New Covid strain

Experts: New Covid strain more dangerous for youth (The Tribune: 202104015)


High number of infections among those below 30 years

The second wave is proving more disastrous and recent findings have made medical experts more concerned than before.

As positive cases are on the rise, doctors said new strain has got different characteristics and it’s affecting youngsters as well. They said they were seeing more infections in youngsters and children, unlike the first wave.

Senior Medical Officer AS Duggal said a high number of youngsters were being tested positive. “Even kids below the age of 10 and those below 30 years are getting infected,” he said.

Jalandhar Civil Surgeon Dr Balwant Singh said during the first wave, mostly elderly were affected, but this time, the virus has been proving fatal for youngsters as well. “Also, infection is spreading quickly and patients are getting serious at early stages,” he said.

Nawanshahr Civil Surgeon Dr Gurdeep Singh Kapur said the new strain was spreading rapidly and mortality rate was very high. “This time, we have seen children contracting the virus, which was not the case before,” the Civil Surgeon said.

Why are some Covid-19 survivors at risk of blood clot

Notably, in Nawanshahr, a high number of school students had got infected.

Duggal said even after a year, people were not coming forward to get tested. “People are still adopting delaying tactics so that they don’t have to undergo testing. They still don’t accept that
their symptoms might be related to Covid. Residents take medication by their own, which is not right. A person who is aged 30 and contracts the virus, but doesn’t gets tested becomes a carrier. Even if fever does not lasts morwe than three days, the persons will go out and spread the virus,” he said.

If every person who has fever gets tested, positivity rate would be much higher, said the doctors.

Apart from this, experts in the Health Department said there were still some inhibitions among people regarding vaccination. “They (people) still see if those getting vaccinated in their neighbourhood are safe or not and get inoculated after gaining a little confidence,” said a doctor.

**Covid-19 survivors at risk of blood clot**

*Why are some Covid-19 survivors at risk of blood clot (The Tribune: 202104015)*


Nanyang Technological University in Singapore finds recovered patients have twice the normal number of circulating endothelial cells (CECs)

*Why are some Covid-19 survivors at risk of blood clot*

Recovered Covid-19 patients had twice the normal number of circulating endothelial cells (CECs) that had been shed from damaged blood vessel walls. (Photo: Thinkstock)

People who have recovered from Covid-19, especially those with pre-existing cardiovascular conditions, may be at risk of developing blood clots due to a lingering and overactive immune response, according to a study.

The study, led by researchers from Nanyang Technological University in Singapore, found that recovered Covid-19 patients had twice the normal number of circulating endothelial cells (CECs) that had been shed from damaged blood vessel walls.

The elevated levels of CECs indicate that blood vessel injury is still apparent after recovering from viral infection.

The recovered Covid-19 patients also continued to produce high levels of cytokines -- proteins produced by immune cells that activate the immune response against pathogens -- even in the absence of the virus.
Unusually high numbers of immune cells, known as T cells, that attack and destroy viruses were also present in the blood of recovered Covid-19 patients.

The presence of both cytokines and higher levels of immune cells suggest that the immune systems of recovered Covid-19 patients remained activated even once the virus was gone, revealed the findings published in the peer-reviewed scientific journal eLife.

Experts: New Covid strain more dangerous for youth

The researchers hypothesise that these persistently activated immune responses may attack the blood vessels of recovered Covid-19 patients, causing even more damage and increasing the risk of blood clot formation further.

"While Covid-19 is mainly a respiratory infection, the virus may also attack the linings of blood vessels, causing inflammation and damage. Leakage from these damaged vessels triggers the formation of blood clots that may result in the sort of complications seen in the patients during hospitalisation," said Florence Chioh, research assistant at NTU’s Lee Kong Chian School of Medicine.

The study "makes a strong case for the close monitoring of recovered Covid-19 patients, especially those with pre-existing cardiovascular conditions like hypertension and diabetes who have weakened blood vessels," said Christine Cheung, Assistant Professor at NTU’s Lee Kong Chian School of Medicine.

The team collected and analysed blood samples from 30 Covid-19 patients a month after they had recovered from the infection and were discharged from hospital.

UK variant more transmissible

UK variant more transmissible, but does not increase Covid severity: Lancet studies (The Tribune: 202104015)


The study of patients in London hospitals is consistent with emerging evidence that this lineage is more transmissible

UK variant more transmissible, but does not increase Covid severity: Lancet studies

Image only for representational purposes.
The novel coronavirus variant first identified in the UK is not associated with more severe illness and death, but appears to lead to higher viral load which makes it more transmissible, suggests an observational study.

The study of patients in London hospitals is consistent with emerging evidence that this lineage is more transmissible than the original COVID-19 strain.

A separate observational study using data logged by 37,000 UK users of a self-reporting COVID-19 symptom app found no evidence that the B.1.1.7. variant altered symptoms or likelihood of experiencing long COVID.

Authors of both studies acknowledge that these findings differ from some other studies exploring the severity of the B.1.1.7. variant and call for more research and ongoing monitoring of COVID-19 variants.

