Amid fears that the potential third wave of Covid-19 might impact children more, India is in the process of adopting fresh guidelines on pediatric Covid disease with a group of experts telling the government to prepare for the worst and ramp up hospital infrastructure for children.

VK Paul, Member, Health, NITI Aayog, today said though there was no evidence of serious Covid disease in children, the impact could increase if the virus changed its behaviour.

“Our focus on pediatric Covid disease is gaining attention. We will strengthen our systems for children and audit what is required and what might be required in a worst case scenario,” said Paul.

He said a national expert group on pediatric Covid had given a detailed report which would be adopted soon.

The push in the direction follows realisation that 2-3 per cent of the children infected with Covid might need hospitalisation. Paul said the plan was to ramp up pediatric hospital facilities by 2.5 times.

He also shared evidence of a new serious post-Covid disease among children which showed up two to six weeks after recovery and could turn into an emergency situation.
COVID-19 vaccines

Over 1.64 crore COVID-19 vaccines still available with states: Centre (The Tribune: 20210603)

Centre has so far provided 23 crore vaccine doses to states and UTs

Over 1.64 crore COVID-19 vaccines still available with states: Centre

Centre has so far provided 23 crore vaccine doses to states and UTs

More than 1.64 crore COVID-19 vaccine doses are still available with the states and UTs to be administered, the Union Health Ministry said on Wednesday.

The Centre has so far provided, both through the free of cost and through direct state procurement categories, more than 23 crore vaccine doses to states and UTs.

Of this, the total consumption, including wastages, is 21,71,44,022 doses, the ministry said.

A total of 1,64,42,938 COVID-19 vaccine doses are still available with the states and UTs to be administered, it said.

As part of the nationwide vaccination drive, the Centre has been supporting the states and UTs by providing them COVID-19 vaccines free of cost. PTI

New Cases

India records single-day spike of 1.65 lakh Covid cases, lowest in 46 days(The Tribune: 20210603)

Tally reaches 2,78,94,800; death toll climbs to 3,25,972 with 3,460 fatalities

India records single-day spike of 1.65 lakh Covid cases, lowest in 46 days

Doctors perform surgery on a patient infected with black and white fungus at a hospital in Ajmer on May 29, 2021. PTI
India recorded a single-day rise of 1,65,553 new Covid-19 cases, the lowest in 46 days, taking the country’s infection tally to 2,78,94,800, according to Union Health Ministry data updated on Sunday.

The daily positivity declined to 8.02 per cent, remaining below the 10 per cent-mark for the sixth consecutive day, while the weekly positivity rate dropped to 9.36 per cent, it said.

The death toll due to the disease climbed to 3,25,972 in the country with 3,460 fatalities being recorded in a span of 24 hours, the data updated at 8 am showed.

Also, 20,63,839 Covid-19 tests were conducted in the country on Saturday, taking the total number of such exams so far to 34,31,83,748, the ministry said.

The number of active cases has reduced to 21,14,508, comprising 7.58 per cent of the total infections, while the national Covid-19 recovery rate has improved to 91.25 per cent, it said.

The count of the daily new cases is the lowest in 46 days. India had recorded 1,61,736 infections on April 13.

The number of people who have recuperated from the disease has surged to 2,54,54,320, while the case fatality rate stands at 1.17 per cent, the data stated.

India’s Covid-19 tally had crossed the 20-lakh mark on August 7 last year, 30 lakh on August 23, 40 lakh on September 5, 50 lakh on September 16, 60 lakh on September 28, 70 lakh on October 11, 80 lakh on October 29, 90 lakh on November 20 and one crore on December 19.

India crossed the grim milestone of two crore infections on May 4.

