



DAILY NEWS BULLETIN

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The personalised vaccine that could cut skin cancer death risk

Anonna Dutt

New Delhi, August 23

A NEW personalised cancer vaccine, administered along with a popular immunotherapy drug Keytruda, has been shown to reduce the risk of death owing to recurrence and spread of skin cancer. Developed by pharmaceutical giant Merck and the mRNA vaccine company Moderna, Intismeran is the first such therapy to show meaningful clinical benefits.

"These Phase 3 findings represent a pivotal moment for the field of cancer research. For many years, the idea of creating an mRNA treatment designed specifically for an individual patient's cancer was aspirational," said Stéphane Bancel, CEO of Moderna, in a press release.

How does Intismeran work?

The therapy is designed by identifying the mutations — called neoantigens — in a patient's tumour sample. Neoantigens are essentially proteins found only on the cancerous cells, which the body's immune system can be trained to recognise. These

neoantigens vary from person to person, meaning they become an identifier for the cancer, and also establish the need for personalised vaccines.

mRNA, or messenger RNA, is a single-stranded molecule that carries genetic instructions from DNA in the cell nucleus, telling the cell which proteins to make. The vaccine consists of synthetically developed mRNA that encodes for these proteins. Each treatment consists of mRNA coding for 34 such neoantigens. Once administered, the body generates these proteins and presents them to the immune system.

The idea behind the therapy is the same as any other vaccine: teach the immune system to recognise the cancer's fingerprint so that it can mount an effective response whenever it spots these mutated cells.

"Just as a vaccine for an infectious disease contains the antigen from a pathogen — the proteins or lipids that trains the body's immune system to recognise and fight off the pathogen — therapies such as this contain cancer neoantigens. While people have been working on this for a decade or so, this is the first clinical break-

Cancer identifiers

• Neoantigens are essentially proteins that are found only on the cancerous cells, which the body's immune system can be trained to recognise.

• These neoantigens vary from person to person, meaning they become an identifier for their cancer but also necessitating personalised vaccines.

through," Dr Gaurav Kharya, haematologist and co-founder of a startup developing blood cancer treatment Cellogen, told *The Indian Express*.

"The benefit is that this fingerprint of the cancer goes into the immune system's memory. So, if the cancer comes back, the body's immune system can immediately recognise it and mount a response, prolonging recurrence-free survival," he added.

What did the study find?

The study found that when the vaccine was given with the popular immunotherapy drug Keytruda, the risk of death owing to recurrence of skin cancer went down by 49% — and the risk of death owing to its spreading went down by 59%.

The results are in comparison with only Keytruda being used for treatment. Keytruda in itself has over the years shown to be much more effective in treatment of certain cancers than traditional chemotherapy.

The most common side effects noted in the study were fatigue, injection site pain, and chills.

Is this significant for India?

For the current treatment, the impact would be limited, say oncologists. This is mainly because of two reasons:

One, the current trial result is only meant for skin cancer, or melanoma. "While melanoma is one of the most common types of cancer in the Caucasian population, it is not commonly seen among Indians. Melanoma is, in fact, rare here," Dr Abhishek Shankar, oncologist at AIIMS-New Delhi, said. Globocan — short for Global Cancer Observatory, an online platform that maintains cancer statistics — shows that melanoma accounts for only 0.26% of all cancer cases in India and 0.17% of deaths.

Two, the cost factor. Most patients in India are unable to afford Keytruda, even with patient assistance programmes.

A real-world study from Tata Memorial Hospital had shown that only 16% of the patients who need such immunotherapy are able to access them. "Cost is a very significant factor in India. How can they afford the combination therapy when they cannot afford the immunotherapy itself?" said Shankar.

ICMR says no new strain as Capital reports over 2,000 swine flu cases

Tabshir Shams &
Anonna Dutt
New Delhi, August 23

EVEN AS Delhi's swine flu caseload so far this year crossed the 2,000-mark on Sunday, the Indian Council of Medical Research (ICMR) has said the outbreak is being driven by a known strain already in circulation and that the numbers across the country are beginning to drop. There is no need to panic, the country's apex health research body underlined.

"No new strain of H1N1 has been identified and there is no cause for panic. The Influenza strains currently circulating are also well-matched with the vaccine strains recommended for the Northern Hemisphere," the ICMR said.

The strain predominantly in circulation across the country, according to the ICMR, at the moment is A/Missouri/11/2025 (H1N1) pdm09-like virus strain, part of clade 6B.1A.5a.2a, subclade D.3.1.1 — a lineage that has been in circulation since 2025.

A scientist from the ICMR told *The Indian Express*, "Data shows that around 70% of all respiratory infections in the last

week in the Capital were caused by H1N1 virus. It shows that H1N1 has been in circulation and causing a high number of infections over the last four to five weeks with the numbers slowly going down over the last two weeks. The data for the current week is not yet available."

Seasonal influenza, including H1N1, is "mostly self-limiting," scientists said. "Common symptoms include fever, cough, headache and body ache, and most people recover with appropriate care and rest," said the ICMR scientist while also cautioning that "young children, elderly persons and individuals with underlying medical conditions" may be at greater risk of complications.

"The situation continues to be closely monitored through regular surveillance, and necessary public health measures are being undertaken," the scientist said.

Union Health Minister JP Nadra on Friday reviewed the situation in the Capital and the preparedness of healthcare facilities at a key meeting. Nadra emphasised the need for public awareness of preventive measures such as respiratory hygiene and hand hygiene.

The meeting was also at-

• AT A GLANCE

STRAIN PREDOMINANTLY in circulation across the country is A/Missouri/11/2025 (H1N1) pdm09-like virus strain.

THE LINEAGE has been in circulation since 2025.

ICMR SAYS the cases are beginning to drop.

INFECTIONS ARE likely to be more severe when a new strain starts circulating.

tended by Delhi Health Minister Dr Pankaj Kumar Singh, who reviewed surveillance data and trends in influenza-like illnesses and severe acute respiratory illnesses — cases where patients with flu-like symptoms require hospitalisation.

"We are prepared for any situation. There is no shortage of medicine, doctors, beds," Singh told reporters on Saturday, "Everyone will receive timely and appropriate treatment."

What experts say

In response to the ICMR findings, Dr S Chatterjee, Internal Medicine Specialist, Apollo

Hospital, told *The Indian Express*, "That's good news for us. It's good to know that the mutation has not happened."

He added, "Pollution and environmental factors, among others, could have caused the rise. The air quality around Delhi has worsened over the years, the monsoon has been sporadic, weather has been extreme, dust pollution is also a big issue. Moreover, the defence mechanism of our body has also been weakened. In India, there are multiple factors that weaken our immune systems."

He added that although the government has taken preparedness measures, containing the spread was as much an individual responsibility. "It should then be the individual's responsibility also to control the rise and spread of the disease," he said. "Wear masks when you go out, wash your hands, avoid crowded spaces if you're symptomatic, and stay hydrated to help your body fight the infection."

On the other hand, Dr Rommel Tickoo said, "The clarification from ICMR is reassuring. An increase in H1N1 cases does not, by itself, mean that a new or more dangerous strain has emerged. H1N1 is now part of

the seasonal influenza spectrum, and most healthy individuals recover with appropriate rest and supportive care. The focus should be on vigilance rather than panic, especially prompt medical attention for high-risk groups such as the elderly, young children, pregnant women and those with chronic illnesses or weakened immunity."

WHO's recommendations

Each year, the World Health Organisation comes up with recommendations for the influenza strains that should be included in the annual flu vaccines for the Northern and the Southern hemisphere. The recommendation usually includes two Influenza A strains — one of which is the A/Missouri/11/2025 this year pdm09-like virus this year — and one influenza B strain. These strains are determined using the data on circulation of the flu strains that are reported by its global network of laboratories.

Why does the strain matter? Infections are likely to be more severe when a new strain starts circulating and may affect even the vaccinated if it is not a part of the annual flu shot.

'No new H1N1 strain in India, existing vaccines sufficient'

Influenza strains circulating are well matched with the vaccine strains, and the seasonal flu is self-limiting, ICMR says, adding that people with underlying conditions are at risk of complication

Bindu Shajan Perappadan
NEW DELHI

The Indian Council of Medical Research (ICMR) on Sunday said that the Influenza A (H1N1) viruses currently circulating in the country belong to the A/Missouri/11/2025 (H1N1) pdm09-like virus strain. It clarified that no new strain of H1N1 has been identified and there is no cause for panic.

"These viruses belong to clade 6B.1A.5a2a, sub-clade D.3.1.1, and have been in circulation since 2025. The Influenza strains currently circulating are also well matched with the vaccine strains recommended for the Northern Hemisphere," the ICMR said.

"Seasonal influenza, including H1N1, is mostly self-limiting," it added.

Common symptoms of the illness include fever, cough, headache, and body ache, and most people recover with appropriate care and rest.

However, young children, elderly persons, and



Patients wait at the swine flu (H1N1) outpatient department in Ram Manohar Lohia Hospital in New Delhi in 2015. V. SUDERSHAN

individuals with underlying medical conditions may be at a greater risk of complications. If symptoms persist, worsen, or become severe, consultation with a doctor is advised, it said.

The Union Health Ministry has said that it is closely monitoring the situation through regular surveillance and is undertaking necessary public health measures.

India has registered a rise in seasonal Influenza A (H1N1) cases, commonly called swine flu, this mon-

soon, especially in major cities. Delhi has reported 1,777 confirmed H1N1 cases so far this year, including 114 new cases on August 20. Karnataka has registered over 4,000 cases, with more than half reported from Bengaluru. Rising influenza activity has also been reported in Mumbai, Chennai and parts of Kerala.

Past trends

The National Centre for Disease Control (NCDC) data show that H1N1 activity was relatively low in 2021

(778 cases, 12 deaths) after the pandemic period, but rebounded sharply in 2022 (13,202 cases, 410 deaths) and remained substantial in 2023 (8,125 cases, 129 deaths). By June 2024, India had already recorded 7,215 cases and 150 deaths, and year-end numbers were higher. The NCDC's 2025 reporting shows that H1N1 continued to circulate across multiple States.

