903 14998 598 188 150%

हमारे देश में दवाई नहीं है। दवाई नहीं है। दवाई नहीं है!
अस्पतालों में 48 दिन बाद 700 के पार पहुंचे संक्रमित

दिल्ली के अस्पतालों में बुधवार को भरी कोरोना मरीजों की संख्या 700 के पार पहुंच गई। अस्पतालों में मरीजों की इंसरिंग 48 दिन पहली थी। राजधानी के बुधवार को कोरोना के 715 मरीजों में भरी कोरोना मरीजों की संख्या भी 45% हो गई। राजधानी में 28 अप्रैल को 702 कोरोना मरीजों अस्पतालों में भरी थी।

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राजधानी में कोरोना का खतरा फिर से बढ़ रहा है। छोटी लापताहितियों की वजह से यह और तेजी से फैल सकता है। कोरोना ग्राउंडस्तर का स्तर में पालन करें – प्रधानमंत्री नरेंद्र मोदी, मोदीनिख कीव, एना

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