India reports 62,224 fresh Covid cases

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India reports 62,224 fresh Covid cases, 2,542 deaths; active cases below 9 lakh after 70 days

Cumulatively, 26,19,72,014 Covid-19 vaccine doses have been administered so far under the Nationwide Vaccination Drive. PTI file

A single-day rise of 62,224 new coronavirus infections were reported taking India’s total tally of Covid-19 cases to 2,96,33,105, while the active cases were recorded below nine lakh after 70 days, according to the Union Health Ministry data updated on Wednesday.

The Covid-19 death toll climbed to 3,79,573 with 2,542 fresh fatalities, the data updated at 8 am showed.

The active cases further declined to 8,65,432 comprising 2.92 per cent of the total infections, while the national Covid-19 recovery rate has improved to 95.80 per cent.

A net decline of 47,946 cases has been recorded in the Covid-19 caseload in a span of 24 hours.

Also, 19,30,987 tests were conducted on Monday taking the total cumulative tests conducted so far for detection of Covid-19 in the country to 38,33,06,971.

The daily positivity rate dropped to 3.22 per cent. It has been less than five per cent for nine consecutive days, the ministry said, adding the weekly positivity rate has declined to 4.17 per cent.

Recoveries continue to outnumber daily new cases for the 34th consecutive day. The number of people who have recuperated from the disease surged to 2,83,88,100, while the case fatality rate stands at 1.28 per cent, the data stated.
Cumulatively, 26,19,72,014 Covid-19 vaccine doses have been administered so far under the Nationwide Vaccination Drive.

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. India crossed the grim milestone of 2 crore on May 4.

**Poor vaccination rate**

**Need to maximise gains by focusing on priority groups (The Tribune: 20210616)**


Government data showing vaccine coverage below the national average for both priority groups — health and frontline workers — in Punjab and Haryana is a cause for concern. Though the Covid vaccination drive for health workers began in mid-January, in Punjab, as late as May-end, as many as 28 per cent of them were yet to get even the first dose. It’s a poor show, given that the national average for the first dose administration in this category is 82 per cent. In fact, Punjab lags behind in vaccinating the 45-plus age group also, with its first dose coverage being just 30.04 per cent against the countrywide mean of 33.7 per cent.

These gaps in the inoculation of the priority groups flag certain challenges and the need to focus on surmounting them for deriving optimal immunity benefits. While initially, vaccine hesitancy, stemming from scepticism and fear of adverse side effects, was the main cause of the low turnout, the vaccination pace has slackened further in the past few weeks due to a shortage of jabs. Though Punjab has infrastructure to administer three lakh doses a day, the supply chain permits just 60,000-70,000 doses. Studies indicating less severity of Covid-19 infection and zero mortality among those fully vaccinated should motivate all those having apprehensions about the shots to queue up for the doses.

The state governments need to consider evidence-based flexibility in vaccine schedules as per the logistics available and various ongoing researches. For instance, a latest report by health experts has flagged that mass, indiscriminate and incomplete vaccination can trigger the emergence of mutant strains. It has suggested that at present, while those who had coronavirus infection need not be inoculated, priority be accorded to vaccinating the vulnerable and those at risk, rather than going for a population-wide coverage. To maximise gains, it has
recommended a reduced time interval for the second dose for areas with Covid surges. The vax strategy could be further guided by mapping the vulnerability at the district level through repeated local-level serosurveys. While districts recording over 70 per cent seroprevalence were fit for a return to normalcy, those with low levels required lockdowns and vax prioritisation.

**Delta variant**

**High caseload attributed to Delta variant in Chandigarh, Punjab (The Tribune: 20210616)**


Led to April surge, says study by National Centre for Disease Control, CSIR

High caseload attributed to Delta variant in Chandigarh, Punjab

A woman being inoculated in Chandigarh on Wednesday. tribune photo: Manoj Mahajan

The highly transmissible Delta variant or B.1.617.2 has spread its tentacles in Chandigarh and Punjab, according to genomic characterisation study conducted by scientists from the National Centre for Disease Control and CSIR, Delhi.

The study – Genomic Characterisation and Epidemiology of an Emerging SARS-CoV-2 Variant in Delhi – has appeared in pre-print server and is yet to be peer-reviewed.

