



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Tuesday

2021302

## National Covid cases

**National Covid cases surpass 1.11 crore; death toll reaches 1.57 lakh (The Tribune: 2021302)**

**Recovery rate stands at 97.07 per cent; fatality rate drops to 1.41 per cent**

<https://www.tribuneindia.com/news/coronavirus/national-covid-cases-surpass-1-11-crore-death-toll-reaches-1-57-lakh-219008>

National Covid cases surpass 1.11 crore; death toll reaches 1.57 lakh

According to the Indian Council of Medical Research (ICMR), a total of 21,68,58,774 samples have been tested for coronavirus till February 28, with 6,27,668 samples being tested on Sunday. PTI file

India's COVID-19 tally surpassed 1.11 crore on Monday with 15,510 new infections, while the active cases registered an increase for the fifth consecutive day and were recorded at 1,68,627, according to the Union Health Ministry data.

The total coronavirus cases reached 1,11,12,241 in the country, while the death toll rose to 1,57,157 with 106 new fatalities, the data updated at 8 am on Monday showed.

The number of people who have recuperated from the disease surged to 1,07,86,457, which translates to a national COVID-19 recovery rate of 97.07 per cent, it stated. The case fatality rate has dropped to 1.41 per cent.

The active cases further increased to 1,68,627, which comprises 1.52 per cent of the total infections, as per the data.

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, 80 lakh on October 29, 90 lakh on November 20 and surpassed the one-crore mark on December 19.

According to the Indian Council of Medical Research (ICMR), a total of 21,68,58,774 samples have been tested for coronavirus till February 28, with 6,27,668 samples being tested on Sunday.

The 106 new fatalities include 62 from Maharashtra, 15 from Kerala, seven from Punjab and five from Karnataka.

A total of 1,57,157 deaths have been reported so far in the country, including 52,154 from Maharashtra, 12,496 from Tamil Nadu, 12,331 from Karnataka, 10,910 from Delhi, 10,268 from West Bengal, 8,725 from Uttar Pradesh and 7,169 from Andhra Pradesh.

The health ministry stressed that more than 70 per cent of the deaths occurred due to comorbidities.

“Our figures are being reconciled with the Indian Council of Medical Research,” the ministry said on its website, adding that the state-wise distribution of figures is subject to further verification and reconciliation. PTI

## **Vaccination booster**

### **Private sector will accelerate drive, but with more players (The Tribune: 2021302)**

<https://www.tribuneindia.com/news/editorials/vaccination-booster-217588>

The Covid-19 vaccination drive in the country is set to gain momentum with the Centre deciding to rope in 20,000 private hospitals for providing the jabs to those who can pay for them. From next week, those above 60 and over 45 with health problems can go to any of the 10,000 government-run vaccination centres, where no money would be charged, or to the private hospitals. The welcome move follows urgent appeals from business leaders, who warned of the risk of a disruptive new wave of cases unless private players were permitted to help accelerate the rollout. The modalities are yet to be formalised, but there is a need to drastically increase the number of facilities authorised to administer the vaccine, if not on March 1 itself then soon enough.

Since India has ample stockpiles and the pharma giants have the ability to produce additional doses to meet the demand, the second phase of the vaccination programme could see a decisive push, after a rather sluggish first phase of doses for frontline and health workers. Given the hold and dependence on private players in the healthcare sector, their entry is bound to be a

game-changer. But a statutory warning is essential. The authorisation to vaccinate the vast population has to be seen as a national duty, not an opportunity to profiteer. The private sector will have to be its own conscience-keeper, and take the oath of acting responsibly with self-regulation.

Going forward, there would arise the need to allow access to other vaccines, ramp up dose production and allow large institutions to hold camps on campuses to vaccinate the staff with strict monitoring. After a precipitous drop in daily new confirmed cases, there has been a surge in recent days. The pandemic is baring fangs at people who had declared its exit. The decision to step up the pace of the vaccination drive gives a fighting chance to stay ahead of the pandemic curve.

