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# *news* **bulletin** *Library*



# NEWS BULLETIN

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THE  HINDU

## Avoid steroids, get tested for TB if cough persists, says Centre in new Covid guidelines

The guidelines recommend testing for tuberculosis and other conditions if cough persists for more than 2-3 weeks.

By: [Express Web Desk](#) | New Delhi |  
Updated: January 18, 2022 10:31:07 pm



Patients receive treatment inside a shehnaai banquet hall, converted into Covid-19 isolation center, in New Delhi, on Wednesday. (Express Photo By Amit Mehra)

Doctors treating patients with [coronavirus](#) disease ([Covid-19](#)) should avoid prescribing steroids and get them tested for tuberculosis if severe cough persists, the Union Ministry of Health and Family Welfare has said in its updated set of guidelines.

இந்து  தமிழ்  
திசை

-3 வாரங்களுக்கு மேல் இருமல் நீடித்தால் காசநோய் பரிசோதனை செய்வது அவசியம்: புதிய கரோனா வழிகாட்டு நெறிமுறைகள் வெளியீடு

புதுடெல்லி: இரண்டு மூன்று வாரங்களுக்கு மேல் இருமல் நீடித்தால் காசநோய்பரிசோதனை செய்து கொள்ளவேண்டியது அவசியம் என்று மத்திய அரசு வெளியிட்டுள்ள புதிய கரோனா வழிகாட்டு நெறிமுறைகளில் தெரிவிக்கப்பட்டுள்ளது.



நாடு முழுவதும் கரோனா தொற்று அதிகரித்து வரும் சூழலில், மத்திய அரசு சார்பில் பெருந்தொற்றுக்கு சிகிச்சை அளிக்கும் வழிகாட்டு நெறிமுறைகள் அவ்வப்போது வெளியிடப்பட்டு வருகின்றன.

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According to the revised clinical guidelines for the management of adult Covid-19 patients issued by the health ministry on Monday, the use of steroids increases the risk of secondary infections, such as [black fungus](#), and must thus, be avoided.

The guidelines recommend testing for tuberculosis and other conditions if the cough persists for more than two to three weeks.

Warning against the use of steroids in the early stages of clinical treatment, the guidelines stated: "Anti-inflammatory or immunomodulatory therapy (such as steroids) can have risk of secondary infection such as invasive [mucormycosis](#) when used too early, at higher dose or for longer than required."

The health ministry's Covid National Task Force has also pointed out that there is no evidence to prove the benefits of injectable steroids in patients who do not require oxygen supplementation.

The task force laid down that while mild cases will be home isolated, severe patients will be admitted in the Intensive Care Units (ICUs). Patients with moderate symptoms, meanwhile, will have to be admitted to the Covid ward.

Based on oxygen levels and respiratory rates, the guidelines also defined who would fall under the mild, moderate and severe disease categories.

Earlier this week, NITI Aayog Member (Health) Dr V K Paul warned against the "overuse and misuse" of Covid drugs, including steroids.

"There is a concern that whichever medicines we give it should be rationally used, there should not be any overuse. Last time, we saw a very scary situation when the contribution of medicine was to a very large extent responsible for mucormycosis," he said in a press conference.

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-3 வாரங்களுக்கு மேல் இருமல் நீடித்தால் காசநோய் பரிசோதனை செய்வது அவசியம்

..... அந்த வகையில், தற்போதைய சூழலுக்கு பொருந்தும் வகையிலான [கரோனா](#) வழிகாட்டு நெறிமுறைகளை மத்திய சுகாதாரத் துறை அமைச்சகம் நேற்று வெளியிட்டுள்ளது. அதில் கூறப்பட்டுள்ள முக்கிய அம்சங்களாவன:

கரோனா நோயாளிகள் சிலர் இருமலாலும் பாதிக்கப்படுகின்றனர். அதன்படி, கரோனாவால் பாதிக்கப்பட்டவர் அல்லது பாதிக்கப்படாதவர் யாராக இருந்தாலும் 2- 3 வாரங்களுக்கு மேல் [இருமல்](#) நீடிக்குமேயானால், அவர்களுக்கு காசநோய் பரிசோதனைக்கு பரிந்துரைக்க வேண்டியது அவசியம். அதே சமயத்தில், கடுமையான இருமலால் பாதிக்கப்பட்டவர்களுக்கு மட்டுமே ஹெச்ஆர்சிடி பரிசோதனையை மருத்துவர்கள் பரிந்துரைக்க வேண்டும்.

கரோனா நோயாளிகளுக்கு ஸ்டிராய்டு மருந்துகள் மூலம் சிகிச்சை அளிப்பதை மருத்துவர்கள் தவிர்க்க வேண்டும். செயற்கை ஆக்சிஜன் சுவாசம் தேவைப்படாத [கரோனா](#) நோயாளிகளுக்கு ஸ்டிராய்டு ஊசியை செலுத்துவது எந்தப் பலனும் அளிப்பதில்லை எனத் தெரியவந்துள்ளது.

அதேபோல, [கரோனா](#) நோயாளிகளுக்கு மிகவும் முன்கூட்டியே இதுபோன்ற ஸ்டிராய்டு மருந்துகளை வழங்குவது பூஞ்சை தொற்றை ஏற்படுத்தும் என்பதை மருத்துவர்கள் கவனத்தில் கொள்ள வேண்டும்.

கரோனாவால் பாதிக்கப்பட்ட 60 வயதுக்கு மேற்பட்டவர்கள், இதய நோயாளிகள், அதிக ரத்த அழுத்தம் உள்ளவர்கள், சர்க்கரை நோய் உள்ளவர்கள், ஹெச்ஐவி, காசநோய், நுரையீரல், கல்லீரல், சிறுநீரக நோய்களால் பாதிக்கப்பட்டவர்கள் ஆகியோருக்கு பெருந்தொற்று பாதிப்பு கடுமையாவதற்கும் அல்லது இறப்பு பதற்கு கூட வாய்ப்பு உள்ளது.

மிதமான [கரோனா](#) பாதிப்பு உள்ளவர்களுக்கு காய்ச்சல், வலி நிவாரணி மருந்துகளை கொண்டு சிகிச்சை அளிக்கலாம். மிக தீவிரமான

பாதிப்பு உள்ளவர்களுக்கு மட்டுமே சி.டி. ஸ்கேன் அல்லது விலை உயர்ந்த ரத்தப் பரிசோதனைகளை எடுக்க மருத்துவர்கள் பரிந்துரைக்க வேண்டும். மிதமான தொற்று பாதிப்பு உள்ளவர்களுக்கு மெத்தில்ப்ரீட்னி சோலோன்ஊசியை 0.5 மி.கி. அளவுக்கு செலுத்தி சிகிச்சை அளிக்கலாம்.

எந்தவித **கரோனா** நோயாளிகளுக்கும் ஐவர்மெஸ்டின், ஃபாவிபிரவிரர், டாக்சிசைக்லின் ஆகிய மருந்துகளை பரிந்துரைக்க வேண்டாம். **கரோனா** தொற்றுக்கு உள்ளாகி 10 நாட்களுக்கு மேலாகியும் பாதிப்பு குறையாதவர்களுக்கு ரெம்டெசிவர் மருந்தினை கொடுக்கலாம். இவ்வாறு புதிய வழிகாட்டுநெறிமுறையில் தெரிவிக்கப்பட்டுள்ளது.

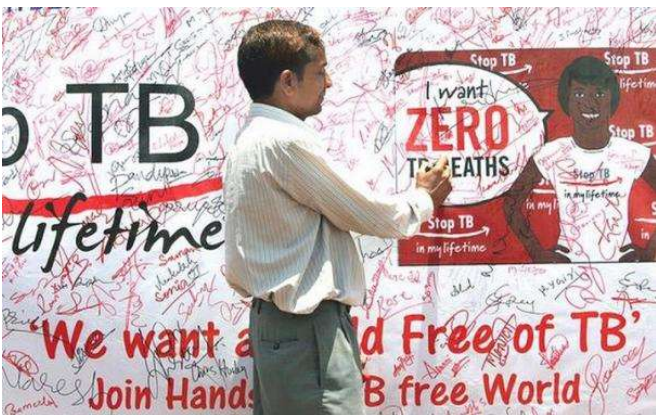
- பிடிஜி



## 'காசநோய் இல்லாத இந்தியா' 2025: சவால்களும் எதிர்பார்ப்புகளும்!

Published : 19 Jan 2022 15:23 pm

[பாரதி ஆனந்த்](#)



2025-ல் இந்தியாவை **காசநோய்** இல்லாத

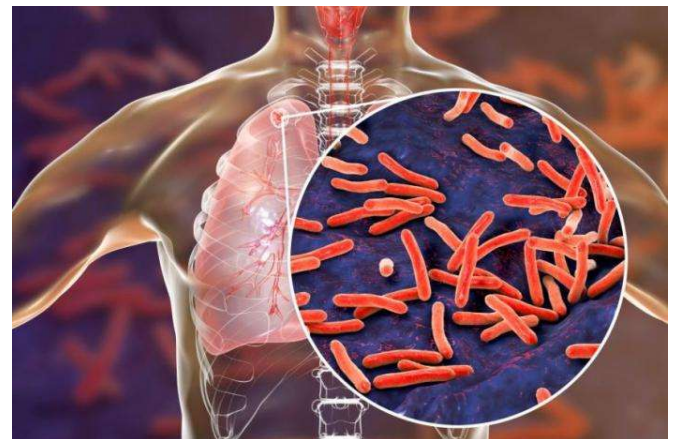
தேசமாக்க வேண்டும் என்பதுதான் அரசாங்கத்தின் இலக்கு. ஆனால், இந்த இலக்கை எட்டுவதில் நிறைய சவால்கள் இருக்கின்றன. அதற்கான பயணத்தில் சில தடைக்கற்கள் சறுக்கல்களையும் ஏற்படுத்தியுள்ளன.

காசநோய் ஒழிப்பில் இந்தியாவில் குறிப்பாக தமிழகத்தில் உள்ள சவால்கள் என்னவென்பதை இந்தக் கட்டுரையில் காண்போம்.

2020ஆம் ஆண்டுக்கான 'இந்திய **காசநோய்** அறிக்கை'யின்படி (National **TB** Report), நாடு முழுவதும் 17,19,40,182 பேருக்கு **காசநோய்** பரிசோதனை மேற்கொள்ளப்பட்டது. இதில் 52,273 பேருக்கு நோய் இருப்பது உறுதி செய்யப்பட்டது.

நாட்டில், எத்தனை பேர் காசநோயால் பாதிக்கப்பட்டுள்ளனர் என்பதைக் கண்டறிந்து அதனை, சம்பந்தப்பட்ட சுகாதார அதிகாரிகள் முதல் உலக சுகாதார அமைப்பு வரை தெரியப்படுத்துவது டிபி நோட்டிபிகேஷன் எனப்படுகிறது.

அதன்படி, 2020ஆம் ஆண்டு தமிழகத்தில் ஜனவரி முதல் பிப்ரவரி காலகட்டத்தில் 18,297, மார்ச் முதல் ஏப்ரலில் 10,251, மே முதல் டிசம்பரில் 41,753 பேர் காசநோயாளிகளாகக் கண்டறியப்பட்டுள்ளனர். இதில் மார்ச் முதல் ஏப்ரல் வரையில் இந்தியாவில் கரோனா முதல் அலை உச்சத்தில் இருந்தபோது நோய் கண்டறிந்து ரிப்போர்ட் செய்தல் 44% குறைந்துள்ளது. அதேவேளையில், கரோனா அலையில் இருந்து மீண்ட பின்னர் இது கணிசமாக அதிகரித்துள்ளது.



கரோனாவால் ஏற்பட்ட பின்னடைவு: காசநோய் ஒழிப்பில் கரோனா பெருந்தொற்று இந்திய





அளவில் பெரும் பாதிப்பை ஏற்படுத்தியிருப்பதாகக் கூறுகிறார் சென்னை தாம்பரம் சானட்டோரியம் கண்காணிப்பாளர் (Dr R Sridhar Superintendent Tambaram Sanatorium) மருத்துவர் ஆர்.ஸ்ரீதர்.

"2019 இறுதியில் பதிவான முதல் கரோனா தொற்று இப்போது உலகம் முழுவதும் பரவிவிட்டது. 2020 மார்ச்சில் இந்தியாவில் முதன்முறையாக நாடு தழுவிய முழு ஊரடங்கு அமலுக்கு வந்தது. அதன் பின்னர் மாநிலங்களில் தேவைக்கேற்ப ஊரடங்குகள் அமல்படுத்தப்படுகின்றன. ஊரடங்கு காலத்தில் காசநோயாளிகளைக் கண்டறிவதில் சிக்கல் ஏற்பட்டது. **காசநோய்** ஒழிப்புப் படிநிலைகளில் மிகவும் முக்கியமானதே Early Screening எனப்படும் நோயை ஆரம்பநிலையில் கண்டறிதல். ஊரடங்கு காலத்தில் இந்த நோய் கண்டறிதலில் சிறு சறுக்கல் ஏற்பட்டது. இருப்பினும் கோவிட் பெருந்தொற்றுக் காலத்தில் ஏற்கெனவே நோய் கண்டறிந்தவர்களுக்கு எந்த விதத்திலும் மருந்துகள் கிடைப்பதில் சுணக்கம் ஏற்படக்கூடாது என்பதில் உறுதியாக இருந்தோம்.

குறிப்பாக, கரோனா பெருந்தொற்றுக் காலத்திலும் காசநோயாளிகளுக்கான மருந்தைக் கொண்டு சேர்ப்பதில் தமிழகம் முன்மாதிரியாகவே இருந்தது என்பது குறிப்பிடத்தக்கது. கரோனா முதல், இரண்டாவது அலைகளின்போது அனைத்து அரசு மருத்துவமனைகளும் கரோனா சிகிச்சை மையங்களாக மாற்றப்பட்டன. இந்தக் காலகட்டத்தில் **காசநோய்** அறிகுறியாக இருக்குமோ என்று அஞ்சியவர்கள்கூட **காசநோய்** மருத்துவமனைகளுக்கு வரத் தயங்கினர். **காசநோய்** மருத்துவமனைகளும் கோவிட் சிகிச்சை மையங்களாக இருந்ததால், **காசநோய்** பரிசோதனைக்காகச் சென்றுவிட்டு கரோனாவை வாங்கிவந்து விடுவோமோ என்ற அச்ச உணர்வு ஏற்பட்டது. இதனாலும், நோயை ஆரம்ப நிலையில் கண்டறிவதில் சிக்கல் ஏற்பட்டது" என்று மருத்துவர் ஸ்ரீதர் கூறினார்.

தேவை போதிய விழிப்புணர்வு: தொடர்ந்து பேசிய மருத்துவர் ஸ்ரீதர், "காசநோய் ஒழிப்பில்

இன்னொரு சவால், மக்கள் மத்தியில் போதிய விழிப்புணர்வு இல்லாமை. நேஷனல் ஹெல்த் மிஷன் மூலம் எவ்வளவுதான் விழிப்புணர்வு ஏற்படுத்தினாலும் மக்களுக்கு அதன் நோக்கம் புரிவதில்லை. **காசநோய்** ஏழைகளுக்கு, குறிப்பிட்ட சில தொழில் சார்ந்தவர்களுக்கே வரும் என்றளவிலேயே அவர்களின் புரிதல் இருக்கிறது. ஆனால், உலக நாடுகளில் நீரிழிவு நோயாளிகள் பட்டியலில் இந்தியா இரண்டாம் இடத்திலும், 'ஹெச்ஐவி' தொற்றாளர்கள் பட்டியலில் மூன்றாம் இடத்திலும் உள்ளதையும், இந்த இரண்டும் காசநோயை ஏற்படுவதற்கான சாத்தியக்கூறுகளை அதிகப்படுத்துவது என்பதும் அவர்களுக்குத் தெரியவில்லை.

அதுமட்டுமல்லாது இங்கு புகைபிடிப்போரும், மது அருந்துவோரும் அதிகம். இந்தப் பட்டியலிலும் இந்தியா இரண்டாவது இடத்தில் இருக்கிறது. இதுகுறித்த விழிப்புணர்வு மக்களிடம் போதிய அளவில் இல்லை. இதனால், **காசநோய்** பரிசோதனைக்கு வருவோரின் எண்ணிக்கை குறைகிறது. ஆகையால் இப்போதெல்லாம் நாங்கள் மருத்துவமனைகளில் தீவிர சர்க்கரை நோயாளிகள், சிறுநீரக நோயாளிகளுக்கு **காசநோய்** பரிசோதனையும் செய்யுமாறு தூண்ட மருத்துவர்களிடம் வேண்டுகோள் விடுத்துள்ளோம். அந்த வகையில், **காசநோய்** ஸ்க்ரீனிங்குக்கு வருவோரின் எண்ணிக்கை சற்று அதிகரிக்கத் தொடங்கியுள்ளது.



கோவிட் -19 மற்றும் **காசநோய்** என்ற 'இருதிசை' (Bi Directional) பரிசோதனையை செயல்படுத்துமாறு மத்திய அரசு, மாநில அரசுகளைக் கேட்டுக்கொண்டது. கரோனா காலகட்டத்தில், பை டைரக்ஷனல் ஸ்க்ரீனிங் என்ற முறையில் அத்தனை கோவிட் நோயாளிகளுக்கும் எக்ஸ் ரே, சிடி

ஸ்கேனின்போது காசநோய்க்கான ஸ்க்ரீனிங்கும் செய்யப்பட்டுள்ளது. ஒருவேளை கோவிட் தொற்றால் பாதிக்கப்பட்டவர்களுக்கு **காசநோய்** கண்டறியப்பட்டால் அவர்களை காசநோயை உறுதிப்படுத்து சிபிநாட், ட்ரூநேட் போன்ற அடுத்தகட்டப் பரிசோதனைகளுக்கும் ஊக்குவித்துள்ளோம்" என்றும் கூறினார்.

இந்நிலையில், இரண்டு, மூன்று வாரங்களுக்கு மேல் இருமல் நீடித்தால் **காசநோய்** பரிசோதனை செய்து கொள்ளவேண்டியது அவசியம் என்று மத்திய அரசு (ஜன.18, 2022) வெளியிட்டுள்ள புதிய கரோனா வழிகாட்டு நெறிமுறைகளில் தெரிவிக்கப்பட்டுள்ளது குறிப்பிடத்தக்கது.

இதுதவிர, மரபணு மாற்றம் செய்யப்பட்ட பிசிஜி தடுப்பூசி வரவேண்டும், பெரியவர்களுக்கான பூஸ்டர் தடுப்பூசிகள் திட்டம் வரவேண்டும், Preventive Therapy எனப்படும் **காசநோய்** பாதித்தோரின் குடும்பத்தில் உள்ளோரை ஸ்க்ரீனிங்குக்கு உட்படுத்தி அவர்களுக்கு நோய் வராமல் தடுக்கும் நடவடிக்கைகளை இன்னும் முடிவீச்சில் செயல்படுத்த வேண்டும் என்பன போன்ற எதிர்பார்ப்புகள் உள்ளன. இவற்றைச் செயல்படுத்த கூடுதல் நிதி ஆதாரம் தேவைப்படுகிறது. கூடுதல் நிதி என்பது அரசின் கொள்கை ரீதியான முடிவு என்பதால், அதில் எனது எதிர்பார்ப்பை மட்டும் முன்வைக்கிறேன் என்று கூறினார்.

கேர் கிவ்வர்களை ஊக்கப்படுத்துவோம்! காசநோயாளிகள் 6 முதல் 9 மாதங்கள் வரை தொடர்ந்து மருந்து சாப்பிட வேண்டும். அவ்வாறு இடையில் சிகிச்சையைக் கைவிடாமல் மருந்தைச் சாப்பிட்டாலே, நோயை முற்றிலும் குணப்படுத்திவிடலாம். ஆனால், மருந்து உட்கொள்ள ஆரம்பித்த இரண்டு, மூன்று மாதங்களிலேயே அறிகுறிகள் குறைவதால் மருந்துகளை நிறுத்திவிடுகின்றனர். இதனால் நோய் அடுத்தகட்டமான மருந்துகளுக்குக் கட்டுப்படாத காசம் என்ற நிலைக்குச் செல்கிறது. இதனால், நோயாளிகள் அடுத்தகட்ட சிகிச்சைக்காகப் பொருளாதார ரீதியாக நிறைய இழப்புகளைச் சந்திக்க நேரிடுகிறது.

