WHO

W.H.O. MEETING CONCLUDES THAT COVID REMAINS AN EMERGENCY (Hindustan Times: 20230131)

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The World Health Organization (WHO) on Monday announced that Covid-19 continues to remain a public health emergency of international concern and that the pandemic is currently at a transition point.

The decision by director general WHO, Tedros Adhanom Ghebreyesus, was based on recommendations made by the International Health Regulations Emergency (IHR) Committee of the multilateral agency.

Several countries were waiting for WHO’s decision on whether or not the pandemic is to be considered a public health threat of international magnitude because this will influence their own policies. P2

Covid global emergency’

Covid at a point of transition, but still a global emergency’(Hindustan Times: 20230131)

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“The WHO Director-General concurs with the advice offered by the Committee regarding the ongoing COVID-19 pandemic and determines that the event continues to constitute a public health emergency of international concern (PHEIC),” said the UN health body in a statement on Monday.

The 7-day average of daily cases on January 25 was 219,378 according to worldometers.info. At its peak this number was in excess of 3 million. However, recent outbreaks powered by newer and more infectious sub-variants of the virus, such as the one seen in China, have concerned public health experts and policy makers across the world. Between January 13 and 19, China reported around 13,000 Covid-related deaths, numbers that came on the back of around 60,000 deaths between December 8 and January 12.

It is likely that some of this influenced WHO’s decision.

“The Director-General acknowledges the committee’s views that the Covid-19 pandemic is probably at a transition point and appreciates the advice of the committee to navigate this transition carefully and mitigate the potential negative consequences,” added the statement.

The 14th meeting of the International Health Regulations Emergency Committee regarding Covid-19 was held on Friday.

The committee agreed that Covid-19 remains a dangerous infectious disease with the capacity to cause substantial damage to health and health systems.

“As such, long-term public health action is critically needed. While eliminating this virus from human and animal reservoirs is highly unlikely, mitigation of its devastating impact on morbidity and mortality is achievable and should continue to be a prioritized goal,” the statement added. It has been three years since the UN health body declared the outbreak emerging from China’s Wuhan province a global pandemic.

Third Covid booster

Third Covid booster linked with 90 per cent reduction in deaths: Study(The Tribune:20230131)
Findings ‘highlight potential benefit from booster vaccination, specifically in vulnerable populations living with multimorbidity’

A third booster dose of a Covid-19 vaccine was associated with a 90 per cent reduction in death in people with multiple health conditions compared to two doses, according to a study conducted in Hong Kong.

The research, published in Canadian Medical Association Journal, compared data from people aged 18 years or older with two or more chronic conditions, such as high blood pressure, diabetes and chronic kidney disease, who received a third dose between November 2021 and March 2022, compared to people who received only 2 doses.

“We found a substantially reduced risk of COVID-19–related death in adults with multimorbidity who received a homologous booster dose of BNT162b2, an mRNA vaccine, or CoronaVac, an inactivated whole-virus vaccine,” said Esther Chan from The University of Hong Kong.

“These results support the effectiveness of booster doses of vaccines of two different technological platforms in lowering mortality among those with multimorbidity amid the Omicron epidemic,” Chan said.

As the Omicron (BA.2) variant epidemic hit Hong Kong in late 2021, the city reported the highest COVID-19 mortality rate worldwide relative to its population of 7.5 million people, the researchers said.

Since November 11, 2021, older people, health care professionals and other priority groups were able to receive a booster dose of either the BNT162b2 mRNA (Pfizer-BioNTech) or CoronaVac (Sinovac) vaccine.

As of January 1, 2022, all others were eligible, resulting in more than three million people receiving booster doses in the first four months of 2022.

“Our findings suggest that this timely, massive public health measure has plausibly played a pivotal role in lowering the mortality rate amid the epidemic, especially among people living with multimorbidity,” sad Francisco Lai, first author and a scientist at The University of Hong Kong.

The study included 120,724 recipients of the Pfizer-BioNTech vaccine (87 289 who received a booster) and 127,318 CoronaVac recipients (94,977 who received a booster).

There were more deaths among CoronaVac recipients than Pfizer-BioNTech recipients, the researchers said.

The findings “highlight the potential benefit from booster vaccination, specifically in vulnerable populations living with multimorbidity, and support the recent focus on older people and those with chronic conditions for future booster doses of SARS-CoV-2 vaccines beyond the first booster”.

