Psychological impact

Psychological impact of Covid wide-ranging’ (The Tribune: 20210607)


Docs document case of woman who attempted self-immolation due to fear

Doctors at the PGI have documented the case report of a young woman with psychotic breakdown, who was not suffering from Covid, but believed that she was spreading Covid to others and attempted self-immolation due to the guilt of contracting the infection.

The case study was published in the Asian Journal of Psychiatry on May 21.

A 27-year-old married woman was admitted with 20 per cent superficial thermal burns at the PGI last year. Psychiatry consultation was sought as she refused dressing and medications. On detailed psychiatric evaluation, she was found to be suffering from a psychotic illness for the past three years.

Her symptoms started intensifying after March 2020, when she regularly started following the news related to Covid-19. She remained tense and distressed about the Covid infection. She would express worries regarding her and her family’s health. In the same week, she had some trivial sneezing and sore throat for a day, with no associated fever.

Following this, she started believing that she might be having Covid-19. She knew that Covid-19 spreads through droplets when in close contact with a person who has the disease. However, she believed that in her case, Covid-19 infection developed inside her, though she could not explain it further.

Over the next few days, she found her neighbours sneezing and started to believe that she was spreading Covid to others. She never got tested for Covid, but strongly believed that she was
spreading the infection to others. Over the next one month, she started remaining sad and tired most of the time, lost interest in all housework and leisure activities.

She started remaining fearful that people would find out and beat her up and her daughter for spreading Covid and she stopped going outside. She would frequently express a wish to die to her husband to save the family from public humiliation and would think of elaborate plans to kill herself.

“On a morning, while making tea, she tried to kill herself and her daughter. The screams of her child awakened the family members, who quickly rescued them. She sustained superficial burns on both the arms and legs, while her daughter suffered from 30-40 per cent superficial to deep burns on the face,” read the case study.

The doctors found out that she still believed she was carrying Covid-19 infection and was spreading the virus to others. She was managed with electroconvulsive therapy and psychotropics. The patient returned to her usual routine and no adverse reactions were observed. Both her and her daughter’s lesions from burns have healed with minimal scarring.

The doctors have observed that the psychological impact of the pandemic has been wide ranging. Socio-cultural events have been shown to produce significant effect on the development of psychopathology and Covid-19, being a novel stressor, has played a major role in the development and course of various mental illnesses.

“The case report highlights the fact, patients presenting with various neuropsychiatric symptoms, especially exhibiting new set of symptoms, should be routinely be evaluated for the association of such symptoms with beliefs about Covid-19 and its spread,” read report.

The 27-year-old patient, who remained tense and distressed about the Covid infection, started believing that she might be having Covid. She knew that Covid spreads through droplets when in close contact with a person who has the disease. However, she believed that in her case, the Covid infection developed inside her, though she could not explain it further.

**Covishield ‘more effective’ than Covaxin**

**Produces higher level of antibodies, shows study on health staff (The Tribune: 20210607)**


Indian healthcare workers have shown high immune response to Covid after receiving the two mandated doses of both domestically manufactured vaccines —Covishield and Covaxin.

A preprint of the first Indian study among doctors and nurses who received both shots shows that a higher proportion of those inoculated with Covishield produced antibodies compared to those who received Covaxin, even though both shots elicited a good immune response.
Supreme Court questions ‘irrational’ policy

The second wave of the Covid-19 pandemic is receding and, according to latest data, over 4.53 crore people have been fully vaccinated against the virus, and another 17.56 crore people have got the first dose of the vaccine. Yet, over four-and-a-half months after the first vaccine dose was administered in India, the Supreme Court has been constrained to observe that the vaccination process is ‘prima facie arbitrary and irrational’. The court’s remarks are relevant and need urgent attention, for experts have already voiced concerns over the slow rate of vaccination, differential pricing of the vaccines and their severe shortage, leading to gates being shut at vaccination centres across India.

The greatest worry is over the Centre’s policy under which states and private hospitals must share the burden of inoculating their population falling in the 18-44 age group. Also, the states are required to procure vaccines directly from manufacturers. However, with the Central government procuring 50 per cent of the vaccines produced by India’s two manufacturers — Serum Institute of India (SII) and Bharat Biotech — the states must scramble for a share of the rest of the 50 per cent production. To meet vaccination targets, they looked overseas — and met roadblocks. Two American companies, Moderna and Pfizer, have refused to supply vaccines individually to the states, insisting they would deal only with the Central government.

