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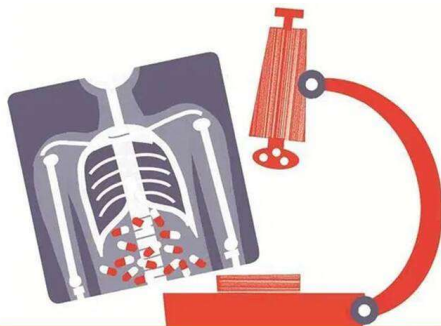
 **The Indian EXPRESS**

TB's steep socio-economic cost to women

Heena Gavit writes: From social ostracisation and lack of family support to the negative impact on marital prospects, women absorb the repercussions of tuberculosis beyond the clinical metrics.

Written by [Heena Gavit](#) |

Updated: March 18, 2022 5:57:27 am



THE TOLL ON WOMEN

HEENA GAVIT



While policy mechanisms and political will exist, it's a question of further refining our implementation strategies on the ground, as a collective. To this end, there are a few considerations.

As India steadily steers its way through the pandemic to safer shores, we must foreground a disease which has been impacting our country for years, and disproportionately affecting women – tuberculosis.

 **The Indian EXPRESS**

Mental Health in India: Well-being of the youth during Covid-19

This should be done by centre-staging youth to the forefront on all discussions about their mental health, using an intergenerational, gender lens to identify stressors specific to them, and build supportive mechanisms to help them cope and flourish.

Written by [Virander S Chauhan](#) , [Anant Bhan](#) | New Delhi |
March 19, 2022 11:25:07 am



Young girls and women are at an additional disadvantage (Representative) (Source: Getty Images/Thinkstock)

[19 pandemic](#), its unprecedented impact on the mental health of the young individuals (15 to 29 years), who constitute nearly 27.5 per cent of

Continued in page No.9

Approximately 1.5 million people died from TB in 2020. In India, the TB case fatality ratio increased from 17 per cent in 2019 to 20 per cent in 2020. According to a joint report (2010-13) of the Registrar General of India and the Centre for Global Health Research, TB was the fifth-leading cause of death among women in the country, accounting for nearly 5 per cent of fatalities in women aged 30–69. While both men and women suffer the consequences of this debilitating disease, women patients pay a much steeper socio-economic price. From social ostracisation and lack of family support to the negative impact on marital prospects, women absorb the repercussions of TB beyond the clinical metrics. Stigma also acts as a strong deterrent when it comes to health-seeking behaviour. Fewer women, therefore, get included in the available cascade of care for TB.

There needs to be a multi-pronged approach to removing these barriers and bring equitable access to TB care. The government must be commended for being prescient: In 2019, the Health Ministry-Central TB Division developed a national framework for a gender-responsive approach to TB in India. The document takes cognisance of the challenges faced by women in accessing treatment and offers actionable solutions. Conversations on this issue need to be further elevated at a national level. In December 2021, a parliamentary conference on 'Women Winning Against TB' was organised by the Ministry of Women and Child Development where gender-responsive policy interventions were discussed. The Vice-President of India urged states to take proactive steps such as ensuring nutritional support to women and children and the doorstep delivery of TB services, especially for women from socio-economically weaker backgrounds.

While policy mechanisms and political will exist, it's a question of further refining our implementation strategies on the ground, as a collective. To this end, there are a few considerations. One, as elected representatives,

we need to come together more to highlight the issue at all relevant forums and spaces. I, along with many of my respected colleagues, carry out reviews of the TB programme in our respective districts and communities. I hope these meetings see increased participation of women leaders from all walks of life in the community going forward.

Two, we need to strengthen counselling networks for women patients and their families. Irrespective of where the patient seeks care – public or private sector – build the capacity of healthcare workers to educate the patient's family about the importance of providing her a supportive environment during the course of her treatment. Three, ensure that the nutritional needs of women are being met. Deep-seated patriarchal notions warp the place of a woman in the family: Women are often the last ones to eat, preferring to feed elders, husbands, and children first. Undernutrition is a serious risk factor for TB and research indicates such risks are higher for women. It is commendable that the government, through Nikshay Poshan Yojana, has effectively provided a monthly benefit of Rs 500 to enable a nutritious diet for TB patients in the last few years. For the 2020 cohort, the total amount paid under NPY via DBT has been over Rs 200 crore. Additionally, we can look to further strengthen inter-departmental coordination, wherein the Public Distribution System can explore appropriate linkages with relevant departments of the MoHFW and even include a protein-rich diet for TB patients. This will ensure that patients, especially women, have access to a balanced diet.

Four, at a community level, we must amplify accurate TB messaging and showcase how gender plays a role in determining the course of action on the ground.

The world celebrates Women's Day in March and spotlights women's issues in society. However, it is time to revisit notions of what constitutes a "women's issue" and confront such gender constructs. Especially in the context of

public health, challenges faced by women aren't challenges that only women have the obligation to resolve. These are universal problems that must transcend gender binaries. Only when equitable solutions are offered to vulnerable sections of society will we be able to realise the dream of TB-Mukt Bharat.



When a disease becomes 'endemic', it may still cause suffering and death: WHO

Speaking to reporters, Dr Mike Ryan, executive director of the World Health Organization's Health Emergencies Programme, said "I think we need to be careful here in terms of the word 'endemic'."

By: [Lifestyle Desk](#) | New Delhi |
March 15, 2022 8:00:21 pm



Read on to know about what the word 'endemic' means.
(Source: Representative Image/Pexels)

Throwing light on what the term entails, the World Health Organization (WHO) recently clarified that when a disease becomes "endemic," it may still cause suffering and death, [referring to the dreaded coronavirus.](#)

Speaking to reporters, Dr Mike Ryan, executive director of the World Health Organization's Health Emergencies Programme, said "I think we need to be careful here in terms of the word 'endemic'."

He clarified and said, "Yes, endemic means, in a sense, that the virus is present and transmitting at lower levels, usually with some form of seasonal transmission or increases that are seasonal or outbreaks on top of an endemic situation."

The [public health specialist explained](#) that while the lower levels of transmission are "very classic for many infectious diseases", "endemic HIV, endemic tuberculosis and endemic malaria kill millions of people on this planet every year."

Emphasising on the fact, the expert issued a reminder again, "Please don't equate [endemic with equals good.](#)"

"Endemic diseases require strong control programmes to reduce infections, to reduce suffering, to reduce death. Just changing from pandemic to endemic is just changing the label. That doesn't change the challenge that we face", the expert noted.

Issuing notes for the future, in terms of how the [Covid-19 virus transmission needs to be controlled](#), Dr Ryan said, "We need sustained control on this virus and we need sustained protection of our most vulnerable," referring to marginalised communities across the world.

He went on to continue, "We need strong health systems to deal with those infections we can't prevent, and we need to be able to continue to do that with the levels of infection we experience."

How philanthropic collaboratives can help the vulnerable

Covid-19 has shown how collaboration can help mobilise funders with diverse risk appetites

Written by [Pritha Venkatachalam](#) , [Akshay Gambhir](#) | Updated: March 21, 2022 8:05:44 am



Since 2020, the number of India's philanthropic collaboratives, comprising independent actors who join to pursue a shared vision and strategy to achieve social impact, has more than doubled. File

Since 2020, the number of India's philanthropic collaboratives, comprising independent actors who join to pursue a shared vision and strategy to achieve social impact, has more than doubled. These new collaboratives have mobilised an array of funding from foreign and domestic philanthropy, high-net worth individuals, corporate social responsibility funders, bilateral and multilateral donors, private capital, and other sources. Through these varied streams, the amount of collaborative funding for improving people's lives has increased significantly. Multi-year financing for eight of India's newest collaboratives range from Rs 2 crore to Rs 600 crore, whereas the annual budgets of the 13 philanthropic collaboratives we studied in 2020 ranged from Rs 50 lakh to Rs 50 crore.

As funding levels have risen, so too have innovative financing approaches to drive social impact, including pay-for-outcomes models such as development impact bonds in education and health, and other blended financing mechanisms. Additionally, some of India's collaboratives are going beyond providing plain vanilla grants to NGOs.

For example, by combining funding from government, bilateral donors, large philanthropies, and leading corporates, Samridh Healthcare Blended Finance Facility has mobilised a capital pool of Rs 1,875 crore. It provides both grants and debt financing to enterprises and innovators that are expanding the availability of affordable and quality healthcare solutions to the bottom-of-the-pyramid populations. Their funding leverages further debt and equity investments as well as matching grants for health needs. Samridh supported the training of 1,100 healthcare workers in more than 25 cities and built out oxygen delivery systems during the peak of the pandemic.

Or consider ACT Grants, which mobilised close to Rs 100 crore from corporate leaders and private equity/venture capital funds to tackle Covid-19's challenges. By pooling capital from private sources, ACT Grants funded high-priority health needs such as tele-ICU treatment of high-risk patients in Karnataka, delivery of 45,000 pieces of oxygen equipment to healthcare facilities as the pandemic surged, and expenses of hospitalisation and home-based care of Covid patients, to name a few.

Donor partners are also deploying hybrid financing mechanisms that directly benefit under-served populations. During the pandemic's first wave, REVIVE Alliance, a collaborative platform hosted by Samhita Social Ventures, used direct cash transfers to cover the basic needs of daily wage workers who had lost their income.

As REVIVE reached out to micropreneurs and workers, it soon realised that these people, who had lifted themselves out of poverty but often had no credit history, did not want charity. What they really wanted was dignity — a helping hand so that they could help themselves — and to be included in the formal economy. That is where an innovative social finance instrument called “returnable grants” comes into play.

REVIVE provides recipients with a returnable grant, which is credit with a difference: It is an interest-free loan, with zero collateral required, ranging from Rs 5,000 to Rs 25,000. But this loan also has the characteristics of a grant, since the small pharmacy owner or street vendor is under no legal obligation to repay it. Their sole obligation is moral: If they fail to repay, they prevent another retailer whose shop has lost business from receiving funds.

When workers and retailers do repay, they actually benefit more than just the next recipient. REVIVE estimates that each repayment generates up to a seven-fold multiplier effect, since recipients are also provided with tools and training to participate in the digital economy. As workers and retailers pay off their loans, they create digital repayment records that establish their credit worthiness with formal financial institutions.

Having raised Rs 152 crore in funding from its corporate partners as well as anchor donors, REVIVE has supported the efforts of 1.62 lakh small business owners and workers as of January 2022. The collaborative aims to reach one crore micropreneurs and workers, across all of India, over the next three years.