**Vaccine policy for 18-45**

Vaccine policy for 18-45 ‘arbitrary, irrational’: SC (Hindustan Times: 20210603)

[https://epaper.hindustantimes.com/Home/ArticleView](https://epaper.hindustantimes.com/Home/ArticleView)
The Union government’s coronavirus vaccination policy that has put the onus of giving doses to adults in the below-45 years age group entirely on states and private hospitals is “prima facie arbitrary and irrational”, the Supreme Court said on Wednesday, ordering the Union government to submit within two weeks “all relevant documents and file notings” that reflect how the strategy came about.

Picking holes in the national vaccination policy, the top court held that the liberalised policy introduced on May 1 “conflicts with the constitutional balance of responsibilities between the Centre and states”.

“…due to the importance of vaccinating individuals in the 18-44 age group, the policy of the central government for conducting free vaccination themselves for groups under the first 2 phases, and replacing it with paid vaccination by the State/UT Governments and private hospitals for the persons between 18-44 years, is, prima facie, arbitrary and irrational,” said the order by the bench headed by justice Dhananjaya Y Chandrachud.

The issue has also sparked a row between some states and the Union government. States such as Delhi and West Bengal have said that they have been left to fend for themselves to secure doses for the under-45 age group, alluding to Centre’s stand that doses can directly be bought from vaccine makers also based outside of India. Several state governments opened bids for purchase orders, but the response has been muted with most key vaccine makers saying they deal only with national governments.

The bench, which also included justices L Nageswara Rao and S Ravindra Bhat, asked the Union government to explain how ₹35,000 crore, earmarked for procuring vaccines in the
Union Budget for 2021-2022, have been spent so far and why they could not be utilised for vaccinating persons in the 18-45 age group.

It called on the Centre to submit an affidavit within two weeks with details of percentage of people vaccinated (single dose and double dose) as against all eligible people in rural and urban areas; an outline for how and when the Centre seeks to vaccinate the remaining population; complete data on purchase history, orders placed and projected dates of supplies, as well as the steps being taken to ensure drug availability for mucormycosis.

The court further requisitioned copies of all relevant documents and file noting from the government, “reflecting its thinking and culminating in the vaccination policy”.

States and UTs have also been directed to clarify through affidavits before the next date of hearing on June 30 if they have decided to vaccinate their population for free.

The court, which noted submissions may be the Union government on May 9, said that if the Union government’s “unique monopolistic buyer position” was the only reason for it to be receiving doses at a lower price, it was important for the so-called liberalised vaccination policy to be examined under Article 14 of the Constitution since “it could place severe burdens, particularly on States/UTs suffering from financial distress”.

Article 14 guarantees the fundamental right to equality in India.

The order came following a hearing on Monday in a suo motu (on its own) case initiated by the top court. The bench began its 32-page order by rejecting the Union government’s contention that any “overzealous judicial intervention” by the Supreme Court in the vaccination policy may lead to unintended circumstances.

“Our Constitution does not envisage courts to be silent spectators when constitutional rights of citizens are infringed by executive policies. Judicial review and soliciting constitutional justification for policies formulated by the executive is an essential function, which the courts are entrusted to perform,” said the bench.

The Union government effected significant changes to its Covid-19 vaccination protocol from May 1 in a set of decisions it called the liberalised vaccination policy. This change paved for people in the 18-45 age group to get doses, as long as these shots were acquired directly by the states or private hospitals from the manufacturers.

The government decided the doses will be split in a ratio of 50:25:25 between the Centre, states/UTs, and private hospitals. While the Centre is paying manufacturers ₹150 per dose for Covishield, states are buying it for ₹300 a dose. Similar disparity in prices apply to Covaxin as well.

The order went into what it said were several issues with the government’s vaccination policy and directed the Centre “to undertake a fresh review of its vaccination policy” since vaccination of the nation’s entire eligible population, it emphasised, “is the singular most important task in effectively combating the Covid-19 pandemic in the long run”.

The number of issues regarding the procurement process, distribution and availability of vaccines must be clarified and the government must disclose a roadmap on how it planned to vaccinate all eligible persons by the year-end, the order said.