The scientists studied the main lineages of SARS CoV-2 in north India and found prevalence of the Delta variant in Chandigarh, Himachal Pradesh, Punjab, Leh, Jammu and Kashmir and Uttarakhand. The Delta variant was reported to be the massive surge in cases in these areas in April.

Genomic surveillance data from Delhi and surrounding states also shows an early phase of the upsurge driven by the entry of the more transmissible B.1.1.7 (Alpha variant – first detected in the UK) into the region in January.

This was followed by seeding of the B.1.617 variant of concern – which too is highly transmissible – with rapid expansion of B.1.617.2 sub-lineage outpacing all other lineages.

The B.1.617.2 variant has higher transmissibility than the Alpha variant in north India, even in Punjab, where B.1.1.7 had reached close to 100 per cent prevalence, reveals the latest study.
According to the scientists, the April outbreak in Delhi was preceded by outbreaks in the states of Kerala, Maharashtra and Punjab. The outbreak in Punjab has been related to the introduction of B.1.1.7 (Alpha variant).

The scientists have found a strong connection between Delhi and Punjab, with respect to, B.1.1.7 variant.

The B.1.1.7 (Alpha variant) outbreak in Punjab points out at a super-spreader event like mass public gatherings and rallies held in different parts of north India since January 2021, and highlights the important role of social factors in SARS-CoV-2 outbreaks.

The scientists found the same pattern in Punjab and Delhi with initial seeding of Alpha variant between February and March replaced by B.1.617.2 (Delta variant) in April 2021.

The study found that the surge of SARS-CoV2 infections in Delhi and nearby states was best explained by the introduction of a new highly transmissible VOC – B.1.617.2 (Delta variant) – with likely immune-evasion properties, insufficient neutralising immunity and social behavior that promoted transmission.

The B.1.617 variant was first detected in India and was divided into three lineages – B.1.617.1, B.1.617.2, and B.1.617.3.

The World Health Organisation (WHO) has said only B.1.617.2, one of the three strains of the B.1.617 Covid-19 variant was first detected in India.

The variant has now spread to over 63 countries and is believed to be 50 per cent more transmissible than Alpha.

Vaccine

**Rethink in India as UK cuts vaccine gap again (Hindustan Times: 20210616)**

https://epaper.hindustantimes.com/Home/ArticleView
Government experts handling India’s coronavirus vaccination strategy have held meetings and are considering slashing the gap between the two doses of Covishield, at least for vulnerable groups, as more evidence poured in of the second shots being crucial for adequate protection from infection and hospitalisation arising from the Delta variant of the Sars-CoV-2 virus.

On May 13, India widened the gap for second doses from a minimum of six to 12 weeks for people who get the Covishield vaccine, citing better efficacy data from the UK. But, three days later, the UK itself reduced the gap to eight weeks from 12 for people over the age of 50, citing the more serious threat from the Delta variant which has become the predominant strain of the virus in the UK.

On Monday, UK released fresh data showing protection from hospitalisation was 92% for people who had both doses of the Oxford-AstraZeneca vaccine (Covishield is the made-in-India version of the dose). Those who had just one dose showed a much lower efficacy against hospitalisation at 71%. The same day, the country also reduced the gap between doses for those over the age of 40.
A number of experts in India have now urged the government to do the same; Delta is also believed to be the dominant strain here too.

“The eight-weeks gap is being considered in the technical groups. Once they come to a view, the matter will come to NEGVAC (the national expert group on vaccine administration for Covid-19),” said a top Indian government official familiar with the development, who asked not to be named.

In a study of 14,019 symptomatic Delta variant infections, including 166 who were hospitalised, Public Health England reported vaccine efficacy against symptomatic disease fell to 30% if only one dose of Oxford-AstraZeneca vaccine was given, compared to 67% when both shots were administered.

In the case of the Pfizer-BioNTech vaccine, the comparable numbers were 36% and 88%. These numbers are similar to findings last month, and have been the basis for the Boris Johnson government reducing the gap between the doses and delaying a planned lifting of remaining Covid-19 curbs (the current extension is till July 19).

In India, experts said they were looking at such findings and more. “While we are open to reviewing the gap, it’s a misconception that we blindly follow the West. The truth is we are more focused on looking at the data being generated within the country to make important vaccine-related decisions. We followed the four-week interval in India when UK was following the 12-week gap, so we may be looking at the evidence coming from the West, but our decisions pivot around the data that will tell us what’s best for our people. India data is crucial for us and we are closely watching it,” said Dr NK Arora, chairman, Covid working group on vaccines.

