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Inside C2

# Southern DAILY

Make Today Different

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## Pennsylvania governor issues ww, child care facilities

Aug 31 (Reuters) - Pennsylvania Governor Tom Wolf on Tuesday issued a mask mandate for all K-12 school and child care facilities to protect against the spread of COVID-19, three weeks after the Democrat said he would leave the decision to individual districts.

The order, which goes into effect Sept. 7, comes amid a surge in COVID-19 cases due to the highly-contagious Delta variant of the virus.

Since July, Pennsylvania's COVID-19 case load has increased from less than 300 a day to more than 3,000 a day, according to the state's health department.

"With case counts increasing, the situation has reached the point that we need to take this action to protect our children, teachers and staff. The science is clear," the state's acting Health Secretary Alison Beam said in a statement.

The decision comes as millions of public education students head back to schools across the United States. School districts, state education agencies and governors across the nation are grappling with masking and vaccination requirements.



Houston Local News—August 12, 2020

## A mission to "transform lives by delivering clear vision."

Recently Mattioli Vision Professionals (MVP) announced their proud partnership with IQ Laser Vision to better serve the Chinese speaking patients in Texas and California. Given the high percentage of near-sightedness of Chinese teenagers and adults, Dr. Mattioli makes it a mission to "transform lives by delivering clear vision."

Dr. Fred Mattioli leads the Houston center to serve Chinese speaking patients with vision correction needs in Texas. Houston is one of 13 locations across California and Texas. Dr. Mattioli is board-certified by the American Board of Physician Specialties in Ophthalmology. He has 20+ years of experience in ophthalmology and is an award-winning "America's Top Doctor." He has performed hundreds of cataracts and lens implant procedures and over 65,000 laser vision correction procedures.

Dr. Mattioli's daughter had surgery at MVP a few years ago. Many staff members and family members have received

vision care at MVP. Most of the patients at MVP came at the word of mouth. It is truly a place where patients trust.

To better assist Chinese speaking patients, MVP has a staff with Chinese interpreters, Chinese physicians and technicians. They hope to meet the needs of Chinese speaking patients in Texas.



MVP helps correct vision for patients with nearsighted, farsighted, astigmatism, presbyopia, cataract and pterygium through PRK, LASIK, SMILE, ICL and IOL surgeries.

Dr. Robert T. Lin was the founder

of IQ Laser Vision. He grew up in Houston and wore glasses himself at a young age. Dr. Lin had LASIK surgery on his eyes after residency and had an amazing experience including no longer needing his glasses and contacts. He decided to become a top ophthalmologist to transform the lives of his patients by helping them get rid of their glasses and contacts.

Dr. Lin led a team of six outstanding board-certified surgeons with over 60 years of combined experience across 13 locations serving patients in Texas and California. Together they performed over 150,000 procedures and they are the #1 SMILE laser vision center in the U.S based on



LASIK is the most performed refractive treatment in Houston. It is a technology that started 25+ years ago. In addition to LASIK, MVP has invested in the most advanced technology, SMILE. SMILE stands for Small Incision Lenticule Extraction. SMILE laser eye surgery has been performed for over ten years throughout the world and received FDA approval for use in the United States in 2016. Mattioli Vision Professionals is proud to be the #1 SMILE laser vision correction provider in Houston based on volume.



SMILE is truly a minimally invasive procedure compared with LASIK. As you can see from the graph and video, LASIK will create a hinged flap that will have a 20 mm diameter opening on the cornea, while SMILE will only

create a 4mm diameter opening on the cornea.

Make your appointment for a free laser vision correction consultation and \$1100 discount for LASIK or SMILE eye procedure with a coupon code clearvision111. MVP offers 18-24 months interest free financing.



Mattioli Vision Professionals is conveniently located at the intersection of highway 59 and Greenbriar. 2200 Southwest Fwy, next to FedEx. 5th floor. Clinic opens Monday through Friday 8:00am-5:00pm and one morning on Sat each month. Main line: 713-776-3937 Speaking Chinese: 281-810-2057 and Email: mvpeyes@mvpeyes.com Wechat ID clearvisionhouston Website: www.mvpeyes.com.

