New treatment guidelines drop ivermectin, zinc, vitamins, hydroxychloroquine

New treatment guidelines drop ivermectin, zinc, vitamins, hydroxychloroquine (The Tribune: 20210608)


DGHS norms at variance with ICMR advisory

New treatment guidelines drop ivermectin, zinc, vitamins, hydroxychloroquine

Photo for representational purpose only

India on Monday issued a new clinical protocol for Covid treatment and dropped all commonly used treatments for mild patients of the infection, including antibiotics, hydroxychloroquine (HCQ), ivermectin and antiviral drug favipiravir.

No antibiotic for mild cases

No antibiotics or antiviral drug favipiravir for mild patients

No steam inhalation (people doing this in excess)

Hydration, good diet, positive mindset, social connection important for recovery

Remdesivir, tocilizumab use only in severely ill cases, as per fresh DGHS norms

WHO chief scientist Soumya Swaminathan today hailed the new evidence-based guidelines developed by the Director General of Health Services (DGHS) who said mildly ill Covid patients would be fine with just paracetamol, cough syrup and budesonide inhalation and need not be prescribed any antibiotics or major drugs at all.
This means the currently in use and much prescribed HCQ, favipiravir, ivermectin, azithromycin, doxycycline, zinc and vitamins are not required clinically and have no evidence of benefit.

The DGHS advice, however, is at variance with the ICMR advisory, which recommends both ivermectin and HCQ in mild cases. For asymptomatic patients, the new guidelines do not even recommend a blood test or any drugs and clarify “no investigation and no medications are needed at this stage”.

Mild patients would need investigation and paracetamol if symptoms of fever, cough, fatigue and other classical Covid signs persist or deteriorate.

The guidelines say no to Baba Ramdev’s Coronil and 2-DG drug for moderately ill patients and recommends monitoring of oxygen saturation, controlling comorbidities and giving steroids and anticoagulants as per medical advice.

The guidance lays down clear indications for the use of tocilizumab drug in severely ill patients and also tells doctors how and when to prescribe. It stresses the need to recruit a hospital infection committee to ensure prevention from fungal infections like mucormycosis and spells out a clear use and dosage of amphotericin B, which is in short supply currently.

The new advice says no to irrational and rampant use of chest CT scans and indicates when to use a chest X-ray. “Exercise extreme caution when ordering a chest CT scan. Patients must remain socially engaged and stay positive,” the guidance says.

**Vaccines**

**States won’t have to pay for vaccines: PM (Hindustan Times: 20210608)**

[https://epaper.hindustantimes.com/Home/ArticleView](https://epaper.hindustantimes.com/Home/ArticleView)
Prime Minister Narendra Modi on Monday announced that the Union government was taking back the responsibility for procuring vaccines and distributing them to states, in response to a growing chorus of demands from the states, sharp criticism by the Supreme Court, and amid increasing concerns that supply shortages and the insistence of foreign vaccine makers that they would only deal with the Union government could derail India’s vaccine drive.

The Union government will continue to allow private hospitals to buy up to 25% of vaccines made in India, although it has capped the service charge they can levy on these at ₹150 a dose. The details of India’s new vaccine policy will be worked out in consultation with the states in the next two weeks, and it will be launched on June 21, Modi added.

The Union government will bear the cost of vaccinating everyone over the age of 18 years (the population currently eligible for vaccines), he said.

Some chief ministers welcomed the move. “The decision of free vaccination will decrease the financial burden of the state governments,” Madhya Pradesh chief minister Shivraj Singh Chouhan said. Uttar Pradesh chief minister Yogi Adityanath, too, praised the move.

The Delhi government said that if the Centre wanted, it could have taken this decision a long time ago. “We express our gratitude to the Supreme Court. After its intervention, free vaccines will be available to all age groups across the country. If the central government wanted, it could have done this long ago. But due to the policies of the Centre, neither the states were able to buy the vaccines, nor the central government was giving it,” Delhi deputy CM Manish Sisodia said in a tweet.

In his address to the nation, the Prime Minister also defended his government’s vaccine policy, pointing out that it was “decentralised” only in response to demands from many states that they be allowed to manage the vaccine drive, and buy directly from both Indian and foreign manufacturers. The Union government, therefore, allowed this from May 1, he said, pointing out that health was a state subject.

In phases till then, the Union government had managed the vaccine drive for health care workers, frontline workers, people over the age of 60 years, and those over the age of 45 years but with co-morbid conditions that made them more vulnerable to Covid-19. But in response to the demand from the states, it decided to allow states to offer vaccinations to all starting May 1.

