CORONAVIRUS NEWS BRIEF

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Moderna's vaccine is the most effective,

but Pfizer and J&J also protect well, : CDC says

(Report on Page # 2)

Moderna's vaccine is the most effective,

but Pfizer and J&J also protect well, CDC-led study says

A head-to-head study of all three authorized coronavirus vaccines in the United States finds the Moderna vaccine is slightly more effective than Pfizer's in real-life use in keeping people out of the hospital, and Johnson & Johnson's Janssen vaccine comes in third, but still provides 71% protection.

Pfizer's vaccine provided 88% protection against hospitalization, and Moderna's was 93% effective.

The US Centers for Disease Control and Prevention led a nationwide study of vaccination involving more than 3,600 adults hospitalized for Covid-19 between March and August. "Among U.S. adults without immunocompromising conditions, vaccine effectiveness against COVID-19 hospitalization during March 11- August 15, 2021, was higher for the Moderna vaccine (93%) than the Pfizer-BioNTech vaccine (88%) and the Janssen vaccine (71%)," the team wrote in the CDC's weekly report on death and disease, the MMWR.

"Although these real-world data suggest some variation in levels of protection by vaccine, all FDA-approved or authorized COVID-19 vaccines provide substantial protection against COVID-19 hospitalization."

They found that the biggest difference between the vaccine made by Moderna and Pfizer/BioNtech's vaccine was driven by a decline that started about four months after people were fully vaccinated with Pfizer's vaccine. "Differences in vaccine effectiveness between the Moderna and Pfizer-BioNTech vaccine might be due to higher mRNA content in the Moderna vaccine, differences in timing between doses (3 weeks for Pfizer-BioNTech versus 4 weeks for Moderna), or possible differences between groups that received each vaccine that were not accounted for in the analysis,".

"Vaccine effectiveness for the Pfizer-BioNTech vaccine was 91% at 14 -120 days after receipt of the second vaccine dose but declined significantly to 77% at more than 120 days," the team wrote.

Pfizer's and Moderna's vaccines both use genetic material called messenger RNA to deliver immunity, but they use differing doses and slightly different formulations. The Janssen vaccine uses an inactivated common cold virus called adenovirus -- a viral vector -- to carry genetic instructions into the body.

"A single dose of the Janssen viral vector vaccine had comparatively lower anti-SARS-CoV-2 antibody response and vaccine effectiveness against COVID-19 hospitalizations," the team said. "Understanding differences in vaccine effectiveness by vaccine product can guide individual choices and policy recommendations regarding vaccine boosters. All FDA-approved or authorized COVID-19 vaccines provide substantial protection against COVID-19 hospitalization."

CDC worked with researchers across the country to study 3,689 patients at 21 hospitals in 18 states for the study. They also looked at antibodies in the blood of 100 healthy volunteers after they had been vaccinated with one of the three available vaccines.

"These real-world data suggest that the two-dose Moderna and Pfizer-BioNTech mRNA vaccine regimens provide more protection than does the one-dose Janssen viral vector vaccine regimen. Although the Janssen vaccine had lower observed vaccine effectiveness, one dose of Janssen vaccine still reduced risk for COVID-19-associated hospitalization by 71%."

The study had limitations. "This analysis did not consider children, immunocompromised adults, or vaccine effectiveness against COVID-19 that did not result in hospitalization." Plus, the volunteers were only followed for 29 weeks -- just over six months.

Shot in the arm:

India records over 2.5 crore jabs on PM's b'day

India administered a staggering 2,50,10,390 Covid vaccinations on Friday (till 12 midnight) setting a record for single day inoculations as part of a special drive to mark PM Narendra Modi's birthday. That's nearly double the previous single-day high of 1.41 crore doses given on August 31.A total of 79.25 crore doses have been administered since the beginning of the vaccination drive. This includes over 59.52 crore first doses and 19.72 crore second doses. With this around 63% of the country's adult population above 18 has received at least one anti-Covid jab, whereas nearly 21% have received both doses.

According to the ourworldindata website, 42% of India's population has received one or two doses, while the global average is 43%. Among nations with large populations, China has covered 73%, the US 63% and the UK 71%. The rolling seven-day average of daily vaccinations (as of September 16) per 100 people (in total population) shows India at 0.52, with Turkey (0.63), Brazil (0.85), Japan (0.96), South Korea (1.46) and Cuba (2.15). In terms of total shots per 100 population, India is 55/100.

