



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 202104013

India records 1,61,736 Covid infections, 879 deaths (The Tribune: 202104013)

National Covid recovery rate drops to 89.51 per cent

<https://www.tribuneindia.com/news/nation/india-records-1-61-736-covid-infections-879-deaths-238515>

A total of 1,61,736 new coronavirus infections have been reported in a day pushing India's tally of cases to 1,36,89,453, while the national Covid recovery rate dropped further to 89.51 per cent, according to data updated by the Union Health Ministry on Monday.

The death toll increased to 1,71,058 with 879 new fatalities, the data updated at 8 am showed.

Registering a steady increase for the 34th day in a row, the number of active cases rose to 12,64,698, or 9.24 per cent of the total infections.

The active caseload was at its lowest at 1,35,926 on February 12, 2021 and it was at its highest at 10,17,754 on September 18, 2020.

The number of people who have recuperated from the disease surged to 1,22,53,697, while the case fatality rate has dropped further to 1.25 per cent, the data stated.

According to the Indian Council of Medical Research, 25,92,07,108 samples have been tested up to April 12, of which 14,00,122 were done on Monday.

The 879 new fatalities include 258 from Maharashtra, 132 from Chhattisgarh, 72 each from Delhi and Uttar Pradesh, 55 from Gujarat, 52 each from Karnataka and Punjab, 37 from Madhya Pradesh, 25 from Rajasthan, 19 each from Tamil Nadu and Jharkhand, 14 each from Haryana and West Bengal, and 11 each from Andhra Pradesh and Kerala.

A total of 1,71,058 deaths have been reported in the country so far, including 58,245 from Maharashtra, 12,941 from Karnataka, 12,927 from Tamil Nadu, 11,355 from Delhi, 10,414 from West Bengal, 9,224 from Uttar Pradesh, 7,559 from Punjab, and 7,311 from Andhra Pradesh. PTI

Indian-American frontline health-care professionals

Indian-American frontline health-care professionals in Green Card backlog hold protest at US Capitol (The Tribune: 202104013)

<https://www.tribuneindia.com/news/nation/indian-american-frontline-health-care-professionals-in-green-card-backlog-hold-protest-at-us-capitol-238517>

Indian-American frontline health-care professionals in Green Card backlog hold protest at US Capitol

Urging American lawmakers to pass a legislation that ends the archaic per country quota for legal permanent residency in the US, a group of frontline Indian-American healthcare professionals, stuck in the 150-plus-year Green Card backlog, held a peaceful demonstration in front of the Capitol.

A Green Card, known officially as a Permanent Resident Card, is a document issued to immigrants to the US as evidence that the bearer has been granted the privilege of residing permanently in the country.

In a joint statement on Monday, the Indian-American doctors said that they are in a 150-plus-year Green Card backlog due to archaic country caps that allows no nation to get more than seven per cent of employment-based green cards.

“India is a land of a billion plus people but the number of green cards it gets is the same as a country as small as Iceland. There is no cap on H-1B visa though and Indians make 50 per cent of the H-1B work force. This discrepancy between H-1B and green cards has created an inhuman backlog that is adversely affecting our professional and personal lives,” they said.

Indian IT professionals, most of whom are highly skilled and come to the US mainly on the H-1B work visas, are the worst sufferers of the current immigration system. which imposes a seven per cent per country quota on allotment of the coveted Green Card or permanent legal residency.

The protesters said that the fairness bill removes country caps and allots green cards as a first come first serve basis. It passed in the House of Representatives by 365 votes in 2019 and its Senate equivalent S386 passed the Senate in 2020. Now the bill is back to the House as a modified version.

They urged Congresswoman Zoe Lofgren to bring it to vote as a bipartisan solution to end the suffering of skilled professionals.

“The Green Card backlog is taking a toll on the frontline health care workers and their families. They are living in fear and anxiety,” Dr Namita Dhiman, a child and adolescent psychiatrist said.

“US President Joe Biden should end the Green Card backlog by allowing USCIS (United States Citizenship and Immigration Services) to utilise unused green cards from the past years for the frontline healthcare workers in the backlog,” she said.

“COVID-19 has been brutal to frontline healthcare workers and the green card backlog makes it miserable. This is leading to serious mental health issues in this group,” Dhiman added.

Baltimore-based Dr Santanu Samanta, a radiation oncologist, said he feels threatened about the consequences to his family and his job, if there is no change brought in the Green Card system.

Covid infectivity among older age groups

Chandigarh sees increase in Covid infectivity among older age groups (The Tribune: 202104013)

<https://www.tribuneindia.com/news/coronavirus/chandigarh-sees-increase-in-covid-infectivity-among-older-age-groups-237821>

Chandigarh sees increase in Covid infectivity among older age groups

Photo for representation only

There has been an increase in infectivity rate among older age groups in Chandigarh in the past two months.

The positivity rate among 60 years and above has risen by 4 per cent since February, while 2 per cent increase in infectivity has been observed in the 51 to 60 year age group.

In the last few days, the daily cases in the city are touching the 400-mark. The positivity rate has also jumped to 13 per cent amid a massive spike in cases.

A majority – 40 per cent – of those who are getting infected are in the age group of 20 to 40 years. However, the trend remains similar to what was observed before February.

“Most of the infections are among older adults, and it has been seen that many of those infected are suffering from non-communicable diseases,” said Prof JS Thakur, Department of Community Medicine, PGIMER.

“The elderly groups are also most susceptible to infection,” said Prof Thakur, adding “as far as youngsters are concerned, they contract infection owing to not following Covid-19 appropriate behaviour”.

Due to rise in infectivity among the elderly, the fatality rate is also higher in this age group.

Seventeen persons in the city have succumbed to Covid-19 in the last 10 days, and a majority of those who died of the infection were aged above 60 years.

In the last one week, the number of new infections has grown by an average of 1.2 per cent every day.

For every 100 confirmed cases, 88 have recovered from the virus and 11 are currently infected.

The positivity rate among those aged 60 years and above has risen by 4% since February, while 2% increase in infectivity has been observed in the 51 to 60 age group.

Covid-19 2nd wave

Where is 2nd wave bigger than first? (Hindustan Times: 202104013)

