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Southern DAILY

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Inside C2

Thursday, March 04 2021|

‘When will it end?’: How a changing virus is reshaping scientists’ views on COVID-19

FILE PHOTO: A healthcare worker draws the coronavirus disease (COVID-19) vaccine from a vial at Dignity Health Glendale Memorial Hospital and Health Center in Glendale, California, U.S., December 17, 2020. REUTERS/Lucy Nicholson/File Photo

CHICAGO (Reuters) - Chris Murray, a University of Washington disease expert whose projections on COVID-19 infections and deaths are closely followed worldwide, is changing his assumptions about the course of the pandemic.

FILE PHOTO: A healthcare worker draws the coronavirus disease (COVID-19) vaccine from a vial at Dignity Health Glendale Memorial Hospital and Health Center in Glendale, California, U.S., December 17, 2020. REUTERS/Lucy Nicholson/File Photo

Murray had until recently been hopeful that the discovery of several effective vaccines could help countries achieve herd immunity, or nearly eliminate transmission through a combination of inoculation and previous infection. But in the last month, data from a vaccine trial in South Africa showed not only that a rapidly-spreading coronavirus variant could dampen the effect of the vaccine, it could also evade natural immunity in people who had been previously infected.

“I couldn’t sleep” after seeing the data, Murray, director of the Seattle-based Institute for Health Metrics and Evaluation, told Reuters. “When will it end?” he asked himself, referring to the pandemic. He is currently updating his model to account for variants’ ability to escape natural immunity and expects to provide new projections as early as this week.

A new consensus is emerging among scientists, according to Reuters interviews with 18 specialists who closely track the pandemic or are working to curb its impact. Many described how the breakthrough late last year of two vaccines with around 95% efficacy against COVID-19 had initially sparked hope that the virus could be largely contained, similar to the way measles has been.

But, they say, data in recent weeks on new variants from South Africa and Brazil has undercut that optimism. They now believe that SARS-CoV-2 will not only remain with us as an endemic virus, continuing to circulate in communities, but will likely cause a significant burden of illness and death for years to come.

As a result, the scientists said, people could expect to continue to take measures such as routine mask-wearing and avoiding crowded places during COVID-19 surges, especially for people at high risk.
Even after vaccination, “I still would want to wear a mask if there was a variant out there,” Dr. Anthony Fauci, chief medical advisor to U.S. President Joe Biden, said in an interview. “All you need is one little flick of a variant (sparking) another surge, and there goes your prediction” about when life gets back to normal.

Some scientists, including Murray, acknowledge that the outlook could improve. The new vaccines, which have been developed at record speed, still appear to prevent hospitalizations and death even when new variants are the cause of infection. Many vaccine developers are working on booster shots and new inoculations that could preserve a high level of efficacy against the variants. And, scientists say there is still much to be learned about the immune system’s ability to combat the virus.

Already, COVID-19 infection rates have declined in many countries since the start of 2021, with some dramatic reductions in severe illness and hospitalizations among the first groups of people to be vaccinated.

WORSE THAN FLU

Murray said if the South African variant, or similar mutants, continue to spread rapidly, the number of COVID-19 cases resulting in hospitalization or death this coming winter could be four times higher than the flu. The rough estimate assumes a 65% effective vaccine given to half of a country’s population. In a worst-case scenario, that could represent as many as 200,000 U.S. deaths related to COVID-19 over the winter period, based on federal government estimates of annual flu fatalities.
His institute’s current forecast, which runs to June 1, assumes there will be an additional 62,000 U.S. deaths and 690,000 global deaths from COVID-19 by that point. The model includes assumptions about vaccination rates as well as the transmissibility of the South African and Brazilian variants.

The shift in thinking among scientists has influenced more cautious government statements about when the pandemic will end. Britain last week said it expects a slow emergence from one of the world’s strictest lockdowns, despite having one of the fastest vaccination drives.
U.S. government predictions of a return to a more normal lifestyle have been repeatedly pushed back, most recently from late summer to Christmas, and then to March 2022. Israel issues “Green Pass” immunity documents to people who have recovered from COVID-19 or been vaccinated, allowing them back into hotels or theaters. The documents are only valid for six months because it’s not clear how long immunity will last.
“What does it mean to be past the emergency phase of this pandemic?,” said Stefan Baral, an epidemiologist at the Johns Hopkins School of Public Health. While some experts have asked whether countries could completely eradicate any case of COVID-19 through vaccines and stringent lockdowns, Baral sees the goals as more modest, but still meaningful. “In my mind, it’s that hospitals aren’t full, the ICUs aren’t full, and people aren’t tragically passing,” he said.

