

CORONAVIRUS NEWS BRIEF

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India to export 8 million Covid-19 jabs in October

(Report on Page # 2)

India to export 8 million Covid-19 jabs in October

India will export eight million coronavirus vaccine jabs by the end of October after ending its ban on sending doses abroad.



The Quad members Seen in photographs are (from Left to Right) Joe Biden- President of the USA, Narendra Modi-Prime Minister of India, Yoshihide Suga- Prime Minister of Japan and Scott Morrison-Prime Minister of Austrelia.

Prime Minister Narendra Modi promised to resume exports at a meeting of leaders from the so-called Quad in Washington as India, Japan, Australia, and the US try to counter growing Chinese influence across the Asia-Pacific region.



Foreign secretary Harsh Vardhan Shringla told reporters on Saturday that most of the eight million

doses of the Johnson & Johnson single-shot vaccine will be sent to Asia-Pacific countries.

"This would be ready by the end of October. This is an immediate delivery, from the Quad into the Indo-Pacific region," Shringla told reporters.

India is one of the world's biggest vaccine producers and had pledged earlier this year to export one billion Covid-19 jabs by December 2022.

But New Delhi halted exports in May after a devastating coronavirus wave ravaged the country.

India lifted its vaccine export ban this week with new Covid-19 infections and deaths slowing down.

The country suffered weeks of vaccine shortages as a coronavirus surge between March and May killed at least 250,000 and infected tens of millions of people.

It has now administered nearly 840 million vaccine doses.

Nearly half of the adult population has had at least one jab and with 16 percent receiving a second dose.

95% OF COVID PATIENTS HAVE THIS IN COMMON



As an emergency medicine and critical care doctor at the University of Washington School of Medicine in Seattle, I've lost count of the number of COVID-19 surges since the U.S. pandemic began in Seattle in February 2020. But this one feels different. The patients are younger. They have fewer preexisting medical conditions. And at my hospital, over 95% of these hospitalized patients share one common feature: They're unvaccinated. Read on to find out more—and to ensure your health and the health of others, don't miss these Sure Signs You May Have Already Had COVID.

1. The Vaccines are the Most Effective Tool We Have

While I'm grateful to see news of the FDA's recent full approval of one of the COVID-19 mRNA vaccines, the science has been clear in my mind for quite some time. mRNA vaccines, first developed over nearly 50 years, are nothing short of a miracle of science designed for situations just like a respiratory virus pandemic. The vaccines are the most effective tool we have to prevent severe illness and hospitalization and protect our precious health care resources. Some of my colleagues just published a study showing exactly this.

Of course, every medical treatment has risks and potential side effects, but we've witnessed the world's largest vaccine trial, with more than 200 million people in the U.S. receiving at least one dose. Doctors can confidently say that vaccine side effects are rare and generally mild, and rumors about vaccines altering DNA or causing infertility are completely unfounded, with no scientific basis.

2. It's profoundly Sad Knowing That it Could be Prevented

But I also have sympathy for those who fell victim to disinformation. Too many times I've been asked by a family member of a dying patient with COVID-19 if it was too late for the vaccine. Too many times, I've had to say yes. The next question is often, "Is there anything else that can be done?" Too often, the answer is no.

Having this conversation over and over again, often over teleconferencing software or the phone, is exhausting and profoundly sad, especially knowing that, in the case of unvaccinated patients, it likely could have been prevented.

3. Every day I See the Severity of COVID-19 Infection.

I realize that not everybody sees what I see every day. While stories about vaccine reactions abound, few hear about the realities of severe COVID-19 infection. However, when I close my eyes at night, I see the healthy 27-year-old man who died after four weeks hooked up to machines that tried to keep him alive, and the young family he left behind. I see the 41-year-old woman now weak and permanently disabled after a long hospital stay. I see the 53-year-old farmworker who now requires dialysis after developing renal failure, a common complication of severe COVID-19. And countless more.

I often hear claims of "99% survival" from COVID-19 with or without the vaccine, but in reality, the facts are much more staggering. Nearly 1 in 500 Americans has died from this disease, and for those who survive, the devastation is like nothing I've ever seen. Holes in lungs, muscle wasted, organs failing one by one – millions of people will suffer physical, psychological and financial consequences that will last months or years, a toll difficult to quantify.

4. The Burdening Impact on Our Health Care Workers.

The impact on our health care system is also difficult to quantify. Staffing, even more than beds or ventilators, is critically low. In Washington state, Texas and across the country, experienced health care

workers are leaving the profession in droves, exasperated by the continuous onslaught of sick COVID-19 patients and a demanding work environment. People – nurses, respiratory therapists, doctors, physical therapists, sanitation workers – do the work in hospitals; a hospital bed is worthless without staff to provide care.

