



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Monday

2021104

## **Covid-19 elimination**

### **New Zealand drops its Covid-19 elimination plan as Delta persists (The Tribune: 2021104)**

<https://www.tribuneindia.com/news/coronavirus/new-zealand-drops-its-covid-19-elimination-plan-as-delta-persists-319987>

Health authorities report 29 new cases, taking the total number in current outbreak to 1,357

New Zealand drops its Covid-19 elimination plan as Delta persists

The majority of the cases are in Auckland, which has been in lockdown for nearly 50 days.  
Reuters file

New Zealand on Monday abandoned its strategy of eliminating coronavirus, easing some COVID-19 lockdown restrictions in its biggest city Auckland, and will instead look to live with the virus while controlling its spread.

The Pacific nation was among just a handful of countries to bring COVID-19 cases down to zero last year and largely stayed virus-free until an outbreak of the highly infectious Delta variant in mid-August frustrated efforts to stamp out transmission.

"With this outbreak and Delta the return to zero is incredibly difficult," Ardern told a news conference.

"This is a change in approach we were always going to make over time. Our Delta outbreak has accelerated this transition.

Vaccines will support it," she said.

Health authorities reported 29 new cases of COVID-19 on Monday, taking the total number in the current outbreak to 1,357. The majority of the cases are in Auckland, which has been in lockdown for nearly 50 days.

Amid mounting pressure, Ardern has said her strategy was never to have zero cases, but to aggressively stamp out the virus. She said strict lockdowns will end once 90% of the eligible population is vaccinated.

"It's clear that a long period of heavy restrictions has not got us to zero cases. But its ok...elimination was important because we didn't have vaccinations. Now we do. So we can begin to change the way we do things," she said.

People in Auckland will be able to leave their homes to connect with loved ones outdoors from Wednesday, with a limit of 10 people.

Early childhood education will return and people can also move around for recreation, but retail, hospitality and offices will still remain shut.

## **Active Covid cases**

### **Active Covid cases in country lowest in 200 days (The Tribune: 2021104)**

<https://www.tribuneindia.com/news/coronavirus/active-covid-cases-in-country-lowest-in-200-days-319974>

The national recovery rate was recorded at 97.89 per cent, the highest since March 2020

Active Covid cases in country lowest in 200 days

Photo for representation purposes.

Daily cases of coronavirus in the country remained below 30,000 for the tenth straight day with 20,799 fresh infections recorded in a single day, while the active cases declined to 2,64,458, the lowest in 200 days, according to the Union Health Ministry data updated on Monday.

With the fresh cases, India's total tally of Covid cases rose to 3,38,34,702, while the death toll climbed to 4,48,997 with 180 fresh fatalities, according to the data updated at 8 am.

The active cases comprise 0.78 per cent of the total infections, the lowest since March 2020, while the national Covid recovery rate was recorded at 97.89 per cent, the highest since March 2020, the ministry said.

A decrease of 6,099 cases has been recorded in the active Covid caseload in a span of 24 hours.

The 180 new fatalities include 74 from Kerala and 41 from Maharashtra.

A total of 4,48,997 deaths have been reported so far in the country, including 1,39,207 from Maharashtra, 37,819 from Karnataka, 35,650 from Tamil Nadu, 25,377 from Kerala, 25,088 from Delhi, 22,894 from Uttar Pradesh and 18,825 from West Bengal. PTI

## **Covaxin approval: WHO panel's four-day meeting begins today**

### **Covaxin approval: WHO panel's four-day meeting begins today(The Tribune: 2021104)**

<https://www.tribuneindia.com/news/coronavirus/covaxin-approval-who-panels-four-day-meeting-begins-today-319775>

Covaxin approval: WHO panel's four-day meeting begins today

The decision on Covaxin's WHO EUL could be expected sooner than later with the global health body's Strategic Advisory Group of Experts on Immunisation (SAGE), which decides on such applications, meeting for four days starting Monday. Photo for representation only.

India's indigenous Covid-19 vaccine, Covaxin, is in line to receive WHO's emergency use listing authorisation in October, according to the world body's document detailing the assessment status of pending vaccine applications. The document mentions the status of Covaxin's assessment by the WHO as "ongoing" and the decision date as "October 2021".

The decision on Covaxin's WHO EUL could be expected sooner than later with the global health body's Strategic Advisory Group of Experts on Immunisation (SAGE), which decides on such applications, meeting for four days starting Monday.

WHO chief scientist Soumya Swaminathan today said, "There is a lot of interest in vaccine policy and authorisation process. All vaccine dossiers submitted to the WHO go through both SAGE — which is meeting on October 4 to 7 for policy guidance and technical advisory group, which is also meeting this month for EUL or pre qualification."

The SAGE develops evidence-based policy recommendations for the best use of vaccines against Covid-19.

