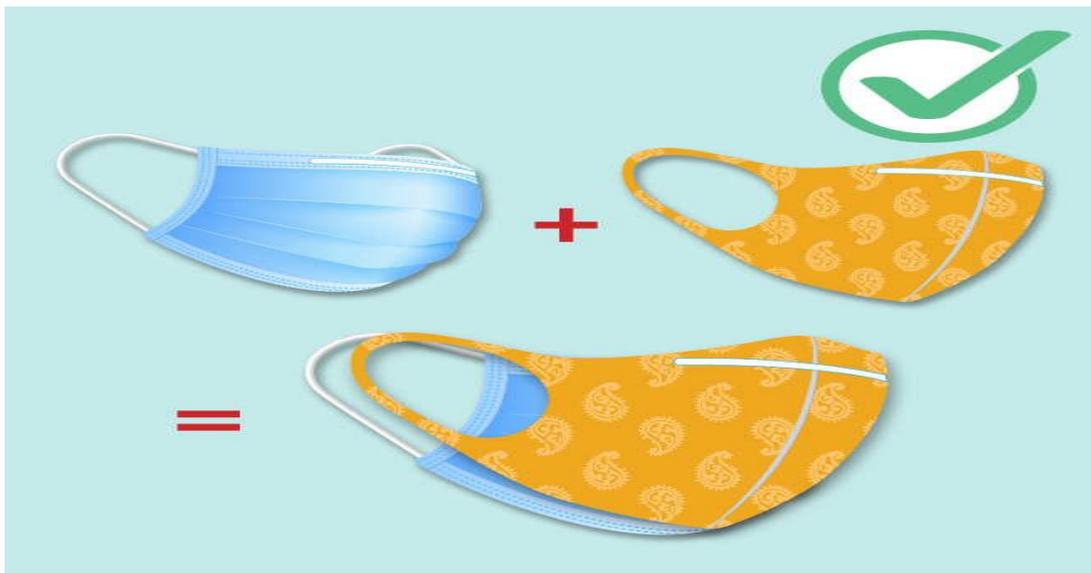


CORONAVIRUS NEWS BRIEF

**Compiled Periodically from various sources By:
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February 13, 2021- Saturday.



The US Centers for Disease Control and Prevention (CDC) has laid out five steps to keep in mind so that the mask you are wearing protects you effectively: Report on Next page.

The CDC Officially Recommends Double Masking: Here's How to Layer up Properly



One face mask might not cut it anymore; according to new research from the Centers of Disease Control and Prevention (CDC), you're better off with two. On Feb. 10, the CDC released research that found wearing cloth face coverings over surgical masks, as well as tying knots on the ear loops and tucking the sides of disposable masks, offers greater protection against COVID-19 than wearing a fabric covering or a poorly-fitted medical mask alone. Now, its national masking recommendations have been updated to match these findings.

We've known for months that face masks protect both the wearers and the people around them, and that multiple layers of tightly woven fabric offer greater protection than flimsier coverings made of loose or non-breathable material. But this is the first concrete data on double masking, and it backs up the practice that's already been in use by everyone from essential workers to high-profile politicians to Dr. Anthony Fauci.

As new, more contagious variants of the novel coronavirus spread across the United States, wearing a face mask correctly is crucial—and doubling up is more important than ever as we wait for a vaccine that's widely available. Here's what you should know.

Why is double masking more protective against COVID-19 than wearing one mask?

The CDC study tested common face coverings in a lab setting to see how well they block respiratory particles. Researchers simulated coughing and breathing between pairs of dummies with no masks, three-ply surgical masks, three-ply cloth masks, cloth masks layered over surgical masks, and surgical masks with tied ear loops and tucked sides. The results suggest that fit and filtration should be optimized in every mask.

When an infected dummy coughed, unknotted medical masks and solo cloth masks kept just 42% and 44% of particles from escaping into the air, respectively; double masking blocked 93%.

Exposure to droplets from an unmasked source was reduced by 65% with a knotted and tucked surgical mask and 83% with a double mask. When both dummies were wearing double or knotted and tucked surgical masks, droplet exposure dropped 96% from unmasked levels.

“Double masking adds an extra layer of filter, making it even more difficult for the drops of moisture ridden with the virus to get to you or to spread to others,” says Aline M. Holmes, D.N.P., R.N., a clinical associate professor at the Rutgers University School of Nursing. The same goes for creating a firm seal around the mouth, cheeks, and nose, which minimizes the amount of unfiltered air that is allowed to escape from (or into) your mask. When you go into a public space, you almost never know which you’ll be—the infected person or the exposed person. Better-fitting masks and layered masks work remarkably well in both situations, especially when combined with social distancing and hand-washing, the other major tenets of disease prevention.

“There are 3 big pieces that are important when it comes to properly masking: multiple layers, a good fit, & wearing a mask consistently,” says Christopher Sulmonte, MHA, project administrator at the Johns Hopkins Biocontainment Unit, which cares for patients with highly contagious diseases. “By utilizing these in tandem, in a balance, they can be really effective in reducing the spread of COVID19.”

Which types of face masks are most effective for double masking?

To properly double mask, simply layer a cloth face mask over a disposable surgical mask—this is the order that the CDC recommends in its updated guidelines. The CDC does not recommend wearing two disposable masks if one fits properly or layering a KN95 mask with any other type of covering, as these should suffice on their own.

