CORONAVIRUS NEWS BRIEF

Compiled Periodically from various sources By:

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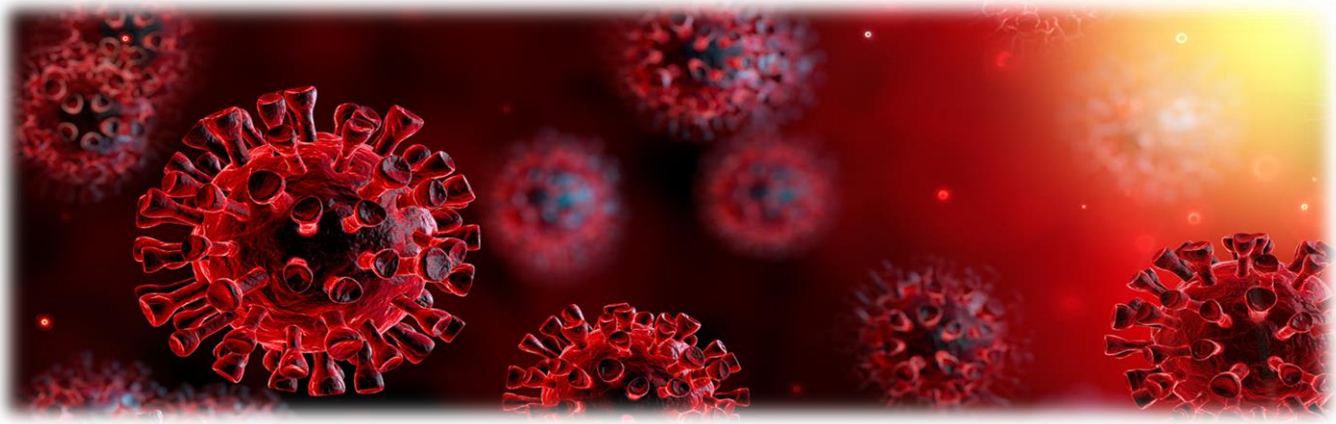
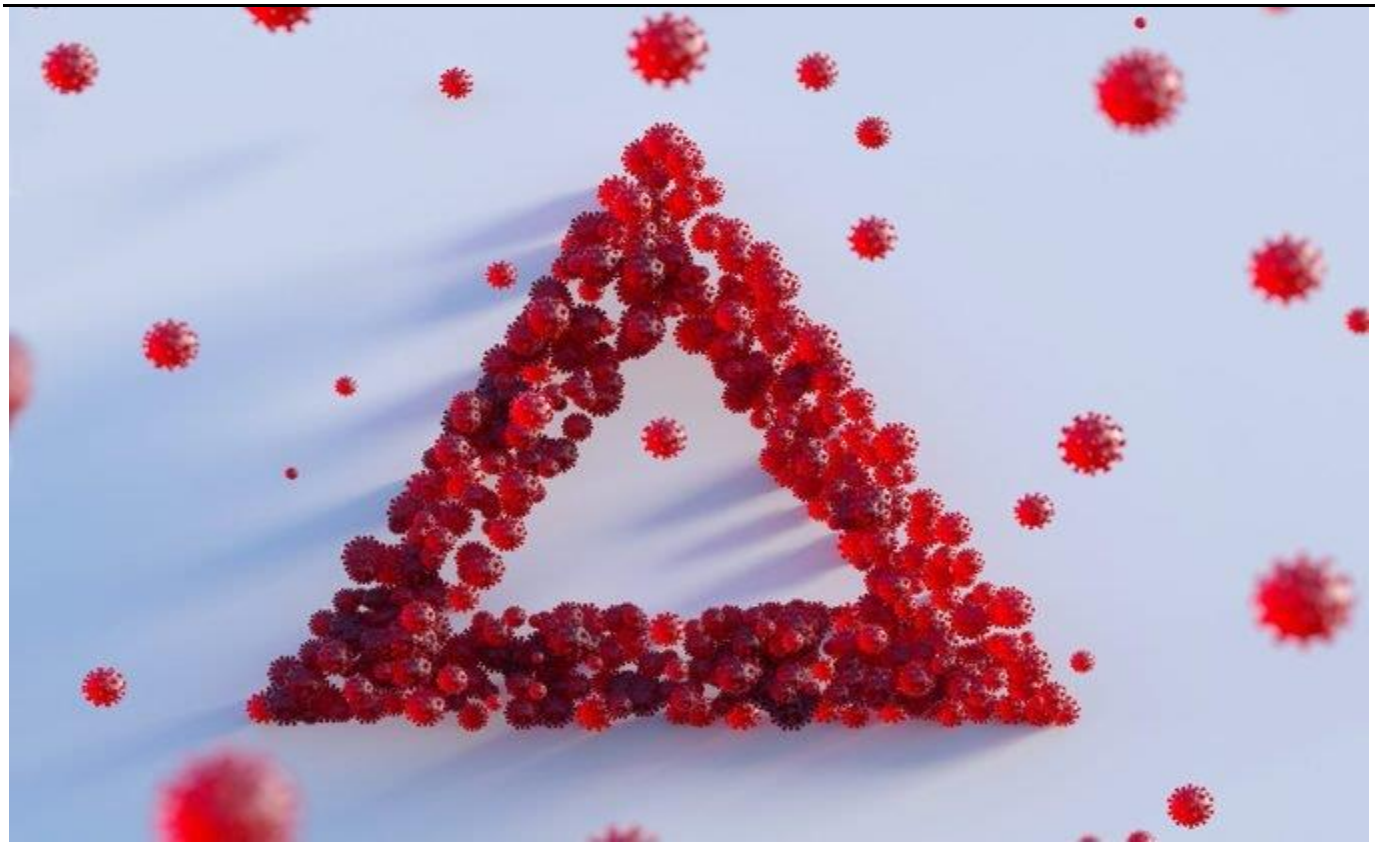
Issue# 30 * August 28, 2021- Saturday.