Solicitor general Tushar Mehta on Monday said all eligible people will be given doses by December 31.
Some of the issues the bench raised were those relating to equity of access. “Marginalised sections of the society would bear the brunt of the accessibility barrier” under the policy since it exclusively relied on a digital platform (Co-WIN) for registration and therefore, may cause “serious implications on the fundamental right to equality and the right to health of people”.

“...the present system of allowing only digital registration and booking of appointment on CoWIN, coupled with the current scarcity of vaccines, will ultimately ensure that initially all vaccines, whether free or paid, are first availed by the economically privileged sections of the society,” it said.

The court also asked why inoculation was open for 18-45 group in the third phase on a payment basis even though the experience of the second Covid-19 wave showed people of this age group were also affected.

It also asked the Centre to clarify the rationale behind equal apportionment of vaccines between states and private hospitals by specifying whether there was any mechanism to oversee how the hospitals were administering the jabs, in addition to ensuring equitable distribution of vaccines across sections of the society.

The bench was further not convinced by the Centre’s justification that vaccine prices were allowed to be more for states and private hospitals in order to spur competition that would attract more private manufacturers and eventually lower prices.

“The liberalised vaccination policy may not be able to yield the desired results of spurring competitive prices and higher quantities of vaccines... Prima facie, the only room for negotiation with the two vaccine manufacturers was on price and quantity, both of which have been pre-fixed by the central government. This casts serious doubts on UoI’s justification for enabling higher prices as a competitive measure,” said the court.

It asked why the Centre did not procure 100% vaccines when large purchase orders for vaccines helped them get vaccines at lower prices.

Nudging the Centre to utilise its position as the monopolistic buyer in the market and pass down the benefit to all persons in the country, the court said that the “avoidable expense” due to the differential pricing will eventually hurt the welfare of individuals residing within those states and UTs.

About the pricing of the vaccine, the court questioned the Centre for intervening in pre-fixing procurement prices and quantities for states and private hospitals but choosing not to impose statutory price ceilings.

It asked the government to mention in its affidavit a comparison between the prices of vaccines being made available in India, to their prices internationally.

Covid-19: What you need to know today (Hindustan Times: 20210603)

https://epaper.hindustantimes.com/Home/ArticleView
India has avoided a potential superspreader event by cancelling the CBSE Class 12 exams, with the ISE board following suit, and other boards expected to do the same. This is the best possible outcome from the perspective of containing a pandemic and preventing a third wave.

Unlike some experts, who are convinced a third wave is inevitable, I believe it is possible for India to avoid a third wave, but this is contingent on four actions.

The first is on deciding when and where to ease lockdowns and restrictions on movement and activities that now cover most parts of the country. Some states and Union territories have already started the process; others have announced plans and deadlines for doing so; but none of these is based on the one parameter that matters.

This is simply the proportion of the eligible population in a district that has been vaccinated. Ideally, this parameter should be read in consonance with the positivity rate. Some states and UTs are looking at the latter, but none appears to be basing its decision on the former. Given that the Union government no longer wants to be associated with lockdowns — the economic pain caused by the 68-day hard lockdown last year is still fresh in everyone’s memories — it is unlikely that either the health ministry, or the Indian Council of Medical Research, or any of the empowered groups dealing with the pandemic, will prescribe guidelines for this. Therefore, it is up to the states. I’d suggest a benchmark for opening up that is a combination of a positivity rate (it needs to be either declining or stable) of a maximum of 5% for at least two weeks, and a vaccine coverage (at least one dose) of a minimum of 20% of the current eligible population (those over the age of 18). As of Tuesday night, this proportion was 18.4% for the nation as a whole, which means there will be districts that have exceeded 20%, and those that have done far less.