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

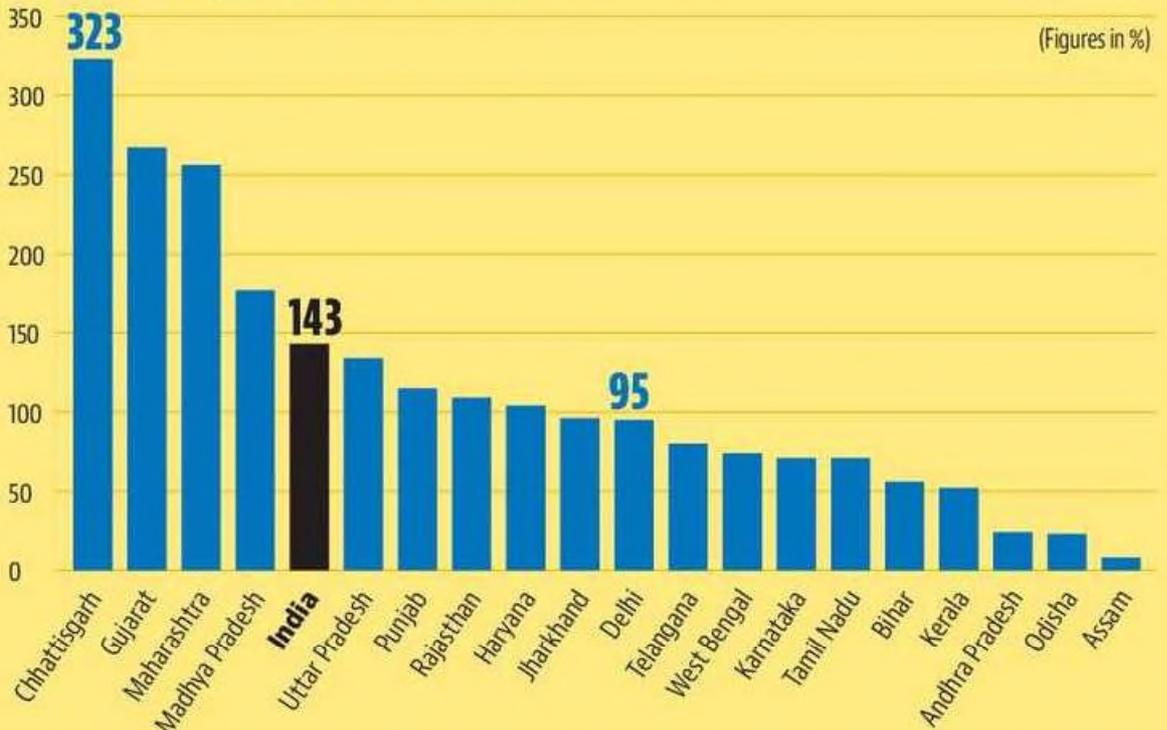
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Second wave bigger than first in nine states/UTs

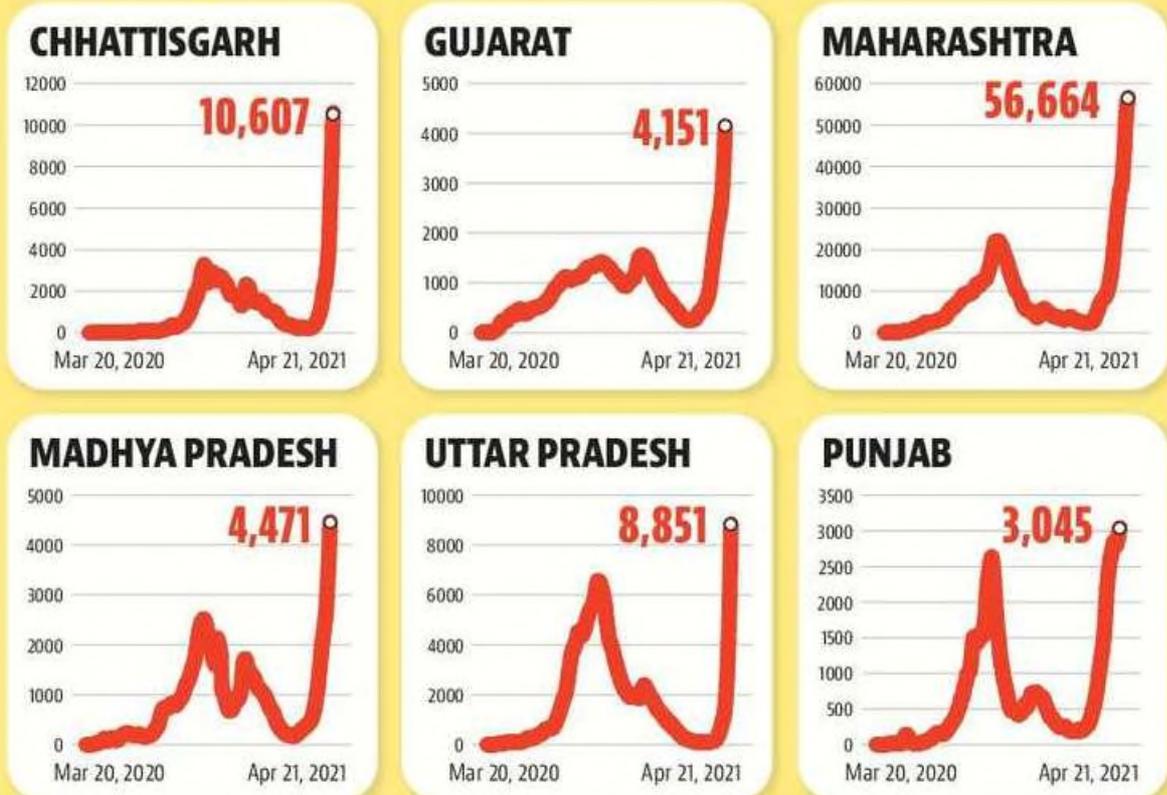
By April 11, the second wave was bigger than the first in eight states – Chhattisgarh, Gujarat, Maharashtra, Madhya Pradesh, Uttar Pradesh, Punjab, Rajasthan, and Haryana – and the Union territory of Chandigarh. In the first four states, the current seven-day-average of cases is 1.8 to 3.2 times their peak seven-day averages. This is 1.4 times for India as a whole. The current rising wave of cases in Jharkhand, Delhi, Goa and Telangana (especially the first two) means that these too might soon overtake their previous peaks. In these states, the current average is 80% of their earlier peaks.

Current avg. of new cases as % of biggest peak before second wave

Current avg. is 7-day average of cases on April 11



7-day average of Covid-19 cases



With new cases hitting a fresh high almost every day, India is currently climbing the second wave of Covid-19 infections at a much faster rate than the first. The second wave is also much taller than the first wave at the nationwide level. The seven-day average of new cases was 133,918 on April 11. This is 1.4 times the weekly average of 93,617 India hit on September 16 last year at the peak of the first wave. Is the second wave larger than the first everywhere? Are the states testing enough?

Sputnik V gets India nod (Hindustan Times: 202104013)

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

The third shot

About the dose
Maker: Moscow-based Gamaleya Institute
Doses: 2
Platform: Adenovirus vector

91.6%
Efficacy

\$10
Price per shot (expected)

59
countries have approved (excluding India)



Collaboration in India

Company	Deal for	Expected supply
Dr. Reddy's	Marketing 100 mn doses in India	Soon after approval
Stelis Biopharma	Producing at least 200 mn doses	Q3, 2021
Gland Pharma	Producing up to 252 mn doses	Manufacturing to begin in Q3, supply in Q4, 2021
Hetero Biopharma	Producing at least 100 mn doses per year	Production slated to begin early 2021
Panacea Biotec	Producing 100mn doses a year	To be disclosed
Virchow Biotech	Producing up to 200 mn doses per year for global supply	Full scale production by end of Q2, 2021

How it works

- Uses adenovirus (similar to J&J and AstraZeneca) to carry code for Sars-Cov-2 spike
- But key distinction is in use of a different adenovirus for booster shot, increasing likelihood for S protein code to go through in case first dose triggers immunity to vector (instead of the intended pathogen)

700 mn+
Total doses in all deals



An expert panel of India's drugs regulator on Monday recommended emergency use approval of Russia's Sputnik V coronavirus vaccine, according to officials, paving the way for the country to have access to a third vaccine at a time when several regions are reporting shortages and as infections continue to surge.

The recommendation, issued by the subject expert committee (SEC), now awaits a formal approval by the drugs controller general of India (DCGI), who heads the Central Drugs Standards Control Organisation (CDSCO). SEC analysed data from Sputnik V's full clinical trials in Russia as well as a smaller bridging study in India.