The NCDC maintains a nationwide influenza surveillance network and publishes State-wise data and H1N1 treatment/prevention guidelines. It recommends seasonal influenza vaccination based on WHO strain recommendations. For the 2025-26 season, India's recommended trivalent vaccine included H1N1, H3N2 and B/Victoria components, with circulating Indian H1N1 strains aligning with vaccine strains.

"People at higher risk should consider annual vaccination and seek medical advice promptly if flu symptoms become severe," Anil Bansal of the Delhi Medical Association said.

The rural-urban divide in female labour force participation

The participation of women in the labour market has increased, with the rise being more pronounced in rural areas than urban areas

DATA POINT

Chandrasekar K.

The Periodic Labour Force Survey (PLFS) 2025 reveals a significant increase in the Female Labour Force Participation Rate (FLFPR) since 2020, following the COVID-19 pandemic. The overall FLFPR for those aged 15 years and above increased from 30% in 2019-20 to 40% in 2025. The increase was more pronounced in rural areas, where the FLFPR rose from 33% to 45.9%, compared with an increase from 23.3% to 27.7% in urban areas. This substantial rural-urban difference warrants a more granular analysis.

Chart 1 shows the Average Annual Percentage Point (AAPP) change in rural FLFPR for each State between 2019-20 and 2025. West Bengal, Uttar Pradesh, Gujarat, Odisha, Bihar, Rajasthan and Haryana recorded AAPP above the all-India rural average. In contrast, Madhya Pradesh, Punjab, Jharkhand, Chhattisgarh, Uttarakhand, Maharashtra, Goa, Himachal Pradesh and the five southern States recorded AAPP below the national average; but most continued to register positive annual changes.

Similarly, Chart 2 shows the AAPP change for urban areas. Rajasthan and Gujarat, with AAPP above 2 percentage points per year, recorded particularly sturdy improvements. Uttarakhand, Kerala, Chhattisgarh, Karnataka, Odisha, Bihar and Andhra Pradesh also recorded AAPP above the all-India urban average. In contrast, the remaining States recorded AAPP below the national average. This indicates that several States recorded relatively strong gains despite overall pace of improvement being lower in urban areas than in rural areas.

However, AAPP alone is insufficient as it measures only the pace of change and does not consider the level of female labour force participation from which a State

started. Therefore, combining the baseline level – 2019-20 FLFPR for each State – with the AAPP helps better assess the States.

Chart 3 shows the rural baseline-AAPP relationship. Bihar, Uttar Pradesh, West Bengal and Haryana started with relatively low female LFPR but recorded AAPP above the all-India average, indicating a relatively faster pace of improvement. In contrast, Goa and Punjab started from relatively low baseline levels but recorded AAPP below the national average, indicating slower improvement despite having considerable scope. Odisha, Gujarat and Rajasthan started with relatively higher baseline rural LFPR and recorded an above all-India-average AAPP, indicating that faster improvement is not confined to States starting from a low base. Madhya Pradesh, Jharkhand, Uttarakhand, Chhattisgarh, Maharashtra, Himachal Pradesh and the five southern States had relatively higher baseline levels but recorded AAPP below the national average.

Chart 4 shows the urban baseline-AAPP relationship. Rajasthan, Gujarat, Uttarakhand and Bihar started from relatively low baseline levels but recorded AAPP above the all-India average. In contrast, Uttar Pradesh, Jharkhand, Haryana and Punjab also started from relatively low levels but recorded below-average AAPP, indicating slower improvement. Among the States with relatively higher baseline urban FLUPR, Kerala, Karnataka, Chhattisgarh, Odisha and Andhra Pradesh recorded above-average AAPP, showing that some States with already higher participation continued to make relatively rapid gains.

Taken together, all charts show that female labour force participation differs substantially across States and between rural and urban areas. It also demonstrates why AAPP should not be interpreted in isolation: a State with a lower AAPP may already have a relatively high FLFPR.

Wide variations

The data for the charts were sourced from PLFS 2025. The author is an Indian Statistical Service Officer serving as Joint Director in MoS&PI

Chart 1: Average annual percentage point (AAP) change in rural U.S. PPP for each State between 2010-20 and 2025

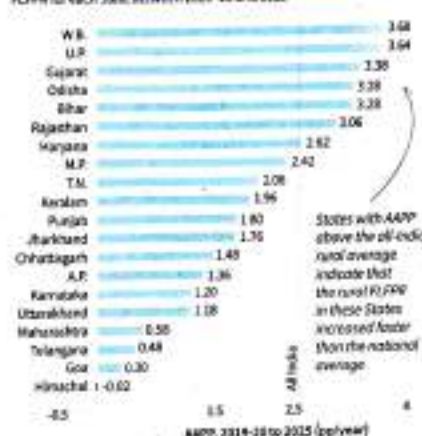
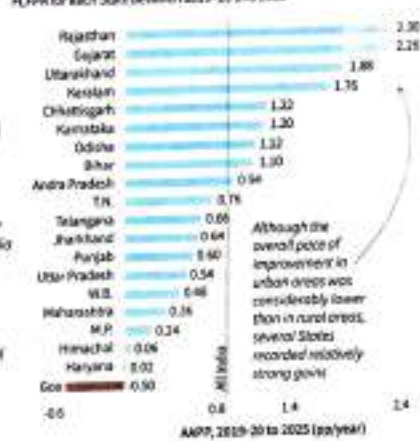


Chart 2: Average annual percentage point (AAPF) change in urban population for each State between 2013-20 and 2025



1 Average annual percentage point change (AAPC) is used to indicate the pace of improvement and is not intended to rank States.

2 In Chart 1, Himachal Pradesh is particularly notable, with a marginally negative APT, despite nearly 30% of its population residing in rural areas.

3 As shown in Chart 4, States like Tamil Nadu, Telangana, West Bengal, Maharashtra, Madhya Pradesh, Himachal Pradesh and Goa recorded steady improvement despite their relatively higher starting levels.

Chart 3: Baseline (2009-20) LFPH and NAAP relation for rural TLFPH

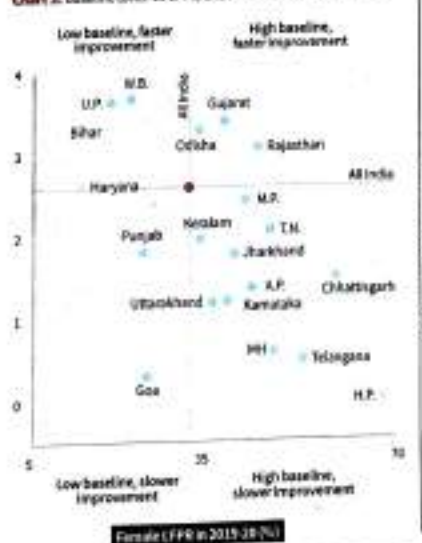
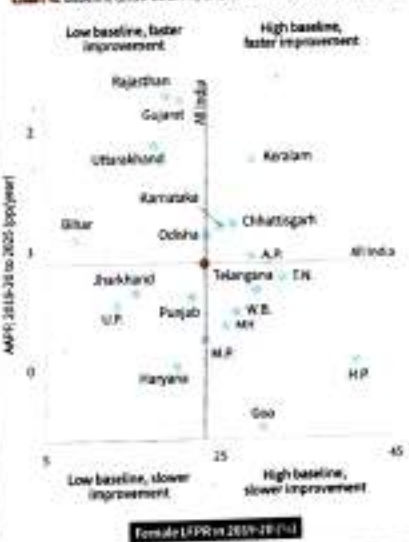


Figure 4c: Baseline (2018-20 LFFR) and AARP relation for urban FLFFR



Kerala HC allows cancer patient to be added as party in case on medicine prices *The Hindu*

The Hindu Bureau
KOCHI

The Kerala High Court has allowed a breast cancer patient from Malappuram to be impleaded in a petition considering the issue of the 'exorbitant' price of 'life-saving' breast cancer medication, Ribociclib.

The petition was initially filed by another patient diagnosed with HR Positive HER2-Negative Metastatic Breast Cancer. She was taking Ribociclib, but had passed away while the case was pending before court. Her petition sought directives to the government to take over the medication's



The court asked authorities to check if Palbociclib, a cheaper alternative, could be used.

patent and make it available at the lowest price possible. The court had then taken up the matter *suo motu*, considering the larger public interest.

Justice Harishankar V. Menon found that since the current person was also suffering from breast cancer and taking Ribociclib, she could be added as a party to the case.

The court directed the National Cancer Institute (NCI), Jhajjar; Chittaranjan National Cancer Institute (CNCI), Kolkata; Regional Cancer Centre (RCC), Thiruvananthapuram; and the Drug Controller General of India (DCGI); to check if Palbociclib, a cheaper alternative suggested by pharmaceutical companies Eli Lilly and Company and Novartis AG, could be used in place of Ribociclib.

Tastiest cheese also good for gut

SCIENTISTS STUDYING three artisanal British cheeses found that the microbes responsible for their distinctive flavours may also offer surprising benefits for gut health. As the cheeses matured, helpful bacteria transformed their aroma and textures while potentially producing compounds linked to reduced inflammation, cholesterol regulation and appetite control. The study by the University of Reading included a soft white rind cheese aged for a little more than a week, a washed rind semi-soft cheese that matures over several weeks, and a semi-hard cheese aged in hay for about nine months.



Why walking is harder with age

AS WE age, the body appears to sacrifice walking efficiency in exchange for stability. Older adults stiffen the ankle more with each step, which may help prevent falls but also force the muscles to work harder while producing less forward motion. This leads to shorter strides, slower walking and faster fatigue. Exercises targeting balance, coordination and lower-leg strength could help preserve mobility. Led by researchers at Flinders University and the University of Canberra, the study found that aging is associated with a "safety-first" walking strategy.



A nerve link to breast cancer

RESearchers AT the University of Oklahoma have uncovered a surprising way triple-negative breast cancer may turn the body against itself. Tumours appear to recruit macrophages — immune cells normally involved in healing and fighting infection — and use them to release a protein called BDNF that draws nerves into the tumour. Those nerves may then help the cancer grow, resist treatment and potentially spread. Instead of focussing only on destroying cancer cells, future therapies might interrupt the signalling between macrophages and the nerves that appear to support tumour growth.