Because REVIVE's mindset of dignity and inclusion begins by assuming that people will voluntarily repay, returnable grants are one of the purest expressions of trust-based philanthropy. Early evidence suggests that such trust is well placed. Repayment rates to date are

100 per cent among small farmers and retailers, 99.5 per cent across street vendors, and 87.7 per cent among women micropreneurs. The promise of returnable grants is that they just might move funders from “either/or” choices — either solve for today's acute needs or tomorrow's long-term challenges — and instead do both.

They serve immediate needs by enabling a beauty salon owner to replace products that have expired or a small contractor to restart projects. They also enable people who have never been part of the formal financial ecosystem to enter into it.

By marrying different funders, each with their own risk-reward profiles, collaboration can mobilise private capital of varying risk appetites. Because it can also deploy less familiar models of financing, collaboration gives funders additional flexibility in supporting communities. And by blending public, private, and philanthropic capital, collaboratives can reach segments (like small businesses) as well as populations (such as women entrepreneurs) that otherwise may have been left behind by traditional development funding or purely private capital.



Long Covid patients may experience some symptoms beyond a year: Experts

Doctors point out that the difficulties faced include a constant feeling of sadness or lethargy, panic attack-like experiences, sleep disturbances or a feeling of helplessness.



Long Covid is used to describe signs and symptoms that last for a week or month after having a confirmed or suspected case of Covid. (File photo)

Doctors have pointed out that several patients who experience long Covid may face various experiences including helplessness, feelings of dejection and sleep disturbances. In fact, a study published in the Lancet Public Health journal earlier this month has found that Covid patients who had been hospitalised are more likely to experience symptoms of depression for up to 16 months after the diagnosis compared to those who were never infected.

Dr Venkatesh Babu, consultant psychiatrist at Fortis Hospitals, Bengaluru, said, "Patients who experienced long Covid have been reporting various experiences like constant feeling of sadness, prolonged lethargy, panic attack-like experiences, skipped heartbeats, sleep disturbances, repetitive thoughts of getting some serious illness, multiple somatic symptoms and a feeling of helplessness."

The research also showed that patients who were bedridden for seven days or more had higher rates of depression and anxiety than those who were diagnosed with Covid but never hospitalised.

Long Covid is used to describe signs and symptoms that last for a week or month after having a confirmed or suspected case of Covid. "It is important to understand that one should

learn to be kind to oneself, identify these experiences as part of the recovery process, work to build a healthy routine with good diet, try to build a fitness routine to their best ability rather than overdoing it, do mindfulness or meditation practices and seek the support of family and friends. If someone continues to have significant sleep disturbances or is experiencing anxiety, persistently, we recommend seeking professional help at the earliest," he suggested.

Dr Jini K Gopinath, chief psychology officer at YourDOST, an online counselling and emotional support platform, underlined that [Covid-19](#) could lead to serious psychological implications. "[Social distancing](#), isolation, hospitalisation and movement restrictions had a profound impact on survivors' well-being making them susceptible to depression and anxiety even after recovery. Many survivors experienced weakness and fatigue during their paths to recovery, adding to their anxiety levels. Those who were hospitalised lived with a constant fear of spreading the disease to their loved ones even after getting discharged. A lot of them developed symptoms of obsessive compulsive disorder (OCD) due to the constant urge to clean their hands," he said.

Explaining further, he added that the social stigma associated with the disease also led to a feeling of helplessness among the survivors. "A lot of them battled with their lives in ICUs without being able to interact with their family members, making their paths to recovery quite lonely and tiresome. Many started developing post-traumatic stress disorder (PTSD) after their physical recovery. Mention should also be made of those who were already suffering from various psychological conditions prior to Covid," Gopinath added.

"As the nation was battling the pandemic, psychiatric treatment had taken a backseat. Access to proper psychiatric medication and therapeutic sessions were significantly reduced

which increased their morbidity, making their conditions worse," he pointed out.

Medical experts have long been stating that apprehensions around health and issues pertaining to the availability of medications, treatment options, duration of recovery and even worries about a relapse intensify patients' anxiety.

"Over the past two years, people have been fighting this long-term trauma. Ideally, every human has some amount of emotional capacity to fight trauma. However, fighting chronic trauma requires a lot of energy – something which people have been doing every single day for the past two years. This is bound to have a long-term impact on people's mind as well as body," he said.



Vaccination for 12-14 age group to start tomorrow

Also, in the last 24 hours, 33 new positive cases were detected in the state, with the total figure reaching 20.16 lakh.

By: [Express News Service](#) | Kolkata |
March 20, 2022 6:30:48 am

The [Covid-19](#) vaccination of children in the 12-14 age group will start in West Bengal from Monday (March 21), the health department said. Only [Corbevax](#) vaccine would be used for the beneficiaries who can self register through an existing account on the CoWin application of a family member or by creating a new account through a unique mobile number. An appointment can be booked online or on walk-in basis.

Only one person died of the virus as the death toll reached 21,194.



Also, in the last 24 hours, 33 new positive cases were detected in the state, with the total figure reaching 20.16 lakh. Only one person died of the virus as the death toll reached 21,194.

In a notification, the state government said, "The Corbevax will be given from government vaccination centres only. The two doses will be administered at an interval of 28 days."

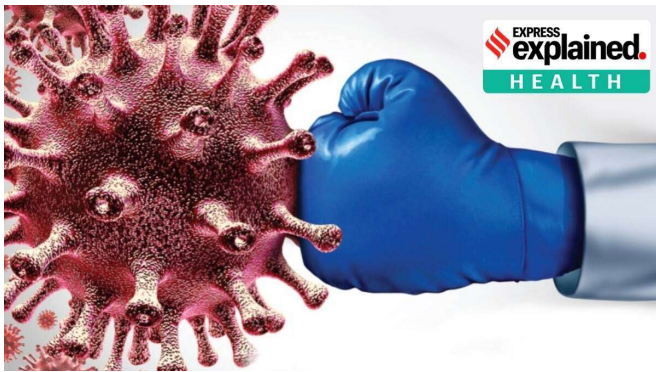


Corbevax approved for 12-14 year-olds: what is it, and how does it work?

Children between the ages of 12 and 14 in India can now receive the Corbevax vaccine for Covid-19, which is manufactured by Hyderabad-based Biological-E. What is it, and how does it work?

By: [Explained Desk](#) | New Delhi |
Updated: March 18, 2022 1:59:19 pm

The Centre has opened up [Covid-19](#) vaccination for children between the ages of 12 and 14, allowing them to receive [Corbevax](#), a vaccine against Covid-19 that is manufactured by Hyderabad-based Biological-E. Corbevax is



Corbevax is India's second indigenous vaccine after Covaxin.

India's first indigenously developed Receptor Binding Domain (RBD) protein sub-unit vaccine. What is it, and how does it work? Take a look:

ALL YOU NEED TO KNOW ABOUT CORBEVAX

- Beginning March 16, 12-14 year-olds in India will be eligible for vaccination against COVID-19. They will be given Corbevax, the country's second indigenous vaccine after Covaxin
- Developed by Hyderabad-based Biological E., Corbevax requires intramuscular administration with two doses scheduled 28 days apart

#QUIXPLAINED _____ 1

Here's what you need to know about Corbevax

Corbevax, a protein sub-unit Covid-19 vaccine, is one that is built on the traditional sub-unit vaccine platform. Instead of the whole virus, the platform triggers an immune response by using fragments of it, like the spike protein. The sub-unit vaccine contains the harmless S-protein, and

HOW DOES IT WORK?

- Corbevax is a Receptor Binding Domain Protein sub-unit vaccine
- This means that the vaccine triggers an immune response by using fragments, such as the spike protein, instead of the whole virus
- Corbevax contains the harmless S-protein. Once the immune system recognises the protein, it produces antibodies as white blood cells to fight the infection
- The traditional mode the vaccine is built on is widely considered to be one of the safest

#QUIXPLAINED _____ 2

How does Corbevax work?

INDIA'S VACCINE BASKET FOR CHILDREN AND YOUNG ADULTS

- In India, Covaxin is the allocated vaccine for 15-18 year olds. So far, the cumulative beneficiaries for vaccines in the age group are over 16 lakh
- On February 21, Corbevax got emergency-use authorisation from India's drug regulator for the age group of 12-18 years. It is now available for 12-14 year olds

Text: Kaunain Sheriff M

#QUIXPLAINED _____ 3

India's Covid-19 vaccine basket for children, young adults

once the human immune system recognises it, it produces antibodies, such as white blood cells, that fight the infection.

Corbevax includes antigenic parts of the virus to trigger a protective immune response. The antigen has been developed by the Texas Children's Hospital Centre for Vaccine Development and in-licensed from BCM Ventures, Baylor College of Medicine's integrated commercialization team.

Continued from page no.1

Mental Health in India: Well-being of the youth during Covid-19

.....our population must be addressed. The 2021 *State of the World's Children Report*, notes that in India, 1 in 7 youth between 15 to 24 years reported feeling depressed during the pandemic.

According to National Crime Records Bureau, one-third of all [suicides](#) in the country in 2020 were among the youth. Contributing factors include the disruption caused to their lives due to the loss of in-person education, routine and social opportunities which have increased stress, depression, and internalisation of disorders. The pandemic has also severely affected their learning abilities, behaviour and social skills.

A UNICEF report (2021) found that in India, only 60 per cent of students in schools were able to access remote-learning opportunities, while 80 per cent of students were learning significantly less through digital education than in physical classes. Transition to online mode has affected their learning and coping abilities, heightened pressure and mood disturbances, impacting their sleep and concentration. This can further lead to a cycle that worsens their

neurodevelopment, future performance and emotional [well-being](#). The impact may also be on their problem-solving and interpersonal skills, primarily learnt and reinforced at school and college, through engagement in sports and recreational activities.

Considering that the average family size in India is 4.9 persons, the familial conflict caused or enhanced due to members being forced to spend time in closed spaces during the lockdown, and mobility restrictions could contribute to their distress. The mental health of the disadvantaged youth who have no or limited access to technology, parental support, and are dependent on their social and protective networks for development and encouragement, is one of the worst affected. Similarly, youth at the intersection of caste, gender, or [disability](#), those with early-life stress such as orphans, victims of abuse or neglect, and those who have lost family in the pandemic, are also potentially at the risk of developing severe psychological problems.



