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Inside C2

# Southern DAILY

Make Today Different

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## Martin Luther King's family, Vice President Harris urge action for voting rights

WASHINGTON, Jan 17 (Reuters) - The family of slain civil rights leader Martin Luther King Jr. and their supporters, some shouting, "Hey Hey! Ho Ho! Voter suppression has got to go," marched in Washington on Monday urging passage of a law to protect voters from racial discrimination.

As part of the annual Martin Luther King Jr. Day D.C. Peace Walk, the King family and more than 100 national and local civil rights groups strode across the Frederick Douglass Memorial Bridge calling on President Joe Biden's Democrats to pass a bill in the U.S. Senate.

The march followed a disappointing week for Biden, who went to the Capitol to urge Senate colleagues to change filibuster rules so they could overcome Republican opposition to the bill, only to be forcefully rejected by two conservative Democrats who effectively hold veto power in the evenly split chamber.

In a separate speech livestreamed to the late Rev. King's Ebenezer Baptist Church in Atlanta, Vice President Kamala Harris also urged the Senate to act, warning that efforts to restrict voting in some U.S. states could make it more difficult for millions of Americans to vote. "We must not be complacent or complicit," Harris said. "We must not give up, and we must not give in. To truly honor the legacy of the man we celebrate today, we must continue to fight for the freedom to vote, for freedom for all."

At a rally before Monday's March, King's son, Martin Luther King III, praised Democrats for passing a sweeping infrastructure bill last year, but implored them to push through voting-rights legislation. "You were successful with infrastructure, which was a great thing," King said to a crowd of hundreds, "but we need you to use that same energy to ensure that all Americans have the unencumbered right to vote."

King III, his wife, Arndrea Waters King, and their daughter Yolanda Renee King, led the march across the bridge.

"We need to make sure that everyone in this country can get to the polls, vote, and have their vote heard," said Lisa Meunier, 53, of Washington, who joined the marchers.



The bill before the Senate would expand access to mail-in voting, strengthen federal oversight of elections in states with a history of racial discrimination and tighten campaign finance rules. Democratic supporters argue it is needed to counter a wave of new restrictions on voting passed in Republican-led states that election observers say would make it harder for minority and low-income voters to cast ballots.

New restrictions have emerged following former President Donald Trump's false claims that his 2020 election defeat was the result of widespread fraud.

'HISTORY WILL REMEMBER'

Top Senate Democrat Chuck Schumer has said the chamber would take up the bill on Tuesday, a delay from his earlier plan to hold a procedural vote on the bill by Monday, the federal holiday honoring King.

Republicans, who hold half the 100 seats in the Senate, are united in opposition to the bill, which they brand a partisan power grab. That leaves Biden and Schumer just one path to passing it: persuading conservative Democratic Senators Joe Manchin and Kyrsten Sinema to agree to

change the chamber's filibuster rule that requires at least 60 senators to agree on most legislation.

Yolanda Renee King addressed comments to the two holdout senators after the march.

"Senator Sinema, Senator Manchin, our future hinges on your decision, and history will remember what choice you make," she said.

Some civil rights groups in Georgia that helped propel Biden to presidential victory during the 2020 election boycotted his voting rights speech in Atlanta last week, saying they were disappointed by Biden's lack of action.

"Black voters risked everything - including their own health at the height of the pandemic - to vote Biden and Senate Democrats into office," wrote Cliff Albright and LaTosha Brown, co-founders of Black Voters Matter in a response to Biden's speech.

"It's time that officials in Washington treat us and our rights with the same level urgency."

Should these groups lose their enthusiasm for Democrats, it could in-

crease the party's chances of losing their razor-thin majorities in at least one chamber of Congress in the Nov. 8, 2022, election.

Former Facebook employee and whistleblower Frances Haugen testifies during a Senate Committee on Commerce, Science, and Transportation hearing entitled 'Protecting Kids Online: Testimony from a Facebook Whistleblower' on Capitol Hill, in Washington, U.S., October 5,

Yolanda Townsend, who called herself a "senior" from the Washington, D.C., area, said at Monday's rally that she had found Biden's Georgia speech timely and forceful.

"I wish it was drawn earlier, but I think a line in the sand has been drawn and you're either with us or against us," Townsend said.