The government is also gearing up for another vaccine milestone — the completion of 100 crore inoculations. While no date has been fixed to achieve this target, the health ministry is eyeing October 7 as a likely day, marking 20 years of Modi heading a government either at the state level or the Centre.

SOME U.S. HOSPITALS FORCED TO RATION CARE AMID STAFFING SHORTAGES, COVID-19 SURGE

By Julia Harte and Sharon Bernstein

Surges in coronavirus cases in several U.S. states this week, along with staffing and equipment shortages, are exacting a mounting toll on hospitals and their workers even as the number of new admissions nationwide ebbs, leading to warnings at some facilities that care would be rationed.

Montana, Alaska, Ohio, Wisconsin, and Kentucky experienced the biggest rises in new COVID-19 hospitalizations during the week ending Sept. 10 compared with the previous week, with Montana's new hospitalizations rising by 26%, according to the latest report by the U.S. Centers for Disease Control and Prevention (CDC) on Sept. 14.

In Alaska, the influx is so heavy that the state's largest hospital is no longer able to provide life-saving care to every patient who needs it due to the influx of COVID-19 hospitalizations, according to an open letter from the medical executive committee of Providence Alaska Medical Center this week.

"If you or your loved one need specialty care at Providence, such as a cardiologist, trauma surgeon, or a neurosurgeon, we sadly may not have room now," the letter read. "There are no more staffed beds left."

Some hospital workers have become so overwhelmed by the fresh wave of COVID-19 cases -- a year and half after the pandemic first reached the United States -- that they have left for jobs at retailing and other non-medical fields, Nancy Foster, vice president of quality and patient safety the American Hospital Association, told Reuters.

At the same time, distribution and other issues are leaving some hospitals short of oxygen supplies desperately needed to help patients struggling to breathe, Foster said.

On Friday, the hospital association held a webinar for its members on how to conserve oxygen, an effort to address a 200% jump in demand at many hospitals, she said. "There is a shortage of drivers with the qualifications to transport oxygen, and a shortage of the tanks needed to transport it," Foster added.

While there are some breakthrough cases among the vaccinated, Foster said most of the hospitalizations were among the unvaccinated.

A SURGE 'LIKE NEVER BEFORE'

On Sept. 16, 1,855 Americans died of COVID-19 and 144,844 new cases were reported, according to a Reuters analysis of state and county data. Both trendlines have been increasing in the United States overall since hitting their lows this summer in July and June, respectively.

New hospital admissions are still surging in several mostly rural and Midwestern states, even as the number of COVID-19 patients admitted to hospitals daily in the entire United States slipped to about

10,685 on Sept. 14 after cresting around 13,028 in late August, according to the latest data from the U.S. Centers for Disease Control.

“Despite our hospital being ground zero in Kentucky for the onset of the pandemic 18 months ago, this week we are being hit with a COVID surge like never before since the onset of the pandemic,” said Dr. Stephen Toadvine, chief executive officer at Harrison Memorial Hospital, in a statement posted on the Kentucky state website. He added that patients seeking emergency care in Kentucky hospitals and being treated for COVID-19 are at an all-time highs.

Kentucky Governor Andy Beshear said on Thursday that the commonwealth would soon run out of a key treatment for COVID-19 - the use of monoclonal antibodies - and the federal government also recently announced a national shortage.

Since May, the number of COVID-19 cases at hospitals run by the University of Wisconsin's UW Health system has quadrupled, Dr. Jeff Pothof said in an interview.

Emergency rooms are so full that doctors are having to seek rooms for their patients in other facilities, he said, a trend seen in other states, including Florida.

"For the first time in my career we're at the point where not every patient in need will get the care we might wish we could give," Dr Shelly Harkins, chief medical officer and president of St. Peter's Health in Helena, Montana said in a video announcement Thursday.

In West Virginia, COVID-19 hospitalizations this week have far outstripped their previous peak of 815, rising from 852 on Monday to 922 on Friday, said Jim Kaufman, the president and CEO of the West Virginia Hospital Association.

The state's hospitals are also facing severe staffing shortages, resulting in fewer patients treated and delays in non-emergency care.

