



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Tuesday

202101221

Covid-19 hits TB programme

Covid-19 hits TB programme (The Tribune: 202101221)

<https://www.tribuneindia.com/news/chandigarh/covid-19-hits-tb-programme-352833>

City Beautiful witnesses 38 per cent shortfall in cases in 2020

Pandemic has put enormous challenges and unprecedented stress on the healthcare system, and the National Tuberculosis Elimination Programme (NTEP) was no exception. Chandigarh has witnessed 38 per cent shortfall in the tuberculosis (TB) cases in 2020 when Covid-19 was raging in the Union Territory.

A total of 4,319 TB cases were notified under the TB programme in 2020 (Jan-Dec), which was 38.5% less than the total cases notified in 2019 (which was 7,026). In 2021, in spite of a severe second wave of Covid-19, the programme has been able to report 3,948 TB cases (till Oct, 2021). Even the testing for TB diagnosis reduced after 2018 and only 13,817 tests were conducted in 2021.

The data pertaining to TB notification was tabled in the Lok Sabha.

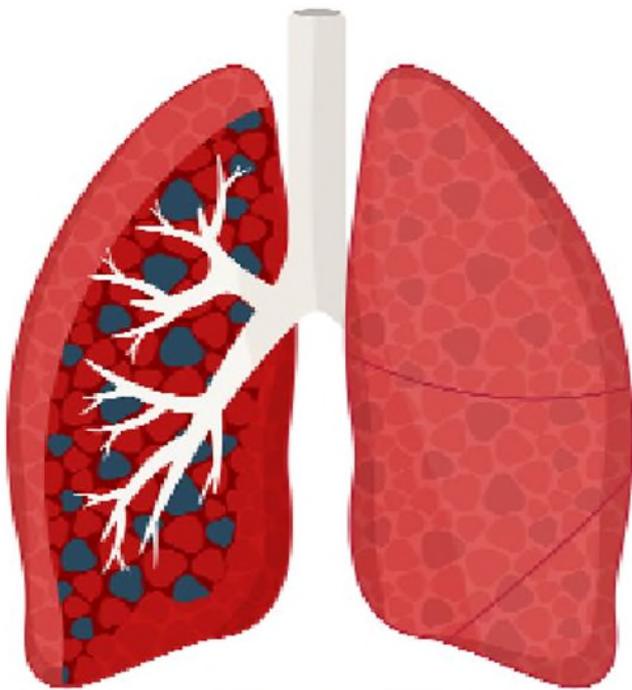
“In normal (pre-Covid) times, a significant number of CT chest requisitions used to be for evaluation of lungs for pulmonary TB. However, due to lockdowns and disruption in access to TB services, fewer people could be diagnosed, treated and followed-up for TB in the past one and a half years,” said Dr Mandeep Garg, who is a renowned chest radiologist with the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh.

“During the two waves of Covid-19 in India, especially the larger second wave, the services of a majority of medical personnel were required to be relocated for Covid-19 care, which to some extent, did affect the various programmes being run by the Government of India for diseases like TB,” he added.

Prof Digambar Behra, formerly associated with Department of Pulmonary Medicine, PGI, said, “The National Tuberculosis Elimination Programme has been badly affected due to Covid-19 as all health facilities were closed for a long time and patients were devoid of the access to health system. All resources and manpower were directed to Covid care. This has been the biggest setback to this programme as we have again reached from where we started in 2016. Earlier, there was an increasing trend in TB case notification every year. Many patients also did not report to hospitals even if they had symptoms because they feared Covid.”

Prof Behra said, “We need proactive TB case finding approach, particularly into the vulnerable groups like slum dwellers and those with comorbidities. Even as the health facilities have now opened, the notification hasn’t gone up and the picture is still grim. We have to catch the patients through aggressive testing. Another way is through implementation of bi-directional TB-Covid screening and TB screening/testing for all presumptive cases with influenza like illness (ILI) and severe acute respiratory infections (SARI).”

“We have to recast the TB programme by supplementing more people and reaching out to village heads as well as NGOs,” he added.



TB NOTIFICATION IN CITY

2019	7,026
2020	4,319
2021	3,948

TESTS CONDUCTED IN PUBLIC SECTOR

2018	31,135
2019	24,634
2020	22,598
2021	13,817

Dengue outbreak

City sees worst dengue outbreak in four years (The Tribune: 202101221)

<https://www.tribuneindia.com/news/chandigarh/city-sees-worst-dengue-outbreak-in-four-years-352827>

Cases up fourfold, 3 deaths reported

This year the city witnessed its worst dengue outbreak in the past four years with the UT registering a fourfold increase in cases over the previous years – 1,584 cases against approximately 300 cases every year since 2018.

The city also witnessed three deaths due to dengue this year, whereas no fatalities occurred due to the disease before this since 2015. The outbreak this year was attributed to the region recording a delayed withdrawal of the south-west monsoon – the second time in four years. Normally, the monsoon withdraws by the end of September. This year, the date extended to October 25.

Experts blame the prolonged rainfall this year for the increased vector population. Dr Suman Singh, Director, Health Services, UT, said, “This year, the prolonged monsoon season became conducive for breeding of mosquitoes causing dengue. Besides, all focus was shifted to the second wave of Covid this year, a possible factor behind the massive outbreak.”

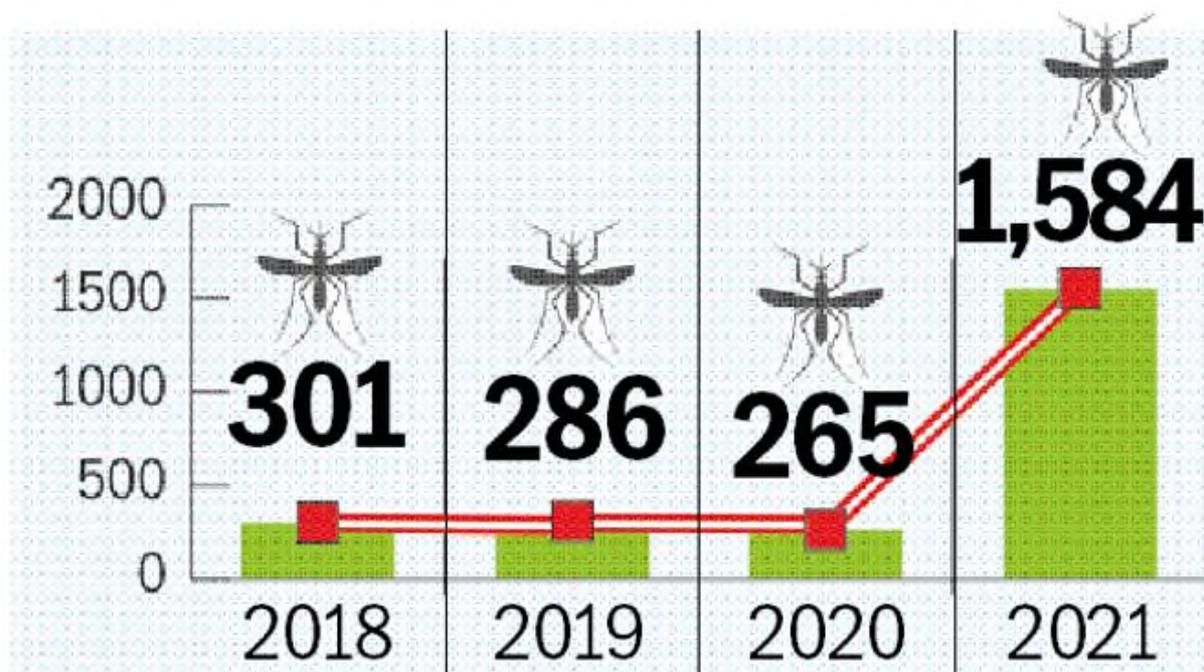
“A large number of city residents and public and private institutions were challoaned for not keeping their surroundings clean and dengue larvae were detected in their refrigerator trays, pots and tyres,” she said.