The study will contribute to the evidence base that getting boosted provides strong protection against death from COVID-19, the researchers added.

**Physical activity**

**Children and teens aren’t doing enough physical activity—new study sounds a health warning**

**Recent research estimates that world could see close to half a billion new cases of major chronic diseases by 2030 if people don’t get more active** ([The Tribune:20230131](https://www.tribuneindia.com/news/health/children-and-teens-arent-doing-enough-physical-activity%E2%80%94new-study-sounds-a-health-warning-475012))

Children and teens aren’t doing enough physical activity—new study sounds a health warning

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Physical inactivity is the fourth leading cause of death worldwide. It’s also associated with chronic illness and disability.

Recent research estimates that the world could see close to half a billion new cases of major chronic diseases by 2030 if people don’t get more active.

Regular physical activity helps to prevent and manage many chronic diseases. Popular ways to be physically active include walking, cycling, and playing sports.

The World Health Organisation (WHO) recommends that children and adolescents (5-17 years old) get an average of at least 60 minutes per day of moderate to vigorous intensity physical activity.

This should incorporate vigorous aerobic activities, as well as those that strengthen muscle and bone, at least three days a week. It’s also recommended that children spend no more than two hours a day on recreational screen time.

These recommendations aim to improve children’s physical and mental health, as well as cognitive outcomes.

Before the COVID-19 pandemic, physical activity among children and adolescents was already below the recommended levels. In 2016, 81 per cent of adolescents around the world aged 11-17 were considered physically inactive. Girls were less active than boys.

The pandemic has made matters worse. Physical inactivity in children and adolescents has become a global public health priority. It is now included in global action plans.
For example, using 2016 as baseline, the WHO through its Global Action Plan on Physical Activity targeted a 15 percentage point reduction in prevalence of physical inactivity among adolescents by 2030.

This call to action also implored other international organisations and governments to help track progress in physical activity promotion among children and adolescents.

In response to this global physical inactivity crisis, the international call to action, and the need to systematically collect comparable data, the Active Healthy Kids Global Alliance recently published a major study, the first to provide a comprehensive assessment of physical activity among children and adolescents.

Published in October 2022, the study included data that were collected before and during the COVID-19 pandemic. We were among the 682 experts who assessed 10 common physical activity indicators for children and adolescents around the world.

Our study shows physical activity among children and adolescents has not gotten better. About one-third of children and adolescents globally were sufficiently physically active while a little over one-third met the recreational screen time recommendation for better health and well being.

These findings indicate that a significant proportion of children and adolescent who do not meet recommended physical activity guidelines are at an increased risk of negative outcomes as well as developing related chronic diseases at a much earlier age.

COVID effect

Most of the experts involved in our study agree that the childhood physical inactivity crisis is an ongoing public health challenge and the COVID-19 pandemic appears to have made it worse.

When surveyed, more than 90 per cent of the experts reported that COVID-19 had a negative impact on children’s sedentary behaviours, organised sport and physical activity. Our findings are supported by numerous studies.

Lockdowns imposed at the height of the COVID-19 pandemic led to school shutdowns and closures of public parks, which hampered children’s levels of physical activity.

Research suggests that children’s moderate-to-vigorous physical activity decreased by 17 minutes per day during the pandemic. That represents a reduction of almost one-third of the recommended daily activity.

Another global study representing 187 countries showed a collective 27.3 per cent decrease in the daily step counts of individuals after 30 days of COVID-19 related restrictions.

Our study

Four African countries participated in our study – Botswana, Ethiopia, South Africa and Zimbabwe.

The grading ranged from as high as A+ (large majority, 94-100 per cent of children and adolescents achieving recommended levels) to as low as F (less than 20 per cent achieving recommended levels).
Children and adolescents from the four African countries were marginally more physically active than children from the rest of the world.

They received C- (47–53 per cent of them met recommendations) for overall physical activity compared to the D (27–33 per cent met recommendations) for the rest of the world.

More children and adolescents from the African countries used active transport (B-; 60–66 per cent), were less sedentary (C-; 40–46 per cent) and were more physically fit (C+; 54–59 per cent), compared to the rest of the world (C-, D+ and C-) respectively.

An important success story from this global comparison of grades is that despite the lack of infrastructure, average grades for individual behaviours were generally better for the African countries.

This could be reflecting necessity, rather than choice. For example, children might be forced to walk to school because there’s no affordable transport.

Nonetheless it shows that it is still possible to promote healthy lifestyles even when resources are limited.

