

CORONAVIRUS NEWS BRIEF

Compiled Periodically from various sources By:

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In India, as new variants are ripping through states around the country, with patients filling up hospitals and crematoriums struggling to handle the numbers of dead, the Uttarakhand government and the Government of India did not just fail to take action limiting numbers at the Hindu festival-the Kumbh Mela, but actively encouraged people to come and told them not to worry about Covid-19 restrictions.

Lancet report says Covid19 is primarily airborne, safety protocol should change urgently

A report in The Lancet journal has dismissed the predominant scientific view that SARS-CoV-2, the coronavirus that causes Covid19, is not an airborne pathogen.



The paper, written by six experts from the UK, the US and Canada, argues that there are "insufficient grounds for concluding that a pathogen is not airborne".

A report published in the journal The Lancet has dismissed the predominant scientific view that SARS-CoV-2, the coronavirus that causes Covid-19, is not an airborne pathogen. The authors of the report have listed 10 reasons for their claim that "SARS-CoV-2 is transmitted primarily by the airborne route".

The paper, written by six experts from the UK, the US and Canada, argues that there are "insufficient grounds for concluding that a pathogen is not airborne" while "the totality of scientific evidence indicates otherwise". The experts called for urgent modification in the Covid-19 safety protocol.

CORONAVIRUS IS AIRBORNE: 10 REASONS CITED BY THE RESEARCHERS

1. "Superspreading events account for substantial SARS-CoV-2 transmission; indeed, such events may be the pandemic's primary drivers," they said. Detailed analyses of human behaviors and interactions, room sizes, ventilation, and other variables, the authors said, are consistent with

airborne spread of SARS-CoV-2 and the same cannot be adequately explained by droplets or fomites.

2. Long-range transmission of SARS-CoV-2 between people in adjacent rooms but never in each other's presence has been documented in quarantine hotels, the paper said.

3. The experts argued that from 33 per cent to 59 per cent of all Covid-19 cases could be attributed to asymptomatic or presymptomatic transmission of SARS-CoV-2 from people who are not coughing or sneezing. They said this supported a predominantly airborne mode of transmission.

4. Transmission of SARS-CoV-2 is higher indoors than outdoors and is substantially reduced by indoor ventilation.
5. The paper said nosocomial infections (those that originate in a hospital) had been documented even at places where healthcare professionals used personal protective equipment (PPE) designed to protect against droplet but not aerosol exposure.
6. The experts said viable SARS-CoV-2 has been detected in the air. In laboratory experiments, SARS-CoV-2 stayed infectious in the air for up to 3 hours. They rejected the argument that SARS-CoV-2 was bit cultivated from air arguing that measles and tuberculosis, two primarily airborne diseases, had never been cultivated from room air.
7. SARS-CoV-2 has been identified in air filters and building ducts in hospitals with COVID-19 patients; such locations could be reached only by aerosols, they said.
8. The experts cited studies involving infected caged animals that showed transmission of SARS-CoV-2 via an air duct.
9. Another argument of the experts was that no study

to our knowledge provided strong or consistent evidence to refute the hypothesis of airborne SARS-CoV-2 transmission.

