Covid dip in region

But tell-tale signs of surge heighten need for staying alert (The Tribune: 202107016)


The all-round general improvement in the region’s pandemic situation has encouraged the governments to gradually ease various shutdowns imposed during the second wave’s devastating period from early April to early June. Lending cheer are such statistics as the Covid positivity rate across the area being lower than the national average of over 2 per cent and the recovery rate crossing the 98.62 per cent mark. Punjab’s weekly Covid test positivity rate is 0.42 per cent. It is a significant fall from the over 10 per cent rate in May. Haryana logged an impressive dip to touch 0.2 per cent. Chandigarh’s positivity rate is 1 per cent and this comparatively higher figure is attributed to the higher testing in the UT. Himachal Pradesh saw the percentage drop down to 1.14 last week.

With the number of Covid patients steadily declining, workplaces, shopping centres, cinemas, and even schools and colleges have reopened or are on the verge of reopening. This easing of the restrictions is necessary to keep the economy on an even keel. But it comes with a responsibility in view of the worrisome shadow of another wave looming large: that of a strict adherence to the Covid-appropriate masking-social distancing-sanitisation routine and going for vaccination. However, scenes of reckless people lowering the guard and crowds thronging public and tourist places present ominous tidings.

In fact, tell-tale signs of concern are already manifesting. The reproductive number (number of people being infected by an infected person) has shown an upward curve. The R number which had slid to 0.78 during May 15-June 26 has gone up to 0.88 (June 20-July 7). At the peak, the R number in Maharashtra, Delhi and Andhra Pradesh had soared to over 2.5. Compounding the problem is the dip in the rate of the slowing down of Covid cases. This disturbing trend portends a potential surge in coronavirus cases and if not nipped in the bud, it may hasten the
onset of the third wave. We can’t afford to squander the gains made by the cumulative effect of lockdowns, vaccination and enforcement of the Covid protocol

Population control in UP

Creating awareness is the best bet to achieve goal (The Tribune: 202107016)


The assurance by the BJP government in Uttar Pradesh led by Yogi Adityanath that population control measures will not be aimed at any class or section is welcome, provided there is transparency in its implementation. With an estimated population of over 24 crore, UP is the most populous state of India with its accompanying developmental hazards which act as an impediment to growth. Industrial growth in the state is among the slowest in the country, resulting in high unemployment and migration of workforce. The huge population has also impacted health parameters — UP’s infant mortality rate is among the highest in India. With about one-fifth of the country’s child population, UP also faces the challenge of tackling absenteeism and low enrolment in schools. The return of migrant workers in large numbers has put the onus on the state government to provide them with benefits, besides making immunisation a long-drawn process.

With Uttar Pradesh headed for the Assembly polls next year, the BJP government in the state is merely trying to fulfil the promises that it had made in its 2017 election manifesto. The manifesto had promised to accelerate development and the draft Bill released to mark World Population Day is a step in that direction. Objections to the policy have been invited and the provision to incentivise couples who do not have more than two children, while good in intent, is bound to give rise to fears of discrimination among others.

Reassuringly, CM Yogi has stressed on creating awareness and not coercion to bring in population stabilisation. The use of force could well be reminiscent of the forced sterilisation campaigns carried out during the Emergency. A country like China has relaxed its two-child policy, allowing couples to have three children to address the country’s long-term demographic imbalance, ageing society and reduced working age population. UP’s concerns on these counts may be justified but the policy should not be directed at any particular section of society. Social cohesion is also a prerequisite for all-round progress.
Post-Covid doctor must know

What the post-Covid doctor must know (The Indian Express: 202107016)

https://indianexpress.com/article/opinion/columns/what-the-post-covid-doctor-must-know-7406766/

K Srinath Reddy writes: Covid should catalyse changes in medical education, enhance the profession’s orientation towards scientific sensibility and compassion.

