



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 20220118

Child marriage

Spectre of child marriage, trafficking looms large in Sunderbans (Hindustan Times: 20220118)

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

In September 2021, two sisters, 15 and 19, received job offers. Ordinarily, they would not have wanted to work but the argument to stay home just didn't exist. The pandemic was raging, and their educational institutions had been shut for over a year. Their father, the only earning member of the family, had lost his job as a daily wage labourer in Kolkata.

There were mouths to feed, and no money.

So it was arranged that the two sisters, and three other women from their village in the Sunderbans in West Bengal, would travel to Delhi to work as house helps. They left home on a bus and reached southeast Delhi's Madanpur Khadar three days later, exhausted and disoriented.

Things began to unravel quickly. They sensed they had unwittingly become part of a prostitution racket.

"Almost everyday we were asked to line up and be introduced to strangers. Sensing something was wrong, one of the women in our team managed to flee and return to our village. She informed police and we were rescued on October 20, and returned to our village on October 23," the 19-year-old said.

Subsequent investigations led to the arrest of six people, including prime suspect Nur Alam Khan, and a couple from the village of the two girls. The girls were sold at ₹15,000 each to the prostitution ring, police officers told HT. These two girls were rescued, but others may not have been so lucky. Experts fear many such girls were lost to the effects of the pandemic and prolonged school closures, particularly in impoverished areas.

In the second part of a series on the wider impact of school closures, HT travelled to the Sunderbans to discover the ramifications of the pandemic in an area where child labour, human

trafficking and child marriages have long dominated the discourse. Any gains made over the past decade may have been wiped out by the pandemic, and two cyclones.

“The Sunderbans and south Bengal have always been an area of concern when it comes to trafficking and child marriages,” said Rishi Kant of non-profit Shakti Vahini, a member of the team that rescued the two sisters. “With schools closed during the pandemic, people losing their jobs and the delta being hit by two cyclones – Amphan in May 2020 and Yaas in May 2021 – children have become more vulnerable.”

Vulnerability in the Sunderbans

Located on the southern tip of West Bengal where the Ganga meets the Bay of Bengal, the Sunderbans delta comprises 102 islands, of which 54 have human habitations and the rest are forest hunting grounds of Bengal tiger.

Most of the 4.5 million people that call the Sunderbans home make a living from farming, fishing, collecting forest honey or catching crabs and prawns. With no prospects of regular employment, many are now leaving for work, travelling to cities such as Kolkata, but also states as far away as Kerala, Andhra Pradesh, Delhi, Gujarat and Maharashtra.

When the pandemic struck, even this tenuous system was broken. As the government invoked a lockdown in March 2020, millions of migrants took to India’s roads, walking, climbing atop buses and trains, desperate for the solace of home, their places of work no longer able to sustain them.

Around 100,000 migrants returned to the Sunderbans in 2020, according to Bankim Chandra Hazra, Sunderban affairs minister of West Bengal.

Mosiar Sardar, a class 12 student at a madrassa in Canning, was one among the many whose life changed in a matter of months. His father, Rezaul Sardar, used to work as a daily wage labourer in Kolkata’s Metiabruz. In June 2020, he returned home, only to return to work in December 2021. In that time, Sardar went from class 12 student to an auto-rickshaw driver. “If I don’t work, my family will starve. I hope to appear for the board exams in 2022, but am unsure if I will be able to,” said Sardar.

No time for learning

His family used up their savings and borrowed some more from a relative to buy the auto-rickshaw for ₹1.28 lakh in October 2020. It now earns them between ₹300 and ₹400 a day. Sardar works 12 hours a day, ferrying passengers from Canning railway station to Godhkhali. There is simply no time for school.

Schools in West Bengal shut down in March 2020, and were reopened for classes IX to XII in February 2021. Classes continued for around two months before they were again closed in April 2021. Schools reopened in November 2021 after the second wave subsided, but had to be shut down again from January 3 because of the third wave.

Chiranjib Mondol, a teacher at the Shantigachi High School at Lahirpur on Satjelia Island, said classes for students of Class 9 to 12 started in the middle of November. “But some of our students have not attended since then. Only around 15-20 out of 44 boys in Class 9 are coming to school,” Mondol said. “The attendance of girls is more than that of boys, with around 25-30 of 35 coming to school everyday... Some have gone to work in other states along with their parents, who are migrant labourers.”

A survey in just two villages in 2021 by another teacher in Satjelia, who did not wish to be named, which was part of the Sarva Shiksha Abhiyan to identify school drop outs, revealed that of 224 girls surveyed, at least seven were married during the pandemic, and at least four boys left for other states to work.

“During the lockdown, very little news was filtering in,” said Nihar Ranjan Raptan, founder secretary of Goranbose Gram Bikash Kendra, a NGO. “Now, a grim picture is emerging.”

Child marriages rise

The school closures in the Sunderbans also brought to a grinding halt an inbuilt mechanism that kept a check on child marriages and truancy: the Kanyashree clubs. These clubs are essentially information networks developed by each school across the state, particularly in the Sunderbans, where the students act as eyes and ears of school authorities, keeping an eye out for child marriages.

The clubs are a part of the Kanyashree programme, a state government scheme launched in 2013 by the Mamata Banerjee government. Under the scheme, a girl student gets around ₹1,000 per year and ₹25,000 once she turns 18, if she is unmarried and studying in school. She gets another ₹25,000 for her marriage if she is over 18 years under the Rupashree scheme. If she is unmarried and continues with postgraduate studies, she gets another ₹25,000 under the Kanyashree III scheme. Across the state, there are 7.4 million girls enrolled under the Kanyashree programme.