The UT Health Department has been on its toes to deal with the worst outbreak of all times. As many as 6,81,757 houses were visited by teams of health workers to check the breeding of mosquitoes, while 10,881 notices were issued to city residents who were found flouting norms. As many as 489 challans and 338 show-cause notices were issued to public institutions. During the survey, dengue larvae were found in 7,620 coolers, 5,398 containers, 707 overhead tanks and 685 tyres.

Shortage of beds

This season was also marred with hospitals running out of beds for patients requiring medical intervention. The emergency wards of all three government hospitals were full with dengue patients requiring platelets.

The demand for platelets rose to such an extent that there was a shortage of platelet kits in the market. “There are 300 trolleys at our hospital but all were occupied during the ‘dengue season’. We had to tell the patients that we don’t have beds and it was almost a Covid-like situation. Patients’ families were counselled not to panic. We had also set up a triage in the emergency and preference was given to patients who had a low platelet count.”



Job vacancies

Canada's job vacancies hit record high (The Tribune: 202101221)

<https://www.tribuneindia.com/news/diaspora/canadas-job-vacancies-hit-record-high-352903>

The record-high job vacancies coincide with growth in overall employment and falling unemployment due to the impacts of the Covid pandemic

The number of job vacancies in Canada has hit a record of 912,600 in the third quarter of 2021, according to official data.

The record-high job vacancies coincided with growth in overall employment and falling unemployment due to the impacts of the Covid pandemic, Xinhua news agency quoted Statistics Canada as saying on Monday.

Statistics Canada's data shed light on some of the factors behind the monthly job vacancy data released previously, including sectoral and regional differences in unmet labour demand,

changes in the occupation and skills profile of vacancies, and recent trends in the wages offered by employers.

Across all sectors, the total number of job vacancies was 349,700 more than that in the corresponding period of 2019.

Compared with the same period two years earlier, job vacancies were up in all provinces of Canada in the third quarter of 2021.

Job vacancies increased between the third quarter of 2019 and the third quarter of 2021 in 18 of the 20 major industrial sectors.

Agriculture, forestry, fishing and hunting, and real estate and rental and leasing were the only sectors where vacancies were not up in the third quarter of 2021 compared with the same period two years earlier.

Five sectors - health care, construction, accommodation and food, retail trade and manufacturing - were driving the growth in job vacancies.

Increases in job vacancies can signal a number of changes in labour market conditions existing in different sectors and regions.

Vacancies increased more in low-wage occupations than in high-wage occupations between the third quarter of 2019 and the third quarter of 2021.

In the third quarter of 2019, 20 per cent of occupations with the lowest average wages accounted for 35 per cent of employees and 48.9 per cent of job vacancies.

In the third quarter of 2021, these same occupations represented 32.3 per cent of employees and 50.9 per cent of vacancies.

In contrast, the 20 per cent of occupations with the highest average wages represented 9.4 per cent of vacancies in the third quarter of 2021, down 1.1 percentage points from the same period two years earlier. IANS

Booster shots

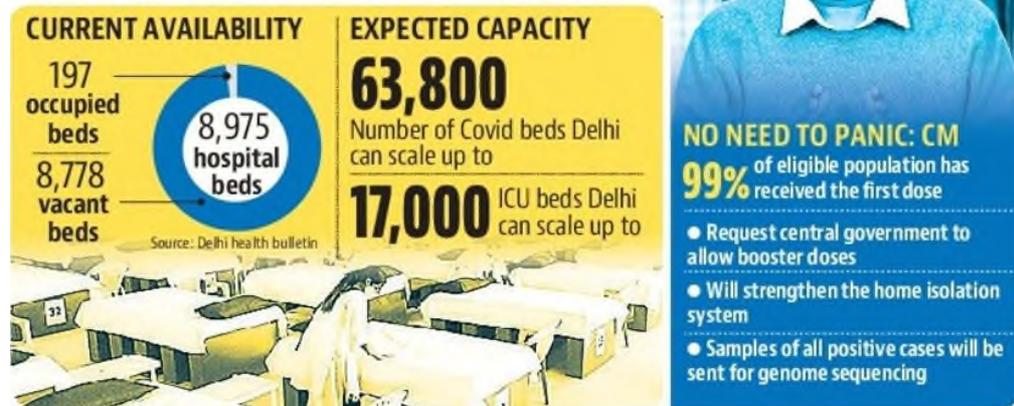
Delhi asks for booster shots, to sequence all +ve samples (Hindustan Times: 202101221)

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

City prepares for Omicron

Amid the Omicron scare and the growing number of Covid-19 cases in Delhi, CM Arvind Kejriwal said the city is prepared in case there is another wave of infections

531
ACTIVE CASES
ON MONDAY



The Delhi government on Monday urged the Centre to allow booster doses of the Covid-19 vaccine starting with health care workers, and said the state will send all positive Covid-19 samples for genome sequencing with immediate effect in order to track the spread of the Omicron variant of the coronavirus.

The government has also decided to ramp up home isolation arrangements as patients infected with the Covid-19 virus's Omicron variant are likely to have mild symptoms, Delhi chief minister Arvind Kejriwal said, while appealing to people not to panic since the city has enough hospital beds and oxygen supply to tackle the situation even if there is a spike in cases.

He said that the decisions were taken at a meeting of the Delhi Disaster Management Authority (DDMA) on Monday. DDMA is chaired by Lieutenant Governor (LG) Anil Bajjal, and Kejriwal is its vice-chairman.

“At the DDMA meeting, we discussed the Omicron variant at length with experts. They say that Omicron spreads very fast, but its symptoms are very mild. It also requires less hospitalisation and chances of death are very low,” Kejriwal said. “Keeping that in mind, the DDMA has decided that the focus this time will be on home isolation because the maximum number of people will be treated at home if there is another wave.”