WEA LEE'S GLOBAL NOTES

03/03/2021

CORONAVIRUS DIARY

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Are We Getting Better?

Friends from around the world sent their regards to us about the winter storm in Texas last week.

The world media also reported the tragedy that hit our communities: out of power and water, people lining up for food.

Right before the storm hit our state, city and county governments had already opened the warming centers. In many locations people could spend the night there. In the last few days President Biden announced that Texas is a disaster area and that the federal government would immediately open up disaster centers and reach out to help affected people in the area.

When we review this disaster, we find that the State of Texas did not prepare for such winter temperatures. And because of the changes caused by global warming and the lack of solid infrastructure, the winter temperatures went down under seventeen degrees. We just can't meet the challenge.

In Austin, Governor Greg Abbott and state representatives went into an emergency meeting in an effort to try and find an answer to what happened and resolve the situation for any future problems.

Today the beautiful sunshine came back to Texas again. We still have confidence and are looking forward to a better future for our community.

Publisher Southern Daily Wea H. Lee

Southern News Group Chairman / CEO
Chairman of International Trade & Culture Center
Chairman of International District Houston Texas

Southern DAILY Make Today Different

Editor's Choice

Mount Sinabung volcano erupts as seen from Kuta Rakyat village in Karo, North Sumatra Province, Indonesia. Antara Foto/Sastrawan Ginting

A giraffe crosses a road laced with an electric fence within the Kimana Sanctuary, part of a crucial wildlife corridor that links the Amboseli National Park to the Chyulu Hills and Tsavo protected areas, within the Amboseli ecosystem in Kimana, Kenya. REUTERS/Thomas Mukoya

The scene of a collision is seen near Holtville, California. At least 13 people, 10 of them Mexican nationals, were killed on Tuesday when a tractor-trailer slammed into an SUV crammed with 25 adults and children on a dusty Southern Californian road near the U.S.-Mexico border, officials said. REUTERS/Bing Guan

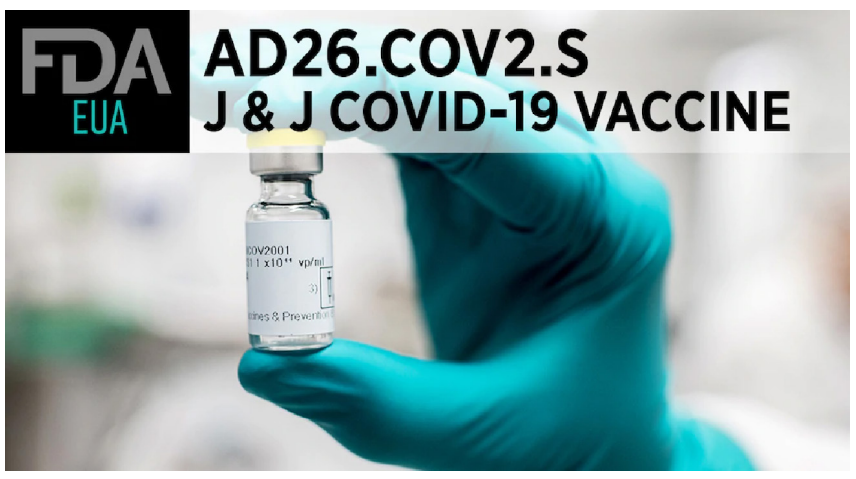
Protesters lie on the ground after police opened fire to disperse an anti-coup protest in Mandalay, Myanmar. Among them, Angel, 19, bottom-left in black t-shirt, also known as Kyal Sin, took cover before she was shot in the head. REUTERS/Stringer

Southern DAILY Make Today Different

BUSINESS

Johnson & Johnson's Single Dose COVID-19 Vaccine Received Emergency Use Authorization (EUA) From The FDA On Saturday

CDC Backs J&J COVID Vax



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

Johnson & Johnson's single dose COVID-19 vaccine received emergency use authorization (EUA) from the FDA on Saturday, and was authorized the next day by CDC under the EUA's terms. CDC's Advisory Committee on Immunization Practices (ACIP) voted 12-0 (with one abstention) to recommend it for adults ages 18 and older. Shortly afterwards, CDC director, Rochelle Walensky, MD, announced the official CDC backing.