“This huge (Kanyashree) network helps us keep a tab on students. From this network we found out that at least three students were not in the village,” said Rocky Das, a teacher Rangabelia High School. “We contacted their families and found out that they have gone to Andhra Pradesh and Andaman and Nicobar Islands to work.” If schools like the Rangabelia High School, which has around 1,130 students in Gosaba, managed to keep the clubs alive, for most others, the connection between students and teachers was lost. In academic year 2020-21, when the pandemic was raging and reports of child marriages were doing the rounds, in just one school in Gosaba, 22 applications under the Kanyashree programme were rejected after the girl was found to be married. Between April and November 2021, there were 11 such rejections.

“When we get to know (about the child marriage), police are informed. But the parents are so poor that they beg us not to lodge a complaint as it would ruin the lives of both the boy and the girl. They are let off with a warning and an undertaking,” said Sudeshna Roy, special consultant with the West Bengal Commission for the Protection of Child Rights.

Despite some advances made in the past decade, the girl child is still considered by many as a burden, Roy said. “Whenever there is a loss of income, the girl is married off even though she is yet to attain legal age. Sometimes she is sent off to work and often becomes a victim of trafficking.”

A help desk introduced by the commission to receive calls on cases of child marriage in June 2020 received 169 calls from across the state, with a majority coming from south Bengal and the Sunderbans.

Lost childhoods

Across the country, experts said school closures, economic losses and a cycle of debt for the poor precipitated by the pandemic meant more child trafficking and marriages. “The Bachpan Bachao Andolan (save childhood campaign) after a survey in April 2020 warned that such incidents would rise once the lockdown was relaxed. Between March 2020 and November 2021, we have rescued at least 11,044 children,” said Dhananjay Tingal, executive director of the campaign. “Of these, around a thousand were rescued when they were in transit from one state to another.”

Most of these cases were reported from states such as Telangana, UP, Andhra Pradesh, Delhi and Rajasthan. While boys were mostly brought from Bihar, Odisha and Chattisgarh, girls came from West Bengal, Jharkhand and Assam, said Tingal.

These dangers were acknowledged, even predicted by the Union home ministry when in an advisory in July 2020, it asked all states to set up new anti-human trafficking units and upgrade infrastructure of existing ones. In December 2020, the National Human Rights Commission of India also asked all state governments to set up a 24/7 helpline for tracking these cases, asking for special surveillance at railway stations, bus depots, airports, and routes to remote villages. “Trafficking thrives on human vulnerability,” said Sunitha Krishnan of Prajwala, who has worked on these issues for decades and was awarded the Padma Shri in 2016. “The Covid-19 pandemic triggered the biggest ever migrant crisis in the country. The traffickers found this as one the best opportunities.”

“I would say the rate of trafficking of women and girls shot up 100-fold during this time,” she said. “During the lockdown, when the entire world was going inwards, trafficking went outwards. Traffickers found newer ways to trap people. It was not just the traditionally poor people who fell in trap, but even the new poor who fell victims. The potential targets increased. Online methods were increasingly used.”

Speaking to HT, Sashi Panja, state minister for women and child development and social welfare said, “Covid-19 hit us only in early 2020. But child marriage, trafficking and child labour has always been a challenge for us, which the government is fighting along with social workers. We need to watch out for the students mostly in the upper primary section. There is no denying that incidents have taken place. Chances of trafficking could be limited because people were not moving out during Covid but child labour may have gone up.”

Roy said education and awareness were the only ways forward. “Sex education and lifestyle education is also very important.”