The need for strengthening our response to the emotional requirements of the youth, and making provisions for basic mental health services for them is, thus, urgent (Source: Getty Images/Thinkstock)

Young girls and women are at an additional disadvantage. According to a UN Women report, there were more girls dropping out of school than boys in the pandemic and 65 per cent of parents in India were reluctant to continue the education of girls in order to save costs. This can lead to an entire generation of

girls being unable to complete schooling, resulting in depression, lack of self-esteem, and other negative repercussions on their [mental health](#). Their emotional turmoil is compounded by trauma caused by the increase in domestic violence ⁷ and enhanced household responsibilities that give them little time to recuperate. An increase in unintended pregnancies and communicable disease-related adolescent mortality due to insufficient access to general healthcare services, especially for sexual and reproductive health can also lead to more [anxiety](#).

The need for strengthening our response to the emotional requirements of the youth, and making provisions for basic mental health services for them is, thus, urgent. This should be done by centre-staging youth to the forefront on all discussions about their mental health, using an intergenerational, gender lens to identify stressors specific to them and build supportive mechanisms to help them cope and flourish.

As only 41 per cent of young Indians between the ages of 15 to 24 years believe in access to support for mental health, it is also critical to counter the associated misinformation and stigma. It is important for educational institutions to promote mental health literacy and safe outreach. As schools reopen, the number of counsellors should be increased- to provide in-person support that was lacking earlier. Teachers can be supported to be key agents, who can identify those at risk, and provide supportive counselling and referral where needed. Frontline community workers such as [ASHAs](#) can do the same at the community level. Self-help resources that include literature on mental morbidities, tools to manage it and information on helplines, to contact can also be distributed.

Expanding youth-focused mental health infrastructure and delivery of affordable services which can develop help-seeking behaviour is also important. This would include capacity-

HELP IS A CALL AWAY
MENTAL HEALTH HELPLINE NUMBERS

AASRA
Contact: 9820466726
Email: aasrahelpline@yahoo.com
Timings: 24x7
Languages: English, Hindi

Snehi
Contact: 9582208181
Email: snehi.india@gmail.com
Timings: 10am - 10pm, all days
Languages: English, Hindi, Marathi

Fortis MentalHealth
Contact: 8376804102
Timings: 24x7; All days
Languages: Achiku, Assamese, Bengali, Dogri, English, Gujarati, Hindi, Kannada, Konkani, Malayalam, Marathi, Punjabi, Rajasthani, Tamil, Telugu, Urdu

Connecting NGO
Contact: 9922004305, 9922001122
Email: distressmailsconnecting@gmail.com
Timings: 12pm - 8pm; All days
Languages: English, Hindi, Marathi

Vandrevala Foundation
Contact: 18602662345
Email: help@vandrevalafoundation.com
Timings: 24x7

building of wellness and primary health centres, mental health components of Rashtriya Kishor Swasthya Karyakram and college health programs. Telemedicine and digital

technologies like WhatsApp groups and chatbots can be leveraged, given the access and acceptability of these platforms by the youth, to support interventions. Insights from innovative programs which are focused on this demographic such as Sangath's Its Ok to Talk, PRIDE, Young Lives Matter and Yuva Mann initiatives, can help in reaching the youth.

Recognising the needs and rights of the youth to receive [mental health care](#) is the need of the hour. If left unaddressed, the economic cost to the country could be an estimated 78 crore till 2030 due to the loss of opportunities. The personal cost could be the youth turning to maladaptive coping mechanisms such as substance abuse, risk-taking impulsive behaviour, and suicide. It can also impact their ability to reach their full potential, physical health and have long-term consequences that last well into their adulthood.

(Dr Chauhan is Emeritus Professor, ICGEB and Founder ETI; Dr Bhan is Global Health Researcher and Lead, Sangath (Bhopal Hub)

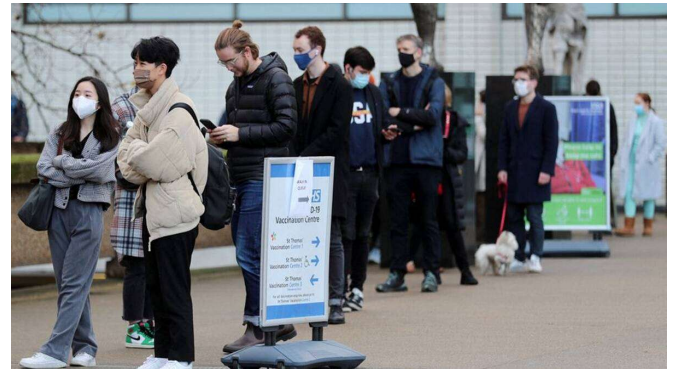


Covid-19: Here is a list of countries that are seeing a spike in infections

Officials of the World Health Organisation said that as many as 11 million new infections registered between March 7 and March 13, which translates to an 8% spike compared to the previous week.

By: [Express Web Desk](#) |

Updated: March 18, 2022 4:03:51 pm



People queue outside a coronavirus disease (COVID-19) vaccination centre at St Thomas' Hospital as the pandemic continues, in London, Britain. (Reuters)

After a brief respite, countries worldwide are once again seeing an increase in [Covid-19](#) cases. Officials of the World Health Organisation said that as many as 11 million new infections registered between March 7 and March 13, which translates to an 8% spike compared to the previous week.

"These increases are occurring despite reductions in testing in some countries, which means the cases we're seeing are just the tip of the iceberg," said WHO chief Tedros Adhanom Ghebreyesus.

Here is a list of countries that have recorded an increase in cases:

China: The Chinese commercial hub of Shanghai is pushing ahead with a mass testing initiative as it tries to curb a new spike in Covid-19 infections, but some districts were easing lockdown rules in an effort to minimise disruptions. Shanghai, which has up to now remained relatively unscathed by the [coronavirus](#), has shut schools and launched a city-wide testing programme that has seen dozens of residential compounds sealed off for at least 48 hours. China has been battling its worst Covid outbreak since the virus first emerged in Wuhan in 2020.

South Korea: Seoul reached another daily record in Covid-19 deaths as health officials

reported more than 621,000 new infections, underscoring a massive [omicron](#) surge that has been worse than feared and threatens to buckle an over-stretched hospital system. The 621,266 new coronavirus cases diagnosed by health workers were also a record daily jump, shattering Wednesday's previous high of 400,624. That pushed the national caseload to over 8.2 million, with more than 7.4 million cases added since the start of February.

Hong Kong: Hong Kong reported about 20,000 new coronavirus cases Friday as health experts called for a clear way out of a "zero Covid" policy that has left the city isolated. Densely populated Hong Kong has registered the most deaths per million people globally in recent weeks. But restrictions, including a ban on flights from nine countries such as Britain and the United States, quarantine of up to 14 days for residents returning to Hong Kong, and the closure of schools, gyms, beaches and other venues, have frustrated many.

Italy: Rome reported 79,895 Covid-19 related cases Thursday, against 72,568 the day before, the health ministry said, while the number of deaths fell to 128 from 137. Italy has registered 157,442 deaths linked to Covid-19 since its outbreak emerged in February 2020, the second-highest toll in Europe after Britain and the eighth highest in the world. The country has reported 13.65 million cases to date

Britain: The United Kingdom has seen a rise in the number of infections and hospitalisations in the past week. A Guardian report said that the number of people in hospital with Covid increased from 8,210 on March 3 to 11,346 on March 17. It added that the data released by the UK Health Security Agency Thursday showed the total weekly hospital admission rate in [England](#) for Covid in the week ending March 13 was 13.38 per 100,000 compared with 11.67 per 100,000 the previous week.

Germany: The German government defended its decision to let many pandemic restrictions expire at the weekend, even as the country hit a new record high for newly confirmed cases. Germany's disease control agency reported 294,931 new cases in the past 24 hours. The Robert Koch Institute said there have been a further 278 Covid-related deaths, taking the overall toll since the start of the pandemic to 126,420. The decision to end many pandemic restrictions on Sunday, including the requirements to wear masks in public settings and limit spectators in stadiums, was criticised by the states, who can still introduce their own restrictions in virus hotspots going forward.



Global Covid surge prompts alert from Centre: Don't let guard down

In a letter to state governments, Union Health Secretary Rajesh Bhushan said it was imperative that states and union territories take all precautions and do not let their guard down while resuming economic and social activities.

By: [Express News Service](#) | New Delhi |
Updated: March 19, 2022 7:15:02 am

Amidst an unprecedented Covid surge in several countries, the Centre has asked states to step up vigil and intensify surveillance through aggressive genome sequencing to prevent any reversal in the trend of declining cases in India. It also underscored the need to monitor cases of influenza-like and severe acute respiratory illnesses to ensure that no early warning signals are missed.



The letter follows a meeting that Union Health Minister Mansukh Mandaviya had held with the country's Covid task force on Wednesday. (File Photo)

In a letter to state governments, Union Health Secretary Rajesh Bhushan said it was imperative that states and union territories take all precautions and do not let their guard down while resuming economic and social activities. The letter follows a meeting that Union Health Minister Mansukh Mandaviya had held with the country's Covid task force on Wednesday.

"I would also like to emphasize that there should be continued focus on the five fold strategy, i.e. Test, Track, Treat, Vaccinate and (ensure) adherence to Covid appropriate behaviour," Bhushan wrote.

He said states must keep submitting "adequate number" of virus samples for genome sequencing to ensure early detection of new variants, and continue to carry out an adequate number of tests as per protocols laid down by Indian Council of Medical Research (ICMR).

"It is also vital that states may ensure that all eligible persons are motivated to get vaccinated against Covid19 as per the recent expansion of vaccination drive to young adults and precautionary doses for adults besides the completion of doses for all adults," Bhushan wrote.

The pandemic situation in India is under control right now, with new cases being at the lowest level since April 2020. On Thursday, only 2,528

new cases had been reported from across the country. The active caseload has come down below 30,000, again a level not seen since the end of April 2020.

But several countries across the world, including many in India's neighbourhood, are seeing an extraordinary surge. Most of the countries in central and western Europe; Malaysia, Indonesia, Singapore and Vietnam in southeast Asia; New Zealand and Australia; and now South Korea are witnessing a very high number of infections.

In fact, South Korea, whose population is at least 25 times less than India, has been reporting over 3.5 lakh new infections on an average for the last one week. On Thursday, that country detected over 6.21 lakh cases in a single day. A similar surge has been recorded in Hong Kong since the start of February, and to a lesser extent in China as well, but it seems to be slowing down now.

With international travel having resumed, the possibility of infections rising in India is real. One comforting factor is that the current wave of infections is still being driven by the [Omicron](#) variant which a large proportion of the Indian population has already been exposed to. The relatively high vaccine penetration could also be a source of hope.