Delta will spur more "breakthrough" infections

(Report on Page: 2)

5 Ways Delta Differs From "Regular" Covid and 3 Ways it's the same!

Amanda Gardner

The Delta variant is now the dominant strain causing Covid-19 illness in the U.S. How does it differ from previous incarnations of the virus?

How the Delta variant is different

Covid-19 is upending our lives once again, thanks to the new, super-spreading Delta variant.

First identified in India in December of 2020, Delta now represents more than 83 percent of new U.S. cases, according to the Centers for Disease Control and Prevention (CDC).

It's flying far and wide among unvaccinated people, pushing overall case rates up and straining hospitals, once again, to the brink.

The average positive rate for SARS-CoV-2, including the Delta variant, has steadily increased over the past six weeks, says Kim Gorode, a spokesperson at Quest Diagnostics, a major testing lab.

This is what fully vaccinated and unvaccinated people need to know about the dominant Delta variant.

Delta is more infectious

The most worrisome feature of the Delta variant is that it spreads much more easily than earlier versions.

One person with the original virus would infect 2.5 other people, on average.

Meanwhile, Delta is known to infect five to eight other people, says Ravina Kullar, PharmD, a spokesperson for the Infectious Diseases Society of America (IDSA) who is also adjunct faculty at UCLA's David Geffen School of Medicine.

According to internal CDC documents reported by The New York Times, the variant is as contagious as chickenpox and more transmissible than MERS, SARS, Ebola, the common cold, the annual flu virus, and smallpox.

It is not as efficient at mutating as HIV, the virus that causes AIDS.

Delta will spur more "breakthrough" infections

"If you're vaccinated, you're still much less likely to get very sick, but you're more likely [to get infected] than with the previous version," says Aaron Glatt, MD, a spokesperson for the Infectious Diseases Society of America and chief of infectious diseases at Mount Sinai South Nassau in New York.

That's simply the result of higher numbers overall.

Infections in vaccinated people are breakthrough infections.

Currently, breakthrough infections represent only about 0.01 percent of all Covid-19 infections.

That proportion isn't likely to change, but as overall infections go up, so will spillover into vaccinated people.

The vaccines can still protect you

The available data are preliminary but, so far, it looks like two doses of the Pfizer mRNA vaccine are about 88 percent effective in warding off Covid-19 symptoms.

That's down from the 95 percent figure cited for the earlier variant, but still shockingly high.

The Moderna vaccine is also highly effective against Delta, possibly higher than Pfizer, says John Zaia, MD, director of City of Hope's Center for Gene Therapy in Duarte, California.

The one-shot Johnson & Johnson vaccine is less effective against Delta but, Dr. Zaia points out, still very good at preventing hospitalizations and death, as are Pfizer and Moderna, also.

Everyone will probably need boosters one day

On August 12, the Food and Drug Administration granted an emergency use authorization for a third booster shot of Pfizer and Moderna for people with weakened immune systems, including organ transplant recipients.

Immunocompromised people don't respond as well to vaccines and are already at a heightened risk of severe illness and death from Covid-19.

The Delta variant likely played a major role in the FDA approval, says LaTasha Perkins, MD, a family physician in Washington, D.C.

"The booster may offer immunocompromised people the same level of protection as a non-compromised immune system has," she says.

There may be more help for this group coming.

Dr. Zaia and his colleagues are currently enrolling for a Phase 2 trial of a Covid-19 vaccine. It is specifically for people with less robust immune systems.

"The first vaccine that comes along is not the last one," says Dr. Zaia, who believes we will all need boosters at some point. "As a virus becomes endemic, you have annual shots."

Delta probably doesn't make you sicker

Some studies have suggested that Delta actually makes you sicker with more patients hospitalized than the original virus, but others contradict this idea.

"I don't believe it's causing more serious illness," says Dr. Zaia. "We see more hospitalizations and deaths because there are more cases."

Delta seems to produce the same symptoms as earlier versions of the virus, that is to say, fever and chills, cough, difficulty breathing, loss of taste or smell, headache, congestion.

There are some early hints that cough and loss of smell may be less common with Delta.

As with previous mutations, vaccinated people usually have much milder symptoms, and are less likely to go to the hospital or die due to the infection.

Delta hits children hard

A British study found that positive Covid-19 tests in children ages five to 12 seemed to be driving much of the growth of the Delta variant. (Note that this research article is a preprint and has not been peer-reviewed, yet.)

This is probably a factor in how fast the virus spreads, rather than any specific mutation targeting children, says Dr. Zaia.

There's also no vaccine approved for children. Overall, notes Dr. Zaia, "Most of people in any age group who are in the hospital or dying are unvaccinated."

Vaccinated people can still transmit Delta

In fact, they may be more infectious given that viral loads from Delta may be as much as 1000 times higher than previous strains, according to one study in the journal Genomic Epidemiology. "Delta has increased the amount of virus that appears in your throat and nose," says Dr. Zaia. That's both in vaccinated and unvaccinated folks. The slightly better news is that vaccinated people may not be infectious for as long as someone not vaccinated.

Delta isn't the first mutation, and it won't be the last

As an RNA virus, SARS-Cov-2 mutates almost by definition. Most of the mutations have no additional impact on human health compared to the first strain of the virus that swept the globe, but some do.

One was the Alpha variant, first identified in the U.K. "I would say that's put to shame by the Delta variant," says Dr. Kullar.

Beta (South Africa) and Gamma (Brazil) are also "variants of concern." The emerging Lambda version, first noticed in Peru, is a "variant of interest."

Getting more people vaccinated is the only thing that will stop the spread of new, potentially more deadly, and more infectious variants.

"If anything, the Delta variant tells us that everyone needs to get vaccinated," says Dr. Kullar.

"The more people who are vaccinated, the closer we are going to get to herd immunity." (Herd immunity is when there are enough people vaccinated in a community to break the chain of infections.)