The second, which is related to the first, is to keep pushing ahead with the vaccine programme — in terms of approving more vaccines, lining up supplies, and enhancing delivery capacity — with the immediate target being coverage of at least 40% of the entire eligible population as soon as possible. Once India approves vaccines for those under the age of 18 years, the new target will be covering 40% of the entire population. Several countries have already done this. Israel has covered 62% of its entire population, the US, 51%, and Canada and the UK, 58%. Even Brazil has done 22%. India has covered around 13%. An honest effort to increase this number is required — not empty statements about administering 10 million vaccines a day from July or August (an unrealistic target given the supply situation).

The third is to link the stringency of non-pharmaceutical interventions in place in a district to the proportion of the population that has been vaccinated. More than anything else, this will give states the framework to decide when they can open up for certain activities. For instance, I believe that at 40%, most activities, including physical schooling, can be allowed, with masking and social distancing. It may still not make sense to allow large religious, cultural, or social events (including weddings). As a corollary, states should also decide which activities they will curtail in case of a flare-up in infections.

The fourth is to enhance surveillance, including sequencing enough viral genomes to identify potential threats from new variants of concern (new variants of the virus that are potentially more infectious), and acting on this knowledge. For instance, the UK, which, earlier this week celebrated zero deaths from Covid-19 for the first time since last March, is seeing an average of 3,300 cases a day, with almost 75% of these being caused by B.1.617.2 or Delta, the Sars-CoV-2 variant that was first spotted in India — and there are signs that the country may not end its lockdown on June 21 as it was scheduled to do on account of this.
Hospitals see a rise in cases of post-Covid complications (Hindustan Times: 20210603)

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

After Delhi witnessed a massive surge in Covid-19 infections in the second wave, patients are now returning to hospitals with not just the fungal infection, mucormycosis, but a myriad of symptoms, city doctors said. Extreme fatigue, lethargy, body and joint pain, brain fog, and fever are the most common, but there have also been cases of pneumonia, collapsed lungs, heart attacks, and strokes.

Cases of mucormycosis, referred to as black fungus, have shot up across the country with the disease being declared an epidemic in Delhi and several other states. So far, at least 848 cases of the infection have been reported by Delhi hospitals.
But doctors say that nearly 15-20% of hospitalised Covid-19 patients return with some complications; and that some who were not hospitalised when they got Covid may need hospital care for a second bout of health problems. “I would say around 15-20% of the hospitalised Covid-19 patients are returning with some or the other health problem. The number of people experiencing long Covid symptoms could be higher because many with lethargy, fever, body and joint ache might not be coming back to hospitals,” said Dr Vivek Nangia, head of the department of respiratory medicine at Max hospital, Saket. Long Covid has been described as a range of symptoms such as fatigue, headache, loss of smell, dizziness, chest pain, fever, depression that Covid-19 patients may experience up to 12 weeks after recovery.

Dr Suranjit Chatterjee, senior consultant of internal medicine at Indraprastha Apollo hospital, said almost 80% of the current hospitalisations are because of complications arising out of Covid-19. He added that many patients were coming in with high grade fever ranging between 102-104 degrees Fahrenheit, seven to 14 days after recovering from Covid-19. “Now, the fever can be because of the increased inflammation due to Covid-19 or it could be because of secondary infections. People must visit a doctor if they have persistent fever. We are seeing bacterial and fungal infections causing pneumonia. Aside from mucormycosis, I have also seen rare infection like nocardia (which can affect the lungs, brain, and skin) that usually affects those who are immuno-compromised,” Chatterjee said.

Diabetes

Use of steroids to treat Covid-19 patients has also led to many people developing high blood sugar, and for many, it is unlikely to be resolved, said Dr Anoop Misra, chairman, Fortis-CDOC Centre for Diabetes, Metabolic Diseases and Endocrinology. He said seven of every 10 new diabetes patients who consulted him last month were linked to Covid-19.