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# WEA LEE'S GLOBAL NOTES

## CORONAVIRUS DIARY 08/31/2021



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### International Students Enrollment Recovered

Because of the coronavirus pandemic, the international students enrollment rate had a precipitous drop in 2020, but this year, according to American consulates, the rate has improved by almost 117,000 F-1 student visa applications in May and June. Among them are 57,000 Chinese students who make up a large portion of the international students in the U.S.

Last year when the number of new students dropped by 72 percent, the number of foreign students dropped to 1.25 million and some students had to take their classes remotely. Another



challenge is that travel between China and the U.S. has been largely frozen.

Last year about 400,000 Chinese students were studying in the U.S. including 26,000 students at primary and secondary schools.

We are so glad that the international students can

now resume their studies again.

We are a nation of immigrants and many newcomers came to this land and devoted their whole lives to be a part of this country. Once many international students finish their education, many of them will stay in the U.S. and become professionals and

help our country grow.

We strongly support the open door policy for all the international students. Many universities and schools depend on the international students' tuition fees to balance their budgets. In the meantime, they are also supporting our economy too.



**Southern DAILY** Make Today Different

### Editor's Choice



Flooded streets are pictured after Hurricane Ida made landfall in Louisiana, in Kenner, Louisiana. REUTERS/Marco Bello



Theophilus Charles, 70, sits inside his house which was heavily damaged by Hurricane Ida in Houma, Louisiana. REUTERS/Adrees Latif



People take pictures amongst sunflowers at The Pop Up Farm in Flamstead, St Albans, Britain. REUTERS/Peter Cziborra



Students wearing protective masks attend a class in person after more than a year of online lessons as the coronavirus outbreak continues, in Ciudad Juarez, Mexico. REUTERS/Jose Luis Gonzalez



Hossain Rasouli of Afghanistan enters the stadium for the men's long jump at the Tokyo Paralympics. REUTERS/Athit Perawongmetha



Dartanian Stovall looks at the house that collapsed with him inside during the height of Hurricane Ida in New Orleans, Louisiana. Stovall said he was inside the house he was renovating on Lasalle Street in the Uptown neighborhood when the chimney collapsed and the rest of the house followed. He managed to crawl to safety. Michael DeMocker/USA TODAY Network

# Can Vaccines Win The Race Against COVID-19 Variants? Yes, They Can.

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



Vaccines are delivered to Tanzania as part of the COVAX program. (Photo/ UNICEF/Msirikalé.)

## Key Points COVID-19 Variants Threaten To Undermine Global Vaccine Programs Unless We Accelerate The Pace Of Delivery.

- Just over 1% of people in low-income countries have received at least one dose of a COVID-19 vaccine.
- In order to control the spread of COVID-19, we need a global effort to ensure no one is left behind in immunization campaigns.

A new wave of COVID-19 is engulfing many countries around the world primarily due to the increasingly prevalent and more transmissible Delta variant of the new coronavirus. With only a few regional exceptions, Delta is mounting a successful global attack. In Indonesia and other Asian countries, health systems are overwhelmed and running out of oxygen. Across Africa – from Tunisia in the north to South Africa – the virus is surging; recently, recorded deaths on the continent jumped 40% in one week alone. In Europe, plans to lift or relax lockdowns are being delayed or modified. And in countries like the US and the UK, a number of key COVID-19 metrics have started to increase after months of decline. The Delta variant (first discovered in India), and other variants of concern including Beta (South Africa) and Gamma (Brazil), are confirming the critical need to vaccinate billions of people around the world – fast. In the race between variants and vaccines, we are falling behind. Failure to pick up the pace now will enable this virus to multiply and mutate to the point where future variants could outsmart our vaccines.