The CDC’s updated masking guidelines also offer new information on what to look for in a mask. Here’s what to prioritize (or add) when picking a face covering:

Nose wire: That metal strip across the top of your mask allows you to create a tight seal around your nose, preventing unfiltered particles from escaping. Many masks have them already built in, but you can also order adhesive nose wires to attach to your favorite mask.

Multiple layers of fabric: Although the CDC still says that two-layer masks are fine, they used three-

layer masks in the study. To stay on the safer end, look for cloth and disposable masks with at least three layers of tightly woven, breathable fabric.

Mask fitter: To create a better fit, the CDC also recommends adding an external fitter or brace to any mask. They should wrap around the outside of your mask, not fit on the inside like mask brackets.

How can I make sure my mask fits properly?

You can tell if your mask has a poor fit or too few layers with a few simple tests. Sulmonte recommends holding your mask up to the sun to ensure that little to no light passes through. On a cold day, if you can see your breath extending more than an inch from your face, that’s a bad sign. And if you wear glasses and they fog up when you’re using your face covering, your breath is likely escaping from the top of your mask.

To improve the fit of a surgical covering, fold your mask in half lengthwise, then knot the ear loops as close as possible to the main part of the mask. After that, tuck the extra fabric below the knot on each side. (Watch detailed instructions here.)

Where and when should I double mask?

“Masking is not a one-size-fits-all approach,”

Sulmonte explains. It all depends on your exposure—if you’re in a space where social distancing is possible, especially outside, then your go-to mask might do the trick. But in a crowded, lengthy, or indoor situation, double masking is the way to go, as long as you’ll be able to freely breathe through your masks the entire time, he says.

Grocery stores, public transportation, and other high-traffic spaces are ideal for double masking. The same goes for people in high-risk settings, Dr. Holmes explains, like hospitals and nursing homes. But most of all, the experts we talked to stress that any mask is better than no mask. “If the option is no mask at all, we want you to wear something,” Sulmonte explains. So if you pull up to the grocery store and realize you forgot your double masking setup, don’t sweat it—just make sure you’re wearing at least one mask that fits well, and try to remember the other one next time.

Wearing two face masks doesn’t mean you can stop social distancing from people outside of your household or washing your hands thoroughly and frequently, either, says infectious disease expert Amesh A. Adalja, M.D., senior scholar at the Johns Hopkins Center for Health Security. “If you’re doubling up your mask and still engaging in risky behavior,” he says, “that’s not going to help you.”



**“Women have nothing to do during Corona Pandemic time”
Hearing/Reading this comment many times on various media, a 9th grade boy from
the state of Kerala, (India) created this painting. Appreciating his theme, Kerala
Government posts it on a cover page of a Textbook.**

Sight Saving Academy of India Inc.(USA). SSAI Year 2020 in Review

Report by: Snehal Parikh * www.stopblindness.org



New Jersey, USA based organization (SSAI) is a nonprofit organization working mainly for Diabetic patients and blindness, now working as a Corona Warrior institution. SSAI members devoted selfless dedication, consistent Seva, financial support, and commitment to the community during the entire year of 2020. While there have been incredible challenges for the nation and the world, SSAI team has done a phenomenal job in responding to the COVID19 pandemic and ensuring programs across all of the areas of responsibility have continued to have impact. Each day, the SSAI Team and their workers are now ready to protect the world from a minor health threat to a mega pandemic.

For the year 2020, SSAI spearheaded the following 9 initiatives:

1 First initiative is free meal distribution to frontline healthcare workers (12000).

2 Second initiative is free distribution and donation of mask, gloves, sanitizers, etc. (PPE) to frontline healthcare workers and hospitals during dire shortage (40000).

3 Third objective is matching plasma donors and recipients (24000 volunteers committed).

4 Fourth initiative is community education around coronavirus and chronic disease prevention & management, primarily including a monthly Monday meet up through SKN Foundation's South Asian Diabetes Center.

5 Fifth objective is providing COVID-19 resource information and patient navigation services for patients and their families who are affected by COVID-19. This included help with testing centers, referring patients to appropriate services, hospital admissions, and social support services.

6 Sixth objective is providing food supplies to vulnerable, unemployed and/or homeless communities. We partnered with various CBOs including Hindu Sewa Sangh, IBA, 3Rose Foundation, SKN Foundation, Wakeup Edison, Hands of Hope Food pantry, Middlesex County Food Bank, and New Jersey Building Blocks. To date, we have continued to provide more than 20,000 pounds of groceries.

7 Seventh objective is providing N 95 and cloth masks to vulnerable populations in India. For our sister clinics where we do eye health programs, we provided 15,000 masks for the patients at Muni Seva Ashram and we

donated 100 N95 masks to the frontline doctors who are serving in these rural areas. **8 Eighth initiative** was our Make a Child Smile Toy Drive. Partnering with River Comics, we collected over 100 Toys and collected \$1000 for Saint Peter's Children's Hospital and Saint Peter's Foundation for children who are hospitalized for serious conditions.

