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THE  HINDU

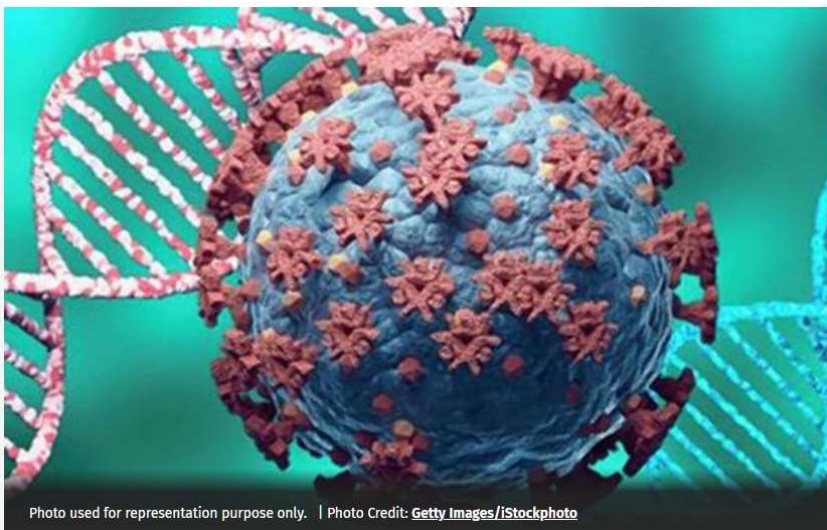
 **The Indian EXPRESS**

COVID-19 has 'devastating' impact on fight against HIV, TB, malaria: Global Fund

New CoWIN feature to show job status of staff

PARIS, SEPTEMBER 08, 2021 03:54 IST
UPDATED: SEPTEMBER 08, 2021 06:35 IST

By: [Express News Service](#) | New Delhi |
September 11, 2021 3:22:00 am



It said KYC-VS will function like authentication of Aadhaar — the beneficiary individual will need to input their mobile number and name, and then the OTP that will be generated.

In 2020, the fund disbursed \$4.2 billion to continue the fight against HIV, TB and malaria and approved an additional \$980 million to COVID-19.

With more workers gradually returning to workplaces and the government easing restrictions on travel, the Centre on Friday announced an update in the CoWIN platform that would enable employers, clients, and service providers to determine the [Covid-19](#) vaccination status of beneficiaries.

The COVID-19 pandemic had a “devastating” impact on the fight against HIV, tuberculosis and malaria in 2020, according to a report released by the Global Fund on Wednesday.

The Union Ministry of Health and Family Welfare said the new Application Programming Interface (API) on CoWIN — Know Your Customer's/Client's Vaccination Status (KYC-VS) will allow entities to verify whether an individual has been inoculated without having to check their vaccination certificate....

“To mark our 20th anniversary, we had hoped to focus this year's report on the extraordinary stories of courage and resilience that made possible the progress we have achieved

Continued in page no.13

against HIV, TB and malaria over the last two decades," said Peter Sands, the Global Fund's executive director.

"But the 2020 numbers force a different focus. They confirm what we feared might happen when COVID-19 struck," he said.

"The impact of COVID-19 on the fight against HIV, TB and malaria and the communities we support has been devastating. For the first time in the history of the global fund, key programmatic results have gone backwards."

There were "significant" declines in HIV testing and prevention services, the fund said.

Compared with 2019, the number of people reached with HIV prevention and treatment dropped by 11% last year, while HIV testing dropped by 22%, holding back new treatment in most countries.

Nevertheless, the number of people who received life-saving antiretroviral therapy for HIV in 2020, rose by 8.8% to 21.9 million "despite COVID-19".

The impact of the coronavirus pandemic on the fight against TB worldwide had similarly been "catastrophic", the report said.

The number of people treated for drug-resistant TB in the countries where the Global Fund invests dropped by "a staggering" 19 percent, with those on treatment for extensively drug-resistant TB registering an even bigger drop of 37 percent, it said.

The fund calculated that around 4.7 million people were treated for TB in 2020, around one million fewer than in 2019.

Interventions to combat malaria "appear to have been less badly affected by COVID-19 than the other two diseases," the report found.

"Thanks to adaptation measures and the diligence and innovation of community health

workers, prevention activities remained stable or increased compared to 2019."

The number of mosquito nets distributed increased by 17 percent to 188 million and structures covered by indoor residual spraying increased by three percent.

Nevertheless, the Global Fund — which brings together governments, multi-lateral agencies, bilateral partners, civil society groups, people affected by the diseases and the private sector -- said that its "rapid and determined response to Covid-19 prevented an even worse outcome".

In 2020, the fund disbursed \$4.2 billion to continue the fight against HIV, TB and malaria and approved an additional \$980 million in funding to respond to COVID-19.

The Global Fund said that since it was set up in 2002, it has saved 44 million lives and the number of deaths caused by AIDS, TB and malaria decreased by 46 percent in countries where it invests.

THE HINDU

Low rate of infection alone is no reason to celebrate: Experts

BENGALURU, SEPTEMBER 06, 2021 00:10
ISTUPDATED: SEPTEMBER 06, 2021 09:20 IST

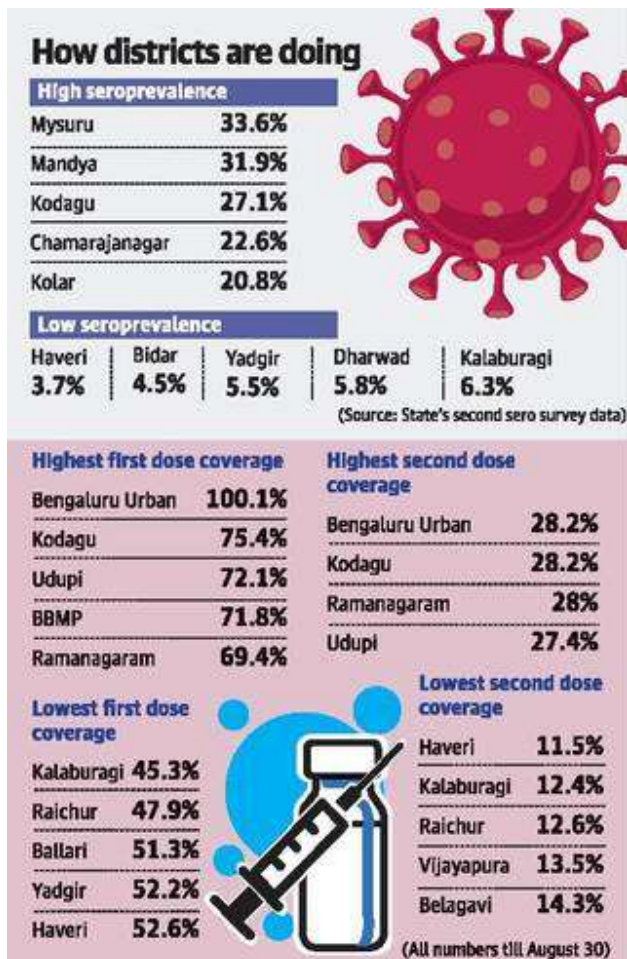
Districts with lower infections also show poor seroprevalence and vaccination

Although North Karnataka districts are consistently showing a low rate of infection over the last few days, the low vaccination rate and low seroprevalence in these districts indicate that it is premature to celebrate, say experts.

Districts like Bidar, Haveri, Kalaburagi, Raichur, Yadgir, Bagalkot and Vijayapura in North Karnataka have either been reporting new cases in single digits or zero cases for the last week. These districts have also recorded among the lowest second dose coverage in the State as well as the lowest seroprevalence.

Way below average

According to the second seroprevalence survey that was carried out in 290 healthcare facilities spread across Karnataka from January 25 to February 18 this year, the State's average seroprevalence was 15.6%. The lowest prevalence was found in five districts in North Karnataka - Haveri (3.7%), Bidar (4.5%), Yadgir (5.5%), Dharwad (5.8%) and Kalaburagi (6.3%).



As on August 30, the lowest second dose coverage was recorded in Haveri (11.5%), Kalaburagi (12.4%), Raichur (12.6%), Vijayapura (13.5%) and Belagavi (14.3%).

Public health experts say it is important to take into account vaccination coverage and seroprevalence in the area, besides deaths due to COVID-19 and hospital bed occupancy. On the other hand, more cases being reported in a particular district should not result in panic as cases being detected in the particular district shows that the surveillance is working.

TAC member Giridhar R. Babu, who also heads Lifecourse Epidemiology at Indian Institute of Public Health in Bengaluru, said the battle against multiple waves has to be fought by using data from seroprevalence and vaccination coverage.

Most vulnerable

"Areas with lower vaccination coverage and lower seroprevalence are the most vulnerable, not only for rise in cases but also increased hospitalisation and deaths. This is because a higher proportion of people are susceptible to getting infected there. Whereas, areas with high vaccination coverage will have the advantage of relatively low mortality and hospitalisation," he said.

"The authorities should use information from the seroprevalence and vaccination coverage and prioritize the areas which have greater proportion of people with higher susceptibility. Such areas require targeted increase in vaccination coverage and strengthening of hospital response for treatment," Dr. Babu asserted.

C.N. Manjunath, nodal officer for labs and testing in the State's COVID-19 task force, concurred. "We are at the fag end of the second wave now but we have to watch out for the third wave and cannot afford to be caught

unawares. It is important to sustain a test positivity rate of less than 1%, which is the nationwide trend except in Kerala now," he said.

Health Commissioner K.V. Trilok Chandra said the State is focussing on enhanced vaccination in all districts, irrespective of the seroprevalence and the extent of new cases being reported. "Each district behaves in a different pattern during every surge. Our goal is to vaccinate the entire adult population by the end of this year. A record 1.17 crore doses were administered in August and we will keep up the tempo this month too," he said.

He attributed the low number of cases being reported from North Karnataka districts to regular and enhanced testing. "Apart from intensifying vaccinations, we are augmenting staff and infrastructure in the districts for a possible third wave," the Commissioner added.

THE HINDU

Latest debate: How long does immunity against COVID-19 last after vaccination?

MYSURU, SEPTEMBER 15, 2021 11:05

ISTUPDATED: SEPTEMBER 15, 2021 11:46 IST

Health agencies in some parts of the world are considering a booster dose against fading immunity, particularly among the elderly

How long does immunity against COVID-19 last after vaccination? Does one need a booster dose?

Reports of health agencies in parts of the world considering a booster dose against fading immunity, particularly among the elderly, even

after two doses of vaccine, has raised the uncomfortable question in India, which is struggling to vaccinate its vast population.



Though immunity through vaccination is expected to last up to nine months as 'we now know', Dr. K.S. Satish, noted pulmonologist and member of State COVID-19 Expert committee, said a lot of studies were under way to see if everyone requires a booster dose once a year, like the flu-shot in some countries. | Photo Credit: MURALI KUMAR K

Though breakthrough infections – people testing positive for COVID-19 even after vaccination – have been reported in Karnataka, Dr. Mudassir Azeez Khan, Head of Community Medicine at Mysore Medical College and Research Institute (MMC&RI), in a presentation at a recent meeting of the newly constituted Mysuru District Technical Experts Committee on COVID-19, argued against the need for a booster dose.

