Third Covid wave

Third Covid wave: Delhi govt to train 5,000 youths as health assistants (The Tribune: 202106617)


Training will start from June 28 in batches of 500 candidates

Third Covid wave: Delhi govt to train 5,000 youths as health assistants

Photo for representational purpose only. PTI file

The Delhi government will train 5,000 youths to assist doctors and nurses as part of preparations for a possible third wave of Covid-19, Chief Minister Arvind Kejriwal said on Wednesday.

The health assistants or community nursing assistants will be imparted two weeks basic training in nursing and lifecare. The training will start from June 28 in batches of 500 candidates.

"I believe this move will strengthen our preparation for the third wave of Covid. Our aim is to learn from experiences across the globe such as the UK where the third wave has emerged, and to be fully prepared," Kejriwal said in an online briefing.

Training applicants need to have cleared class 12 and be at least 18-years-old. Online applications for training will be received on a first come, first served basis from June 17, he said.

The health assistants will be roped in whenever their services are required during the possible third wave. They will be paid for the days they work, the chief minister said.

They will be trained in basic nursing, paramedical, lifesaving, first aid home care, sample collection, oxygen concentrators and cylinders operations and other such tasks, Kejriwal said.
The initiative is being taken in view of shortage of medical staff witnessed during the first and the second wave of the Covid-19 pandemic. The basic training will be imparted to the selected candidates by Indraprastha University (IP) University and nine medical institutes of Delhi, he said.

The Delhi government has already undertaken preparations to tackle the possible third wave of Covid-19 like arranging oxygen plants, oxygen concentrators, oxygen cylinders, and oxygen storage tanks, Kejriwal said. — PTI

**India reports 62,224 fresh Covid cases**

India reports 62,224 fresh Covid cases, 2,542 deaths; active cases below 9 lakh after 70 days(The Tribune: 202106617)


Tally reaches 2,96,33,105; death toll climbs to 3,79,573

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.

**Vaccine gap**

Centre defends vaccine gap amid political row (Hindustan: 202106617)

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

The Union government on Wednesday defended its decision to keep a long gap between two doses of Covishield despite new evidence from other regions that shows second shots need to be given sooner for adequate protection from the prevalent Delta variant, although it admitted that since mid-May it has been discussing, based on the evidence, whether it needs to revert to the originally recommended 4-8 weeks gap.

India’s health authorities have been under increasing pressure from experts since last month, when they expanded the gap to 12-16 weeks while the UK, whose data it cited, itself reversed the delay. The government has been studying the suggestions and new reports suggested a group of experts did not recommend an extension beyond 12 weeks, a fact picked up by opposition leaders such as the Congress’s Rahul Gandhi.

“Decision to increase the gap between administering 2 doses of Covishield has been taken in a transparent manner based on scientific data. India has a robust mechanism to evaluate data. It’s unfortunate that such an important issue is being politicised!” said Union health minister Harsh Vardhan in a tweet, before subsequent posts in which he accused Gandhi of “mythical claims without checking any facts”.

Gandhi, while sharing a portion of a Reuters story, earlier said: “India needs quick & complete vaccination -- not BJP’s usual brand of lies & rhyming slogans to cover-up vaccine shortage caused by Modi Govt’s inaction. GOI’s constant attempts to save PM’s fake image are facilitating the virus & costing people’s lives”.

The Reuters report quoted three members of the National Technical Advisory Group on Immunisation (NTAGI) as saying that the recommendation was to extend the gap between Covishield doses to 8-12 weeks, not beyond.

The Union government on May 13 set a minimum of 12 weeks and a maximum of 16 to delay the second doses, altering its earlier schedule of 6-8 weeks.

At the time, it seemed like a good idea given constraints in the supply of vaccines. That was before the emergence of new data on the Delta variant, and the high likelihood of it being the dominant strain in the country (and responsible for the second wave).

On May 15, the UK announced the Delta variant (B.1.617.2, seen first in India) may be more resistant to vaccines and went on to cut the delay from 12 weeks to 8 weeks for everyone above 50 the same day, and on June 15, extended this shorter dose interval to anyone over 40.

A week later, Public Health England released data of its tests on two vaccines, Pfizer/BioNTech and AstraZeneca/Oxford, that showed that one dose of the vaccine offered just a 33% protection against infection, and that two doses of the vaccine offered 88% protection in the case of the Pfizer jab and 60%, in the case of the AstraZeneca one.

