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Inside C2

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Bipartisan group of U.S. senators reportedly agree on infrastructure package

WASHINGTON, July 28 (Xinhua) -- A bipartisan group of senators has reached an agreement on a long-awaited infrastructure plan, U.S. media reported Wednesday.

Senator Rob Portman from Ohio, the top Republican negotiator, told reporters that "we now have an agreement on the major issues" of the infrastructure plan, after meeting with Senate Minority Leader Mitch McConnell, according to Bloomberg.

Senate Majority Leader Chuck Schumer, meanwhile, said the chamber could hold a procedural vote on the deal as early as Wednesday night, which is about a week after Senate Republicans blocked a vote to advance an infrastructure bill.

The agreement came a few weeks after U.S. President Joe Biden announced last month that he reached a deal with a bipartisan group of senators on a roughly 1.2-trillion-U.S. dollar infrastructure plan.

As the bipartisan group try to nail down details of the infrastructure package, Schumer and other Democratic leaders also seek to advance a separate 3.5-trillion-dollar bill, which aims to enact most of Biden's social-spending agenda without Republican support, using a process known as budget reconciliation.

"Senators continued to make good progress on both tracks of legislation," said Schumer.

Despite agreement on the infrastructure package, McConnell on Wednesday lashed out at Democrats' social-spending plan.

"More than 80 percent of Americans are worried about the rising cost of living. More than 70 percent are worried about slamming our economy with big tax hikes. But Democrats' big priority is another reckless taxing & spending spree that would give Americans $3.5T more reasons to worry," said the Republican leader in a tweet.

Biden and Democratic leaders, however, have been arguing that investment in child care, education and health care would reduce income inequality, strengthen the middle class, and build long-term economic growth.

IMF projects global economy to grow by 6 pct in 2021, highlighting widening divergence

WASHINGTON, July 27 (Xinhua) -- The International Monetary Fund (IMF) on Tuesday maintained its global economic growth forecast at 6 percent for 2021, with economic prospects diverging further across countries since April's forecast, according to the latest World Economic Outlook.

"The global economic recovery continues, but with a widening gap between advanced economies and many emerging market and developing economies," IMF Chief Economist Gita Gopinath told a virtual press briefing.

"Our latest global growth forecast of 6 percent for 2021 is unchanged from the previous outlook, but the composition has changed," said Gopinath.

In April, the IMF upgraded its 2021 global growth forecast to 6 percent from January's forecast of 5.5 percent due to vaccination progress and additional fiscal support in large economies.

According to the latest projection, growth prospects for advanced economies this year have improved by 0.5 percentage points to reach 5.6 percent, while those for emerging market and developing economies this year are downgraded by 0.4 percentage points to 6.3 percent.

Close to 40 percent of the population in advanced economies has been fully vaccinated, compared with 11 percent in emerging market economies, and a tiny fraction in low-income developing countries, Gopinath noted.

"Faster-than-expected vaccination rates and return to normalcy have led to upgrades, while lack of access to vaccines and renewed waves of COVID-19 cases in some countries, notably India, have led to downgrades," she said.

Gopinath noted that divergences in policy support are a second source of the deepening divide, as advanced economies continued to roll out sizable fiscal support with 4.6 trillion U.S. dollars of announced pandemic-related measures available in 2021 and beyond.

On the other hand, in emerging market and developing economies, most measures expired in 2020, and they are looking to rebuild fiscal buffers, she said, adding that some emerging markets like Brazil, Hungary, Mexico, Russia and Turkey have also begun raising monetary policy rates to head off upward price pressures.

WEA LEE'S GLOBAL NOTES

CORONAVIRUS DIARY

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Trump Snubs Bush In Texas Politics

Former President Donald Trump has endorsed Texas Attorney General Ken Paxton in his re–election bid and refuses to support the Bush family.

In a statement Trump said, "Ken is strong on crime, border security, the Second Amendment, Election Integrity and above all, our Constitution. He is a true Texan who will keep Texas safe."

George P. Bush, who is the current Texas Land Commissioner, will run for Attorney General. He is the son of Jeb Bush, nephew of former President George W. Bush and the grandson of President George H.W. Bush.

Trump still continues to influence Texas politics and Paxton, an ally of Trump, has been state attorney general since 2015 and led a 20–state challenge against the Affordable Care Act.

He is currently under an FBI investigation for securities fraud.

The Bush and Trump families have clashed over the years, including the 2016 presidential primary when Governor Jeb Bush was running for the Republican presidential nomination.

This is a political test for the Bush family in Texas. Young Bush is considered a rising star in the Republican Party.

