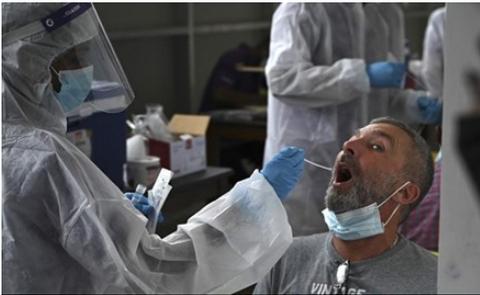




Long Covid' Is Real, A Matter of Deep Concern: WHO Warning



The World Health Organization urged people struggling with the after-effects of the virus -- despite having recovered from the acute phase -- to seek medical help. Geneva: With nearly 200 million people known to have had Covid-19, the WHO said Wednesday it was deeply concerned by the unknown numbers who may still be suffering with Long Covid.

The World Health Organization urged people struggling with the after-effects of the virus -- despite having recovered from the acute phase -- to seek medical help.

Long Covid remains one of the most mysterious aspects of the pandemic. "This post-Covid syndrome, or Long Covid, is something that WHO is deeply concerned about," Maria Van Kerkhove, the UN health agency's Covid-19 technical lead, told a press conference.

The WHO was "making sure that we have recognition of this, because this is real". She said of those infected with SARS-CoV-2 -- the virus which causes Covid-19 disease -- "many are suffering from long term effects".

"We don't know for how long these effects last and we're even working on a case definition to better understand and describe what this post-Covid syndrome is," said Van Kerkhove.

She said the WHO was working to have better rehabilitation programmes for Long Covid sufferers plus broader research to gain a better understanding of what the syndrome is and how it can be managed.

The WHO has held a series of seminars this year aimed at expanding understanding of post-Covid conditions, hearing not only from scientists and doctors but also directly from sufferers themselves.

Little is known about why some people, after coming through the acute phase, struggle to recover and suffer ongoing symptoms including shortness of breath, extreme fatigue and brain fog as well as cardiac and neurological disorders.

Janet Diaz, the clinical care lead in the WHO's emergencies programme who leads the organisation's Long Covid efforts, said there had been more than 200 reported symptoms.

They include chest pain, tingling and rashes, she told a WHO live social media session on Tuesday. Diaz said some patients had symptoms that dragged on from the acute phase; others got better and then relapsed, with conditions that could come and go; while others had symptoms that only appeared after recovering from the acute phase.

Studies can only go back as far as the first patients to recover from Covid-19, which first emerged in China in December 2019. Diaz said some people seemed to have post-Covid conditions for three months, and others up to six months. "We are concerned there may be a small proportion that go on to nine months -- and to longer than that," said Diaz.

The US expert said it was not yet fully understood what caused the post-viral symptoms, with various hypotheses including neurological problems, the immune response to the infection, and the virus persisting in some organs. Van Kerkhove said: "We advise anyone who is suffering from the long-term effects to seek help." (Source:NDTV)

China Rejects WHO Plan for Study of COVID-19 Origin



BEIJING, - China rejected a World Health Organization (WHO) plan for a second phase of an investigation into the origin of the coronavirus, which includes the hypothesis it could have escaped from a Chinese laboratory, a top health official said. The WHO this month proposed a second phase of studies into the origins of the coronavirus in China, including audits of laboratories and markets in the city of Wuhan, calling for transparency from authorities.

"We will not accept such an origins-tracing plan as it, in some aspects, disregards common sense and defies science," Zeng Yixin, vice minister of the National Health Commission (NHC), told reporters. Zeng said he was taken aback when he first read the WHO plan because it lists the hypothesis that a Chinese violation of laboratory protocols had caused the virus to leak during research. "We hope the WHO would seriously review the considerations and suggestions made by Chinese experts and truly treat the origin tracing of the COVID-19 virus as a scientific matter, and get rid of political interference," Zeng said.

China opposed politicising the study, he said. The origin of the virus remains contested among experts. The first known cases emerged in the central Chinese city of Wuhan in December 2019. The virus was believed to have jumped to humans from animals being sold for food at a city market. In May, U.S. President Joe Biden ordered aides to find answers to questions over the origin saying that U.S. intelligence agencies were pursuing rival theories potentially including the possibility of a laboratory accident in China. Zeng, along with other officials and Chinese experts at the news conference, urged the WHO to expand origin-tracing efforts beyond China to other countries. "We believe a lab leak is extremely unlikely and it is not necessary to invest more energy and efforts in this regard," said Liang Wannian, the Chinese team leader on the WHO joint expert team. However, Liang said the lab leak hypothesis could not be entirely discounted but suggested that if evidence warranted, other countries could look into the possibility it leaked from their labs. (Source: Reuters)

China Covid Success Under Threat As Delta-Driven Outbreak Reaches Beijing



China has previously boasted of its success in snuffing out the pandemic within its borders after imposing the world's first virus lockdown in early 2020 as Covid-19 seeped out of Wuhan in the centre of the country. Beijing, China: A coronavirus cluster that emerged in the Chinese city of Nanjing has now reached five provinces and Beijing, forcing lockdowns on hundreds of thousands of people as authorities scramble to stamp out the worst outbreak in months. China has previously boasted of its success in snuffing out the pandemic within its borders after imposing the world's first virus lockdown in early 2020 as Covid-19 seeped out of Wuhan in the centre of the country. But an outbreak this month driven by the fast-spreading Delta variant has thrown that record into jeopardy since it broke out at Nanjing airport in eastern Jiangsu province.

