



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Tuesday

20210223

## Reviews COVID-19 situation

### **Amit Shah reviews COVID-19 situation as some states report spike in cases (The Tribune: 20210223)**

<https://www.tribuneindia.com/news/coronavirus/amit-shah-reviews-covid-19-situation-as-some-states-report-spike-in-cases-216098>

Punjab, Maharashtra, Kerala, Chhattisgarh and Madhya Pradesh have seen sudden spike in Covid cases

Amit Shah reviews COVID-19 situation as some states report spike in cases

Union Home Minister Amit Shah on Monday reviewed the COVID-19 situation in the country in the wake of sudden spike in cases in a few states.

The review meeting was also attended by Union Health Minister Harsh Vardhan, Home Secretary Ajay Bhalla and top officials of the two ministries.

The home minister took stock of the coronavirus situation in the country, particularly in the states which have witnessed a spike in cases recently, a home ministry official said.

The ongoing vaccination drive and the steps needed to check further spread of the virus were discussed in the meeting, the official said.

The possible assistance to be offered to the affected states was also discussed in the meeting, another official said.

There have been reports of sudden spike in the number of COVID-19 cases in states such as Maharashtra, Kerala, Punjab, Chhattisgarh and Madhya Pradesh. PTI

## **Vaccination**

### **Vaccination of 50-plus people from March, Centre writes to states (The Tribune: 20210223)**

<https://www.tribuneindia.com/news/coronavirus/vaccination-of-50-plus-people-from-march-centre-writes-to-states-216041>

'Gear all govt facilities to offer COVID vaccines from March 1'

Vaccination of 50-plus people from March, Centre writes to states

A medic administers second dose of Covishield vaccine during a COVID-19 inoculation drive, in Prayagraj. PTI photo.

Union health Secretary Rajesh Bhushan on Sunday wrote to all states asking them to significantly enhance the pace of COVID-19 vaccinations as several health and frontline workers were yet to be covered.

“The pace of vaccination needs to be accelerated exponentially to cover all identified beneficiaries in a minimum possible time,” he said.

Surge in Covid cases: New strains, vax hesitancy, precaution fatigue add to challenge

The secretary also said that the operational strategy for initiating the vaccination of the next priority group--the elderly population and people with comorbidities--to be taken up in March is being finalised.

The group consists of people above the age 50 with a sub-categorisation of people above the age of 60.

COVID-19 continues to haunt Patiala govt schools; 8 more teachers test positive

16 SBI staff members test +ve in Patiala

The centre, in the letter to states, said all public health facilities from government district hospitals down to community and sub-centres should be prepared to offer COVID vaccines from March 1.

The number of days for vaccinations must also be increased to a minimum of four days at the earliest to speed up the process of vaccination and prepare the system to inoculate elders, Bhushan told states.

The Centre also said the pricing of the vaccines for the next target group was being worked out and much of the issue of pricing would depend on the ability of states to absorb costs.

Opinion: Despite dip in Covid death rate, no room for laxity

The vaccines may be on charge for the 50 plus group even if nominally priced.

The PM had earlier said the Centre would bear the cost of jabs for the first three crore priority groups — one crore health workers and two crore frontline workers.

The 50-plus people consist of 27 crore individuals. The Centre has told states that the Co-WIN application has been updated to enable self-registration by the elderly and the process would commence soon.

Meanwhile, India has covered only around 60 per cent of the eligible health and frontline workers in the COVID inoculation drive with the centre repeatedly nudging states to buck up.

Punjab, Chandigarh and Ladakh are among the states with less than 40 per cent coverage of the three crore priority group.

## **COVID-19: National positivity**

### **COVID-19: National positivity rate at 5.20 per cent (The Tribune: 20210223)**

<https://www.tribuneindia.com/news/coronavirus/covid-19-national-positivity-rate-at-5-20-per-cent-216074>

COVID-19: National positivity rate at 5.20 per cent

Policemen undergo RT-PCR & Rapid Antigen test for COVID-19 at NMMC Hospital at Vashi in Mumbai. PTI

India has registered a record in the number of COVID-19 cumulative tests, with over 21.15 crore samples tested, the Union Health Ministry said on Monday.

The country's national positivity rate is pegged at 5.20 per cent.

Progressive countrywide expansion in testing infrastructure has played a crucial role in the steep rise of testing numbers, the ministry underlined.

With 2,393 testing labs in the country including 1,220 government laboratories and 1,173 private laboratories, the daily testing capacity has got a substantial boost.

“India's cumulative national positivity rate is presently pegged at 5.20 per cent,” the ministry said.

A total of 6,20,216 tests were conducted in a span of 24 hours.

“The number of beneficiaries being tested per million every day has shown a consistent and progressive increase. India’s tests per million stand at 1,53,298.4 as on date,” the ministry highlighted.

Till February 22, the COVID-19 vaccination coverage was 1,11,16,854 through 2,32,317 sessions, as per the provisional report. These include 63,97,849 health care workers (HCWs 1st dose), 9,67,852 HCWs (2nd dose) and 37,51,153 frontline workers (FLW 1st dose).