The studies, published in The Lancet Infectious Diseases and The Lancet Public Health, found no evidence that people with the B.1.1.7. variant experience worse symptoms or a heightened risk of developing long COVID compared with those infected with a different COVID-19 strain.

However, viral load and R number -- the number of people that one infected person will pass on a virus to -- were higher for B.1.1.7., adding to growing evidence that it is more transmissible than the first strain detected in Wuhan, China, in December 2019.

The emergence of variants has raised concerns that they could spread more easily and be more deadly, and that vaccines developed based on the original strain might be less effective against them.

Preliminary data on B.1.1.7. indicates that it is more transmissible, with some evidence suggesting it could also be associated with increased hospitalisations and deaths.

However, because the variant was identified only recently, these studies were limited by the amount of data available.

Findings from the new studies, which spanned the period between September and December 2020, when B.1.1.7. emerged and began to spread across parts of England, provide important insights into its characteristics that will help inform public health, clinical, and research responses to this and other COVID-19 variants.

The study in The Lancet Infectious Diseases journal is a whole-genome sequencing and cohort study involving COVID-19 patients admitted to University College London Hospital and North Middlesex University Hospital, UK, between November 9 and December 20, 2020.

"Analysing the variant before the peak of hospital admissions and any associated strains on the health service gave us a crucial window of time to gain vital insights into how B.1.1.7. differs in severity or death in hospitalised patients from the strain of the first wave," Eleni Nastouli, from University College London Hospitals NHS Foundation Trust.
The study in The Lancet Public Health journal is an ecological study that analysed self-reported data from 36,920 UK users of the COVID Symptom Study app who tested positive for COVID-19 between September and December 2020.

"We confirmed the increased transmissibility but also showed that B.1.1.7 clearly responded to lockdown measures and doesn't appear to escape immunity gained by exposure to the original virus," Claire Steves from King's College London, UK, who co-led the study, said.

"If further new variants emerge, we will be scanning for changes in symptom reporting and reinfection rates, and sharing this information with health policymakers," Steves said.

Britta Jewell, from Imperial College London, UK, who was not involved in the study, said this study adds to the consensus that B.1.1.7 has increased transmissibility.

This, Jewell said, has contributed in large part to the sharp rise in cases in the UK over the study period and beyond, as well as ongoing third waves in European countries with growing burdens of B.1.1.7 cases. PTI

Vaccine optimism

Approval to Sputnik V can address supply constraints (The Tribune: 202104015)


Almost three months after launching its Covid vaccination programme, India has managed to fully inoculate barely 1 per cent of its population. Even as the second wave of the pandemic is ravaging the country, only around 7 per cent of the people have received at least one dose of the vaccine so far, way too less compared to Israel (60 per cent) and the US (36 per cent). With the manufacturers of Covishield and Covaxin struggling to ramp up production, the emergency use authorisation granted to Sputnik V is expected to ease the supply situation. India has become the 60th country to approve the Russian vaccine, whose efficacy is an impressive 91.6 per cent. According to the Health Ministry, the national drug regulator found that safety and immunogenicity data from a local trial of Sputnik V was comparable to that of a late-stage trial done in Russia. This timely reassurance is significant, considering how the apprehensions caused by the delayed release of Phase 3 trial data of Covaxin had contributed to vaccine hesitancy in January-February.

Over 850 million doses of Sputnik V are going to be produced in India annually. India needs to ensure that a sizeable proportion of these doses are used for the local population so that the vaccination rate can be improved considerably. It’s heartening that four other vaccines are in advanced stages of development in the country, including Zydus Cadila’s DNA vaccine and
Bharat Biotech’s intranasal vaccine. Transparency in the whole process — right from sharing the results of the clinical trials to the grant of approval — is a prerequisite for gaining trust of experts as well as the public.

The widespread availability of a variety of safe and potent vaccines can shape the course of India’s battle against the virus. At the same time, the benefits of vaccination should not be squandered by reckless behaviour. It’s appalling that Covid safety protocols are being thrown to the winds at religious events as well as political rallies. Such super-spreaders who threaten to undo all the good work done by researchers and scientists must not be allowed a free run.

**India’s second wave**

Are more people dying in India’s second wave? By Jamie Mullick (Hindustan Times: 202104015)

[https://epaper.hindustantimes.com/Home/ArticleView](https://epaper.hindustantimes.com/Home/ArticleView)
First, a ‘base’ CFR that can serve as a comparison point

Overall, of the 13,686,024 people infected across the country till Monday night, 171,018 people lost their lives to Covid-19. This places the country’s overall case fatality rate (CFR) at just a shade under 1.3%. However, in the initial months of the outbreak, a larger proportion of people was dying as doctors across the world took time to narrow down on effective treatments, and the health infrastructure was in the process of being strengthened. As a result, India’s CFR has steadily been improving - it was 3% by the end of June, it improved to 1.6% by the end of September. In the six months before the start of the second wave (from September 2020 to January 2021), only around 1.1% of cases resulted in deaths (there were 70.8 million cases and nearly 76,000 deaths). This 1.1% is a good comparison point. It is recent, and it is from a time when cases were declining.