The Prime Minister’s speech comes ahead of a hearing in the Supreme Court on the Covid-19 situation and the state of vaccination in the country. In its previous hearing, the apex court said the Union government’s coronavirus vaccination policy that put the onus of giving doses to adults in the below-45 years age group entirely on states and private hospitals was “prima facie arbitrary and irrational”. It ordered the Union government last week to submit within two weeks “all relevant documents and file notings” on the thinking and process behind the strategy.

India bore the brunt of the second wave in May – it added 9 million cases, or 31.2% of its total cases to date, and saw 120,071 deaths, 34.4% of the total, in the month – and this, combined with the supply situation, made the vaccine drive chaotic. States also found it impossible to deal with foreign manufacturers, many of whom wanted the Union government to provide them protection from lawsuits for adverse events (discussions on this are on). In just a few weeks, the PM claimed, states realised the old system was better.

India has already administered in excess of 230 million doses, Modi said, and its vaccine drive is among the fastest in the world, but the new policy will make it faster. Till Monday, a total
of 46.6 million people in the country have been vaccinated fully, and another 142.8 million vaccinated with one dose.

K Sujatha Rao, former Union secretary, ministry of health and family welfare, said: “It was time that they changed the vaccination policy, which had already been badly delayed. A lot of precious time was already wasted in states trying to float global tenders.” Dr Sudarshan Ballal, chairman, Manipal Hospitals, said: “Central procurement of the vaccine would certainly strengthen our vaccination drive as the Centre would have a lot more clout in dealing with the multinationals and also the procurement of vaccines from the other manufacturers rather than individual states or smaller players directly negotiating with these companies. Also, free vaccination for 18 and above is a welcome move. As far as the private sector is concerned, not much would change at present.”

To be sure, apart from the unwillingness of foreign companies such as Pfizer and Moderna to deal with the states, and their inability to get anywhere with their global tenders – at least six states raised these, but most received little interest – the states were significantly hampered by the sheer lack of supply. With demand increasing manifold suddenly – there are 600 million Indians between the ages of 18 and 45 years who became eligible for vaccines on May 1 – and supplies not keeping pace, this was always going to be a problem.

The situation has improved in June, with the government anticipating supplies of at least 120 million doses, and the number is expected to increase even more in the coming months.

The Union government has said that 2.16 billion vaccines will be available in India between August and December, but this number includes aggressive estimates for the production of some existing vaccines, and some vaccines that are still in different stages of development and testing.

At least 710 million of the 2.16 billion expected doses are of vaccines yet to be approved. Reuters said in a report that Serum Institute of India will likely miss its target of 750 million doses in these five months by 27% (or 200 million), and Bharat Biotech’s scale-up to 550 million doses is clouded in ambiguity, with the company saying last month that there is a lag between production and availability, which means doses made in April will only be available in July. The actual availability in that period may instead be around 1 billion, according to an analysis by The Ken.

India has approved three vaccines (one locally developed, a second made under licence, and a third imported as well as locally made by at least half a dozen companies under licence) and most experts are convinced that vaccine supply will improve in the coming months, especially with the local production of Sputnik V, which India is currently importing.

The PM referred to this in his speech and said there were seven vaccines in various stages of development and three in final trials, including a nasal vaccine (being developed by Bharat Biotech, again), which, if approved, would significantly speed up the pace of vaccinations. Among the vaccines in late stage trials is one developed by Biological E, for which India has already placed an advance order for 300 million doses. Two vaccines are also being tested on children, the PM said.

The government has told the Supreme Court that it plans to vaccinate all eligible Indians by the end of this year, something that will require it to deliver 238 million doses a month, according to an HT analysis.

Responding to criticism of India’s vaccine strategy, Modi said that the government set up a vaccine task force as far back as April 2020, supported vaccine makers through trials and
through funding, and planned a phased delivery starting with health care workers, something that helped them work without fear during the second wave.

Describing the coronavirus pandemic as a “once in a 100-year” epidemic, the PM said he understood that many Indians had lost people to Covid-19, and that his sympathies were with them. The disease was “unprecedented in the modern world” but India fought it together, he added, “building hospitals, increasing ICU capacity, making ventilators, creating new health infrastructure…”

And then, he said, when, during the second wave, the country saw the kind of demand for medical oxygen that it had never seen before, it sourced liquid oxygen and concentrators from all parts of the world, deploying its navy and air force, using trains to move oxygen tankers, and working on a manifold increase in oxygen manufacturing capacity.

At a time such as this, Modi added, “politicking” isn’t good. It is important that states focus on the task at hand, he said – vaccinating everyone, including the last person in line. Some people have been consistently spreading misinformation about vaccines, he added, leading to fears and hesitancy among people. Such people, he added, are “playing with the lives of innocents”.

The Union government has repeatedly targeted opposition politicians for their comments on vaccines and said this could lead to hesitancy.