The 2nd dose of COVID-19 vaccination started on February 13 for those beneficiaries who have completed 28 days after receipt of the 1st dose. Vaccination of the FLWs started on February 2.

As on day-37 of the vaccination drive (21st February), 31,681 vaccine doses were given. Out of which, 24,471 beneficiaries were vaccinated across 1,429 sessions for 1st dose (HCWs and FLWs) and 7,210 HCWs received 2nd dose of vaccine.

Out of total 1,11,16,854 vaccine doses, 1,01,49,002 (HCWs and FLWs) received 1st dose of vaccine and total 9,67,852 HCWs received 2nd dose of vaccine, the ministry said.

It said 60.17 per cent of the total vaccine doses are concentrated in seven states. Karnataka alone accounts for 11.8 per cent (1,14,043 doses).

India’s cumulative recoveries surged to 1.06 crore (1,06,99,410) and exceed the active cases by 1,05,49,355 (71.3 times), the ministry underscored.

A total of 9,695 patients have recovered and got discharged in a span of 24 hours.

The ministry said 80.86 per cent of the new recovered cases are observed to be concentrated in five states.

## **New Cases**

### **14,199 new Covid cases, 83 more deaths reported (The Tribune: 20210223)**

<https://www.tribuneindia.com/news/coronavirus/14-199-new-covid-cases-83-more-deaths-reported-216025>

Active Covid-19 cases stand at 1,50,055, while 1,06,99,410 people have recovered from the disease

14,199 new Covid cases, 83 more deaths reported

Photo for representation purposes. Tribune file

India's total tally of Covid cases surpassed 1.1 crore with 14,199 new infections being reported in a day, while active cases registered an increase for the fifth consecutive day, according to the Union Health Ministry data updated on Monday.

The total coronavirus cases have increased to 1,10,05,850, while the death toll increased to 1,56,385 with 83 daily new fatalities, the data updated at 8 am showed.

The number of people who have recuperated from the disease surged to 1,06,99,410, which translates to a national Covid recovery rate of 97.22 per cent and the case fatality rate stands at 1.42 per cent.

Active coronavirus infections in the country increased to 1,50,055 which comprises 1.36 per cent of the total caseload, the data stated.

According to the ICMR, 21,15,51,746 samples have been tested up to February 21 with 6,20,216 samples being tested on Sunday.

The 83 new fatalities include 35 from Maharashtra, 15 from Kerala, six from Punjab, five from Chhattisgarh and four from Madhya Pradesh.

A total of 1,56,385 deaths have been reported so far in the country, including 51,788 from Maharashtra, followed by 12,460 from Tamil Nadu, 12,294 from Karnataka, 10,900 from Delhi, 10,249 from West Bengal, 8,715 from Uttar Pradesh and 7,167 from Andhra Pradesh.  
PTI

## **Covid-19 infections**

**Fears of a second wave of Covid-19 infections and a likely surge in inflation from higher crude prices dragged Indian stocks by the most in two months on Monday, in tandem with falling equities and rising bond yields worldwide.(Hindustan Times: 20210223)**

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

The BSE Sensex fell 1,145.44 points or 2.25% to close at 49,744.32, while the broader Nifty index lost 306.05 points or 2.04% to close at 14,675.70. Indian indices are now 5% below their record highs set after the Union budget on 1 February. The India Volatility Index, or VIX, rose 14.5% on Monday to touch 25.47, reflecting investor anxiety about further corrections.

On Sunday alone, India recorded 14,199 new cases of covid-19, continuing a recent trend of rising infections after several months of decline. The active caseload stood at 150,055 on Monday, with a cumulative national positivity rate of 5.2%. India has now reported over 11 million infections and 156,500 deaths.

“Rising economic restrictions from the spike in virus cases and weak global cues hit domestic market sentiment. The rate of market fall was aggravated by a sharp rise in volatility, being a monthly futures and options (F&O) expiry week. Foreign institutional investors (FIIs) inflows, which were leading the rally, slowed due to global vulnerabilities from rising bond yield and inflation,” said Vinod Nair, head of research, Geojit Financial Services.

Terming the situation serious, Maharashtra has reimposed some curbs and warned of a lockdown if cases continue to rise. After three months of decline, cases are rising again in the state, which shoulders India’s heaviest Covid-19 burden.

According to Sonal Varma and Aurodeep Nandi, economists at broking firm Nomura, the resurgence through more virulent strains, especially in Maharashtra, represents a near-term risk to growth normalization. “However, the covid-19 resurgence remains relatively localized and second waves in other countries have proven less economically disruptive. Notwithstanding the near-term downside risks, we maintain our medium-term optimism underpinned by fiscal activism, easy financial conditions, base effects and faster global growth,” they said in a report on 22 February.

Brent crude traded above \$63 a barrel on Monday and is up around 22% this year.