He added: “We already have results of two studies before us from north and south India— one from PGI Chandigarh and another from CMC Vellore— that clearly tells us that irrespective of the Covishield vaccine dose interval, people getting a single dose or both the doses are having similar protection against the Delta variant (B.1.617.2) and Alpha variant (B.1.1.7).”

News agency Reuters quoted three experts who were part of the technical group known as National Technical Advisory Group on Immunisation (NTAGI) as saying that they recommendation was to extend the gap between Covishield doses to 8-12 weeks. “Eight to 12 weeks is something we all accepted, 12 to 16 weeks is something the government has come out with,” the Reuters report quoted MG Gupte, a former director of the state-run National Institute of Epidemiology, as saying.

This was echoed by his NTAGI colleague Mathew Varghese, who said the group’s recommendation was only for 8-12 weeks, the report added. A third member, JP Muliyil, said there had been discussions within the NTAGI on
increasing the vaccine dosage interval but that the body had not recommended 12-16 weeks.

“That specific number was not quoted,” Reuters quoted him as saying.

In a statement later on Tuesday, Arora said there was no dissent within the NTAGI.

Arora also said results of at least three to four more studies are expected, and the expert panel will review these in detail before taking a decision. “Interval debate has to be seen in a contextual manner based on responses we are seeing in our country as adeno-vectored vaccines behave differently in different settings and we have to make decisions based on how they behave in our population,” he added.

But other experts said the data from UK should be taken into account in India.

“These data are what need to be considered for decision-making for India,” said Dr Gagandeep Kang, physician-scientist, Christian Medical College, Vellore, Tamil Nadu, in a tweet linking to the PHE report.

Another top government expert confirmed the variant prevalent now is more dangerous, and said further mutations are being studied.

“The virus in circulation is far cleverer than what we saw in 2020; therefore we need to be more alert while dealing with it as RNA viruses are particularly predisposed to errors in their replication that leads to the virus acquiring a new character to an extent.

“The intense second wave was a result of the highly transmissible Delta variant, B.1.617.2, that was circulating in India. On similar lines an additional mutation has been detected that has been sent to the global data system and is called delta plus variant,” said VK Paul, member (health), Niti Aayog, at the government’s routine press briefing on Covid-19.

Covid-19: What you need to know today Hindustan Times: 20210616

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

The Delta variant of the Sars-CoV-2 virus, B.1.617.2 is likely to become the dominant strain in the US, experts fear, much like it already has in the UK. Indeed, both the UK and Russia are among countries that are seeing a resurgence in cases on account of this variant which was first
sequenced in India. After bottoming out at a little over 2,000 in the first week of May (the lowest since last September), the seven-day average of daily new cases in the UK, according to the NYT database, rose to 7,278 on June 14. In Russia, according to worldometers.info, the seven-day average of daily new cases was 12,363 on June 14, after bottoming out in the low 8,000s in early May, during a long plateau that followed the second wave of the pandemic in that country. Some experts are also of the opinion that it could become the dominant strain in most parts of the world, replacing Alpha, which was first sequenced in the UK. The numbers shouldn’t surprise anyone. Research by Public Health England has shown that Delta is 64% more infectious than the original strain of the virus that first emerged in Wuhan, China, in late 2019. But while it is more infectious, research released earlier this week (again, by Public Health England) showed that two doses of the Pfizer/BioNTech vaccine prevent hospitalisation in 96% of cases, and two doses of the AstraZeneca/Oxford one in 92% of the cases. The vaccines, according to earlier research by PHE, were found to be 88% and 60% effective in preventing infection after two doses (and 33% effective in preventing it after one).

On Monday, the UK also announced that it was reducing the gap between the two doses of vaccine for those over the age of 40 years from 12 weeks to eight weeks, a move aimed at countering the Delta variant (the country also delayed opening up further till July 19 on account of this strain). As I’ve said before in this column, India should now consider doing the same. The Delta variant is likely the dominant one in this country too (we can’t know for sure till we sequence enough viral genomes, which we aren’t doing). Still, the revelation that vaccines are highly effective in preventing hospitalisation, even in case of an infection caused by the Delta variant, is good news.