Smaller hospitals are sending patients to larger ones that can accommodate them, Kaufman said. In Oklahoma, new hospitalizations declined by 11% during the week ending Sept. 10 compared with the previous week, but 35% of hospitals in the state report staffing shortages, according to the CDC.

(Reporting by Julia Harte in New York, Sharon Bernstein in Sacramento, Calif., Maria Caspani in New York and Deena Beasley in Los Angeles. Additional reporting by Barbara Goldberg in New Jersey and Anurag Maan in Bengaluru; Editing by Aurora Ellis)

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(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.)

Scientists are getting closer to classifying long COVID as an autoimmune disease

The National Institutes of Health announced Wednesday that it's kicking off a $470 million study to figure out why COVID-19 symptoms persist for so long among many patients.

Maria Romero, a coronavirus long-hauler, in Stamford, Connecticut, on December 22, 2020.

Already, research has started to coalesce around a theory: The virus may set off an autoimmune reaction that causes lingering symptoms such as fatigue, shortness of breath, loss of smell, muscle aches, or brain fog.

"We can't say for sure that it's an autoimmune disease now, but it's really starting to look like it," John Arthur, a researcher at the University of Arkansas for Medical Sciences, told Insider.

In a study published this month, Arthur and his colleagues suggested that some people who get COVID-19 develop "auto-antibodies" that attack their own proteins - a hallmark of many autoimmune diseases. That process leads to inflammation that could trigger long COVID.

"Everything is sort of fitting together so far - we're just not quite totally there yet in terms of our understanding," Arthur said.

If the theory proves true, it would have implications for COVID-19 treatments. Certain blood-pressure medications, for instance, could be used to stifle the harmful cascade of inflammation. And there's already some evidence that vaccines help alleviate long COVID symptoms - perhaps because the shots help regulate the antibody response.

One particular auto-antibody could lead to inflammation in long COVID patients.

One-third of coronavirus patients have at least one persistent symptom for 12 weeks or more, according to a recent study that hasn't yet been peer reviewed. Scientists have wrestled with the mystery of why that happens for more than a year.

"I see a lot of younger patients with chronic COVID symptoms and many of them have not even had any lung problems before COVID," Dr. Dixie Harris, a pulmonary physician at Intermountain Healthcare in Utah, told Insider. "They go from totally active, running marathons, to now on oxygen."

What scientists do know is that when a person gets infected, their body develops antibodies to neutralize the coronavirus. But some people's immune systems mistakenly identify those antibodies as a foreign threat themselves, so they produce auto-antibodies to fight them. That appears to be the case for many long COVID patients.

Arthur's team analyzed blood samples from 32 COVID-19 patients who donated plasma to the University of Arkansas, and another 15 who'd been hospitalized there. Around 81% of the plasma donors and 93% of the hospitalized patients had developed a particular auto-antibody that inhibited their ACE2 enzymes. These enzymes serve as ports of entry for the coronavirus to invade our cells - but they're also vital to calming the immune system down.

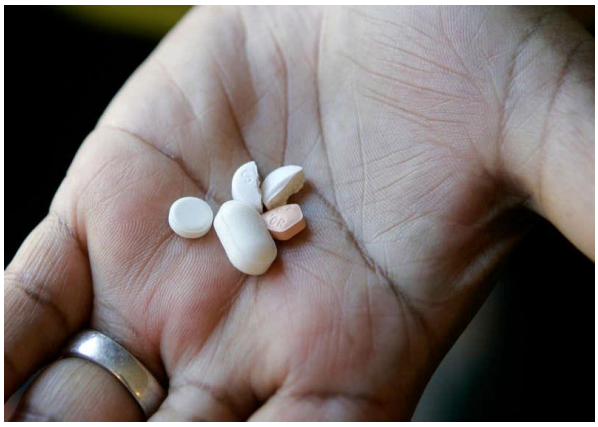
When not enough ACE2 is present, the immune system can produce too much inflammation.

"It's the inhibition of that ACE2 enzyme that basically is plugging up the system," Arthur said. "It's like if you've got a bunch of hair in the drain and the water starts to accumulate on top."

But more research is needed to determine for sure whether these ACE2 antibodies cause long COVID. Researchers also aren't sure yet whether severe infections produce more auto-antibodies than mild

ones. A May study found that to be the case, but Arthur noted that long COVID is also common among people whose infections were initially mild.