Delhi recorded over 100 fresh Covid-19 cases for the first time in nearly six months on Sunday, as authorities added 107 confirmed infections to the tally, with experts urging residents to be cautious. Till Monday afternoon, 35 cases of the Omicron variant were recorded in the Capital.

Data accessed by HT showed that in December, Delhi sent a total of 320 samples to NCDC, ILBS and Lok Nayak Hospital for genome sequencing, of which 11% of the samples came positive for the Omicron variant, 49% were the Delta variant and 40% were others.

On Monday, Delhi recorded 91 fresh Covid-19 cases while the positivity rate in the city touched 0.2% first time since June.

On the decision to conduct genome sequencing on all positive samples, Kejriwal said, “All these days, Covid-19 cases were really low. But yesterday, the number breached 100. To understand which strain these cases are, and to know how many of the new cases are Omicron variant and how many are the Delta or Alpha variants, DDMA has decided to conduct 100% genome sequencing on all samples that come positive.”

Until now, positive samples of only those who arrived in Delhi from at-risk countries, and those coming from other countries but testing positive during random tests at the airport, were being sent for genome sequencing. Typically, states send a proportion of the positive samples to INSACOG (Indian SARS-CoV-2 Genomics Consortium) for genome sequencing. Officials in the Delhi health department said that the government has been sending all positive samples for genome sequencing to the labs mentioned earlier.

The Delhi chief minister will chair a meeting on Thursday to take stock of the management of home isolation in the Capital. The city recorded one Covid-19 death according to Sunday's bulletin, the first fatality in 11 days, and only the third so far this month. The city recorded seven deaths in the month of November, and four in October.

Kejriwal said the Delhi government has made all arrangements for hospital beds, medicines, and oxygen supplies in case there is another wave.

“About 30,000 Covid-19 beds are ready in Delhi, with 100 beds per ward to be arranged as and when required on a two-week notice taking the total bed capacity of Delhi to over 64,000 beds. Additionally, 6,800 ICUs will also be ready soon. Medicine stocks are currently being added. The Delhi Government has issued a Covid helpline number – 1031, to help Covid patients during any problem. This helpline number works 24x7,” a senior government official said.

The city endured a punishing fourth wave of Covid-19 infections between April and May that left health infrastructure overrun, overwhelmed medical workers, and led to crematoriums running out of space. Over 760,000 people were infected in that period, while over 13,000 died of the infection between April and May alone. Cases in the city began to peter out towards the middle of May on the back of a lockdown, which the state government imposed from April 19 onwards.

Since then, the Delhi Government is also focusing on increasing manpower for Covid management. For this, it has given special training in Covid management to medical students, nurses and paramedical staff along with specialist doctors. They have been given training in oxygen therapy, Covid management, paediatric ward Covid management and so on.

“In addition, the Delhi government has also roped in 5,000 health assistants who have been given basic training in nursing, paramedics, home care, blood pressure measurement, vaccination etc,” the government said in a statement.

As of Monday, Delhi had about 28,247 Covid-19 beds, including 2,791 ICU beds, of which only 521 were occupied.

Kejriwal also requested people to continue wearing masks, follow social distancing norms, and other safety measures.

He said Delhi has so far administered the first dose of a Covid-19 vaccine on 99% people, while 70% people have received two doses. “I request the Centre to allow booster doses for health care workers, followed by those who have received two doses,” he said.

Dr Lalit Kant, former head of epidemiology and communicable diseases division at the Indian Council of Medical Research, said the Omicron variant can infect even those who are fully vaccinated. “That is why people need to strictly keep wearing masks. Omicron's rate of replication, 70 times faster than its predecessor. So, even if this variant causes mild infection, it should be taken very seriously because it spreads much faster,” he said.

Last week, the Union health ministry advised people to avoid non-essential travel and keep New Year celebrations low-key. “As the Omicron variant is spreading very fast across Europe

and most parts of the world, there is a need to avoid non-essential travel and mass gatherings and keep festivities low-key,” ICMR Director-General Dr Balram Bhargava said.

The total cases of the Omicron variant in India increased to 170 on Monday, with five new infections reported from Karnataka, four each from Kerala and Delhi, and one from Gujarat.

Omicron (The Asian Age: 202101221)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=16047130>

■ All Covid-positive samples to be sent for genome sequencing: Kejriwal 6 more Omicron cases in Delhi, total 28

AGE CORRESPONDENT
NEW DELHI, DEC. 20

Amid Omicron threat, Delhi chief minister Arvind Kejriwal on Monday said all new positive cases of coronavirus being reported in the city will be sent for genome sequencing even as he appealed to the Centre for health workers and others. Six new cases of the Omicron variant of Covid have been detected in Delhi on Monday out of which four are admitted at Max Hospital in Saket.

The Delhi health ministry informed earlier that out of these 28 patients, 12 have been discharged and 16 are undergoing treatment. The total cases of Omicron variant have surged to 28 in Delhi.

Addressing a press conference, Mr Kejriwal appealed to citizens that there is no need to panic in view of the Omicron variant.

“For the last few days, Covid-19 cases have been increasing in the city. On Sunday, it was over 100. We don’t know what type of Covid cases are these, normal or the Omicron vari-

ant. So, to ascertain this, we have now decided to send the samples of all the positive cases for genome sequencing,” Mr Kejriwal said.

The Delhi CM further said that as the national capital is witnessing a sudden spike in the number of cases and 28 patients of Omicron have been found till now, the Centre should allow providing booster doses to people.

He also spoke about strengthening the home isolation system as most new Covid cases will not require hospitalisation. Assuring the people that there is nothing to panic about right now, Mr Kejriwal further said that in view of the Omicron threat, the Delhi government has made adequate arrangements at hospitals if there is any spread of the new Covid variant.

Along with the 107 new cases on Sunday, the city also reported one related death—a first in 10 days. Over 25,000 Covid patients have died so far in Delhi.

Meanwhile on Monday, the city reported 91 new Covid-19 cases and zero deaths while the positivity rate increased to 0.20 per



28 patients of Omicron have been found till now, the Centre should allow providing booster doses to people

— Arvind Kejriwal, Delhi CM

cent, according to data shared by the city health department.

With this, the number of Covid cases in Delhi has reached 14,42,288. Over 14.16 lakh patients have recovered from the disease, the bulletin stated. The number of deaths due to Covid-19 stands at 25,101, it said. A total of 46,193 Covid tests, including 43,971 RT-PCR tests, were conducted the previous day.

Several schools in city reopen for Classes 6 to 12, some to open Jan. 3

AGE CORRESPONDENT
NEW DELHI, DEC. 20

Several private schools in the national capital reopened on Monday after being closed due to high pollution levels even as a few schools decided to start from January 3.

On December 17, the Commission for Air Quality Management (CAQM) allowed the authorities in the Delhi-NCR to resume physical classes for students of Class 6 and above, colleges, and other educational institutions with immediate effect.