The Indian rupee closed at a one-year high of 72.50 against the dollar, up 0.21% from its previous close of 72.65, while the yield on the benchmark 10-year government bonds rose to 6.2%. “We believe one reason for the recent surge in yield might be short-selling,” said Soumya Kanti Ghosh, group chief economic adviser, State Bank of India.

Ghosh said that while the increase in bond spreads reflects the nervousness of market players, the central bank will have to resort to unconventional tools to control the surge in yields.

Several countries are seeing a resurgence in cases, with the US seeing the third wave of covid-19 and Europe a second wave.

## **Vaccination Drive (The Asian Age: 20210223)**

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=15426608>



Policewomen perform at India Gate in New Delhi on Monday.

— PTI

## Don't lower guard against Covid, speed up vaccination drive: L-G

**New Delhi, Feb. 22:** There should be no lowering of guard against Covid-19 and aggressive campaigning is needed to overcome the hesitation among people in getting vaccinated, Delhi lieutenant-governor Anil Baijal said on Monday.

The Lt governor chaired a meeting of the Delhi Disaster Management Authority (DDMA) during the day.

Chief minister Arvind Kejriwal, deputy chief minister Manish Sisodia and other ministers of the Delhi government were in attendance.

Mr Baijal also advised enforcement of Covid-compliant behaviour and asked for surveillance of super spreader events.

He also directed that the ongoing vaccination drive



Anil Baijal

be sped up, officials said.

Official sources said the lieutenant governor was told at the DDMA meeting that the newly-identified Indian mutants are reportedly "highly contagious" and that experts viewed it as a "major cause of concern".

"To deal with the new variants, the (Delhi) government will undertake cluster-based genome

sequencing testing in Delhi. Testing, tracing and isolating will be intensified in the coming days," the sources said.

Mutant variants linked to the United Kingdom, South Africa and Brazil have been detected in India so far.

The national capital, which has witnessed three waves of the coronavirus, has not reported surge in cases over the last few weeks.

In the DDMA meeting on Monday, sources said that officials were directed to take steps to prevent a rise in Covid-19 cases in the city, including arrangements for people arriving from Maharashtra and other states that have witnessed the surge, sources said.

— PTI

## **Amid a pandemic**

### **Amid a pandemic, consistent hiking of prices of petrol and diesel is only adding to people's woes (Indian Express: 20210223)**

<https://indianexpress.com/article/opinion/columns/nirmala-sitharaman-fuel-price-rise-diesel-petrol-rates-india-natural-gas-gst-7200025/>

Instead of passing on the benefit of low crude price to consumers, fuel is being brutally taxed by the present regime. Today, India has one of the highest rates of taxes on both petrol and diesel.

The prime minister has hinted that the petroleum sector may be brought under GST.

The retail prices of automobile fuels have been skyrocketing and have reached record highs ever since the NDA came to power in 2014. Due to mismanagement by the NDA, petrol is now sold at Rs 100 per litre while international crude prices are just above \$60. In comparison, during 2012-2013, petrol was sold at Rs 66.06 and diesel at Rs 48.63 per litre as against a crude oil price of \$108. Prime Minister Narendra Modi terms it as a failure on part of the UPA. This is a travesty of the truth.

In 2018, the petrol price in India was the highest in South Asia despite crude oil prices being at \$56.43. Even while having the advantage of low crude oil prices of \$46.17 per barrel in 2016 and \$47.56 in 2017, petrol prices were as high as Rs 60 and Rs 62 per litre respectively. Despite crude oil price peaking at \$105.82 in 2014, the administered pricing mechanism introduced by UPA II ensured low petrol and diesel prices in the country, while the NDA government has utilised low oil prices to achieve fiscal targets instead of shielding the consumers from volatile international oil prices through a price stabilisation fund.

Following the report of the Expert Group on Viable and Sustainable System of Pricing of Petroleum Products, petrol price was freed and linked to the import price of crude oil and was market-determined. Domestic prices of petrol and diesel are revised by oil marketing companies based on the changes in international prices. But instead of passing on the benefit of low crude price to consumers, fuel is being brutally taxed by the present regime. Today, India has one of the highest rates of taxes on both petrol and diesel. The central government and several state governments have significantly increased the duties on petrol and diesel as a way to boost revenues. The excise duty levied by the Centre is the biggest component of the price of petrol.

During UPA 2, it was the government that was subsidising fuel prices. Now, it's the retail customers paying for the government. LPG cylinder prices have gone up sharply — the biggest



hike in six years. State-run oil marketing companies in February 2020 had sharply hiked the prices on non-subsidised LPG cylinders.

The launch of the Direct Benefit Transfers for LPG (DBTL) Scheme in 2013 began a new era of providing subsidy directly to consumers. Increasing the number of subsidised LPG cylinders for domestic consumers, completing the Dabhol-Bengaluru natural gas pipeline project, laying the foundation stone of 9 MMTPA Rajasthan Refinery project, making substantial progress on projects under implementation, introducing transparency and consumer-friendly measures like LPG connection portability, commencing the sale of 5 kg LPG cylinders from retail outlets, are some of the important decisions and achievements of UPA-I and UPA-II. But during the NDA regime, the exploration of oil by both the public and private sector has come to a grinding halt. The import of oil has galloped.

