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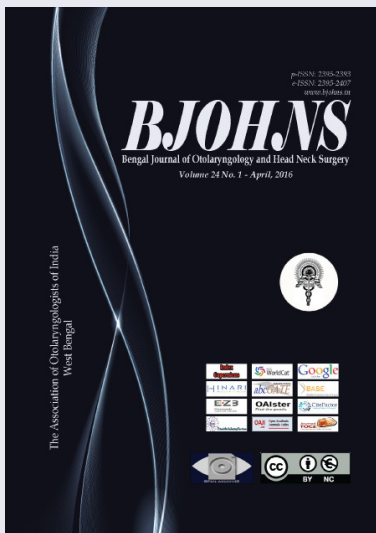
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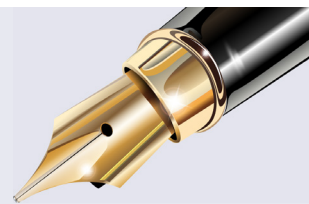
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From the Desk of the Editor



The second wave of Covid-19 is sweeping through India with increased vengeance. The daily incidence has already doubled to cross two hundred and thirty thousand, compared to the peak of ninety thousand on September 16, 2020. The daily mortality has also crossed the peak of 1300 mark recorded in 2020. The Covid-19 pandemic has affected more than 140 million people worldwide and has claimed more than 3 million lives as on April 16, 2021. The disease has affected 14.7 million people in India and the death count crossed one hundred and seventy seven thousand. Indian Medical Association registry shows 747 casualties amongst doctors. Most of such deaths were from Tamil Nadu (89) and West Bengal (80). The Covid graph is at its peak in countries like India, Turkey, Iran, Brazil and is still rising. Out of every hundred infections reported around the world, more than 45 are from Asia and the Middle-East, adding a million new infections every two days.

The situation is bad. What can be done to salvage the situation? How best can we manage the pandemic to reduce spread of the disease and its mortality? Experts are of the opinion that vaccination is the only practical option to reign in the virus. You might find it interesting to note that the World Health Organisation (WHO) had been anticipating a pandemic since long. WHO, in 1969, concluded that the nature of the next pandemic virus cannot be predicted. Every pandemic preparedness planning group since then suggested measures to prepare for the unpredictable. It was evident that 'no amount of hand washing, hand wringing, public education, or gauze masks will do the trick.' Prophylaxis with antiviral agents would not be a practical option. The keystone of influenza-like pandemics will be vaccination. Experts suggested genetic reassortment of high yield viruses for potential use in vaccine production, which could be used as 'Barricade Vaccines' in any eventual influenza epidemic, even though the genetic material might not exactly match the newly emerging strain of that subtype. Fifty years later, this goal has not yet been achieved. On the contrary, the world faced a pandemic caused by a new virus SARS-CoV-2.

The scientific community and the multinational pharmaceutical industry have accepted the challenge with financial and logistic support from different Governments and facilitatory boost from the WHO. Canada, for example, decided to fund as many as 96 vaccine research projects at Canadian companies and universities, with plans to establish a "vaccine bank" that could be used if another coronavirus outbreak occurs. Vaccines became a reality and have been approved for emergency use in general population since December, 2020.

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As of April 2021, 13 vaccines are authorized by at least one national regulatory authority for public use: two RNA vaccines (the Pfizer–BioNTech vaccine and the Moderna vaccine), five conventional inactivated vaccines (BBIBP-CorV, CoronaVac, Covaxin, WIBP-CorV and CoviVac), four viral vector vaccines (Sputnik V, the Oxford–AstraZeneca vaccine, Convidecia, and the Johnson & Johnson vaccine), and two protein subunit vaccines (EpiVacCorona and RBD-Dimer) (Ref: Wikipedia). Countries across the world have started vaccination drives with variable coverage achieved till date. While Israel, UK, USA, UAE, Chile, Bahrain and Gibraltar could cover a significant section of their population, more than hundred million jabs in India (upto April 16, 2021) could cover only 1.1% of its population with two doses (7.6% received at least one dose) since the launching of its vaccination programme on January 16, 2021. Greater availability of more vaccines of adequate antigenic potency and wider involvement of the healthcare delivery infrastructure will bring more people under the immunisation umbrella, making the world free again.

Let us hope that the painful experience of this pandemic would make us better prepared to prevent any pandemic in the future.



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