“Greeted with blessings and enthusiasm, our students from Class 6 to 12 exhibited joy and renewed vigour on being back with their friends and teachers as they returned to school in a phased manner on Monday. With all Covid-19 protocols and SOPs in place, classes have resumed,” said Ritu Mehta, the principal of

EARLIER THIS month, the CAQM had directed schools, colleges, and educational institutions in the National Capital Region (NCR) to remain closed, allowing only online mode of education, except for the purpose of examinations and laboratory practicals.

With all Covid-19 protocols and SOPs in place, classes have resumed, said Ritu Mehta, principal of Apeejay School in Panchsheel Park. “Our top priority remains to keep our students safe,” she said.

Apeejay School in Panchsheel Park.

“Our top priority remains to keep our students safe. The overall buzz in the campus is an indication of the new normal,” Ms Mehta added.

The principal of another top school, who did not wish to be identified, said,

“We have decided to reopen our school from January 3 since not many parents were willing to send their wards considering Christmas and New Year. If the Omicron situation permits and schools are not ordered to close again, we will reopen in January.”

Anshu Mittal, the principal of MRG School in Rohini, said: “Students were deprived of interpersonal interactions. With physical classes in place, other activities like sports, events, and co-curricular activities which were being remotely planned will now happen in their original format.”

Earlier this month, the CAQM had directed schools, colleges, and educational institutions in the National Capital Region (NCR) to remain closed, allowing only online mode of education, except for the purpose of examinations and laboratory practicals.

Girl Marriage Age

Raising marriage age won't lead to women's empowerment (The Indian Express: 202101221)

<https://indianexpress.com/article/opinion/columns/raising-legal-age-of-marriage-to-21-women-empowerment-7682640/>

● Mary E John writes: That can only happen through affordable education, meaningful and decent employment opportunities.

Those who think that raising the age at marriage will have beneficial effects on women's status are often relying on statistics that seem to support this view.

The announcement of a cabinet decision to raise the age at marriage for women from 18 to 21 years marks the fruition of a plan that was first revealed almost two years ago when a Task Force was set up for the purpose.

The Task Force engaged with a host of civil society organisations — child rights groups, women's organisations and the youth — as well as researchers like myself. I shared this experience with readers of The Indian Express ('Taking the easy way out', IE, July 31, 2020). My role in the deliberations was to explain the relative significance of the age of marriage (and consequently of motherhood) in relation to the issues that concerned the Task Force — maternal mortality rates, fertility levels, nutrition of mother and child, sex ratios, and, on a different register, education and employment opportunities for women. My argument then was that the age at marriage had little impact on these concerns, whereas other factors — such as poverty and health services — were far more effective as levers for improving women's and children's health and nutritional status.

Amita Pitre writes |Under-age marriage: Policing no answer

Those who think that raising the age at marriage will have beneficial effects on women's status are often relying on statistics that seem to support this view. However, this apparent association is a mirage — it puts the statistical cart before the horse of social realities. If women who marry at higher ages seem to have better health and nutrition indicators, this is not caused by their marrying later than others — it is because women from better-off groups tend to marry at higher ages. Conversely, the health indicators of poorer women do not change just because they marry at a higher age. An illustration of this truth is found in the National Family Health Survey (IV) data, which show that levels of anaemia — which is the highest cause of maternal mortality in India and one of our worst statistics — show no change even at ages of marriage up to 25 years, once we control for other factors.

While the Task Force is reported to have explicitly denied that their recommendation was motivated by the need for population control, the Indian government has long been active on this front. Population control was at the heart of the 1978 amendment to the Sarda Act of 1929. Moreover, reducing fertility rates globally by banning marriage before the age of 18 years is very much on the agenda of international agencies to this very day. A major multi-country study undertaken by the World Bank in 2017 estimated that “savings” of no less than \$5 trillion would accrue if marriage before the age of 18 was eliminated. But such savings would be mostly due to reductions in fertility and consequent reductions in public health investments due to fewer births. The same study saw no significant gains from raised age of marriage for women’s decision making, for lowering the levels of violence they face, or helping them find employment

Globally, the age of 18 is widely regarded as the age of adulthood. It is also viewed as an upper limit in terms of the physical and reproductive maturity of women, as well as the age of majority by child rights conventions to which India is a signatory. Thus, the proposed move will restrict the rights of already adult women, an issue for legal experts to debate. Equally important is the crucial slippage in the arguments made on behalf of the government from the minimum age at marriage to the right age at marriage. The minimum age is obviously a floor, not a standard or desirable norm. Laws are meant to set minimum levels, a threshold for triggering legal or penal action, because of the harm that may be done. Confusing these very different things is disastrous for rational argument.

The question we really need to ask is: How best can we prevent women and girls from marrying too soon – whatever we may mean by “too soon”? Is a legal ban the best way, especially if it does nothing to change the various factors that go into deciding the age at marriage for women of different social strata and communities? Going by the NFHS 4 data (2015-16), more than half — 56 per cent — of women in the age group 20-24 years marry before the age of 21 years, and this too is an underestimate. Should we not pause to think what it means to criminalise the majority of women in an entire generation, since such trends will not change merely by a change in the law?

The problem is that the real reasons that drive empowerment are not being addressed, at least not adequately. We rank among the lowest nations in the world when it comes to women’s empowerment. Educational attainments have improved enormously in recent years. But the shocking fact (evident in all major data sets) is that decline in early marriages has been accompanied by a fall in women’s employment rates, that persisted even during the 1990s boom. The proportion of women not in paid work increases at higher ages of marriage!

Complex paradoxes like these are the hallmark of our society. They cannot be addressed by a legal fix, particularly one that will be very hard to implement. Instead of criminalising our youth, the government must take concrete steps to really empower women. If they are truly in charge of their own lives — through affordable education, meaningful and decent employment

opportunities — they will be able to make better decisions about whether, when and whom to marry.

No evidence Omicron has lower severity than Delta variant

No evidence Omicron has lower severity than Delta variant: UK study (The Indian Express: 202101221)

<https://indianexpress.com/article/lifestyle/health/no-evidence-omicron-has-lower-severity-than-delta-variant-uk-covid19-study-7681571/>

"This study provides further evidence of the very substantial extent to which Omicron can evade prior immunity given by both infection or vaccination," said Neil Ferguson, a professor at Imperial College London

omicron vs delta, omicron news, omicron study, covid pandemic, indianexpress, PTI The research included people identified as having Omicron infection due to an S gene target failure (SGTF), as well as people with genotype data that confirmed Omicron infection. (File)

There is "no evidence" that Omicron has a lower severity than the Delta strain, according to a study in the UK which also found that the new variant of coronavirus largely evades immunity from past infection or two vaccine doses.

The study by researchers from Imperial College London in the UK estimates that the risk of reinfection with the Omicron variant is 5.4 times greater than that of the Delta variant.