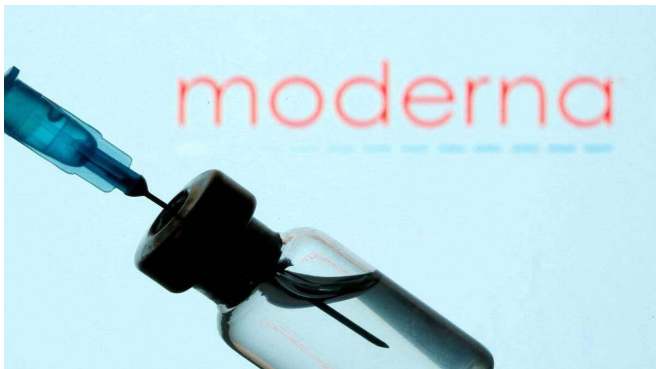
At Wednesday's meeting, Mandaviya directed officials to ensure aggressive genome sequencing of samples to detect possible new variants circulating in the community. The minister also said that authorities at the local level should be directed to intensify surveillance efforts for early identification of hotspots in India.

Moderna seeks FDA authorization for second COVID booster for all adults

CDC data has shown that vaccine efficacy wanes over time and a third shot helps restore it. It, however, has not released comprehensive data based on age or health status to back the case.

By: [Reuters](#) |

Updated: March 18, 2022 9:53:06 am



A vial and syringe are seen in front of a displayed Moderna logo in this illustration taken January 11, 2021. REUTERS/Dado Ruvic/Illustration

Moderna Inc (MRNA.O) on late Thursday sought emergency use authorization with U.S. health regulators for a second [COVID-19](#) booster shot, as a surge in cases in some parts of the world fuels fears of another wave of the pandemic.

The U.S. biotechnology company said its request covered all adults over the age of 18 so that the appropriate use of an additional booster dose of its vaccine, including for those at higher risk of COVID-19 due to age or comorbidities, could be determined by the U.S. Centers for Disease Control and Prevention (CDC) and health care providers.

Moderna's request is significantly broader than Pfizer Inc (PFE.N) and its German partner BioNTech SE's (22UAY.DE) application that was filed earlier

this week with U.S. regulators for a second booster shot for people aged 65 and older.

Moderna, without specifically commenting on the effectiveness of a fourth shot, said its submission was partly based on data recently published in the United States and Israel following the emergence of the [Omicron](#) variant.

FDA did not immediately respond to a Reuters request for comment.

U.S. health officials, including top infectious disease expert Dr. Anthony Fauci, have raised the prospect of a fourth shot, especially for older people and to prepare for the possibility of another surge in cases.

CDC data has shown that vaccine efficacy wanes over time and a third shot helps restore it. It, however, has not released comprehensive data based on age or health status to back the case.

The news was first reported by the New York Times

While COVID cases are falling in the United States and much of the world, infections are rising in China. In the UK and Europe, there has been a reversal in the downward trend of COVID cases as economies have opened up and a second variant of Omicron circulates.

What we know about the new Covid-19 variant discovered in Israel

By: [Express Web Desk](#) | New Delhi |

Updated: March 17, 2022 3:19:26 pm

"The phenomenon of combined variants is well known... At this point, we're not concerned about

(the new variant leading to) serious cases," Salman Zarka, the chief Covid-19 officer in Israel said.

Israel has discovered a previously unknown variant of [Covid-19](#) – a combined variety of the [Omicron](#) sub-variants BA.1 and BA.2 – its Ministry of Health said in a statement on Wednesday.

Two such cases have been confirmed so far by the authorities. "This strain is not yet known in the world, and the verifications were discovered thanks to the PCR test performed at Ben Gurion Airport in Israel," the Ministry said over Twitter.

It added that those infected displayed "mild symptoms" including fever, headaches and muscle ailments. However, they "did not require a special medical response". The Ministry will continue to monitor the situation and provide updates as needed, the statement further said.

The World Health Organisation has not responded to Israel's claim yet.

BA.1 and BA.2 are sub-variants of Omicron. The WHO had earlier noted that while the [BA.2 sub-variant is more transmissible than BA.1](#), there is no difference in severity. However, there is little information available on the new variant discovered in Israel so far.

Salman Zarka, the chief Covid-19 officer in the country, has dismissed the new variant as a matter of serious concern. "The phenomenon of combined variants is well known... At this point, we're not concerned about (the new variant leading to) serious cases," Zarka was quoted as saying by *Times of Israel*.

Health Ministry Director-General Nachman Ash said while the origin of the variant was unknown at the moment, it may have emerged in Israel. "It's likely that they were infected before boarding the flight in Israel. The variant could have emerged

here. We don't know what it means yet," the *Times* quoted him as saying.



Omicron infection linked with common respiratory illness in children: Study

The observational study, published recently in the journal *Pediatrics*, describes 75 children who came to the Boston Children's Hospital emergency department (ED) with croup and COVID-19 from March 1, 2020 to January 15, 2022.

By: [PTI](#) | Boston |
March 16, 2022 7:38:31 pm



Read on to know more about how the two are related.
(Source: Getty Images/Indian Express)

Infection with the [Omicron](#) variant of the SARS-CoV-2 virus is associated with a common respiratory illness in young children, known as croup, a previously unrecognised complication of [COVID-19](#), according to a study.

The observational study, published recently in the journal *Pediatrics*, describes 75 children who came to the Boston Children's Hospital emergency department (ED) with croup and COVID-19 from March 1, 2020 to January 15, 2022.

The researchers noted that [some cases were surprisingly severe](#), requiring hospitalisation and more medication doses compared to croup caused by other viruses, adding that just over 80 per cent occurred during the Omicron period.

"There was a very clear delineation from when Omicron became the dominant variant to when we started seeing a rise in the number of croup patients," said study first author Ryan Brewster, from Boston Children's Hospital and Boston Medical Center.

Overall, 97 per cent of the children were treated with dexamethasone, a steroid. (Source: Representative image/Pixabay)

Croup, also known as laryngotracheitis, is a [common respiratory illness](#) in babies and young children. The illness is marked by a distinctive barking cough and sometimes noisy, high-pitched intakes of breath known as stridor.

It happens when colds and other viral infections cause [inflammation and swelling around the voice box](#), windpipe, and bronchial tubes. In severe cases, including some seen at Boston Children's, croup can dangerously constrict breathing, the researchers said.

Previous studies of COVID-19 in animals have found that the Omicron variant has more of a "preference" for the upper airway than earlier variants, which mainly targeted the lower respiratory tract.

This may account for the sudden appearance of croup during the Omicron surge, Brewster said. Most of the children with COVID-19 and croup were under age 2, and 72 per cent were boys. Except for one child with a common cold virus, all others were infected with SARS-CoV-2.

Although no children died, nine of the 75 children with COVID-19-associated croup (12 per cent) needed to be hospitalised and four of them (44

per cent, or 5 per cent of the total) required intensive care, the researchers said.

By comparison, before COVID-19, fewer than 5 per cent of children with croup were [hospitalised](#), and of those, only 1 to 3 per cent required intubation, they said.

Overall, 97 per cent of the children were treated with [dexamethasone](#), a steroid. All of those who were hospitalised received treatment which is reserved for moderate or severe cases, as did 29 per cent of children treated in the ED.

"Most cases of croup can be managed in the outpatient setting with dexamethasone and supportive care," said Brewster. "The relatively high hospitalisation rate and the large number of medication doses our COVID-19 croup patients required suggests that COVID-19 might cause more severe croup compared to other viruses," he added.



Pfizer-BioNTech seek US OK for second COVID booster for 65 and older

Pfizer-BioNTech filed an application with US regulators seeking emergency use authorization for a second booster shot of their Covid-19 vaccine for people aged 65 and older.

By: [Reuters](#) |
March 16, 2022 6:44:33 pm

[Pfizer Inc](#) and its German partner BioNTech SE on Tuesday filed an application with US regulators seeking emergency use authorization for a second booster shot of their [Covid-19](#) vaccine for people aged 65 and older.



While Covid-19 cases are in retreat in the United State and much of the world, infections are rising in China as the Omicron variant spreads. (File photo: AP)

The submission to the US Food and Drug Administration includes data collected in Israel, where a second booster is authorized for many people over age 18.

An analysis of data from over a million adults 60 years and older showed rates of confirmed infections and severe illness were lower among individuals who received an additional [booster dose of the vaccine](#) administered at least four months after an initial booster (third) dose compared to those who received only one booster dose, the companies said.

The news was first reported by the *Washington Post* earlier on Tuesday.

US health officials including top infectious disease expert Dr Anthony Fauci have raised the prospects of a fourth shot many times, suggesting one might be needed for older people and to prepare for the possibility of another surge of cases.

US Centers for Disease Control and Prevention data has shown that vaccine efficacy wanes over time and that third shots help restore that efficacy, but it has not released comprehensive data based on age or health status.

Pfizer Chief Executive Albert Bourla has several times in the past week told reporters that a fourth dose of the vaccine will be needed to offset waning protection gained with the third shot.

He told the *Washington Post* last week that data suggests a fourth dose dramatically improves protection against the dominant [Omicron](#) variant of the virus compared to the third dose after three-to-six months.

The data Israel previously released was mixed. Israel in late January said a fourth dose doubled protection against infection and increased protection against severe disease by 3 to 5 times compared to those who had received three shots, based on health ministry data.

That analysis was more favourable than a small study of Israeli healthcare workers. When given at least four months after the third shot, a fourth dose was 30% effective against infection for the Pfizer-BioNTech vaccine and 11% for the Moderna Inc vaccine.

"The elderly and immunocompromised are the groups that would benefit the most from additional boost," said Dan Barouch, a Harvard vaccine researcher. "I think the data is supportive, but the benefits appear to be relatively small."

Pfizer is looking at how a fourth dose performs in its own study of about 600 people. It and Moderna are betting additional booster doses will be needed for new virus variants that emerge.

While Covid-19 cases are in retreat in the United State and much of the world, [infections are rising in China](#) as the Omicron variant spreads.

In the UK and Europe, there has been a reversal in the downward trend of Covid cases as economies have opened up and the second version of Omicron circulates.

Pfizer last month said eventual 2022 sales of its Covid-19 vaccine may not top its current forecast of \$32 billion, a 13% decline from 2021 levels.

Separately, the FDA plans to convene its expert advisory panel in early April to consider whether there should be an October or November

campaign to encourage some or all adults to get additional boosters and whether the shots should be the same as current vaccines or be retooled to counter new variants, the Washington Post reported, citing a federal official.



U.S., EU, India, S.Africa reach compromise on COVID vaccine IP waiver text

The document authorizes use of "patented subject matter required for the production and supply of COVID-19 vaccines without the consent of the right holder to the extent necessary to address the COVID-19 pandemic".