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Editor's Choice

Protesters remove a barrier installed by police to block the march as they demonstrate against the Green Pass plan (health pass), a digital or paper certificate that shows if someone has received at least the first dose of the vaccine, has tested negative or has recently recovered from COVID-19, that will be mandatory for indoor dining, cultural and sports events from next week, in

Zsuzsanna Tomori of Hungary in action against Brazil during handball at the Tokyo Olympics. REUTERS/Gonzalo Fuentes

U.S. Capitol Police sergeant Aquilino Gonell wipes tears prior to testifying before the opening hearing of the U.S. House (Select) Committee investigating the January 6 attack on the U.S. Capitol, on Capitol Hill in Washington. REUTERS/Jim Bourg/Pool

An Israeli soldier sprays pepper spray towards a journalist during a protest against Israeli settlements, near Tubas in the Israeli-occupied West Bank. REUTERS/Raneen Sawafta

Silver medallist Simone Biles of the United States wearing a protective face mask looks down during the Tokyo Olympics. REUTERS/Lindsey Wasson

Silver medallist Simone Biles of the United States wearing a protective face mask looks down during the Tokyo Olympics. REUTERS/Lindsey Wasson

Southern DAILY Make Today Different

BUSINESS

Promising COVID Research Developments

Two More Life-Saving COVID-19 Drugs Discovered

Two more life-saving drugs have been found that can cut deaths by a quarter in patients who are sickest with Covid.

By Guest Writer Michelle Roberts Health editor, BBC News online

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

The anti-inflammatory medications, given via a drip, save an extra life for every 12 treated, say researchers who have carried out a trial in NHS intensive care units. Supplies are already available across the UK so they can be used immediately to save hundreds of lives, say experts.

There are over 30,000 Covid patients in UK hospitals - 39% more than in April.

The UK government is working closely with the manufacturer, to ensure the drugs - tocilizumab and sarilumab - continue to be available to UK patients.

As well as saving more lives, the treatments speed up patients' recovery and reduce the length of time that critically-ill patients need to spend in intensive care by about a week.

Both appear to work equally well and add to the benefit already found with a cheap steroid drug called dexamethasone.

Life-saving coronavirus drug 'major breakthrough'

Although the drugs are not cheap, costing around £750 to £1,000 per patient, on top of the £5 course of dexamethasone, the advantage of using them is clear - and less than the cost per day of an intensive care bed of around £2,000, say experts.

Lead researcher Prof Anthony Gordon, from Imperial College London, said: "For every 12 patients you treat with these drugs you would expect to save a life. It's a big effect."

In the **REMAP-CAP trial** carried out in six different countries, including the UK, with around 800 intensive care patients:

Nearly 36% of intensive care COVID patients receiving standard care died. The new drugs reduced that by a quarter, to 27%, when given to patients within 24 of them entering intensive care.

Prof Stephen Powis, NHS national medical director, said: "The fact there is now another drug that can help to reduce mortality for patients with Covid-19 is hugely welcome news and another positive development in the continued fight against the virus."

Health and Social Care Secretary Matt Hancock said: "The UK has proven time and time again it is at the very forefront of identifying and providing the most promising, innovative treatments for its patients.

"Today's results are yet another landmark development in finding a way out of this pandemic and, when added to the armoury of vaccines and treatments already being rolled out, will play a significant role in defeating this virus."

The drugs dampen down inflammation, which can go into overdrive in Covid patients and cause damage to the lungs and other organs. Doctors are being advised to give them to any Covid patient who, despite receiving dexamethasone, is deteriorating and needs intensive care.

Tocilizumab and sarilumab have already been added to the government's export restriction list, which bans companies from buying medicines meant for UK patients and selling them on for a higher price in another country. The research findings have not yet been peer reviewed or published in a medical journal (Courtesy https://www.bbc.com/)

Related

Early Plasma Trial Promising In Adults 65+ With Milder COVID-19

— NNT* of 7 to prevent one case of severe illness in Argentine trial

(NNT is a simple statistical concept called the "Number-Needed-to-Treat", or for short the 'NNT'. The NNT offers a measurement of the impact of a medicine or therapy by estimating the number of patients that need to be treated in order to have an impact on one person. The concept is statistical, but intuitive, for we know that not everyone is helped by a medicine or intervention — some benefit, some are harmed, and some are unaffected. The NNT tells us how many of each.)

