# WEA LEE'S GLOBAL NOTES

12/17/2020

CORONAVIRUS DIARY

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# Jansen's Personal Story

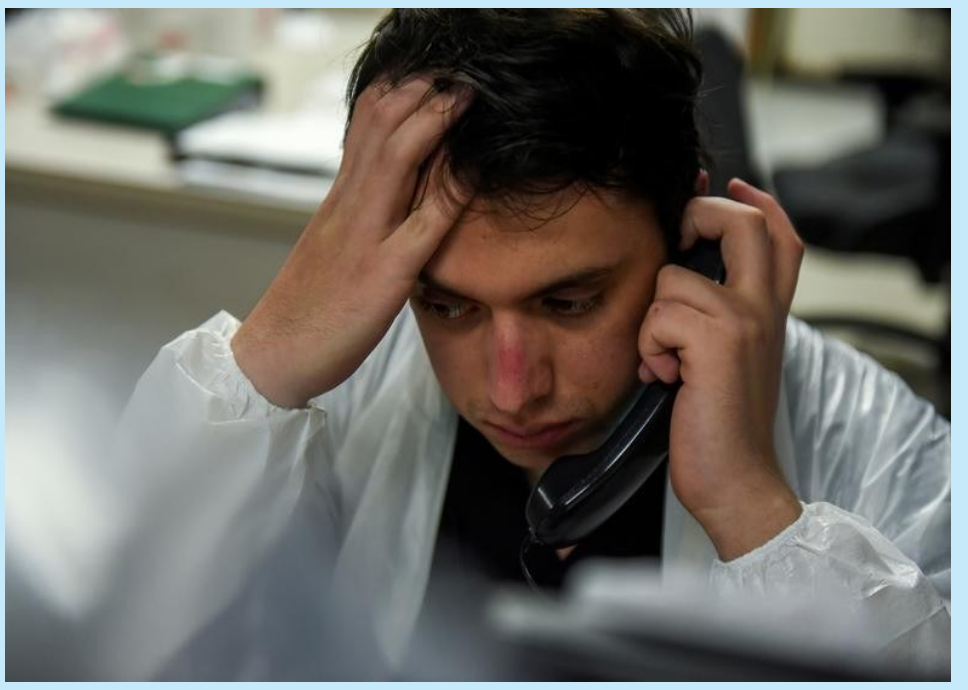
Vice President of Pfizer Kathrin Jansen who led the development of the company's COVID-19 vaccine had a very touching story when she witnessed the death and economic disaster near her home in New York City.

Jansen was interviewed by CBS news and talked about her experience in the pandemic. She said that, "The most chilling thing for me was when we walked our dog and we'd go by the hospital complexes and you'd see one refrigerated truck after the other appearing in the parking lots in front of the hospitals. It was their morgue trucks. It became very personal, the virus. I took this very personally. I wanted to fight it, beat it and fight it down."

Jansen's story represents the feelings of so many medical teams and researchers working to fight in the front line and in their laboratories.

Today the Pfizer vaccine came to rescue for the people suffering in the pandemic. We all hope that in the coming months our society will get back to normal.

With the Biden administration soon taking over the White House, there are two fundamental policies that will change. One of them will be helping more community banks to serve their communities with more relaxed credit. The other is the building of more affordable housing for low income people.



Housing is the backbone of our economy. We expect the new administration will get back together with the international community to address all the new challenges we are facing in the current world.

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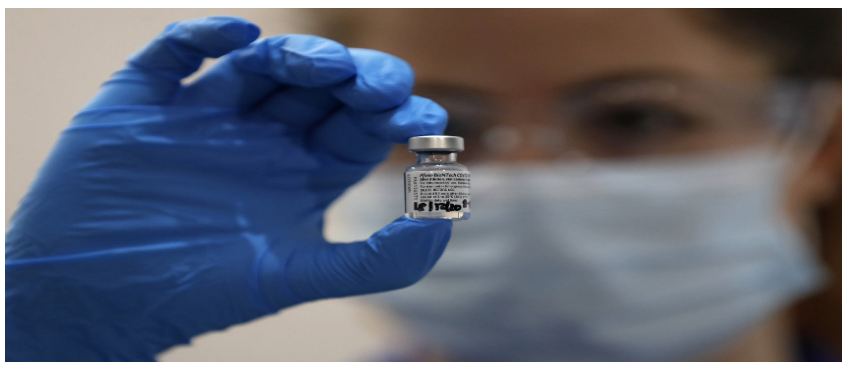
*Stay Home!* **BUSINESS** *Wear Mask!*