## **Vaccination drive 2.0**

### **Sort out teething troubles, focus on preparedness (The Tribune: 2021302)**

<https://www.tribuneindia.com/news/editorials/vaccination-drive-2-0-219221>

The rollout of the Covid vaccine on March 1 for a vulnerable segment — above 60 years of age and those with certain ailments in the 45-59-year age bracket — marks the crucial second phase of the vaccination programme, putting to test the government's claims of preparedness. The chaos and glitches seen on Day One can be attributed to teething troubles of a massive operation. The government facilities (providing the shots free of cost) and private players roped in (at a cost of Rs 250 per dose to a beneficiary) to cover the huge population have the challenging task of quickly ironing out the creases. All those queuing up to get the jabs, like the socially responsible elderly section of our population often accompanied by their younger attendants, should not be inconvenienced. The problems plaguing the government's CoWin portal for registration or the confusion over walk-ins are a setback to the careful logistics set in place.

At the same time, the initial response is a pointer to better acceptance of the vaccine. This is in contrast to the hesitancy seen in phase one when only around 60 per cent of the healthcare and frontline workers came forward to get the vaccine. That Prime Minister Modi was among the first to get the indigenous Covaxin shot is a big endorsement to the drive. The government needs to ensure that the enthusiasm of people sustains. If the hesitancy persists, it may allow the younger ones to take the vaccine alongside for its optimal use, as also prevention of waste of resources.

Given that over 10 crore people across the country are targeted to be given the shots in this phase, on its smooth run hinges a faster road to the much-needed herd immunity. The recent spike in Covid-19 cases has sparked a renewed urgency to control the run of the pathogen before it balloons into a second wave. The inoculation must outpace the virus.

## Vaccine drive enters Phase 2

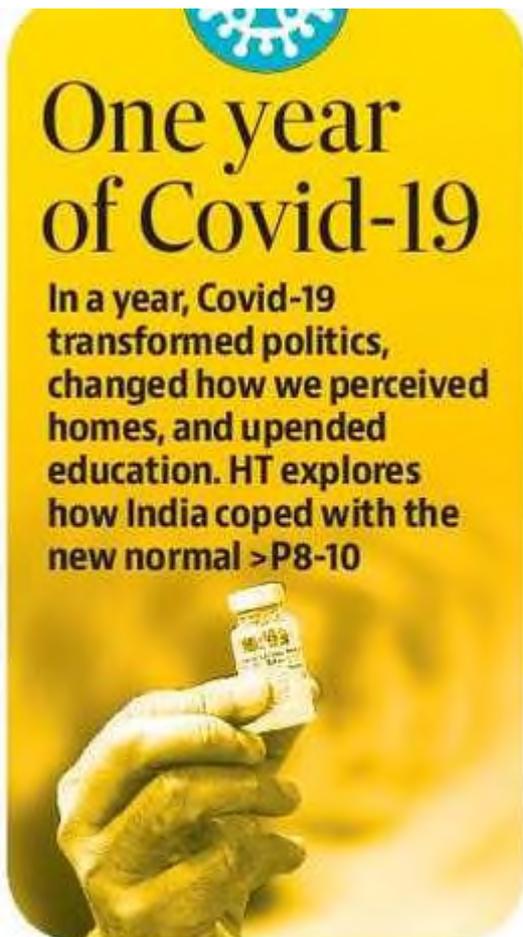
Over 5mn sign up on Day 1 as vaccine drive enters Phase 2 (Hindustan Times: 2021302)

[https://epaper.hindustantimes.com/Home/ArticleView?newspaper=hindustan+times+\(amritsar\)&issue=87782013043000000000001001](https://epaper.hindustantimes.com/Home/ArticleView?newspaper=hindustan+times+(amritsar)&issue=87782013043000000000001001)



PM

Narendra Modi being administered the Covid-19 vaccine, at AIIMS, New Delhi, on Monday.  
PTI



Over 5 million people signed up and close to 150,000 people from the general public received coronavirus vaccines on Monday, the first day the drive was opened up beyond health care and frontline workers, leading to a rush of registrations and crowds of hopeful recipients at hospitals across the country.