"A breakthrough infection itself will act like a booster dose. A human body produces better antibody response against COVID-19 through natural infection than a third dose of vaccination," he said.

Elaborating, Dr. Khan said SARS-COV-2, the virus strain causing COVID-19, has a total of 28 different proteins. "The antibodies generated from the vaccination will act only against the spike protein, which is on the surface. The remaining 27 proteins are not exposed to the antibodies generated from the vaccination. But, in the case of natural infection of COVID-19, all the 28 proteins will get exposed and the antibodies will fight the virus from all sides," he said.

Dr. K.S. Satish, noted pulmonologist and member of State COVID-19 Expert Committee, also said studies have indicated that antibodies generated through natural infection, combined with vaccination, would give more lasting immunity. "Booster dose has been indicated only for those persons who are not expected to mount any antibody response because they are immuno-compromised. It is for people like cancer patients, who have undergone chemotherapy and have low immunity," he explained.

Though immunity through vaccination is expected to last up to nine months as 'we now know', Dr. Satish said a lot of studies were under way to see if everyone requires a booster dose once a year, like the flu-shot in some countries. "We will know by the end of this year when the first batch of vaccine recipients (with both doses) are studied," he said.

Dr. Khan pointed out that breakthrough infections, in most cases, are not life-threatening, and in a majority of instances do not even require hospitalisation.

Supporting the argument, Mysore Sanjeev, convenor of Project Jeevan Raksha, which is studying COVID-19 trends, pointed out that 93 of the 130 people hospitalised in Houston Medical Centre and Perry Hospital in the U.S. during August 2021 had not been vaccinated. "The Case Fatality Rate (CFR) in countries, which have fully vaccinated over 50% of their population, has come down sharply," he said.

Dr. Khan recommends wider and swifter coverage of vaccination because the virus tends to mutate as it spreads among people. He attributed the emergence of Delta variant to the delay in vaccination in India.

Ruling out the possibility of a third wave in October, as predicted in some quarters, Dr. Khan said there is a possibility of some new variant emerging in the next six-seven months if

vaccination coverage is not sufficiently expanded. "The possibility of a new variant emerging and sparking a fresh wave depends on the number of people yet to be vaccinated by March 2022," he said.



Britain's top medics recommend 12 to 15-year-olds get Covid vaccine

The advice from the Chief Medical Officers (CMOs) paves the way for the broad vaccination of children aged 12-15 in Britain, after the Joint Committee on Vaccination and Immunisation (JCVI) earlier in the month decided against making the recommendation.

By: [Reuters](#) | London |
Updated: September 13, 2021 8:11:52 pm



In this Wednesday, June 24, 2020 file photo, a volunteer receives a Covid-19 injection. (AP)

Britain's top medical advisers on Monday recommended that 12 to 15-year-olds receive a first dose of a [COVID-19](#) vaccine, citing the benefit on avoiding disruption to education after a vaccination panel said the decision was finely balanced.

The advice from the Chief Medical Officers (CMOs) paves the way for the broad vaccination of children aged 12-15 in Britain, after the Joint Committee on Vaccination and Immunisation (JCVI) earlier in the month decided against making the recommendation.



No vaccine passports: UK PM to set out winter COVID-19 plan

Boris Johnson, under fire from some in his governing Conservative Party for raising taxes to fix a health care crisis, looks set to try to soothe those critics by ditching plans to introduce passports despite an increasing number of Covid-19 cases.

By: [Reuters](#) | London |
Updated: September 12, 2021 8:27:14 pm

British Prime Minister Boris Johnson will set out on Tuesday his plans to manage the [COVID-19](#) pandemic in the winter months, announcing a decision to scrap the introduction of vaccine passports and steps to end some emergency powers.

Johnson, under fire from some in his governing Conservative Party for raising taxes to fix a health and social care crisis, looks set to try to soothe those critics by ditching plans to introduce passports despite an increasing number of [coronavirus](#) cases.

Speaking to broadcasters, Health Minister Sajid Javid said he did not anticipate more lockdowns and that the vaccine passports would not be introduced in [England](#), as the government

depends instead on vaccines and testing to defend the public.

"Now that we're entering autumn and winter ... the prime minister this week will be setting out our plans to manage COVID over the coming few months and in that we will be making it clear that our vaccine programme is working," Javid told Sky News.

Also read | [Explained: What CDC says on Covid-19 vaccine effectiveness against Delta variant](#)

He told the BBC he was not "anticipating any more lockdowns" but would not take the measure off the table, that the government would not go ahead with vaccine passports to allow people to attend mass events and he wanted to "get rid of" PCR tests for travellers as soon as possible.

'Lot of virus around'

Javid added the government would remain "cautious", but "the vaccine programme, our testing programme, our surveillance programme, the new treatments ... this is all our wall of defence and whilst there's a lot of virus around, it is working".



Parents of young children desperately seek vaccine trials

Families are confronting difficult situations, now that most schools have reopened after as many as 13 months of remote teaching.

By: [New York Times](#) |
Updated: September 12, 2021 12:23:13 pm



In this photo provided by Cincinnati Children's Hospital Medical Center, clinical research coordinator Tammy Lewis-McCauley administers an injection to Katelyn Evans, a trial participant, as part of the hospital's clinical trial of Pfizer's COVID-19 vaccine at Cincinnati Children's Hospital Medical Center on Wednesday, Oct. 14, 2020. (Cincinnati Children's Hospital Medical Center via AP)

Written by Deborah Schoch

Leng Vong Reiff had just received her second dose of a [COVID-19](#) vaccine and thought guiltily of her two young, unvaccinated sons. So she began banging away at her keyboard.

Like countless parents across the nation, she was searching for vaccine clinical trials for children. She managed to find one, applied and got a call back.

"They said that a clinic in Nebraska had an opening right now, four hours away," she recalled. Better yet, this was a placebo-free trial, so she knew her sons would be given the bona fide vaccine.

A resident of Clive, Iowa, Vong Reiff bundled Logan, 9, and Quentin, 5, into her car and raced west on Interstate 80 to the clinic, where her sons received their first shots of the Pfizer vaccine. They returned three weeks later for their second shots, protecting them for the school year ahead. And they will go back in December for antibody testing.

Families are confronting difficult situations, now that most schools have reopened after as many as 13 months of remote teaching. As the highly contagious [delta variant](#) has taken hold, dozens of schools around the country have closed classrooms or paused sessions, especially in states with low vaccination rates.

Forty-eight million children in the United States are under 12 and not eligible yet for a vaccine endorsed by the Food and Drug Administration.

And about 252,000 children, including teenagers, tested positive in early September, the largest number of such cases since the start of the pandemic, according to an American Academy of Pediatrics analysis.

Of those 12 through 17 who are eligible to get a COVID-19 shot, roughly 54% have received at least one dose. But public health experts say it will be months before the FDA decides whether the results of various clinical trials for those who are 5 to 11 and 2 to 5 merit authorizing the shots for the youngest age groups.

With few options other than taking precautions like mask-wearing, some parents have even sought, through their pediatricians, off-label shots that are adult doses, a practice the FDA discouraged Friday. The agency warned that "children are not small adults," and that the adult doses now in wide use have not been fully studied for potential safety risks in younger children.

Parental anxiety has fueled the demand for slots in children's vaccine trials and made appointments scarce. Pfizer, for instance, is fully booked in its clinical trial, a spokesperson said.

So Vong Reiff most likely nabbed a cancellation slot in Nebraska.

Dr. Tina Sosa, a mother of two, did not have to travel far to get her son vaccinated in a trial. A pediatric hospitalist, Sosa was on a fellowship at

Cincinnati Children's Hospital Medical Center when Pfizer began a trial there.

Her older son, Brandon, 3, had no side effects from the two shots he received in April, she said. "I even squeezed his arm and asked did it hurt, and he said no."

Sosa has since moved to Rochester, New York, where she works at the University of Rochester Medical Center. Her 7-month-old son, [Leo](#), is to begin a Moderna trial next month, while Brandon will follow up on his trial in Cincinnati via an app and telephone, Sosa said.

Impatient parents who are seeking off-label adult shots for their children concern officials like Dr. Sean O'Leary, vice chair of the committee on infectious diseases at the American Academy of Pediatrics.

"It's a bit of the Wild West out there," said O'Leary, a professor of pediatrics at the University of Colorado Anschutz Medical Campus and Children's Hospital Colorado.

Jennifer Macklom of Cedar Park, Texas, was determined to get her three daughters enrolled in a trial. Haunting her were the memories of 2016, when her daughter Miriam had grown sick with an adenovirus at age 2 1/2. Simultaneously, her daughter Naomi, who was only 6 weeks old at the time, contracted a form of the [coronavirus](#) that predated COVID-19.

Miriam was taken by ambulance to the [Dell](#) Children's Medical Center in Austin, Texas. Naomi was admitted through its emergency room.

Both girls were hooked up on oxygen and feeding tubes at the same time, Macklom recalled.

"I said, 'I can't do that again. I can't emotionally have anyone I love or even know be hooked up

to one of these things,'" said Macklom, a high school mathematics teacher.

So, with the advent of the pandemic, she conferred with her pediatrician, and all three children landed on a waiting list for a vaccine trial. Miriam is now 8, Naomi, 5, and Ruth, 2.

Five months passed. Then the phone rang, and Macklom learned that her daughters were at the top of the list to receive the Pfizer vaccine at a branch of Austin Regional Clinic, in central Texas.

So many parents were interested in that trial for the under-12 age group that the staff had no need to recruit them, according to Heidi Shalev, a clinic spokesperson.

Ruth was too young for vaccinations at that site. Now, to avoid the risk of contracting the virus at day care, she is spending weekdays with Macklom's parents.

Miriam and Naomi got their two shots. They don't know if they contained the vaccine, since this trial called for one-third of shots to be a placebo. The children had to wait for an hour after the injections, and the staff gave them a coloring book and rice crispy treats.

The girls will learn in early winter if they got the vaccine or the placebo. If it was the placebo, they will receive shots of the real stuff.

"Getting in the study was so life-changing," Macklom said. "We actually went out camping."

Vong Reiff, who owns her own marketing firm, also decided to enroll her sons in the trial to protect her husband, who underwent surgery and radiation for nonmalignant meningioma, she said.

In mid-August, the entire family headed to Maine, to Bar Harbor and Acadia National Park, and then to Boston for a duck boat tour.

“Had the boys not been vaccinated, we wouldn’t have gone,” Vong Reiff said. “For us, it was a kind of celebration to be vaccinated, slowly getting back to who we were.”



Boys more likely to be hospitalised with rare side-effect of Pfizer vaccine than covid itself, claims US study

The study alleged that most children who experienced the rare side-effect of the vaccine began showing symptoms within days of receiving the second shot of the vaccine.

By: [Express Web Desk](#) | New Delhi |
September 12, 2021 11:20:11 am



Newly released data confirms that the Pfizer-BioNTech and Moderna vaccines are both associated with rare heart problems, and that this side effect is most common after the second shot in adolescent boys and young men. (Christopher Capozziello/The New York Times/File)

Healthy adolescent boys are more likely to be hospitalised with a rare side-effect of the Pfizer/BioNTech Covid vaccine, as opposed to the virus itself, a study by US researchers has shown.

