

# CURRENT AFFAIRS

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## TOPIC: HEALTH

# Corbevax gets nod as precaution dose

It will be available for adults who are fully vaccinated

SPECIAL CORRESPONDENT  
NEW DELHI

The Union government on Wednesday approved Biological E's Corbevax as a precaution dose against COVID-19 for those above 18 who are fully vaccinated with either Covishield or Covaxin. The COVID-19 vaccine, however, has been awaiting emergency use listing (EUL) by the World Health Organization.

Further strengthening India's arsenal against COVID-19, the Union Health and Family Welfare Ministry has approved Corbevax as precaution dose for those aged above 18 vaccinated with either Covishield or Covaxin, Union Health Minister Mansukh Mandaviya said in a tweet.

They can get the dose 26 weeks after the administration of the second dose from Friday.

The EUL is a risk-based procedure for assessing and listing unlicensed vaccines, therapeutics and in-vitro diagnostics with the ultimate aim of expediting the availability of products to people affected by a public health emergency.

Also international travel



Corbevax will be considered as a precaution dose

in many countries requires people to get a vaccine that is on the WHO's approved list.

The latest approval by the Central government makes this the first time that a booster dose that is different from the one used for primary vaccination has been allowed in the country. This will be in addition to the existing guidelines for homologous precaution dose administration of Covaxin and Covishield vaccine. Also all necessary changes in regard to the administration of precaution dose of Corbevax vaccine are being made on the CoWIN portal.

The approval is based on the recommendations made recently by the COVID-19

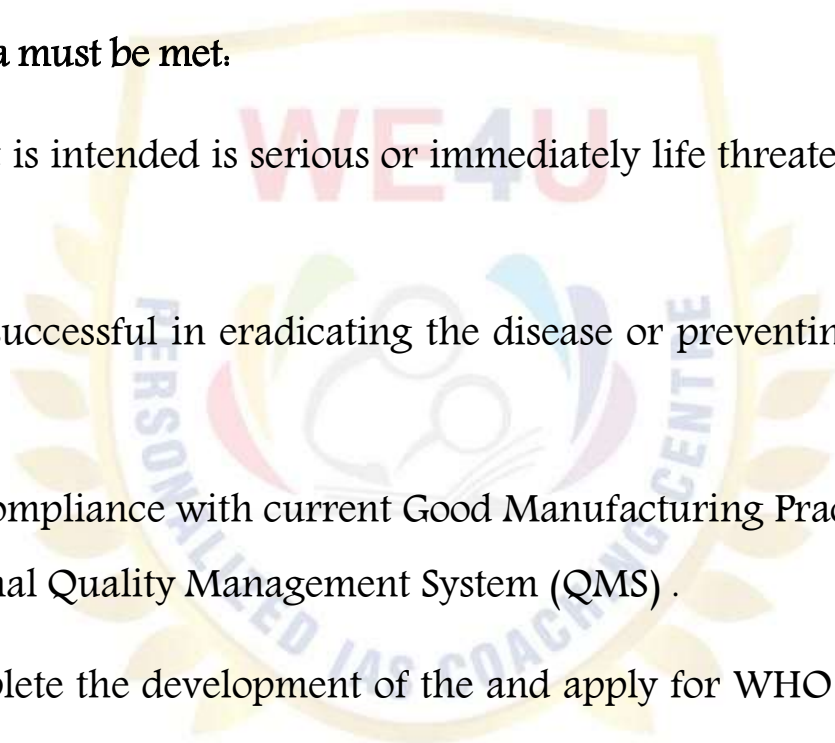
Working Group of the National Technical Advisory Group on Immunisation (NTAGI). Corbevax is to be considered as a precaution dose after completion of six months or 26 weeks from the date of administration of the second dose of either Covaxin or Covishield vaccines for those aged above 18 years enabling use of Corbevax as a heterologous COVID-19 vaccine for precaution dose administration in this age group.

Biological E announced on February 21 that the Corbevax vaccine received emergency use authorisation from India's Drugs Controller General of India (DCGI) for the 12-to-18 age group. And for the 12-14 age group on March 17.

