



U.S. Directs Millions of COVID-19 Shots to Latin America, Africa, Asia



The White House laid out a plan on Monday to share 55 million U.S. COVID-19 vaccine doses globally, with roughly 75% of the doses allocated to Latin America and the Caribbean, Asia and Africa through the COVAX international vaccine-sharing program.

The plan fulfills President Joe Biden's commitment to share 80 million U.S.-made vaccines with countries around the world. The president sketched out his priorities for the first 25 million doses from that pledge earlier this month. read more The United States has come under pressure to share more of its vaccine supply with countries that are still struggling with the deadly virus and its variants. With more and more Americans

getting the shots, the White House increasingly has turned its attention to getting vaccine out internationally. (Graphic on global vaccinations)

Of the 55 million remaining doses, some 41 million will be shared through COVAX, the White House said, with approximately 14 million going to Latin America and the Caribbean, some 16 million to Asia, and roughly 10 million to Africa. The other 25%, or roughly 14 million doses, will be shared with "regional priorities," including Colombia, Argentina, Iraq, Ukraine, the West Bank and Gaza.

White House spokeswoman Jen Psaki said the United States had faced logistical issues getting vaccine to other nations. "We have plenty of doses to share with the world, but this is a Herculean logistical challenge," she told reporters, noting safety and regulatory information had to be shared, proper storage temperatures for the vaccines had to be ensured, and language barriers at times had to be overcome. "We have announced today where these doses are going. We will continue to announce as they land on the ground and as they are being shipped, and we're looking forward to doing that as quickly as possible," she said.

The 55 million doses will be taken from the U.S. supply of Pfizer Inc (PFE.N), Moderna Inc (MRNA.O), and Johnson & Johnson (JNJ.N) shots, though if AstraZeneca's (AZN.L) vaccine gets a green light from the Food and Drug Administration, it would likely be added to the mix as well.

The White House said it wanted the doses to be prioritized for health care workers and those who are most at risk. International partners are eager to get U.S. help. Biden has announced the United States will buy 500 million doses of Pfizer's vaccine and donate them to the world's poorest countries. read more

The White House's breakdown of its allocation of the 55 million vaccine doses is below.

THROUGH COVAX: Latin America and the Caribbean (approximately 14 million shots): Brazil, Argentina, Colombia, Peru, Ecuador, Paraguay, Bolivia, Uruguay, Guatemala, El Salvador, Honduras, Haiti, and other Caribbean Community (CARICOM) countries, Dominican Republic, Panama, and Costa Rica

Asia (approximately 16 million shots): India, Nepal, Bangladesh, Pakistan, Sri Lanka, Afghanistan, Maldives, Bhutan, Philippines, Vietnam, Indonesia, Thailand, Malaysia, Laos, Papua New Guinea, Taiwan, Cambodia, and the Pacific Islands.

Africa (approximately 10 million shots): Recipient countries will be selected in coordination with the African Union.

THROUGH DIRECT SHARING: Colombia, Argentina, Haiti, other CARICOM countries, Dominican Republic, Costa Rica, Panama, Afghanistan, Bangladesh, Pakistan, Philippines, Vietnam, Indonesia, South Africa, Nigeria, Kenya, Ghana, Cabo Verde, Egypt, Jordan, Iraq, Yemen, Tunisia, Oman, West Bank and Gaza, Ukraine, Kosovo, Georgia, Moldova, and Bosnia. (Source: Reuters)

"To Vaccinate World...": G7 Leaders To Donate 1 Billion Vaccine Doses



The UK, which is hosting the big powers' gathering, added it would donate at least 100 million surplus doses within the next year, including five million beginning in the coming weeks. Falmouth, United Kingdom: G7 leaders will agree to expand global Covid vaccine manufacturing to provide at least one billion doses to the world through sharing and financing schemes, Britain said. The UK, which is hosting the big powers' gathering in southwest England, added it would donate at least 100 million surplus doses within the next year, including five million beginning in the coming weeks.