Masks still work

The CDC recently updated its guidance to recommend that even vaccinated people wear masks in public indoor places in areas of substantial or high transmission.

"The importance of masks, physically distancing, not having mass gatherings indoors or outdoors needs to be reemphasized," says Dr. Kullar.

In fact, masks may be more important than ever, no matter your vaccination status.

If you haven't been vaccinated and are able to do so, go do it. You may have heard some ludicrous Covid-19 vaccine conspiracy theories, but you can comfortably dismiss them. (And no, the Covid-19 vaccines do not cause infertility.)

If you are vaccinated, pay attention to any boosters you may need and mask up when you're in high-risk situations.

***Amanda Gardner** is a freelance health reporter whose stories have appeared in cnn.com, health.com, cnn.com, WebMD, HealthDay, Self Magazine, the New York Daily News, Teachers & Writers Magazine, the Foreign Service Journal, AmeriQuests (Vanderbilt University) and others. In 2009, she served as writer-in-residence at the University of Wisconsin School of Medicine and Public Health. She is a community artist and recipient or partner in five National Endowment for the Arts grants.*

Heart inflammation more common after Covid than Pfizer vax.

Pfizer's Covid vaccine has been linked with an increased risk of developing myocarditis — a type of heart inflammation. But, the risk of the condition that can lead to heart failure, abnormal heartbeat and sudden death is more common after being infected with Covid-19, finds a large study that emphasizes the need to get jabbed. The study, published in the New England Journal of Medicine, showed that the Pfizer/BioNTech BNT162B2 vaccine against Covid-19 is safe. Out of 25 potential side effects examined, 4 were found to have a strong association with the vaccine. Myocarditis was found to be associated with the vaccine, but rarely- 2.7 excess cases per 100,000 vaccinated individuals. The myocarditis events observed after vaccination were concentrated in males between 20 and 34.

In contrast, coronavirus infection in unvaccinated individuals was associated with 11 excess cases of myocarditis per 100,000 infected individuals.

Other adverse events moderately associated with vaccination were swelling of the lymph nodes- a mild side effect that is part of a standard immune response to vaccination, with 78 excess cases per 100,000, appendicitis with 5 excess cases per 100,000 (potentially as a result of swelling of lymph nodes around the appendix), and herpes zoster with 16 excess cases per 100,000.

However, high rates of multiple serious adverse events were associated with coronavirus infection among unvaccinated patients, including: Cardiac arrhythmias (3.8-fold increase), kidney damage (14.8-fold increase), pericarditis (5.4-fold increase), pulmonary embolism (12.1-fold increase), deep vein thrombosis (3.8-fold increase), myocardial infarction (4.5-fold increase), and stroke (2.1-fold increase).

"These results show convincingly that this mRNA vaccine is very safe and that the alternative of 'natural' morbidity caused by the coronavirus puts a person at significant, higher and much more common risk of serious adverse events," said Professor Ran Balicer, Director of the Clalit Research Institute and Chief Innovation Officer for Clalit.

The study which provides reliable information on vaccine safety may also help people with vaccine hesitancy.

"Those who have hesitated until now to get vaccinated due to concerns about very rare side effects- such as myocarditis - should be aware that the risks for this very same side effect are actually higher among unvaccinated infected individuals," Professor Ben Reis, Director of the Predictive Medicine Group at the Boston Children's and Harvard Medical School.

For the study, the team examined 884,828 vaccinated individuals aged 16 and over who were carefully matched with 884,828 unvaccinated individuals between December 20, 2020 and May 24, 2021.

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COVID-19 poses higher risk for symptoms than vaccines

Two separate vaccine studies have found that COVID-19 poses a higher risk of symptoms than the risk of certain rare vaccine symptoms.

One study out of Israel's Clalit Research Institute in Tel Aviv found that while the Pfizer/BioNTech slightly raises the risk of myocarditis, or heart inflammation, actually catching COVID-19 posed a higher risk for heart inflammation.

Researchers looked at nearly 2 million people — some vaccinated, others unvaccinated and some who had COVID-19 and others who didn't — and monitored vaccinated people for 42 days after their first injection. Similarly, they monitored people who had COVID-19 and compared the two groups.

The study found the mRNA vaccines did increase risk of myocarditis, with about 1 to 5 events per 100,000 persons. However, the presence of COVID-19 increased that risk even more, with 11 events per 100,000 persons.

"Myocarditis is inflammation of the heart muscle," Dr. Sean T. Liu, who was not a part of the study, told CBS News. Liu, an assistant professor of medicine and microbiology at the Icahn School of Medicine at Mount Sinai, pointed out that while the risk of myocarditis is higher after receiving the vaccine, "the risks of myocarditis are still under investigation and should be considered but not create worry."

The study also found COVID-19 "substantially increased" many other serious adverse events, including: acute kidney injury, with 125.4 events per 100,000 COVID-19 patients, pulmonary embolism, with 61.7 events per 100,000 COVID-19 patients, and deep-vein thrombosis, a serious blood clot condition, with 43 events per 100,000 COVID-19 patients.

"COVID-19 is a terrible disease. I have watched it tear through families and kill my friends," Liu said. "There are risks and benefits to every medical intervention. The benefits of COVID-19 vaccination undoubtedly outweigh the risks."

The study, published in the New England Journal of Medicine, also looked at the risk for other symptoms such as lymphadenopathy, appendicitis and herpes zoster infection in the vaccines versus COVID-19 infection and found the vaccine was not associated with an elevated risk of most of the adverse events examined.

In fact, the vaccine actually protected against some adverse events, Grace Lee, professor of pediatrics at the Stanford University School of Medicine, wrote in a commentary about the study.

"What is even more compelling about these data is the substantial protective effect of vaccines with respect to adverse events such as acute kidney injury, intracranial hemorrhage, and anemia, probably because infection was prevented," Lee wrote.