By: [Reuters](#) | Geneva, Washington |
March 16, 2022 11:19:54 am



The tentative deal comes after months of negotiations over how to accelerate COVID-19 vaccine production in developing countries, where vaccination rates have lagged far behind wealthy countries. (File)

The United States, European Union, India and South Africa have reached a consensus on key elements of a long-sought intellectual property waiver for [COVID-19](#) vaccines, according to a proposed text reviewed by Reuters.

Sources familiar with the talks described the text as a tentative agreement among the four World

Trade Organization members that still needs formal approvals from the parties before it can be considered official. Any agreement must be accepted by the WTO's 164 member countries in order to be adopted.

Some elements of the consensus deal, including whether the length of any patent waivers would be three years or five years, still need to be finalized, according to the text. It would apply only to patents for COVID-19 vaccines, which would be much more limited in scope than a broad proposed WTO waiver that had won backing from the United States, according to the document.

The document authorizes use of "patented subject matter required for the production and supply of COVID-19 vaccines without the consent of the right holder to the extent necessary to address the COVID-19 pandemic".

It said IP rights would also be waived for ingredients and processes necessary for COVID-19 vaccine manufacture, a move aimed at granting critical know-how to many countries lacking expertise, especially for advanced mRNA-type vaccines.

The text contained several limitations, including that the waiver is only available to WTO member countries that exported less than 10% of global exports of COVID-19 vaccine doses in 2021.

The tentative agreement does not include COVID-19 treatments or tests, and the limitations would likely exclude China from any waiver, a source familiar with the negotiations said.

The text, which was produced in negotiations last week, was being circulated to officials in Brussels, Washington, Johannesburg and New Delhi before being presented to other WTO members. Adoption of the IP waiver by the consensus-driven organization is far from certain.

'PROMISING PATH'

USTR spokesman Adam Hodge said the informal discussions among the four principal parties had not yet resulted in agreement, but had produced a promising compromise and consultations were continuing.

"The difficult and protracted process has resulted in a compromise outcome that offers the most promising path toward achieving a concrete and meaningful outcome," Hodge said in an emailed statement.

A WTO spokesperson did not immediately respond to a Reuters query on the talks.

The tentative deal comes after months of negotiations over how to accelerate COVID-19 vaccine production in developing countries, where vaccination rates have lagged far behind wealthy countries.

In talks brokered by WTO Director General Ngozi Okonjo-Iweala, the United States, EU, India and South Africa broke away from negotiations among the organization's 164 members to try to craft an agreement.

Objections from some countries with large pharmaceuticals sectors, including Switzerland and Britain, had stalled progress in negotiations among the larger group. India and South Africa had first proposed the WTO vaccine IP waiver in 2020 as the COVID-19 pandemic exploded.

A spokesperson for pharmaceutical industry trade group PhRMA said efforts to waive intellectual property commitments are unnecessary and harm efforts to end the pandemic. Voluntary technology transfer and partnerships have helped vaccine makers to target production of 20 billion doses in 2022, more than enough for the world, she said.

Health Ministry to begin covid vaccine for children aged 12-14 years from today; All you need to know

Corbevax received an emergency use authorisation (EUA) from India's drug regulator on February 21 for the age group of 12-18 years

By: [Lifestyle Desk](#) | New Delhi |
March 16, 2022 9:10:11 am



Children aged 12-14 years can get vaccinated from March 16, 2022 (Source: Pixabay)

Indian health ministry has announced [Covid-19](#) vaccination for children aged 12-14 years, which is all set to start from March 16, 2022. In a press statement, the Ministry has stated that "after due deliberations with scientific bodies", it has decided to start [Covid-19 vaccination](#) for children above 12 years.

It informed that the vaccine administered would be Hyderabad-based Biological E Limited's [Corbevax](#). But it is developed by the Texas Children's Hospital Center for Vaccine Development and Baylor College of Medicine in

Houston, Texas and Dynavax technologies based in Emeryville, California.

Corbevax received an emergency use authorisation (EUA) from India's drug regulator on February 21 for the age group of 12-18 years. It is a two-dose Covid-19 vaccine, which will be administered in a gap of 28 days just like [Covaxin](#).

Notably, those in the age group of 15-18 years are already being administered the covid vaccine from January 3, 2022.

Union Health and Family Welfare Minister, Mansukh Mandaviya also urged children's guardians to get them vaccinated.

Here's how you can register.

*In the same CoWIN app or Aarogya Setu, the child can be registered for vaccination using one of the parent's mobile phone.

*An OTP will be generated which is needed for verification.

*Once the child's identity proof is updated under the new category using the [Aadhaar card](#) or 10th ID card, the parent can book the child's vaccination slot at a preferred time at a nearby vaccine centre.

Why is it necessary?

While it helps prevent the [child](#) from getting infected and spreading [coronavirus](#), according to UNICEF, if your child gets infected, a Covid-19 vaccine could prevent them from becoming severely ill in subsequent exposure to Covid-19 infection.

Addressing the myth that it is safer for a child to build immunity by getting infected with Covid-19 than to build immunity by getting the vaccine, Praveen Sikri, CEO of Ikris Pharma Network told [indianexpress.com](#), "[Children's risks](#) are similar to adults. When children get COVID-19, they may be sick for several days and they may also be at risk for prolonged post-COVID-19

conditions. Getting a COVID-19 vaccination can protect a child from getting COVID-19. If a child does contract COVID-19, it can also protect them from developing severe disease, hospitalizations, or long-term complications. Immunization of children will boost herd immunity and aid in the prevention of future coronavirus waves. We strongly advise all parents to get their children aged 12 to 14 years old vaccinated as soon as possible."



Children in the age group of 12-14 will be vaccinated from March 16 (Source: Express Photo by Nirmal Harindran)

Are there any children who should not get the Covid-19 vaccine?

UNICEF informs in its FAQ guidelines that the vaccine shouldn't be given to a child with a known history of allergic reaction to any vaccine's ingredients. For children with [co-morbidities](#) and any other current illness, consultation with their doctor to get correct guidance is essential.

Do children also experience mild side-effects post-vaccination like adults?

UNICEF notes that some children might have mild pain and swelling where they got the injection and could feel more tired than usual. Headache, body ache, and fever and chills are also possible. However, these side effects usually clear up within a day or two.

Precautions pre and post-vaccination according to UNICEF

*Avoid getting vaccinated on an empty stomach.
*Wait for 30 minutes at the vaccination site after being [vaccinated](#).

*If there is any concern during this period, consult the staff at the centre.

*Even during and after vaccination, one must follow the Covid-19 appropriate behaviour like hand sanitisation, [wearing a face mask](#), and maintaining physical distancing.

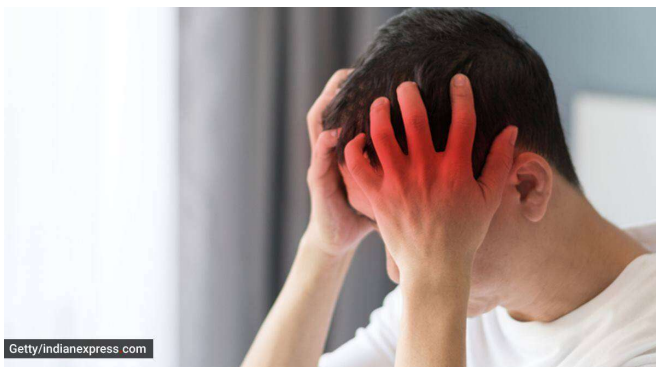


Severe Covid-19 linked with long-term mental health outcomes: Lancet study

The researchers noted that quicker recovery of physical COVID-19 symptoms may explain in part why mental health symptoms decline at a similar rate for those with a mild infection

By: [PTI](#) | London |

Updated: March 15, 2022 9:17:49 pm



Covid-19 can take a toll (Photo: Getty Images/Thinkstock)

Serious [COVID-19](#) illness is associated with an increased risk of long-term adverse [mental health outcomes](#), according to a study published in *The Lancet Public Health* journal.

The researchers found that [hospitalised patients with a SARS-CoV-2 infection](#) were more likely to experience depressive symptoms up to 16 months after diagnosis compared to those never infected.

Patients who were bedridden for seven days or more had higher rates of [depression](#) and anxiety, compared to those diagnosed with COVID-19 but never bedridden, they said.

The study found that symptoms of depression and [anxiety](#) mostly subsided within two months for non-hospitalised patients with COVID-19. However, patients who were bedridden for seven days or more remained at increased risk of depression and anxiety over the 16-month study period.

The researchers looked at symptom-prevalence of depression, anxiety, COVID-19 related distress, and [poor sleep quality](#) among people with and without a diagnosis of COVID-19 from 0-16 months. The analysis drew upon data from seven groups across Denmark, Estonia, Iceland, Norway, Sweden, and the UK.

Of the 247,249 people included, 9,979 (4 per cent) were diagnosed with COVID-19 between February 2020 and August 2021. Overall, participants diagnosed with COVID-19 had a [higher prevalence of depression](#) and poorer sleep quality compared to individuals who were never diagnosed.

"Our research is among the first to explore mental health symptoms after a serious COVID-19 illness in the general population up to 16 months after diagnosis," said study author Unnur Anna Valdimarsdottir, a professor at the University of Iceland. "It suggests that mental health effects are not equal for all COVID-19 patients and that time spent bedridden is a key factor in determining the severity of the impacts on mental health," Valdimarsdottir said.

The researchers noted that quicker recovery of physical COVID-19 symptoms may explain in part why mental health symptoms decline at a similar rate for those with a mild infection.

However, patients with severe COVID-19 often experience [inflammation](#) which has previously been linked to chronic mental health effects, particularly depression, they said.

“The higher occurrence of depression and anxiety among patients with COVID-19 who spent seven days or longer bedridden could be due to a combination of worrying about [long-term health effects](#) as well as the persistence of physical [long COVID](#) symptoms well beyond the illness,” said study co-author Ingibjorg Magnusdottir, from the University of Iceland.

“Equally, inflammatory responses among patients with a severe diagnosis may contribute to more persistent mental health symptoms,” Magnusdottir said.

In contrast, the researchers said, the fact that individuals with a [mild COVID-19 infection](#) can return to normal lives sooner and only experience a benign infection likely contributes to the lower risk of negative mental health effects observed.

The authors acknowledged several limitations in the study.

First, individuals diagnosed with COVID-19 were slightly more likely to have past diagnoses of psychiatric disorders than individuals without disease diagnosis, the researchers said.