In addition, the Subject Expert Committee (SEC) recommended granting emergency use authorisation to Corbevax for children aged five to 11 with certain conditions on April 21.

The DCGI approved Corbevax for restricted use in emergencies among adults on December 28, 2021. On June 4, the DCGI approved it as a heterologous COVID-19 booster dose for adults.

- The Drug Controller General of India (DCGI) heads the Central Drugs Standard Control Organization (CDSCO).
- CDSCO is the central drug authority in India.
- CDSCO is a national level regulatory body under the Ministry of Health and Family Welfare.
- The body is responsible for approving licenses for certain categories of drugs.
- The DCGI also establishes standards for the manufacturing, sales, import, and distribution of drugs in India.
- The DCGI also regulates medical and pharmaceutical devices.
- In case of any dispute with respect to the quality of the drug, the DCGI is the appellate authority.



- A WHO pre-qualification, or Emergency Use Listing (EUL), is necessary for a vaccine company to supply vaccines to global facilities
- **To be eligible, the following criteria must be met.**
- The disease for which the product is intended is serious or immediately life threatening, has the potential of causing an outbreak, epidemic or pandemic.
- Existing products have not been successful in eradicating the disease or preventing outbreaks (in the case of vaccines and medicines).
- The product is manufactured in compliance with current Good Manufacturing Practices (GMP) in the case of medicines and vaccines and under a functional Quality Management System (QMS) .
- The applicant undertakes to complete the development of the and apply for WHO prequalification once the product is licensed.



## TOPIC: LEGISLATURE

# SC to take up plea to ban convicts from polls for life

Even a constable loses job after conviction, says petitioner

LEGAL CORRESPONDENT  
NEW DELHI

The Supreme Court on Wednesday said it would consider a plea seeking a lifetime ban on people convicted of offences from contesting elections and becoming MPs and MLAs.

Appearing before a Bench led by Chief Justice of India N.V. Ramana, senior advocate Vikas Singh, appearing for petitioner Ashwini Upadhyay, said “even a constable can lose his job after conviction”.

The Centre, in an affidavit filed in 2020, maintained in court that disqualification under the Representation of the People Act of 1951 for the period of prison sentence and six years thereafter was enough for legislators.

On Wednesday, senior advocate Vijay Hansaria, the court's *amicus curiae*, ho-



The Centre's affidavit in court says a ban of six years after the jail term is enough.

wever, said a convicted MP or MLA could come back after the six-year ban and make laws.

In its affidavit in December 2020, the Ministry had rejected the idea of a lifetime ban on convicted persons contesting elections or forming or becoming an office-bearer of a political party.

The Ministry had reasoned that MPs and MLAs were not bound by specific “service

conditions”. “They are bound by their oath to serve citizens and country... They are bound by propriety, good conscience and interest of the nation,” the Ministry had argued.

The Centre had attempted to buttress its case last year by citing a Constitution Bench decision in the Public Interest Foundation case of 2019, which said “though criminalisation of politics is a bitter manifest truth, which is a termite to the citadel of democracy, be that as it may, the court cannot make the law”.

But the Centre's stand in 2020 contradicted that of the Election Commission of India. In 2017, the poll body endorsed the call for a life ban in the top court. Such a move would “champion the cause of decriminalisation of politics”, it had said.

### ▪ Disqualification grounds

- ✓ The constitution of India has provided (in article 102) that a member of parliament will be disqualified for membership if:
  - ✓ He holds any office of profit under the Union or state government (except that of a minister or any other office exempted by Parliament)
  - ✓ He is of unsound mind and stands so declared by a court.
  - ✓ He is an undischarged insolvent.

- ✓ He has ceased to be a citizen of India.
- ✓ He is disqualified under any other law by parliament
- The last condition above led the parliament to include some other conditions for disqualification in **Representation of People Act (1951)**. These are as follows:
  - He must not have been found guilty of certain election offences and corrupt practices
  - He must not have been convicted for any offence that results in imprisonment for two or more years. However, detention under preventive detention law is not disqualification.
  - He must not have failed to lodge an account of election expenses within stipulated time.
  - He must not have any interest in government contracts, works and services.
  - He must not be a director or managing personnel in a company / organization in which government has at least 25% share.
  - He must not have been dismissed from government service due to corruption or disloyalty to state.
  - He must not have been convicted for promoting enmity between groups.
  - He must not have been punished for supporting social crimes such as untouchability, sati, dowry etc.

