

Important Vocab for the Editorial

1. **vaccine** (noun) – a biological preparation that improves immunity to a particular disease.
2. **clear** (verb) – give approval to, authorize, give permission (officially).
3. **surge** (noun) – sudden increase or rise of something.
4. **in many ways** (phrase) – to a (large) extent, to a (great) degree.
5. **NITI Aayog** (noun) – The National Institution for Transforming India, also called NITI Aayog, was formed via a resolution of the Union Cabinet on January 1, 2015. NITI Aayog is the premier policy 'Think Tank' of the Government of India, providing both directional and policy inputs. (NITI Aayog replaced "The Planning Commission" – an institution in the Government of India established in 1950, which formulated India's Five-Year Plans, among other functions to oversee the country's economic and social development). (Think tank is a panel of experts who provide advice and ideas on political, social or economic issues).
6. **at/in/to the forefront of** (phrase) – be in a leading/front/important position in an important activity; spearhead, van guard, front line, leading position.
7. **ongoing** (adjective) – current, existing, continuing, happening, occurring.
8. **from bad to worse** (phrase) – into an even worse condition.
9. **reiterate** (verb) – repeat, say again, restate.
10. **spike** (noun) – a sharp rise/increase of something.
11. **on the horizon** (phrase) – imminent, impending, approaching, near/close, just around the corner.
12. **catastrophic** (adjective) – destructive, ruinous, disastrous.
13. **nine-fold** (adjective) – nine times as great/as much.
14. **skYROCKET** (verb) – rise, increase, escalate, mount; mushroom, snowball.
15. **three-fold** (adverb) – three times (as great/as much).
16. **administer** (verb) – dispense, provide, give, apply (a drug/vaccine).
17. **dose** (noun) – an amount/quantity of something.
18. **Covaxin** (noun) – India's first indigenous COVID-19 vaccine candidate (COVAXIN) developed by a Hyderabad-based company (Bharat Biotech) in collaboration with the ICMR (The Indian Council of Medical Research).
19. **Oxford vaccine/Covishield** (noun) – (ChAdOx1 nCoV-19) or (AZD1222) is a COVID-19 vaccine candidate developed by Oxford University and AstraZeneca, UK Ltd. (named Covishield in India). Serum Institute of India (SII), a biotechnology company has partnered with global pharma giant AstraZeneca and Oxford University for this vaccine candidate 'Covidshield'.
20. **inoculate** (verb) – to inject/introduce a vaccine into the body of someone to produce immunity to a particular disease; immunize, vaccinate.
21. **apparent** (adjective) – evident/clear, visible, noticeable, recognizable.
22. **sign up** (phrasal verb) – join up, register; enrol/enlist.
23. **notable** (adjective) – important, significant, obvious.
24. **exception** (noun) – an anomaly, special case, deviation.
25. **bear down** (phrasal verb) – advance on, close in on, move in on, converge on, approach, come close to.
26. **prioritise** (verb) – make a point of, highlight, call attention to (something as very important).
27. **candidate vaccine or vaccine candidate** (noun) – a "potential" vaccine prepared in the research and development (R&D) centres and it can be used in human clinical trials.
28. **line up** (phrasal verb) – have something ready/prepared; form a queue, queue up, form lines.
29. **regulator** (noun) – an association that supervises a particular business activity.
30. **hesitancy** (noun) – reluctance, unwillingness, disinclination.
31. **vaccine hesitancy** (noun) – a reluctance or refusal to be vaccinated or to have one's children vaccinated; reluctance or refusal to vaccinate despite the availability of vaccines.
32. **pressing** (adjective) – urgent, critical, crucial, important.
33. **tides and ebbs** (phrase) – used to explain something that changes regularly; decline and then growth, decrease and increase, fall and rise, come in and go out.