"Furthermore, the persons with SARS-CoV-2 infection appeared to be at substantially higher risk for arrhythmia, myocardial infarction, deep-vein thrombosis, pulmonary embolism, pericarditis, intracerebral hemorrhage, and thrombocytopenia than those who received the BNT162b2 vaccine."

In an email to CBS News, Lee said their are two major benefits of mRNA vaccines that have been demonstrated by COVID-19.

"[One,] vaccine development is a lot faster when working with mRNA vaccines vs. inactivated vaccines or other more traditional platforms," she said. "[Two,] mRNA vaccines have really produced incredibly robust immune responses."

Another study out of the U.K. also shows COVID-19 patients are at a higher risk of developing blood clots than people who have received the AstraZeneca or Pfizer vaccines.

The AstraZeneca vaccine is available in the U.K. and unlike the mRNA Pfizer and Moderna shots used in the U.S., it is a viral vector vaccine.

This study, published in the British Medical Journal, monitored 29 million vaccinated people and about 1.7 million COVID-19 patients.

The study found an increased risk of blood clot syndromes after the first AstraZeneca and Pfizer shot. There was also an increased risk of cerebral venous sinus thrombosis (CVST or a blood clot in the brain's venous sinuses) after a first dose of both vaccines, "which might be a potential signal, although numbers were small and further confirmation is needed," the researcher say.

However, "the risks of these outcomes after vaccination were much lower than those associated with SARS-CoV-2 infection in the same population."

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FLORIDA COVID UPDATE:

901 ADDED DEATHS, LARGEST SINGLE-DAY INCREASE IN PANDEMIC HISTORY

Florida on Thursday reported 21,765 more COVID-19 cases and 901 deaths to the Centers for Disease Control and Prevention, according to Miami Herald calculations of CDC data.

All but two of the newly reported deaths occurred after July 25, with about 78% of those people dying in the past two weeks, according to Herald calculations of data published by the CDC. The majority of deaths happened during Florida's latest surge in COVID-19 cases, fueled by the delta variant.

It is the largest single-day increase to the death total in the state's COVID pandemic history.

In the last seven days, on average, the state has added 242 deaths and 22,556 cases each day, according to Herald calculations. The jump in the number of reported cases and deaths is due to the newest way deaths and cases are counted. The CDC implemented the change earlier this month, causing occasional one-day aberrations like the 901 additional deaths on Thursday and 726 more deaths reported Monday.

In all, Florida has recorded at least 3,151,909 confirmed COVID cases statewide and 43,632 deaths.

Florida COVID-19 vaccine rates

As of the Thursday report, 11,138,433 eligible Floridians — 51.9% of the state's population — had completed the two-dose series of Pfizer-BioNTech or Moderna, or have completed Johnson & Johnson's single-dose vaccine, according to the CDC.

COVID-19 VACCINES IN SOUTH FLORIDA

The CDC reports that every county's level of community transmission is high. Here's how many people have been fully vaccinated in South Florida, according to the CDC.

- In Miami-Dade County about 1,779,732 people, or 65.5% of the county's total population, are fully vaccinated.
- In Broward County about 1,077,319 people are fully vaccinated or 55.2% of the county's population.
- In Palm Beach County about 795,090 people are fully vaccinated or 53.1% of the county's population.
- In Monroe County about 45,789 people are fully vaccinated or 61.7% of the county's population.
- In Manatee County about 196,121 people are fully vaccinated or 48.6% of the county's population.

COVID-19 hospitalizations in Florida

There were 16,833 people hospitalized for COVID-19 in Florida on Thursday, according to data reported to the U.S. Department of Health & Human Services from 256 Florida hospitals. That is 331 fewer patients than Wednesday's COVID patient population.

COVID-19 patients also accounted for 28.76% of all hospital patients.

Of the hospitalized in Florida, 3,688 people were in intensive care unit beds, an increase of 54. That represents 55.28% of the state's ICU hospital beds from 256 hospitals reporting data.

Thursday's Miami-Dade County report said there were 1,692 COVID patients in the county's hospitals on Wednesday, a decrease of 201 from the previous day's report. Of the 152 new COVID patients, 131 (86.2%) had not been vaccinated.

(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. Look into 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.)

MONOCLONAL ANTIBODIES VS. VACCINES VS. COVID-19: WHAT TO KNOW

By Donavyn Coffey

The FDA authorized monoclonal antibody drugs from the companies Regeneron and Eli Lilly in November 2020, but only recently have they attracted more attention as the Delta variant of the virus that causes COVID-19 surges across the U.S.

Clinical trials show that Regeneron's monoclonal antibody treatment, a combination of two antibodies called casirivimab and imdevimab, reduces COVID-19-related hospitalization or deaths in high-risk patients by about 70%. And when given to an exposed person -- like someone living with an infected person -- monoclonal antibodies reduced their risk of developing an infection with symptoms by 80%.

"As hospitalizations go up nationwide, we have a therapy here that can mitigate that," says William Fales, MD, medical director of the Michigan Department of Health and Human Services Division of EMS and Trauma. Getting monoclonal antibodies is one of "the best things you can do once you're positive."

Whether you've just tested positive or been exposed, monoclonal antibodies could help you and your loved ones stave off COVID-19. Here's what you need to know.

How do they work?

Monoclonal antibodies are like the antibodies your body makes to fight viruses and other bugs, but they are made in the labs of pharmaceutical companies, like Regeneron. They're designed to target the coronavirus spike protein. When the antibodies bind to the spike protein, they block the virus from entering your body's cells, says Lindsay Petty, MD, an infectious disease doctor at the University of Michigan. If the virus can't enter cells, it can't make copies of itself and continue spreading within the body.

If a person is already sick, that means monoclonal antibodies prevent them from having severe symptoms that require hospitalization. If someone has been exposed, monoclonal antibodies can fend off the virus to prevent them from becoming sick in the first place.

Monoclonal antibodies were first authorized as an IV and are most commonly given at infusion centers. But a recent study showed they can also be given as an shot into the belly when an IV isn't as accessible.