## Govt. extends PMAY-Urban scheme

SPECIAL CORRESPONDENT  
NEW DELHI

The Union Cabinet on Wednesday approved an extension to the Pradhan Mantri Awas Yojana-Urban up to December 31, 2024 so that the houses sanctioned under the scheme can be completed, officials said.

It was launched in 2015 with the aim of constructing over 112 crore homes by August 15, 2022. The Cabinet approved an extension till December 31, 2024, so that the houses already sanctioned are completed, a statement said. While the initial demand for houses was 112 crore, the Ministry of Housing and Urban Affairs has so far sanctioned 122.69 crore houses, of which 102.59 crore have been grounded and 61.77 crore have been delivered. In a reply in the Lok Sabha on July 21, Minister of State for Housing and Urban Affairs Kaushal Kishore said: "A proposal seeking extension of the mission up to March 2024, to complete all houses sanctioned under the scheme up to 31 March 2022, is under consideration. Meanwhile, an interim extension of 6 months for all verticals except Credit Linked Subsidy Scheme has been granted."

- Pradhan Mantri Awas Yojana (PMAY) falls under the Government's mission - Housing for All by 2022 for urban housing being implemented by the Ministry of Housing and Urban Affairs (MoHUA).
- It makes home loans affordable for the urban poor by providing a subsidy on the Interest Rate of a home loan during repayment by way of EMI (Equated Monthly Installments).
- Beneficiaries:
  1. Economically Weaker Section (EWS) - with a maximum annual family income of Rs. 3,00,000.
  2. Low Income Group (LIG) - with maximum annual family income of Rs. 6,00,000 and
  3. Middle Income Groups (MIG I & II) - with a maximum annual family income of Rs. 18,00,000)
- A beneficiary family will comprise husband, wife, unmarried sons and/or unmarried daughters.



## TOPIC: INTERNATIONAL ORGANISATIONS

# 'Credibility of UN sanctions regime at all-time low'

India takes aim at China, Pakistan and Afghanistan over 'double standards' against terrorism

SUHASINI HAIDAR  
NEW DELHI

The credibility of the United Nations' sanctions regime is at an "all-time low", India said on Tuesday, taking aim at China, Pakistan, Afghanistan and the United Nations Secretariat over "selectivity" and "double standards" against terrorism.

Delivering a speech sharply critical of the UN process, at a Security Council session on 'Threats to international peace and security caused by terrorist acts', where she did not name the countries, India's UN envoy Ruchira Kamboj took exception to China's decision to place a hold on terror listings, the "glorification" of terror acts by Pakistan, and the Taliban regime in Afghanistan for providing shelter to terror groups, including ISIL-Khorasan which was behind the

attacks on a Gurdwara in Kabul.

In particular, Ms. Kamboj slammed the UN Secretary-General's report on terrorism that had, in its section on threats in Central and South Asia, referred only to ISIL-K, and not to the allied groups that target India, which New Delhi has been providing information on.

"It is puzzling to us that the SG's report chose not to take notice of the activities of the several proscribed groups in this region, especially those that have been repeatedly targeting India. Selective filtering of inputs from member states is uncalled for," Ms. Kamboj said, adding that "the linkages between groups listed by the UNSC such as the Lashkar-e-Taiba (LeT) and the Jaish-e-Mohammed (JeM) pose a direct threat to the peace and stability of the region". In a



Ruchira Kamboj

reference to Dawood Ibrahim, the Ambassador's speech also warned that crime syndicates turning to terror received "state hospitality" in a "neighbouring country", despite being listed by the UNSC.

### Deep disappointment

India expressed deep disappointment with the UNSC 'sanctions regime' against al-Qaeda and the Islamic State (ISIL), which was first put into place in the late 1990s and then updated as a part of the global war on terrorism.