This implies that the protection against reinfection by Omicron afforded by past infection may be as low as 19 per cent, the researchers said.

"The study finds no evidence of Omicron having lower severity than Delta, judged by either the proportion of people testing positive who report symptoms, or by the proportion of cases seeking hospital care after infection," the authors of the study said. "However, hospitalisation data remains very limited at this time," they added.

ALSO READ | These 'five distinct symptoms' may help you differentiate Omicron from regular cold

The yet-to-be-published study used data for all PCR-confirmed SARS-CoV-2 cases in England who had taken a COVID-19 test between November 29 and December 11, 2021.

The research included people identified as having Omicron infection due to an S gene target failure (SGTF), as well as people with genotype data that confirmed Omicron infection.

Overall, 196,463 people without S gene target failure — those likely to be infected with another variant — and 11,329 cases with it were included in the analysis, as well as 122,063 Delta and 1,846 Omicron cases in the genotype analysis.

The results suggest that the proportion of Omicron among all COVID cases was doubling every two days up to December 11, the researchers said.

They estimate that the reproduction number (R) — the number of cases directly caused by an infected individual — of Omicron was above 3 over the period studied.

“This study provides further evidence of the very substantial extent to which Omicron can evade prior immunity given by both infection or vaccination,” said Neil Ferguson, a professor at Imperial College London.

ALSO READ |Omicron in India: How to deal with anxiety over the new Covid-19 variant

“This level of immune evasion means that Omicron poses a major, imminent threat to public health,” Ferguson said in a statement.

Controlling for vaccine status, age, sex, ethnicity, asymptomatic status, region and specimen date, Omicron was associated with a 5.40 fold higher risk of reinfection compared with Delta, the study found.

The reinfection risk estimated in the current study suggests this protection has fallen to 19 per cent against an Omicron infection, according to the researchers.

They found a significantly increased risk of developing a symptomatic Omicron case compared to Delta for those who were two or more weeks past their second vaccine dose, and two or more weeks past their booster dose for AstraZeneca and Pfizer vaccines.

“Depending on the estimates used for vaccine effectiveness against symptomatic infection from the Delta variant, this translates into vaccine effectiveness estimates against symptomatic Omicron infection of between 0 per cent and 20 per cent after two doses, and between 55 per cent and 80 per cent after a booster dose,” the researchers added.

Pregnancy

Do personal care product chemicals influence hormones during pregnancy? Find out (The Indian Express: 202101221)

<https://indianexpress.com/article/lifestyle/health/personal-care-product-chemicals-influence-hormones-during-pregnancy-research-7677255/>

Personal care and beauty products contain several endocrine-disrupting chemicals like phthalates, parabens, phenols and toxic metals

pregnancy It is recommended to use personal care products wisely during pregnancy. (Source: Getty Images/Thinkstock)

The use of certain personal care products during pregnancy may impact maternal hormone levels due to the presence of some harmful chemicals, says a new study by Rutgers University.

Published in the Environmental Research Journal, the study examined the association between personal care product use and the levels of sex steroid hormones, including estrogens and progesterone, and thyroid hormones among pregnant women. Further, it explored how demographic factors impacted the use of certain personal care products.

As per the study, personal care and beauty products contain several endocrine-disrupting chemicals like phthalates, parabens, phenols and toxic metals. Such chemicals interact with hormone systems, influencing synthesis, regulation, transport, metabolism and hormone reception, which are all quite vulnerable during the pregnancy period.

For the study, researchers collected blood samples from 1,070 pregnant women between the age of 18 and 40, enrolled in the Puerto Rico PROTECT Cohort. For the study, participants underwent physical tests and provided details regarding their demographics, occupation, lifestyle and use of personal care products like fragrances, lotions, cosmetics, nail polish, shaving cream, mouthwash, shampoo and other hair care products like bleach, relaxers and mousse.

According to Dr Poonam Aggarwal, senior consultant, obstetrics and gynaecology, Sri Balaji Action Medical Institute, there is no direct association between hormonal changes and personal care products. However, “there are some chemicals found in some products which can affect hormones during pregnancy. Estrogen creams, fluorides (found in some skin whitening creams), heavy metals (found in some beauty products) are some of them,” she said.

Excessive use of such chemicals and their chronic effect during pregnancy can be harmful, the expert warned. “It can potentially result in pre-term labour, abortion and abnormal growth of unborn baby,” she explained.

Dr Aggarwal suggested to be selective and recommended a “wise use of products as per concerned doctor’s consultation”.

Food and Nutrition

The 5:2 diet: A popular way of intermittent fasting to lose weight (Indian Express: 202101221)

The 5:2 diet involves eating normally for five days a week without thinking about calories and consuming no more than 500 to 600 calories on the remaining two days.

<https://indianexpress.com/article/lifestyle/health/52-diet-popular-way-of-intermittent-fasting-lose-weight-healthy-eating-7677441/>

Intermittent fasting (IF), what is intermittent fasting, intermittent fasting diet, 5:2 diet, what is 5:2 diet, everything you need to know about 5:2 diet, healthy eating, nutritious meals, healthy food, indian express news It's important to eat protein, fiber, and healthy fats throughout your fasting days to ensure optimum nutrition. (Photo: Getty/Thinkstock)

Intermittent fasting (IF) is the latest diet trend being followed by millions of people around the world. Fitness enthusiasts, people trying to lose weight, and those with prediabetes are fond of IF. In my opinion, the craze for this diet may be due to its non-conventional nature.



COVID-19 vaccines

Explained | Why are U.S. COVID-19 vaccines still out of reach in India? (The Hindu: 202101221)

<https://www.thehindu.com/sci-tech/health/why-are-us-covid-19-vaccines-still-out-of-reach-in-india/article37391554.ece>

How is the indemnity clause issue being handled? What are the manufacturers saying? Does this affect the pricing and availability of doses in India?

The story so far: More than six months after the government announced it would fast-track clearances for foreign COVID-19 vaccines to India, the indemnity clause is still holding up the import of all American vaccines to India, including those manufactured by Pfizer, Johnson & Johnson and Moderna. Without specifying a timeline, a senior Health Ministry official said talks are on and that the “indemnity clause is also being discussed.”

What is indemnity and why is it needed?

Indemnity is a form of contract. It is not specifically provided for in any law or regulation related to the grant of approval for any new drug or vaccine in the country. If it all any indemnity is to be granted to any company in respect of a particular drug or vaccine, it can only be in the form of an indemnity bond executed on behalf of the government of India, or a clause or set of clauses in any contract that the government may sign with the supplier. There appears to be no precedent for any company getting such indemnity in India for any drug.

Section 124 of the Indian Contract Act, 1872, defines a contract of indemnity as one by which one party promises to save the other from any loss caused to the latter. Once the government of India grants such indemnity to the vaccine manufacturer or importer, it would mean that if a particular vaccine is perceived to have caused death or any lasting damage to a recipient, any claim of compensation arising from it will have to be met by the government, and not by the company. In the event of a court ordering payment, the company will be in a position to recover the amount from the government.