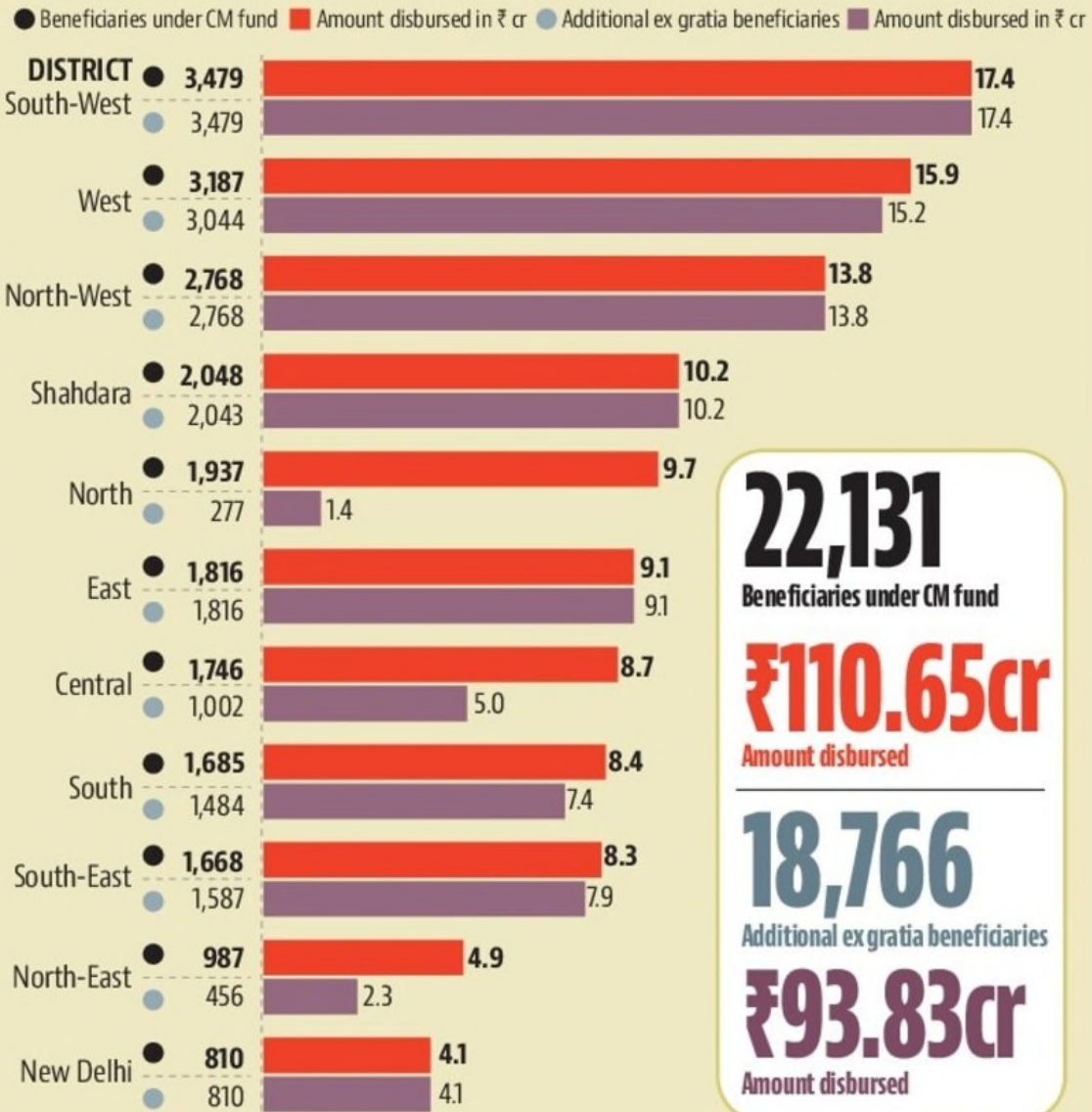
Back at the Sunderbans, Chiranjib Mondol can only think of one way where losses from the previous year can begin to be mitigated. “We need to open schools at the earliest,” he said. “Once the academic processes, annual programs such as sports, midday meals start, I am sure we can return to some form of normalcy.”

Covid victims

Kin of 19k Covid victims in city got additional ₹50k as govt aid (Hindustan Times:20220118)

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

Compensation for victims' kin



The Delhi government has paid an additional ₹93.8 crore to the kin of 18,766 Covid-19 victims as one-time ex-gratia payment, according to documents seen by HT.

Government officials confirmed that these 18,766 people who lost a family member to Covid-19 had already received ₹50,000 as ex gratia under the Mukhyamantri Covid-19 Pariwar Aarthik Sahayata Yojna, and have now also been given an additional ₹50,000 each under the Delhi Disaster Response Fund.

According to a Delhi Disaster Management Authority (DDMA) order for disbursement of compensation dated January 6 this year, over 20,000 people who lost a family member to Covid-19 and have already received ₹50,000 as ex gratia under the Mukhyamantri Covid-19 Pariwar Aarthik Sahayata Yojna, will now be given an additional ₹50,000 each under the Delhi Disaster Response Fund.

A total of 22,131 people have so far received ₹50,000 as ex-gratia under the Mukhyamantri Covid-19 Pariwar Aarthik Sahayata Yojna, of whom 18,766 received an additional ₹50,000.

The highest number of applications has been sanctioned in the South West district (3,479), followed by West (3,044), North West (2,768), Shahdara (2,043) and lowest from North (277), according to the government documents.

So far, 25,387 people in the national capital have died of Covid-19 over the course of the pandemic since March 2020. A bulk of these deaths were recorded between April and May last year, when a fourth wave of infections ravaged the city, killing 13,100 people.

The chief ministers' relief scheme was launched in July last year after the fourth wave of infections. Chief minister Arvind Kejriwal had at the time said "a lot of families lost their breadwinners" during the surge. "There is no one to look after them now, which is why the Delhi government has come up with this scheme," he had said.

A DDMA official said the ex gratia amount will be released to the remaining eligible families without them having to submit an application, as the credentials and bank details of the beneficiaries who were provided with financial assistance were already verified.

The new scheme also allows any Delhi resident who loses a family member or has lost a family member to Covid and is yet to get the ex-gratia to submit an application.

A DDMA official, who asked not to be named, said all new claims will be settled within 30 days of submission of required documents and disbursed through Aadhaar-linked direct benefit transfer. "The Central government contributes 75% to the Delhi Disaster Response Fund and the Delhi government contributes 25%. It is a standing fund," the official said.

Now, Delhi has two Covid compensation schemes -- the chief minister's scheme and the other under Delhi Disaster Response Fund, each for a sum of ₹50,000.

Applicants can submit applications via <https://edistrict.delhigovt.nic.in/>. The district magistrate offices will also accept hard copies of applications from those who are unable to apply on the portal.

"Applicants who have not yet applied for the ex-gratia for Covid deaths are required to apply directly to the concerned district magistrate. The DDMA will release funds directly to the beneficiary in accordance with detailed guidelines about eligibility," a DDMA official said.

The guidelines state that deaths taking place within 30 days from the date of testing or from the date of being clinically determined as a Covid-19 case shall be treated as "death due to Covid-19", even if the death takes place outside the hospital or in-patient facility.

A family member of a person who died by suicide within 30 days of being diagnosed as Covid-19 positive shall also be entitled to avail the ex-gratia assistance. "People who have lost a family member during the current wave can also apply for the ex-gratia," said an official.