Experts have warned that at the current pace, the job of vaccinating 70 per cent of India’s adult population — to acquire herd immunity — will take over 18 months. The government’s promise to vaccinate the whole of India’s adult population by the end of the year seems too ambitious, flying in the face of vaccine production capability. The government says it is in talks with global vaccine-makers for supplies to India, but they too have their hands full for now. There’s also the matter of judicious use of funds — the Supreme Court has directed the government to ‘clarify’ why can’t the sum of Rs 35,000 crore, earmarked by it to procure vaccines, be used to vaccinate people in the 18-44 age group. A paper by researchers from the Indian Council of Medical Research has concluded that the planning of vaccine production and distribution in India has been ‘poor’. Hopefully, the intervention by the apex court will give it direction.
Health worker administering Covishield vaccine, during COVID-19 vaccination program at BBMP head office, Bengaluru City University, in Bengaluru on June 01, 2021. | Photo Credit: The Hindu

515 doctors across 22 cities tracked through immunisation schedule.

Two doses of Covishield vaccine produced more antibodies than Covaxin doses, but there were relatively fewer instances of ‘breakthrough infections’ after the latter, reports a study of healthcare workers (HCW) in India.

The study is being peer-reviewed and has been submitted to a journal but appears as a preprint in MedrXiv, an online repository, and is among the few studies of the real-world effectiveness of vaccination in India.

The study, by a collective of doctors, shows that none of the participants, who were also all doctors and got both doses of vaccines, were ill and only about 6% tested positive at different points of the vaccination schedule. While both vaccines were protective, there were differences in the protection accorded by a single dose of the vaccines.

Due to the shortage, it’s easier for people to get a single dose rather than both doses — given that the recommended gap has been extended to as many as 12 weeks for Covishield.

For the study, 515 healthcare workers from 13 States and covering 22 cities were evaluated from January to May 2021. Their blood samples were also tested for the presence, quantity of antibodies produced and levels of the specific antibodies that are directed to the spike protein of the virus, widely held to be a proxy of protection.
Decision-making on vaccines should be imbued by a spirit of cooperative federalism rather than partisanship and guided by scientists rather than thrust upon judges through political abdication.

As the second wave of the pandemic recedes, the devastating death toll — and its massive official under-stating — has occupied a lot of attention. Vaccines have, rightly, become the focus of policy. Effective vaccine policy over the next few months will, of course, require massive efforts to augment vaccine supply. But better allocation of existing supplies, helped by science, data and cooperation, can also play an important role. Consider why and how.
On any realistic assumption about the supply of vaccines, India will face significant shortages over the next 6-12 months. That is unfortunately a sad and brutal reality. Still, allocating the limited vaccine supply in a rational, targeted way could help India save tens of thousands of lives and help prevent a deadly third wave.

Currently, vaccine supply and allocation are chaos-ridden with multiple decision-makers, uncertainty about rules, contradictory messaging, etc, all of which only aggravate the underlying problem of vaccine scarcity. Centralisation or rather re-centralisation of the policy effort is a must as Naveen Patnaik, Chief Minister of Odisha, has recently proposed. And, as I have argued, vaccines should be free for all, regardless of where it is provided or received, and the costs must be borne by the Centre.

But these measures may not be sufficient in the short run.

Advanced countries that have had relatively successfully vaccine programmes — Israel, the US and UK — have in the initial stages at least adopted a strategy that first prioritised essential workers and then used age as the criterion for sequencing vaccine jabs.

But India today is different in two very significant ways. First, the shortfall in vaccine availability is much more acute. This heightens the challenge. Second, India’s infection rates, especially after the second wave, are in all likelihood significantly greater too. Consider this rough calculation. At end-December 2020, India’s official case tally was about 10.3 million, while the third national sero-prevalence survey conducted across around then suggested that the “true” infection rate was 21.5 per cent — that is over 1 in 5 people in India had been exposed to the virus by end-2020. Assuming that the ratio of official-to-“true” Covid cases still holds broadly, and conservatively allowing for a re-infection rate of 20 per cent, the official case count of 28.3 million (on June 1) translates to a plausible infection rate of over 50 per cent or above 700 million people. Ironically, this high infection rate could make the vaccine shortage less real if India does a good job of allocating and prioritising existing vaccines based on some combination of geography and demography.