On Sunday night, senior White House officials gave a briefing on background, where they said distribution of 3.9 million doses of the J&J vaccine would begin immediately, with actual administration possible as early as Tuesday morning. The company expects to deliver about 16 million additional doses by the end of March, officials said.

This vaccine will be allocated in the same manner as the Pfizer/BioNTech and Moderna vaccines, officials said, which is proportional to a state, tribe or territory's population. CDC will also be monitoring distribution of vaccines across a range of metrics, including zip codes and the Social Vulnerability Index.

At a media briefing Saturday night, acting FDA Commissioner Janet Woodcock, MD, reiterated issues raised by the FDA advisory committee on Friday, that the J&J product's lower efficacy number (70% vs 95%) may lead people to believe it's less effective than the others. She said that wasn't necessarily so and urged Americans to "take the vaccine they are able to access."

"All these vaccines meet our standards for effectiveness. They were not studied in head-to-head trials, so [they're] difficult to compare ... due to differences in development programs," she said. (For one thing, efficacy in the J&J trial was judged for preventing moderate-to-severe COVID illness, whereas the endpoint was all symptomatic COVID in the Pfizer and Moderna studies.) At the ACIP meeting, committee members raised the issue of potentially comparing the vaccines, but chair Jose Romero, MD, said that was not their task for today, but they could discuss it when ACIP meets again on Monday.

"We need to be clear on our messaging regarding comparisons with other vaccines," said Jason Goldman, MD, of the American College of Physicians. "As a primary care physician, many of us are eager to vaccinate" patients and this vaccine will be "helpful in achieving that goal."

Macaya Douoguih, MD, of J&J's Janssen unit where the vaccine was developed, discussed the potential advantages of a one-dose vaccine, citing the company's experience with the Ebola outbreak, where they developed a vaccine with the same Ad.26 adenovirus vector platform. "For an outbreak setting, a single dose has a tremendous advantage in terms of being able to rapidly roll out mass vaccination" without the complexity of following up for a second dose, she said. Douoguih addressed the company's planned two-dose study, which drew the attention of FDA advisory committee members on Friday, and said that while the two-dose regimen could be "more immunogenic and lead to durable efficacy," she thought there was room for both strategies.

When reviewing data about evidence for a recommendation, CDC researchers discussed preliminary data about asymptomatic infection, which assessed seroconversion between days 29 and 71 and was based on detection of N-binding antibody among asymptomatic people. Those data showed vaccine efficacy against seroconversion was 74% (95% CI 48%-87%), but both CDC and ACIP members urged caution. CDC researchers gave the data a "low certainty of evidence," given the data was only preliminary.

"Our level of confidence in asymptomatic infection is tempered by low numbers and that is important for us to remember," said ACIP committee member Sarah Long, MD, of Drexel University College of Medicine in Philadelphia. "I appreciate the workgroup concluding the confidence is not that high." (Courtesy medpagetoday.com)

Related

Johnson & Johnson's single-dose COVID-19 vaccine effective and safe per FDA analysis

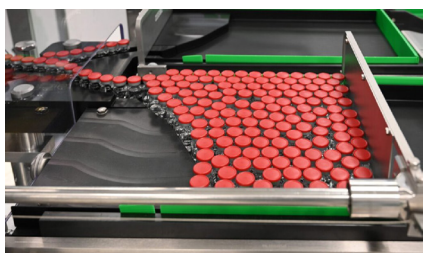
Johnson & Johnson's single-dose coronavirus vaccine is effective at preventing moderate and severe cases of COVID-19, according to an analysis of the trial data published by the Food and Drug Administration on Wednesday.

The company's single dose vaccine is 66 percent effective, well within the agency's standards. The vaccine is also safe to use, according to the analysis. More specifically, the vaccine is more than 85 percent effective at preventing severe cases of COVID-19 and completely prevents hospitalizations and deaths.