In the quest to vaccinate every citizen of the world against COVID-19, speed and strategy are key.

It's essential to think smartly about the impressive armamentarium of vaccines at our disposal and ensure we don't squander any of these lifesaving assets. No single vaccine can conquer COVID-19 – we need many. Each vaccine should be deployed to the frontlines, targeted to where they can make the greatest impact so that no population is left behind. Above all, we need to follow through on vaccine delivery all the way from the supply depot to the last mile, turning every available vaccine dose into a vaccination in someone's arm.

At Johnson & Johnson, it was precisely this kind of pandemic scenario that informed our selection of a single-dose vaccine that could be easily transported without the need for ultra-cold refrigeration. Of course, no vaccine developer could have predicted how the original Wuhan strain of coronavirus would evolve, and whether their vaccines would hold up against emerging variants.

Recent research published in the New England Journal of Medicine, along with a large real-world study of health workers in South Africa, suggests that the vaccine generates strong immune responses against Delta and other variants of concern. We now await results on protective efficacy from our large-scale clinical studies.

While getting vaccine science right is never easy, vaccine deployment on a global scale – in the middle of a pandemic – presents other challenges. Underscoring this, only slightly more than 1% of people in low-income countries have received at least one dose of a COVID-19 vaccine. This has to change, not just for reasons of global equity, but because if we don't get COVID-19 under control everywhere, we will not be able to end this pandemic anywhere.

### How do we crack the challenge of global deployment?

• **Intensify international cooperation and cross-sector partnerships** between industry, governments, health systems and civil society. Turning COVID-19 vaccines into vaccinations involves executing countless legal agreements, establishing no-fault compensation coverage for vaccine recipients, streamlining regulatory

processes, overseeing technology transfers with production partners, setting up pharmacovigilance systems, and coordinating closely with many global partners. This complex, multistep process, which normally takes years to complete, must be compressed into weeks.

• **The global community needs to get behind COVAX**, the unprecedented initiative working to ensure that the world's pandemic response includes concrete plans to enable access for lower-income countries, and vulnerable populations including those in conflict and crisis environments. Governments with surplus vaccines should immediately ramp up their dose sharing via COVAX. Stockpiling vaccine supplies will only prolong the pandemic. An example to emulate is the United States government, which recently embarked on the largest vaccine donation programme undertaken by any country in history.



• It involves the deployment of three COVID-19 vaccines from different manufacturers, and we're proud to be part of it.

### So far, nearly 30 million doses of our vaccine have been donated to more than 30 countries across four continents – many through COVAX. This is just a start: millions more doses to many more countries will follow.

• **Maintain the free flow of the global vaccine supply chain.** Many of today's vaccines (not just for COVID-19) take shape in a multistep process involving suppliers and manufacturers located across multiple countries and continents. From the raw materials (like bio-bags to make biologics), to large batches of vaccine drug substance, to the finished vials, we are working with world-class manufacturers from the US to Europe, India and South Africa to supply our vaccine to the global community. It is important for governments to resist protectionist policies such as export controls and restrictions, which ultimately only serve to delay vaccine shipments and other lifesaving medicines reaching their own citizens. We must work together to ensure equitable supply.



• **Build on decades of innovation and science.** When the coronavirus crisis started, Johnson & Johnson leveraged more than a decade of research and development investments in our vaccine platform technology. We leveraged this

platform to develop our COVID-19 vaccine in just one year. We stand by our proprietary technology and believe in leveraging it for the global good. Expanding and accelerating voluntary technology transfers between vaccine developers and manufacturers, as we have done in India, South Africa and elsewhere, is the way forward.

• Short term actions that undermine the value of intellectual property will only discourage the innovation we need to combat the next pandemic. Ultimately, what we do now in the race against the variants will help to define not just how quickly the global community conquers COVID-19, but whether we are adequately prepared for the next pandemic. The principles of multilateral partnership, global equity, and unfettered rapid response must be at the heart of any pandemic preparedness blueprint for the future.