9 Finally, our most recent objective. This week, we have begun providing information and education about COVID19 vaccination. SSAI take the opportunity to thank all supporting organizations, media and respected community leaders which includes: SKN Foundation, South Asian Diabetes Center at Saint Peter's University Hospital, SVAJAN, United Rudra Foundation, Royal Rice, World Vegan Vision, River Comics, Helping Hearts, ISKCON, Seva Diwali, SVP Charities, Vadtaldham Temple, Building Blocks NJ, Spandana, Pooja Restaurant, Urban Tandoor, Rajbhog, Wakeup Edison, Tiranga News Paper, Akila News, Radio Mirchi, Radio Zindagi, EBC Radio, TV Asia, AVS TV, all the doctors and donors from our group, and

above all - all of, SSAI team and volunteers: Nitin Vyas, and Santhosh Shan for receiving exceptional service awards through this work, and a special recognition for now a renowned journalist, Kaushik Amin, for creating hundreds of comprehensive, daily Coronavirus-focused reports for our COVID Task Force group.

SSAI have received hundreds of thank you notes without a single piece of negative feedback. The impact is immeasurable. Chiefly, we thank you all as stewards of SSAI. This would not be possible without each of you.

SSAI is hopeful in many ways for the year 2021 – the beginning of a new year and a new decade.

But SSAI will still have a long way to go in our work to prevent diabetes, blindness, and now Coronavirus. SSAI Seva should be nonstop as this crisis continues.

Accordingly, SSAI is asking each of you to suggest at least one volunteer's name and contact information to join the SSAI mission. To fulfill our goals, we need to expand our volunteer base for the coming crisis months.



Coronavirus News from around the Globe.

* A COVID variant first detected in South Africa has been identified for the first time in Illinois, North Carolina & California this week, state health officials announced. The variant, known as B.1.351, seems to be more transmissible than the original, although there is no evidence that it causes more severe illness. It's now in 6 US states, which have reported more than a dozen cases in total.



*Despite the popular use of vitamin C and zinc to fight off or lessen the severity of viral colds and flu, the new study, published Friday in JAMA Network Open, found the two supplements were of no benefit to people isolating at home with Covid-19. In fact, the findings were so unimpressive that the study was stopped early.

*According to Dr. Fauci, expect the vaccine to be more widespread in the spring. "As we get into March & April, the number of available doses will allow for much more of a mass vaccination approach, which is really much more accelerated than what you're seeing," he explained. By then, production will be escalated with "pharmacies, community, vaccine centers, mobile units, really stepping up the pace of vaccination," he predicted. "So I believe we're on target. We are on target of what the President said, & hopefully as we get into the early spring, we'll have a much greater acceleration of dosage." "I would imagine by the time we get to April that will be what I would call for better wording, open season, virtually everybody, in anybody, in any category could start to get vaccinated from then on," he continued.

* President Biden said the US has struck deals to purchase 200m more Covid19 vaccine doses, following a pledge in January to boost the number of

shots available for Americans. Mr. Biden said in a speech at the National Institutes of Health in Bethesda, Md., that the US signed contracts with Pfizer Inc. & Moderna Inc. that require each company to provide an additional 100m vaccine doses. "We have to stay vigilant; we have to stay focused & for God's sake; we have to remember who we are. We are the United States of America. We can do this," the president said. The additional vaccines will bring the total number of doses ordered by the US from the two companies to 600m from 400m. The administration said in January that it was working on the purchases, which would provide enough supply to vaccinate 300m Americans in a two-dose regimen, covering all individuals in the US currently eligible to receive the vaccine. The vaccine hasn't been approved for people under 16 years old. The US also has supply contracts with other companies, including Johnson & Johnson, AstraZeneca PLC & Novavax Inc. to provide a combined 500m doses. These vaccines have not been cleared by regulators, although J&J's is currently under view for emergency use.

* Bharat Biotech has announced plans to start clinical trials for children in the 2–18-year age group for its Covid19 vaccine, Covaxin, by the end of this month or beginning of March, in a Nagpur children's hospital, pending an approval from the government. However, recruiting children for a clinical trial of a new vaccine could prove to be a major challenge, given the vaccine hesitancy among adults & parents. According to international rules, children under the age of 16 years can only be administered a vaccine made from inactivated virus, currently, only Covaxin fulfils that requirement as Covishield, made by Oxford University-AstraZeneca, is based on the chimpanzee adenovirus vector platform. Pfizer-BioNTech's vaccine, which wasn't granted emergency use authorization in India even for adults, is a mRNA-based vaccine, as is the one made by Moderna, with the former authorized by the US FDA for ages 16 years & above, while the latter's is authorized for those 18 & above. Pfizer, in fact, last month announced that it had completed the enrolment of 2,259 participants in the 12-15 year age group for clinical trials. Another reason why children may require a different vaccine than the one

given to adults is the impact of Covid19 on the pediatric population. While the impact of SARS-Cov-2 has been mild on children, they do constitute a high-risk group of carriers, both symptomatic and asymptomatic, which could increase risk of infection among the adults, especially the vulnerable demographics. Also, none of the clinical trials conducted by the vaccine makers across the world have included children among their volunteers. And while Covid19 has been mild on most kids, some have developed Multisystem Inflammatory Syndrome, Children (MIS-C), which is a serious condition that leads to severe inflammation of key organs and tissues, such as the heart, lungs, blood vessels, kidneys, digestive system, brain, skin or eyes.