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# WEA LEE'S GLOBAL NOTES

01/17/2022



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## “I Have A Dream”

On August 28, 1963, Dr. Martin Luther King launched a March for Freedom in front of the Lincoln Memorial in Washington, D.C. It opened the door to the fight for political and economic rights in the United States.

Unfortunately, Dr. King was assassinated in Tennessee at the age of 39.

Congress has

designated the third Monday of the month of January of each year as

Martin Luther King Jr. Day. It is a federal holiday in the United States marking the birthday of Martin Luther King Jr.

Today on the streets of Houston, Texas, just like in other major cities in the U.S., all kinds of bands and floats are

marching and celebrating the life of Dr. King. Many politicians have also joined the team and continue to shout for civil rights and freedom.

To be honest, our Asian American community that is now an important part of the American society needs to really appreciate Dr. King's efforts of striving for equality and freedom.



He bled and sweated for all of us, and ultimately sacrificed his precious life.

Fifty-eight years later we are still fighting for social justice and still too far from Dr. King's vision of “I have a Dream.”

Africans, Asians and Latinos in this country have made many major advancements in American society, including the mayors of major cities and thousands of civil servants as well as

many members of the U.S. Congress. But in recent years, so many conflicts between the police and the African American community still persist as the fight for political and economic rights and the fight against poverty continue.

Dr. King's dream may be constantly fading. We really need a political leader to lead this nation now to revitalize our national strength so we can truly realize the dream of “I have a dream.”



**Southern DAILY** Make Today Different

## Editor's Choice



Serbian tennis player Novak Djokovic poses for a selfie after landing at Dubai Airport after the Australian Federal Court upheld a government decision to cancel his visa to play in the Australian Open, in Dubai, United Arab Emirates. REUTERS/Loren Elliott



Ivan, a tourist from Russia, takes a selfie at Mai Khao Beach as a plane takes off from Phuket International Airport in Phuket, Thailand. REUTERS/Jorge Silva



A Des Moines resident removes snow after Winter Storm Izzy in Des Moines, Iowa. REUTERS/Rachel Mummey



A tattered U.S. flag is pictured as a man walks down a road while supporters of former U.S. president Donald Trump attend a rally in Florence, Arizona. REUTERS/Carlos Barria



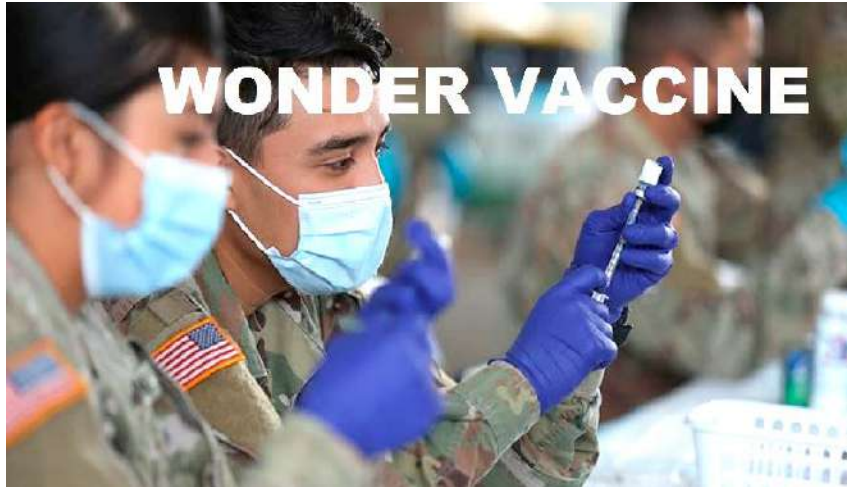
Elena Berriolo sews photos of uteri as supporters of reproductive choice take part in the nationwide Women's March, held after Texas rolled out a near-total ban on abortion procedures and access to abortion-inducing medications, at Washington square park in New York City, New York, October 2, 2021. REUTERS/Jeenah Moon



Members of the NYPD assist a woman as people gather for funeral prayers for the victims of the Twin Parks North West multi-level apartment building fire, at the Islamic Cultural Center in the Bronx borough of New York City. REUTERS/Jeenah Moon



