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Inside C2

Southern DAILY

Make Today Different

Southern Daily News is published by Southern News Group Daily

Tuesday, June 15 2021|

NATO adopts tough line on China at Biden's debut summit with alliance

NATO leaders warned on Monday that China presents "systemic challenges," taking a forceful stance towards Beijing in a communique at Joe Biden's first summit with an alliance that Donald Trump openly disparaged. The new U.S. president has urged his fellow NATO leaders to stand up to China's authoritarianism and growing military might, a change of focus for an alliance created to defend Europe from the Soviet Union during the Cold War.

The language in the summit's final communique, which will set the path for alliance policy, came a day after the Group of Seven (G7) rich nations issued a statement on human rights in China and Taiwan that Beijing said slandered its reputation.

"China's stated ambitions and assertive behaviour present systemic challenges to the rules-based international order and to areas relevant to alliance security," NATO leaders said in the communique.

Biden also told European allies that the alliance's mutual defence pact was a "sacred obligation" for the United States - a marked shift in tone from his predecessor, Trump, who had threatened to withdraw from the alliance and accused Europeans of contributing too little to their own defence.

"I want all Europe to know that the United States is there," said Biden. "NATO is critically important to us."

Biden stopped at the NATO headquarters' memorial to the Sept. 11, 2001, attacks on the United States by al Qaeda militants, when NATO triggered its Article 5 for the first and only time. Under the article, the alliance treats an attack on one member state as being an attack on all.

Later at a news conference, Biden, who will meet Russian President Vladimir Putin on Wednesday in Geneva, said China and Russia were trying to split the transatlantic alliance and that, while he was not seeking conflict with Russia, NATO would respond if Moscow "continued its harmful activities".

He described Putin as tough and bright. "Russia and China are both seeking to drive a wedge in our transatlantic solidarity," Biden said. He also pledged to support Ukraine in its conflict with Moscow, although he was non-committal on whether Kyiv could one day join NATO.

"We are going to put Ukraine in a position that they will be able to maintain their physical security," Biden said, without giving more details.

'AMERICA IS BACK'

While there are still differences in strategies on how to deal with China across the West, Biden said NATO was united under U.S. leadership. "



Novavax says its COVID-19 vaccine demonstrates 90 pct overall efficacy

WASHINGTON, June 14 (Xinhua) -- American biotechnology company Novavax announced Monday its COVID-19 vaccine demonstrated 100 percent protection against moderate and severe disease, and 90.4 percent efficacy overall in a late-stage clinical trial.

The Phase 3 study enrolled 29,960 participants across 119 sites in the United States and Mexico to evaluate efficacy, safety and immunogenicity, with an emphasis on recruiting a representative population of communities and demographic groups most impacted by the disease.

The vaccine, NVX-CoV2373, was also reported 93 percent efficacy against predominantly circulating Variants of Concern and Variants of Interest defined by the U.S. Centers for Disease Control and Prevention.

Preliminary safety data from the trial showed the vaccine to be generally well-tolerated. Serious and severe adverse events were low in number and balanced



between vaccine and placebo groups.

"These data show consistent, high levels of efficacy and reaffirm the ability of the vaccine to prevent COVID-19 amid ongoing genetic evolution of the virus," said Gregory Glenn, president of research and development at

Novavax.

The company intends to file for regulatory authorizations in the third quarter this year.

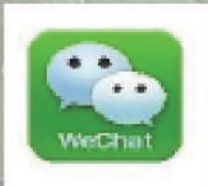
If approved, Novavax's vaccine will be the fourth COVID-19 vaccine authorized for emergency use in the United States, following vaccines from Pfizer/BioNTech, Moderna and Johnson & Johnson.

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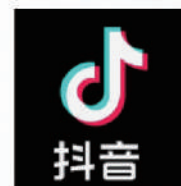
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WEA LEE'S GLOBAL NOTES

CORONAVIRUS DIARY

06/14/2021

Our Real Intimate Friend = Congressman Al Green



Last week I was invited by Congressman Al Green to attend a party with a group of Asian friends and his supporters.

Al introduced all the guests with their backgrounds and their businesses in detail. We were very surprised that he could remember almost every guest. I knew that he cared for everybody he knew.