இந்தச் சவாலை எதிர்கொள்ள நிறைய தன்னார்வத் தொண்டு நிறுவனக் களப் பணியாளர்களின் உதவி தேவைப்படுகிறது.

அவர்கள் சீரான இடைவெளியில் நோயாளிகளைக் கண்காணித்து, சிகிச்சைக்கு வராதவர்களை வீடு தேடிச் சென்று மீண்டும் சிகிச்சைக்கு வரவழைக்க வேண்டும். இப்போதும் இதைக் களப்பணியாளர்கள் செய்கின்றனர். கேர்கிவர்ஸ்

எனப்படும் **காசநோய்** களப்பணியாளர்களுக்கு ஊக்கத்தொகையாக ரூ.5000 வழங்கப்படுகிறது. முதல் 2 மாதங்கள் நோயாளிகள் சிகிச்சை முடித்தவுடன் 2000 ரூபாயும், அடுத்த 4 மாதங்கள் சிகிச்சை முடித்தவுடன் மீதமுள்ள ரூ.3000மும் வழங்கப்படுகிறது. இதை அதிகரிக்க வேண்டும் என்ற கோரிக்கை உள்ளது.

இது தவிர அரசு களப் பணியாளர்களைப் பொறுத்தவரையில் ஹெல்த் விசிட்டருக்கு ரூ.10000 + ஆண்டுக்கு 5% ஊதிய உயர்வு மற்றும் டிஏ ரூ.1500 வழங்கப்படுகிறது. **காசநோய்** பரிசோதனைக்கூட சூப்பர்வைஸருக்கு (Senior TB Laboratory Supervisor) மாதந்தோறும் மாதம் ரூ.15,000 ஊதியம் + பயணப்படி வழங்கப்படுகிறது. Stastical Asst பணியாளர்களுக்கு மாதம் ரூ.19,000, ஆண்டுக்கு 5% சம்பள உயர்வு அளிக்கப்படுகிறது. இந்தப் பணியாளர்கள் அனைவருக்கும் விரைவில் இன்னும் கூடுதலாக 30% வரை சம்பள உயர்வு செயல்பாட்டுக்கு வரும். அதற்கான பணிகள் நடைபெற்று வருவதாகத் தெரிகிறது.



முன்களப் பணியாளர்கள் என்போர் கரோனா வார்டுகளில் பணியாற்றுவோர் மட்டுமல்ல. உலகில் இன்றளவு அதிக உயிரிழப்புகளை ஏற்படுத்தும் **காசநோய்** ஒழிப்புப் பணியாளர்களும் கூடுதல் கவனம் பெற வேண்டியவர்களே. களப் பணியாளர்களின் எதிர்பார்ப்பும் இதுதான். ஆனால், நம் இலக்கு 2025 என்று இருக்கும் நிலையில் களப்பணியாளர்கள்

இன்னும் உத்வேகத்துடன் செயல்பட ஊக்கத்தொகையை அதிகரிக்க வேண்டும்

ஊட்டச்சத்தில் கவனம் தேவை: காசநோய் ஏற்பட ஊட்டச்சத்துக் குறைபாடும் ஒரு முக்கியக் காரணியாக

இருக்கிறது. **காசநோய்** சிகிச்சையில் உள்ளோருக்கு 2018ஆம் ஆண்டு முதல், மாதம் ரூ.500 என சிகிச்சை முடியும் வரை நோயாளியின் வங்கிக் கணக்கில் செலுத்தப்படுகிறது. தேசிய சுகாதார திட்டம் (National Health Mission) இத்திட்டத்திற்கு நிக்ஷய் போஷான் யோஜனா (Nikshay Poshan Yojana) எனப் பெயரிடப்பட்டுள்ளது. இரண்டு மாதங்களுக்கு ஒருமுறை நோயாளியின் வங்கிக் கணக்கிலேயே நேரடியாக இந்தத் தொகை வரவு வைக்கப்படுகிறது. ஆனால், அதிகரித்துவரும் விலைவாசியில் காசநோயாளிக் குத் தேவையான ஆரோக்கியம் தரும் உணவை ஒரு மாதம் முழுமைக்கும் ரூ.500 கொண்டு வாங்க முடியாது என்பதே நோயாளிகளின் வருத்தமாக உள்ளது. மேலும், வங்கிக் கணக்கில்லாத நோயாளிகளால் இந்தத் தொகையைப் பெறுவதிலும் சிக்கல் உள்ளது..

மகாராஷ்டிர மாநிலம் மும்பை நகரம் சர்வதேச டிபி ஹாட் ஸ்பாட் என அறியப்படுகிறது. அங்கு காசநோயாளிகளுக்கு மும்பை மாநகராட்சி சார்பில், ஊட்டச்சத்து நிபுணரின் ஆலோசனையின்படி கோதுமை, கடலை மாவு, புரத இணை உணவுகள், வெல்லம் ஆகியன வழங்கப்படுகின்றன. மத்தியப் பிரதேசத்தில் Feed The Family, என்ற திட்டம் அமலில் உள்ளது. அதாவது, காசநோயால் பாதிக்கப்பட்டவரின் குடும்பத்தினருக்கும் சேர்த்து உணவுப் பொருள் ரேஷனில் வழங்கும் திட்டம். **காசநோய்** உள்ளவர்களின் குடும்பத்தில் இருப்போர் நோயால் பாதிக்கப்பட அதிக வாய்ப்பு இருப்பதால், அவர்களின் ஆரோக்கியத்தை மேம்படுத்துவது என்பது தடுப்பு முறையில் முக்கியமான நடைமுறையாக இருக்கும் என அம்மாநில **காசநோய்** தடுப்பு அதிகாரிகள் கூறுகின்றனர்.

இதுபோன்ற திட்டத்தை நாடு தழுவிய திட்டமாக முன்னெடுத்துச் செயல்படுத்த வேண்டும் என்பது **காசநோய்** தடுப்புப் பணியில் ஈடுபடுத்திக் கொண்டுள்ள பல்வேறு என்ஜிஓக்களின் கோரிக்கையாக உள்ளது.

மேலும், **காசநோய்** ஒழிப்பில் தனியார் பங்களிப்பை ஊக்குவிப்பதால், தொற்று கண்டறிதல் தொடங்கி ஊட்டச்சத்தை உறுதி செய்வது வரையிலும் நிதியைத் திரட்டுவதிலும் நல்ல முன்னேற்றம் ஏற்படும். நம் இலக்கு 2025 என்று குறுகிய காலமாக இருக்கும் வேளையில், தனியார் பங்களிப்பு மிகமிக அவசியம் என **காசநோய்** ஒழிப்புச் செயற்பாட்டாளர்கள் கூறுகின்றனர்.

உள்ளூறை காசம் எனும் பூதம்: உள்ளூறை காசம் எனும் பூதம் மீது கவனம் செலுத்தி செயல்பட்டால் மட்டுமே **காசநோய்** ஒழிப்பு சாத்தியம் எனக் கூறுகிறார் பொது மருத்துவர் கு.கணேசன். இது தொடர்பாக அவர் கூறுகையில், "இந்தியாவில் 33-40% மக்களுக்குக் **காசநோய்** தொற்று இருக்கிறது. குறிப்பாக, 5 வயதுக்கு உட்பட்ட மூன்றரை லட்சம் குழந்தைகளுக்குக் காசம் தொற்றியிருக்கிறது. ஆனால், அது அறிகுறிகள் இல்லாத தொற்றாக உடலில் மறைந்திருக்கிறது; காசநோயாக மாறுவதற்குக் காத்துக்கொண்டிருக்கிறது. அதை 'உள்ளூறைக் காசம்' (லேட்டன்ட் டிபி) என்கிறோம். உடலில் நோய் எதிர்ப்பு சக்தி குறையும்போது, இவர்களில் 10% பேருக்கு

முழுமையான **காசநோய்** ஏற்பட்டுவிடும். அப்போது காசநோய்ப் பரவல் இன்னும் தீவிரமாகும். **காசநோய்** அகற்றும் திட்டத்துக்கு ஏற்பட்டுள்ள இந்தப் புதிய சவாலை இந்தியா முனைப்புடன் எதிர்கொள்ள இப்போதே தயாராக வேண்டும் என்கிறது, உலக சுகாதார நிறுவனம். இத்தனைக்கும் 'டிஎஸ்டி' (Tuberculin Skin Test) எனும் சாதாரணத் தோல் பரிசோதனையிலும், 'ஐஜிஆர்ஏ' (Interferon Gamma Release Assay) எனும் எளிதான ரத்தப் பரிசோதனையிலும் இந்தத் தொற்று இருப்பதை ஆரம்பத்திலேயே கண்டுபிடித்துவிடலாம்.

அரசு மருத்துவமனைகளில் இவை இலவசம். இதனை ஊக்குவிக்க வேண்டும். ஆசியாவில் இந்த வழிமுறையில் சிங்கப்பூரும் தைவானும் காசநோயைக் கட்டுப்படுத்துகின்றன. அவற்றைத் தொடர்ந்து 44 ஆப்பிரிக்க நாடுகள் இம்மாதிரியான திட்டங்களை முன்னெடுத்துள்ளன. இந்த வழிமுறையை இந்தியாவும் பின்பற்ற வேண்டும். அரசின் முனைப்புடன், மக்களின் விழிப்புணர்வும் சிகிச்சைக்கான ஒத்துழைப்பும் கூடினால் 'காசநோய் இல்லாத இந்தியா' எனும் இலக்கு கைகூடும்" என்றார்.



காசநோய் ஒழிப்பில் இலக்கு 2025 என்ற அருகில் இருக்கும் இச்சூழலில், சமூகப் பொருளாதார பிரச்சினைகள், மருத்துவக் களப் பணியாளர்களின் எதிர்பார்ப்புகள், ஊட்டச்சத்து கொடுக்கும் நெருக்கடி, அச்சுறுத்தும் உள்ளூறை காசம் என அனைத்தும் மிகப்பெரிய சவால்களாக இருக்கின்றன. இந்தச் சவால்களைக் கலைந்தால் இலக்கை எட்டுவது சாத்தியமே. தனியார் பங்களிப்பையும் ஊக்குவித்துக் கொண்டால் நிச்சயம் **காசநோய்** ஒழிப்பின் சவால்களைச் சமாளிக்கலாம்.

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## கரோனா பெருந்தொற்று முடிவைக் காணும் தருவாயில் ஐரோப்பா உள்ளது: உலக சுகாதார அமைப்பு நம்பிக்கை

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கரோனா பெருந்தொற்று முடிவைக் காணும் தருவாயில் **ஐரோப்பா** உள்ளதாக, ஐரோப்பாவுக்கான உலக சுகாதார அமைப்பின் இயக்குநர் **ஹான்ஸ் க்ளூக்** தெரிவித்துள்ளார்.

ஏஎஃப்பி செய்தி நிறுவனத்திற்கு அவர் அளித்த பேட்டி:

ஐரோப்பா கரோனா பெருந்தொற்று முடிவைக் காணும் தருவாயை நோக்கிச் செல்வது தற்போதைய நிலவரத்தால் புலப்படுகிறது. மார்ச் மாதத்திற்குள் ஐரோப்பாவின் 60% பேரை ஒமைக்ரான் தொற்றிவிடும். ஒமைக்ரான் அலை ஐரோப்பாவில் குறைந்தவுடன் உலகளவில் சில காலம் அமைதி நிலவும். அதற்குக் காரணம் தடுப்பூசி ஆற்றலாக இருக்கலாம் அல்லது மக்களுக்கு மந்தை தடுப்பாற்றல் உருவானதாக இருக்கலாம். அதன் பின்னர் கரோனா குறிப்பிட்ட காலத்தில் தலைதூக்கும் தொற்றாக அதன் தாக்கத்தை குறைக்கும். இந்த ஆண்டு கடைசி வரை வேறு எந்த வகை தொற்று தலைதூக்கலும் இருக்காது என்று நாங்கள் கணிக்கிறோம்.

இவ்வாறு அவர் கூறியுள்ளார்.

முன்னதாக நேற்று (ஞாயிற்றுக்கிழமை) அமெரிக்காவின் தலைமை விஞ்ஞானி ஆந்தணி ஃபாசியும் இதே கருத்தைத் தெரிவித்தார். ஏபிசி செய்தி நிறுவனத்திற்கு அவர் அளித்தப் பேட்டியில், "அமெரிக்காவில் இந்த வாரம் கரோனா தொற்று பரவல் குறைந்துள்ளது. நிலைமை சீரடைகிறது. அதே நேரத்தில் இதை வைத்து மக்கள் அதீத நம்பிக்கையை வளர்த்துக் கொள்ளக் கூடாது. வடகிழக்குப் பகுதிகளில் தான் தொற்று குறைவு உள்ளது. ஒட்டுமொத்த நாட்டின் நிலவரத்தையும் கருத்தில் கொள்ள வேண்டும்" என்றார்.

ஆப்பிரிக்காவிற்கான உலக சுகாதார அமைப்பின் பிராந்திய அலுவலகம் வெளியிட்டுள்ள செய்தியில் "ஆப்பிரிக்கக் கண்டத்தில் கடந்த வாரம் கரோனா தொற்று எண்ணிக்கை வெகுவாகக் குறைந்தது. 4வது அலையில் ஒமைக்ரான் ஆதிக்கம் தொடங்கியதிலிருந்து இப்போது தான் இறப்பு எண்ணிக்கை குறைந்து வருகிறது" எனத் தெரிவித்துள்ளது.

இவ்வாறாக உலகின் பல்வேறு பகுதிகளிலும் இருந்து வரும் தகவல்களால் அதி வேகமாகப் பரவினாலும் மிதமான பாதிப்பை ஏற்படுத்தும் ஒமைக்ரான் வைரஸ் கரோனா பெருந்தொற்று முடிவுற்று பருவகால ஃப்ளூ நிலைக்கு தள்ளப்படுகிறது என்ற நம்பிக்கையை மேலும் வலுப்படுத்தியுள்ளது.

எச்சரிக்கை தேவை: இருப்பினும், இப்போதே நாம் என்டெமிக் நிலைக்கு வந்துவிட்டதாகக்



கருதி அலட்சியமாக இருக்கக் கூடாது. ஒரு பெருந்தொற்று என்டெமிக் நிலைக்கு வருகிறது என்றால் அந்த நோயின் போக்கை நாம் கணித்து முன்னெச்சரிக்கையுடன் செயல்பட முடியும் என்பதே அர்த்தம். கரோனா வைரஸ் நம்மை நிறைய முறை ஆச்சரியத்தில் ஆழ்த்தியுள்ளது. ஆகையால் நாம் எப்போதும் எச்சரிக்கையாக இருக்க வேண்டும் என்று [ஹான்ஸ் க்ளூக்](#) கூறினார்.



உலக சுகாதார அமைப்பின் ஐரோப்பிய பிராந்தியத்தில் 53 நாடுகள் உள்ளன. இவற்றில் சில மத்திய ஆசிய நாடுகளும் அடங்கும். ஜனவரி 18 ஆம் தேதி கணக்கின்படி ஐரோப்பிய பிராந்தியத்தில் பதிவான புதிய தொற்றுகளில் 15% ஒமைக்ரான் வைரஸால் ஏற்பட்டவை. தொற்றின் வேகம் அதிகமாக இருப்பதால், அரசாங்கங்கள் தங்களின் கவனத்தை தொற்றுப் பரவல் தடுப்பில் காட்டுவதைவிட, மருத்துவமனை தேவைகளைக் குறைப்பது, பள்ளிகள் செயல்பாடுகள் தடைபடுவதைக் கட்டுப்படுத்துவது, பொருளாதாரத்தை மேம்படுத்துவது, சீக்கிரம் பாதிப்புக்கு உள்ளாகக் கூடிய மக்களை பாதுகாப்பது ஆகியனவற்றில் செலுத்த வேண்டும் என [ஹான்ஸ் க்ளூக்](#) கூறியிருக்கிறார்.

அதே வேளையில் மக்களும் பொறுப்புடன் இருக்க வேண்டும். உடல்நிலை சரியில்லை, கரோனாவாக இருக்கலாம் என சந்தேகித்தாலே தனிமைப்படுத்திக் கொண்டு, பரிசோதனை செய்து தடுப்பு நடவடிக்கைகளை மேற்கொள்ள வேண்டும் என்று [ஹான்ஸ் க்ளூக்](#) அறிவுறுத்தினார்.

## ஒமைக்ரான் வைரஸ் தொற்று சமூக பரவலாக மாறியுள்ளது: மத்திய அரசு அமைப்பு தகவல்

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புதுடெல்லி: இந்தியாவில் [ஒமைக்ரான்](#) வைரஸ் சமூக பரவலாக மாறியுள்ளது என்று [மத்திய அரசு](#) தெரிவித்துள்ளது.



கடந்த 2020-ம் ஆண்டு டிசம்பரில் இந்திய கரோனா மரபியல் கூட்டமைப்பு (இன்சாகாக்) தொடங்கப்பட்டது. மத்திய சுகாதாரத் துறையின் கீழ் செயல்படும் இந்தகூட்டமைப்பின் கட்டுப்பாட்டில் 38 ஆய்வகங்கள் உள்ளன. இவற்றில் கரோனா நோயாளிகளின் மாதிரிகள் பரிசோதனை செய்யப்பட்டு எந்த வகை கரோனா வைரஸ் என்பது கண்டறியப்படுகிறது

இந்தியாவில் கரோனா பரவல் எந்த நிலையில் இருக்கிறது என்பது குறித்து இன்சாகாக் சார்பில் அவ்வப்போது ஆய்வறிக்கை வெளியிடப்பட்டு வருகிறது. அந்தவகையில் அண்மையில் வெளி யிடப்பட்ட ஆய்வறிக்கையில் கூறியிருப்பதாவது:

உலகம் முழுவதும் [ஒமைக்ரான்](#) என்ற புதிய வகை கரோனா வைரஸ் அதிவேகமாகப் பரவி வருகிறது. கரோனாவின் டெல்டா வைரஸுடன் ஒப்பிடும்போது [ஒமைக்ரான்](#) வைரஸால் ஏற்படும் உடல்நல பாதிப்பு குறைவாக உள்ளது. இதன் காரணமாக மருத்துவமனையில்

அனுமதிக்கப்படும் நோயாளிகளின் எண்ணிக்கை குறைவாக இருக்கிறது. எனினும், **ஓமைக்ரான்** வைரஸால் உயிரிழப்புகள் ஏற்படுகின்றன. பெரும்பாலும் தடுப்பூசி செலுத்திக் கொள்ளாதவர்களே உயிரிழக்கின்றனர்.

இந்தியாவில் **ஓமைக்ரான்** வைரஸ் சமூக பரவலாக மாறியுள்ளது. குறிப்பாக நகரங்களில் இந்த வைரஸ் வேகமாகப் பரவுகிறது. அண்மையில் ஐ.எச்.யு.என்ற வகை கரோனா வைரஸும் இந்தியாவில் கண்டறியப்பட்டுள்ளது. இந்த வைரஸ் வேகமாகப் பரவவில்லை. எனினும் புதியவைரஸ் பரவலையும் உன்னிப்பாகக் கண்காணித்து வருகிறோம்.

இவ்வாறு அதில் கூறப்பட்டுள்ளது.

- பிடிஜி



## பூஸ்டர் டோஸ்களுக்குப் பதிலாக ஆண்டுக்கு ஒரு முறை கரோனா தடுப்பூசி: ஃபைஸர் சிஇஓ பரிந்துரை

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கரோனாவின் வெவ்வேறு உருமாற்றங்களில் இருந்தும் மக்களைக் காக்கும் வகையில் உலக நாடுகள் பூஸ்டர் தடுப்பூசிகளை செலுத்தி வரும் நிலையில் இதற்கு மாற்றாக ஆண்டுக்கு ஒரு முறை தடுப்பூசி செலுத்துவதைப் பரிசீலிக்கலாம் என ஃபைஸர் சிஇஓ ஆல்பர்ட் போர்லா பரிந்துரைத்துள்ளார்.