In June 2021, the Supreme Court directed the National Disaster Management Authority to recommend guidelines for ex-gratia assistance to the kin of those who lost their lives due to Covid-19. The order came in response to petitions seeking directions to the Central and state governments to provide ex-gratia compensation under the Disaster Management Act for Covid deaths.

In December, the Supreme Court sought information from the Delhi government and many other states on the progress of processing applications and releasing payments under the scheme.

Pregnancy

Covid-19: How long should women wait before planning pregnancy after recovery (The Indian Express:20220118)

<https://indianexpress.com/article/lifestyle/health/when-plan-pregnancy-covid-19-recovery-vaccination-7716314/>

Experts opine that while vaccines are not full-proof prevention, they certainly reduce the possibilities of acquiring the infection, its severity and hence the complications.

pregnancy, planning a pregnancy in 30s, pregnancy in 30s versus pregnancy in 20s, reproductive health, healthy pregnancy, late pregnancy, indian express news When is a good time to plan pregnancy after Covid-19? (Photo: Getty/Thinkstock)

Covid-19 affects every individual in a different way, and is seen to be more severe in people with co-morbidities along with pregnant women. Health authorities, including the Centers for Disease Control and Prevention (CDC), also put pregnant women under the “high-risk group for severe Covid-19 illness”. As such, if you are planning pregnancy amid the pandemic, there are some important things women must take note of.

As per CDC, although the overall risks are low, people who are pregnant are at an increased risk for severe illness from Covid-19 when compared to women who are not. People who have Covid-19 during pregnancy are also at increased risk for preterm birth (delivering the baby earlier than 37 weeks), stillbirth, and might also be at increased risk for other pregnancy complications.

Also on pregnancy |Covid-19 vaccine and pregnancy: Expectant mothers now eligible for the jab

According to CDC, having certain underlying medical conditions, and other factors, including age, can further increase the risk for developing severe Covid-19 illness during or after pregnancy (for at least 42 days following end of pregnancy).

So, given the risks, how long should women wait for before trying to get pregnant?

Stressing that there are “no specific guidelines” for planning pregnancy after Covid-19, Dr Akta Bajaj, senior consultant and head- obstetrics and gynaecology, Ujala Cygnus Group of Hospitals said, “Usually, it is recommended that 10 days after recovery is a good time, but with inherent precautions.”

These precautions include prioritising taking both the vaccine doses, waiting for subsequent ovulation, and then planning pregnancy.

“No long-term consequences of the infection linger in the body, so unlikely that it will affect pregnancy, chances of getting pregnant, or a woman’s health,” said Dr Ritu Sethi, senior consultant, gynecologist, Cloud Nine Hospital, Gurugram and Apex Clinic, Gurugram, who added that women can “plan pregnancy two weeks after the symptoms subside”.

menstrual cycle and covid-19, covid 19 infection and periods, does periods affected by menstrual cycle, menstrual cycle delay, tips to stress less, stress and periods, pandemic stress, does periods delay menstruation, indianexpress.com, indianexpress, It is important to get vaccinated before planning pregnancy (Source: Getty Images/Thinkstock)

However, Dr Surabhi Siddhartha, consultant obstetrician and gynaecologist, Motherhood Hospital Kharghar said that a patient should wait “minimum eight weeks” post infection. “For any infection to subside and good antibodies to develop, it takes minimum six to eight weeks. Since pregnancy also is demanding for a woman’s body, it is important that she feels healthy,” said Dr Siddhartha.

What happens when the pregnancy is confirmed along with Covid infection?

“If your pregnancy is positive along with Covid infection, there is nothing to worry about if the symptoms are mild and one is not prescribed a lot of medication,” said Siddhartha.

When is a right and safe time to conceive?

As per United Kingdom’s Royal College of Obstetricians and Gynaecologists, “becoming pregnant during the Covid-19 pandemic is a matter of personal choice”. Getting vaccinated before pregnancy will help prevent Covid-19 infection and its serious consequences, it states.

Agreed Dr Sethi and said when “this pandemic will end is anyone’s guess”. “So once a patient has recovered from her symptoms, she can plan her pregnancy,” asserted Dr Sethi.

Even as per CDC, Covid-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. In addition, everyone who is eligible, including those who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future, should get a booster shot.

Does vaccine affect fertility or the foetus?

Addressing such concerns, Hopkinsmedicine.org stated that women actively trying to conceive may be vaccinated with the Covid-19 vaccines — there is no reason to delay pregnancy after completing the vaccine series.

Also on pregnancy |Covid-19 during pregnancy linked with higher risk of preterm birth: Lancet study

As per the website, confusion around this issue arose when a false report surfaced on social media, saying that the spike protein on the coronavirus was the same as another spike protein called syncytin-1 that is involved in the growth and attachment of the placenta during pregnancy.

‘The false report said that getting the Covid-19 vaccine would cause a woman’s body to fight this different spike protein and affect her fertility. The two spike proteins are completely different, and getting the Covid-19 vaccine will not affect the fertility of women who are seeking to become pregnant, including through in vitro fertilisation methods. During the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant, and the only one in the trial who suffered a pregnancy loss had not received the actual vaccine, but a placebo.’

Also on Long Covid |Long Covid symptoms? Count on these expert tips

Experts opine that while vaccines are not full-proof prevention, they certainly reduce the possibilities of acquiring the infection, severity of infection and hence the complications.

