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Southern DAILY

Make Today Different

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U.S. to distribute COVID-19 booster shots next months: officials

WASHINGTON, Aug. 18 (Xinhua) -- The United States will begin administering COVID-19 booster shots next month as new data shows that vaccine protection wanes over time, top U.S. health officials announced Wednesday.

"We are prepared to offer booster shots for all Americans beginning the week of September 20 and starting 8 months after an individual's second dose," the officials said in a joint statement.

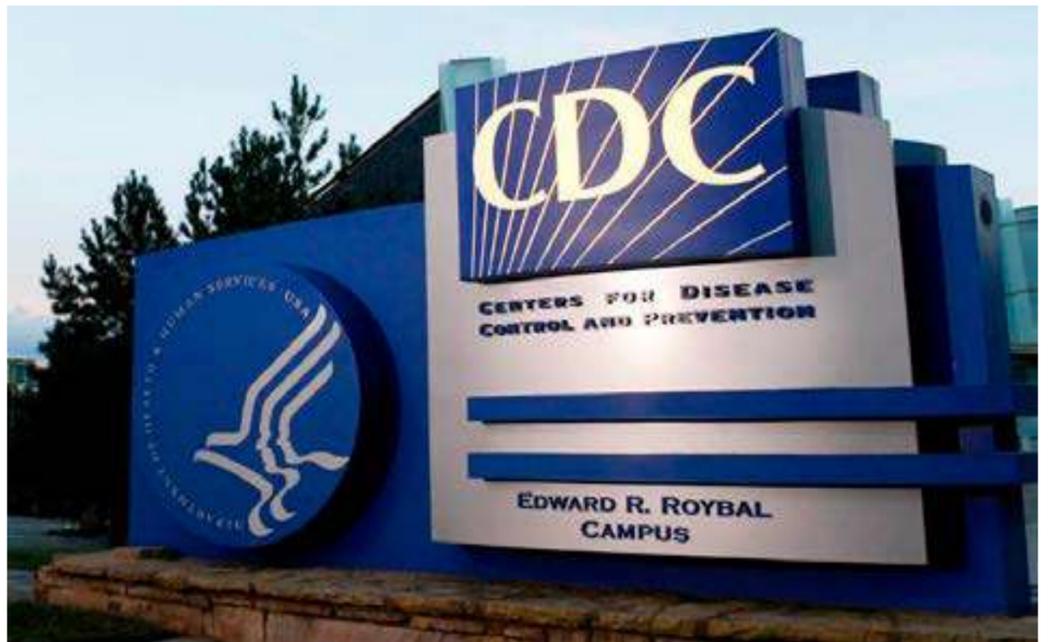
The statement was signed by the Centers for Disease Control and Prevention (CDC) Director Dr. Rochelle Walensky, acting FDA Commissioner Dr. Janet Woodcock, White House chief medical advisor Dr. Anthony Fauci and other U.S. health leaders.

The policy will apply to people who have received the Moderna or Pfizer vaccines, and is contingent on authorization from the FDA and a review by CDC's vaccine advisory committee.

"Based on our latest assessment, the current protection against severe disease, hospitalization and death could diminish in the months ahead, especially among those who are at higher risk or were vaccinated during the earlier phases of the vaccination rollout," said the officials.

The decision to recommend booster shots came as the United States is undergoing a surge of COVID-19 cases driven by the Delta variant. There was also a rise in breakthrough cases - infections in fully vaccinated individuals.

According to the CDC, 72.2 percent of American adults have received one dose of COVID-19 vaccine, with 61.8 percent being fully vaccinated



Fourth COVID-19 surge overwhelms U.S. hospitals

WASHINGTON, Aug. 18 (Xinhua) -- Hospitals across the United States are "back in crisis mode" due to a fourth surge of the COVID-19 pandemic driven by the Delta variant, according to an article published by The Washington Post on Wednesday.

Increasing COVID-19 cases, common viruses spreading again as people get together, and people who get injured when driving and playing sports have all added up to hospital pressure, said The Post, narrating the story of an Oregon medical center "filled with unvaccinated patients" that had to postpone cancer patients' surgeries.

Double-digit growth in COVID-19 hospitalizations was recorded in 46 of the 50 U.S. states in the week ending Tuesday, and eight states, including California and New York, added more than 400 new inpatients, the article said.

The United States logged 911,529 new cases in the week ending Sunday, and had not seen such a high weekly increase since the week ending Jan.



31 with more than 1 million new infections, The Post said.

More than 59 percent of the U.S. population has received at least one dose of COVID-19 vaccines, with 50.9 percent fully vaccinated, according to the U.S. Centers for Disease Control and Prevention.

"Doctors say the nationwide

outbreak overwhelming hospitals could have been avoided had more people been immunized," wrote The Post.