## U.S. Army Creates Single Vaccine Against All COVID & SARS Variants



### Key Point

•Within weeks, Walter Reed researchers expect to announce that human trials show success against Omicron—and even future strains

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

Within weeks, scientists at the Walter Reed Army Institute of Research expect to announce that they have developed a vaccine that is effective against COVID-19 and all its variants, even Omicron, as well as previous SARS-origin viruses that have killed millions of people worldwide. The achievement is the result of almost two years of work on the virus. The Army lab received its first DNA sequencing of the COVID-19 virus in early 2020. Very early on, Walter Reed's infectious diseases branch decided to focus on making a vaccine that would work against not just the existing strain but all of its potential variants as well. Walter Reed's Spike Ferritin Nanoparticle COVID-19 vaccine, or SpFN, completed animal trials earlier this year with positive results. Phase 1 of human trials, wrapped up this month, again with positive results that are undergoing final review, Dr. Kayvon Modjarrad, director of Walter Reed's infectious diseases branch, said in an exclusive interview with Defense One on Tuesday. The new vaccine will still need to undergo phase 2 and phase 3 trials.



"We're testing our vaccine against all the different variants, including Omicron," Modjarrad said.

On Wednesday, Walter Reed officials said in a statement that its vaccine "was not tested on the Omicron variant," but later clarified in an email to Defense One that while the recently discovered variant was not part of the animal studies, it is being tested in the lab against clinical human trial samples. These "neutralization assays" test whether antibodies can inhibit the growth of a virus. "We want to wait for those clinical data to be able to kind of make the full public announcements, but so far everything has been moving along exactly as we had hoped," Modjarrad said. Unlike existing vaccines, Walter Reed's SpFN uses a soccer ball-shaped protein with 24 faces for its vaccine, which allows scientists to attach the spikes of multiple coronavirus strains on different faces of the protein. "It's very exciting to get to this point for our entire team and I think for the entire Army as well," Modjarrad said. The vaccine's human trials took longer than expected, he said, because the lab needed to test the vaccine on subjects who had neither been vaccinated nor previously infected with COVID.



Increasing vaccination rates and the rapid spread of the Delta and Omicron variants made

that difficult. "With Omicron, there's no way really to escape this virus. You're not going to be able to avoid it. So I think pretty soon either the whole world will be vaccinated or have been infected," Modjarrad said. The next step is seeing how the new pan-coronavirus vaccine interacts with people who were previously vaccinated or previously sick. Walter Reed is working with a yet-to-be-named industry partner for that wider rollout. "We need to evaluate it in the real-world setting and try to understand how does the vaccine perform in much larger numbers of individuals who have already been vaccinated with something else initially...or already been sick," Modjarrad said. He said nearly all of Walter Reed's 2,500 staff have had some role in the vaccine's nearly-two-year development. "We decided to take a look at the long game rather than just only focusing on the original emergence of SARS, and instead understand that viruses mutate, there will be variants that emerge, future viruses that may emerge in terms of new species. Our platform and approach will equip people to be prepared for that."



**A scientist with the Emerging Infectious Disease branch of the Walter Reed Army Institute of Research conducts studies to find a vaccine for COVID-19 in July 2020. (Photo/ SHAWN FURY, US ARMY)**

**Related**  
**'This May Not Be The Big One': Army Scientists Warn of Deadlier Pandemics to Come**

**The military is closing in on a "pan-coronavirus" vaccine and on synthetic antibodies that could protect a population before spread. But that may not be enough.**

The U.S. Army scientists who have spent the last year finding vaccines and therapeutics to stop COVID-19 cautioned that the nation remains vulnerable to a viral pandemic—one that could be even deadlier than the current one. Since the earliest days of the COVID-19 pandemic, the emerging infectious diseases branch at the Walter Reed Army Institute of Research has worked to develop a vaccine that would help patients fend off not only the original virus strain but also new variants.