After the coronavirus pandemic, this is the first time we were able to get together with many old friends. We all felt we were so lucky that we all survived the last 18 months.

Congressman Green wanted to hear from us about the current problems that we all are facing. Many of us talked about the issues of hate crimes, the cost of building materials and lumber that

have gone up three times, the cost of containers from Asian countries that now has gone up to twelve thousands dollars from the previous four thousand dollar price and retail stores and supermarket prices have also gone up. And now we are facing inflation.

Al was listening and took notes. He promised that he will bring all our voices back to Washington. He also introduced us to his new Chief of Staff, Ms. Niha Razi. She is an attorney and her parents are from Pakistan.

In the last fifteen years, Congressman Al

Green has been our community's best intimate friend. His caring, serious and earnest efforts have always warmed our hearts.

I am so lucky to know him and have travelled with him to China and Taiwan on two trips. Today we as Asians are facing a very difficult political dilemma. Al is really trying to help us to seek and find peace in the world.

Our community is so lucky that we have such a representative to represent us in the U.S. Congress.



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Southern DAILY Make Today Different

Editor's Choice



Shoes are seen on a path leading to the former Brandon Indian Residential School where researchers, partnered with the Sioux Valley Dakota Nation, located 104 potential graves in Brandon, Manitoba, Canada, June 12, 2021. REUTERS/Shannon VanRaes



People ride kayaks and boards around a prop shark in a protest in Gyllyngvase beach, Falmouth, during the G7 summit in Cornwall, Britain, June 12, 2021. REUTERS/Toby Melville



Italians enjoy aperitivo evening drinks sitting down at a bar as much of the country becomes a 'yellow zone', easing coronavirus restrictions allowing bars and restaurants to serve clients at outdoor tables, in Venice, Italy. REUTERS/Manuel Silvestri



Denmark players react as Christian Eriksen receives medical attention after collapsing during the match against Finland at the Euro 2020 in Copenhagen, Denmark, June 12, 2021. Pool via REUTERS/Wolfgang Rattay



Pro-democracy activist Agnes Chow is released from prison after serving nearly seven months for her role in an unauthorized assembly during the city's 2019 anti-government protests, in Hong Kong, China June 12, 2021. REUTERS/Tyrone Siu



Head of Opposition Benjamin Netanyahu and Israel Prime Minister Naftali Bennett gesture following the vote on the new coalition at the Knesset, Israel's parliament, in Jerusalem June 13, 2021. REUTERS/Ronen Zvulun

BUSINESS

CDC To Hold Emergency Meeting

COVID Vaccine Side Effects Begins Putting Young People in the Hospital



Compiled And Edited By John T. Robbins, Southern Daily Editor

The Centers for Disease Control and Prevention will hold an emergency meeting next Friday to address the increasing number of reports of heart inflammation, called myocarditis and pericarditis, particularly among young males, following the second dose of mRNA COVID-19 vaccinations. Both the Pfizer-BioNTech and Moderna vaccinations fall into this category. According to a fact sheet published on the CDC’s website, most of the cases involve “male adolescents and young adults age 16 years or older” and happened more frequently following the second dose rather than the first. Additionally, this condition occurred “within several days” of the vaccine. (The CDC defines myocarditis as “inflammation of the heart muscle” and pericarditis as “inflammation of the outer lining of the heart.”) During a presentation to a Food and Drug Administration advisory committee on Thursday, Dr. Tom Shimabukuro, a member of the CDC’s vaccine safety team, provided an update on this developing situation. Shimabukuro based his discussion on cases of myocarditis/pericarditis that were reported to VAERS, the CDC’s Vaccine Adverse Event Reporting System, on or before May 31. At that time, 12 million people in this age group had been vaccinated.

Across all age groups, myocarditis or pericarditis was reported in 488 people who received the Pfizer vaccine and 301 who received the Moderna, for a total of 789. Among those age 30 and under, VAERS had received 475 preliminary reports of myocarditis and pericarditis. Shimabukuro said, “Clearly, we have an imbalance there,” according to AAP News Publications.



Of those, 226 met the CDC working case definition.