Scientists are eyeing blood-pressure medication as a potential treatment



Arthur's study offers some evidence that medications used to treat high blood pressure could be effective as long COVID treatments.

ACE2 normally helps regulate blood pressure by a converting a chemical that raises blood pressure into one that enhances blood flow. Long COVID may prevent that conversion process, allowing that first chemical to produce harmful levels of inflammation. But high blood pressure medications can blunt this inflammatory response.

Arthur's study also suggests that vaccines could balance the levels of coronavirus antibodies and auto-antibodies among long COVID patients. A UK survey from March that hasn't been peer reviewed found that 57% of people with long COVID saw their symptoms improve after getting vaccinated.

"That's one of the things that we're going to look at in the next stage," Arthur said, "to see what vaccine status does to the abundance of these ACE2 antibodies."

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A recovered COVID-19 patient is monitored by a medical staff at the Department of Rehabilitative Cardiology in Genoa, Italy on July 23, 2020.

SCIENCE PREVAILED IN FDA ADVISERS REJECTING COVID-19 BOOSTERS FOR EVERYONE

Dr. Amesh Adalja

Science prevailed in FDA advisers rejecting COVID-19 boosters for everyone

The recent votes by the FDA Vaccines and Related Biological Products Advisory Committee (VRBAC) not to issue a blanket approval of booster doses of Pfizer's COVID-19 vaccine for those above the age of 16 - but to issue a narrower one focused on those above the age of 65 or at high risk of severe COVID-19 - surprised many. However, if one parsed the data, understands the immune system and reflected on the question of what COVID-19 vaccines were designed to accomplish the decision was not surprising, but correct. The most important aspect of COVID-19 vaccines is their ability to prevent severe disease, hospitalization and death. That is what they were designed to do, and they are doing it brilliantly for most people with a combination of antibodies and T-cells. Indeed, the initial FDA authorizations of the COVID-19 vaccine were based on the ability of the vaccines to stop disease (i.e., symptoms).

It is critical to realize that vaccines are not bug zappers; they are not forcefields. That breakthrough (a term itself falsely connotes vaccine failure) infections are mild is a vaccine success, even as they may increase in frequency. Breakthroughs were expected. We must remember it is disease, not clinically irrelevant infections we are targeting and that is done with first and second doses - not a third. That these breakthrough infections are often associated, not with virus in lung, but in the nose - a location where antibody protection with current vaccines may be lacking - are associated with a rapid decline in viral load and often do not yield cultivatable virus attests to their relatively mild nature.

COVID-19 is an endemic respiratory virus, it cannot be eliminated or eradicated. As such, there is marginal utility in the general healthy population getting booster vaccinations at 6-month interval because the protection they have against severe disease is intact. Granted, there is little harm in third doses (although there are concerns about myocarditis risks in younger populations). But, is chasing mild infections in the fully vaccinated an important task? Boosting this group would not change the trajectory of the pandemic in the U.S. or the world. Improved second generation vaccines, perhaps those that induce immunity in the nasal passages, may take on this task but I do not think boosting the low-risk population is justified with current vaccines.

Some point to diminished antibody levels to argue the case for boosters. However, it is well established that antibody levels fall over time and then spring back up post-exposure (to the virus or the vaccine).

That is how the immune system works - it is anamnestic. It "remembers" after the primary response and mounts a heightened response that staves off severe illness using both T-cells and antibodies in the secondary response.

We fully expect antibodies to fall as time from exposure to vaccine or infection increases and we fully expect them to rise upon re-exposure. This isn't vaccine failure; it's just how the immune system works. That infections in the vaccinated are generally mild is evidence of this process working. Mild or clinically silent infections are not major worries. Hospitalized COVID-19 patients are, for the most part, not vaccinated.

When the Centers for Disease Control and Prevention (CDC) recommended a modification of the primary immunization series for the immunocompromised - which is distinct from a booster - it did so based on clinical evidence that amongst the relatively rare COVID-19 hospitalizations of vaccinated individuals, the immunocompromised were overrepresented (about 45 percent in a non-peer reviewed paper).

Additionally, a study in solid organ transplant patients revealed not only did they, as expected based on experience with other vaccines, fail to mount a robust (or sometimes any) antibody response but had a 485 times increased chance of COVID-19 hospitalization versus someone without a transplant. That type of clinical evidence was then integrated with data on third doses of mRNA vaccines increasing antibody levels in these populations.