The Congress said the announcement marked yet another instance when the Modi government has done a “somersault” on the vaccination policy. “The people opposed the government’s policies, the Congress party opposed it, and Supreme Court bitterly reprimanded them and asked them to file an affidavit. Now, they have taken a third summersault. The policy is also flawed even now. Why should citizens of India be made to pay in the private sector? Do we make you pay for DPT injection or a pulse polio injection in the private sector?” said Congress spokesperson Randeep Surjewala.

Rajasthan chief minister Ashok Gehlot said: “Prime Minister Narendra Modi should share details on which states made the demand of being able to buy vaccines for the 18-44 age group. To my knowledge, no state made such a demand... I am happy that the PM had to change his old decision keeping in view the public sentiments.”

**Covid-19: What you need to know today (Hindustan Times: 20210608)**

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

India ended Monday with fewer than 100,000 new Covid-19 cases, the first time since April 5 that it registered cases below this benchmark. Low as this number may look — everything is relative — compared to the peaks of early May (yes, it was just a month ago), it is worth remembering that at its peak, India’s first wave did not see cases crossing 100,000. Back then, that seemed like a large number; right now, it seems like a low one.

India also ended Monday with 46.6million people vaccinated fully, and another 142.8million vaccinated with one dose — a significant milestone because this means at least 20% of the population eligible for vaccines (those over the age of 18 years) now has some form of protection against Covid-19. The supply of vaccines is expected to increase from this month
— it is not likely to reach the rather optimistic projections provided by the government, but vaccinating 4 million people a day (the likely number this month) is still a significant achievement — and a combination of non-pharmaceutical interventions, Covid-19-safe behaviour and partial restrictions on movement and activities, should help India ensure there isn’t a third wave of the pandemic.

The chaos and confusion over India’s vaccine drive, and recent scientific revelations point to the need for some changes in how India procures vaccines, and how and when it administers them. The Union government, on Monday, addressed some of these.

On procurement, Prime Minister Narendra Modi said in an address to the nation, the Union government will procure vaccines, and then allot them to the states. The move came after most states, including those that wanted to procure vaccines on their own, said they wanted the Union government to take over the task. India is one of the few countries allowing private hospitals to directly procure vaccine doses from manufacturers, and it has decided to continue to allow this, with the existing 25% ceiling on the number of doses that can be thus acquired.

But there are other changes that should be discussed.

On administration, for instance, it makes no sense for the country to open up vaccination to those under the age of 18 years till it covers at least 75% of the addressable population over that age. That’s 705 million people, and once they are fully vaccinated, the vaccine drive can move on to those under the age of 18 years. If supplies are going to be a constraint, it is important to prioritise who gets the vaccine (and when) and sequence the drive. If supplies are not a constraint, then the government should open up vaccinations to all.

The drive also has to factor in new scientific revelations that both doses of two-dose vaccines are required to effectively combat variants of the coronavirus, including the so-called Delta variant first identified in India, and which, it is now clear, was behind the surge of cases during the second wave in the country. India would do well to ensure the gap between two doses of Covishield, the Indian version of the AstraZeneca/Oxford vaccine, which is currently being administered to the majority of people in the country, does not exceed 12 weeks.

Equally important to factor in is new research that shows that vaccine-provided immunity fades faster than natural immunity acquired from an infection, pointing to the need for booster shots. Some of the vaccine companies, including Pfizer, have also said that boosters are required. More data on this will become available in the next few months when the first recipients of vaccines (in clinical trials) will complete a year after being vaccinated. It is becoming clear that the first generation of vaccines may be effective only for a year at the most.

This means India will have to plan for two, maybe three simultaneous vaccine drives in 2022: one, for those who need to be given booster shots (which is pretty much every one of the 940 million adults in the country, although not all of them need it); two, for those who were either not covered by the first drive, or chose not to be vaccinated, in 2021; and three, for those under the age of 18 (even in the most optimistic scenario, India is unlikely to fully vaccinate 705 million before October, which means that even if this phase is launched immediately after, it will continue into 2022).

The process will require a realistic assessment of capacities and supplies (not cheery projections), the placing of advance orders, and a phased vaccine administration plan.

© 2021 All Rights Reserved. Powered by Summit
With 86,498 new Covid cases, India's daily count is under 1 lakh after 63 days

Covid count in India dips below one lakh after over two months, PTI/File

India reported less than one lakh new coronavirus infections after a gap of 63 days, while the daily positivity rate dropped to 4.62 per cent, according to the Union Health Ministry data updated on Tuesday.

Also read: New treatment guidelines drop ivermectin, zinc, vitamins, hydroxychloroquine

Early Covishield 2nd dose permitted for Olympic participants, students and job applicants abroad

A single day rise of 86,498 cases were registered, the lowest in 66 days, taking the total tally of Covid cases to 2,89,96,473. The death toll climbed to 3,51,309 with 2,123 daily deaths, the lowest in around 47 days, the data updated at 8 am showed.