"The final decision on the approval will be of the drugs controller general of India. Normally, the drugs controller adheres to the SEC recommendations. The vaccines for initial use might be imported but it is for the companies to decide eventually. It always helps to have multiple options to choose from when you are trying to control a pandemic," said a senior government official, asking not to be named.

The vaccine's efficacy is pegged at 91.6% based on the final assessment of clinical trials in Russia, where roughly 20,000 people were part of the Phase 3 study. In India, the vaccine is being tested in 1,600 people in a phase 2/3 trial meant as a "bridging study" that all foreign-made pharmaceutical products need to undergo.

The bridging study in India is being carried out by Dr Reddy's Laboratories, which also has a contract to distribute 100 million doses once the final approvals are in place. The Russian Direct Investment Fund (RDIF), which is marketing the vaccine globally, is expected to supply the first doses to Dr Reddy's shortly after the approval.

According to a pharma industry representative asking not to be named, India is yet to formalise any procurement order with Dr Reddy's. "Dr Reddy's is in talks with the government regarding procurement for a few months but nothing has been formalised yet. The modalities of distribution will be worked out only after they see the contours of approval granted to them," said this person.

A spokesperson for Dr Reddy's said the company is yet to receive confirmation of emergency use authorisation (EUA) from the government. "Dr. Reddy's and RDIF are working diligently with the Indian regulatory authorities to obtain the approval for Sputnik V. We are fully committed to playing our part in India's fight against Covid," said the company in a statement. In addition to Dr Reddy's, RDIF has tied up with five Indian pharma companies. All of the other deals are for production of the vaccine in India.

Stelis Biopharma, one of the companies, said "no separate bridging study" will be required for it to produce the doses once the vaccine is approved. "Stelis will work towards the supply timelines (Q3 of 2021). Beyond this, the company is not in a position to share any further

details for now,” said Strides Pharma, the parent company of Stelis, in response to an emailed query.

The others include Gland Pharma, Hetero Biopharma, Panacea Biotec and Virchow Biotech. These companies did not respond to requests for a comment. Russian foreign minister Sergey Lavrov said last week that RDIF has deals with several Indian companies to locally make 700-750 million doses of Sputnik V.

Experts welcomed Monday’s development, saying any additional dose to be cleared will be a big boost for India’s coronavirus vaccination programme. “All additional vaccines will help the programme. It is the number of doses we will get, rather than the efficacy numbers from clinical trials, that matter,” said Dr Gagandeep Kang, one of the top vaccine experts in India.

Since January 16, India has given out close to 106 million doses to become the country with the fastest vaccination drive. But the country has one of the largest populations to reach in the world, a challenge that became stark in recent weeks as a surge in cases drove people to vaccination centres, many of which ran out of doses.

Sputnik V has been the front-runner for approval in India after Bharat Biotech’s Covaxin and Oxford University-AstraZeneca AZD1222 (which is marketed as Covishield and manufactured by Serum Institute of India in the country) were approved in January. Bharat Biotech has previously said it has an annual production capacity of 700 million doses, while SII has said it can make 1 billion doses a year, of which 50% it wants to set aside for India. The deal from AstraZeneca requires SII to manufacture the vaccine and supply it at a no-profit price to low and middle-income countries.

According to press statements issued at the time, the deals between RDIF and Indian manufacturers include up to 952 million doses, although it is not clear how much of this quantity will be licensed for sales in India.

Sputnik V has been approved in 59 other countries.

Developed by the Gamaleya National Research Institute of Epidemiology and Microbiology, Sputnik V is based on an adenovirus platform, similar to the Oxford-AstraZeneca dose, but it uses different adenoviruses that its makers say will help boost its efficacy.

The vaccine was looked at with suspicion initially for having been developed in haste but scientists later endorsed it following assessment of the Phase 3 clinical trials.

Covid-19: What you need to know today (Hindustan Times: 202104013)

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

In the seven days to Sunday night, India added an average of 133,918 coronavirus disease cases a day. India has overtaken Brazil to the second spot in terms of overall cases (since the start of the pandemic), and is surging ahead. It is also the country that’s adding the most cases a day right now. The current weekly average national positivity rate (based on Sunday’s number) is 9.9%, and rising – far higher than the 5% (and declining) level which indicates that things are getting better.

Nor is the problem solely with Maharashtra, although that state remains an outlier in terms of both cases and deaths (3.4 million cases and 57,987 deaths in all; 63,924 cases and 349 deaths on Sunday). On Sunday, 63% of India's 170,100 cases came from states and Union territories other than Maharashtra. Based on Sunday's numbers, nine states and Union territories are seeing their highest numbers (seven-day averages) ever in terms of cases, with two more likely to join the list soon; five have average positivity rates in excess of 10%, and 18 in excess of 5%. India is now seeing a surging second wave, much like the ones the US and Brazil did.

India is currently vaccinating 3.4 million people on average a day (based on a 7-day average till Sunday night). Over the weekend, it crossed the 100-million mark in terms of vaccine doses administered (and was the fastest to do so across countries that have reached the milestone). That number breaks down into 12.9 million people who have received both doses of vaccines, and 78.5 million who have received one. At least nine of every 10 people receiving a vaccine have been administered Covishield, the Indian version of the AstraZeneca/Oxford vaccine. Even those who receive one shot of the vaccine get significant protection from severe infection and death, so over 91 million Indians can be considered safe – although some of them can still be infected, and many may still be able to transmit the virus to others. HT's calculations show that by the end of July, India is likely to have administered two doses to 244 million people, and one dose to 290 million more. That's a significant number. The question is, will we have to wait till July to see off the second wave? That may not be required because of non-pharmaceutical interventions (or NPIs as people have begun terming them) such as the wearing of masks, the washing of hands, and, most importantly, social distancing (the one thing all of India, the governors and the governed, forgot). The calculation is rendered further complex by the extent of those infected in the first wave of the coronavirus disease (till early February), as estimated through so-called seroprevalence (or antibody) tests on a sample of the population. Surveys have put this number as high as 50% in some regions, and research has clearly established that the immunity that prior infections (even symptomatic ones) provide – this is called natural immunity – can last for at least six months.

How soon a region gets the second wave under control, then, is a function of several factors: extent of prior infections; progress of the vaccination drive; adherence to Covid-safety protocol; the scope of restrictions imposed by local, regional, and federal administrators; and, especially in the case of well-connected metros and large cities such as Delhi, Mumbai, and Bengaluru, the network effect where movement of people into and out of the city on a regular (almost daily) basis affects both infection and dispersal rates.

NPIs have several side-effects, too – the most dangerous being the impact they have on the economy. Already, those put in place to combat the second wave of the pandemic in India have seen the Nomura India Business Resumption Index, a measure of where business activities are when compared to pre-pandemic levels, fall to 90.7 on April 4, a level last seen in the third week of December, after peaking at 99.3 in February. Which is probably why the Union

government and state governments have to review their understanding of what is important and what isn't.