அமெரிக்கா, இஸ்ரேல் உள்ளிட்ட பல்வேறு நாடுகளும் தங்களின் மக்களின் ஃபைஸர் இனக் நிறுவனத்தின் ஃபைஸர் தடுப்பூசியை செலுத்துகின்றனர். உலகம் முழுவதும் டெல்டா

வைரஸ் மிகக் கொடூரமான பாதிப்புகளை ஏற்படுத்திய நிலையில் தற்போது ஓமைக்ரான் பாதிப்பு காரணமாக இஸ்ரேல் 60 வயதுக்கு மேற்பட்டோருக்கு 4வது டோஸ் தடுப்பூசி செலுத்தி வருகிறது.

இன்னும் சில நாடுகள் பூஸ்டர் தடுப்பூசிக்கான இடைவெளியைக் குறைத்து வருகிறது.



இந்நிலையில் இஸ்ரேலின் N12 செய்தி நிறுவனத்திற்கு ஆல்பர்ட் போர்லா அளித்தப் பேட்டியில், 4, 5 மாதங்களுக்கு ஒரு கரோனா பூஸ்டர் டோஸ் செலுத்துவது நல்லது இல்லை. இதற்குப் பதிலாக ஆண்டுக்கு ஒருமுறை செலுத்தும் வகையில் தடுப்பூசியை உருவாக்க வேண்டும். இவ்வாறு செய்தால் மக்களும் அதைப் பின்பற்றுவர். எனினும் நினைவில் கொண்டு ஆண்டுக்கு ஒரு முறை எடுத்துக் கொள்வர். மேலும் பொது சுகாதாரப் பார்வையிலும் இதுவே சிறந்த நடைமுறையாக இருக்க முடியும். ஆகையால், ஓமைக்ரான் வைரஸுக்கு எதிராகவும் போராடக் கூடிய தடுப்பூசியை உருவாக்க நடவடிக்கை எடுத்து வருகிறோம் என்று கூறினார்.

ஃபைஸர் நிறுவனம் மீள்வடிவமைக்கப்பட்ட புதிய தடுப்பூசிக்கான அனுமதியைப் பெற்று அதை சந்தைக்குக் கொண்டுவரும் அளவில் மார்ச் மாதம் தொடங்கி தயாரிக்கவுள்ளதாகவும் தெரிவித்தார்.

இதற்கிடையில் அமெரிக்காவின் தொற்று நோய்த் தடுப்பு மற்றும் கட்டுப்பாடு மையம், மூன்றாவது டோஸ் தடுப்பூசி ஓமைக்ரானுக்கு எதிராக 90% பாதுகாப்பை அளிப்பதாகத் தெரிவித்துள்ளது.

இஸ்ரேலின் வீபா மருத்துவ மையம் வெளியிட்டுள்ள அறிக்கையில், கரோனா 4வது டோஸ் தடுப்பூசி மூன்றாவது டோஸைக் காட்டிலும் அதிகமான ஆன்ட்டிபாடிக்களை தருகிறது என்று தெரிவித்துள்ளது.

## இந்து தமிழ் திசை

இந்தியாவில் ஓமைக்ரான் சமூகப் பரவலாக மாறிவருகிறது; பெருநகரங்களில் ஆதிக்கம்: ஆய்வில் தகவல்

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புதுடெல்லி: ஓமைக்ரான் சமூகப் பரவலாக மாறிவருகிறது. பல மெட்ரோ நகரங்களிலும் இதுவரை டெல்டா வைரஸ் ஆதிக்கம் செலுத்திவந்த நிலையில் தற்போது ஓமைக்ரான் ஆதிக்கம் செலுத்தும் வைரஸாகிவிட்டது என இந்திய சார்ஸ் வைரஸ் மரபணு கூட்டமைப்பு( [INSACOG](#) ஐஎன்எஸ்ஏசிஓஜி) தெரிவித்துள்ளது.

ஐஎன்எஸ்ஏசிஓஜி ( [INSACOG](#) ) என்பது கரோனா வைரஸ் குறித்தும், அதன் உருமாற்றம் குறித்தும் ஆய்வு செய்யும் ஆய்வுக்கூடங்களின் கூட்டமைப்பாகும்.

இந்த கூட்டமைப்பு கடந்த 10 ஆம் தேதி வெளியிட்டுள்ள அறிக்கையின் தகவல் வெளியாகியுள்ளது. அதில், "ஓமைக்ரான் சமூகப் பரவலாக மாறிவருகிறது. அது பல மெட்ரோ நகரங்களிலும் ஆதிக்கம் செலுத்தும் வைரஸாகிவிட்டது. மேலும், ஓமைக்ரானின் BA.2 பிஏ 2 வகை வைரஸ் இந்தியாவின் சில பகுதிகளில் கண்டறியப்பட்டுள்ளது.

பெரும்பாலான ஓமைக்ரான் நோயாளிகளுக்கு மிதமான தொற்றே ஏற்படுகிறது. இருப்பினும் மருத்துவமனைகளில் அனுமதியாவோர் எண்ணிக்கையும், ஐசியுவில் அனுமதியாவோர் எண்ணிக்கையும் தற்போதைய அலையிலும் கணிசமாக உயர்ந்துள்ளது.

ஓமைக்ரான் சமூகப் பரவலாக மாறியுள்ள நிலையில் எஸ் ஜீன் அடிப்படையில் ஆய்வுகளை மேற்கொள்வது ஃபால்ஸ் நெகட்டிவ் பரிசோதனை முடிவையே தரும்.

உலகளவில் அண்மையில் கண்டறியப்பட்ட B.1.640.2 உருமாறிய ஓமைக்ரான் வைரஸ் குறித்தும் கண்காணித்து வருகிறோம். இது கவலை தரும் வகையறா வைரஸ் அல்ல. இதுவரை இந்தியாவில் இந்த வகை கண்டறியப்படவில்லை" என்று தெரிவித்துள்ளது.

இதற்கிடையில், கடந்த 24 மணி கரோனா நிலவரம் குறித்த புள்ளிவிவரங்களை மத்திய சுகாதார அமைச்சகம் வெளியிட்டிருக்கிறது. இதன் விவரம் வருமாறு:

கடந்த 24 மணி நேரத்தில் பாதிக்கப்பட்டோர்: 3,33,533.

இதுவரை கரோனாவால் பாதிக்கப்பட்டோர்: 3,92,37,264

கடந்த 24 மணி நேரத்தில் குணமடைந்தோர்: 2,59,168.

இதுவரை குணமடைந்தோர்: 3,45,70,131

சிகிச்சையில் இருப்போரின் எண்ணிக்கை: 21,87,205

தினசரி பாசிடிவிட்டி விகிதம் 17.78% என்றளவில் உள்ளது. ( பாசிடிவிட்டி ரேட் என்பது 100 பேரில்



எத்தனை பேருக்கு தொற்று உறுதியாகிறது என்பதன் விகிதம்)

கடந்த 24 மணிநேரத்தில் உயிரிழந்தோர்: 525.

கரோனா மொத்த உயிரிழப்புகள்: 4,89,409.

இதுவரை கரோனா தடுப்பூசி செலுத்திக் கொண்டோர்: 1,61,47,69,885 (161 கோடி)

இவ்வாறு மத்திய சுகாதார அமைச்சகம் தெரிவித்துள்ளது

## இந்து தமிழ் திசை

### நாட்றாம்பள்ளி கரோனா சித்தா சிகிச்சை மையத்தில் 4 நாட்களில் குணமடையும் நோயாளிகள்: சித்த மருத்துவர் விக்ரம்குமார் தகவல்

Published : 24 Jan 2022 08:46 am



நாட்றாம்பள்ளி கரோனா சித்தா சிறப்பு சிகிச்சை மையத்தில் நோயாளிகளுக்கு உடல் ஆரோக்கியம் குறித்து விழிப்புணர்வு ஏற்படுத்திய சித்த மருத்துவர் வி.விக்ரம்குமார்.

நாட்றாம்பள்ளியில் தொடங்கப் பட்டுள்ள கரோனா சித்தா சிறப்பு சிகிச்சை மையத்தில் அனுமதிக்கப்படும் கரோனா நோயாளிகள் 4 நாட்களில் முழுமையாக குணமடைந்து வீடு

திரும்புவதாக சித்த மருத்துவர் விக்ரம்குமார் தெரிவித்துள்ளனர்.

திருப்பத்தூர் மாவட்டத்தில் கரோனா 3 அலை அதிகரித்து வருவதை தொடர்ந்து மாவட்டம் முழுவதும் அரசு மருத்துவ மனைகள் மற்றும் கரோனா சிறப்பு சிகிச்சை மையங்கள் தொடங்கப்பட்டுள்ளன. கரோனா நோயாளிகள் சிகிச்சை பெற வசதியாக 4 ஆயிரம் படுக்கை வசதிகள் தயார் நிலையில் உள்ளன. அரசு மருத்துவமனை மட்டுமின்றி தனியார் மருத்துவ மனைகளிலும் கரோனா நோயாளிகளுக்கு ஆக்சிஜன் வசதியுடன் கூடிய படுக்கைகள் அமைக்கப்பட்டுள்ளன.

இந்நிலையில், கடந்த 2 அலைகளில் பின்பற்றப்பட்ட பாரம்பரிய மருத்துவத்தை 3-வது அலையிலும் பின்பற்ற மாவட்ட நிர்வாகம் நடவடிக்கை எடுத்தது. அதில், முதற்கட்டமாக நாட்றாம்பள்ளி வட்டம் அக்ரகாரம் பகுதியில் உள்ள அரசு பல்வகை தொழில்நுட்பக்கல்லூரி வளா கத்தில் சித்த மருத்துவ முறையில் கரோனா நோயாளிகளுக்கு சிகிச்சை அளிக்க அங்கு சிறப்பு சிகிச்சை மையம் கடந்த சில நாட்களுக்கு முன்பு தொடங்கப்பட்டது.

இதில், 30-க்கும் மேற்பட்ட கரோனா நோயாளிகள் அனுமதிக்கப்பட்டு சிகிச்சை பெற்று வருகின்றனர். அதில், 4 நாட்களில் கரோனா நோயாளிகள் முழுமையாக குணமடைந்து வீடு திரும்புவதாக சித்த மருத்துவர்கள் தெரிவித்துள்ளனர்.

இதுகுறித்து சித்தா சிறப்பு சிகிச்சை மையத்தில் ஒருங் கிணைப்பாளரும், அரசு சித்த மருத்துவருமான வி.விக்ரம்குமார், 'இந்து தமிழ் திசை' நாளிதழிடம் கூறும்போது, 'மாவட்ட ஆட்சியர் அமர்குஷ்வாஹா ஆலோ சனைப்படி நாட்றாம்பள்ளியில் கரோனா சித்தா சிறப்பு சிகிச்சை மையம் தொடங்கப்பட்டுள்ளது. இங்கு, 100 படுக்கைகள் அமைக்கப்பட்டுள்ளன. காற்றோட்டமான, விசாலமான இடத்தில் கரோனா சிகிச்சை மையம் அமைக்கப்பட்டுள்ளது. 3 மருத்துவர்கள், 24 மணி நேரமும் நோயாளிகளை கண்காணித்து அவர்கள் விரைவில் குணமடைய பாரம்பரிய மருத்துவ சிகிச்சை அளித்து வருகின்றனர்.

கரோனா சித்த மையத்தில் 14 ஆண்கள், 14 பெண்கள், ஒரு சிறுவன், ஒரு சிறுமி என இதுவரை 30 பேர் அனுமதிக்கப்பட்டுள்ளனர். இவர்களுக்கு பாரம்பரிய முறைப்படி உணவு வகைகள், மூலிகை குடிநீர், யோகாசனம், மூச்சு பயிற்சி, நடைபயிற்சி ஆகியவை வழங்கி வருகிறோம். இதன் மூலம் 4 நாட்களில் கரோனா நோயாளிகள் முழுமையாக குணமடைந்து வீடு திரும்பியுள்ளனர்.

மண் பாணையில் உணவு சமைத்து, உடலுக்கு நோய் எதிர்ப்பு சக்தியை அதிகரிக்கும் உணவு தயாரித்து வழங்கி வருகிறோம். தினசரி, நிலவேம்பு குடிநீர், கபசுர குடிநீர், இஞ்சி தேநீர், சுண்டல் ஆகியவை வழங்கப் படுகிறது. கரோனா சிகிச்சை மையத்தில் தங்கியுள்ள நோயாளிகள் மருத்துவமனையில் இருப்பதாக உணர்வதில்லை. வீட்டில் தங்கியபடி சிகிச்சை எடுப்பதை போன்ற உணர்வை அவர்களுக்கு ஏற்படுத்தி வருகிறோம்.

இங்குள்ளவர்களுக்கு உணவையே மருந்தாக வழங்குவதால் கரோனா, ஒமைக்ரான் போன்ற கொடிய வைரஸாக இருந்தாலும் அதை எளிதாக சமாளிக் கக்கூடிய திறன் அவர்களுக்கு ஏற்படுகிறது” என்றார்.

## **The Indian EXPRESS**

### **TB detection in Mumbai improves in 2021 after pandemic-induced setback in 2020**

Detection of TB cases had fallen by nearly 28 per cent in 2020 with only 43,464 people identified with the illness as compared to 2019 when a total of 60,597 TB patients were detected in Mumbai.

Written by [Rupsa Chakraborty](#) | Mumbai |  
Updated: January 20, 2022 9:21:45 am

Bouncing back from the disruption the first year of the [Covid-19](#) pandemic caused to

Tuberculosis detection in the city, the Brihanmumbai Municipal Corporation (BMC) succeeded in detecting 58,642 cases of the infectious disease in 2021, matching its pre-pandemic target and recording a 34 per cent increase over 2020.

Detection of TB cases had fallen by nearly 28 per cent in 2020 with only 43,464 people identified with the illness as compared to 2019 when a total of 60,597 TB patients were detected in Mumbai.

The number of TB-related deaths also marked a decline in 2021 with 2,380 fatalities and a fatality rate of 4 per cent. In 2020, despite fewer TB cases detected, the fatality rate had shot up to 6.3 per cent with 2,752 deaths as compared to 2019 when 3,059 deaths were recorded with a fatality rate of 5 per cent.

As many as 58,642 patients were diagnosed with TB in 2021, higher than the 57,031 detections made in 2018.

“When the second wave started, the footfall of patients dropped to 4,000 in March 2021. Since last May, we started getting more patients which gradually increased to 8,000 and by last December, we recorded over 12,000 patients,” said Dr Pranita Tipre, in-charge of TB at the BMC.

During the pandemic, several TB patients, who were mostly migrants, headed to their respective homes. To ensure that they don't drop out from the treatment regimen, the BMC traced over 1,000 migrants, contacted their local TB health department in other states, and facilitated their medication.

Doctors believe that due to the lockdown, relatives of TB patients were forced to stay in over-crowded rooms with them, leading to the spread of the infection. “TB is an airborne disease which spreads in clusters among the families in lockdown,” said Dr Harish Chafle, Senior Consultant, Pulmonology and Critical Care at Global Hospital, Parel, Mumbai. “Also, patients

could not get proper follow-up needed for better outcomes," he said.

To contain the number of defaulters, BMC supplied the drugs door-to-door to the patients which resulted in better adherence to the treatment. "There were around 400 patients who were availing treatment in private but due to job loss and other financial issues, they couldn't afford to continue with the same. So, we migrated them to the public system and provided drugs free-of-cost," added Dr Tipre.

Social activists working for TB patients, though, claim that the data only showed the tip of the iceberg as amid the pandemic, TB diagnostic centres were closed and laboratories were prioritising samples of suspected Covid-19 patients.

"TB patients with compromised lungs are most vulnerable to contracting Covid-19. But there was a drastic drop in TB testing... Considering both the diseases have similar symptoms, many undetected TB patients with Covid-19 co-infection might have gone off the records," said Ganesh Acharya, a TB activist.

In Mumbai, every year over 5,000 patients are diagnosed with Multi-drug resistant TB. These are patients who have developed resistance to certain drugs given in the TB treatment regime. With better detection of cases, the number of multi-drug resistant TB (MDR-TB) cases also increased by 24 per cent last year, BMC said. According to data, in 2020, the diagnosis of MDR-TB dropped by 23 per cent to 4,367 from 5,673 cases recorded in 2019. But in 2021, the diagnosis of such cases increased to 5,412 in Mumbai.

"A major cause of MDR-TB is default from the first line of treatment by the patients. Default rate was high due to inability to have proper follow-up. Besides, availability of drugs was limited to the patients undergoing treatment for TB," said Dr Chafle.

"There hasn't been any flare up of MDR-TB cases. The cases detected in 2021 after robust testing are fewer than pre-pandemic period," said Dr Tipre.



## How many times can one get reinfected with Covid-19?

**Covid-19 Omicron wave: Doctors say it's not that the antibodies do not work, but there is a possibility that they "may not be sufficient antibody response to the infection", due to which the person may not develop adequate immunity and his body is prone to infection again.**

By: [Lifestyle Desk](#) | New Delhi |  
Updated: January 20, 2022 9:34:35 pm



Experts on reinfection of Covid-19 (Source: Express Photo by Nirmal Harindran)

Of late, many cases of individuals being re-infected with [Covid-19](#) have been reported, prompting health authorities to once again stress on the need to continue taking precautionary measures. As such, fresh guidelines to curb the spread of Covid-19 and its variants including [Omicron](#) have also been issued.

In light of the same, its essential to understand why reinfection after recovery — and in some



cases double vaccination — is still happening, and what can be done.

### What is Covid-19 reinfection?

According to US' Centers for Disease Control and Prevention (CDC), reinfection is when a person gets infected once, recovers, and then gets infected again. According to experts, based on what is known from similar viruses, some [reinfections](#) are expected. Ongoing Covid-19 studies will help us understand:

- \*How likely is reinfection?
- \*How often reinfection occurs?
- \*How soon after the first infection can reinfection take place?
- \*How severe are cases of reinfection?
- \*Who might be at higher risk for reinfection?
- \*What reinfection means for a person's immunity?
- \*Whether a person is able to spread [Covid-19](#) to other people when reinfected

In an AIIMS Delhi study, two doses of indigenously developed Covid-19 vaccine [Covaxin](#) were found to be 86 per cent effective in preventing Covid-19 reinfections in Indian healthcare workers (HCWs) during the second wave that was driven by the [Delta variant](#). The study was published in *JAMA Network Open* journal.

Another National Center for Biotechnology Information (NCBI) study suggested that prior infection in patients with Covid-19 was highly protective against reinfection and symptomatic disease. This protection increased over time, suggesting that viral shedding or ongoing immune response may persist beyond 90 days and may not represent true [reinfection](#). As vaccine supply is limited, patients with known history of Covid-19 could delay early vaccination to allow for the most vulnerable to access the vaccine and slow transmission, the November 2021 study mentioned.

Experts have noted waning immunity in patients who have recovered from Covid-19. Does that make people more vulnerable to reinfections?

Dr Sulaiman Ladhani, consulting chest physician, MD Chest and Tuberculosis, Masina Hospital, Byculla, Mumbai, believes “cases testing repetitively positive are very rare”. “Even if such cases are seen, it could be in a setting where there is high exposure for people, like healthcare workers, or those with multiple [co-morbidities](#) or extremely low immunity. But this is very rare,” he said.

Dr MD Mubasheer Ali, senior consultant, Apollo Telehealth said, “Large-scale serological screening with validated tests will identify individuals who may have protective immunity to infection and a better measure of disease activity. It is highly unlikely that Covid-19 infection strikes the person twice in a short window.”



*It is important to seek medical care and isolate (Source: Getty images/Thinkstock)*

Reinfection with [Covid-19](#) or SARS-CoV2 is said to be a matter of scientific discussion. As of now, it is not clear whether a person who has been infected once develops permanent immunity against the disease, or can get reinfected. An understanding can help decide intervention strategies required to control the spread of the disease which can aid in assessing how long people will have to depend on masks and physical distancing, as well as vaccinations and precaution doses.

According to Dr Bipin Jibhkate, consultant critical care medicine, and ICU director Wockhardt Hospitals, Mira Road, a person can “test positive twice or thrice a month as the deadly virus is still present in the body”.

