

# WEA LEE'S GLOBAL NOTES

09/17/2020

CORONAVIRUS DIARY

## Texas Hotels 'Bloodbath'

A new report indicates that Texas hotel occupancies, including Houston, were down 61.1% for the second quarter of 2020 compared with last year. This is the worst hotel season in recent history.

Accordingly, the banking industry predicts that in the first quarter of next year a lot of hotels and motels will be on the market.

In the last half century a lot of Asians, especially Indian and Chinese, got into

the hotel business and they now have ownership of almost fifty percent of the hotels nationwide.

Simply put, the hotel business is very suitable for a family operation. They don't have too much overhead and only a few people are needed to run a motel very easily. Then after few years, they can sell the business for big profit.

Since the coronavirus pandemic has attacked, the airlines and hotels have



lost most of their business. They can't afford to continue making payments and after a few months they will be foreclosed by the bank.

President Trump says that the vaccine will be here very soon. We all hope this will be the time we will see the hotel and airlines industries come back.



Southern News Group Chairman / CEO  
Chairman of International Trade & Culture Center  
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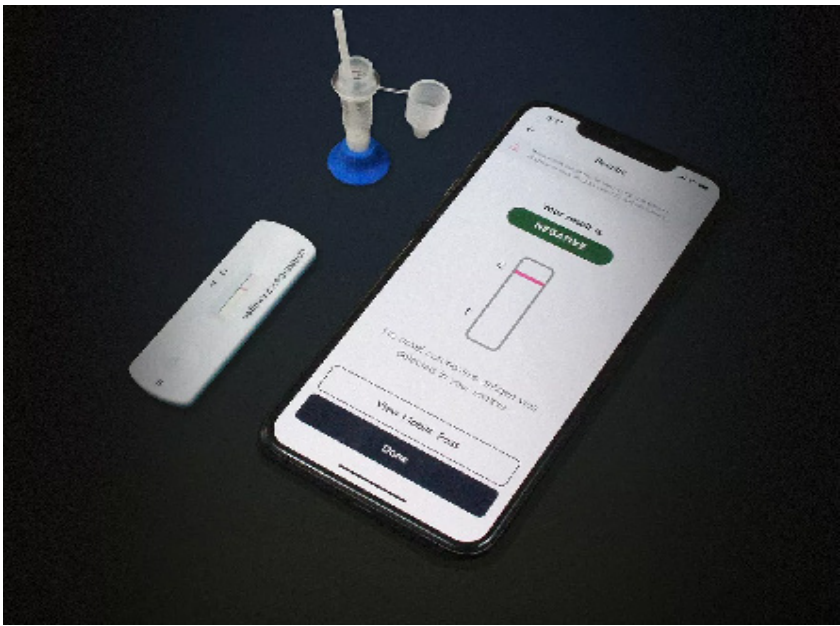
Publisher Southern Daily Wea H. Lee

Stay Home!

## BUSINESS

Wear Mask!

### Exclusive: First Full At-Home COVID-19 Test



The Gauss/Cellex rapid at-home COVID-19 test. (Photo/Gauss)

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

Gauss, a computer vision startup, and Cellex, a biotech company that works on diagnostics, are announcing the first rapid COVID-19 test that can be fully performed by people at home without involving a laboratory.

**Why it matters:** Experts agree that the U.S. still needs far more widespread testing to help contain the coronavirus pandemic. An antigen test that could be performed and provide results rapidly at home could help reduce testing delays and allow people to quickly find out whether they need to isolate because of a COVID-19 infection.

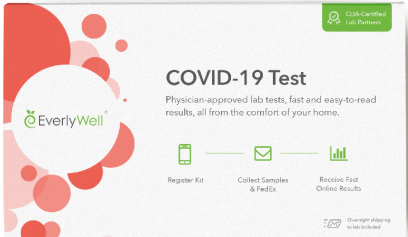
**How it works:** In the antigen test, which was developed by Cellex, a user will take a nasal swab to both nostrils, and then place the swab in a small vial filled with a buffer solution.

• Four droplets from the tube are placed on a rapid test cassette, and test lines will show up of varying intensity, based on whether and how much virus is in the sample.