It continuously reviews the available evidence on the progress of candidate vaccines, guides vaccine introduction for optimal impact, prepares policy advice on the accelerated use of vaccines (pre-licensure and post-licensure) and recommendations for early allocation of vaccines when vaccine supply is still limited.

So far, the WHO has included six vaccines in its EUL. These are Pfizer, Johnson and Johnson, SII-AstraZeneca, Moderna, Sinopharm and Sinovac.

Bharat Biotech, the makers of Covaxin, meanwhile said as responsible manufacturers with past approvals to other vaccines, the firm is working with the WHO to obtain EUL at the earliest.

Biotech said it did not consider it appropriate to comment on the pending regulatory approval and its timelines.

Plea in SC seeks probe into oxygen shortage

New Delhi: A plea has been filed in the Supreme Court seeking a high-level inquiry by a commission into the alleged non-supply and non-availability of medical oxygen for Covid-19 patients during the second wave of the pandemic from March to May this year. The petition is scheduled to be taken up for hearing on Monday by a Bench of Justices DY Chandrachud and BV Nagarathna. PTI

22,842 fresh cases

TOTAL DEATHS: 4,48,817

ACTIVE CASES 2,70,557

244 deaths in 24 hours

## **Vaccination**

**Vaccination of children only way to get rid of Covid pandemic: Guleria (Hindustan Times:20210104)**

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

AIIMS director Randeep Guleria at the 66th Foundation Day celebration of AIIMS, in New Delhi on Saturday. ANI

Asian News International

Children between 12 to 18 years of age will be vaccinated against Covid-19 very soon, said Randeep Guleria, director of All Indian Institute of Medical Sciences (AIIMS), Delhi. Speaking to the news agency, Guleria said the current priority is to vaccinate those who can have severe diseases.

“As we know that children mostly have mild diseases, so due to the limited supply of the vaccination, we are prioritising those people who can have severe disease,” he said.

“Children will also get vaccinated very soon because that’s the only way to get rid of the pandemic,” added AIIMS director.

Regarding the coming festive season, Guleria said that people should not forget that the fight against the pandemic is not over.

“I appeal to the public to remain alert and vigilant for the next 6-8 weeks, only then we will be able to see a decline in the overall number of Covid-19 cases,” said Guleria.

The Delhi Disaster Management Authority (DDMA) held a meeting on Wednesday to discuss further phased re-opening of schools in the city and the review of the Covid-19 situation and the vaccination programme in Delhi

Earlier in September, Schools in the national capital for classes 9 to 12 re-opened after a prolonged closure due to the Covid-19 pandemic.

Speaking about the data and studies regarding the Bharat Biotech’s Covaxin submitted to the World Health Organization, Guleria said that he is hopeful that India’s indigenous Covid-19 vaccine will get recognition soon, and people, especially those who have taken both the shots of the vaccine to be able to travel abroad. “As we start moving out from the pandemic it is very important to have the approval so that one does not have to quarantine or isolate at any place,” said Guleria.

## **Male mosquitoes**

**Male mosquitoes don’t want your blood, but they still find you very attractive! (Hindustan Times: 20210104)**

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

Male mosquitoes are harmless, mostly feeding on nectar, but a new research confirms that they are just as annoying as female mosquitoes shutterstock

Melbourne : The whine of the mosquito is unpleasant and often inescapable outdoors on summer evenings.

Mosquitoes track you down from tens of metres away by sensing carbon dioxide in the air you breathe out.

Within seconds, they home in on exposed skin and feast on your blood with an array of specialised needles.

Only female mosquitoes drink blood, which is how they spread deadly diseases like dengue fever and malaria.

Males mosquitoes are harmless, mostly feeding on nectar, but our new research confirms they are just as annoying as female mosquitoes.

A study, published in the *Journal of Medical Entomology*, dispels a common misconception that male mosquitoes avoid people.

In fact, male mosquitoes from at least one common species probably like you just as much as females do – but the reason for their fondness and the way they express it are very different.

#### The backyard and the laboratory

A simple experiment was used to test if male mosquitoes from the species *Aedes aegypti*, which spreads dengue, seek out people. Mosquitoes were released into a large arena, the size of a suburban yard, and had willing subjects sit in a chair as bait. Cameras facing the subjects filmed mosquitoes as they flew nearby. We confirmed that male mosquitoes are indeed attracted to people.

Female mosquitoes are after your blood, but male mosquitoes just want to hang out. In our experiments, male mosquitoes continuously swarmed around people but rarely landed. By contrast, female mosquitoes land, drink their fill and then fly away to rest.

People differ in their attractiveness to female mosquitoes, and this also holds true for male mosquitoes.

Of the two participants in the study, one person was about three times as attractive as the other. The basis of this variation is not fully understood, but the mix of chemicals you emit from your skin is likely to be important.