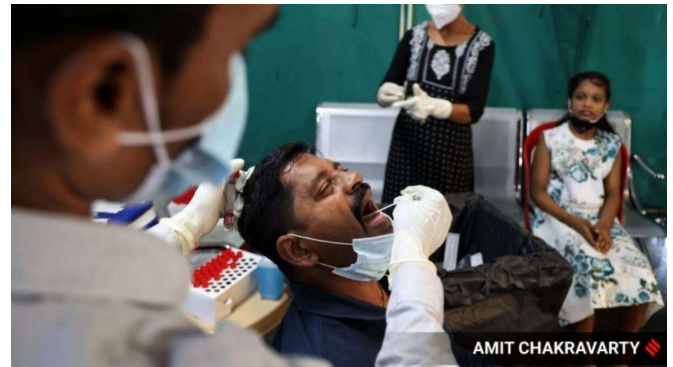
“It takes around 30 days on average for the virus to disappear after one exhibits the symptoms of Covid. It can be present for a longer time when it comes to the older population or one having a severe illness. Testing positive again and again can be shocking and worrisome for the patient, but that doesn’t mean he/she is contagious and will transmit the [infection](#) to others around. They may not have an active infection at that time. Those who keep testing positive need to follow Covid-appropriate behaviour: wear a mask, maintain [social distancing](#), and sanitise hands. Be at home, do not allow any visitors at home,” said Dr Jibhkate.

### So, do antibodies not work?

It's not that the [antibodies](#) do not work, but there is a possibility that they “may not be sufficient antibody response to the infection”, due to which the person may not develop adequate immunity and his body is prone to infection again, asserted Dr Ladhani.

According to Dr Vishal Wadhwa, head, quality assurance MD., D.N.B Microbiology, Metropolis Healthcare Ltd, SARS Cov-2 is a highly mutable virus and has gone over 33 lakh mutations by now. “Usually, a mutation leads to viral death but rarely it encodes for a survival advantage and ensures enhanced transmission/severity of infection and immune escape. Vaccines/infection create two types of the immune responses. One is humoral (antibody) and the second is cell-mediated. Immune escape happens when the mutation occurs at the S gene which codes for the spike protein. Due to this, the existing humoral antibodies are not able to counter the fresh invasion and a person suffers from an infection; cell-mediated

immunity comes into play later and is not able to prevent occurrence,” explained Dr Wadhwa.



Many have taken to regular Covid testing (Source: Express Photo by Amit Chakravarty)

Agreed Dr Arunesh Kumar, HOD and senior consultant- pulmonology, Paras Hospital Gurgaon and explained how “one can get Covid positive multiple times because what Covid test detects is one particular [Covid infection](#) episode”. “Like other viruses, SARS COV-2 too mutate. Mutations mean they modify their genetic core, which is essentially the nucleus of the virus. When it changes the core material, it starts behaving like a new virus and that's why our immunity doesn't recognise them as the same Covid virus, which we had been infected with previously,” noted Dr Kumar.

In light of cases of [Omicron](#), a highly contagious virus, what are the possibilities? “Omicron has shown at least 47 mutations affecting all the regions of its genome including spike protein. Which means there will be an immune escape phenomenon leading to reinfections and also there will be a failure to detect SARS COV-2 by few PCR kits. In addition, there will be chance that patients will fail to respond to monoclonal antibodies and existing anti-viral [antibiotics](#) (due to mutations in the non-structural protein encoding region as well),” elaborated Dr Wadhwa.

Dr Kumar stated that another possible reason could be that the virus hasn't been “cleared from the throat”. “Even if you're not sick or

unwell, you may still be harbouring the [virus](#) in your throat which is picked up by RT-PCR test," said Dr Kumar.

### So, what can be done?

As per Dr Wadhwa, safety precautions (protective equipment, social distancing etc.) and vaccination doses, booster dose/precaution dose can help. "These boosters will have to be taken till the time [virus](#) keeps mutating and throwing variants of concern (VOC) to us," Dr Wadhwa noted.



## Health Ministry revises guidelines for management of adult Covid-19 patients; know more here

**Dr Shuchin Bajaj said that in the latest guidelines, all previous medicines like Ivermectin, oral steroids, and oral antivirals and plasma therapy, have completely been removed**

By: [Lifestyle Desk](#) | New Delhi |  
January 18, 2022 4:30:58 pm

*Here's what the revised guidelines say (Photo: Pixabay)*

The Ministry of Health and Family Welfare has shared revised guidelines for management of adult [Covid-19](#) patients. According to the same, if cough persists for more than two-three weeks, it is necessary to check for tuberculosis and other conditions in [Covid-19 patients](#).

The revised guidelines, which have been issued amid rising Covid cases in the country, also suggest that there is no evidence of benefit for injectable steroids in those not requiring oxygen supplementation, or on continuation after discharge in moderate risk category.

It states that anti-inflammatory or immunomodulatory therapy (such as steroids) can have risk of secondary infection such as invasive [mucormycosis](#) when used too early, at higher dose, or for longer than required — which was the case during [Delta Plus](#)-driven second Covid wave.

The guidelines, drafted by experts from the Indian Council of Medical Research-Covid19 Task Force, AllMS, and Directorate General of Health Services, continue to not recommend medicines like antibiotics doxycycline and azithromycin, and antiparasitic Ivermectin for mild cases of Covid-19, which are to be managed at home in isolation.

Dr Shuchin Bajaj, founder director, Ujala Cygnus Group of Hospitals told [indianexpress.com](#) that in the latest guidelines, all previous medicines like Ivermectin, oral steroids, oral antivirals and plasma therapy, etc, have completely been removed.

All the drugs that were included before or that were being prescribed all this while, including antibiotics like Doxycycline, Azithromycin which actually work on bacteria and not on virus, said Dr Trupti Gilada, infectious disease specialist, Masina Hospital, Mumbai.

"Ivermectin which is a anti worm medicine and doesn't work on the virus again so these three medicines have been excluded and have got no role in management of mild COVID. The other drugs that do not find their place in the guidelines are Favipiravir; the recently approved Molnupiravir about which ICMR did express its concerns over adverse effects, so those have not been included in the guideline and therefore, should not be prescribed the way they still are being prescribed extremely commonly. The third important drug that is excluded from the guidelines but is still being prescribed is [monochronal antibody cocktails](#) – they are effective only in those individuals who have high



risk of progression from a moderate to a severe disease and have not had previous immunity and most importantly if it is a [delta variant](#), monochronal antibody cocktails have no role in the management of [Omicron](#) and we all know the vast majority of cases we are seeing currently are Omicron," said Dr Gilada.

For mild cases, the guidelines state home isolation with physical distancing, indoor mask use, and strict [hand hygiene](#). It is paramount to seek immediate medical attention if there is difficulty in breathing or oxygen saturation drops below 93, or high grade fever/severe cough last for more than five days, the guidelines states.

Moderate patients will have to be admitted in ward if the oxygen levels of SpO<sub>2</sub>: 92-96 per cent (88-92 per cent in patients with COPD) is not met.

Covid-19 is classified mainly into three types: mild cases — one without breathlessness and no oxygen requirement; moderate — breathlessness or oxygen requirement of SpO<sub>2</sub> level 90 to 93 per cent, and severe — patient with respiratory distress or SpO<sub>2</sub> level less than 90 per cent. "Hospital care is required for patients with moderate and severe disease. Patient with mild disease can be managed with symptomatic treatment and home isolation with regular monitoring of temperature and oxygen saturation," said Dr Rakesh Rajpurohit MD, consultant pulmonologist and critical care medicine, Jain multi speciality Hospital Mira Road.

-Preferred devices for oxygenation: non-rebreathing face mask

– Awake [proning](#) is encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

The guidelines continue to recommend emergency use of [remdesivir](#) in moderate to severe disease level of patients with 10 days of onset of symptoms. However, the patients should

not be on IMV or ECMO which require supplemental oxygen support. "Even remdesivir has been given only a very extremely limited role to be given in some selected patients. It's not to be given freely. Only inhalational and injectable steroids should be given in severe cases," said Dr Bajaj.

*Not all cases require hospitalisation (Source: Express Photo by Amit Mehra)*

### **The guidelines mention**

Consider remdesivir for five days to treat hospitalised patients with [Covid-19](#) (No evidence of benefit for treatment more than 5 days)

\*Not to be used in patients who are not on oxygen support or in home setting.  
\*Monitor for RFT and LFT (remdesivir not recommended if eGFR 5 times UNL)(not an absolute contraindication).  
Recommended dose: 200 mg IV on day 1 followed by 100mg IV OD for next four days.

### **The most commonly reported symptoms of Covid-19 are:**

- \*Dry cough, cold, sore throat
- \*Fever or chills
- \*[Fatigue](#), tiredness, muscle or body aches
- \*Headache
- \*Congestion or runny nose
- \*Shortness of breath or difficulty breathing
- \*Loss of appetite/taste/smell

Experts say that the severity and duration of symptoms for people who have Covid-19 can vary; for most people, usually the symptoms take 7-14 days to subside. Some people may have [no symptoms](#) while others may require hospitalisation. Recovery from symptoms varies from person to person.

### **So, what is the takeaway from the latest guidelines?**

The most important takeaway from the current guidelines is that almost all cases with mild Covid-19 can be managed without using too many drugs and just giving [symptomatic treatment](#). "This means paracetamol for fever, decongestants for congestion, and cough syrup for cough. It can also be managed without doing too many investigations. So there is no role of doing blanket CT Scans or blanket blood tests or blanket X-Rays for every individual that come in with Covid-19. These patients can be managed just the way other viral fevers are managed with symptomatic treatment without doing too many investigations or no investigations at all," asserted Dr Gilada.



## Health Ministry revises guidelines for management of adult Covid-19 patients; know more here

Dr Shuchin Bajaj said that in the latest guidelines, all previous medicines like Ivermectin, oral steroids, and oral antivirals and plasma therapy, have completely been removed

By: [Lifestyle Desk](#) | New Delhi |  
January 18, 2022 4:30:58 pm



Here's what the revised guidelines say (Photo: Pixabay)

The Ministry of Health and Family Welfare has shared revised guidelines for management of adult [Covid-19](#) patients. According to the same, if cough persists for more than two-three weeks, it is necessary to check for tuberculosis and other conditions in [Covid-19 patients](#).

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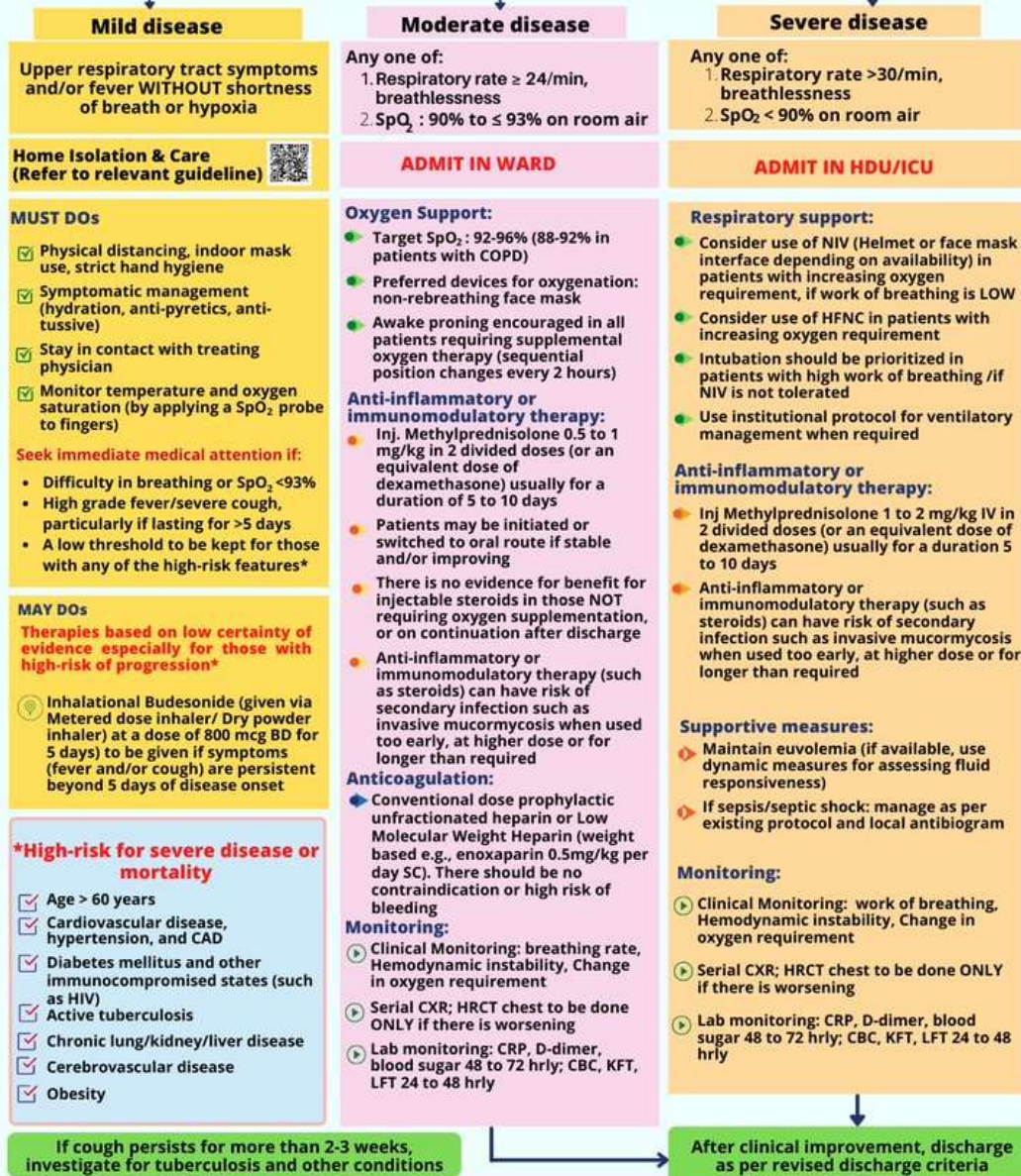




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INDIAN COUNCIL OF MEDICAL RESEARCH

**AIIMS/ ICMR-COVID-19 National Task Force/ Joint Monitoring Group (Dte.GHS)**  
**Ministry of Health & Family Welfare, Government of India**  
**CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS**  
Revised on 14/01/2022

**Adult patient diagnosed with COVID-19**



**EUA/Off label use (based on limited available evidence and only in specific circumstances):**

**Remdesivir (EUA)** may be considered ONLY in patients with

- 10 days of onset of symptoms, in those having moderate to severe disease (requiring supplemental oxygen), but who are NOT on IMV or ECMO
- Consider remdesivir for 5 days to treat hospitalized patients with COVID-19 (No evidence of benefit for treatment more than 5 days)
- NOT to be used in patients who are NOT on oxygen support or in home setting
- Monitor for RFT and LFT (remdesivir not recommended if eGFR  $<$ 30 ml/min/m<sup>2</sup>; AST/ALT  $>$ 5 times UNL) (not an absolute contraindication)
- Recommended dose: 200 mg IV on day 1 followed by 100 mg IV OD for next 4 days

**Tocilizumab** may be considered when ALL OF THE BELOW CRITERIA ARE MET

- Rapidly progressing COVID-19 needing oxygen supplementation or IMV and not responding adequately to steroids (preferably within 24-48 hours of onset of severe disease/ ICU admission)
- Preferably to be given with steroids
- No active TB, fungal, systemic bacterial infection
- Long term follow up for secondary infections (such as reactivation of TB, Flaring of Herpes etc.)
- Significantly raised inflammatory markers (CRP and/or IL-6)
- Recommended single dose: 4 to 6 mg/kg (400 mg in 60 kg adult) in 100 ml NS over 1 hour



medicines have been excluded and have got no role in management of mild COVID. The other drugs that do not find their place in the guidelines are Favipiravir; the recently approved Molnupiravir about which ICMR did express its concerns over adverse effects, so those have not been included in the guideline and therefore, should not be prescribed the way they still are being prescribed extremely commonly. The third important drug that is excluded from the guidelines but is still being prescribed is [monochronal antibody cocktails](#) – they are effective only in those individuals who have high risk of progression from a moderate to a severe disease and have not had previous immunity and most importantly if it is a [delta variant](#), monochronal antibody cocktails have no role in the management of [Omicron](#) and we all know the vast majority of cases we are seeing currently are Omicron,” said Dr Gilada.

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isolation with physical distancing, indoor mask use, and strict [hand hygiene](#). It is paramount to seek immediate medical attention if there is difficulty in breathing or oxygen saturation drops below 93, or high grade fever/severe cough last for more than five days, the guidelines states.

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Not all cases require hospitalisation (Source: Express Photo by Amit Mehra)

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## So, what is the takeaway from the latest guidelines?

The most important takeaway from the current guidelines is that almost all cases with mild Covid-19 can be managed without using too many drugs and just giving [symptomatic treatment](#). "This means paracetamol for fever, decongestants for congestion, and cough syrup for cough. It can also be managed without doing too many investigations. So there is no role of doing blanket CT Scans or blanket blood tests or blanket X-Rays for every individual that come in with Covid-19. These patients can be managed just the way other viral fevers are managed with symptomatic treatment without doing too many investigations or no investigations at all," asserted Dr Gilada.

## **The Indian EXPRESS**

### India should adopt risk-based approach not blanket bans to contain Covid: WHO India head

Vaccination for children should be introduced after a proper study on the safety of children keeping in mind India's epidemiological and social context, he said.

By: [PTI](#) | Kolkata |  
January 18, 2022 4:06:55 pm

Blanket approaches such as complete restriction on the movement of people and travel bans can be counterproductive in containing Covid in a country like India, says WHO's India representative Roderico H Ofrin while advocating target, risk-based strategies to counter the pandemic.



"WHO advises governments to adopt nuanced, targeted and risk-based approaches which involve layered control measures, reducing the risks associated with travel and transmission," Ofrin said. (Source: [www.who.int](http://www.who.int))

Stressing on the need to protect both lives and livelihoods, he said public health action in India and across the world must be continually guided by evidence from four key questions — how transmissible is the variant, severity of the disease it causes, how well vaccines and prior SARS-CoV-2 infection protect and how common people perceive risk and follow control measures.

"WHO does not recommend a blanket travel ban, nor complete restriction of people's movement. In many ways, such blanket approaches can be counterproductive. India with its diversity in population distribution and geographic spread, the risk-based approach remains the wiser public health practice to counter a pandemic," Ofrin told PTI in an email interview.

Depending on the epidemiological situation, available public health capacities and social and economic context, governments should tailor their measures to prevent and control the transmission, the Delhi-based official said as an [Omicron](#) driven surge pushed India's Covid tally to 3,76,18,271 (37.6 million/3.76 crore) on Tuesday.

"WHO advises governments to adopt nuanced, targeted and risk-based approaches which involve layered control measures, reducing the

risks associated with travel and transmission," Ofrin said.

If all the dos and don'ts are followed, there is no need for lockdowns.

"In the current scenario, existing tools and solutions continue to be effective, expanding vaccination coverage, using masks, maintaining hand hygiene, physical distancing, ventilation of indoor spaces and crowd avoidance help in cutting the chain of transmission. If these are followed, there will be no need for lockdowns," Ofrin maintained.

He said the emergence of the new variant of [coronavirus](#) in this magnitude "has been beyond expectation" and it is evident "Omicron has a growth advantage over Delta spreading rapidly across states and territories".

The country reported 2,38,018 new coronavirus infections, according to the Union Health Ministry on Tuesday. With this, active cases have increased to 17,36,628 (1.7 million/17.3 lakh), the highest in 230 days, while the death toll has climbed to 4,86,761 with 310 fresh fatalities.

Though it is not possible to undertake genome sequencing of every sample, experts are agreed the current wave is largely being driven by the Omicron variant.

Elaborating on ways to handle the current Covid situation, Ofrin, who joined as WHO's India Representative in July 2020, stressed that it is not just the responsibility of the government but also of every individual.

"This is the same virus/disease with a different variant. The mitigation measures put forth against earlier variants are still recommended to combat Omicron. Strategies to test, trace and treat along with strengthening surveillance and health systems; expanding vaccination coverage, maintaining essential health services, and community-level containment measures

effectively underpin response efforts to combat the pandemic," he added.

On whether the Indian government was late in deciding to administer booster doses to doctors, and other healthcare and frontline workers, the WHO India head said, "WHO's main recommendation continues to be to prioritise access to vaccines for vulnerable populations and those who have not yet completed their doses, and deployment of boosters is secondary. This has also been India's vaccination strategy.

"Boosters as per recommendation of the WHO Strategic Advisory Group of Experts (SAGE) remains for those who are immunocompromised, those with chronic diseases especially the elderly."

Implementing a blanket booster programme while large segments of the population remain unvaccinated is likely to prolong the pandemic and misses the larger population that it aims to protect, Ofrin explained.