The commitment follows growing calls for richer countries to step up their efforts to share Covid-19 shots with less developed nations, with charities warning the current situation is leading to "vaccine apartheid". Britain, which has orders for more than 400 million doses, has faced criticism for failing to begin making donations to poorer countries. But on the eve of welcoming world leaders from the group of seven wealthy nations to their first summit in almost two years, British Prime Minister Boris Johnson vowed that would soon change.

"As a result of the success of the UK's vaccine programme we are now in a position to share some of our surplus doses with those who need them," he said. "In doing so we will take a massive step towards beating this pandemic for good.

"At the G7 Summit I hope my fellow leaders will make similar pledges so that, together, we can vaccinate the world by the end of next year and build back better from coronavirus."

A Downing Street statement said: "At the Summit world leaders are expected to announce they will provide at least one billion coronavirus vaccine doses to the world through dose sharing and financing and set out a plan to expand vaccine manufacturing in order to achieve that goal." The UK will donate five million doses by the end of September, beginning in the coming weeks, primarily for use in the world's poorest countries, according to Johnson's office.

Britain has also committed to donating a further 95 million within the next year, including 25 million more by the end of 2021, it added. Around 80 percent of the jabs will go to the Covax scheme, which aims to ensure equitable distribution of vaccines around the world, with the remainder shared bilaterally. The United States said Thursday it would donate 500 million jabs to 92 poor and lower-middle-income nations. Meanwhile EU members have agreed to donate at least 100 million doses by the end of 2021 -- with France and Germany each committing to providing 30 million. (Source: NDTV)

No health worries for children born to mothers given seasonal flu vaccine in pregnancy: Study



A population-based study, published in the Journal of the American Medical Association (JAMA), has found flu vaccination during pregnancy does not lead to an increased risk of adverse early childhood health outcomes. Although pregnant people are not more susceptible to acquiring influenza infection, they are at an increased risk of severe illness and complications if they get the flu during pregnancy.

For this reason, all pregnant people are advised to receive a flu shot each year, yet only 36 per cent received it according to a study monitoring four flu seasons in Nova Scotia. Safety concerns are reportedly a leading reason people may not receive influenza vaccination in pregnancy.

Dr Deshayne Fell, an Associate Professor of Epidemiology in the Faculty of Medicine at the University of Ottawa and a Scientist at the CHEO Research Institute, a pediatric healthcare and research centre, led the study along with researchers in Ontario and at Dalhousie University in Nova Scotia.

The study followed over 28,000 children from birth up to an average age of 3.5 years, with the results suggesting that maternal influenza vaccination during pregnancy was not associated with:- Immune-related health conditions, such as asthma, ear infections or other types of infection.- Non-immune-related health problems like neoplasms, sensory impairment.- Nonspecific health needs such as Emergency Department visits and hospitalizations did not increase.

"This study adds to what we know from other recent studies showing no harmful effects of flu vaccination during pregnancy on the longer-term health of children," says Dr Fell, whose other recent work includes studying the effectiveness and safety of COVID-19 vaccines during pregnancy. She added, "This is important because we know that getting the flu shot during pregnancy not only protects the pregnant person but has the added bonus of protecting newborn babies from getting the flu during their first few months of life, which is when they are most susceptible to respiratory infections but still too young to get the flu shot themselves."The study, Association of Maternal Influenza Vaccination During Pregnancy with Early Childhood Health Outcomes, is published in JAMA. (Source: Wion)

Unplanned Vaccination Can Promote Mutant Strains: Health Experts To PM Modi



In their latest report, the experts said vaccinating the vulnerable and those at risk, instead of mass population-wide inoculation including children, should be the aim at present. New Delhi: A group of public health experts, including doctors from AIIMS and members from the national taskforce on COVID-19, have said that mass, indiscriminate and incomplete vaccination can trigger emergence of mutant strains and recommended that there is no need to inoculate those who had documented coronavirus infection.