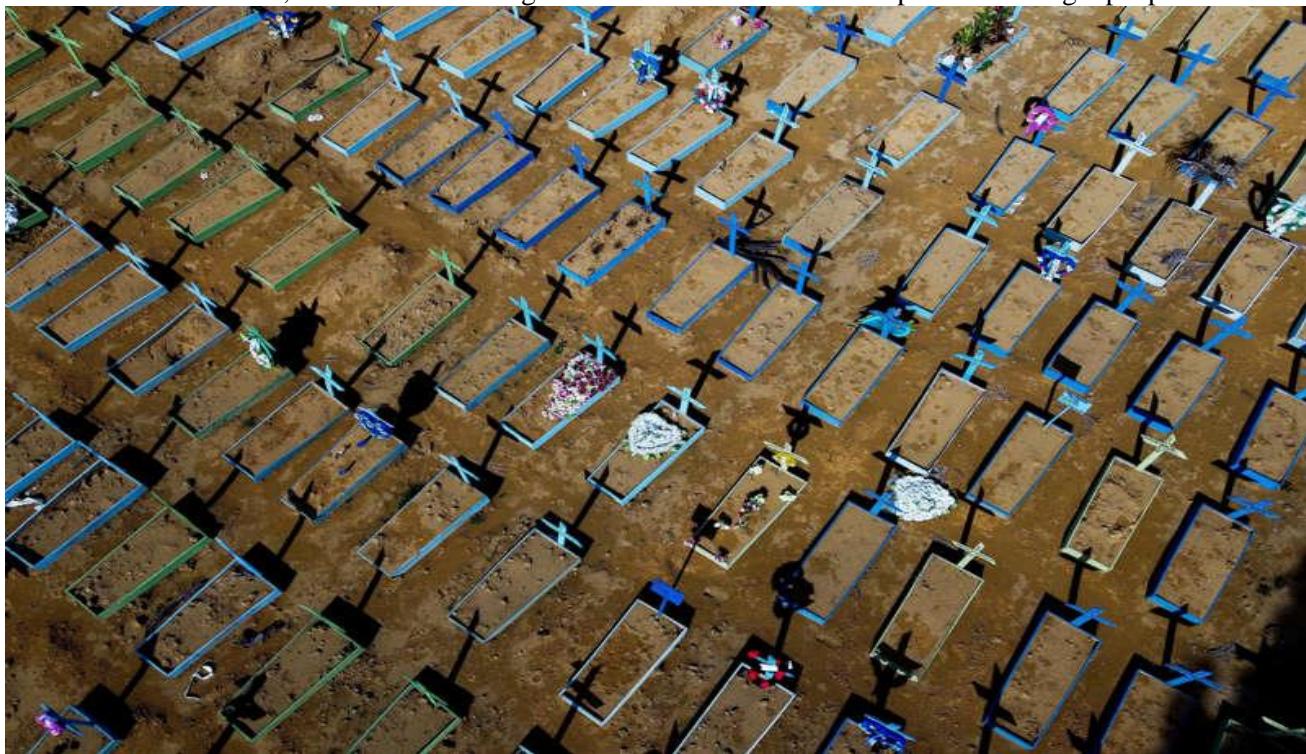
10. Their final argument was that there was limited evidence to support other dominant routes of transmission- i.e. respiratory droplet or fomite. The claim of the experts, if proven and accepted, could have massive implications on counter-Covid-19 strategy across the world. This may require the people to wear mask even inside their homes, and possibly at all times.

The current understanding is that SARS-CoV-2 spreads through smaller aerosols that stay suspended in air or through fomites, the surfaces where the virus gets deposited, and could be picked by a health person. Gravity pulls down heavier droplets reducing the chances of infection considerably.

But if an infectious virus is mainly airborne, an individual could potentially be infected when they inhale aerosols produced when an infected person exhales, speaks, shouts, sings, sneezes, or coughs, the experts said. This changes the way the world should fight coronavirus pandemic.

COVID-19 death toll tops 3 million worldwide

The number of deaths due to COVID-19 has topped 3 million worldwide. More than 566,000 of those deaths have been in the United States, which is now seeing a rise in coronavirus cases despite efforts to get people vaccinated.



Aerial view of graves of COVID-19 victims at the Nossa Senhora Aparecida cemetery in Manaus, Amazon state, Brazil, on April 15, 2021.

‘Super-spreader’: Over 1,000 COVID positive at India’s Kumbh Mela

Coronavirus detected in more than 1,000 people in Haridwar city along the Ganges River where the weeks-long festival is being observed.



More than 1,000 people have tested positive for the coronavirus at the site of a major Hindu festival in India in two days, officials said, as huge crowds of mostly maskless devotees descend on the Ganges River in the northern Uttarakhand state.

The virus was detected in the city of Haridwar, which lies along the river where the weeks-long Kumbh Mela, or the pitcher festival, is being observed, officials said. Of some 50,000 samples taken from people in Haridwar, 408 tested positive on Monday and 594 on Tuesday, the Uttarakhand government said.

The latest figures came as Yogi Adityanath, the chief minister of neighboring Uttar Pradesh state, tweeted on Wednesday that he had also tested positive for COVID-19.

A second wave of coronavirus infections is sweeping across India, with the country on Wednesday hitting a new high of 184,372 new cases.

With a total of almost 13.9 million COVID-19 infections, India now has the second-highest number of cases in the world. The country’s daily death toll passed 1,000 on Wednesday for the first time since mid-October.

Local authorities in many states have imposed night curfews and clamped down on movement and activities.

‘Our faith is the biggest thing’



Experts have blamed large religious events, packed political rallies in poll-bound states and crowded public places for the surge.

Still, hundreds of thousands of ash-smeared ascetics and devout Hindus jostled to take a dip in the Ganges

during the religious festival on Wednesday, hoping to wash away their sins, as India reported another record surge in coronavirus infections.

“Our faith is the biggest thing for us. It is because of that strong belief that so many people have come here to take a dip in Ganga,” Siddharth Chakrapani, a member of one of the Kumbh Mela organizing committees, told AFP news agency.