Vaccination for children should be introduced after a proper study on the safety of children keeping in mind India's epidemiological and social context, he said.

"Although a majority of [COVID-19](#) vaccines are only approved for use in adults aged 18 years and above, an increasing number of vaccines are also being authorised for use in children now. Only after evidence on safety for children is well studied and deliberated as per the country's epidemiological and social context, can a vaccine be introduced for this age group."

"India is already vaccinating the 15-18 years age group. The National Technical Advisory Group on Immunisation (NTAGI) and National Expert Group on Vaccine Administration of COVID-19 (NEGVAC) are deliberating and considering scientific evidence related to the justification of vaccines to children below 15 years."



Discussing WHO's role in helping the Indian government combat the pandemic, Ofrin said it has been providing technical and on-ground support through its network of 2,600 field officers and personnel based in 23 states and also reaching out all states and union territories (UTs).

"Our people deployed across programmes including immunisation, tuberculosis, neglected tropical diseases etc. have been repurposed to work with health authorities at all levels to respond to the pandemic."

Will 2022 see the current pandemic coming to an end?

"It is very difficult to put a date on the end of the pandemic. Do remember that as the virus keeps transmitting, there is a chance for new variants to appear which can be more transmissible or severe. It is possible to bring this virus under control by ensuring availability and strategic use of the tools we have." Ofrin replied.

## **The Indian EXPRESS**

### **Two doses of Sputnik V show strong protection against Omicron variant: Study**

**The study was an independent comparative one conducted at the National Institute for Infectious Diseases Lazzaro Spallanzani (Italy) by a joint team of researchers of the Institute and the Gamaleya Center.**

By: [Express News Service](#) | Pune |  
Updated: January 21, 2022 9:39:00 am

Two doses of Sputnik V vaccine provide more than twice higher geometric mean titers (GMT) of virus-neutralising antibodies to

the [Omicron](#) variant of [Covid-19](#) than two doses of Pfizer vaccine, according to a new study.



*Sputnik V has been authorised in 71 countries with a total population of over 4 billion people, and Sputnik Light in more than 30 countries. (File)*

The study has been published as a pre-print in medRxiv on January 19. The Gamaleya National Research Center of Epidemiology and Microbiology (Gamaleya Center) and the Russian Direct Investment Fund (RDIF, Russia's sovereign wealth fund, investor in Sputnik V and Sputnik Light vaccines), also announced the study at a virtual media conference.

The study was an independent comparative one conducted at the National Institute for Infectious Diseases Lazzaro Spallanzani (Italy) by a joint team of researchers of the Institute and the Gamaleya Center. It showed that two doses of Sputnik V provide more than two times higher geometric mean titers (GMT) of virus neutralising antibodies to the Omicron variant of Covid-19 than two doses of Pfizer vaccine (2.1 times higher in total and 2.6 times higher three months after vaccination).

Sputnik V has been authorised in 71 countries with a total population of over 4 billion people, and Sputnik Light in more than 30 countries. The study was conducted in the Spallanzani Institute in Italy on comparable sera samples from individuals vaccinated with Sputnik V and Pfizer with a similar level of IgG antibodies and virus neutralizing activity (VNA) against Wuhan variant, Kirill Dmitriev, CEO of the Russian Direct

Investment Fund, told media persons at a virtual interaction on Thursday.



## ICMR approves new RT-PCR kit that detects Omicron variant in 45 minutes; know more

"The kit helps in identification of SARS-COV-2, Delta, and Omicron in one single test in a short time," Dr Naveen Kumar Venkatesan, Principal inventor of the Kit, chief scientist, said

By: [Lifestyle Desk](#) | New Delhi |

Updated: January 22, 2022 9:41:36 am



The kit can be used the same way the current Real-Time RT PCR is done, said Dr Venkatesan (representational) (Source: Express Photo by Pavan Khengre)

The Indian Council of Medical Research (ICMR) has approved a new Chennai-developed RT-PCR kit that can detect and differentiate the [Omicron](#) variant from other variants, including Delta, in just 45 minutes. Instead of waiting for genome sequencing analysis to know which type of variant one may be infected with, the KRIVIDA Novus RT-PCR kit detects [SARS-CoV-2](#) using five different gene targets with a variant-specific S gene probe for Omicron.

The kit has been developed in collaboration with ImmuGenix Bioscience.

Dr Naveen Kumar Venkatesan, principal inventor of the kit, chief scientist, founder and director, ImmuGenix Biosciences said in a press statement, "Currently, patients who test positive for Covid-19 have to undergo genome sequencing to know the variant they have been infected with. KRIVIDA Novus kit employs a specific pattern of a unique combination of S Gene Target Failure strategy and 'Omicron specific amplification signal' to detect the variant. The kit detects the [Omicron variant](#) (B.1.1.529) and all its sub-lineages, such as BA.1, BA.2 and BA.3".

The [kit](#) helps in the identification of SARS-COV-2, Delta, and Omicron in a single test in a short time. The current RT-PCR kit does not provide this information, Dr Venkatesan told [indianexpress.com](#).

Notably, this is the latest homegrown RT-PCR kit to get approval after Tata MD CHECK RT-PCR OmiSure. The test which comprises a single-tube assay, according to the company, is "compatible with most Real-Time PCR machines with a test run time of 45 minutes, enabling the testing sites to conduct 2,160 tests within 24 hours".

"It not only tackles the issue of delayed testing, but it also helps in swift prevention of spread. Furthermore, since the test can differentiate between variants, it's also ideal for entry point screening of travellers at airports," said Anu Moturi, CEO and Founder, KRIYA Medical Technologies.

### How is it used?

The kit can be used in the same way as the current Real-Time RT-PCR, said Dr Venkatesan, where in a sample of nose or throat swab is taken to analyse the genetic fragments of the [virus](#).



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कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

Date: 15.01.2022

## ICMR APPROVED REAL TIME PCR (RT-PCR) ASSAYS FOR DETECTION OF OMICRON VARIANT OF SARS-COV-2

| S. No | Name of company  | Name of the kit  | *Lot no. / Batch No. |
|-------|--|--|----------------------|
| 1.    | TATA Medical & Diagnostics Ltd., Mumbai (Maharashtra), India     | TATA MD CHECK RT-PCR OmiSure                               | K035-V001            |
| 2.    | Kriya Medical Technologies Pvt. Ltd., Chennai (TamilNadu), India | KRIVIDA Novus SARS-CoV-2 RT-PCR kit- Omicron detection kit | OD060122/01          |

### What is its cost?

The kit will be priced competitively. Since we want to make it accessible to everyone, it will be more affordable than the other options currently available, Moturi told *indianexpress.com*.

### When will it be available in the market?

It will be available in the market within the next seven days. Airports, governments, labs and any hospital can use our kits, said Moturi.

Till date, 517 RT-PCR kits have been evaluated by [ICMR](#) validation centres, according to its website.

The acceptance criteria is a sensitivity of 95 per cent and above, and specificity of 99 per cent and above. At least 95 per cent concordance among positive and at least 90 per cent concordance among negative samples, and with more than 95 per cent samples showing amplification in internal control.



## Explained: Why is it better to wear an N95 than a cloth mask right now?

Health experts suggest stepping up protection against the highly contagious omicron variant with stronger masks such as N95s or KN95s.

By: [AP](#) | New York |  
January 20, 2022 10:54:16 am

Why is it better to wear an N95 than a cloth mask right now?

Health experts suggest stepping up protection against the highly contagious [omicron](#) variant with stronger masks such as N95s or KN95s.

It's especially important now with health care systems under strain, and with people in higher-risk situations such as crowded, indoor settings for



extended periods, says Linsey Marr, who studies viruses at Virginia Tech.



A resident of Seattle pulls on a N95 mask. (AP Photo/Elaine Thompson, File)

The US Centers for Disease Control and Prevention recently updated its guidance to recommend the kinds of masks used by health care workers, but also noted it's important to pick a mask that fits well and that you'll wear consistently.

"Our main message continues to be that any mask is better than no mask," CDC spokeswoman Kristen Nordlund said in a statement.

Previously, the CDC had said N95 masks should be reserved for health care workers because of supply shortages. There's a special category of "surgical N95" masks that are generally not available for sale to the public that the CDC says should continued to be reserved for health care settings.

N95s have a tighter fit to your face than cloth masks and are made with a special material designed to block 95% of harmful particles. The fibers are pressed closer together than in cloth masks and have an electrostatic charge that attracts molecules to stick to the mask rather than passing through.

KN95s and KF94s offer a similar level of protection. A full list of masks that meet an

international quality standard is available on the CDC website.

But be careful when buying. The counterfeit market is huge, and about 60% of KN95s in the U.S. are fake and do not meet quality standards, according to the CDC.

It's hard to tell just by looking if a mask is counterfeit, so experts suggest buying directly from reputable sellers. Project N95 is also a known seller of valid brands, and Marr says she buys masks through industrial suppliers like Grainger or McMaster-Carr.

If you find certain N95s difficult to wear for long periods, experts suggest exploring the different shapes and styles available to see what works best for you.



## Study says: By itself, Omicron does not boost immunity level

However, the pre-print study from the US shows that in vaccinated individuals, an Omicron infection can boost existing immunity, thereby allowing the individual to fight off another infection better.

Written by [Anonna Dutt](#) | New Delhi |  
Updated: January 20, 2022 12:04:48 pm

In what could further underline the [importance of vaccination](#), a new study shows that an infection with the [Omicron](#) variant of the Covid virus may not generate broad immunity in unvaccinated individuals that can protect against other variants.



*After the mice study, the researchers used sera from those who had a breakthrough infection during the Delta wave and Omicron wave to see how much protection they had against the wild type as well as all the other variants. (File)*

However, the pre-print study from the US shows that in vaccinated individuals, [an Omicron infection](#) can boost existing immunity, thereby allowing the individual to fight off another infection better.

The study has been conducted by a team comprising Nobel Laureate Jennifer Doudna, researchers from the University of California, San Francisco; University of California, Berkeley; California Department of Public Health; and [Covid-19](#) testing start-up Curative Inc.

According to the study, mice were infected with the virus-type first identified in the US in 2020, the [Delta variant](#) and the Omicron variant, and tested whether their sera (a blood component) could effectively neutralise or fight against the original virus, and the Alpha (first found in UK), Beta (first found in South Africa), Delta (first found in India), Omicron (first found in South Africa) variants of the virus.

The researchers found that mice infected with Delta developed the best protection against the other variants, except the Beta variant which is known to be highly immune evasive. In contrast, infection with Omicron was only effective in fighting off the Omicron variant but did not neutralise enough – meaning did not effectively

protect against – other variants, according to the study.

On the other hand, sera from mice infected with the original virus could effectively protect against another infection from the same virus, along with the Alpha and Delta variants. It could not protect effectively against Beta or Omicron infections.

Almost all the vaccines currently in use utilise modified spike proteins from the wild type of the virus to elicit immune response. This could be one of the reasons Omicron is causing a high proportion of breakthrough infections in completely vaccinated individuals.

The vaccines, however, remain effective against severe disease and death. Several countries, including India, have started administering a third booster jab to offer better protection to the most vulnerable people.

After the mice study, the researchers used sera from those who had a breakthrough infection during the Delta wave and Omicron wave to see how much protection they had against the wild type as well as all the other variants.

The sera from those who had a Delta breakthrough infection (infection after complete vaccination) could effectively neutralise all variants, although the neutralisation was low for Omicron.

But the researchers also realised that sera from confirmed Omicron breakthrough infection conferred good protection against all variants.

“These findings suggest that Omicron infection can effectively boost existing immunity conferred by the vaccination against other variants, eliciting “hybrid immunity” that is effective against not only itself but also other variants,” the researchers noted.

The researchers said that since Omicron infection on its own could not offer broad protection against all variants but could boost existing immunity and Delta could create broad immunity, multivalent vaccines using both Omicron and Delta could be developed in future.

Dr Anurag Agarwal, Director of Institute of Genomics and Integrative Biology, said, "Omicron is not nature's vaccine. Omicron infection does not give protection against infection by other variants, in unvaccinated people. Previously reported effects against Delta were due to enhancement of vaccine induced immune response that protects well against prior variants."

He has been saying that people must not mistake the virus that is known to cause milder upper respiratory tract symptoms in most patients as a natural vaccine because it may still cause severe disease and death in those with compromised immune systems.

K Srinath Reddy, president of the Public Health Foundation of India and a member of the National Covid-19 Task Force, said, "This would mean that while Omicron itself has an immune evasion capacity due to 36 spike protein mutations, the limited immunity it evokes adds to the prior immunity against spike proteins and may result in sufficiently protective effect against severe disease."

Dr Samiran Panda, who heads the Department of Epidemiology and Communicable Diseases at the Indian Council of Medical Research and is also part of the Task Force, said, "The findings are interesting, but we cannot extrapolate the results of a mice model to a population as large as India. We have to wait and see what will happen. Of course, when there is an antigenic exposure, there will be immunological changes."



## Centre has done well to nudge states to increase Covid testing. Conflicting signals from ICMR guidelines must be sorted out

The health ministry and the ICMR must elaborate on the testing protocols — and, if need be, revise them or issue clarifications. The message must be unequivocal: Testing remains crucial to dealing with the third wave.

By: [Editorial](#) |

Updated: January 20, 2022 9:49:59 am



The message must be unequivocal: Testing remains crucial to dealing with the third wave.

In the past week, the country's daily Covid caseload graph has virtually flattened. The 2.38 lakh cases detected on Monday were the lowest in the past six days. The positivity rate has, however, continued to rise steadily, indicating that — other than in Mumbai and Delhi to an extent — the [Omicron](#)-driven third wave is weeks away from peaking in the country. It's obvious now that the discordance between the two sets of figures owes to a sharp reduction in the number of samples being tested for Covid. On Tuesday, the Union Ministry of Health and Family Welfare flagged this concern to the state health departments. "The data available on ICMR's portal shows that testing has declined in many



states and Union Territories," Additional Health Secretary Arti Ahuja wrote in a letter to the states. The nudge is much needed. But the Centre and its agencies must also clear the air on testing protocols, especially the revised set of guidelines issued by the ICMR last week. The guidelines, that do not require asymptomatic contacts of Covid-positive people to get tested, seem to have created an impression that testing benchmarks can be lowered during the current outbreak. By all accounts, the fall in the number of tests has followed the notification of these protocols. While the health ministry has rightly pulled up states for their laxity, its letter continues to give conflicting signals by reiterating the ICMR guidelines.

Given that Omicron has been behaving differently from the variants that drove the first two waves, many epidemiologists advocate a different set of metrics. These include making hospitalisation rates — and not the case count — the yardsticks for ascertaining the virus's virulence. But these experts have also cautioned that the high transmissibility of the virus could offset its relatively milder character. Therefore, while tweaks in testing protocols and measures such as home testing may well be in order, these norms must be implemented in ways that do not undermine the importance of tests as a pandemic-management instrument or downplay their significance as an exercise to understand the trajectory of the current wave. It's apparent from testing data that this message of caution has not been conveyed adequately: While the country's daily case burden is about the same as June last year, states are barely testing 60 per cent of what they were doing seven months ago.

The health ministry and the ICMR must elaborate on the testing protocols — and, if need be, revise them or issue clarifications. The message must be unequivocal: Testing remains crucial to dealing with the third wave.

*This editorial first appeared in the print edition on January 20, 2022 under the title 'Tests matter'.*

The Indian EXPRESS

## 'Omicron patients under 60 with no comorbidities can start symptomatic treatment with paracetamol'

Speaking during Health4All Online Episode-14 held recently, Dr Shashank Joshi addressed the confusion about the use of molnupiravir, which has not been included in ICMR's Covid treatment guidelines even as the state government has allowed its use in certain conditions with caution.

By: [Express News Service](#) | Pune |  
January 18, 2022 10:31:15 pm



*"If someone above the age of 50 has a consistent fever for two days alongside two or three comorbidities, the doctor might prescribe them these antivirals. Omicron patients below 60 years with no comorbidities can start symptomatic treatment with paracetamol," Dr Joshi said.*

[Omicron](#) patients under 60 years of age and with no comorbidities can start symptomatic treatment with paracetamol, according to Dr Shashank Joshi, Chair, International Diabetes Federation, Southeast Asia, and member of [Covid-19](#) Maharashtra State Task Force.

Speaking during Health4All Online Episode-14 held recently, Dr Joshi also addressed the confusion about the use of molnupiravir, which has not been included in ICMR's Covid treatment guidelines even as the state government has allowed its use in certain conditions with abundant caution.

He said, "The new-age antiviral treatment drugs like molnupiravir are broad-spectrum antivirals, which act as chain-terminators. We are seeing a 30 per cent hospitalisation risk reduction with the use of molnupiravir. If someone above the age of 50 has a consistent fever for two days alongside two or three comorbidities, the doctor might prescribe them these antivirals. Omicron patients below 60 years with no comorbidities can start symptomatic treatment with paracetamol."

Dr Joshi said there is no need to worry as these pills are not prescribed to children below the age of 18, or to patients who require hospitalization, or to pregnant women. "The pill must be administered within 72 hours of the onset of symptoms for patients in the high-risk population group, namely, hypertensives, diabetics, people on immunosuppressed medication, senior citizens, people with other ailments etc."

Emphasising on the "judicious use" of new-age treatment drugs for Covid, Dr Joshi said, "Whenever we have a new disease, which is constantly evolving, new treatment methods are also bound to come up. However, it is up to the doctors to identify the most vulnerable people and prescribe medication accordingly. For example, for an asymptomatic 85-year-old patient, who has mild hypertension treated with just one pill, there is no need for any kind of test or intervention. Only observation and monitoring of temperature and oxygen saturation is needed. However, if the same person is symptomatic with a consistently high fever of more than 100 degrees and has a bit of kidney issue, severe hypertension and diabetes, the

administration of oral pills for home treatment may be required. In some cases, hospitalisation may be needed."

Dr Joshi said the idea is to use the treatment selectively and in the most needful cases only. "Unfortunately, the masses immediately get hooked onto any new treatment that comes up, considering it as a magic pill. This results in its indiscriminate use. This is why it is important to believe your doctors and let them decide if the pill is meant for your particular medical condition or not," he added.

Dr Harshal Salve, Additional Professor of Community Medicine, Coordinator for Collaborative on Air Pollution and Health Effects Research in India (CAPHER-India) and General Secretary of Faculty Association of AIIMS (FAIMS), said, "To reduce mortality from Covid, two important things need to be taken care of. Firstly, the healthcare system needs to also focus on the management of chronic illnesses alongside Covid. The availability of medicines, medical help and other healthcare services for non-Covid diseases has taken a backseat due to the pandemic. This needs to change to minimise the impact of comorbidities on the current pandemic. Secondly, all individuals in the vulnerable population must ensure they are fully vaccinated."



## Explained: How is the coronavirus transmitted?

**There is no evidence so far that Omicron, which has superseded the Delta variant in many regions of the world, is transmitted in ways markedly different from previous variants.**



A healthworker collects a nasal swab sample for COVID-19 test. (Photo: PTI)

China is urging people to wear masks and gloves when opening mail, especially from abroad, after authorities suggested the first case of the [Omicron coronavirus](#) variant found in Beijing could have arrived via a package from Canada.

The advice follows a similar scare in 2020 when people in Beijing were believed to have come into contact with the novel coronavirus that causes [COVID-19](#) by [touching boards used for chopping imported salmon](#). Below is how authorities and researchers have described the ways in which the coronavirus travels from one person to another.

There is no evidence so far that Omicron, which has superseded the [Delta variant](#) in many regions of the world, is transmitted in ways markedly different from previous variants.

### World Health Organisation (WHO)

The World Health Organization said [in a document updated last month](#) that current evidence suggests the virus spreads mainly through close contact between people.

Speaking and breathing produces small, liquid, virus-carrying particles that float through the air for longer periods of time and can be inhaled by others. Larger droplets can cause infections if

they come into direct contact with the eyes, nose or mouth.

The WHO said people may also become infected when touching their eyes, nose or mouth after touching surfaces or objects that have been contaminated by the virus.

### US Centers for Disease Control and Prevention (CDS)

The US Centers for Disease Control and Prevention said in April last year that people are most likely to be infected with the coronavirus [through virus-carrying droplets in the air](#).

Although it is possible for people to be infected through contact with contaminated surfaces or objects, the risk is generally considered to be low, it said.