Is the demand for or grant of indemnity a standard practice?

Indemnity is essentially a contractual matter between the supplier and recipient, and therefore, a good deal of confidentiality is attached to such agreements. Pfizer’s global media relations head for Asia, Roma Nair, said the company had shipped more than two billion doses so far to 152 countries where the clause has been accepted and that indemnity talks with India were going on without a breakthrough yet. “In markets that do not have the legal or legislative protections that are available in the U.S, we work with governments to find mutually agreeable solutions, including contractual indemnity clauses,” she said.

Normally, it is the company applying for approval of a new drug or vaccine that submits itself to various conditions, processes and regulations. Approvals in most countries come with stringent conditions regarding conformity to national guidelines, quality standards, safety assessments and requirements regarding various phases of clinical trials. For imported drugs, a local clinical trial may not be required if it has been approved and marketed in countries specified by the Central Licensing Authority and if no major serious adverse events have been reported.

However, given the peculiar global situation arising out of the COVID-19 pandemic, and the shortage of vaccines faced by countries such as India, which urgently needs to inoculate hundreds of thousands of people, some vaccine suppliers may be in a position to set conditions.

What have the overseas companies got so far?

The Drugs Controller-General of India has already taken a big step towards fast-tracking the import of vaccines by dispensing with the need for local trials. Earlier, the Centre had decided that foreign-produced vaccines that had been granted emergency approval for restricted use by the regulators in the U.S., the U.K., the European Union and Japan, or those included in the WHO's Emergency Use Listing, would be granted Emergency Use Authorisation in India. The condition was that there would be a post-approval parallel bridging trial. However, this condition has been waived and no bridging trial is now necessary. The significance of this exemption is that both the delay attached to such trials and the risk of adverse events to participants in those trials has been avoided.

The New Drugs and Clinical Trial Rules, 2019 set down stringent regulations for grant of approval as well as for trials. The Rules provide for payment of compensation by the sponsor of the trial or its representative to any participant who dies or suffers disability as a result of such trials. Exemption from these trials has reduced the risk to overseas manufacturers. However, the companies probably fear that they would still be liable under the ordinary law of tort, arising from future claims by anyone adversely affected after receiving the shot.

What does India gain by giving indemnity?

In the absence of indemnity, overseas manufacturers may load the risk onto the price of the vaccines, making each dose more expensive. By indemnifying the companies in respect of these vaccines, the government of India may be able to negotiate lower prices and higher volumes. It may help accelerate its national vaccination drive. On the flip side, the government may be forced to make it a level playing field for local makers too, by extending the indemnity to them, and thereby inviting upon itself the entire risk associated with more than a billion vaccine shots.

CSIR-CCMB

CSIR-CCMB working on improving diagnostic methods to check for Omicron variant (The Hindu: 202101221)

<https://www.thehindu.com/sci-tech/science/csir-ccmb-working-on-improving-diagnostic-methods-to-check-for-omicron-variant/article37996905.ece>

CSIR-CCMB Director Dr. Vinay Kumar Nandicoori (right) at the institute in Hyderabad. | Photo Credit: NAGARA GOPAL

Vaccines do provide protection and the focus in our country should be on vaccinating the remaining 22% population with double dosage, says Director Vinay Kumar Nandicoori

Council Of Scientific And Industrial Research–Centre For Cellular And Molecular Biology (CSIR-CCMB) is working on specific primers for improving the current Covid testing methods like the RT-PCR where the emerging Omicron variant can be identified. “We are working on a few sets of primers, but we have to test them extensively and validate them, before we can put them out so that a positive patient can know if it is the current dominant Delta variant or the new Omicron,” said Director Dr. Vinay Kumar Nandicoori.

“As per the data available, Delta is still dominant across the country. Whether Omicron will replace it, we will see in the coming days. We should know that in South Africa where it was first detected, the Delta wave was waning when this new variant took over, which shows better infectivity and naturally the unvaccinated are prone to get infections than others,” he explained.

In an exclusive interaction, Dr. Nandicoori emphasised that vaccines do provide protection and the focus in our country should be on vaccinating the remaining 22% population with double dosage. “There are going to be fatalities among the double vaccinated also but the numbers are much less when compared to those unvaccinated. I would urge people not to get alarmed and follow Covid protocols. Panic is not going to work but precautions would,” he asserted.

The top scientist said, while the immune escape ability of Omicron is higher, its severity and pathogenicity appear to be lower compared with the Delta, which also had immune escape features. “There is alarm because of the 32-37 mutations on the spike protein alone and some are already known to escape the immune response,” he said.

Studies, thus far, have shown existing antibodies due to prior infection to vaccines offer lower protection for Omicron when compared to Delta, but it is not as if the “immunity is non-existent”. “The response will vary from patient to patient depending on many parameters, however, we should know that in addition to B-mediated immunity, which produces the antibodies, we also have T-Cell immunity. Current knowledge suggests there is still some protective cover,” he explained.

While he does not want to ‘speculate’ on how Omicron infection could pan out, the Director points to the United Kingdom example where the first round of infections led to several deaths and when Delta ravaged, the fatalities were not that high. “It shows vaccines do protect from severity and this is different from testing positive due to symptoms on getting infected. We should be looking into how many were hospitalised and deaths,” he pointed out.

India, having experienced the worst second ‘Delta’ wave, with significant vaccination status among the population and hybrid immunity considering 70-90% population are ‘sero-positive’ — infected or vaccinated or both infected and vaccinated, there is some ground for hope. “But, it is an emerging thing and too soon to say anything even if the South African experience shows the hospitals and deaths are lower. We will have a lot more information in a few days' time,” he said.

Apart from increasing testing, more genome sequencing from cases among the general population will give a picture if a wave is coming in, added Dr. Nandicoori.

Initial data about the Omicron variant show?

Data | What does initial data about the Omicron variant show? (The Hindu: 202101221)

<https://www.thehindu.com/data/data-what-does-initial-data-about-the-omicron-variant-show/article37986262.ece>

People with masks walking at a shopping mall,= in Johannesburg, South Africa, on November 26, 2021. Advisers to the World Health Organization are holding a special session on Friday to flesh out information about a worrying new variant of the coronavirus that has emerged in South Africa, though its impact on COVID-19 vaccines may not be known for weeks. | Photo Credit: AP

The number of hospitalisations in 20 days since the Omicron variant was discovered was relatively lower than the pace observed during the Delta wave in Gauteng in South Africa

While the Delta variant of COVID-19 is still the dominant strain globally, the recently discovered Omicron variant threatens to pose more significant problems. A comparison of infection rates in South Africa's Gauteng province, considered the epicentre of the new strain, shows that the Omicron variant spreads faster than the Delta and Beta variants. However, initial data from the province also indicate that the Omicron variant does not cause more severe disease. The number of hospital admissions and patients in the ICU with this variant of COVID-19 was fewer compared to that of the Delta wave. However, these are still early days.