Clinical data on the occurrence of severe infection occurring in older Pfizer vaccine recipients does exist, and was presented, showing that an amount of diminution of protection against severe disease is apparent. Some of that data was derived from Israel and may not be directly extrapolatable to the U.S. as Israel uses a lower threshold to label a COVID-19 case severe but, nonetheless, it still has significant relevancy.

That older age groups may have waning protection is not surprising. With many other vaccines, older age groups have overall less robust responses to vaccines and are at a higher risk for severe disease generally.

When President Biden made a general booster recommendation to the public in August, none of the type of nuanced clinical data presented today was thoroughly discussed or made available to support his statement.

This was why it was met with disapproval by many members of the infectious disease community.

Now that FDA's vaccine advisory committee has made a clinical data-based recommendation that the FDA will likely ratify it will next fall to the CDC's Advisory Committee on Immunization Practices (ACIP) to debate (next week) whether to make a recommendation for the commencement of a booster program, delineate the risk groups below 65 years, and determine the optimal timing of the vaccine.

The lesson of the COVID-19 booster debate is that science prevailed and an evidence-based discussion, anchored to clinical outcomes, motivated the vaccine advisory committee votes.

Amesh Adalja, M.D.,

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Follow him on Twitter: @AmeshAA

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WHAT IS YOUR IMMUNE SYSTEM?

By Camille Noe Pagán

You've heard of your immune system.

But how much do you know about it?

There's a good reason to find out. When you understand everything that it does for you, and how everyday things affect it, you can help it keep you well.

It Looks Out for You

Your immune system works to root out germs and other invaders that have no business in your body.

For example, if you inhale a cold virus through your nose, your immune system targets that virus and either stops it in its tracks or primes you to recover. It takes time to get over an infection, and sometimes you need medicine to help, but the immune system is the cornerstone of prevention and recovery.

It Likes It When You Relax

Do your best to tame your stress. When you're wound up, your immune system doesn't work as well as it does when you're confident and mellow about your challenges. That may make you more likely to get sick.

Ongoing stress, such as being in a difficult relationship, living with a chronic disease, or being a caregiver, can take its toll on your immune system. Over time, it can make you more vulnerable to illnesses, from colds and flu to chronic diseases such as diabetes and heart disease. Chronic stress seems to age the immune system, studies show, making you more likely to get a cold or the flu, and to develop diabetes and heart disease.

Everyone goes through stress. What matters is how you handle it. Getting better at managing stress can help. Even something as simple as deep breathing can lessen the effects of stress. Or try other relaxation techniques, such as:

Meditation, Yoga, Other types of exercise,
Counseling can make a big difference, too.

It's Got Agents Standing By

Other than your nervous system, your immune system is the most complex system in your body. It's made up of tissues, cells, and organs, including:

Your tonsils, Your digestive system, Your bone marrow,
Your skin, Your lymph nodes, Your spleen,
Thin skin on the inside of your nose, throat, and genitals.

All of these help create or store cells that work around the clock to keep your whole body healthy.

A fever can help your immune system fight infections in two ways. A higher temperature in the body speeds up how cells work, including the ones that fight illness. They can respond to invading germs faster. Also, higher body temperatures make it harder for bacteria and viruses to thrive in your body.

It Learns From Your Past

You're born with a certain level of protection, or "immunity." But it can get better.

Think of a baby or young child who comes down with colds, earaches, or other everyday illnesses often and babies who are breast feed continue to get antibodies from their mother while they are making their own.. Their immune system is creating a "bank" of antibodies as they are exposed to illnesses for the first time, enabling them to fight off future invaders.

Vaccines work in much the same way. They turn on your immune system by introducing your body to a tiny amount of a virus (usually a killed or weakened one). Your body makes antibodies in response that protects against threats like measles, whooping cough, flu, or meningitis. Then, when you come in contact with that virus in your everyday life, your immune system is already primed to kick in so that you don't get sick.

It Can Change Over Time

Your immune system can become less effective as you get older. That can make you more likely to get sick or get infections. You are also more susceptible to infections as you age or if you have a weakened immune system. And those infections, especially flu and pneumonia, are more likely to be fatal than in younger people.

Why it happens isn't clear.