To absorb the shock of high global crude oil prices, UPA II spent Rs 5.73 lakh crore on oil subsidies (including kerosene and LPG), while the NDA in its first term until 2019 earned Rs 11 lakh crore through various taxes and duties on oil and spending a meagre Rs 1.80 lakh crore on oil subsidies (2019 budget estimates).

In the area of exploration and production (E&P), UPA-I and UPA-II cleared 31 exploration blocks from defence and other angles to pave the way for exploration work in those blocks. The government also cleared 95 pending resolutions of management committees of exploration blocks to expedite E&P activities. Similarly, further exploration was allowed in the mining lease areas of exploration blocks where discoveries had been made.

UPA-II also made attempts to evolve a policy to increase indigenous production of oil and gas in the country to bring down imports to zero by 2030. UPA-I and UPA-II also took effective steps to double the refining capacity of the Paradip Refinery and the MRPL in Mangalore and Cochin as well as other refineries in the country. The Barmer Refinery in Rajasthan was also sanctioned to take advantage of crude availability in the region. The UPA-I and UPA-II regimes also constructed three caverns with huge Strategic Storage Reserves (SPR) at Visakhapatnam, Mangalore and Padur in Udipi. These capacities (5.33 million tonnes) have not been optimally utilised.

A new unwritten MP Police manual has emerged, where police are not supposed to resist lawbreakers

For democratic theory, elections are necessary, but not sufficient

China has been the factory for the global economy, Taiwan is the world's foundry for semiconductors

It was the UPA-II government that started a push towards natural gas by building a network of pipelines of about 17,500 km and laid down a road map to expand this to around 31,757 km with a total design capacity of 721 million standard cubic meters per day (MMSCMD) by 2017, reaching 815 MMSCMD by 2029-30. India could see the share of natural gas in its energy basket rise to 30 per cent if we invest in gas exploration, incentivise companies through viable gas pricing and develop gas infrastructure and supply.

In January, Goldman Sachs estimated Brent crude oil price will reach \$65 by the middle of 2021, as demand gets a boost from the roll-out of COVID-19 vaccines, and a limited increase in supply from the OPEC countries. With global crude prices shooting up, there is a high chance that fuel prices will increase across the world.

The prime minister has hinted that the petroleum sector may be brought under GST. But a half-baked GST has already disrupted the economy. Unless GST is reformed, including petrol is likely to create havoc in all sectors. Even as the war against COVID-19 is not yet over, the consistent hiking of the prices of petrol and diesel by the Modi government is only adding to the woes of the people.

This article first appeared in the print edition on February 23, 2021 under the title 'The crude fact'. The writer is former Union Minister for Petroleum and Natural Gas

## **Covid vaccine**

### **All players must guard against messaging that erodes covid vaccine trust (Indian Express: 20210223)**

<https://indianexpress.com/article/opinion/columns/covid-19-vaccination-drive-covaxin-bharat-biotech-7198564/>

We rest now at a pivotal point in our efforts against COVID-19, a time in which public vaccine trust and confidence can yet be re-won by transparency, integrity, and accessible public health communication.

Beneficiaries receive the second dose of Covishield Vaccine on Monday at Kamala Nehru Hospital. (Express photo by Ashish Kale)

On January 16, 2021, India began Phase-I of what may be the world's largest vaccination drive, aiming to vaccinate nearly 300 million frontline workers against COVID-19. This rollout featured India's indigenously developed Covaxin (Bharat Biotech/Indian Council of Medical Research) and indigenously produced Covishield (Serum Institute of India/Oxford-AstraZeneca), marking the beginning of the potential end to the pandemic's 11-month siege.

Over the last year, the pandemic has served as a litmus test for functional public health policy and preparedness at global and national levels. While high-income countries focused initial efforts on expanding critical care services, low-and middle-income countries such as India turned their attention toward widespread COVID-19 surveillance and risk communication campaigns. With decades of training in responding to regional epidemics, India's public health arsenal includes the use of communication strategies aimed at widespread social and behavioural change. For instance, a key component of the 2018 Poshan Abhiyaan is Jan Andolan (mass mobilisation). Now being adapted into COVID-19 communication, this

consists of community dissemination of messages through existing platforms and unified transmedia narratives engaging all stakeholders. Over 2 million Accredited Social Health Activists (ASHAs) and anganwadi workers expanded their roles in maternal and child health to educate communities on COVID-19.

Between March and April, a total of 36 videos were telecast in Hindi and English on India's national television channel, Doordarshan, even as more regional content continued to be developed. The first campaigns emphasised symptoms and travel warnings; subsequent messaging highlighted face-coverings and distancing, followed by tips for social and mental well-being, and, finally, vaccines. Journalists across the country played a crucial role in translating evolving scientific findings and guidelines. The widespread use of social media in cities, towns, and villages also meant real-time transmission of both COVID-19 information and misinformation.