## The First COVID-19 Vaccine Is Heading Your Way - What You Need To Know



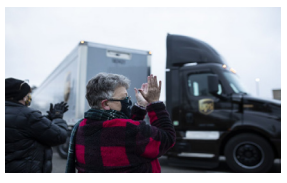
**Pfizer-BioNTech's COVID-19 vaccine has been tested for safety and efficacy in more than 44,000 people. Still, stopping viral spread will take more than immunizations, says the CDC. The agency is calling for those who are vaccinated to continue wearing masks and practicing safe physical distancing.Frank Augstein/AP**

**Compiled And Edited By John T. Robbins, Southern Daily Editor**

**Who specifically is eligible for the vaccine now?** With more than 2,300 deaths now routinely linked to the coronavirus in the U.S. each day, getting a safe vaccine into people's arms has been an urgent priority. The FDA late Friday issued an emergency use authorization for the vaccine made by Pfizer and German biotech firm BioNTech to be given to people ages 16 and over.

**Is the vaccine safe?** Pfizer has run tests that include more than 44,000 people. An FDA analysis of the vaccine's safety and effectiveness on people aged 16 and older found "no specific safety concerns" that would preclude the vaccine's use. Some mild to moderate side effects are common — mostly swelling, pain, redness at the injection site, fatigue and sometimes including fever that resolves within about 24 hours

**I'm not high risk or an essential worker, so how soon can I get vaccinated?** Not for a while. The Department of Health and Human Services expects to send about 2.9 million doses out in the first push this week. Those doses are to be divvied up among states based on their population. Last week, Secretary of Health and Human Services Alex Azar promised that the government would provide enough vaccine for 20 million Americans before the end of the year and says there should be enough for everyone in the U.S. in the spring — likely not just the Pfizer vaccine but also others that are still in the research pipeline.



**Trucks are being loaded with much needed coronavirus vaccine.**

**If there are a few different vaccines coming, which one is best for me?** Right now, you don't have much choice. Only the Pfizer vaccine has been granted emergency authorization for use. A vaccine that works in similar ways made by Moderna is expected to get that authorization, too — perhaps as soon as next week. Measures of the safety and effectiveness of the two vaccines seem roughly comparable. Other vaccines under development use different approaches to the same end. One relies on a harmless virus loaded with a coronavirus gene for a protein that will induce an immune response, and several companies are working on more traditional, weakened-virus vaccines. Some of the candidate vaccines are single-dose, while others (including Pfizer's and Moderna's) require two shots, spaced three to four weeks apart for full protection. Some of the vaccines must be kept extremely cold. **Where will I be able to get the vaccine?** Many doses of Pfizer's vaccine have already been deployed to the company's hubs in the U.S. and will now be shipped across the U.S. According to Operation Warp Speed, the vaccines will be picked up from manufacturers by UPS, FedEx and medical supply company McKesson for delivery to pharmacies, nursing homes, public clinics, hospitals, doctors' offices, mobile clinics and military facilities. Initially, states are likely to direct first supplies to larger distribution centers — such as hospitals and long-term care facilities. The drugstore chains CVS and Walgreens are responsible for delivering the vaccine to nursing homes, which are likely also to be among the first places for availability. States will be in control. You can check out what your state has been planning on Page 25 of this document on vaccine distribution from Duke University and the National Governors Association. **What side effects can I expect from the vaccines**? In the Pfizer and Moderna trials (which included an average of two months of follow-up), vaccine recipients have reported mild symptoms (such as sore arms, redness at the injection site, headache or fatigue) a little more frequently than with flu vaccines, says Dr. Paul Offit, a pediatrician at the Children's Hospital of Philadelphia and a member of the FDA's advisory committee evaluating the vaccines. Offit says mild to moderate symptoms — similar to the range of side effects seen with the shingles vaccine Shingrix — are to be expected, and people need to understand that.

Vaccine recipients, especially under age 65, also "could have fever — including rarely high fever — fatigue, headaches, chills, muscle aches, joint pain, enough so that one could miss a day of work," Offit tells NPR.

"But that's just your immune system being vigorous and working for you," Offit says. "In many ways, it's a good thing. But you can't have people surprised by this because it is actually a fairly common problem."

An FDA-posted fact sheet and prescribing instructions regarding the Pfizer vaccine reports that in one trial, 0.4% of people who'd gotten the vaccine had a serious adverse event compared with 0.3% of those who received a placebo. A New England Journal of Medicine report published this week described the incidence of serious adverse events as "low, and similar in both groups." In the U.K., which began vaccinating with the Pfizer vaccine earlier this week, there have been two or three cases of strong allergic reactions in people who have a significant enough history of severe allergies that at least two routinely carry EpiPens. The reaction was safely quashed with a shot of epinephrine. The fact sheet the FDA posted advises health workers to not give the Pfizer vaccine to "individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 Vaccine." The agency noted in a press briefing Saturday that the warning does not extend to the 1.6% of people who have had a severe allergic reaction to foods or something in the environment. Both the Pfizer and Moderna vaccines are based on a new model — getting genetic material into people's cells so that the cells produce proteins that will trigger an immune reaction. "There's no particular reason based on the science to be concerned about long-term side effects," says Dr. Jesse Goodman, former FDA chief scientist and now at Georgetown University. "But that said, careful monitoring over time will be needed."