Stress hormone repairs the brain

ASTUNNING stress-related signal may help the brain repair itself after injury. Researchers at the Max Planck Institute of Psychiatry found that myelin-producing precursor cells rapidly release the stress hormone CRH near damaged brain tissue, helping control how those cells mature and rebuild nerve insulation. The same system also influences brain development and the thickness of myelin later in life. The findings could offer new clues about how early-life stress contributes to psychiatric disorders. The CRH response can be detected within a few hours after injury, but shuts down after three days.



When the inspector leaves: Can food safety become a daily habit?

The challenge is making hygiene, training and safe food handling routine rather than something businesses scramble to fix when inspections intensify

Anuradha Maccanhras

AT THE 40-year-old Poona Guest House, known for its authentic Maharashtrian cuisine, food safety is not left to chance. Third-generation owner Kishore Sawant ensures pest control is carried out twice a month. He checks refrigerator temperatures, cooking oil regimes and staff training and makes sure hand-wash stations have soap and water. Exhaust fans, insect-proof doors and windows are also part of his checklist.

Sawant, who is also president of the Pune Restaurants and Catering Association, regularly checks with members to ensure that restaurants comply with the requirements of the Food and Drug Administration (FDA) and the Food Safety and Standards Authority of India (FSSAI). It is a routine that has been followed for years but there is a reason why Sawant is checking again. Since the Maharashtra Food Safety and Standards Bill was passed in May, inspections have become more frequent. The association has been sending reminders to restaurants to ensure that all inspection requirements are being followed. "By and large, owners of food outlets and restaurants have adhered to compliance requirements. Still, I double-check to ensure our members are fully compliant," says Sawant.

That perhaps captures the larger problem with India's food safety regime. The country does not lack rules, it lacks the ability to ensure that rules are consistently followed. Between May 26 and July 31, FSSAI records show that more than 1,000 inspections were conducted across the state, resulting in 140 licence suspensions and 760 improvement notices. Pune recorded the highest number of complaints. Between May 26 and August 15, the Pune District saw over 500 inspections.

With 10 licences suspended and 406 improvement notices issued, the Food Safety Commission is questioning why should food safety compliance improve sharply when inspections intensify, instead of being embedded in the daily food business operations?

Mandil, who has been transferred 26 times over 22 years of service, told The Hindu Agency that preventive health must be linked to food safety. "Our health is paramount. A significant portion of disease burden comes from non-communicable diseases, and the food we consume plays an important role in that. We need to change our eating habits, but that is not enough. We need to ensure that the food we eat is safe. That is the challenge. But ensuring that food is safe is not a one-time thing. It is a continuous process. It depends on the intensity of a public health inspection. A food safety system must make compliance routine, not reactive."

Rules are changing but awareness is still catching up
Effective April 1 this year, FSSAI revised 10 food safety laws, including categories



GETTY IMAGES

Food businesses with an annual turnover of up to Rs 15 crore must obtain FSSAI registration, those with an turnover between Rs 15 crore and Rs 30 crore require a State FSSAI licence, and businesses with turnover above Rs 30 crore require a Central FSSAI licence. The distinction is important because India's food sector ranges from small local vendors and outlets to large restaurants, manufacturers, importers and exporters.

FSSAI has issued around 26,000 licences across Maharashtra, Gujarat, Goa and Madhya Pradesh, covering five-star restaurants as well as importers and exporters dealing with essential commodities entering through various ports. Yet, even among larger licensed businesses, inspections in the western region identified around 2,400 improvement notices last year. A licencees' obligation is that a business is within the regulatory system. It does not automatically establish that safe practices are being consistently followed.

For Prithvi Chaudhary, regional director at FSSAI (Western Region), the major cause of non-compliance is lack of awareness and education. Over the past three to four years, FSSAI has trained street vendors, students and other groups to detect adulteration and promote food safety practices. Farmer-consumer programmes have also been launched to connect food businesses and farmers. "In Mumbai, we've trained around 30,000 street food vendors and held over 60 officer-led training programmes focused on street hygiene. Personal hygiene is vital for food safety. We are emphasising improved food preparation and serving practices, with vendors using handgear, steel chopping boards and proper waste disposal methods," he says.

Training cannot become another box to tick

That is why Akash Chakraborty, founder of FoodSafe, a food safety training and certification, in Delhi, should be a standard before a food trust is issued. "Many food operators lack awareness of food safety laws and do not even know about FSSAI ac-



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Completing basic food safety training before starting operations helps them understand their responsibilities and maintain safe, hygienic practices," Chakraborty says. His larger point is that training cannot end with certification. "Businesses must actually understand and implement what they have been taught. Otherwise, training risks becoming another compliance document rather than a mechanism for changing behaviour."

A refrigerator may have to be maintained at a prescribed temperature to ensure food does not go bad, an employee may have to follow a particular hygiene protocol, a food outlet may have to maintain a register. The existence of a checklist does not guarantee that any of these things are happening consistently when an inspector is not present.

Enforcement should not be a numbers game

India's regulatory framework is extensive. The more difficult question is how enforcement measures are deployed. Pawan Agarwal, former CEO of FSSAI, believes the system needs to move beyond reactive inspection. "Visible and credible action, as seen in Maharashtra, can change behaviour. However, long delays between violation detection and final accountability weaken deterrence. Not all violations pose the same health risk, so regulatory efforts should prioritise foods, establishments and supply chains with the highest risk, including microbial and chemical hazards that are not always visible during inspections," he explains. He calls for faster case adjudication, credible evidence, proportionate penalties and transparency about outcomes, including when allegations do not hold.

Sawant, in discussions with FSSAI officials, has urged a "rational" approach to enforcement. If minor compliance issues persist, businesses should be given time to correct them without public shaming, especially iconic brands whose reputation could be harmed unnecessarily. Agarwal has to distinguish between a minor deficiency that can be corrected and a serious violation that poses public health risk. "The real challenge is consistent compliance without making the system dependent on periodic crackdowns," says Agarwal.

The gaps go beyond kitchens and restaurants

The largest enforcement problem is larger

than restaurant hygiene. Dr Arun Gupta, co-chair of Nutrition Advocacy in Public Interest (NAPI), believes immediate action is needed to assess risks and generate data about consumption of ultra-processed foods. "Food safety means protection from deceptive practices by food manufacturers. Much remains to be done. Pending consumer protection laws like Front-of-Pack Labeling (FOP) and tighter restrictions on marketing ultra-processed and high-fat, high-sugar (HFSS) foods, major regulatory gaps will defeat the purpose of normalising clean eating," he says.

His argument expands the definition of what food regulation has to do to accomplish. Food safety is not merely about clean kitchens, pest control or properly stored ingredients. It also concerns what consumers are told about food, how products are marketed and whether the regulatory system keeps pace with changes in what Indians eat. The complexity is only increasing as the food industry expands into nutraceuticals and functional foods.

The laboratory infrastructure matters too

Dr Anand Jain, director of Aditya Life Sciences Pvt Ltd, an NABL-accredited food testing lab, points to another weak link between regulation and implementation: the capacity to detect and establish violations. India's food safety regulations, he says, are elaborate. "But implementation is often weakened by poor enforcement, manpower shortages, inspection capacity limits, delayed test results and lack of coordination among agencies. We need to shift from a reactive, testing approach toward a risk-based system focused on high-risk foods, supply chains and repeat violators," he says.

He also calls for robust laboratory infrastructure, advanced analytical capacity, and speedy access to test results — especially important given the growing complexity of the food industry, with nutraceuticals and functional foods.

Agarwal, who can inspect a food business, but if laboratory results are delayed or enforcement action takes too long, the deterrent effect is weakened. "Equally, if inspection teams do not have the manpower to identify the highest risk businesses and supply chains, the existence of detailed rules matters little."

POLICY
MATTERS

WHEN FOOD SAFETY MEANT BETTER HEALTH

Improving food safety in restaurants can contribute to better community health by reducing exposure to foodborne pathogens. Restaurants are an important part of the food system because food is prepared in large quantities and served to many people.

A population-level study was conducted in Los Angeles County, USA, following the introduction of a publicly displayed restaurant

and hygiene grading system in 1996. Researchers compared foodborne disease hospitalizations in Los Angeles County with nearby counties in California. After adjusting for baseline restaurant and group characteristics, implementation of the grading programme was associated with a 12% reduction in foodborne disease hospitalizations in the first year. The reduction was sustained over two years, providing relatively strong



Studies show how food outlet safety reduces pathogens

evidence that restaurant-based food safety regulations can improve public health outcomes in communities with diverse socioeconomic conditions.

A 2021 systematic review and meta-analysis of food safety interventions in 15 studies consistently found that interventions were associated with a 20% reduction in foodborne disease hospitalizations. The review included interventions such as food

handler training and food safety systems.

A food safety intervention has been effective in reducing foodborne disease hospitalizations in Los Angeles County (Frontiers in Public Health). Such interventions can help reduce the burden of foodborne disease and improve public health outcomes. (Frontiers in Public Health)

Govt calls health officers meeting over H1N1 cases

Ridhima Gupta

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NEW DELHI: Amid rising H1N1 (swine flu) cases in the city, Delhi health minister will hold a meeting with municipal health officers (MHO) and officials of all government hospitals on Monday to assess the situation, officials aware of the matter said on Sunday.

Health minister Pankaj Singh has also issued directions to chief district medical officers, district surveillance officers and hospitals on the screening, reporting, and monitoring of influenza-like illness (ILI) and severe acute respiratory infections (SARI) cases.

Technical guidelines covering patient categorisation, treatment protocols, ventilatory management, masks and home care have already been circulated. Healthcare workers are being sensitised and trained on symptoms and follow-up protocols," said one official.

This comes after Singh attended the health review meeting chaired by Union minister for health and family welfare JP Nadda on Friday.

Nadda had stressed the need for continued vigilance, stronger surveillance and early clinical management to prevent further spread.

According to official Delhi health authorities, the Capital has recorded 2,392 influenza-A cases this year. Of this, H1N1 is the predominant subtype, accounting for 1,777 cases.

