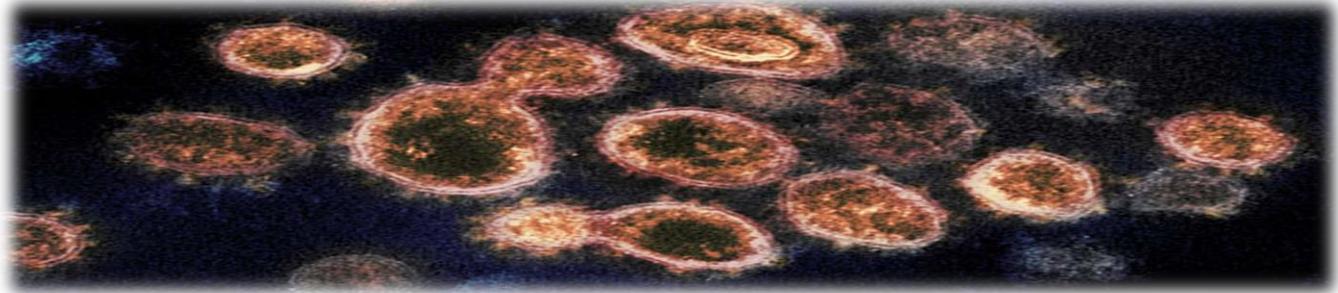


CORONAVIRUS NEWS BRIEF



Over the past 20 years, people have faced a series of outbreaks caused by coronaviruses, including SARS, MERS, and Covid-19. But humans may have faced the disease millennia ago, new research suggests.

Compiled Periodically from various sources By:

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Ringing an alarm over the need to avoid large gatherings and maintain Covid-appropriate behavior, the Centre has identified the Delta+ variant of SARS-CoV-2 as a "variant of concern".

(Report on Page# 2)

June 'national month of action' for COVID-19 vaccinations.

Delta Covid variant has a new mutation called 'delta plus': Here's what you need to know



People queue outside a vaccination center in Sydney on June 24, 2021, as residents were largely banned from leaving the city to stop a growing outbreak of the highly contagious Delta Covid-19 variant spreading to other regions.

* *The "delta variant" has come to dominate headlines, having been discovered in India where it provoked an extreme surge in Covid cases before spreading around the world, with cases now rapidly rising in the U.S.*

* *But now a mutation of that variant has emerged, called "delta plus," which is starting to worry global experts.*

The "delta variant" has come to dominate headlines, having been discovered in India where it provoked an extreme surge in Covid-19 cases before spreading around the world.

But now a mutation of that variant has emerged, called "delta plus," which is starting to worry global experts.

India has dubbed delta plus a "variant of concern," and there are fears that it could potentially be more transmissible. In the UK, Public Health England noted in its last summary that routine scanning of Covid cases in the country (where the delta variant is now responsible for the bulk of new infections) has found almost 40 cases of the newer variant, which has acquired the spike protein mutation K417N, i.e. delta plus.

It noted that, as of June 16, cases of the delta plus variant had also been identified in the U.S. (83 cases at the time the report was published last Friday) as well as Canada, India, Japan, Nepal, Poland, Portugal, Russia, Switzerland and Turkey.

India third wave?

As is common with all viruses, the coronavirus has mutated repeatedly since it emerged in China in late 2019. There have been a handful of variants that have emerged over the course of the pandemic that have

changed the virus's transmissibility, risk profile and even symptoms. Ringing an alarm over the need to avoid large gatherings and maintain Covid-appropriate behaviour, the Centre has identified the Delta+ variant of SARS-CoV-2 as a "variant of concern".

Per TOI, twenty one people in Maharashtra have been infected by the Delta+ variant of SARS-CoV-2. And some of these cases were detected as early as April. But their genome sequencing results arrived only last week, putting the spotlight again on the long turnaround between actual infection and analysis. There are six more Delta+ cases from Kerala's Palakkad and Pathanamthitta and Madhya Pradesh's Bhopal and Shivpuri districts.

The detection of the variant in areas that have seen persistent and stubborn infection is seen as a cause of concern as mutations tend to emerge in areas where the virus has entrenched presence and higher positivity rates. The states were also advised to ensure adequate samples of positive persons are promptly sent to the designated laboratories of INSACOG so that clinical epidemiological correlations, linking the variant to transmission, can be made for further guidance to be provided to states.

The Delta+ variant was detected in India during genome sequencing of samples by INSACOG, which has so far sequenced 45,000 samples. It emerged as the primary variant of concern after the decline of the Alpha variant.

India aside, the Delta+ variant has been found in nine other countries including the US, UK, Portugal, Switzerland, Japan, Poland, Nepal, China and Russia.

Many experts fear that the new variant could be more dangerous and spread faster to potentially trigger a third wave. Health secretary Rajesh Bhushan said studies to assess the transmissibility of Delta+ variant are going on. "Any variant's transmissibility and virulence decides whether it is a variant of concern or interest," he added.

The fast-spreading delta Covid variant could have different symptoms.

The Covid-19 delta variant originally discovered in India is now spreading around the world, becoming the dominant strain in some countries, such as the UK, and likely to become so in others, like the US. The World Health Organization said the variant had been detected in more than 80 countries and it continues to mutate as it spreads. The variant now makes up 10% of all new

cases in the United States, up from 6% last week. Studies have shown the variant is even more transmissible than other variants.

Scientists have warned that the data suggests the delta variant is around 60% more transmissible than the “alpha” variant (previously known as the U.K. or Kent variant which was itself a much more transmissible than the original version of the virus) and is more likely to lead to hospitalizations, as has been seen in countries like the UK. WHO officials said Wednesday there were reports that the delta variant also causes more severe symptoms, but that more research is needed to confirm those conclusions.

Still, there are signs that the delta variant could provoke different symptoms than the ones we've been advised to look out for when it comes to Covid-19.