In initial tests on monkeys, horses, hamsters, and sharks, Walter Reed's spike ferritin nanoparticle, or SpFN, vaccine has shown effectiveness against not only the current SARS-

CoV-2 variants, but also against the completely different SARS-CoV-1 outbreak that occurred in 2003, the head of Walter Reed's infectious diseases branch said at the Defense One 2021 Tech Summit Monday. "If we try to chase the viruses after they emerge, we're always going to be behind," said Dr. Kayvon Modjarrad, director of Walter Reed's infectious diseases branch. "So the approach that we took with our vaccine, the nanoparticle approach, in which we can place parts of different coronaviruses on to the same vaccine to educate the immune system about different coronaviruses all at the same time."

**"...We need to be agile, we need to adapt to the threat that we don't know that's coming."**

Walter Reed's vaccine is now in the early stages of human trials. "And we see the same thing over and over again: a very potent immune response and a very broad immune response," Modjarrad said. "So if we show even a fraction of what we're seeing in our animal studies in humans, then we'll have a very good confidence that this is going to be a very good option as a next-generation vaccine." Dr. Dimitra Stratis-Cullum, director of the Army's transformational synthetic-biology for military environments program at the U.S. Army Combat Capabilities Development Command, Army Research Laboratory, was tasked early on to assist the Houston Methodist Research Institute develop blood plasma as a COVID-19 therapeutic. She's now working on developing a large dataset, a library of COVID strains that would help the lab then create and distribute synthetic antibodies to preemptively prevent a spread.



Creating a pan-coronavirus vaccine—or synthesizing antibodies slightly ahead of a known outbreak still isn't enough, the scientists cautioned. "We don't want to just treat what's in front of us now," Stratis-Cullum said. "I think we really need to be resilient. From an Army perspective. We need to be agile, we need to adapt to the threat that we don't know that's coming." The likelihood this generation will see another pandemic during its lifetime "is high," Modjarrad said. "We have seen the acceleration of these pathogens and the epidemics that they precipitate. And it may not be a coronavirus, this may not be the big one. There may be something that's more transmissible and more deadly ahead of us." "We have to think more broadly, not just about COVID-19, not just about coronavirus, but all emerging infectious threats coming into the future," he said. (Courtesy <https://www.defense-one.com/>)

### 3 COVID-19 Vaccine Shots Won't Stop Omicron Variant, BioNTech Leader Says

The current COVID-19 vaccine shots won't be enough to combat the omicron variant, according to Ugur Sahin, the CEO of vaccine development at BioNTech. "We must be aware that even triple-vaccinated are likely to transmit the disease," he told French daily Le Monde. "It is obvious we are far from 95 percent effectiveness that we obtained against the initial virus," he added. "He added that the vaccine is now 70% to 75% effective against stopping COVID-19 infection."



Ugur Sahin, the CEO of vaccine development at BioNTech.

Sahin said vaccine efficacy has been dropping against omicron, which is a sign that the vaccines aren't enough, according to Euro News. "There will be a loss of effectiveness against Omicron over time, it's very likely, but it's still to be measured how quickly. I will not base predictions on preliminary laboratory data but on real-life data, which is much more appropriate," Sahin said.

That's why consistent testing is important for monitoring the spread of the virus, he said. Indeed, a recent study from researchers at Columbia University suggested that the omicron variant of COVID-19 is "markedly resistant" to the COVID-19 vaccines, antibody treatments and COVID-19 vaccine booster shots, as I wrote for the Deseret News.



### An 8-year-old child receives a second dose of the Pfizer COVID-19 vaccine at Northwest Community Church in Chicago, Saturday, Dec. 11, 2021. (Photo/ Nam Y. Huh, Associated Press)

Experts have been advising unvaccinated people to get vaccinated against COVID-19, and for fully vaccinated people to get their vaccine booster shots. Early data suggest that the omicron variant causes less severe COVID-19 symptoms and hospitalizations, though, per the Deseret News. But this is all based on early data and it may take time to assess the severity of the coronavirus variant. (Courtesy <https://www.deseret.com/>)