The researchers assessed medical data which showed that boys aged 12 to 15, with no pre-existing medical conditions, are four to six times more likely to be diagnosed with vaccine-induced myocarditis — or inflammation of the heart — than being hospitalised with Covid.

The team of researchers from the University of California were able to find 257 vaccine-related cardiac ailments in recipients of both doses of the Pfizer vaccine. The rate of such heart issues per million among 12-15-year-old boys was 162.2, while it was 94.0 in boys between the ages of 16 and 17. For girls, the rates were 13.4 and 13 cases per million.

The study alleged that most children who experienced the rare side-effect of the vaccine began showing symptoms within days of receiving the second shot of the vaccine. Around 86 per cent of the boys affected required some form of hospital care, The Guardian reported.

“For boys 16-17 without medical comorbidities, the rate of CAE is currently 2.1 to 3.5 times higher than their 120-day [Covid-19](#) hospitalisation risk, and 1.5 to 2.5 times higher at times of high weekly Covid-19 hospitalisation,” states the study, which is yet to be peer-reviewed.

Earlier this year, the US Food and Drug Administration issued a warning about rare cases of heart inflammation in adolescents and young adults to fact sheets for the Pfizer/BioNTech and Moderna vaccines. While the US continues to permit all children above the age of 12 to receive the Covid vaccine, the UK is taking a more cautious approach, offering the vaccine to only those above 16 years of age and at-risk children in the 12-15 age group.

However, the reliability of the study is still unclear, since vaccine reactions are recorded differently in the United States and the UK, where shots are given after longer intervals.

In an independent report, the UK's Joint Committee on Vaccination and Immunisation (JCVI) said that while the benefits of vaccinations are "marginally greater", there is "considerable uncertainty regarding the magnitude of the potential harms."



People with non-communicable diseases vulnerable to Covid, accelerated action needed: WHO

Prevention and control of NCDs such as cardiovascular diseases, cancers, chronic respiratory disease, diabetes, hypertension etc, is one of the flagship priorities of WHO, said Dr Khetrapal Singh

By: [Express News Service](#) | Pune |
Updated: September 12, 2021 8:56:28 am



People wait to get vaccinated in Pune. (Express Photo by Arul Horizon)

The World Health Organization (WHO) has urged member countries in South-East Asia to accelerate efforts to prevent and control non-communicable diseases (NCD), which account for two-third of all deaths in the region while also increasing the risk of severe [Covid-19](#).

"The Covid-19 pandemic has further exposed the vulnerabilities of people living with non-communicable diseases. In addition to the increased risk of severe disease and death, disruption in essential services threatens to slow down progress and even reverse the gains in controlling NCDs," said Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, at the Regional Committee meeting held recently.

Prevention and control of NCDs such as cardiovascular diseases, cancers, chronic respiratory disease, diabetes, hypertension etc, is one of the flagship priorities of WHO, said Dr Khetrapal Singh. Since 2014, member countries have been making concerted efforts, implementing multi-sectoral plans, providing, and scaling up NCD services at the primary health care level, promoting physical activity, taxing sugary drinks, taking multiple actions to control tobacco use, promoting mental health, among others, she said.

"We need to address NCDs and include them as an integral part of pandemic preparedness and response. This will help establish mechanisms for uninterrupted access to NCD services during emergencies, and reduce risk of serious health complications," WHO's Regional Director said.

In view of the continuing challenges, member countries discussed extending the Regional Action Plan for Prevention and Control of NCDs to meet SDG (sustainable development goal)-2030 targets.

The member countries also discussed integrated eye care and oral health care and developing Regional Action Plans for them. Poor oral health is an important public health concern, with oral [cancer](#) being among top five cancers. The Region also has one of the highest prevalence of visual impairment and blindness globally.

There is some evidence of decline in the prevalence of blindness and moderate-to-

severe visual impairment in the region between 1990 and 2015; however, prevalence continues to be higher than the global average and coverage for effective cataract surgery remains below target, according to data. A situation analysis in 2020 of oral health policies showed some progress but also substantial gaps towards achieving the 2025 goals.

Nearly half of the deaths due to NCDs occur prematurely between 30 and 69 years of age. A quarter of the adult population in the region suffers from hypertension and every 12th adult has diabetes, it was revealed.

The member countries discussed developing a regional NCD Implementation Roadmap 2022–2030 to provide operational guidance on sustaining gains, accelerating action in areas that need greater emphasis and pilot innovative approaches in the region to achieve the SDG target.



US could authorize Pfizer COVID-19 shot for kids age 5-11 in October: Report

The decision on whether to authorize a vaccine for younger children is eagerly anticipated by millions of Americans, particularly parents whose children started school in recent weeks amid a wave of infections driven by the Delta variant.

By: [Reuters](#) |

Updated: September 11, 2021 10:01:57 pm

Top US health officials believe that Pfizer Inc's (PFE.N) [COVID-19](#) vaccine could be authorized for children aged 5-11 years old by the end of



FDA could make a decision on whether the shot is safe and effective in younger children within three weeks of the EUA submission. (Representational)

October, two sources familiar with the situation said on Friday.

The timeline is based on the expectation that Pfizer, which developed the shot with Germany's BioNTech (22UAY.DE), will have enough data from clinical trials to seek emergency use authorization (EUA) for that age group from the US Food and Drug Administration (FDA) towards the end of this month, the sources said.

They anticipate the FDA could make a decision on whether the shot is safe and effective in younger children within three weeks of the EUA submission.

The decision on whether to authorize a vaccine for younger children is eagerly anticipated by millions of Americans, particularly parents whose children started school in recent weeks amid a wave of infections driven by the [Delta variant](#).

Top US infectious disease expert Dr. Anthony Fauci outlined the timetable during an online town hall meeting attended by thousands of staff at the National Institutes of Health (NIH) on Friday, according to one of the sources. A second source familiar with the situation said that the FDA anticipated a similar timeline for Pfizer.

If Pfizer submits its EUA by the end of September, and the data support its use, "by the time we get

to October, the first couple of weeks of October... the Pfizer product will likely be ready," Fauci said, according to the source.

Fauci said that Moderna Inc (MRNA.O) will likely take about three weeks longer than Pfizer to collect and analyze its data on children age 5-11, according to the source. He estimated that a decision on the Moderna shot could come around November, according to the source. The second source said Fauci's timeline for Moderna appeared "optimistic."

Officials at Pfizer, Moderna and NIH did not immediately comment.

Pfizer has previously said that it would have data on children age 5-11 ready in September and planned to submit for an EUA shortly after. Previously, federal health regulators, including Fauci, have suggested that an FDA decision might come in November or later. Moderna on Thursday told investors it expected data from its children's study by the end of the year.

Earlier on Friday, the FDA said it would work to approve the COVID-19 vaccines for children quickly once the companies submitted their data. It said it would consider applications based on a faster path to authorize the shot for emergency use.

Such emergency authorization requires companies to submit two months of safety data on trial participants, versus six months required for full licensure.

Pfizer partner BioNTech told Der Spiegel that it also expects to request authorization globally for the COVID-19 vaccine in children as young as five over the next few weeks and that preparations for a launch were on track.

Ramp up efforts to prevent and control spread of non-communicable diseases: WHO

WHO said that non-communicable diseases account for two-thirds of all deaths in South East Asia.

By: [Express News Service](#) | Pune |
Updated: September 11, 2021 12:18:22 pm

The World Health Organization has urged member countries in South East Asia to accelerate efforts to prevent and control spread of non-communicable diseases (NCDs) which account for two-thirds of all deaths in the region, while also increasing the risk of severe [Covid-19](#).

"The Covid-19 pandemic has further exposed the vulnerabilities of people living with non-communicable diseases. In addition to the increased risk of severe disease and death, disruption in essential services threatens to slow down progress and even reverse the gains in controlling NCDs," Dr Poonam Khetrpal Singh, regional director of WHO South-East Asia Region, said at the Regional Committee meeting.

Prevention and control of NCDs such as cardiovascular diseases, cancers, chronic respiratory disease, diabetes, hypertension etc, is one of the flagship priorities of Dr Khetrpal Singh. Since 2014, member countries have been making concerted efforts, implementing multi-sectoral plans, providing, and scaling up NCD services at the primary health care level, promoting physical activity, taxing sugary drinks, taking multiple actions to control tobacco use, and promoting mental health, among others.

"We need to address NCDs and include them as an integral part of pandemic preparedness and

response. This will help establish mechanisms for uninterrupted access to NCD services during emergencies, and reduce risk of serious health complications," the regional director said.

In view of the continuing challenges, member countries discussed extending the Regional Action Plan for Prevention and Control of NCDs to meet SDG 2030 targets.

The member countries also discussed integrated eye care and oral health and developing Regional Action Plans for them as well. Oral [cancer](#) is one of the top five types of cancer. The region also has one of the highest prevalence of visual impairment and blindness globally.

Nearly half of the deaths due to NCDs occur prematurely between 30 and 69 years of age. A quarter of the adult population in the region suffers from hypertension and every twelfth adult has diabetes.

The member countries discussed developing a regional NCD Implementation Roadmap 2022–2030 to provide operational guidance on "how to" sustain gains, accelerate action in areas that need greater emphasis and pilot innovative approaches in the Region to achieve SDG Target 3.4.

Continued from page no. 1

New CoWIN feature to show job status of staff

..... "As the socio-economic activities are being gradually revived while maintaining everyone's safety, there is a need for a way to digitally convey the status of individuals' vaccination to entities with whom they may be engaging with

for any or all reasons, as employees, passengers, residents," the Ministry said.

It said KYC-VS will function like authentication of [Aadhaar](#) — the beneficiary individual will need to input their mobile number and name, and then the OTP that will be generated.

The response that is received will specify the individual's status of vaccination: '0' for unvaccinated; '1' for partially vaccinated; '2' for fully vaccinated. The response will be digitally signed, and can be shared instantly with the verifying entity, the Ministry said.

The government already issues digitally verifiable certificates which, once downloaded from CoWIN, can be saved on smartphones, tablets, or laptops, or stored in DigiLocker, and presented as proof of vaccination at various points of entry.

The new feature will be more convenient and quicker — enterprises, authorities, and employers will have the information at a glance without having to see the certificate. Also, where bookings are done in advance — such as for the Railways and flights — or for offices where individuals go every day, the vaccination information can be made available in advance or just once.

Currently, for accessing CoWIN APIs — both public and protected — third parties have to send their details to the government, and provide information on the purposes for which they would use the API, and the tentative number of employees/ customers/ users.

The Ministry said that for "quick integration and faster adoption", the webpage with the API may be embedded "in any system". "This will allow for seamless integration with any system in no time," it said.

Besides entities such as airlines and/or airports, Railways, and employers, "this service may be

utilised by any service provider, private or public, for whom verifying an individual's vaccination status is critical for facilitating a service requested".

The Ministry also said that the new feature will be "consent-based and privacy-preserving".

"A real-life example could be when at the time of booking a railway ticket, an individual will input the necessary details for buying the ticket and if required, the concerned entity will also get the vaccination status in the same transaction, with the due consent of the individual," it said.



Explained: How Telangana's Medicines from the sky project will use drones to deliver drugs, blood

Though drones have been used for photography, mapping, and other operations, the ongoing Covid-19 pandemic has widened its scope beyond limits.