* The Chinese government has authorized the COVID-19 vaccine developed by Sinovac Biotech for general public use, the company said Saturday. Sinovac's jab, which requires a two-dose regimen, will be the second coronavirus vaccine approved in China. The green light is based on results from two months' worth of late-stage trials in Brazil, Turkey, Indonesia, and Chile, although Sinovac said final analysis data is not yet available and more confirmation on safety results is needed. The trial results, which were light on details, varied fairly significantly from country to country — the vaccine was found to be just over 50 percent effective in Brazil, 91 percent in Turkey (that figure is based on a preliminary analysis of just 29 cases), and 65 percent in Indonesia. In Brazil, however, the vaccine appeared more effective at preventing COVID-19 infections that required medical attention, registering a nearly 84 percent rate in that category, and 100 percent effective against hospitalization.

* The World Health Organization mission, seeking to uncover the origins of the coronavirus in Wuhan, China, wrapped up its investigation into its origins, without identifying the source. Read it did not tell us much we did not already know about the origins of the pandemic. Confirmed: However, it ruled out the lab-leak theory propagated by former US President Donald Trump. "The laboratory incident hypothesis is extremely unlikely," said Peter Ben Embarek, a WHO specialist in animal diseases leading the independent group of experts. He added it "is not in the hypotheses that we will suggest for future studies". Unconfirmed: Per the experts, the disease originated in bats and could have been transmitted to

humans via another mammal. Ben Embarek said identifying the animal pathway remains a "work in progress", adding the absence of bats in the Wuhan area dimmed the likelihood of direct transmission. It was "most likely" to have come from an intermediary species, he said, before backing up China's position that there was no evidence of "large outbreaks in Wuhan" before December 2019, when the first official cases have been recorded. Liang Wannian, head of the China side of the joint mission, said animal transmission remained the likely route, but "the reservoir hosts remain to be identified". Liang said studies showed the virus could be "carried long-distance on cold chain products", appearing to nudge towards the possible importation of the virus, a theory that has abounded in China in recent months.

* Students as young as first grade might be able to get vaccinated against COVID19 by September, White House chief medical adviser Dr. Anthony Fauci predicted. Fauci cited clinical trials now underway in the US. from vaccine developers Pfizer & Moderna to test the safety & efficacy of the doses in children. He had said previousl, that the FDA might allow for vaccinations in American children "by the time we get to the late spring & early summer." So far, except for a handful of errors, the nationwide vaccine rollout has not included children.

* The Covax initiative, which aims to promote equity in vaccine access through securing inoculations for lower & middle-income countries, released its first distribution list, with 145 countries expected to begin receiving doses later this month. The goal is to deliver 337.2m doses by the end of June: 336m from AstraZeneca & 1.2m from Pfizer-BioNTech. Countries will receive doses proportional to their populations. By the end of June, 3.3% of the 145 countries' citizens are expected to be vaccinated. The plan is unbinding, & is part of a larger goal to deliver 2Bn doses by the end of the year, an unlikely reality given funding challenges the initiative has faced, including a lack of US support when the US President Trump pulled the country out of the WHO. Almost 90m doses will go to African countries, which have lamented limited access as other continents have begun vaccination campaigns. The African Union has negotiated an additional 670m doses for the next 2 years, which it will deliver to member nations as they secure funding. A few wealthy countries' acceptance of Covax vaccines has

raised eyebrows, including Canada, New Zealand, Saudi Arabia, & Singapore. Despite claiming to have no cases, North Korea will also accept shots from the program. India is likely to receive 97.16m doses of Covishield from Serum Institute of India via the Covax facility.

* South Africa on Sunday halted use of the AstraZeneca-Oxford coronavirus vaccine. The decision came after clinical-trial data indicated that the vaccine did not prevent mild or moderate COVID19 in patients infected with a highly contagious virus variant first detected in South Africa. Pfizer & Moderna have said that preliminary studies suggested their vaccines were less effective against the variant, B.1.351. Novavax & Johnson & Johnson vaccines also appeared less effective with clinical trial participants in South Africa than in the US. "These results are very much a reality check," said Shabir Madhi, a virologist at University of the Witwatersrand who ran the AstraZeneca-Oxford vaccine trial in South Africa.

* A recent survey by the UK's National Health System found that 40% of participants reported at least one effect after receiving the Pfizer-BioNTech vaccine. The most common was a "local" effect of pain or swelling at the injection site. Fewer reported whole-body effects like fever, chills or aches. Notably, the chance of experiencing one of these effects increases on the second dose. It seems like the follow-up shot tends to trigger a much stronger immune response. The NHS survey was conducted via a symptom-tracking app as the Pfizer vaccine began rolling out in Britain. Results from the Pfizer clinical trial were higher: 77% experienced one of those full-body effects within seven days of getting the shot. By those numbers, a lot of people who receive the vaccine won't experience any unwanted effects at all. But we still know it's working. As the NHS study said: "Your immune system will still be learning to respond to the virus, it's just not making a fuss about it." The efficacy of the vaccines in trial was around 95%. If the vaccine wasn't working for people who didn't experience an after effect, the pharma companies would have reported a much, much lower efficacy. The University of California at Davis Medical

Center adds: "Everyone reacts a little differently to every vaccine," the UC Davis experts wrote. "For some people, their reaction is no reaction. But your immune response is still building and the vaccine is still working."

