Amid dip in fresh covid cases

Amid dip in fresh covid cases, India overtakes US in vaccine doses given (The Tribune: 20210628)

Reports 46,148 new Covid cases, 979 deaths

Amid dip in fresh covid cases, India overtakes US in vaccine doses given

A beneficiary folds hands in gratitude to a health worker before receiving a dose of Covid vaccine at a Mobile vaccination centre in New Delhi on Saturday. PTI

India saw a single day rise of 46,148 new coronavirus infections taking the total tally of Covid-19 cases to 3,02,79,331, while daily fatalities were recorded below 1,000, taking the total death toll to 3,96,730, according to the Union Health Ministry data updated on Monday.

India saw 979 fatalities due to Covid-19 in a day, the lowest in 76 days.

According to the data published at 7 am, the cumulative vaccine doses administered in the country has reached 32.36 crore under Nationwide Vaccination Drive.

"India achieves another milestone in Covid-19 vaccination and overtakes the USA in total number of Covid vaccine doses administered," the ministry said.

India administers 32,36,63,297 doses of #COVID vaccines and overtakes the USA: Ministry of Health pic.twitter.com/3Bz20h6eUm

The active cases declined to 5,72,994 comprising 1.89 per cent of the total infections, while the national Covid recovery rate has improved to 96.80 per cent, the data updated at 8 am showed.

A net decline of 13,409 cases has been recorded in the COVID-19 caseload in a span of 24 hours.
Also, 15,70,515 tests were conducted on Sunday taking the total cumulative tests conducted so far for detection of Covid in the country to 40,63,71,279.

The daily positivity rate was recorded at 2.94 per cent. It has been less than 5 per cent for 21 consecutive days, the ministry said, adding the weekly positivity rate has declined to 2.81 per cent.

Recoveries continue to outnumber daily new cases for the 46th consecutive day. The number of people who have recuperated from the disease surged to 2,93,09,607, while the case fatality rate stands at 1.31 per cent, the data stated.

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 and 3 crore on June 23. PTI

Coronavirus variants

PGI, Chandigarh mulls in-house genome sequencing to check coronavirus variants (The Tribune: 20210628)


To begin process of purchasing machinery and other equipment

PGI, Chandigarh mulls in-house genome sequencing to check coronavirus variants

A woman gets the Covid-19 vaccine at a health and wellness centre in Dadu Majra on Sunday. Tribune Photo: Pradeep Tewari

The Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, is mulling starting genome sequencing within the institute in wake of rapid increase in Delta variant of concern (VOC) in the region.

We are mulling starting gene sequencing at our institute and will begin the process of purchasing machinery and other equipment. The process of sending samples to other institutions is time consuming. At this time when the virus is mutating, it becomes important to carry sequencing every now and then.

Genome sequencing is crucial to detect new variants of coronavirus. Confirming the same, PGI Director Prof Jagat Ram said: “We are mulling starting gene sequencing at our institute and will begin the process of purchasing machinery and other equipment. The process of sending
samples to other institutions is time consuming. At this time when the virus is mutating, it becomes important to carry sequencing every now and then.”

“We can do gene sequencing of patients who are critically ill to understand the pathogen causing the disease. The gene sequencing can be done for many pathogens as well and this will help the clinicians in long run,” said Prof Jagat Ram.

Epidemiologist Dr Chandrakant Lahariya said: “All large institutes such as the PGI and others need to have in-house genomic sequencing capacity. In addition, every major state needs to have 1 to 2 labs within states.”

T Jacob John, a top virologist, said: “Indian SARS-CoV-2 Genome Sequencing Consortia (INSACOG) consists of 24 selected labs and these are coordinated and quality tested by the National Centre for Disease Control (NCDC). The Government of India does not desire volunteer institutions doing genome sequencing for national survey purposes. If the PGI, Chandigarh, can do genome sequencing, my advice is for the PGI to inform the NCDC and ask if it can join the INSACOG network.”

Only 0.3% samples sequenced in UT

Chandigarh has sent only 196 samples for sequencing according to GISAID, a global repository of coronavirus variants. This is only 0.3 per cent of the total cases of Covid-19 detected in Chandigarh to date.

“The recommendation by the WHO is to sequence genome from 5 per cent of all RT-PCR positive swabs to know the present variant profile and detect any new variant that needs to be watched further. There is a second part to variant monitoring - that is to check if any new variant shows a tendency to spread fast (faster than other VoCs) or tendency to cause more disease (than others),” said Virologist T Jacob John.