Leading variant

The graph shows the % share of various variants in the Gauteng province of South Africa among the samples sequenced. Over 96% of all samples sequenced as of Friday, December 10 were of the Omicron variant. Between October 2020 and April 2021, Beta was the dominant variant, and between July 2021 and November 2021, Delta was the dominant one. The number of infections in the Gauteng province jumped from 150 to 11,500 in just over 20 days after the Omicron variant was discovered.

Chart appears incomplete? Click to remove AMP mode

Higher case rate

The graph shows the number of daily COVID-19 cases recorded during the Omicron wave (November 16 to December 6 - 21 days), Delta wave (May 1, 2021 to November 14, 2021 - 199 days), and the Beta wave (Since November 15 - 21 days). The first day a variant became dominant is considered day 1 of that version.

Also read: Reflections on flying blind into the storm

Fewer hospitalisations

The graph shows the number of daily COVID-19-related hospitalisations recorded during the three waves. The number of hospitalisations in 20 days since the Omicron variant was discovered has just crossed the 1,500 mark which is relatively lower than the pace observed during the Delta wave.

Fewer ICU admissions

The graph shows the number of daily COVID-19-related hospitalisations recorded during the three waves. 20 days since the Omicron variant was discovered, the number of ICU admissions has gone up from 50 to around 150, much fewer than the initial days of the delta wave.

Also read: Data | Over 50% children in 30 States and UTs were anaemic in 2019-20

ICMR

ICMR approves indigenously developed kit to detect current COVID-19 variants? (The Hindu: 202101221)

<https://www.thehindu.com/sci-tech/health/icmr-approves-indigenously-developed-covid-19-diagnostics-kit/article37979879.ece>

A single test is 'capable of detecting all important COVID-19 variants described across the world to date, including Delta and Omicron'

The CoviDelta diagnostics kit developed indigenously by Pune-based GenePath Diagnostics has been approved by the Indian Council of Medical Research (ICMR), company sources said

on Friday. The kit detects all current variants of COVID-19 and flags presumptive Delta and Omicron variants in a single test, said Dr. Nickhil Jakatdar, CEO, GenePath Diagnostics.

“This kit is capable of detecting all important COVID-19 variants described across the world to date, including the currently dominant Delta and Omicron variants. This made-in-India kit is quick and cost effective and has been approved by the ICMR as being able to detect COVID-19 variants with high sensitivity and specificity,” he said.

Dr. Nikhil Phadke, founder and chief science officer at GenePath Diagnostics, said that the ‘CoviDelta kit’ helped flag the presence of the first Omicron case in Pune city, which was subsequently confirmed by the Union Health Ministry’s Indian SARS-CoV-2 Genomics Consortium (INSACOG).

“Several government and private organisations in India and internationally are now evaluating the use of this kit as part of their diagnostic and surveillance efforts,” Dr. Phadke said.

According to him, the most significant highlight of the test kit is its ability to reliably differentiate all current Delta and Omicron lineages, including BA.1, BA.2 (also known as the “Omicron-like” or “stealth” variant), and the very recently proposed BA.3 lineage.

“All Omicron lineages share a number of common defining mutations. The BA.2 sub-lineage, however, does not carry the spike gene mutations and hence will not be detected by the so-called ‘S-gene target failure’ (SGTF) approach followed by other commercial kits that are currently being used for the purpose,” said Dr. Phadke.

He added that a large percentage — as high as 70% — of recently sequenced cases primarily from South Africa, Australia and Canada, reportedly belonging to the BA.2 sub-lineage had failed to be detected by the aforementioned SGTF approach.

“GenePath’s CoviDelta kit, however, targets the downstream Spike L452R mutation which is present in the ‘Delta’ lineage but absent in all the Omicron sub-lineages,” Dr. Phadke said.

Maharashtra has till date reported more than 30 Omicron cases, the highest number in the country so far.

Omicron Infection (Hindustan: 202101221)

ओमीक्रोन के बढ़ते खतरे के बाद सरकार का बड़ा फैसला ● राजधानी में अचानक संक्रमण बढ़ने की वजह पता चलेगीदिल्ली में हर संक्रमित की जीनोम जांचअपील



भारत समेत पूरी दुनिया में ओमीक्रोन का जानलेवा खतरा तेजी से बढ़ रहा है। पर दिल्ली स्थित मीना बाजार में न दुकानदार और न लोग सामाजिक दूरी का पालन करते दिखे और ना ही मास्क लगाए नजर आए ● एएनआई

06

नए ओमीक्रोन
संक्रमित मिले
राजधानी में

91

मरीज सोमवार
को मिले, संक्रमण
दर .20% हुई



लापरवाही

नई दिल्ली | वरिष्ठ संवाददाता

ओमीक्रोन के बढ़ते मामलों को देखते हुए दिल्ली में सभी कोरोना संक्रमितों की जीनोम जांच कराई जाएगी। दिल्ली आपदा प्रबंधन प्राधिकरण की सोमवार को हुई बैठक में यह फैसला लिया गया।

मुख्यमंत्री अरविंद केजरीवाल ने कहा, अभी तक सिर्फ हवाईअड्डे पर संक्रमित मिले लोगों की ही जीनोम जांच कराई जा रही थी पर अब हम यह जानने की कोशिश करेंगे कि राजधानी में ओमीक्रोन का संक्रमण मौजूद है या नहीं।

इसलिए जरूरी : मुख्यमंत्री ने कहा, दिल्ली में कुछ समय से कोरोना के मामले बढ़ रहे हैं। इसीलिए हालात को देखते हुए एलजी की अध्यक्षता में डीडीएमए की बैठक हुई। तय हुआ कि हम पता लगाएंगे कि कोरोना के जो मामले बढ़ रहे हैं, उसमें कौन से वैरिएंट का असर ज्यादा है। उसमें डेल्टा वाला कोरोना है या ओमीक्रोन का संक्रमण है। इससे पता चलेगा कि दिल्ली के अंदर कोरोना के केस बढ़ रहे हैं, तो यह कौन से केस बढ़ रहे हैं। उन्होंने लोगों से मास्क जरूर पहनने की अपील की।

11 मरीज ओमीक्रोन के: बैठक में जीनोम जांच की एक रिपोर्ट रखी गई। इसके मुताबिक, दिल्ली में दिसंबर माह में मिले कुल कोविड मरीजों में जिसकी जीनोम सिक्वेसिंग की गई है उसमें 11 फीसदी में ओमीक्रोन वैरिएंट की पहचान हुई है। दिसंबर के पहले पखवाड़े में कुल 320 संक्रमितों की जीनोम जांच की गई थी। बता दें कि इनमें सिर्फ तीन लोग ऐसे थे जो विदेश से आए लोगों के संपर्क में आए और बाकी लोग विदेश से आए हैं। रिपोर्ट के मुताबिक, 49 फीसदी लोगों में डेल्टा स्वरूप की पुष्टि हुई है। 40 फीसदी में अन्य कोविड संक्रमण मिला।