A national COVID-19 vaccine communication strategy additionally identified approaches to transparently disseminate information, address vaccine hesitancy, and communicate the basis of a staggered vaccine rollout. India's experience with mass-vaccination campaigns is marked by the successful implementation of the Universal Immunisation Programme that uses evolving mass-communication and social media strategies to build vaccine trust. This is reflected in a November 2020 survey showing that 87 per cent of Indians were willing to receive a COVID-19 vaccine. However, we should not take this hard-won trust for granted. On January 3, in a move that took by surprise vaccine experts and the public alike, the Central Drugs Standard Control Organisation (CDSCO) announced the approval of Covaxin, Bharat Biotech's attenuated coronavirus vaccine candidate, for "restricted use in emergency situations in public interest". Across the scientific community, experts raised doubts and concerns over the absence of Phase-III clinical trial data demonstrating vaccine efficacy, and the lack of publicly available Phase-II data on the vaccine's demonstrated immune response in trial participants. More confusing was the language of the approval that referred to a "clinical trial mode" ostensibly requiring volunteers and a placebo arm; the current rollout does not meet either requirement and, instead, vaccinates individuals at centres marked for Covaxin, with follow-ups for adverse reactions.

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To further muddy the waters, the CEO of Serum Institute of India and chairman of Bharat Biotech engaged in a heated back-and-forth exchange casting doubts on the safety, efficacy, and integrity of the clinical trial data for either vaccine, before finally issuing a joint statement demonstrating their shared commitment to supplying safe and effective vaccines. Despite

months of largely unified COVID-19 messaging, this uncoordinated and chaotic introduction of India's vaccine candidates may have put at risk, at the least, initial trust and public vaccine uptake.

This potential for erosion of vaccine confidence is further compounded by the ongoing COVID-19 infodemic. In India, myths surrounding the COVID-19 vaccine have resurfaced and mutated from those that accompanied prior vaccine rollouts, frequently capitalising on religious sentiment (for example, the alleged use of pig-gelatin in vaccines), science illiteracy (allegations that vaccines alter DNA), and mistrust of authorities (allegations that vaccines contain trackers).

Mistrust in vaccines and vaccine hesitancy has arisen in India in the past. The 2008 human papillomavirus vaccine trials were mired in controversy from a lack of transparency. Misinformation about the polio vaccine led some communities to believe that vaccinations cause sterility. Despite these roadblocks, childhood vaccination rates in India have continued to rise, owing in large part to the consistent communication of vaccine benefits and fear-reducing information. India's successful eradication of polio in 2014 is still recent in our collective memory, and the nation has historically trusted vaccines that have demonstrably protected its children.

We rest now at a pivotal point in our efforts against COVID-19, a time in which public vaccine trust and confidence can yet be re-won by transparency, integrity, and accessible public health communication. Governments, experts, and media must prioritise real-time translation of scientific jargon into their most relevant and easily understood forms. They must reiterate at every step the facts we know, the facts we do not, and in every instance, how individuals and institutions can best protect themselves. The rise of fact-checking services is promising and replicable, and health literacy in journalism can be complemented by media communication training among scientists and academic experts. As India deploys what is hopefully a final means toward the end of the COVID-19 pandemic, we must continue to be both mindful and consistent with our messaging on vaccines and COVID-19 precautions, and not slide backwards on this last leg.

Pinnamaneni is a research fellow at the Harvard T H Chan School of Public Health. Seshasayee is a research analyst at MaineHealth, and has experience practising as a dentist in India

## **COVID-19 reinfection**

### **Coronavirus | Evidence of COVID-19 reinfection without mutations in spike protein (The Hindu: 20210223)**

<https://www.thehindu.com/sci-tech/health/evidence-of-covid-reinfection-without-mutations-in-spike-protein/article33863346.ece>

There have been cases of reinfection of SARS-CoV-2 across the globe and including a particular case where it had occurred despite the presence of neutralising antibodies. The study then showed the presence of a mutation in the structural spike protein of the coronavirus as it has happened in most cases of reinfection.

However, there is also evidence of SARS-CoV-2 or COVID-19 reinfection without any mutations to the spike protein, a joint study by scientists of CSIR-Centre for Cellular & Molecular Biology (CCMB) and doctors at the Apollo Hospitals here indicated on Wednesday.

The study reported two cases – one clear case and another possible case of COVID reinfection detected during routine surveillance. No difference in the spike protein of the virus was noticed in these cases when the samples were sequenced to establish the genetic diversity of the virus.

First case was a 61-year-old male healthcare worker, who had tested positive for COVID-19 on Aug 31 last year following contact tracing. After an episode of asymptomatic infection and home quarantine, he tested negative subsequently. Although he had no travel history in between, complained of weakness in second week of November and developed a cough two days later.

He again tested positive for the virus on Nov.14. There were no other symptoms during this period and it was a mild disease overall. Genetic sequencing had revealed the presence of 10 unique variations between the viral genomes of both cases. However, no variation was observed in the 'spike protein' which binds to the host cells to spread the virus.