It added the risk of contracting the virus by touching an exposed surface is minor after three days, regardless of when it was last cleaned.

### US National Institutes of Health

The US National Institutes of Health scientists concluded in August, [based on experiments on hamsters](#), that virus transmission via contaminated surface contact is markedly less efficient than airborne transmission but does occur.

A group of mainly US-based researchers in August last year reviewed the available evidence on how the coronavirus moves between people and found “unequivocal evidence of airborne transmission” via tiny inhalable particles that linger in the air.

Transmission through surfaces has been found to be far less efficient, they added. Larger droplets that quickly sink to the ground are only a dominant transmission factor when people



speak within 20 centimetres (7.9 inches) of each other.



## Does wearing face masks make you more attractive? Findings of a new UK study, explained

**The results counter the 'sanitary-mask effect', or the finding that medical face masks signal an image of disease, thereby lowering the ratings of facial attractiveness.**

By: [Explained Desk](#) | New Delhi |  
Updated: January 19, 2022 2:40:18 pm



*Through the study, researchers analysed how different kinds of face masks changed the attractiveness of 40 males. (File)*

Researchers from Cardiff University in the UK have found in a study that face masks – the kinds people have been wearing since the beginning of the pandemic – make their wearers look more attractive.

The findings were published in the journal *Cognitive Research: Principles and Implications* this month.

The results counter the 'sanitary-mask effect', or the finding that medical face masks signal an image of disease, thereby lowering the ratings of

facial attractiveness. The [Covid-19](#) pandemic seems to have changed this, because face masks are more ubiquitous now and may even help in increasing the face's attractiveness, as the study has found.

The study mentions that there is a common belief among Japanese women that wearing a mask increases one's attractiveness as it covers their undesirable facial features such as acne.

### What did the researchers find?

Through the study, researchers analysed how different kinds of face masks changed the attractiveness of 40 males. They found that the kind of face mask has a bearing on how attractive males look. For instance, the study says that the blue surgical masks increase attractiveness more than other kinds of masks.

To carry this study out, a number of female participants were shown a series of male faces of low or high attractiveness that were covered with a medical surgical mask, a cloth mask, a book, while some faces were not covered at all. The female participants were then asked to rate these faces on their attractiveness.

The results showed that those faces that were covered with surgical masks were considered to be the most attractive and faces covered with cloth masks were considered 'significantly' more attractive than those not covered with anything.

The researchers say that these results not only counter the 'sanitary-mask effect' but are also consistent with similar studies conducted amid the pandemic. One such study was conducted in 2020 and it also emphasises that medical masks increase facial attractiveness for "unattractive and average faces".

"Research carried out before the pandemic found medical face masks reduce attractiveness – so we wanted to test whether this had changed since face coverings became

ubiquitous and understand whether the type of mask had any effect,” Dr Michael Lewis, a Reader from Cardiff University's School of Psychology, was quoted as saying in a press release.

“Our study suggests faces are considered most attractive when covered by medical face masks. This may be because we're used to healthcare workers wearing blue masks and now we associate these with people in caring or medical professions. At a time when we feel vulnerable, we may find the wearing of medical masks reassuring and so feel more positive towards the wearer,” he added.

## **The Indian EXPRESS**

### **As Covid testing numbers fall, govt gives states a nudge**

**The new ICMR guidelines had stated that all those who are symptomatic and at-risk contacts of laboratory-confirmed cases must be tested — while there was no need to do so for asymptomatic people.**

Written by [Amitabh Sinha](#) , [Kaunain Sheriff M](#) | New Delhi |

Updated: January 19, 2022 7:34:11 am



India on Monday conducted 16.49 lakh tests. (File)

The Union Health Ministry Tuesday told health departments in the country to increase testing, highlighting [a decline in several states and Union Territories](#) over the last few days.

Additional Health Secretary Arti Ahuja, without naming any state or Union Territory, reiterated to health secretaries the fresh ICMR guidelines issued after the emergence of the highly-transmissible [Omicron](#) variant.

The new ICMR guidelines had stated that [all those who are symptomatic and at-risk contacts](#) of laboratory-confirmed cases must be tested — while there was no need to do so for asymptomatic people.

The Health Ministry nudge is not without reason. India is currently testing barely 60 per cent of what it was doing in the first week of June last year, when a roughly similar number of new [Covid-19](#) cases were being discovered as now. On Monday, the country conducted 16.49 lakh tests.

What's more, in several crucial states, the testing numbers are showing a decline over the last few days, which prompted the Health Ministry to write the letter on Tuesday.

“As you are aware, the Omicron which has been designated... as variant of concern is currently spreading across the country....Testing remains a key and crucial component of the framework. However, it is seen from the data available on the ICMR portal that testing has declined in many states and union territories,” Ahuja wrote.

The key states include Delhi, Maharashtra, Bihar, Haryana, Andhra Pradesh, Rajasthan and West Bengal. In all these states, the decline has continued for four or five days now, longer than the usual dip seen over the weekends. In many of these states, the daily case count is also going down, or seems to have stabilised.

At the national level, however, the test numbers are rising steadily. On Monday, for example, the seven-day average of tests touched 17.5 lakh, the highest since the end of August last year. On individual days, the testing numbers have crossed 20 lakh as well. During the second wave, however, this number was more than 30 lakh for about a week towards the end of May and start of June.

As a result, the positivity rate at the national level is way higher than that time, and rising. The current weekly positivity rate is 14.22 per cent, more than double of what it was in the first week of June. However, the crucial difference between then and now is that India's case count is currently on the upward trajectory, while in June it was going down after reaching the peak.

The current positivity rate is still way below the peak it had seen during the height of the second wave in the first week of May. At that time, the positivity rate had been hovering around 22 per cent.

The sudden arrest in the surge of cases in some states could be because of the reduction in the number of samples being tested. This could also be having an impact on the national case count, whose trajectory has flattened in the last few days. In fact, the 2.38 lakh cases detected on Monday was the lowest in the last six days. However, this could only be a temporary phenomenon, and the case count is likely to rise further in the coming days.

Since the trends in testing are not following a uniform pattern across states, the daily count of cases at the national level is not conveying a very accurate picture of how the infection is spreading during the third wave. The seeming slowdown being witnessed could only be because of the change in testing strategy in several states, and may not be reflective of how quickly the infection is spreading. The fact that the positivity rate is maintaining an upward trend

supports the suggestion that, at the national level at least, the peak might still be some distance away.



## So you think you're a Covid expert (but Are You?)

**Syl Tang, a futurist, said almost everyone she knows has come to her with theories about what they think is happening right now in the pandemic.**

By: [New York Times](#) |

Updated: January 22, 2022 1:36:00 pm



Many people are now coming to their own conclusions about Covid and how they should behave. After not contracting the virus after multiple exposures, they may conclude they can take more risks. Or if they have Covid they may choose to stay in isolation longer than the C.D.C. recommends. (Illustration/The New York Times)

**Written by Alyson Krueger**

Lauren Terry, 23, thought she would know what to do if she contracted [COVID-19](#). After all, she manages a lab in Tucson, Arizona, that processes COVID tests.

But when she developed symptoms on Christmas Eve, she quickly realized she had no inside information.



"I first tried to take whatever rapid tests I could get my hands on," Terry said. "I bought some over the counter. I got a free kit from my county library. A friend gave me a box. I think I tried five different brands." When they all turned up negative, she took a PCR test, but that too, was negative.

With clear symptoms, she didn't believe the results. So she turned to Twitter. "I was searching for the [omicron](#) rapid test efficacy and trying to figure out what brand works on this variant and what doesn't and how long they take to produce results," she said. (The Food and Drug Administration has said that rapid antigen tests may be less sensitive to the omicron variant but has not identified any specific tests that outright fail to detect it.) "I started seeing people on Twitter say they were having symptoms and only testing positive days later. I decided not to see anybody for the holidays when I read that."

She kept testing, and a few days after Christmas she received the result she had expected all along.

Though it's been almost two years since the onset of the pandemic, this phase can feel more confusing than its start, in March 2020. Even PCR tests, the gold standard, don't always detect every case, especially early in the course of infection, and there is some doubt among scientists about whether rapid antigen tests perform as well with omicron. And, the need for a 10-day isolation period was thrown into question after the Centers for Disease Control and Prevention announced that some people could leave their homes after only five days.

"The information is more confusing because the threat itself is more confusing," said David Abramson, who directs the Center for Public Health Disaster Science at the NYU School of Global Public Health. "We used to know there was a hurricane coming at us from 50 miles away. Now we have this storm that is not well

defined that could maybe create flood or some wind damage, but there are so many uncertainties, and we just aren't sure."

Many people are now coming to their own conclusions about COVID and how they should behave. After not contracting the virus after multiple exposures, they may conclude they can take more risks. Or if they have COVID they may choose to stay in isolation longer than the CDC recommends.

And they aren't necessarily embracing conspiracy theories. People are forming opinions after reading mainstream news articles and tweets from public health researchers; they are looking at real-life experiences of people in their networks.

Still, this isn't the same as following scientifically tested advice from experts, Abramson said. "A lot of it is anecdotal, and to say, 'My brother-in-law did this and it worked for him, so I'm going to do it too,' that is a poor use of probabilistic thinking," he said.

And the people cobbling together their own guidance aren't always looking for shortcuts. Reagan Ross, 26, who lives in San Jose, California, and is completing her doctorate in the department of communication at Stanford University, was recently asked on a date.

She had been isolating for 13 days after getting the virus, longer than the CDC's guidelines, and no longer has any symptoms. But she decided she wouldn't go on the date until she gets a negative antigen test.

"Some of my family members think I'm crazy," she said. "But my date understands. He is not interested in getting COVID."

(Abramson said you can't go wrong by being too cautious. "If you are very cautious the odds are with you," he said.)

Alexa Winter, 18, who works for Nordstrom Rack and lives in Minneapolis, wanted to stay home for the correct number of days, but she was confused about what that was after reading the CDC website. "I looked at the official CDC guidelines, but it was so muddled," she said. "I couldn't tell if it was five days or 10 days."

Abramson said the five-day guidance "has too much ambiguity." "I would have preferred much clearer guidance," he said.

Winter turned to other sources. "I asked people who I communicate with on Twitter who did lockdowns what they did and what they thought I should do," she said. "I asked my mom and dad what they thought. I asked friends of mine who had COVID before."

Vince Hulett, 35, who works in digital marketing and lives in Ballwin, Missouri, believes it is his combination of vaccines — two Pfizer shots and a Moderna booster — that has protected him against COVID thus far. He decided to get a different booster vaccine after reading early studies that suggest the mixture may offer more protection than getting three shots of the same vaccine.

When most of his family contracted COVID over Christmas, it only made him more confident in his decision.

"I had a huge COVID outbreak in my family over Christmas. My dad and mom got it, my two daughters, my brother, his wife and their two kids," he said. He and his wife, he said, were among the few who didn't get it. "I 100% think my vaccine combo protected me."

Syl Tang, a futurist, said almost everyone she knows has come to her with theories about what they think is happening right now in the pandemic.

"Everybody just wants to find a way to feel good about their choices and make sense about this world we live in right now," she said.

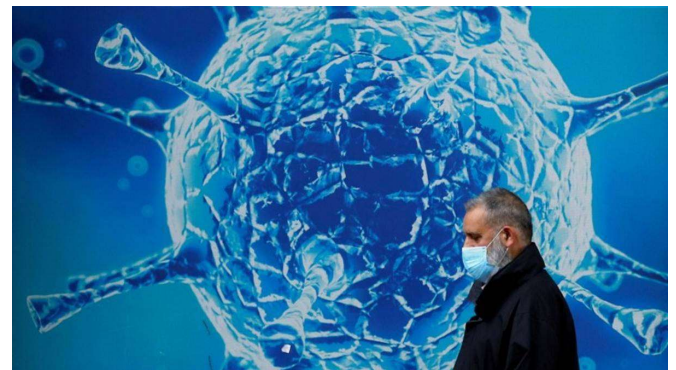


## UK designates Omicron sub-lineage a variant under investigation

The BA.2 is being investigated but has not been designated a variant of concern so far.

By: [Reuters](#) |

Updated: January 22, 2022 1:34:14 pm



*Initial analysis made by Denmark's SSI showed no difference in hospitalisations for BA.2 compared to BA.1.*

The UK Health Security Agency on Friday designated a sub-lineage of the **dominant and highly transmissible Omicron coronavirus variant** as a variant under investigation, saying it could have a growth advantage. The BA.2, which does not have the specific mutation seen with [Omicron](#) that can help to easily distinguish it from Delta, is being investigated but has not been designated a variant of concern.

"It is the nature of viruses to evolve and mutate, so it's to be expected that we will continue to see new variants emerge," Dr Meera Chand, incident director at the UKHSA, said. "Our continued genomic surveillance allows us to

detect them and assess whether they are significant.”

Britain has sequenced 426 cases of the BA.2 sub-lineage, and the UKHSA said that while there was uncertainty around the significance of the changes to the viral genome, early analysis suggested an increased growth rate compared to the original Omicron lineage, BA.1. The UKHSA said that 40 countries had reported BA.2 sequences, with the most samples reported in Denmark, followed by India, Britain, Sweden and Singapore.

In Denmark, BA.2 has grown rapidly. It accounted for 20% of all [Covid-19](#) cases in the last week of 2021, rising to 45% in the second week of 2022. Anders Fomsgaard, researcher at Statens Serum Institut (SSI), said he did not yet have a good explanation for the rapid growth of the sub-lineage, adding he was puzzled, but not worried.

“It may be that it is more resistant to the immunity in the population, which allows it to infect more. We do not know yet,” he told broadcaster TV 2, adding that there was a possibility that people infected with BA.1 might not be immune from then catching BA.2 soon after.

“It is a possibility,” he said. “In that case, we must be prepared for it. And then, in fact, we might see two peaks of this epidemic. “Initial analysis made by Denmark’s SSI showed no difference in hospitalisations for BA.2 compared to BA.1.



## Explained: Revised guidelines for management of Covid-19 in children and adolescents

### Anuradha Mascarenhas explains revised guidelines for management of Covid-19 in children and adolescents, use of antivirals or monoclonal antibodies and recommendations on masks.

Written by [Anuradha Mascarenhas](#) | Pune |

Updated: January 24, 2022 1:53:10 pm



*These guidelines are dynamic, and will be reviewed and updated on availability of new evidence, according to the Union Ministry of Health and Family Welfare. (AP Photo/Michel Euler)*

The Health Ministry’s revised guidelines for management of [Covid-19](#) in children and adolescents below 18 years have advised against the use of antivirals or monoclonal antibodies, irrespective of the severity of infection. Children below five years need not wear masks, according to the guidelines.

#### What are the revised guidelines?

The new guidelines issued on January 20 supersedes the previous version on June 16, 2021. The Comprehensive Guidelines for Management of COVID-19 in children and adolescents below 18 years were reviewed by a group of experts in view of the current surge mainly attributed to the [Omicron](#) variant of concern. The available data from other countries suggest that disease caused by the Omicron variant is less severe; however, there is need for a careful watch, as the current wave evolves. These guidelines are dynamic, and will be reviewed and updated on availability of new evidence, according to the Union Ministry of Health and Family Welfare.



Attention has also been drawn to the ministry's guidelines related to FAQs on the Omicron variant, revised guidelines for home isolation of mild/asymptomatic covid 19 cases and vaccination of children between 15-18 years.

### **What are the recommendations for antivirals or monoclonal antibodies?**

The use of antivirals or monoclonal antibodies is not recommended for children less than 18 years of age, irrespective of the severity of infection. "As of now in the absence of efficacy and safety data, the use of antivirals such as Remdesivir, Molnupiravir, Favipiravir, Fluvoxamine and monoclonal antibodies such as Sotrovimab, Casirivimab + Imdevimab are not recommended for children less than 18 years of age irrespective of severity of illness," is the specific recommendation made as part of the revised guidelines.

### **Is there any change in treatment?**

COVID-19 is a viral infection and antimicrobials have no role in the management of uncomplicated COVID-19 infection. Overall the management of children remains the same. Mainstay of treatment for fever is to give paracetamol 10-15mg/kg/dose which may be repeated every 4-6 hours. For cough, throat soothing agents and warm saline gargles in older children and adolescents have been advised. Ensuring oral fluids to maintain hydration and a nutritious diet is among the recommendations. No other COVID-19 specific medication is needed for mild cases, Dr Aarti Kinikar, member of the Maharashtra paediatric covid task force said.

### **Home isolation for asymptomatic/mild cases**

Dr Umesh Vaidya, a leading paediatrician, said that symptoms are much milder and the disease is not extending beyond three to five days – In children the main symptoms are cough, cold and fever. Sore throat symptoms are more

prominent than wheezing, Dr Vaidya said. While it is challenging to differentiate by clinical examination whether there is Covid or non-Covid, most paediatricians also check for circumstantial evidence whether anyone in the family is symptomatic. However for mild cases RT-PCR tests are not being advised. Several paediatricians said that they have instructed families to stay in isolation for a week. However Covid detection tests are required for the ones who are hospitalised.

### **What about masks for kids under 5?**

Masks are not recommended for children aged five years and under. Experts said that they do not wear it properly and may have issues with breathing if there is underlying asthma or they are playing. Some parents can be obsessed and force the child to wear the mask and hence it is not mandatory for the child below five to wear one. Children aged 6-11 years may wear a mask depending on the ability of the child to use a mask safely and appropriately under direct supervision of parents/guardians. Children aged 12 years and over should wear a mask under the same conditions as adults. It is important to ensure hands are kept clean with soap and water, or an alcohol-based hand rub, while handling masks

### **Use of anticoagulants revised**

The use of anticoagulants has been revised and if steroids are used then they should be tapered over 10-14 days- subject to clinical improvement. A new section on post Covid care has also been added. Steroids are indicated only in hospitalised severe and critically ill COVID-19 cases under strict supervision. Indications and recommended doses of corticosteroids have been given in the guidelines which may be used in rapidly progressive moderate and all severe cases- The guidelines have recommended the use for 5-7 days and then to taper up to 10-14 days, depending on clinical assessment on a

daily basis. Avoid steroids in the first 3-5 days since onset of symptoms as it prolongs viral shedding, the guidelines have said. The prophylactic dose of low molecular weight heparin(anticoagulant) has been revised.

### Caution while diagnosing MIS-C

Multi System Inflammatory Syndrome in Children (MIS-C) is a new syndrome characterised by unremitting fever  $>38^{\circ}\text{C}$  and epidemiological linkage with SARS-CoV-2. For diagnosing MIS-C, caution should be exercised while interpreting an isolated increase in COVID antibodies. The C-Reactive Protein CRP level for diagnosis of MIS-C has been revised as  $>5\text{mg/dL}$ . Previously it was more than  $2\text{mg/dL}$ .

Children with asymptomatic infection or mild disease should receive routine childcare, appropriate vaccination, nutrition counselling, and psychological support on follow up. In addition to above, for children with moderate to severe COVID, at discharge from hospital, parents/caregivers should be counselled regarding monitoring for persistence/worsening respiratory difficulty and explain the indications for bringing the child back to facility. Children who develop any organ specific dysfunction during hospital stay or subsequently should receive appropriate care.



## Covid-19: Advisory for safe home isolation amid Omicron wave

**The first step is to isolate yourself from the rest of the family and take rest.**

By: [Lifestyle Desk](#) | New Delhi |  
January 24, 2022 9:10:55 am



*Those with comorbidities can opt for home isolation, but their eligibility will be decided after medical evaluation. (Photo: Getty/Thinkstock)*

Keeping in mind the rise in [Omicron](#) cases, doctors advise that we all follow government guidelines and safety measures thoroughly. It has been seen that most people who are getting infected, are either asymptomatic or they are not necessarily needing hospitalisation. While it is a positive sign, it is still important to continue wearing masks and maintaining [social distancing](#).

According to Dr Kirti Sabnis, infectious disease specialist, Fortis Hospital Kalyan & Mulund, cough, sore throat, tiredness, and fever are the most common symptoms of Omicron. "Currently, fatigue and headache are the two prominent symptoms that are being noticed with this variant — in around 65 per cent of cases," she said.

The doctor explained that for those with mild symptoms, they can ensure safe home quarantine with the following steps; read on.

1. The first step is to isolate yourself from the rest of the family and take rest. All the other members should wear masks at home. These can be cloth masks or surgical masks. Every household must ensure sanitization at the end of the isolation period.