“Over 90% of the new-onset diabetes cases linked to Covid-19 was because of the use of steroids which drives up the blood glucose level. Among these people, there are some who have family history of diabetes, are obese, were pre-diabetics. Diabetes induced by steroids in these people is unlikely to resolve. It may resolve in those who are not overweight and do not have other risk factors for diabetes,” said Dr Misra.

He added that it was a fast-changing scenario and the numbers were likely to reduce this month as steroid use has gone down. He said the use of steroids was also leading to fluctuations in blood pressure that could lead to heart conditions.

Lung diseases

Dr Nangia has also been treating patients with secondary pneumonia caused by bacteria and fungus developed after recovering from Covid-19 pneumonia. At the post-Covid clinic, he said that he gets patients who are unable to get off oxygen even after weeks of being discharged from the hospital.

“Today, I saw a 25-year-old patient who was unable to get off oxygen six weeks after she was discharged. This is because of fibrosis or scarring of the lung tissues. Now, theories state that the fibrosis resolves on its own after several weeks without any specific treatment. But, there are likely to be some people who will have permanent fibrosis as well,” said Dr Nangia.

The damage to the lungs, especially during the inflammatory phase of Covid-19, also makes the tissue prone to injuries. “Another serious post-Covid complication is pulmonary embolism where a clot blocks the blood supply to the lungs. It can be life-threatening with patients dying within minutes, if the clot is big,” he said.
He said that people with sudden chest pain, breathlessness, and drop in oxygen saturation should go to hospital.

**Heart ailments**

Dr RR Kasliwal, chairman of cardiology department at Medanta hospital, said those who have recovered from Covid-19 should carefully monitor their heart for six months to a year.

“We’ve been seeing people develop heart dysfunction, high and irregular heart rhythm,” he said. This is in addition to some people who get heart attacks due to clotting in the inflammatory phase of Covid.

“After recovering from Covid-19, people should not sit at home and gain weight, but they should also not jump back in. They should go slow, start with light workout and then scale it up,” he said.

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SC slams Centre’s vaccination policy as ‘irrational’, asks for purchase data

PARMOD KUMAR
NEW DELHI, JUNE 2

The Supreme Court on Wednesday slammed the Centre for forcing it to keep its hands off the Covid vaccination policy and termed the government’s decision to provide free vaccination to 45-plus, health care and frontline workers in Phase I, but in Phase II allowing private hospitals to charge those in 18-45 group as “irrational” and “arbitrary.” In a stern order, the top court asked the Centre to furnish details of the purchase of all vaccines—Covaxin, Covishield and Sputnik V—till date, including file notings reflecting its thinking and culminating in the vaccine purchase policy, dates of all procurement orders placed and the quantity of vaccines procured. It also asked the Centre to provide a roadmap of projected availability of vaccines till 31 December 2021.

Saying that the issue of vaccination is absolutely essential and is the “singular most important task” for the government, the top court asked the Centre to furnish the complete vaccine purchase data within 48 hours’ time. The top court also sought data on the percentage of population that has been vaccinated (with one dose and both doses) as against the eligible population in the first three phases of the vaccination drive.

"Policy of Centre for conducting free vaccination for groups under first two phases and replacing it with paid vaccination by states/UTs and private hospitals for persons in 18-44 years age group is prima facie arbitrary, irrational," said a special bench of Justice D.Y. Chandrachud, L.N. Rao and S. Ravindra Bhushan hearing a suo motu case on Covid 19 management.

Referring to the Union Budget for 2021-22, which earmarked ₹35,000 crore for procuring vaccines, the Supreme Court also asked Centre to explain "how these funds have been spent so far and why these funds cannot be utilised for vaccinating all (free of cost) in the 18-44 group."

"While filing its affidavit, UoI (Union of India) shall also ensure that codes of all relevant documents and file notings reflecting its thinking and culminating in the vaccine purchase policy are also annexed to the vaccine policy," the bench said.