New Delhi has faced frequent blocks and 'technical holds' placed by Beijing in its attempts to add a number of terrorists to the UNSC-designated terrorist listings, including the top leadership of the LeT and the JeM based in Pakistan and Afghanistan.

In May 2019, China removed a series of blocks on listing of JeM chief Masood Azhar, but then thwarted a more recent joint proposal by India and the U.S. to list LeT deputy chief Abdul Rahman Makki, which is still pending a final decision. Sources said the government was preparing more such proposals to list other wanted terrorists, and was hoping that China, which has assumed UNSC presidency for the month of August, would not block those.

"The practice of placing holds and blocks on listing requests without giving any

justification must end. It is most regrettable that genuine and evidence-based listing proposals pertaining to some of the most notorious terrorists in the world are being placed on hold. Double standards and continuing politicisation have rendered the credibility of the sanctions regime at an all-time low," Ms. Kamboj said. "We do hope that all members of the UNSC can pronounce together in one voice, sooner rather than later, when it comes to this collective fight against international terrorism," she added.

Ms. Kamboj also announced that India will host a special meeting of the UNSC's Counter-Terror Committee (CTC) in Delhi and Mumbai on October 28 and 29, to discuss new challenges such as cybercrime and terror financing through cryptocurrency wallets.



# COVID-19, arguably, has become endemic in India

It is time to deal with COVID-19 just like any other health condition and integrate interventions in general health service



CHANDRAKANT LAHARIYA

The infectious disease 'outbreaks' or 'epidemics' or 'pandemics' share a fate – there is a day when the majority of them run their course and fade away. However, a small proportion (of epidemics or pandemics) transitions to the stage of endemicity, i.e., a level of transmission which is not considered to be a major concern by the public or health authorities. It has been 29 months since COVID-19 was declared a pandemic. However, new COVID-19 cases are still continuing to be reported from different parts of the world, including India, on a regular basis. In fact, the numbers of daily new COVID-19 cases in many countries are more than what had been reported at the peak of the national waves in those countries before the emergence of Omicron as a variant of concern. However, the severity of COVID-19 infections is low and the burden of health services due to intensive care unit and hospital admission even lower. COVID-19 vaccination coverage is increasing and, in many countries, COVID-19 related restrictions have either been removed completely or relaxed to a large extent.

**Much opinion**  
After the third wave in January 2022, India saw the lowest number of daily new COVID-19 cases in March and April this year. However, since then, daily cases have spiked to around 18,000 a day. In fact, in the last two months every rise and fall in daily cases in India revives the discussion on whether COVID-19 continues to remain pandemic or has become endemic. Yet, consensus is missing. Part of the reason is that the discourse is dominated by opinion and there

has been insufficient attention on an objective assessment of what constitutes the endemic stage of endemicity.

An important point to remember is that the terms, outbreaks, epidemics, and pandemics reflect only the geographical spread. Outbreaks are a localised spread while an epidemic is when a disease affects a large geographical area within a country or a few countries. A pandemic is when multiple countries in different regions of the world are affected. The severity of the disease has no or very limited linkage with this classification and a disease could be mild; but if it is widespread, it could be termed a pandemic. COVID-19 began as an outbreak in China, became epidemic afterwards when more countries were affected, and then, finally, was declared a pandemic on March 11, 2020. It was not linked to the severity of disease. Severe Acute Respiratory Syndrome (SARS), in 2002-04, was a very serious disease, with one in 10 people who were affected dying; it was not declared a pandemic because severity does not determine this classification.

**Here to stay**  
New diseases usually do not disappear completely. Chikungunya, dengue and many respiratory viruses usually stay within populations once they enter a population. Twenty-nine months into the pandemic, there is consensus that SARS-CoV-2 will stay with humanity for long, possibly for years and even decades. Cases are being reported from all countries and parts of the world and are likely to be reported in the time ahead. In this situation, it is important to ask how diseases transition from epidemic or pandemic to the endemic state.