**I'm pregnant. What should I do about getting immunized?** Many vaccines are safe and effective and are recommended for pregnant women, but pregnant women were excluded from both the Moderna and Pfizer studies, so no one can say for sure how the vaccine will perform in this group. Several studies have shown that pregnant women who get COVID-19 are more likely to have a worse run of it, so it would be helpful to have more data. "We think and hope the vaccines will be useful and safe for pregnant women," says Goodman. "But we need the studies."

The issue came up during the advisory meeting Thursday, and Pfizer said it would be releasing results on toxicity studies in rats in the next few days. The FDA's guidance did not preclude offering the vaccine to pregnant women, but experts say there isn't enough information to assess the risks versus benefits in a way that would merit blanket advice. **What about kids?** Participants in Pfizer's vaccine studies were mostly adults, and the FDA's authorization is for people 16 and older. But, so far, only 163 people in Pfizer's 44,000-person trial were as young as 16 or 17, notes Dr. Cody Meissner in an interview with NPR. He is chief of pediatrics at Tufts University Medical Center and one of the FDA advisory committee members. Half of that group got the placebo, and none of the participants in the research trial was younger than 16, Meissner notes. The American Academy of Pediatrics is calling for adding younger people to the vaccine clinical trials. The FDA's Dr. Peter Marks, director of the Center for Biologics Evaluation and Research, notes that many 16- and 17-year-olds are working as checkout workers or are otherwise active in their communities, so their risk of contracting the coronavirus can be elevated. "We think the known and potential benefits outweigh the known and potential risks" of immunizing this age group, he says.

**My mom got her first dose and I want to visit. Are there still safety issues?**

Yes — remember, both doses are necessary for full effectiveness. And for now at least, you should take the same precautions you did before vaccination, says Goodman. "Until the population is broadly vaccinated and the outbreak under control, which will take many months, everyone — vaccinated or not — needs to continue to wear masks and practice distancing to protect themselves and others. **If I've had COVID-19 should I get vaccinated anyway?** It looks like getting vaccinated when you've been infected in the past is safe — in both the Pfizer and Moderna trials, about 5% to 10% of volunteers turned out to have already been infected. And many experts say the extra protection of immunization might be helpful. But the CDC is waiting until there is more information about how long "natural immunity" lasts to give advice about that. **How much will getting immunized cost me**? The government will be providing vaccines for free, but providers will be allowed to charge a fee for giving the shots. They can recoup the fee from public and private insurance plans and from a government fund to cover uninsured individuals. **Will I need a booster shot?** Some of the vaccines further down the pipeline are single shots, but the Moderna and Pfizer vaccines require two doses to hit the 95% effectiveness level. With other multidose vaccines, people often miss the second shot.

**Is it safe to send kids back to schools?** It likely will be awhile before any of the COVID-19 vaccines are authorized for use in children — the early vaccines have not been tested in kids under age 16. And it's going to take a long time for vaccination to lower the overall rate of infection in the community and thus lower the likelihood of the coronavirus coming into the schools from outside. Infectious disease experts say that for now, the safety of the youngest students has much more to do with whether their school makes sure that students, faculty and staff keep properly distanced and wear masks where appropriate; provides washing-up areas; and ensures good ventilation. (Courtesy www.npr.org)

Southern DAILY Make Today Different

# Editor's Choice

An Ethiopian girl stands at the window of a temporary shelter, at the Village 8 refugees transit camp, which houses Ethiopian refugees fleeing the fighting in the Tigray region, near the Sudan-Ethiopia border, Sudan. REUTERS/Baz Ratner

The Christmas tree is lit at Rockefeller Center in Manhattan, New York City. REUTERS/Eduardo Munoz


Attendees listen as attorney L. Lin Wood speaks during a press conference on election results in Alpharetta, Georgia.  REUTERS/Elijah Nouvelage

Pallbearers, wearing personal protective equipment, carry the coffin of a patient who died from the coronavirus inside a church in Athens, Greece. REUTERS/Giorgos Moutafis

A health care worker collects a swab sample from a man during a rapid antigen test for army members and volunteers before the start of a mass test of Vienna's population in Austria. REUTERS/Leonhard Foeger