The Union health ministry said nearly 3 million registrations were done on the Co-WIN portal, with each having the provision to sign up four people. “Even if we assume one mobile phone registered at least two beneficiaries, it is more than 5 million recipients registered in a single day that we are talking about,” said RS Sharma, the chairman of the empowered group on Covid vaccinations.

The drive kicked off by Prime Minister Narendra Modi taking his dose of the vaccine at the All India Institute of Medical Sciences, Delhi early in the morning, following which a bevy of prominent people too took shots in an attempt to encourage others.

“I appeal to all those who are eligible to take the vaccine,” Modi said on Twitter, posting a picture of him getting the shot. “Together, let us make India Covid-19 free!”

People above 60, and those who are 45 or more and suffering from certain medical conditions, are now eligible for the vaccinations. But some inoculation centres reported issues with the Co-

WIN portal used to coordinate the drive, and people elsewhere reported being confused into trying to book appointments on a synonymous app that is available on application stores.

Amid the teething troubles and the crowds seen at the hospitals, there were close to 430,000 doses administered on Monday – lower than the peak of roughly 800,000 seen late last month. But the numbers are set to pick up given the spate of registrations had proven the demand for the shots was high, officials said.

“I think people are quite willing to take the vaccine and there is a huge demand at this point of time...We have a total of 12,500 private hospitals that have come on board since today and 15,000 hospitals in the public sectors. So 27,000 institutions in all and even at a conservative estimate of each one vaccinating 100, we will have 2.7 millions in a day,” said Sharma.

India, which has reported the highest number of COVID-19 cases after the United States, has so far delivered 14 million doses, mostly to health and front-line workers since starting its immunisation programme in mid-January. It wants to cover 300 million of its 1.3 billion people by August.

On average, India has been vaccinating about 500,000 beneficiaries daily across the country, a rate that experts say is inadequate at a time when cases have begun inching up across the country.

Over the past three days, the country recorded over 16,000 cases on an average, compared to close to 12,000 in the middle of last month. At least four states are showing signs of a resurgence, making officials fear a second wave may be building.

Among the prominent people who took a dose were Vice President M Venkaiah Naidu, Odisha chief minister Naveen Patnaik, Bihar CM Nitish Kumar, Rajasthan governor Kalraj Mishra and Nationalist Congress Party (NCP) chief Sharad Pawar and his wife.

“I felt no discomfort after getting the shot. I would now drive back to my village. The only regret is that my wife didn’t come with me as we have only one helmet,” said Ramkishore Sahu, an 80-year-old retired school teacher, who rode his motorcycle for around 68 kilometres to reach Ranchi’s Sadar Hospital to get the first dose of the vaccine.

In Madhya Pradesh, 70-year-old Jagdish Pal was among the first to get vaccinated. “I reached the hospital at 8AM for vaccination but due to some technical error in the software. I had to wait for two hours. I am feeling good after vaccination,” said Pal, who recovered from Covid-19 three months ago.

In some places, people complained about lack of clarity. “No information was provided on the procedure at the walk-in center nearby home. I have been asked to come back in a few days,” said Mumbai resident Abdul Khadas.

In Chennai, Naidu and Tamil Nadu Governor Banwarilal Purohit took the first doses of the vaccine at the Government Omandurar Medical College Hospital. Dravidar Kazhagam president K Veeramani also took the shot at the Rajiv Gandhi Government General Hospital here, officials said.

## Pandemic

**‘Lesson from the pandemic – the value of large-scale clinical trials’  
(Hindustan Times: 2021302)**

[https://epaper.hindustantimes.com/Home/ArticleView?newspaper=hindustan+times+\(amritsar\)&issue=87782013043000000000001001](https://epaper.hindustantimes.com/Home/ArticleView?newspaper=hindustan+times+(amritsar)&issue=87782013043000000000001001)



Dr Gagandeep Kang Getty

The speed and scale of the Covid-19 pandemic was surprising, Dr Gagandeep Kang, the country’s foremost vaccine expert and professor of microbiology at the Christian Medical College-Vellore, told **Anonna Dutt**. She said India needs to invest in creating clinical trial networks to prepare for future pandemics.