Dr Lahariya said: “We should aim for 2 per cent of daily cases as well as all samples of those died and a reasonable proportion from cases in children and that of moderate to severe cases. More important is to have representative samples from all states of the country.”

**Delta Covid variant likely**

**Delta Covid variant likely driving huge infection surge in South African province (The Tribune: 20210628)**


The NICD on Friday said nationally there had been 18,762 new Covid-19 infections and 215 Covid-19 related deaths overnight

Delta Covid variant likely driving huge infection surge in South African province
A health worker looks on as she waits to give a dose of a coronavirus disease vaccine during a vaccine rollout for teachers in Meyerton, south of Johannesburg. Reuters

The Delta variant of Covid-19, identified in at least 85 countries and first detected in India, is likely responsible for the exponentially rising daily number of virus cases in South Africa’s economic hub, Gauteng province, a leading epidemiologist has said here.

Official data would be released by the National Institute of Communicable Diseases (NICD) next week, but it is likely to show that there had been an increase in the transmission of the Delta variant, which is 60 per cent more transmissible than the Beta variant—first identified in South Africa, Shabir Madhi, director of Vaccines and Infectious Diseases Analytical Research Unit at Wits University, told news channel ENCA.

Madhi’s comments came as hospitals reported a shortage of beds and burial organisations in Gauteng, especially affecting the Indian community.

“The only way to explain what we are currently seeing is the seeding of a new variant coupled with the waning of immunity.

“Those individuals that have been infected (in the first two waves) are still susceptible to being re-infected, especially when there is a new variant that evolves that is relatively resistant, but they still remain protected against severe infection,” Madhi said on Saturday.

The NICD on Friday said nationally there had been 18,762 new Covid-19 infections and 215 Covid-19 related deaths overnight, with 63 per cent of cases in Gauteng province.

Madhi said the current third wave, which is causing more infections and deaths than the previous waves, had surprised him and many others.

“All indications are that we are probably dealing with a spread of a new variant, the Delta variant in particular.

“The magnitude of this is completely unexpected and the worst part is that this is not yet the peak of these hospitalisations. In all likelihood, the peak of the hospitalisations will only occur in the next 2-3 weeks, including the number of people that are dying. That number is going to continue increasing, which is really concerning,” he said.

Madhi called for a ban on all mass gatherings as the most important way to reduce the number of infections.

“That is the bottom line. It doesn’t matter whether you’re ten or fifty people — in a poorly ventilated space those ten or fifty people are going to contribute to hundreds of other infections if they are not cautious at those mass gatherings and particularly if they’re not wearing face masks,” he said.

A number of schools in Gauteng province have been shut down as teachers and learners increasingly test positive for Covid-19.
The government started a mass vaccination programme for educators on Wednesday. The plan expects to vaccinate 5,82,000 teachers for Covid-19 protection within a fortnight.

The Education Ministry said on Friday that more than 1,05,000 people had been vaccinated across the country in the first two days alone.

South Africa has so far reported over 19 lakh cases of the coronavirus with more than 59,000 deaths. PTI

**Vaccine**

**States will get 120mn vaccine doses for July (Hindustan Times: 20210628)**

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

The central government will distribute 120 million doses of coronavirus vaccines – 100 million shots of Covishield and 20 million of Covaxin – to all states and Union Territories for the month of July, according to advance information shared with them, people familiar with the matter said on Sunday.

These 120 million doses will make up for total Covid-19 vaccines being made available across the country through July – 75% of these will be given to states and Union Territories after being acquired by the Centre, and the remaining 25% will be acquired by private hospitals, as per the country’s new vaccine policy.
This development comes on the heels of India recording its best week of vaccinations – an average of over 6 million doses has been administered every day in the country between June 21 and June 27 after the new phase of the government’s vaccine drive came into effect.

Experts, however, warned that the pace of daily vaccination may see a drop from what has been seen in the country the past week as 120 million doses spread across July translates to about 4 million doses a day.

In June, 106 million doses were administered across the country (an average of 3.9 million doses through the month) till Sunday. To be sure, nearly 42 million of these have been administered just this week.

The Union ministry of health and family welfare has been sharing the estimated number of vaccine doses available in a particular month with states before the start of the month as part of its advance visibility plan so that states and UTs can prepare and schedule vaccinations accordingly. “Providing information on availability of vaccine doses in advance helps states and Union Territories plan their vaccination distribution, and in turn slot allocation, schedule in a more effective way,” a senior health ministry official said on condition of anonymity.

The Centre has devised a methodology to compute vaccine doses that need to be allotted to states, which includes pro-rata population of 18 years and above age group; the Covid-19 disease burden based on the number of active cases in each region; and progress of the vaccination drive there.