Israeli sailors, including some standing on the Saar-6 corvette, a warship dubbed "Shield" (seen in background), take part in a welcoming ceremony by the Israeli navy to mark the arrival of the warship, in the Mediterranean Sea off the coast of Haifa, northern Israel. REUTERS/Ronen Zvulu

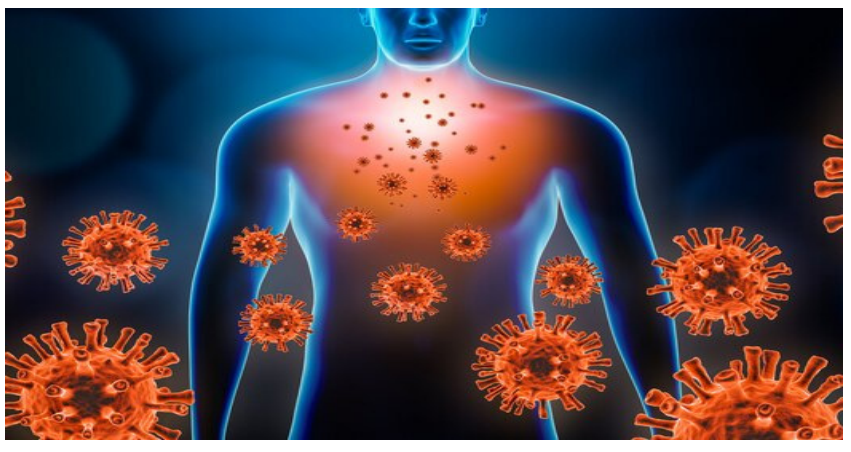
Carlos, a 22-months old boy, reaches for a plate with a tortilla with salt and a cooked tomato, at his home, in La Palmilla, Guatemala. REUTERS/Josue Decavele

A person gives a swab sample during a mass coronavirus testing to allow students home for Christmas, at the Sports Hall of Keele University, in Keele, Staffordshire, Britain. REUTERS/Carl Recine

Southern DAILY Make Today Different

COMMUNITY

# COVID-19 Passes Heart Disease As U.S. #1 Killer



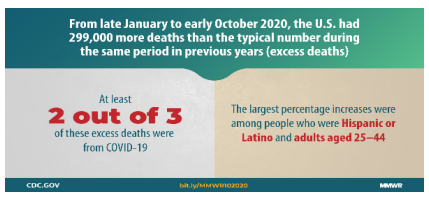
**Compiled And Edited By John T. Robbins, Southern Daily Editor**

December 7, 2020 -- COVID-19 passed heart disease as the leading cause of death during the past week, according to the latest report from the Institute for Health Metrics and Evaluation. More than 11,800 COVID-19 deaths were reported, passing heart disease at 10,700 deaths, lung and tracheal cancer at nearly 4,000 deaths, chronic obstructive pulmonary disease at more than 3,700 deaths, and stroke at more than 3,600 deaths. The daily death rate is greater than 4 per million in 34 states, according to the report. More than 281,000 people have died from COVID-19 as of Sunday morning, according to data from Johns Hopkins University. The total could reach more than 500,000 by April, the IHME model forecasts, which could peak at around 3,000 deaths per day in mid-January.

"By April 1, 2021, we project that 9,000 lives will be saved by the projected vaccine rollout," according to the report. "If rapid rollout of vaccine is achieved, a further 11,000 lives will be saved."

Until then, nearly every state will see an overwhelming increase in COVID-19 hospitalizations, and 46 will face "high or extreme stress" with hospital beds and ICU capacity between December and February, IHME said.

"It's one giant ball of anxiety trying to figure out where the next patient's going to go," Donovan Boetcher, a respiratory therapist in Wisconsin, told CBS News.




"I feel like on social media, there's a lot of talk of health care heroes and all that," Boetcher said. "Well, if you really want to respect people in health care or anyone that has to work right now, stay home. Wear a mask."

The U.S. also hit a record seven-day average in COVID-19 cases, logging more than 1 million new cases during the first five days of December to reach 14.5 million, according to CNN. The U.S. reported nearly 228,000 cases on Friday, which marked the highest one-day total during the pandemic, and averaged about 183,000 new cases per day, breaking yet another record during the past week.