Written by [Rahul V Pisharody](#)

Edited by Explained Desk | Hyderabad

Updated: September 10, 2021 10:29:11 am

Telangana government's 'Medicine from the sky' programme is all set for launch on September 11. Following a final regulatory nod from the Ministry of Civil Aviation (MoCA) to conduct operations, the launch event is scheduled in Vikarabad district.

Using drones as a mode of delivery to improve medical supply chains, the project aims to assess



robustness and reliability of the same using different payload sizes, and in controlled temperatures, from distribution centers to specific locations and back. The payloads could be medicines, vaccines, units of blood, diagnostic specimens, and other lifesaving equipment. It further intends to assist policymakers and health systems to analyse the opportunities and challenges of drone delivery as well as competing delivery models and technologies.

What is 'Medicine from the sky' (MFTS)?

The project is led by the Emerging Technologies Wing of the state IT department in partnership with World Economic Forum, NITI Aayog, and HealthNet Global (Apollo Hospitals), and aims to undertake experimental Beyond Visual Line of Sight (BVLOS) drone flights for delivery of vaccines using the identified airspace of the Vikarabad district.

During the Wings 2020 event in Hyderabad last year, the Telangana government partnered with the World Economic Forum for the MFTS programme. An expression of interest (EOI) was released to assess the capability of drone service providers in providing safe, accurate, and reliable pickup and delivery of Health care items. Out of the 16 consortia (between logistics firms and drone operators) that had responded, 8 were shortlisted.

The project is the first-of-its-kind in India as it is the first organised BVLOS drone trials in the country and the same is being conducted in healthcare

as the domain, said a release from minister KT Rama Rao's office.

Ahead of the launch, three of the eight selected consortia namely Bluedart Med Express Consortium (Skye Air), Hepicopter Consortium (Marut Drones), and CurisFly Consortium (TechEagle Innovations) have reached Vikarabad and conducted test flights of their drones via VLOS and BVLOS. Following the launch, the consortia would continue to further test the endurance of their drones over longer distances and heavier payloads to establish reliability.

What's the scope?

Though drones have been used for photography, mapping, and other operations, the ongoing Covid-19 pandemic has widened its scope beyond limits. According to the plan, the consortia will demonstrate the utilisation of BVLOS flights in Vikarabad district with the Government Area Hospital as the take-off site and various PHCs and sub-centers as the landing sites. The private sector and start-up firms, through a collaboration with the state government, can be integrated into the government healthcare systems to ensure time and life-saving efforts compared to traditional delivery systems. In the case of the ongoing Covid vaccine inoculation drive, such a system can improve access to healthcare in rural and remote locations.

According to the Hepicopter consortium, one of the few to be selected for the project, India has the potential of using up to five UAVs or drones per district with a range of 40km and with a payload of 15 kg and endurance of two hours. With 718 districts in India, 3,600 drones can be deployed to distribute an effective weight of vaccines via each flight, or 15,000 kg vaccine distribution capability in a single day.

How does it work?

Speaking to *indianexpress.com* about the Hepicopter consortium, Prem Kumar Vislawath, founder and CEO of Marut Dronetech Private Limited, said an in-house app would allow the team at the pick-up point to receive a message about the required inventory from the drop-off location.

For example, the primary health center places a request via an app for vaccine supply or medicines from the district hospital and pick-up of samples in return. The team receives the message and loads the same at the drone's central hub. The drone takes off after regular pre-flight tests and checks of wind conditions, audio pilot systems, and GPS tracker. The coordinates are fed into the systems and once the drone is about to land, the PHC gets a notification and the personnel can go and collect the package at the drop-off point by keying in an OTP. After the required pick-up for the return flight, the drone flies back notifying the app.



Marut Drones have developed a Hepicopter 1.0, which can handle a 10-kg payload and a maximum flight range of 15 km, endurance of 30 minutes, and a flying altitude of 400 feet. This drone can hold four boxes, each carrying up to 10 units of blood or over 500 doses of vaccines. So, on a single flight, they can deliver 2,000 to 3,000 doses of vaccines.

Another multi rotor-wing battery-powered drone, Hepicopter 2.0 is gasoline-powered and has a payload capacity of 5 kg, a maximum endurance limit of 80 mins, a range of 80 km, and a flying altitude of 400 ft – 12000 ft. This drone can hold two boxes and can carry up to 1,000 doses of vaccines. The drones are either autonomous or manually operated based on the design.

“The uniqueness in our drone is that it can carry multiple temperature-controlled boxes which can maintain different temperatures. Our drones are autonomous, can fly long distances carrying heavy payloads and we created an app to simplify the operations,” said Vislawath. On average, covering a distance of 25 km could take about 30 minutes.

Other partners in the consortium are the Public Health Foundation of India (PHFI), Hi Rapid Lab, and Alpha Design Technologies.

Challenges and further opportunities

Swapnik Jakkampudi, Co-Founder, Skye Air Mobility, told indianexpress.com that the project is a big step for established logistics companies to partner with startups to leverage technology, speed up processes and solve problems. Skye Air is the drone delivery partner for logistics firms Blue Dart, [Flipkart](#), and Dunzo for three consortia. “We are starting with Blue Dart for a week and a week each for the other two partners. The criteria and demands are different. They come with different experiences and have different sectors as focus. Our drones can fly a distance of up to 10 km carrying up to a 5 kg payload. Seven or eight trips are possible in a day.”

The biggest challenge till now has been to understand the permissions and regulations. And drone delivery will be a game-changer very soon due to advancements in aerial technology, favourable government policy, and positive mindset of people, said Jakkampudi. The biggest outcome of this project would be that other governments and private players will be able to

learn from this experience enabling the industry to move forward. While drones are being put into use for the healthcare sector which is the need of the hour, the next big disruption will be the use of drones in e-commerce.

Principal Secretary (IT, E&C) to the Telangana government, Jayesh Ranjan said the project is Telangana's contribution to the country to showcase a model where drones can be used in some needy areas. “Already we are using drones in many areas such as recently seed balls are being dropped from the sky for planting trees in forest areas, we are using drones for the survey of mines. This (project) is to showcase the possibilities that technology can create. Currently, the focus is on healthcare requirements- vaccines, medicines, blood, etc. Any remote and inaccessible areas can be reached,” he said.

According to Hepicopter, the current class of drones can support vaccination in remote areas by safely transporting about 5000 doses of vaccine in one trip of a straight-line distance of 20 km. With 10 trips each by a pair of drones, 50,000 doses can be delivered in a day. The team is working on doubling the payload and distance.



Centre develops COVID-19 vaccine tracker to give vaccination-related information

By: [PTI](#) | New Delhi |
September 9, 2021 10:18:40 pm

ICMR Director General Balram Bhargava said the vaccine tracker has been developed by

synergising data from CO-WIN portal, National COVID-19 testing database and COVID-19 India portal.



A medic inoculates beneficiary with a dose of Covid-19 vaccine at a vaccination centre. (PTI)

The Centre has developed a [COVID-19](#) vaccine tracker by synergising data from three platforms to give information on various aspects of vaccination like effectiveness post inoculation.

Speaking at a briefing of the Union health ministry, ICMR Director General Balram Bhargava said the vaccine tracker has been developed by synergising data from CO-WIN portal, National COVID-19 testing database and COVID-19 India portal.

“The data have been synergised based on ICMR identification number and on the basis of mobile numbers. We have been able to get a vaccine tracker which is going to be online very soon on the Ministry of Health’s website,” he said.

The tracker gives week by week coverage of the first and second dose of vaccine and also their effectiveness.

Citing the data from COVID-19 tracker from April 18 to August 15, Bhargava said vaccine effectiveness in preventing mortality is 96.6 per cent and 97.5 per cent after the second dose.

“It is clear that after two doses, there is near for total protection of serious diseases and death,” V K Paul, NITI Aayog member (Health) said.

Vaccine is an important shield for protection against the novel [coronavirus](#) infection. This will change the scenario very dramatically, he said.

Ahead of the festive season, both the officials noted that mass gatherings have to be discouraged.

Bhargava said low-key observation of festivals this year will provide an opportunity to celebrate them in a bigger way next year. He also emphasised on “responsible travel” rather “revenge travel”.

The official added that use of protective masks needs to be continued.



Explained: What latest govt data reveals on Covid-19 vaccine effectiveness, preventing mortality

Coronavirus vaccination: 58 per cent of the eligible adult population in India have received the first dose, and 18 per cent is fully vaccinated.

Written by [Kaunain Sheriff M](#) , Edited by Explained Desk | New Delhi |

Updated: September 10, 2021 7:15:29 am

The Union Health Ministry has released the [data of the national vaccination drive](#) that showed the [Covid-19](#) vaccines being administered in the country offer near-total protection against serious disease and death.



A man gets inoculated with a dose of the Covishield vaccine at a temporary vaccination centre set up inside a multiplex cinema hall complex in Mumbai. (Express Photo: Ganesh Shirsekar)

What does the data reveal?

On Thursday, ICMR DG Dr Balram Bhargava released the preliminary data of the soon-to-be-launched vaccine tracker that has been synergised using the Cowin platform and the national Covid-19 testing database of the ICMR.

The real-time data of the Covid-19 vaccination between April 18 and August 15, showed that the Covid-19 vaccine effectiveness in preventing mortality after the first dose stood at 96.6 per cent; and it further enhanced after the second dose – and stood at an impressive 97.5 per cent.

What does a high percentage of effectiveness in preventing mortality indicate?

First, the data reaffirms that the eligible adult population, especially the vulnerable population, as well those with associated co-morbidities like diabetes, hypertension and cardiovascular disease should, on priority, get themselves vaccinated. The data is clear evidence that across all age groups – both Covishield and [Covaxin](#) – protect persons from both severe disease and death. Therefore, to significantly reduce the risk of death associated with the Covid-19, it is imperative for the entire adult population to get themselves vaccinated.

What are the public health implications of the high effectiveness of vaccines in preventing deaths?

From a public health perspective, the data clearly shows that higher vaccination coverage at the district level would mean significantly lesser hospitalisations. This would in turn ensure that the hospitals are not overwhelmed and that those with severe disease will be able to receive quality treatment.

As seen during the peak of ferocious second wave, as a significantly high percentage of the population was unvaccinated, the hospital infrastructure was overwhelmed.

Now, since 58 per cent of the eligible adult population in the country have received the first dose, and 18 per cent is fully vaccinated – and with vaccines offering high protection in preventing mortality – it is very likely that hospitals will not be overburdened with cases of severe infections at the levels recorded during the second wave, especially in districts with high vaccination coverage.

Does the data mean that vaccines are also able to prevent transmission?

No. Thursday's data released by the health ministry only related Covid-19 vaccine effectiveness in preventing mortality. The data does not show how many persons were infected post-vaccination.

Significantly, on Thursday, Dr Bhargava flagged that the Covid-19 vaccines are disease-modifying vaccines and not disease-preventing vaccines. So breakthrough infections will occur even after vaccination. That is why the government continues to recommend that strict use of masks and Covid-19 appropriate behaviour to break the chain of transmission.

One dose of Covid vaccine 96.6% effective in preventing death, second dose 97.5%: Govt data

With 58 per cent of the eligible adult population in the country having received the first dose, and 18 per cent fully vaccinated, the data suggests that a significant proportion of the adult population has protection against severe disease and death.