Older adults hospitalized with milder COVID-19 who received convalescent plasma showed lower risk of developing severe respiratory disease versus patients who received placebo, a randomized trial found. In an intention-to-treat analysis, severe respiratory disease occurred in 16% of COVID-19 patients ages 65 and older receiving convalescent plasma within 72 hours after symptom onset versus 31% of patients receiving placebo (relative risk 0.52, 95% CI 0.29-0.94, P=0.03), reported Fernando Polack, MD, of Fundación INFANT–COVID-19 Group in Buenos Aires, Argentina, and colleagues, in the New England Journal of Medicine.

However, the trial was stopped early at about three-quarters of its projected sample size due to a decline in COVID-19 cases in the region, the authors noted. Evidence for convalescent plasma in COVID-19 has been conflicting from the beginning. Some observational studies showed promise, while more recent research found no benefit among patients with severe COVID-19. But previous studies may have administered them too late, as authors noted antibodies in plasma "must be administered soon after infection in order to be effective." The FDA authorized its use in hospitalized COVID-19 patients in August.

Polack and colleagues pointed up how their trial differed from others: it focused on older adults, who are most affected by the pandemic, and convalescent plasma was given "in a mild stage" with the aim of preventing progression.

"Our primary endpoint" -- severe respiratory illness -- "was an enrollment criterion in previous studies," the group noted.

Patients were enrolled in Argentina from June 4 to Oct. 25. They included patients ages 65-74 with at least one comorbidity, and patients ages 75 and older irrespective of pre-existing conditions. They had tested positive for SARS-CoV-2 and had symptoms including fever, unexplained sweating or chills and dry cough for less than 48 hours. Severe respiratory disease was defined as respiration at 30 breaths per minute or more or oxygen saturation of less than 93% on ambient air. They were assessed from 12 hours after infusion to day 15 of trial participation.

Overall, 160 patients underwent randomization. Mean age was 77, and 62% were women. A little more than half were 75 or older. Most patients had pre-existing conditions, with over two-thirds of both groups being treated for hypertension. An intention-to-treat analysis found severe respiratory disease developed in 13 of 80 patients in the intervention group and 25 of 80 in the placebo group, for a relative risk reduction of 48% and a number needed to treat of 7 to avert one episode of severe respiratory disease.

There were no solicited adverse events observed. Four convalescent plasma recipients had life-threatening respiratory disease. Two patients in the intervention group and four patients in the placebo group died.

Polack's group noted that while the trial "lacked the statistical power to discern long-term outcomes," their findings underscored "the need to return to the classic approach of treating viral infections early."

An exploratory finding of the trial was a dose-dependent IgG effect, where donated plasma with IgG titers of 1:3,200 or higher reduced severe respiratory disease by 73% and a number needed to treat of 4. Among the plasma donors in the trial, 71% with titers of 1:3,200 or higher were previously hospitalized.

"'Super donors' with IgG titers of 1:12,800 or higher and perhaps immunized persons in the future could contribute to build a therapeutic arsenal," Polack and colleagues wrote. (Courtesy medpagetoday.com)

Southern DAILY Make Today Different

COMMUNITY

Moderna Vaccine May Work For 'A Couple Of Years'

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

Jan. 8, 2021 -- The Moderna vaccine -- one of two vaccines now being distributed in the United States -- will "potentially" provide protection against COVID-19 for several years, the biotech company's CEO said, according to Reuters.

But Stephane Bancel said the Massachusetts-based Moderna will have to conduct more research to be definitive about how long the vaccine will work. Because coronavirus vaccines are new, health experts aren't sure how long they'll be effective.

"The nightmare scenario that was described in the media in the spring with a vaccine only working a month or two is, I think, out of the window," Bancel said at an event organized by the Franco-German financial services group Oddo BHF.

"The antibody decay generated by the vaccine in humans goes down very slowly (...) We believe there will be protection potentially for a couple of years."

Bancel went on to predict Moderna would soon prove its vaccine would work against coronavirus variants found in the United Kingdom and other nations, Reuters said.

The U.S. government approved the Moderna vaccine for distribution in the United States on Dec. 17, one week after approving the Pfizer/BioNTech vaccine. Both are now being administered in the United States and the Moderna vaccine was recently approved by the European Commission.

Moderna and Pfizer both use two shots of messenger RNA to create an immune response against the coronavirus. The shots are given about two weeks apart.

Moderna said its vaccine had proven to be 94.1% effective, and 100% effective in severe cases of COVID-19. Pfizer says its vaccine has a similar efficacy, 95%.

The U.S. Department of Health and Human Services has agreed to purchase 200 million doses of Moderna's vaccine and could purchase more.