• Users will then take a picture of the

rapid test, and Gauss's app will use AI to deliver back the results — all within 15 minutes.

**Of note:** While other rapid diagnostics have been developed that allow users to test themselves at home, those earlier methods still required people to send in samples to a lab or health facility for processing.



• The Gauss/Cellex diagnostic would be the first test that can be done to completion at home.

• Cellex CEO James Li says the test demonstrates nearly 90% sensitivity — how often a test generates a correct positive result — compared to PCR tests, and nearly 100% specificity, or how often it produces a correct negative result.

*What is important for COVID-19 pandemic management is that this is a tool that will allow people to self-monitor and self-isolate.*  
— James Li

**What to watch:** Whether the FDA gives the new test an Emergency Use Authorization, which would allow it to more rapidly come to market.

• There's also the question of price, although Li says that "our goal is to make this assay as widely available as possible."

**The bottom line:** Quick and easy at-home tests would certainly help reduce the spread of COVID-19, and they show how the pandemic has accelerated the coming of distributed medicine.

**Related**

#### Better testing can fight more than the pandemic

New coronavirus diagnostics could eventually enable near-constant testing — and herald a future where even common infections no longer go undiagnosed.

**Why it matters:** Rapid testing could be especially important during the winter, when it will become vital to quickly distinguish between an ordinary cold or flu and a new disease like COVID-19.

**What's happening:** New testing technologies are being developed that, while not always as accurate as the PCR tests currently in use, can be done cheaply and quickly, at an accelerated rate that "matches the kinetics of the virus," says Jeff Huber, vice chairman of the cancer diagnostics company Grail and the science lead for the XPRIZE Foundation's \$5 million rapid COVID testing contest.

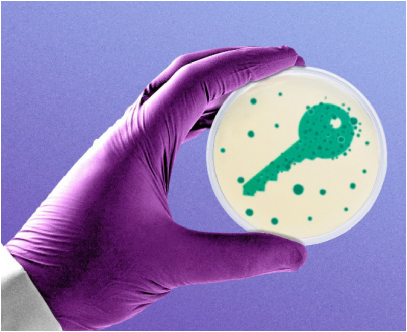


Illustration: Eniola Odetunde/Axios

• University of Illinois researcher Martin Burke has created a rapid saliva-based test that has received emergency authorization from the FDA. That will help the university reach its goal of testing all 50,000 students and staff on campus twice a week — frequent enough to catch infected people before they can significantly spread the virus.

• Researchers at Yale University have received emergency authorization for a similar saliva-based diagnostic that was tested on NBA players and can produce results within hours, at just \$10 a sample.

• Mammoth Biosciences last month received backing from the National Institutes of Health to scale up its CRISPR-based diagnostic in an effort to increase testing capacities at commercial labs. The company is also working on a CRISPR-based handheld, disposable test that can produce results in 20 minutes.

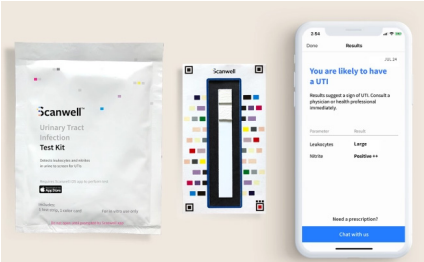
• A Princeton University spinout called NeuTigers has developed an AI-powered diagnostic that identifies COVID-19 infections using health data from wearable devices like smartwatches. "You don't need nasal swabs or PCR," says Greg Nicola, chief medical officer at NeuTigers. "Just a device with a sensor."

**The key is speed and frequency.** Modeling done during the 2014 Ebola outbreak in West Africa found that if 60 percent of new Ebola cases had been detected within a day of patients becoming infectious — using rapid tests — the epidemic could have been immediately stopped.

• "What makes COVID-19 so challenging is two things," says Huber. "Asymptomatic and presymptomatic spreading, and the possibility of super spreaders" — infected people who for some reason spark huge outbreaks.

• Simply screening for symptoms is insufficient because too many people are able to spread the coronavirus without showing clear symptoms. Rapid tests can solve that problem

and ensure potential super-spreaders are taken out of circulation before they begin super-spreading.