On the subject of the Delta variant, there’s been a lot of buzz around a so-called Delta-plus variant, one that displays one mutation that was seen in Beta (B.1.351), which was first sequenced in South Africa, and which seems to have some ability to evade antibodies (the Gamma variant or P1 or B.1.1.248, first sequenced in Brazil also has a mutation that allows it to do this), but there hasn’t been much research around it yet.

But there was more good news on Monday as well: research by scientists from Rockefeller University and Weill Cornell Medicine suggested that immunity against the Sars-CoV-2 virus was strong even a year after infection, and that infected people who received at one dose of the vaccine developed strong immunity even against the variants of concern. HT reported this study on June 15.

This, the duration for which a prior infection or a vaccine (or both) offers protection against Covid-19 has been one of the fundamental questions of science related to the pandemic. Over the past few months, our ability to answer that question has improved. In May, Nature published a paper by scientists at the Washington University School of Medicine, St Louis that showed that people infected with Sars-CoV-2 do, over time, develop memory plasma cells (resident in their bone marrow). Such cells typically offer long-lasting immunity against pathogens. For instance, in an instalment of this column last July, I wrote of a 2020 study by
scientists at Duke-National University of Singapore Medical School and Singapore’s National Centre for Infectious Diseases that people infected in 2003 by Sars-CoV-1, which caused Severe Acute Respiratory Syndrome (Sars), still possessed cells that remembered that virus and could protect them against it if required.

It’s reasonable to assume that some of these immunological benefits are only available to those who have suffered a symptomatic infection (in keeping with the old adage, no pain, no gain), but this too is a question that science should be able to answer soon.

3rd wave (The Asian age: 20210616)


If Covid norms are ignored, 3rd wave will be worse: Docs

VINEET PANDEY
with agency inputs
NEW DELHI, JUNE 15

India recorded 69,471 new cases of Covid-19 in the last 24 hours, which is lowest after 75 days. The daily deaths were 2,726 and recoveries were more than double the fresh infections. The country’s Recovery Rate has reached 95.64 per cent.

Mumbai’s Dharavi, for the second consecutive day, did not report a single case of Covid. The area has since January 2021 reported 6,861 cases and 359 deaths and at present has 13 active cases. The cases were much less in Mumbai too with 575 new detections. Delhi too saw a major dip on Tuesday as it recorded 228 new cases.

However, a major challenge for the cities that are now opening up is to control the next wave which looks inevitable given the crowd that is out on roads and the number of people seen defying social dis-
**2nd Wave (The Asian age: 20210616)**


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**Vaccination Centre (The Asian age: 20210616)**


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**Doctors warn of ‘worse than 2nd wave’ if Covid norms not followed**

New Delhi, June 19: With close gathering of shoppers in markets and restaurants resuming business amid a phased unlock in the national capital, doctors, on Tuesday, cautioned that Delhi could face a “worse than second wave situation” of Covid-19 if people do not adhere to the safety norms or if they lower their guards.

The remarks from many doctors at leading government or private facilities here came after visuals of various crowded markets surfaced in reports and on social media, showing Covid-appropriate behaviour not being followed by many people, like wearing of masks or maintaining social distance.

Dr Saramjit Chatterjee, a senior consultant at Apollo Hospitals here, warned that if safety norms are not followed by the people and if there is no strict enforcement in case of violations then “we are in for trouble again.”

“The way cases have come down from over 30,000 at its peak in April to 131 cases reported on Monday, it is such a dramatic fall in numbers. If lockdown is the primary reason for it, then we have to tread very cautiously now with the restrictions being slowly eased,” he told a news agency.

Medical experts in mid-May had cautioned that if the restrictions were partially lifted, the count of daily cases would again begin to rise. According to a data shared by additional PRO (Delhi police) Anil Mittal, a total of 1,33,143 challans have been issued from April 20 to June 14.

Market association representatives and management staff at malls claimed that all precautions are being taken and Covid safety rules are being adhered to.

“In a market like ours, it is feasible to maintain social distancing and traders are ready to abide by all norms. There is definitely a problem with the hawkers. We have raised this issue with the authorities too,” said Atul Dhingra, the president of the New Delhi Traders Association.

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**AIIMS-Delhi to resume OPD services from June 18**

New Delhi, June 18: Almost two months after it closed down its OPD services, AIIMS-Delhi has decided to resume the operations latest by June 18 in a phased manner.