Because of these staffing shortages, hospitals are closing, and the inequities and weaknesses in an already-stretched health care system are being exposed. Revered as "health care heroes" just a year ago, doctors are being heckled and even assaulted after speaking out about science at school board meetings.

5. Masks Work

I'm frustrated that more Americans have not chosen to get vaccinated, to wear masks, to take this pandemic seriously. I often wonder what 2021 would look like if they had. For example, we've worn masks in the hospital for years for procedures and to protect us from other respiratory viruses. We know that the SARS-CoV-2 virus can be spread by aerosols that remain suspended in the air, and that some masks can't entirely block these droplets. But we also know that COVID-19

and most other respiratory viruses also spread from coughing and sneezing via larger respiratory droplets, which most masks do block. Masks are not perfect, but there is strong evidence that they reduce transmission.

6. We Do Our Best For Everyone Who Needs Us. But We Need Help.

With many hospitals at capacity, there have been questions in the media and elsewhere about whether hospitals or health care workers should prioritize the care of the vaccinated, or even refuse to care for unvaccinated individuals who develop severe COVID-19, but that's not how we think. In medicine, especially in emergency and critical care medicine, we often care for people who make poor choices about their health. We counsel, we provide information, we hope and we press on, providing the exact same care regardless of choices or beliefs.

Although stretched thin and imperfect, we do our best for everyone who needs us. But many places have reached a point at which the demand for health care has outstripped the ability to provide it. And we need help.



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A prominent anti-vax doctor, who falsely claimed the COVID-19 vaccine could make people magnetic, had her medical license renewed.



A prominent anti-vax doctor from Ohio, who pushed the false claim that COVID-19 vaccines could make people magnetic, has had her medical license renewed, according to the Ohio Capital Journal.

Dr. Sherri Tenpenny is an osteopathic physician who has spent years making unproven or exaggerated claims about vaccines.

Her license, first issued in 1984, was due to expire on October 1. It was renewed by the State Medical Board of Ohio on September 16.

Jerica Stewart, a spokesperson for the Board, confirmed to the Ohio Capital Journal that Tenpenny's license was automatically renewed until 2023.

"A recent renewal does not prevent the board from taking future disciplinary action," she said, according to the Ohio Capital Journal.

Tenpenny attracted nationwide media attention in June after she falsely told Ohio House Health Committee that the coronavirus vaccine could potentially make people "magnetized," Insider reported previously.

"You can put a key on their forehead. It sticks. You can put spoons and forks all over, and they can stick because now we think there is a metal piece to that," she said.

Tenpenny also falsely said that COVID-19 vaccines contain particles that connect a person to 5G mobile data networks.

The Center for Countering Digital Hate (CCDH) named Tenpenny among 12 anti-vaxxers responsible for spreading 65% of false information about vaccines in March this year.

The report caught the attention of President Joe Biden in July, who said: "These 12 people are out there giving misinformation. Anyone listening to it is getting hurt by it."

Tenpenny's Twitter account was permanently suspended in June after the company said her COVID-19 vaccine claims violated its misinformation policy.

Insider reached out to Tenpenny for further comment but did not hear back in time for publication.

Stewart said the Ohio board renews medical licenses automatically to keep up with the 92,000 practitioners in the state.

She told Insider that the complaints it receives about physicians are usually confidential, although if a licensee is disciplined by the board, the action is public record. She did not comment specifically about Tenpenny's renewal.

(Editor's note: Please use your common sense to donate to the right organization. If possible, give priority to your own family, neighbors and your village/Town or area healthcare systems directly. There are fraudulent organizations be aware of them. Look into the need and response to those priorities. Get some advice from your Doctors or helping organizations. Many time Cash Donations are more effective than kind. I would recommend donating to Red Cross of India, UNICEF, Oxfam India, and Care India. In my personal opinion, do not send any contributions to India's Prime Minister Narendra Modi's PM Care Fund as its not transparent and has no accountability.

-Kaushik Amin.)

VIRUSES MAY JUMP FROM BATS TO PEOPLE MORE OFTEN THAN REALIZED

BY EMILY WILLINGHAM



When humans and other species intermingle and viruses move between them, experts call that "spillover." As humans move and seek new living spaces where wild animals live, and climate change shifts the boundaries of those habitats, scientists predict we will see more of these spillovers.

Coronaviruses, which are common in bats, are no exception. But most often, some intermediate animal is thought to bridge the transfer of the virus from bat to human. For example, the Middle East respiratory syndrome, or MERS, coronavirus likely moved from bats to camels, and then from camels to people.

Most people infected with MERS developed severe respiratory illness, including fever, coughing, and shortness of breath, and about 3 or 4 out of every 10 people with MERS have died.

