

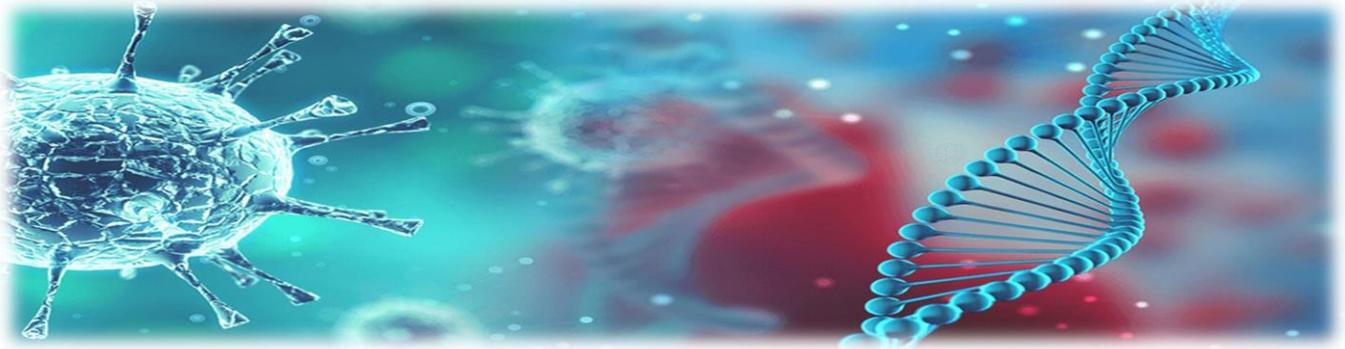
CORONAVIRUS NEWS BRIEF

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A variant worse than Delta may be coming

Thanks to Delta's infectiousness, and the huge number of people whose refusal or inability to get vaccinated leaves them primed to become living Covid mutation labs, the conditions are ripe to produce yet more, potentially more dangerous, variants in the coming months. (Report on Page 2)

A variant worse than Delta may be coming



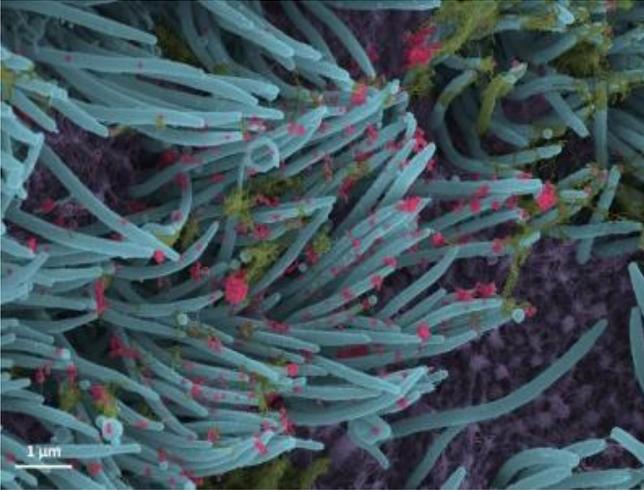
The Delta variant, which spreads faster than any previous strain of SARS-CoV-2, is driving up infection rates in the U.S. Here, a COVID-19 patient in the ICU at Johnston Memorial Hospital in Abingdon, Virginia.

- SARS-CoV-2 doesn't have a lot of genetic material to scramble compared with most organisms — about 15 genes, versus about 3,000 genes in an *E. coli* bacterium, the stomach bug, and about 20,000 in a human cell. What's more, Covid-19 has genetic checking mechanisms that make it reasonably adept at avoiding replication mistakes compared to most viruses.
- However, its mutation rate is on the low side — about one mutation for every 10 replications, or around a fifth of the flu's mutation rate and a tenth of HIV's. But a single infected person might carry 10 billion copies of the virus, enough to produce billions of mutated viruses every day.
- Once in a while — perhaps every million trillion times — a random mutation confers some potentially dangerous new characteristic. What's more, much of what makes the virus dangerous has to do with the so-called spike proteins that protrude from its surface and enable the virus to latch onto and penetrate human cells. So far, most mutations represent tweaks to these spikes, which

means it only takes a minimal change within any of the few viral genes that control the spikes to create a newly threatening mutation.

- But even when a virus mutation sharpens its ability to wreak havoc, that doesn't mean a dangerous new variant has emerged. To become a significant variant, a mutated virus has to out-replicate the far more numerous copies of the virus that already predominate in the population, and to do that it needs features that give it big advantages.
- The chances that a virus in the population will produce a much more dangerous variant in the course of a year would normally be extremely low. But when billions of people are infected with billions of copies of a virus, all bets are off.
- Thanks to Delta's infectiousness, and the huge number of people whose refusal or inability to get vaccinated leaves them primed to become living Covid mutation labs, the conditions are ripe to produce yet more, potentially more dangerous, variants in the coming months.

HOW NANOBODIES CAN HELP THWART COVID VARIANTS



US scientists have found that SARS-CoV-2 nanobodies — microscopic molecules that neutralise the virus in animals — are remarkably active against mutations found in variants, including Delta.

The study, led by Universities of Pittsburgh and Case Western Reserve, describe three different mechanisms by which the nanobodies disarm the virus, blocking it from infecting cells and causing Covid-19.

The near-atomic-level structural analysis provides guidance for the development of future vaccines and therapeutics that may work against a wide variety of coronaviruses, including variants not yet in circulation.