It may be about your immune system slowing down. Or it could be partly linked to nutrition, since seniors

often eat less and don't always get the nutrients they need to keep their immune systems strong. So eat lots of fruits and vegetables. They're good for you at any age.

Medical Conditions That Weaken Your Immune System

You might have heard that a flu vaccine weakens your immune system, but that's not true. The vaccine prepares your immune system for the flu.

A flu vaccine teaches your immune system to recognize that virus as a threat. Some people may still get the flu after having a flu shot, but they'll probably have a milder form of the illness. That's because antibodies made in response to the vaccine can still provide some protection.

Some people may mistake the occasional short-lived side effects of the vaccine (slight fever, aches) for flu symptoms. And the time of year people are most likely to get the vaccine is when colds and other respiratory illnesses are common. If you get the vaccine and then get sick with an unrelated bug, you may assume, incorrectly, that the vaccine caused the illness.

On the other hand, conditions and medications that can weaken your immune system include:

Autoimmune diseases, Cancer, Steroids, Chemotherapy, Seasonal allergies can be caused by an abnormal response.

Allergy symptoms happen when your immune system reacts to something harmless, like pollen, pet dander, or mold. Your body sees the allergen as an invader and attacks it, giving you a runny nose and itchy eyes.

People can inherit a tendency toward allergies; if you have allergies, your children have a higher chance of having them, although they may be allergic to different things. Allergies are treated by avoiding your allergy triggers and taking medication to control symptoms. For some people, allergy shots may be an option. Over a period of time, usually several years, allergy shots may help your immune system get used to the allergen, so that it doesn't produce the bothersome allergy symptoms.

You Can Help It Out

The classic things that keep your heart, brain, bones, and the rest of you well are also good for your immune system: **Stay active. Work to keep your weight healthy. Don't smoke. If you drink alcohol, keep it moderate (no more than one drink a day if you're a woman, and two drinks daily if you're a man).**

Eat nutritious foods.

While no single food will upgrade your immune system, poor nutrition can have a negative effect on the immune system. What counts is having a balanced diet. Just about everyone could stand to eat more fruits and vegetables. They're rich in vitamins and minerals that are good for you. If you're thinking about getting supplements to cover your nutritional needs, check with your doctor or a dietitian. Chances are, you're getting what you need from food, unless you're on a strict diet, are pregnant, or have certain medical conditions. *****

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Hospitalizing the Unvaccinated Has Cost U.S. Nearly $6 Billion.

The cost of providing hospital care for unvaccinated Americans has reached $5.7 billion in just three months.

Between June and August, about 287,000 people who were not vaccinated were hospitalized for COVID-19 in the United States, according to data from the Kaiser Family Foundation (KFF) and the Peterson Center on Healthcare, which collaborated to track health care costs and quality.

Most adults in the United States have had access to vaccines since the spring, so these hospital stays could likely have been avoided, the study authors noted. In the new report, the KFF-Peterson team used data from the U.S. Centers for Medicare and Medicaid Services to estimate the average cost of hospitalization with COVID-19 at $20,000 per person. They then calculated the overall expense at $5.7bn. "This ballpark figure is likely an understatement of the cost burden from preventable treatment of COVID-19 among unvaccinated adults," the authors wrote, noting that the study doesn't account for outpatient costs.

According to the U.S. Centers for Disease Control and Prevention, compared to fully vaccinated people, those who are unvaccinated are 11 times more likely to die from COVID-19. *****

'SATTVIK', WORLD'S FIRST CERTIFICATION FOR VEGETARIAN FOOD, LAUNCHED

The Sattvik Council Certification scheme, the world's first vegetarian food safety and regulatory compliance for vegetarian and allied adherents, was launched with global audit partner Bureau Veritas here on Friday.

On the lines of 'halal' certification preferred by the followers of Islam and 'Kosher' by the Jews, this is the first of its kind global-level certification that will be a one-stop for all vegetarians across the globe. It is offering four types of certifications: 'Sattvik Sattvam', 'Sattvik Vegetarian', 'Sattvik Vegan' and 'Sattvik Jain'.

Founded by the Sattvik Council of India, the main objective of the scheme is to render a 'Vegetarian Environment' for the vegetarian/vegan consumers in India and global markets by creating SOPs in all the applicable areas having the potential for guaranteed 100 per cent vegetarian environment.