As the coronavirus mutates, monoclonal antibodies targeted for the original form of the virus may become less helpful. The U.S. government stopped distribution of Lilly's monoclonal antibodies, bamlanivimab and etesevimab, after evidence showed they weren't as effective against new variants of the virus. But other monoclonal antibodies remain helpful."Consumers should know that Regeneron [does work] against the Delta variant," says David Wohl, MD, an infectious disease expert at the University of North Carolina.

How is it different from a vaccine?

A vaccine helps stimulate and prepare your immune system to respond if or when you are exposed to the virus, Petty says. "Your immune system is ready to create all these antibodies before they are needed."

Monoclonal antibodies boost the immune system after you are already sick, speeding up your immune response to prevent COVID-19 from getting worse. "But a vaccine does this much easier and much better," Petty says.

You can think of monoclonal antibodies as guided missiles that target and neutralize the virus, Fales says. But they don't stick around. While monoclonal antibodies are effective for about a month, they are long gone 6 months later, when a vaccine still offers significant protection.

When should you get them?

Timing is critical with monoclonal antibodies, according to Petty. The earlier they are given, the more effective they are at treating or preventing COVID-19.

They are really most effective within the first 4 to 5 days of symptoms, according to Wohl.

The best thing you can do, Petty says, is get tested as soon as you notice any possible symptoms. And as soon as you test positive, get in touch with your doctor about your interest in monoclonal antibodies either for

yourself or others you've been in contact with who are at high risk. Monoclonal antibodies can't be given after 10 days of symptoms, Petty says. So, "a delay [in testing or seeking out treatment] could mean there's not a treatment available."

Who's eligible for monoclonal antibodies?

There are two authorized uses for monoclonal antibodies: To treat or stop COVID-19's progression in a high-risk person who tests positive, and to prevent COVID-19 in a high-risk person who's been exposed.

To qualify for the treatment of mild or moderate disease, a person must test positive for COVID-19, have had symptoms for fewer than 10 days, not be hospitalized or on oxygen because of COVID-19, and be at high risk for the disease to get worse.

The FDA has recently expanded what it means to be high-risk for severe COVID-19, Fales says. Many more people now may qualify for monoclonal antibodies, including those with high blood pressure, heart disease, a body mass index (BMI) higher than 30, an autoimmune disorder, people taking immunosuppressant drugs, and people who are pregnant. The same groups of high-risk people can get monoclonal antibodies to prevent COVID-19 if they have been exposed. If you or a loved one is immunocompromised, based on CDC guidelines, and spent 15 minutes or longer within 6 feet of someone who tested positive, you likely qualify for a preventive monoclonal antibodies infusion.

As for vaccinated folks, there's no evidence that the treatment doesn't work or is harmful to them, Fales says. But vaccinated people have a lower risk of getting COVID-19 when exposed, and of developing severe COVID-19 if they do become infected, so they don't generally qualify for monoclonal antibodies for prevention. In certain cases, a vaccinated person may be eligible to get monoclonal antibodies, Fales says: If they are immunocompromised due to age or another condition and might not build a robust immune response to the vaccine that would protect them in case of exposure, or if they become infected with COVID-19 and their symptoms become significant.

How much does treatment cost?

The U.S. government has bought doses of Regeneron's monoclonal antibodies, which are free to patients who qualify. But depending on your insurance coverage, you may be charged for the cost of giving the treatment.

How do I get monoclonal antibodies?

Since monoclonal antibodies are primarily given in infusion centers, not doctors' offices, getting access isn't always straightforward. And many doctors still aren't very experienced with the treatment, Petty says.

Still, if you or a loved one has tested positive or been exposed and you think you might qualify for treatment; the first step is to contact your doctor. If they are familiar with monoclonal antibodies, they can help you get the treatment and bypass a lot of the work for you, Petty says. If your doctor isn't familiar with monoclonal antibodies, you should still talk to them about your interest in treatment. You can use websites from the Department of Health and Human Services and Infusion Centers of America to find a nearby treatment site.

Many of these sites require a referral from a doctor, Fales says. If you don't have a referral, they often can help you get one if you call ahead, whether through your doctor, a doctor at the infusion center, a telehealth consultation, or a local urgent care clinic.

Can I help relatives in assisted living get it?

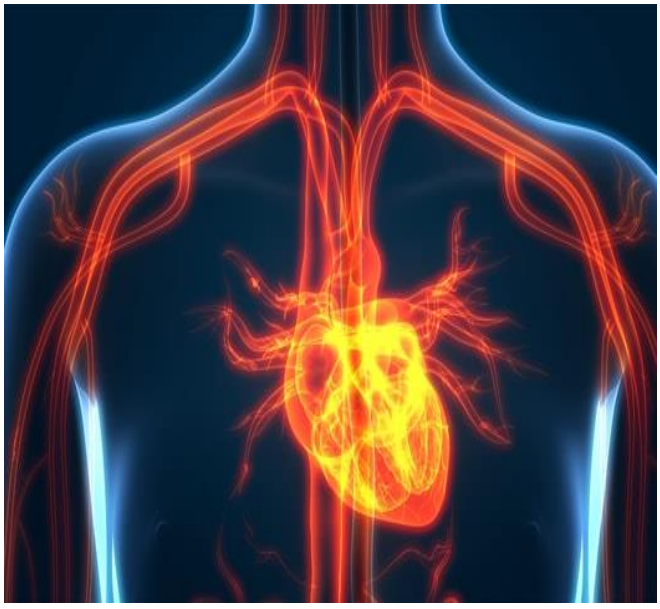
If you believe that a relative in a residential facility -- like a nursing home, assisted living facility, long-term care home, or prison -- has COVID-19 or has been exposed, the first thing you should do is have a conversation with the medical leadership at the facility.