“This is the first time anyone has systematically classified ultrapotent nanobodies based on their structure,” said senior author Yi Shi, Assistant Professor of cell biology at Pitt’s School of Medicine.

“By doing this, we’ve not only provided details on the mechanisms our nanobodies use to defeat SARS-CoV-2, but also revealed directions for how to design future therapeutics,” Shi added.

The findings are published in the journal Nature Communications.

For the study, the team used high-resolution cryo electron microscopy to observe exactly how the nanobodies interact with the SARS-CoV-2 virus to stop it from infecting cells and discover how mutations found in variants may affect nanobody interactions.

They confirmed through observations that several of the nanobodies work against Alpha, Delta, and several other SARS-CoV-2 variants of concern.

They also classified the nanobodies into three main groups based on how they interact with the spike proteins, which are the protrusions that encircle the spherical coronavirus and act as “keys” that grant the virus entry to human cells.

Class I outcompetes the part of the human cell that the spike protein binds to, preventing the virus from gaining entry to cells, while Class II binds to a region on the spike protein that has persisted through several permutations of coronaviruses — including the original SARS-CoV-1. This means it may neutralize SARS-CoV-2 and its variants, but also other coronaviruses.

Class III latches on to a specific region of the spike protein that larger antibodies cannot access. By binding to this area, the nanobody prevents the protein from folding in the way it needs to for entry into human cells.

“Describing all these vulnerabilities and ways to thwart SARS-CoV-2 and coronaviruses in general has huge potential,” said Shi. “It will not only help our team select and refine nanobodies to treat and prevent Covid-19, but it also may lead to a universal vaccine, preventing not just Covid-19, but SARS, MERS and other diseases caused by coronaviruses.

(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. Verify 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.)

100-YR-OLD TB VACCINE MAY PROTECT ELDERLY AGAINST COVID: ICMR



A vaccine, used to treat tuberculosis since the last 100 years, may help prevent the risk of Covid-19 infections in older adults, according to a study by the Indian Medical Research Council (ICMR).

Bacillus Calmette-Guerin (BCG) is considered to be one of the most broadly used vaccines in the world, with around 130 million infants receiving this vaccine every year. There is improved interest in BCG vaccination of elderly population, especially in countries with a high number of reported Covid-19 cases.

Previous studies have reported that BCG vaccination may confer protection against respiratory tract infections, involving viral infections.

The new study, published in the journal Science Advances, suggests that BCG could potentially act to inhibit the biomarkers of inflammation by the immune cells in the blood.

However, “this remains to be proven. In addition, it is still unknown as to how long this inhibitory effect can persist”, said a team of researchers from the ICMR-National Institute for Research in Tuberculosis and the ICMR-National Institute of Epidemiology.

Further, the study also reports that the recent BCG vaccination was not associated with hyperinflammation

but was, in turn, associated with down-modulated basal inflammatory status, which might play a protective role in elderly population against inflammatory diseases.

In addition, it is quite possible that pathogen-specific immune responses are not affected by BCG vaccination or, in contrast, actually enhanced, the researchers said.



Apart from a variety of proinflammatory cytokines, which could possibly play a detrimental role in Covid-19, anti-inflammatory responses including IL-10 and IL-33 — implicated in Covid-19 disease severity — were also decreased in vaccinated individuals.

“In conclusion, the current study emphasizes that the effect of BCG vaccination is safe and does not lead to increased inflammation in elderly individuals. The results from this study not only corroborate the immunomodulatory properties of BCG vaccination but also reveal a clear effect of (non) specific immunogenicity of BCG vaccination on systemic inflammation,” the researchers noted.

The study also acknowledged certain limitations such as the lack of a placebo control group (only unvaccinated controls at baseline).

Further understanding of the results may support the vaccine efficacy and explore innovative applications of BCG vaccination, the team said

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KIDS SICK WITH COVID ARE FILLING UP HOSPITALS IN US



Covid infections are rising in the US, even requiring hospitalization, amid soaring infections from the Delta variant of Covid-19 and lagging vaccination rates, media reports said.

The American Academy of Pediatrics, in its latest update, said there were nearly 94,000 cases of Covid among kids in the last week, or about 15 per cent of weekly total cases. Kids made up between 1.5 per cent and 3.5 per cent of total hospitalizations, it noted.

“It is scary, especially for kids who don’t fully understand what’s going on. They’re air hungry, struggling for breath, and it’s just scary,” Dr Kelechi Iheagwara, medical director of the pediatric intensive care unit at the Our Lady of the Lake Children’s Hospital in Baton Rouge, Louisiana was quoted as saying by the NBC News.

“You have the illness, the fear, they can’t breathe, they’re isolated – that’s hard for anyone to understand, but can you imagine what it’s like for a kid?” Iheagwara added.

Further, Covid infections in kids is coupled with a rise in cases of a respiratory virus known as respiratory syncytial virus, or RSV, a highly contagious, flu-like illness, that is typically more likely to affect children and older adults. That has shrunk the bed space further in children’s hospitals and expanded on the unrelenting demand on doctors and nurses, the report said.

At least 81 children in the US died of Covid between March and July, according to the Centers for Disease

Control and Prevention, and many doctors warn that the situation is likely to get worse.

Children get infected because a member of their household, often a parent, brings the coronavirus home. Oftentimes, it is because an adult in the home is unvaccinated, Iheagwara said.