A total of 81,466 new cases were recorded in a span of 24 hours on April 2.

Vaccines 18 (The Asian Age: 20210608)

Vaccination Centre (The Asian Age: 20210608)

Booth level officers to visit door-to-door for allocating slots to eligible persons

45+ people will get vaccine at polling booths: Kejriwal

BHASKAR HARI SHARMA
NEW DELHI, JUNE 7

Delhi chief minister Arvind Kejriwal on Monday launched the government’s plan of starting mass vaccination at booth level in a planned manner in the national capital. Polling booths in Delhi will be turned into vaccination centres and booth-level officers (BLOs) will visit all the households to book slots for people in the 45 plus age group under the ‘Jahan Vote, Wahan Vaccination’ campaign. Chief Minister Arvind Kejriwal said on Monday, “We are starting a ‘Jahan Vote, Wahan Vaccination’ campaign from today. Under this campaign, we will tell people to visit their designated polling stations to get vaccinated. Door-to-door vaccination to be done soon,” Mr. Kejriwal announced in a press conference.

We have noticed that people in the 45 plus age group are not coming to vaccination centres set up by the Delhi government and vaccines are not being utilised,” he said.

There are around 380 wards in Delhi. The BLOs will visit households in 72 wards from Tuesday to identify and send eligible persons for vaccination at the polling booths, he said.

The chief minister said polling booths are close to the homes of the people so they will not have to travel long distances to get the vaccine. Also, the government has arranged e-rickshaws to ferry people to the vaccination centres. The BLOs will give slots for vaccination to people in the 45 plus age group at the nearest polling centre. In a cycle of five days, all the eligible persons will be covered.

“After covering all the 280 wards in four weeks, the government will be able to say that all those eligible (45 years and above) have received the vaccines, Kejriwal said. He said a similar drive will be conducted again for second dose vaccination after three months.

“While we will get vaccines for the 18-44 age group in the required quantity, we will start this programme for them too,” he said.

The chief minister said that the government aims to vaccinate all above the age of 45 in the next 4 weeks. The Delhi CM further said that out of 52 lakh people in the 45 plus age group, 27 lakh have been vaccinated with the first dose. Now they will be given anti-Covid vaccines at polling booths.

The national capital reported 211 new instances of the Covid-19 infection, the lowest since March 2, with the positivity rate dipping to 0.36 per cent, according to the health bulletin released on Monday. Thirty-six more people succumbed to the disease in a day pushing the toll here to 24,627.

On Sunday, Delhi had recorded 34 fatalities and 41 new cases of COVID-19 with a positivity rate of 0.37 per cent. The day before, it had recorded 30 deaths and 222 new cases with a positivity rate of 0.68 per cent.

Kejriwal had on Saturday said the coronavirus situation in Delhi was under control. “Bringing back the economy on track is crucial as the situation of coronavirus is improving,” he had said.

The national capital started the unlocking process from Monday after remaining under lockdown since April 19 in view of a massive surge in Covid-19 cases in the second wave of the pandemic. Since April 19, both daily cases and single day death count had been spiralling up. On April 20, the city had reported 59,805 cases, the highest in the city since the beginning of the pandemic. On April 22 the case positivity rate was 36.2 per cent, the highest so far. The highest number of 448 deaths was reported on May 3.

However, the number of cases has shown a downward trend of late. The positivity rate too has been shrinking in the last several days.

The national capital had recorded 625 cases and 62 deaths last Tuesday. 676 cases and 101 fatalities on Wednesday, 467 cases and 45 deaths on Thursday. A total of 43,610 tests, including 59,129 RT-PCR ones, were conducted a day ago, according to the health bulletin on Monday.

The total number of cases reported in the city so far stood at 14,29,475, while over 13.9 lakh patients have recovered from the virus.

The city now has 5,290 active cases, down from 5,692 a day before, the bulletin said.

The number of people under home isolation dipped to 1,932 from 2,227 on Sunday, it added.

Covaxin Trial (The Asian Age: 20210608)

Screening of 2-18 age group for Covaxin trial begins at AIIMS

AGE CORRESPONDENT
NEW DELHI, JUNE 7

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 here on Monday.

The trial on children has already started at AIIMS Patna to see if the Bharat Biotech jab is suitable for children. India currently has three vaccines approved for adults—Covaxin, Serum Institute of India’s Covishield and Russia’s Sputnik V, but there are none for children.

If the phase 2/3 trials on children are successful, Covaxin will be used to inoculate India’s children. The trials also assume significance as they are being held at a time when the Centre cautioned that though the virus has not affected children seriously till now, its impact can increase among them if there is a change in virus behaviour or epidemiology dynamics.

Moreover, Karnataka and Maharashtra have recently seen a spike in paediatric COVID cases, making the trials the need of the hour.