Fales has partnered Michigan-based paramedics with several nursing homes in the state to have monoclonal antibodies delivered to these facilities when there's an outbreak. It's also possible for long-term care pharmacies to get monoclonal antibodies to administer in-house. If the medical leadership doesn't appear to be aware of the treatment, you can use the same websites to find the nearest infusion center and begin coordinating treatment with it.

It's a good idea, Fales says, to find out where monoclonal antibodies are offered in your area, and perhaps talk with your doctor or a high-risk loved one's doctor about how to get them, to be prepared. The faster you can get the treatment, the more likely it will help.

HEART INFLAMMATION MORE COMMON AFTER COVID-19 THAN AFTER VACCINATION

By Carolyn Crist



Myocarditis, or inflammation of the heart muscle, appears to be more common after a COVID-19 infection than after vaccination, according to a new study published Wednesday in The New England Journal of Medicine.

Based in Israel, the study showed that Pfizer's COVID-19 vaccine is linked to an increased risk of myocarditis, with about one to five cases per 100,000 people. But COVID-19 infection was linked to an increased risk of 11 cases per 100,000 people.

"Coronavirus is very dangerous, and it's very dangerous to the human body in many ways," Ben Reis, PhD, one of the study authors and director of the Predictive Medicine Group at the Boston Children's Hospital Computational Health Informatics Program, told The New York Times.

"If the reason that someone so far has been hesitating to get the vaccine is fear of this very rare and usually not very serious adverse event called myocarditis, well, this study shows that that very same adverse event is actually associated with a higher risk if you're not vaccinated and you get infected," he said.

Reis and colleagues analyzed electronic health records for nearly 2 million people from the largest health care organization in Israel. They calculated the rates of 25 harmful events that could be associated with COVID-19 vaccination or COVID-19 infection.

Overall, myocarditis was rare in both vaccinated and unvaccinated people. But it was more common in the vaccinated group, with about three extra cases for every 100,000 people.

Among those who had contracted COVID-19, there were 11 extra myocarditis cases for every 100,000 people, compared with those who had not been infected by the virus.

The study didn't break down the risks for myocarditis by age or sex, though the median age of people who developed the heart problem after vaccination was 25. Among the 21 cases of myocarditis, 19 were men.

The Pfizer vaccine was also associated with an increased risk of swollen lymph nodes, appendicitis, and shingles. All three sides effects were uncommon.

COVID-19 infection was associated with higher risks of serious cardiovascular problems, including heart attacks, irregular heartbeat, blood clots in the lungs or legs, kidney injury, and bleeding in the skull. For every 100,000 infections, there were an extra 25 heart attacks and 62 cases of blood clots in the lungs.

"When you try to make your decision on whether or not you should take the vaccine, one of the things to ask is not only what are the potential adverse events associated with taking the vaccine, but also what am I risking when I think about COVID-19 as the other option," Ran Balicer, MD, the lead study author and the chief innovation officer for Clalit Health Services in Israel, told the Times.

The FDA has been investigating the risks of myocarditis and pericarditis, or inflammation of the lining around the heart, in younger vaccine recipients, particularly adolescent and teen males.

Studies are ongoing, and the FDA said this week that Pfizer would do research on myocarditis and pericarditis risks in vaccinated people, including long-term effects on those who get sick, the newspaper reported.

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Gottlieb says Pfizer COVID-19 vaccine could be approved for children by early winter

Scott Gottlieb, the former commissioner of the Food and Drug Administration, said the Pfizer-BioNTech vaccine could be approved for children by early winter. Gottlieb, who is on Pfizer's board of directors, said the company "could be in a position" to file an application as early as October, setting up for an early winter approval.

"This fall, Pfizer is going to be in a position, the company I'm on the board of as you mentioned, be in a position to file data with the FDA at some point in September and then file the application potentially as early as October, so that'll put us on a timeframe where the vaccine could be available at some point late fall, more likely early winter, depending on how long FDA takes to review the application," Gottlieb told guest host Ed O'Keefe on CBS's "Face the Nation."

He said the agency has "historically" taken four to six weeks to review authorizations.

He did, however, caution that the process could take longer if the FDA requests additional information.

"It could take longer to get to an authorization but the agency will be in a position to make an authorization, I believe, at some point late fall probably early winter, and probably they're going to base their decision on what the circumstances around the country, what the urgency is, to get to a vaccine for kids," he said.

Currently, the Pfizer vaccine is the only shot authorized for kids ages 12 to 17. The Moderna and Johnson & Johnson vaccines are only authorized for individuals 18 years and older.

Schools are already grappling with the effects of COVID-19 among the student body in the early days of the academic year, with tens of thousands of students forced to stay home to quarantine or isolate because of the virus.

The former FDA commissioner also gave his recommendations for how to mitigate the spread of COVID-19 in schools.

He said the "two best things" schools can do to curb the spread is testing twice a week and keeping students in "geographic pods" and "social pods" so they do not "intermingle with the entire student body," but instead stick with the people in their classrooms.

"Those two elements alone, according to the literature, are probably the two most effective steps schools can be taking," Gottlieb said.

He also touted the importance of wearing masks and getting eligible children vaccinated.

"And then using masks and improving ventilation is also going to be very important. And finally getting kids vaccinated, about 50 percent of kids who are eligible to be vaccinated have been vaccinated so there's still a lot of work we can do there, getting parents more information trying to encourage parents to vaccinate their children.," Gottlieb said.

Gottlieb's comments come as the U.S. is seeing a surge in COVID-19 cases, driven largely by the highly infectious delta variant which has taken hold as the dominant strain in the U.S.

Currently, the Pfizer vaccine is the only shot authorized for kids ages 12 to 17. The Moderna and Johnson & Johnson vaccines are only authorized for individuals 18 years and older.

CORONAVIRUS: NEWS FROM AROUND THE WORLD:

**** US child Covid cases reach record levels since winter surge:***

Confirmed Covid-19 cases among children in the US have reached record levels since the 2020 winter surge, according to the latest report from the American Academy of Pediatrics and the Children's Hospital Association.