**Did you imagine the emergency would be this big when we started seeing the first few cases?**

All through March (last year), I was getting increasingly worried that it wasn’t something that was being taken seriously. What surprised me was the speed and scale of the spread. It moved much faster than I anticipated. And that I think is reflection of the reproductive number. We probably underestimated it early on because we were relying on Chinese data. We got a better handle on it when we started getting data from Europe.

**Was it also because we were looking at data from the SARS outbreak?**

The difference between SARS and Sars-CoV-2 – the good thing is it does not kill as much as SARS does. The SARS case fatality rate was close to 10%. Only 8,000 people got infected but almost 800 of them died. Whereas with Covid-19, we are having trouble what the case fatality rate is. It looks like among the symptomatic, it is one in 100. But there are so many people without symptoms that the infection fatality rate is lower than 1%. Sars-CoV-2, however, is more transmissible because of asymptomatic infections.

**What are the policy implications of this difference between Covid-19 and SARS?**

In January (last year), we saw that they (the viruses) were similar. Initially, the WHO and China were saying that there was no person-to-person transmission, which was quickly discounted by the third week of January. Then, they were also saying that there were no asymptomatic infections. And, that was something I was waiting for. Because, once you have a disease that can spread asymptotically, your methods for controlling the disease need to change completely.

Towards the end of February, it became clear that this was happening and it could not be handled the same way as SARS had been. All of the initial recommendations of hand-washing and social distancing came from our understanding of SARS. But, asymptomatic infection is when masks enter the picture and become even more important. Now we also know that it is not just a droplet infection, you produce aerosols as well.

### **Was the lockdown necessary?**

If we had a situation where everybody followed government instructions, then there would have been no need for a lockdown. Countries such as Vietnam, Thailand, and Japan have all shown that it is possible to manage without the lockdown as long as you have the resources, the ability and the commitment. I think the lockdown was necessary because it conveyed to the people that it is a serious issue and it stopped the movement of people. It also had many unintended consequences like what happened to livelihoods, what happened to migrant workers. It also created a fear in the minds of people, leading to stigmatisation.

I was really worried about the government-controlled testing of Sars-Cov-2. When they set up testing in January, it was only NIV doing the testing, only NIV confirming it. And, that is impossible for a country the size of India. Private labs were not even allowed to establish testing until the end of March with the lockdown. So, you say you can start the testing now and you lock the country down when all the kits are imported. Fortunately, testing has opened up.

All kinds of things were done which were a waste of effort and a divergence from the critical issues like ramping up testing as quickly as possible. If the lockdown had been a lockdown where imports were still allowed, it would have been better. I think now the government is clear that it does not want to be caught in that situation. Diversification of the supply chain is definitely something we should be thinking about.

### **What do we need to do to prepare for a future pandemic?**

The one thing that we should learn from this pandemic is the value of large clinical trials. If you go to the clinical trials registry of India, currently, there are hundreds of trials for different drugs registered. All of them are recruiting just about 100 patients. If you take a tiny number of people, you have a bad study design, you know what you what to prove, and guess what, your study actually proves what you want it to.

We need to create clinical trial networks for drugs, vaccines, and procedures not just for infectious diseases, but cancer, orthopaedics, cardiology and so on. We should fund one large study rather than 30 smaller studies.

Then, there is surveillance. We need “one health” surveillance looking at both animals and humans. It can be done separately but the data needs to be shared. There is a need for an integrated data syste



Experts have also called for faster pace of vaccination in areas witnessing an increase in the number of cases. Dr Randeep Guleria, director, All India Institute of Medical Sciences had told HT last week that people in the high-risk groups residing in regions seeing a spurt in infections should be immunised quickly “as it will help in decrease mortality and hospitalisations

### **Covaxin (The Asian Age: 2021302)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15440718>

V-P, Shah, VIPs get jab too ■ Mantris, MPs urged to take shot in their seats

# PM takes Covaxin 1st dose as Phase 2 of vaccinations start

AGE CORRESPONDENT  
with agency inputs  
NEW DELHI, MARCH 1

The second phase vaccination drive to cover the general population above 60 years and those above 45 with co-morbidities began Monday with Prime Minister Narendra Modi and some of his Cabinet ministers taking the first dose of the anti-Covid jab. The 70-year-old PM took the first dose of the indigenously made Covaxin at New Delhi's AIIMS to launch the second phase drive.