“They believe that Maa (mother) Ganga will save them from this pandemic.”

As huge crowds made their way towards the river on a special day of bathing during the Kumbh Mela, health authorities had to pull back a COVID-19 testing crew.

“We have moved away our sampling team to avoid a stampede-like situation,” said SK Jha, chief medical officer of the northern city of Haridwar, where the event is being held.

“We do, of course, expect cases to rise when the priests and other crowd move away.”

Police said 650,000 devotees had bathed in the river since Wednesday morning and people were being fined for failing to observe social distancing in some areas.

‘It’s already a super-spreader’



Prime Minister Narendra Modi’s government, however, has refused to call off the festival that is scheduled to last the whole month, possibly fearing a backlash from religious leaders in the Hindu-majority country.

“It is already a super-spreader because there is no space to test hundreds of thousands in a crammed city and the government neither has the facilities nor the manpower,” said a senior Uttarakhand official.

Devout Hindus believe bathing in the Ganges absolves people of sins, and during the Kumbh Mela, it brings salvation from the cycle of life and death.

A short distance from the river, Hotel Sachin International had converted itself into a COVID isolation Centre. All 72 rooms were packed with more than 150 patients, a hotel executive said.

“We started taking in patients on April 5, and three days ago all our rooms got filled,” the employee said, declining to be identified because of a gag order from local authorities.

The hotel did not respond to an email seeking comment. A doctor from the region said at least four other hotels have been turned into COVID wards.

“What you are seeing is not Kumbh Mela but it’s a corona atom bomb,” tweeted Indian filmmaker Ram Gopal Varma, alongside a picture of a sea of devotees. “I wonder who will be made accountable for this viral explosion.”

Comparisons with Tablighi Jamaat row



Critics of the Indian government have also compared the government’s response to the festival to the response last year when Indian Muslims faced rising Islamophobia following accusations that an initial surge in infections was tied to a three-day meeting of an Islamic missionary group, the Tablighi Jamaat, in New Delhi.

Some leaders from Modi’s Bharatiya Janata Party (BJP) and India’s freewheeling TV channels, which have long favored the government’s Hindu-nationalist policies, labeled Muslims as “jihadis” and “super spreaders” in March 2020 when the seven-day

rolling average of coronavirus cases in the country was not even 200 per day.

The blame triggered a wave of violence, business boycotts and hate speech towards Muslims.

India's 200 million Muslims account for 14 percent of the population and are the largest minority group in the Hindu-majority nation.

Worst-hit state imposes curbs

Starting on Wednesday, India's worst-hit and richest state, Maharashtra, will impose stricter restrictions for 15 days to stem the surge of coronavirus infections that is threatening to overcome hospitals. In state capital Mumbai, migrant workers at a railway station said they were leaving for their homes in other states after the tighter restrictions were announced. "Since I don't have any work, I am not able to pay my rent," migrant worker Imraan Khan told AFP. Last year, a sudden, harsh, nationwide lockdown left millions jobless overnight. Stranded in cities with no income or food, thousands of migrant workers walked on highways to get home. Since then, state leaders have repeatedly stressed that another lockdown was not on the cards.



Officials in Maharashtra have stressed that the closure of most industries, businesses, public places and limits on the movement of people did not constitute a lockdown.

But the distinction did little to allay Ramachal Yadav's anxieties. On Wednesday morning, he joined others at a Mumbai railway station getting on a train back home. "There is no work," said the 45-year-old.



The scenes playing out in Maharashtra in the past week mirror those developing in other parts of the country: patients gasping for air turned away from hospitals that are running out of oxygen and weeping families waiting for their turn to bid farewell to their loved ones at crematoria.

Compounding concerns is the question of whether India, despite being the world's largest maker of vaccines, will have enough to immunize its vast population swiftly enough to slow down the virus. India on Tuesday authorized vaccines that had been given an emergency nod by the World Health Organization or regulators in the United States, Europe, Britain or Japan. Indian regulators also approved Russia's Sputnik V for emergency use. But experts said the decision was unlikely to have any immediate impact on supplies available in the country.



"All one can think of is that I hope I don't fall ill over the next month or so," said Dr Vineeta Bal, who studies immune systems at the Indian Institute of Science Education and Research in Maharashtra's Pune city.

Getting COVID-19 doesn't always protect young people from reinfection, study finds



Members of U.S. Air Force prepare to receive the first round of the Moderna COVID-19 vaccine

Getting COVID-19 doesn't guarantee protection from reinfection. In one study, around 10% of Marine recruits who previously had COVID-19 were reinfected.

Those who had antibodies were about five times less likely to get infected than those who didn't have them. See more stories on Insider's business page. A positive COVID-19 test comes with a tenuous silver lining: you're protected from the coronavirus, at least for a few months.