* India has become the 3rd topmost country in the world after the US & the UK in terms of coverage in Covid19 vaccination among the population. The country has vaccinated nearly 6m of its population so far. "As on 7th February, 2021, till 8am, total of 57.75 lakh (57,75,322) beneficiaries have received the Covid19 vaccine under the countrywide vaccination exercise. The cumulative vaccination coverage includes 53,04,546 healthcare workers and 4,70,776 frontline workers. A day ago, 55% healthcare workers & nearly 5% frontline workers have been vaccinated in the country till Saturday. 13 states have covered more than 60% of its healthcare workers in the vaccination drive. These states include Bihar (76.6%), Madhya Pradesh (76.1%), Tripura (76%), Uttarakhand (71.5%), Mizoram (69.7%), Uttar Pradesh (69%), Kerala (68.1%), Odisha (67.6%), Rajasthan (67.3%), Himachal Pradesh (66.8%), Lakshadweep (64.5%), Andaman & Nicobar Islands (62.9%) & Chhattisgarh (60.5%). However, it also added that 12 states fared poorly in terms of vaccinating their healthcare workers, including Delhi which has only covered 37.1% of them. The least on the chart is Puducherry which has vaccinated only 13.1% of its healthcare workers. The inoculation exercise to administer the first dose of Covid vaccines of started with the healthcare workers first from January 16, whereas the frontline workers started receiving vaccine from February 02. The 2nd dose of Covid vaccines would be provided February 13 onwards. In view of it, the Centre has directed all states & union territories to complete the administration of the first dose of vaccines to their healthcare workers by February 20 & conclude mop-up round by February 25. It also directed them to push beneficiaries count beyond the daily target of 100 per session.

* Nearly a month after India started its vaccination drive; there is still no clarity if the vaccines can be administered to immunocompromised people & patients on blood thinners. This could mean a large section of the people with comorbidities such as diabetes, hypertension and heart disease, who are among the priority groups to be vaccinated in the next phase of the inoculation drive, cannot be given the vaccines, until there is some clarity on the issue.

The Covaxin factsheet states that people who are on blood thinners or those with bleeding disorders cannot take the vaccine. The factsheet for Covishield asks people on blood thinners to inform their physicians before taking the vaccine. Both Bharat Biotech which manufactures Covaxin, & Serum Institute, which manufactures Covishield, have approached Drug Controller General of India for these points in their factsheet to be revised. Bharat Biotech has been asked by the subject expert committee (SEC) under the drug regulator to prepare supporting guidance clarifying use for those on blood thinners or anti-coagulants. Earlier ICMR director general Baram Bhargava had said that both Covishield & Covaxin were safe to be given to people on blood thinners.

* About 40% of the nation's coronavirus deaths could have been prevented if the US' average death rate matched other industrialized nations, a new Lancet Commission report has found. Commission co-chairs Dr. Steffie Woolhandler & Dr. David Himmelstein, professors at the City University of New York's Hunter College & longtime advocates for a single-payer health system such as "Medicare for All," said the report, published Thursday, underscores decades of health, economic & social policies that have accelerated the nation's disparities. The report found U.S. life expectancy began trailing other industrialized nations four decades ago. In 2018, two years before the pandemic, the report said 461,000 fewer Americans would have died if U.S. mortality rates matched other Group of Seven nations: Canada, France, Germany, Italy, Japan and the United Kingdom.

* Airlines are starting to promote a new perk to bring passengers back nearly a year after the pandemic started: vaccinated pilots & flight attendants. On Wednesday, Etihad Airways announced it was "the first airline in the world with 100% vaccinated crew on board." Not to be outdone, Singapore Airlines Group said its three carriers, Singapore Airlines, SilkAir & Scoot, on Thursday would be among the first airlines in the world to operate flights with all pilots and cabin crew vaccinated. The CEO of United Airlines said last month that he wants to make the vaccine mandatory for employees, which the airline is still considering. Airline and aviation workers in the United States have asked to be given priority for vaccinations. Some countries are letting fully vaccinated visitors

avoid entry requirements such as quarantines, & the CDC said Wednesday that people who have been fully vaccinated don't have to quarantine after they've been exposed to someone with the virus. But infectious-disease specialists say even vaccinated people should still limit travel to essential trips and use precautions like wearing masks & keeping a distance. It's still not clear if people who have been inoculated can transmit the virus, even if they are protected against getting sick. "You still need to reduce your risk until the majority of the population is protected," Jessica Malaty Rivera, an epidemiologist with the COVID Tracking Project, told.

* Not long after the first wave of COVID19 infections hit, doctors all around the world began to notice something strange, a host of lingering effects persisting in patients, long after they appeared to have otherwise recovered from the virus. These unusual neurological symptoms, encompassing fatigue, memory loss, confusion, & other abnormalities, are sometimes known as 'brain fog' or 'COVID brain', & new research may have identified an underlying cause of the condition. "We were initially approached by our colleagues in critical care medicine who had observed severe delirium in many patients who were hospitalized with COVID19," says neuro-oncologist Jessica Wilcox from the Memorial Sloan Kettering Cancer Centre (MSK) in New York. "That meeting turned into a tremendous collaboration between neurology, critical care, microbiology, & neuroradiology to learn what was going on and to see how we could better help our patients." As part of the new study, Wilcox & fellow researchers screened the cerebrospinal fluid of 18 cancer patients who were experiencing neurological dysfunction (aka encephalopathy) after having been infected with the SARS-CoV-2 virus. Initially, it was suspected that an ongoing viral infection might be the cause of their brain fog symptoms, but microbiological analysis of fluid taken in spinal taps did not reveal any sign of the virus, suggesting the patients had recovered from COVID19. Nonetheless, the search did turn up an important clue as to what was going on. "We found that these patients had persistent inflammation and high levels of cytokines in their cerebrospinal fluid, which explained the symptoms they were having," explains MSK researcher & co-first author of the study, Jan Remsik. Cytokines are a broad category of proteins that are involved with signaling in the immune