"Every single day, thousands more people are getting this virus, and we know that means that in a few days, in a week, hundreds of people are going to be coming to the hospital and hundreds of people are going to die," Shirlee Xie, MD, the associate director of hospital medicine for Hennepin Healthcare in Minneapolis, told CNN. (Courtesy /www.webmd.com)

**Related**

## Mortality in the United States, 2018

**(Editor's Note: Review this information from the CDC keeping in mind that COVID-19 has surpassed heart disease as the #1 killer in the U.S. Please refer to information in above article.)**

**Number of deaths for leading causes of death**

- Heart disease: 655,381 (see article above)
- Cancer: 599,274
- Accidents (unintentional injuries): 167,127
- Chronic lower respiratory diseases: 159,486
- Stroke (cerebrovascular diseases): 147,810
- Alzheimer's disease: 122,019
- Diabetes: 84,946
- Influenza and pneumonia: 59,120
- Nephritis, nephrotic syndrome, and nephrosis: 51,386
- Intentional self-harm (suicide): 48,344

**Data from the National Vital Statistics System**

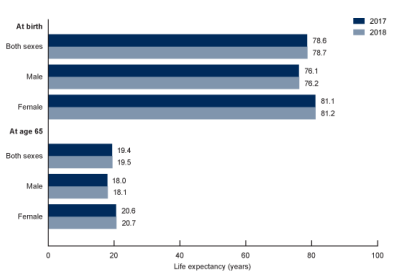
- Life expectancy for the U.S. population in 2018 was 78.7 years, an increase of 0.1 year from 2017.
- The age-adjusted death rate decreased by 1.1% from 731.9 deaths per 100,000 standard population in 2017 to 723.6 in 2018.
- The 10 leading causes of death in 2018 remained the same as in 2017. From 2017 to 2018, age-adjusted death rates decreased for 6 of 10 leading causes of death and increased for 2.
- Age-specific death rates decreased from 2017 to 2018 for age groups 15–24, 25–34, 45–54, 65–74, 75–84, and 85 and over.
- The infant mortality rate decreased 2.3% from 579.3 infant deaths per 100,000 live births in 2017 to 566.2 in 2018.
- The 10 leading causes of infant death in 2018 remained the same as in 2017.

**How long can we expect to live?** In 2018, life expectancy at birth was 78.7 years for the total U.S. population—an increase of 0.1 year from 78.6 years in 2017 (Figure 1). For males, life expectancy changed from 76.1 in 2017 to 76.2 in 2018—an increase of 0.1 year. For females, life expectancy increased 0.1 year from 81.1 years in 2017 to 81.2 in 2018.

Life expectancy for females was consistently higher than it was for males. In 2018, the difference in life expectancy between females and males was 5.0 years, the same as in 2017.

In 2018, life expectancy at age 65 for the total population was 19.5 years, an increase of 0.1 year from 2017. For males, life expectancy at age 65 increased 0.1 year from 18.0 in 2017 to 18.1 in 2018. For females, life expectancy at age 65 increased 0.1 year from 20.6 years in 2017 to 20.7 in 2018. The difference in life expectancy at age 65 between females and males was 2.6 years, unchanged from 2017.

**Figure 1. Life expectancy at selected ages, by sex: United States, 2017 and 2018**




**What are the death rates for the 10 leading causes of death?**

The age-adjusted death rate for the total population decreased 1.1% from 731.9 deaths per 100,000 standard population in 2017 to 723.6 in 2018 (Figure 2). In 2018, the 10 leading causes of death (heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer disease, diabetes, influenza and pneumonia, kidney disease, and suicide) remained the same as in 2017. Causes of death are ranked according to number of deaths (1). The 10 leading causes accounted for 73.8% of all deaths in the United States in 2018. From 2017 to 2018, age-adjusted death rates decreased for 6 of 10 leading causes of death and increased for 2. The rate decreased 0.8% for heart disease (from 165.0 in 2017 to 163.6 in 2018), 2.2% for cancer (152.5 to 149.1), 2.8% for unintentional injuries (49.4 to 48.0), 2.9% for chronic lower respiratory diseases (40.9 to 39.7), 1.3% for stroke (37.6 to 37.1), and 1.6% for Alzheimer disease (31.0 to 30.5). The rate increased 4.2% for influenza and pneumonia (14.3 to 14.9) and 1.4% for suicide (14.0 to 14.2). Rates for diabetes and kidney disease did not change significantly.

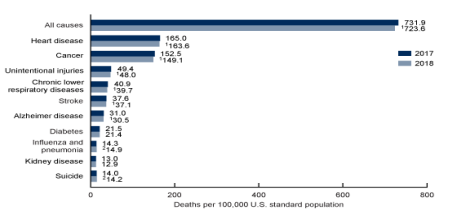


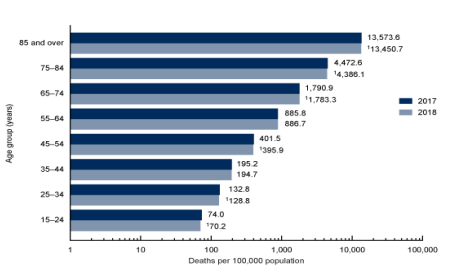

**Figure 2. Age-adjusted death rates for all causes and the 10 leading causes of death in 2018: United States, 2017 and 2018**

Did age-specific death rates in 2018 change from 2017 among those aged 15 years and over?