Investigators who have worked on the controversial subject of how SARS-CoV-2 -- the coronavirus that causes COVID-19 -- made the jump from bats to humans have taken on the broader question of how often such leaps happen, especially directly between bats and people, and their estimate is striking.

According to a preprint study posted online on Sept. 14, which hasn't been peer-reviewed yet, as many as 400,000 people each year in South and Southeast Asia might pick up SARS-related coronaviruses directly from bats. The study focused on South Asia and Southeast Asia because of the high human-bat overlap there.

Undetected Infections

Most instances of these "undetected spillovers," as the study authors call them, don't ping public health radar because they simply fizzle out. The infections remain unrecorded, causing mild or no symptoms at all, or symptoms that resemble those of common viruses. The human immune system simply quashes them most of the time, leaving behind antibodies to the virus as evidence of the victory.

In work that remains to be vetted by experts, the researchers, led by Peter Daszak, PhD, a British zoologist and president of EcoHealth Alliance, used several sources of data to arrive at their estimate.

One was geographic information about where bats and humans overlap in their habitats. Another source was human blood samples with telltale antibody signs of battling a coronavirus and information about how long those antibodies persisted. And the investigators also collected information on how often bats and humans encounter each other.

When they entered all of this information into calculations of the risk that humans might contract a virus from a bat, they arrived at their estimate of 400,000 such encounters each year.

Acknowledging that their work yields only estimates and involves many limits, the authors say they hope the findings can guide epidemiologists and infectious disease experts in surveillance.

Maps of where these risks are highest could help focus resources on capturing infection clusters before they spread.

How to Spot COVID-19 Misinformation

Video Transcript

JOHN WHYTE: Welcome, everyone. You're watching "Coronavirus in Context," and I'm Dr. John Whyte, the Chief Medical Officer at WebMD. The Coronavirus vaccine changes your DNA.

There's a tracker in the vaccine. It causes infertility. Wearing masks makes you inhale carbon dioxide.

You've heard it all. There is a lot of misinformation out there. So how do we sort out what's fact and what's fiction?

Joining me today to help provide some tips for all of you is my friend Dr. Andrew Ordon. He is the host of "The Doctors."

Drew, thanks for joining me again. How are you?

ANDREW ORDON: Always a pleasure, John. I mean, you said it. We have so much misinformation out there. And we had it before the COVID pandemic, but the COVID pandemic with the disease in itself and the vaccine especially has just-- it's the perfect storm for more and more misinformation.

JOHN WHYTE: And you know, I want to talk about it from the misinformation perspective as opposed to what some people call disinformation, when people are intentionally telling falsehoods to harm people.

But Drew, something in misinformation that sometimes I think we all forget is when people are misinformed, they don't think they're misinformed, right? They think that--

ANDREW ORDON: They actually buy into it and believe it. But John, back to your point, I mean, how can you deny the science? How can you deny the efficacy, the safety, the track record of vaccines in general and now the COVID-19 vaccine? I mean, they want to ignore it.

you know, John, it's a trend that we saw starting before the pandemic. It's sort of cool to distrust, to question, mainstream medicine that is based on science, that is based on research, fact, experience, and professionals like you and I have dedicated our

lives to providing reasonable and sound medical information.

JOHN WHYTE: Well, how do you do that. You have a huge platform of "The Doctors." How do you make sure that you're addressing people's fears, right? People are concerned about side effects or fear of catching COVID. How do you make sure you give them the best information?

And as you and I know, you can give great information. But if you can't get anyone to consume the information, it's not going anywhere. It's not a build it and you will come. So you have to entertain people as well. Where is that balance?

ANDREW ORDON: You're exactly right, and emotions are now coming into play. Unfortunately, I get a little angry when I hear some of these things. But as you alluded to, I do have a platform, and we're in the midst of launching season 14.

And I'll tell you, John. There isn't a show that we've done so far that doesn't address the issue of vaccines and misinformation and anti-vaxxers. And all I can do is assure people in a nice way.

I say, look, we get input into our website at "The Doctors." People say, oh, well, you have an agenda. You love vaccines because you're getting a kickback because you're in big pharma's back pocket-- I mean, that kind of crazy stuff. Well, guess what? I get to answer it, and I simply put it as, guess what? You know what my agenda is?

The best for you, the best for your family, the best for your community, and the best for your country. That is what I am preaching. The vaccine is safe. It's based on science, and all we can do is give people sound information. And I would like to think that slowly, we're chipping away.

JOHN WHYTE: Let's talk about some tips that people can use to spot misinformation, whether it's about the vaccine or different treatments or supplements that impact one's health. And something I always tell people is you have to be skeptical. Do you agree with that?