**What's next:** The burst of innovation around disease diagnostics — as well as the growth of at-home health tracking devices — could lay the groundwork for a range of tests that rapidly detect infections of all kind, says Jack Regan, the CEO of the molecular diagnostics company LexaGene.

**The catch:** Testing populations twice a week or more would require a massive leap in current capacity. As of Aug. 20, the U.S. had performed fewer than 70 million tests throughout the entire pandemic — not even enough to test a quarter of Americans once. (Courtesy axios.com)



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**Editor’s Choice**



A Jewish pilgrim, who plans to enter Ukraine for a pilgrimage from the territory of Belarus, sits in front of Ukrainian service members near Novi Yarylovychi crossing point in Chernihiv Region, Ukraine. BelaPAN via REUTERS



A house surrounded by flood waters is pictured after Hurricane Sally in Gulf Shores, Alabama. REUTERS/Jonathan Bachman



Teacher Jessica Crane greets her first grade students virtually from her classroom at the Kelly Elementary School on the first day of the new school year in a city hard hit by the coronavirus outbreak, in Chelsea, Massachusetts. REUTERS/Brian



Joe Biden speaks under stage lighting as he discusses his plans to develop and distribute a safe coronavirus vaccine if elected president, during a campaign statement after being briefed by public health experts in Wilmington, Delaware



A woman cries as a swab sample is taken at a drive-through coronavirus testing unit at Ain Shams field hospital in Cairo, Egypt. REUTERS/Amr Abdallah Dalsh



A man pulls a baby as refugees and migrants from the destroyed Moria move towards a new temporary camp during a police operation, on the island of Lesbos, Greece. REUTERS/Elias Marcou



People ride a bus in Lujiazui financial district in Shanghai, China. REUTERS/Aly Song



Tony Berittech, of Dauphin Island, watches as his son Matt Berittech, of Ocean Springs, cleans up a downed tree in front of Tony’s house after Hurricane Sally made a landfall, on Dauphin Island, Alabama. REUTERS/Kathleen Flynn



CDC: Almost 75% Of Children Who Die From COVID-19 Are Minorities



Students wearing masks walk around the Boston College Campus in Newton, Mass. (Photo/Suzanne Kreiter/The Boston Globe via Getty Images)

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

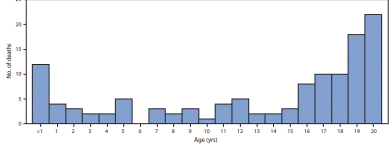
The coronavirus killed at least 121 people under 21 years old across the U.S. between Feb. 12 and July 31, according to a study published Tuesday by the Centers for Disease Control and Prevention. Why it matters: Of those young people, roughly three in four were Hispanic, Black, American Indian or Alaska Natives, suggesting the virus is disproportionately killing young people of color, and especially those with underlying health conditions.

- The CDC said the findings should encourage school systems that have reopened to carefully monitor infections and severe symptoms in children and young adults.

**By the numbers:** The CDC reported there have been 391,814 known cases among people under age 21 from mid-February through the end of July. Most — but not all — youth patients have milder symptoms than older patients.

- Of the young people who have died from the virus, 63% were male; 10% were infants less than a year old; 20% were between 1 and 9 years old; 70% were between 10 and 20 years old; and 75% had at least one underlying health condition.
- Additionally, 45% were Hispanic; 29% were Black; 4% were non-Hispanic American Indian or Alaska Natives.

**Age at death among persons aged <21 years with SARS-CoV-2-associated deaths\*,† — United States, February 12–July 31, 2020§**



**Of note:** Researchers clarified that during the study, most schools and child-care

centers closed and kids were not frequently tested, which could have limited the scope of the data.

**The big picture:** “Among infants, children, and adolescents hospitalized with laboratory-confirmed COVID-19 and cases of MIS-C, persons from racial and ethnic minority groups are overrepresented,” the researchers noted.