Health officials are concerned as many schools across the country are set to open, increasing the risk of children being infected. Covid infections in children have been majorly seen in Arkansas, Missouri, Houston, and Louisiana.

“Children in Louisiana have died of Covid and more unfortunately will die,” Dr. John Vanchiere, a pediatric infectious disease specialist. “This is not a time for politics, for fighting or threatening lawsuits about masks. Masks save lives,” he added

Meanwhile, US President Joe Biden expects the Food and Drug Administration to soon grant full approval for vaccinating kids under 12.

Pfizer, Moderna, and Johnson & Johnson are conducting clinical trials to evaluate the safety and efficacy of the vaccines in children under 12. Results of Moderna and Pfizer vaccines for children aged 5 to 11 could be expected in September.

Data for 2-to-5-year-olds could arrive soon after. For the youngest children, Pfizer said it could potentially get data in October or November, and shortly thereafter ask the FDA to authorize emergency use.

Covid vax misinformation in US rises as Delta cases surge

The surge in Delta variant cases in the US has also fuelled misinformation regarding vaccines in social media, increasing vaccine hesitancy.

According to Zignal Labs, which tracks mentions of phrases on social media and by news outlets, phrases prone to vaccine misinformation spiked in July as much as five times from June.

These include: vaccines don't work (up 437%), contain microchips (up 156%), people should rely on their "natural immunity" instead of getting vaccinated (up 111%) and cause miscarriages (up 75%).

These claims dipped in May and June when Covid cases plummeted, but with infections soaring due to the Delta variant, the volume of misinformation is also surging, the report said.

"These narratives are so embedded that people can keep on pushing these anti-vaccine stories with every new variant that's going to come up," Rachel E. Moran, a researcher at the University of Washington, was quoted as saying.

"We're seeing it with Delta, and we're going to see it with whatever comes next," she added.

Further, the efforts by social media platforms to crack down on misinformation about the virus have also not succeeded.

Facebook said that it removed confirmed violations of its coronavirus misinformation policy from comments, and that it had connected people with authoritative information about the virus.

Meanwhile, Russian-aligned disinformation campaigns are also contributing to the spread of falsehoods, the NYT reported last week. The campaigns have spread fake information about side effects of the Covid vaccines developed by Pfizer/BioNTech and Moderna, and even stated that the Biden administration will force people to get vaccinated. According to Moran, the coronavirus misinformation will not go away anytime soon. "Unfortunately it's not spikes and troughs, but steady levels of misinformation," she said.

With "about 93 million people" not vaccinated against Covid-19 in the US, the claims may likely hamper efforts to increase inoculation rates, thus increasing the number of infections.

The vast majority of people testing positive for the virus in recent weeks, and nearly all of those hospitalized from the coronavirus, were unvaccinated. Public health experts, as well as doctors and nurses treating the patients, say misinformation is leading to some of the vaccine hesitancy, the NYT reported.

WHO Calls for Halt to COVID-19 Vaccine Booster Shots

BY JACK PHILLIPS

The World Health Organization (WHO) Wednesday called for a moratorium on COVID-19 booster shots until the end of next month to address a shortfall in vaccines for poorer countries.

"I understand the concern of all governments to protect their people from the Delta variant, but we cannot and should not accept countries that have already used most of the global supply of vaccines using even more of it while the world's most vulnerable people remain unprotected," WHO Director-General Tedros Adhanom Ghebreyesus told a news conference.

As a result, he said, the organization wants a "moratorium on boosters" until the end of September at the very least to make sure that 10 percent of every country's population has received a dose. More than 80 percent of the world's vaccine supplies have gone to more wealthy countries for less than half the world's population. Previously, WHO officials have warned that

richer countries' desire to only produce vaccines for their own populations could be counterproductive because COVID-19, the illness caused by the CCP (Chinese Communist Party) virus, would still easily spread in poorer countries and then mutate into variants that could breach vaccine protection.

Some WHO officials, separately, have said there isn't enough evidence about the long-term effectiveness of COVID-19 vaccines, noting they've only been used for a few months. The call from the UN health agency comes as the UK and Germany both announced plans to provide the booster shots as soon as next month. Starting last week, Israel—one of the most vaccinated countries in the world—is also offering a third shot of the Pfizer CCP virus vaccine for citizens aged 60 and older. The US President Joe Biden said the federal government has shipped over 110 million vaccine doses to 65 countries.

94,000 US kids got Covid-19 last week; the panic is real as schools reopen



Covid-19 cases among US children are climbing at an alarming rate, with nearly 94,000 diagnosed with the virus last week and trends showing a “continuing substantial increase”.

Children now account for 15 per cent of Covid-19 cases in the US, according to a study released by The American Academy of Pediatrics (AAP). The same set of numbers also appear to show that severe illness, hospitalization and death are rare in children who get sick with the coronavirus.

In states where data was available, less than 2 per cent of all child Covid-19 cases required hospitalization. In states reporting, only 0.00-0.03 per cent of all child Covid-19 cases resulted in death, according to AAP.

As of August 5, nearly 4.3 million children have tested positive for Covid-19 since the onset of the pandemic. Child cases have steadily increased since the beginning of July, says the AAP report.

At this time, nearly 60 per cent of US kids over 12 years have been fully vaccinated and nearly 70 per cent have got at least one shot. Shots for kids under 12 years have not yet been authorized.