Overall, there were seven deaths in the trial, all in the placebo group.

The company initially announced the 66 percent effectiveness in a press release last month but had not yet released trial results. The information was published ahead of an FDA advisory committee meeting Friday, which will debate whether to grant the vaccine emergency authorization. The promising data gives hope that a third coronavirus vaccine could be authorized as soon as this weekend.

While the other coronavirus vaccines already on the market may appear to be more effective than Johnson & Johnson's, experts say it is difficult to compare them head-to-head. The vaccine was tested in a 44,000-person clinical trial across the U.S., Brazil and South Africa geographic regions, all of which have seen mutated versions of the virus.



There was a lower efficacy against moderate to severe/critical disease endpoints observed in South Africa compared to the United States and Brazil, but vaccine efficacy against severe or critical COVID-19 infections was "similarly high in all 3 countries," the review found. Still, the varying efficacy is a warning sign about mutations, especially from the variant found in South Africa. The effectiveness against moderate to severe illness dropped from 72 percent in the United States to 57 percent in South Africa, where a new coronavirus variant is prevalent. The vaccine was less effective in a subgroup of adults older than 60 with underlying conditions, but regulators noted there were no deaths or cases requiring medical intervention a month after those older adults received vaccines. The most frequently reported local adverse reaction was injection site pain, which was reported more by younger participants aged 18 to 59 than people older than 60.

Johnson & Johnson has said it will have about 4 million doses ready to ship immediately upon emergency authorization. A company executive told Congress that it expects to provide 20 million doses by the end of March and 100 million by summer. However, the shot could ease the complicated logistics of the U.S. vaccine rollout. Unlike the vaccines from Moderna and Pfizer, Johnson & Johnson's shot can be stored in a normal refrigerator for several months, rather than at ultra-cold temperatures.

And as a single shot, there won't be a concern about scheduling or having enough supplies for a second dose. (Courtesy thehill.com)

Stay Home!

COMMUNITY

Wear Mask!

CDC Expands Covid Vaccination Guidelines To Everyone 65 And Older

KEY POINTS

The Trump administration is issuing new guidelines that expand coronavirus vaccine eligibility to everyone 65 years old and above, a senior administration official said.

States' focus on vaccinating health-care workers and nursing homes has created a bottleneck, the official said.

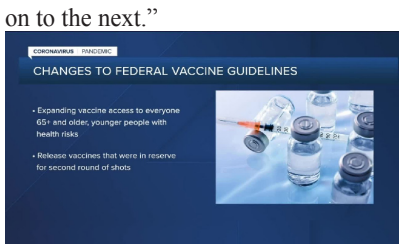
Compiled And Edited By John T. Robbins, Southern Daily Editor

The Trump administration on Tuesday issued new guidelines that expand coronavirus vaccine eligibility to everyone age 65 and older as well as to those with comorbid conditions, like diabetes. The states' focus on vaccinating health-care workers and nursing homes has created a bottleneck, a senior administration official told CNBC, speaking on condition of anonymity in advance of the formal announcement.

"The states are being told immediately they need to expand to 65-plus as well as those under 65 with comorbid conditions," the official said.

The administration will also stop holding back millions of doses reserved for the second round of shots of Pfizer and Moderna's two-dose vaccines, the official said, adding they released doses that had been held in reserve on Sunday.

"States should not be waiting to complete phase 1a prioritization before proceeding to broader categories of eligibility," Azar said Tuesday, explaining the new guidance. "Think of it like boarding an airplane. You might have a sequential order in which you board people. But you don't wait 'til literally every person from a group is boarded before moving on to the next."



Some 53 million Americans who are 65 and older and 110 million people between 16 and 64 with comorbid conditions will now be eligible to receive the vaccine if every state adopts the guidelines, according to the Centers for Disease Control and Prevention. President-elect Joe Biden's transition team announced Friday that his administration planned to release all doses held in reserve.

The Trump administration was expected to announce the change at a press conference Tuesday with officials from Operation Warp Speed, the White House vaccine program. U.S. Surgeon General Jerome Adams also confirmed the changes in an interview with Fox News Tuesday morning, saying the Centers for Disease Control and Prevention's previous prioritization guidelines to states was "actually causing governors and states to slow a little bit."