So, are more people dying in the second wave?

The 1.1% base CFR can be used as a yardstick to compare the death rate during India’s second wave.

In order to see if the second wave has had a lower death rate, HT plotted the seven-day average of deaths (with a 14-day lag) against the seven-day average of cases since October 1, 2020, at a ratio of 0.011 (as the CFR since October is 1.1%). Any deviation from the 1.1% CFR would be visible in such a chart - the target would be to keep the line representing daily deaths below the line for daily cases.

To be sure, all death calculations and CFRs used in this analysis have assumed a 14-day lag between cases being reported and deaths occurring. This is because a February 2020 study showed that the median time between someone testing positive for Covid and their death is around 13.8 days.

We see that the death trajectory is nearly identical to the case trajectory in the second wave for new cases occurring till the first week of March. But from there on, things take a turn for the worse: deaths are rising faster than cases. This gap, if anything, appears to be getting wider by the day.

After a long gap, the CFR has again started rising

For a period that lasted over four months – from the start of December till the end of March - the CFR for any week remained at 1% or below. The 1% mark, incidentally, is significant because officials from the Union government have repeatedly stressed that the country must lower the CFR to 1% for better epidemiological reasons.
The most important target in dealing with any pandemic is to keep the number people dying from the disease as low as possible. This has been repeatedly stressed by the government as the primary target of India’s handling of the coronavirus outbreak. As the country’s second Covid-19 wave continues to push daily case numbers up to record levels, daily deaths have also started increasing, though currently they remain below peak levels seen in the first wave. What does this mean? Some say it shows that the second wave is not as dangerous as the first. But a deeper look at some crucial indicators for Covid-19 fatalities shows that India may be on the cusp of an alarming trend of deaths.

Covid spiral

Capital in a Covid spiral as experts call for tighter curbs
Delhi reports a new record in daily cases at 17,282, 104 die of Covid-19 in 24 hours. Over the last two days, new cases have increased by 586% and the city now has 50,000 active cases (Hindustan Times: 202104015)

https://epaper.hindustantimes.com/Home/ArticleView
Capital's Covid-19 graph

Delhi is going through its worst Covid wave so far with both cases and deaths increasing dramatically.

**Daily cases gallop away**

- New cases: 17,282
- 7-day avg: 10,981

**Deaths increase in increments**

- Daily deaths: increase

**Positivity rate peaks**

- Positivity rate (%): 15.92

**Meteoric rise in activity**

- Active cases: increase

Data points:
- Mar 01: 0.44
- Apr 14: 15.92
number of new Covid-19 infections in the Capital soared past previous records, with 17,282 cases recorded in the 24 hours till Wednesday and the test positivity rate – a crucial proxy for outbreak severity – was higher than it had been in the city’s last two waves, bringing yet more signs that the crisis has taken an unprecedented turn and may now require stringent curbs.

Over the last two weeks, new cases have increased by 586%, and the city now has over 50,000 active cases – the most it has ever had – in what may turn into a threat for the health care capacity. Experts believe the curbs announced last week may have come too late and the Capital may have little option but to enter a circuit-breaker in which non-essential services are shut.

The 104 new deaths reported in Delhi’s health bulletin on Wednesday was the highest since November 30, while the test positivity rate of 15.92% was the highest since June 26, when tests were far fewer in number. In the last 24 hours till Wednesday, 108,534 tests were carried out.

“The number of deaths have also started going up. If the surge in cases continues at a current pace, the deaths will go up further proportionally. Among the people who have tested positive today, the deaths will be reported after about two weeks,” said Dr Puneet Mishra, professor of community medicine at the All India Institute of Medical Sciences (AIIMS).

Dr Mishra warned that the number of deaths will climb faster if the health infrastructure buckles under the load of new cases. “If we do not follow all the Covid appropriate behaviour strictly – and the markets are still crowded – the situation will get worse. We will reach a situation where hospitals start running out of beds in the next few days,” he said.

Of the 50,736 people with Covid-19 in Delhi as on Wednesday, close to 17.5% are in hospitals. After cases began climbing last month, authorities in Delhi last week announced a night curfew and curbed the number of people that can gather for weddings, eat at restaurants or attend offices. Save for some services such as swimming pools, most activities are allowed.

“India saw 185,000 cases, which have surpassed the last peak of 99,000. In Delhi, just like the entire country, the cases are steadily increasing. The trend has not slowed down yet; unlike last time, when the number went down with each passing day,” Delhi’s health minister Satyender Jain on Wednesday.

Officials in Delhi have attempted to increase the number of beds.

“In the Delhi Govt app, the total bed count was 6,000 one week ago. Now, the count is more than 13,000. Orders have been given to increase the number of beds. We are increasingly adding more beds. I can assure you that the number of beds in Delhi is double that of any state,” Jain added.