Heads of departments of all clinical departments have been requested to provide a proposed number of new and follow-up OPD patients per day who are to be given online/telephonic appointments, according to an order issued by the AIIMS medical superintendent on Tuesday.

As of now, OPD registration will be done only for patients who are having prior online/telephonic appointments and a decision to allow walk-in registrations will be taken later after reviewing Covid situation, it said.

“In view of considerable decrease in Covid-19 cases, it has been decided by the director AIIMS to re-start the OPD services in a phased manner at the earliest but latest by 18th June 2021 (Friday),” the order stated.

All Hubs have been requested to provide the requisite information within two days of issue of the order.

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**Dr Richa Sareen, a consultant of pulmonology at Fortis hospital here, who recently lost her immediate family member to Covid, said, “The threat of the third wave hitting is quite real and not a hypothesis.”**

A lockdown was imposed by the government on April 19. However, in the last two weeks, several restrictions have been eased, like Metro services with 50 per cent seating capacity from June 7 and restaurants with 50 per cent capacity from June 14 besides the markets and the malls resuming business.

Since the imposition of the lockdown, a large number of people have been penalised for violating Covid safety norms and the Delhi government, while announcing phased lockdown easing, had said that the restrictions will be imposed again if cases begin to rise.

According to a data shared by additional PRO (Delhi police) Anil Mittal, a total of 1,33,143 challans have been issued from April 20 to June 14.
Half of vaccination centres for 18+ closed: Delhi govt

AGE CORRESPONDENT
NEW DELHI, JUNE 15

Less than a day’s stock of Covid-19 vaccine is left for people in the 18-44 age group, due to which half of the vaccination centres closed down on Tuesday and the remaining half will shut the next day if the stock is not replenished, AAP MLA Atishi said.

In a vaccination bulletin issued online on Tuesday, she also said the position is “quite comfortable” for people aged 45 and above, and over 50 per cent of eligible people in this group have been vaccinated.

“As the unlock is slowly happening and offices and markets are reopening, the youth segment will venture out more, and therefore, it was important that they would get vaccinated. Atishi said less than a day’s stock of Covid-19 vaccine is left for people in the age group of 18-44, due to which “half of the vaccination centres for such beneficiaries closed down today and the remaining half will shut tomorrow” if the stock is not replenished.

New Delhi, June 15: The government Tuesday said the efficacy data of Novavax vaccine against Covid-19 is promising and encouraging and its clinical trials are in an advanced stage of completion in India.

Addressing a press conference, NITI Aayog member (Health) VK. Paul said the data available in public domain also indicates the vaccine is safe and highly effective.

“What we are learning from the available data is that this vaccine is very safe and it is highly effective but what makes this vaccine relevant for today is the fact that this vaccine will be produced in India by Serum Institute,” he said.

There is preparatory work already accomplished by the Serum Institute and they are also conducting a bridging trial which is in advanced stages of completion, Paul said.

— PTI
‘₹150/Covaxin dose to govt not sustainable in long run’

Hyderabad, June 15: The supply price of Bharat Biotech’s Covid vaccine Covaxin to the Central government at ₹150 per dose is not sustainable in the long run, the vaccine maker said on Tuesday.

Hence a higher price in private markets is required to offset part of the costs, it said in a statement. The Centre’s supplying price is pushing the pricing structure for the private sector upward, the firm said.

Fundamental business reasons ranging from low procurement volumes, high distribution costs and retail margins, among few others, contribute to higher pricing of Covaxin to the private sector, Bharat Biotech said, justifying the higher price when compared to other Covid vaccines available for the private players.

Bharat Biotech is currently supplying Covaxin at ₹150 per dose to the Centre, ₹400 to the state government and ₹1,200 to private hospitals.

“The supply price of Covaxin to the government of India at ₹150/dose, is a non-competitive price and clearly not sustainable in the long run. Hence a higher price in private markets is required to offset part of the costs,” it said in a statement. As directed by the Centre, less than 10 per cent of the total production of Covaxin to date has been supplied to private hospitals, while most of the remaining quantity was supplied to State and Central governments.

“In such a scenario the weighted average price of Covaxin for all supplies realized by Bharat Biotech is less than ₹250/dose. Going forward, approximately 75 per cent of the capacity will be supplied to State and Central Governments with only 25 per cent going to private hospitals,” Bharat Biotech said.