Speaking to HT, Singh said, "There is a definite rise in cases and several patients are presenting with high-graded fever, but...we have not received any reports yet of patients needing ICU or ventilator cases. I can assure that there is no need to panic at all."

He further said, "Delhi is fully prepared to deal with the present health situation. There is no

| PANKAJ SINGH | DELHI HEALTH MINISTER



There is a definite rise in cases, but...we have not received any reports yet of patients needing ICU or ventilator cases. There is no need to panic.



shortage of beds, doctors, medicines or essential medical equipment, and every patient will receive timely and appropriate treatment."

The health minister also urged citizens to follow respiratory hygiene, use masks in crowded places, maintain hand hygiene, avoid close contact with people suffering from respiratory illness and consult doctors rather than self-medicate.

According to National Centre for Disease Control (NCDC) data, Delhi has recorded more than 3,000 H1N1 cases in three recent outbreak years - 4,307 cases in 2015, 3,627 in 2019 and 3,151 in 2024. This year's tally of nearly 1,777 cases remains well below those peaks.

The data also shows that larger outbreaks do not necessarily translate into higher mortality. Delhi has not recorded any H1N1 deaths since 2019, when 31 people died when caseload touched 3,627.

In contrast, the city witnessed another major outbreak in 2024 without recording any deaths.

Doctors say multiple factors may be driving the rise in H1N1 infections this year.

Dr Neetu Jain, senior consultant, pulmonary, critical care and sleep medicine at PSRI Hospital,

said, "High humidity and temperatures can contribute to the spread of influenza and other viral infections."

Low uptake of the low uptake of influenza vaccination and the fact that "there have been fewer significant flu outbreaks in the last two to three years, which means many people may not have had recent exposure to influenza viruses" may be other factors contributing to the uptick in cases, Jain said.

Dr Sunil Rana, associate director and Head, Internal Medicine (Unit III), Asian Hospital, said more patients are seeking testing soon after symptoms begin rather than waiting for the illness to resolve on its own. "Swine flu and H1N1 can present with overlapping symptoms in the early days, so testing is key rather than guessing or self-medicating. We are seeing good recovery rates because patients are reaching us in time," he said.

Dr Praveen Kumar, additional medical superintendent of the GTB hospital said, "The hospital has increased its preparedness to manage the situation. Currently, the situation is not so bad that people should panic."

H1N1 is a subtype of the influenza-A virus that emerged during the 2009 swine flu pandemic.

SCHOOLS ISSUE ADVISORIES, URGE PARENTS TO KEEP SICK KIDS AT HOME

Gargi Shukla

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NEW DELHI: Several schools across Delhi have issued advisories to parents urging them not to send children to school if they develop flu-like symptoms, amid a rise in seasonal influenza and H1N1 cases in the Capital and reports of children suffering from prolonged fever, cough and other respiratory ailments.

South Delhi-based Tagore International School has asked parents to exercise caution and keep children at home when unwell.

"Do not send your ward to school if the child is experiencing cold, cough, sore throat, mild fever, body ache, unusual fatigue, or any other flu-like symptoms," the school said in its advisory.

A similar advisory was issued by The Indian School in the district, urging parents to remain vigilant for symptoms and inform the school if their child is diagnosed with H1N1, enabling the institution to further take necessary precautionary measures. The notice was issued by principal Tania Joshi.

Rohini-based Venkateshwar Global School also issued an advisory.

The advisories come as parents and teachers across the city report a rise in children falling sick for several days with flu-like symptoms.

The Delhi Parents Association has also called for a cautious approach. "If a student is unwell and misses classes for two or three days, their health should take priority," said advocate Manoj Kumar Sharma, the association's vice-president.

India, More Than Food for Thought



Philipp Navratil

Vevey, Switzerland: India isn't simply one of the world's fastest-growing consumer markets, but is also becoming a source of ideas, talent and innovation that can shape the future. Increasingly, it's not only a market to serve, but also a market from which to learn.

The scale of change is visible in consumers' everyday choices: what they eat, how they shop, what they value, and whom they trust. Few sectors sit at the intersection of these shifts as directly as food — connecting consumers, farmers, science, manufacturing and sustainability in one continuous value chain.

India's food processing sector has emerged as a critical pillar of the agricultural and manufacturing ecosystem. It connects what farmers grow with what consumers increasingly seek: safe, high-quality nutritious and con-

venient food. By reducing waste, creating value and strengthening the links between farms, factories and markets, food processing can play a vital role in building a more resilient and inclusive food system.

The country's relationship with food has always been about more than consumption. Food is nourishment, culture and community. The spirit of 'Anna-data Sukhi Bhava' — May the provider of food be happy — reminds us that prosperity begins with those who grow our food, while 'Vasudhaiva Kutumbakam' — World is one family — reflects the belief that enduring progress is built through shared well-being.

India also captures a defining paradox of modern consumption. Consumers have never had more choice, yet they have never had less time to navigate it. For consumer goods companies, this means consumer expectations continue to rise even as their attention becomes increasingly scarce.

This is particularly evident among India's nearly 377 m Gen Z consumers. Young consumers discover differently, compare more rigorously and expect brands to respond with speed, transparency and authenticity. In such an environment, success comes from mak-



Conzooming ahead

ing clearer choices, remaining relevant and earning trust consistently.

That lesson is especially important in food. Food carries memories, traditions and identity. Trust is built meal by meal. Few examples demonstrate that trust more powerfully than Maggi noodles and KitKat.

Consumers today are also asking better questions about nutrition, quality, safety and sustainability. Meeting those expectations requires innovation — not simply new products but better outcomes for people, communities and the planet.

India's emergence as a global technology leader is accelerating that opportunity. Investments in digital public infrastructure, artificial intelligence,

research and entrepreneurship are creating an ecosystem where businesses can innovate faster and respond more effectively to local needs. By reducing routine complexity, technology gives teams more time to exercise judgement, understand local cultures, imagine new solutions and strengthen the human relationships on which lasting trust depends. Ultimately, the companies that succeed will be those that use tech to become more responsive, more responsible and more human.

India is a place where the future is already taking shape — consumers who are deeply rooted and digitally connected; entrepreneurs and researchers solving problems at speed; farmers and suppliers adapting to new expectations; and teams bringing local insight into a global company every day.

Investments made in the country reflect confidence in India's talent, innovation ecosystem and global influence. They also reinforce commitment to working closely with farmers, suppliers, entrepreneurs, academic institutions and policymakers to strengthen India's food system while building more resilient supply chains.

The writer is CEO, Nestlé

Why biohacker Bryan Johnson's new diagnosis may be hard to stomach

Autoimmune gastritis is a disease that can stay hidden for a long time, despite constant monitoring

Srirupa Ray & Shimona Kanwar | TNN

"My stomach is eating itself. 2-5% of people have this, too. Likely more, because it hides."

This post-midnight declaration last month had Bryan Johnson's X feed flooded with conjecture on why he had autoimmune gastritis (Covid, a vegan diet, vaccines?), and well-meaning advice on how to beat the condition (Lion diet, sunshine, gene therapy). The American multi-millionaire entrepreneur and longevity guru has resorted to extreme biohacking measures in a bid to live till 150 years. Many say the disease is a likely fallout of that, while others wonder if there's any point of 24/7 monitoring if it couldn't catch symptoms.

"Autoimmune gastritis (AIG) can remain silent for years," points out Dr Purushottam Vashistha, a senior gastroenterologist at Apollo Hospitals, Navi Mumbai. "A patient may have very few digestive symptoms and still have significant disease in the stomach."

It's not necessarily caused by something a person has eaten. The exact trigger is not fully understood, but it's a combination of genetic susceptibility and environmental or immune factors. It's also closely related to autoimmune thyroid disease.

In Johnson's case, he says persistent low ferritin (iron reserves) levels appear to have been an important clue, even though he did not have obvious anaemia or gastric symptoms.

WHAT IS AIG?

Condition where the immune system mistakenly destroys stomach's acid-producing parietal cells and Intrinsic Factor (IF) producing cells



Causes: Genetic and immune factors rather than diet; strongly linked to autoimmune thyroid disease and Type 1 diabetes



Impact: Severe iron and vit B12 deficiencies, leading to anaemia, fatigue, nerve issues, mouth ulcers, and memory loss



High-risk groups: Most common in women, older adults, those with personal, family history of autoimmune disease



Treatment options: Though cell damage cannot be reversed, life-long B12/iron supplementation (often via injections/IV) and regular monitoring manage symptoms, cut gastric tumour risks

TOI HEALTH+

Despite trying everything from food to supplements, "none of the iron would stick", Johnson had rued on X. At 21, he got diagnosed with hypothyroidism (due to autoimmune condition called Hashimoto's disease).

To understand AIG, one needs to look at how the stomach processes food. Dr Usha Dutta, head of gastroenterology at PGIMER, Chandigarh

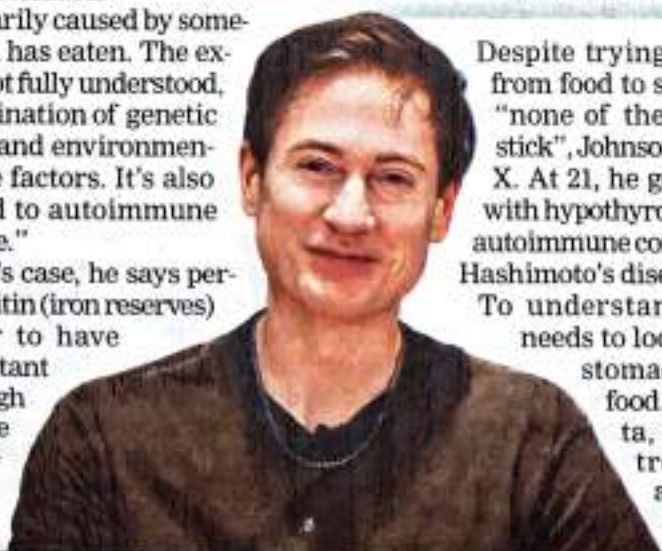
breaks it down. "The stomach has three primary areas — the fundus, the body, and the antrum. The body and fundus have parietal cells. When you eat a meal, signals sent via the vagus nerve prompt parietal cells to produce stomach acid and a protein called intrinsic factor (IF)," she says.

