

# COVID REDUX — SHUN PANIC, BUT BE AWARE

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*(In the weekly **Health Matters** newsletter, **Ramya Kannan** writes about getting to good health, and staying there. You can [subscribe](#) here to get the newsletter in your inbox.)*

In the way that COVID-19, even as it has entered the endemic stage, tends to dominate the headlines once a new mutation is afoot, it is impossible to look past it, the second week running. With the number of cases of the JN.1 sub-lineage of the BA.2.86 going up across the world steadily, the [World Health Organisation decided to categorise it as a Variant of Interest](#). Just fresh out of the experience when COVID-19 and its variants caused, where huge loss to life and quality of life was sustained globally, no government was going to take this as just another update. Clearly, even if the start of the rash of cases did not show evidence that it could impact mortality and morbidity, it was best that the nations of the world are prepared for it, or gear themselves up to handle the situation in case, the JN.1 mutation, reputedly capable of causing the full spectrum of COVID — from asymptomatic cases, to severe disease or death — were to send more patients into hospitals. That situation is not here yet, though ([Government issues COVID-19 alert, says no clustering of JN.1 cases](#)). It is possible to be prepared, individuals included, even as one resists the hype being built around another strain of COVID.

Naturally, governments have been openly communicating best practices to the people, besides ramping up testing capacity. Science itself is an evolving process, and while the basics remain the same, it is incumbent on us to adapt to the changing circumstances, to modify health advice as the changes necessitate. Probably, the most reassuring note came when Health Ministry sources said of the [new COVID variant JN.1: that there was no need for a booster](#). **Bindu Shajan Perappadan** further said in the report quoting India SARS-CoV-2 Genomics Consortium (INSACOG) chief N.K. Arora, that there was no need for an additional fourth booster dose of vaccine against COVID-19 amid the surge in cases and the detection of the JN.1 sub-variant. “Only those over 60 years of age who have comorbidities and high-risk patients in this age group can take a precautionary third dose if they have not taken one till now. As of now, there is no need for a fourth dose in the general public. We would advise precaution and not panic,” said Dr. Arora. He further put things into perspective: New variants and sub-variants, and mutations were constantly being reported from around the world. “Fortunately, none of these Omicron variants have really been associated with more severe disease or hospitalisation. [Symptoms of the JN.1 subvariant include fever, nasal discharge, cough, occasional diarrhoea, and severe body aches](#), with recovery typically within a week. The Union Health Ministry has already directed States to increase testing and also submitted positive samples for further probe,” he said.

There was the odd case, always merits recording in science, even if with qualifiers. [The first case of vocal cord paralysis following COVID-19 infection in a teenager](#) was reported in a new study. Physician-researchers at Massachusetts Eye and Ear Hospital in the U.S. have concluded that the vocal paralysis of an otherwise healthy 15-year-old female patient, was likely a downstream effect of the viral infection and that it may be another addition to the “well-established” nervous system-related or neuropathic complications observed in children and adults.

And there was well-meaning advice for the groups of people considered as ‘high risk’. Masking up, particularly while visiting hospitals or using public transport, has been recommended for the [elderly and immunocompromised people, by the Tamil Nadu Government](#), and [the Karnataka Government](#). Meanwhile, governments also hustled to increase the number of tests done on a daily basis:

[Delhi COVID-19 positivity rate low compared to other States](#), says Health Minister.

[Fresh COVID-19 cases in southern states worry](#) public and medical officials.

[Andhra Pradesh Chief Minister tells officials to be alert on new COVID variant](#); four cases reported in State.

**Nellore Sravani** reports that [all RT-PCR labs in Andhra Pradesh to be activated, and a minimum 1,000 COVID-19 tests to be done daily](#).

[Experts fear winter may fuel COVID-19 surge as A.P. reports six cases](#), writes **V. Kamalkara Rao**.

[Telangana releases COVID bulletin after seven months](#), four new cases reported.

**Afshan Yasmeen** reports [Karnataka has 6.55 lakh RTPCR kits but is short of viral transport media, RNA extraction kits as well as Rapid Antigen Test](#).