Pfizer received emergency use authorization for vaccinating those 12 years of age and older; the Moderna and Janssen vaccines are authorized for people 18 years of age and older. Pfizer is expected to apply for emergency approval of its under -12 years shot by October this year. Meanwhile, schools have already started reopening for the Fall term.

The latest data from the Centers For Disease Control and Prevention are showing a remarkable shift in

caseloads. The 5-11 year olds and 11-15 year olds now account for more cases per 100,000 population than do age group cohorts over 50 years.

National Institutes of Health Director Dr. Francis Collins said on Sunday that the highest number of children — 1,450 — were currently hospitalized with Covid-19 since the start of the pandemic.

Fears are spiraling that states without tough mask mandates will likely be slammed once again by rising Covid-19 cases as students return to the classroom. The CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status. Many state governors are defying the mandate even as their ICU corridors are overrun.

US President Joe Biden said on Tuesday that he was “very concerned” about case trends among school children. He noted that most of the children getting sick are living in states with low vaccination rates. “So, my plea is that for those who are not vaccinated, think about it.” As on August 10, 51 per cent of the US population is fully vaccinated. More than 71 per cent of US adults have got at least one shot. The White House is calling the latest wave a “pandemic of the unvaccinated” and pleading with holdouts to get their shots. The first case of Covid-19 in the US was reported on January 21, 2020. On August 10, the country reported 184,346 new confirmed cases. The virus is blamed for more than 618,000 deaths in the US alone, which accounts for the world’s highest caseload and deaths since the start of the pandemic.

ADDRESSING VACCINE HESITANCY

WITH FRIENDS AND FAMILY

A transcript of a video Talk with Dr Phil McGraw (Dr. John Whyte)

JOHN WHYTE: Welcome, everyone. I'm Dr. John Whyte, the Chief Medical Officer at WebMD. And you're watching Coronavirus in Context. Have you been invited out by a friend to go to a restaurant inside, and you don't quite feel it's time to go? Or maybe you're the one inviting everyone out to kind of that pre-pandemic normal. And you seem to be getting dirty looks. Maybe you're a parent, and you feel your child needs to be vaccinated. But your spouse doesn't feel the same way. How do you handle these issues? So to help provide some insights, I've asked someone you all know, Dr. Phil. Dr. Phil, thanks for joining me. It's nice to see you again.

PHIL MCGRAW: It's good to see you. Thanks for talking to me again.

JOHN WHYTE: I want to start off with this issue of vaccine hesitancy. And we have to recognize that the hesitancy is also in many families. Some members are getting vaccinated. Others aren't. One spouse thinks it's a good idea. The other doesn't.

Do you not bring it up at the dinner table? Or do you say, hey, if I want to stay safe, I've got to get everyone around me vaccinated? So I might need to convince them. That can create some crazy family dynamics. What do you advise, Dr. Phil?

PHIL MCGRAW: Whether it's at the dinner table or you call an actual meeting, set aside a time to talk about it, I do think it needs to be met head on. And as in any disagreement that you have in the family, I think it's really important that you start out with the goal to be understood, to be heard, not necessarily to be agreed with. Because that's where you set up the conflict where people bow their neck and start to get defensive and resistant.

Because if you instead say, listen, what I want you to do is hear me out. I want you to understand my point of view. And then you can make up your own mind about what you want to do, oftentimes you'll get a much

better audience that way than if you're really trying to overwhelm somebody.

Because right now, doctor, I think we're up against confirmation bias here. And just to explain to people that may not be totally familiar with the term, with confirmation bias, it obviously means that we hear only those things that confirm what we already believe. But what most people don't understand is that with confirmation bias, when you get information that's contrary to your belief, the psychological tendency is it deepens your belief.

You get contrary information. It deepens your belief. It doesn't cause you to move your position. So rather than get into a problem of butting heads, you need to have a discussion about it where you can have an exchange of ideas and talk about the science associated with it instead of your position, your opinion.

JOHN WHYTE: And let's be real practical, too. Realistically, have that meeting. You're not going to convince someone who's been hesitant this long. So do you keep trying? When do you say, you know what? I'm just going to give up. And everyone's going to have to live their lives a little differently.

Is it two times? Is it five times? I know there's not a set number. But we shouldn't expect to be able to convince them after one time. How many times do we try?

PHIL MCGRAW: Well, generally, you have to read the situation. And if there is an open dialogue, if there's a sharing of beliefs, if you get to the point where it's just because I said so, at that point you're talking to yourself. But if you're actually having an open exchange of ideas, that means the topic is still open. And you can really-- I believe in the principle of reciprocity.

And if you start out by saying, listen, I don't have all the answers here. And I'm not pretending that I do. But what I want to share with you are some things that I've discovered that might be helpful to you. So let me share those things with you. And I'm going to invite

you to share with me the things that you've discovered that have supported the position you've taken. And let's share that. And maybe between us, we might convince one another, as long as you've got that exchange of ideas, then you do have a dialogue. And it's worth continuing the exchange of ideas.

But when you get to the point where, well, just because, that's why, at that point you're through talking. But if you can keep the channel open with exchange of information, then you've got a chance. But I don't think you want to give up until you get to the just crossed arms and because.

And I say that because this is a very important position. If I'm looking at the data right now, this is not a close call. If you look at the percentage of people that are getting sick, hospitalized, or dying right now, the percentage of people that are not vaccinated make up the vast majority of those people. We need to get vaccinated here. I'm sorry. We just need to get vaccinated.