The firm has so far invested over ₹500 crore at risk from its own resources for product development, clinical trials and setting up of manufacturing facilities for Covaxin, it said.

The pricing of vaccines and other pharmaceutical products heavily relies on a series of factors such as the cost of goods and raw materials, product failures, at-risk product development outlays and product overages, besides other regular business expenditures, the city-based company said. — PTI
Lancet study says Pfizer, AZ vaccines protect against Delta

Researchers say 2 doses offer better shield against the strain than one dose

London, June 15: The Delta variant of Coronavirus, first identified in India, doubles the risk of hospitalisation compared with the Alpha variant first found in the UK, but Pfizer and Astrazeneca vaccines provide good protection against the strain, says a study published in The Lancet journal.

Researchers at Public Health Scotland and the University of Edinburgh, UK, found that the Pfizer BioNTech vaccine offered better protection against the Delta variant compared to the Oxford-AstraZeneca preventive, known as Covishield in India.

The analysis covered the period from April 1 to June 6, 2021, for the demographic distribution of cases. The team analysed 19,543 confirmed SARS-CoV-2 infections over the period, of whom 977 were admitted to hospital for Covid-19 in Scotland.

Around 2,732 community cases and 134 hospitalisations were found to have the Delta variant of Coronavirus. The study found that the Pfizer vaccine offered 82 per cent protection against the Alpha variant and 79 per cent against the Delta strain two weeks after the second dose.

For Astrazeneca’s vaccine, there was 60 per cent protection against Delta compared with 70 per cent for Alpha variant, the researchers said.

They also found that two doses of vaccine provide much better protection against the Delta variant compared to a single dose.

“Risk of Covid-19 hospital admission was approximately doubled in those with the Delta variant of concern (VOC) when compared to the Alpha VOC, with risk of admission particularly increased in those with five or more relevant comorbidities,” the authors of the study noted. “Both the Oxford-AstraZeneca and Pfizer-BioNTech Covid-19 vaccines were effective in reducing the risk of SARS-CoV-2 infection and Covid-19 hospitalisation in people with the Delta VOC,” they said. However, the researchers noted that these effects on infection with Delta variant appeared to be diminished when compared to those with the Alpha VOC. The authors of the study warned that the vaccine comparison should be interpreted with caution due to differences in the groups which received each type of vaccine, and also in how quickly immunity is developed with each shot.

Nearly 11,600 graduates, including more than 2,000 students who could not attend the graduation ceremony last year due to the Covid-19 outbreak, attend a graduation ceremony at Central China Normal University in Wuhan, in China’s central Hubei province. — AFP

California reopens, bids adieu to most Covid curbs

San Francisco, June 15: California, the first state in America to put in place a Coronavirus lockdown, is now turning a page on the pandemic.

At the stroke of midnight, California is lifting most of its Covid-19 restrictions and ushering in what has been billed as the state’s “Grand Reopening”.

Starting Tuesday, there will be no more state rules on social distancing, and no more limits on capacity at restaurants, bars, supermarkets, gyms, stadiums or anywhere else. And masks—one of the most symbolic and fraught symbols of the pandemic—will no longer be mandated for vaccinated people in most settings, though businesses and counties can still require them.

Just in time for summer, California wants to send the message that life in the Golden State is getting much closer to normal. The economy is fully reopening for the first time in 15 months and people can largely return to pre-pandemic lifestyles. Fans can cheer maskless at Dodger and Giants games. Disneyland is throwing its doors open. — AP

IN OMAN, FATAL FUNGAL INFECTION IN SOME PATIENTS

Dubai, June 15: Oman announced on Tuesday that its doctors have detected a potentially fatal fungal infection affecting some Coronavirus patients, the first such known cases on the Arabian Peninsula as the sultanate faces a surge in Covid-19 infections that has swamped its hospitals.

The country’s Health Ministry reported that three Covid-19 patients in Oman have become infected with mucormycosis, a life-threatening condition commonly known as “black fungus”, which has spread quickly among virus patients in hard-hit India. Although relatively rare, the disease has raised alarm. — AP
AY.1 not a variant of concern

AY.1 not a variant of concern yet: Centre (The Hindu: 20210616)


AY.1 found in Andhra Pradesh, Maharashtra, Telangana and Karnataka

India on Tuesday formally acknowledged the occurrence of AY.1, a coronavirus variant that is closely related to the prevailing Delta variant.