Jain said the Delhi government has asked the central government to up bed capacity as well. “During the last peak, 4,100 beds were available with the central government. Today the count is 1,100. We have requested them to increase the beds and discussions are being held daily. The surge has been unprecedented, and the Delhi Government has ramped up the infrastructure in the hospitals. I’m sure they will too. They have not refused to do so, and are working towards it,” said Jain.

But there are now questions whether these will be adequate without more curbs. A similar surge in India’s financial capital Mumbai forced authorities to order lockdown-like curbs as hospital beds became scarce and medical oxygen shortages became widespread.

The sudden surge in the Capital has raised several other questions: whether the city is battling a more transmissible variant or if the wave of infections being recorded now are a result of the wedding and festive season last month?
Experts say the curbs announced last week may have come too late. “We should expect more of the same over the next few days. All the restrictions that are being put in place in Delhi now should have been taken a few weeks ago when we saw an increasing trend in the number of cases,” said Dr Lalit Kant, former head of the department of epidemiology at the Indian Council of Medical Research.

“Delhi ministers said that there is no need to worry, there are enough beds. Very little was done to prevent the infections. I do realise that there are economic constraints; but the same constraints are in place even now and we are still implementing the restrictions, aren’t we,” he added.

A second expert said at the least, the focus must be on Covid-safe behaviour. “Now that the infection is the community and it is affecting people indiscriminately, the only thing that we can do is maintain Covid appropriate behaviour and treat those who get sick. If beds start getting full, we have to ensure that patients receive good support and care at home so that most of them do not rush to hospitals,” said Dr Jugal Kishore, head of the department of community medicine at Safdarjung hospital.

He added that a Maharashtra-like lockdown or a country-wide lockdown may complicate the situation further. “If you see Maharashtra, the lockdown has had little impact on the number of cases, but it has resulted in migrant workers leaving the city again. This will just lead to spreading the infection to the other parts of the country,” he said.

**Kejriwal to meet L-G**

Delhi Chief Minister Arvind Kejriwal will discuss the coronavirus situation in the city with Lieutenant Governor Anil Baijal during a meeting on Thursday, the chief minister’s office said on Wednesday.

The city recorded 17,282 fresh cases of Covid-19 on Wednesday, the highest single-day surge here till date, and over 100 fatalities, according to Delhi government’s daily health bulletin data.

“In view of the spread of Covid-19 infection, Delhi CM Arvind Kejriwal will discuss the situation with Lieutenant Governor at 11 am on Wednesday,” the Chief Minister’s Office tweeted.

**Health Care Services**

**Govt allows 14 pvt Covid hospitals to use some beds for emergency care**(Hindustan Times: 202104015)

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

Two days after designating 14 big private hospitals as dedicated Covid-19 facilities, the Delhi government on Wednesday revised its order allowing the hospitals to use 10%-30% of their beds to provide emergency care as well as follow-up treatment to some of their patients.
Only two hospitals, Max Smart Superspeciality hospital and Manipal Hospital, remained completely Covid-19 centres after the revised order, which reduced the number of beds accrued from 4,337 beds to 3,553. Big hospitals such as Indraprastha Apollo and Sir Ganga Ram retained nearly 200 beds for the treatment of Covid-19 patients.

“The remainder beds or additional beds in these hospitals shall be used for treatment of non-Covid follow-up patients and patients requiring emergent medical or surgical treatment. Further, the concerned 14 hospitals would be allowed to temporarily increase their bed capacity up to 35% and the additional beds may also be utilised for the treatment of non-Covid patients,” the revised order signed by medical superintendent of Delhi’s nursing home cell Dr RN Das read.

The decision to free up beds was taken after a meeting between Delhi health minister Satyendar Jain and the representatives from all 14 hospitals.

“We met with the health minister today and explained our problems -- of the 14 hospitals, eight are located within 10km, seriously curtailing the chances of non-Covid patients in the region getting emergency care. These are also the biggest hospitals that provide specialised care such as transplant surgeries, complicated brain and spine surgeries and need to follow up these patients regularly. The minister understood our plight and we were told that some beds would be freed up in all the hospitals for non-Covid-19 patients,” said Dr PK Bharadwaj, secretary of Delhi Voluntary Hospital’s forum, an association of large private hospitals in the city. He said that during the meeting with the minister, he suggested that smaller nursing homes may be utilised instead to ramp up bed capacity, if needed.

Girdhar Gyani, director general of Association of Healthcare Providers (India), said, “This is our partial victory. These 14 hospitals can carry out the critical procedures. We will therefore not go to court for time being.” The association had prepared a writ petition after the government order. In September, the association had sued the Delhi government after 80% of the ICU beds in 33 big private hospitals had been reserved for Covid-19 treatment.

New Peak (The Asian Age: 20210415)
New Delhi, April 19: Delhi on Wednesday recorded the biggest single-day surge in its Covid-19 tally with 9,894 new infections and 104 fatalities, taking the city’s death toll to 11,540. The surge in the number of cases led to a meeting of the ridge-to-valley team, which monitors the city’s Covid situation, headed by Lieutenant Governor Anil Baijal on Thursday during which the situation was reviewed.

