

# Ramadan food habit during COVID-19

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Ramadan will see Muslims around the world observing daytime fasting for 30 days, abstaining from meals and drinks, while spending large portions of their time in prayers. Through this COVID-19 pandemic, Muslims need to follow an immune-rich healthy diet that will provide immunity, energy and nourishment throughout the day and avert health problems.

Fasting allows the body to focus its energy on one at a time, and thus stopping digestion for a specific period allows the immune system to be more active. This will allow the body to repair cells and fight off germs better. Between sehri and iftar is when the immune system will be most active but to ensure this, the necessity of getting up to eat a wholesome sehri meal is important, no matter how inclined you may be to go back to sleep. If you do not get up for sehri, your body will be stressed due to a prolonged period of hunger, which may lower your immunity. Studies have shown that fasting can restore the immune system and help fight off infection.

When it comes to building a healthy diet during Ramadan, the key is to go for lighter but filling foods that will help your body



replenish all the nutrients you may lose throughout the day. Try to set your table to include all the essential food groups – grains, vegetables and fruits, legumes, nuts, dairy or alternatives, and your protein sources. What and how you eat your meals will play an important role in helping you be healthy and immune for the duration of Ramadan.

A great way to break the fast is to have dates. The fruit is extremely effective in raising

blood sugar quickly because they are easily and quickly absorbed. They can be consumed at Sehri or iftar. In Ramadan, we are slowly being dehydrated over the day. So, once we break our fast and during the non-fasting period, we need to have foods that put water into our body, not deplete it further.

Add salad as a side to your main meal at iftar. Not only will the greens and vegetables in the salad fill your stomach

up with their volume but salads also prevent you from consuming too many calories at once. Antioxidants in foods, especially colourful fruits and vegetables can help prevent cell damage, therefore boosting the immune system. That is why consuming fruits as a snack in between iftar and sehri is highly recommended.

One can also consider having coconut water and fruity drinks which are super-hydrating.

Fluids are very important for the health and vitality of the body during the fasting period and it is important to drink plenty of water, in addition to other refreshing drinks.

We need to drink eight glasses of water daily from iftar to sehri to prevent dehydration and constipation. Complex carbohydrates are foods that help release energy slowly during the long hours of fasting. They are found in foods such as barley, wheat, oats, beans, lentils, wholemeal flour, and rice. The foods that should be avoided in Ramadan are deep-fried foods, high in sugar, and high-fat foods including sweets.

Cooking methods are a big part of a balanced diet in Ramadan. Deep frying, frying, and excessive use of oil are harmful. Cooking methods like shallow frying, grilling, or baking are healthier, especially with chicken and fish.

As the pandemic continues to sweep its way across the world, iftar gatherings and family get-togethers are discouraging people from meeting each other and are also promoting social distancing. Ramadan is a beautiful opportunity to practice good habits that will stay with you even after the holy month ends and during COVID 19.

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## IMMUNITY

### Past COVID-19 infection does not fully protect young people against reinfection

A past COVID-19 infection does not completely protect against reinfection in young people, according to an observational study of more than 3,000 healthy members of the US Marines Corps most of whom were aged 18-20 years, published in The Lancet Respiratory Medicine journal.

The authors say that despite previous infection and the presence of antibodies, vaccination is still necessary to boost immune responses, prevent reinfection, reduce transmission, and that young people should take up the vaccine wherever possible.

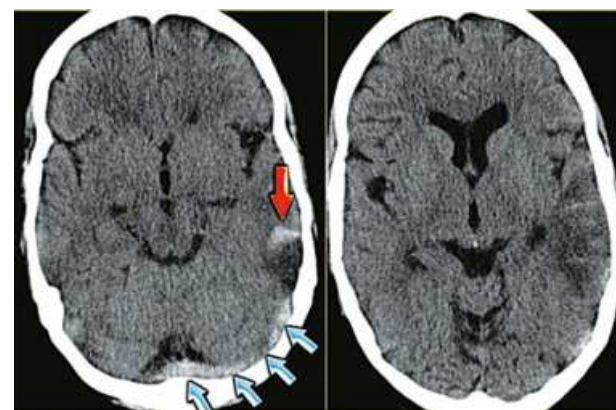
In the study, between May and November 2020, around 10% (19 out of 189) of participants who were previously infected with SARS-CoV-2 (seropositive) became reinfected, compared with new infections in 50% (1,079 out of 2,247) of participants who had not previously been infected (seronegative).

Although the study was in young, fit, mostly male Marine recruits, the authors believe that the risk of reinfection found in their study will apply to many young people, but that the exact rates of reinfections will not be applicable elsewhere (owing to the crowded living conditions on a military base and close personal contact required for basic training). For example, a study of 4 million people in Denmark also found that the risk of infection was five times higher in people who had not before had COVID-19, but they found that only 0.65% of people who had COVID-19 during Denmark's first wave tested positive again during the second wave, compared with 3.3% of people who tested positive after initially being negative.

In addition, a preprint study including British healthcare workers found that those who had been not previously infected had a five times higher risk of being reinfected than people who had a past infection.