2. Every household should have a digital thermometer. One should check the temperature of all individuals daily; especially

## Top labs body says Omicron in community

### 2 yrs into pandemic, INSACOG recognises community transmission

By: [Express News Service](#) | New Delhi, Pune | Updated: January 24, 2022 1:29:57 am



The consortium, in its January 10 bulletin uploaded on Sunday, also warned against screening for the Omicron variant based on the s-gene dropout. (File)

Two years into the [coronavirus](#) pandemic, India is now finally acknowledging that the disease is in community transmission stage. Recently released bulletins of INSACOG, the consortium of national laboratories that is tracking the different variants of the virus, has mentioned that [Omicron](#) is now spreading through community transmission.

“Omicron is now in community transmission in India and has become dominant in multiple metros, where new cases have been rising exponentially,” the latest bulletin, dated January 10 but released only now, has said.

“Further spread of Omicron in India is now expected to be through internal transmission, not foreign travellers, and a revised sampling & sequencing strategy of INSACOG is being worked out to address genomic surveillance objectives in the wake of dynamic changing

those who are isolating themselves. Any axillary temperature more than 99.5 is considered as fever. These patients need immediate attention and further evaluation. Isolating family members should monitor their body temperature every 4 hours.

3. Pulse oximeter is essentially needed for patients who are home-quarantined or undergoing treatment at home. If reading goes below 93 per cent or 3 per cent less than routine value, then one must visit a Covid care centre or the nearest hospital. Patients should check oxygen saturation using a pulse oximeter and inform their caregiving physician at intervals of 6 hours.

4. Have appropriate cross ventilation in the rooms and a six-minute walk test for patients. We recommend the patient to walk for 6 minutes at a normal pace and recheck oxygen levels. If they drop after the walk, then it's a sign of early hypoxia, and these patients should look for beds in a hospital or follow guidance of a qualified physician.

5. If you are 15 years and above, get yourself registered for vaccination. This will give you immense immunity to fight the virus if you get infected.

### Who is not eligible for home isolation?

Dr Sabnis said,

\* Patients with immune-compromised status are not recommended for home isolation. These patients will require a caregiver to be present round-the-clock.

\* Home isolation shall not be applicable for pregnant women two weeks before the expected date of delivery.

\* Those with comorbidities can opt for home isolation, but their eligibility will be decided after medical evaluation.



scenario of virus infection," an earlier bulletin, dated January 3 but also released now, said.

Community transmission simply means that the epidemic has become so widespread in a population group that it gets difficult, if not impossible, to determine who is passing on the infection to whom.

The source and chain of infections can no longer be established. Determining the chain of infections is key to testing and containment strategy to be followed. Contact tracing, identification, testing and isolation of suspect cases are all dependent on establishing this chain.

This knowledge is most relevant during the early phase of the outbreak or start of a fresh wave after a prolonged lull. At the current stage of the pandemic, the question of community transmission is largely an academic one, and with little implication for the response measures that are being taken.

India is already reporting over 3.25 lakh new cases everyday. The actual number of infections is several times more than that, considering that Omicron has been spreading at a much faster rate than the previous variants. Even during the earlier waves, India was detecting only about one in 30 infections. For Omicron, this ratio is expected to be even higher. There is no way that in a situation like this the chain of infections can be established.

However, for the first two years of the pandemic, India had insisted that the disease had not reached community transmission stage. It had maintained that it was instead dealing with several cluster outbreaks.

The INSACOG bulletin said the threat level in India was "high" and "remains unchanged". It also said that a new variant, B.1.640.2 that was first discovered in France, had not been detected in India so far. This variant, which, like

Omicron, has a very large number of mutations, was flagged by some researchers a couple of weeks ago as a potential threat in future.

"The recently reported [B.1.640.2 lineage is being monitored](#). There is no evidence of rapid spread and while it has features of immune escape, it is currently not a variant of concern. So far, no case has been detected in India," the bulletin said.



## Study suggests medical masks increase 'facial attractiveness' more than other face coverings

The study says that the medical masks have been found to increase one's attractiveness during Covid-19.

By: [Lifestyle Desk](#) | New Delhi |  
January 23, 2022 11:25:26 am



Research shows that faces were considered as most attractive when covered by medical masks and significantly more attractive when occluded with cloth masks. (photo: Pexels)

It's been well over two years since face masks became an essential part of our life. [From surgical to couture face masks](#), we have seen, and perhaps worn it all. Now, a new study says

face masks have altered what (and whom) we find attractive.

The 2022 study published in *Cognitive Research Journal* titled 'Beyond the beauty of occlusion: medical masks increase facial attractiveness more than other face coverings' suggests that medical masks have been found to increase one's attractiveness during [Covid-19](#). According to the study, "faces were considered as most attractive when covered by medical masks and significantly more attractive when occluded with cloth masks than when not occluded."

The research involved asking 43 women to rate the attractiveness of images of male faces shown on a scale of one to 10. The pictures were of three kinds: one with the person in a [surgical mask](#), without a mask, and while holding a plain black book in front of the bottom half of the face, the part a face mask would cover.

The results found that participants rated those wearing a cloth mask significantly more attractive than the ones with no masks or whose faces were partly covered with the book. It also states that disposable surgical masks are considered the most appealing as opposed to the more fashionable varieties.

The research, conducted by Cardiff University, went on to state that in Japan — where wearing masks was a practice long before Covid-19 — wearing a mask increases attractiveness among women as it hides "potentially undesirable facial features such as [acne](#)".

The study stated that contrary to the sanitary mask effect wherein "medical face masks prompt an image of disease and thus result in lower ratings of facial attractiveness of the wearer", Covid-19 has altered the status quo as now — "faces wearing medical masks would be rated as more attractive than unmasked faces due to the importance of lower face information, particularly from the perioral area, in determining facial attractiveness."

It further stated that "unattractive and averagely attractive faces were rated as significantly more attractive when in the masked compared to unmasked condition". This shows a dramatic psychological shift in people, and the factors they now consider in choosing a partner, due to the pandemic.



## The virus is here to stay. We must learn to live with it

**C K Mishra writes: If we can implement a curfew, would it not be easier to control gatherings rather than impose blanket restrictions that will inconvenience all and rob daily wagers of their daily bread?**

Written by [C K Mishra](#) |  
Updated: January 18, 2022 10:25:25 pm



A health worker tests a sample for Covid-19. (Express Photo: Tashi Tobgyal, File)

It has been a long time since January 2020, when the first case of [Covid-19](#) was reported in India. We've come a long way since those early days of uncertainty, when there was no treatment and no vaccine. Things have changed in many ways since then, but they do not seem to be changing quickly enough.

## Vaccination drive has achieved impressive successes. It needs to be scaled up in poll-bound states, made more expansive

The virus caught the country unprepared last year. No effort should be spared to blunt the scourge this year.

By: [Editorial](#) |

Updated: January 18, 2022 9:37:02 am

Seven out of 10 adults have received two shots of the [Covid-19](#) vaccine. Even though this falls short of the government's target of inoculating all adult citizens by the end of 2021, close to 160 crore shots being administered in a year, without the rural-urban divide significantly holding back distribution, is no mean achievement. The country's scientific, regulatory, and administrative agencies under the Centre and the states, as well as the numerous vaccinators and healthcare workers in the frontlines of the battle against the unpredictable contagion, have impressively stepped up to the challenge. The imperative to protect lives and livelihoods demanded that every agency works on compressed timelines without compromising the safety and efficacy of the shots. It wasn't always smooth sailing. The task of double jabbing nearly 100 crore adults in a year necessitated building capacities of vaccine manufacturers and surmounting the well-known deficiencies of the country's public health system — both remain works in progress. The coordination mechanisms between the Centre and states came apart during the second wave and, for nearly two months, the states were left to fend for themselves to secure vaccine supplies. It required a course correction in June last year, on

the Supreme Court's prodding, for the vaccination drive to gather momentum again.

The task that lies ahead is to ensure speedy improvement in vaccine coverage in states that have made slow progress — Jharkhand, Uttar Pradesh, Manipur, Andhra Pradesh, Punjab, UP and Bihar. It's a matter of concern that three of these states — UP, Punjab and Manipur — will be going to polls next month. As reported by this paper, an analysis by an expert panel of the Ministry of Health and Family Welfare flagged the "high vulnerability" of districts in these states "to the emerging Covid pandemic due to the [Omicron](#) variant". The Centre and state governments must give utmost priority to the committee's recommendation of scaling up vaccination in these high-risk areas. Predictions by epidemiologists that the Omicron-driven surge will reach its peak in large parts of the country, including in the poll-bound states, in the next four to six weeks should push the authorities to quicken their efforts. Though the highly transmissible variant does cause breakthrough infections, evidence from the current surge shows that double vaccination protects people against a severe form of the disease. Therefore, even as the country rightly intensifies its search for a stronger shield against the virus, no time must be lost in completing the primary inoculation drive.

Reports of the National Technical Advisory Group on Immunisation (NTAGI) studying "data on mixing jabs" have raised hopes of more effective shots being added to the country's vaccine basket. Such studies should be the first step towards expanding the ambit of the precautionary inoculation drive — currently, only frontline workers, healthcare professionals and people over 60 are eligible for the third dose. The NTAGI is also studying the possibility of inoculating children under 15. Efforts in laboratories and conversations amongst regulatory agencies must urgently translate into making the vaccination drive more expansive.

The virus caught the country unprepared last year. No effort should be spared to blunt the scourge this year.

This editorial first appeared in the print edition on January 18, 2022 under the title 'Year of the jab'.

# THE HINDU

## Stop random testing, focus on symptomatic persons: TAC

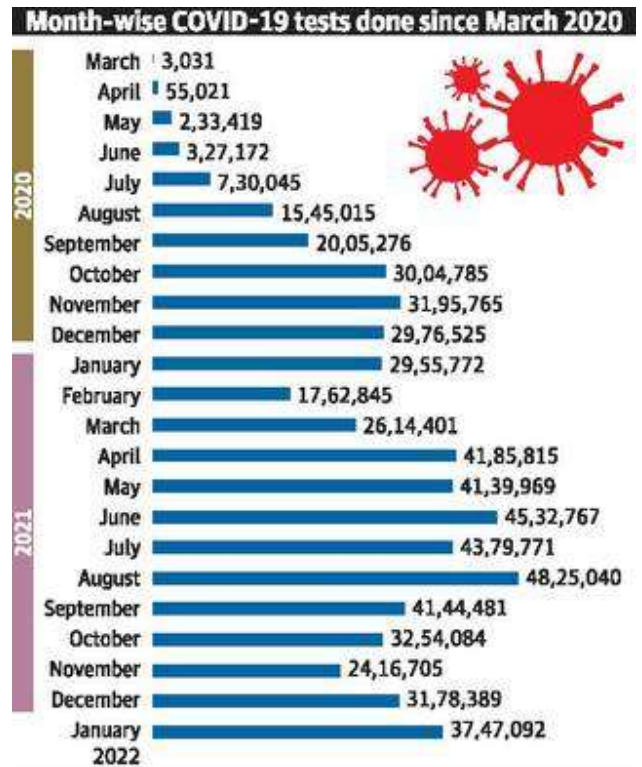
BENGALURU, JANUARY 23, 2022 02:16 IST

**'By testing 2.25 lakh samples daily, we are labelling asymptomatic infections as cases, and inflating the number'**

With the pandemic raging like wildfire across the country and the Indian Council of Medical research (ICMR) advising States on purposive testing for COVID-19, Karnataka's Technical Advisory Committee (TAC) has recommended that the State should go slow on testing. The committee has also advised the State to stop random testing and focus only on symptomatic persons.

Although the TAC has advised that the daily number of tests should be around 1.5 lakh in the State (75,000 in Bengaluru and 75,000 in rest of Karnataka), over two lakh tests are being conducted daily from January 18 onwards. Sources in the TAC said increasing the daily tests at this stage when the transmission is very high is nothing but suicidal.

TAC chairman M.K. Sudarshan told *The Hindu* on Saturday that at this juncture of the pandemic, testing asymptomatic persons (except those at high risk based on age and comorbidities) and doing random testing is not purposive and helpful.



"By testing around 2.25 lakh samples per day, we are only labelling asymptomatic infections as cases, and inflating the number of cases. By increasing daily tests now we will only be dragging the wave and delaying the peak. We have also told the Chief Minister about the need to slow down testing during our recent meeting with him. This will be in line with the ICMR advisory," he said.

"Despite the surge, there is no demand for hospital beds, oxygen and ICU facilities. Now, the rate of hospitalisation is the yardstick for imposing restrictions and not the weekly test positivity rate. There is no need to test everyone and random testing of people should stop. This is because almost all will get infected but very few will develop complications similar to tuberculosis, which is also a respiratory infection. Although almost all will get the infection very few will develop the disease," he said.

Recently, the ICMR issued an advisory on 'Purposive Testing Strategy for COVID-19' that said contacts of COVID-19 patients do not need



to be tested unless identified as high risk based on age and comorbidities.

According to the advisory, asymptomatic patients undergoing surgical or non-surgical invasive procedures, including pregnant women in/near labour who are hospitalised for delivery, should not be tested unless warranted or symptoms develop. It said no emergency procedure, including surgeries, should be delayed due to lack of a test. Besides, inter-State travellers also need not be tested.

### Mixed reactions

The advisory evoked mixed views from COVID-19 experts in the State. While some experts said the advisory is against the basic principle of containing the pandemic, some termed it as a practical piece of guideline, specific to the Omicron variant.

This is in contrast to the testing strategy recommended during the second wave. In August last year, when restrictions were eased, Chief Minister Basavaraj Bommai had made it clear that restrictions will have to be reimposed and school reopening will have to be put off in districts where the test positivity rate rises above 2%. Following this, district authorities were compelled to conduct more COVID tests to keep the TPR under 2%.

Although a target of 1.5 lakh had been fixed, the number of daily tests had reduced in September, 2021 ranging between 79,000 and 1.6 lakh. On October 10, the TAC had recommended revision of testing targets keeping in mind the Test Positivity Rate (TPR), seven-day average of effective Reproduction Number (Rt No.) and ensuing fairs and festivals in October-November.

Recommending a total daily target of 1.1 lakh till November, the TAC has suggested that 50,000 tests should be done daily in Bengaluru and 60,000 in the rest of Karnataka. Half of the 60,000 tests should be in border districts, the TAC

recommended. Despite a decline in new cases, daily tests had remained around one lakh as per the revised testing targets till December.



## WHO says 'no evidence at all' healthy kids need booster shots against Covid

Published on Jan 19, 2022 02:54 PM IST

**Covid-19: The WHO chief scientist said that while there seems to be some waning of vaccine immunity over time against the rapidly spreading Omicron variant of the coronavirus, more research needs to be done to ascertain who needs booster doses.**



*Last week, Germany recommended a Covid-19 booster shot for all children aged between 12 and 17 years. (File Photo / REUTERS)*

World Health Organisation (WHO) chief scientist Soumya Swaminathan on Wednesday said there is "no evidence at all" that healthy children and adolescents need booster doses against the coronavirus disease (Covid-19).

Addressing a press conference, Swaminathan said that while there seems to be some waning of vaccine immunity over time against the rapidly spreading Omicron variant of the

coronavirus, more research needs to be done to ascertain who needs booster doses.

"There is no evidence right now that healthy children or healthy adolescents need boosters," she said. "No evidence at all."

The statement from the WHO chief scientist comes as a direct challenge to Covid-19-related measures that several countries are adopting, including the initiation of a separate vaccination schedule for booster shots in view of the waning immunity from the primary dosages.

The United States is leading the drive on administering booster doses to kids, as the country's top regulator, the Food and Drug Administration (FDA), approved earlier this month the use of a third dose of the Pfizer and BioNTech Covid-19 vaccine as a "booster" shot for children aged 12 to 15 years.

Israel, too, is offering booster doses to children aged 12 years amid criticisms from opposing quarters that claim booster shots are just profit-making ventures for pharmaceutical companies.

Last week, Germany became the latest country to join the list with its drug regulator recommending a booster shot for all children aged between 12 and 17 years. Another European nation, Hungary, has also authorised similar booster shots for its adolescent population.

The WHO has, however, not completely dismissed the need for administering booster shots to certain vulnerable sections of the population. Swaminathan said a group of leading experts will meet later this week to consider the specific question of how countries should consider giving boosters to their populations.

"The aim is to protect the most vulnerable, to protect those at the highest risk of severe disease

and death," she said. "Those are our elderly populations, immuno-compromised people with underlying conditions, but also healthcare workers."



## Omicron in community transmission: INSACOG

**The Omicron variant of the coronavirus is now in community transmission in India and has become the dominant strain in multiple major cities, according to the Indian Sars-CoV-2 Genomics Consortium (INSACOG) based on whole genome sequencing results of positive Covid-19 samples**

Updated on Jan 24, 2022 06:58 AM IST



*Baramulla, Jan 23 (ANI): A beneficiary receives a dose of the COVID-19 vaccine during a vaccination drive carried out by the healthcare workers with the help of the Indian Army during heavy snowfall, in Baramulla on Sunday. (ANI Photo) (ANI)*

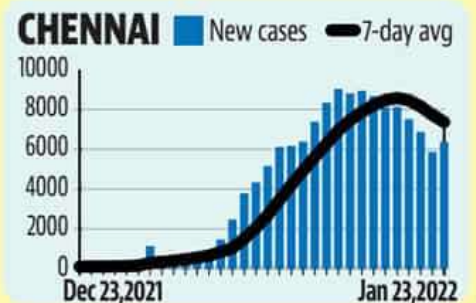
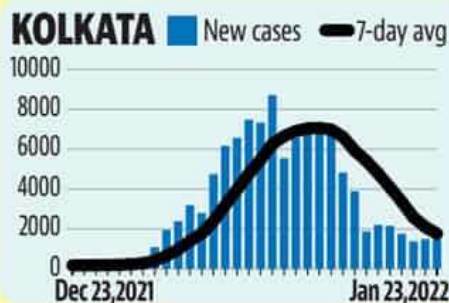
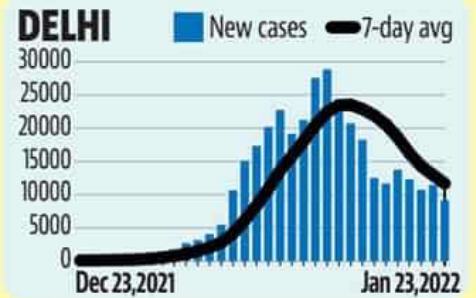
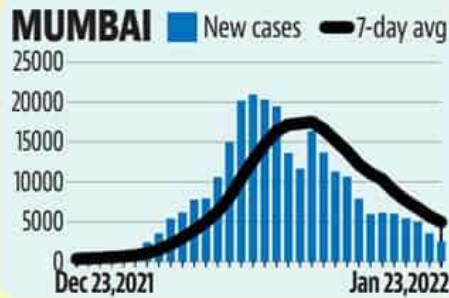
The Omicron variant of the coronavirus is now in community transmission in India and has become the dominant strain in multiple major cities, according to the Indian Sars-CoV-2 Genomics Consortium (INSACOG) based on whole genome sequencing results of positive Covid-19 samples.

# Omicron surge declining in cities

According to INSACOG data, more than half (56%) of the 2,591 samples that underwent genome sequencing between Jan 2 and Jan 7 were Omicron. However, data from India's major urban centres, which were the earliest Omicron outbreak centres, shows that the surge has already started losing steam in metros

## CASES SEQUENCED (JAN 2-JAN 7)

■ Alpha    ■ Beta    ■ Gamma  
■ Delta    ■ B.1.617.1 and B.1.617.3  
■ AY series    ■ Omicron



The findings by INSACOG are in line with what has been observed by scientists across the world regarding the Omicron variant's key characteristic of high transmissibility, which enables it to quickly outstrip the circulation of all other variants in any region. Experts said that this development is not a cause of immediate concern as Omicron is known to cause milder infections compared to other variants such as Delta. This means that it will likely lead to a rapid spike in cases, which cause a far smaller proportion of hospitalisations, and an equally sharp fall in cases – all trends that are already visible in several metros across the country that were the early hot spots of India's third Covid wave.

"Omicron is now in community transmission in India and has become dominant in multiple metros, where new cases have been rising

exponentially," read the latest INSACOG bulletin, dated January 10, released on Sunday.

A senior expert from INSACOG, a consortium of 10 central laboratories and 28 regional ones, said that the results were not surprising.