The minister, however, reiterated that lockdowns had not been a solution to the problem and that the government needed to step up its game if it wanted to contain the virus spread, an issue that has been prevalent in the city.

The minister said that the administration had launched a number of initiatives, including the launch of the ‘Delhi Covid-19 app’, to help with contact tracing and to keep track of the virus spread. He also mentioned that the government was working on a ‘Deli vaccine’ project, which would focus on developing a vaccine for the city’s Covid-19 cases.

Thursday’s jump in the number of cases came after a steady decline in the number of cases in the city. However, the minister said that the city was still not out of the woods and that the government needed to remain vigilant.

“Delhi’s Covid-19 cases have been under control for a while now, but we cannot afford to relax. We need to continue with our efforts to contain the virus spread,” he said.

The minister also said that the government was working on a ‘Vaccines for All’ scheme, which would provide free vaccines to all residents of the city.

Vaccine (The Asian Age: 20210415)

Covid vaccinations

In Covid vaccinations, India must scale up and distribute widely and equitably (The Indian Express: 20210415)

India needs to vaccinate many people, and the only way to get to that quickly is to have a greater number of vaccinations happening daily.

As of April 10, India has delivered more than 100 million doses of the COVID-19 vaccine, the fastest country to reach this mark. (C R Sasikumar)

India has been vaccinating its citizens with domestically manufactured COVID vaccines since January 2021. The government has adopted a phased approach in vaccinating its population — first the at-high-risk populations, then the 60-plus and from April onwards, everyone over the age of 45 years is eligible. A digital platform, CoWIN, has been set up to register beneficiaries for the vaccine at the front end and for planning, implementation and monitoring of the vaccination drive at the backend.

As of April 10, India has delivered more than 100 million doses of the COVID-19 vaccine, the fastest country to reach this mark. However, through the course of the vaccine rollout in the country, there have been — justifiably — frequent conversations on the need to scale up the speed of vaccination delivery. India needs to vaccinate many people, and the only way to get to that quickly is to have a greater number of vaccinations happening daily. At the same time, it is equally important to understand that the rationale for any scale-up strategy must be based on a scientifically directed approach while maintaining process safety, quality and integrity. Let us consider this from the perspective of these three pillars — product availability (vaccine supply), people (trained vaccinators) and places (vaccination centres).

First, take the production and manufacturing of vaccines. India is a global hub in vaccine manufacturing — and has been a leading vaccine supplier to the world. Estimates suggest that the indigenous manufacturing capacity for the COVID-19 vaccines is hovering in the range of 70-80 million doses a month — and there are plans in place to ramp up production. Many countries are also looking to India to export vaccines for their urgent needs. However, vaccine production is a complex process and manufacturing capacity cannot be created in a short timeframe. Besides putting together the requisite financial resources, specialised skilled human resources and systems in place — such as the import of select raw material from countries abroad — most crucially, Good Manufacturing Practices (GMP) for biological and pharmaceutical products have to be followed thoroughly by all manufacturers. Scaling up of production capacity must be in tandem with the ability of manufacturers to ensure adherence to GMP.

Second, there is a need to deploy sufficient trained vaccinators. The authorities were aware that the Universal Immunisation Programme’s workforce would not be enough to roll out the COVID-19 vaccination programme. All health workers involved in the implementation of vaccination need to have adequate knowledge and skills to ensure safe and efficient vaccine administration. Training must be robust and complete and must cover a wide range of aspects — including knowledge on storage, handling, delivery and waste management of COVID-19 vaccines; organising COVID-19 vaccination sessions and AEFI monitoring. And there has to
be an active collaboration with doctors, nurses and technicians from private facilities to meet vaccination needs.

Training health workers is also critical to address vaccine hesitancy and build public trust. However, this training agenda is itself a mammoth task involving state and district programme managers, medical officers, vaccination officers, information, education and communication officers, cold chain handlers, supervisors, data managers, ASHA workers, and Mahila Arogya Samitis. All these aspects and actors need adequate support and engagement to ensure that we have a skilled and trained workforce to deliver COVID-19 vaccination to the country’s citizens. Over the past few months, the government and the public and private health system have done herculean work in this regard. This has been done quietly and behind-the-scenes, and needs to be appreciated.

Third, we need vaccination centres that are accessible and acceptable to people. The centres also need to have adequate space for mandatory monitoring for any adverse events immediately following vaccination. In the first phase, authorities have been leveraging the infrastructure of the UIP for COVID-19 vaccination — a network of nearly 82 lakh vaccination centres. Now, private sector facilities are also open for administering the vaccine. This requires an extraordinary level of coordination and preparedness at each centre.