Written by [Kaunain Sheriff M](#) | New Delhi |
Updated: September 10, 2021 7:16:33 am



Mega covid-19 vaccination drive in progress at an Anganwadi in Bhadaj village in the outskirts of Ahmedabad. (Express Photo by Nirmal Harindran)

The four-month data of the national vaccination drive, released by the health ministry on Thursday, showed that [Covid-19](#) vaccine's effectiveness in preventing mortality after the first dose stood at 96.6 per cent – reaffirming that vaccines offer near-total protection against serious disease and death.

The real-time data of Covid-19 vaccination between April 18 and August 15, showed the vaccine effectiveness in preventing deaths

further enhanced after the second dose – and stood at an impressive 97.5 per cent.

Releasing the preliminary data on the effectiveness of vaccines in preventing death, DG [ICMR](#) Dr. Balram Bhargava, Thursday said the health ministry will soon be providing real-time vaccine tracker data that has been synergised using the CoWIN platform and the national Covid-19 testing database of the ICMR.

The data released on Thursday is significant. With 58 per cent of the eligible adult population in the country having received the first dose, and 18 per cent fully vaccinated, the data suggests that a significant proportion of the adult population has protection against severe disease and death.

“This dynamic data shows that vaccines being used in the national vaccination drive, even after the first dose, offers protection up to 95 percent against serious disease and death. It is clear that among the tools we are using in our fight against the pandemic, it is the vaccine tool, which is the most significant shield that is protecting us from death. It is also clear that if you give two doses there is near total protection against serious disease and death. This will change the scenario very dramatically,” Dr. V K Paul, Head of India's Covid-19 task force said.

“We have vaccines in abundance. Those who are still left out, need to come forward and get their first dose. We have to achieve 100 percent first dose coverage even more rapidly, which will ensure that protection against deaths,” Paul said.

Sharing the preliminary findings, Bhargava, also said the vaccine tracker shows that Covid-19 vaccines are effective against death in all age groups. Bhargava also said that the ICMR is working on data on the percentage of the vaccinated population, who got infected after vaccination.

“We should remember that these vaccines are disease-modifying vaccines and not disease-preventing vaccines. So breakthrough infections will occur even after vaccination. That is why we keep on recommending that we need to continue the use of mask and Covid-19 appropriate behaviour. We are analysing the data on break through infection,” Bhargava said.

On Thursday, Paul, said that the [National Technical Advisory Group on Immunisation](#) (NTAGI) is holding deliberations on the possible rollout of [vaccination for children](#). “When should the children be vaccinated is an evolving scientific and public health discourse. Only a few limited nations have had introduced vaccination for children. There is no recommendation from WHO that we should move in that direction. But the fact remains that the government is working actively in the direction of scientific validation of our vaccines for potential use in children,” Paul said.

“The Zydus vaccine has already been licensed for adolescents; we also know about its stockpile. Our scientific bodies are discussing on questions on how and when to give it to this group. The trials of [Covaxin](#) has also reached the final stages. Once, we have results, that vaccine will also be potentially available. The Biological E vaccine has also received an approval for phase 2 trials,” Paul said.

Paul, however, highlighted that vaccination of children, at present, based on scientific evidence, cannot be a requirement for re-opening of schools.

“Nowhere in the world, there is a requirement that to reopen schools, vaccination of children has to be done. That is not a criterion. However, it most desirable to vaccinate the teachers and the staff. Parents also have to vaccinated to protect themselves, if the child brings the virus to home,” Paul highlighted.

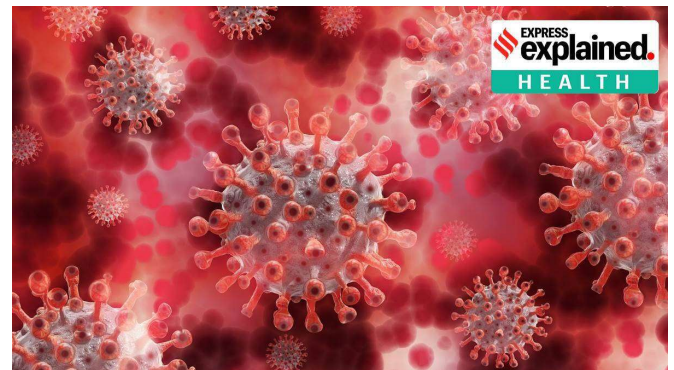
Mu variant of Covid-19: Reason for interest, but not yet a concern in India

The lineage B.1.621 variant, named ‘Mu’ after the twelfth letter of the Greek alphabet, was first detected in the South American country of Colombia in January 2021.

Written by [Aswathi Pacha](#)

Edited by Explained Desk | Kochi |

Updated: September 10, 2021 7:55:54 am



An illustration of the novel coronavirus. (Representational)

On August 30, the World Health Organization (WHO) [added a new variant](#) of SARS-CoV-2, the [coronavirus](#) that causes [Covid-19](#), to its list of ‘Variants of Interest’ (VOI).

The lineage B.1.621 variant, named ‘Mu’ after the twelfth letter of the Greek alphabet, was first detected in the South American country of Colombia in January 2021.

What is a Variant of Interest (and one of ‘Concern’)?

All viruses mutate or undergo certain changes over time, helping them to spread easily, escape our vaccines, medicines and survive.

There are several SARS-CoV-2 variants circulating globally.

[Mu is the fifth 'VOI'](#) to be monitored by the WHO. The other four VOIs, named according to the simplified scheme of nomenclature announced by the WHO on May 31 this year, are:

* Eta (lineage B.1.525, documented in multiple countries from December 2020);

* Iota (lineage B.1.526, first documented in the United States in November 2020);

* Kappa (lineage B.1.617.1, first documented in India in October 2020); and

* [Lambda](#) (lineage C.37, the so-called Peru variant, which was first documented in that country in December 2020).

WHO places a SARS-CoV-2 variant in the VOI list if it is seen to have certain "genetic changes that are predicted or known to affect virus characteristics such as transmissibility, disease severity, immune escape, diagnostic or therapeutic escape".

To be added to the VOI list, a variant must also be "identified to cause significant community transmission or multiple Covid-19 clusters in multiple countries", and suggest "an emerging risk to global public health".

More dangerous mutants are categorised as 'Variants of Concern' (VOC).

According to the WHO, a VOI can become a VOC if it is demonstrated to be associated with an increase in transmissibility or virulence, or with a "decrease in effectiveness of public health and social measures or available diagnostics, vaccines, and therapeutics".

Currently, four variants of the coronavirus are designated as variants of concern. They are:

* Alpha (lineage B.1.1.7, the so-called 'UK variant'), which was first detected in the United Kingdom in September 2020, and is now present in at least 193 countries around the world;

* Beta (lineage B.1.351, the so-called 'South Africa variant'), the first samples of which were detected in South Africa in May 2020, and which has so far been reported from 141 countries;

* Gamma (lineage P.1, the so-called 'Brazil variant'), which was first detected in Brazil in November 2020, and which has been reported in 91 countries;

* Delta (lineage B.1.617.2), the variant that was first reported in India in October 2020 and is now present in at least 170 countries. The highly transmissible [Delta variant](#) is now the dominant strain of the virus in India, and was responsible for the devastating second wave of Covid-19 in April-May this year.

So, what is the Mu variant of Covid-19?

According to the WHO's Covid-19 weekly epidemiological update published on August 31, the Mu variant (which includes the descendant Pango lineage B.1.621.1; known as 21H in Nextstrain nomenclature) has "a constellation of mutations that indicate potential properties of immune escape".

The WHO bulletin said that since being first identified in Colombia, a few cases and some larger outbreaks of the Mu variant have been reported from other countries in South America and in Europe.

As of Thursday (September 9), a total 5,599 sequences, including both B.1.621 and B.1.621.1, had been submitted by 47 countries to GISAID, the global research database on viruses.

The bulk of the submissions were from the United States (2,435) and Colombia (1,041), followed by Spain, Mexico, Chile, Ecuador, and Canada.

The variant has not been detected in India so far. It is also not present in Africa, Australia, and most of Asia. Globally, the cumulative prevalence of Mu is less than 0.5 per cent, according to outbreak.info, using GISAID data.

Mu variant of Covid-19: What we know about its transmissibility

A paper published last month in 'Infection, Genetics and Evolution' noted that the Mu variant has several substitutions affecting the spike protein and amino acid changes.

The mutations — E484K, N501Y, P681H, D614G — seen in the Mu variant have been reported in other VOIs and VOCs. These mutations are known to help the virus escape the body's immune defences and increase transmissibility.

According to the European Centre for Disease Prevention and Control, the Mu variant also has other spike mutations of interest (R346K) which need further study.

So can existing vaccines not work against Mu?

There are very few studies on this. In a letter to the editor published in July in the Journal of Medical Virology, a group of researchers from Italy wrote that the Pfizer/BioNTech vaccine was able to neutralise the Mu variant, but its effectiveness was less compared to other variants.

But this was a very small lab study, and more extensive research is needed.

The WHO bulletin last month said "Preliminary data presented to the [WHO's] Virus Evolution Working Group show a reduction in neutralization capacity of convalescent and vaccinee sera similar to that seen for the Beta variant", but cautioned that "this needs to be confirmed by further studies".

That said, the possibility of the virus mutating into new and potentially more dangerous variants is constant. Experts and public health agencies around the world have urged universal vaccination against the coronavirus as quickly as possible.



WHO chief urges halt to booster shots for rest of the year

WHO Director-General Tedros Adhanom Ghebreyesus also said he was "appalled" after hearing comments Tuesday from a top association of pharmaceutical manufacturers that vaccine supplies are high enough to allow for both booster shots for people in well-supplied countries and first jabs in poorer countries that face shortages.

By: [AP](#) |
September 9, 2021 10:22:44 am

Rich countries with large supplies of [coronavirus](#) vaccines should refrain from offering booster shots through the end of the year and make the doses available for poorer countries, the head of the World Health Organization said Wednesday, doubling down on an earlier appeal for a "moratorium" on boosters that has largely been ignored.

WHO Director-General Tedros Adhanom Ghebreyesus also said he was "appalled" after hearing comments Tuesday from a top association of pharmaceutical manufacturers that vaccine supplies are high enough to allow for both booster shots for people in well-supplied countries and first jabs in poorer countries that

face shortages. He said that's already been the case.

"I will not stay silent when companies and countries that control the global supply of vaccines think the world's poor should be satisfied with leftovers," he told a news conference. "Because manufacturers have prioritized or been legally obliged to fulfill bilateral deals with rich countries willing to pay top dollar, low income countries have been deprived of the tools to protect their people."

Tedros had previously called for a moratorium on boosters through the end of September. But wealthy countries, including Britain, Denmark, France, Greece, Germany, and Spain, have begun or are considering plans to offer third shots of two-dose vaccines to their vulnerable people such as the elderly or those with compromised immune systems.

Israel has been providing third doses to a wide swath of people who already received a full two-dose regimen months earlier. And last month, United States health officials recommended that all Americans get boosters to shore up their protection amid evidence that the vaccines' effectiveness is falling. WHO officials insist the scientific justification for boosters remains unclear.

Tedros acknowledged that third doses might be necessary for at-risk groups, but said: "We do not want to see widespread use of boosters for healthy people who are fully vaccinated."