Two vaccines — Covishield and Covaxin — are currently part of the government’s vaccination programme. While Serum Institute of India locally manufactures the Oxford-AstraZeneca vaccine under the brand name Covishield, Bharat Biotech and Indian Council of Medical Research co-developed Covaxin.

Another Covid-19 vaccine, Russia-made Sputnik V, developed by Gamaleya Institute, also received the national drugs regulator’s emergency use authorisation on April 13, and is being administered at select private Covid-19 vaccination centres in the country under pilot mode.

India has so far administered 371.8 million doses to 265.4 million people since January 16, 2021, when the Covid-19 vaccination drive was launched. A total of 209 million people have received one dose, while 56.4 million people have been fully vaccinated till Sunday morning, according to government data.

The government has, however, said it plans to scale up vaccinations.

“We are preparing to administer close to 10 million doses in a single day by August. The programme will get an increased vaccine supply in coming months,” said Dr NK Arora, chairman of the working group on Covid-19 vaccines.

However, an ambitious target of 10 million doses a day will depend almost entirely on supplies, as the country has shown it has the infrastructure and manpower to give close to that many doses a day (8.6 million doses were administered on June 21). To hit this target throughout August, the country would need more than 300 million doses in that month.

While Covishield supplies have been ramped up by the Serum Institute of India to produce 100 million doses a month, scaling up monthly Covaxin supplies may take longer, even though the Centre announced in the past that Covaxin production could go up to 100 million doses per month by September, an official said, asking not to be named.

“The current production capacity is 25 million doses per month and this is likely to be maintained till August-September this year, after which more supplies will happen,” an
executives of Bharat Biotech told HT last week, on condition of anonymity, adding that it looked like by the end of this year, a target of 60-70 million doses was likely.

On June 8, the Centre placed orders for 440 million doses — 250 million doses of Covishield and 190 million of Covaxin — to be procured from August onwards, in addition to an advance order of 300 million doses placed with Hyderabad-based Biological E’s vaccine and will be delivered by December. The Biological E vaccine is currently in Phase 3 trials.

Experts stressed that based on current supply rates, covering the country’s entire eligible population may take longer than anticipated. “The way our vaccination programme is going, be it insufficient vaccine supplies or other logistical issues, it is going to take a lot of time before the entire target population is covered. Even 8 million a day is not enough if you really want to cover the target population fast enough. Therefore, what is more important is to implement other measures also to break the chain of transmission such as effective messaging regarding strict adherence to Covid appropriate behaviour; maintaining good hygiene, etc,” said Jugal Kishore, head, community medicine department, Safdarjung Hospital.

Clinicians stressed the need to take the vaccine to attain protection against the viral disease.

“There are different variants of the virus in circulation; therefore, people should hasten to get the shot as it will provide protection against the disease,” said Dr GC Khilnani, former head, pulmonology department, All India Institute of Medical Sciences, Delhi.

Third wave

Caution and optimism: On preventing the third wave (The Hindu: 20210628)


Third wave may be weaker than second, but vaccination, preventive steps must stay high

India, with the second highest number of cases globally and third highest deaths, is seeing about 50,000 cases being added every day. Though on a decline, the second wave is far from over and several States are relaxing lockdown

Blindness

Blindness burden in India: restoring vision to the needy (The Hindu: 20210628)

As populations age, there is increasing burden of vision-related disorders

About 9.1% of the world’s population in 2019, 703 million people, were 65 and over: the result of an acceleration in the ageing of the world populace. By 2050 it

Coronavirus updates

Coronavirus updates | Dr. Reddy’s announces commercial launch of 2-DG (The Hindu: 20210628)


A woman gets inoculated with a dose of vaccine against COVID-19 at a drive-in vaccination facility in Mumbai.

About 28.1% of adults in India, 59.3% of those aged above 45, and 66.6% of people aged above 60, were administered at least one dose of a COVID-19 vaccine, until 8.30 p.m. on Sunday. June 28, 2021.

India administered 1.64 million new doses of COVID-19 vaccines until 9 p.m. on Sunday, June 28, 2021. Rajasthan recorded the highest number of vaccinations (0.24 million) followed by Gujarat (0.22 million) and Chhattisgarh (0.17 million).

In a separate development, a worrying trend, Maharashtra’s cases outweighed its recoveries for the second consecutive day, with the State reporting a mere 8,562 recoveries as against a surge of 9,974 new COVID-19 cases on Sunday.

You can track coronavirus cases, deaths and testing rates at the national and State levels here. A list of State Helpline numbers is available as well.