Stomach acid is crucial for digestion, breaking down proteins and fats, while setting off the release and absorption of iron and vitamin B12. Food is churned in the antrum, and then moves into the duodenum (where pancreatic and biliary juices continue digestion), followed by the jejunum and terminal ileum where nutrients are absorbed, with waste moving to the large intestine.

"In AIG, the immune system mistakenly attacks its own stomach lining, producing antibodies that destroy parietal cells in the body of the stomach, which then stops producing adequate stomach acid and IF," says Dr Dutta. So, the body cannot break down iron sources to allow absorption in the duodenum. Similarly, loss of IF impairs B12 absorption further down in the terminal ileum.

Johnson's bizarre biohacks have always kept him in the headlines — from a stack of 100+ daily supplements, to monitoring erections during sleep, and even injecting himself with his son's blood plasma. Did any of those measures trigger the condition, or aggravate it? "It would be too simplistic to say that his diet, supplements, exercise routine or any particular longevity intervention 'caused' the disease. Experts have also described attempts to link his childhood diet or lifestyle directly to the condition as speculative," insists Dr Vashistha.

However, the lesson from his diagnosis is that extensive testing can help detect a silent disease earlier and prevent progression, adds the doctor. "The takeaway should be that even an extremely health-conscious person can develop an autoimmune condition, and unexplained abnormalities should be investigated rather than simply managed with supplements or lifestyle changes."



एचआईवी के इलाज के लिए इंजेक्शन को मिली मंजूरी

हिमांशु अरविंद मिश्र

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नई दिल्ली। देश में पहली बार एचआईवी संक्रमण के ज्यादा खतरे वाले लोगों को बीमारी से बचाने के लिए लेनाकैपाविर इंजेक्शन के इस्तेमाल को मंजूरी मिली है।



केंद्रीय औषधि मानक नियंत्रण संगठन

(सीडीएससीओ) की विशेषज्ञ समितियों ने इन दवाओं के निर्माण, बिक्री और क्लिनिकल ट्रायल को लेकर अहम सिफारिशें की हैं। समिति ने

लेनाकैपाविर इंजेक्शन को उन वयस्कों और कम से कम 35 किलो वजन वाले किशोरों में एचआईवी-1 संक्रमण का खतरा कम करने के लिए प्री-एक्सपोजर प्रोफाइलेक्सिस के तौर पर

इस्तेमाल की जरूरत को पूरा करने वाला विकल्प माना है, जिनमें संक्रमण का खतरा ज्यादा है। हालांकि, दवा शुरू करने से पहले एचआईवी जांच निगेटिव होना जरूरी

होगा। वहीं त्वचा की एटोपिक डर्मेटाइटिस बीमारी से जुड़ा रहे मरीजों के लिए रक्सोलिटिनिब क्रीम और पेट-आंत से जुड़ी बीमारी में इस्तेमाल

होने वाली रिफैक्सिमिन दवा को सैशे के रूप में उपलब्ध कराने की दिशा में भी कदम बढ़ा है। रिफैक्सिमिन को 400 और 550 मिलीग्राम के सैशे में बनाने और बेचने की अनुमति देने की सिफारिश की गई है। एटोपिक डर्मेटाइटिस त्वचा की बीमारी है, जिसमें लंबे समय तक त्वचा से जुड़ी परेशानी बनी रह सकती है। इसके हल्के से मध्यम मामलों में इस्तेमाल के लिए रक्सोलिटिनिब क्रीम 1.5 फीसदी के निर्माण और बिक्री की अनुमति देने की सिफारिश की गई है। यह क्रीम गैर-प्रतिरक्षा-कमजोर वयस्क मरीजों में इस्तेमाल के लिए प्रस्तावित है।

मेडिकल कॉलेजों पर सख्ती, 4 माह में भरने होंगे पद

एनएमसी ने तत्काल कदम उठाने को कहा, छात्रवृत्ति का पैसा भी चार महीने में देना होगा

अमर उजाला ब्यूरो

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नई दिल्ली। देश के मेडिकल कॉलेजों में छात्रों की सुरक्षा, शिक्षकों को कर्म और प्रशासनिक व्यवस्था को लेकर अब निगरानी और सख्त होगी। राष्ट्रीय चिकित्सा आयोग (एनएमसी) ने सभी मेडिकल कॉलेजों और मेडिकल संस्थानों को खाली फैकल्टी और अहम प्रशासनिक पदों को चार महीने के अंदर भरने, छात्रों की आत्महत्या या असामान्य मौत की जानकारी समय पर दर्ज करने और हर महीने कार्रवाई की रिपोर्ट देने का निर्देश दिया है। एनएमसी का यह फैसला सुप्रीम कोर्ट के आदेश के बाद आया है, जिसमें मेडिकल कॉलेजों में सुधार के लिए ठोस कदम उठाने को कहा गया था।

एनएमसी के नए रिपोर्टिंग फॉर्मेट में मेडिकल कॉलेजों को छात्र की

आत्महत्या या असामान्य मौत होने पर कई जानकारियां दर्ज करनी होंगी। इनमें मामले को संख्या, छात्र के नाम के शुरुआती अक्षर, कोर्स और वर्ष, घटना की तारीख और जगह, पुलिस को सूचना दी गई या नहीं, एफआईआर दर्ज हुई या नहीं, संस्थान ने जांच समिति बनाई या नहीं, जांच की वर्तमान स्थिति और घटना के बाद उठाए गए सुधारवाचक कदम शामिल हैं। सिर्फ एनएमसी को जानकारी देना ही नहीं, बल्कि ऐसे मामलों की पुलिस को रिपोर्टिंग और यूजीसी व अन्य संबंधित नियामक संस्थाओं को -सालाना रिपोर्टिंग का भी प्रावधान है।

हर छात्र को 24 घंटे मेडिकल मदद: एनएमसी ने मेडिकल कॉलेजों से यह भी पूछा है कि छात्रों के लिए 24 घंटे योग्य चिकित्सा सहायता उपलब्ध है या नहीं। यह सुविधा कैम्पस में या कैम्पस से एक किलोमीटर के

4 महीने में भरने होंगे खाली शिक्षक पद

मेडिकल कॉलेजों में सभी खाली फैकल्टी पदों को चार महीने के अंदर भरने का लक्ष्य तय किया गया है। खास बात यह है कि आरक्षित श्रेणियों के खाली पदों के लिए विशेष भर्ती अभियान चलाने की बात कही गई है। कॉलेजों को यह भी रिकॉर्ड रखना होगा कि कितने पद स्वीकृत हैं, कितने भरे हुए हैं, कितने खाली हैं, भर्ती की प्रक्रिया कहां तक पहुंची है और पद खाली रहने की वजह क्या है। इसके अलावा डीन/डायरेक्टर/प्रिंसिपल, मेडिकल सुपरिंटेंडेंट, वाइस-चान्सेलर, वाइस चान्सेलर, रजिस्ट्रार, हॉस्टल वार्डन और काउंसिलर जैसे पदों को भी तुरंत भरने को कहा है।

एनएमसी ने हर महीने एटीआर भेजने को कहा

छात्रों की लंबित छात्रवृत्ति को लेकर भी समयसीमा तय की गई है। रिपोर्टिंग फॉर्मेट के मुताबिक छात्रवृत्ति के लंबित मामलों को चार महीने के भीतर निपटाने का लक्ष्य है। अगर चार महीने में भुगतान नहीं होता है तो संस्थान को दो महीने के अंदर देश की वजह बताते हुए नोटिस देना होगा। मेडिकल कॉलेजों को सिर्फ एक बार रिपोर्ट देकर जिम्मेदारी खत्म नहीं होगी। एनएमसी ने संस्थानों को हर महीने अपनी एक्शन टेकन रिपोर्ट (एटीआर) भेजने को कहा है। इस रिपोर्ट को संस्थान के प्रमुख से प्रमाणित कराना होगा।

अंदर उपलब्ध कराने की व्यवस्था का जिम्मा किया गया है। किसी छात्र को स्वास्थ्य संबंधी आपात स्थिति होने पर

उसे तत्काल चिकित्सा सहायता मिल सके, इस व्यवस्था की भी निगरानी की जाएगी।

बुखार-खांसी को ही स्वाइन फ्लू मान लोग अस्पताल के लगा रहे चक्कर

सरकारी अस्पतालों की ओपीडी में बुखार और फ्लू जैसे लक्षण वाले मरीजों की संख्या बढ़ी

अमर उजाला ब्यूरो

नई दिल्ली। वायरस और स्वाइन फ्लू (एच1एन1) के बढ़ते मामलों के बीच लोगों की चिंता बढ़ गई है। बुखार, खांसी, गले में खराश या शरीर में दर्द होते ही लोग अस्पताल पहुंच रहे हैं। कई मरीज स्वाइन फ्लू की आशंका में उसको जांच करवा रहे हैं। इस कारण सरकारी अस्पतालों की ओपीडी में बुखार और फ्लू जैसे लक्षण वाले मरीजों की संख्या बढ़ी है। कई मरीज डॉक्टरों से सीधे स्वाइन फ्लू टेस्ट कराने की मांग कर रहे हैं। डॉक्टर पहले मरीज की स्थिति और लक्षण देखते हैं और जरूरत होने पर फ्लू की जांच कराने की सलाह देते हैं।

एम्स, सफदरजंग, राम मनोहर लोहिया और लेडी हार्डिंग समेत प्रमुख सरकारी अस्पतालों में एच1एन1 मरीजों के इलाज के लिए तैयारियां की गई हैं। जरूरत पड़ने पर आइसोलेशन वेंड और अन्य सुविधाएं बढ़ाने की व्यवस्था रखी गई है। डॉक्टरों के अनुसार, इस मौसम में वायरल फीवर, इन्फ्लुएंजा और दूसरी भीसम