“Getting the Covid vaccine also has no bearing on planning the pregnancy,” said Dr Sethi. “If a woman gets pregnant after her first dose, she should take her second dose as scheduled. It is important for woman to be aware that the vaccine does not potentially harm her health or her unborn foetus. The chances of getting Covid during pregnancy is the same as that in the general population but severity of infection is more if a pregnant woman contracts Covid,” added Dr Sethi.

Covid 19 (The Asian Age:20220118)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16107167>

THE ASIAN AGE

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Follow best practices in fight against Covid-19

The decision of the Maharashtra government to scrap the mandatory seven-day home quarantine and RT-PCR test after landing for passengers arriving from the United Arab Emirates (UAE) is welcome as it shows the pragmatic way of devising containment strategies at the state level. The UAE has administered one dose of the vaccine for all of its eligible population while a significant number of them got both doses; some, the booster dose, too. It is in this background that the state government has taken its decision.

The response of the governments at the Centre and in the states to an event like a pandemic should ideally be identical if they were to ensure optimum results. The Union government which micro-managed the Covid fight during the first and second waves, practically left it to the states this time around and asked them to come up with localised containment strategies. Prime Minister Narendra Modi, on his part, advised all governments to be mindful of the livelihoods of people while deciding on the restrictions.

It should not be left unnoticed that the line of thought the Centre has followed in the current wave and its impact in the decision making process of the states have eased the pressure on the common citizen. The Union government has discarded its insistence on testing people at the slightest suspicion, and advised self-quarantine instead. People do not need to have a negative test result when they go out of quarantine or after being cured, as per the latest guidelines. This makes eminent sense. Testing was the mantra in the initial phases when governments had very little knowledge of the pattern of the spread of the virus. After two years and two variants of concern of the virus, we have better knowledge of the behaviour of the spread and are better equipped to stop it.

It is in this background that the decision of the Maharashtra government has come. It will be a boon for the people who want to come to India for a short business or personal visit. More state governments should follow suit and make lives easier for the people who are living in a state of uncertainty for too long.

Several state governments have now decided to close schools with the Omicron variant making its presence felt. They cannot be faulted for they would be sharing the concern the parents could have about the pandemic. However, that may not be the best decision governments can take at this point in time.

World Bank's Global Education Director Jaime Saavedra has gone on record saying there is no justification for keeping schools closed in view of the pandemic. According to him, there is no evidence that reopening schools has caused a surge in Coronavirus cases and that schools are not a "safe place". He also pointed out that it makes little sense to keep the schools shut and open restaurants, bars and shopping malls.

There are best practices now all over the world on the ways to combat the pandemic and governments must follow them instead of jumping to pre-arrived conclusions. The virus and the disease it causes are very dynamic now, and hence our response to them ought to be dynamic, too.

Boosting protection: On COVID-19 vaccination programme

Boosting protection: On COVID-19 vaccination programme (The Hindu:20220118)

<https://www.thehindu.com/opinion/editorial/boosting-protection-on-covid-19-vaccination-programme/article38226173.ece>

Vaccination must be accompanied by COVID appropriate behaviour

Nearly a year after India rolled out the COVID-19 vaccination programme, it began administering a 'precaution dose' — scientifically called a third or booster dose — to people above 60 years with comorbidities, health-care and frontline workers on January 10. On day one, about one million people received the booster shot. Though 98 million people above 60, 9.7 million health-care workers and nearly 17 million frontline workers have received the second dose as on January 9, the actual number of people in the three groups eligible to receive the booster dose will be lower. The reason: only those who have taken the second dose nine months or 39 weeks ago will be eligible to receive the booster shot. Also, among the elderly, only those with comorbidities will be eligible to receive the additional shot. The nine-month gap between the second and the booster dose is not based on any clinical trials but evidence of protection offered by natural infection lasting up to that period. The only data on homologous boosting of fully vaccinated individuals six months after the second dose comes from a study using Covaxin in 184 participants; Covaxin comprises 12.7% of the nearly 1.52 billion doses administered so far. But a sizable percentage of the fully vaccinated might have had a previous infection, increasing the level of protection and possibly the duration of protection that hybrid immunity offers. A booster shot in such people will confer greater protection against severe disease and death.

None of the COVID-19 vaccines currently being used for immunisation offers sterilising immunity, which completely prevents infection. Administering a booster dose will surely increase the level of neutralising antibodies but even that does not guarantee full protection from infection. The prime objective of COVID-19 vaccines, including the booster, is not to prevent infection but to only mitigate disease severity. If this was true even with the virus strain first identified in Wuhan, China, and all the vaccines that have been developed using this strain, the variants which have emerged later have highlighted the limitation of the COVID-19 vaccines currently available. Even if the variants have demonstrated increased ability to cause breakthrough infections among those who have received a booster shot, all the vaccines have

been highly effective in stopping the disease from becoming severe and causing death. Till such time as a safe and highly efficacious intranasal vaccine that confers a very high level of protection against infection becomes available, even those who receive the booster shot cannot let their guard down. Since none of the booster doses has been developed using the variants that have emerged, the highly infectious Omicron variant with its high immune escape capability can cause breakthrough infections. Hence, vaccines should not be seen as a silver bullet but must be used in combination with masks and other COVID appropriate behaviour to drastically cut the risk of infection.