However, the absolute differences in the history of psychiatric disorders never exceeded 4 per cent in any of the groups and did not impact the interpretation of the findings, they said.

Second, the study reflects self-reported data of COVID-19 diagnosis and mental health effects – the coexistence of two or more conditions – that

are interrelated to some extent, the researchers said.

Third, most of the comparison group responded between April and June 2020, and responses from COVID-19 patients were accumulated between April 2020 and August 2021, they said.



Many tuberculosis cases go undiagnosed during pandemic in Thane, say experts

Thane Municipal Corporation has recorded an increase in tuberculosis cases among those between 15 and 36 years of age in the last few years; experts attribute it to mental stress, sedentary lifestyle and lack of Vitamin D or exposure to sunlight; however, due to the pandemic, there are fewer TB cases being detected or recorded

Published on Mar 19, 2022 06:51 PM IST
By Ankita G Menon, Thane



A pathologist testing tuberculosis samples in Thane. Many tuberculosis cases go undiagnosed during the pandemic in Thane, say experts. (PRAFUL GANGURDE/HT PHOTO)

Thane Municipal Corporation (TMC) has recorded an increase in tuberculosis (TB) cases

among those between 15 and 36 years of age in the last few years.

Experts attribute it to mental stress, sedentary lifestyle and lack of Vitamin D or exposure to sunlight. However, due to the pandemic, there are fewer TB cases being detected or recorded. Hence, a mobile application will be launched by the civic body soon. This app will help TB patients to achieve a detailed report of their health status and also help keep a track of the medications and follow-up to ensure timely treatment.

“Since 2019, we have noticed an increase in TB diagnosis among those in the 15-36 years of age. Most of these are drug resistant TB as these were alarming numbers and due to the ongoing pandemic, many cases were not diagnosed. As Covid and TB have similar symptoms, there could have been instances of misdiagnosis. Hardly 60% of TB patients are being notified during the pandemic,” said Dr Prasad Patil, medical officer, TMC.

As per TMC records, more than 8,000 new TB cases are registered every year. Among these, 1,100 are drug resistant TB. However, since the onset of the pandemic, the detection of TB has lowered drastically. In 2020, a 35% drop in cases was noted with only 5,680 cases recorded in both private and government centres across the city. In 2021, around 7,500 new cases came to the forefront. TMC came out with a campaign in December to increase awareness about TB and initiated a campaign.

Dr. Alpa Dalal, head of Pulmonology at Jupiter Hospital, said, “Although the number of TB notifications has come down, the actual numbers have not reduced. It is the number of reporting that has reduced. Covid and TB have similar symptoms. If one is diagnosed with either TB or Covid, the other diagnosis is missed. Hence, the government had started a campaign to test Covid RT-PCR in all TB patients.

“Also, there has been a huge increase in youngsters suffering from TB post-pandemic. This could be due to mental stress, reluctance to visit a doctor or seek medical help due to the fear of contracting Covid by visiting a hospital. It could also be due to a lack of physical activity and lack of exposure to sunlight leading to Vitamin D deficiency.”

TB APP TO BE LAUNCHED

Meanwhile, on World Tuberculosis Day (March 24), the TMC would be launching Thane's own TB app for the convenience of patients.

“Just like Covid reports, the detailed report of a TB patient that usually is received only after a month or so will be made available to the respective patient through a login in the application itself. This application will also be used by private and government hospitals to upload the detailed reports, prescriptions and follow up treatments of TB patients,” said Patil.

The app will include informative messages and videos. It will also provide details of the nearby government facilities that provide free blood test, consultation and medication provisions. It is made in both Marathi and English.

“Through this application, we want to make available a centralised system through which details of the health of the patients will be made available and moreover reminders for regular follow ups and consultations will also be provided. The app aims at a TB-free Thane city through timely treatment,” added Patil.

Over 10k test positive for both Covid-19 and TB since Oct 2020

Between October and December 2020, the state tested 133,319 Covid-19 patients for TB out of which 2,163 tested positive for both infections.

Published on Mar 16, 2022 12:29 AM IST



Out of the 1.40 million Covid-19 cases reported in the state between October 2020 and December 2021, 10,381 also tested positive for tuberculosis. (REPRESENTATIVE IMAGE)

By Steffy Thevar

PUNE Out of the 1.40 million Covid-19 cases reported in the state between October 2020 and December 2021, 10,381 also tested positive for tuberculosis. To keep a check on the drop in notifications of tuberculosis cases in the state, the state health department had started bi-directional testing among Covid-19 patients, who were also tested for tuberculosis in case of specific symptoms. The state had begun aggressive testing and identification of tuberculosis as the case fatality rate for TB was higher than Covid-19.

Between October 2020 and December 2020, the state tested about 133,319 Covid-19 patients for TB out of which 2,163 tested positive for both infections. Out of the 2,163, 1,676 were from

urban areas while 487 were from rural areas. In the following year between January 2021 and December 2021, out of 1,274,206 Covid-19 cases, 8,668 tested positive for both infections. Of the 8,668, 5,231 were from urban areas and the remaining were from rural areas.

Dr R S Adkekar, joint director of tuberculosis and leprosy, Maharashtra, said, "The identification of TB patients among Covid-19 patients was specifically started as TB patients are more vulnerable to Covid-19 infection. However due to the pandemic, the health care staff was involved in the testing and contact tracing of Covid-19 and so, the reporting for other diseases went down."

He added that during the pandemic, TB patients were isolated when they tested positive for Covid-19.

According to the state guidelines, the prevalence of TB among Covid-19 patients has been found to be 0.37% to 4.47% in different studies. Tuberculosis is associated with a 2.1-fold increased risk of severe Covid-19 disease. In addition, TB patients also tend to have co-morbidities (malnutrition, diabetes, smoking, HIV etc.) that increase their vulnerability. In order to address this dual morbidity, bi-directional testing was started among Covid-19 positive cases in October 2021.

THE  HINDU

Women TB leaders' efforts earn them rich praise

CHENNAIMARCH 15, 2022 22:36 IST

A coffee table book and film commemorates their work through the pandemic

During the COVID-19 pandemic a team of around 200 women fanned out into the recesses of the State and helped hundreds of people access treatment for tuberculosis.

The women, who had themselves recovered from TB infection, braved stigma and taught their community to overcome its fear of the disease.

A short film and a coffee table book has acknowledged the women TB leaders and their achievements. The film gives a peek into a few women's lives — their struggle and their fears and how they overcame them.

REACH, an organisation working to eliminate tuberculosis for over two decades, has published the book and made the film. The film and book — *Saadhika Vaa Penne* — were released to commemorate international women's day celebrated on March 8.

Ramyana Ananthakrishnan, director of REACH said the women TB leaders were trained in early 2020 and assigned a TB facility each. "They accompanied people with symptoms to the lab, helped them get tested and allayed their fears. They became the face of TB in their communities, impervious to any associated stigma. Today, they are confidants for people with TB and the community at large," she said.

"This cadre of women TB leaders is very special to us as a women-majority organisation. Through this film we want to not only convey their sincerity and commitment in supporting TB-affected communities, but also describe their own personal journeys of empowerment. Today, we are proud that each of the over 120 women TB leaders we have worked with are recognised health leaders in their communities," she added.

REACH had organised a two-year project supported by Geneva-based Stop TB Partnership. Under the project 3,000 of the over 1.2 million people screened were diagnosed with TB.

Asha Frederic, State TB officer, in her message in the book said the *Saadhika Vaa Penne* project is being implemented in four districts in the State. So far nearly 15 lakh people had been screened and 84,000 had been found to show symptoms.

THE HINDU

Captive elephant numbers on the decline in Kerala

Mini Muringatheri
THRISSURMARCH 19, 2022 18:45 IST

Scorching heat, torture, long hours of parade, and unscientific management take a toll

Caparisoned jumbos in their majestic look is a treat for eyes. But this sought-after sight may become a thing of the past soon if the fast-declining number of captive elephants in Kerala is any indication.

Scorching heat, torture, long hours of parade, and unscientific management are taking a toll. While 29 elephants died in 2021, three elephants have died - two in Thiruvananthapuram and one in Kottayam - so far in 2022. In all 75 elephants have died after the elephant census in 2018, reducing their numbers from 521 to 446.

These gentle animals suffer at the hands of their caretakers when the rules and regulations for their management turn toothless, according to animal activists.

Ankush, a stick with iron hooks on its end, used by mahouts to control elephants. | Photo Credit: SPECIAL ARRANGEMENT

"There is a directive by the Supreme Court in 2018 itself against parading injured elephants. According to it, the owner of the elephant can be arrested under no-bailable charges if an injured elephant is paraded for a function. The Chief Wildlife Warden issued another notice in 2019 that it should be reported if an elephant is sick for more than a week. The elephant will be examined and treated by a committee of veterinary doctors. This notice came after 34 elephants died in 2018 alone," says V.K. Venkitachalam, Director, Heritage Animal Task Force.

Another directive of the Chief Wildlife Warden says forest officials should visit the place elephants are tethered in 15 days. Most of these laws are violated by the caretakers and no action has been taken against them, he says.

Recently an elephant attacked another elephant during the famous Arattupuzha Pooram. "Elephants were paraded without maintaining the mandatory four-m distance between them," says the task force. In all, 65 elephants were paraded during the pooram.

The owner can be arrested under no-bailable charges if an injured elephant is paraded for a function. | Photo Credit: SPECIAL ARRANGEMENT

A statutory shelter shed is another thing insisted on by the Supreme Court. "Many elephants are tethered under trees. When it rains, they are forced to stand in a slush pool of their own dung, urine, and rainwater. They develop infection on the soft pad under its foot and will find it difficult to stand. It slowly affects their food intake. They become weak and develop diseases such as tuberculosis. Foot infection, tuberculosis, and impaction (Erandakettu) are common reasons for the death of elephants in Kerala," says the task force.

Festering wounds

Man-made wounds are another major reason for the death of captive elephants. Mahouts often inflict wounds deliberately on sensitive parts of the body, including around the foot, sides of the hip and above the tusk. The mahouts pierce the wounds with sharp objects to manage them easily.

"Use of weapons such as ankush (long and short sticks with sharp iron hooks on its ends) have been banned long back. But mahouts openly use them for parading. No action has been taken against them," says M.N. Jayachandran, member on the elephant monitoring committee for Thrissur and Idukki. Capture belts, with sharp iron hooks, are another deadly and unscientific weapon used to control unruly elephants. They inflict serious wounds on their legs, he says.

The elephant management rules here are not made for the protection of elephants, says Mr. Jayachandran. They are meant for elephant owners and festival conductors. Cases taken for torture of elephants seldom reach court.