Second case is that of a 38-year-old male admitted to the hospital with symptoms of headache, fever and tested positive on Nov.4. The patient was symptom-free after a day, but on Nov.22, fever surfaced again. Sample collected on that day tested positive for COVID-19. Other than five days of fever following the test, there were no symptoms during the second episode.

Genetic analysis revealed the presence of three unique variations between both the episodes, and a large number of shared variants including that of the spike protein. If the first case had 10 unique variations between the viral strains; the second remains a bit unclear with three unique variations in 18 days, higher than expected, possibly due to prolonged viral shedding and accelerated viral evolution due to immuno-compromised state, it explained.

“Our study provides rare evidence but distinct possibility of reinfection without changes in the spike protein, and highlights the need for further research to understand COVID-19 reinfections ,” said scientists including Onkar Kulkarni, Suneetha Narreddy, Lamuk Zaveri, Irawathy Goud Kalal, KarthikBharadwaj Tallapaka and Divya Tej Sowpati.

CCMB Director Rakesh Mishra said there were a lot many unknowns about COVID-19 and deep research including continued genome sequencing is necessary to understand why this virus is behaving differently. “Reinfection in particular needs to be monitored and studied extensively as it will have implications in vaccine effect, herd immunity and multiple waves of infection,” he added.

## **Mental health**

### **Mental health issues triggered by COVID-19 pose a challenge, say doctors (The Hindu: 20210223)**

<https://www.thehindu.com/news/national/other-states/mental-health-issues-triggered-by-covid-19-pose-a-challenge-say-doctors/article33898503.ece>

The number of COVID-19 infections may have come down in some States but doctors across government-run health institutions are seeing a spike in patients complaining of mental health issues triggered by the virus. Among the mental health problems are depression, anxiety, post-traumatic stress disorder, and trauma caused by near-death experience.

“While we are trying to contain the novel coronavirus, we have to be prepared to deal with a new pandemic caused by the COVID-19 impact on mental health. Handling of such mental health cases may continue for the next few years even after vaccination is completed,” Basudeb Das, director, Central Institute of Psychiatry, said.

Dr. Das, who recently took over as the director of the institute at Kanker in Ranchi, said that not only there is a rise in such cases but two in every 10 patients visiting the health facility have mental health issues triggered by COVID-19.

“We have to think both in terms of short-term and long-term solutions,” he said, adding that it would be crucial to train doctors and associated staff to face the new challenge.

Three Central institutes — Central Institute of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, and Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tejpur — have started training for doctors, nurses, and social workers who can provide support to people suffering from post-COVID-19 mental health issues.

Pointing out that his institute has provided training to about 175 doctors in the last few months, Dr. Das said that there is a need to stress on community mental health.

Sujit Sarkhel, associate professor, Institute of Psychiatry, Kolkata, said that about 15% of all patients reporting to hospitals complain of mental health issues due to the impact of COVID-19.

“There are people who have lost family members to the virus. Also there are those who had near-death experiences and were admitted to ICU, but even after their recovery they now have severe bouts of trauma,” Dr. Sarkhel said.

He further said that doctors are coming across a group of people who had no symptoms prior to COVID-19, but have developed anxiety-like symptoms because of the trauma related to the virus.

He explained that the trauma is the result of two major issues: restriction on lifestyle caused by the lockdown and the fear of unknown relating to the spread of infection among family members.

## SARS-CoV-2 strains emerge

[The Hindu Explains | Why did India tweak air travel rules as new SARS-CoV-2 strains emerge? \(The Hindu: 20210223\)](https://www.thehindu.com/sci-tech/health/the-hindu-explains-why-did-india-tweak-air-travel-rules-as-new-sars-cov-2-strains-emerge/article33891556.ece)

<https://www.thehindu.com/sci-tech/health/the-hindu-explains-why-did-india-tweak-air-travel-rules-as-new-sars-cov-2-strains-emerge/article33891556.ece>

What do the new travel guidelines state? Are existing vaccines in India effective against these strains?

The story so far: The Central government confirmed this week the presence of three mutant variants of the SARS-CoV-2 virus — from South Africa (four cases), Brazil (one case) and the U.K. (187 cases). Following this, the government issued a fresh set of guidelines for international travel. The new rules, which will come into effect at 11.59 p.m. on February 22, were released on Wednesday and state that “based on the risk assessment, this document shall be reviewed from time to time”.

Why are the new strains of concern?

The World Health Organization reports that the new variants demonstrate increased transmissibility. The strains from the U.K, South Africa and Brazil have so far been detected in 86, 44 and 15 countries respectively. “While India has stabilised its active COVID-19 cases, these new strains and any laxity could prompt a surge in numbers,” said NITI Aayog member V.K. Paul.

Coronavirus | Challenges in developing, testing vaccines against variants

What do the new travel guidelines state?

While India does not have direct flights from South Africa and Brazil, all international travellers coming from or transiting through flights originating from the U.K., Europe and West Asia are required to submit a self-declaration form online, carry a negative COVID-19 report, and mention their travel history for the past 14 days. They also need to mention whether they plan to disembark at the arrival airport or take further flights within India.