Hence, the UoI to file its affidavit within two weeks, the bench said, in its May 31 order, which was uploaded on Wednesday on its website. The top court objected to the Centre's affidavit claiming that "any overwhelming judicial intervention, though well-meaning, in the absence of expert advice or administrative experience may lead to unintended circumstances where the executive is left with little room to explore innovative solutions."

Justice Chandrachud, who was heading the bench, told the Centre that "it is liable to state that separation of powers is a part of the basic structure of the Constitution," asserting that "the separation of power does not result in vacating any of the duties of the Centre."

$35,000 cr

Referring to Budget 2021-22 which earmarked ₹35,000 cr for procuring vaccines, SC has asked the Centre to explain “how these funds have been spent so far and why these funds cannot be utilised for vaccinating all (free of cost) in the 18-44 group”.

Vaccination so far

SC further asked the Centre to provide data on percentage of population that has been vaccinated (single and double dose) and indicate the percentage of rural population vaccinated so far.

Naveen writes to CMs, wants Centre to procure all vaccines

Odisha CM changes stand as states face more challenges

AKSHAYA KUMAR
SAHOO
BHURANESWAR, JUNE 2

Odisha chief minister Naveen Patnaik on Tuesday wrote a letter to all his fellow CMs seeking a consensus on the centralised procurement of Covid-19 vaccines by the Centre in view of the challenges faced by states.

In his letter, Mr Patnaik said no state is safe unless all the states adopt vaccination as a top priority and execute it on a war footing. "However, the states should not compete against each other to procure the vaccine. United efforts are required for vaccine procurement and states should have the flexibility to implement the vaccination drive based on the local circumstances," Mr Patnaik wrote.

The CM has highlighted the fact that many states have floated global tenders for vaccine procurement but it was quite clear that global vaccine manufacturers are looking forward to the Centre for clearance as well as assurance. The manufacturers are unwilling to get into supply contracts with the state governments, he said.

"Under the circumstances, the best option available for the Government of India is to centrally procure vaccines and distribute the same among the states so that there is no wastage of vaccines," Mr Patnaik wrote.
Post-Covid inflammatory syndrome rises among kids

According to doctors, the disease, called multi-organ inflammatory syndrome in children (MIS-C), has escalated due to post-Covid complications.

Ganga Ram Hospital has set up a dedicated ward for such children. Dr. Dhiren Gupta, Covid Specialiast, and Paediatric Pulmonologist, and Intensivist, Senior consultant at Sir Ganga Ram Hospital said that almost 70% of MIS-C patients require ICU bed. Dr. Gupia said the hospital has been witnessing at least 10 cases in 24 hours. Cases of MIS-C have been seen in children during the recovery phase or after two to four weeks of acute Covid. “Last year, we also had MIS-C cases but this time the cases are much higher. At Ganga Ram, we have seen as many as 10 cases in 24 hours,” he said.
Free Vaccines for All (The Asian Age: 20210603)


Vaccines (Hindustan: 20210603)

https://epaper.livehindustan.com/imageview_844711_110744890_4_1_03-06-2021_0_i_1_sf.html
सुप्रीम कोर्ट ने टीकों का हिसाब नागा

जब सत्ताक की गीतियों के जीवन सभाकारों के संबंध में बांटी गई थी की कोई कभी नहीं सीधी था जो एक भी नक्सली देश में नहीं किया जा सकता है। - सुप्रीम कोर्ट ने जाने अन्य शासन

रियायत: विदेशी वैक्सीन को देश में परीक्षण से छूट

भारत की गीतियों के जीवन सभाकारों के संबंध में बांटी गई थी की कोई कभी नहीं सीधी था जो एक भी नक्सली देश में नहीं किया जा सकता है। - सुप्रीम कोर्ट ने जाने अन्य शासन

Infection (Hindustan: 20210603)

https://epaper.livehindustan.com/imageview_844711_110736114_4_1_03-06-2021_0_i_1_sf.html
संक्रमण दर में कमी पर मौतें फिर तीन हजार से ऊपर पहुंची