The Covid-19 pandemic could provide the catalytic spark for more reforms by throwing light on many areas that medical education must address. (File photo)

Major reforms in Western medical education began after the Flexner report of 1910 advocated structured, science-based and laboratory supported learning, replacing the apprenticeship model inherited from apothecaries. It also influenced training methods in medical colleges of colonised countries. While infusing the strength of rigorous scientific research into medical precept and practice, Western models imposed the rigidity of a reductionist approach that increasingly focused on partitioning the human body into organs, tissues, cells and sub-cellular structures. Though these models ushered remarkable scientific innovations, the integrated functioning of the human body and its interconnectivity to other life forms and the natural environment became obscured from the visual field of medical education. Indian medical colleges, usually located in an urban ambience and linked to tertiary care hospitals, were disconnected from the real world functioning of a multi-layered health system.

In 2010, an independent global panel, The Commission on Health Professional Education in the Twenty First Century, advocated a multi-disciplinary, socially responsive model of education. But the commission’s call to make medical education holistic in its scientific approach and health system connected in its functional linkages has not yet imparted the required momentum for impactful change in systems that remain anchored to convention. While a government nominated Medical Council of India recently breached the status quo conservatism of its elected predecessor to propose several useful reforms, they are yet to demonstrate impact.

The Covid-19 pandemic could provide the catalytic spark for more reforms by throwing light on many areas that medical education must address. There are new competencies that a young doctor must develop and display in a world with changing channels of demand and delivery of health services. The pandemic has also reemphasised time-honoured scientific precepts and moral values of the medical profession, which had been obscured by the greed and grime of commercialised healthcare.
The ability to judge the quality of new scientific evidence for correctly guiding clinical practice and future research is essential for a doctor in training. This requires a good understanding of research methodology and the skill of critical appraisal that can distinguish good science from bad. This is much needed when new claims inundate medical journals and social media. Even peer reviewed journals sometimes publish articles of unsound methodology. The rush for information during the pandemic has removed the inadequate protective filters with unreviewed publications getting circulated as pre-prints.

Medical education must teach the essential principles of epidemiology and statistics that underlie good research design and interpretation. Even if most doctors do not become researchers, they should be capable of intelligent interpretation and judicious application of new scientific information. They should judge a research study for both internal validity (how true are the reported results likely to be) and external validity (how applicable are the recommendations to their patients or population).

Without such insights, many inappropriate tests and ineffective medicines are prescribed by doctors in the misguided belief that they are doing good to their patients — this has been noticed in the pandemic. An important caveat to teach is that a plausible biological mechanism does not by itself assure therapeutic benefit. In the past, apparently promising anti-hypertensive and anti-arrhythmic drugs even caused harm, despite appealing biological rationale and apparent benefit on surrogate markers. During the Covid pandemic, drugs like hydroxychloroquine failed when put to the critical test of a clinical trial. Yet, untested drugs for Covid abound in clinical practice because medical education failed to impart skills to critically appraise claims.

It is the naive belief of many clinicians that a positive test invariably means presence of disease and a negative test signifies its absence. False positive and false negatives occur with most tests, for technical reasons and also because the probability of disease varies based on the characteristics of the person being tested. Thus, post-test probability is determined by both the pre-test probability and the test result. This Bayesian concept is seldom taught in medical schools. Neither is the concept of using an additional test only when there is an incremental value in enhancing the probability to a decision hanging level. As a consequence, wasteful tests may be piled on unnecessarily, increasing both financial and biological costs to the patient. During Covid, we have seen puzzled debates on the failure of RT-PCR and rapid antigen tests to always identify infection as well as on the unnecessary use of chest CT scans in many persons.

Telemedicine has emerged as an important bridge to clinical care during periods of restricted mobility. When the pandemic ends, the convenience and cost-effectiveness of such consultations will make telemedicine an established component of health systems. Medical education must impart the needed technical and social skills to make tele-consultations effective and safe. Several countries have been using simulated patients in recent decades to train and test medical students in both clinical and social skills. Given India’s vast patient

numbers, we never felt the need for employing tutored lay persons as training models. However, the growth of telemedicine requires that medical students be trained to efficiently evaluate patient data and make competent management decisions, even from a distance. Simulated patient interactions can help in this. Telemedicine may involve engagement with the patient, an attendant or with a primary care team member. The interaction must be suitably tailored to each type, utilise time efficiently and be conducted with patience.