Mosquito attraction was also tested in small cages. In this environment, males showed no apparent interest in people, while female mosquitoes did. This is likely because male mosquitoes can't detect some of the close-range signals that female mosquitoes can.

If they're not after blood, what do male mosquitoes want?

Why are male mosquitoes interested in people if they can't feed on your blood? Researchers think it's all about finding the females. Since female mosquitoes are often around people, male mosquitoes that have the same inclination should have greater reproductive success.

But more work is needed to understand the how and why. Almost all behavioural research so far has focused on female mosquitoes. However, there is growing interest in releasing modified male mosquitoes to sterilise female mosquitoes, which gives the research practical applications.

So, not all mosquitoes you see are out for your blood. Some just want you as their wingman, whether you like it or not.

**Covaxin (The Asian Age: 2021104)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15877694>

# Delay in Covaxin nod casts cloud on Indian clearances

**T**he human race has been fighting the micro-organism SARS-CoV-2 that causes the infection Covid-19 with the tools science and the scientific sense have provided. While social distancing, hand hygiene and facemasks have proved an effective means to spread the virus, it is the vaccine that helped people come out of their homes and return to business as usual. Vaccines are a product of the finest scientific exploration and rigorous experimentation processes that are universally accepted and approved.

It is a matter of great pride that India is one of the few nations that have developed a vaccine against the virus on their own but the troubles Covaxin, the Indian-made vaccine for the pandemic, has been facing in getting the emergency use authorisation (EUA) by the World Health Organisation (WHO) is a matter of concern for Indians who have taken the vaccine as well as the Indian scientific community. At present, the WHO has approved six vaccines but Covaxin does not figure on the list. This is inconveniencing a lot of people who have taken the jab, especially those

**It is not yet clear if the company has followed up on the US FDA's suggestion that it apply for a licence instead of EUA**

who have plans to travel abroad as they could be placed in the class of unvaccinated by their host nations. It also casts some doubts on the process in which the Indian authorities apply the universal scientific standards to its own products. Several leading scientists had voiced their concerns about the data on the efficacy of the vaccine when the Drugs Controller General of India granted the vaccine emergency use authorisation in the beginning of this year, saying there was no sufficient data to back up the decision.

Officials of the manufacturers of the vaccine as well as of the government of India have been claiming that the vaccine will get the required approval for quite some time but the process is taking longer than it should. The manufacturers had claimed in June this year that they had presented 90 per cent of the documentation required for WHO's clearance and would be submitting the rest of the data soon. It is not yet clear if the company has followed up on the United States Food and Drug Administration's suggestion that it apply for a proper licence instead of EUA. The fact remains that the stamp of approval for the Indian product by the authorised international agency has not landed. It has been reported that the Strategic Advisory Group of Experts on Immunisation (SAGE) of WHO will take up the Covaxin data for analysis this week. The government must now work with the manufacturers and agencies concerned and ensure that the Indian vaccine passes muster in a manner that can claim the credibility and approval of the international scientific community.

While vaccines continue to be the best defence against the pandemic, reports of the clinical trial of a pill successfully reducing the most severe effects of the infection have come as a welcome relief. They said the pill, by US-based Merck & Co, can cut hospitalisations and related deaths induced by Covid-19 by half. The development of an effective antiviral could fast-forward return to normal life. It also proves that it pays to follow the path of science and scientific processes.

**Diabetic (The Asian Age: 2021104)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15876623>

# What to expect if your child is diagnosed with Type 1 diabetes

When a child is diagnosed with Type 1 diabetes, a series of lifestyle changes begin, as doctors explain how they must live with this fact. How well this succeeds depends on both parents and teachers.

TOM NEBE AND TIM OBOJSKI, DPA

**✓** "Your child has diabetes." When a doctor delivers this diagnosis, the parents are typically shocked.

"Many picture the collapse of their plans for the future, a life-long disease, massive constraints on their lives, a chronically ill child," says paediatric diabetologist Dr Andreas Neu, vice-president of the German Diabetes Association (DDG). But eventually the shock subsides and they start to look ahead.

"After a half-year or so, most families have learned how to deal with it, and not just the technical aspects such as monitoring blood sugar, administering insulin and being prepared for emergencies, but they've also learned that life doesn't end with a diabetes diagnosis," Neu says.

Usually appearing during childhood or adolescence, Type 1 diabetes is a chronic condition in which the pancreas produces little or no insulin, a hormone that allows glucose (sugar) to enter cells to produce energy. In contrast to Type 2 diabetes, risk factors for which include insufficient exercise, an unhealthy diet and being overweight, lifestyle plays no role in Type 1 diabetes.

It occurs when the body's immune system mistakenly destroys the cells in the pancreas that make insulin. The causes are still being researched. Genetic predisposition plays a minor role, according to Neu. "There are also trigger factors we don't fully understand that can set off the autoimmune reaction," he says.