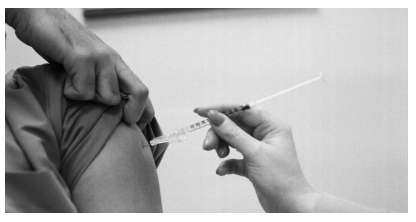
Despite increasing coronavirus case counts and deaths, distribution of the coronavirus vaccine has lagged in the United States. The CDC says 17.2 million doses have been distributed to the states as of Dec. 6, but only 5.3 million doses have been administered.

Vaccines being produced by AstraZeneca and Johnson & Johnson are still in clinical trials.

Related

Vaccines have protected us from deadly pathogens for millennia

Why Vaccines Are Critical To Keeping Diseases At Bay



Scientists around the world are racing to develop a vaccine for the novel coronavirus that has killed tens of thousands of people since late December. Dozens of companies and institutions are leading the charge at a record pace, and some already have begun the first phase of clinical trials. Yet researchers continue to warn that it could take at least a year to 18 months before a vaccine is ready for public use—a long time to wait for what many see as the best hope to stem the spread of the SARS-CoV-2 virus, which causes COVID-19.

Most vaccines don't cure diseases; they prevent you from getting infected in the first place. Vaccines contain the same germ (or part of a germ) that causes a disease, but in a killed or weakened state so that it doesn't actually make you sick. The immune system learns about the pathogen, stores information about it, and produces antibodies against it so that the next time it appears, the body can fight it off.

Vaccines have been around only for a couple hundred years, but the concept of inoculating ourselves against diseases has a long history.

The invention of vaccines

Smallpox was one of the early scourges of humankind—and the first and only one to be eradicated with the use of a vaccine. By 430 B.C., humans had figured out that people who survived smallpox developed an immunity to it. Sometime over the next 2,000 years—some say as early as 200 B.C.—people learned how to inoculate themselves against it.

Early accounts from China and India indicate that people fought the deadly disease using a technique called variolation, which involved grinding up smallpox scabs and deliberately infecting someone with it by blowing it up a nostril or scratching it into their skin. Variolation caused a milder form of the disease and was far from perfect: Not only was there still a 2 to 3 percent fatality rate, but the infected could pass on smallpox. Still, by the early 18th century, the technique had become popular in Europe and the Americas.

In 1796, an English doctor named Edward Jenner revolutionized the way we approach diseases like smallpox. He showed that inoculation using a weakened strain of cowpox—a mild zoonotic disease that at the time typically transferred from cattle to humans—could also protect against smallpox. During the next several decades, Jenner's vaccination method gradually replaced variolation. Thanks to that discovery and developments in the ensuing years, smallpox began to fade. In 1980, nearly 200 years later, the World Health Organization (WHO) declared it eradicated.

Jenner's breakthrough paved the way for vaccines that today prevent widespread epidemics of a variety of diseases, including influenza, measles, polio, rabies, tetanus, typhoid, yellow fever, and cervical cancer.

How vaccines work

Your body's immune system is designed to seek and destroy invading pathogens—but it's not always easy, and pathogens can be clever. For example, the flu virus disguises itself as it enters your body and then begins to replicate before your immune system realizes that it's there. Vaccines give your immune system a leg up in the fight by teaching it how to quickly recognize a pathogen.

There are several different types of vaccines, but they all essentially serve to introduce a germ or part of a germ into your body in a way that can't make you sick—though it may cause minor symptoms such as fever as your body builds immunity. Some vaccines use the entire pathogen, but in a killed or weakened state; some use only the parts of the organism that alert the immune system; some use a toxin made by the germ, and some rely on the pathogen's genetic material.

When you receive a vaccine, the germ sends up an alert to your immune system to start producing antibodies to fight it. Once your immune system has beaten the pathogen, it knows how to quickly destroy it. When you're exposed to the real thing, your body recognizes the bug and can fight off the infection before it begins.

Sometimes that immunity from a vaccine can last for years or even the rest of your life, while other vaccines require boosters at regular intervals. All adults and children need the influenza vaccine every year to prevent infection against the viral strains likely to be common that season.

Misinformation and waning trust in science and government has spurred an anti-vaccine movement among those who question their safety. Yet vaccines remain as crucial as ever to keeping dangerous diseases such as measles and polio at bay. The WHO estimates that vaccines save two million to three million lives each year.

Many are now pinning their hopes on a vaccine to do the same for the novel coronavirus. But it's too soon to say when that might be—or what type of vaccine will be most effective against the coronavirus that continues to spread around the world. (Courtesy webmd.com and https://www.nationalgeographic.com/)