What to watch out for?: Throughout the pandemic, governments around the world have warned that the main symptoms of Covid-19 are a fever, persistent cough and loss of taste or smell with some domestic variations and additions as we've learned more about the virus.

The CDC's updated list of symptoms, for example, includes fatigue, muscle or body aches, headache, a sore throat, congestion or runny nose, nausea or vomiting and diarrhea as possible symptoms of infection. There are of course the millions of people who have had Covid-19 with no symptoms at all with the extent of asymptomatic transmission still being investigated by scientists.

But the delta variant appears to be provoking a different range of symptoms, according to experts.

A study of over a million people in England within the REACT study (which tracks community transmission of the virus in England) that was carried out between June 2020 and January 2021, and hence over a period of time in which the alpha variant spread and became dominant, revealed additional symptoms that were linked with having the coronavirus including chills, loss of appetite, headache and muscle aches, in addition to the ‘classic’ symptoms.

Variant of concern: This week the delta variant was re-classified as a “variant of concern” by the Centers for Disease Control and Prevention “based on mounting evidence that the delta variant spreads more easily and causes more severe cases when compared to other variants, including B.1.1.7 (Alpha).” Dr. Scott Gottlieb, a former FDA commissioner, said the delta variant will likely become the dominant strain in the US and could “spike a new epidemic heading into fall. In the U.K., where the delta variant is now responsible for the bulk of new infections, cases have spiked

among young people and the unvaccinated, leading to a rise in hospitalizations in those cohorts. The spread of the variant has also prompted the U.K. to delay further loosening of Covid-19 restrictions.

It's hoped that Covid-19 vaccination programs can stop the wild spread of the delta variant and so the race is on to protect younger people who might not be fully vaccinated. Analysis from Public Health England released on Monday showed that two doses of the Pfizer-BioNTech or the Oxford-AstraZeneca Covid-19 vaccines are highly effective against hospitalization from the delta variant. The UK's situation shows how quickly the delta variant can quickly become dominant and the U.S. is certainly watching on with concern.

Remarking on how rapidly the delta variant has become dominant in the U.K., Dr. Anthony Fauci, chief medical advisor to the president, noted last week that “we cannot let that happen in the United States,” as he pushed to get more people vaccinated, especially young adults.

The latest study on the spread of the virus in England alone does nothing to allay the concerns of experts. The REACT study's latest findings, published on Thursday, warned that cases were rising “exponentially” and said the “resurgence” of Covid-19 infections in England was “associated with increased frequency of Delta variant.”

The study estimated that roughly 1 in 670 have the virus, a sharp increase compared to the study's previous findings, when 1 in 1,000 people had the virus as of May 3. The findings were published Thursday and are based on almost 110,000 home swab tests taken between May 20 & June 7. Led by Imperial College London, the scientists estimate that the reproduction number is now 1.44 in England, meaning 10 infected people would pass the virus on to 14 others on average, “resulting in fast growth of the epidemic.” Professor Paul Elliott, director of the REACT program from Imperial's School of Public Health, said “we found strong evidence for exponential growth in infection from late May to early June ... These data coincide with the Delta variant becoming dominant and show the importance of continuing to monitor infection rates and variants of concern in the community.”

Most infections are happening in children and young adults, but they are rising in older people too, the study found. While it had found that the link between infections, hospitalizations and deaths had been weakening since February, suggesting infections were leading to fewer hospital admissions and deaths due to the vaccination program, since late April, the trend has been reversing for hospitalizations.

NEW YORK DEBUTS NATION'S FIRST VACCINE PASSPORT

The state hopes that this digital innovation will set a precedent for reopening venues.

BY RACHEL CHANG



Consider it a fast pass of sorts: A safe and efficient way to return to Broadway theaters, concert halls, sporting arenas, and other big group settings by simply presenting a QR code as proof of either full COVID-19 vaccination or a recent negative test. That's the idea behind New York's Excelsior Pass, which launched last Friday, making it the first state to debut a COVID-19 vaccine passport.

The Excelsior Pass allows New Yorkers to upload their official results, from a number of different vaccination sites and labs, into the system to verify that the person holding the pass meets the standards to enter a venue for mass gatherings. Ticket takers, bouncers, and more can then easily check attendees in, without having to look through printed documents and other apps to see whether someone's negative lab test results are from the last 72 hours or if it's been two weeks since the final vaccination dose was given.

By being the first to roll out a digital proof program, state officials told Condé Nast Traveler in a call, they hope to both set a precedent for the rest of the country, as well as lead the way in reopening venues that require people to co-mingle, a crucial aspect of restarting the economy.

The state's first beta test of the pass started at a Buffalo Bills football game in January, in which they monitored the attendees for 14 days after, and discovered "almost negligible" transmission. Further tests were done at wedding receptions, as well as at Albany's Times Union Center and New York City's Barclay Center and Madison Square Garden. Since the system is digital, it can quickly adjust if state guidance changes.

How the Excelsior Pass works

Registration in the program requires three pieces of information: Name, date of birth, and zip code. The pass is matched to vaccination and testing records using a series of questions to prevent fraud. When the person arrives at a venue, all they have to do is show a photo ID along with their code, which will generate a green check mark at the venue.

While the pass can be used on the free app available on the Apple App Store and Google Play, it can also be generated from the website and printed out, in an effort to make it accessible to all and not dependent on smart phones. Multiple passes can also be accessed, so that parents can hold onto their children's passes and the like. The vaccination pass is currently valid for 30 days, but a new one can be generated after that. That period may change as data about vaccine efficacy improves.

Venues like The Shed have announced they will accept the app as a form of vaccination proof for in-person concerts and events, including shows with the New York Philharmonic and soprano Renée Fleming. That said, the rollout will be slow. "Given that it's still fairly new, we expect most patrons will present this information in other forms," says Alex Poots, The Shed's artistic director and CEO.