JOHN WHYTE: It's 99% of cases occur in the unvaccinated. Let's talk about kids, Dr. Phil, because it's different if you and I as adults are making decisions about ourselves. It's different when we're making decisions about our kids.

And we recently covered a story at WebMD where there's this discordance between parents. One parent feels it's OK to vaccinate and feels it's necessary to vaccinate a 14-year-old. And the other parent says, hey, no way. I want to wait. How do you manage that? And then how does divorce factor into that when the parents are separated?

PHIL MCGRAW: Well, I actually read that story. And I thought it was a very important story that you guys did on that. And thank you for doing it because I thought you brought up some very important points there. And I encourage everyone to read that article because it's very thought-provoking and also has some very good action steps in it.

What I want to add to that article is number one, I think it's very important that you keep the government out of your family business if you possibly can. And by that, I mean you don't want to invite the court, the family court, a judge into your family if you can discuss these things between yourselves and come to some kind of resolution.

Because if you say, well, we'll just let the court decide, you have no idea how much control you're giving up. You have no idea how somebody is going to decide or what they're going to say. You're much better off if the two of you can sit down as adults and have the kind of exchange that you and I just talked about and come to some kind of reasonable agreement about your child.

Now, if you have a divorce decree, you have to follow it. But it also comes down to just human decency. Both of you are invested in this child. And even if you have the custodial right or responsibility to make medical decisions, you still have the moral imperative to inform the other parent and get their input. I mean, that's just common sense.

But I think it's really important that we continue to default to the science here. This is not something that we need to be depending on what some celebrity says, what some politician says. It doesn't matter. What you need to look at is the science. The numbers don't lie here. These are matters of fact, not conjecture. And I think we have to default to that every single time.

And that doesn't mean that the science doesn't change across time. It's evolving, and it's developing. But the trend doesn't change. The trend is get vaccinated.

JOHN WHYTE: Now I want to ask you about dealing with friends and colleagues. So say a friend invites you out to dinner. And people are rightfully concerned about the variant. And maybe you're just not ready to go inside to a restaurant.

Do you tell them that? Or do you just make up an excuse? Isn't it easier to just say, oh, hey, I'm busy. I'll get back to you. Do you really want to open up that whole discussion around whether it's safe to go in a restaurant? What are you suggesting people do, Phil?

PHIL MCGRAW: I think they be transparent about this because, look, there's no shame in this at all. Look, I think it's important that we just resolve that we're going to meet people where they are and not expect them to meet us where we are. If we're OK with going to a restaurant, then fine. But if they're not, then we need to respect that and have a plan B.

If I call you and say, John, let's go to a restaurant and plan out what we're going to do in our next conversation, and you say, you know, I'm not real comfortable with this variant flying around right now, then my thought should be that what I really value is

our time together, our exchange of information. And it doesn't really matter where it takes place.

And if I really am interested in my communication with you, the setting is not so important. I should be focused on that, not on the setting. And I should meet you where you are. And if right now you have anxiety about it, you may have a secondary condition that I don't know about where you're immune compromised or something. So you're on a different sensitivity level than I might be. Then OK, let's just be upfront about it.

JOHN WHYTE: But Dr. Phil, is it TMI, Too Much Information? Wouldn't it just be easier if people said, oh, hey, I'm busy, or no? You feel we should have that discussion because that might help with the overall public health messaging.

PHIL MCGRAW: I think it is important to be transparent. But you raise a good point, doctor. I don't think you have to tell everybody your business. I think you can just say, you know what? I'm really not comfortable with that right now for reasons that I'm not going to bore you with. But can we look at an alternative plan? Could we meet outside? Could we do something different because I think we would have a more productive meeting right now?

I don't think you need to be shamed because you're not comfortable going in there. But you also don't need to tell them that you have some kind of congestive disorder or whatever. You don't have to disclose that. But you can say, for reasons I won't bore you with, I'm not comfortable in that setting right now. So can you respect that? And let's do it this way or that way.

So I wouldn't feel guilty about it. I wouldn't feel like I need to give you my entire medical file. But I would claim my right to do it the way I want to do it.

JOHN WHYTE: And we've learned who our friends are during this COVID pandemic as we've been locked down, haven't we?

PHIL MCGRAW: Oh, yes we have. And I think it's important that we look-- I mentioned earlier the principle of reciprocity. I think you get what you give. I really do. I think if you lead with transparency, you're likely to get transparency.

So if you are talking to somebody about the level of comfort or going to a restaurant or not going to a restaurant or whatever, and you lead with, hey, I've

really been on the fence about this. I've gone back and forth. And I'm just now getting to where I kind of feel OK about this. So I'm wondering-- and maybe you don't, which would be absolutely OK. But I just kind of crossed that line. So tell me where you are. I'm asking. There's no judgment or expectation.

But I think the principle of reciprocity-- you get what you give. You pass somebody in a mall, and you say, how are you doing? And they say, fine, how about you, what are you likely to say? Fine. You're going to give what you got.

If you say, how are you doing? And they say, oh, boy, I've had a rough week. How about you, you might respond, yeah, it has been a rough week. You get what you give. And so I think if you engage people in a way that calls for some transparency, they'll probably give you what you gave them.

JOHN WHYTE: Something you and I have had an opportunity to talk about over the past 16 months are the mental health aspects of the pandemic. And we know we're going to get past this pandemic. When? We're still not completely sure. But we're going to have a mental health pandemic. We're having it now. That's going to continue long beyond this infectious disease pandemic.