### Here's what global progress on COVID-19 vaccination looks like

Several COVID-19 vaccines have been approved or authorized, but rollout has been hindered.

• **A health worker and a military police officer carry the AstraZeneca/Oxford vaccine to an Indigenous hut in Manaus, Brazil, February 9, 2021.** (Photo/REUTERS/Bruno Kelly)

• The World Economic Forum has created a visualization tracking country-by-country progress made on vaccination to date.

Countries around the world are racing to vaccinate their populations against COVID-19. In order to reach herd immunity, it's estimated that at least 60% of a population (and as much as 90%) must become immune thanks either to prior infection or vaccination. But as of 10 February nearly 130 countries, with a collective population of 2.5 billion, had yet to administer a single vaccine dose.

While some 10 different COVID-19 vaccines have been approved or authorized for emergency or limited use, the practical business of administering jabs has been hindered by staffing and supply shortages, procurement hiccups, and geopolitics. Concerns have also been raised about equitable access for poorer countries and historically-marginalized communities.

But there have also been positive signs, including Israel's relatively swift rollout, an upwardly revised daily vaccination target in the US, and India's distribution of free doses to countries including Myanmar and Bangladesh.

The Convidcivax vaccine developed in China may just require just one dose, for example, but the Pfizer-BioNTech version already approved for use in several countries and the Sputnik V vaccine developed in Russia are among those that call for two.



The second waypoint in the visualization provides a fuller picture of progress made so far, as each country with available data turns a darker shade of green as the percentage of people receiving all doses prescribed by a vaccination protocol increases over time:

The discovery of new, potentially more deadly coronavirus mutations has added a sense of urgency to efforts to contain the pandemic – while prompting the exploration of ways to redesign existing vaccines.

For more context, here are links to further reading from the World Economic Forum's Strategic Intelligence platform:

• China and India are using the inoculation drive against COVID-19 as part of diplomatic efforts to shore up global and regional ties, according to this analysis – which has led to a tussle playing out online and in the media. (Australian Strategic Policy Institute)

• In the US, tailored messaging efforts are underway encouraging people particularly vulnerable to COVID-19 to get vaccinated – from communities of colour to migrant farmworkers. Among the aims, according to this report: giving people an empowering sense that they're helping others. (Kaiser Health News)

• Is it safe to delay a second vaccine dose? According to this report, there's some evidence that short waits are safe, but partial immunization may help risky new coronavirus variants to develop. (Scientific American)

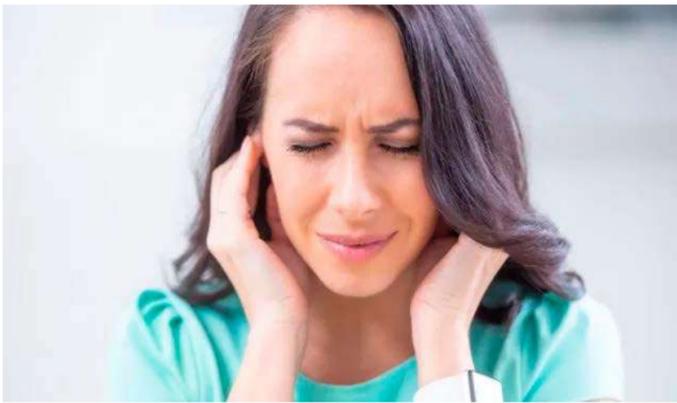


• A number of wealthy countries have purchased far more vaccines than necessary (the UK, for example, has ordered 219 million full vaccinations for 54 million adults). This analysis suggests a way for excess doses to be redistributed to those in need. (The Conversation)

• Will your ability to travel depend on your vaccination status? According to this report, Israel and Greece have agreed on a tourism pact enabling people already vaccinated against COVID-19 to travel freely between the countries. (Courtesy wforum.org)

# COMMUNITY

## From The CDC: Nine Signs Of A Delta Variant Infection



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

The new variant of COVID-19 is different from previous versions. It's "more dangerous than other variants of the virus," says the CDC. "The Delta variant is highly contagious, more than 2x as contagious as previous variants," not to mention, "some data suggest the Delta variant might cause more severe illness than previous variants in unvaccinated people." How do you know if you have it? Read on for 9 symptoms, get vaccinated if you haven't been yet, and ensure your own health and the health of others.