Here are the latest updates:

HYDERABAD

Dr. Reddy’s announces commercial launch of 2-DG

Drugmaker Dr. Reddy’s Laboratories has announced the commercial launch of 2-deoxy-D-glucose (2-DG), an oral drug for use as an adjunct therapy for hospitalised COVID-19 patients.

The maximum retail price is ₹990 per sachet. It will be made available at a subsidised rate to government institutions, the company said.
India saw a single day rise of 46,148 new coronavirus infections taking the total tally of COVID-19 cases to 3,02,79,331, while daily fatalities were recorded below 1000, taking the total death toll to 3,96,730, according to the Union Health Ministry data updated on Monday.

India saw 979 fatalities due to COVID-19 in a day, the lowest in 76 days.

According to the data published at 7 am, the cumulative vaccine doses administered in the country has reached 32.36 crore under Nationwide Vaccination Drive.

"India achieves another milestone in COVID-19 vaccination and overtake the USA in total number of Covid vaccine doses administered," the ministry said.

The active cases declined to 5,72,994 comprising 1.89 per cent of the total infections, while the national COVID-19 recovery rate has improved to 96.80 per cent, the data updated at 8 am showed. A net decline of 13,409 cases has been recorded in the COVID-19 caseload in a span of 24 hours. — PTI

NATIONAL

‘Tribal vaccine coverage better than national average’

Vaccination coverage in tribal areas is “better” than the national average, the government claimed in the Supreme Court.

In fact, more walk-in vaccinations are happening in tribal districts as compared to the national average. The gender ratio for people vaccinated was better in the tribal districts, the Health Ministry said.

Read more

TELANGANA

‘Important for COVID patients to eat small meals at short intervals’

What are the ideal foods to consume during monsoon, a season which brings many diseases in its wake, especially when we are in the midst of a pandemic? National Institute of Nutrition (NIN) Director R. Hemalatha shares her suggestion to keep the body, mind and soul in the right space in this exclusive interview. For excerpts from the interview click below.

MAHARASHTRA

Fresh cases surpass recoveries in Maharashtra

In a worrying trend, Maharashtra’s cases outweighed its recoveries for the second consecutive day, with the State reporting a mere 8,562 recoveries as against a surge of 9,974 new COVID-19 cases on Sunday, June 27, 2021.
The State’s active case tally has risen again to 1,22,252 with the three districts in the Maharashtra’s ‘sugar heartland’ — Kolhapur, Satara and Sangli — along with rural Pune and Pimpri-Chinchwad recording spikes.

Read more

TAMIL NADU

Easing of curbs may increase virus transmissibility: expert

Any relaxation in the COVID-19 lockdown may increase the transmissibility of the virus, especially with the emergence of the highly infective mutants and the lack of vaccine uptake, says V. Ramasubramanian, a member of the medical expert committee.

Tribal vaccine coverage

Tribal vaccine coverage better than national average, Centre tells Supreme Court (The Hindu: 20210628)


Krishnadas RajagopalNEW DELHI, JUNE 28, 2021 04:28 IST

File photo of the Supreme Court of India. | Photo Credit: SUBRAMANIUM S

In fact, more walk-in vaccinations are happening in tribal districts, says Health Ministry.

Vaccination coverage in tribal areas is “better” than the national average, the government claimed in the Supreme Court.

In fact, more walk-in vaccinations are happening in tribal districts as compared to the national average. The gender ratio for people vaccinated was better in the tribal districts, the Health Ministry said.

“Vaccination per million population in tribal coverage is better than the national average as on June 23. Ninety-seven out of 176 tribal districts are performing better than the all-India vaccination coverage,” the Ministry informed the court.

Statistics, as on June 23, presented in court shows that “doses per million population” on a national basis is 2,13,244 while in tribal districts it is 2,19,762. The male:female ratio is 54:46 (national) and 53:47 (tribal districts). The walk-in: online vaccination ratio is 78:22 (national) compared to 84:16 in tribal districts.
Remote areas

The Centre said “exceptional” coverage of vaccination was observed even in districts with the most difficult and remote areas and with higher proportion of tribal population. A chart shows that up to 86.5% of the Schedule Tribe population in Ladakh, Lakshwadeep, Himachal Pradesh, Sikkim and Tripura had at least one vaccine dose.

The Health Ministry was responding to apprehensions raised in the court that online registration for vaccine slots on CoWin for those above 18 years would starkly reveal the digital divide between urban and rural/tribal areas.

The Centre said that out of 1,24,969 vaccination centres on CoWin, 93,044 centres, that is 74.45%, were located in rural areas.