So Dr. Phil, how do we help folks recognize maybe they're suffering from PTSD from the lockdowns? And they're just not ready. They're incapable of returning to some sense of normalcy. What advice do you have for viewers, for listeners about addressing those mental health aspects?

PHIL MCGRAW: Well, I think the first thing, Dr. Whyte, is to know what the warning signs are so you don't miss that this is not just normal ups and downs. Because we're already seeing, as you know, a very high incidence of PTSD, anxiety, and depression.

And so to run through a quick list of these things, if you're finding yourself detaching from things that you ordinarily would be passionately involved in, if you're having intrusive memories, flashbacks to things that were really traumatic for you. Certainly if you've been hospitalized or if you were on a ventilator or if you were really ill or someone close to you was really ill in a life-threatening sort of way, and those things are coming back to you.

If you're having nightmares. If you find yourself avoiding anything that might trigger or remind you of those things. If you're experiencing insomnia. If you're really quick to anger. If you're having memory loss. If you find yourself really edgy, jumpy, easily startled, negative thoughts. If you're drinking more than you used to, so you're kind of self-medicating.

Any of those things-- it doesn't have to be all of them. It can be a combination of those things. You need to really ask yourself, do I need to get some help here? Do I at least need to go-- maybe you start with your general practitioner, your family doctor. And ask them, does this seem to reach a critical mass that I need to get some help with it?

Because you don't worry about a stigma here. There is help for this. It can get better. But it's not going to magically go away with time. If you've gotten caught in this trap, it's OK to ask for some help because people will understand. It's very explainable as to why you would be there. I would ask myself not why someone would be in that condition, but why not, given all of the trauma that we've been through and all the fear of the unknown and the virus and the financial pressures and everything that's gone on. There's just been a lot of stress. So I think you have to know what those warning signs are, the red flags are. Watch for them. And if they're there, say, you know what? I need to get some help with this. Maybe that's short-term

medication. Maybe it's some short-term therapy. Maybe it's a group that's supportive. There are all kinds of help that's available. And I don't want to do a shameless plug here, but WebMD has some amazingly good information about that that people can reference that will guide them and walk them through how to get to the help, how to recognize and then get to the help about this.

JOHN WHYTE: Well, thank you for saying that. And as you point out, it's OK not to be OK. And there are effective therapies out there.

Dr. Phil, as always, I want to thank you for taking the time today to share your insights. You always give us practical advice on how we deal with these everyday situations. And we know there is going to be a lot of discord over the next few months as we try to get through this potential surge in some areas of the country. So thank you, Dr. Phil.

PHIL MCGRAW: Well, thank you for talking about this. We don't want to go through all of this and then stumble on the 1-yard line. Let's stay the course these final stages of this and make sure we get across the goal line with this. We've come all this way. Let's be sure we are responsible in these final steps.

JOHN WHYTE: I like that. We're at the 1-yard line. Thanks.

PHIL MCGRAW: Thank you.

ચલે છેબીલો ગુજરાતી
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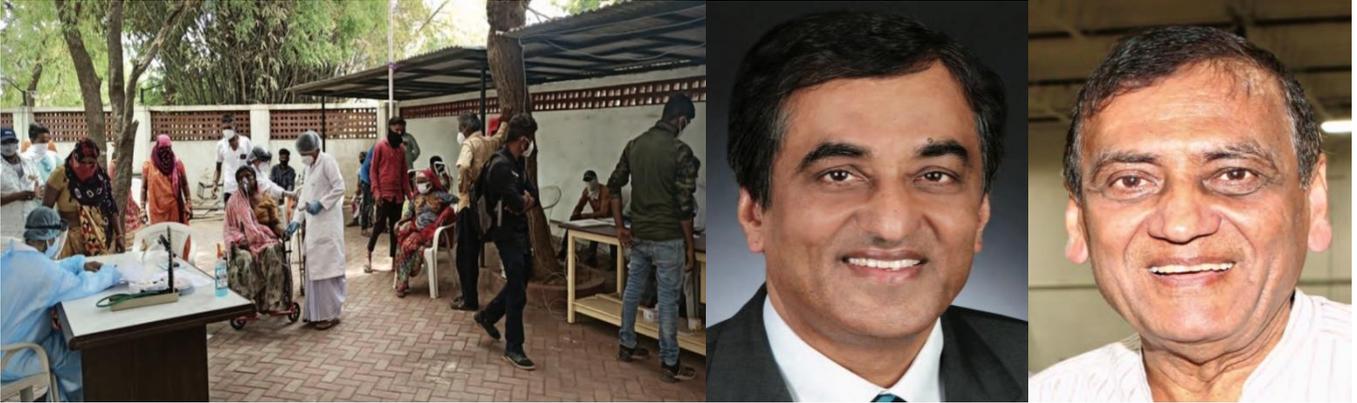
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CORONAVIRUS: NEWS FROM AROUND THE WORLD:



'SHARE & CARE 2020 YEAR IN REVIEW'

38th Annual Gala: Over Half A Million In Funds Raised

The theme of our 38th Annual Gala — “Rising Together” — recognized the changes and challenges presented by the pandemic and honored the bonds of humanity and hope that connect communities around the world. Due to COVID-19 this was our first-ever virtual gala in which all could participate.