The latest research suggests that prior infection confers a fair amount of immunity. Of course, this immunity increases strongly with at least one dose of the vaccine. But even without the vaccine, prior infection offers protection for some time. That affords the government a window to focus on the uninfected and vulnerable as the immediate priority — especially with the goal of preventing a third wave.

But putting this strategy into practice will not be easy. It requires detailed and immediate spatial data on infection rates, demography and vaccination status, and it will probably require extensive testing. Consider just one possibility (by no means the best). Suppose the central government along with state governments could quickly do another round of country-wide surveys of sero-prevalence. It would then be possible to distinguish, even if imperfectly, areas that are currently less affected from those with higher infection rates. A larger share of the limited vaccines could then be devoted to these geographies.
A technical team of scientists, epidemiologists, statisticians, health professionals and others must come together to design a plan, continually updated, to decide on the most effective allocation of existing vaccines. This team must have the blessing of, and report to, a group, comprising the prime minister and all the chief ministers. Decision-making on vaccines should be imbued with a spirit of cooperative federalism rather than partisanship and be guided by scientists rather than thrust upon judges through political abdication.

**Coronavirus live updates**

**Coronavirus live updates: AIIMS Delhi starts screening of children for Covaxin trials (The Times of India: 20210607)**


India reports 1,00,636 fresh Covid-19 cases in the last 24 hours, taking the country's tally to 2,89,09,975. The death toll stands at 3,49,186 with 2,427 deaths in the last 24 hours. Meanwhile, 2,71,5...READ MORE

**AIIMS Delhi starts screening of children for Covaxin trials**

The screening of children for trial of Covaxin, India's first indigenously developed Covid-19 vaccine, among those aged between 2 and 18 started at the AIIMS on Monday. The trial on children has already started at AIIMS Patna to see if the Bharat Biotech jab is suitable for children.

As of today, we have 14,01,609 active cases in the country, says Harsh Vardhan

11:31 (IST) Jun 07

Union health minister Dr Harsh Vardhan addresses the meeting of the Group of Ministers on the Covid-19 situation in the country

11:27 (IST) Jun 07

Supreme Court starts hearing suo motu case involving contagion of Covid-19 in children protection homes across the country and also the issue of rehabilitation of orphaned children.

11:21 (IST) Jun 07

Maharashtra: Gyms & salons in Pune re-opened today after the state government eased Covid-19 restrictions in a phased manner
With a little over 100,000 new infections across India on Sunday, daily cases in the country dropped to the lowest level seen in over two months, underlining the country’s turnaround after the brutal second wave of the viral outbreak.

On Sunday, 101,237 new infections were reported across the country and 2,446 new deaths, taking the total number of confirmed infections in India to 28.9 million and deaths to 349,247, according to HT’s Covid-19 dashboard. While the daily cases were the lowest since April 4, or in 62 days, the number of reported daily deaths in the country touched a low of a month-and-a-half (or since April 22).

The second wave of the pandemic has now seen a steady drop for four consecutive weeks across the country.
सुखद : कोरोना संक्रमण के नए मामले दो माह में सबसे कम दर्ज

लाख से कम हुई इलाज करार रहे मरीजों की संख्या देश में

फीसदी ही रह गई देश में सेवानी संक्रमण दर

मौतें बढ़ा रही दिनांक

लख न रखते बच्चे देश में संक्रमण घटने के बावजूद मौतें दिनांक बढ़ा रही है। एक दिन में 2677 मौतें दर्ज की गई हैं। यह ज्यादा है। दयाशुद्धि एवं देश की सभी सार्वजनिक मरीजों देश में कोरोना संक्रमण से मौतें हुई हैं। यदि क्षत्रियों देश के लाखों के रूप में है। इसलिए उन्नत मरीजों के बच्चे की जान जानी चाहिए थी। इतने बच्चे देश में मरीजों में इनमें उन्नत मरीजों की जान सुधार लाया जा सकता है। अधिकतम वालों का प्रतिकृत भी बच्चे की जान के केन्द्र रह गई देश में सेवानी संक्रमण दर 37.45 लाख थी। राजस्थान का यह 14.77 लाख रह गई। गांव दिनों में संक्रमण मरीजों की संख्या 22.68 लाख पर रह गई। एक दिन में 22.68 लाख सक्रिय मरीज घटे। इस बीच तेजी से सक्रिय मामले घटे हैं। 10 मई की सक्रिय मरीजों की संख्या 77449 कम हुई। इससे स्वास्थ्य तंत्र पर भार कम होता है तथा अब अस्पतालों में जरूरत मरीजों को जागरूक मिलने लगी है।
Vaccination (Hindustan: 20210607)