Officials point out that the pass is voluntary and that New Yorkers can still use lab results and CDC vaccination cards, but that it might take longer for the venue workers to validate them.

Businesses can also download the Excelsior Pass for Business for free to help them check customers. The intent, for now, is for it to be used at places that invite

in large groups of people, as opposed to smaller gatherings, like at restaurants, gyms, or spas.

Concerns include data security and too many passports

Though the system is currently only available for those that were vaccinated or tested in New York state, it doesn't mean those from out-of-state can't enter venues without proper documentation from their own states. New York state officials say they've been in close talks with surrounding states about integrating systems, but their neighbors say it's not the priority.

"At this time, Connecticut does not have any immediate plans to roll out a vaccine passport," says Connecticut governor's director of communication Max Reiss, adding that its focus is on vaccinations, as well as enforcing masks and physical distancing at venues. "As Connecticut Governor Ned Lamont has stated, it's possible we see private sector solutions if demand grows and if the technology is proven effective."

Indeed, the technology itself has raised concerns among some who worry about personal and health data being shared, but New York officials assure that all the venues are seeing is a yes-or-no validation, thanks to its blockchain technology through IBM.

"There is every reason to think that vaccine passport apps can protect health data effectively," says Summer Johnson McGee, the University of New Haven's dean of the School of Health Sciences. "A wide range of health apps contain a huge amount of health data

including genetic information, dietary, movement information, and health records that we share without giving it much thought. We shouldn't overthink the decision to share vaccine information in a secure health app."

With New York coming out of the gate first, it also raises the issue of whether there will be too many different vaccine passport systems—not just geographically, but also for different purposes. Airlines have created or partnered with a variety of health passport apps, in addition to airport security check company Clear's Health Pass.

The federal administration is reportedly working on a broader vaccine passport initiative through the U.S. Department of Health and Human Services, while navigating health care inequality (for those without access to smart phone or printers) and data breach concerns. If one national system does become a reality, it would then open up further questions for the international community.

"Having a patchwork quilt of various passports and systems is not going to work long term," McGee says. "We need a global agreement on vaccination record sharing and data security so that interstate and international travel is possible seamlessly. A global vaccine passport is a Herculean task but is critical to getting back to normalcy."

(Courtesy: Conde Nest Traveller.)

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Lost Sense of Smell Returns for Almost All After COVID

By Ernie Mundell. * HealthDay Reporter

A year on, nearly all patients in a French study who lost their sense of smell after a bout of COVID-19 did regain that ability, researchers report.

"Persistent COVID-19-related anosmia [loss of smell] has an excellent prognosis, with nearly complete recovery at one year," according to a team led by Dr. Marion Renaud, an otorhinolaryngologist at the University Hospitals of Strasbourg.

Early in the pandemic, doctors treating people infected with SARS-CoV-2 began to realize that a sudden loss of smell was a hallmark of the illness. It's thought that COVID-linked "peripheral inflammation" of nerves crucial to olfactory function is to blame in these cases. But as months went by, and many patients failed to recover their sense of smell, some began to worry that the damage could be permanent.

The new study should ease those fears.

In their research, the French team tracked the sense of smell of 97 patients (67 women, 30 men) averaging about 39 years of age. All had lost their sense of smell after contracting COVID-19.

The patients were asked about any improvements in their smelling ability at four months, eight months and then a full year after the loss of smell began. About half were also given specialized testing to gauge their ability to smell.

By the four-month mark, objective testing of 51 of the patients showed that about 84% (43) had already regained a sense of smell, while six of the remaining

eight patients had done so by the eight-month mark. Only two out of the 51 patients who'd been analyzed using the specialized tests had some impaired sense of smell one year after their initial diagnosis, the findings showed.

Overall, 96% of the patients objectively recovered by 12 months, Renaud's team reported. The study was published online June 24 in JAMA Network Open.

Dr. Theodore Strange is interim chair of medicine at Staten Island University Hospital, in New York City. He wasn't involved in the new study, but called the findings "very encouraging."

"The good news is that the loss of smell is not a permanent sequelae of COVID disease," Strange said. That sentiment was echoed by Dr. Eric Cioe-Peña, director of global health at Northwell Health in New Hyde Park, N.Y. He said the findings, although very welcome, should remind everyone — especially the young — that a SARS-CoV-2 infection can do a lot of long-term harm.

"It's important that while the public is scrutinizing the vaccine, some to determine whether the 'risk is worth the benefit,' that we take into account not only hospitalization and death but these 'long haul' symptoms, which can affect people months and years after recovery from the virus itself," Cioe-Peña noted.

"The most important thing to take away from this study," he said, "is to get vaccinated and prevent exposure to long haul symptoms in the first place."

Warren Buffett is 'halfway' through giving away his massive fortune.



Warren Buffett is now halfway toward his goal of giving away his massive fortune, but even though he still has \$100 billion left to give, he's not planning on sharing it with his children.

The investing legend on Wednesday reiterated his long-held belief that his "incomprehensible" net worth would be better spent going toward philanthropic causes than into his kids' investment portfolios.

"After much observation of super-wealthy families, here's my recommendation: Leave the children enough so that they can do anything, but not enough that they can do nothing," he said in a note to shareholders, that his own adult children "pursue philanthropic efforts that involve both money and time."

The 90-year-old says that he has observed that dynastic behavior — or the passing along of massive wealth from one generation of a family to another — is less common in the US than in other countries, and that he believes its appeal will likely diminish.

That's not to say that Buffett's kids, now in their 60s, haven't received anything from their dad.

Each child has a \$2 billion foundation funded by Buffett.

Covid-19 virus was 'highly adapted' to infect human cells: Study



Australian scientists have found that SARS-CoV-2, the virus that caused the Covid-19 pandemic, is most ideally adapted to infect human cells — rather than bat or pangolin cells, again raising questions of its origin. A team of researchers from Flinders University and La Trobe University used high-performance computer modeling of the form of the SARS-CoV-2 virus at the beginning of the pandemic to predict its ability to infect humans and a range of 12 domestic and exotic animals.