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WEA LEE'S GLOBAL NOTES

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Texas Governor Tests Positive For COVID-19

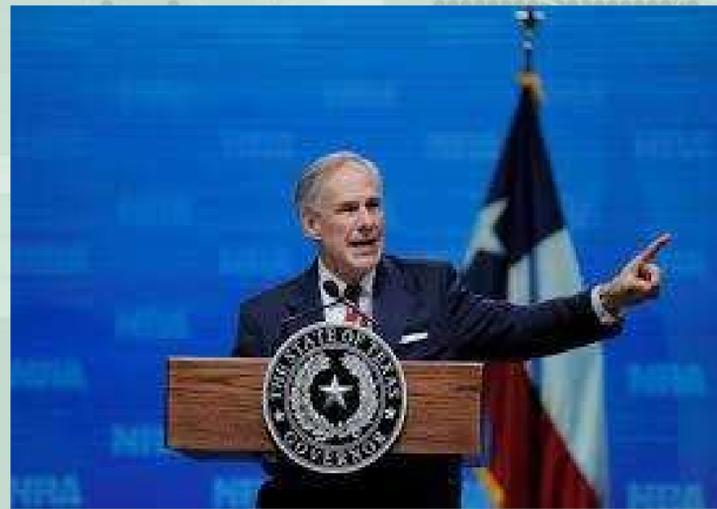
A statement from Texas Governor Greg Abbott's office said that Abbott has tested positive for COVID-19 even though he is fully vaccinated against the virus.

He is now currently isolated in the governor's mansion and is receiving Regeneron's monoclonal antibody

treatment. First Lady Cecilia Abbott has tested negative.

Abbott attended the Republican Party club party on Monday where most of the people didn't wear a mask. Abbott has opposed mask mandates and has issued an executive order banning school

districts from requiring masks. He lifted the state mask mandate in March and allowed businesses to open at 100% capacity. He said that too many Texans have been sidelined from employment opportunities and too many small business owners have struggled to pay their bills.



But now the state is surging with new COVID-19 cases. There are now 11,791 confirmed patients in hospitals throughout the state and Texas now has the most pediatric COVID cases in the nation.

Starting this week all of the schools are open for the kids. We really worry about their health issues. Most of them are not

vaccinated, so how can we protect them?

It is very sad to say that today in America we have so many different opinions. It is difficult to be united to fight against the virus from the federal to the local level and from the Republican and Democrats, the political fight never ends.

As ordinary citizens, we just need to take care of ourselves.



Southern DAILY Make Today Different

Editor's Choice



British citizens and dual nationals residing in Afghanistan board a military plane for evacuation from Kabul airport, Afghanistan. LPhot Ben Shread/UK MOD Crown copyright 2021



Chaunda Lee, a single mother of eight who has five children living with her and faces eviction later this week, prepares her youngest child, MiAsia Carr, for school in Louisville, Kentucky. REUTERS/Amira Karaoud



Members of Taliban forces sit at a checkpoint in Kabul, Afghanistan. REUTERS/Stringer



Pope Francis plays table football during the weekly general audience at the Paul VI Audience Hall at the Vatican. Vatican Media/via REUTERS



People float on boards as a Canadair aircraft flies after being filled up with water to help with efforts in extinguishing a major fire that broke out in the Var region, at the Gulf of Saint Tropez, France. REUTERS/Eric Gaillard



Shi'ite pilgrims beat their chests, ahead of Ashura, the holiest day on the Shi'ite Muslim calendar in Baghdad, Iraq. REUTERS/Thaier Al-Sudani

Southern DAILY Make Today Different

BUSINESS

A Firm Policy On Boosters Has Not Been Announced, But Nursing Home Residents And Health Care Workers Would Likely Be First In Line Biden Administration Planning Vaccine Boosters Maybe By Fall



WASHINGTON — With a stockpile of at least 100 million doses at the ready, Biden administration officials are developing a plan to start offering coronavirus booster shots to some Americans as early as this fall even as researchers continue to hotly debate whether extra shots are needed, according to people familiar with the effort.

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

The first boosters are likely to go to nursing home residents and health care workers, followed by other older people who were near the front of the line when vaccinations began late last year. Officials envision giving people the same vaccine they originally received. They have discussed starting the effort in October but have not settled on a timetable. While many outside experts argue there is no proof yet that the vaccines' protection against severe disease and hospitalization is waning in the United States, administration officials say they cannot afford to put off figuring out the logistics of providing boosters to millions of people until that tipping point is reached. The spotty nature of the nation's disease-reporting network makes the question of timing even trickier.

The effort comes as yet another wave of the coronavirus grips the nation, reversing much of the progress the administration had made. Hospitals in states like Texas, Louisiana and Mississippi are again swamped with patients,

the vast majority of them unvaccinated. Among other indicators, officials say, the administration is carefully watching Israel, where some data suggests an uptick in severe disease among older adults who received the Pfizer-BioNTech vaccine early in that nation's campaign, according to people who have reviewed it. Some officials are concerned that even if a decline in protection merely results in mild or asymptomatic infections, those infected people could still spread the virus and prolong the pandemic.