## Threat Of A Vaccine-Proof Variant Only 'A Few Mutations Away?'



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

July 30, 2021 — CDC Director Rochelle Walensky, MD, made a dire prediction during a media briefing this week that, if we weren't already living within the reality of the COVID-19 pandemic, would sound more like a pitch for a movie about a dystopian future. "For the amount of virus circulating in this country right now largely among unvaccinated people, the largest concern that we in public health and science are worried about is that the virus...[becomes] a very transmissible virus that has the potential to evade our vaccines in terms of how it protects us from severe disease and death," Walensky told reporters on Tuesday. A new, more elusive variant could be "just a few mutations away," she said. "That's a very prescient comment," Lewis Nelson, MD, professor and clinical chair of emergency medicine and chief of the Division of Medical Toxicology at Rutgers New Jersey Medical School in Newark, tells Medscape Medical News. "We've gone through a few mutations already that have been named, and each one of them gets a little more transmissible," he says. "That's normal, natural selection and what you would expect to happen as viruses mutate from one strain to another." "What we've mostly seen this virus do is evolve to become more infectious," says Stuart Ray, MD. "That is the remarkable feature of Delta — that it is so infectious." He says that the SARS-CoV-2 has evolved largely as expected, at least so far. "The potential for this virus to mutate has been something that has been a concern from early on." "The viral evolution is a bit like a ticking clock. The more we allow infections to occur, the more likely changes will occur. When we have

lots of people infected, we give more chances to the virus to diversify and then adapt to selective pressures," says Ray, vice-chair of medicine for data integrity and analytics and professor in the Division of Infectious Diseases at Johns Hopkins School of Medicine in Baltimore, Maryland.



"The problem is if the virus changes in such a way that the spike protein — which the antibodies from the vaccine are directed against — are no longer effective at binding and destroying the virus, and the virus escapes immune surveillance," Nelson says. If this occurs, he says, "we will have an ineffective vaccine, essentially. And we'll be back to where we were last March with a brand-new disease." **Technology to the Rescue?** The flexibility of mRNA vaccines is one potential solution. These vaccines could be more easily and quickly adapted to respond to a new, more vaccine-elusive variant. "That's absolutely reassuring," Nelson says. For example, if a mutation changes the spike protein and vaccines no longer recognize it, a manufacturer could identify the new protein and incorporate that in a new mRNA vaccine. "The problem is that some people are not

taking the current vaccine," he adds. "I'm not sure what is going to make them take the next vaccine." **Nothing Appears Certain** When asked how likely a new strain of SARS-CoV-2 could emerge that gets around vaccine protection, Nelson says, "I think [what] we've learned so far there is no way to predict anything" about this pandemic. "The best way to prevent the virus from mutating is to prevent hosts, people, from getting sick with it," he says. "That's why it's so important people should get immunized and wear masks."



Both Nelson and Ray point out that it is in the best interest of the virus to evolve to be more transmissible and spread to more people. In contrast, a virus that causes people to get so sick that they isolate or die, thus halting transmission, works against viruses surviving evolutionarily. Some viruses also mutate to become milder over time, but that has not been the case with SARS-CoV-2, Ray says. **Mutations Not the Only Concern** Viruses have another mechanism that produces new strains, and it works even more quickly than mutations. Recombination, as it's known, can occur when a person is infected with two different strains of the same virus. If the two versions enter the same cell, the viruses can swap genetic material and produce a third, altogether different strain. Recombination has already been seen with influenza strains, where H and N genetic segments are swapped to yield H1N1, H1N2, and H3N2 versions of the flu, for example. "In the early days of SARS-CoV-2 there was so little diversity that recombination did not matter," Ray says. However, there are now distinct lineages of the virus circulating globally. If two of these lineages swap segments "this would make a very new viral sequence in one step without having to mutate to gain those differences." "The more diverse the strains that are circulating, the bigger a possibility this is," Ray says.



### Protected, for Now

Walensky's sober warning came at the same time the CDC released new guidance calling for the wearing of masks indoors in schools and in any location in the country where COVID-19 cases surpass 50 people per 100,000, also known as substantial or high transmission areas. On a positive note, Walensky says: "Right now, fortunately, we are not there. The vaccines operate really well in protecting us from severe disease and death." (Courtesy [web-smd.com](https://www.smd.com))

**Related**  
**Is The Lambda Variant Vaccine Resistant? KEY POINTS**

**Japanese researchers found the lambda variant could be resistant to COVID-19 vaccines Three mutations in the lambda variant's spike protein allow the variant to resist antibodies**