Out of 17,10,18,010 total doses administered through these 1,24,969 vaccination centres between May 1 and June 23, 9,61,84,637 (56.24%) doses have been administered at the rural vaccination centres, the Ministry said.

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We may remove hyperlinks within comments.

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Vaccine doses

Coronavirus | 1.64 million vaccine doses administered on Sunday (The Hindu: 20210628)


Rajasthan records highest number of vaccinations.

India administered 1.64 million new doses of COVID-19 vaccines until 9 p.m. on Sunday. Rajasthan recorded the highest number of vaccinations (0.24 million) followed by Gujarat (0.22 million) and Chhattisgarh (0.17 million).

Between June 1 and 26, 4.06 million doses were administered daily in India on average.
At the current rate, a total of 1,089.10 million doses can be administered by December 31, 2021, which is around 791 million doses less than those required to fully vaccinate all adults (1,880.37 million doses).

To fully inoculate all adults by the end of this year, 8.25 million doses need to be given daily on average in the country.

Coronavirus | 1.64 million vaccine doses administered on Sunday

About 28.1% of adults in India, 59.3% of those aged above 45, and 66.6% of people aged above 60, were administered at least one dose of a COVID-19 vaccine, until 8.30 p.m. on Sunday.

While 19.4% of the country’s population has received at least one dose, only 4.1% are fully vaccinated. The figures are based on the estimated population in 2021.

45,217 new cases

India recorded 45,217 new COVID-19 cases until 8.45 p.m. on Sunday, taking the cumulative caseload to 3,02,77,659. As many as 958 new deaths were also registered taking the tally to 3,96,741.

Kerala reported 10,905 new infections, followed by Maharashtra (9,974) and Tamil Nadu (5,127). Maharashtra recorded 405 new fatalities, followed by Tamil Nadu (91) and Karnataka (89). Maharashtra’s fatalities include backlog deaths which were missed in the previous reports.

**70% vaccination coverage**

**BBMP targeting 70% vaccination coverage by July-end The Hindu: 20210628)**


A crowd gathered outside BBMP Dasappa Hospital in Bengaluru on Sunday after hospital staff announced there was a shortage of COVID-19 vaccine. | Photo Credit: K. MURALI KUMAR

We will ensure there are enough vaccines available for the second dose, says Gaurav Gupta

The Bruhat Bengaluru Mahanagara Palike (BBMP) has set an ambitious target of vaccinating at least 70% of the adult population by the end of July. In a few days, 50% of the adult population in the city will be vaccinated against COVID-19.
Speaking to reporters on the sidelines of low-key Kempe Gowda Jayanti celebrations at the BBMP head office here on Sunday, civic chief Gaurav Gupta said in preparing for the third wave, the BBMP was focusing primarily on improving vaccination coverage.

“Over one lakh citizens were vaccinated on Friday and Saturday. In another two days, 50% of the adult population will be vaccinated. While the gap between first and second dose for Covishield is 12 weeks, it is six weeks for Covaxin; we will ensure there are enough vaccines available for the second dose,” he said.

Stating that the BBMP was organising vaccination camps in many places, he urged citizens to avail themselves of the service.

With marriage halls also opening from Monday, Mr. Gupta said that citizens must get permission for events/weddings from the zonal joint commissioners.

“They must provide the complete guest list and permission will be accorded to each guest on the list individually. This way, the responsibility is both on the event organisers and owners of halls/convention centres/hotels, etc.,” he said and added that marshals had already been directed to monitor such events to ensure that COVID-19-appropriate behaviour is adhered to.

Some restrictions had already been imposed in districts bordering neighbouring Maharashtra, where travellers from that State were required to possess a negative RT-PCR certificate or be vaccinated, at least first dose. Similar restrictions are also being considered for districts bordering neighbouring Kerala, he said.

The BBMP had set up special desks at Kempegowda International Airport and at railway and bus stations to monitor travellers. “We will be placing extra vigil here,” he added.

ICMR (The Asian Age: 20210628)

64L jabs in 1 day: ICMR says ‘third wave’ may be late

50,040 cases in 24 hrs; 1,258 deaths

AGE CORRESPONDENT
NEW DELHI, JUNE 27

The Centre on Sunday said India's Covid-19 vaccination coverage has crossed 32 crores as 64.25 lakh vaccine doses were administered in the last 24 hours. The Union health ministry said more than 1.15 crore doses are still available with the states/UTs to be administered and 20.49 lakh more doses are in the pipeline and will be received by the states/UTs in the next three days.