Participants would be given the vaccine after their screening report comes. The trial is to be conducted on 525 healthy volunteers. In the trial, the vaccine will be given by intramuscular route in two doses at day 0 and day 28.

“The screening of children for conducting trials of Covaxin has started. Participants would be given the vaccine after their screening reports come,” Dr Sanjay Rai, Professor at the Centre for Community Medicine at AIIMS, said.

India’s drug regulator had granted permission for conducting the phase 2/3 clinical trial of Covaxin in the age group 2 to 18 years on May 12. Covaxin is being used on adults in India’s ongoing COVID-19 vaccination drive.

The government last week cautioned that even though COVID-19 has not taken a serious shape among children till now, its impact can increase among them if there is a change in virus behaviour or epidemiology dynamics, and said preparations are being strengthened to deal with any such situation.

A national expert group has been formed to review COVID-19 infections in children and approach the pandemic in a renewed way to strengthen the nation’s preparedness, NITI Aayog Member (Health) V K Paul had said at a press conference.

The group has examined signs which were not available four-five months before, he said.

It has also considered available data, clinical profile, the country’s experience, disease dynamics, nature of the virus and the pandemic and has come up with guidelines, which will be publicly released soon.

While we have been systematically reviewing scientific developments in this area, the group has been formed to take an updated view of the situation,” Paul said.

Asked if the Pfizer vaccine, if it comes to India, will be considered for children in the age group 2-18 years, Paul said:

asked if the Pfizer vaccine, if it comes to India, will be considered for children between the age of 12 and 15 years as being approved by the UK, Paul had said that the country has its own vaccines which are being readied for children.

“Child cohort is not a small cohort. My rough guess is that if it is between 12 to 18 years, this itself is about 13 to 14 crore population and for which we will need about 25-26 crore doses.

“We cannot have some people getting and others not getting. So we will have to take this into account when we strategise and make a decision based on how many doses of which vaccines are available, he said.

He further shared that Zydus Cadila’s vaccine is already being tested in children. “So when Zydus comes for licensure, hopefully in the next two weeks, maybe we have enough data to take a view on whether the vaccine can be given to children,” he said.
IMC had urged PM to ensure ‘optimum milieu’ for medics

‘Formulating policy for security to health staff’

AGE CORRESPONDENT
NEW DELHI, JUNE 7

The home ministry is in the process of formulating “uniform guidelines for providing adequate security cover and a safe environment to all doctors, nurses, and other para-medical staff” who are not only involved in corona related duties but are providing other medical treatment as well. The move comes close on the heels of the Indian Medical Association (IMA), an umbrella organisation of doctors in India, writing to PM Modi requesting him to ensure that doctors on duty be provided with proper security.

The IMA had written the letter after videos went viral on the social media of two doctors being brutally thrashed by relatives of patients in Assam. Even though the state police had taken a serious note of the incident, the IMA is now demanding that the Centre ensure adequate safety for doctors on duty.

Sources said home minister Amit Shah has given clear instructions that there would be no compromise on the safety of frontline warriors like doctors. The Centre is working on making stringent guidelines with provisions for strong legal and criminal action against those involved in attacks on doctors and para-medical staff.

Even during the first wave, the MHA had written to the states in this regard but this time a more formal arrangement is being put in place which would be mandatory for the states to follow.

With corona’s threat far from over as a third wave of the virus is being anticipated sometime in September, there is an urgent need to ensure the safety of doctors and other hospital staff as they have been on the frontline saving precious human lives.

“Doctors and other healthcare staff are our true corona warriors and heroes. No violence against them will be tolerated at any cost and strict instructions have been given in this regard by the home minister. We are in the process of making some strong guidelines in this regard, which will be shared with all the states,” a senior official added.
Covid cases decline

As Covid cases decline, what should the government’s next steps be? ((The Indian Express: 20210608)


It must plan for vaccinating children, step up support to households, MSMEs, take steps to strengthen the health infrastructure.

A health worker in Ahmedabad, amid the second wave of Covid-19. (Express Photo: Nirmal Harindran)

There was a flurry of economic news last week. It began with the release of the GDP data for the fourth quarter of last year, was followed by the RBI monetary policy announcement, and ended on an optimistic note of GST collections maintaining the Rs 1 lakh crore run rate in April. In the interregnum, cumulative Covid cases declined by 72 per cent from the peak in May.

The second Covid wave has left a tale of devastation across rural India. The number of rural districts that had a case fatality rate (CFR) above the India average stood at 221 at last count (35 per cent of India’s districts). Tier-3 and Tier-4 cities that are rural and semi-rural in nature witnessed a significant increase in deaths during the second wave as compared to the first wave. The 14-day moving average of the top 20 districts even now reveals a clearly contrarian trend, with rural cases still climbing, while in urban areas it is declining. The percentage of daily new cases from rural areas is still at 52.8 per cent.