The festivals are conducted here in the peak of summer. The elephants, which lack sweat glands, find it difficult to survive in the heat. Though there are rules to prevent continued parading, it is only on paper. Many elephants seldom get rest during the festival season.

Elephants, which feast upon a variety of foods such as leaves, bark and grass in the wild, are given only palm leaves while in captivity. There is a tendency to give ayurveda and allopathy medicines to them during rejuvenation therapy, says Mr. Jayachandran.

Elephants in the wild usually walk around 18 km and drink around 250 litres of water a day. During festivals they are seldom given water fearing that they may spray water over its body when people are atop.

However, veterinarians say many of the elephants have died due to age-related issues.

“If you look at the age of the elephants that died in these periods, most of them are above the age of 60. Lack of proper exercise during the COVID period too has taken a toll on their health. Tuberculosis is also seen in captive elephants here,” says P.B. Giridas, veterinary doctor and member on the Animal Welfare Board.

The government should create awareness among people whether we needed such torturing parades of elephants during festivals, ask animal activists.



2-வது தவணை கோவிஷீல்ட் தடுப்பூசி இடைவெளி குறைப்பு

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புதுடெல்லி: இரண்டாவது தவணை கோவிஷீல்ட் தடுப்பூசி செலுத்துவதற்கான கால இடைவெளி குறைக்கப்பட்டுள்ளது.

நாட்டில் கரோனா தொற்று தடுப்பு நடவடிக்கையாக பாரத் பயோடெக் நிறுவனத்தின் ‘கோவேக்சின்’ தடுப்பூசியும், சீரம் இன்ஸ்டிட்யூட் நிறுவனத்தின் ‘கோவிஷீல்ட்’ தடுப்பூசியும் அதிக அளவில் பயன்படுத்தப்பட்டு வருகின்றன. இதுவரை 181 கோடிக்கு மேற்பட்ட தடுப்பூசிகள் மக்களுக்கு செலுத்தப்பட்டுள்ளன.

இந்த தடுப்பூசிகள் பொதுமக்களுக்கு 2 டோஸ்களாக செலுத்தப்படுகின்றன. கோவேக்சின் தடுப்பூசி 28 நாட்கள் கால

இடைவெளியிலும், கோவிஷீல்ட் தடுப்பூசி 12 முதல் 16 வார கால இடைவெளியிலும் செலுத்தப்பட்டு வருகிறது. தடுப்புமருந்தின் நோய் எதிர்ப்பு திறன் அடிப்படையில், 2-வது டோஸ் செலுத்துவதற்கான கால இடைவெளி நிர்ணயிக்கப்படுகிறது.

இந்நிலையில் கோவிஷீல்ட் தடுப்பூசியின் 2-வது டோஸ் செலுத்துவதற்கான கால இடைவெளி 8 முதல் 16 வாரங்களாக குறைக்கப்படுவதாக நோய்த்தடுப்புக்கான தேசிய தொழில்நுட்ப ஆலோசனைக் குழு (என்டிஏஜிஐ) தெரிவித்துள்ளது. இந்த மாற்றம் விரைவில் அமலுக்கு வரும் என எதிர்பார்க்கப்படுகிறது.

கோவேக்சின் தடுப்பூசியின் 2-வது டோஸ் செலுத்தும் கால இடைவெளியில் எந்த மாற்றமும் செய்யப்படவில்லை. உலகளாவிய அறிவியல் சான்றுகளின் அடிப்படையில், நோய்த்தடுப்புக்கான தேசிய தொழில்நுட்ப ஆலோசனைக் குழு இந்தபரிந்துரையை வழங்கியதாக தெரிவிக்கப்பட்டுள்ளது.



மீண்டும் கரோனா தொற்று அதிகரிக்க வாய்ப்பு: விதிகளை பின்பற்ற மக்களுக்கு சுகாதாரத் துறை செயலர் அறிவுரை

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சென்னை: தமிழகத்தில் மீண்டும் **கரோனா தொற்று அதிகரிக்க வாய்ப்பு** உள்ளதால், பொதுமக்கள் விதிமுறைகளை தவறாது பின்பற்ற வேண்டும் என்று சுகாதாரத் துறைச் செயலர் ஜெ.ராதாகிருஷ்ணன் தெரிவித்துள்ளார்.

தமிழகத்தில் 25-வது மெகா கரோனா தடுப்பூசி முகாம் 50 ஆயிரம் இடங்களில் நேற்று முன்தினம் நடைபெற்றது. இதில் 5.53 லட்சம் பேருக்கு தடுப்பூசி போடப்பட்டது. இந்த முகாம் தொடர்பாக சென்னை தேனாம்பேட்டை டிஎம்எஸ் வளாகத்தில் சுகாதாரத் துறைச் செயலர் ஜெ.ராதாகிருஷ்ணன் செய்தியாளர்களிடம் கூறியதாவது:

தமிழகத்தில் 92 சதவீதம் பேருக்கு முதல்தவணையும், 80 சதவீதம் பேருக்கு இரண்டாம் தவணையும் தடுப்பூசி போடப்பட்டுள்ளது. 12 முதல் 14 வயதுடைய 4.29 லட்சம் சிறுவர்களுக்கு தடுப்பூசி போடப்பட்டுள்ளது.

மேலும், 51 லட்சம் பேர் முதல்தவணையும், 1.34 கோடி பேர் இரண்டாம் தவணையும் தடுப்பூசி போடாமல் உள்ளனர். தமிழகத்தில் கடந்த ஜனவரி 29-ம் தேதிக்குப் பிறகு நடைபெற்ற எந்த மெகா தடுப்பூசி முகாமிலும் தடுப்பூசி போட்டுக்கொள்வோரின் எண்ணிக்கை 10 லட்சத்தை எட்டவில்லை. தடுப்பூசி போடும் பணியில் சுணக்கம் ஏற்பட்டுள்ளது.

ஜெர்மனி, தென்கொரியா, வியட்நாம் போன்ற நாடுகளில் லட்சக்கணக்கான கரோனா பாதிப்புகள் பதிவாகி வருகின்றன.

தமிழகத்தில் கரோனா நோய்த் தொற்று முற்றிலும் ஒழிந்துவிட்டது என்று பொதுமக்கள் கருத வேண்டாம். எனவே, **மக்கள் கரோனா தொற்று** விதிமுறைகளை தொடர்ந்து பின்பற்ற வேண்டும். இந்தியாவில் மற்ற மாநிலங்களில் ஏராளமானோர் கரோனா தொற்றால் பாதிக்கப்பட்டு வருகின்றனர்.

தமிழகத்திலும் **கரோனா தொற்று** அதிகரிக்கலாம். கரோனா ஒழிக்கப்பட்ட நோய் எனக் கருதி, கவனக்குறைவாக இருந்தால், மற்ற நாடுகள் சந்திக்கும் பிரச்சினைகளை நாமும் சந்திக்க நேரிடும். தமிழகத்தில் அனைத்துமருத்துவக் கட்டமைப்புகளும் தயார் நிலையில் உள்ளன.

வேலூர், திருப்பத்தூர், ராணிப்பேட்டை, மயிலாடுதுறை, தென்காசி போன்ற மாவட்டங்களில் தடுப்பூசி போடுவது சவாலாக உள்ளது. பொதுமக்கள் தமிழக அரசுக்கு கூடுதல் ஒத்துழைப்பு கொடுக்க வேண்டும்.

இவ்வாறு அவர் கூறினார்.



கரோனா இதயத்தை எவ்வாறு பாதிக்கிறது?

கரோனா தொற்றிலிருந்து மீண்ட பலரும், நீண்ட கால உடல்நலப்

பிரச்சினை அல்லது லாங் கோவிட் அனுபவிக்கின்றனர். பெருந்தொற்று பரவ தொடங்கி இரண்டு ஆண்டுகள் நிறைவடைந்தது. லாங் கோவிட் காரணமாக, இதயத்தில் ஏற்படும் பிரச்சினை குறித்து உங்களுக்கு தெரியுமா?

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கொரோனா தொற்றிலிருந்து மீண்ட பலரும், இதய ரீதியான பிரச்சினையை சந்திப்பதாக புகாரளிக்கின்றனர். இதுதொடர்பான உண்மை நிலையை நம்முடன் பகிர்ந்து கொள்கிறார் டெல்லி எய்ம்ஸ் இருதயவியல் பேராசிரியர் டாக்டர் அம்புஜ் ராய். இவர், கோவிட்-19க்குப் பிந்தைய தொடர்களை நிர்வகிப்பதற்கான தேசிய விரிவான வழிகாட்டுதல்களை வெளியிட்ட ஆராய்ச்சிக் குழுவுடன் பணியாற்றியவர் ஆவார்.

கொரோனா நோயாளிகள் ஏன் இதய பிரச்சினை சந்திக்கிறார்கள்?

இது புதியது கிடையாது. முந்தைய தொற்று பாதிப்பிலும், இத்தகைய பிரச்சினையை பலர் சந்தித்துள்ளனர். ஸ்பேனிஷ் தொற்றுக்கு பிந்தைய காலத்திலும், அதன் நேரடி தாக்கத்தின் காரணமாக பல இறப்புகள் ஏற்பட்டதை உணர்ந்தோம். அதில் முக்கியமான சிக்கல் இதய பிரச்சினை ஆகும். தொற்று பாதிப்புக்கு பிறகு, இதய நோய் பிரச்சினைகள் அதிகரிக்க தொடங்கியது. இதன் காரணமாகவே, எளிதில் தொற்றால் பாதிக்கப்படக்கூடியவர்களும், இதய நோயாளிகளும் தொற்று தடுப்பூசியை எடுத்துக்கொள்ள பரிந்துரைக்கப்படுகிறது. இதய நோய்

அதிக ஆபத்தில் உள்ள நபர்களிடையே வைரஸ் பரவலை தடுக்க விரும்புகிறோம்

இதில், கொரோனா தொற்றும் விதிவிலக்கு அல்ல. கொரோனா வைரஸ் தீவிரத்திலிருந்து மீண்டும் வருபவர்களிடையே, இதய பிரச்சினை ஏற்படுவதை பரவலாக காணமுடிகிறது.