“The vaccination drive has been ramped up through the availability of more vaccines, advance visibility of vaccine availability to states and UTs for enabling better planning by them and streamlining the vaccine supply chain,” the health ministry said. So far only 5.6 per cent of India’s adult population has received two doses of the anti-Covid vaccines.

India reported 50,040 new cases and 1,258 deaths in the last 24 hours. Dr N.K. Arora, chairman of the Covid-19 working group, said that the government plans to administer one crore doses every day. “The Indian Council of Medical Research has come up with a study which says a third wave is likely to come late. We have a window of around 6-8 months to immunise everybody in the country... the trial for Zydus Cadila vaccine is almost complete. By the end of July or in August, we might be able to start administering this vaccine to children of the 12-18 age group,” Dr Arora said. Health experts feel the vaccination of children will pave the way for the reopening of schools.

The Centre in an affidavit to the Supreme Court Saturday, said it

Turn to Page 4
Vaccination of Kids (The Asian Age: 20210628)

New Delhi, June 27: Making Covid-19 vaccine available for children will be a milestone achievement and pave the way for reopening of schools and resumption of outdoor activities for them, AIIMS chief Dr Randeep Guleria said.

He said the data of phase two and three trials of Bharat Biotech's Covaxin on the two to 18 year age group is expected by September.

The vaccine can be available for around 20 days in India after that, following approval from the drug regulator, he said.

"If the Pfizer vaccine gets approval before that, it can also be an option for children," Dr Guleria told a news agency on Saturday.

According to a senior government official, pharmaceutical major Zydus Cadila is also likely to soon apply to the Drugs Controller General of India (DCGI) for emergency use authorisation for its Covid-19 vaccine ZyCoV-D, which it claims can be given to both adults and children.

"So, if the Zydus vaccine gets approval, it will be another option," Dr Guleria said.

He stressed that though children mostly have mild infections of Covid-19 and some even are asymptomatic, they can be carriers of the infection.

Underscoring that there has been a major loss in studies in the last one-and-half years on account of the Covid-19 pandemic, the AIIMS chief said, "Schools have to be reopened and vaccination can play an important role in that."

Vaccination is the way out from the pandemic, he said.

The government has recently cautioned that even though Covid-19 has not impacted children greatly till now, that can increase if there is a change in the behaviour of the virus or in epidemiology dynamics. It said that preparations are being made to deal with any such situation.

A national expert group has been formed to review Covid-19 infections among children and approach the pandemic in a new way and reinforce the nation's preparedness for it.

On the issue of vaccinating children, NITI Aayog member (Health) Dr V.K. Paul recently said, "Child cohort is not a small one. My rough guess is that if it is between 12 to 18 years, this itself is about 33 to 14 crore population for which we will need about 25-26 crore doses."

He further shared that not only Bharat Biotech's Covaxin, Zydus Cadila's vaccine is also being tested on children.

"So when Zydus comes for licence soon, maybe we have enough data to take a view on whether the vaccine can be given to children," Mr Paul said.

— PTI
Even in pandemic, pressure to be happy

Even in pandemic, pressure to be happy (The Indian Express: 20210628)

https://indianexpress.com/article/opinion/columns/even-in-pandemic-pressure-to-be-happy-7377500/

A culture that overdoes joy and slots anger, sadness and fear as emotions to run from, is disregarding the complexities of being alive.

We’ve reached a point in this pandemic where lines like ‘stretch more to stress less’ sound like infuriating bunkum.

I have spent the last month in a remote part of Kullu valley in Himachal Pradesh where there has been a 2 pm curfew most of June. Roads and markets are deserted, you can walk for miles without seeing anyone. The locals are huddled indoors; life has reverted to what it was like maybe 30 years ago. Covid’s signature tensions, fear of illness and looming economic bloodshed, somehow, feel less potent here. Perhaps a largely agrarian community accustomed to a slower existence is better equipped psychologically to handle the fallout of a pandemic.

In the cottage next to mine is a large joint family from West Delhi. They are three generations travelling together, with their dog, who didn’t eat for a week because the matriarch passed on (of Covid). The languishing pet has become a focal point for the rest of them who are in various stages of post Covid shock and bereavement. They decided to head to the mountains hoping a change of scene would pull their pet out of the throes of depression. All day I hear them discussing whether Brownie would like to drive up to see snow or what they should cook to cheer him up. Humanity is thriving despite this season of despair, when so many are recovering from an emotional battering they never saw coming.