Critical to all this is vaccine equity. While prioritising vulnerable populations is the need of the hour, with numbers of cases on the rise once again, we also need to consider opportunities to vaccinate an increasing number of citizens, who are often asymptomatic spreaders. Similarly, as we strengthen partnerships with the private sector for rapid scale-up, we also need to keep in mind affordability — so that the maximum numbers of people have equitable access to the vaccine. We have to be vaccine agnostic to ensure ease of access — especially for the most marginalised, vulnerable groups.

In the long term, we can also explore a “cafeteria approach” of bringing more affordable, global vaccine alternatives to market, while simultaneously stimulating indigenous production. In a pandemic, however, demands for market-driven exports and market-driven prices of foreign vaccines that are not available in the public immunisation programme pose not just ethical challenges but could lead to unnecessary questions and doubts about the quality of vaccines being administered by the government health system. Such demands are best avoided till a time — in the future — when hopefully an abundance of vaccines will be available and there will be no shortages. That time has not come.

Over the last year, an unprecedented collaboration between governments, civil society, private sector, scientists, vaccine manufacturers, healthcare personnel, media and citizens has helped minimise death and sickness from this virus. Today, we are fortunate to have a better idea of how to treat the very sick patients, as well as accessible, quality anti-virals and antibiotics and effective vaccines to deploy against this pandemic. But as the second wave of the pandemic unfolds, the only way to cut off the chain of transmission is to focus on relentless adherence to COVID-appropriate behaviour and continued emphasis on testing and tracking, alongside vaccination.
As this mammoth vaccination exercise is rolled out, each citizen’s behaviour in managing their own health risk and exposure will be critical for communities and the country to overcome this devastating pandemic.

First time since Covid outbreak

First time since Covid outbreak: India reports over 2 lakh new cases in a day(The Times of India:20210415)


NEW DELHI: The number of new coronavirus cases in India hit a record daily high with over 2 lakh infections being reported in a day, while the active cases surpassed the 14- lakh mark, according to the Union health ministry data updated on Thursday. With the new cases, the total tally of Covid-19 cases in the country rose to 1,40,74,564.

A total of 2,00,739 new Covid-19 cases have been registered in a span of 24 hours, while the death toll increased to 1,73,123 with 1,038 daily new fatalities, the highest since September 16, 2020, the data updated at 8 am showed.
S Jaishankar signals wider sphere of influence for India

In a trilateral discussion with French foreign minister Jean-Yves Le Drian and Australian foreign minister Marise Payne at the Raisina Dialogue, Jaishankar described India’s new view of its role as a “return to history”, saying that this placed the country’s neighbourhood across a greater swathe of the globe.

Job loss, tense future spark Mumbai migrant exodus despite government aid

Through the day, huge crowds of migrants from UP and Bihar thronged the Lokmanya Tilak Terminus, desperate to return home. Among them were daily wagers who worked in shops, restaurants and markets. Besides, there were electricians, carpenters and drivers who found their work drying up.

Registering a steady increase for the 36th day in a row, the active cases have increased to 14,71,877 comprising 10.46 per cent of the total infections, while the national Covid-19 recovery rate has dropped to 88.31 per cent.

The active caseload was at its lowest at 1, 35,926 on February 12 and it was at its highest at
10,17,754 on September 18, 2020. The number of people who have recuperated from the disease surged to 1,24,29,564 while the case fatality rate has further dropped to 1.23 per cent, 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.

**Coronavirus live updates**

**Coronavirus live updates: In record high, India reports over 2L new Covid cases in a day**(The Times of India:20210415)

Coronavirus live updates: In record high, India reports over 2L new Covid cases in a day

India reported a record single-day rise of 1,84,372 new coronavirus infections pushing the total tally of cases to 1,38,73,825, while the active cases surpassed the 13-lakh mark, according to the Union health ministry data updated on Wednesday. Meanwhile, board exams for Class 10th have been cancelled and 12th exams have been postponed, said the education ministry after a high-level meeting chaired by PM Narendra Modi. Stay with TOI for latest updates-

Coronavirus

Coronavirus | Current rate of vaccination may not stem COVID-19 spread, show data (The Hindu: 20210415)


Analysis of data shows that States are not seeing a respite from second wave.

The current levels of vaccination are far from helping States see any respite from the second wave of the COVID-19 pandemic, shows an analysis of

COVID-19 vaccine-related IPR

LDCs support request made by India, South Africa for waiving COVID-19 vaccine-related IPR (The Hindu: 20210415)


the WTO to suspend Intellectual Property Rights related to COVID-19 for a limited period of time
The 46-member grouping of the Least Developed Countries has said it supports a request made by India and South Africa to the World Trade Organisation (WTO) to temporarily suspend intellectual property rights for the COVID-19 pandemic.