ANDREW ORDON: Very, very much so. I mean, if it sounds too voodoo medicine or hocus

pocus, you got to go ask yourself, really? I mean, these things, tracking devices and changes your genetic makeup and things like that, I mean, those are so out there. As I said before, there's something in the air now that it's cool to just think so outside of the box, whether you call it conspiracy theory or anti-mainstream medicine based on science, it's just out there.

JOHN WHYTE: So we tell them to be skeptical. I've also been telling people to check the source, meaning I even go to the CDC, you know, MMWR report, or I went myself to look at the FDA submission. Everyone doesn't have to do that. But given the need for a transparency, I think it's a good idea to dig in a little deeper when you're trying to find out the facts. Do you agree with that, or do you think that's too [INAUDIBLE]?

ANDREW ORDON: 100%, John. I mean, you've got to do your vetting, your due diligence. I know for some laypeople, it's difficult to get through scientific articles, but some of this disinformation, what is the source? Where is this coming from?

JOHN WHYTE: I was going to say that. Let's check the source.

ANDREW ORDON: Yeah. Yeah, check the source. Who is saying this? Is this a reputable person at a reputable institution? Is this a legitimate, reliable scientific study?

JOHN WHYTE: The other thing we want to remind people is you want to pause before you share it. You don't want to be part of that misinformation. So before you press that Share button, take a little bit of time and do what we've been talking about in terms of checking the source, looking at the date, checking your own biases. That's important to stopping the spread of misinformation. We were talking to Dr. Phil the other day, and he brought up this concept of confirmatory biases where when we're trying to look at information, we have to check our own biases. You and I as physicians probably have been subject to that confirmatory bias where we only look at the information in terms of the diagnosis that we think it is, and we ignore other facts.

Would you agree? It's the same thing when we're talking about COVID. You're only looking at people like you on your Facebook page or only

following on Twitter that have the same mindset as you. You're only looking at things that are going to confirm your own biases. How do we break that, Drew?

ANDREW ORDON: This bias was preexisting when it came to vaccines. As you know, we've had this debate with vaccines before COVID. And then when this COVID-19, the vaccine came through quickly. But you know, it's a different time, that we have the science. We have the technology to fast track a vaccine that we didn't have back in the day when we first came out with polio vaccines and smallpox, things like that. So you can't compare apples and oranges. But I think that this bias was preexisting for a lot of people. And they just wanted to jump on the bandwagon. This was an excuse for them to say, yeah, vaccines are bad, and this is just another example. In fact, this may be worse than any we've seen yet. All you can do is quote the science, the efficacy, the safety, and why it's so important that we all need to get the vaccine.

JOHN WHYTE: And in fairness, we don't want to spend our entire day researching the coronavirus and other--

ANDREW ORDON: Oh.

JOHN WHYTE: --effects. So I have to ask you. You have your new season coming up. I'm sure you're not just going to cover COVID. Well, what do you have in store this season?

ANDREW ORDON: As you know, you're all about medical information. There's something new every day. So we're basing a lot of what we're talking about on real life storylines, different illnesses, and we're going the full gamut. There's so many mental health issues, psychological issues going on now, whether it be adults, kids, et cetera. So that's going to be a recurrent theme for us. But we're basically going to cover all sorts of medical topics, all specialties.

JOHN WHYTE: All right. Well, Dr. Andrew Ordon, host of "The Doctors," it is great to see you again. Thank you for all that you're doing to inform the public, to keep them safe as well. [INAUDIBLE] point out to help them look good, too, because that's important as well for our psyche. So thank you.

ANDREW ORDON: It sure is, John, and you keep up the good work too. I'm a big fan of yours.

US to Ease Travel Restrictions for Vaccinated Visitors



The U.S. will lift travel restrictions in November for international travelers who are fully vaccinated against COVID-19, including visitors from the U.K. and European Union.

The White House announced Monday that visitors will be required to show proof of vaccination and a negative COVID-19 test taken within 3 days of departure.

“We know vaccines are effective, including against the Delta variant, and vaccines are the best line of defense against COVID, so this vaccination requirement deploys the best tool we have in our arsenal to keep people safe and prevent the spread of the virus,” Jeff Zients, coordinator of the White House COVID-19 Response Team, told reporters.

As for U.S. citizens, those who are unvaccinated will face tougher rules when returning home. They will need to test 1 day before departure and then test again after arrival.

The change will take effect in early November, with the idea of spurring holiday bookings. Airlines and travel industry groups have called for the U.S. to lift restrictions for months, CNBC reported.

European officials have called on the Biden administration to remove restrictions. The U.K. and European Union lifted bans for U.S. visitors and others as vaccines became widely available earlier this year, CNBC reported.