## TYPE 1 DIABETES CAN'T BE PREVENTED

"Parents often struggle with guilt at first: 'What did we do wrong? What could we have done?'" remarks Neu. They haven't done anything wrong. It's important, however, to be



Pic credit: Jens Kalaene/dpa

With an insulin pump, the insulin enters the subcutaneous fatty tissue via a catheter.

aware of the symptoms of Type 1 diabetes, which include increased thirst, frequent urination, unexplained weight loss and frequent fatigue. Neu estimates that these seemingly innocuous symptoms go unheeded in about one of five cases, adding that if undetected too long, diabetes can lead to a life-threatening "metabolic derailment," known medically as diabetic ketoacidosis.

**"While Type 1 diabetes can appear in children of any age, there has been a worrying shift: In the past 10 years, the age of onset has gone down steadily. The incidence rate has doubled over the last 25 years. There's no other chronic paediatric disease that has advanced this way."**

A serious complication of diabetes, diabetic ketoacidosis occurs when sugar accumulates in the blood. To acquire energy, the cells utilize fatty acids, producing waste products that over-acidify the blood. Symptoms include headache, stomach pain, nausea and vomiting, decreased alertness and, at an advanced stage, coma.

## RAISE AWARENESS

Marlies Neese chairs a benevolent society for diabetic children and adolescents. For decades she has counselled diabetic kids and their parents, and raised awareness about diabetes at schools, creches, public health insurances companies and other institutions. "There's an enormous need," she says. In her experience, many

teachers and child care workers have outmoded notions of Type 1 diabetes that make it hard for diabetic children to get through school or creche smoothly.

Two things are important, Neese says. First, those in charge of a diabetic child must have a basic knowledge of Type 1 diabetes, such as being able to recognize signs of a dangerously low blood sugar level, and knowing what to do before and during physical training, class outings and other out-of-the-ordinary activities.

Second, they must understand that the child sometimes has to monitor his or her blood sugar, eat something during lessons if it's low, and administer insulin. The child should always be seen as "normal" and given assistance whenever necessary. This is how Neese envisions ideal integration.

Her motivation comes from personal experience: Neese's daughter was diagnosed with Type 1 diabetes at age 9. "I was stunned and completely uncomprehending at first," she recalls. "At the time, as now, school authorities would often say the child must go to a school for children with special needs, or can be admitted only with a special needs assistant." This isn't how integration works, says Neese, and points to the central role that parents play: The better they're trained and hence able to understand and deal with diabetes, the better they can stand up for their child at



Pic credit: Silvia Marks/dpa

How well a child copes with a diabetes diagnosis also depends to a large extent on how the parents deal with the situation.

**"Long-term medical care of a diabetic child involves regular training for the parents that goes beyond how to administer insulin, and is quite diverse."**

Dr Andreas Neu, paediatric diabetologist



(Copyright: dpa)



**Those in charge of a diabetic child must have a basic knowledge of Type 1 diabetes, such as being able to recognize signs of a dangerously low blood sugar level, and knowing what to do. Also, the child should always be seen as "normal" and given assistance when necessary.**

चौबीस घंटे में कोरोना के 33 नए मरीज मिले ( Hindustan:2021104)

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

राजधानी में रविवार को कोरोना के 33 नए मरीज मिले। वहीं, ठीक होने वाले मरीजों की संख्या 30 रही। कोरोना के चलते मौत का कोई मामला सामने नहीं आया है। हालांकि, संक्रमण दर में मामूली वृद्धि दर्ज की गई है।

दिल्ली सरकार के स्वास्थ्य विभाग की ओर से रविवार को जारी बुलेटिन के अनुसार, बीते 24 घंटों में 50631 लोगों की कोरोना जांच की गई। इसमें आरटीपीसीआर से 43365 और रैपिड एंटीजन टेस्ट से 7266 लोगों की जांच हुई। कोरोना संक्रमण की जांच दर 0.07 फीसदी रही। शनिवार को यह दर 0.05 फीसदी थी। कोरोना को लेकर अब तक 27856160 सैंपल की जांच हो चुकी है।

रिपोर्ट के अनुसार, दिल्ली में होम आइसोलेशन में कोरोना के 115 मरीजों का उपचार चल रहा है। वहीं, अस्पताल में कोरोना के इलाज के लिए 235 मरीज भर्ती हैं। कोविड केयर सेंटर में तीन मरीज हैं, जबकि कोविड हेल्थ सेंटर में एक भी मरीज नहीं है। दिल्ली में कोरोना के 386 सक्रिय मरीज हैं। अलग-अलग अस्पतालों में 11515 कोरोना बेड खाली हैं। दिल्ली में कंटेनमेंट जोन की संख्या 96 है।