"We are going to have clear guidance from the CDC to governors that they should vaccinate people 65 and above and anyone below 64 who has a chronic medical condition," he said.

U.S. officials are trying to pick up the pace of vaccinations after a slower-than-expected rollout. As of Monday morning, more than 25.4 million doses had been distributed across the U.S., but just over 8.9 million shots have been administered, according to CDC data. The number is a far cry from the federal government's goal of inoculating 20 million Americans by the end of 2020 and 50 million Americans by the end of this month.

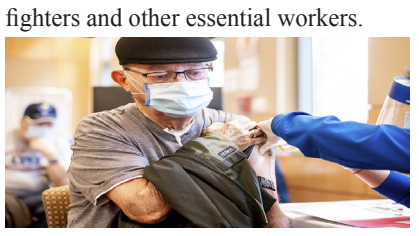
State and local health officials have said they are strapped for cash. They blame insufficient funding and inconsistent communication from the federal government for the slow rollout.

Democrats and some public health experts have criticized the administration for the slow pace. In a letter Monday, Senate Democrats demanded the administration make changes, saying it has "failed" states by not providing detailed guidance on how to effectively distribute the doses.

The U.S. "cannot afford this vaccination campaign to continue to be hindered by the lack of planning, communication, and leadership we have seen so far," Senate Minority Leader Chuck Schumer and 44 other Democrats wrote. "The metric that matters, and where we are clearly moving too slowly, is vaccines in arms."

In an attempt to pick up the pace of vaccinations, Health and Human Services Secretary Alex Azar and Food and Drug Administration Commissioner Dr. Stephen Hahn urged states last week to begin vaccinating lower-priority groups against Covid-19.

The CDC recommends immunizing health-care workers and nursing homes first, but states can distribute the vaccine as they see fit. Hahn told reporters that states should give shots to groups that "make sense," such as the elderly, people with preexisting conditions, police, firefighters and other essential workers.



"We've heard in the press that some folks have said, 'OK, I'm waiting to get all of my health-care workers vaccinated. We have about 35% uptake of the vaccine.' I think it reasonable to expand that" to other groups, Hahn said Friday. "I would strongly encourage that we move forward with giving states the opportunity to be more expansive in who they can give the vaccine to."

It's unclear if expanding the eligibility will pick up the pace of vaccinations. Some states, including Texas and Florida, have already expanded their eligibility criteria. (Courtesy https://www.cnbc.com/)

Related

California To Vaccinate Residents 65 Or Older Against COVID-19

California Gov. Gavin Newsom announced Wednesday that residents 65 and older are eligible to receive the COVID-19 vaccine. He aims to administer an additional 1 million doses by the end of the week, a California Dept. of Public Health statement said.

As of Wednesday, California had administered about 890,000 of their 3.43 million doses of the vaccine, the Centers for Disease Control and Prevention reported. The state has set up mass-immunization sites in sports stadiums and fairgrounds to expedite distribution. Additionally, 36,000 dentists were added to the pool of personnel allowed to administer the vaccines, the news release said.

Office of the Governor of California

@CAgovernor

We are significantly increasing efforts to get vaccines out. One way is through mass distribution sites for priority groups, another is increasing eligible groups - we're announcing that Californians 65+ are the next group eligible to receive #COVID19 vaccines. #EndThePandemic

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A pharmacist administering a COVID-19 vaccine in Santa Rosa, Calif., Wednesday. California Gov. Gavin Newsom aims to get 1 million doses of the vaccines administered before the end of the week. (Photo/Justin Sullivan/Getty Images)

"We are significantly increasing our efforts to get these vaccines administered, get them out of freezers and get them into people's arms," Newsom said in a video posted to Twitter Wednesday. "One of the most significant things we can do is increase the number of people eligible to ... receive the vaccine and that's what we're doing today, announcing everybody 65 and over — about 6.6 million Californians — we are now pulling into the tier to make available vaccines."

About 90% of Californians are still under Newsom's regional stay-at-home order, which went into effect early last December. The state recorded just under 300,000 new COVID-19 cases and 3,510 deaths in the last week. However, these numbers seem to have leveled out in recent days.