Coronavirus updates

Coronavirus updates | India reports 62,224 fresh cases (The Hindu: 20210616)


Drones could soon be used for delivering COVID-19 vaccines in remote and hard-to-reach geographies in the country

COVID-19 vaccination

First death confirmed due to anaphylaxis following COVID-19 vaccination (The Hindu: 20210616)


Central government says gains outweigh risks, advocates vaccines for all.

A government panel studying COVID-19 vaccine side effects has confirmed the first death, due to anaphylaxis, following COVID-19 vaccination here on Tuesday. According to a report submitted by the national Adverse Events
Covaxin supplies

Covaxin supplies at ₹150 to Centre non-competitive price, not sustainable: Bharat Biotech (The Hindu: 20210616)


A higher price in private markets is required to offset part of the costs, says vaccine maker Covaxin maker Bharat Biotech has said the ₹150 per dose price at which the vaccine is being supplied to the Centre is a non-competitive price and “clearly not sustainable in the long run”.

COVID-19 vaccine policy?

Explained | Why did the Centre reverse its COVID-19 vaccine policy? (The Hindu: 20210616)


What modifications has the Centre announced, and how will the supply of doses be ramped up?

The story so far: Prime Minister Narendra Modi on June 7 reversed the Central government’s decentralised policy for procurement of COVID-19 vaccines,
दूसरी लहर में संक्रमण 71% ज्यादा

जानिए इलाज़ | विशेष संवाददाता

कोरोना की दूसरी लहर बनाने पर है। लेकिन, पिछले चार महीनों की तुलना में पहली लहर से करें तो संक्रमण में 71% और मौतों में 42% बढ़ोतरी दर्ज की गई है। यानी दूसरी लहर के चार महीनों में कोरोना के अवशेष लहर के अवशेष महीनों में कोरोना ने खुद कोहर बरपाया। हालांकि, स्वास्थ्य मंत्रालय ने मंगलवार को साफ किया है कि कोरोना की दूसरी लहर में तीव्र ज्यादा संक्रमित नहीं हुआ।

फरवरी-मार्च 2020 से शुरू पहली लहर 16 फरवरी 2021 को न्यूतरम स्तर पर थी। तब कुल 9,121 केस दर्ज हुए थे। इसके बाद मामले बढ़े तो दूसरी लहर शुरू हो गई। फरवरी मध्य से शुरू हुआ बढ़ोतरी का दौर साल मई तक जारी रहा। इसके बाद गियासु शुरू हुई और मंगलवार को करीब 60 हजार नए केस आए। जुलाई मध्य तक 16 फरवरी जैसी स्थिति आ सकती है। पहली लहर में 1.09 करोड़ संक्रमित व 1.5 लाख मौतें, दूसरी लहर में 15 जुलाई तक 1.86 करोड़ संक्रमित व 2.2 लाख मौतें हुईं।

Health Care (Hindustan: 20210616)

https://epaper.livexchange.com/imageview_866414_87450470_4_1_16-06-2021_3_i_1.sf.html
आज आपूर्ति नहीं हुई तो खड़ी हो सकती है बड़ी समस्या

समस्या: 18+ उम्र वालों के लिए फिर टीका का टोटा

दिल्ली में 18-44 आयु वर्ग समुह वालों के टीकाकरण केंद्र गुरुवार पर पूरी तरह से बंद हो सकते हैं। दिल्ली के पास वाराणसी का 31 हज़ार से भी कम कोरोना का टीका बचाव है, आगर बुधवार तक टीका नहीं मिला तो गुरुवार की सभी टीकाकरण केंद्र बंद हो जाएंगे।

टीका को कर्मी की वजह से दिल्ली में संयुक्त को 194 वैक्सीनेशन बुन्ड को तुलना में महज 64 ही खुले। बुधवार को यह संख्या और कम हो जाएगी। आप विधायक आतिशों के कारण कि 18 से 44 वर्ष के युवाओं के लिए वैक्सीनेशन केंद्र मंत्रालय को ही बंद हो चुके हैं। बच्चे हुए आप वैक्सीनेशन सेंटर बुधवार से बंद देखने गुरुवार तक जाएं।