34. **pandemic** (noun) – the worldwide spread of a new disease; The illness spreads around the world and typically affects a large number of people across a wide area.
35. **under/below par** (phrase) – below average, unsatisfactory, poor, bad.
36. **strategy** (noun) – plan of action (in order to achieve a more expansive set of political, economic, and security interests).
37. **to one’s credit** (phrase) – used to mention that someone deserves praise/admiration.
38. **credit** (noun) – praise, admiration, commendation, acclaim, acknowledgement, recognition.
39. **laxity** (noun) – negligence, neglect, lack of proper care and attention, carelessness, heedlessness, lack of concern, irresponsibility.
40. **mortality** (noun) – (in a particular time/for a cause) the rate/number of death.
41. **bias** (verb) – incline, angle, slant, bend.
42. **vaccination** (noun) – treatment with a vaccine to protect against a particular disease; immunization.
43. **trial** (noun) – test, pilot study, experiment (phase 1, 2,3, and or human/clinical trial).
44. **inoculation** (noun) – vaccination, injection, immunization; jab, shot.
45. **address** (verb) – tackle, deal with.
46. **amplify** (verb) – raise, intensify, escalate.
47. **hypocritical** (adjective) – insincere, false/hollow, self-righteous.
48. **election-bound/poll-bound** (adjective) – guaranteed to have election (which is imminent/approaching).
49. **emphasise** (verb) – draw attention to, put stress on, underscore, highlight.
50. **social/physical distancing** (noun) – a term means actively avoiding crowded public places, is a key element in decreasing the rapid spread of COVID-19. This is an effort intended to limit exposure by reducing face-to-face contact and preventing spread among people in community settings.
51. **accelerate** (verb) – hasten, expedite, speed up, step up.
52. **rush through** (phrasal verb) – to deal with/act on something very quickly.
53. **efficacy** (noun) – In medicine, the ability of an intervention (for example, a drug or surgery) to produce the desired beneficial effect; effectiveness, efficiency, power.
54. **sharpen** (verb) – improve, better, hone, enhance.

The second wave: On why new COVID-19 vaccines should be cleared

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New vaccines must be cleared for emergency use as India battles a new surge

The rise in COVID-19 cases as part of India’s ‘second wave’ has the government and public health authorities truly worried. In many ways, the concern is larger than during last year when there were several more cases. V.K. Paul, Member, NITI Aayog, who has been in the forefront of public communication on all matters COVID-19, described the ongoing situation as going from **“bad to worse”**. The Health Secretary, Rajesh Bhushan, has also reiterated in the last two weeks that urgent action must be taken. On March 1, concerns of a spike were still on the horizon. In a month, however, the situation appears catastrophic. The number of new active cases added on March 1, around 3,000, has now become nearly nine-fold. Daily deaths too have, in that interval, skyrocketed three-fold — from around 112 to 354. As of this month, India has administered nearly 6.3 crore doses of Covaxin and Covishield and since March 20, has been inoculating a little over 2 million every day. What is apparent is

that the States registering a high number of cases — Maharashtra, Gujarat, Karnataka, Kerala and Madhya Pradesh — are also those where many are signing up for their first dose. A notable exception is Punjab. The government is also bearing down on local vaccine companies to prioritise delivery to India over their international commitments as several other vaccine candidates line up emergency approvals from regulators. So, vaccine hesitancy is not India's most pressing problem.

India's communication of the tides and ebbs of the pandemic has always been below par. The broader strategy by the Central and State governments is to take credit when there is a declining trend in cases and blame people's laxity for an upward trend. More research needs to be conducted and communicated on whether mortality in the second wave is biased towards the group yet ineligible for vaccination, and whether reinfections are an emerging problem. It was always known, from the vaccine trial data, that the inoculations were extremely effective at addressing severe disease but less so in containing infections. This aspect needs to be amplified and communicated more clearly to encourage vaccination. It is hypocritical on the government's part to allow large religious gatherings and political *melas* in election-bound States and also blame normal movement for the second wave. What is needed is messaging that emphasises the realistic protective abilities from vaccination and physical distancing measures. It is also unclear why new vaccines are not being accelerated for emergency use when Covishield and Covaxin were rushed through without any local efficacy data. More vaccines and a sharpening of India's communication strategy are essential.

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