The evening included a short film outlining our COVID-19 disaster relief efforts and our ongoing Signature Programs. There was an outpouring of support including warm wishes from Padma Shri Ashaji Parekh and from Congressman Frank Pallone, who recalled a trip to India and thanked Share & Care for the organization's extensive COVID-19 disaster relief efforts.

“COVID has been a big issue in India. Lots of people have died, especially poor people, because all of them cannot afford to be in the hospital. I think Share & Care has picked up this issue and I am very happy that they are doing such good work for India at this time.”

— Padma Shri Ashaji Parekh

“I’ve been associated with Share & Care over the years and like the fact that it also encourages a strong partnership in its mission to bring together India and the United States. One of the unique and particularly admirable aspects of Share & Care Foundation is the grassroots effort it supports in promoting development in India.” — Congressman Frank Pallone, Jr.

**** Covid vax safe for patients with rheumatic, lupus disease.***



mRNA Covid-19 vaccination is safe for patients with rheumatic and musculoskeletal diseases — such as inflammatory arthritis and lupus — and flares of their

conditions were uncommon after two doses, according to a study.

The study, published in the journal *Arthritis and Rheumatology*, examined 1,377 patients with rheumatic and musculoskeletal diseases.

About 11 per cent of patients reported flares after vaccination that required treatment, and there were no reports of severe flares.

Flares were associated with prior SARS-CoV-2 infection, flares in the six months preceding vaccination, and use of combination immunomodulatory therapy. These early safety data can help address vaccine hesitancy in patients with rheumatic and musculoskeletal diseases. “Our findings demonstrate that the vaccines are safe and should

alleviate the safety concerns of any hesitant patients,” said first author Caoilfhionn Connolly, of Johns Hopkins University’s School of Medicine.

“This study highlights that most of our rheumatic patients tolerated the vaccine well with mostly having local reactions such as injection site pain, which was quite reassuring, but most importantly, we did not observe any severe flares of their underlying autoimmune disease,” added Julie J Paik, from the varsity. The American College of Rheumatology also recommends Covid vaccination for people with lupus and other rheumatic diseases, except for patients with a known allergy to a vaccine component or life-threatening illness (currently resulting in intensive care).

A recent study published in the Lancet journal found that Covid vaccine is largely well tolerated in people with lupus.

Just 3 per cent of participants (21 people out of 693) reported a medically confirmed lupus flare roughly 3 days after vaccination. In most cases (71 per cent), this resulted in a change in lupus treatment, and four of the 21 people were hospitalized due to the flare up.

* **Obama scales back 60th birthday...**



Former President Barack Obama has changed plans for his 60th birthday party set to take place in Martha's Vineyard this weekend, cutting down the event's guest list as the Delta variant drives a surge in coronavirus infections.

"Due to the new spread of the Delta variant over the past week, the president and Mrs. Obama have decided to significantly scale back the event to include only family and close friends," Hannah Hankins, a spokesperson for Mr. Obama, said in a statement. "President Obama is appreciative of others sending their birthday wishes from afar and looks forward to seeing people soon."

The outdoor event was planned several months ago in accordance with public health guidelines, she said.

Monday that Mr. Obama was planning to host "hundreds of guests" at the 60th birthday celebration at

his home on Martha's Vineyard. The news outlet said guests were asked to be vaccinated and to submit a negative COVID-19 test within a specified time frame before the soiree.

A White House spokesperson told that President Biden could not attend, and White House press secretary Jen Psaki told reporters Tuesday that the administration advises "everyone to follow public health guidelines, which I know the former president, who is a huge advocate of getting vaccinated, of following the guidance of public health experts, would certainly advocate for himself as well."

Actor George Clooney, director Steven Spielberg and Oprah Winfrey were among the invitees to Mr. Obama's party.

The highly contagious Delta variant has driven a spike in coronavirus cases and hospitalizations, and the surge prompted officials in several cities and states to reinstate COVID-19 protocols, including mask requirements, to combat the spread of the virus.

The Centers for Disease Control and Prevention last week updated its mask guidance to encourage all Americans, vaccinated and unvaccinated, in areas with "substantial or high transmission" to wear masks indoors.

Massachusetts is among the states reporting an increase in coronavirus cases, and the level of community transmission in Dukes County, where Martha's Vineyard is located, is considered "substantial," according to the CDC.

* **Can antibodies to common cold protect?**



Pre-existing antibodies against human cold coronaviruses (HCoV) can likely confer cross-protection against Covid-19 infection, suggests a study. The study, led by researchers at the Barcelona Institute for Global Health (ISGlobal), found that people who were infected by SARS-CoV-2, the virus causing Covid-19, had lower levels of HCoV antibodies. Moreover, asymptomatic individuals had

higher levels of anti-HCoV IgG and IgA than those with symptomatic infections.

The study, published in Nature Communications, also showed that the levels of IgG antibodies against the spike protein of SARS-CoV-2 remain stable, or even increase, seven months after infection.

“Although cross-protection by pre-existing immunity to common cold coronaviruses remains to be confirmed, this could help explain the big differences in susceptibility to the disease within the population,” ISGlobal researcher Carlota Dobano said.

For the study, the team analyzed blood samples from 578 participants, taken at four different time points between March and October 2020.

They used the Luminex technology to measure, in the same sample, the level and type of IgA, IgM or IgG antibodies to six SARS-CoV-2 antigens as well as the presence of antibodies against the four coronaviruses that cause common colds in humans. They also analyzed the neutralizing activity of antibodies.