As the delta variant surges across the United States, there is a new COVID-19 variant that is just as transmissible, but could also be more resistant to vaccines. The lambda variant, first detected in Peru in August 2020 and spreading through South America, made its way to the U.S. for the first time on July 22 in a Houston hospital. There are 1,053 cases of the lambda variant in the U.S. since the first case was detected, according to GISAID, an initiative dedicated to promoting COVID-19 data through genomic sequencing. The U.S. ranks second in cases behind Chile, and 41 countries have reported at least 1 lambda case. The threat of lambda comes as the delta variant is the dominant variant of COVID-19 in the U.S. — it now accounts for 93% of cases, up from the previous rate of 83%, according to data from the Centers for Disease Control and Prevention.



**Houston Methodist Hospital, which operates eight hospitals in its network, said the first lambda case was confirmed last week.** Here's what we know about the lambda variant so far.

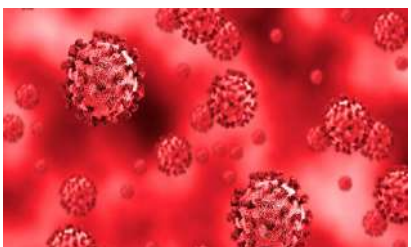
Japanese researchers at the University of Tokyo posted a lambda variant study that shows it is highly infectious and more resistant to COVID-19 vaccines. This study posted on July 28 on bioRxiv, a database for unpub-

lished preprinted studies, has not been peer reviewed or published.

The study shows three mutations in the lambda variant's spike protein — RSYLT-PGD246-253N, 260 L452Q and F490S — which allow for the variant to resist vaccine-induced neutralizing antibodies. Two other mutations — T76I and L452Q — are responsible for making lambda highly infectious. Spike protein is the part of the virus that helps it penetrate cells in the human body — which is what vaccines target.

### How does the lambda variant compare to delta?

The lambda variant isn't showing signs to spark concern about it becoming the dominant strain of COVID-19 in the United States like delta, said Dr. Abhijit Duggal, a staff ICU physician and director for critical care research for the medical ICU at the Cleveland Clinic. Since the lambda variant was first detected in Peru, it hasn't spread globally at the same pace as the delta variant. It has, however, become widespread in South America, but this could be due to the "founder effect," according to Dr. S. Wesley Long, medical director of diagnostic biology at Houston Methodist, where the case was identified in the U.S. The founder effect means the variant first took hold in a densely populated and geographically restricted area, making it the primary variant over time.



### How concerned should you be about the lambda variant?

On June 14, the World Health Organization flagged the lambda variant as a "variant of interest" versus a "variant of concern." A variant of interest depends on evidence about a unique outbreak cluster or limited expansion in the U.S. or other countries, according to the CDC. A variant of concern shows widespread evidence of treatments, vaccines and transmissibility. The University of Tokyo study said, "Because the Lambda variant is a (variant of interest), it might be considered that this variant is not an ongoing threat compared to the pandemic (variants of concern). However, because the Lambda variant is relatively resistant to the vaccine-induced (antibodies), it might be possible that this variant is feasible to cause breakthrough infection." (Courtesy <https://www.tennessean.com/news/>)



# 虎虎生威，新年開新局

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H Mart超市表示，2022年賀歲紅包一組三入，三種不同設計別具匠心地畫上了小老虎、放煙花、舞獅、挂彩燈等新年傳統習俗的卡通圖案。紅包上的人物形象鮮活靈動，新年的歡騰氣氛躍然紙上，童趣的風格讓人歡喜不已。

此外，今年紅包袋的封口採用插槽式圓口設計，展現濃厚的年節氣氛，有生活圓滿之意，象徵了「完整」

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# 亞裔健康教育協會上周六辦網上講座

## 林承興醫師主講「新冠狀病毒疫苗 2022新資訊」

(休士頓/秦鴻鈞報導) 您對新型冠狀病毒知多少？加強針(Boosters)是否有增加防疫的效用？一項由亞裔健康教育協會、中華老人服務協會、休士頓華裔醫師協會、光鹽社、休士頓華裔護理協會、慈濟德州分會共同主辦的「新冠狀病毒疫苗 2022新資訊」講座，於上周六(1月15日)上午十時，在線上舉行，由林承興醫師主講。演講的主題，包括：新冠狀病毒疫苗、疫苗加強針Booster、疫苗安全的新資訊、疫苗對Omicron 病株的保護性。