- The CDC confirmed in a study last week that children can and do transmit the coronavirus to members of their household. (Courtesy axios.com)

**Related**

**From the CDC:  
KEY POINTS**

*Symptoms associated with SARS-CoV-2 infection are milder in children compared with adults.*

*Among 121 SARS-CoV-2-associated deaths among persons aged <21 years reported to CDC by July 31, 2020, 12 (10%) were infants and 85 (70%) were aged 10–20 years. Hispanic, non-Hispanic Black and non-Hispanic American Indian/Alaskan Native persons accounted for 94 (78%) of these deaths; 33% of deaths occurred outside of a hospital.*

*What are the implications for public health practice?*

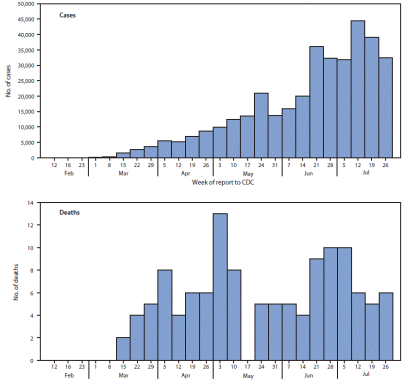
*Persons aged <21 years exposed to SARS-CoV-2 should be monitored for complications. Ongoing surveillance for SARS-CoV-2-associated infection, hospitalization, and death among persons aged <21 years should be continued as schools reopen in the United States.*

Since February 12, 2020, approximately 6.5 million cases of SARS-CoV-2 infection, the cause of coronavirus disease 2019 (COVID-19), and 190,000 SARS-CoV-2-associated deaths have been reported in the United States. Symptoms associated with SARS-CoV-2 infection are milder in children compared with adults. Persons aged <21 years constitute 26% of the U.S. population, and this report describes characteristics of U.S. persons in that population who died in association with SARS-CoV-2 infection, as reported by public health jurisdictions. Among 121 SARS-CoV-2-associated deaths reported to CDC among persons aged <21 years in the United States during February

12–July 31, 2020, 63% occurred in males, 10% of decedents were aged <1 year, 20% were aged 1–9 years, 70% were aged 10–20 years, 45% were Hispanic persons, 29% were non-Hispanic Black (Black) persons, and 4% were non-Hispanic American Indian or Alaska Native (AI/AN) persons. Among these 121 decedents, 91 (75%) had an underlying medical condition,\* 79 (65%) died after admission to a hospital, and 39 (32%) died at home or in the emergency department (ED).

These data show that nearly three quarters of SARS-CoV-2-associated deaths among infants, children, adolescents, and young adults have occurred in persons aged 10–20 years, with a disproportionate percentage among young adults aged 18–20 years and among Hispanics, Blacks, AI/ANs, and persons with underlying medical conditions. Careful monitoring of SARS-CoV-2 infections, deaths, and other severe outcomes among persons aged <21 years remains particularly important as schools reopen in the United States. Ongoing evaluation of effectiveness of prevention and control strategies will also be important to inform public health guidance for schools and parents and other caregivers.

**SARS-CoV-2-associated cases\*,† by week of case report to CDC, and deaths,§,¶ by week of death,\*\* among persons aged <21 years — United States, February 12–July 31, 2020**



Public health jurisdictions in the United States use standard definitions to identify cases of COVID-19 and multisystem inflammatory syndrome in children (MIS-C), a severe illness characterized by fever,

multiorgan system involvement, laboratory evidence of inflammation, and laboratory or epidemiologic evidence of SARS-CoV-2 infection or exposure. SARS-CoV-2-associated deaths were defined as deaths associated with COVID-19 or MIS-C per the determination of the jurisdiction. Persons aged <21 years who met the definition for a SARS-CoV-2-associated death and died during February 12–July 31, 2020, were included in this study. Fifty states, New York City, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands were asked to submit information on SARS-CoV-2-associated deaths among persons aged <21 years, including COVID-19 or MIS-C case status (as determined by each jurisdiction), demographics, dates of illness onset and hospitalization, underlying medical conditions, and location of death. Number of days from illness onset to hospitalization, days from hospitalization until date of death, and days from onset to date of death were calculated for decedents with available data. Cases of SARS-CoV-2 infection among persons aged <21 years in the United States were first reported in March 2020; the first SARS-CoV-2-associated fatality among persons in that age group also occurred in March. During February 12–July 31, a total of 391,814 cases of confirmed or probable COVID-19 or MIS-C in persons aged <21 years were reported through case-based surveillance in the United States. (Courtesy CDC)



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