Subsequent research, released earlier this week, showed that the AstraZeneca/Oxford vaccine was 71% effective in preventing hospitalisation after one dose, and 92% after both.

The AstraZeneca/Oxford shot, made in India as Covishield, accounts for nearly 90% of the 260 million vaccine doses administered in the country, where some states have curtailed vaccination programmes over supply constraints.

The head of NTAGI claimed that the decision to increase the gap was unanimous.

The move to the gap was to give flexibility to the community, since everyone cannot come at precisely 12 weeks or so, the chairman of NTAGI in a statement on Wednesday, clarifying it was a scientific decision with no dissenting voices in the expert group.

“In the last week of April, 2021, the data released by Public Health England, United Kingdom’s executive agency of the Department of Health, showed that vaccine efficacy varied between 65% - 88% when interval is 12 weeks. This was the basis on which they overcame their epidemic outbreak due to the Alpha variant. The UK was able to come out of it because the interval they kept was 12 weeks. We also thought that this is a good idea, since there are fundamental scientific reasons to show that when interval is increased, adenovector vaccines give better response,” said Dr NK Arora.

Indeed, research on both the Wuhan strain and the Alpha variant seemed to suggest enhanced efficiency when the gap was extended to 12 weeks.
“Hence the decision was taken on May 13, to increase the interval to 12 - 16 weeks. This also gives flexibility to the community, since everyone cannot come at precisely 12 weeks or so… We have a very open and transparent system where decisions are taken on scientific basis. The COVID Working Group took that decision, with no dissenting voice. This issue was then discussed threadbare at an NTAGI meeting, again with no dissenting notes,” he added.

It isn’t clear why NTAGI decided to extend the gap to 16 weeks; Spain extended the gap to 16 weeks in April, but prompted by a decision to conduct tests on mixing vaccines. Canada, too, has a 16-week gap, although several states have started reducing this based on supplies (which prompted the decision in the first place).

According to the statement, the earlier (first) decision of (a) four weeks (gap) was based upon the bridging trial data available at the time, Arora added, referring to the trials carried out by Serum Institute of India, which makes Covishield.

“Later we came across additional scientific and laboratory data, based on which after six weeks or so, we felt we should increase the interval from four weeks to eight weeks, since studies showed that vaccine efficacy is about 57% when it is four weeks and about 60% when it is eight weeks,” Arora said. That change was made on March 22.

The government statement said “Canada, Sri Lanka and few other countries are also using 12-16 weeks interval for the AstraZeneca Covid-19 vaccine”.

“2-3 days after we took the decision to increase the dosage interval, there were reports from UK that single dose of AstraZeneca vaccine gives only 33% protection and two doses give about 60% protection; discussion has been going on since mid-May whether India should revert to four or eight weeks,” Arora added, according to the statement.

“Tomorrow, if the vaccine platform tells us that a narrower interval is better for our people, even if the benefit is 5% - 10%, the committee will take the decision on the basis of merit and its wisdom. On the other hand, if it turns out that the current decision is fine, we will continue with it,”

Explaining why NTAGI did not increase the gap to 12 weeks sooner, he said, “We decided we should wait for ground-level data from the UK (the other biggest user of AstraZeneca vaccine).”

There was no mention of vaccine supply difficulties during the month of May, when many vaccination centres across the country were shut down, in the statement.

“Part of the problem earlier was shortage of vaccine supply, but now as the supplies are improving and there is a pandemic to deal with, I would say, for Covishield, 4 weeks gap is good enough. If you are not in a hurry then you could wait for 12 weeks,” said Dr Jacob John, former head, virology department, Christian Medical College, Vellore, Tamil Nadu.
Next Covid wave

Delhi to train 5k nurses for next Covid wave: CM (Hindustan: 202106617)

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

The chief minister said this force will ensure improved efficiency of doctors and better patient care. SOURCED

READ: Govt prepping for 3rd wave, city will be able to tackle 30k daily cases, says CM Kejriwal

Chief minister Arvind Kejriwal on Wednesday announced that the Delhi government will build a force of 5,000 “community nursing assistants” in the Capital to help medical professionals as the city prepares for a potential third wave of Covid-19 infections.

This force will be trained in paramedics, life care, home care, first aid, administering injections including vaccines and sample collection, setting up oxygen concentrators and cylinders, checking basic vitals of patients, and other patient care activities, the CM said.