Between 2017 and 2018, death rates decreased 5.1% for age group 15–24 (from 74.0 deaths per 100,000 population in 2017 to 70.2 in 2018), 3.0% for age group 25–34 (132.8 to 128.8), 1.4% for age group 45–54 (401.5 to 395.9), 0.4% for age group 65–74 (1,790.9 to 1,783.3), 1.9% for age group 75–84 (4,472.6 to 4,386.1), and 0.9% for age group 85 and over (13,573.6 to 13,450.7) (Figure 3).

Rates for age groups 35–44 and 55–64 did not change significantly between 2017 and 2018.

**Figure 3. Age-specific death rates for ages 15 years and over: United States, 2017 and 2018**




**What are the mortality rates for the 10 leading causes of infant death?**

The infant mortality rate (IMR)—the ratio of infant deaths to live births in a given year—is generally regarded as a good indicator of the overall health of a population. The IMR decreased 2.3% from 579.3 infant deaths per 100,000 live births in 2017 to 566.2 in 2018. Causes of infant death are ranked according to the number of infant deaths (1). The 10 leading causes of infant death in 2018 accounted for 67.6% of all infant deaths in the United States. The leading causes remained the same as in 2017 (Figure 4). The IMR decreased 9.9% from 34.2 in 2017 to 30.8 in 2018 for unintentional injuries and 12.8% from 21.9 in 2017 to 19.1 in 2018 for cord and placental complications. Mortality rates for other leading causes of infant death did not change significantly.

**In Summary**

In 2018, a total of 2,839,205 resident deaths were registered in the United States—25,702 more deaths than in 2017. From 2017 to 2018, the age-adjusted death rate for the total population decreased 1.1%, and life expectancy at birth increased 0.1 year. Age-specific death rates between 2017 and 2018 decreased for age groups 15–24, 25–34, 45–54, 65–74, 75–84, and 85 and over. The 10 leading causes of death in 2018 remained the same as in 2017 with the leading cause now in 2020 being the COVID-19 pandemic. Age-adjusted death rates decreased for six leading causes and increased for two. Life expectancy at birth increased 0.1 year from 78.6 years in 2017 to 78.7 in 2018, largely because of decreases in mortality from cancer, unintentional injuries, chronic lower respiratory diseases, and heart disease. After increasing 0.2 year between 2010 and 2014, life expectancy decreased 0.3 year between 2014 and 2017 (2). The 0.1-year increase in the 2018 life expectancy estimate for the total population results in the same estimate before the increase began (78.7 in 2010), and is 0.2 year below the peak life expectancy of 78.9 in 2014.

In 2018, a total of 21,467 deaths occurred in children under 1 year, which was 868 fewer infant deaths than in 2017. The leading causes of infant death were the same in 2018 and 2017. The IMR decreased for 2 (unintentional injuries and cord and placental complications) of the 10 leading causes of infant death. (Courtesy www.cdc.gov/)

SC 食在中國 Daily News

# 国家炒饭地理：从庙堂美馔到市井野食

炒饭，也许是美食江湖中，最深藏不露的扫地僧。

对厨子来说，炒饭是考教功力的试卷，选择食材、打磨根骨、掌控火候、一气呵成。看似简单，但每一步都是庖厨生涯的修为见证。

对食客来说，炒饭则是证明见识和阅历的字典，虽然配料和做法千变万化。但有经验的食客，总会去芜存菁、拨开繁复的表象，洞见炒饭制作者的幽微用心和炒饭滋味的高下。

而对食物本身来说，炒饭则符合中国饮食因地制宜，丰俭由人的传统：在鸡蛋、米饭、葱花所构成的朴素根基上，搭载了由肉禽、河鲜、海味、蔬菜、块根所组成的无比宏伟的味觉殿堂。

如果要选出一种最能代表中国的食物，非炒饭莫属。炒，表现了中国先进的冶金史与油料作物贫瘠的矛盾；而米饭，则彰显了华夏先民驯化水稻的智慧，和全世界最大的米食国家的餐桌底蕴。

成书于南北朝的《齐民要术》中，记载了一味很有意思的菜肴：炒蛋。

“打破，著铜铛中，搅令黄白相杂。细擗葱白，下盐米、浑豉、麻油炒之。”在中国饮食史中，这是一段里程碑式的记载：油与炒，第一次关联起来。

从时间线上来看，这是汉代张骞、班固们积极通西域，带回芝麻、核桃之后，让植物油价格降低之后的长尾红利。当然，这种饮食的进步也见证了中国冶金技术的发展。南北朝的黄铜在物理强度和温差耐受上已经做得很好，打造的器皿也远比青铜轻而薄。