देश में कोरोना संक्रमण दर में लगातार गिरावट दर्ज की जा रही है। मंगलवार के 6.6 फीसदी के मुकाबले बुधवार को यह दर मामूली घटकर 6.5% पर आ गई। देश में 23 दिन पहले संक्रमण दर 24.8 फीसदी के करीब थी। हालांकि, कोरोना से रोजाना मौतें एक बार फिर तीन हजार के पार पहुंच गईं।

स्वास्थ्य मंत्रालय के बुधवार को जारी आंकड़ों के अनुसार, भारत में एक दिन में 1.32 लाख नए मामले सामने आए। हालांकि, इस दौरान 3,207 और लोगों ने जान गंवाई थी। एक दिन पहले 2800 से कम मौतें दर्ज की गई थी। रोजाना संक्रमण के मामले मंगलवार को 1.27 लाख दर्ज किए गए थे।

शून्य पर ब्रिटेन पंज 07

Health Care Services (Hindustan: 20210603)

https://epaper.livehindustan.com/imageview_844722_111014338_4_1_03-06-2021_3_i_1_sf.html
फटकार

लहर दिल्ली | प्रवासी लेखक

कोरोना से बचाव के लिए, पर्याप्त मात्रा में टीका उपलब्ध नहीं होने पर उच्च न्यायालय ने वैक्सीन उपलब्ध नहीं होने पर नहायलगी जताई। पूरी तरह के उत्तर से लेखक ने बताया कि कोरोना संक्रमण से बचाव के लिए टीका उपलब्ध नहीं होने पर नहायलगी जताई।

जब टीका नहीं था, तो टीकाकरण इतनी धूमधाम से क्यों शुरू किया गया?

‘कुछ अफसरों पर हत्या का आरोप लगाया जाना चाहिए’

उच्च न्यायालय ने लेखक के लिए टीका उपलब्ध नहीं होने पर नहायलगी जताई। उच्च न्यायालय ने लेखक के लिए टीका उपलब्ध नहीं होने पर नहायलगी जताई।

Coronavirus Patient (Hindustan: 20210603)

https://epaper.livehindustan.com/imageview_844722_110868096_4_1_03-06-2021_3_i_1_sf.html
राजधानी में 10 हजार से कम रह गए सक्रिय मरीज

राजधानी में कोरोना में कोरोना के सक्रिय मरीजों की संख्या राजधानी एक लाख से घटकर 10 हजार से भी कम हुई है।

दिल्ली के स्वास्थ्य विभाग की ओर से बुधवार को जाने अब तक के कुल सक्रिय मरीजों की संख्या 9,314 है। दिल्ली की टिल्ट की नयी संख्या लाभों अधिक है। इस दैनिक 99361 सक्रिय मरीज है। रिपोर्ट विभागदर्शी की निर्देशन की।

अस्पतालों में 4012 पीड़ित

दिल्ली में कोरोना के मामले बदल रहे हैं। अस्पतालों में सभी मरीजों की संख्या भी कम होने लगी है। दिल्ली के अस्पतालों में सभी कोरोना मरीजों की संख्या घटकर 4012 रह गई है।

अभी कोरोना के कुल 24584 मामले हैं और इनमें से 20572 बंद हो गए हैं। दिल्ली में 30 अप्रैल को 19739 कोरोना सक्रिय मरीज अस्पतालों में रहने वाले थे।

कंटेनर जोन को 18 हजार से कम हुए

दिल्ली में कंटेनर के वाहनों के साथ कंटेनर जोन को 18 हजार से कम हो रहा है। 16 मई को दिल्ली में सक्रिय 57,309 कंटेनर जोन में लेकिन अगस्त 19 दिन में इसकी संख्या घटकर 17770 रह गई है। बाजारों के जाने आने वाले कंटेनर के मुख्यालय दिल्ली में 17770 कंटेनर जोन ही बाँटे हैं।