Amid Omicron surge

Growth concerns: On economic forecasts amid Omicron surge (The Hindu:20220118)

<https://www.thehindu.com/opinion/editorial/growth-concerns-the-hindu-editorial-on-economic-forecasts-amid-omicron-surge/article38209655.ece>

NSO forecast has not factored in the impact of the ongoing Omicron-induced surge in cases

The National Statistical Office's first advance estimates for economic output in the current financial year is an optimistic forecast that flags some positive trends as well as areas of concern that have the potential to derail the growth momentum. The NSO has projected real GDP for the 12 months ending March 2022 at ₹147.54 lakh-crore, a 9.2% expansion from the provisional estimate of ₹135.13 lakh-crore for the last fiscal year, when the full fury of the COVID-19 pandemic had caused output to contract by 7.3%. At that pace, India's economy would regain its pre-eminence as the world's fastest growing major economy. A key pillar of this growth assumption is the upbeat outlook for net tax receipts on products, which the NSO sees expanding by a robust 16.2%, after shrinking by 18.4% in the preceding period. Gross Value Added, which aggregates output in the various sectors of the economy, is projected to grow by 8.6% year-on-year on the back of a continued healthy showing by the farm sector and a heartening double digit (12.5%) rebound in manufacturing. However, when compared with the pre-pandemic FY2020's GVA, the projected output of ₹135.2 lakh-crore is barely ₹2.5 lakh-crore, or 1.9%, higher, clearly pointing to the fact that the economy has a fair distance to travel before it can regain the growth momentum that is crucially required to create more jobs and help narrow the widening income inequality.

Tellingly, the NSO's forecast, which relies on varied data spanning the first six to eight months of the current fiscal, has not factored in the impact of the ongoing Omicron-induced surge in COVID-19 cases. After all, it is anyone's guess as to how much of a blow the current wave may deal to already fragile supply chains, consumption demand and contact-intensive services. In fact, private final consumption expenditure, which two years ago accounted for close to 60% of GDP, is still struggling to recover from the crushing compression it suffered in the first full year of the pandemic, when it shrank 9.1%. While the NSO posits consumer spending to grow by 6.9% this fiscal, the assumed figure is still a sizeable 2.9% shy of the FY2020 level. Equally significantly, the omnibus services category that spans trade, hotels, transport, communication and broadcasting and makes up a fifth of the GVA is estimated to post a mere 11.9% expansion after shrinking by 18.2% last fiscal. As a result, even without factoring in the impact of a third wave, this vital services sector would still be lagging behind its pre-pandemic output by 8.5%. With the Union Budget barely a few weeks away, policymakers have a clear choice to make: introduce consumption and investment supportive measures, even if it means loosening the fiscal purse strings, or risk seeing the growth momentum faltering for want of a fair wind.

Infection

In India, one person with COVID-19 is currently infecting at least 2 others, say IIT-Madras researchers(The Hindu:20220118)

<https://www.thehindu.com/news/national/tamil-nadu/in-india-one-person-with-covid-19-is-currently-infecting-at-least-2-others-say-iit-madras-researchers/article38282108.ece>

Photograph used for representational purposes only | Photo Credit: VELANKANNI RAJ B

The researchers said higher COVID-19 vaccination coverage and stringent protocols could lower the severity of the infection

A team of researchers from the Centre of Excellence for Computational Mathematics and Data Science at the Indian Institute of Technology Madras (IIT-M) has calculated that as on January 13, an infected person spreads the virus on an average to two others (2.2). As on January 10 it was three others (3.5) and on January 6, it was four persons.

The team includes S. Sundar, professor and co-principal investigator; Neelesh S. Upadhye, associate professor and principal investigator; and Jayant Jha, assistant professor at the Department of Mathematics. "The R nought (R0) value reveals that one infected person can infect three persons on an average. We assume that the neighbours are not infected," explained Professor Sundar.

The model helps to understand the stringency with which safety protocols are observed. “The message is that R_0 is an indicator of the rate of spread of the disease. We can also tell, with given data, how the stringency measures have affected the spread of the disease,” he said.

The R_0 fell below 1 between the first and second waves of the pandemic, but between the second and third wave the value was close to one and then it rose suddenly. “Between the second and third wave, the gap was much smaller,” said Mr. Jha.

The researchers observe that there has been a waning of immunity, especially among health workers. The government should take a policy decision on providing the booster dose to those who show a waning immunity a year after the second dose as these persons may again become susceptible to the disease.

“What is clear is that depending on the restrictions imposed by the government, the number of people taking the vaccine, the region where the government protocol for restrictions are imposed, definitely our model will give a clear picture of R_0 . Based on vaccination data, the way the disease is getting spread will vary. Vaccinated people are less likely to have severe disease. The virus will be there but its severity will wane in the course of time,” Mr. Upadhye added.

The team has calculated the R_0 value and is validating its model. The researchers say they have calculated the value based on actual COVID-19 data. The calculation does not take into consideration the variants of the virus, however. “We are considering all variants together. We pick up the data from across the world and are specializing in the Indian context,” said Mr. Upadhye.

The team has calculated the R_0 value for every State and developed separate models to understand how and which State is responding to the infection. “Even vaccination impact needs to be brought in before we predict how the third wave will progress,” Prof. Sundar said.

70% Indian adults fully vaccinated against COVID-19, 93% receive at least one dose

70% Indian adults fully vaccinated against COVID-19, 93% receive at least one dose ((The Hindu:20220118)

<https://www.thehindu.com/news/national/70-indian-adults-fully-vaccinated-against-covid-19-93-receive-at-least-one-dose/article38278135.ece>

A commemorative postage stamp was released to mark one year of the COVID-19 inoculation drive. Photo: Twitter/@mansukhmandviya

India has been able to achieve the milestone of administering over 156 crore doses.