"Took my first dose of the Covid-19 vaccine at AIIMS. Remarkable how our doctors and scientists have worked in quick time to strengthen the global fight against Covid-19. I appeal to all those who are eligible to take the vaccine. Together, let us make India Covid-19 free!" the PM tweeted after taking the vaccine shot.

The decision to take the Covaxin shot by the PM was intended to quell the apprehensions and suspicion over the India-made vaccine as several Opposition leaders have questioned its safety and efficacy. The government has given emergency use authorisation to Bharat Biotech, which has developed Covaxin in collaboration with the Indian Council of Medical Research-National Institute of Virology.



Prime Minister Narendra Modi is administered the first dose of Covaxin at AIIMS in New Delhi on Monday. Nurse P. Niveda from Puducherry, who administered the vaccine, said the PM had remarked after getting the shot: 'Laga bhi diya, pata bhi nahin chala'. — PTI

"He took the Made in India Bharat Biotech Covaxin, vaccine and showed that both vaccines are safe and efficacious. We must come forward and take whichever vaccine is available. There has been controversy comparing one vaccine to the other, that has also been laid to rest today," said Dr Randeep Guleria, the director of AIIMS.

Along with the PM, top political figures including vice-president M. Venkaiah Naidu, home minister Amit Shah, external affairs minister S. Jaishankar, NCP

**THE DECISION** to take the Covaxin shot by the PM was intended to quell the apprehensions and suspicion over the India-made vaccine as several Opposition leaders have questioned its safety and efficacy.

patriarch Sharad Pawar, his daughter and MP Supriya Sule, Rajasthan governor Kalraj Mishra, Odisha CM Naveen Patnaik and Bihar CM Nitish Kumar also got vaccinated. The vice-president took the

jab at the Government Medical College in Chennai.

Supreme Court judges and their family members will get the vaccine jabs on Tuesday. Health minister Harsh Vardhan also announced he will take the shot on Tuesday.

During his brief stay at the hospital, the PM chatted with the nurses and other staff and even cracked jokes with them. One of the nurses who administered the vaccine to him, P. Niveda, said the

■ Turn to Page 4

**Coronavirus Vaccination (The Asian Age: 20210302)**

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15440501>

# 2nd phase of coronavirus vaccination drive begins

AGE CORRESPONDENT  
NEW DELHI, MARCH 1

The second phase of the Covid-19 vaccination drive began on Monday in the national capital as elderly people received their first shots of the vaccine, officials said.

In the first phase, starting January 16, over 3.6 lakh beneficiaries comprising healthcare workers and frontline workers have been vaccinated in Delhi. More than 80 per cent of Delhi police personnel have also received the first dose of Covid-19 vaccine.

On Monday, the drive began to give jabs to persons aged 60 and above and those in the 45-59 age bracket with comorbidities.

"A total of 15 senior citizens have been given vaccine shots at our centre till late morning, many of them came supported with a walking stick. It is heartening to see elderly people getting vaccinated as they are a vulnerable population," a senior official of the Rajiv Gandhi Super Speciality (RGSS) hospital said.

The official said the drive was to start around 12 noon but many elderly people had started queuing up by 10.30 am only, so it was started a bit earlier than the scheduled time.



Senior citizens wait to receive the first dose of Covid vaccine during the second phase of a countrywide inoculation drive in New Delhi on Monday.

— PTI

Nine persons also received their second shots till late morning, the official said.

The second phase of the Covid-19 vaccination drive is slated to span 192 health facilities, including 136 private hospitals in the national capital on Monday, officials said on Sunday.

The vaccines will be administered free of cost at government hospitals and health centres, while up to ₹250 per dose will be charged at private health facilities including ₹100 service charge per dose.

Appointment for vaccination can be booked through the Co-WIN 2.0 portal. A mobile number cannot be used for making more than four registrations, officials said.

People within the age group of 45-59 years with comorbidities are required to produce a comorbidity certificate signed by a registered medical practitioner.