林承興醫師首先介紹：「疫苗」是通過刺激免疫系統產生免疫力進而預防某種疾病的製劑。使用疫苗的最常見方法是注射，也有一些口服或鼻霧劑。他並以圖表介紹FDA核准的疫苗一定是安全、有效且利大於弊，從SARS-CoV-2嚴重急性呼吸道症狀候群冠狀病毒二型。而棘蛋白與「受體」結合，可防止病毒進入細胞。他說：如Omicron有30多個突破(突變點太多，因此有人得過後還會再得)。他並以圖表介紹COVID-19死亡病例數，光是1月12日單日，就有85例。目前美國每天死亡人數達1729例。

至於「加強針」的定義：在去年8月份，如果中度~重度免疫不足者，去打第三劑(或第四劑)。如果原本疫苗引發的免疫反應低下，顯示疫苗能引起的保護力不足時，須施打疫苗補充劑。通常只建議已經接種兩劑mRNA疫苗的中到重度免疫缺陷病人施打補充劑。如有時候上滿足條件，他們則可能需要第四針Booster。

這種加強針(Booster)：在如果原本的疫苗引起的免疫反應隨時間遞減、消遲，則須施打加強針。林醫師建議所有符合規定的人在接種兩劑之後一段時間再接種加強針。而所謂「免疫力低下」的人，需要三針mRNA才算完全接種。

至於疫苗保護，包括：無細胞感染、無症狀感染、輕微症狀感染、中度症狀感染、嚴重感染、需住院/加護病房、死亡。其中包括：抗體數量、功能性抗體及T細胞數量及比例。

林醫師也以圖表顯示：抗體會隨時間消滅，感染病例也會日漸增加，而加強針的效果：不管在任何年齡層，打過加強針的群組和未打加強針的族群相比，確診數下降十倍。

另外，林醫師也談到加強針對死亡人數的影響、加強針的好處有：

有效預防有症狀的COVID-19感染。  
有效預防因Covid-19感染導致的住院。  
有效預防因Covid-19感染導致的死亡。  
依年齡分析加強針的優缺點：一年長者有最大的必要性，其他年齡層，取決於個人利益風險評估；於大多數情況下，都是利大於弊。

加強針可預防感染、減少傳播、減少病毒的突變。

林醫師也提到COVID-19感染的後遺症(PASC)，會導致：血管炎(肺、心臟，50%)，在六個月內有併發症，甚至掉頭髮...等等。因此，需預防「後遺症」甚至10%~15%的小朋友，得到「腦功能下降」或「學校成績下降」。導致的血栓

談到各品牌COVID-19疫苗的加強針，如嬌生疫苗導致的血栓併血小板低下症候群(TTS)可以導致常見的肺靜脈或深層靜脈栓塞。但有時血栓會出現不常見部位，例如在腦靜脈竇形成腦靜脈竇栓塞(CVST)，目前已知可以導致嚴重後果甚至死亡。

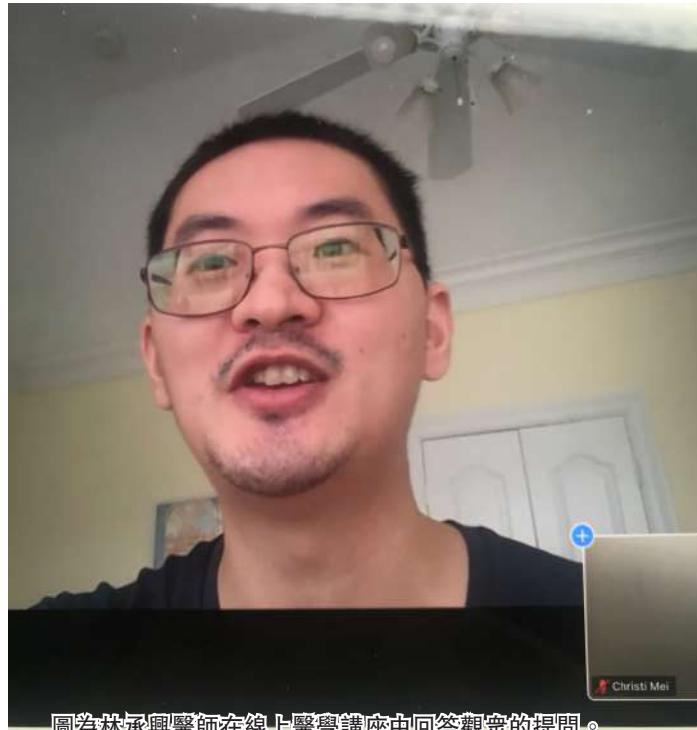
所以在12/16/2021，基於完整的安全性數據分析以及充足的mRNA疫苗供應下，CDC表明在絕大多數情況以mRNA疫苗為優先考慮。