"This particular variant is known to spread much faster and it would have spread rapidly once it entered into the community. Therefore, the extent of spread is not surprising that way. The silver lining being it does not seem as severe clinically as the Delta variant," said the expert, who asked not to be named.

The data further shows that while cases continue to rise nationally, cases appear to have already peaked in the major metropolitan areas (the earliest outbreak centres of Omicron variant in India) such as Mumbai, Delhi, Kolkata and Chennai, without leading to any crisis in hospital

resources such as beds, medical oxygen, and medication.

In Mumbai, the seven-day average of new cases has dropped more than 67% from the peak of 17,523 cases a day witnessed on January 12. In Delhi, this number has dropped 45% from the January 15 peak of 23,529 cases a day. In Kolkata it has dropped 70%, while it has dropped 10% in Chennai. Most importantly, neither of the cities mentioned above were on the cusp of facing a crisis like they did during the Delta wave. Despite the rapid rise in cases, nearly 80% of beds earmarked for Covid were consistently available through these cities.

Experts said that the Omicron variant is very different from the original virus detected first in Wuhan in 2019, and is far less lethal. "Omicron is a different disease than the original Covid-19; it's not a killer disease like Covid-19 as show the mortality data. It is a deviant as it has shifted so far antigenically its virulence," said T Jacob John, former head, virology department, Christian Medical College, Vellore.

"As for national peak, rural areas have to be saturated for that and it has not happened yet. However, cities individually may attain peak, like it happened with Mumbai a few days ago, and is currently happening in Delhi. At most of the other places cases are going up," he added.

The INSACOG bulletin added that India may not be able to utilise screening for Omicron based on "S-gene dropout", like many countries have been able to, as a substantial proportion of Omicron infections in India appear to be a lineage (BA.2) that may give higher false negatives in S-gene dropout screening.

"Tests suitable for PCR-based screening applicable to all Omicron lineages have been approved for use," the researchers from INSACOG said.

The Indian Council of Medical Research (ICMR), the country's apex biomedical research regulator, has begun approving test kits that it says are capable of detecting all sub-lineages of the heavily mutated Omicron variant.

"Among the non-genome sequencing method of detecting Omicron, there is an S-gene target failure which is being used in the UK (TaqPath RT-PCR kits); however, Omicron has three lineages—BA. 1, BA.2, and BA.3, and sub-lineage BA.2 does not cause S-gene dropout and that is 30% of the times and is a problem with the TaqPath kit. Now, an innovative solution has been developed in India which is detecting the S-gene drop-out as well as all three sub-lineages with very high sensitivity and specificity that has been developed by TataMD, and is validated by ICMR," said Balram Bhargava, director general, ICMR, in one of the recent weekly Covid briefings.

The overall aim of INSACOG has been to monitor the genomic variations in the Sars-CoV-2, the virus that causes Covid-19, on a regular basis through a multi-laboratory network. There are 269 sentinel sites identified across the country from where samples are being collected for testing.

Of the total number of samples sequenced so far, 127,697, sequences have been analysed.

The bulletin also says that the recently reported B.1.640.2 lineage is also being monitored.

The World Health Organization (WHO), in November last year, classified B.1.640.2 as a variant under monitoring.

"There is no evidence of rapid spread and while it has features of immune escape, it is currently not a variant of concern. So far, no case detected in India," confirmed the INSACOG bulletin.



The rate of hospitalisation during this wave has

subjects or those with severe comorbidities. "The

## 86.7% of hospital beds vacant: Data



A tally compiled by HT covering 13 regions across the country on Sunday shows that on average, 86.7% Covid hospital beds are currently lying vacant.

|                   | OCCUPIED | TOTAL CAPACITY | % BEDS VACANT |
|-------------------|----------|----------------|---------------|
| Rajasthan         | 391      | 50,000         | 99.20%        |
| Madhya Pradesh    | 1,114    | 68,838         | 98.40%        |
| Uttarakhand       | 138      | 6,254          | 97.80%        |
| Karnataka         | 2,143    | 44,732         | 95.20%        |
| Haryana           | 1,009    | 20,179         | 95.00%        |
| Goa               | 75       | 1,250          | 94.00%        |
| Punjab            | 1,415    | 18,000         | 92.10%        |
| Himachal Pradesh  | 285      | 3,346          | 91.50%        |
| Jammu and Kashmir | 466      | 4,794          | 90.30%        |
| Mumbai            | 4,011    | 37,741         | 89.40%        |
| West Bengal       | 2,883    | 23,947         | 88.00%        |
| Tamil Nadu        | 9,690    | 76,302         | 87.30%        |
| Delhi             | 2,424    | 15,411         | 84.30%        |
| Kerala            | 31,517   | 60,992         | 48.30%        |

been much lower compared to the previous wave with Delta, which caused India's brutal second wave of infections in April-May 2021. The researchers at INSACOG said that due to very high rate of new infections, the absolute number of hospitalisations has crossed previous highs in many countries and is therefore creating stress on health care systems.

However, such a phenomenon of hospitals being overburdened has not yet been observed in India. According to a hospitalisation tracker by HT, which covered 13 regions, more than 85% of Covid beds are currently unoccupied in the country.

While deaths have also been much lower during the new wave, the majority of severe cases and deaths have been seen in unvaccinated

broadest possible protection is going to be through hybrid immunity, which is a result of previous infection plus vaccination," said Gagandeep Kang, senior vaccine expert, and faculty at Christian Medical College, Vellore.



### Covid-19: Booster doses are key in fending off Omicron, show CDC studies

Published on Jan 21, 2022 10:17 PM IST

**Three new US studies offer more evidence that the Covid-19 vaccines are standing up to the Omicron variant, at least among people who have received booster shots. The Centers for Disease Control and Prevention (CDC) released the studies.**



*A dose of a Pfizer Covid-19 vaccine is prepared at Lurie Children's Hospital in Chicago. (Representational Image / AP)*

Written by Joydeep Bose | Edited by Poulomi Ghosh,  
Hindustan Times, New Delhi

Booster shots of coronavirus disease (Covid-19) vaccines are instrumental in resisting the highly transmissible Omicron variant of the virus, showed three studies released by the United States Centers for Disease Control and Prevention (CDC) on Friday. Notably, these are the first large-scale studies in the US that looked at vaccine protection against the Omicron variant of the coronavirus.

Echoing earlier studies, new research indicates pre-existing Covid-19 vaccines are less effective against Omicron than earlier variants of the SARS-CoV-2 coronavirus, but at the same time, booster shots significantly improve protection from Omicron.

There were three studies conducted in this regard. The articles for the first two were published online by the CDC while the third one, also led by CDC researchers, was published by the Journal of the American Medical Association.

The first study looked at Covid-associated hospitalisations and visits to emergency rooms and urgent care centers from August last year to this month in as many as 10 states in the US.

It found that vaccine efficacy was the best in preventing emergency department and urgent care visits after three doses of the Pfizer or Moderna vaccines. However, the high protection rate of 94 per cent during the Delta wave dropped to 82 per cent during the Omicron wave, proving that protection from two doses of the vaccine waned if six months had passed since the second dose.

The second study, on the other hand, looked at the Covid-19 case count and the death rates in 25 US states from the beginning of April through Christmas. This one showed that people who had been administered booster doses had the highest level of protection against a potential coronavirus infection, both during the time that Delta was dominant and also when Omicron was taking over.

The third study looked at people who tested positive for Covid-19 from December 10 to January 1 at more than 4,600 testing sites across the US.

It showed that three shots of the vaccines were about 67 per cent effective against Omicron-related symptomatic coronavirus disease compared to unvaccinated people. Two doses, however, offered no significant protection against Omicron, the researchers found.

"It really shows the importance of getting a booster dose," said the CDC's Emma Accorsi, one of the study's authors.

The urgency for vaccinations and booster doses has been rising even amid reports that Omicron causes milder disease than earlier variants. Yet, many hospitals in the US remain overwhelmed by the sheer numbers of Omicron-infected patients,

making prevention a key part of the battle against the coronavirus.

But booster doses remain as controversial as ever, since many low- and middle-income countries have been unable to secure even first shots for their populations.

Covax, the World Health Organisation (WHO)-backed program to distribute doses equitably around the globe, recently reached the milestone of delivering one billion doses, while more than 500 million have been administered in the US alone. The WHO, however, has not officially endorsed the use of boosters yet, except for vulnerable populations, such as the sick and elderly.



## Covid-19: Omicron symptoms to look out for

Here are a few symptoms of the Omicron variant of Covid-19 that one should look out for.

By [Krishna Priya Pallavi](#), Delhi

Published on Jan 21, 2022 01:43 PM IST



*The traditional symptoms like loss of smell, taste and breathing troubles are rarely present in Omicron cases.*

The Omicron Covid-19 variant, first detected on November 24, 2021, in South Africa, has been spreading rapidly around the globe. It is also driving the present third wave of the pandemic in India. While Omicron, so far, is causing mild illness in people, one cannot take chances with their health. There have been reports that [symptoms of this variant are different from the other variants of SARS-CoV-2](#).

The traditional symptoms like loss of smell, taste and breathing troubles are rarely present in Omicron cases. Because of these reasons, many are considering Omicron as a less severe infection, but as experts warn, one shouldn't take it lightly.

The [Union Health Ministry, who recently drew a comparison between the second and the third wave of the pandemic in India](#) and specifically Delhi, found fever with or without shivering, cough, irritation in the throat, muscular weakness and tiredness are the five common Omicron symptoms. However, the symptoms vary from person to person, depending on their vaccination status, immunity and a few other things.

**Here are some common symptoms for the Omicron variant of Covid-19:**

Cough, cold and fever are common symptoms of Covid, be it Omicron or Delta.

Body ache, generalised weakness, fatigue, headache, sore throat, dry cough and fever are some common symptoms noted in the initial days after getting infected.

According to experts, four prominent symptoms of Omicron are fever for a couple of days, a lot of body ache, sore throat, and occasional loose motions.

Headache, tiredness, body pain are more prominent symptoms of Omicron.

Fever is the common symptom along with upper respiratory tract infection among [children between the age of 11 and 18 years](#), according to the Union Health Ministry.

The American Centre for Disease Control and Prevention warned that people should watch out for pale, grey or blue-coloured skin, lips and nails if infected with the Omicron variant.

Dr Manoj Goel, Director, Pulmonology, Fortis Memorial Research Institute, Gurugram, says [abdominal ache, nausea, vomiting, loss of appetite and diarrhoea](#) could be symptoms of Omicron infecting the gut mucosa and resulting in inflammation.

Though these are a few common symptoms found in people infected with Covid-19, they are not sure-shot ways to know about the infection.



## Infectious disease expert says Omicron wave hitting 8 countries. India one of them

**Covid-19 third wave in India has contrasting pictures coming from states. While Maharashtra has decided to reopen schools from coming Monday, Kerala will observe Sunday lockdowns for two coming weeks.**

Published on Jan 20, 2022 09:25 PM IST

Top US doctor, infectious disease expert Faheem Younus on Thursday said the Omicron's tidal wave is hitting eight countries at present, including India and Pakistan. The list includes Peru, India, Brazil, Turkey, Mexico, Pakistan, Argentina and the Philippines. The wave has two

characteristics: cases rise first. Hospitalisation and deaths follow, the expert said.



*Covid-19 patients participate in a yoga session at a Covid care centre in Kanyakumari. (PTI)*

India on Thursday reported over 3.17 lakh fresh Covid infections, the highest during the ongoing 3rd wave of the pandemic. The number will only increase on Friday, as states like Karnataka, Kerala, Bihar, Gujarat reported a massive jump. The health ministry on Thursday said the third wave in the country is surging ahead as a 16% positivity rate is worrying for India. Maharashtra, Karnataka, Tamil Nadu, Kerala, West Bengal, Uttar Pradesh, Gujarat, Odisha, Delhi and Rajasthan are contributing the maximum number of daily cases, the department said. The saving grace of the present surge is the fewer number of deaths and hospitalisation, the health ministry said. The number of fatalities, however, are showing a rising trend where the cases have become stabilised. For example, Delhi on Thursday reported 43 deaths, which is the highest since June. Mumbai reported 12 deaths on Thursday. Delhi health minister Satyendar Jain said the peak of the third wave of the pandemic has gone past in the national capital, though Delhi is not yet out of the woods, he said.

The Covid situation in India is diverse with contrasting pictures coming from states. While the Maharashtra government decided to reopen schools from coming Monday, the Kerala government has imposed Sunday lockdown for the coming two Sundays.



## Coronavirus digest: Travel bans ineffective, WHO says

The World Health Organization said bans on international travel have proved ineffective. Meanwhile, the English will lower their masks.

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Several countries introduced travel bans to curb the spread of the coronavirus (Rick Bowmer/AP/picture alliance)

The World Health Organization said bans on international travel have proved ineffective. Meanwhile, the English will lower their masks. Follow DW for the latest coronavirus news

The World Health Organization on Wednesday said international travel bans "do not provide added value and continue to contribute to the economic and social stress" of countries.

In a statement issued after a WHO meeting, the UN health agency said travel restrictions that were introduced to curb the spread of the Omicron variant of the coronavirus demonstrated "the ineffectiveness of such measures over time."

In late November, several countries suspended flights to and from southern African countries,

citing concerns over Omicron. Most governments have lifted this ban.

The WHO also urged countries not to require proof of vaccination against covid-19 as the only way for travelers' entry, citing inequity in vaccine distribution.

Countries should consider adjusting some measures, including testing and quarantine requirements, "when appropriate," that put a financial burden on travelers, the WHO said.

Separately, the WHO said that coronavirus cases globally rose by 20% last week to more than 18 million.

Infections increased in every world region except for Africa, where cases fell by nearly a third, according to the WHO.

The number of deaths globally remained similar to the previous week, at about 45,000.

Here's a roundup of the latest developments on covid-19 from around the world:

### Africa

South African-born biotech billionaire Patrick Soon-Shiong opened a plant in Cape Town, **South Africa**, that will be the first on the continent to produce covid-19 vaccines from start to finish.

The NantSA facility aims to produce a billion doses annually by 2025.

The plant is South Africa's third vaccine manufacturing facility, but it would make vaccines itself rather than producing them from semifinished batches.

Soon-Shiong, who is also a medical doctor, will transfer technology and materials from his California-based NantWorks to scientists in South Africa to produce second-generation vaccines

"within the year." They will also work on vaccines targeting cancer, TB and HIV.

"Africa should no longer be last in line to access vaccines against pandemics," South African President Cyril Ramaphosa said at the opening of the plant.

Ramaphosa said Africa had secured 500 million vaccine doses through the African Union's vaccine acquisition task team, but the continent needs more.

"These doses represent only around half of what the continent needs to vaccinate 900 million people in order to achieve the 70% target set by the World Health Organization," said Ramaphosa.

## Europe

British Prime Minister Boris Johnson announced that people in **England** would no longer be required to wear face masks from next week.

He told Parliament on Wednesday that measures introduced to combat the Omicron variant were no longer needed as scientists believe infections have peaked in the UK.

"Because of the extraordinary booster campaign, together with the way the public have responded to the Plan B measures, we can return to Plan A in England and allow Plan B regulations to expire as a result from the start of Thursday next week," Johnson said.

He intended to drop self-isolation rules for people with coronavirus in March.

The prime minister also announced an end to the vaccine certificates mandate but added that businesses could continue asking for covid-19 passes if they wanted to.

Museums and concert halls in the **Netherlands** opened as beauty salons and

gyms to protest the Dutch government's pandemic policies.

The cultural sector is protesting rules that they must remain closed while covid-19 measures were lifted on shops and "contact professions" like barbers, nail salons and sex work.

During the protest, nail artists were giving manicures at the Van Gogh Museum in Amsterdam. Barbers also gave haircuts on the stage of Amsterdam's historical concert hall, Concertgebouw.

Authorities handed out enforcement notices to a number of the 70-odd venues that took part in the day-long protest.

**Germany** recorded more than 100,000 daily covid-19 cases for the first time. The new single-day record of 112,323 comes as Health Minister Karl Lauterbach said he believed there could be twice as many unreported cases as known ones.

Lauterbach told broadcaster RTL that Germany had not reached the peak and compulsory vaccination should be introduced by May.

In the east-central German state of Thuringia, some 1,200 demonstrators, protesting covid measures, marched past the home of Gera's Mayor Julian Vornab, police said.

Asked if he felt threatened, Vornab said: "The police were there, but not in proportion to the number of demonstrators."

Bodo Ramelow, the state leader of Thuringia, said marching up to politicians' homes was nothing other than intimidation.

Protests against Germany's pandemic policies have increased in recent weeks. Some 70,000 people joined anti-covid measures protests across Germany earlier this week.

**Austria** recorded a record number of infections. "We have close to 30,000 infections. That is a frighteningly high figure," Chancellor Karl Nehammer said.

The previous record for new daily cases, 17,006, was set a week ago.

**Sweden** set a new daily record for covid-19 cases, registering 37,886 on Tuesday, health agency data released on Wednesday showed. The country is in the middle of a fourth wave of the pandemic.

Kronoberg, one of Sweden's 25 health care regions, said it would pause all testing except for hospital and elderly care patients and staff.

In **Slovenia** and **Croatia**, laboratories can not process tests fast enough. The two countries recorded record-high new covid-19 cases of 12,285 and 10,427, respectively.

The Tourism Ministry in **Cyprus** announced that the country will lift all entry requirements on March 1 for travelers who present proof of receiving a booster shot

The tourism-reliant island nation currently requires travelers to either show proof of a negative covid test or to self-quarantine upon arrival.

Under the new rules, travelers who haven't received a booster shot can enter the country if it has been less than nine months since they received their last dose.

## **Americas**

The **United States** plans to distribute 400 million N95 for adults free of charge from next week.

Speaking on condition of anonymity, a White House official said the masks would be available at pharmacies and community health centers.

President Joe Biden's administration hopes that it will help curb the rapidly spread Omicron variant.

Also in the US, Starbucks said it would no longer require its workers to be vaccinated against covid-19.

The move to reverse the policy that Starbuck had announced earlier this month came after the US Supreme Court rejected a plan by the Biden administration to require vaccines or regular covid testing at companies with more than 100 workers.

The **Pan American Health Organization (PAHO)** said coronavirus infections in the Americas are reaching new peaks, with 7.2 million new cases and more than 15,000 covid-related deaths in the last week.

"The virus is spreading more actively than ever before," PAHO Director Carissa Etienne told a press briefing.

According to the PAHO, the Caribbean has had the steepest increase in infections since the beginning of the pandemic.

The regional agency recommended that countries prioritize rapid antigen tests for people experiencing symptoms and who are at risk of spreading the virus amid a shortage of testing.

## **Asia**

**India** reported 282,970 new infections on Wednesday, the highest in eight months.

Authorities said Omicron was causing fewer hospitalizations and deaths than the delta variant, which killed hundreds of thousands of people in India last year.

While infection rates have recently fallen in India's big cities, experts say cases nationally could peak by the middle of next month.

"We have to worry about hospitalization and deaths and that will come later," Tarun Bhatnagar, from the ICMR-National Institute of Epidemiology, told the Reuters news agency.

**Japan** widened covid-19 curbs to several towns and cities, including Tokyo, as it battles a record wave of Omicron infections.

The country has resisted complete shutdowns, instead focusing on requiring restaurants and bars to close early and not serve alcohol.

It also urged the public to wear masks and practice social distancing.

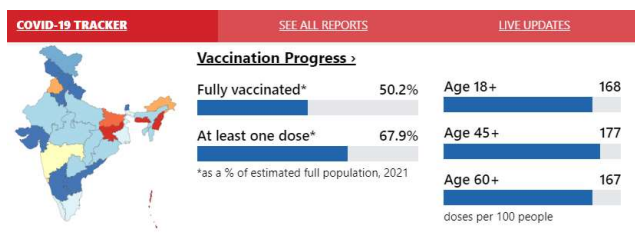
A sharp rise in infections has begun to paralyze hospitals, schools and other sectors in some areas.

## Oceania

**New Zealand** called off the national cricket team's tour of **Australia** before the scheduled first match because of strict COVID-19 quarantine requirements.

The Black Caps, as they are commonly known, would not have had to isolate on their return home when the tour was first announced.

The spread of the Omicron variant in Australia has caused New Zealand's government to defer a plan to introduce quarantine-free travel between the countries.



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