For the study, published in the Nature journal *Scientific Reports*, the scientists used genomic data from the 12 animal species to build computer models of the key ACE2 protein receptors for each species. These models were then used to calculate the strength of binding of the SARS-CoV-2 spike protein to each species' ACE2 receptor.

The results showed that SARS-CoV-2 bound to ACE2 on human cells more tightly than any of the tested animal species, including bats and pangolins. If one of the animal species tested was the origin, it would normally be expected to show the highest binding to the virus.

"Humans showed the strongest spike binding, consistent with the high susceptibility to the virus, but very surprising if an animal was the initial source of the infection in humans," said David Winkler Professor from the La Trobe University in Melbourne.

"The computer modeling found the virus's ability to bind to the bat ACE2 protein was poor relative to its ability to bind human cells. This argues against the virus being transmitted directly from bats to humans. Hence, if the virus has a natural source, it could only have come to humans via an intermediary species which has yet to be found," added Nikolai Petrovsky Professor at Flinders University in Adelaide.

Further, the computer modeling showed the SARS-CoV-2 virus also bound relatively strongly to ACE2 from pangolins, a rare exotic ant-eater found in some parts of South-East Asia with occasional instances of use as food or traditional medicines.

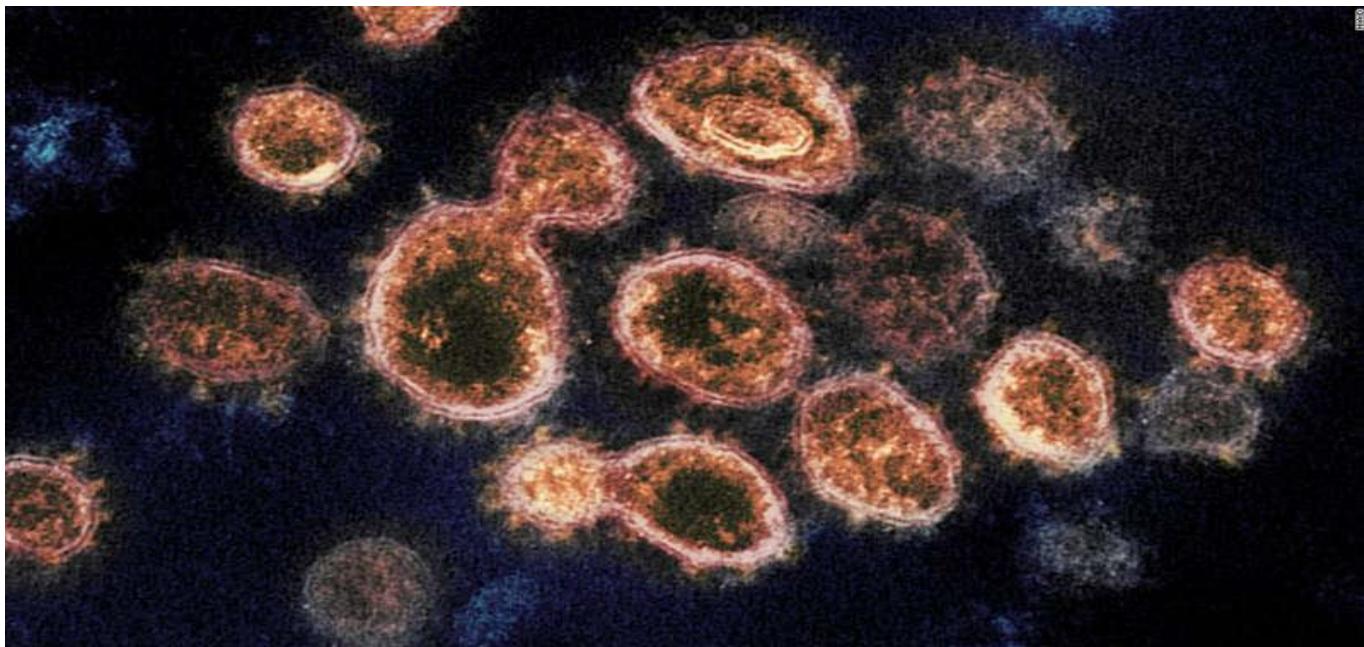
Winkler said pangolins showed the highest spike binding energy of all the animals the study looked at — significantly higher than bats, monkeys and snakes. "Overall, putting aside the intriguing pangolin ACE2 results, our study showed that the Covid-19 virus was very well adapted to infect humans," he added.

The researchers also noted that the question of how the virus came to infect humans has two main explanations — the virus may have passed to humans from bats through an intermediary animal yet to be found (zoonotic origin), at the same time it cannot yet be excluded that it was released accidentally from a virology lab.

A thorough scientific, evidence-based investigation is needed to determine which of these explanations is correct, they said.

A coronavirus epidemic hit East Asia 20,000 years ago

By Amy Sood and Zixu Wang, CNN



A microscope image of SARS-CoV-2, the coronavirus that causes Covid-19.

Over the past 20 years, people have faced a series of outbreaks caused by coronaviruses, including SARS, MERS, and Covid-19. But humans may have faced the disease millennia ago, new research suggests.

A team of researchers from Australia and the United States has found evidence of a coronavirus epidemic that broke out more than 20,000 years ago in East Asia, according to a study published in the *Current Biology* scientific journal on Thursday.

In the study, the researchers studied the genomes of more than 2,500 people from 26 different populations around the world. They pinpointed the earliest interaction of the human genome with coronaviruses, which left genetic imprints on the DNA of modern-day people in East Asia.