system. In some cases of coronavirus, an over-production of these molecules results in what's known as a cytokine storm, which can cause excessive inflammation and is potentially deadly. A similar phenomenon showing high levels of inflammatory cytokines is sometimes seen as a side effect of chimeric antibody receptor (CAR) T cell therapy, an immunotherapy treatment, which can also produce confusion, delirium, and other neurological effects that bear a resemblance to COVID brain fog. The thinking is that the flood of these inflammatory chemicals in the immune system seeps into the brain, producing symptoms of encephalopathy as seen in patients. While this is the largest study to date to demonstrate this potential link between COVID19 & post-infection neurological effects, we'll need a lot more data to untangle this association. That said, the findings here suggest anti-inflammatory drugs might be helpful in mitigating brain fog in patients, and could highlight new directions in terms of diagnosing this strange, lingering malaise. "We used to think that the nervous system was an immune-privileged organ, meaning that it didn't have any kind of relationship at all with the immune system," MSK neuro-oncologist Adrienne Boire explains. "But the more we look, the more we find connections between the two." The findings are reported in Cancer Cell.

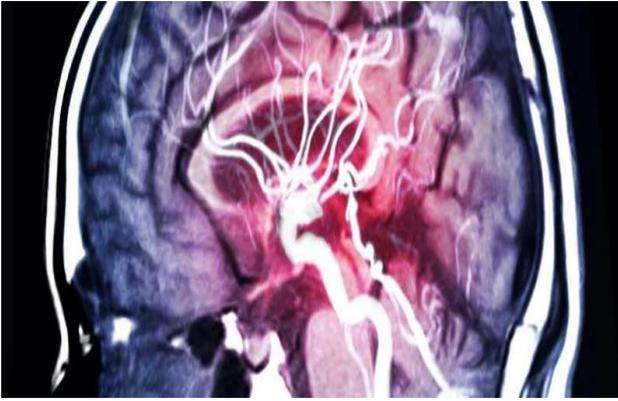
* A variant of the coronavirus that first emerged in the UK has since been identified in over 80 countries. It could become the dominant form of the virus worldwide, according to the head of the UK's virus surveillance program. "The new variant has swept the country and it's going to sweep the world, in all probability," Professor Sharon Peacock, director of the Covid19 Genomics UK Consortium, said.

* Alex Gorsky, the CEO of Johnson & Johnson, has said that people may need an annual Covid19 shot for many years to come in order to be protected against variants of the virus. "Unfortunately, as [the virus] spreads it can also mutate, every time it mutates, it's almost like another clicks of the dial so to speak where we can see another variant, another mutation that can have an impact on its ability to fend off antibodies or to have a different kind of response not only to a therapeutic but also to a vaccine." The South African variant of the virus has paused a planned rollout of AstraZeneca's vaccines after data showed it gave minimal protection against

mild. Other vaccines developed by Novavax, Pfizer-BioNTech and Johnson & Johnson also appear to be less effective against the strain first identified in South Africa, although they may prevent severe disease. WHO director-general Tedros Adhanom Ghebreyesus said the emergence of new Covid variants has raised questions about whether or not existing vaccines will work, calling it "concerning news" that the vaccines developed so far may be less effective against the variant first detected in South Africa. Public health officials and infectious disease experts have said there is a high likelihood that Covid will become an endemic disease, meaning it will become present in communities at all times, though likely at lower levels than it is now. Health officials will have to continuously watch for new variants of the virus, so scientists can produce vaccines to fight them.

* Members of President Biden's COVID19 team are telling officials the US may not achieve COVID19 herd immunity until Thanksgiving or early winter, two senior administration officials tells. Vaccine distribution is lagging across the US & uncertainty surrounds whether the shots are reaching underserved populations. And while the Moderna & Pfizer vaccines are still effective against identified coronavirus variants, evidence suggests they may be less so, raising concerns among scientists over how well the vaccines will work against still forthcoming strains. The reported warning comes after Biden indicated earlier this week that it'll be "very difficult" to reach herd immunity before the end of the summer with the current vaccine distribution rate of 1.5m shots given each day.

* The world's second-oldest person, 116-year-old French nun Sister Andre, has survived COVID19. Sister Andre, whose birth name is Lucile Randon, reportedly now is looking forward to celebrating her 117th birthday on Thursday. She tested positive for the coronavirus in mid-January but is now considered fully recovered. "I didn't even realize I had it," she told the French newspaper Var-Matin. Sister Andre is blind & uses a wheelchair. She reportedly never expressed concern about her diagnosis. "She wanted to know if meal or bedtime schedules would change. She showed no fear of the disease," said David Tavella, the communications manager for the care home where Sister Andre lives. "On the other hand, she was very concerned about the other residents."



* People with dementia were twice as likely to get infected with the coronavirus, a new study conducted in the US shows. Their risk could not be entirely explained by characteristics common to people with dementia that are known risk factors for Covid19: old age, living in a nursing home & having

conditions like obesity, asthma, diabetes & cardiovascular disease. Led by researchers at Case Western Reserve University, the study analyzed electronic health records of 61.9m people, aged 18 & older, from Feb. 1 through Aug. 21, 2020. The data was collected by IBM Watson Health Explorys from 360 hospitals & 317,000 healthcare providers across the US. Of 15,770 patients with Covid19 in the records analyzed, 810 had dementia. When adjusted for general demographic factors, age, sex & race, they found that people with dementia had more than 3 times the risk of getting Covid19. When adjusted for risk factors like nursing home residency & underlying physical conditions, people with dementia were still twice as likely to become infected.