James Ivaliotis receives his second vaccine dose at a long-term care facility

in New York in January. The first booster shots would most likely go to nursing home residents and other vulnerable groups. (Photo/Christopher Occionico for The New York Times)

Any booster policy decision is fraught, officials said, because the administration does not want to undermine public confidence in what have proved to be powerfully effective vaccines. Nor does it want to overvaccinate Americans when many other countries have yet to even begin vaccination campaigns in earnest, increasing the threat of dangerous new variants that could spread to the United States and evade the vaccines. The World Health Organization has called for a moratorium on booster shots until the end of September, saying available doses should be used to help countries that are far behind in vaccinations.

Regulators for the European Union said this month that there was not yet enough data to justify boosters. Germany and France nevertheless have announced plans to start giving booster shots to the older adults and other vulnerable populations next month. Israel, which is already administering booster shots to people over 60, announced on Thursday that it would offer them to those over 50 as well. Britain so far is holding off, but already has a detailed plan for distributing boosters to people 50 and over.

More than a million Americans have already managed to get booster shots, even though the Food and Drug Administration has not even been asked to rule on whether they are safe or effective. They represent fewer than 1 percent of those who have been fully vaccinated. But more people could try to follow suit once regulators fully approve the Pfizer-BioNTech vaccine, a move that is expected by early next month. Even though the regimen calls for two shots, doctors would be able to prescribe a third for patients at that point without fear of violating F.D.A. rules. Late this week, the F.D.A. authorized third doses of the Pfizer and Moderna vaccines for certain people with weakened immune systems and the C.D.C. recommended them. The authorities decided those individuals, who make up fewer than 3 percent of Americans, merited extra shots because many fail to respond to the standard dosage.



Nurses caring for a COVID-19 patient in Santa Monica, Calif. Some hospitals

are finding themselves swamped with such patients, the majority of them unvaccinated. Isadora Kosofsky for The New York Times

Administration officials continued to insist that boosters remained unnecessary for the general population for now. Determining at what point that changes is difficult because administration experts lack up-to-date data on so-called breakthrough infections in vaccinated people, including their prevalence, when such people were vaccinated and which vaccine they received. Instead, officials are analyzing a complex array of information from a range of sources, including from the vaccine manufacturers Moderna and Pfizer-BioNTech, which has an agreement with the Israeli government to review its data. Other sources of information include a variety of foreign governments, and the Centers for Disease Control and Prevention, which collects data from states and hospitals. All of that data is subject to interpretation and can be marshaled to support arguments for or against boosters.

"It's somewhat chaotic, with everybody doing their own thing," said Dr. Jesse L. Goodman, a former chief scientist at the F.D.A. and now a medical professor at Georgetown University. "We need a system to monitor real-world vaccine effectiveness in near-real-world time." He added: "When something comes up like the Pfizer report on Israel, we should be able to say, 'Are we seeing that here?' I'm very distressed that we're not there yet."



Dr. Anthony S. Fauci (center), director of the National Institute of Allergy and Infectious Diseases and a key White House adviser, said that boosters were inevitable.

Some federal officials cast the booster discussions as contingency planning; others suggested boosters for the general population were extremely likely and the questions were how to give it to them and when.

Dr. Anthony S. Fauci, the director of the National Institute of Allergy and

Infectious Diseases and a key White House adviser, said on Thursday that officials were busy planning because "sooner or later you will need a booster."

Jeff Zients, the White House coronavirus coordinator, said that if and when extra shots were needed, they would be rolled out "in a fast and efficient way." Vaccine makers, who run multibillion-dollar businesses, have been among the most vocal proponents of boosters.

"Countries will have to decide either to be two months too early or two months too late," Stéphane Bancel, the chief executive of Moderna, said in an interview on Monday. While the decision is up to public health authorities, he said, "Our recommendation would be to be two months too early because we can save lives and prevent hospitalization."



On the other side are some influential scientists who say booster shots are at best premature and at worst unethical absent convincing real-world evidence showing that the effectiveness of the vaccines against severe disease and hospitalization is waning.

"Vaccinate the unvaccinated, vaccinate the world, and then talk about boosters," said Dr. Luciana L. Borio, a former acting chief scientist at the Food and Drug Administration.

According to the C.D.C., only a tiny fraction of the more than 166 million fully vaccinated Americans have been hospitalized for COVID-19 or have died. Of that number — 8,054 as of Aug. 9 — three-fourths were 65 or older. But the agency says the true total is likely larger because the data relies on voluntary reporting from the states. More recent Israeli data suggests continued erosion. One person who has reviewed it said it showed that the Pfizer vaccine's efficacy against severe disease had dropped significantly for those 65 and older who got their first shots in January or February. (Courtesy <https://www.nytimes.com/>)

Southern DAILY Make Today Different

COMMUNITY

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 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.

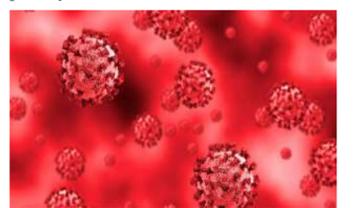
Japanese researchers at the University of Tokyo posted a lambda variant study that shows it is highly infectious and more resistant to COVID-19 vaccines. This study posted on July 28 on bioRxiv, a database for unpub-

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 — T761 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/>)