In their latest report, the experts from Indian Public Health Association (IPHA), Indian Association of Preventive and Social Medicine (IAPSM) and Indian Association of Epidemiologists (IAE) said vaccinating the vulnerable and those at risk, instead of mass population-wide inoculation including children, should be the aim at present. "The present situation of the pandemic in the country demands that we should be guided by the logistics and epidemiological data to prioritise vaccination rather than opening vaccination for all age groups at this stage. "Opening all fronts simultaneously will drain human and other resources and would be spreading it too thin to make an impact at the population level," the experts said in the report which has been submitted to Prime Minister Narendra Modi. Highlighting that vaccination of young adults and children is not supported by evidence and would not be cost effective, they said unplanned inoculation can promote mutant strains.

"Mass, indiscriminate, and incomplete vaccination can also trigger emergence of mutant strains. Given the rapid transmission of infection in various parts of the country, it is unlikely that mass vaccination of all adults will catch up with the pace of natural infection among our young population," they said in the report. There is no need to vaccinate people who had documented COVID-19 infection. These people may be vaccinated after generating evidence that vaccine is beneficial after natural infection, the recommendations stated.

Evidence-based flexibility in vaccine schedules may need to be considered for areas or populations experiencing surge on account for specific variants; for example, a reduced interval for the second dose of Covishield for areas with surge due to the delta variant. "Vaccine is a strong and powerful weapon against the novel coronavirus. And like all strong weapons it should neither be withheld nor used indiscriminately; but should be employed strategically to derive maximum benefit in a cost-effective way," they said. While it makes perfect sense to vaccinate all adults, the reality is that the country is in the midst of an ongoing pandemic with limited availability of vaccines, the report said.

In this scenario the focus should be to reduce deaths, majority of which are among older age groups and those with co-morbidities or obesity. Vaccinating young adults, given the present constraints, will not be cost-effective, they stated. The report suggested implementing repeated local level serosurveys in real time at the end of the second wave to map the vulnerability at district level to guide vaccination strategy and long term follow up of the cohort of recovered COVID-19 patients to document re-infection, severity and outcome to provide evidence base on duration of immunity after natural infection. Ongoing research on vaccine effectiveness under field conditions by following cohorts of vaccinated and unvaccinated in different age strata should be prioritised. Stating the current wave is largely attributable to multiple variants, the experts pointed out that India has done genome sequencing of less than 1 per cent of its positive samples and also lags behind other high incidence countries in another crucial measure, sequence per 1,000 cases.

Achieving a target of genomic sequencing of 5 per cent positive samples looks challenging at the moment, but all efforts should be made to reach at least 3 per cent mark, they recommended while appreciating setting up of the Indian SARS-CoV-2 Genomics Consortium (INSACOG) of 10 national laboratories timely and addition of 17 more laboratories. The molecular epidemiology investigations need to be accelerated with INSACOG scientists, field epidemiologists and clinical specialists working in synergy to delineate the epidemiological features of the variants with specific reference to transmissibility and fatality. Genetic sequences need to be tracked to delineate virus transmission both across the community and in health care settings. It can detect outbreaks that may otherwise be missed by traditional methods, the experts pointed out.

They also recommended that syndromic management approach should be rolled out in a planned manner after sensitisation of healthcare staff, along with the optimum utilisation of laboratory testing. There is an acute shortage of testing facilities for SARS-CoV-2 in rural and peri-urban areas. The sensitivity of RAT is quite low; there are chances that some truly positive cases would remain unidentified and thus continue to spread the disease. "Timely testing of each and every symptomatic patient is not possible and will put a huge burden on the health system and will delay the isolation and treatment. The optimal solution in such a situation is to adopt a syndromic management approach. It should put focus on making diagnosis based on clinical symptoms and epidemiologically linked suspects," they said. They further recommended that the vaccination status of all individuals tested for COVID-19 must be entered into the sample referral form in the RTPCR app both for individuals tested by RTPCR and RAT.