We will never fully understand the range of heartbreaking calamities that have struck people this peculiar year. In a way, we are all grieving. If it’s not about a death, it’s for missed school and lost opportunities, or for rites of passage like graduations and weddings that were cancelled or postponed. It’s like a taut, invisible film has been lowered in front of every human being, condemning us to our lonesome bubbles for God knows how long more. Yet, in this oppressive and joyless atmosphere, when I open Instagram I am urged to dive into new pursuits, as if all it takes is baking and yoga to switch off and find peace.

Why did the government really initiate J&K talks?

How PV Narasimha Rao, India’s first ‘accidental’ prime minister, earned his place in history

We need a bold, imaginative approach to peace in Kashmir
We’ve reached a point in this pandemic where lines like ‘stretch more to stress less’ sound like infuriating bunkum. The messaging modern culture throws at us, repeatedly, is that strong individuals manage to stay determinedly positive even when current events should fill any reasonable person with hopeless dread. While there is certainly something to be said about having a sunny disposition, there is a limit to denial—even something offensive about the affirmations (‘just think happy thoughts!’) infiltrating our discourse. It’s a consequence, no doubt, of a thousand ‘How To Live Your Best Life’ books, and those zillion images on Facebook where everyone is always looking thrilled to bits. It must be said even those of us who have had it good (in the hierarchy of suffering caused by Covid) are struggling, nor is there much sympathy for our admittedly lesser issues of boredom, FOMO and frustration.

I, for one, am fed up of telling myself how lucky I am compared to so many others. All loss is loss, all pain is pain. Other people may have had it worse, but grief, however small, deserves acknowledgement. “Here is the world,” cautions Fredrick Buechner, in the very readable Beyond Words, The ABC’s of Faith, “Beautiful and terrible things will happen.” Yet, we are wired to conveniently forget about the terrible and expect only the beautiful. Directing our gaze inwards—self-improvement as a coping strategy—can help only to a point and only those who are blissfully superficial. In reality, we would all benefit more with the sobering reminder that, no matter how hard we work at ourselves, we will suffer, because uninterrupted contentment is not a birthright. A culture that overdoes joy and slots anger, sadness and fear as emotions to run from, is disregarding the complexities of being alive. Instead, the approach that every scenario good or bad invigorates our grey cells, adding layers to our uniqueness — it’s how we make the discovery that it’s a long and meandering route to cheerfully accepting that life owes us nothing.

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I have spent the last month in a remote part of Kullu valley in Himachal Pradesh where there has been a 2 pm curfew most of June. Roads and markets are deserted, you can walk for miles without seeing anyone. The locals are huddled indoors; life has reverted to what it was like maybe 30 years ago. Covid’s signature tensions, fear of illness and looming economic bloodshed, somehow, feel less potent here. Perhaps a largely agrarian community accustomed to a slower existence is better equipped psychologically to handle the fallout of a pandemic.

In the cottage next to mine is a large joint family from West Delhi. They are three generations travelling together, with their dog, who didn’t eat for a week because the matriarch passed on (of Covid). The languishing pet has become a focal point for the rest of them who are in various stages of post Covid shock and bereavement. They decided to head to the mountains hoping a change of scene would pull their pet out of the throes of depression. All day I hear them
discussing whether Brownie would like to drive up to see snow or what they should cook to cheer him up. Humanity is thriving despite this season of despair, when so many are recovering from an emotional battering they never saw coming.

We will never fully understand the range of heartbreaking calamities that have struck people this peculiar year. In a way, we are all grieving. If it’s not about a death, it’s for missed school and lost opportunities, or for rites of passage like graduations and weddings that were cancelled or postponed. It’s like a taut, invisible film has been lowered in front of every human being, condemning us to our lonesome bubbles for God knows how long more. Yet, in this oppressive and joyless atmosphere, when I open Instagram I am urged to dive into new pursuits, as if all it takes is baking and yoga to switch off and find peace.

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Covid-19 pandemic - Health challenges

Covid-19 pandemic: There’s a need to address health challenges faced by LGBTQ+ community (The Indian Express: 20210628)


As we celebrate ‘Pride Month’, the reality is that the LGBTQIA+ community remains on the outskirts of most narratives.

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It is crucial that we extend basic healthcare services, provide fiscal, social, and psychological benefits to all members of the society, especially the communities most affected. (Photo: Getty/Thinkstock)

By Dr Sukriti Chauhan, Shireen Yachu and Kiran Butola

The Covid-19 pandemic and subsequent lockdown have gravely impacted the socio-economic development, public health and social dynamics of society. While many view it as a ‘great equalizer’, this assumption fails to account for how social identities impact an individual’s life.