### 2. You May Have Fever or Chills



Temperature dysregulation is very common with COVID but you can still have COVID without a fever. Most doctors don't worry until your temperature is above 100.4 degrees—that's when it's considered significant. By the way, a fever isn't a bad thing. Dr. Anthony Fauci, the chief medical advisor to the President and the director of the National Institute of Allergy and Infectious Diseases, has said it's a sign your immune response is working. But it is a worrying sign if you have one during a pandemic.

### 3. You May Have a Cough



A COVID cough "is usually a dry (un-

productive) cough, unless you have an underlying lung condition that normally makes you cough up phlegm or mucus," says the Zoe Symptom Study. "However, if you have COVID-19 and start coughing up yellow or green phlegm ('gunk') then this may be a sign of an additional bacterial infection in the lungs that needs treatment."

### 4. You May Have Shortness of Breath or Difficulty Breathing



If you have a hard time breathing, call a medical professional and the CDC says "look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately: Trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone."

### 5. You May Have Fatigue



Fatigue—as if you have, well, a virus—is a common symptom if you get COVID. It can also last longer than a year, according to one big new study in the Lancet. More than half of those studied had at least one symptom that did not go away after a COVID infection, at least after a year of study. An estimated 30% of people who get COVID may have this problem. The authors found that these "long haulers" suffer "fatigue or muscle weakness, problems with mobility, pain or discomfort, and anxiety or depression" among other debilitating problems.

### 6. You May Have Muscle or Body Aches



Dr. Fauci has warned that "long haulers" can develop "myalgia"—or body aches—and they can be caused by an initial infection. These might feel like a heart attack or just a pain in the neck, but are unusual in their appearance, in that you may not know how they happened. If it feels really weird, suspect COVID.

### 7. You May Have a Headache



When COVID first hit these shores, the symptoms were said to be a dry cough or shortness of breath. Little did the experts know at the time, there were many more—including crushing headaches, described by one patient as "an alien feeling inside of my body and a vice grip on my head but nothing that sounded like the typical description of COVID." Others have called it a "jackhammer."

### 8. You May Have a New Loss of Taste or Smell



The original keystone symptoms of a COVID infection, a loss of taste or smell are anecdotally less common than they were before, but can still happen and are a telltale sign of COVID.

### 9. You Have Have Gastrointestinal Issues



Nausea or vomiting and diarrhea are symptoms the CDC says to watch for. Originally thought of as a "respiratory illness," COVID has proven to disrupt all systems, including gastrointestinal. The CDC notes that "this list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness."

### How to Stay Safe Out There



"From the standpoint of illness, hospitalization, suffering, and death, the unvaccinated are much more vulnerable," Fauci says. "When you look at the country as a whole in getting us back to normal, the unvaccinated — by not being vaccinated — are allowing the propagation and the spread of the outbreak, which ultimately impacts everyone." Get tested if you feel you have any of the symptoms mentioned here. And says the CDC: "Get vaccinated as soon as you can. If you're in an area of substantial or high transmission, wear a mask indoors in public, even if you're fully vaccinated," says the CDC. (Courtesy https://www.eatthis.com/)

The CDC lists congestion or runny nose and sore throat as symptoms of COVID-19. Some studies, as well as anecdotal evidence, indicate that these nose-and-throat symptoms are more prevalent with Delta than with other strains. Professor Tim Spector, who runs the Zoe Covid Symptom study, has said that Delta can feel "more like a bad cold" for younger people. That's why it's essential to stay on top of any symptoms and get tested.