The results show that the majority of infections among healthcare workers occurred during the first pandemic wave — the percentage of participants with SARS-CoV-2 antibodies increased only slightly between March and October—from 13.5 per cent to 16.4 per cent. With the exception of IgM and IgG antibodies against the nucleocapsid (N), the rest of IgG antibodies (including those with neutralizing activity) remained stable over time, confirming results from other recent studies. “Rather surprisingly, we even saw an increase of IgG anti-Spike antibodies in 75 per cent of the participants from month five onwards, without any evidence of re-exposure to the virus,” the study’s senior co-author Gemma Moncunill said. No reinfections were observed in the cohort.

*** London still the most vax resistance area of UK:**

Although the UK has witnessed a sharp decline in coronavirus vaccine hesitancy, London still remains the most vaccine resistance area of the country, a survey by the Office for National Statistics (ONS) revealed. In the survey released on Monday, the ONS said adults from all regions of England, Scotland and Wales became less likely to report coronavirus vaccine hesitancy during the first half of 2021, but in London, the hesitancy level fell from 11 per cent to 7 per cent, reports Xinhua news agency.

“Despite the fall, Londoners remained the most vaccine hesitant among the regions and countries of Britain,” said the ONS.

London also appears to be behind other regions on vaccine uptake, it added.

At the end of June 2021, one in nine (11 per cent) adults aged 50 years and over in London had not received a coronavirus vaccine, twice the rate of any other English region.

The sharpest decline in hesitancy was in Wales where the rate decreased from 9 per cent in March to 4 per cent in July. In Yorkshire and the Humber region of England the number halved to 4 per cent, while in north east England it fell from 7 per cent to just 3 per cent. The ONS said in some regions of Britain, people in bad health became less likely to report vaccine hesitancy than those in good health.

“In line with trends observed across Britain as a whole, young adults, those of Black or Black British ethnicity, and the unemployed are generally the most hesitant towards vaccines in all English regions, Scotland and Wales,” said a spokesperson for ONS.

“Rates of hesitancy among these groups tended to be highest in London and the Midlands, despite falling compared with earlier in the year,” said the spokesperson. Nearly 90 per cent of the adults in Britain have had their first dose of vaccine, while more than 74 per cent have had their second jab, according to the latest figures.

***UK turns India from 'red' to 'amber'**

The UK has eased Covid-19 travel restrictions on India. Arriving travellers who are fully vaccinated can now complete a 10-day quarantine at home or in the place they are staying, and it will no longer be mandatory for them to quarantine in a managed hotel. Read as part of a review of its 'red-amber-green traffic light ratings' for international travellers, the UK [moved India](#) from the 'red' to the 'amber' list. The changes come into effect from August 8.

The move is expected to benefit thousands of Indians, mainly students, professionals and those who have family in the UK, who had been effectively barred from travelling to Britain after the second wave of infections in India. Before travelling to the UK, Indian nationals must take a Covid test three days before the date of travel, book and pay for Covid tests to be taken after arrival, and complete a passenger locator form.

Under the UK's voluntary 'Test to Release' scheme, Indian travellers can choose to pay for a private Covid test on the fifth day of quarantine. If the result is negative, they can end their quarantine.

The United Arab Emirates has lifted a ban on transit flights, including from India. Also, the US [has lowered](#) its travel advisory for India from the highest Level 4 (meaning no travel) to Level 3 which urges citizens to reconsider such plans.

COVID19: Weekly Update.

The numbers below are from
Saturday 08-07-2021 * 12pm US East coast Time...

Compiled Periodically By:

Kaushik Amin, USA.

201-936-4927/Kaushikamin@hotmail.com

There are likely false data & variations in data most of the time, so,

Please use the data wisely.

Details are compiled from various sources.

Marked "" are not reliable data.*

World:

202,679,891. Cases. / 4,295,648. Deaths.

Recovered till today:

182,155,789.

01. U.S. A.:

36,449,535. Cases. / 632,647. Deaths.

02. India** (???)

31,902,422. Cases. / 427,565. Deaths.

03. Brazil:

20,108,746. Cases. / 561,807. Deaths.

06. UK:

6,042,252. Cases. / 130,281. Deaths.

25. Canada.

1,438,080. Cases. / 26,663. Deaths.

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

825,020. (???) Cases. / 10,077. (???) Deaths.

USA States:

01. California: 4,032,023. Cases. / 64,733. Deaths

02. Texas*:

3,225,300. Cases. / 53,794. Deaths.

03. Florida:

2,746,914. Cases / 39,602. Deaths.

04. New York*:

2,233,123. Cases / 54,298. Deaths.

05. Illinois:

1,436,353. Cases. / 26,992. Deaths.

06. Pennsylvania:

1,239,918. Cases. / 27,998. Deaths.

07. Georgia:

1,211,439. Cases / 21,951. Deaths.

08. Ohio

1,138,60 Cases / 20,556. Deaths.

10. New Jersey*:

1,046,514. Cases. / 26,636. Deaths.

15. Massachusetts:

726,395. Cases. / 18,095. Deaths.

33. Connecticut:

358,076. Cases / 8,296. 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), Lambda and now Kappa variants are around & can create another pandemic, so be careful & follow religiously the Guidelines given by the Medical Authorities of your country.

* 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 Johnson & Johnson'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 new wave of Delta and Delta Plus and three other virus variants, 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 Summer days of 2021, 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, 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.