Responding to the WHO calls on booster shots, White House press secretary Jen Psaki said the U.S. has donated and shared about 140 million doses with over 90 countries, "more than all other countries combined."

She added: "From Senegal to South Africa to India, we've made significant investments in boosting global productions of COVID vaccines. At the same time, the President and this

administration has a responsibility to do everything we can to protect people in the United States."

U.S. health officials are continuing to assess the science and utility of boosters, and there are growing indications that the U.S. may miss the Biden administration's Sept. 20 target date for a wide rollout of extra shots for vaccinated people.

The WHO chief said he received a message of "clear support" from health ministers at a meeting of the influential Group of 20 countries this week for a commitment to help hit a WHO target that all countries vaccinate at least 40% of their people by year's end.

"A month ago, I called for a global moratorium on booster doses, at least until the end of September to prioritize vaccinating the most at risk people around the world who are yet to receive their first dose," Tedros said. "There has been little change in the global situation since then."

"So today, I'm calling for an extension of the moratorium until at least the end of the year to enable every country to vaccinate at least 40% of its population," he said.

The WHO says 5.5 billion coronavirus vaccine doses have been administered so far, but 80% of those have been to upper- and middle-income countries. Rich countries have also offered to donate 1 billion doses to other countries, but fewer than 15% of those doses have "materialized," Tedros said. He noted that manufacturers have pledged to prioritize the U.N.-backed COVAX program, which aims to get vaccines to the neediest people in the world _ no matter how wealthy the country.

"We don't want any more promises. We just want the vaccines," the WHO chief said.

Only 0.3 per cent of fully vaccinated population got infected with Covid-19: BMC data

This means that only 0.3 per cent of the vaccinated population got a breakthrough infection, the civic body added. Breakthrough infection is referred to the phenomenon of the virus “breaking through a protective barrier provided by the vaccine.”

Written by [Sanjana Bhalerao](#) | Mumbai |
Updated: September 9, 2021 8:01:01 am



A medic inoculates beneficiary with a dose of Covid-19 vaccine at a vaccination centre. (PTI)

Out of 28.88 lakh fully vaccinated citizens in the city, only 9,018 got infected with [Covid-19](#), according to data released by the Brihanmumbai Municipal Corporation's (BMC) health department.

This means that only 0.3 per cent of the vaccinated population got a breakthrough infection, the civic body added. Breakthrough infection is referred to the phenomenon of the virus “breaking through a protective barrier provided by the vaccine.”

Earlier Wednesday, COVAX managers again scaled back their target to ship doses this year, projecting about 1.4 billion doses will be available through the program by year-end _ down from about 1.8 billion previously. They had originally hoped to ship 2 billion doses this year.

Gavi, the Vaccine Alliance, which co-runs the program, said COVAX has faced setbacks including export restrictions from hard-hit India _ a key producer of vaccines _ as well as regulatory hurdles for some vaccine candidates and manufacturing troubles elsewhere. But it also said deliveries are ramping up strongly, and another 1.1 billion doses are expected to be available by year-end through the program, up from 330 million so far. Most of those doses have gone to or are destined for poorer countries.

The International Federation of Pharmaceutical Manufacturers and Associations said Tuesday that about 1.5 billion [COVID-19](#) vaccine doses are now being produced every month, and cited projections that a total of 12 billion will have been produced by year-end.

Dr. Bruce Aylward, a top adviser to Tedros, acknowledged that “some countries may be going ahead with decisions” to widely administer boosters, but that the WHO call for a moratorium “makes a real difference.” He said some countries — which he did not identify — have approached the WHO about whether booster policies could be delayed.

But admittedly, the WHO's first call for a moratorium through September has not fixed the gaping imbalance in access to vaccines.

“(O)ur role is to make sure that we put forward the strongest possible arguments and way out of this pandemic, and the way out of that is a moratorium and to extend it,” Aylward said. “Because since the last time we called for it, the equity gap has gotten greater, the amount of vaccine available to low-income countries has gone.

Of these breakthrough cases, 6,016 had completed 15 days after the second dose, while the rest 2,912 citizens caught the infection before the lapse of the two-week period.

Civic officials said that no vaccine provides 100 per cent protection but the data clearly shows vaccine protects the majority of the population. Officials said the infection rate was even lower among people who are following Covid-appropriate behaviour like wearing masks and avoiding crowds. BMC said there was no information available on the number of fatalities among the fully vaccinated lot.

An article by the Centre of Disease Control and Prevention titled "Possibility of Covid-19 illness after vaccination" highlights that in the case of Covid-19, the vaccine's main goal is to reduce the impact of the infection and prevent it from causing a serious illness, making the impact less life-threatening. "Even when fully vaccinated people develop symptoms, they tend to be less severe than that among unvaccinated people. This means they are much less likely to be hospitalised or die than people who are not vaccinated," the article dated August 23 stated.

Meanwhile, 530 cases of Covid-19 infections were detected in the city in the last 24 hours. With 48,521 tests conducted in a 24-hour-period, the daily positivity rate was 1.09 per cent. Since September 1, the city has been recording more than 400 cases daily, with the positivity rate hovering over 1 per cent.

Since August 25, the number of new daily Covid positive cases in Mumbai has consistently been crossing the 300-mark, breaching 400 on September 1 when the city reported 416 new cases, according to data from the civic body.

With the rise in the cases, the number of sealed buildings in the city has also increased. From 22 buildings on August 22, there are as many as 50 buildings that are sealed by the BMC as of now.

The number of active cases increased from 2,834 on August 15 to 3,895 on September 8. The rise in cases is worrying as it comes close on the heels of the 10-day Ganapati festival, which starts on Friday.

BMC has appealed to citizens to celebrate the festival in a simple manner, not to crowd the markets, and practise other Covid-19 appropriate behaviour.

In a bid to increase the number of fully vaccinated citizens in the city, the BMC has planned a special drive on Thursday for those eligible for a second dose of the vaccine. A similar drive was conducted on September 4, when civic-run centres administered a second dose to 81,705 citizens.



The pandemic has set back the fight against HIV, TB and malaria

The pandemic has flooded hospitals and disrupted supply chains for tests and treatments. In many poor countries, the coronavirus crisis diverted limited public health resources away from treatment and prevention of these diseases.

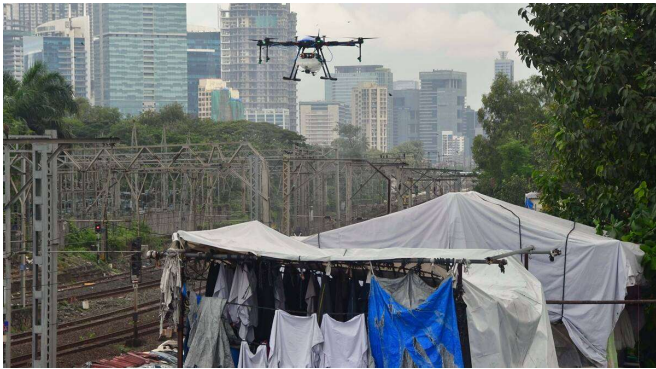
By: [New York Times](#) |
September 8, 2021 2:19:39 pm

Written by Apoorva Mandavilli

[The coronavirus pandemic](#) has severely set back the fight against other global scourges like HIV, tuberculosis and malaria, according to a sobering new report released Tuesday.

Before the pandemic, [the world had been making strides](#) against these illnesses. Overall,

deaths from those diseases have dropped by about half since 2004.



Before the pandemic, the world had been making strides against global scourges like HIV, tuberculosis and malaria. (Representational image via PTI)

“The advent of a fourth pandemic, in COVID, puts these hard-fought gains in great jeopardy,” said Mitchell Warren, executive director of AVAC, a nonprofit organization promoting HIV treatment worldwide.

The pandemic has flooded hospitals and disrupted supply chains for tests and treatments. In many poor countries, the [coronavirus](#) crisis diverted limited public health resources away from treatment and prevention of these diseases.

Many fewer people sought diagnosis or medication, because they were afraid of becoming infected with the coronavirus at clinics. And some patients were denied care because their symptoms, such as a cough or a fever, resembled those of [COVID-19](#).

Unless comprehensive efforts to beat back the illnesses resume, “we’ll continue to play emergency response and global health whack-a-mole,” Warren said.

The report was compiled by the Global Fund, an advocacy group that funds campaigns against HIV, malaria and tuberculosis.

Before the arrival of the coronavirus, TB was the biggest infectious-disease killer worldwide, claiming more than 1 million lives each year. The pandemic has exacerbated the damage.

In 2020, about 1 million fewer people were tested and treated for tuberculosis, compared with 2019 — a drop of about 18%, according to the new report.

The number of people treated for drug-resistant TB declined by 19%, and for extensively drug-resistant TB by 37%. Nearly 500,000 people were diagnosed with drug-resistant TB in 2019.

“We’ve been hit really hard on TB,” said Peter Sands, executive director of the Global Fund. “I’m afraid that inevitably means hundreds of thousands of extra deaths.”

India, which has the highest TB burden in the world, had resumed its pre-COVID rate of TB diagnoses by late 2020, but the outbreak this past spring is likely to have reversed that progress, Sands said.

A drop in TB diagnoses can have far-reaching consequences for a community. One person with untreated TB can spread bacteria to as many as 15 people each year.

Compared with 2019, the number of people in 2020 who sought testing for HIV declined by 22%, and the number who opted for HIV prevention services fell by 12%. Medical male circumcision, thought to slow the spread of the virus, decreased by 27%.

“Because there isn’t a cure for HIV, every single person who gets infected is a long-term impact,” Sands said.

Diagnoses of malaria fell by a small amount, according to the report. Most countries were able to adopt measures that limited the effect on diagnosis and treatment.

As many as 115 million people have been driven into extreme poverty because of COVID-19, further limiting their access to treatment and support. In some countries, school closures and lockdowns made it particularly difficult for adolescent girls and young women to receive health services.

There were a few glimmers of hope amid the bleak news: The crisis forced health agencies and ministries in many poor countries to adopt innovations that may outlast the pandemic. Among them: dispensing to patients multi-month supplies of TB and HIV drugs, as well as condoms, lubricants and needles; using digital tools to monitor TB treatment; and testing simultaneously for HIV, TB and COVID-19.

For example, in Nigeria, community health workers who tested people for COVID also looked for cases of HIV and TB. As a result, the country became one of the few to see a rise in HIV diagnoses compared with 2019.

In Ouagadougou, Burkina Faso, community health workers on motorbikes delivered insecticide-treated bed nets door to door, rather than distributing them from trucks in village squares. This approach allowed them to reach more households than before and helped to cut down the number of malaria infections.

"It's a bit more expensive" to deliver nets to individual households, Sands said, but "that was an investment that was clearly worth doing."

To minimize the effect of the pandemic, the Global Fund has spent about \$1 billion more than its usual budget, Sands said. In March 2020, the organization released \$500 million to help countries cope; as of August 2021, it had raised \$3.3 billion for use in 107 countries.