The silver lining, if there is any, is that these rural districts account for a lower share of economic activity, thus the GDP loss due to the current wave will be much lower than that in the first wave. However, on the downside, as most of these states have a higher per capita income (Punjab, Maharashtra, Haryana, etc), a pick-up in demand is unlikely to be meaningful. It may be noted that RBI has already cut its GDP estimates to 9.5 per cent, citing the rural impact of the second wave. However, it has enhanced its projections for the third and fourth quarters, expecting a vaccination-driven recovery. This brings us to the issue of vaccination.

There has been a subtle change in India’s vaccination policy, with a massive emphasis on people receiving the first dose. As on May 13, 55 per cent of the daily vaccinated people had received a second dose. That has now declined to 10 per cent on June 4. When we look at the
metric of total vaccinations per hundred population, for India, it stands at 16.2 for the first dose, and 3.2 for the fully vaccinated. For the US, these numbers are 89.4 and 44.1 respectively.

The idea behind this shift in vaccination strategy is well appreciated, as talks of a possible third wave have now gained traction. International experience suggests that the intensity of the third wave is likely to be as severe as the second wave. However, it has also been observed that in the third wave, if we are better prepared and if more people have been vaccinated at least once, a decline in the rate of serious cases will lead to a lower number of deaths. If serious cases decline from 20 per cent to 5 per cent (due to better health infrastructure and a more aggressive vaccination drive), then the number of deaths could reduce to one-fourth of those seen in the second wave.

But we need to step up the vaccination drive. With around 15-17 crore children in the 12-18 age bracket, India must opt for an advanced procurement strategy like that adopted by developed nations to inoculate this age group. Further, it is pertinent to vaccinate all school, college and university teachers, along with the support staff — around 1.13 crore people fall in this category.

Can the policy response be supportive at this juncture? Yes. One indicator of household stress is bank deposit data. Bank deposits have shown alternate periods of expansion and contraction in 2021-22 in the first two months. It is possible that such expansion followed by contraction indicates household stress, as people getting their salaries in the first fortnight of the month are drawing them down in the second fortnight for health expenses and stocking up currency for precautionary motives in an uncertain scenario.

A “compassionate fiscal policy” at both the central and state levels should be the ideal option to deal with such household stress. It could imply, as an alternative to cash transfers, fuel prices being rationalised, or tax holidays, electricity rebates for MSMEs for a specific period. Both these supply-side measures could make a lot of difference to businesses and the common man in these extremely difficult times.

Finally, it is perhaps the best time to undertake administrative reforms. Just when the first wave had reached its peak, the government had acknowledged that governing is likely to get more complex. This led to the launch of Mission Karma Yogi — the National Programme for Civil Services Capacity Building (NPCSCB).

We, however, want to go beyond such initiatives. The pandemic has helped identify several best practices related to public health that fall in the realm of administrative reforms. The “Mumbai model” of oxygen distribution under the able administrator, Iqbal Chahal, has saved many lives. Apart from BMC, Ernakulam in Kerala has a war-room that oversees the entire city and allows for resources to be shifted swiftly between hotspots. The states of Tamil Nadu and Karnataka both have telephone-based triaging systems. And, of course, a centralised vaccine procurement is a must, which has now been implemented by the Prime Minister, along with a centralised pricing strategy.
This apart, digitising operations of local bodies can help in better resource allocation by fixing accountability. Covid-19 has shown that publicly available dashboards for tracking beds can be of immense help to people.

The Centre should now collect and collate such systems and make them available to state governments to strengthen the health infrastructure. This is akin to the NITI Aayog’s concept of policy “garages” in which good ideas from states could be driven by others. Its aspirational district programme focuses on collaboration among bureaucrats in 112 districts. Creating a dashboard of such policies for the future can be a good starting point.

Free Vaccination (Hindustan: 20210608)
https://epaper.livehindustan.com/imageview_853617_86507250_4_1_08-06-2021_0_i_1_sf.html
बदलावः बिना लक्षण वाले कोरोना मरीजों को दवा की जरूरत नहीं

मेडिसिनिविद पर मुझाव
रेमडेसिविर दवा का इस्तेमाल केवल ऑक्सीजन पर निर्भर गंभीर रोगियों पर करने की सलाह दी गई है, वह भी बीमारी होने के 10 दिन के अंदर। कोरोना सेटर या घर में मामूली रूप से संक्रमित लोगों को इसे नहीं दिया जाएगा।