“Leisure bookings for the holidays from inbound tourist visits and non-U.S. citizens visiting friends and relatives will accelerate in upcoming weeks,” Jonathan Root, senior vice president at Moody’s Investors Service, told CNBC.

“We also now expect a stronger increase in business travel by the first quarter of 2022 than would have occurred if the borders remained closed,” he said.

The CDC will require airlines to provide passenger information to help with contact tracing, Zients said. In the coming weeks, the CDC will issue an order that requires airlines to collect contact information such as emails and phone numbers.

The new travel rules will include a few exemptions from vaccine requirements. Children who are not yet eligible to be vaccinated, for instance, will not be required to be vaccinated. Full details will be released soon, CNBC reported.

The CDC is also deciding which vaccines will be recognized under the policy, according to Bloomberg News. People will likely be considered “fully vaccinated” and eligible for entry into the U.S. when they have received the full course of a shot listed for emergency use by the World Health Organization. This includes several vaccines not approved by the FDA, such as those manufactured by AstraZeneca, Sinopharm, and Sinovac.

UK recognizes Covishield,

Unsure about CoWin certificate.



The United Kingdom has included Covishield, the AstraZeneca shot made by Serum Institute of India, among the Covid-19 vaccines recognised in the country, but fully vaccinated Indian travellers will still have to quarantine upon arrival due to differences over India's vaccination certificate, CoWin.

"We're clear Covishield is not a problem. The UK is open to travel and we're already seeing a lot of people going from India to the UK," Alex Ellis, British high commissioner to India, said.

Reports say the UK has raised doubts over the credentials of CoWin's certification process. Ellis, without elaborating on the concerns, said the

British authorities are in talks with India to resolve the issue. "We have been having detailed technical discussions regarding certification, with the builders of the CoWin app and the NHS app (UK's certificate)...

They're happening at a rapid pace, to ensure that both countries mutually recognise the vaccine certificates issued by each other," he said.

The chief of India's National Health Authority, R.S. Sharma, who also heads the CoWin team, insisted India's verification system is foolproof. "It is a foolproof certificate with each and every information validated on the system," Sharma told.

CORONA VIRUS: NEWS FROM AROUND THE WORLD:

**** Pfizer in talks over full license for COVID-19 vaccine in Singapore.***

Pfizer Inc is in discussions with Singapore's Health Sciences Authority regarding obtaining a full license application for its COVID-19 vaccine, the company said in response to a query from Reuters.



Pfizer-BioNTech's COVID-19 vaccine has interim authorisation under the pandemic special access route in Singapore. The U.S. Food and Drug Administration granted full approval to the vaccine last month.

Kenneth Mak, Singapore's director of medical services, said in a briefing on Friday Pfizer and Moderna had not submitted applications for full registration to authorities.

Singapore has not made COVID-19 vaccination compulsory, saying the Pfizer and Moderna shots only have emergency approval, although it has limited activities such as eating out for the unvaccinated.

Some experts say full registration could pave the way to make vaccination mandatory.

****Covid virus will weaken over time, says Covishield creator***

The lead scientist from Oxford University who led the development of the Covid-19 vaccine known in India as Covishield, Sarah Gilbert said that SARS-Cov-2, the virus that causes Covid-19, will "become less virulent" as it circulates "more easily."

Her reasoning? "There aren't many places for the virus to go to have something that will evade immunity but still remain infectious." That's because, she points out, "the virus cannot completely mutate because its spike protein has to interact with the ACE2 receptor on the surface of the human cell, in order to get inside it."

Gilbert adds viruses tend to weaken in their virulence over a period of time as there'll be "a slow genetic drift of the virus and there will be gradual immunity developing in the population as there is to all the other seasonal coronaviruses."



Gilbert however said that there's no timeline by when SARS-Cov-2 could become a relatively harmless virus, much like the common cold. While Gilbert's views found resonance with Sharon Peacock, the executive director of the COVID-19 UK Genomics Consortium, the latter however sounded a note of caution, observing that while "it has been pretty quiet since Delta emerged and it would be nice to think there won't be any new variants of concern...there will be new variants emerging over time and I think there is still quite a lot of road to travel down with this virus."

****US approves booster dose for those at risk.***

Millions of Americans are set to receive a booster dose of the Covid-19 vaccine after the US agency, the Centres for Disease Control and Prevention (CDC), approved the third shot to people 65 and older, aged 50 to 64 with underlying health risks, nursing home residents, and aged 18 to 64 with a job that puts them at risk.

The last recommendation, to provide the booster based on their job profile, expands the programme to more people than previously expected. The advisory panel of the CDC had not included this group for the third shot but the CDC Director Rochelle Walensky on Friday recognised occupational or institutional setting as a risk that warrants a third shot.