But recent research, out today in *The Lancet Respiratory Medicine*, has found protection from reinfection is not a sure thing.

An observational study of more than 3,000 healthy US Marine recruits revealed that it's possible for young people to get COVID-19 twice, although those who have had it before have a lower risk of infection. Around 10% of recruits who previously had COVID-19 were reinfected during a six-week observation period. In comparison, 50% of recruits who had not been previously infected tested positive during the study. The crowded living conditions of the military bases where the observations took place likely contributed to a higher overall infection rate, but the study authors said the risk of reinfection applies to young people everywhere.

Antibodies provide some protection. Among the recruits - mostly men aged 18-20 - 189 entered the study seropositive, meaning they were previously infected with the coronavirus and had antibodies in their blood. Most people have an antibody response to infection, where the immune system produces

proteins to fight off specific intruders if they return in the future. Antibodies may wane in the months after infection, but the immune system has other protective measures in place. Commander Andrew Letizia, an infectious disease physician and lead researcher on the study, told Insider the team measured antibodies as proof of previous infection. However, he said some recruits previously tested positive but no longer had detectable antibodies at the time of the study, so the 10% reinfection rate may be an underestimate. Those who were reinfected with COVID-19 had lower antibody levels compared to those who were previously sick and did not get reinfected.

"Antibodies are certainly protective, but they do not mean that you're going to be bulletproof," Letizia said. "You can still potentially get reinfected."

Reinfection is about one-fifth as likely as a new infection. Based on the study of Marine recruits, the authors concluded that young people who have antibodies are about five times less likely to get infected than those who do not have antibodies. Studies in other populations have produced similar findings. A preprint study of British healthcare workers, which has not yet been reviewed, found those who had not been previously infected with COVID-19 had a five times higher risk of being infected compared to people who had a past infection. A study of 4 million people in Denmark found that COVID-19 infection afforded people under the age of 65 around 80% protective immunity after six months. Older people were only 47% protected from reinfection.

Doctors hone in on cause of blood clots linked with Covid-19 vaccines



PHOTOGRAPH BY AP

Doctors say they are honing in on the cause of blood clots that may be linked with certain coronavirus vaccines, and add their findings have important implications for how to treat the condition, regardless of whether vaccines cause it.

Even though the link is not firm yet, they're calling the condition vaccine-induced immune thrombotic thrombocytopenia or VITT. It's characterized by unusual blood clotting combined with a low number of blood-clotting cells called platelets. Patients suffer from dangerous clots and, sometimes, hemorrhaging at the same time. It's been linked most firmly with the AstraZeneca coronavirus vaccine, which is in wide use in Europe and the UK.

The US Centers for Disease Control and Prevention and the Food and Drug Administration are checking to see if Johnson & Johnson's Janssen vaccine also might cause the blood clots. Both AstraZeneca's vaccine and the J&J vaccine use common cold viruses called adenoviruses as a carrier and some experts suspect the body's response to those viral vectors might underlie the reaction.

AstraZeneca's vaccine is not authorized in the US. The FDA and CDC have asked for a pause in giving out the J&J vaccine while they investigate.

A team led by Dr. Marie Scully, a hematologist at University College London Hospitals, studied 22 patients who developed the syndrome after receiving AstraZeneca's vaccine, and found they had an unusual antibody response. These so-called anti-PF4 antibodies had only been seen before as a rare reaction to the use of the common blood thinner heparin. The findings support a theory that an immune reaction might underlie the rare blood clots,

but the findings don't yet explain it, Scully and colleagues reported in the New England Journal of Medicine Friday. What may be going on is a reaction by the immune system with platelets to cause uncontrolled clotting. If vaccines cause it, it's still very rare and unusual, they wrote. It might not even be happening any more often in recently vaccinated people than among the population in general.

"The risk of thrombocytopenia and the risk of venous thromboembolism after vaccination against SARS-CoV-2 do not appear to be higher than the background risks in the general population, a finding consistent with the rare and sporadic nature of this syndrome," they wrote.

"The events reported in this study appear to be rare, and until further analysis is performed, it is difficult to predict who may be affected. The symptoms developed more than five days after the first vaccine dose," they added.

"In all cases reported to date, this syndrome of thrombocytopenia (low platelet count) and venous thrombosis (blood clot) appears to be triggered by receipt of the first dose of the (AstraZeneca) ChAdOx1 nCoV-19 vaccine.

Although there have been a few reports of patients with symptoms consistent with this clinical syndrome after the receipt of other vaccines against SARS-CoV-2, none have yet been confirmed to fulfill the diagnostic criteria," they added.