The genomes they studied contain evolutionary information about humans tracing back hundreds of thousands of years, said lead author Yassine Souilmi -- information we've only learned to decode in recent years. Viruses work by making copies of themselves. However, they don't have their own tools to do the duplication. "So they actually depend on a host, and that's why they invade a host and then they hijack their machinery to create copies of themselves," Souilmi said. That hijacking of human cells leaves a mark we can now observe, offering concrete evidence our ancestors were once exposed to and adapted to coronaviruses.

In the genomes, researchers found these genetic signals related to a coronavirus in five different populations located in China, Japan and Vietnam. The epidemic could have spread further beyond these countries, Souilmi added, but data isn't available in other parts of the region, so there's no way of knowing.

From these populations, Souilmi said the researchers found an affected group developed a beneficial mutation which helped to protect them from the coronavirus. Those with the mutation had "an edge" in survival, he said, meaning over time, the population was made up of more people with the mutation than without.

"Over a long period of time, and along the exposure, this leaves a very, very clear marking in the genomes of their descendants," Souilmi said.

"And that's the signature we actually use to detect this ancient epidemic, and also the timing of this ancient epidemic."

The study said the coronavirus plague occurred separately among different regions and spread across East Asia as an epidemic.

However, scientists don't know how ancient people lived through the epidemic, partially because it wasn't clear whether it was something seasonal like flu, or continuous, like the Covid-19 pandemic that infects people and keeps spreading all the time.

Coronavirus variant: Delta

B.1.617.2

Re-classified May 10
as "variant of concern"

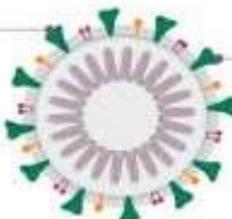
First record :
October 2020

Place of first detection:
India
Maharashtra state (west)

Key mutations in the spike protein

E484Q

Close to the one already
seen in South African
and Brazilian variants
-- E484K



L452R

Also present in
a variant seen
in California

Main concerns

TRANSMISSIBILITY

- ▶ 43% to 90% more transmissible than previous COVID-19 variants, according to different experts
- ▶ Around 60% more than the Alpha variant (B.1.1.7)

■ Detected
as of June 2021



VACCINE ESCAPE

Moderately resistant to vaccines

- ▶ **Single dose efficacy*:**
Around 33%
Compared to 50% for the Alpha variant
- ▶ **Second dose efficacy:**
AstraZeneca: 60%
Pfizer: 88%
Compared to 66 and 93% respectively for the Alpha variant
- ▶ **Hospitalisation:**
Single dose -- 75% less likely
Two doses -- 94% less likely

*Data from Public Health England

SEVERITY

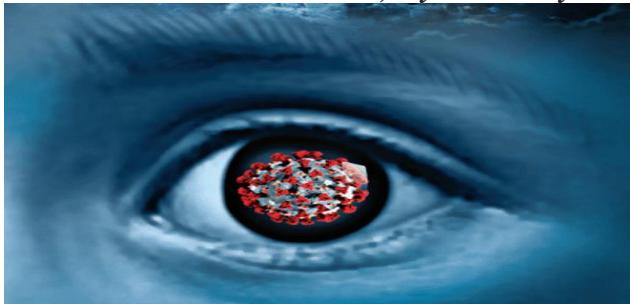
Data from England and Scotland suggest twice as likely to be hospitalised with Delta than with Alpha

Sources: sciencemediacentre.org/
New Scientist/Nature/
webmd.com/bmj.com/
Public Health England

AFP

CORONAVIRUS: NEWS FROM AROUND THE WORLD:

** Severe Covid rare in children, says new study*



Children affected by Covid-19 are least likely to be severely ill. Death due to the disease is also rare in the 0-12 year age group, except in patients with underlying comorbidities. This has been confirmed by the Indian Pediatric Covid Study Group, led by top doctors from leading medical institutions in the country.

The group analyzed the clinical profile and risk factors for severe disease in 402 children hospitalized with Covid at five tertiary care hospitals across India between March and November last year. This included 11 neonates, 45 children less than a year old, 118 aged between one year and five years and 221 children aged between five and 12 years.

Dr Kana Ram Jat, one of the lead authors of the study, said fever was the most common clinical presentation but it occurred in only about 38% of the patients. Other common symptoms were cough and sore throat, abdominal pain, vomiting and loose motion. The majority of children had mild symptoms and around 10%, moderate to severe disease, added Dr Jhuma Shankar, associate professor, department of pediatrics, AIIMS, who was involved in the study.

Shankar said of the 402 children, 13 (3.2%) succumbed to the disease. "All of them had underlying comorbidity, five had diseases involving the central nervous system, three had congenital heart disease, two had rheumatic disease, one acute leukaemia, one Wilson disease and one steroid-resistant nephrotic syndrome with Type I diabetes," she said.

**Pfizer, Moderna vaccines linked to heart issues?*



Based on the recommendation of a safety advisory group of the US Centers for Disease Control and Prevention (US CDC), which cited a "likely association" between a rare heart inflammatory condition in adolescents and young adults mostly after they've received their second Covid-19 vaccine shot, the US Food and Drug Administration (US FDA) said on Wednesday that it will soon be adding a warning about the same to the Covid-19 vaccines from Pfizer/BioNTech and Moderna. While the US CDC has clarified that the benefits of vaccination outweigh the risks and that those who suffer from heart inflammation usually recover from it, it has nevertheless warned doctors and hospitals to watch out for symptoms of myocarditis or pericarditis. With the FDA weighing in, the warning is likely to increase awareness.

According to the FDA, the cases of heart inflammation usually occur in the week after the second dose and are more common among males than females. The CDC has listed 309 hospitalizations due to heart inflammation in people under the age of 30, of which 295 have been discharged.

According to Dr Tom Shimabukuro, deputy director of the CDC's Immunization Safety Office, the rate of heart inflammation cases is 12.6 cases per million in the three weeks after the second shot in 12- to 39-year-olds. It's not just in the US that cases of heart inflammation have been flagged when Pfizer and Moderna vaccines were administered — earlier this month, even Israel reported a link between heart inflammation and Pfizer/BioNTech vaccine.