உதாரணமாக, அமெரிக்கா வீரர்களின் டேட்டாபேஸ் மூலம் 1.54 லட்சம் பேருக்கு நடத்தப்பட்ட ஆய்வில், கொரோனா தொற்றிலிருந்து மீண்டு ஒரு ஆண்டிற்கு பிறகு பெரும்பாலானோருக்கு இதய பிரச்சினை ஏற்படுவது உறுதியாகியுள்ளது. இந்தியாவிலும் அதிகளவிலான மக்கள் கொரோனா தொற்றால் பாதிக்கப்பட்டு மீண்டு வந்துள்ள நிலையில், இதய பிரச்சினையை சந்திக்க வேண்டிய அபாயம் ஏற்படலாம் என்பது தெரிகிறது.

லேசான கொரோனா தொற்றால் பாதிக்கப்பட்டவர்களை காட்டிலும், தீவிர தொற்றால் பாதிப்படைந்தவர்களுக்கு தான் இதய பிரச்சினை சந்திக்கிறார்கள். கொரோனா தடுப்பூசி போடும்பட்சத்தில், லேசான பாதிப்பே ஏற்படக்கூடும். எனவே, கொரோனா தடுப்பூசி இதய பிரச்சினை ஏற்படுவதையும் தடுக்கிறது.

இதய பிரச்சினை ஏற்படுவதற்கான அறிகுறிகள்?

இதய பிரச்சினையில் முதல் மாரடைப்பு ஆகும். அவை ஏற்படுகையில், மார்பில் அதிக எடை, வியர்வை, கடுமையான மூச்சுத் திணறல், மேல் மார்பை சுற்றி வலி போன்றவை ஏற்படும்.

இரண்டாவது, அரிதமியா ஏற்படுவதற்கான வாய்ப்பு உள்ளது. இந்த பாதிப்பின்போது, நோயாளிகள்

பதற்றமாக உணர்வார்கள். இதயத் துடிப்பு சீரற்றதாகவும், வேகமாகவும் இருக்கும்.

மூன்றாவது, இதய தசைகளை பாதிக்கும். கொரோனாவால் இறந்தவர்களிடம் நடத்தப்பட்ட உடற்கூராய்வில், வைரஸ் தொற்று இதய தசையில் இருப்பது தெரியவந்தது. இந்த வைரஸ், சிலரின் இதயத்தில் வீக்கத்தை ஏற்படுத்தி, தசைகளை பலவீனமாக்கும். இதன் காரணமாக, இதய திசையின் பம்பிங் பிராசஸ் திறன் குறைந்து, சம்பந்தப்பட்ட நபரிடம் மூச்சுத்திணறல் அல்லது உடலில் திரவம் அளவு குறைவதை உணரக்கூடும்.

இறுதி சிக்கலானது, கொரோனாவால் கட்டி உருவாக வாய்ப்புள்ளது. குறிப்பாக, உங்கள் நரம்பு மண்டலங்களில் கட்டி உருவாகுவது, அதிக ஆபத்தை ஏற்படுத்தும். அவை, நுரையீரலுக்குள் நுழைந்தால், உடலுக்கு தேவையான ரத்த விநியோகத்தை நிறுத்தி திடீர் இதய அடைப்புக்கு வழிவகுக்கும்.

எந்த வயதினருக்கு அதிக ஆபத்து?

கொரோனாவின் தீவிர தொற்றால் பாதிக்கப்படைந்தவர்கள் எளிதில் இதய பாதிப்புக்கு ஆளாகுவார்கள். குறிப்பாக, வயதானவர்களும், இணை நோய் உள்ளவர்களும், அதிகளவில் இதய பிரச்சினையை சந்திக்கிறார்கள். ஆனால், இந்தியாவை பொறுத்தவரை, இளைஞர்களே அதிகளவில் கொரோனாவால் பாதிக்கப்பட்டதால், இதய பாதிப்பு ஏற்படும் வயதுபிரிவில் மாற்றம் வரக்கூடும். எனவே, இளைஞர்களிடையே பாதிப்பு தென்பட தொடங்கினால், அதன் தாக்கம் அதிகளவில் இருக்கும்.

இணை நோய் இல்லாதவர்களுக்கும் பாதிப்பு ஏற்படுவது ஏன்?

தெற்காசிய நாட்டவர்களான நாம் எப்படியும் இதய நோய்க்கு ஆளாகிறோம். வெளிநாட்டில் உள்ள இந்திய புலம்பெயர்ந்தோர் மீது மேற்கொள்ளப்பட்ட பல ஆய்வுகள் மூலம் இது நிரூபிக்கப்பட்டுள்ளது. இதய நோய்கள் பொதுவாக மேற்கு நாடுகளுடன் ஒப்பிடும்போது தெற்காசியாவில் ஒரு தசாப்தத்திற்கு முன்பே உருவாகின்றன.

இதய நோய் ஏற்பட ஐந்து ஆபத்து காரணிகள் உள்ளன. புகையிலை பயன்பாடு, நீரிழிவு, உயர் ரத்த அழுத்தம், கெட்ட கொழுப்பு, குடும்ப வரலாறு ஆகியவை ஆகும். தற்போது, கொரோனா ஆறாவது ஆபத்து காரணியாக மாறியுள்ளது.

இந்த பிரச்சினையை முன்கூட்டியே கண்டறிவது எப்படி?

முதலில் ஆபத்து காரணிகளில் கவனம் செலுத்த வேண்டும். ஒவ்வொரு நபரும் ஒரு தடுப்பு இதய பரிசோதனையை மேற்கொள்ள வேண்டும். இது மிகவும் எளிமையான சோதனை. உங்கள் ரத்த அழுத்தம் அளவு, ரத்த சர்க்கரை அளவு, இரத்த கொழுப்பு அளவு, உங்கள் எடை மற்றும் உணவு முறை செக் செய்யப்படும்.

உயர் இரத்த அழுத்தம் பாதிப்பு கொண்டவர்களில் பாதி பேர் அதனை அறிந்திருக்கவாய்ப்பில்லை. ஏனெனில், அவர்கள் அதனை செக் செய்யவில்லை. உயர் ரத்த அழுத்தம் எவ்வித அறிகுறியும் காட்டாமல் நம்மை இறப்புக்கு அழைத்துச்செல்லும். மக்கள்தொகை அளவைப் பார்த்தால், கிராமப்புறங்களில் 10 சதவீத பேரும், நகர்ப்புறங்களில் 20 சதவீத பேர் மட்டுமே ரத்த அழுத்தம் அளவை கட்டுப்பாட்டில் வைத்துள்ளனர். எனவே அனைவரும் இதய தடுப்பு பரிசோதனைக்கு செல்ல வேண்டும்

ECHO பரிசோதனை, இதய MRI-களை பலர் செய்வதை காணமுடிகிறது. அது தேவையா?

அறிகுறியற்ற நபருக்கு, நிச்சயம் அத்தகைய பரிசோதனை தேவையில்லை. கோவிட்-க்கு பிந்தைய இதய மேலாண்மை குறித்து சுகாதார அமைச்சகத்திற்காக வெளியிட்ட அறிவிப்பில் தெளிவாக உள்ளது. மிக அடிப்படையான சோதனைகளைத் தவிர, அறிகுறிகள் இல்லாவிட்டால் நீங்கள் நன்றாக இருக்கிறீர்கள். உதாரணாக, மூச்சு விடுவதில் சிரமம் இன்றி 20 நிமிடம் நன்றாக நடைப்பயிற்சி செய்வது, அன்றாட பணிகளை தொய்வின்றி செய்வது போன்றவை ஆகும். உங்கள் வயது, உடற்குதி பொறுத்து முடிந்தவரை நடக்கலாம். நீங்கள் எந்த சோதனைக்கும் செல்ல வேண்டியதில்லை.

ஆனால், படிக்கட்டுகளில் ஏறுகையில் படபடப்பு, மூச்சுத் திணறல் போன்றவற்றை எதிர்கொண்டால், கூடுதல் சோதனை செய்வது நல்லது,

ஜெர்மனி கொரோனாவால் பாதிக்கப்பட்டவர்களும், பாதிக்கப்படாதவர்களை வைத்து ஆய்வு நடத்தியது. அதில், இருவரது எம்ஆர்ஐ அளவு ஒரே மாதிரியாக தான் இருந்தது. எனவே, விலை மதிப்பிலான சோதனையில் துல்லியமாக தெரியும் என சொல்வதெல்லாம் கிடையாது. அறிகுறிகள் இல்லாவிட்டால், அடிப்படை சோதனைகளைத் தவிர வேறு எதையும் நீங்கள் செய்ய வேண்டியதில்லை.

எப்போது நிபுணரை அணுக வேண்டும்?

தொற்று பூரணமாக குணமடைந்த நிலைக்கு வந்தும், மூச்சுத் திணறல், படபடப்பு, வேகமான இதயத் துடிப்பு,

சீரற்ற இதயத் துடிப்பு, கைகால்களில் வீக்கம், நடைபயிற்சியில் நெஞ்சில் பாரமாக உணர்வது போன்ற அறிகுறிகளில் ஏதேனும் ஒன்று இருந்தாலும், நிபுணரை விரைவில் அணுகுவது சிறந்தது ஆகும்.

அப்படியில்லாமல், வழக்கமான உடல் செயல்பாடுகளை கொண்டிருந்தால், ரத்த அழுத்தம், ரத்த சர்க்கரை மற்றும் ரத்தக் கொலஸ்ட்ரால் சோதனையைத் தவிர வேறு எதுவும் தேவையில்லை. 25 வயதுக்கு மேற்பட்ட அனைவரும் கட்டாயம் இந்த அடிப்படை சோதனைகளை மேற்கொள்ள வேண்டும்.

தடுப்பு நடவடிக்கைகள் என்ன?

தடுப்பு நடவடிக்கையானது, எளிமையான வாழ்க்கை முறையுடன் தொடங்குகிறது. முதலில், புகையிலை பழக்கத்தை முழுமையாக கைவிடவேண்டும். இரண்டாவது, உடல் எடையை நிர்வகிப்பதில் கவனம் செலுத்த வேண்டும். மூன்றாவது, தினசரி வாழ்க்கையில் உடற்பயிற்சி மேற்கொள்வது, அதாவது வாரத்தில் 5 முதல் 6 நாள், 20 முதல் 30 நிமிடம் வரை நடைபயிற்சி மேற்கொள்வது போதுமானது.

நான்காவது உணவில் பழங்கள், காய்கறிகள் சேர்த்துக்கொள்வது. சர்க்கரை உணவு, உப்பு, வறுத்த உணவை உட்கொள்வதை குறைக்க வேண்டும். அவ்வப்போது, ஒரு வழக்கமான தடுப்பு இதய பரிசோதனை செய்ய வேண்டும். அவை சீராக இல்லாத பட்சத்தில், நீங்கள் சிகிச்சையை தொடங்க வேண்டும்.

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