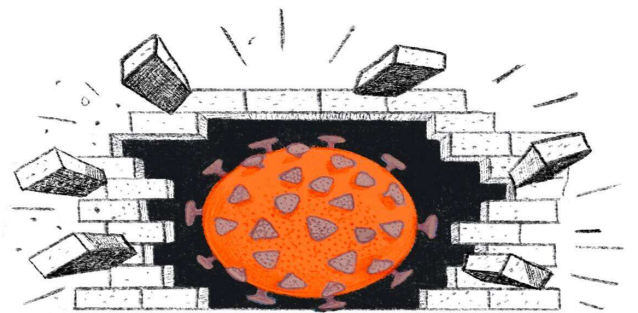
The funds have been used to shore up health systems, to provide tests, treatments and oxygen, and to give personal protective equipment to health care workers.

Worried about breakthrough infections? what vaccinated people need to know

Experts say anxiety about breakthrough infections remains pervasive, fueled in part by frightening headlines and unrealistic expectations about the role of vaccines.

By: [New York Times](#) |

Updated: September 8, 2021 10:55:55 am



Experts say anxiety about breakthrough coronavirus infections remains pervasive, fueled in part by frightening headlines and unrealistic expectations about the role of vaccines. (Annelise Capossela/The New York Times)

Many people are seeking definitive answers about what they can and can't do after being vaccinated against [COVID-19](#). Is it OK to travel? Should I go to a big wedding? Does the [delta variant](#) make spending time with my vaccinated grandmother more risky?

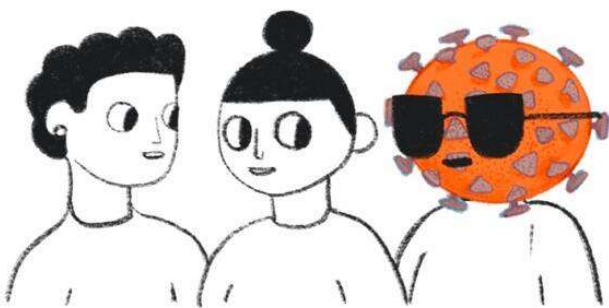
But there's no one-size-fits-all answer to those questions because risk changes from one individual to the next, depending on a person's overall health, where they live and those they spend time with. The bottom line is that vaccines are highly protective against serious illness, and, with some precautions, will allow people to

return to more normal lives, experts say. A recent study in Los Angeles County showed that while breakthrough infections can happen, the unvaccinated are 29 times as likely to end up hospitalized from COVID-19 as a vaccinated person.

Experts say anxiety about breakthrough infections remains pervasive, fueled in part by frightening headlines and unrealistic expectations about the role of vaccines.

“There’s been a lot of miscommunication about what the risks really are to vaccinated people, and how vaccinated people should be thinking about their lives,” said Dr. Ashish K. Jha, dean of the Brown University School of Public Health. “There are people who think we are back to Square 1, but we are in a much, much better place.”

While the delta variant is causing a surge in infections in various hot spots around the country, including Florida and Louisiana, there will eventually be an end to the pandemic. Getting there will require ongoing precautions in the coming months, but vaccinated people will have more freedom to enjoy life than they did during the early lockdowns. Here are answers to some common questions about the road ahead.



Is it still safe to gather unmasked with vaccinated people? In many cases it will be safe, but the answer depends on a number of variables. (Annelise Capossela/The New York Times)

What’s my risk of getting COVID if I’m vaccinated?

To understand why there is no simple answer to this question, think about another common risk: driving in a snowstorm. While we know that tens of thousands of people are injured or killed each year on icy roads, your individual risk depends on local conditions, the speed at which you travel, whether you’re wearing a seat belt, the safety features on your car, and whether you encounter a reckless driver on the road.

Your individual risk for COVID after vaccination also depends on local conditions, your overall health, the precautions you take, and how often you are exposed to unvaccinated people who could be infected.

“People want to be told what to do — is it safe if I do this?” said Dr. Sharon Balter, director of the Division of Communicable Disease Control and Prevention at the Los Angeles County Department of Public Health. “What we can say is, ‘These are the things that are more risky, and these are the things that are less risky.’”

Balter’s team has recently collected surveillance data that give us a clearer picture of the difference in risk to the vaccinated and unvaccinated as the delta variant surged from May 1 through July 25. They studied infections in 10,895 fully vaccinated people and 30,801 unvaccinated people. The data showed that:

— The rate of infection in unvaccinated people is five times the rate of infection in vaccinated people. By the end of the study period, the age-adjusted incidence of COVID-19 among unvaccinated persons was 315.1 per 100,000 people over a seven-day period compared with 63.8 per 100,000 incidence rate among fully vaccinated people. (Age adjustment is a statistical method used so the data are representative of the general population.)

— The rate of hospitalization among the vaccinated was 1 per 100,000 people. The age-adjusted hospitalization rate in unvaccinated persons was 29.4 per 100,000.

— Older vaccinated people were most vulnerable to serious illness after a breakthrough infection. The median age of vaccinated people who were hospitalized for COVID was 64 years. Among unvaccinated people who were hospitalized, the median age was 49.

— The delta variant appears to have increased the risk of breakthrough infections to vaccinated people. At the start of the study, before delta was dominant, unvaccinated people became infected 10 times as often as vaccinated people did. By the end of study period, when delta accounted for almost 90% of infections, unvaccinated people were five times as likely to get infected as vaccinated people.

What's the chance of a vaccinated person spreading COVID-19?

While unvaccinated people are by far at the highest risk for catching and spreading COVID-19, it's also possible for a vaccinated person to become infected and transmit the illness to others. A recent outbreak in Provincetown, Massachusetts, where thousands of people gathered in bars and restaurants, showed that vaccinated people can sometimes spread the virus.

Even so, many experts believe the risk of getting infected from a vaccinated person is still relatively low. Jha noted that after an outbreak among vaccinated and unvaccinated workers at the Singapore airport, tracking studies suggested that most of the spread by vaccinated people happened when they had symptoms.

“When we've seen outbreaks, like those among the Yankees earlier in the year and other cases, almost always people are symptomatic when

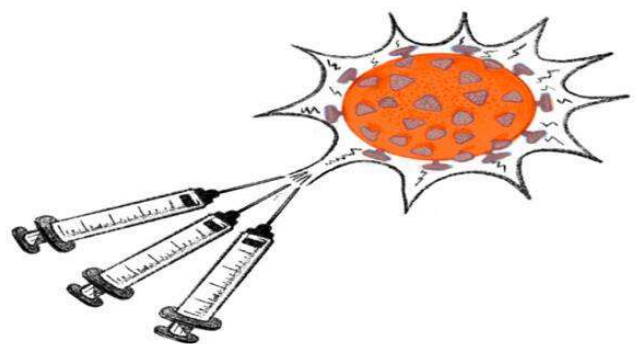
they're spreading,” Jha said. “The asymptomatic, presymptomatic spread could happen, but we haven't seen it among vaccinated people with any frequency.”

Another study from Singapore looked at vaccinated and unvaccinated people infected with the delta variant. The researchers found that while viral loads in vaccinated and unvaccinated workers are similar at the onset of illness, the amount of virus declines more rapidly in the vaccinated after the first week, suggesting vaccinated people are infectious for a shorter period of time.

Is it still safe to gather unmasked with vaccinated people?

In many cases it will be safe, but the answer depends on a number of variables. The risk is lower with a few close family members and friends than a large group of people you don't know. Outdoor gatherings are safer than indoor gatherings. What's the community transmission rate? What's the ventilation in the room? Do you have underlying health issues that would make you vulnerable to complications from COVID-19? Do any of the vaccinated people have a fever, sniffles or a cough?

The people who have the most to gain from booster



shots are older people, transplant patients, people with compromised immune systems or those with underlying conditions that put them at high risk for complications from COVID-19. (Annelise Capossela/The New York Times)

"The big question is can five people sit around a table unmasked if we know they're all vaccinated," Jha said. "I think the answer is yes. The chances of anybody spreading the virus in that context is exceedingly low. And if someone does spread the virus, the other people are not going to get super sick from it. I certainly think most of us should not fear breakthrough infections to the point where we won't tolerate doing things we really value in life."

For larger gatherings or even small gatherings with a highly vulnerable person, rapid antigen testing using home testing kits can lower risk. Asking people to use a test a few days before the event, and then the day of the event, adds another layer of protection. Opening windows and doors or adding a HEPA air cleaner can also help.

Can unvaccinated children go to school safely?

Children under 12 probably will not be eligible for vaccination until the end of the year. As a result, the best way to protect them is to make sure all the adults and older kids around them are vaccinated. A recent report from the Centers for Disease Control and Prevention found that an unvaccinated elementary schoolteacher who didn't wear a mask spread the virus to half of the students in a classroom.

Studies show that schools have not been a major cause of COVID-spreading events, particularly when a number of prevention measures are in place. A combination of precautions — masking indoors, keeping students at least 3 feet apart in classrooms, keeping students in separate cohorts or "pods," encouraging hand washing and regular testing, and quarantining — have been effective. While many of those studies occurred before the delta variant became dominant, they also happened when most teachers, staff and parents were unvaccinated, so public health experts are hopeful that the same precautions will work well in the fall.

Balter noted that masking in schools, regular testing and improving ventilation will keep children safer, and that parents should be reassured by the data.

"The level of illness in children is much less than adults," she said. "You do weigh all these things, but there are also a lot of consequences to not sending children to school."

Can a vaccinated person visit with an elderly vaccinated person indoors without a mask?

In many cases it will be relatively safe for vaccinated people to spend time, unmasked, with an older relative. But the risk depends on local conditions and the precautions the visitor has taken in the days leading up to the visit. In areas where community vaccination rates are low and overall infection rates are high, meeting outdoors or wearing a mask may be advised.

If you're vaccinated but have been going to restaurants, large gatherings or spending time with unvaccinated people, it's a good idea to practice more [social distancing](#) in the days leading up to your visit with an older or vulnerable person. Home testing a few days before the visit and the day of the visit will add another layer of protection.

Gregg Gonsalves, an assistant professor of epidemiology at the Yale School of Public Health, said he recently visited his 87-year-old mother and did not wear a mask. But that is because both of them are vaccinated and he still works mostly from home, lives in a highly vaccinated area and has low risk for exposure. He is also investing in home testing kits for reassurance that he is not infectious.

"If I just came back from a big crowded gathering, and I had to go see my mom, I would put on a mask," he said.

Is it safe to work in an office?

A vaccine success in Europe that sinks in the east

While 80% of the adult populations in countries such as Belgium, Denmark and Portugal have been fully vaccinated, in Bulgaria that figure plunges to only about 20%, while in Romania it lags at around 32%, according to European authorities.

By: [New York Times](#) | Brussels |
September 8, 2021 10:34:28 am



A COVID-19 vaccination center in Walbrzych, Poland, on May 17, 2021. (Maciek Nabrda/ik/The New York Times)

Written by Elian Peltier, Boryana Dzhambazova and Monika Pronczuk

More than 70% of the European Union's adult population has been fully vaccinated, making it one of the world's vaccination leaders. But some Eastern European countries are lagging far behind, exposing the bloc to new waves of infections and creating a divide that EU officials and experts say could hamper recovery efforts.

While 80% of the adult populations in countries such as Belgium, Denmark and Portugal have been fully vaccinated, in Bulgaria that figure plunges to only about 20%, while in Romania it lags at around 32%, according to European authorities.

The answer depends on the precautions your workplace has taken. Does the company require proof of vaccination to come into the office? Are unvaccinated people tested regularly? What percentage of people in the office are unvaccinated? What steps did your company take to improve indoor air quality? (Upgrading the filters in ventilation systems and adding stand-alone HEPA air cleaners are two simple steps that can reduce viral particles in the air.)