Health Care Services

In a first, 14 major pvt hospitals reserved for Covid-19 treatment (Hindustan Times: 202104013)

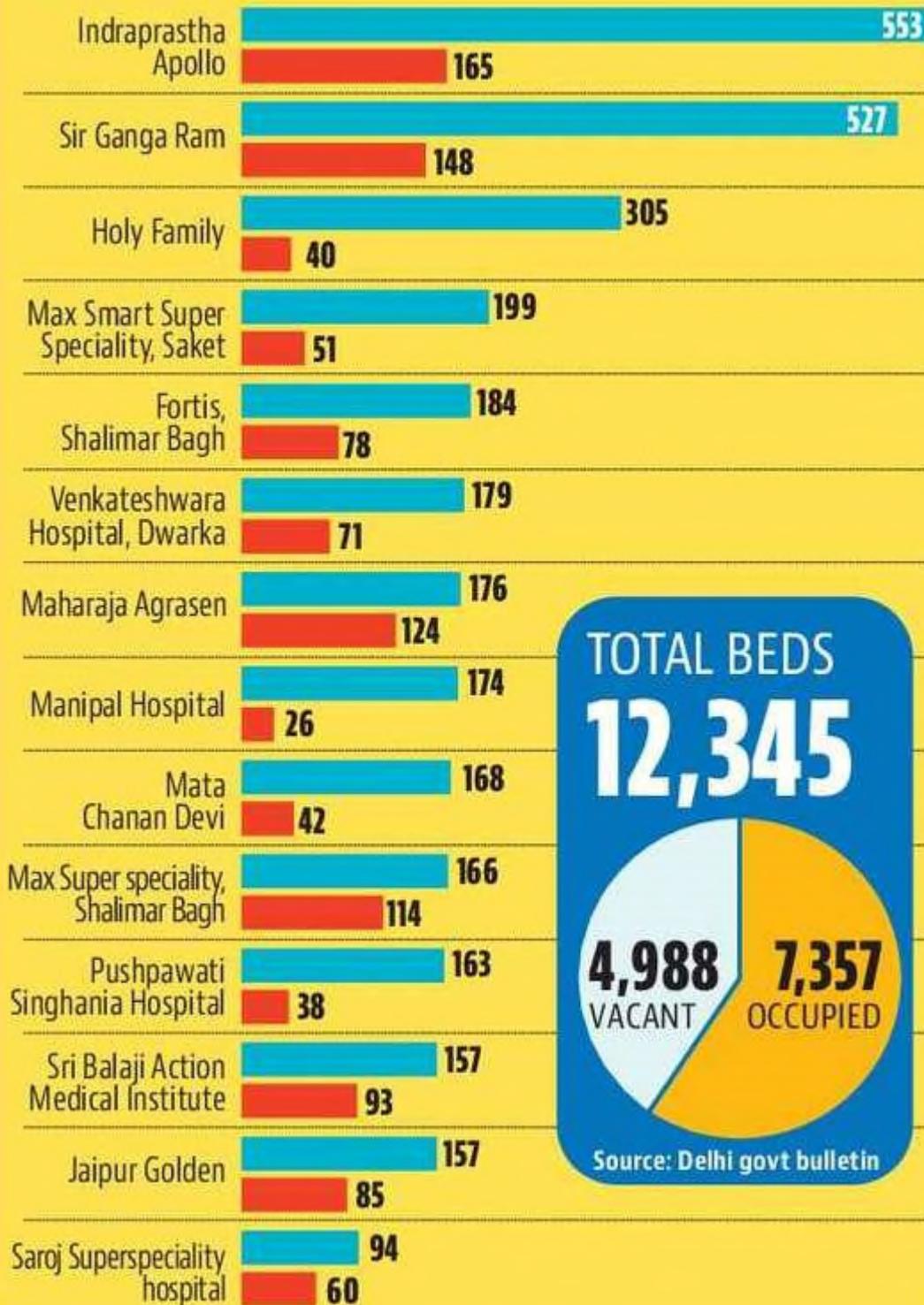
<https://epaper.hindustantimes.com/Home/ArticleView>



Medical professionals prepare beds inside the temporary Covid Care facility at Shehnai Banquet on Jawaharlal Nehru Marg. SANJEEV VERMA/HT PHOTO

Readying health infra

■ Ward beds ■ ICU beds



With the fourth wave of the pandemic breaking previous records in the Capital, and fatalities hitting levels not seen since December, the Delhi government on Monday converted 14 major

private hospitals and six government hospitals into dedicated Covid-19 treatment facilities. The action came hours after chief minister Arvind Kejriwal directed the state health department to increase the number of beds earmarked for patients with the viral infection. After Monday's orders, 2,653 beds have been added for Covid-19 treatment in the city, taking the total to at least 14,900 beds.

This is the first time the government has converted private hospitals into dedicated Covid-treatment facilities. These hospitals, including their outpatient departments and emergency units, will no longer be open for any non-Covid services — a move that some residents and experts fear will impact emergency hospital care in several areas.

The 14 private hospitals are Indraprastha Apollo hospital at Sarita Vihar, Max Super Specialty hospitals at Saket and Shalimar Bagh, Holy Family hospital in Okhla, Sir Ganga Ram Hospital in New Rajinder Nagar, Fortis hospital in Shalimar Bagh, Maharaja Agrasen hospital in Punjabi Bagh, Venkateshwar Hospital in Dwarka, Sri Balaji Action Medical Institute in Paschim Vihar, Jaipur Golden Hospital, Rohini, Mata Chanan Devi Hospital in Janakpuri, Pushpawati Singhania Hospital in Saket, Manipal Hospital in Dwarka and Saroj Super Specialty Hospital.

The six government hospitals are Rajiv Gandhi Super Speciality hospital, Burari Hospital, Deen Dayal Upadhyay Hospital, Deep Chand Bandhu Hospital, Dr Baba Saheb Ambedkar Hospital and Ambedkar Nagar Hospital. So far, only two government facilities — Lok Nayak and Guru Teg Bahadur hospitals — have been converted to Covid-19 facilities.

Infections touched another one-day high in the city on Monday, with 11,491 fresh cases. Daily deaths are now at their highest in nearly five months, with 72 more fatalities of the infection recorded on Monday.

The chief minister issued the directions after a review meeting with state government and district officials, after which he also urged people to follow Covid-19 appropriate behaviour, not rush to hospitals if they displayed mild symptoms, and get vaccinated if eligible.

Kejriwal also urged the Centre to double the number of beds for Covid-19 patients in all its hospitals in the city.

“We must ensure our bed availability in government and private hospitals is at par with what it was in November last year. We will request the Centre to increase Covid beds in its hospitals. Delhi's Covid situation is very serious. The fourth peak of the virus is turning out to be more dangerous. There should be no dearth of hospital beds,” Kejriwal said in a statement.

“What can we do? I have nothing to say,” a senior doctor from one of the 14 hospitals said, asking not to be named. A senior doctor from another hospital said, “Where will all the non Covid patients go, even those that need emergency care? They have left us with no room to treat them.”

Another official from one of the 14 hospitals said, “These are the big hospitals that provide specialised cancer, transplant and many other treatments. Everything will have to be stopped.”

A statement from Fortis hospital said, “We are awaiting details and more clarity on this order from the government.”

“Government hospitals have so many beds earmarked for Covid-19 patients, why is nobody going there? A pandemic is the responsibility of public health system. In one year, they should have added more oxygen beds, created more oxygen plants, brought facilities up to the mark. Instead, every time the cases go up, they reserve beds in private hospitals. The hospitals have

nothing against pitching in the fight, despite the price caps put in by the government,” said Girdhar Gyani, director general of Association of Healthcare Providers (India) (APHI).

He said, “This time, what the government has done has not only hurt the hospitals financially. It is inhuman. These are the biggest hospitals in their respective areas; if a stroke or a heart attack patient comes in, should the hospitals let them die? What about cancer patients, should they be asked to come back when it has progressed?... The doctor on duty should have the discretion to allow people with life-threatening conditions to receive treatment.”