The city reported a total of 184 local coronavirus cases Friday after nine cleaners at Nanjing Lukou International Airport tested positive on July 20. At least 206 infections nationwide have been linked to the Nanjing cluster, which officials have confirmed as the highly transmissible Delta variant. "It was discovered that these cleaners took part in cleaning the cabin of flight CA910" from Russia on July 10, said Nanjing health official Ding Jie.

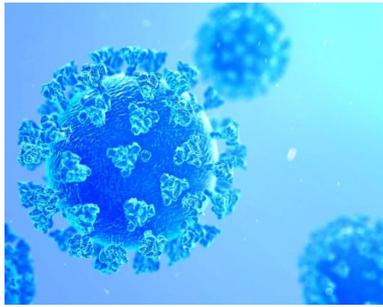
Hundreds of thousands have been locked down in Jiangsu province, of which Nanjing is the capital, while the city has tested all 9.2 million residents twice. In Beijing's Changping district, where two locally transmitted cases have been found, 41,000 people in nine housing communities were placed under lockdown Thursday, according to city officials.

The infections are the first local cases reported in the capital in six months. The outbreak is geographically the largest in several months, challenging China's aggressive containment efforts which have relied on mass testing, lockdowns and swift contact tracing.

China's top disciplinary watchdog has blamed Nanjing airport officials for "poor supervision and unprofessional management" including not separating cleaning staff who worked on international flights from those on domestic flights. Most of the early Nanjing patients had been vaccinated, a senior doctor in the city was quoted as saying by local media last week, leading online users to question the efficacy of domestic vaccines.

"If the goal is to slow down the spread and reduce the fatality rate, [Chinese vaccines] can afford a certain degree of protection," top Shanghai infectious disease expert Zhang Wenhong said in a social media post Thursday. "But as for the goal of eradicating the virus, it may be something that the current vaccine cannot achieve." The tourist city of Zhangjiajie in Hunan province has become another focal point of the latest outbreak after at least 18 cases were traced to the city, including infections picked up at a theatre, reported the state tabloid Global Times. (Source:NDTV)

India's Pandemic Death Toll Could be in the Millions



NEW DELHI , India's excess deaths during the pandemic could be a staggering 10 times the official COVID-19 toll, likely making it modern India's worst human tragedy, according to the most comprehensive research yet on the ravages of the virus in the South Asian country.

Most experts believe India's official toll of more than 414,000 dead is a vast undercount, but the government has dismissed those concerns as exaggerated and misleading. The report released estimated excess deaths — the gap between those recorded and those that would have been expected — to be 3 million to 4.7 million between January 2020 and June 2021. It said an accurate figure may "prove elusive" but the true death toll "is likely to be an order of magnitude greater than the official count."

The report was published by Arvind Subramanian, the Indian government's former chief economic adviser, and two other researchers at the Center for Global Development, a nonprofit think tank based in Washington, and Harvard University.

It said the count could have missed deaths that occurred in overwhelmed hospitals or while health care was disrupted, particularly during the devastating virus surge earlier this year.

"True deaths are likely to be in the several millions not hundreds of thousands, making this arguably India's worst human tragedy since Partition and independence," the report said.

The Partition of the British-ruled Indian subcontinent into independent India and Pakistan in 1947 led to the killing of up to 1 million people as gangs of Hindus and Muslims slaughtered each other.

The report on India's virus toll used three calculation methods: data from the civil registration system that records births and deaths across seven states, blood tests showing the prevalence of the virus in India alongside global COVID-19 fatality rates, and an economic survey of nearly 900,000 people done thrice a year.

Researchers cautioned that each method had weaknesses, such as the economic survey omitting the causes of death. Instead, researchers looked at deaths from all causes and compared that data to mortality in previous years — a method widely considered an accurate metric.

Researchers also cautioned that virus prevalence and COVID-19 deaths in the seven states they studied may not translate to all of India, since the virus could have spread more in urban versus rural states and since health care quality varies greatly around India.

Other nations are also believed to have undercounted deaths in the pandemic. But India is thought to have a greater gap due to having the world's second highest population of 1.4 billion and because not all deaths were recorded even before the pandemic.

The health ministry did not immediately respond to an Associated Press request for comment on the report. Dr. Jacob John, who studies viruses at the Christian Medical College at Vellore in southern India and was not part of the research, reviewed the report for the AP and said it underscores the devastating impact COVID-19 had on the country's underprepared health system.

"This analysis reiterates the observations of other fearless investigative journalists that have highlighted the massive undercounting of deaths," Jacob said.

The report also estimated that nearly 2 million Indians died during the first surge in infections last year and said not "grasping the scale of the tragedy in real time" may have "bred collective complacency that led to the horrors" of the surge earlier this year.