技术和材料上的迭代，让鸡蛋这种本来很容易粘锅的蛋白质为主的食物也有了下锅炒制的可能性。南北朝统一后，担任隋炀帝御用主厨“尚食直长”的谢讽，在他的《食经》里记载了一种将米饭、鸡蛋和油放在一起炒的“碎金饭”。

炒完后的米饭裹上蛋液，粒粒如金，模样好看、寓意讨巧，从当时的技术条件来说，制作也相当考究。可以想见，这种食物在贵族中多么流行。

一般认为，这是中国，也是全球第一份有记载的炒饭。

唐宋两朝，进一步从技术上和材料上给予炒饭成长的空间。开疆拓土进程空前的唐朝，引入了大量来自中亚、南亚的香料，它们被用到了百搭的炒饭中，成就了千变万化的滋味。尤其是一种名为安息茴香的植物种子，磨成粉后加入炒饭，能有效祛除鱼虾肉类辅料中的腥膻气味，还能赋予炒饭无与伦比的烟熏香味。

今天，我们把它称为“孜然”。

而宋代铁器冶炼成熟并普及，锻打技术的提高，让炒锅的应用场景飞速发展。真正现代意义上的炒饭终于在民间广泛出现。作为饭菜一锅，操作简便，还能有效消耗剩菜剩饭的食品，炒饭的平民性被无限放大。

这种情况的好处是，炒饭和中餐，有了千丝万缕的连接，再难割断。而坏处是，炒饭被贴上了市井江湖的标签，与文人审美中细致的饮食产生了隔膜，宋代以后，掌握舆论力量的士大夫们，在诗词文章中，再也不会咏赞“碎金饭”之美味。

比如，记载了300多种南北饭肴的《随园食单》，居然对炒饭只字未提。在袁枚生活的清中叶，绝不可能没有炒饭。但《随园》不收录炒饭的做法，却暴露了作者对于炒饭这种食物幽微的心思。

不上台面。

失之东隅，收之桑榆。

明清之后，虽然中国精英阶层的饮食审美逐渐抛弃了炒饭。但这种伟大的食物，却以另一种形式获得重生。

在闽南、在广东，在中国南方最具海洋性的地区，随着明清封关禁海政策的推行，原本被破碎丘陵地形阻隔的南方，失去了与中原王朝密切联系的纽带。

但好处是，当地遭受文化迭代的冲击较小，像时间胶囊一样，保存了许多宋以前的古韵古风。当其他地区饮食中炒饭地位急转直下的时候，岭南人却越来越多地提升着炒饭江湖的味觉天花板。

南方特产的咸鱼、鸡粒、凤梨、大虾、火腿、叉烧、瑶柱……万物都可入炒饭。包括著名的扬州炒饭、福建炒饭，最早都见于20世纪初的广东老照片中。

在岭南，正餐、点心、夜宵桌上都可见炒饭身影。在茶餐厅里，总能听到食客说换“炒底”，就是把白米饭换成炒饭的意思。

最值得一提的是，近代炒饭流行的地区，恰恰是最早吹来西学东渐之风、最早大规模下南洋出海的地区。作为一种现象级饮食，炒饭被华人华侨们带到了香港、泰国、印尼、马来西亚、新加坡。最后飘洋过海来到了大洋彼岸的美国。

日式蛋包饭，就是那个年代基于中国炒饭诞生的日本改良料理。

华人们还习惯于用那个年代，老外们熟悉的中国名词对炒饭进行包装，扬州炒饭、李鸿章炒饭的声名日显。同时，他们还因地制宜地在炒饭中加入了番茄酱、黑椒、牛排、蟹柳等食材，创制出了更适合西方人口味的西式炒饭。

到今天，炒饭已经成为海外中餐馆真正的扛鼎大作，也是区别于日料、韩餐、越南菜等同为东方饮食的重要标签。

丨扬州炒饭丨

关于扬州炒饭的起源，究竟在广东还是扬州，两地美食家们争论不休。扬州人搬出了越国公杨素与隋炀帝的典故，广州人则拿出了解放前广州街头的“扬州炒饭”的老照片来说事。

但在做法上，两地却是大抵统一的：扬州炒饭的标准就是干、香、松、酥。作为家常风味，扬州炒饭不拘食材，最简易的版本便是鸡蛋+小葱，油光热闹，金黄碧绿的炒一大锅，方便、美味又耐饥。