Factors such as having supportive family and friends, safer communities, positive school environments and adequate resources are often associated with better participation in physical activity.

Average grades for these sources of influence were generally lower for the four African countries than those of the rest of the world.

These findings demonstrate the challenges related to community safety, a general lack of infrastructure, and funding to support healthy behaviours for children and adolescents in African countries.

Overall, there wasn’t enough data to accurately grade all the indicators for the African countries.

Botswana was the only country for which we were able to assign grades for each of the 10 common indicators. The other three countries had at least one incomplete grade each.

Lack of representative data is a common and often recurring problem in many low- and middle-income countries. It also means that our findings must be interpreted with caution.

For example, we can’t say with certainty that these findings are representative of all the children and adolescents from these four countries or the region as a whole.

Way forward

In many parts of Africa, the prevalence of infectious and other diseases justifiably demands attention and resources. These needs can out compete the messages about physical inactivity, whose negative impact may be silent but still detrimental to population health.
We need to persistently advocate for policies and practices, anchored in the African context, and promote equitable opportunities for children to engage in physical activity. These can include active school recesses and extracurricular programmes.

Countries need to ensure access to safe, free public spaces, green spaces, playgrounds and sporting facilities.

Finally, researchers and public health practitioners must track the progress towards meeting the WHO’s targets. By Taru Manyanga, University of Northern British Columbia, Chalchisa Abdeta, University of Wollongong, Dawn Tladi, University of Botswana, and Rowena Naidoo, University of KwaZulu-Natal (The Conversation)

**Breast milk**

**Pesticides in breast milk led to infant mortality: Study (The Tribune:20230131)**


A study by Lucknow's Queen Mary Hospital has claimed that pesticides have been found in the milk of pregnant women which were responsible for the death of nearly 111 newborns in the past ten months in Maharajganj district.

The research by Queen Mary Hospital revealed that pesticides were found in the milk of pregnant women. The tests were conducted on 130 vegetarian and non-vegetarian pregnant women to find the reason behind the death of the infants.

The research, which was done by Professor Sujata Dev, Dr Abbas Ali Mehndi, and Dr Naina Dwivedi, was also published in Environmental Research General.

It stated that fewer pesticides were found in the milk of vegetarian women than in non-vegetarians.

However, pesticides have still been found in the breast milk of women who stay away from non-vegetarian food. The reason behind the pesticide in milk is chemical farming, stated the research.

Different types of pesticides and chemicals are put in green vegetables and crops. Animals are also injected with supplements and chemicals which have led to pesticide formation in the milk of a woman who eats non-vegetarian food.

The pesticides present in the breast milk of a woman who eats non-vegetarians were triple than that of a vegetarian woman.

The research said that while a newborn does not eat any meat or crops, pesticides still reach his/her body through the milk of the mother.
Breast milk, which has some amount of pesticides present inside it, has severely harmed infants.

Meanwhile, the district magistrate has formed a three-member committee under the chairmanship of the Chief Development Officer (CDO) to find the reason behind the rise in mortality rates.

This committee will function under the leadership of CDO, Sub Divisional Magistrate (SDM), and Chief Medical Superintendent.

The team will also investigate the increase in the figures of maternal and infant mortality reports. They will also find the reason behind the deaths of new-borns.

**HPV Vaccine**

**Government likely to float global tender for HPV vaccine in April; Merck, Serum Institute may participate (The Tribune:20230131)**


Serum Institute’s made-in-India HPV vaccine ‘CERVAVAC’ was launched by Union Home Minister Amit Shah on January 24

Government likely to float global tender for HPV vaccine in April; Merck, Serum Institute may participate

The Health Ministry intends to roll out HPV vaccine against cervical cancer in the national immunisation programme for girls aged 9 to 14 years in June for which a global tender is likely to be floated in April, official sources have said.

Serum Institute’s made-in-India HPV vaccine “CERVAVAC” was launched by Union Home Minister Amit Shah on January 24, in presence of the Pune-based firm’s CEO Adar Poonawalla and Prakash Kumar Singh, its Director-Government and Regulatory Affairs.

“The ministry is likely to float in April a global tender for 16.02 crore doses of HPV vaccine, which will be supplied by 2026. Apart from domestic manufacturer Serum Institute of India, global vaccine manufacturer Merck is also likely to participate in the tender,” an official source said.