"Sattvik is an umbrella term. For example, there are 200 variations such as food, hospitality, textiles, dairy, etc. We did not want a synonym. So, we zeroed in on this umbrella term," founder of the Sattvik Council of India, Abhishek Biswas, told IANS.

"Our certification is aimed at improving the overall performance of the vegetarian food quality and food safety management systems for the consumers. We are not into promoting vegetarianism. We are simply a standard provider, just like an ISO," he said.

"People are going to reach out to us. We are now operative in 170 countries. Veritas is our partner; we have nothing to worry," Biswas added.

The company aims to certify approximately 1 million establishments, including kitchens, hotels, products and textiles by 2025.

Former Chief Minister of Haryana, Bhupinder Singh Hooda; ex-Union minister and MP from Bareilly, Santosh Gangwar; Chairman, Sattvik Council of India, Vagish Pathak; Senior Vice President, CIF South Asia Region, Bureau Veritas, Amit Ghosh; and Head, South Asia Certification Business, Bureau Veritas, Jagdheesh N Manian, were present on the occasion.

CORONAVIRUS: NEWS FROM AROUND THE WORLD:

**** FDA panel recommends Pfizer boosters for people 65 and older***

An independent Food and Drug Administration advisory panel voted Friday to recommend booster doses for people 65 and older and individuals at high risk who received the Pfizer-BioNTech COVID-19 vaccine. Data suggest that Pfizer's protection wanes somewhat over time, but the panel did not recommend an extra dose for everyone, voting 16 to 2 against administering boosters for Americans 16 and older despite a White House plan to roll out the additional shots next week. During Friday's meeting, committee member Dr. Michael G. Kurilla said "it's unclear everyone needs to be boosted, other than a subset of the population that clearly would be at high risk for serious disease."

****Dr. Fauci:he doesn't have a 'firm answer' if natural immunity is better than the COVID-19 vaccine.***

It's unclear if natural immunity can stop COVID-19 infection as well as the COVID-19 vaccine, according to Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases.

Does natural immunity stop COVID-19?

Fauci said on CNN last week that he's unsure if people who were naturally infected with COVID-19 had a lower risk of contracting the virus compared to those who received the vaccine.

"I don't have a really firm answer for you on that. That's something that we're going to have to discuss regarding the durability of the response," Fauci said.

Fauci said it's possible someone might be infected naturally and then not be as protected as long as someone who got the vaccine.

"I think that is something that we need to sit down and discuss seriously," he added.

Is natural immunity stronger than the COVID vaccine?

Scientists have been reviewing how well people with natural immunity respond to COVID-19 infections in recent weeks.

According to NPR, there are a series of newer studies that found that someone can gain "an extraordinarily powerful immune response" to the coronavirus if they've been infected naturally and received the COVID-19 vaccine.

"One could reasonably predict that these people will be quite well protected against most — and perhaps all of — the SARS-CoV-2 variants that we are likely to see in the foreseeable future," Paul Bieniasz, a virologist at Rockefeller University who helped lead the research for several of these studies, told NPR.

****COVID19, men's health: What we know so far***

Studies are beginning to suggest that COVID-19's impact on men's health might go beyond the lungs, heart, and kidneys. According to recently published studies, having COVID-19 could have lasting impacts on fertility and sexual function.

Ranjith Ramasamy, MD, associate professor and director of the University of Miami Miller School of Medicine's Reproductive Urology Program, is uncovering what he says are clear links between COVID-19 infection and men's sexual health.

"We know the COVID-19 virus can remain inside the testis long after the initial infection in asymptomatic men. We know the COVID-19 virus can decrease sperm count for up to 3 to 6 months. And we know the COVID-19 virus can affect the blood vessels and be present in the penis up to 7 to 9 months after the initial infection and can lead to erectile dysfunction," Ramasamy said.

Getting the mRNA COVID-19 vaccine does not appear to impact fertility and should be encouraged, according to Ramasamy, who has published several articles on COVID-19 and men's sexual health, including the research letter, "Sperm parameters before and after COVID-19 mRNA vaccination" published June 17 in JAMA.

*AarogyaSeva Global Health Volunteer Alliance (USA) is partnering with American Association of Physicians of Indian Origin (AAPI) and ApShiNi USA

Co-Ventilators Being Transported from Delhi to Bangalore.