The recommendations only cover people who received their second Pfizer/BioNTech shot at least six months earlier as Pfizer's data had said the immunity was waning months after the second dose. The US had earlier authorised the third dose for a small category of high-risk people such as those with a compromised immune system or cancer patients.

**** PM CARES not a govt fund, says Centre.***



Who cares? Stating that the Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM CARES Fund) is "not a fund of the Government of India" as donations given to it do not go into the Consolidated Fund of India, an official of the PMO informed the Delhi High Court that "it is not permissible to disclose third party information" under the Right To Information Act.

Full transparency? In the reply affidavit to a petition seeking clarity on its legal status and whether the PM CARES Fund falls under the definition of "State" as per Article 12 of the Constitution, the PMO official said that the PM CARES Trust "functions on the principles of transparency and public good in larger public interest like any other charitable trust and, therefore, cannot have any objection in uploading all its resolutions on its website."

Secret audit? The reply also added that donations accruing into the PM CARES Fund were audited by a chartered accountant chosen from a panel appointed by the Comptroller and Auditor General (CAG) of India. According to the PMO official, the audit and expenditure report were displayed on the fund's website as well.

Counter: The petitioner, in his rejoinder questioned the veracity of the official's claim that the fund is not part of the government despite using all the government resources such as secretarial assistance from the PMO, use of official emblem and having as its trustees, apart from the PM, the Defence Minister, the Home Minister and the Finance Minister.

****Any takers for anti-Covid drugs & products?***



With the second wave waning, the sale of Covid-19 mitigation drugs and products like sanitisers, masks, immunity booster Vitamin C, pulse oximeters and even Remdesivir has plunged by about 90% across India.

Till June this year, the All-India Organisation of Chemists and Druggists Associations had pegged the decline in sale of masks and sanitisers at about 40%. Its president Jagannath Shinde told TOI: "Over 1.5 lakh vials of Remdesivir have expired with stockists in Maharashtra as there have been few takers and its manufacturers are not accepting expired stock despite several letters to them. Almost 200 stockists across India had a month's supply of Remdesivir but these have now expired. Some stockists had 100-500 vials." Shinde said there was still some demand for Remdesivir in states like Kerala, but most other states recorded a major drop. (During the initial days of the second wave, Remdesivir was being used frequently.

Studies later showed that it was only beneficial to a niche group of patients," he said.)

All-India Mask Manufacturers' Association president Anshumali Jain quoted a 90% drop in sales of masks since the second wave waned.

Sources in Maharashtra Chemists & Druggists Association stated that the sale of surgical masks, sanitisers and pulse oximeters during the second wave of Covid-19 was 50% of the sales during the first wave. This dropped further as the second wave subsided in June. It has become almost negligible now. The drop in sales of masks and sanitisers is alarming. Dr Sanjay Pujari of the ICMR National Task Force on Clinical research for Covid-19 pointed out that people "must not let their guard down" as the economy slowly opens up and "must continue to follow all necessary norms".

****India fixes a modest Rs 50K ex-gratia for Covid death.***

Finally...

Months after states took the lead in announcing financial assistance for the kin of Covid victims, and after being prodded by the Supreme Court, the Centre on Wednesday informed the SC that the National Disaster Management Authority (NDMA) has fixed an ex-gratia of Rs 50,000 to be paid by the states from the State Disaster Response Fund (SDRF).

No escape: On June 30, the SC had ruled that the Centre cannot shy away from its responsibility under the Disaster Management Act (DMA) to fix a compensation amount payable to the kin of those who succumbed to Covid, which was declared a national disaster under the Act.

Missed deadlines:

While rejecting petitioners' demand for Rs 4 lakh ex-gratia, it had asked the NDMA to determine the quantum within six weeks. The six-week deadline got extended to months and after seeking time several times, the Centre on Wednesday informed the apex court.

Why Rs 50,000?

Justifying the modest amount fixed by the NDMA, the Centre said, "Covid-19 is a disaster that has not abated. The total number of deaths continues to rise. There is

uncertainty about the new variants of the virus and likely future waves. Therefore, it is not possible to ascertain the total final financial burden emanating from the ex-gratia."

States show the way: The states have taken the lead over the Centre in providing ex-gratia to the kin of Covid victims, not from SDRF but from other sources like the Chief Minister's Relief Fund. Those providing ex-gratia are: Andhra Pradesh (Rs 10 lakh to orphaned children, Rs 5 lakh in case of death of one parent), Bihar (Rs 4 lakh), Haryana (Rs 2 lakh only to BPL families), Karnataka and Assam (Rs 1 lakh), Tamil Nadu (Rs 5 lakh to orphaned children and Rs 3 lakh in case of death of single parent), Tripura (Rs 10 lakh in three instalments) and Nagaland (Rs 10 lakh only to the kin of working journalists).