He said the A PHI will go to the court on behalf of the hospitals. The organisation had earlier gone to court when 80% of the ICU beds had been reserved in the big private hospitals.

A senior official from the health department, who attended the meeting, said over 85% ICU beds were occupied in 57 of the 115 private hospitals in Delhi. The official also said that nearly all ICU beds were occupied in all of the city’s major private facilities.

“The situation of Covid ward beds is similar in the big private hospitals. Over 85% of the Covid ward beds are full in 32 of the 115 private hospitals,” said the official who requested not to be named.

The government on Monday also directed 19 private hospitals to reserve 80% of their total ICU beds for Covid-19 patients, while 82 other private hospitals have been told to reserve 60% of their ICU beds. Additionally, 101 hospitals have been asked to reserve 60% of their ward beds for Covid-19 patients.

Delhi health minister Satyendar Jain said the Centre should increase the number Covid-19 beds at their facilities as well, noting that the number of available beds is falling. “Currently, 1,090 Covid beds are available at central government-run hospitals, as compared to over 4,000 beds that were free in November 2020 during the third wave of the infection in the city,” he said.

Jain, however, allayed fears about the shortage of ventilators.

“There are only two types of beds — ICU beds and normal ward beds. A year ago, the number of ventilators was a major issue. But now we have HFNO (high-flow nasal oxygen) and Bi-Pap, which are as good as ventilators. Only 2-3% patients need ventilators. If a ventilator bed is occupied, it is counted as a patient being on a ventilator, but when it comes to the actual use of ventilators, that number is very low,” he said.

When asked whether large Covid Care Centres (CCCs) such as the one in 10,000-bed facility that opened in Chhattarpur last year will be reopened, Jain said such measures will be taken only if the situation demands.

In the meeting, the chief minister’s office said Kejriwal expressed concerns that people with very mild or no symptoms were occupying hospital beds, which health department officials said was leading to an increase in hospital bed occupancy. “He (Kejriwal) said beds should be kept free for patients with serious symptoms and that all other patients must be treated under home isolation,” the statement read.

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COVID-19 vaccinations

Salvaging strategy: On scaling up COVID-19 vaccinations (The Hindu: 20210413)

<https://www.thehindu.com/opinion/editorial/salvaging-strategy-on-scaling-up-covid-19-vaccinations/article34305596.ece>

Rational safety measures and scaled up vaccinations can rein in COVID-19
India's aggressive second wave of coronavirus infections marked by over

Vaccines

The Hindu Explains | Why are several States running low on vaccines as COVID-19 cases rise? (The Hindu: 20210413)

<https://www.thehindu.com/sci-tech/health/the-hindu-explains-why-are-several-states-running-low-on-vaccines-as-covid-19-cases-rise/article34292161.ece>

What is behind the alarming shortfall being faced by several States, and how long is it likely to last?

The story so far: Several States have been complaining of a shortage of COVID-19 vaccines. Their stocks, they say, would suffice for barely three to four days. On the other hand, the Centre admits that while supplies are limited, there is enough for everyone. However, it could not permit universal adult vaccination, said the government.

Health Services (The Asian Age: 20210413)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15525429>

■ Positivity rate rises to 12.44% from 9.43%; fatality rate highest since Dec. 5 when 77 deaths were recorded

Delhi records 11,491 Covid cases, 72 deaths

AGE CORRESPONDENT
NEW DELHI, APRIL 12

Delhi recorded 11,491 Covid-19 cases on Monday, the highest single-day surge in the national capital till date, while 72 more people died due to the disease, according to data shared by the health department.

The positivity rate rose to 12.44 per cent from 9.43 per cent a day ago. The 72 deaths are the highest since December 5 when 77 deaths were recorded.

The city had recorded 131 Covid-19 deaths on November 19, the highest single-day fatality count till date. The cumulative coronavirus case count stands at 7,36,888, and the death toll is now 11,355, according to the latest health bulletin.

The fresh cases came out of the over 92,397 lakh tests conducted the previous day.

On Sunday, the city had reported 10,772 cases and 48 deaths. Delhi recorded 7,897 Covid-19 cases and 39 deaths on Saturday. The positivity rate had also mounted to 10.21 per cent, breaching the 10-per cent mark for the first time this year.

The positivity rate was above 15 per cent in mid-November last year.

On Friday, 8,521 Covid-19 cases and 39 deaths were recorded in the national capital. This was also the first time that more than 8,000 cases were recorded in a day this year amid a massive spike in cases over the last few weeks.

On Thursday, the city recorded 7,437 cases. On the two preceding days, the number of cases stood above 5,000. The number of active cases rose to 38,965 from 34,341 a day before. The number of people under home isolation increased to 19,354 from 17,083 on Sunday while the number of containment zones increased to 6,175 from 5,705, the bulletin said.



Workers, wearing PPE, prepare beds inside an isolation ward for Covid-19 patients at Jawaharlal Nehru Marg in New Delhi on Monday. — PTI

14 pvt hospitals declared 'full Covid-19' facilities

New Delhi, April 12: The Delhi government on Monday declared 14 private hospitals in the city as "full Covid-19" hospitals and directed them not to admit any non-Covid patients till further orders.

These included Indraprastha Apollo Hospital in Sarita Vihar, Sir Ganga Ram Hospital, Holy Family Hospital, Max SS Hospital and Fortis Hospital in Shalimar Bagh.

Nineteen private hospitals have been directed to reserve at least 60 per cent of their ICU beds for Covid-related treatment.

Eighty-two private hospitals have been asked to reserve at least 60 per cent of their ICU beds for coronavirus patients, according to the order issued by the Directorate General of Health Services (DGHS).

Offices, Metro, bus services operate with 50% capacity

New Delhi, April 12: Offices, Metro and bus services in Delhi operated with 50-per cent capacity on Monday following the restrictions imposed by the AAP dispensation in view of the surge in Covid-19 cases in the national capital. The Delhi Disaster Management Authority (DDMA) had on Saturday night ordered the prohibition of all types of gatherings, a reduced number of people at weddings and

funerals, running of public transport at half of their seating capacity and a scaled down presence in government offices.

"Reports of a few passengers in many buses have been received, although some people have to wait at the bus shelters due to the restriction on the seating capacity. Buses are running with a few passengers or vacant, barring some routes," a DTC official said.

Further, 101 private hospitals are directed to reserve at least 60 per cent of their ward bed capacity for Covid-related treatment," the order read.

The health department, in another order, said the number of ICU beds without ventilator in six Delhi government-run hospitals has been increased to 487.

"There are now 1,813 non-ICU Covid beds in these hospitals as against 1,320 earlier."

— PTI

6th round of sero survey gets underway in Delhi

New Delhi, April 12: Amid an alarming rise in Covid-19 cases in Delhi, the sixth round of the serological survey, which seeks to find the prevalence of antibodies against coronavirus in people, got underway in the national capital on Monday.

Sources said around 28,000 samples, about 100 from each of the 272 wards, will be collected as part of the exercise.

Delhi has a population of over 2 crore spread across 11 districts. In the sixth

round of the sero survey, the vaccination history of participants will also be taken, the sources said.

The first sero survey was conducted by the Delhi government in association with the National Centre for Disease Control (NCDC) from June 27 to July 10 last year. As part of the exercise, 21,387 samples were collected and it was found that around 23 per cent of the participants had been exposed to coronavirus.

The outcome of the fifth

round of sero survey had found the prevalence of antibodies against coronavirus among over 50 per cent population of the city.

As part of the survey that ended in January, samples were collected from over 25,000 people from various districts of the city.