AarogyaSeva Global Health Volunteer Alliance (USA) is partnering with American Association of Physicians of Indian Origin (AAPI) and ApShiNi USA led by Dr Amit Chakrabarty in the noble project of distributing 821 Co-Ventilators to serve the affected communities in India due to the COVID 19 epidemic. AarogyaSeva India - DoctorsForSeva Arogya Foundation, Bangalore in consultation with the above partners will be the host partner and help in storage, transport and distribution of these ventilators to deserving hospitals, nonprofits, government institutions and individuals according to their discretion free of cost. AAPI will support AarogyaSeva to reimburse the customs and tax payments along with transport and storage. The reimbursements will be made to relevant parties including but not limited Healthcuded Inc upon verification of receipts.

AarogyaSeva appreciate your support and commitment to ensure Health for All.

Bank: Wells Fargo

Address: 420, Montgomery St., SFO,

State and Zip: CA 94104

Account Name: AarogyaSeva

A/C no: 7370999679 Routing No. 121000248

ABA#: WIFBIUS6S.

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*One in 500 Americans have died of Covid: Report

As the US' Covid-19 death toll exceeded 663,000 this week, it meant that roughly 1 in every 500 Americans succumbed to the disease since the onset of the pandemic early last year, a media report said.

"The goal of testing, mask-wearing, keeping six feet apart and limiting gatherings was to slow the spread of the highly infectious virus until a vaccine could stamp it out. The vaccines came but not enough people have been immunised, and the triumph of science waned as mass death and disease remain," Xinhua news agency quoted.AS of Thursday morning, the country's overall death toll stood at 666,615, while the cases have increased to 41,536,813.

"While the Covid death toll overwhelms the imagination, even more stunning is the deadly efficiency with which it has targeted Black, Latino, and American Indian and Alaska Native people in their 30s, 40s and 50s.

"The pandemic has brought into stark relief centuries of entwining social, environmental, economic and political factors that erode the health and shorten the lives of people of colour, putting them at higher risk of the chronic conditions that leave immune systems vulnerable to the coronavirus.

Many of those same factors fuel the misinformation, mistrust and fear that leave too many unprotected.

"Many people don't have a physician they see regularly due in part to significant provider shortages in communities of colour. If they do have a doctor, it can cost too much money for a visit even if insured.

"There are language barriers for those who don't speak English fluently and fear of deportation among undocumented immigrants," the report added.

According to The Washington Post, people older than 85 make up only 2 per cent of the US population, but a quarter of the total death toll.

One in 35 people 85 or older died of Covid-19, compared with 1 in 780 people age 40 to 64.

Death rates for younger groups, 40 to 64 years old, are much lower, but racial inequities grow larger, it said.

Covid-19 deaths and cases in the US have climbed to levels not seen since last winter, wiping out months of progress.

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COVID19: Weekly Update.

 # The numbers below are from
Saturday 09-11-2021 * 12pm US East coast Time...
Compiled Periodically By:

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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:
228,587,449. Cases. / 4,695,798. Deaths.

Recovered till today:
205,201,390.
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01. U.S. A.:
42,800,06494. Cases. /690,715. Deaths.

02. India(???)**
33,417,390. Cases. / 444,563. Deaths.

03. Brazil:
21,102,536 Cases. /589,744. Deaths.

05. UK:
7,400,739. Cases. /135,147. Deaths.

27. Canada.
1,569,186. Cases. /27,370. Deaths.
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00 (India): Gujarat* :(???)
825,702. (???) Cases. /10,082. (???) Deaths.
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USA States:

01. California:
4,542,385. Cases./ 67,960. Deaths

02. Texas*:
3,925,385. Cases. /62,046. Deaths.

03. Florida:
3,530,742. Cases / 50,817. Deaths.

04. New York:*
2,437,752. Cases / 55,399. Deaths.

05. Illinois:
1,590,342. Cases. / 27,175. Deaths.

06. Georgia:
1,525,114. Cases. / 24,577. Deaths.

07: Pennsylvania:
1,370,247. Cases / 28,882. Deaths.

08. Ohio
1,336,061 Cases / 21,471. Deaths.

11. New Jersey*.:
1,128,696. Cases. / 27,165. Deaths.

18. Massachusetts:
790,953. Cases. / 18,445. Deaths.

34. Connecticut:
384,342. Cases /8,447. 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.