COVID-19 pandemic

COVID-19 pandemic a long way from over, says WHO chief (The Hindu: 20210415)


He voiced concern that confusion, complacency and inconsistency in public health measures. Even though more than 780 million doses of COVID-19 vaccine have now been administered globally, the pandemic is “a long way from over” but it can be

Chronic Kidney Disease

Chronic Kidney Disease: The reality by Dr L H Hiranandani Hospital (New Kerala: 20210415)


Chronic kidney disease is characterized by a gradual and cumulative loss of kidney function over many years. This disease frequently goes unnoticed and undiagnosed.
Masks, social distancing

Masks, social distancing by 60pc people may curb Covid spread New Kerala: 20210415)


Coronavirus' viral outbreaks can be prevented if at least 60 per cent of people start wearing masks, and maintain social distancing, according to a study.A "Neither -> View it-->

Ramdesivier (Hindustan: 20210415)

https://epaper.livehindustan.com/imageview_765092_53584350_4_1_15-04-2021_0_i_1_sf.html
रेमडेसिविर का उत्पादन दोगुना होगा, दाम घटेंगे

रेमडेसिविर का उत्पादन को किल्लत दूर करने के लिए केंद्र ने बुधवार को इसका उत्पादन बढ़ाने की मंजूरी दी। इस फैसले के तहत इंजेक्शन का दोगुना से ज्यादा उत्पादन हो सकेगा। साथ ही इसकी कीमत 3500 रुपये से ज्यादा नहीं होगी। रेमडेसिविर की उत्पादक कंपनियों ने इस पर सहमति प्रकट की है। फिर से, इंजेक्शन के दाम 5000 रुपये तक भी है। केंद्र ने दस उत्पादन करने वाली 7 कंपनियों को प्रतिमाह 30 लाख इंजेक्शन अंतर्राष्ट्रीय उत्पादन के लिए मंजूरी दी है। यद्यपि 30 लाख इंजेक्शन प्रतिमाह उत्पादन बढ़ाने की प्रक्रिया पहले ही शुरू की जा चुकी है। इंजेक्शन बनाने वाली कुल सात कंपनियों की मौजूदा क्षमता 38.80 लाख प्रतिमाह है। इस क्षमता के शुरू होने से 78 लाख से अधिक इंजेक्शन प्रतिमाह तैयार हो सकेंगे।

उर्वरक राज्यमंत्री मनमुख मंडळविया ने रेमडेसिविर के उत्पादन को लेकर हाल में इसके निर्माताओं के साथ बैठक की है।

“रेमडेसिविर की कालाबाजारी को जो घटनाएं सामने आ रही हैं। उन पर अंकुश लगाया जाएगा। इस कंट्रोल और इंजेक्शन को भी इस संबंध में रहने से सरकार का आदेश दिया गया है।”

- डॉ. हर्षवर्धन, केंद्रीय स्वास्थ्य मंत्री
निश्कर्ष: कोरोना की कम जांच करना राज्यों पर भारी पड़ रहा

नई दिल्ली | विशेष संवाददाता
कोरोना के तीत्र संक्रमण के कई कारणों में से एक एंटीजन टेस्ट पर निर्भरता ज्यादा होना भी है। स्वास्थ्य मंत्रालय के आंकड़े भी इस बात की पुष्टि करते हैं। जिन राज्यों में आर्टीमीसीआर टेस्ट कम हुए हैं, वहां जरूरत संक्रमण की दर बढ़ा देता है पर जहां वह टेस्ट ज्यादा हुए हैं, वहां यह दर अपेक्षाकृत कम है। स्वास्थ्य मंत्रालय ने 11 सर्वाधिक प्रभावित राज्यों के आंकड़े एकत्र किए हैं। इनके अनुसार, महाराष्ट्र, छत्तीसगढ़, यूगो, गुजरात, मध्य प्रदेश, दिल्ली तथा केरल ऐसे राज्य हैं जहां आर्टीमीसीआर टेस्ट 60 फीसदी से कम हैं।

दिल्ली
फरवरी में राजधानी में आर्टीमीसीआर टेस्ट 65 फीसदी हो रहे थे जो अब घटकर 52 फीसदी दर्ज किए गए हैं। यहां भी सामान्य लोगों में तेजी एक दिन में 40 फीसदी से बढ़कर 8.24% तक पहुंच गया है।

जहांदेह
17-23 फरवरी के बीच 70% आर्टीमीसीआर टेस्ट हो रहे थे तब संक्रमण दर 8.90 फीसदी थी। 17-18 फरवरी के बीच आर्टीमीसीआर 57 फीसदी तक घट गए तो संक्रमण दर 24 फीसदी तक जा पहुंची।

छत्तीसगढ़
यहां भी आर्टीमीसीआर जांच 35.70% से घटकर 28.20% तक रह गई। नवीन पॉजिटिविटी रेट 1.40 से बढ़कर 27.95% हो गया।

उत्तर प्रदेश
आर्टीमीसीआर जांच 47 फीसदी से घटकर 44 फीसदी तक रह गई तो संक्रमण दर 0.10 से बढ़कर 4.84 फीसदी तक जा पहुंची।