स्टेट्साइड लेने से बचें
दिशानिर्देशों के मुताबिक हल्के संक्रमण पर स्टेट्साइड का इस्तेमाल हानिकारक है। अस्पताल में गंभीर रोगियों को इसे दिया जा सकता है। बुध से स्टेट्साइड का इस्तेमाल नहीं करें। स्टेट्साइड का इस्तेमाल करने वाले सभी रोगियों की ब्लड स्पॉट का जाय अनिवार्य होगी।

इसके अलावा जिक्स, मेडिसिनिविद और अन्य दवा
देने का भी इसमें जिक्र नहीं है। संशोधित दिशानिर्देश गत 27 महीने की जारी किए गए थे, इससे सीताकंक स्त्री का अन्य जांच के विषयवर्तमान हानिकारक की बात कहीं गई है, ताकि इसका गैर जरूरी इस्तेमाल नहीं हो सके।

Infection (Hindustan: 20210608)

https://epaper.livehindustan.com/imageview_853617_86495040_4_1_08-06-2021_0_i_1_sf.html
Infection Rate (Hindustan: 20210608)

https://epaper.livemodern.com/imageview_853619_86729622_4_1_08-06-2021_3_i_1_sf.html
तीन माह बाद सबसे कम संक्रमण दर

रिपोर्ट

नई दिल्ली | विषय संवाददाता

राजधानी में कोरोना से संक्रमण की दर तेजी से कम हो रही है यह घटकर 0.4 प्रतिशत से नीचे चली गई है जो 7 मार्च के बाद सबसे कम है। 7 मार्च को संक्रमण दर 0.31 प्रतिशत थी। वहाँ, दिल्ली में संक्रमण मरीज भी घटकर पांच हजार के करीब पहुंच गए हैं।

दिल्ली के स्वास्थ्य विभाग के अनुसार सोमवार को 231 नए मामले सामने आए। वहाँ 876 मरीजों को छोटी दी गई, जबकि 36 मरीजों ने कोरोना के कारण दम तोड़ दिया। दिल्ली में कोरोना से मृत्युदार 1.72 प्रतिशत है। विभाग के अनुसार दिल्ली में कोरोना के 5208 संक्रमण मरीज हैं। इनमें से 2803 मरीज दिल्ली के विभिन्न अस्पतालों में भर्ती हैं। वहीं कोविड केन्द्रों के सेंटर में 147 और कोविड मेडिकल सेंटर में 95 मरीज भर्ती हैं। होम आइसोलेशन में 1932 मरीज भर्ती हैं। विभाग के अनुसार रिवाज को दिल्ली में 63610 टेस्ट हुए जिसमें 0.36 प्रतिशत मरीज कोरोना संक्रमित पाए गए। इन जोर के लिए आर्टिहीसिअर से 50139 और रैपिड टेस्टिंग में 13471 टेस्ट हुए।

दिल्ली में अभी तक 19821925 टेस्ट हो चुके हैं। स्वास्थ्य विभाग के अनुसार दिल्ली में संक्रमण के घटते मामलों के साथ हार्टफ्यूट की संख्या घटकर 11420 हो गई है।

Vaccination (Hindustan: 20210608)

https://epaper.livehindustan.com/imageview_853619_86729002_4_1_08-06-2021_3_i_1_sf.html
जहां बूढ़े, वहां टीका अभियान दे वैक्सीनेरेशन तेज करेगी सरकार

लिखित में 45 साल से अधिक उम्र वाले सभी लोगों को अपने नाम हस्ताक्षरण में वैक्सीन का पहली डोज लगाने के लिए, रोजगार सरकार ने बूढ़े बूढ़े वैक्सीनेरेशन अभियान की शुरुआत की।

इसके अलावा दिनांक 27 जुलाई तक 45 साल से अधिक उम्र वाले सभी लोगों को अपने नाम हस्ताक्षरण में वैक्सीन का पहली डोज लगाने की आवश्यकता है।

पहले डोज की आवश्यकता है जब तक लोग अपनी अंतिम उम्र तक नहीं हो जाते।
Covaxin (Hindustan: 20210608)

https://epaper.livehindustan.com/imageview_853619_86730266_4_1_08-06-2021_3_i_1_sf.html
पहली खुराक ले चुके लोगों को ही कोवैक्सीन लगेगी

नई दिल्ली | प्रमुख संवाददाता

राजधानी के सभी सरकारी व निजी अस्पतालों व नर्सिंग होम के टीका केंद्रों पर कोवैक्सीन टीका 18 से 44 साल के उम्र के उन लोगों को लगेगा जिन्होंने पहली खुराक ले ली है। दिल्ली सरकार ने सोमवार को उच्च न्यायालय में यह जानकारी दी।