Karnataka to [increase COVID-19 testing to 5,000 a day](#), issues guidelines for genome sequencing

[Karnataka records three deaths in last one week](#); infecting strain yet to be established.

[Three persons, including two octogenarians, test positive for COVID-19](#) in Dakshina Kannada.

[Karnataka forms Cabinet sub-committee](#) to monitor COVID-19.

[Karnataka seeks COVID-19 TAC’s recommendations](#) on vaccination guidelines.

[Karnataka to take up COVID vaccination drive if necessary, cabinet sub-committee](#) to be set up for seamless management of disease.

[Kerala reports about 300 new cases as infections](#) continue to rise in the State.

[Vigil stepped up following uptick in COVID-19 cases](#) in Ernakulam.

Another development of note in India over the last week was the Home Minister’s promise that medical negligence would be decriminalised, and the actual law then retaining the two-year imprisonment clause. **Vijaita Singh**, [here](#), writes on the controversy. The amended Section 106

(1) of the Bharatiya Nyaya (second) Sanhita, the law that replaces the IPC, says: “Whoever causes death of any person by doing any rash or negligent act not amounting to culpable homicide, shall be punished with imprisonment of either description for a term which may extend to five years, and shall also be liable to fine; and if such act is done by a registered medical practitioner while performing medical procedure, he shall be punished with imprisonment of either description for a term which may extend to two years, and shall also be liable to fine.” It is important in the context of the rising incidence of violence against members of the medical community, to ensure that [doctors, surgeons and nurses and all other technicians are able to operate to the best of their ability without being impeded by fear.](#)

**Rijo M. John and Subba Rao M. Gavaravarapu** bring to light again the [whole movement against high-fat, sugar and salt food, to view it as a public health imperative](#). They reason that the ultra-processed food sector in India witnessed a compounded annual growth rate of 13.4% between 2011 and 2021. As the world’s largest producer and consumer of sugar in 2022, the country has seen an alarming surge in consumption of HFSS foods. About 50%-60% of edible sugar, salt and fat produced in India is consumed by the processed food industry. Sales of snacks and soft drinks have tripled over the past decade, exceeding \$30 billion last year, indicating a disturbing trend in dietary habits. This not only poses severe health risks but also impacts productivity and economic growth.

Taxation is considered to be an effective means to reduce the consumption of these products as most consumers are price responsive towards them. While taxation on sugar-sweetened beverages (SSBs) is far more wide and used in more than 60 countries, taxation on HFSS food is less common, they write.

A brief follow-up to the [stories from the floods in Tamil Nadu](#). Not only did they throw health systems off kilter, but entire communities were impacted deeply. We bring up a few examples, pertaining to health:

[1.73 lakh children receive Measles-Rubella vaccination](#) in four flood-affected districts.

**C. Palanivel Rajan** follows up: [Pregnant woman, airlifted from flood-hit Thoothukudi, delivers baby boy in Madurai.](#)

Tamil Nadu [puts out advisory on water safety put out for rain-hit southern districts.](#)

This is something that parents will do well to pay attention to: [DCGI directs popular combination drugs for cold and flu to be not used in children under the age of 4.](#) Manufacturers of common cold drug fixed dose combination (FDC) of chlorpheniramine maleate IP 2mg with phenylephrine HCL IP 5 mg per ml drops have been asked to carry a warning to not use the combination in children below the age of four years. While chlorpheniramine maleate functions as an anti-allergic, phenylephrine acts as a decongestant narrowing small blood vessels to provide relief from nasal congestion or stuffiness, according to the advice from the Subject Expert Committee.

Coming up is the inevitable mental health angle, this one again, of interest to parents, but anyone who uses a mobile device. **Zubeda Hamid** speaks to Dr. Manor Kumar Sharma of Nimhans on [what excessive screen time does to our brains](#). On the In Focus podcast, they discuss recent research on screen time. A recent meta-analysis of 34 studies looked at excessive screen use and its links to your cognitive functioning. The results of the analysis, conducted by researchers in Australia, say that there is a clear link between disordered screen behaviour – or persisting with screen use even when it’s harmful for you, and your cognitive performance, specifically your attention and executive functioning. They found that sustained attention, the ability to maintain your focus for an extended period was affected.