The need for imparting skills of effective public communication and empathetic conversations with patients has been highlighted by the pandemic. Increasingly, doctors are being called upon to clarify medical concepts and research findings to the media and lay public. Precise, accurate, jargon-free, confident and clear communication is needed in such interactions. The need for strict isolation of infected persons has separated patients in intensive care units from loved ones. Even when the doctor in a hazmat suit appears an alien, caring communication is possible through the tone of voice, well-chosen words that convey compassion and even non-verbal gestures that show that the doctor cares. The public health pioneer Livingston Trudeau once said, the duty of a physician is “to cure sometimes, to relieve often, to comfort always”. Medical education must now enhance scientific sensibility and compassion amongst physicians.

**DTP, measles vaccination of kids**

**Explained: How pandemic disrupted DTP, measles vaccination of kids (The Indian Express: 202107016)**


An estimated 8.5 million third doses of DTP vaccine and 8.9 million first doses of measles vaccine were missed by children worldwide in 2020.

An immunisation programme in West Bengal in 2017. (Express Photo: Partha Paul, File)

Global and regional estimates of Covid-19’s impact on routine childhood immunisation indicates unparalleled disruptions in delivery of vaccines against measles (MCV1) and diphtheria, tetanus, and pertussis (whooping cough) (DTP3) — with 2020’s coverage likely falling in some regions to levels not seen in over a decade, according to a new modelling study published in The Lancet.

An estimated 8.5 million third doses of DTP vaccine and 8.9 million first doses of measles vaccine were missed by children worldwide in 2020 — a relative decline of more than 7% over expected coverage levels had no pandemic occurred (83% expected global coverage vs 77% estimated due to pandemic disruption for third dose of DTP; 86% vs 79% for first dose measles vaccine).
Estimates suggest twice as many children may have missed doses of each vaccine than expected due to pandemic disruptions in high-income countries in Central Europe, Eastern Europe, Central Asia, and North Africa and the Middle East.

Although child vaccination rates improved in later months of 2020, catch-up efforts are lagging, and authors warn that the world may face a resurgence of vaccine-preventable diseases unless a concerted effort is taken to get routine immunisation services back on track.

Ayurveda  - Weight loss

Weight loss: Seven ways to ‘melt belly fat naturally’ as per Ayurveda (The Indian Express: 20210716)


Ayurvedic practitioner Dr Shyam VL shares seven tips that can help lose belly fat over time

Ayurveda, healthEat 50 per cent of your daily calories at lunch as your digestive power is the strongest at that time, he suggested. (Source: Thinkstock images)

For many, losing weight may not be the real problem — it is in fact the stubborn belly fat or the fat around the abdomen that they struggle with. While genetic factors may play a role, belly fat can also be controlled with a few lifestyle tweaks, suggested ayurvedic practitioner Dr Shyam VL.

According to him, one should look to ‘melt the belly fat away naturally’ with some effective, easy-to-follow Ayurvedic tips. “Belly fat might look stubborn but with right diet and exercise, you can melt fat easily. Get guidance from an Ayurvedic doctor to help you work with a detailed plan,” he mentioned.

Axis Hypersomnia

Man sleeps for 300 days a year due to Axis Hypersomnia; know about this rare condition(The Indian Express: 20210716)

According to a study published in National Center for Biotechnology Information (NCBI), hypersomnia, a complaint of excessive daytime sleep or sleepiness, affects four to six per cent of the population, with an impact on the everyday life of the patient.

A man from Rajasthan’s Nagaur district reportedly sleeps for 20-25 days a month, or 300 days a year, due to a rare medical condition called Axis Hypersomnia. Dubbed as a real-life ‘Kumbhakarna’ by villagers, Purkharam, 42, a resident of Bhadwa village, is able to operate his grocery shop just five days a month, reported Zee News.

According to the report, his condition was diagnosed 23 years ago and has impacted his life in such a way that his family members have to bathe and feed him while he is asleep.