The countrywide vaccination drive against COVID-19 on Sunday completed one year, during which over 156.76 crore vaccine doses were administered.

According to health ministry officials, over 93% of the adult population have received at least one dose while over 69.8% have been fully vaccinated.

A commemorative postage stamp on indigenously developed vaccine Covaxin was released to mark one year of the inoculation drive.

Earlier in the day, Union Health Minister Mansukh Mandaviya, in a tweet, said that India crossed the landmark milestone of administering 10 crore vaccine doses on April 1 last year.

As many as 25 crore vaccine doses were administered on June 25, crossed 50 crore COVID-19 vaccine dose on August 6 and 75 crore on September 13, he said.

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"As a result of the country's solidarity and Prime Minister Narendra Modi ji's commitment during the Corona crisis that the country not only manufactured a vaccine but also inoculated a large part of the population in a very short time. This one year of vaccination campaign shows India's resolve," Mandaviya said in another tweet.

The drive was rolled out on January 16 last year with healthcare workers getting inoculated in the first phase. Vaccination of frontline workers started from February 2.

The next phase of the COVID-19 vaccination commenced from March 1 for people over 60 years of age and those aged 45 and above with specified co-morbid conditions.

Vaccination of all people aged over 45 from April 1. The government then decided to expand the ambit of the inoculation drive by allowing everyone above 18 to be vaccinated from May 1. The next phase of COVID-19 vaccination commenced from January 3 this year for adolescents in the age group of 15-18 years.

Virus Spread

It's time for some enforcement to check virus spread, say experts (The Hindu:20220118)

<https://www.thehindu.com/news/cities/Visakhapatnam/its-time-for-some-enforcement-to-check-virus-spread-say-experts/article38279876.ece>

Visitors enjoying on the beach with their families in Visakhapatnam on Sunday. | Photo Credit: K.R. Deepak

They express shock over huge number of people gathering at RK Beach and other places

The COVID-19 positivity rate in the district, especially in the urban areas, has touched 37% and the cases are piling up in hundreds. Keeping this in mind, the experts from the medical field say that it is time for some serious enforcement to break the chain of spread of the pandemic.

In the last four days, the district has recorded close to 3,500 cases and as per the officials, every third person is testing positive at the testing labs, which is considered to be on the higher side when it comes to tracking and understanding the trajectory of any pandemic.

The experts anticipate a huge spike after the Sankranti festival and feel that some kind of enforcement should have been in place already.

Expressing surprise at the rush and public gathering at RK Beach in the last three festival days, senior doctors from King George Hospital and Visakha Institute of Medical Sciences, say that the beaches should have been closed by the authorities concerned to avoid the huge public gathering. At least it should have been regulated, they opine. It is estimated that over one lakh people per day have been to RK Beach in the last two days, as per an official from the Visakhapatnam Metropolitan Region Development Authority (VMRDA). It is surprising to see people thronging the beaches, especially the locals, who would have visited RK Beach or Rushikonda Beach several times in the past, despite fully knowing that the third wave is on and this time the transmission rate is very high. People should behave a little responsibly and it is time for the authorities to step in, says former principal of Andhra Medical College P.V. Sudhakar.

The doctors at the main COVID hospitals, KGH and VIMS, feel that the Pongal shopping should also have been regulated. The malls were full and people were seen flouting the COVID-19 protocols, says Vijay Sekhar from KGH.

“We are fortunate that though the cases are on the rise very rapidly, the severity is less and till date the pressure is not that high on the hospitals, unlike in the first and second wave. But things can change, as still people with comorbidities and underlying diseases are susceptible to severity,” remarks VIMS Director K. Rambabu.

Apartment associations and welfare associations should step in by supporting the affected persons and families. It has been seen that due to lack of support, an affected person in an affected family is forced to go out to buy essentials and in the process he or she may spread the virus, said Dr. Rambabu.

Though the experts do not vouch for a lockdown, they feel that at least public places and public gathering needs to be regulated.

Lockdown is not a viable solution, but regulating the public gathering or movement can pay dividends. And this is where the authorities concerned, including the law enforcing agencies, can play a big role, said a senior doctor.

And the enforcement or regulation should be during the business hours, night curfew has no effect in a city like Visakhapatnam. No one visits the beach or a shopping mall after 10 p.m., so what is the use of a clampdown in the night, when you are leaving the beach open in the morning and evening, when people throng them, he added.

Active Cases

India reports 2.38 lakh new Covid cases, 310 more deaths (The Tribune: 20220118)

Active Covid cases in country highest in 8 months

<https://www.tribuneindia.com/news/nation/india-reports-2-38-lakh-new-covid-cases-310-more-deaths-362294>

India reports 2.38 lakh new Covid cases, 310 more deaths

Photo for representation purposes. Tribune

With 2,38,018 new coronavirus infections being reported in a day, India's total tally of Covid cases rose to 3,76,18,271, which includes 8,891 cases of the omicron variant, according to the Union Health Ministry data updated on Tuesday.

The active cases have increased to 17,36,628, the highest in 230 days, while the death toll has climbed to 4,86,761 with 310 fresh fatalities, the data updated at 8 am stated.

There has been an 8.31 per cent increase in omicron cases since Monday, the ministry said.

Experts said it is not possible to undertake genome sequencing of each and every sample but stressed that the current wave is largely being driven by the omicron variant.

The active cases comprised 4.62 per cent of the total infections, while the national Covid recovery rate had decreased to 94.09 per cent, the ministry said.

An increase of 80,287 cases has been recorded in the active Covid caseload in a span of 24 hours.