While Pfizer, whose vaccine has been authorized for people as young as 12, said it hadn't observed a higher rate of heart inflammation in the younger population, Moderna admitted that it was aware of such reports and was working closely with health and regulatory authorities to address the issue..

** Just 10% of the world's been vaccinated*

According to Our World in Data (OWID), India has fully vaccinated 3.7% of its population against Covid-19. But just 10% of the world's population, around 782 million people, is fully inoculated, per the website. The figures highlight the persistence of global inequality in access to vaccines, which are highly effective in preventing illness and death, and will help economies recover from the pandemic. This after at least 212 countries and territories have started their vaccination

rollouts. Different countries have different processes for approving vaccines, and not all countries have deals to obtain doses from manufacturers yet. As a result, countries and territories are at different stages of their vaccination campaigns. (13.6% of India's population is partially vaccinated.)

Inequalities within the 10% of the world's population who have been vaccinated are also stark: More than 30% of people in North America and 28% of people in Europe are fully vaccinated, compared to about 11% in South America and 8% in Asia. In Africa, less than 1% of the population is vaccinated against the coronavirus. While Gibraltar, Seychelles and Malta make up the top three nations in terms of percentage of fully vaccinated, China is also powering ahead with vaccines. India's neighbour has administered more than 1 billion Covid shots, according to National Health Commission data reported by state media.

***India: Why official Covid death count is misleading?**

Less than one in five deaths in India in 2019 was certified for cause of death. In Bihar it is less than one in forty, in Jharkhand and Nagaland about one in thirty and in Uttar Pradesh one in every 25. These sobering facts emerge from an analysis by TOI of two recent reports from the Census office.

The 2019 annual report of the Civil Registration System (CRS) estimates that there were just over 83 lakh deaths in India in that year. Of these a little over 76.4 lakh were registered. A report on medical certification of cause of death (MCCD) released on Wednesday shows that less than 1.6 lakh deaths were certified for cause. That's just 18.9% of the total.

The data is particularly significant at a time when there is a raging debate on whether or not India's official count of Covid deaths represents the true picture.

It is also worrying because it shows that the level of medical certification has gone down not up, though only slightly, over the last three years. It has fallen from 22% of all registered deaths in 2017 to 21.1% in 2018 and further to 20.7% in 2019. Thankfully, the level of registration has risen over the same period quite sharply from 78.3% in 2017 to 92% in 2019. As a result, the proportion of estimated deaths that are medically certified has risen, not dropped.

The worst off states in terms of the proportion of estimated deaths being medically certified are those that have both low levels of registration as well as low levels of certification of those that are registered. Take Bihar, for instance. The state had nearly 7 lakh estimated deaths in 2019. Of these, only 3.6 lakh or a little over half were registered. And of those only 18,233 or 5% were certified for cause. The double

whammy of low registration and low certification of registered deaths meant that a mere 2.6% of all deaths were actually certified for cause.

***India: Pandemic eats into household savings**

Just how badly Covid-19 impacted household finances last year was made clear by the Reserve Bank of India's (RBI) report on household savings in the third quarter of FY21, the last fiscal year.

Why the decline: With pay cuts the norm last year as companies tightened their financial belts, which included workforce reductions that in turn created job uncertainty, household income declined sharply. In fact, even with people borrowing less or not at all last year, they were forced to dip into their savings — which declined to 8.2% of GDP.

How bad is it? Total household financial assets in Q3 FY21 were almost half of what they were in Q1 FY21, when they constituted 21.4% of the GDP. In absolute terms, while household assets in the first quarter of the last fiscal were almost Rs 8.16 lakh crore, the figure was a little over Rs 4.44 lakh crore in the quarter ended December 2020. Even in Q2 FY21, they were significantly higher, at 10.2% of GDP.

The gut punch: Bank deposits were the worst hit, declining to just 3% of the GDP from 7.7% of the GDP in Q2 FY21. In fact, in Q2 last fiscal, they had significantly improved to over Rs 3.62 lakh crore, from a little more than Rs 1.13 lakh crore in Q1 FY21.

The outlier: Interestingly, alongside the fall in bank deposits, Q3 FY21 also saw a spike in investments in mutual funds, as compared to the preceding quarter — from Rs 11,909 crore to Rs 65,312.7 crore. That however, could be a pointer to increased participation in mutual funds or the appreciation in existing mutual fund portfolios, thanks to the stock market bull run.

The liabilities: While household debt to GDP ratio increased by 80 basis points to 37.9% of GDP, loans taken saw a sharp dip, from 5.4% of GDP to 4.6% in Q2 and Q3 respectively — thanks to people shying from taking loans from non-banking financial institutions since loans from banks did register an uptick, from 3.2% of GDP in quarter ended September 2020 to 4% of GDP in the December 2020 quarter.

***Brazil: prosecutor investigates deal with Bharat Biotech.**

Brazil's contract to purchase 20 million doses of Covaxin from Bharat Biotech is being investigated by the federal prosecutor's office for possible irregularities. **What we know:** In February, Brazil agreed to purchase 20 million doses of Covaxin for

\$320 million, at \$15 per dose — costlier than most other available vaccines.

This deal, however, wasn't struck directly between the Brazilian government and Bharat Biotech, instead, through another Brazilian company, Precisa Medicamentos. Precisa was already under the radar for alleged irregularities in previous contracts with the federal government. Three years ago Precisa associates, through another company, entered a contract with the health ministry for the sale of medicines that were never delivered.

At the time of the agreement, Covaxin was not cleared by Brazil's health regulator, Anvisa. In March, the agency had rejected a request to import the vaccine, citing concerns over a lack of documentation and information on its safety. The agency later approved the import of 4 million doses with restrictions.