林醫師也以圖表介紹TTS病例發生率，以30-39歲及40-49歲的婦女廠為最高。而年輕一點的則以18-29歲及50-64歲的婦女，及40-49歲的男性為最高。

林醫師在以色列疫苗引發心肌炎比例得到結論：打疫苗比感染COVID好！美國疫苗安全處理危機智庫CDC, FDA, 作出快速反應，大多數疫苗接種後不良反應都不是嚴重的報告，但建議儘量不打嬌生疫苗。且疫苗能保護孕婦及胎兒。

談到Omicron非常具有傳染性，其中得病者44.3%的人打過疫苗，而50%的人還未得過病。林醫師也以數據介紹加強針保護Omicron住院效力。

最後，他為當天的演講作結論：從2019年末，我們開始了對抗COVID的艱難旅程。雖然完全消滅COVID-19目前看起來



圖為林承興醫師在線上醫學講座中回答觀眾的提問。(記者秦鴻鈞攝)

是不太可能的，但還是要盡一切努力防堵疫情擴散。密切關注病毒和疫苗進展以保護自己和身邊的人，減少病毒傳播。

林承興醫師是休士頓Methodist醫院過敏和免疫學的主治醫師。他獲得美國過敏和免疫學委員會以及美國內科學委員會的認證。畢業後在紐約Nassau University Medical Center in East Meadow的內科住院醫師。目前正在德克薩斯農工大學醫學院攻讀臨床和轉化科學醫學碩士學位。他精通英語和國語，他經常研究和發佈有關各種過敏和免疫疾病信息，他是多種過敏和免疫學學會的活躍成員。

# 2022年海外青年英語服務營回歸實體活動即日起受理報名

(本報訊) 僑務委員會與教育部、客家委員會及原住民委員會合作辦理的「海外青年英語服務營」，2022年將回歸實體活動方式辦理，預計招募海外青年836位(含50位客籍青年志工、100位駐外單位推薦之海外臺灣華語文學習中心學員)，相關資訊如下：

1.活動時間：自2022年7月9日至8月3日止。第1週英語教學培力，第2、3週前往學校實地英語教學服務，最後3天寶島文化參訪。

2.報名時間：自2021年12月15日至2022年3月15日止。

3.報名資格：

(1) 現已就讀11年級以上且於2022年11月30日前年滿17足歲，但未滿25足歲之青年(以護照所載年齡為準)，以英語為母語，能以簡單中文溝通，且具高度從事志願服務者。

(2) 報名客籍志工者須由僑居地客家社團推薦。

(3) 曾參加英語服務營者及取得「2021年海外青年英語服務營」線上培訓結業證書者(約4小時)均可報名。

4.報名方式：報名簡章及表格請至僑務委員會網站(www.ocac.gov.tw)首頁>僑生服務>青年研習>英語服務營下載運用，連結https://www.ocac.gov.tw/OCAC/Pages/VDetail.aspx?node-id=1380&pid=34557727請於3月15日前備齊相關文件(報名表、營隊規則及規範評核表、個資蒐集、處理及利用告知事項文件、出生證明影本、僑居國護照影本及在校期間所有學期成績之正式成績單)，並檢附完整接種2劑COVID-19疫苗相關證明文件，送(寄)至休士頓華僑文教服務中心(10303 Westoffice Dr. Houston, TX 77042)，詳情請洽僑教中心張小姐：713-789-4995分機113，電子郵件：lorrainec@houstonocac.org