छह और संक्रमित मिले

घबराएं नहीं, तैयारी पूरी

केजरीवाल ने कहा, बैठक में विशेषज्ञों ने बताया कि ओमीक्रोन बहुत ज्यादा तेजी से फैलता है पर इसके लक्षण हल्के होते हैं। हल्का बुखार होता है और बहुत कम मरीजों को अस्पताल जाना पड़ता है। मौत की संभावना भी बहुत कम है। घबराएं नहीं, जरूरत पड़ी तो दवाई, बेड, ऑक्सीजन सभी तैयारी सरकार ने पूरी कर ली है।

असर

स्वास्थ्यकर्मियों को लगे बूस्टर खुराक

मुख्यमंत्री ने केंद्र से स्वास्थ्यकर्मियों को कोविड टीके की बूस्टर खुराक लगाने की अनुमति देने की अपील की। उन्होंने कहा कि जो लोग दोनों डोज ले चुके हैं, उनको बूस्टर डोज देने की इजाजत दी जाए, ताकि लोग और सुरक्षित हो सकें।

शेयर में लाखों करोड़ डूबे

ओमीक्रोन के बढ़ते मामलों के कारण वैश्विक स्तर से मिले कमजोर संकेतों के दबाव में शेयर बाजार में जबरदस्त बिकवाली रही। इससे सेंसेक्स

1,189.73 गिर गया और निवेशकों के 6.80 लाख करोड़ रुपये डूब गए।

Health Care Services Hindustan: 202101221)

रेजिडेंट डॉक्टरों की हड़ताल से मरीजों का हाल बेहालचार दिन में एक हजार के करीब सर्जरी रद्द



निर्माण भवन के बाहर

मांगों को लेकर सोमवार को प्रदर्शन करते डॉक्टर। • एजेंसी



5000 रेजिडेंट डॉक्टर हड़ताल में शामिल हैं राजधानी में



कहां कितनी सर्जरी रद्द

सफदरजंग अस्पताल 200 से अधिक

आरएमएल अस्पताल 150 से अधिक

लोकनायक अस्पताल 200 से अधिक

जीटीबी अस्पताल 200 से अधिक

लेडी हार्डिंग अस्पताल 150 के करीब

(राजधानी की अस्पतालों में रेजिडेंट डॉक्टरों की हड़ताल के कारण रद्द हुई छोटी-बड़ी सर्जरी)

एम्स पर भार बढ़ा

हड़ताल की वजह से एम्स, हिंदूराव अस्पताल, संजय गांधी अस्पताल में मरीजों की भीड़ बढ़ गई है। वहां डॉक्टरों का कहना है कि इमरजेंसी में आने वाले गंभीर मरीजों की संख्या बढ़ी है। काम का समय भी बढ़ा दिया गया है।

निर्माण भवन के बाहर डॉक्टरों का प्रदर्शन

रेजिडेंट डॉक्टरों ने निर्माण भवन के सामने सोमवार को प्रदर्शन किया। निर्माण भवन में ही केंद्रीय स्वास्थ्य मंत्री मनसुख मांडविया का कार्यालय है। रेजिडेंट डॉक्टरों ने नारेबाजी की। फोरडा का कहना है कि डॉक्टर अब रजाई-कंबल लेकर सुबह निर्माण भवन के बाहर जाएंगे और वही सोएंगे। फोरडा अध्यक्ष डॉ मनीष ने कहा कि वे प्रदर्शन तेज करने जा रहे हैं।

एक हफ्ते से भर्ती होने के लिए भटक रहे

शकरपुर से लोकनायक अस्पताल पहुंचे वीरेंद्र के पेट में संक्रमण फैल गया है। उन्होंने बताया पिछले हफ्ते भर्ती होने की बात कही थी। अबतक भर्ती नहीं किया जा सका। वे घर पर ही एंटीबायोटिक दवाएं ले रहे हैं।

नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली के कई बड़े अस्पतालों में सोमवार को लगातार चौथे दिन हड़ताल जारी रही। इससे मरीजों का हाल बेहाल रहा। इस दौरान सर्जरी सेवाएं भी प्रभावित हुई हैं। करीब एक हजार सर्जरी रद्द हो चुकी हैं। सबसे बुरा असर सफदरजंग, जीटीबी और राम मनोहर लोहिया अस्पताल पर पड़ा है। सफदरजंग में हर रोज 70 से 80 सर्जरी रद्द हुई हैं। सोमवार को 50 के करीब जबकि तीन दिनों में 200 से अधिक सर्जरी रद्द हो चुकी हैं।

दिल्ली में सफदरजंग के अलावा, राम मनोहर लोहिया, लेडी हार्डिंग से जुड़े कलावती सरन अस्पताल, सुचेता कृपलानी अस्पताल और दिल्ली सरकार के लोकनायक, जीटीबी, अंबेडकर, जीबी पंत समेत कई अस्पतालों में रेजिडेंट डॉक्टरों की हड़ताल का असर दिखने लगा है। ऑपरेशन थियेटर की सेवाएं बंद होने से दिल्ली में इन चार दिनों में करीब एक हजार सर्जरी रद्द हो चुकी हैं।

बता दें कि दिल्ली के सरकारी अस्पतालों में एक दिन में लगभग 2000 छोटी-बड़ी सर्जरी होती हैं। पिछले चार दिनों में लगभग हजार सर्जरी अलग-अलग अस्पतालों में रद्द हुई हैं। हड़ताल के बीच सोमवार को कलावती सरन अस्पताल की इमरजेंसी में वरिष्ठ डॉक्टर मरीजों का इलाज कर रहे थे, लेकिन उनकी संख्या बहुत कम थी। यहां कुछ बच्चों को तो इमरजेंसी में बुला लिया गया था लेकिन कुछ को वापस भेज दिया गया।

इसलिए विरोध : डॉक्टर इसलिए हड़ताल कर रहे हैं, क्योंकि अबतक नीट पीजी की काउंसलिंग नहीं हो सकी है, जबकि रिजल्ट आए काफी वक्त हो चुका है। इस वजह से डॉक्टरों का नया समूह अस्पताल में बतौर पीजी ज्वॉइन नहीं कर पा रहा है। इसका असर मरीजों के अलावा वहां काम कर रहे अन्य रेजिडेंट के काम पर भी पड़ रहा है।

हड़ताल कर रहे डॉक्टरों का कहना है कि कोरोना की तीसरी लहर का खतरा मंडरा रहा है, ऐसे में नए डॉक्टरों की भर्ती नहीं होने से आने वाले समय में संकट की स्थिति बन सकती है।