We all know that we are probably not our best selves when we have not been able to sleep the previous life, but evidence for this is also available. [Sleep disruptions, mild ones too, negatively affect our everyday moods](#), 50 years of research shows. The researchers in the U.S., also found that such disturbances to sleep routines heightened anxiety symptoms in the participants, such as a rapid heart rate and increased worrying.

Let's take a break with some good news. [WHO prequalifies a second malaria vaccine manufactured by Serum Institute of India](#). The global health organisation added the R21/Matrix-M malaria vaccine, developed by Oxford University and manufactured by Serum Institute of India, to its list of prequalified vaccines. It was recommended for use in October 2023. The R21 vaccine is the second malaria vaccine prequalified by WHO, following the RTS,S/AS01 vaccine which had obtained prequalification status in July 2022.

**Serena Josephine M.** tracks promising [research that can apparently help with nicotine addiction](#): cleverly using ascorbic acid as a potential reducing agent, they converted cotinine in the smokers' plasma itself, back to nicotine, targeting both nicotine addiction and detoxification occurs simultaneously. Faculty of Pharmacy, Sri Ramachandra Institute of Higher Education and Research, Chennai, have developed a dissolvable film containing Vitamin C (ascorbic acid) that a smoker places on the tongue whenever tempted to smoke. If further developed commercially, this is likely to make things easier for smokers struggling to kick the habit.

#### **Tailpiece:**

This piece makes it here, because it is good, old-fashioned journalism raising the lid on chronic toxic practices, with the hope that the expose will change the lives of the victim for the better, because that's what most journalists aspire to do.

A BBC, literally undercover, investigation threw up horrifying insight into how [overseas health workers are exploited at U.K. care homes](#). The *BBC Panorama* investigation, conducted by Indian-origin reporter Balakrishnan Balagopal, revealed rampant exploitation of such care workers in a care home in northeast London, to the extent that their contracts prevented them from leaving.

Nurses and care workers from overseas, who constitute a large portion of the workforce at care homes, are eligible for skilled worker visas in the U.K. This means that they need to be sponsored by an employer to be able to work in the country. If they leave their jobs, they need to find another suitable post within 60 days or will have to return to their home country, even as the organisation, Prestwick Care denied any malpractice or systematic wrongdoings towards overseas care workers.

Use those spare minutes to read the following stories:

**D. Balasubramanian** writes on [infection of the eye, and how to protect vision](#).

**John L. Paul** writes about [why the Happiness Kochi project must tackle critical civic issues that take a toll on mental health](#), according to stakeholders.

**Purnima Sah** reports on how the [open sale of hazardous pesticides continues to impact the health of farmers in Maharashtra](#).

[How can gene editing help cure diseases?](#) | **In Focus** podcast on **CRISPR**

Here is an offering of regional stories from across the bureaus in the country:

[ASHA workers plan 'Chalo Vijayawada'](#) demanding minimum wage.

**Rajulapudi Srinivas** finds [why children and pregnant women are worst-hit as a strike by anganwadi workers continues](#) in Andhra Pradesh.

**G.V.R. Subba Rao** reports that [medical representatives demand GST exemption on medicines and medical devices](#).

[Delhi L-G recommends CBI probe into supply of 'fake' drugs](#) to hospitals.

Supply of 'fake' drugs in Delhi govt hospitals: [Bharadwaj demands action against health secretary](#).

**Satysasundar Barik** reports [1,000 people infected in suspected cholera outbreak in Rourkela](#).

**Shoumojit Banerjee** finds [4,872 infants died in Maharashtra between April and October](#), says Health Minister.

[Doctors call off strike after positive dialogue](#) with Telangana's Minister for Health.

**Siddharth Kumar Singh writes:** [Financial pinch affected Telangana's spending on Health and Education](#), reveals White Paper.

[Officials who managed COVID-19 pandemic in Telangana replaced](#).

[District hospitals in Kerala to be equipped to handle COVID cases](#): Health Minister.

[Kerala Health Minister urges Centre to give its share](#) of National Health Mission funds.

[Frequent vacancies occur across health centres](#) in Coimbatore, say officials.

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