* Schools across the U.S. can be reopened safely amid the COVID-19 pandemic while following newly released "operational strategy" guidelines, the Centers for Disease Control and Prevention said Friday. The "roadmap" for reopening schools shuttered for public health includes guidance on masking, physical distancing measures, and cleaning. It urges states to prioritize vaccinations for teachers, but says reopenings can happen safely even without a fully vaccinated staff. "There is nothing in this guidance that is a mandate for schools to open, and nor is there anything in this guidance that is a mandate for schools to close," said CDC director Dr. Rochelle Walensky. President Biden has promised to

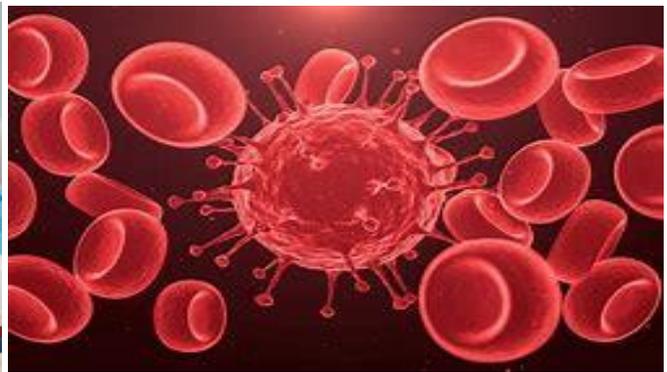
get most schools back to in-person instruction within his first 100 days in office. Teachers unions appeared to respond positively to the proposal.

* In a statement Friday night, White House spokesman Kevin Munoz said President Biden has ruled out requiring COVID-19 testing for all passengers on domestic flights for now. The idea of showing proof of a negative test before boarding a flight had been floated by Transportation Secretary Pete Buttigieg and Centers for Disease Control and Prevention Director Rochelle Walensky earlier this week, but both the White House and the CDC said Friday that the current rules — which include required masking on all public transportation, and pre-departure testing and quarantining for inbound international travelers — will remain in tact. Airlines opposed a potential mandate, and the heads of several major U.S. carriers met with White House officials Friday. The sides had what Nicholas Calio, CEO of Airlines for America, described as a "very positive, constructive conversation."

* The White House is calling on China to release all the data it has pertaining to the origins of the COVID-19 outbreak amid reports the Chinese government has refused to turn over key information to World Health Organization (WHO) investigators.

* In a statement on Saturday morning, national security adviser Jake Sullivan said he has "deep concerns" about reports Chinese officials refused to cooperate with a WHO investigation into how the virus began and spread. "We have deep concerns about the way in which the early findings of the COVID-19 investigation were communicated and questions about the process used to reach them," Sullivan said. "It is imperative that this report be independent, with expert findings free from intervention or alteration by the Chinese government. To better understand this pandemic and prepare for the next one, China must make available its data from the earliest days of the outbreak." WHO officials spent several weeks in China over the course of January and February investigating the origins of the coronavirus.

Is Your Blood Type Raising Your Risk of COVID19?



As you're likely aware, the first cases of the now seemingly ubiquitous Covid-19 virus appeared in Wuhan, China. Throughout several months, the virus consumed the city and the entire Hubei province, killing over 3,000 people and urging a complete lockdown. As tragic as the reality of Wuhan is, it is there that scientists have learned much about the virus - its symptoms and behavior, which ultimately helped other countries prepare to face the dangerous virus.

Recently, researchers from the Southern University of Science and Technology in Shenzhen, China, published a preprint article online suggesting they may have found another piece of the puzzle, a piece that can help isolate those who are at a greater risk of developing a severe form of COVID-19, and that piece is blood type. The article made quite a lot of buzz online, and we'll examine what it does and doesn't tell you about the link between blood type and the Coronavirus.

How Is COVID19 Correlated with Blood Types?

The study examined a total of 2,173 people hospitalized due to a SARS-CoV-2 infection in Wuhan and Shenzhen, focusing on the blood type distribution of the patients. The researchers then compared the data with the distribution of blood types in Wuhan in the general population. The results revealed people with type A blood were hospitalized with COVID19 more, and also that patients with blood type O were significantly less likely to be hospitalized due to the Coronavirus. No difference between the patients and the general population was found for B and AB blood types. As a result, the researchers concluded that those with blood type A are at a higher risk of developing a serious case of COVID19, and people with blood type O are somewhat less likely to catch it and suffer its more serious symptoms.

Reservations about the Study.

Keep in mind that the study only focused on those patients who were severely affected by the virus and required hospitalization, so the findings CANNOT confidently say that individuals with blood type A are more likely to get the disease and that those who have type O blood are somehow immune to the disease.

Another serious drawback of the study is that it only looked at the hospitalizations in Wuhan and Shenzhen - a very isolated population, and it would certainly be necessary to confirm that the same blood type patterns can also be found in populations across other geographical areas throughout the world.