In July last year, India’s drug regulator granted market authorization to Serum Institute of India’s indigenously developed HPV vaccine. It has also been cleared by government advisory panel National Technical Advisory Group on Immunisation (NTAGI) for use in the public health programme.

Prakash Kumar Singh, on the sidelines of a South Asia meet on HPV last month, had said that the price of CERVAVAC will be affordable compared to the international HPV vaccine available in India.
India, at present, is fully dependent on foreign manufacturers for HPV vaccines. Globally, three foreign firms manufacture HPV vaccines out of which two sell their doses in India.

Each dose of the vaccine available in the market costs more than Rs 4,000, sources said.

In September 2022, Poonawalla had said that each dose of its “CERVAVAC” vaccine would cost Rs 200 to Rs 400.

India, which is home to about 16 per cent of the world’s women, accounts for about a quarter of all cervical cancer incidences and nearly a third of global cervical cancer deaths.

Indian women face a 1.6 per cent lifetime cumulative risk of developing cervical cancer and a one per cent cumulative death risk from cervical cancer, according to officials.

Recent estimates state that every year almost 80,000 women develop cervical cancer and 35,000 die in India due to it.

On what prevented India from introducing the HPV vaccine till now, NTAGI chief Dr N K Arora had said that the vaccine supply has been a limiting factor globally.

Fortunately, over the last five years, the global supply of the HPV vaccine has been improving gradually.

India has taken a lead in this direction. Serum Institute of India, one of the major Indian vaccine manufacturers, with support from the Centre’s Department of Biotechnology has developed four valent HPV vaccine.

The vaccine has received regulatory approval and cleared by NTAGI for use in public health programmes.

“We are given to understand that three other Indian vaccine manufacturers are also in various stages of developing the HPV vaccine,” an official had said.

**Chronic diseases**

**Children and teens aren’t doing enough physical activity - new study sounds a health warning (The Hindu:20230131)**


The world could see close to half a billion new cases of major chronic diseases by 2030 if people don’t get more active.

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**Diabetes symptoms**

*Diabetes symptoms: High blood sugar can cause nerve damage; 4 sensations to note (The Times of India:20230131)*


01/6Do not ignore these sensations that can signal diabetes

Diabetes is a chronic health condition that occurs when the pancreas in the body fails to produce enough insulin or does not use the insulin to its full potential. What's distressing about the disease is that it can cause a wide array of symptoms, while affecting different parts of the body, including the nerves. This is called diabetic neuropathy.

Also read: Uneasiness in these body parts might be due to heart problem

02/6How diabetes affects the nerves?

According to Mayo Clinic, diabetic neuropathy refers to a type of nerve damage that can occur if you have a high blood sugar. As per the healthy body, while the definite cause of the condition is unknown, experts believe uncontrolled high blood sugar affects and weakens the walls of the small blood vessels (capillaries) that supply the nerves with oxygen and nutrients, hampering their ability to send signals.

Also read: Diabetes to bladder infection, conditions that can make you pee more often

03/6Sensations that can indicate high blood sugar

Since excess blood sugar can lead to nerve damage, there are four sensations that can be a result of diabetic neuropathy, which may arise in the tips of the toes and fingers. These include:- Tingling- Numbness- Burning- Pain

04/6Other body parts that can be affected

Apart from causing damage to the nerves, uncontrolled, untreated diabetes can also affect the feet, eyes, heart and blood vessels, gums and the kidneys. Since diabetes takes a toll on your heart and the entire body circulation, it affects the small blood vessels in your kidneys, eyes, and nerves, and also causes damage to the blood vessels that feed your heart and brain.

05/6Note the common symptoms of diabetes
According to Mayo Clinic, here are some common symptoms of diabetes:

- Feeling more thirsty than usual.
- Urinating often.
- Losing weight without trying.
- Presence of ketones in the urine. Ketones are a byproduct of the breakdown of muscle and fat that happens when there’s not enough available insulin.
- Feeling tired and weak.
- Feeling irritable or having other mood changes.
- Having blurry vision.
- Having slow-healing sores.
- Getting a lot of infections, such as gum, skin and vaginal infections.

How to reduce your risk?

Anyone can be prone to diabetes. However, certain risk factors make you more prone to the disease. This includes a family history of the chronic condition or environmental factors. The best way to reduce your risk of diabetes is by choosing a healthier lifestyle and maintaining a healthy weight. Eating nutritious, healthy plant foods and indulging in regular exercise can lower your chances of developing high blood sugar.