The 310 new fatalities include 72 from Kerala and 33 from West Bengal.

A total of 4,86,761 deaths have been reported so far in the country including 1,41,832 from Maharashtra, 50,904 from Kerala, 38,445 from Karnataka, 37,009 from Tamil Nadu, 25,387 from Delhi, 22,972 from Uttar Pradesh and 20,121 from West Bengal. PTI

Mindless counting of cases

Curbs must go if new variant not as deadly as Delta (The Tribune:20220118)

<https://www.tribuneindia.com/news/editorials/mindless-counting-of-cases-362162>

The first anniversary of the Indian vaccination drive against Covid-19 is a moment to honour all health workers who fought the pandemic and walked the extra mile to help protect people. The result is an impressive achievement of 70 per cent of the country's total adult population getting fully inoculated with 156 crore doses. A postage stamp was released on the occasion, with the Prime Minister hailing the health workers' commitment. Yet, the battle is not won. The virus is mutating continuously as it attacks in wave after tidal wave, with 2.7 lakh new and 15.5 lakh active cases now in the country. Letters of the Greek alphabet have suddenly become morbid symbols of human helplessness with every new mutant getting identified.

This cycle of helplessness needs to be broken. We should stop counting the daily cases and active caseload only to despair. What matters are the hospitalisation figures and the death rate. If these two indicators do not show an alarming spike, there is no real cause for concern or need for night curfew, weekend curfew or curbs that kill livelihoods. Administrators should understand that every restriction they impose is an act of curtailment of economic activities, immediately resulting in loss of jobs, and thereby the meagre earnings of the most vulnerable sections of our society.

The world media should heed American news agency Associated Press' decision 'to avoid emphasising case counts in stories about the disease'. Mindless counting of the dead is also counterproductive as the fast-spreading Omicron variant may not necessarily be the cause of death, even when a dead person tests positive. Dr Angelique Coetzee, the chairperson of the South African Medical Association, who spotted the Omicron variant first, has told newsmen not to look at positivity rate or daily cases, but to focus on patients in Intensive Care Units and those who die after getting admitted solely for Covid infection. Governments should immediately lift curbs to mitigate the crippling economic impact of the third wave, for far fewer people are dangerously sick now than they were during the Delta wave.

Covid vaccination for 12-14 age group likely from March

Covid vaccination for 12-14 age group likely from March, says top govt expert (The Tribune:20220118)

There is an estimated 7.5 crore population in this age group

<https://www.tribuneindia.com/news/nation/covid-vaccination-for-12-14-age-group-likely-from-march-says-top-govt-expert-362067>

Covid vaccination for 12-14 age group likely from March, says top govt expert

A Municipal Corporation worker administers a dose of Covid-19 vaccine to a teenager, at a municipal school in Thane, on Monday, January 17, 2022. PTI

India may begin inoculating children in the 12-14 age group against Covid-19 in March as the 15-18 population is likely to get fully vaccinated by then, Dr N K Arora, chairman of the Covid-19 working group of NTAGI, said on Monday.

Of the estimated 7.4 crore (7,40,57,000) population in the 15-18 age bracket, over 3.45 crore have received the first dose of Covaxin so far and their second dose is due in 28 days, he said.

“Adolescents in this age group have been actively participating in the inoculation process, and going by this pace of vaccination, the rest of the beneficiaries in the 15-18 age group are likely to be covered with the first dose by January-end and subsequently their second dose is expected to be done by February-end,” said the Chairman of the Covid working group of the National Technical Advisory Group on Immunisation (NTAGI).

Once the 15-18 age group is covered, he said, the government is likely to take a policy decision for initiating the vaccination drive for the 12-14 age group in March, he said.

According to him, there is an estimated 7.5 crore population in the 12-14 age group.

Provisional vaccination reports till 7 am on Monday showed that with more than 39 lakh doses being administered in a span of 24 hours, the cumulative number has exceeded 157.20 crore doses.

According to government data, over 3.45 crore first doses have been given to children in the 15-18 years age group so far.

Vaccination added great strength to fight against Covid:

Vaccination added great strength to fight against Covid: PM Modi (The Tribune:20220118)

Salute everyone associated with the vaccination campaign, he says

Vaccination added great strength to fight against Covid: PM Modi

Prime Minister Narendra Modi. PTI file photo

Lauding India's Covid-19 vaccination drive as it completes a year, Prime Minister Narendra Modi on Sunday said it has added great strength to the fight against the pandemic and has resulted in saving lives and protecting livelihoods.

When the pandemic first struck, not much was known about the virus. However, our scientists and innovators immersed themselves in developing vaccines, he noted.

India feels proud that our nation has been able to contribute to fighting the pandemic through vaccines, Modi tweeted.

"I salute each and every individual who is associated with the vaccination drive," he said, adding that the role of our doctors, nurses, and healthcare workers is exceptional.

"When we see glimpses of people being vaccinated in remote areas, or our healthcare workers taking the vaccines there, our hearts and minds are filled with pride," he said.

The prime minister asserted that India's approach to fighting the pandemic will always remain science-based.

Health infrastructure is also being augmented to ensure that fellow citizens get proper care, he said, asking people to keep following all Covid-19 related protocols.

The countrywide vaccination drive against Covid-19 on Sunday completed one year, during which over 156.76 crore vaccine doses were administered.

According to Health Ministry officials, over 92 per cent of the adult population have received at least one dose while over 68 per cent have been fully vaccinated.

The Centre will issue a postal stamp on Sunday afternoon to mark the completion of one year of the inoculation drive.