Airlines are to identify travellers arriving from or transiting through the U.K., South Africa and Brazil and segregate them during the journey and while deboarding. These travellers will have to give their samples for testing before exiting the airport. If they test positive, they have to undergo treatment as per the standard health protocol, the SOP states. The guidelines specify

that contacts of suspect cases are the co-passengers seated in the same row, three rows in front and three rows behind, along with identified cabin crew. Community contacts of travellers who have tested positive (during the home quarantine period) would be subjected to institutional quarantine in separate quarantine centres for 14 days and tested as per the Indian Council of Medical Research (ICMR) protocol.

International travellers have to submit a self-declaration form before their travel and upload a negative COVID-19 RT-PCR report, with the test having been conducted 72 hours prior to undertaking the journey. Passengers also have to submit a declaration for the authenticity of the report, and if found otherwise, they will be liable for criminal prosecution. Only those travelling to India for emergencies, such as the death of a family member, will be allowed to arrive without a negative report. But they should seek exemption on the online portal 72 hours before boarding.

Coronavirus | U.K.'s mutating variant a concern as it might undermine vaccines, says scientist

The Ministry of Health and Family Welfare, in consultation with the Ministry of Civil Aviation, said they issued these guidelines after reviewing the situation with regard to point of entry actions and that these measures have been brought in to minimise the risk of import of mutant strains of the virus.

How many cases has India recorded?

The ICMR has said the South Africa variant, which first emerged independently in the country in mid-December 2020, has undergone multiple mutations, including in the receptor-binding domain of the spike protein. Currently, a majority of cases in South Africa are due to this variant. In India, the strain was detected in four different South Africa returnees in January 2021 — one each from Angola and Tanzania, and two from South Africa, said ICMR Director-General Balram Bhargava.

He added that the first six cases of the U.K. strain were reported in India in the last week of December 2020.

Coronavirus | A virus that changes stripes

On the Brazil strain, the ICMR noted that it emerged independently in Brazil in early January 2021 and is linked to the rise in cases in Brazil, particularly in Manaus. “Mutations in the receptor-binding domain of the spike protein were detected and it has shown increased transmissibility. India detected a case of this variant strain in a Brazil returnee in the first week of February,” said Dr. Bhargava.

Are existing vaccines in India effective against these strains?

On the U.K. variant, the ICMR said the neutralisation potential matches other heterologous virus strains in India and the vaccines that we have.

For the other two variants, research is ongoing. “The ICMR-National Institute of Virology (NIV) is attempting to isolate and culture the South Africa strain,” said Dr. Bhargava. The



Brazil strain has been successfully isolated and cultured at ICMR-NIV, Pune and experiments to assess vaccine effectiveness are underway, he added.

Coronavirus | Clinical trials indicate India's vaccines will be effective against COVID-19 variants: ICMR

How are the variants being monitored?

To monitor the genomic variations in the SARS-CoV-2 on a regular basis through a multi-laboratory network, India has set-up the Indian SARS-CoV-2 Genomics Consortium (INSACOG), comprising 10 labs. "The consortium will ascertain the status of the new variant of the SARS-CoV-2 in the country, establish a sentinel surveillance for early detection of genomic variants with public health implication, and determine the genomic variants in the unusual events/trends (super-spreader events, high mortality/morbidity trend areas etc.)," said Dr. Bhargava. "Knowledge generated through this vital research consortium will also assist in developing diagnostics and potential therapeutics and vaccines in the future."

### **Infection and Vaccination (Hindustan: 20210223)**

[https://epaper.livehindustan.com/imageview\\_656643\\_112582994\\_4\\_1\\_23-02-2021\\_4\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_656643_112582994_4_1_23-02-2021_4_i_1_sf.html)

मार्च के पहले सप्ताह तक सभी स्वास्थ्यकर्मियों और फ्रंटलाइन कर्मियों को टीके की पहली डोज लगाने का लक्ष्य रखा गया

# बाहर संक्रमण बढ़ा तो दिल्ली में बढ़ाया टीकाकरण



नई दिल्ली | विश्व संवाददाता

भारत के कई राज्यों में कोरोना के बढ़ते खतरों को देखते हुए राजधानी के टीकाकरण अभियान में तेजी आई है। स्वास्थ्य विभाग ने मार्च के पहले सप्ताह तक सभी स्वास्थ्यकर्मियों और फ्रंटलाइन कर्मचारियों को टीके की पहली डोज लगाने का लक्ष्य रखा है। टीकाकरण अभियान को बढ़ावा देने के लिए सोमवार से दिल्ली में अग्रिम पंक्ति वाले शिक्षकों को टीके की खुराक देनी शुरू कर दी है। टीकाकरण केंद्रों की संख्या में भी इजाफा किया गया है। वहीं, टीकाकरण के लिए पहले पंजीकरण न करा पाए स्वास्थ्यकर्मियों और फ्रंटलाइन वर्कर्स के केंद्र पर ही पंजीकरण का मौका देना शुरू किया है।