Axis Hypersomnia can be described as a chronic neurological sleep disorder that leads to daytime sleepiness and/or long sleep hours (more than 9-10 hours in 24-hours)

According to a study published in National Center for Biotechnology Information (NCBI), hypersomnia, a complaint of excessive daytime sleep or sleepiness, affects four to six per cent of the population, with an impact on the everyday life of the patient.

Axis Hypersomnia can be described as a chronic neurological sleep disorder. (Source: Getty Images)

Causes

You can encounter this problem due to sleep disorders such as sleep apnea, being obese, drug or alcohol use, a head injury, using certain medications, having depression or there could also be a genetic reason behind it, said Dr Navneet Kaur, general physician, Apollo Spectra Nehru Enclave, Delhi.

Symptoms

If you are one who suffers from this condition, you probably struggle to wake up, despite setting multiple alarms and have difficulty getting up from the bed (known as sleep inertia). Such individuals may start the day feeling groggy — referred to as sleep drunk — and can also experience brain fog, reduced attention span, frustration, irritation, anxiety, and depression, said Dr Pradeep Mahajan, regenerative medicine researcher, StemRx Bioscience Solutions Pvt. Ltd., Mumbai.

Diagnosis

If you keep experiencing this problem on a regular basis, it is advised to consult a doctor. “The doctor will monitor your sleeping habits and ask questions like, when do you wake up, do you tend to fall asleep during the day, do you have emotional problems etc. Following this, the expert will advise blood tests, computed tomography (CT) scans, and a sleep test called
polysomnography which is a comprehensive test used to diagnose sleep disorders,” said Dr Mahajan.

Also Read | Daytime sleepiness linked with diabetes, cancer risk in elderly: Study

Delaying treatment can also lead to consequences in later life. “Make sure that you adhere to a proper sleep routine to stay fresh. Do not take this lightly at all. Do not get bogged down, you will surely be able to manage this condition with timely intervention,” said Dr Kaur.

Treatment and prevention

According to Dr Mahajan, the treatment can be based on medications and antidepressants. He added that to prevent this condition, one should stay away from caffeine. “Do not consume alcohol just before sleeping as it can interfere with your sleep,” he said.

UN: Child diseases

**UN: Child diseases on rise as Covid-19 slows routine vaccinations**
*(Hindustan Times: 20210716)*

[https://schoolepaper.hindustantimes.com/Home/ArticleView](https://schoolepaper.hindustantimes.com/Home/ArticleView)

GENEVA : Nearly 23 million children missed out on routine vaccinations last year due to the Covid-19 pandemic, the highest number in more than a decade, fuelling outbreaks of measles, polio and other preventable diseases, UN agencies said on Thursday.

Measles, one of the world’s most contagious diseases, can be fatal to children under the age of five, especially in African and Asian countries with weak health systems, according to the World Health Organization. Polio can cripple a child for life.

The gap in global vaccination coverage has set up a “perfect storm”, leaving more children vulnerable to infectious pathogens just as many countries ease Covid-19 restrictions, the WHO and UN Children’s Fund said in an annual report.

Ten countries, led by India and Nigeria, account for the bulk of the 22.7 million children left unvaccinated or under-vaccinated against diphtheria, tetanus, and pertussis (DTP) in 2020 — 3.7 million more than in 2019 and the most since 2009, it said regarding a key indicator of childhood vaccination rates.

“Large and disruptive” outbreaks of measles have been recorded in hotspots including Afghanistan, Mali, Somalia and Yemen, the report added.
Some 22.3 million children missed their first dose of measles vaccine last year — although there was probably substantial overlap with those lacking DTP coverage — for the lowest coverage against the killer disease since 2010, it said.

“The Covid-19 pandemic has led to major backsliding on childhood vaccination, taking us back more than a decade,” Kate O’Brien, WHO director of immunisation, told a news briefing.

There has been an “alarming increase” in “zero dose” children - those missing out on any vaccination - which rose to 17.1 million last year from 13.6 million, said Ephrem Lemango, Unicef chief of immunisation. Many live in war-torn countries or slums, he said. Sixty-six countries postponed at least one immunisation campaign against preventable diseases, although some including Mexico have begun catch-up programmes, the report said.

“In 2021 we have potentially a perfect storm about to happen and we don’t want to get to that perfect storm to be ringing the alarm bell. We are ringing it now,” O’Brien said.