दिल्ली में एक डिन देने का स्टॉक बचा हुआ है। हमारे केंद्र सरकार से अपील है कि दिल्ली के युवाओं के लिए जल्द वैक्सीन उपलब्ध कराए। क्योंकि अग्नि प्रभु शून्य गया है और सुबह काम के लिए अपने घरों में बाहर निकल रहे हैं। ऐसे में उनका टीकाकरण बेहद जरूरी है।

45 साल से ऊपर वालों के लिए पहिला वैक्सीन उपलब्ध सरकार की और से जारी वैक्सीनेशन बुंदल्टेभ के मुकाबले 45 वर्ष से अधिक उम्र की श्रेणी का लिए कोरोना की 60,200 और कोरोना टीका की 18 लाख जोहां और मिलते हैं। अब इस श्रेणी के लिए कोरोना का 22 दिन और कोरोना टीका का 43 डिन का स्टॉक उपलब्ध है। 45 वर्ष से अधिक उम्र के लोगों के लिए अभी तक 56,20,110 वैक्सीन की धारा मिली है।

बिना पहचान पत्र वालों का विशेष शिविर में टीकाकरण

45 साल से ऊपर वालों के लिए पहिला वैक्सीन उपलब्ध सरकार की और से जारी वैक्सीनेशन बुंदल्टेभ के मुकाबले 45 वर्ष से अधिक उम्र की श्रेणी का लिए कोरोना की 60,200 और कोरोना टीका की 18 लाख जोहां और मिलते हैं। अब इस श्रेणी के लिए कोरोना का 22 दिन और कोरोना टीका का 43 डिन का स्टॉक उपलब्ध है। 45 वर्ष से अधिक उम्र के लोगों के लिए अभी तक 56,20,110 वैक्सीन की धारा मिली है।

अगर आपके पास है जोहां और सहमति है तो वैक्सीन का स्टॉक उपलब्ध है।

विशेष शिविर में टीकाकरण
आईटीआई में आधे से ज्यादा पोस्ट कोविड मरीज

बर्फ दिल्ली के विश्व स्वास्थ्य केंद्र

कोरोना संक्रमण को हराने के बाद भी बड़ी संख्या में लोगों की इस मददगारी से जंग समाप्त नहीं हो रही है। दिल्ली के कई बड़े अस्पतालों के अस्तित्व में आये से अधिक ऐसे मरीज भारी हो रहे हैं, जिन्हें कोरोना से समस्या होने के बाद दूसरी समस्याएं हो रही हैं। कुछ अस्पतालों में जो अब कोरोना के मरीजों से अधिक स्थायी होकर दूसरी बीमारियों से पिच पिचकर मरीजों की संख्या है।

अस्पताल में कोरोना से 10 गुना अधिक पोस्ट कोविड मरीज: अस्पताल के पायलट मेडिसिन विभाग के वरिष्ठ डॉक्टर राजेश चापले ने बताया कि अस्पताल में लगभग 100 से अधिक ऐसे मरीज भारी हैं, जिन्हें कोरोना से स्वास्थ्य होने के बाद दूसरी समस्याएं हो रही हैं। उन्होंने बताया कि कोरोना में 10 से अधिक मरीज ही अस्पताल में हैं, जबकि पीछे कोरोना निलंबण होने के बाद दूसरी बीमारियों से घिरे मरीजों की संख्या 10 गुना अधिक है। इसमें से कुछ मरीज ऐसे हैं, जिन्हें डॉक्टर देंगे रखा गया है। पोस्ट कोविड समस्याओं के बारे में अधिकतर मरीज सबसे ज्यादा समस्याओं से पीड़ित है।

मैस्स अस्पताल में भी 50 प्रतिशत से अधिक पोस्ट कोविड मरीज: मैस्स अस्पताल के रीसर्च मेडिसिन डिपार्टमेंट के प्रमुख डॉक्टर विस्वामित्र ने बताया कि मैस्स अस्पताल में भी 50 प्रतिशत से अधिक हिस्सा पोस्ट कोविड मरीजों से पूरा है। उन्होंने बताया कि सामने आने वाले के कई फैली फैफिंग देखाई देते हैं, जो 65 वर्ष के से अधिक उम्र के हैं व युवावस्था करने वाले हैं। इसके लिए यह बहुत ज्यादा है, क्योंकि कोरोना बीमारी वैक्सीन के साथ ही वापस आया है।