Offices that mandate vaccination will be safer, but vaccination rates need to exceed 90%. Even an 85% vaccination rate is not enough, Jha said. "It's not going to work because one of those 15% unvaccinated is going to cause an outbreak for every single person in that room," he said. "You do not want a bunch of unvaccinated people running around your offices."

Should I get a booster shot, and will it help protect me against delta?

The people who have the most to gain from booster shots are older people, transplant patients, people with compromised immune systems or those with underlying conditions that put them at high risk for complications from COVID. People who received the single-dose Johnson & Johnson vaccine may also be good candidates for a second dose.

But many experts say healthy people with normal immune systems who received a two-dose mRNA vaccine from Pfizer or Moderna won't get much benefit right now from a third shot because their vaccine antibodies still offer strong protection against severe illness. That said, the Biden administration appears to be moving ahead with offering booster shots to the general public starting as soon as the week of Sept. 20.

The high numbers in Western European countries are an achievement that few would have believed possible earlier this year, when EU member countries, embroiled in sluggish rollouts, quarreled with bloc officials and vaccine-makers over delivery issues.

But vaccination rates in Eastern and Central Europe are all below the bloc's average, with Bulgaria and Romania among the starkest examples. Those countries, along with the Czech Republic, Hungary and Poland, also have some of the highest excess mortality rates across the European Union during the pandemic — one measure of how many deaths the [coronavirus](#) has caused.

In many cases, vaccination programs in the European Union have been successful, despite a sluggish start that probably caused thousands of additional deaths.

Twenty-two of the bloc's 27 member states have now fully vaccinated more than half of their population. And EU officials have argued that smaller, poorer countries would have struggled to acquire doses on their own had the European Commission, the bloc's executive arm, not secured vaccines on behalf of national governments.

But inoculation rates have fallen in recent weeks, particularly in countries such as Poland and Slovakia, and deaths have surged in countries including Bulgaria and Romania, leading to concern from the bloc's authorities.

"We cannot afford to have parts of Europe less protected. This makes us all more vulnerable," said Stella Kyriakides, the EU's health commissioner.

Countries such as France and Germany are about to vaccinate millions with booster shots. Spain is aiming to inoculate 90% of its total population soon. And Italy is considering making vaccinations mandatory. But large swaths of the

populations of Eastern European nations have yet to receive a single dose.

"The story we hear about the pandemic in France, Germany or the Netherlands is very different than the one we hear in Bulgaria or Poland," said Ivan Krastev, a Bulgarian political scientist and co-author of a report on the perceptions of the pandemic in 12 EU countries.

The scarcity of doses that dogged early vaccination campaigns across the bloc is no longer an issue. Instead, misinformation, distrust of authorities and ignorance about the benefits of inoculation seem to be behind the low uptake in Central and Eastern Europe.

The World Health Organization warned last month that 230,000 people in Europe could die of the coronavirus by December, citing slowing vaccination rates and the lack of restrictive measures to combat the spread.

The situation is even more dire in some of the European Union's neighbors, which the bloc has promised to supply with vaccine doses. Just 23% of Albania's total population has been fully vaccinated, and that number falls to 11% in Georgia and 3% in Armenia.

A wave of coronavirus deaths in the fall and winter could cast a shadow on the success story that EU officials have touted in recent weeks.

"Europe's [COVID-19](#) experience has been a tale of two pandemics — and the differences in each story could haunt the continent for many years to come," noted the report co-authored by Krastev, which was published by the European Council on Foreign Relations, a research institute.

Bulgaria, which has the lowest vaccination rate in the European Union, also has the bloc's highest death rate, adjusted per population. "The last place in vaccinations ranks us first in mortality," the country's health minister, Stoycho Katsarov, acknowledged this month. "That's the

logical connection.” Authorities implemented fresh restrictions this week on the hospitality sector and cultural venues to try to curb a surge of cases and deaths.

In Romania, the vaccine uptake was once one of the highest in the European Union, but it has slowed so much that EU officials wonder if it has already reached a glass ceiling.

Many in villages and small towns have shunned the shots, with some wrongly believing myths including that vaccines are more dangerous than the virus.

Access is not the problem, according to Valeriu Gheorghita, head of Romania’s efforts. “We have fixed vaccination centers, mobile vaccination centers, drive-in vaccination centers,” he said, and still, he noted, more than half of those living in rural areas had yet to be inoculated.

Romania has had to sell or donate millions of unused doses, including to other EU countries; Bulgaria, likewise, has passed on hundreds of thousands.

Roma people, who constitute around 10% of the populations of Romania and Bulgaria, are even less willing to get vaccinated, according to the medical journal *The Lancet*. Activists in both countries have criticized their governments for failing to adequately include the group in their inoculation efforts.

In Bulgaria, as coronavirus wards in hospitals fill up, resorts on the Black Sea teem with tourists. In Sofia, the capital, inoculations have reduced to a trickle, and vaccination centers are mostly empty.

At a center this month, Mariela Metodieva, 34, said she had decided to get inoculated after a vaccinated friend had become infected with COVID-19 and developed only mild symptoms,

while several unvaccinated relatives had been admitted to the intensive care unit.

Metodieva, a shop assistant, said she still doubted the efficacy and safety of the shots. “We are either going to die from COVID-19 or from the vaccine,” she said.

Studies have shown that side effects caused by the vaccines are rare, but Bulgarian news outlets have given an outsize platform to skeptics.

Political instability has also compounded vaccination efforts in Bulgaria as the country is about to face its third national election in a year. “The political elite hasn’t taken responsibility to push for a nationwide inoculation campaign,” said Vessela Tcherneva, deputy director of the European Council on Foreign Relations and head of its Sofia office.

There are other, structural issues, Tcherneva added, noting that anti-vaccine sentiment in Eastern and Central Europe was rooted in a deep mistrust of state institutions. That could explain why governments have been reluctant to implement vaccine mandates like those enforced in France and Italy, she said.

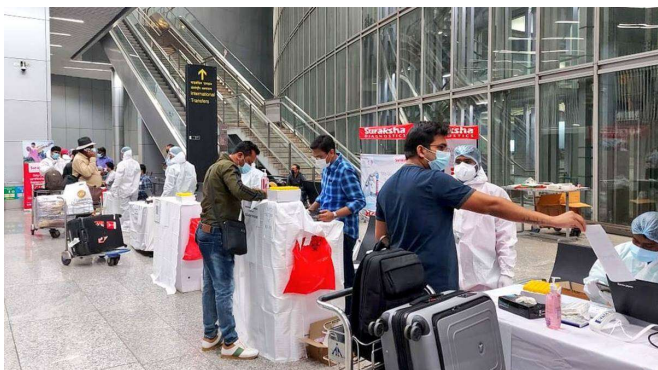
The European Commission said it has been helping governments fight misinformation, but EU officials have limited leverage because member countries are in charge of their own vaccination campaigns.

“The European Commission has done all it could do,” Tcherneva said. “It can help countries buy vaccines, which it has done, it can make sure that all EU citizens have access to them, but it cannot enforce or push governments on how to administer them.”

RT-PCR test now must for passengers arriving from seven more countries

The Covid-19 toll in West Bengal rose to 18,522 on Tuesday with 7 more people succumbing to the disease, a bulletin released by the state health department said.

By: [Express News Service](#) | Kolkata |
Updated: September 8, 2021 5:32:05 am



Passengers showing their Covid-19 test reports at designated counters at Kolkata Airport. (Source: Twitter/Kolkata Airport)

International passengers coming from seven countries will have to undergo RT-PCR for Covid on arrival in India, irrespective of negative Covid test report before boarding or vaccination status, as per a Union health ministry directive. The move is on the lines of similar norms in place for passengers from/transiting through the UK or Brazil. The newly added countries are New Zealand, Mauritius, Zimbabwe, Botswana, China, Bangladesh and South Africa.

A meeting was held in Swastha Bhaban today to decide the new protocols for international travellers.

The Covid testing will be a paid service at the airport itself, or the passenger(s) would be sent to CNCI for testing, if free service is sought.

The [Covid-19](#) toll in West Bengal rose to 18,522 on Tuesday with 7 more people succumbing to the disease, a bulletin released by the state health department said.

With 601 fresh cases of infection registered in different parts of the state, the tally went up to 15,53,177, it said. The discharge rate in West Bengal rose to 98.27 per cent with 687 more people recovering from the disease in the last 24 hours. The percentage of positive cases out of the samples tested stood at 1.67 per cent, it said. The number of active cases went down to 8387 from 8480 on Monday.

A total of 1,15,26,268 patients have recuperated from the disease thus far. Of the 7 deaths recorded on Tuesday, Nadia Hooghly and North 24 Paraganas recorded two deaths while South 24 Paraganas recorded 1 death, the bulletin said.

As many as 17,27,2409 samples have been tested in the state so far, the bulletin said.

Chile authorizes Sinovac vaccine for kids of 6 and older

Chile has reported more than 1.6 million Covid-19 cases and more than 37,100 deaths.

By: [AP](#) | Santiago |
Updated: September 7, 2021 10:04:07 am



In Latin America, a few countries have approved only the Pfizer vaccine for children 12 and older. (Photo: Reuters)

Chilean health authorities approved on Monday the use of the Sinovac vaccine against the [coronavirus](#) for 6-year-old children and older and became the first Latin American country to take that step.

Heriberto Garc, a director of Chile's Public Health Institute, said the institution approved the new measure by five votes in favour and one against.

Now, the Health Ministry has to determine dates and the mechanism to start vaccinations.

The approval was taken in a moment that the South American nation has fully immunized more than three-fourths of its adult population.

The Catholic University of Chile is currently conducting a study with 4,000 children aged 3 and 17 to study the Sinovac effects on them. But Garc said the experts at the Public Health Institute based their decision on a review of information given by the Sinovac laboratory and information published in medical journals.

In Latin America, a few countries have approved only the Pfizer vaccine for children 12 and older. China has authorized Sinovac and Sinopharm vaccines for children ages 3 to 17.

Few regulators around the world have evaluated the safety of Covid-19 shots in kids, but the approvals are starting. The United States,

Canada, Singapore and Hong Kong are all allowing the use of the Pfizer vaccine in children as young as 12.

Chile has reported more than 1.6 million Covid-19 cases and more than 37,100 deaths.



It's time for a national conversation on how to live with the virus

Vikram Patel writes: The right path must lead towards fully reopening society. The goal is not to eliminate the infection but to reduce sickness and mortality to as low as one possibly can.

Written by [Vikram Patel](#) |

Updated: September 9, 2021 7:44:00 am



I vividly recall when we were told that the pandemic would end in May 2020 thanks to the country's dramatic and brutal lockdown. Then, when the first wave appeared soon after the lockdown relaxed, that universal masking would help beat the pandemic. Then, when this first wave mysteriously petered out despite low levels of masking, we were told this was because a very high proportion of people had experienced

asymptomatic infections. This implied that the virus had swept across the land, and most people were not even aware that they had been infected. We had miraculously attained that fabled goal of “herd immunity”. By Diwali 2020, we thought the nightmare was behind us and bars, wedding venues and holiday destinations began heaving with people, celebrating that the virus had been beaten and that we were well on our way back to normal.

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