We usually go back to history to get such answers. However, in the case of the COVID-19 pandemic, historical references are not very useful. The end points of the pandemics prior to the 18th century were determined retrospectively,



when it was relatively easy to conclude a defined year. Then, the infections and cases in three major influenza pandemics in the 20th century (1918-20, 1957 and 1967-68) were identified based on symptoms; laboratory testing was not available for the pandemic in 1918-20 and was very limited in subsequent ones. In fact, in the 1918-20 flu pandemic, even the virus was not identified (it was first identified in 1933). If those clinical criteria of yesteryears are applied in ongoing COVID-19 cases which are now either mild and/or asymptomatic (thanks to vaccination and natural infection), one can conclude that the COVID-19 epidemic is over in many countries.

One of the ways to differentiate between 'pandemic' and 'endemic' is the 'socio-economic' impact. Pandemics are not merely health events but also encompass the social and economic implications of infections and diseases. For nearly two years, a large number of SARS-CoV-2 infections were happening in a short period of time – by a novel virus in a population which was completely immunologically naive – illnesses required hospitalisation and health facilities were overwhelmed. The infections, illnesses and hospitalisations understandably resulted in fear, panic and economic and social disruption. The interventions to halt the transmission of SARS-CoV-2, i.e., lockdowns, quarantines, national and international travel bans and school closure were equally unprecedented. There was a loss for many in terms of their sources of income after the ensuing social disruption and economic slowdown. Clearly, the impact was not restricted to those who tested COVID-19 positive; it has affected every

one and every member of society.

The risk of infection and disease under COVID-19, till early 2022, was unknown, and the outcome unpredictable. Two and half years into the pandemic – the risk of getting COVID-19 continues and will always be greater than zero, for long. However, there is better understanding now of who will get severe diseases. The risk of the social and economic impacts due to COVID-19 is minimal and close to zero. In such a backdrop, it is fair to conclude that while the health challenges of SARS-CoV-2 remain, the socio-economic impact is blunted. It is a good starting point to believe that the COVID-19 pandemic in India has moved to its endemic stage. However, that is not the same as saying that the pandemic is over. In epidemiology and public health, context (local setting, infection rate and vaccine coverage) determines the disease spread. Therefore, in the ongoing COVID-19 pandemic, every country would reach an endemic stage at different points of time. Countries that had higher vaccination coverage and higher natural infection (such as India) are likely to reach this stage early. Countries with low natural infection and vaccination coverage (as in Africa) would reach an endemic stage a little later.

**A disease perspective**  
There is another dimension to the pandemic and endemic debate. Since pandemics have a social impact, the decision on when a country has reached an endemic stage is also determined by societal perspective of 'the acceptable risk'. There are a number of countries across the world where societies have returned to 'normalcy mode' even though the per million daily cases in many settings are higher than cases at the peak of earlier waves. The United States has returned to a 'no mandatory COVID-19 test' for inbound passengers. In Europe, many countries are back to full normalcy.

Here is another example. HIV/AIDS was an epidemic in the mid-1990s. Now, HIV/AIDS cases are reported regularly but it is endemic because all societies/countries have agreed to it being an acceptable risk. Let us examine the data angle as well. In June-July 2022, around 30 deaths are being reported every day on average in people who tested COVID-19 (but did not necessarily die due to COVID-19). These numbers need to be seen in perspective. In India, an estimated 26,000 to 27,000 people die every day due to a variety of reasons which includes even old age. These daily deaths include 120 deaths every day due to pregnancy-related causes; 350 to 600 deaths in road accidents; 1,400 attributed to tuberculosis; around 2,000 deaths in children younger than five years due to different reasons, and 4,000 deaths every day attributed to tobacco and other related causes. Every effort should be made to avoid any death that is preventable. No society should be overly fixated over only one disease or health challenges. Clearly, COVID-19 is one of the many challenges and cannot continue to be the top and the only health priority.

The ongoing COVID-19 pandemic at the global level does not mean every country needs to have similar interventions in its response. India, arguably, has reached a stage where COVID-19 can be considered to be in its endemic stage. It is time to deal with the COVID-19 just like any other health condition and integrate COVID-19 interventions in general health services. It is time people do a self-assessment of their COVID-19 risk and undertake voluntary precautionary measures. COVID-19 vaccination should become part of the routine immunisation programme. There are other health challenges that are waiting to be tackled.

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**THANK YOU**