बीमारियों के मामले सामने आ रहे हैं। तेज बुखार, खांसी, गले में खराश, सिरदर्द, ठंड लगना, शरीर में दर्द, सांस लेने में परेशानी और कमजोरी जैसी शिकायतें होने पर लोग इसे स्वाइन फ्लू



फाइल

बीमारी से ऐसे करें बचाव

- संक्रमण से बचने के आसान उपाय
- हाथों को साबुन से बार-बार अच्छी तरह धोएं।
- खांसते और छींकते समय मुंह और नाक ढककर रखें।
- बीमार व्यक्ति के संपर्क में आने से बचें।
- भीड़भाड़ वाली जगहों पर जाने से बचें।
- गर्दे हाथों से आंख, नाक और मुंह को न छुएं।
- पर्याप्त पानी पिएं और पीप्टिक भोजन लें।

समझ रहे हैं। ऐसे में डॉक्टरों का कहना है कि हर बुखार स्वाइन फ्लू नहीं होता और जरूरत के अनुसार ही जांच करना बेहतर है।

बुखार-खांसी को नजरअंदाज न करें : एच1एन1 में अचानक बुखार, खांसी, गले में खराश, सिरदर्द,

बच्चों और बुजुर्गों को ज्यादा खतरा

छोटे बच्चों, बुजुर्गों, गर्भवती महिलाओं और पहले से हृदय, फेफड़े, किडनी या डायबिटीज जैसी बीमारी से पीड़ित लोगों को विशेष सावधानी बरतने की जरूरत है। इन लोगों में फ्लू के गंभीर होने का खतरा अधिक हो सकता है। दिल्ली स्वास्थ्य विभाग की ओर से इन्फ्लुएंजा जैसे लक्षण वाले मरीजों और गंभीर सांस संबंधी संक्रमण के मामलों पर लगातार नजर रखी जा रही है। हाल ही में केंद्रीय स्वास्थ्य मंत्री जेपी नड्डा ने दिल्ली सरकार के साथ दिल्ली में स्वाइन फ्लू के बढ़ते मामलों को लेकर समीक्षा बैठक भी की। इस दौरान बताया गया कि मौजूदा समय में दिल्ली में एच1एन1 के 1777 से अधिक मामले सामने आए हैं।

ओपीडी में बढ़ी मरीजों की संख्या

अस्पतालों में इन दिनों बुखार और सांस से जुड़ी शिकायत लेकर आने वाले मरीजों की संख्या बढ़ी है। कई मरीज डॉक्टरों से सीधे एच1एन1 टेस्ट कराने की मांग कर रहे हैं। डॉक्टरों के अनुसार, स्वस्थ लोगों में फ्लू के ज्यादातर मामले कुछ दिनों में ठीक हो जाते हैं। इसलिए हल्के लक्षण होने पर घबराने की जरूरत नहीं है।

वायरस में हुआ बदलाव

एम्स के पूर्व निदेशक डॉ. रणदीप गुलेरिया के अनुसार, वायरस में धीरे-धीरे होने वाले बदलाव को एंटीजेनिक ड्रिफ्ट कहा जाता है। इस बदलाव के कारण वायरस लोगों में तेजी से फैल सकता है और पहले से बनी प्रतिरोधक क्षमता को भी कुछ हद तक चकमा दे सकता है। वायरस में इस तरह के बदलाव होना सामान्य प्रक्रिया है। इसलिए लोगों को घबराने की जरूरत नहीं है, लेकिन संक्रमण से बचाव और लक्षण दिखने पर समय पर इलाज लेना जरूरी है।

शरीर में दर्द और थकान जैसे लक्षण हो सकते हैं। अगर बुखार कई दिनों तक बना रहे, सांस लेने में परेशानी हो, सोने में दर्द या भारीपन महसूस हो, उलझन हो या हालत तेजी से बिगड़ रही हो तो तुरंत डॉक्टर से संपर्क करना चाहिए। बच्चों में बहुत ज्यादा

सुस्ती, तेज सांस लेना या खाना-पीना छोड़ देना भी गंभीर संकेत हो सकते हैं। डॉक्टरों ने लोगों को भीड़भाड़ वाली जगहों पर मास्क पहनने, हाथों को नियमित रूप से साफ करने और खांसते-छींकते समय मुंह और नाक ढकने की सलाह दी है।

अमर उजाला

यदि आपको अमर उजाला की प्रति नियमित या समय से नहीं मिल रही है तो कृपया टोल फ्री नंबर या ई-मेल के माध्यम से हमें बताएं। हम शीघ्र ही उसे समय से पहुंचाना सुनिश्चित करेंगे।

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अमर उजाला ब्यूरो

पूर्वी दिल्ली। स्वाइन फ्लू (एच1एन1) के बढ़ते मामलों को देखते हुए सरकारी अस्पतालों ने तैयारियां तेज कर दी हैं। डॉक्टरों और कर्मचारियों को भी संक्रमण से निपटने के लिए विशेष प्रशिक्षण दिया गया है। फिलहाल अस्पतालों में स्वाइन फ्लू के मरीजों की भीड़ नहीं है। डॉक्टरों ने लोगों से घबराने के बजाय सावधानी बरतने की अपील की है।

पूर्वी दिल्ली के डॉ. हेडगेवार अस्पताल में स्वाइन फ्लू के मरीजों के लिए चार बेड का आइसोलेशन वार्ड तैयार किया गया है। अस्पताल प्रशासन

डॉक्टरों और कर्मचारियों को भी संक्रमण से निपटने के लिए विशेष प्रशिक्षण दिया गया

के मुताबिक, जरूरी दवाओं के साथ टेमीफ्लू का पर्याप्त स्टॉक उपलब्ध है। बुखार और स्वाइन फ्लू जैसे लक्षण वाले संदिग्ध मरीजों की जांच की जा रही है और उनकी स्थिति पर नजर रखी जा रही है। अभी तक अस्पताल में स्वाइन फ्लू का कोई मरीज भर्ती नहीं हुआ है।

जीटीबी में भी संदिग्ध मरीजों की जांच: गुरु तेग बहादुर (जीटीबी) अस्पताल के अपर चिकित्सा अधीक्षक (प्रशासन) डॉ. प्रवीण कुमार ने बताया

कि अस्पताल में स्वाइन फ्लू से निपटने के लिए पूरी तैयारी है। फिलहाल यहां भी कोई स्वाइन फ्लू का मरीज भर्ती नहीं है, लेकिन संदिग्ध मरीजों की जांच की जा रही है। उन्होंने लोगों से अपील की है कि भीड़भाड़ वाली जगहों पर जाने से बचें और जरूरत पड़ने पर मास्क का इस्तेमाल करें। साथ ही बुखार, खांसी या फ्लू जैसे लक्षण होने पर लापरवाही न बरतें।

बुखार से लेकर बदन दर्द तक लक्षण: डॉ. आरपी पाराशर के अनुसार, स्वाइन फ्लू में अचानक तेज बुखार, खांसी, गले में खराश, सिरदर्द, ठंड लगना, शरीर में दर्द और कमजोरी जैसे लक्षण हो सकते हैं।

एक्सपर्ट ने बताया, H1N1 संक्रमण को हल्के में नहीं लेना चाहिए

स्वाइन फ्लू को लेकर हमें पाठकों के कई सवाल मिले। रीडर्स में इसके लक्षण, जांच, इलाज, वैक्सीन और बचाव से जुड़ी जिज्ञासा दिखी। इनके जवाब दिए एम्स के पल्मोनोलॉजी विभाग के पूर्व एचओडी और वर्तमान में PSRI हॉस्पिटल के पल्मोनोलॉजी विभाग के चेयरमैन डॉ. जी सी खिलनानी ने :

'संक्रमित हैं तो खुद को रखें आइसोलेट'

Isolate

Expert



डॉ. जी. सी. खिलनानी

आपके मन में स्वाइन फ्लू से जुड़ा कोई सवाल है तो...

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घर हमें वटसाप करें।
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लिखें। हम एक्सपर्ट के
जवाब आप तक जवाब
पहुँचाएंगे।

डॉक्टरों का कहना है कि
अगर आप संक्रमित हैं तो
खुद को परिवार से दूर
रखें, आइसोलेट हो जाएं

जिसे एक बार स्वाइन फ्लू हो गया और वह ठीक हो गया तो दोबारा इसके होने के भी चांस हैं क्या? - राम कुमार

अगर एक बार H1N1 संक्रमण हो गया तो इसी साल दोबारा संक्रमण का खतरा बहुत कम है। लेकिन अगले साल संक्रमण होने का चांस ज्यादा है। क्योंकि इसका स्ट्रेन हर साल बदलता रहता है। इसलिए वैक्सीन में भी हर साल बदलाव किया जाता है।

स्वाइन फ्लू के क्या-क्या लक्षण हैं? - अमरदीप सिंह

फेवर, खांसी, जुकाम, नाक बहना, गले में खराश, खीने में दर्द और सांस फूलना स्वाइन फ्लू संक्रमण के प्रमुख लक्षण हैं।

स्वाइन फ्लू का इन्क्यूबेशन पीरियड कितना होता है? इसकी पुष्टि के लिए कौन सा लैब टेस्ट किया जाता है? - पंथर तोमर

स्वाइन फ्लू का इन्क्यूबेशन पीरियड औसतन 2 दिन है, लेकिन इसका रेंज 1 से 4 दिनों तक हो सकता है। इन्क्यूबेशन का मतलब यह होता है कि संक्रमण होने के बाद कितने दिनों में लक्षण पैदा होते हैं।

मैं 64 वर्षीय सीओपीडी पैरेंट हूँ। पिछले साल 23 अक्टूबर को फ्लू का टीका लगवाया था। मेरी पॉली को पिछले हफ्ते स्वाइन फ्लू निकल, अब वह ठीक है। मैं भी ठीक हूँ, पर डॉक्टर ने परिवार में सभी स्वस्थ लोगों को 7 दिन तक एक एंटीफ्लू फैमलू लेने की सलाह दी है। क्या मुझे भी यह कैप्सूल लेने की जरूरत है और क्या मैं फ्लू का टीका 1 साल पूरा होने यानी 23