But if vaccination can cause the condition, it would be important to recognize that and treat it appropriately -- because the usual treatment for blood clots is not recommended for VITT.

- *By Maggie Fox, CNN*

India grapples with vaccine & oxygen shortage

Added to a shortage of vaccines, which is unnerving the world, India's shortage of medical grade oxygen finally became top priority and PM Narendra Modi chaired a "comprehensive review meeting" as new cases touched a record 2.17 lakh.

Breathing trouble

The government has decided to import 50,000 tonnes of medical oxygen apart from setting up oxygen plants for 100 new hospitals, to be financed from the PM-CARES fund. The Centre has identified 12 high burden states — Maharashtra, MP, Gujarat, UP, Delhi, Chhattisgarh, Karnataka, Kerala, Tamil Nadu, Punjab, Haryana and Rajasthan, where demand for oxygen for Covid-19 patients is not being met. The situation is so dire that any industrial cylinder as also tankers used for transporting nitrogen & argon are being purged to be utilized for transporting oxygen.

From vaccine surplus to deficit

With India, the world's largest manufacturer of vaccines, now an importer of Covid-19 vaccines, evident from the emergency use authorisation (EUA) granted to vaccines already approved by other countries like the US and UK, the success of COVAX programme is in jeopardy.

As against 64 million doses exported by India between January to March, this month, the country has only exported 1.2 million doses. Of the 1 billion doses to be supplied by Serum Institute of India (SII) to COVAX, 100 million of which were to be delivered by end of May, less than 20 million have been delivered.

SII CEO Adar Poonawalla, blaming the vaccine shortage on raw material constraints, directly appealed to US President Joe Biden via Twitter "to lift the embargo of raw material exports out of the US".

It may get worse...

...before it gets any better as ramping up vaccine production will take months. The production capacity of Covaxin, India's indigenously produced vaccine, will be doubled only by May-June and increase 6 to 7 fold only by July or August.

The rollout of vaccines under the EUA may also take a few months as the companies making them — Pfizer, Johnson & Johnson and Moderna, among others — have firm commercial commitments for supplies to other countries as also to the UN Vaccine Alliance, GAVI.

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Coronavirus: News from around the Globe.

* Health experts say COVID-19 infection data shows vaccines are doing their job.

The CDC has released information about so-called “breakthrough cases” – people getting COVID-19 after being vaccinated. The CDC says there are 5,800 COVID-19 cases among the 77 million Americans who have been fully vaccinated.



In Pennsylvania, the Department of Health reported 331 cases out of 2.6 million who are fully vaccinated.

US health officials say those numbers show the vaccines are doing their jobs.

Dr. Ian Frank, an infectious disease professor at the Perelman School of Medicine at the University of Pennsylvania, says one consideration tops the list when looking at how well a vaccine works.

“We need to ask the question: If you get vaccinated and you got COVID-19, what’s the probability of you dying?” he says.

He said about 31.5 million people have been diagnosed with COVID-19 in the United States to date, and about 565,000 of those people have died. “So if you’re the average person in that statistic, and you get infected, there’s about a 2% chance of you dying,” he said.

However, he said, with only 74 deaths out the 77 million who have been vaccinated, the chance of dying after getting a vaccination is about one in 1 million.

“The more people that get vaccinated, the fewer deaths there are going to be. Because as we vaccinated more and more people, there will be fewer infections happening in this country,” he said. Einstein Medical Center Montgomery Director of Pharmacy Services David Mihalic says people get hung up on the efficacy rates from the vaccine trials. And while those numbers are important, they were a snapshot in time. It’s not as simple as just looking at

whether someone tests positive after they got vaccinated, he says. A better question is whether they got a severe infection.

“Even if they have the chance of getting the virus, the chances of those symptoms being severe are near nothing,” Mihalic said.

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U.S. Hits 200 Million Doses; Moderna Sees Shortage: Virus Update:



The U.S. has administered 200 million doses of Covid-19 vaccine, a White House official said Friday, as the rollout picks up pace. New York City Mayor Bill de Blasio is sticking to his call to start bringing city workers back to the office on May 3.

Moderna Inc. said it will deliver fewer vaccines than planned to the U.K., Canada and other countries this quarter due to a shortfall in doses in its European supply chain. German Chancellor Angela Merkel got her first shot of AstraZeneca Plc’s vaccine, despite possible links to rare blood clots that have led to its use being limited in some countries.

India’s new variant, which has a so-called double mutation, is thought to be fueling the country’s deadlier wave of infections. China is planning to approve its first foreign vaccine before July, according to people familiar with the matter.