The WHO has urged countries not to lift public health and social distancing measures prematurely as they begin to emerge from the pandemic, she said. “But if that is happening - and as it is happening - we are going to see more and more transmission of the pathogens that are otherwise vaccine preventable pathogens.”

**Mental healthcare**

**Interview| mental healthcare must be integrated with physical healthcare, says NIMHANS Director (The Hindu: 20210716)**


Asking people about how they are feeling, if they are sleeping well, if their mood is stable should be part of routine healthcare, says Dr. Pratima Murthy

Dr. Pratima Murthy, Director, NIMHANS, Bengaluru, talks exclusively to The Hindu about the short-term and long-term implications of the COVID-19

**Delta Plus variants**

**Delta Plus variants less than 1% of coronavirus genomes (The Hindu: 20210716)**

[https://www.thehindu.com/sci-tech/health/delta-plus-variants-less-than-1-of-coronavirus-genomes/article35348053.ece](https://www.thehindu.com/sci-tech/health/delta-plus-variants-less-than-1-of-coronavirus-genomes/article35348053.ece)
Public health measures to reduce transmission and vaccination remain critical, says Consortium

The Delta Plus variants constituted less than 1% of coronavirus samples that were sequenced in India in June and continuing outbreaks in India were primarily being led by the Delta variant, said a report from the India Sarsc

**Total fatalities**

*Stroke caused 6,99,000 deaths in India in 2019, which is 7.4% of the total fatalities*(The Hindu: 20210716)*


Contribution of non-communicable neurological disorders and neurological injuries to the total disease burden has more than doubled between 1990 and 2019.

Contribution of non-communicable neurological disorders and injury-related neurological disorder to the total disease burden has more than doubled

**Vaccines**

*Vaccines will help prevent severe disease in pregnant women: expert*(The Hindu: 20210716)*


‘Women should use all Covid-appropriate precautions during pregnancy and after childbirth’.

Manju Puri, head, department of obstetrics and gynaecology, Lady Hardinge Medical College, Delhi, spoke exclusively to The Hindu on the Central
Coronavirus
कोरोना के दो अलग वेरएंट से संक्रमित पाई गई एक महिला, क्या सच में डबल इन्फेशन है मुमिकन? (Dainik Gagaran:20210716)

कोरोना के दो अलग वेरएंट से संक्रमित पाई गई एक महिला, क्या सच में डबल इन्फेशन है मुमिकन?


एसपट्स का मानना है कि एक ही वायरस के दो अलग वेरएंट से संक्रमित होने का मामला असाधारण है। जब वायरस का एक वेरएंट इंसान को संक्रमित करता है तो यह पूरे शरीर में अपनी संख्या बढ़ाने का काम शुरु कर देता है।

नई दिल्ली, लाइफटाइल डेक। कोरोना वायरस के कहर को डूंगर साल हो गया है। कोरोना संक्रमण हर इंसान को अलग तरह से संक्रमित करता है, लेकिन हाल ही में एक अनोखा मामला सामने आया। दुनिया में ऐसा मामला पहली बार देखा गया, जब बेलजियम में रहने वाली 90 साल की महिला कोरोना के दो अलग वेरएंट से संक्रमित हो गई। यह महिला मार्च में संक्रमित हुई, जिसके बाद उन्हें अस्पताल में भर्ती कराया गया। लेकिन उनकी दूसरी तरह की संक्रमण के 5 दिन में उन्हें मौत हो गई। जांच में उनके कोरोना के अल्फा और बीटा वेरएंट की पुष्टि हुई।

कैसे हो सकता है डबल इन्फेशन?