The bill: With the country recording nearly 4.5 lakh Covid deaths, the financial burden of this ex-gratia would add up to Rs 2,250 crore for the states.

****10,000 Unnecessary Cancer Deaths Linked to COVID-19 Pandemic, Lockdown in UK: Report.***



A lack of face-to-face doctor visits in the UK since the start of the CCP virus pandemic may result in 10,000 unnecessary deaths due to cancer, according to a report from University College London published this week.

Researchers with the university stated that a drop in emergency referrals from general practitioners in 2020 across the United Kingdom resulted in some 40,000 late diagnoses of cancer. The delays, combined with longer National Health Service (NHS) treatment due to the pandemic, mean that thousands will die "significantly earlier" from cancer, the report found.

The study found that more than 60 percent of people surveyed by the university were concerned about talking to their general practitioner (GP) about "minor

health problems” amid the pandemic. Before the CCP virus’s spread, around 80 percent of appointments with doctors were in person, but only 57 percent of consultations were face-to-face in July, the report noted. “The immediate effect of the pandemic was to delay early diagnosis. Even before the pandemic, Britain’s performance was not up there with the best of the world,” said report co-author David Taylor, a professor with University College London, according to The Telegraph.

“There is some evidence to suggest every month treatment is delayed can increase the risk of early death by seven percent,” he said. “Some of it is about patients not presenting, worrying about being a burden on their GP, some of it is about access problems.”

In October 2020, a report from health care analyst firm Dr Foster stated that the NHS’s guidance that residents should “Stay Home, Protect the NHS, Save Lives” scared patients away from seeking medical attention last year.

Dr Foster Director of Strategy and Analytics Tom Binstead said of the report last year: “Overall, the analysis suggests that the long-term effects of the pandemic are likely to be far-reaching, with a future spike in demand possible due to missed diagnoses and postponed procedures.

“Cancers may now require a greater level of treatment, or even be untreatable, if they have been left undetected or untreated as a result of the crisis.”

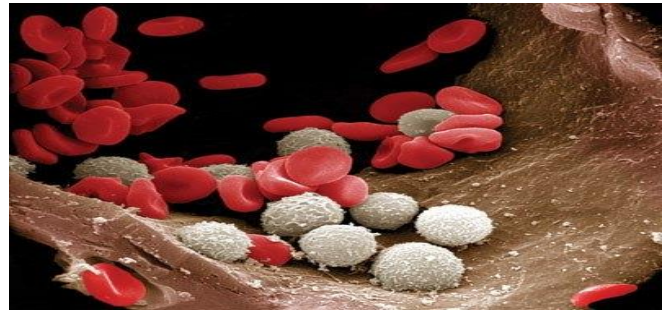
A spokesperson for the NHS told The Telegraph and other news outlets on Sept. 21 that during the pandemic, the agency prioritized individuals who sought care for cancer.

Services for cancer are at “pre-pandemic levels,” while the latest monthly figures suggest “more than 200,000 people referred for checks and more than 27,000 starting treatment,” the spokesperson said.

****How white blood cells aid in predicting Covid-19 severity.***

Covid-19 disease severity seems to be affected by the characteristics of white blood cells called granulocytes, which are part of the innate immune system. Combined measurements of granulocytes and well-known biomarkers in the blood can predict the severity of the

disease, according to a new study from Karolinska Institutet in Sweden. Granulocytes are a family of white blood cells that include neutrophils, eosinophils and basophils.



They are part of the so-called innate immune system, which is the body’s first line of defence against pathogens. There are many studies on how SARS-CoV-2 affects various components of the immune system, but there is still a lack of knowledge about the role of granulocytes in Covid-19.

Researchers at the Karolinska Institutet have now investigated the characteristics of granulocytes in the blood during the early phase of SARS-CoV-2 infection in a total of 26 hospitalised patients with Covid-19 at the Karolinska University Hospital.

They also performed follow-up analyses four months after hospital discharge and compared these with analyses of healthy uninfected individuals.

Their results, published in the journal PNAS, may eventually contribute to more tailored treatments for Covid-19 patients. “Our study shows significantly altered characteristics of all granulocyte subsets in Covid-19A patients and this can be linked to the severity of the disease”, said lead author Magda Lourda, who is a researcher at the Department of Medicine, Huddinge, at Karolinska Institutet.

Combined measurements of granulocyte characteristics and widely used biomarkers in the blood called C-reactive protein (CRP) and creatinine, could predict key clinical features such as respiratory function and multiorgan failure.

“The finding needs to be taken with caution considering the limited size of our study cohort, but our hope is that these combined measurements can be used to predict the severity of the disease, resulting in more tailored treatments for Covid-19 patients,” Lourda said.