Those who are 18 and above, and have graduated from Class 12, will be eligible to apply, and online applications will open from Thursday (June 17).

The selected assistants will be trained by IP University, and their role will be to assist doctors and nurses when requisitioned for their service during the next wave of Covid-19.

“The advent of the third wave of Covid-19 has already begun in the United Kingdom. Preparations for the potential wave are on in full swing in the Delhi government. In the first and second waves in the country, we noticed that the huge surge in Covid-19 cases led to a severe shortage of medical and paramedical staff. Keeping that in mind, the Delhi government has made an ambitious plan to recruit and train 5,000 health assistants, who are technically called community nursing assistants,” Kejriwal said at a digital press briefing on Wednesday.

He added that recruitment will be on first-come-first-serve basis.

“These 5,000 nursing assistants will be given two weeks’ training each in batches of 500. Indraprastha University will impart the training in Delhi government’s nine major hospitals. These trained recruits will assist doctors and nurses, but they will not have the power to take any decision in patient treatment or anything related,” Kejriwal said.

The city endured a punishing fourth wave of Covid-19 infections between April and May that left health infrastructure overrun, overwhelmed medical workers, and led to crematoriums running out of space.
Over 760,000 people were infected in that period, while over 13,000 died of the infection between April and May alone. Cases in the city begin to peter out towards the middle of May on the back of a lockdown, which the state government imposed from April 19 onwards.

The chief minister said this force will ensure improved efficiency of doctors and better patient care, adding that they will be deployed at temporary Covid Care Centres and health care facilities, along with other such facilities.

“Training of these assistants will begin from June 28 and they will be called when needed. They will be paid according to the number of days they work. I hope with this move, Delhi government’s preparation for the third wave will be strengthened and the shortage of manpower that we faced in the previous waves will not reoccur,” Kejriwal said.

Dr Lalit Kant, former head of epidemiology and infectious disease at the Indian Council of Medical Research (ICMR) said addressing the shortage of health care staff is as important as arranging for sufficient medical infrastructure.

“It is one of the main pillars of augmenting health care infrastructure. It will, of course, be important to keep this new force under close supervision whenever they are deployed on the field to avoid negligence or callousness,” Dr Kant said.

Covid -19 Accountability (The Asian Age: 202106617)

Covid-19 accountability: Making the dead count

Patralekha Chatterjee

Dev 360

In hyper-polarised India, it is easy to lose sight of the reality that behind the political rhetoric, where the toll of lives lost in the pandemic is being counted. The reality is far more sobering than what is being reported. The inequities in health care and the lack of data transparency have led to a significant undercounting of deaths.

Some states, like Maharashtra and Telangana, have reported official data on Covid-19 deaths, but the numbers have been consistently lower than the actual figures. This has led to a situation where the official death toll in these states is significantly lower than the actual number of deaths.

In India, even in normal times, many deaths are not officially recorded. Globally, two-thirds (38 million) of 56 million annual deaths are not officially recorded. This is a significant issue, especially in India, where the underreporting of deaths is a well-known phenomenon.

In India, the number of deaths officially recorded is far lower than the actual number of deaths. This undercounting of deaths is a serious issue, as it makes it difficult to assess the impact of the pandemic and to plan for future outbreaks.

The lack of data transparency in India has led to a situation where the official death toll is significantly lower than the actual number of deaths. This has made it difficult to assess the impact of the pandemic and to plan for future outbreaks.

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Government guidelines

Most drugs for treating adult COVID patients not recommended for kids: Government guidelines (The Hindu: 202106617)


The recommendations include augmenting existing Covid care facilities to provide care to children with acute coronavirus infection

Drugs such as ivermectin, hydroxychloroquine, favipiravir and antibiotics like doxycycline and azithromycin prescribed for adult COVID-19 patients have not

Coronavirus updates

Coronavirus updates | Covaxin moves a step closer to WHO nod (The Hindu: 202106617)


About 22.8% of adults in India, 43% of those aged above 45, and 46.6% of people aged above 60, have been administered at least one dose of a COVID-19 vaccine, until 8 p.m. on Wednesday

The average daily COVID-19 vaccination rate in the first 10 days of June was relatively higher than the levels recorded initially in May after India opened up

Vaccination (Hindustan: 202106617)

https://epaper.livehindustan.com/imageview_868437_110484822_4_1_17-06-2021_0_i_1_sf.html
टीकाओं के बीच अंतर साक्ष्यों के आधार पर बढ़ाया : केंद्र