The politics: Brazilian President Jair Bolsonaro's disregard for science has been blamed for the country's poor pandemic response, Brazil is second only to the US in fatalities. Bolsonaro has also dismissed vaccines such as Pfizer. Associates of Precisa are allegedly close to the president. Bolsonaro did seek access to Bharat Biotech's vaccine, he personally called Prime Minister Narendra Modi on January 8 and showed an interest in buying this vaccine.

** AstraZeneca vax linked to rare neurological disorder in India, England.*



Eleven individuals who received the AstraZeneca-Oxford Covid-19 vaccine have developed a rare neurological disorder called Guillain-Barre syndrome, clinicians in India and England have reported in two separate studies.

The studies, published in the peer-reviewed medical journal *Annals of Neurology*, describe an unusual variant of Guillain-Barre syndrome characterized by prominent facial weakness. All the eleven cases were among people who had received that vaccine 10-22 days earlier. Seven cases were reported from a regional medical center in Kerala, India, where approximately 1.2 million people were vaccinated with the AstraZeneca Covid-19 vaccine till April 22. The cases occurred within two weeks of the first dose of

vaccination. "Six out of the seven patients progressed to areflexic quadriplegia and required mechanical ventilatory support," said Boby Varkey Maramattom, from the Department of Neurology, Aster Medcity, Kochi, Kerala. "The frequency of GBS was 1.4 to 10 fold higher than that expected in this period for a population of this magnitude. In addition, the frequency of bilateral facial weakness, which typically occurs in less than 20 per cent of GBS cases, suggests a pattern associated with the vaccination," he added.

Four cases were reported from Nottingham, England, in which approximately 700,000 people received the same vaccine. These were characterized by bifacial weakness with a paraesthesia variant of GBS occurring within three weeks of vaccination with the Oxford-AstraZeneca SARS-CoV-2 vaccine.

"This rare neurological syndrome has previously been reported in association with SARS-CoV-2 infection itself. Our cases were given either intravenous immunoglobulin, oral steroids, or no treatment," said Jonathan Rhys Evans, Department of Neurology, Nottingham University Hospitals NHS Trust, UK.

"If the link is causal it could be due to a cross-reactive immune response to the SARS-CoV-2 spike protein and components of the peripheral immune system," wrote the authors of the report from England.

While the benefits of vaccination substantially outweigh the risk of this relatively rare outcome (5.8 per million), the research groups stressed that clinicians should be alert to this possible adverse event and look for this rare neurological syndrome following administration of Covid-19 vaccines.

***CDC extends eviction moratorium for another month**

The USA's Centers for Disease Control and Prevention extended the national moratorium on evictions for a month, but said it would be the last time the deadline would be pushed back. The CDC put the moratorium in place last September. It had been scheduled to expire June 30.

CDC Director Dr. Rochelle Walensky signed the extension to continue the program through July 31. The moratorium has been credited with limiting the financial damage that renters have suffered during the coronavirus pandemic.

White House officials had urged the CDC to extend the policy to provide more time to distribute \$21.5 billion in emergency federal housing aid included in the coronavirus relief bill passed this spring. The Justice Department also is urging housing court judges to slow evictions by making landlords accept federal money to cover back rent

*** Nearly all people now dying from COVID-19 are unvaccinated.**

Non-vaccinated people account for nearly all new COVID-19 hospitalizations and deaths in the United States, The Associated Press reported Thursday after analyzing government data from May. About 150 of the more than 18,000 people who died of COVID-19 in the month, and fewer than 1,200 of the more than 853,000 of those hospitalized for "breakthrough" infections, had been vaccinated. The report was based on Centers for Disease Control and Prevention data, although the CDC has not estimated the coronavirus toll among fully-vaccinated people. CDC Director Dr. Rochelle Walensky said Tuesday that vaccines work so well that "nearly every death, especially among adults, is, at this point, entirely preventable."

***Coronavirus:**

A new and slightly different version of the Delta coronavirus variant is spreading in countries including the United Kingdom, the United States and India, health officials say. It's called the Delta Plus variant, and it could be even more contagious than the Delta version. So far, about 200 cases in 11 countries have been identified. Meanwhile, more than 1 in 10 people who got one dose of the Pfizer/BioNTech or Moderna vaccine in the US have missed their second dose, according to CDC data. That could leave people more vulnerable to dangerous coronavirus strains like the Delta variant.

***CDC says more than 4,100 people have been hospitalized or died with Covid breakthrough infections after vaccination.**

- 4,115 people have been hospitalized or died with Covid-19 despite being fully vaccinated.

-The total number of individuals who died after contracting Covid-19 despite vaccination is 750.

-76% of hospitalizations and deaths from breakthrough cases occurred in people over the age of 65.



U.S. Air Force 1st Lt. Allyson Black (R), a registered nurse, cares for COVID-19 patients in a makeshift ICU (Intensive Care Unit) at Harbor-UCLA Medical Center on January 21, 2021 in Torrance, California.

More than 4,100 people have been hospitalized or died with Covid-19 in the U.S. even though they've been fully vaccinated, according to new data from the Centers for Disease Control and Prevention. So far, at least 750 fully vaccinated people have died after contracting Covid, but the CDC noted that 142 of those fatalities were asymptomatic or unrelated to Covid-19, according to data as of Monday that was released Friday.

Some 3,907 people have been hospitalized with breakthrough Covid infections, despite being fully vaccinated. Of those, more than 1,000 of those patients were asymptomatic or their hospitalizations weren't related to Covid-19, the CDC said.

"To be expected," Dr. Paul Offit, a top advisor to the Food and Drug Administration on children's vaccines told CNBC. "The vaccines aren't 100% effective, even against severe disease. Very small percentage of the 600,000 deaths." Breakthrough cases are Covid-19 infections that bypass vaccine protection. They are very rare and many are asymptomatic. The vaccines are highly effective but don't block every infection. Pfizer and Moderna's phase three clinical studies found that their two-dose regimens were 95% and 94% effective at blocking Covid-19, respectively, while Johnson & Johnson's one-shot vaccine was found to be 66% effective in its studies. All three, however, have been found to be extremely effective in preventing people from getting severely sick from Covid.