एंटीजन टेस्ट सिर्फ बीड़िड़ा चारा तथा आंकड़े तक तैनातियों के उद्देश्य से किए जाने चाहिए। पर राज्य एंटीजन टेस्ट ज्यादा कर रहे हैं लेकिन उन्होंने कांग्रेस का डायलाग नहीं कर रहे हैं। बाद एंटीजन टेस्ट को सिपोर्ट पॉजिटिविटी है तो यह हद से अधिक काम है।
कोरोना रिपोर्ट के लिए चार से पांच दिन तक करना पड़ रहा इंतजार

हिन्दुस्तान प्रिंटर

जान से ज्यादा रिपोर्ट लेने वाले

नक्सलियों के नियंत्रण में बहन दिल्ली सरकार की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली बुधवार की रिपोर्ट सीधे दिल्ली सरकार की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली व्यवस्था की रिपोर्ट सीधे दिल्ली सरकार की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती

सुबह से टेस्ट के लिए लगी लाइन

ढोकल टेस्ट होने पर लगी विवेचना जांच के परिणाम को एक रोकका की बोली जाती है। नीचे दिखाई दी गई रैक में व्यवस्था की रिपोर्ट सीधे दिल्ली सरकार की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती

‘पता कैसे चला संक्रमित हूँ या नहीं’

अंतर्देश नर्स निर्माण एवं वैक्सीनेशन के मुद्दे पर दिल्ली सरकार की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती

जांच बढ़ने से बढ़ देंगे

लेखांकन, अधिनियम और नीति के अनुसार रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती

जाने के महत्व

लेखांकन, अधिनियम और नीति के अनुसार रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती वाली दिल्ली रिपोर्ट लेने वाली व्यवस्था की दिशा में जांच करती
कोटेला के नेत्रदूत काज़ी ने बेड की मदद के कारण भटकना पड़ रहा, महिलाओं की दिक्कत के समाप्तात्मक में कुछ दिनों सप्ताह
77 अस्पतालों में आईसीयू तो 69 में वैटिलेटर बेड मशीन

राहां की एक महत्वपूर्ण बेड बाहर आया है। जिसे अस्पताल में जरूरी है और अगर उसे नहीं मिलता तो अस्पताल की जीवनशैली हो सकती है।

उसकी यह अवधारणा के अनुसार, इसका उपयोग अस्पतालों में जरूरी है। इसे अस्पताल के लिए अत्यंत आवश्यक बताया जा सकता है। 

इसका उपयोग अस्पतालों में जरूरी है। इसे अस्पताल के लिए अत्यंत आवश्यक बताया जा सकता है।
11 कोविड अस्पतालों व लुक्कावालों में एक-एक टीम काज करनी, आईआईएल अधिकारियों को बनाया जाया जोड़ें अधिकारी
अस्पतालों में महीना भर तक कारने के लिए 12 समितियां बनाई

सरकार के कदम

लाई दिल्ली, बीसिटी स्व-संस्थागत कोविड अस्पताल पहुंचने के बाद महोत्सवों को समय पर बंद करने के प्रयास कर रहा है। कोरोना वायरस के लिए नई संख्या उत्पन्न होने पर खुबसूरत रूप से तकरीबन 12 टीम बनानी पड़ा है। इसमें एक टीम मुख्यालय स्तर पर काम करेगी, जबकि 11 सीमित कोविड के 11 टीमों अस्पतालों में बनायी गई है। यह सरकार ने महोत्सव की ओर से इस संबंध में आदेश भी जारी कर दिया है।

राजनीति सरकार को निर्देशित किया गया है कि अस्पताल पहुंचने के बाद कोविड नर्सों को यह नया समय पर इंतजार नहीं मिले रखा है। लगभग 3000 नर्सों को देखते हुए सरकार ने जीवनघर, पूजारियों, गृहाधिकारी और अन्य कारोबार नर्सों को एक अन्य तीर्थ कोविड अस्पतालों के लिए यहां-यहां नियुक्त किया है।

मौजूदे अधिकारियों और कारणों पर भी लक्ष
कोविड अस्पतालों में गहरी तीर्थ या फ़िल्टर से मिल रहे गहरे महोत्सवों के अधिकारियों पर भी नजर रखा रहेगा। इन मौजूदे अधिकारियों पर भी फ़िल्टर देखा जाना चाहिए। प्रत्येक मौजूदे को अपनी कार्य की अनुशनों, मौजूदाएं, मौजूदे के क्षेत्र, मौजूदाएं अधिकृत परीक्षण, उनकी पहचान जैसे सभी विषयों पर उनकी अधिकारियों की फ़िल्टर विचार की तीर्थ रेखा होगी। अब यह सभी महोत्सवों के दूसरे दिन बदल जाएगा। तो उससे अधिकारियों की फ़िल्टर में देखी होनी चाहिए।

लगभग सरकार ने इसका बयान दिया कि यह विचार होगा कि यह आपकी होगी कृपया होगी।

सरकार को सहयोग की आवश्यकता है। प्रत्येक मौजूदे में एक अधिकारी अधिकारियों है, जिन्हें सीमित अधिकारी बनाया गया है। आपकी हर टीम में नियुक्त करने के लिए नियुक्त करने की आवश्यकता है।