केंद्र व दिल्ली सरकार ने न्यायालय को यह भी जानकारी दी है कि कोरोना संक्रमण से बचाव के लिए टीके की पहली खुराक ले चुके लोगों को समय सीमा के भीतर दूसरी खुराक लगाने के लिए दिल्ली को 40 हजार अतिरिक्त खुराक मुहैया कराई गई है। जस्टिस रेखा पल्ली ने शुक्रवार को वैक्सीन की कमी पर नाराजगी जाहिर करते हुए केंद्र व दिल्ली सरकार को आदेश हार्दिक लिया था। उन्होंने केंद्र व दिल्ली सरकार से कहा था कि कोवैक्सीन की पहली खुराक ले चुके लोगों को दूसरी खुराक के लिए महसूस में नहीं छोड़ा जा सकता। दिल्ली सरकार ने सोमवार को न्यायालय को बताया कि उसने सभी सरकारी केंद्रों, निजी अस्पतालों और नर्सिंग होम के 18 से 44 साल के लोगों में कोवैक्सीन टीका सिर्फ उन लोगों को ही लगाने के निर्देश दिए हैं, जो इसकी पहली खुराक ले चुके हैं।
बच्चों को महामारी से बचाने के लिए सभी प्रयास करेंगे

नई दिल्ली | वरिष्ठ संवाददाता

कोरोना की तीसरी लहर में बच्चों के अधिक संक्रमित होने की आशंकाओं पर उन्हें बचाने के लिए सभी मामले बैठक हुई। बैठक में महिला एवं बाल विकास मंत्री राजेंद्र गांधी ने बच्चों को संक्रमण से बचाने के लिए सभी आवश्यक कदम उठाने के निर्देश दिए।

मंत्री की अध्यक्षता में हुई बैठक में स्वास्थ्य विभाग के अधिकारियों के अलावा महिला एवं बाल विकास विभाग के अधिकारी और जीतीबी, राजीव गांधी और चाचा नेहरू बाल चिकित्सालय के निदेशक मौजूद रहे।

चिकित्सालय के निदेशक मौजूद रहे। बैठक में फैसला लिया गया है कि महिला एवं बाल विकास विभाग को एक नोडल पैनल के रूप में काम करते हुए सभी बाल गृहों, स्वयं सेवी संगठनों और ऑव्जरवेशन होम के बीच में सम-वचन स्थापित करना होगा।

संकल्प

• महिला एवं बाल विकास मंत्री ने तैयारियों की समीक्षा की
• तीसरी लहर से बच्चों को बचाने के लिए उठाए जा रहे कदम
बुजुर्गों में टीके से कम एंटीबॉडी बनी

शोध

नई दिल्ली | वरिष्ठ संवाददाता

कोविडील्ड और कोवैक्सिन दोनों टीके कार्यरत हैं। हालांकि, बुजुर्गों और मसूदों से पीड़ित लोगों में टीका लगाने के बाद कोरोना बायरस के खिलाफ एंटीबॉडी का स्तर कम देखा गया है। फिर भी यह लोगों की फायदा हो सकता है और गंभीर बीमार होने से बचाया है।

यह जानकारी 22 शहरों में 515 लोगों पर हुए एक अध्ययन में सामने आई है। कोरोनाकाल जीवनस्तर एवं हापीटिकोट्रॉन स्टेटस्डूटि के डॉक्टर अव्वलेख कुमार सिंह के नेतृत्व में हुए।

प्रतिरोधक क्षमता कम होती है

शोध के बारे में आईएमए के पूर्व अध्यक्ष डॉक्टर राजीव जयदेवन ने कहा कि बुजुर्गों में और मसूदों से पीड़ित लोगों के शरीर में पहले से ही प्रतिरोधक क्षमता कम होती है। शोध में यह देखा गया कि टीका लगाने के बाद बुजुर्गों और मसूदों पीड़ित लोगों में एंटीबॉडी को बनने लेकिन ज्यादा लोगों और बिना मसूदों वाले लोगों के मुकाबले कम बने।

लोग साइक्लासी बरतें

फोर्टिस एस्कोट्ट अस्पताल के एनर्गीसिटी विभाग के डॉक्टर कुल सेटिंग कोणिक के बताया कि यह शोध इस बात पर भी जोकर करता है कि टीका लगाने के बाद लोगों की गंभीर रूप से बीमार होने से बच सकते हैं। हालांकि, लोगों की टीका लगाने के बाद भी संकट हो सकता है। ऐसे में वे सावधानी बरतें।

शोध में 20 से ज्यादा अस्पतालों के डॉक्टर ने 22 शहरों के 515 स्वास्थ्यविभागों पर अध्ययन किया। अध्ययन में टीका लगाना चुके 13 जनजातियों के स्वास्थ्यविभागों को शामिल किया गया था। इनमें 425 स्वास्थ्यविभागों को कोविडील्ड और 90 को कोवैक्सिन की वैज्ञानिक लगी थी। अध्ययन में पाया गया कि टीका का दूसरा दोष लगाने के 21 से 36 दिन लगा गया था।