As of August 19, over 4.59 million children have tested positive for the virus since the onset of the pandemic early last year, Xinhua news agency quoted the report issued on Wednesday as saying.

More than 180,000 cases were added the past week, reaching levels of the previous winter surge, the report said.

After declining in early summer, child cases have increased exponentially, with over a four-fold increase the previous month, rising from about 38,000 cases the week ending July 22 to 180,000 the past week.

According to the report, at this time, it appears that severe illness due to Covid-19 is uncommon among children.

However, there is an urgent need to collect more data on longer-term impacts of the pandemic on children, including ways the virus may harm the long-term physical health of infected kids, as well as its emotional and mental health effects, it added.

****Covid vax 'disease-modifying'; masks must even after 2nd dose: Indian Council of Medical Research:***

Balram Bhargava, Director, Indian Council of Medical Research (ICMR), said on Thursday that Covid vaccines are not 'disease-preventing' but 'disease-modifying', so it is important to continue wearing masks even after the second dose of vaccination. Bhargava was addressing a press conference of the Union Health Ministry on the Covid situation in the country.

"Vaccines reduce disease severity, possibility of hospitalization and also avert deaths to the tune of 98-99 per cent. Full vaccination offers protection against severe disease and death and should be a pre-requisite if attending a gathering," Bhargav said.

Health Secretary Rajesh Bhushan said that India is still under the grip of the second Covid wave.

In the past 24 hours, India logged 46,000 fresh Covid cases, of which 58 per cent were reported from Kerala alone, Bhushan said.

Stressing that India has shown a declining trend in its daily Covid trajectory, Bhushan said the country has around 3.33 lakh active cases while the recovery rate continues to be over 97 per cent.

He added that India's weekly positivity rate has remained below 3 per cent for eight consecutive weeks now.

However, a total of 41 districts are reporting over 10 per cent positivity rate currently, he said, adding that 31 states have less than 10,000 active Covid cases, four states have 10,000 to 1 lakh active cases, while the active caseload of Kerala is over 1 lakh.

Kerala accounts for 51 per cent of India's active cases at present, followed by Maharashtra at 16 per cent.

****Texas Governor bans Covid vax mandates:***

Texas Governor Greg Abbott announced an executive order banning Covid-19 vaccine mandates, two days after the US Food and Drug Administration granted full approval to the Pfizer jab. "No governmental entity can compel any individual to receive a Covid-19 vaccine," the order.

It however excludes places like nursing homes and state-supported living centers, reports Xinhua news agency.
As a result, public institutions in Texas including state agencies, local governments, universities, public schools and any other entities that receive public funding, are banned from compelling employees to get the shots or asking people who use their services for proof of vaccination.
Meanwhile, Abbott asked state lawmakers to consider legislation addressing whether state or local governments could issue vaccine mandates, and if so, which exemptions should apply.
Despite an ongoing resurgence of the virus in Texas, Abbott has broadly resisted vaccine and masks requirements, banning local officials from issuing them. However, several school districts have defied the Governor's order.
San Antonio Independent School District officials said on Wednesday they will move forward with the mandate despite Abbott's latest order.
"We strongly believe that the safest path forward as a school district is for all staff to become vaccinated against Covid-19," the district added.
Renae Eze, a spokesperson for the Governor, confirmed private businesses still have the option of mandating vaccines for their workers, according to a report by the Texas Tribune.
Key pandemic metrics in Texas continue to reach levels not seen since the last spike in the winter, said the report.
According to the state and local health agencies, 23,412 new cases were registered in Texas.
The state is in the back of the pack nationally, with 46.2 per cent of residents fully vaccinated, said the report.

* *Hospitals in the USA's Southern States reportedly running low on oxygen*

Hospitals in the southeastern United States are running low on oxygen amid the latest COVID-19 surge, Premier Inc, a hospital-supply purchasing group says. In some cases, there is reportedly only 12 to 24 hours' worth of the life-saving gas left. Premier has notified the White House, the Federal Emergency Management Agency, and the Health and Human Services department about the situation, the company's senior vice president of public affairs, Blair Childs, said. "Some of the hospitals are going into their emergency tanks," Childs said.
"That means they have no other resource."

* *SSAI (Sight Saving Academy India Inc.)*

SSAI Team's next major initiative is to feed needy and poor brothers and sisters in India who are hard hit by impact of Covid impact and lost hope. India team in charge physician Dr. Rohan Chariwala, President, Shubham Netraseva Trust: "Thanks to SSAI and IAG for Food Kit distribution Initiative. Food Kit Distribution Coordinators Kapilbhai Patel and Vimalbhai Patel, and Volunteers Minesh Patel, Jay Patel and are implementing the mission religiously. Kamalbhai Lad oversaw kit preparation."

*SSAI collects clothes for Afghan Refugees

SSAI, A NGO from New Jersey, USA has collected clothing for Afghan Refugees from the community with a successful drive. Thanks Prashant Desai, Toni Bulsara, Dipak Thakar, Sunny Singh, Hon. Councilman, Woodbridge Virubhai Patel and Mukesh Kashiwala to make the Afghan Refugee Clothing Collection possible. Thanks to all who donated cloths, especially Rajasthan Organization.
SSAI is coordinating various services from Food, Clothing, Masks, Ventilators, Blood Donation Drive to help the Indian community and others hear in the US and in India to fight the Corona Pandemic. SSAI also conducting health camps, Diabetic awareness and Blindness preventive education camps both in the USA and India.

* *ICMR study indicates a case for increasing Covaxin dose interval*

A pilot study by the Indian Council of Medical Research (ICMR) has found that a single dose of Bharat Biotech's Covid-19 vaccine, BBV152, administered to people who were previously infected

generated the same response as two doses of the vaccine administered to uninfected or healthy people.