The exercise was undertaken for a comprehensive assessment of the Covid-19 situation in Delhi and to formulate strategies based on their findings.

— PTI

Non-adherence to Covid norms could be behind surge: AIIMS chief

New Delhi, April 12: People not adhering to Covid-appropriate behaviour and the circulation of highly infectious strains of SARS-CoV-2 could be the primary reasons behind the surge in coronavirus infections in India, AIIMS director Dr Randeep Guleria said on Monday.

He also warned that if the situation is not reversed, then the galloping infection rate will eventually cause a huge strain on the country's healthcare system. He sought stricter enforcement of Covid-appropriate behaviour on the ground level by the administration and authorities.

"Around February when cases started to decrease, people became lax towards following Covid-appropriate behaviour as they thought the virus had become ineffective. "People are taking the

disease lightly now. If you go out, you see that market places, restaurants and shopping malls are crowded and full of people and these all are super-spreader events," Guleria said.

Earlier, if one sick person was able to infect around 30 per cent of their contacts, this time those getting the disease are infecting a larger number of people, he said.

"So, the rate of spread of the infection is fast possibly due to the highly infectious and transmissible strains circulating," he added.

Various strains of SARS-CoV-2, including the UK, South Africa and Brazil variants, are circulating in India and have been termed as highly transmissible by experts. "We may lose the gains we have made so far if we do not pay heed now," he said.

— PTI

No school for Class 9 & 12 students: DoE

New Delhi, April 12: The Directorate of Education (DoE) on Monday clarified that students of classes 9 to 12 should not be called to school for classes or exams. The Delhi government had last Friday announced the same, however, a Delhi Disaster Management Authority order on Saturday night stated the opposite, prompting the department to issue a clarification.

"It is clarified that no student of class 9 to 12 should be physically called to school for exams, practicals or any academic and non-academic activity," the DoE said in an official order. The decision has been taken after the surge in COVID-19 cases in the national capital.

Students of class 10 and 12 have been demanding that the board exams scheduled in May-June be either cancelled or conducted in online mode.

— PTI

Loneliness

Battling the hidden pandemic of loneliness (The Indian Express: 20210413))

<https://indianexpress.com/article/opinion/battling-the-hidden-pandemic-of-loneliness-mental-health-7270437/>

Combating loneliness through healthy relationships with oneself and others is one of the best ways to preserve humanity.

Battling the hidden pandemic of loneliness People are likely familiar with the unusually painful experience of loneliness which leads to a complex emotional state of isolation, be it real or virtual. (Illustration/Suvajit Ray)

Written by Debanjan Banerjee

“Loneliness is the most terrible poverty, leading to the feeling of being unloved”

-Mother Teresa

We all love to be around people. We like social gatherings, friends, families, relatives, hanging out or conversing for hours and travelling. In social psychology, there are terms like “self-concept” and “interpersonal attractions” which basically state that the constant need for human interaction is in reality the constant attempt to battle loneliness.

People are likely familiar with the unusually painful experience of loneliness which leads to a complex emotional state of isolation, be it real or virtual. Ironically enough, the apparently enhanced social proximity facilitated by the modern technology does not do enough to battle the “inner loneliness” that human minds feel. Due to certain factors, irrespective of the background noise or number of people, one can still be silent and lonely, often leading to adverse consequences.

Loneliness is a universal emotion, subjective to each individual. It stems from physical, social or emotional isolation of an individual from his/her intimate surroundings (can be other humans, pets or even loved objects). Several factors contribute to it.

A marked change in life caused by an unwanted event or loss, feeling “out of place” or “out of sync” with people around, having no close bonds/partner, having no proximal human contact/pets to share emotions or talk to, introverted personality, having a developmental illness that restricts expression or an illness that causes significant social stigma, not enough of “me” time, multiple failed relationships, excessive dependence on virtual relationships and an unfriendly or bullying environment.

Loneliness can bring about negative thinking patterns of “hopelessness” (feeling that nothing is going to change) and “worthlessness” (feeling one is not worthy enough to live), which in turn can spiral into depression. A lot of anxiety and doubts generate about the future and a lonely person starts considering him/herself to be unwanted, unloved and unproductive.

As mentioned, loneliness is not just about “external isolation”, it is a state of mind. One can feel as lonely in a party, a festival or in a joint family even when surrounded by a group. We commonly see the examples of marriages or relationships in which people stay “isolated” and emotionally “lonely” even after living together for years.

However, loneliness is a reversible state of mind and based on the environment, stress and mental state of the individual, it can either resolve or lead to adverse mental health effects. Worse again, the prevalence of loneliness is on the rise.

Factor analysis of the National Mental Health Survey (NMHS) 2015-16 marks 30 per cent of the population as feeling “lonely” most of the time, whereas 65 per cent of these people have at least one mental disorder or substance abuse. Loneliness is commonly linked to depression, anxiety, poor occupational performance and headaches, and also being the sixth most potent risk for suicide.

Opinion | Post-disaster mental health support for kids is essential

Research clearly states that depression (a severe mental illness) and loneliness are intricately linked. It can also lead to generalised anxiety disorder, panic attacks and increased risk of

schizophrenia. In children it can lead to learning problems, school refusal, selective mutism (unwillingness to speak in specific situations), and disorders with decreased academic and social performance.

In adolescents, it is a common trigger for violence, aggression and substance abuse. Loneliness has commonly been termed as a “gateway” factor for highly addictive substances like alcohol, cocaine and heroin. It leads to poor sleep quality and quantity with exhaustion by seeking alternate means of socialisation. People can also retire to the digital world leading to internet addiction and mobile overuse.

Most importantly, the World Health Organisation (WHO) considers loneliness as a “red flag” for suicidal risk, especially in adolescents and women. In 2010, the Tata Institute of Social Sciences (TISS) studied a large group of suicide attempters in the age group 15-40 years with or without mental disorders and concluded “loneliness” as one of the most important preventable risk factors.

Research in old-age depression identifies loneliness and social isolation to double the risk of suicide and quadruple the risk of depressive and anxiety disorders.

Feeling emotionally lonely for years together can influence the stress-handling mechanism of the body (adrenal glands) releasing excessive cortisol (hormone that is released in body at times of stress) causing persistent anxiety, hair fall, digestive and heart disorders, gastritis, high cholesterol and uric acid with increased risk of diabetes, obesity and stroke.

Opinion |As Covid cases rise, can India protect its most vulnerable?

Immunity can get affected in the long-term causing increased vulnerability to infections. Loneliness leads to “hyper-awareness” and “hyper-vigilance” states in which the individual is more and more preoccupied about the self with enhanced threat-response and paranoia.

In the elderly age group, dementia (disease of the brain leading to loss of memory and other abilities) risk is associated with physical and emotional loneliness. People feeling lonely tend to be constantly involved with others’ lives in social media and news feeds causing chronic sense of unhappiness and inadequacy, which is more harmful.

There is no single common cause of loneliness and hence there is no common solution. Loneliness is not an illness, but rather a state of mind. Hence it can be prevented or altered, the ways varying widely. Most suggested measures are lifestyle modifications (daily schedule, Yoga and exercise, walking, hobby and activity involvement), indulging in spiritual or humanitarian activities, pet therapy, reminiscence of olden days or memories and music. These factors can promote healthy socialisation and reduce stigma.

Loneliness inevitably overlaps with some degree of depression and hence psychotherapy (a form of face-to-face counselling) that alters negative thoughts and beliefs enabling healthy attitudes and behaviour helps.