COVID19: Weekly Update.

The numbers below are from
Saturday 09-25-2021 * 12pm US East coast Time...

Compiled Periodically By:

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There are likely false data & variations in data most of the time, so,

Please use the data wisely.

Details are compiled from various sources.

Marked "" are not reliable data.*

World:

232,095,893. Cases. / 4,754,141. Deaths.

Recovered till today:

208,713,912.

01. U.S. A.:

43,675,213. Cases. / 705,360. Deaths.

02. India**((??))

33,650,778. Cases. / 446,943. Deaths.

03. Brazil:

21,327,616 Cases. / 593,698. Deaths.

05. UK:

7,631,233. Cases. / 136,105. Deaths.

27. Canada.

1,598,800. Cases. / 27,620. Deaths.

00 (India): Gujarat* :((??))

825,814. ((??)) Cases. / 10,082. ((??)) Deaths.

USA States:

01. California:

4,591,516. Cases. / 68,724. Deaths

02. Texas*:

4,010,260. Cases. / 64,133. Deaths.

03. Florida:

3,584,804. Cases / 53,116. Deaths.

04. New York*:

2,473,825. Cases / 55,681. Deaths.

05. Illinois:

1,612,129. Cases. / 27,440. Deaths.

06. Georgia:

1,557,1536 Cases. / 25,478. Deaths.

07: Pennsylvania:

1,407,792. Cases / 29,189. Deaths.

08. Ohio

1,380,370 Cases / 21,820. Deaths.

11. New Jersey*:

1,143,855. Cases. / 27,307. Deaths.

18. Massachusetts:

802,829. Cases. / 18,541. Deaths.

34. Connecticut:

387,733. Cases / 8,483. Deaths.



COVID19: DOS AND DON'TS.

***More than 4** Covid19 vaccines are available now nationwide in the US. Find out how to get yours.

The third booster dose(for Pfizer and Moderna, and also a second booster for Jhonsons'.) More serious Delta and Delta Plus (Indian), Lambda, now Kappa, Mue and now a Japanies verients are around & can create an another pendamic, so be careful & follow religeously the Guidelines given by the Medical Authorities of your country.

* Finally Vaccine is available all time in the US; India and many parts of world, many of us got both the doses, or single dose in case of Jhonson & Jhonson's vaccine. Yet post vaccination results/effects are not known to the research/medico community fully. We are still in a Pandemic Period, of Phase 2 and 3, also possible invasion of new 4 or more strains of UK, Brazil, South Africa, and now India Coronavirus.

* Entering the new wave of Delta and Delta Plus and three other virus varients, the number of cases are still on a higher side, yet to achive the flat curve, world over most of us are just ignoring the pandemic do's & don'ts, particularly when we are with festivity mode in Summer days of 2021, so please take Extreme Care, Stay Safe & Stay Home. Yet not an easy time for every one! * Corona is still around, & may remain lifelong! It's not as simple as viral flu. It's as dangerous as like a contest of survival of the fittest.

* Vaccine third does is available now, first to the frontline medico fraternity, patients in need, & nursing home/long term care facilities residents on a priority, so be careful & protect yourself & your loved ones for

good. Mask, frequent hand wash with soap & social distancing only is the option for now

*** Now Mask is not needed in the USA, if you are vaccinated.** But **it is advised one must use Mask**, even if you have taken Covid shots, Vaccine is just protection, it's not a cure! Also wear Gloves, Sunglasses & the most important: keep safe distance, keep washing your hands frequently with soap or use reliable sanitizer either one at least for 30 seconds.

*** In India nasal steam (Naas) is recommended by the Government authorities, Ayurvedic practitioners, & also is a traditional remedy, but the US CDC and other Western Health Authorities doesn't recommend it due to a probable risk to the brain.**

*** If you can, use Mouth Rinse, twice a day, will help to boost your oral health.**

*** If you have young kids/minors attending the school or college, it's advised to put on the mask for everyone inside the home.**

* We are passing through a tough time of Life & Death. Follow Social Distancing, but stay in for Social Contacts. If you know any one suffering with Corona, your nearer or dearer, call and talk to them frequently, we don't know whether they will return safely with us. Call other relatives/friends, at least ten persons a week. We are social & want to take care of those who are cut off due to Corona self-imposed lockdowns. Also keep busy yourself & family members with plenty of daily activities like yog, exercise & Stay Physically Fit, Pursue Your Hobby, Get Adequate, at least 6 to 8 hrs. of Sleep, & Eat Healthy Balance Diet.

*** Yet it's a long march to finish, no one knows when we will.....!!!!**

Take care, & Stay Safe.