The findings of the study, published in the Indian Journal of Medical Research, says that the number of antibodies in single dose Covaxin recipients was similar to two-dose recipients when the first cohort comprised Covid-19 recovered patients. Even so, ICMR conceded that it needed to conduct a study on a larger scale in order to confirm these preliminary findings as the current study was conducted on 114 healthcare workers.

If the findings are confirmed in a larger sized group study, they can strengthen the case for increasing the dose interval for Covaxin in order to increase the coverage of population for vaccination. Currently, Covaxin's two doses are administered with a gap of four to six weeks, unlike Covishield, where the gap between its two doses was increased from the initial four to six weeks to 12 to 16 weeks.

Increasing the gap may also help India in tiding over the issues it has been facing for some months now over vaccine supply, as it needs to administer a minimum of 1 crore doses a day in order to fully vaccinate its entire adult population of 94 crore by December 31, with number of days left in the year, at 125, equal to the number of doses its needs to administer — 125 crore. While it did achieve that target on Friday, its numbers on Saturday again fell to less than 74 lakh — with the fully vaccinated people numbering just 14.37 crore.

**** What type of mask is most protective for kids returning to school?***

To help protect against Covid-19, the US Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) both recommend that anyone older than 2 wear a mask indoors at school.

The general guidance from the CDC is to choose a mask that has two or more layers of washable, breathable fabric and a nose clip to ensure a good fit — meaning that the nose and mouth are completely covered and there are no gaps around the sides of the face. Some health experts have even suggested upgrading to an N95 or KN95 amid concerns about the highly contagious delta variant. (Read about the differences here.)

But for children, the most important thing is to find a mask that your child is comfortable in so that he or she will keep it on throughout the school day. Of course, it should also fit properly. So shop for masks that are child-sized — 5 x 10 inches — and to try different types at home where you can assess the fit and your child can get accustomed to wearing them.

Although not necessary, some children, particularly those who wear glasses, may prefer face coverings with the adjustable nose clip to hold the mask in place and keep the child's glasses from fogging up.

Sara Bode, chair-elect of AAP's Council on School Health, said the only masks that are discouraged are neck gaiters — the loose fitting masks that are designed to be worn around the neck and then pulled up over the nose and mouth. Gaiters tend to gape open at the sides and the bottom, "so they really don't provide as much protection", she explained.

Once you find the right mask for your child, make sure he or she knows how to wear it and remove it.

Children should wash their hands before putting on their masks and after taking them off, and should avoid touching the masks while wearing them. When removing the masks, they should pull them off from behind, being careful not to touch the front.

**** 2 men die in Japan after being administered Moderna vax***

The Japanese Health Ministry said that two men died after they received two shots of Moderna Inc.'s Covid-19 vaccine, local media reported. Two men aged 30 and 38 died within days of receiving the second jab, and no foreign matter was found in either of the vials of vaccine used on the two men.

It remains unknown whether there is a causal relationship between the vaccination and their deaths, the Ministry said, adding that neither of them had an underlying medical condition or a history of allergic reactions.

AFGHAN REFUGEES DONATION DRIVE

8/29/21 10 AM - 1 PM

Currently Accepting:

- ONLY NEW Modest Clothing for Women
- Men's Clothing
- NEW Hijabs
- Diaper Cream
- Baby Formula
- Diapers
- Baby bottles
- Baby Food
- Wipes
- Android and iPhone Charger Cables (Wires only)
- Razors
- Shaving Cream
- Tweezers
- Men/women/kids (shower flip flops)
- Tea Kettles
- Pacifiers/Baby Bottles
- Nail clippers
- Shampoo
- Conditioner
- Deodorant

Only one designated truck will drop off donations to the base

Dropoff Locations:

ICPC
152 Derrom Ave
Paterson, NJ 07504

NBIC
1330 Livingston Ave, Unit 4,
North Brunswick, NJ 08902

Freshta Taeb: (347) 429-0320

Sikandar Khan: (202) 384-0804

NJ Muslim Officers Society

Islamic Center of Passaic County

New Brunswick Islamic Center

Global Emergency Response & Assistance

Afghan-American Foundation

COVID19: Weekly Update.

 # The numbers below are from
Saturday 08-28-2021 * 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:
216,484,911. Cases. / 4,503,723. Deaths.

Recovered till today:
193,469,098.

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01. U.S. A.:
39,544,606. Cases. /653,433. Deaths.

02. India(???)**
32,662,205. Cases. / 437,687. Deaths.

03. Brazil:
20,703,906 Cases. /578,396. Deaths.

06. UK:
6,698,486. Cases. /132,376. Deaths.

27. Canada.
1,487,277. Cases. /26,897. Deaths.

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00 (India): Gujarat* :(???)
825,385.(???) Cases. /10,081. (???) Deaths.

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USA States:

01. California:
4,309,334. Cases./ 65,620. Deaths

02. Texas*:
3,556,988. Cases. /56,585 Deaths.

03. Florida:
3,225,007. Cases / 43,640. Deaths.

04. New York:*
2,328,866. Cases / 54,716. Deaths.

05. Illinois:
1,508,005. Cases. / 26,420. Deaths.

06. Georgia:
1,369,926. Cases. / 22,553. Deaths.

07: Pennsylvania:
1,291,831. Cases / 28,290. Deaths.

08. Ohio
1,202,728 Cases / 20,799. Deaths.

10. New Jersey*.:
1,084,546. Cases. / 26,826. Deaths.

16. Massachusetts:
753,795. Cases. / 18,219. Deaths.

33. Connecticut:
370,708. Cases /8,355. Deaths.

COVID19: DOS AND DON'TS.

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

Be prepared for a third booster dose(for Pfizer and Moderna, and may be a second booster for Jhonsons'.) More serious Delta and Delta Plus (Indian), Lambdaand now Kappa verients are around & can create an another pendamic, so be careful & follow religeously 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 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 new wave of Delta and Delta Plus and three other virus varients, the number of cases are still on a higher side, yet to achive 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.