A total of 20 comorbidities have been specified for the purpose of vaccination, the officials said.

People eligible for vaccination also have to carry their photo identity cards, including Aadhaar card and voter card.

More than 80 per cent of Delhi police personnel have received the first dose of Covid-19 vaccine, officials said on Monday.

According to a senior police officer, a total of 66,246 police personnel have got the first dose of coronavirus vaccine till 7.00 pm on Friday.

## **Simulator sicknesses**

### **Yes, you can get ‘simulator sickness’ from playing video games (The Hindu: 20210302)**

<https://www.thehindu.com/sci-tech/health/simulator-simulation-sickness-nausea-cybersickness-video-games/article33962448.ece>

Feeling unsettled and nauseous during a session of Need For Speed or Assassin’s Creed? We break down this ‘cybersickness’, and how you can alleviate your symptoms

The lockdown and the launches of gaming smartphones and the new Xbox and PlayStation consoles saw a groundswell of new and/or returning gamers. The immersive past-time became an outlet for many in a time of loneliness and distancing but it also brought an unhealthy product of its own: simulation or simulator sickness, a type of ‘cybersickness’.

## **Coronavirus | Comorbidities**

### **Coronavirus | Comorbidities list for vaccine eligibility seen as too narrow (The Hindu: 20210302)**

<https://www.thehindu.com/sci-tech/health/coronavirus-comorbidities-list-for-vaccine-eligibility-seen-as-too-narrow/article33965547.ece>

India, as part of the second phase of vaccination, made people aged over 60 years and those above 45 years with comorbidities eligible to get a vaccine from March 1 | Photo Credit: PICHUMANI K

Focus on severe ailments, combination of diseases excluding many: experts

The Union Health Ministry’s list of 20 comorbidities that make people in the 45-59 year age group eligible for a COVID-19 vaccine is seen by some medical professionals as too narrow.

“The list of comorbidities provided by the Health Ministry is overly restrictive and complicated. Many conditions, including obesity, have been left out,” said Dr. Gagandeep Kang, Professor of Microbiology at CMC Vellore.

“The focus seems to be on people with severe diseases and combination of comorbidities,” Dr. Anant Bhan, a researcher in global health and bioethics based in Bhopal said.

Hypertension is one of the common conditions that increases the risk of progressing to severe COVID-19 disease and even death. However, people with hypertension alone are not eligible unless it is accompanied by other diseases such as diabetes or conditions such as angina. “The initial focus has been on severe forms of a disease or condition. In a month or two, we may see less severe forms of diseases included,” says Dr. D. Prabhakaran from the Public Health Foundation of India (PHFI), Delhi and one of the two members who prepared the list for cardiovascular diseases. There were two members for each thematic disease who prepared a list, and the final list was prepared based on suggestions from each group, he said.

Across the world, people with comorbidities have been identified as a high-risk group wherein the person infected with SARS-CoV-2 virus has a greater chance of becoming critically ill and even dying. The risk is higher in older people with comorbidities. India, as part of the second phase of vaccination, made people aged over 60 years and those above 45 years with comorbidities eligible to get a vaccine from March 1.

Besides being restrictive, the focus is on people with more than one comorbidity. With each comorbidity increasing the chances of severe disease and death, focusing on people with more than one comorbidity would have been acceptable in case of vaccine shortage. But with millions of doses of both vaccines already available in India, it is not clear why the focus is on diseases at an advanced stage, said Dr. Giridhara Babu, epidemiologist at PHFI, Bengaluru.

Many unaware

“Large sections of the population don’t even know if they have comorbidities. It would have been better had we followed the U.K example, which has gone with age bands instead of comorbidities,” Dr. Kang added. “It would have been easier to cover more people at risk with age cut-offs.”

Diabetes is one of the major comorbidities resulting even in death in COVID-19 patients. However, only those with over 10 years of diabetes plus hypertension are eligible for vaccination. Similarly, only those with end-stage kidney disease and on haemodialysis are included. People with stroke are eligible only if they also have hypertension or diabetes. However, many suffer from stroke caused by aneurysm or haemorrhage caused by arterial block in the brain even in the absence of hypertension or diabetes.