ई दिली | उन्नती

केंद्र सरकार ने टीकाओं को दो सूक्ष्म के बीच अंतर बढ़ाने के लिए नए योजनाओं का बयान किया है। सरकार के कर्मचारियों को और शुद्धिरुक्ति लिखक की छोटी कुर्सियों के बीच अंतराल को पहुँच-हट हमेशा से बढ़ाकर 12-16 हार्डवर्क करने का प्रयास किया। इसके अतिरिक्त, इस कार्य के लिए नए योजनाओं का बयान भी किया है।

यह दिल्ली

65% देश

दुनिया

88% भारतीयों को टीकाकरण का संचालन करने के लिए 12 वर्ष के आधार पर, टीकाकरण एक सत्ताएँ 41% प्रभावी करता है।

देश के मुख्यमंत्री के लिए भारत के एक संशोधन टीकाकरण के संबंध में अवधारणाओं का आ रहा है।

देश के मुख्यमंत्री के लिए भारत के पास मजबूत तंत्र है।

देश के मुख्यमंत्री के लिए भारत के पास मजबूत तंत्र है।

Health Worker (Hindustan: 202106617)

https://epaper.livemontian.com/imageview_868437_110481078_4_1_17-06-2021_0_i_1_sf.html
घोषणा : तीसरी लहर के लिए पांच हजार ‘हेल्थ असिस्टेंट’ तैयार होंगे

जब तक काम तब तक वेतन

केजरीवाल ने कहा कि सहायक स्वास्थ्यकर्मी को प्रशिक्षण देने के बाद छोड़ दिया जाएगा। कोरोना मरीजों के बढ़ते पर अगर नए कोविड केंद्र, क्वार्टर्ड एंड मेंर बनाए जाते हैं तो वहां पर कम गंभीर मरीजों की देखभाल के लिए इनकी तैनाती की जाएगी। जिन औरम यह तैनात रहेंगे उसी दौरान उन्हें वेतन दिया जाएगा।

28 से प्रशिक्षण: आवेदन के लिए 17 जुलाई से ऑनलाइन हिंदी जारी होगा। पहले आओ पहले पाठकों के आवेदन पर निर्धारित भेंट होगी। 28 जून से प्रशिक्षण शुरू होगा। 500-500 के सम्मेलन में दो-तीन महीने का प्रशिक्षण होगा।

Illness (Hindustan: 202106617)

https://epaper.livelihoodindia.com/imageview_868438_110635358_4_1_17-06-2021_2_i_1_sf.html
खून को ज्यादा बीमार महसूस कर बेवजह परेशान न हों

कोरोना दूर रहिए मत साधारण रहिए 65

लोगों में अजब-गजब लक्षण

1. एक यकीनी क्या तूत में सीधे साहित्य पूरा जाया जा सकता है
2. असामान्य प्रदर्शन, कामकाज, संक्रमण या दूरी से पीने या खाने में समस्या
3. सार्वजनिक की धारा, तथा कम शांति, कमजोरी या धारावाहिकता का असाधारण
4. सार्वजनिक काम न देने, फिर में देने, ऐड में देने, वर्क दिवाली आदि

सार्वजनिक की धारा, तथा कम शांति, कमजोरी या धारावाहिकता का असाधारण

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कमर्जन्ड हिंदुस्तान की गीतिया बीमारी एक गहरा से अधिकार प्लान में पदार्पण हो जाती है।

कोई दौर ना हो दूसरी दूरी से पीने या खाने में समस्या पडने ही हो सकती है।

हम यहाँ आपके लिए कुछ नयी बंदीश की शिक्षा में लगातार होते हैं।

हाँ। ऐसे फिस-रिटेल, स्वस्थिति-प्राप्ति अंदर कॉन्सलटेंटिंग एवं

कॉन्सलटेंटिंग सेंटर
टीका लगवाने वाले 95% स्वास्थ्यकर्मियों को मिला सुरक्षाकवच

दावा

अपेक्षाली अपेक्षाली राज्य सरकार ने देश के 24 शहरों में स्थित उसके 43 अस्पतालों में कार्यरत स्वास्थ्यकर्मियों पर किया अधिष्ठात्र। टीका लगवाने वाले 95% स्वास्थ्यकर्मियों को मिला सुरक्षाकवच।

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