एसपट्स का मानना है कि एक ही वायरस के दो अलग वेरएंट से संक्रमित होने का मामला असाधारण है। जब वायरस का एक वेरएंट इंसान को संक्रमित करता है, तो यह पूरे शरीर में अपनी संख्या बढ़ाने का काम शुरु कर देता है और कोशिकाओं पर असर करता है। इस दौरान कुछ ऐसी कोशिकाएं भी होती हैं, जो वायरस से बच जाती हैं। इन की कोशिकाओं को दूसरा वेरएंट संक्रमित कर सकता है।

त्रिफला चाली छाछ पीने से गैस और बदहजमी से राहत मिलती है।

Health Benefits of Triphala Buttermilk: वजन कंोल करने के साथ ही पाचन भी दुत रखती है त्रिफला छाछ, जानिए 5 फायदे

जैसा कि आप जानते हैं कि कोरोना वायरस लगातार अपना रूप बदल रहा है। समय के साथ सभी तरह के वायरस में जेनेटिक बदलाव होते रहते हैं, जो एक समान्य मृत्यु प्रक्रिया है। बदलाव के बाद ही वायरस का एक नया रूप तैयार होता है। इसी तरह कोरोना के कई रूप आने कई वेरएंट हैं। जैसे-अल्फा, बीटा, गामा, डेटा, डेटा लस आदि। बेलजियम की महिला कोरोना के अल्फा और बीटा वेरएंट ने संक्रमित हुई थी।
बारिश के मौसम में क्या खाना चाहिए और किन चीजों से बनाएं दूरी?

Monsoon Diet: बारिश के मौसम में क्या खाना चाहिए और किन चीजों से बनाएं दूरी?

Covid cases (The Asian Age: 20210716)

City sees 72 new Covid-19 cases, 1 death in 24 hours

New Delhi, July 15: The national capital recorded 72 fresh Covid cases and one death on Thursday, while the positivity rate stood at 0.10 per cent, according to data shared by the health department here. The single new fatality has pushed the death toll in the city to 25,022, according to the latest bulletin.

On Wednesday, Delhi had recorded 77 new cases and one death, while on Tuesday the daily infection tally was 76 with two deaths. On February 16, ninety-four people were diagnosed Covid positive while the daily tally was 96 on January 27, according to official figures.

The infection rate, which had reached to 36 per cent in the last week of April, has come down to 0.10 per cent now.

Last Friday, the Delhi DDMA had passed a colour-coded response action plan under which curbs will be implemented in accordance with the severity of the Covid situation here to deal with a possible third wave of the pandemic.

Chief minister Arvind Kejriwal last week had inaugurated a genome-sequencing laboratory at the ILBS hospital here and said the people of Delhi will highly benefit from this facility.

He had said that these labs will detect the lethality of the coronavirus variants and help the government prepare accordingly.

Despite fall in daily cases in the last several days, Mr Kejriwal had recently cautioned that the chances of the third wave of the Covid pandemic were quite real, while he asserted that his government was preparing on a “war footing” to combat it.

Delhi had been reeling under a brutal second wave of the pandemic that is sweeping the country, claiming a massive number of lives daily, with the recent oxygen supply shortage issue at various hospitals, adding to the woes. Since April 19, both daily cases and single-day deaths count had been spiralling up, with over 28,000 cases and 277 deaths recorded on April 20, rising to 306 fatalities on April 22. On May 3, the city registered a record 448 deaths, as per the official data. However, the number of cases have shown a downward trend and the positivity rate too has been shrinking in the last several days. The number of deaths per day has also been showing a decline in the last couple of days.

— PTI
After Covid & Zika, dengue adds to Kerala’s woes

State reports over 15,000 more Covid, 5 Zika virus cases in last 24 hrs

MONTEVERDE KERALA

Kerala health minister Ramesh Chennithala on Thursday, July 15, alerted against dengue outbreak cases as the state continues to grapple with Covid and Zika virus.

After a high-level meeting of officials of various departments on Thursday, the minister told media persons that all major departments, including the local bodies, have been requested to take measures to control vectors at all places.

The areas which have reported a high number of dengue cases in the previous years have been asked to keep an eye on the disease, particularly in residential areas with high mosquito density already have免责声明 exempted for a special drive.

Experts say a dengue outbreak at this stage would put huge pressure on the already-crowded public health facilities in the state.

Members of the Samastha Kerala Hermiyadhal team during a protest demanding opening of ward on Thursday. (Photo: Tharakan K Gopan)

A sudden rise in the number of patients with cases of dengue has been reported recently.

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