While asthma and chronic obstructive pulmonary disease (COPD) have not been specified, the list includes those using corticosteroids for a “prolonged period” as being eligible. How long is “prolonged” is not defined.

Dr. Prabhakaran said there is evidence that people with more severe forms of disease are at a greater risk of dying or becoming critically ill with COVID-19 disease and hence the focus has been on vaccinating these people on priority. Dr. Bhan said when vaccinating people with severe disease, there should be greater vigilance for serious adverse events and safety.

Unlike other diseases, more conditions of cardiovascular disease have been included. “Cardiovascular disease is a spectrum, which may not be the case for other diseases,” Dr. Prabhakaran explained.

“They should have ideally included people in institutional care, like people with mental health conditions or those accessing healthcare facilities often as these people are at higher risk,” says Dr. Bhan.

## **Fruit juices and fruits:**

### **Fruit juices and fruits: What is the best time to have them? (The Indian Express: 20210302)**

<https://indianexpress.com/article/lifestyle/health/fruit-juices-vs-fruits-when-is-the-best-time-to-consume-7180774/>

You can regularly consume high fibre fruits that are low in sugar such as apple, pear, orange, sweetlime, guava, papaya, peach and plum. However, limit intake of high sugary fruits -- grape fruit, berries, banana, mango, chickoo -- to twice a week

juices and fruits, fruit vs fruit juices, fruit juices types, when to have fruits, fruits dietary benefits, indianexpress.com, indianexpress,Here's what a nutritionist suggests. (Source: Getty Images/Thinkstock)

Fruits and fruit juices are considered healthy and hence advised to be consumed as part of one's daily routine. But one needs to take care of how and when they are consumed for optimum nutritional benefits. This is because fruit juices are high in sugar that can lead to increased blood sugar levels and insulin spike resulting in high-fat percentage in the body and hence, weight gain, as per nutritionist and lifestyle educator Karishma Chawla.

Fruit juices are sometimes also categorised under the spectrum of sugary sodas since they are high on sugar, mentioned Chawla.

“Fruit juices are often consumed on a raw food diet, most likely in the summers where the body prefers more cooling foods like fruits, smoothies and salads. But, the emphasis should be on cooling foods that are healthy, rather than indulging in fruit juices that are high in sugar and override the nutritional benefits of the fruit itself,” she said.

According to the nutritionist, fruit juices can be consumed post a vigorous exercise session to replenish the body with the necessary nutrients and natural sugars.

\*Fruits are the seed-bearing structures formed from the ovary after flowering. They are generally fleshy and are highly valued for their distinctive flavour, taste, freshness, juiciness, colour, texture and nutrition. They are considered to be very healthy and are widely consumed when one is not feeling well, attributing to the presence of numerous phytochemicals and other bioactive compounds,” said Chawla.

\*Fruits are best consumed whole rather than in juice form. Whole fruit is high in fibre and does not lead to high blood sugar levels or insulin spike.

\*The best time to consume fruits is in the first half of the day. Ideal thing would be to finish consuming fruits by 12 pm.

\*Fruits must be avoided over a meal since it will result in a further increase in blood sugar levels. Also, fruits after a meal can lead to indigestion and discomfort.

\*Fruits can added to vegetable smoothie to add natural sugar to the drink and also detoxify the liver. You can make a smoothie of spinach with apple, orange or some berries with some ginger and a pinch of salt.

healthy eating, healthy foods, cancer, cancer diet, healthy diet for cancer patients, fruits and vegetables in diet, health, cancer, indian express news Are you having fruits on time? (Photo: Pixabay)

\*Fruits can be eaten as a fruit salad with some herbs, spices and salt.

\*One can combine fruits as a mid-filler in the morning with healthy nuts like almonds and walnuts or a source of protein like eggs

It is a good idea to regularly consume high fibre fruits that are low in sugar such as apple, pear, orange, sweetlime, guava, papaya, peach and plum. Limit the intake of high sugary fruits — such as grape fruit, berries, banana, mango, chickoo — to twice a week.