राजीव गांधी अस्पताल की प्रवक्ता डॉक्टर छवि गुप्ता ने बताया कि सोमवार को बढ़ी संख्या में शिक्षक टीका लगवाने आए। 100 कर्मचारियों को कोरोना के खिलाफ टीका लगाने का लक्ष्य सुबह 11 बजे तक ही दो घण्टे में पूरा कर लिया गया।



राजीव गांधी अस्पताल में सोमवार को कोरोना का टीका लगवाने पहुंचे लोग इतने उत्साहित थे कि सामाजिक दूरी के नियम का ध्यान रखना भूल गए। यहां महज दो घंटे के अंदर ही टीका लगाने का लक्ष्य पूरा कर लिया गया था। • राज के राज

## 52 फीसदी स्वास्थ्यकर्मियों को लग चुका है टीका

दिल्ली में सोमवार तक लगभग 52 फीसदी स्वास्थ्यकर्मियों को टीके की पहली खुराक लग गयी है। अभी तक तीन लाख 11 हजार से अधिक कोरोना टीके की खुराक दी जा चुकी है। इनमें से 2,94,081 लोगों को टीके की पहली खुराक दी जा चुकी

है। वहीं 17,329 लोगों को कोरोना की दूसरी खुराक दी जा चुकी है। राजधानी में टीकाकरण के लिए 2.78 लाख स्वास्थ्यकर्मियों का पंजीकरण किया गया है। इनमें से 1.42 लाख स्वास्थ्यकर्मियों को टीके की पहली खुराक मिल चुकी है।

**इसकी मी शुरुआत**  
फ्रंटलाइन पर काम करने वाले शिक्षकों को टीका लगाना शुरू हुआ

मार्च के पहले सप्ताह तक सभी स्वास्थ्यकर्मियों और फ्रंटलाइन कर्मचारियों को टीके की पहली खुराक लगाने का लक्ष्य रखा गया है। इसके बाद 50 साल से अधिक उम्र के लोगों को टीका लगाया जाएगा।  
प्रोफेसर सुनीला गर्ग, सदस्य, लैसैन्ट कमीशन, कोविड डीवा टास्क फोर्स

**केंद्र पर ही पंजीकरण हो जाएगा:**  
स्वास्थ्य विभाग ने टीकाकरण के लिए ऐसे स्वास्थ्यकर्मियों और फ्रंटलाइन

कर्मचारियों को भी टीका लगाने का मौका देने की शुरुआत की है जिन्होंने टीकाकरण के लिए किसी बजट से

पहले पंजीकरण नहीं करवाया था। 25 फरवरी तक इसके लिए माँप अप राउंड शुरू किया गया है। टीकाकरण के लिए

पंजीकरण नहीं कर सके कर्मियों को टीकाकरण केंद्र पर ही टीका लगाने से पहले पंजीकरण कर दिया जाएगा।

## बिहार सबसे आगे

सबसे अधिक स्वास्थ्यकर्मियों को टीका लगाने में बिहार सबसे आगे है। यहां 88% से अधिक स्वास्थ्य कर्मियों को टीके की पहली खुराक दी जा चुकी है। अधिक जनसंख्या वाले राज्यों में 55% से कम स्वास्थ्यकर्मियों को टीका देने वाले राज्यों में दिल्ली शामिल है।

राज्य	फीसदी
बिहार	88
ओडिशा	83
लक्षद्वीप	81.5
गुजरात	81
छत्तीसगढ़	80.6
मध्यप्रदेश	78
दिल्ली	52

(स्वास्थ्यकर्मियों को टीका की पहली डोज लगाने के आंकड़े फीसदी में हैं।)

## रिपोर्ट

### 128 नए संक्रमित मिले

दिल्ली में कोरोना के मामले सुपरने के साथ रिकवरी रेट बढ़कर 98.12 फीसदी हो गया है। दिल्ली के स्वास्थ्य विभाग के अनुसार सोमवार को 128 नए मामले सामने आए। रविवार को दिल्ली में 42242 टेस्ट हुए जिसमें 0.30 फीसदी लोग संक्रमित पाए गए। विभाग के अनुसार सोमवार को 157 मरीजों को छुट्टी दी गई, जबकि एक मरीज ने कोरोना के कारण दम तोड़ दिया। दिल्ली में अभी तक 638028 लोग कोरोना से संक्रमित हो चुके हैं।

## रिकॉर्ड

### 27219 नए लगवाया टीका

राजधानी में सोमवार को कुल 27,219 कर्मचारियों को टीका लगाया गया। 21,760 को टीके की पहली और 5458 को दूसरी खुराक दी गई। सोमवार को शनिवार के मुकाबले 1109 अधिक लोगों ने टीका लगाया। यह एक दिन में सबसे अधिक टीका लगाने का रिकॉर्ड भी है। एपस में भी रिकॉर्ड 633 स्वास्थ्यकर्मियों ने टीका लगाया। वैक्सिन लगाने के बाद आठ लोगों को हल्के बुखार, थकान और दर्द वाले लक्षण देखे गए।