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ICU (Hindustan: 20210607)

https://epaper.livehindustan.com/imageview_851751_117128850_4_1_07-06-2021_3_i_1_sf.html
डॉक्टर इसे कोविड-19 से हुआ डायबिटीज कह रहे, जिन्हें पहले नही था वो भी चपेट में आ रहे आईसीयू में लंबे समय तक रहे मरीजों को मधुमेह का खतरा
रिपोर्ट

बीते छह दिनों का हाल

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(नोट: संक्रमण दर की गाईडलाइन में, सौंदर्य: डिल्ली सरकार)

राजधानी डिल्ली में कोरोना से हो रही मौत के आंकड़े कम हो रहे हैं। रिपोर्ट के मुताबिक, 1189 मरीजों को चुटकी दी गई। वहीं 34 मरीजों ने कोरोना के कारण दम लोड़ा दिया। डिल्ली में अभी तक 1429244 मरीज कोरोना से संक्रमित हो चुके हैं, जबकि 24591 मरीजों ने कोरोना के कारण दम लोड़ा दिया।

विभिन्न अस्पतालों में 2936 मरीज़: डिल्ली में कोरोना से मुक्तुदर 1.72 फीसदी है। विभाग के अनुसार डिल्ली में कोरोना के 5889 सक्रिय मरीज है। इनमें से डिल्ली के विभिन्न अस्पतालों में 2936 मरीज भर्तियाँ हैं। वहाँ कोविड केवर सेंटर में 148 और कोविड मेडिकल सेंटर में 97 मरीज भर्तियाँ हैं। होम आइसोलेशन में 2327 मरीज भर्तियाँ हैं। कोरोना से ठीक हो चुके 26 मरीज़ कोविड केवर सेंटर में हैं। विभाग के अनुसार डिल्ली में शानिचार को 76857 टेस्ट हुए जिनमें 0.50 फीसदी मरीज संक्रमित पाए गए। इनमें से आर्टीपीसीआर से 55786 और रैपिड एंटीजन से 21071 टेस्ट हुए।

डिल्ली में अभी तक 19758315 टेस्ट हो गए। विभाग के अनुसार डिल्ली में चलते मामलों के साथ होटस्पॉट की संख्या घटकर 11557 हो गई है।

Health Care Services (Hindustan: 20210607)

https://epaper.livemehindustan.com/imageview_851751_117129160_4_1_07-06-2021_3_i_1_sf.html
सप्ताहांत तक शुरू होगा युवाओं का टीकाकरण

एक्स में आज हो बच्चों पर रोजगारी का ट्रावल
दिल्ली एप्स में सोमवार से बच्चों पर रोजगारी का ट्रावल शुरू हो रहा है। यह ट्रावल सोमवार से 2 से 18 जून के बच्चों के लिए और 5 जून से 2 से 18 जून के बच्चों के लिए होगा। बच्चों को रोजगार का तारीख दिया जाएगा।

कोविड-19: कॉर्पोरेट रोजगारी की कलेक्टिव टीम ने कहा है कि दिल्ली में 18 से 24 वर्ष के बच्चों का दो सप्ताह से वैक्सीनेशन नहीं हो रहा है। युवाओं के लिए वैक्सीन मिलने में अभी भी कम से कम चार दिन लगते हैं। उन्होंने कहा कि कंपनी सरकार से अवलोकन नहीं किया है कि वैक्सीन के लिए बच्चों को शुरू करने के बाद दिल्ली सरकार की उपलब्धि कार्यक्रम। दिल्ली में 5 जून से 57,990 लोगों को कैमिस्टर का दर्जा प्रदान किया गया है। इसमें 42,742 लोगों को पहली और 15,248 लोगों को दूसरी दोज प्रदान किया गया है।

Depression (Hindustan: 20210607)
https://epaper.livehindustan.com/imageview_851751_1171263036_4_1_07-06-2021_3_i_1_sf.html