### **Vaccine (Hindustan: 20210302)**

[https://epaper.livehindustan.com/imageview\\_672709\\_85255576\\_4\\_1\\_02-03-2021\\_4\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_672709_85255576_4_1_02-03-2021_4_i_1_sf.html)

# टीके के लिए बुजुर्गों में दिखा युवाओं जैसा उत्साह



कोरोना टीकाकरण के तीसरे चरण की शुरुआत सोमवार से हो गई। पहले दिन टीका लगवाने के लिए बुजुर्गों में युवाओं जैसा उत्साह नजर आया। दूर-दराज के इलाकों से भी लोग पंजीकरण कराकर वैक्सीन लगवाने पहुंचे। हालांकि कुछ बुजुर्गों को कोविन पोर्टल पर पंजीकरण करने में परेशानी पेश आई, लेकिन अस्पतालों में मौके पर पंजीकरण की सुविधा से उन्हें लाभ मिला। दिल्ली के अलग-अलग टीकाकरण केंद्र से प्रस्तुत है हिन्दुस्तान टीम की रिपोर्ट...

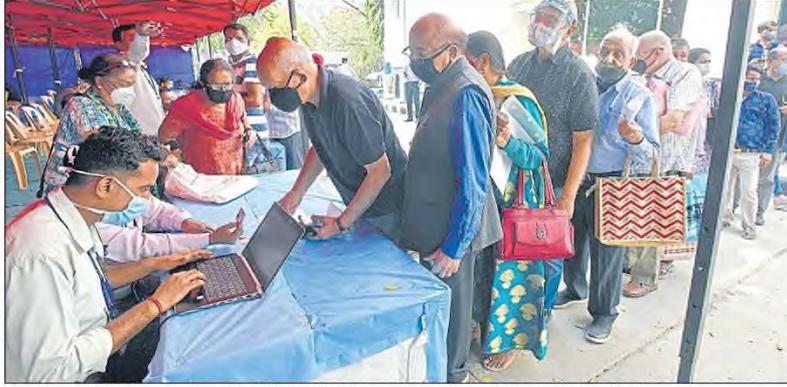
## वैक्सीन से पहले जांच की गई

12:00 बजे दोपहर

मीमराव अंबेडकर अस्पताल

डॉ. भीमराव अंबेडकर अस्पताल में मौके पर पंजीकरण की व्यवस्था की गई थी। आधार कार्ड आदि से पंजीकरण किया जा रहा था। टीका लगाने से पहले बुजुर्गों की रक्तचाप, मधुमेह, हृदयगति आदि की जांच की गई।

बुजुर्गों से उनकी मेडिकल हिस्ट्री को लेकर फार्म भरवाया गया। टीका लगाने के बाद 30 मिनट तक ऑब्जर्वेशन रूम रखा गया। चिकित्सा अधीक्षक ने बताया कि सभी तैयारियां पूरी हैं। भीमराव अंबेडकर अस्पताल में दोपहर 12 बजे तक लगभग 50 बुजुर्गों ने टीका लगवाने के लिए पंजीकरण करा लिया था।



कोरोना टीकाकरण के तीसरे चरण के पहले दिन सोमवार को साकेत स्थित मैक्स अस्पताल में वैक्सीन लगवाने के लिए पंजीकरण कराते बुजुर्ग। • सजीव दर्शन

5176 बुजुर्गों ने सोमवार को टीका लगवाया

15521 लोगों को कोरोना वैक्सीन लगाई गई

## तीन हजार लोगों ने ली वैक्सीन की दूसरी डोज

टीकाकरण के तीसरे चरण के पहले दिन सोमवार को 60 वर्ष से अधिक उम्र के 5176 लोगों को टीका लगा, वहीं 45-59 वर्ष के गंभीर बीमारी वाले 1009 लोगों ने वैक्सीन लगवाई। सोमवार को शाम छह बजे तक कुल 15521 लोगों का टीका दिया गया। वहीं 4296 फ्रंटलाइन कर्मचारियों, 1954 स्वास्थ्यकर्मियों और तीसरे चरण में 45 से अधिक उम्र वाले लोगों की संख्या 6185 थी। दूसरी डोज लेने वाले कर्मियों की संख्या 3086 रही।