It is important to understand the nature of loneliness, the reasons, the circumstances leading to it and the thoughts surrounding it. For example, a lonely school student who is an introvert and bullied repeatedly might have very different thoughts than a divorced IT professional with competitive employees all around. Each situation is unique and hence needs individualised planning.

A vital step in fighting loneliness that arises due to fear of socialising is learning adequate social skills and behaviour. There are separate social and cognitive skill training modules that are scientifically proven to encourage healthy thinking, adaptive patterns of dealing with loneliness and fearless interaction.

Here by socialising we do not mean that every person has to move out and forcibly hang around with friends or strangers. Loneliness is prevented when one voluntarily interacts just enough with the people he likes, getting emotional satisfaction.

Prevention is the best step, but a different approach altogether. It is important to be aware about this neglected evil. It is an unspoken topic and considered to be quite integral to life. Education, community awareness, having hubs and activities of healthy human-interaction, where like-minded people can meet, fight stigma and promote positive mental health can help relationships, thereby reducing loneliness.

Internal loneliness deserves a special mention here. We often fail to utilise adequate opportunities to be with ourselves. We forget to sing our favourite song aloud, sway our body to the tune that we love, laugh at our own humour or even look back at our days and smile at their completion. These small apparently insignificant activities help us find solace in ourselves from the background noise and promotes mental well-being.

However, it is not about being in solitude all the time. Social interaction and self-absorption need to be well-balanced. Tipping off this balance contributes to loneliness. Social media as always has two sides. It helps human-bonds and communication but at the same time leads to multiple pseudo-relations and superficial emotional patterns which break down easily giving rise to loneliness.

A study done in University of Surrey in 2009 shows that excessive “screen-time” (total time devoted to any visual and digital media) reduces self-satisfaction and quality of life. Technology has the risk to create a virtual world of relationships for the lonely person, which are fragile, thus causing more emotional trauma.

In the words of Sigmund Freud, “the time we spend connecting with ourselves, is the wise time”. Combating loneliness through healthy relationships with oneself and others is one of the best ways to preserve humanity.

Alzheimer's disease

Imbalance in gum bacteria linked to Alzheimer's disease biomarker, claims study Washington, (New Kerala: 20210413)

<https://www.newkerala.com/news/2021/51234.htm>

April 12: Older adults with more harmful than healthy bacteria in their gums are more likely to have evidence for amyloid-beta, a key biomarker for Alzheimer-> View it-->

Covid infection

Antipsychotics can lower Covid infection, severity risk: (New Kerala: 20210413)

Study London, April 12: Patients treated with antipsychotic drugs have a lower risk of becoming infected or suffer a milder form of SARS-CoV-2 -- the virus causing Covid-19 -- if they get infe-> View it-->

<https://www.newkerala.com/news/2021/51003.htm>

Health Care (Hindustan: 20210413)

https://epaper.livehindustan.com/imageview_760800_53310376_4_1_13-04-2021_0_i_1_sf.html

कोरोना से जंग: बिना लक्षण वालों का घर पर इलाज, सर्वाधिक संक्रमण में भारत दूसरे स्थान पर

दिल्ली में गंभीर मरीजों को ही बेड

नई दिल्ली | ब्रजेश सिंह

भारत सबसे ज्यादा संक्रमण के मामले में ब्राजील को पीछे छोड़ते हुए दूसरे स्थान पर पहुंच गया है। सिर्फ अमेरिका ही अब भारत से आगे है। उधर, दिल्ली में भी अस्पतालों में भीड़ बढ़ रही है, जिसके बाद सरकार ने नए दिशा निर्देश जारी किए हैं। अब सिर्फ गंभीर मरीज ही कोविड अस्पतालों में भर्ती किए जाएंगे।

सरकार ने सभी सरकारी और निजी कोविड अस्पतालों को निर्देश दिया है कि बिना लक्षण या हल्के लक्षण वाले मरीजों को होम आइसोलेशन, कोविड केयर सेंटर या हेल्थ केयर सेंटर में रखा जाए।

स्वास्थ्य महानिदेशक डॉ. नूतन मुदिजा की ओर से जारी निर्देश में कहा गया है कि सरकारी व निजी अस्पतालों में बिना लक्षण वाले या हल्के लक्षण वाले मरीजों को भी भर्ती किया जा रहा है। यह प्रोटोकाल के खिलाफ है। तीन नई श्रेणियां बनाई गई हैं ताकि मरीज बढ़ने के बाद भी गंभीर मरीजों को अस्पताल में इलाज मिल सके।

72 घंटे तक बुखार नहीं तो छुट्टी मिलेगी: सरकार ने अस्पतालों में बेड की कमी ना हो इसके लिए कुछ छूट भी दी है। कहा है कि अगर कोविड केयर सेंटर, हेल्थ केयर सेंटर और अस्पताल में भर्ती व्यक्ति को लगातार 72 घंटे तक बुखार नहीं आता है उसका ऑक्सीजन स्तर 95 फीसदी होता तो उसे छुट्टी मिल जाएगी। उसके बाद उसे 7 दिन तक घर पर ही क्वारंटाइन रहना पड़ेगा। हल्के लक्षण वाले मरीज को अब 10 दिन के अंदर अस्पताल से छुट्टी मिल जाएगी।

➤ **संक्रमण के रिकॉर्ड टूटें** पृष्ठ 03
➤ **चार प्रमुख कारण** पृष्ठ 11



दिल्ली में एलएनजेपी अस्पताल के पास शादी मंडप कोविड अस्पताल बना। • ब्रेट

11,491 नए मरीज मिले राजधानी दिल्ली में सोमवार को, 72 लोगों की मृत हुई

1.52 लाख नए मरीज मिले सोमवार रात 12 बजे तक देशभर में, 748 ने जान गंवाई

घबराएं नहीं! दिल्ली में अभी आधे कोरोना बेड खाली

केंद्र	बेड क्षमता	भर्ती	खाली
अस्पताल	11675	6216	5459
कोविड केयर सेंटर	5525	190	5330
कोविड हेल्थ केयर सेंटर	82	68	14
होम आइसोलेशन	---	17093	--

अस्पताल में भर्ती करने के लिए तीन श्रेणी बनाई

1. बिना लक्षण वाले मरीजों को होम आइसोलेशन, कोविड केयर सेंटर में रखें
2. हल्के लक्षण वाले मरीज को अगर गंभीर समस्या नहीं है, ऑक्सीजन स्तर 94% तक है, उसे भी होम आइसोलेशन या कोविड केयर हेल्थ केयर सेंटर भेजें
3. गंभीर मरीज जिनका ऑक्सीजन स्तर 90% से कम है उन्हें ही कोविड अस्पताल में भर्ती किया जाए। कैसर, एचआईवी और ट्रांसप्लांट कराने वाले मरीज बुजुर्ग मरीजों को भर्ती करें।

स्पूतनिक टीके की मंजूरी के लिए सिफारिश

नई दिल्ली | विशेष संवाददाता

देश को कोरोना का तीसरा टीका स्पूतनिक-5 जल्द ही मिल सकता है। केंद्रीय औषधि प्राधिकरण की विशेषज्ञ समिति ने कुछ शर्तों के साथ रूसी टीके स्पूतनिक के आपात इस्तेमाल को मंजूरी देने की सिफारिश की है। ड्रग कंट्रोलर एक-दो दिनों में इसे मंजूरी दे सकते हैं। स्वास्थ्य मंत्रालय के सूत्रों ने बताया कि केंद्रीय औषधि मानक नियंत्रण