The collected information must be analysed periodically to know the status of vaccinated individuals with regards to COVID-19 and its severity including mortality. As way forward, the experts said that district level sero surveillance may be planned with the methodology of EPI cluster sampling. "If the seroprevalence at district level, is more than 70 per cent (on account of a combination of natural infection and vaccination,) there should not be any lockdown and return to normalcy should be attempted. "This will also help in prioritizing the districts for vaccination i.e. districts with lower seroprevalence should be given priority for vaccination. A fine balance is needed to be maintained between life and livelihood." The experts also said that if very large number of individuals are vaccinated at a fast pace with limited resources for monitoring of adverse events following immunization (AEFI), some adverse events and deaths will be missed. Also, while some of these AEFI may be coincidental, it may end up contributing to vaccine hesitancy. (Source: NDTV)

Ayush Ministry Issues Guidelines to Protect Children from Covid-19. All You Need to Know



Preventive healthcare through Ayurvedic medicines and natraceuticals, wearing masks, doing Yoga, monitoring for five warning signs, opting for tele-consultations and vaccination for parents are among the guidelines issued by the Ayush Ministry in a detailed document prepared by it to protect children during the ongoing Covid-19 pandemic.

“Though infection is generally mild in children than in adults and most of the children with Covid-19 infection may not require any specific treatment. It has been observed that the prophylaxes (preventive treatment) is the best approach to save children from this deadly virus,” the 58-page document of the ministry accessed and reviewed by News18 shows.

The guidelines say that in various studies conducted so far, few Ayurveda medicines have shown their efficacy in treatment of Covid-19. Children with history of medical co-morbidity like obesity, type-1 diabetes, chronic cardiopulmonary disease, or in immune-compromised position; may be at higher risk, the document mentions. “Though the immunity of the children is quite strong but with many mutant virus strains emerging, it is necessary to follow all protocols related to Covid-19 to prevent its effect,” it reads.

The guidelines say that contrary to the adults, it is very difficult to plan for various preventive and management strategies in children due to their wide age range and anatomical, physiological, immunological and psychological differences. “The guideline is supplement (add-on to present contemporary line of management) to the Covid-19 appropriate behavior and precautionary measures and it should not be taken as its substitute,” the document says as a disclaimer, asking parents to consult a qualified AYUSH physician as all the measures advised need not to be advised in all children.

ADVICE FOR CHILDREN

The guidelines stress on children washing their hands often and wearing masks while outside their houses. “Offering a small reward may be helpful in case, if child is not willingly wash their hands,” the document says, adding that for children aged 5-18 mask is mandatory, while for 2-5 years of age children, mask is desirable, under the parent’s supervision.

Non-medical or fabric three-layered cotton masks are preferable for children and attractive, colorful and trendy masks can be provided to children for a good compliance, the guidelines say. It adds that children should stay at home in possible limits, avoid travel, and they be helped to stay connected with friends and extended family members through video and phone calls.

The guidelines add that Covid suspect children should not be in contact with their grandparents as elderly are at very high risk of the serious disease. Parents have also been advised to monitor the child for five warning signs — fever lasting beyond four-five days, decreased oral intake, child becoming lethargic, increasing respiratory rate and oxygen saturation dropping below 95%. “If any of them is present, one should take a medical opinion,” it says.

MEASURES TO TAKE

The guidelines say children should be given lukewarm water to drink, ensure hygiene through proper brushing at morning and at night for children above two years of age, and oil pulling and gargles with warm water for children above 5 years of age. Oil massages, nasal application of oil, and Yoga practices like Pranayama and meditation and other exercises as per 5+ year old child’s capacities should be encouraged, guidelines say.

Ayurveda prophylactic measures and immunity-building solutions for children like turmeric milk, chawanprash and a decoction of traditional herbs (Ayush Bal Kwath), and Ayurvedic medicines for symptomatic children have been specified for the guidance of Ayurveda practitioners.

Children should also get adequate sleep and an easily digestible, fresh and warm and balanced diet. The guidelines also recommend Anti-microbial fumigation every evening at the children’s play area, cot, beddings, cloths and toys. “Help follow the new normal with positivity. Tell them (children) how it helps rather than how difficult it is. Assure them that this is a passing phase. Instill hope by counting the blessings,” the guidelines read. (Source: News18)