## HEALTH bulletin

### Why the COVID-19 vaccines are safe



#### Risk for cerebral venous thrombosis elevated after COVID-19

Rates of cerebral venous thrombosis (CVT), also called cerebral venous sinus thrombosis, are significantly higher among people with COVID-19 than in the general population or in mRNA vaccine recipients, suggests an unpublished study.

In patients with COVID-19, the absolute risk for CVT in the 2 weeks after diagnosis was 39 events per million people — significantly higher than the risk among influenza patients (0 per million) or mRNA vaccine recipients (4.1 per million). This was also higher than the risk among patients who have received the AstraZeneca adenovirus vaccine (5.0 per million at last count of the European Medicines Agency's monitoring system).

The incidence of portal vein thrombosis (PVT) was similarly elevated in the COVID-19 group, compared with the other groups. Mortality rates for COVID-19 patients after a diagnosis of CVT or PVT were 20% and 18%, respectively.

The authors say, "The current data highlight the risk of serious thrombotic events in COVID-19, and can help contextualise and inform debate about the risk-benefit ratio for current COVID-19 vaccines."

Vaccination is a simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them. It uses your body's natural defenses to build resistance to specific infections and makes your immune system stronger. During the COVID-19 pandemic, vaccination continues to be critically important. When you get a vaccine, your immune system responds. The vaccine is therefore a safe and clever way to produce an immune response in the body, without causing illness. Vaccines are getting ready before a battle; your opposition is kept at bay.

Herd immunity, also known as 'population immunity', is the indirect protection from an infectious disease that happens when immunity develops in a population either through vaccination or through a previous infection. The World Health Organisation (WHO) supports achieving 'herd immunity' through vaccination, not by allowing the disease to spread through a population, as this would result in unnecessary cases and deaths.

Two key reasons to get vaccinated are to protect ourselves and to protect those around us. Because not everyone can be vaccinated including very young babies, those who are seriously ill or have certain allergies, depend on others being vaccinated to ensure they are also safe from vaccine-preventable diseases. An experimental vaccine is first tested in animals to evaluate its safety and potential to prevent disease. It is then tested in human clinical trials, in three phases.

In phase I, the vaccine is given to a small number of volunteers to assess its safety, confirm it generates

an immune response, and determine the right dosage.

In phase II, the vaccine is usually given to hundreds of volunteers, who are closely monitored for any side effects, to further assess its ability to generate an immune response. In this phase, data are also collected whenever possible on disease outcomes, but usually not in large enough numbers to have a clear picture of the effect of the vaccine on the disease.



Participants in this phase have the same characteristics as the people for whom the vaccine is intended. In this phase, some volunteers receive the vaccine and others do not, which allows comparisons to be made and conclusions are drawn about the vaccine.

In phase III, the vaccine is given to thousands of volunteers some of whom receive the investigational vaccine, and some of whom do not,

just like in phase II trials. Data from both groups are carefully compared to see if the vaccine is safe and effective against the disease it is designed to protect against. Almost all the COVID-19 vaccines have gone through all the phases of a trial.

Your best protection from COVID-19 will be a combination of getting a COVID-19 vaccine, wearing a mask, staying at least 6 feet away from others, avoiding



crowds in poorly ventilated spaces, and washing your hands often. No one tool alone is going to stop the pandemic.

The article is compiled from various sources including The World Health Organisation, Centres for Disease Control and Prevention, and the University of Oxford websites by Dr Zubair Khaled Huq. The writer is a gerontologist and a public health specialist.  
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Frederick Banting & Charles Best at the UofT.

### Novo Nordisk and UofT announce joint investment to address diabetes & chronic disease prevention

Novo Nordisk A/S and the University of Toronto (UofT) has announced a CAD 40 million investment to establish the Novo Nordisk Network for Healthy Populations, says a press release.

The network will focus on new ways to support healthier urban populations to impact the global fight against diabetes and other serious chronic diseases. The new network will be a partnership between the Dalla Lana School of Public Health, the Temerty Faculty of Medicine and the University of Toronto Mississauga.

"As we commemorate the 100<sup>th</sup> anniversary of the discovery of insulin at UofT, we are thrilled to once again partner with Novo Nordisk, a company that understands the vital importance of helping those living with diabetes and other chronic diseases," said UofT President Meric Gertler.

In 1921, a UofT research team of Frederick Banting, Charles Best, J.J.R. MacLeod and James Bertram Collip discovered insulin. Novo Nordisk predecessors, Nordisk Insulin Laboratorium and Novo Therapeutisk Laboratorium, were among the first to produce insulin at a large scale, bringing this life-saving treatment from UofT labs to people with diabetes around the world.

Now, 100 years later, UofT and Novo Nordisk will once again work together to improve the lives of people living with diabetes.

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## Health Benefits of Fasting

Increase focus



Reduce hunger levels



Reduce Inflammation



Heal digestion problem



Can reduce high blood pressure



Increase insulin sensitivity



Boost immune system



Promote detoxification



Stay Healthy in Ramadan

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