14 निजी अस्पतालों में सिर्फ संक्रमितों का इलाज होगा

नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली सरकार ने राजधानी के 14 बड़े निजी अस्पतालों को पूरी तरह कोविड अस्पताल घोषित कर दिया है। इनमें सर गंगाराम, इंद्रप्रस्थ अपोलो, फोर्टिस और मैक्स जैसे बड़े अस्पताल शामिल हैं।

इसके साथ ही 19 निजी अस्पतालों को 80% आइसोव्यू बेड कोरोना मरीजों के लिए आरक्षित करने के लिए कहा है। 82 अन्य अस्पतालों में 60% आइसोव्यू बेड कोरोना मरीजों के लिए आरक्षित किए गए हैं। सरकार ने 101 अन्य निजी अस्पतालों को भी कोरोना का इलाज शुरू करने और अपनी कुल क्षमता के 60 फीसदी वार्ड बेड कोरोना मरीजों के लिए आरक्षित करने के निर्देश दिए हैं।

ये बने कोविड अस्पताल

इंद्रप्रस्थ अपोलो, होली फैमिली, सर गंगाराम, महाराजा अग्रसेन अस्पताल पंजाबी बाग, मैक्स सुपर स्पेशलिटी शालीमार बाग, फोर्टिस शालीमार बाग, मैक्स स्मार्ट सुपर स्पेशलिटी साकेत, वेंकटेश्वर, श्री बालाजी एक्शन इंस्टीट्यूट, जयपुर गोल्डन, माता चानन देवी, मनीपाल, पुष्पावती सिबानिया और सरोज सुपर स्पेशलिटी अस्पताल

यहां 50% आरक्षित थे पर बेड भर जाने के बाद नया निर्देश जारी किया गया है। मुख्यमंत्री अरविंद केजरीवाल ने आला अफसरों के साथ बैठक के बाद इसके लिए दिशा-निर्देश दिए थे।

दावा : रूस में बना यह टीका 91.6 फीसदी तक प्रभावी

स्पूतनिक के तीसरे चरण के परीक्षण के अंतरिम विश्लेषण में इसके 91.6% तक प्रभावी होने की बात सामने आई जिसमें रूस में 19,866 स्वयंसेवियों पर किए गए परीक्षण का डेटा शामिल किया गया। हाल में स्वास्थ्य मंत्री डॉ. हर्षवर्धन ने भी कहा था कि एक सप्ताह में मंजूरी प्रदान की जाएगी। ➤ **व्योरा** पृष्ठ 11

संगठन की विषय विशेषज्ञ समिति ने स्पूतनिक के आपात इस्तेमाल को मंजूरी दिए जाने के डॉ. रेड्डी लैबोरेटरीज के आवेदन पर सोमवार को संज्ञान लिया।

टीके के तीसरे चरण के परीक्षण हाल में पूरे हुए हैं। देश में आपात इस्तेमाल के लिए इस टीके का रूस से आयात किया जाएगा। रेड्डी लैबोरेटरी भी निर्माण करेगा।

Infection (Hindustan: 20210413)

https://epaper.livehindustan.com/imageview_760802_53495574_4_1_13-04-2021_3_i_1_sf.html

रिपोर्ट के अनुसार हर घंटे औसतन 479 कोरोना संक्रमित मिले और तीन मरीजों ने जान गंवाई दिल्ली में संक्रमण के सभी रिकॉर्ड टूटे

चिंताजनक

नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली में सोमवार को कोरोना के 11491 नए मामले सामने आए। दिल्ली में यह अभी तक एक दिन में सर्वाधिक मरीज मिलने का रिकॉर्ड है। सोमवार को दिल्ली में 7665 मरीजों को छुट्टी दी गई। 72 मरीजों ने कोरोना के कारण दम तोड़ दिया। इस हिसाब से दिल्ली में हर घंटे करीब औसतन 479 कोरोना संक्रमित मिले हैं और हर घंटे में तीन मरीजों ने दम तोड़ दिया।

दिल्ली में अभी तक 736688 मरीज कोरोना संक्रमित हो चुके हैं। इनमें से 687238 मरीजों को छुट्टी दी गई, जबकि 11355 मरीज कोरोना के कारण दम तोड़ चुके हैं। दिल्ली में कोरोना से मृत्यु दर 1.54 फीसदी है।

38 हजार से अधिक सक्रिय मरीज हुए: स्वास्थ्य विभाग के अनुसार दिल्ली में कोरोना के 38095 सक्रिय मरीज हो गए हैं। इनमें से दिल्ली के विभिन्न



11491 कोरोना संक्रमित सोमवार को सामने आए

अस्पतालों में 6940 मरीज भर्ती हैं। कोविड केयर सेंटर में 241 और कोविड मेडिकल सेंटर में 69 मरीज भर्ती हैं। होम आइसोलेशन में भर्ती मरीजों की संख्या बढ़कर 19354 हो गई है। वंदेभारत मिशन के तहत आए पांच मरीज आइसोलेशन में हैं।

संक्रमण दर 12.44 फीसदी पहुंची: स्वास्थ्य विभाग के अनुसार दिल्ली में

72 मरीजों की कोरोना संक्रमण के कारण 24 घंटे के अंदर मौत हो गई है

कोरोना की जांच के लिए 92397 टेस्ट हुए, जिसमें 12.44 फीसदी मरीज संक्रमित पाए गए।

इन जांच के लिए आरटीपीसीआर से 65564 और रैपिड एंटीजन से 26833 टेस्ट हुए। दिल्ली में अभी तक 15650640 टेस्ट हो चुके हैं। दिल्ली में बढ़ते मामलों के साथ हॉटस्पॉट की संख्या बढ़कर 6175 हो गई है।

अस्पतालों में 18 हजार बेड तैयार किए जाएं : सीएम

नई दिल्ली | वरिष्ठ संवाददाता



अरविंद केजरीवाल ने सोमवार को दिल्ली सचिवालय में कोरोना को लेकर आपात बैठक की। इस दौरान उन्होंने सरकारी और निजी अस्पतालों में तत्काल 18 हजार कोविड बेड तैयार कराने के आदेश दिए। साथ ही कई सरकारी और निजी अस्पतालों को फिर से पूरी तरह से कोविड अस्पताल बनाने का निर्णय लिया गया।

बैठक के दौरान केजरीवाल ने कहा कि कोविड मरीजों को किसी भी हालत में अस्पतालों में बेड की किल्लत नहीं होनी चाहिए। उन्होंने अधिकारियों को निर्देशित किया कि सरकारी और निजी अस्पतालों में कोविड के बेड युद्ध स्तर पर बढ़ाए जाएं। हमें अभी अस्पताल प्रबंधन को पिछले साल नवंबर माह में

अरविंद केजरीवाल, मुख्यमंत्री।

आई लहर के स्तर तक तैयार करना है। कोरोना की मौजूदा स्थिति को मद्देनजर रखते हुए हमें एक बार फिर युद्ध स्तर पर उसी स्तर की तैयारियां करनी हैं।

केजरीवाल ने कोविड बेड बढ़ाने के लिए केंद्र सरकार के अस्पतालों में बेड की संख्या बढ़ाने के लिए उनसे संपर्क करने के निर्देश दिए। यह भी निर्णय लिया कि कुछ सरकारी और निजी अस्पतालों को फिर पूरी तरह से कोविड अस्पताल बनाया जाएगा।