All Image



अक्टूबर के

बाद ही लगवाऊँ? - बीएस गिरी

वैक्सीन कागर है, लेकिन यह 100% प्रोटेक्शन नहीं देता। इसलिए अभी डॉक्टर की सलाह पर एंटीफ्लू दवा लेनी चाहिए। एक बात और यह भी है कि फ्लू को दवा हर तरह के फ्लू के संक्रमण के खिलाफ काम करती है। इसलिए आपको दवा लेनी चाहिए और अगले साल फिर से अपने तब समय पर टीका भी लेना चाहिए।

स्वाइन फ्लू और सामान्य फ्लू में क्या अंतर है? - रोहित कुमार

लक्षण दोनों में एक तरह के ही होते हैं। सामान्य फ्लू घातक नहीं होता, लेकिन स्वाइन फ्लू कई बार खतरनाक हो जाता है। इसलिए इसे हल्के में नहीं लेना चाहिए।

H1N1 संक्रमण के मुख्य कारण क्या हैं, कितानी तेजी से फैलता है? - नरेंद्र रंजन

यह मौसमी संक्रमण है। हर साल इन दिनों एक्टिव होता है। कई बार ज्यादा तो कई बार कम एक्टिव रहता है। इस

बार यह ज्यादा तेजी से फैल रहा है। यह चांस के जरिए संक्रमित इंसान के ड्रिपलेट्स से फैलता है। संक्रमित मरीज के बुने, छाप मिलाने से भी एक से दूसरे में पहुंच जाता है, जैसे कोविड में होता था। क्योंकि यह भी एक वायरस है और वायरल इन्फेक्शन का फैलना इसे तरह से होता है।

क्या स्वाइन फ्लू हवा के जरिए भी फैल सकता है? - नीरज कुमार

हां। स्वाइन फ्लू हवा के जरिए भी फैलता है। एक संक्रमित व्यक्ति को सांस के साथ निकले ड्रिपलेट्स हवा के जरिए दूसरे तक पहुंच सकते हैं और आसपास के लोगों को संक्रमित कर सकते हैं।

H1N1 से सबसे ज्यादा किन लोगों को खतरा रहता है? - धीरेंद्र सक्सेना

सबसे ज्यादा खतरा बच्चे, बुजुर्ग और कमजोर इम्युनिटी वाले लोगों को है। जिसे पहले से डायाबिटीज, हार्ट की बीमारी, सर्जरी हुई हो, कैन्सर हो, ऑर्गन ट्रांसप्लांट हुआ हो, ट्रांसप्लांट की वजह से दवा ले रहे हों, उनमें संक्रमण के बाद सोपिपेटी का खतरा ज्यादा है।

स्वाइन फ्लू की जांच कब और कैसे करानी चाहिए? - कन्नाव

जवाब: लक्षण के तुरंत बाद जांच करानी चाहिए, तब कि संक्रमण की पुष्टि के बाद एंटी वायरल टेबिफेनू दवा चलाई जा सके। पहले 48 घंटे में दवा शुरू होने पर असर ज्यादा होता है।

स्वाइन फ्लू के पीड़ित को ठीक होने में कितना समय लगता है? - विजय शर्मा

औसतन इसमें पीड़ित पांच दिन में ठीक हो जाते हैं, लेकिन टीका होने के बाद भी खांसी लंबी चलती है और कमजोरी रहती है।

दिल्ली-NCR के हर दूसरे घर में फ्लू : सर्वे

■ NBT रिपोर्ट, नई दिल्ली

दिल्ली-NCR में इन दिनों बुखार, खांसी, गले में खराश, नाक बहना और शरीर में दर्द जैसे शिकायतें बढ़ रही हैं। लोकल सर्वेक्षण के मुताबिक, 54% परिवारों में कम से कम एक शख्स फ्लू या वायरल फेवर जैसे लक्षणों से पीड़ित है। यही, 39% परिवारों में दो या उससे ज्यादा लोग एक साथ इन लक्षणों से प्रभावित हैं।

सर्वे में दिल्ली के अलावा गुरुग्राम, नोएडा, फरीदाबाद और गजियाबाद के 32,643 लोगों ने हिस्सा लिया। इनमें 46% लोगों ने बताया कि उनके घर में किसी को ऐसे लक्षण नहीं हैं। यही, 23% ने कहा कि उनके परिवार में 4 या उससे अधिक लोगों को ये लक्षण हैं। 16% परिवारों में दो से तीन और 15% परिवारों में एक सदस्य ऐसे लक्षणों से प्रभावित है। सर्वे में यह भी कहा गया है कि H1N1 वायरस का सबसे ज्यादा असर देखा जा रहा है।

बचाव के लिए बढ़ते सावधानियां

H1N1 और अन्य फ्लू वायरस के बढ़ते प्रसार को देखते हुए डॉक्टरों ने सलाह दी है कि हाथों को बार-बार धोएं। भीड़भाड़ या बंद जगहों पर बसक पहनें। खांसी या छींकते समय मुंह और नाक ढके। घर और आसपास सफाई रखें और बार-बार खुद को धो लें। खांसी को साफ करें। पर्याप्त पानी पीएं, पौष्टिक भोजन लें और पूरी नींद लें।

54% परिवारों में कम से कम एक प्रभावित



32,643 लोगों ने लोकल सर्वेक्षण के इस सर्वे में हिस्सा लिया

दिल्ली में...

इन्फ्लुएन्जा-A&B के कई वायरस एक्टिव

■ NBT रिपोर्ट, नई दिल्ली: दिल्ली में इस समय वायरल फ्लू पूरी तरह से फैल चुका है, जिसमें इन्फ्लुएन्जा-A और इन्फ्लुएन्जा-B के मामले सबसे ज्यादा हैं। इन दोनों वायरस के कई सब-वॉरिएंट भी दिल्ली और दिल्ली से बाहर के लोगों को संक्रमित कर रहे हैं। इनमें इन्फ्लुएन्जा-A के एचएनए के अलावा एच1 और एच3 भी फैले हुए हैं। यही नहीं, इन्फ्लुएन्जा-B का सब-वॉरिएंट विक्टोरिया भी काफी तेजी से फैल रहा है। रिपोर्ट के अनुसार, इन्फ्लुएन्जा-A के सब-वॉरिएंट H1N1 के कुल 2,260 मामले सामने आए हैं। इसी रूप के एच1 वॉरिएंट के 76 मामले और एच3 के 174 मामले सामने आ चुके हैं।



अब एच1एन1 के साथ कोविड की भी जांच और निगरानी

21

जागरण संवाददाता, नई दिल्ली : राजधानी में एच1एन1 के बढ़ते मामलों के बीच अब कोविड-19 की जांच और निगरानी भी तेज कर दी गई है। इन्फ्लुएंजा लाइक इलनेस (आइएलआइ) और सीवियर एक्यूट रेस्पिरेटरी इलनेस (एसएआरआइ) वाले मरीजों की पहचान और निगरानी के साथ कोविड संक्रमण पर भी नजर रखी जा रही है।

2025 में दिए गए थे निगरानी के निर्देश : केंद्रीय स्वास्थ्य मंत्रालय ने 2025 को राज्यों और केंद्र शासित प्रदेशों को आइएलआइ, एसएआरआइ और कोविड की निगरानी-जांच के निर्देश दिए थे। इसके तहत सभी एसएआरआइ मरीजों की कोविड जांच और आइएलआइ के पांच प्रतिशत मरीजों के नमूनों की कोविड जांच करने को कहा गया था। एच1एन1 के मामले बढ़ने के बाद इन निर्देशों के अमल पर विशेष जोर दिया जा रहा है।

लक्षण एक जैसे, एक ही नमूने से दोनों जांच : कोविड-19 और एच1एन1 दोनों श्वसन संक्रमण हैं। इनमें बुखार, खांसी, गले में खराश,

- इन्फ्लुएंजा जैसे लक्षण वाले मरी व गंभीर सांस रोगियों पर नजर
- आइडीएसपी-आइएचआइपी पर दर्ज होगा आंकड़ा

नाक बहना, शरीर में दर्द, सिरदर्द और थकान जैसे लक्षण हो सकते हैं। इसलिए केवल लक्षणों के आधार पर दोनों संक्रमणों की पहचान मुश्किल है। कोविड में सार्स-सीओवी-2, जबकि एच1एन1 में इन्फ्लुएंजा-ए वायरस की पहचान की जाती है। मल्टीप्लेक्स आरटी-पीसीआर से एक ही नमूने से दोनों संक्रमणों की जांच संभव है।

एसएआरआइ मरीजों पर विशेष नजर : सांस की गंभीर बीमारी के कारण अस्पताल में भर्ती एसएआरआइ मरीजों की कोविड जांच का प्रविधान है। जांच से संबंधित जानकारी इंटीग्रेटेड डिजीज सर्विलांस प्रोग्राम (आइडीएसपी) के इंटीग्रेटेड हेल्थ इंफार्मेशन प्लेटफॉर्म (आइएचआइपी) पर दर्ज की जा रही है। मामलों में असामान्य बढ़ोतरी मिलने पर रैपिड रिस्पांस टीम (आरआरटी) जांच करती है।

दावा : स्वाइन फ्लू का मौजूदा वायरस ज्यादा खतरनाक नहीं



बीमारी से बचाव के लिए ये सावधानियां बरतें

- साबुन और पानी से बार-बार अपने हाथ साफ करें।
- गंदे हाथों से आंख, नाक या मुंह को छूने से बचें।
- बीमार लोगों या सर्दी-जुकाम से पीड़ित व्यक्तियों से दूरी रखें।
- भीड़भाड़ वाली जगहों पर जाने से बचें, मास्क का उपयोग करें।
- घर और दफ्तर की सतहों को कीटाणुनाशक से साफ रखें।

नई दिल्ली, विशेष संवाददाता। भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) के वैज्ञानिकों ने दावा किया है कि दिल्ली समेत देश के कई हिस्सों में फैल रहे स्वाइन फ्लू के वायरस में मिसौरी स्ट्रेन है। यह स्ट्रेन नया नहीं है। वैज्ञानिकों का दावा है कि यह ज्यादा खतरनाक नहीं है तथा इस पर टीका कारगर है।