Over the last few months, some Indian states have increased their COVID-19 death toll after finding thousands of previously unreported cases, raising concerns that many more fatalities were not officially recorded.

Several Indian journalists have also published higher numbers from some states using government data. Scientists say this new information is helping them better understand how COVID-19 spread in India.

Murad Banaji, who studies mathematics at Middlesex University and has been looking at India's COVID-19 mortality figures, said the recent data has confirmed some of the suspicions about undercounting. Banaji said the new data also shows the virus wasn't restricted to urban centers, as contemporary reports had indicated, and that India's villages were also badly impacted. "A question we should ask is if some of those deaths were avoidable," he said. (Source: AP)

Delta Variant Infecting Fully-Vaccinated People, Shows Growing Evidence



Viruses constantly evolve through mutation, with new variants arising. Sometimes these are more dangerous than the original. The Delta variant is the fastest, fittest and most formidable version of the coronavirus that causes COVID-19 the world has encountered, and it is upending assumptions about the disease even as nations loosen restrictions and open their economies, according to virologists and epidemiologists.

Vaccine protection remains very strong against severe infections and hospitalizations caused by any version of the coronavirus, and those most at risk are still the unvaccinated, according to interviews with 10 leading COVID-19 experts. The major worry about the Delta variant, first identified in India, is not that it makes people sicker, but that it spreads far more easily from person to person, increasing infections and hospitalizations among the unvaccinated.

Evidence is also mounting that it is capable of infecting fully vaccinated people at a greater rate than previous versions, and concerns have been raised that they may even spread the virus, these experts said. "The biggest risk to the world at the moment is simply Delta," said microbiologist Sharon Peacock, who runs Britain's efforts to sequence the genomes of coronavirus variants, calling it the "fittest and fastest variant yet." Viruses constantly evolve through mutation, with new variants arising. Sometimes these are more dangerous than the original.

Until there is more data on Delta variant transmission, disease experts say that masks, social distancing and other measures set aside in countries with broad vaccination campaigns may again be needed. Public Health England said on Friday that out of a total of 3,692 people hospitalized in Britain with the Delta variant, 58.3% were unvaccinated and 22.8% were fully vaccinated. In Singapore, where Delta is the most common variant, government officials reported on Friday that three quarters of its coronavirus cases occurred among vaccinated individuals, though none were severely ill. Israeli health officials have said 60% of current hospitalized COVID cases are in vaccinated people. Most of them are age 60 or older and often have underlying health problems.

In the United States, which has experienced more COVID-19 cases and deaths than any other country, the Delta variant represents about 83% of new infections. So far, unvaccinated people represent nearly 97% of severe cases. "There is always the illusion that there is a magic bullet that will solve all our problems. The coronavirus is teaching us a lesson," said Nadav Davidovitch, director of Ben Gurion University's school of public health in Israel.

The Pfizer Inc/BioNTech vaccine, one of the most effective against COVID-19 so far, appeared only 41% effective at halting symptomatic infections in Israel over the past month as the Delta variant spread, according to Israeli government data. Israeli experts said this information requires more analysis before conclusions can be drawn. "Protection for the individual is very strong; protection for infecting others is significantly lower," Davidovitch said.

A study in China found that people infected with the Delta variant carry 1,000 times more virus in their noses compared with the ancestral Wuhan strain first identified in that Chinese city in 2019. "You may actually excrete more virus and that's why it's more transmissible. That's still being investigated," Peacock said. Virologist Shane Crotty of the La Jolla Institute for Immunology in San Diego noted that Delta is 50% more infectious than the Alpha variant first detected in the UK. "It's outcompeting all other viruses because it just spreads so much more efficiently," Crotty added.

Genomics expert Eric Topol, director of the Scripps Research Translational Institute in La Jolla, California, noted that Delta infections have a shorter incubation period and a far higher amount of viral particles. "That's why the vaccines are going to be challenged. The people who are vaccinated have got to be especially careful. This is a tough one," Topol said. In the United States, the Delta variant has arrived as many Americans - vaccinated and not - have stopped wearing masks indoors. "It's a double whammy," Topol said. "The last thing you want is to loosen restrictions when you're confronting the most formidable version of the virus yet."

The development of highly effective vaccines may have led many people to believe that once vaccinated, COVID-19 posed little threat to them. "When the vaccines were first developed, nobody was thinking that they were going to prevent infection," said Carlos del Rio, a professor of medicine and infectious disease epidemiology at Emory University in Atlanta. The aim was always to prevent severe disease and death, del Rio added. The vaccines were so effective, however, that there were signs the vaccines also prevented transmission against prior coronavirus variants.

"We got spoiled," del Rio said. Dr. Monica Gandhi, an infectious diseases doctor at the University of California, San Francisco, said, "People are so disappointed right now that they're not 100% protected from mild breakthroughs" - getting infected despite having been vaccinated. But, Dr Gandhi added, the fact that nearly all Americans hospitalized with COVID-19 right now are unvaccinated "is pretty astounding effectiveness." (Source:NDTV)