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Qatar Weighs Vaccines for World

Qatar is looking into vaccinating World Cup 2022 attendees, and it’s currently developing programs to secure the vaccines, state-run Qatar News Agency reported, citing Deputy Premier Sheikh Mohammed Bin Abdulrahman Al Thani. Qatar has so far administered 1.2 million vaccine doses.

* Pfizer to send more Covid vaccines to Canada as Moderna jabs delayed



Pa. officials say COVID-19 vaccine hesitancy more visible now that supplies...

Plasma being formed and maintained inside TAE Technologies' fusion.

Prime Minister Justin Trudeau on Friday assured Canadians that the country's turbulent Covid-19 vaccine rollout remains on track after Pfizer agreed to boost shipments just as Moderna deliveries hit a snag. "We are well on track to reaching in the upper of 40 to 50 million doses by the end of June,"

Trudeau told a news conference, adding that by that date "most Canadians will have been able to receive a first dose of the vaccination."

He also renewed his government's commitment that "all Canadians who want a vaccine will be able to be vaccinated by the end of September."

Earlier, Procurement Minister Anita Anand announced that Moderna would cut almost in half its next shipment, expected by month's end, to 650,000 doses. However Trudeau said Canada has secured an additional eight million Pfizer-BioNTech doses to more than make up for the Moderna shortfall.

Canada will "continue to bring vaccines into the country in the face of volatile supply chains," Anand said. "We may see additional delays over the coming months," which is "obviously very disappointing," she added. The first four million additional Pfizer-BioNTech doses are scheduled to arrive in May, followed by two million doses in June and two million more doses in July, Trudeau said.

Canada has signed deals with seven pharmaceutical firms for some 400 million Covid-19 vaccine doses, and approved four for use so far -- the Pfizer, Moderna AstraZeneca and Johnson & Johnson jabs. To date, more than 8.5 million Canadians or 22.5 percent of the population have received at least one shot, according to the Covid-19 Vaccination Tracker website.

* FDA rescinds emergency authorization for COVID-19 antibody treatment bamlanivimab



The USA's Food and Drug Administration (FDA) rescinded its emergency use authorization for the monoclonal antibody bamlanivimab to be used on its own as treatment against COVID-19 due to variants' resistance to the therapy.

The federal agency declared its cancellation of bamlanivimab-only COVID-19 therapy hours after the company Eli Lilly requested the FDA revoke the emergency authorization because the variants resistant to the treatment have become more common.

With the number of resistant infections growing, the agency concluded that the benefits of treating COVID-19 with only bamlanivimab "no longer outweigh the known and potential risks for its authorized use."

The FDA cited data that as of mid-March about 20 percent of variants in the U.S. were expected to be resistant to bamlanivimab, compared to 5 percent in January.

But the FDA still grants bamlanivimab and another monoclonal antibody, etesevimab, to be used together to treat COVID-19 under an emergency use authorization. In a March study, Eli Lilly determined the combination of monoclonal antibodies - lab-created proteins that copy how the immune system responds to viruses - reduced the risk of hospitalization and death from COVID-19 by 87 percent.

"Other monoclonal antibody therapies authorized for emergency use remain appropriate treatment choices when used in accordance with the authorized labeling and can help keep high risk patients with COVID-19 out of the hospital," Patrizia Cavazzoni, the director of the FDA's Center for Drug Evaluation and Research, said in a release.

"We urge the American public to seek out these therapies when needed while we continue to use the best data available to provide patients with safe and

effective treatments during this pandemic," Cavazzoni added.

The emergency use authorization for bamlanivimab-only COVID-19 treatment, granted in November, was the first monoclonal antibody approved to treat mild to moderate COVID-19 cases. It originally allowed it to be used alone for mild-to-moderate COVID-19 adult patients and some children at high risk of severe coronavirus illness or hospitalization. The federal agency said it will work with the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) to monitor how variants impact the treatments authorized for emergency use.

Eli Lilly called for the FDA to end emergency authorization for bamlanivimab-only COVID-19 treatment "due the evolving variant landscape in the U.S. and the full availability of bamlanivimab and etesevimab together." The company noted its request for authorization to be revoked was "not due to any new safety concern."

The company reported that more than 400,000 patients were treated with bamlanivimab, saying it potentially prevented more than 20,000 hospitalizations and at least 10,000 deaths in the U.S. "With the growing prevalence of variants in the U.S. that bamlanivimab alone may not fully neutralize, and with sufficient supply of etesevimab, we believe now is the right time to complete our planned transition and focus on the administration of these two neutralizing antibodies together," Eli Lilly's Chief Scientific Officer and President of Lilly Research Laboratories Daniel Skovronsky said in the release.