आईसीएमआर सूत्रों ने रविवार को कहा कि अभी फैल रहा एच1एन1 यानी इन्फ्लुएंजा ए वायरस ए/मिसौरी/

112025 पीडीएम09 स्ट्रेन से जुड़ा हुआ है। इसका पता पिछले साल अमेरिकी राज्य मिसौरी में लगा था। वैज्ञानिकों ने साफ किया है कि देश में एच1एन1 का कोई नया स्ट्रेन नहीं मिला है, इसलिए घबराने की कोई जरूरत नहीं है। इस पर इन्फ्लुएंजा का मौजूदा अनुशंसित टीका कारगर है।

वैज्ञानिकों ने कहा कि मौसमी इन्फ्लुएंजा जिसमें एच1एन1 भी शामिल

है, ज्यादातर मामलों में यह खुद ब खुद ठीक हो जाता है। इसके लक्षणों में बुखार, खांसी, सिरदर्द, बदन दर्द शामिल हैं। बच्चों, बुजुर्गों तथा किसी बीमारी से ग्रस्त लोगों को इससे खतरा पैदा हो सकता है। ऐसे मामलों में डॉक्टर से सलाह लें। सरकार ने कहा कि स्थिति पर नजर रखी जा रही है और आवश्यक जनस्वास्थ्य कदम उठाए जा रहे हैं।

➤ अगले महीने खतरा संभव P03

"Not 'delulu' — an AI tutor for every child in India



Srivasa Krishna
IAS officer

Indian students rank among the top students almost anywhere in the world. The joke is that, from the womb to the afterlife, they are taught to study maths and science which serves them well throughout life. A report by Redseer says that India's test-preparation market has been estimated at \$14.8 billion in FY26, projected to reach \$23-\$26 billion by FY30 (12%-15% CAGR), with around 2,00,000 coaching centres nationwide. There are 65 million students in classes 9-12, of whom around 27 million attend government schools. A 2025 National Statistical Office survey found that 27% of students were taking or had taken private coaching in the academic year (30.7% urban, 25.5% rural). Across datasets, coaching incidence is around 27%-30%, implying that 17 million to 20 million students in classes 9-12 participate in some form of test-prep coaching.

No single private platform has the capacity or curriculum breadth to serve as the sole national provider. PhysicsWallah, for example, has around 4.9 million paid online users — while the target population is 10 to 100 times larger. This needs to be built as a platform and network play, not a vendor contract.

Better learning, better outcomes

How can the government take the help of Artificial Intelligence (AI) to deliver a free coach and tutor to every Indian child? The objective should not be to bring down the private coaching industry but to improve the learning standards and examination outcomes of the last child in the line who today spends thousands of rupees on dubious coaching centres without achieving the necessary results. Bring the industry in as suppliers, or they will lobby against it and the reputational risk of failing completely, is high for the government to sustain.

We should not nationalise coaching. Build a public rail, private engines model: the state supplies the digital public infrastructure (identity, payments, discovery, data, credentialing) and aggregates demand; the private sector — star teachers, ed-tech firms, local tutors — supplies content and last-mile delivery shared by both. Government becomes the platform and market-maker, not the content producer. This is exactly how UPI beat closed payment apps and how the open Network for Digital Commerce is attempting to beat closed commerce: unbundling the monopoly, open the protocol, let a thousand providers compete on an open network.

The Indian coaching industry charges high fees because it bundles four things that do not have to be bundled: content; doubt-solving/mentoring; peer group and discipline, a credible signal of quality. DPI lets us unbundle these and drive the marginal cost of the first two toward zero. This can be anchored in an existing centre of excellence such as Bodhan.ai at IIT Madras

(which has a ₹500 crore, five year government grant) or a similar National Payments Corporation of India (NPCI)-like body that needs to be created for education (a Section 8 not-for-profit steward).

Where it should begin

It should start with the National Eligibility cum Entrance Test (Undergraduate), or NEET, and the Joint Entrance Examination, the two most widely taken examinations in India. JEE/NEET are objective, machine-gradable, and high-volume. The content is already freely available on YouTube; what is scarce is a trusted, standardised rank signal and personalised doubt-solving.

An IIT professor who teaches students who have cleared JEE 30 years ago may not be the best option for teaching test prep. Today's test prep skill and requirement is in a very different age, time, and pedagogy.

Government aggregates demand thereby drives down the customer acquisition cost for the private sector and owns the rails and the trust layer; the private sector and star teachers compete to deliver content and mentoring on an open network; the student owns the data and carries a voucher (optional). That is how you turn a \$15b paywall industry into free, plural, high-quality prep — without the state trying to become the teacher.

As with any private good using public rails, it will use Aadhaar/DigiLocker for student sign-up and to de-duplicate; APTAR ID to tie learning to the academic record. Along with this will be a curated content registry, an open catalogue where any accredited provider publishes lessons, problem sets, and mock tests against a standard syllabus taxonomy (NEET/JEE topic tree) and open metadata (language, difficulty, medium, accessibility tags). The government will set the taxonomy and standards for the content and ensure interoperability.

Content interoperability is the whole game — a student's progress in one provider's module must be portable to another's. There shall be a discovery layer, a government-run reference app plus open APIs so third parties (including the DIKSHA app, state apps, even Google/YouTube) can surface the same content — multiple front ends, one network. For example, PhysicsWallah, Vedanta, Allen or Narayana could offer their material for free and charge for doubt-solving or premium sessions with ranked professors. IIT professors could also upload their lectures and be rated and ranked on the platform. Adaptive personalisation should be a core feature and as a network service, an open recommendation/diagnostic engine that routes say a weak-in-organic-chemistry student to the best-rated module on that topic, regardless of provider. These will be accompanied by a learning wallet and a progress ledger, a student-owned record of what they have studied,

mock scores, and mastery per topic, consent-gated through the DIKSHA/Account Aggregator pattern. The student — not the ed-tech firm — owns the data, which is the single biggest structural break from today's walled-garden apps. Lastly, while the platform will be mostly free at the point of use, UPI-plumbed premium add-ons (live mentoring, graded assignments) can be micro-charged or voucher-funded, should the government wish to create a DBT-like e-Shiksha wallet. Deliberately thin the government software: The state builds protocols and a reference app; it does not try to build the best learning app. It will not win that race and should not try this. Government alone can aggregate the demand and credential the supply and outcomes — that is all it should do. It should auto-invite every registered Class 11-12 student through schools, CBSE/State boards, and the DIKSHA install base. The system should guarantee reach through free data-light streaming, downloadable content for low-bandwidth areas, and distribution through the five lakh-plus Common Service Centres and school computer labs for students without personal devices. Equity is the mandate — the ₹60,000 crore industry already serves the affluent; the gap is everyone else.

Government should publish open ratings and outcome data: publish, per provider and per module, how students who used it scored on official mocks and the real exam. Quality signal becomes objective, not marketing. This is the credential the coaching industry currently monopolises. Government alone can ensure independent accreditation of providers (content accuracy, no misleading claims), with delisting teeth. Further there should be a no-lock-in rule to ensure that providers cannot hold a student's progress data hostage; portability is enforced at the protocol level.

Models on offer

There is no dearth of content, good and bad, on YouTube but where an AI tutor helps is in practice, doubt solving and adaptive personalisation, which only AI can do. There are good open-source models such as Gemma, which give a million tokens for about 20 to 30 cents or 10,000 tokens per day or 3.6 million tokens per year for just ₹100. Further, every AI minute is equivalent to 1,000 voice minutes of a human; frontier tech companies such as Meta and Google are paying star Kota teachers ₹25 to ₹30 per hour for commoditising their content. Further, their models will get trained on it and Generative Inference will do the rest on top of it.

We should not be delulu — as Gen Z would put it — government should not become the AI tutor itself. It should only enable the AI tutor through the blueprint given.

हेल्थ एंड वेलनेस एक्सपो 2026 का समापन

राष्ट्र जागरण • नई दिल्ली: नमो गंगे ट्रस्ट द्वारा भारत मंडपम के हाल नंबर-12 में तीन दिन तक चले '9वें इंटरनेशनल हेल्थ एंड वेलनेस एक्सपो 2026' का रविवार को समापन हो गया। इसमें विशेषज्ञों ने आयुष, आयुर्वेद, प्रिवेंटिव हेल्थकेयर, न्यूट्रिशन और मेडिकल टेक्नोलॉजी जैसे विषयों पर मंथन किया। 100 से अधिक राष्ट्रीय व अंतरराष्ट्रीय प्रदर्शकों, 10 हजार से अधिक आगंतुकों व 150 से अधिक विशेषज्ञ वक्ताओं ने हिस्सा लिया।

अंतिम दिन आयुष संगोष्ठी में

होम्योपैथिक चिकित्सा पद्धति पर विशेष ध्यान दिया गया। एक्सपो में आधुनिक स्वास्थ्य सेवाओं के साथ-साथ पारंपरिक भारतीय खान-पान को भी खासा सराहा गया। पटना के 'काकी मां' के स्टाल ने सभी को आकर्षित किया। इसके संस्थापक अंशु झा ने बताया कि बिना किसी मशीन, मिट्टी के बर्तनों में भुने चने, घर के मसाले और शुद्ध सरसों के तेल से पारंपरिक अचार व सत्तू का स्वाद ही अलग होता है। मिथिला पेंटिंग पैकिंग और सौंधे स्वाद ने आगंतुकों को खूब

लुभाया। आरोग्य संगोष्ठी में प्रिवेंटिव और इंटीग्रेटेड हेल्थकेयर पर चर्चाएं हुईं। डिजिटल हेल्थ और एआई (कृत्रिम बुद्धिमत्ता)-आधारित स्वास्थ्य सेवाओं पर भी विचार साझा किए गए। समापन पर उत्कृष्ट योगदान देने वालों को 'नमो गंगे ग्लोबल हेल्थ एक्सीलेंस अवार्ड 2026' से सम्मानित किया गया। ट्रस्ट के अध्यक्ष विजय शर्मा ने कहा कि भारत के पास आयुष और प्राकृतिक स्वास्थ्य के बल पर दुनिया को स्वस्थ जीवनशैली देने की अपार क्षमता है।