While this is an interesting study in general, you shouldn't take the correlation between blood type and Coronavirus risks at face value, at least not for now. As Sakthi Vaiyapuri, associate professor of cardiovascular and venom pharmacology at the University of Reading in the UK, pointed out in an interview with Medical News Today, "Without establishing causal links between [the coronavirus] and ABO blood group antigens, it's difficult to understand this conclusion, which might be purely coincidental. Importantly, people should not panic about these results, as, clearly, further scientific research is required to substantiate these claims." To sum everything up, as of now, at the end of March 2020, there is no certain causal link between blood type and the likelihood of developing complications as a result of a SARS-CoV-2 infection or being less likely to do so. Medical experts and epidemiologists maintain that we should all still follow the local quarantine rules in your area, maintain social distancing and proper hygiene.



Want to travel after getting vaccinated? Precautions are still needed, experts say.

To date, at least [33.2 million people](#) in the United States have received one or both doses of a [coronavirus](#) vaccine since the start of distribution in December. But health experts stress that the vaccine is not a get-out-of-pandemic-free card — for travelers or anyone else.

Because we don't know the full scale of the spread of new coronavirus variants and still have unanswered questions about vaccines, Jessica Malaty Rivera, an epidemiologist with the [COVID Tracking Project](#), said even vaccinated Americans need to remain vigilant about their public health mitigation efforts. To that end, she recommends that travel still be limited to essential trips.

For vaccinated people who do choose to travel, Rivera urges that they choose trips wisely and use mitigation strategies to protect themselves and others. While renting an RV and driving to the mountains might be safe, for example, she recommends avoiding high-risk activities such as flying, traveling to crowded places, and gathering with anyone outside of one's household.

"You still need to reduce your risk until the majority of the population is protected," Rivera said.

Six spring break trip ideas, graded from risky to safe
The United States is, after all, only now coming down from its highest caseload peak, said Crystal Watson, a senior scholar at the Johns Hopkins Center for Health Security.

"We're not anywhere near to a place where we can control the spread of the virus," Watson said. "So it is unfortunately not the best time to relax our guard on the personal mitigation measures we've been taking, like distancing and masking and just trying to avoid crowds."

That advice applies to everyone, including those who have been vaccinated and [those who have recovered from covid-19](#). And while you can feel more personally protected while traveling once you have been vaccinated, the science is still out on whether the vaccine will stop you from spreading the coronavirus to others.

That means that if you're not vigilant after being vaccinated, you could be increasing the risk for people you're traveling to see, others who live in the place you're traveling to, and people in your community once you return home.

You asked: Can we go to Europe for our honeymoon this summer?

Watson said scientists are hoping to get more data from the vaccine companies on the issue of asymptomatic coronavirus transmission or infection soon.

Saskia Popescu, an infectious-disease epidemiologist and infection preventionist at George Mason University, has been acutely aware of the risks when traveling for work during the pandemic.

"I'm fully vaccinated, and I still take every single precaution with my traveling," Popescu said. "The thing is, even as we learn more about vaccines and asymptomatic infection, it's also that it's 95 percent effective, so there's still a 5 percent chance [of getting covid-19]."

Submit your travel questions to [By The Way](#) here, and stay tuned for advice.

Popescu said she believes strongly that continuing to wear a mask is not only about protecting herself and others, but also about tacitly encouraging others to continue wearing theirs while many remain at risk.

COVID19: Weekly Update.

The numbers below are from
Saturday 0
02-13-2021 12pm US East coast Time..
Compiled Periodically By:

Kaushik Amin, USA.

201-936-4927/Kaushikamin@hotmail.com

Details are compiled from various sources.

Please note: There are many times likely false data & variations in data most of the time, so, please use the data wisely.

Marked "*" are not reliable data.

World:

108,872,575. Cases. / 2,397,820. Deaths.

Recovered till today:

80,911,872.

01. U.S. A.:

28,111,899. Cases. / 492,663. Deaths.

02. India* : (???)

10,894,638. Cases. / 155,609. Deaths.

03. Brazil:

9,765,694. Cases. / 237,601. Deaths.

05. UK:

4,027,106. Cases. / 116,908. Deaths.

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

263,234. (???) Cases. / 4,400. Deaths.

USA States:

01. California:

3,457,214. Cases. / 46,379. Deaths.

02. Texas*:

2,560,113. Cases. / 41,137. Deaths.

03. Florida:

1,814,422. Cases / 28,565. Deaths.

04. New York*.::

1,559,309. Cases / 45,807. Deaths.

05. Illinois:

1,158,431. Cases. / 22,027. Deaths.

06. Georgia:

958,485. Cases. / 15,708. Deaths.

07. Ohio:

914,742. Cases. / 15,136. Deaths.

08. Pennsylvania

893,359. Cases / 232,062. Deaths.

12. New Jersey*.::

740,062. Cases. / 22,393. Deaths.

16. Massachusetts:

553,812. Cases. / 15,358. Deaths.

34. Connecticut:

267,337. Cases / 7,381. Deaths.



COVID19: DOS AND DON'TS.

* Covid19 vaccines are rolling out to cities nationwide. Find out how to get yours.

* Finally Vaccine has arrived in the US; still it will be a long time to Wait for most of us. Yet post vaccination results/effects are not known to the research/medico community fully. We are in a Pandemic Period, also possible invasion of new 2 strains of UK Coronavirus. Entering the winter, the number of cases are still on a higher side, also, 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.