Eli Lilly's request came after the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response declared in March the U.S. had stopped using bamlanivimab alone to treat COVID-19.

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The preparation just for a third COVID-19 vaccine shot just got real



Virus Expert Sounds This Dire COVID Alarm
COVID-19 cases expected to soar above 1,200 per day: Governor won't tighten...

The potential for a third COVID-19 vaccine shot took another turn Friday, as President Joe Biden's administration confirmed plans for a third dose are in the works.

Biden plans for third vaccine shots

Andy Slavitt, senior adviser to Biden's COVID-19 response team, said Friday that the government recognizes the potential need for a third shot.

"Requiring additional shots in the future is obviously a foreseeable potential event," Slavitt said Friday, according to CNBC. "I want to emphasize that while there is certainly speculation about this, that is far from saying that is what's going to happen."

Slavitt said the Biden administration has considered the possibility that the country will need third shots. "I can assure you that when we do our planning, when the president orders purchases of additional vaccines as he has done and when we focus on all the production expansion opportunities that we talk about in here we very much have scenarios like that in mind," he said.

Timeline for a third vaccine shot

Both Pfizer and Moderna — which require two doses for full vaccination — have spoken about the need for third shots. As I wrote about for the Deseret News, Moderna CEO Stephane Bancel recently said the third booster shot of the vaccine would likely be available by the fall.

"I want to make sure there are boost vaccines available in the fall so that we protect people as we go into the next fall and winter season in the U.S.," Bancel told. Pfizer CEO Albert Bourla said this week it's possible the Pfizer vaccine will require a third shot, too. He said it's possible we'll need shots every year to fight COVID-19.

"It is extremely important to suppress the pool of people that can be susceptible to the virus," he said.

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India's health ministry on Friday confirmed 217,353 new cases and 1,185 deaths, taking the total to 14,291,917 cases (1,569,743 active cases) and 174,308 fatalities.

Worldwide, over 138.85 million infections and 2,984,626 fatalities are confirmed.

According to Oxford University's Our World in Data website, 840.94 million vaccine doses have been administered across the world. In India, according to the health ministry, 117,223,509 vaccine doses have been administered till Thursday.

Is Remdesivir a silver bullet against Covid?



India is facing an acute shortage of Remdesivir, an injectable antiviral drug used in the treatment of Covid-19. The Centre has banned its export, states are shipping them in special flights, and anxious public have taken to social media to source it somehow. But how crucial is the drug really? Dr Neeraj Nischal, additional professor, internal medicine, AIIMS, explains:

Q: How crucial is Remdesivir in the treatment of Covid patients? How does it work?

A: Remdesivir is an antiviral drug that has been repurposed from the Ebola pandemic. It works by incorporating itself into the genetic material of the virus and prevents the replicating enzyme from making new copies of the virus. The mechanism appears very promising but the actual effect in patients is not so. It is not a miracle cure for Covid and not every patient requires it. In fact, most patients don't require Remdesivir for surviving this disease.

Q: The Centre has flagged an "irrational use" of the drug. Your thoughts...

A: Indiscriminate use of the drug in Covid patients has led to a scarcity. Remdesivir is beneficial only in a very small subset (in terms of shortening the time to recovery by approximately 5 days) of patients who present early in their disease and are on low-flow oxygen. Outside this group of patients, it really is not much better than a placebo. The decision to use it for a Covid-19 patient should be based on the clinical status of the patient and not his social status.

Q: The drug is supposed to be only supplied to hospitals, yet some chemists are selling it. What

happens if a Covid patient who doesn't need Remdesivir takes it?

A: Remdesivir is administered intravenously and requires vascular access, which is a potential source of getting other infections. The drug itself may cause an allergic reaction which can be life-threatening for some people. IV cannulation itself can predispose the patient to unnecessary risks of clots in the veins. It also has side effects on the heart and liver, which so far seem to be reversible, but we cannot be sure as the mechanism is not known. Considering these, it should be administered only in those situations where its benefit is deemed to be greater than its harm.

WHO's guideline committee recommended against the use of the drug on patients hospitalized with Covid-19, regardless of how sick they are.

It has no important effect on mortality and does not reduce the need for mechanical ventilation.

The same with plasma therapy, which was last year found not beneficial for saving lives. So why are the hospitals recommending plasma therapy or Remdesivir for Covid-19 patients?

"These are no magic bullets," said Dr Neeraj Nischal.

"There is a frenzy created around Remdesivir. It's been seen in various trials that it doesn't have mortality benefits and is not needed by everyone. It's only for selected patients, with early oxygen requirements. It may have a role in such circumstances, but there's a question mark over that as well. There's no need to rush for Remdesivir. The same goes for plasma therapy. It's not for everybody. This message should be loud and clear."