淮扬菜的大厨们，在多年钻研扬州炒饭后，还创制出了炉火纯青的技术：蛋液以丝状下入油中，炒出一种类肉松的口感，非常值得一试。

葱是扬州炒饭的灵魂，整个烹饪过程中，要放三次葱：第一次叫闷头葱，使油香；第二次是放米饭的时候放葱，使饭香；最后一次是半生的葱，使菜香。这样做的扬州炒饭香气四溢，口感奇佳。

扬州炒饭的配料丰俭由人，如若手边食材丰富，火腿、叉烧、鸡丁、虾仁、海参、青豆、玉米等皆可入饭，不同的食材就像群英荟萃汇聚在一锅炒饭里，带来不同的口感碰撞。

丨广州：腊肠、菠萝、咸鱼鸡粒炒饭丨

腊肠炒饭是广式腊肠煲仔饭的升级版。腊肠要切得薄，炒熟后红亮透明。

锅里底油不能多，在煸炒腊肠的时候，自然会渗出一部分油，用它来包裹米饭和蔬菜，使炒饭变得香气浓郁、口感丰盈。

相比煲仔饭，腊肠炒饭虽然少了锅巴，但多了整锅的逼人镬气，是值得一试的岭南风味。

将菠萝去皮切丁，与饭同炒，具有浓浓的热带风情。菠萝炒饭在东南亚一带颇为流行，广州气候温暖，菠萝炒饭也是广州人的常见菜式。

与其它口味咸鲜的炒饭不同，菠萝炒饭多了一分水果的酸甜，所以配料也大可多选择一些口味清爽的，诸如青椒、葡萄干之类，甚至还能加入少量咖喱，令口感更加复合多元。

酸甜喷香的菠萝炒饭很得小孩子们的喜爱，一碗五光十色的菠萝炒饭上桌，再平淡的餐桌也立即生出光芒来。

咸鱼鸡粒炒饭，因为配料里咸鱼的存在，所以大概是所有炒饭里最不具包容性的一款了。鲜美如虾仁、干贝、鲍鱼之流加入其中，无疑暴殄天物；味厚如牛肉、香菇、猪肉之流加入其中，又喧宾夺主。尽管容 丨佛山顺德：蛇血炒饭丨

在顺德人的美味版图里，蛇肉绝对是不可缺少的一道。当地有“秋风起三蛇肥”的俗语，为了过冬，蛇会把自己养的又肥又美，摩拳擦掌吃蛇的时候就到来了。爆炒蛇肉、凉拌蛇皮、蛇肉羹之外，蛇血也不能浪费。

先将米饭在蛇血中搅拌，直到浸润，然后按照普通蛋炒饭的程序翻炒，再加大量白胡椒杀腥。蛇血炒饭的好处在于，血液中的蛋白质，在高温的催化下变成了提供鲜味的氨基酸，经过油锅翻炒的蛇血不腥不膻，食客几乎察觉不到蛇血的加入。不吃蛇的人也能无所畏惧地来上两勺。

顺德认为蛇血“大补”，实质蛇血炒饭同鹅血炒饭、鳝血炒饭一样，不过是物尽其用，体现出粤人在吃这件事上的十足想象力。

丨潮汕：橄榄菜、菜脯、紫菜、芋头炒饭，炯饭丨

宋明时代起，粤东潮汕地区就有腌制橄榄菜的做法。将腌制后的芥菜与橄榄同煮，就得到颜色乌黑的橄榄菜。橄榄菜鲜香嫩滑，是潮汕人极爱的一味小菜，佐粥、下饭、入菜皆宜。

橄榄菜炒饭，最早就是由潮汕地区的酱菜铺伙计发明的。橄榄菜当然是其中的灵魂配料，但其他还要加入潮汕特产的紫菜、菜脯（萝卜干），以及广式炒饭常用的虾仁、火腿、瘦肉丁等，只要味道不是过于厚重的食材，都可加入其中。一般不再另加盐，只需要食材本身的咸味即可。

毕竟将橄榄菜拿来炒饭，取的就是橄榄的油香。经过热油与旺火的洗礼，炒饭中竟然还能吃出肉味来。

此外，潮汕人还会用本地特产的芋头炒饭。先把芋头切小块煸香，再加入米饭和各种配料翻炒，成品夹带着芋香，是很特殊的体验。

潮汕炯饭也是炒饭的一种，但制作过程却有细微的差别。潮汕人会先用猪腩肉煸出猪油，把虾仁、芋头等各种配菜炒熟。连油带汤放进生饭里一起煮熟。最后出锅再炒。

相比普通炒饭，炯饭多了一步煮饭的过程。油脂、调料和配菜的味道能更好地浸入饭里。饭菜浑然一体，都已烂熟，能吃到浓浓的猪油香味，却看不到碗底的残油，潮汕人甚至拿它作为幼儿的辅食，和产妇补身的营养品。