As we celebrate ‘Pride Month’, the reality is that the LGBTQIA+ community remains on the outskirts of most narratives. Pre-pandemic, many in the community lacked proper economic and social capital, and resorted to working in the informal sector, mostly in sex work, badhai toli, and begging, which took a hard-hit last year due to Covid 19. Many lost their livelihoods, could not pay rent, were evicted from their homes, and were forced to return to their ‘original home and families’. Here, instances of violence, heightened surveillance and a lack of peer support systems make the spaces uncomfortable. The Nazaria Queer Feminist Research Group in Delhi has reported a two-fold increase in the number of calls received on their helplines, and had to increase their staffing of therapists to assist queer individuals in distress.

The focus on Covid-19 has also led to the de-prioritisation of multiple health concerns affecting community members. Many continue to live in crowded spaces, leading to a struggle in following basic Covid safety protocols. In these settings, isolation, social distancing, and sanitation facilities are rare. This is compounded by stigma and disapproval due to the identity of these members.
In terms of accessing vaccinations, community members lack proper documentation essential for vaccine registrations. According to the 2011 census, there are 4.88 lakh individuals declared as ‘others’, out of which less than 5 per cent have been vaccinated. The main reason for this is the lack of information and limited access to digital infrastructure. Further, a 2017 decision precludes transgenders, gay and female sex workers from donating blood post Covid recovery, by categorising them in high risk group.

A recent PIL lodged in the Supreme Court highlights the discrimination in the implicit decision considering a donor’s blood is tested for all infectious diseases. The decision remains testament to the ostracization faced by the community who are always viewed on the basis of their identity.

Sharing her experience as an LGBTQIA+ representative and a counsellor with the Naz Foundation, Kiran Butola highlighted that due to Covid, there has been an increase in accounts of depression, anxiety, and mental distress — with many left alone from the community, and no one to reach out to. Many members engaged in sex work, mostly comprising women and trans individuals, faced a complete shutdown, and without resources, have been left to navigate. Those who resumed work found it difficult to adhere to protective measures. To add to the challenge, government schemes have little to no focus on the needs of the community and accessing basic healthcare services is a task, with doctors not even acknowledging anatomical differences which, in turn, affects treatment. Section 377 may have been amended, but there is an urgent need to sensitise stakeholders and the community.

It is crucial that we extend basic healthcare services, provide fiscal, social, and psychological benefits to all members of the society, especially the communities most affected. There is a need to develop a central database with age and gender-disaggregated data to bring challenges of the members of the community into the mainstream narrative. This would especially help the regulation of the informal sector which engages most LGBTQIA+ community workers.

At a policy level, we find that most of them are gender-neutral, and don’t account for the specific needs of genders, making them less impactful. The pandemic reignites the requirement to adopt intersectional policies for incorporating the needs of different communities to have a better response to healthcare emergencies. Without the adoption, updating and implementation of policies at the structural level, equality would remain a distant dream.

(Dr Chauhan is a Public Health Specialist & CEO, ETI; Yachu is a Public Health Analyst; Butola, is an LGBTQIA+ Trainer, Naz Foundation)
‘डेल्टा प्लस’ फेफड़ों को तेजी से संक्रमित कर रहा

नई दिल्ली | एजेंटी

कोरोना के अन्य स्वरूपों की तुलना में डेल्टा प्लस फेफड़ों को तेजी से संक्रमित कर रहा है। हालांकि, इसका ये मतलब नहीं कि इससे गंभीर बीमारी होगी या यह ज्यादा संक्रामक है।

टीकाकरण पर राष्ट्रीय तकनीकी सलाहकार समूह के कोविड-19 कार्यसमूह (एनटीएफजीआई) के प्रमुख डॉ. एनके अरोड़ा ने राय की यह बात कही। डॉ.अरोड़ा ने कहा कि अन्य स्वरूपों की तुलना में डेल्टा प्लस की संख्या अधिक होने की आशंका आरोड़ा ने कहा, डेल्टा प्लस वर्ग के जितने मामलों की पहचान हुई है, उससे ज्यादा केस आसानी से संक्रमित है। ऐसे कई लोग हो सकते हैं, जिनमें संक्रमण का तकाश नहीं हो पर वे इसका प्रसार कर सकते हैं।

फेफड़ों के भीतर ज्यादा मौजूदगी मिली है, लेकिन यह ज्यादा नुकसान पहुंचाता है, इसकी पुष्टि अब तक नहीं हो पाई है। उन्होंने यह स्पष्ट किया कि इसका यह भी मतलब नहीं है कि इससे गंभीर बीमारी होगी या यह ज्यादा संक्रामक है।