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Donation Guidelines

- USED clothes and blankets must be washed before donating
- ALL clothing and blankets that are donated must be boxed
- PLEASE label boxes accordingly
- LAST day to donate: **April 30, 2021**

If you're interested in donating please
email info@RiverComics.com or Message
Japan Thakar at **(732)824-4167**.

COVID19: Weekly Update.

The numbers below are from
Saturday 04-17-2021 * 12pm US East coast Time...
Compiled Periodically By:
Kaushik Amin, USA.

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Details are compiled from various sources.

*There are likely false data & variations in data most of the time, so,
please use the data wisely.*

Marked "*" are not reliable data.

World:

140,927,224. Cases. / 3,017,109. Deaths.

Recovered till today:

119,632,041.

01. U.S. A.:

32,311,824. Cases. / 580,041. Deaths.

02. India(???)**

14,732,074. Cases. / 176,745. Deaths.

03. Brazil:

13,834342. Cases. / 369,024. Deaths.

06. UK:

4,385,938. Cases. / 127,260. Deaths.

22. Canada.

1,110,424. Cases. / 23,575. Deaths.

00 (India): Gujarat* :(???)

394,221.(???) Cases. / 5,267. (???) Deaths.

USA States:

01. California:

3,715,107. Cases. / 60,922. Deaths

02. Texas*:

2,850,681. Cases. / 49,733. Deaths.

03. Florida:

2,155,744. Cases / 34,338. Deaths.

04. New York:*

2,030,987. Cases / 51,746. Deaths.

05. Illinois:

1,296,381. Cases. / 23,920. Deaths.

06. Pennsylvania:

1,104,166. Cases. / 25,735. Deaths.

07: Georgia:

1,081,629. Cases / 19,718. Deaths.

08. Ohio

1,050,112 Cases / 18,991. Deaths.

10. New Jersey*::

971,782. Cases. / 25,094. Deaths.

15. Massachusetts:

669,282. Cases. / 17,445. Deaths.

34. Connecticut:

329,062. Cases / 7,995. Deaths.



COVID19: DOS AND DON'TS.

***More than 3** Covid19 vaccines are available now nationwide. Find out how to get yours.

* Finally Vaccine has arrived in the US; and many parts of world, many of us got both the doses, or single dose in case of Jhonson & Jhonson's vaccine, still it will be a long time to Waite for most of us. Yet post vaccination results/effects are not known to the research/medico community fully. We are still in a Pandemic Period, also possible invasion of new 4 or more strains of UK, Brazil, South Africa, Coronavirus.

* Entering the Spring, and soon the summer, the number of cases are still on a higher side, yet to achieve the flat curve, world over most of us are just ignoring the pandemic do's & don'ts, particularly when we are with festivity mode in final days of 2020, so please take Extreme Care, Stay Safe & Stay Home. Yet not an easy time for every one!

* Corona is still around, & may remain lifelong! It's not as simple as viral flu. It's as dangerous as like a contest of survival of the fittest.

* Vaccine is available now, first to the frontline medico fraternity, patients in need, & nursing home/long term care facilities residents on a priority, but average person will have no easy access soon, so be careful & protect yourself & your loved ones for good. Mask, frequent hand wash with soap & social distancing only is the option for now* Must use Mask, even if you have taken Covid shots, Vaccine

is just protection, it's not a cure! Also wear Gloves, Sunglasses & the most important: keep safe distance, keep washing your hands frequently with soap or use reliable sanitizer either one at least for 30 seconds.

* In India nasal steam (Naas) is recommended by the Government authorities, Ayurvedic practitioners, & also is a traditional remedy, but the US CDC doesn't recommend it due to a probable risk to the brain.

* If you can, use Mouth Rinse, will help to boost your oral health.

* If you have young kids/minors attending the school or college, it's advised to put on the mask for everyone inside the home.

* We are passing through a tough time of Life & Death. Follow Social Distancing, but stay in for Social Contacts. If you know any one suffering with Corona, your nearer or dearer, call and talk to them frequently, we don't know whether they will return safely with us. Call other relatives/friends, at least ten persons a week. We are social & want to take care of those who are cut off due to Corona self-imposed lockdowns. Also keep busy yourself & family members with plenty of daily activities like yog, exercise & Stay Physically Fit, Pursue Your Hobby, Get Adequate, at least 6 to 8 hrs. Of Sleep, & Eat Healthy Balance Diet.

* Yet it's a long march to finish, no one knows when we will....!!!!

Take care, & Stay Safe.