The CDC doesn't count every breakthrough case. It stopped counting all breakthrough cases May 1 and now only counts those that lead to hospitalization or death, a move the agency was criticized for by health experts.

Most Americans have received at least one shot of the two currently authorized mRNA vaccines. The U.S. has administered 178.3 million shots and fully vaccinated 46% of its population.

"You are just as likely to be killed by a meteorite as die from Covid after a vaccine," Dr. Peter Chin-Hong, infectious disease expert at University of California San Francisco told CNBC.

"In the big scheme of things, the vaccines are tremendously powerful."

Efficacy rates decrease slightly for variants like alpha and delta, with studies indicating 88% efficacy against the delta variant after two doses of the Pfizer vaccine. It was unclear if any of the reported breakthrough cases were caused by variants.

In Israel and the United Kingdom, concerns about the Delta variant are rising after growing reports of breakthrough infections.

Even with 80% of adults vaccinated, Chezy Levy, director-general of Israel's Health Ministry, said the delta variant is responsible for 70% of new infections in the country. Levy also said that one-third of those new infections were in vaccinated individuals.

In the U.K., Public Health England released a report that found 26 out of 73 deaths caused by the delta variant occurred in fully vaccinated people from June 8 to June 14. Most of the deaths occurred in unvaccinated individuals.

"Determination of whether hospitalizations and deaths are more represented in immunocompromised patients and the type of vaccine received will be important for future guidance," Chin-Hong said.

On June 7, the CDC received reports of 3,459 breakthrough cases that led to hospitalization or death. On June 18, that number was updated to 3,729, an increase of 270 cases. Today, the number stands at 4,115. An overwhelming majority, 76%, of the hospitalizations and deaths from breakthrough cases occurred in people over the age of 65.

"We do not have the years and years of data we have for vaccines against other airborne pathogens — and therefore it is really essential that the CDC provides up to date reporting on breakthrough cases," David Edwards, aerosol scientist and Harvard University professor told CNBC.

The CDC says its numbers are "likely an undercount" of all Covid infections in vaccinated people because the data rely on passive and voluntary reporting.

****AstraZeneca vax linked to rare neurological disorder in India, England.***

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While the benefits of vaccination substantially outweigh the risk of this relatively rare outcome (5.8 per million), the research groups stressed that clinicians should be alert to this possible adverse event and look for this rare neurological syndrome following administration of Covid-19 vaccines.

"We suggest vigilance for cases of bifacial weakness with paraesthesia variant GBS following vaccination for SARS-CoV-2 and that post-vaccination surveillance programs ensure robust data capture of this outcome, to assess for causality," Evans said.

(Editor's note: Please use your common sense to donate to the right organization. If possible, give priority to your own family, neighbors and your village/Town or area healthcare systems directly. There are fraudulent organizations be aware of them. Check the need and response to those priorities. Get some advice from your Doctors or helping organizations. Many time Cash Donations are more effective than kind. I would recommend donating to Red Cross of India, UNICEF, Oxfam India, and Care India. In my personal opinion, do not send any contributions to India's Prime Minister Narendra Modi's PM Care Fund as its not transparent and has no accountability.

-Kaushik Amin.)

COVID19: Weekly Update.

The numbers below are from
Saturday 06-26-2021 * 12pm US East coast Time...

Compiled Periodically By:

Kaushik Amin, USA.

[201-936-4927](tel:201-936-4927)/Kaushikamin@hotmail.com

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:

181,318,339. Cases. / 3,928,704. Deaths.

Recovered till today:

165,869,405..

01. U.S. A.:

34,482,925. Cases. / 619,162. Deaths.

02. India(???)**

30,192,046. Cases. / 394,699. Deaths.

03. Brazil:

18,322,760. Cases. / 511,272. Deaths.

07. UK:

4,717,811. Cases. / 128,089. Deaths.

23. Canada.

1,412,226.Cases./26,197.Deaths.

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

823,132.(???) Cases. / 10,048. (???) Deaths.

USA States:

01. California:

3,814,701. Cases./ 63,544. Deaths

02. Texas*:

2,993,775. Cases. / 52,481. Deaths.

03. Florida:

2,367,296. Cases / 37,772. Deaths.

04. New York:*

2,169,478. Cases / 53,967. Deaths.

05. Illinois:

1,390,432. Cases. / 25,637. Deaths.

06. Pennsylvania:

1,215,988. Cases. / 27,752. Deaths.

07: Georgia:

1,132,661. Cases / 21,369. Deaths.

08. Ohio

1,110,292. Cases / 20,281. Deaths.

09. New Jersey*.:

1,022,438. Cases. / 26,428. Deaths.

15. Massachusetts:

709,682. Cases. / 17,987. Deaths.

30. Connecticut:

349,120. Cases / 8,275. Deaths.



COVID19: DOS AND DON'TS.

* **More than 4** Covid19 vaccines are available now nationwide in the US. Find out how to get yours.

More serious Delta and Delta Plus (Indian) variants are around and can create an another pandemic, so be careful and follow religiously the Guidelines given by the Medical Authorities.

* Finally Vaccine is available all time in the US; India and many parts of world, many of us got both the doses, or single dose in case of Jhonson & Jhonson's vaccine. Yet post vaccination results/effects are not known to the research/medico community fully. We are still in a Pandemic Period, of Phase 2 and 3, also possible invasion of new 4 or more strains of UK, Brazil, South Africa, and now India 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

* **Now Mask is not needed in the USA, if you are vaccinated.** But it is advised one 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 and other Western Health Authorities doesn't recommend it due to a probable risk to the brain.

* If you can, use Mouth Rinse, twice a day, 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.