And 285 of the cases had a “known disposition,” according to the FDA media release. Of those, 270 had been discharged and 15 were still hospitalized, three of whom were in an intensive care unit. “It’s a bit of an apples to oranges comparison because again these are preliminary reports,” Shimabukuro told the group. “Not all of these will turn out to be true myocarditis or pericarditis reports.” The CDC fact sheet indicated that, given the number of vaccine doses administered, these heart issues are rare. Fox News’ Tucker Carlson had a quite different take on this news. He is concerned that the Biden Administration may be downplaying the potential threat to young people. Carlson sounded the alarm in the opening monologue of his Thursday night show. He feared that the risks of taking the vaccine for adolescents might outweigh the risk of contracting COVID-19. “[I]t’s possible that healthy young people will much more likely to be harmed by the vaccine, than by COVID itself. That would be a disaster. In fact, it would be the definition of a preventable disaster.”



This is a problem because a growing number of schools and universities are now requiring that students be vaccinated in order to attend classes or participate in sports in the fall. They will be left with “no choice but to take a drug other government have concluded is dangerous for them to take.”TM“What are the long-term effects of forcing these drugs on millions of young people, many of whom don’t need it?”

Carlson asked. “We don’t know the answer. We don’t know what the long-term effects are. Anyone who claims to know is lying. At this point, there’s literally no way to tell.”

He also pointed out that, “At some schools, the mandate applies only to students. For reasons no one has explained, or could possibly defend, it does not apply to faculty and staff. They’re not required to be vaccinated.” Carlson then played a clip of President Joe Biden promising that the vaccine was safe. Biden is saying, “The bottom line is this — I promise you: They are safe. They are safe. And even more importantly, they’re extremely effective.” Carlson said, “If the numbers out of Israel turn out to be real and applicable to this country, that statement will live forever as one of the most destructive things a sitting president has ever said from a podium.”

Israel, he tells viewers, began vaccinating students in January. Citing a study released this week by Israeli health officials, he reported that young people, particularly males, were developing myocarditis at high rates. “Researchers determined that the incidence of myocarditis in vaccinated young men was fully 25 times the usual rate. Some of them died.” He also cited a doctor in Canada who has found a similar trend among his patients.

So, is the COVID-19 vaccine safe for adolescents or should they steer clear of it? It’s too early to tell. These vaccines were approved by the FDA for Emergency Use Authorization. Normally vaccines are tested over a period of time. (Courtesy western-journal.com)



Related

CDC Says This New Delayed Vaccine Side Effect Is Hitting Mostly Men

Since the COVID vaccines were first injected into people’s arms in clinical trials in the summer of 2020, experts have been monitoring patients’ reactions carefully. Most have fallen into the category of normal side effects your body experiences as it mounts an immune response, but there have been some reactions that have caused concern, like the blood clots linked to Johnson&Johnson that led to a pause on the vaccine. Recently, another new delayed vaccine side effect, called myocarditis, has experts on alert—and, according to the Centers for Disease Control and Prevention (CDC), it’s mostly affecting

men. Myocarditis, which is inflammation of the heart muscle, has recently been cropping up since the age of vaccination was dropped to include those 12 and over. And it’s not an immediate reaction, either. According to the CDC, the adverse effect is occurring “mostly in male adolescents and young adults age 16 years or older ... typically within several days after COVID-19 vaccination.” Now, a new study published in the medical journal Pediatrics on June 4 has analyzed the cases of seven men between the ages of 14 and 19 who received the Pfizer vaccine who went to the hospital after experiencing chest pains and were diagnosed with myocarditis. The Associated Press reports that all of the patients were able to go home after two to six days in the hospital. In April, the CDC warned healthcare professionals that they were monitoring a handful of reports of myocarditis in young adults and teenagers who had gotten an mRNA vaccine.



Both Pfizer and Moderna are mRNA vaccines, but currently, only Pfizer is approved for people under the age of 16 in the U.S. The CDC is currently investigating the potential link between myocarditis and these COVID vaccines, however, the agency continues to recommend that everyone 12 years and older get vaccinated. Now the Centers for Disease Control and Prevention announced Thursday that it will convene an “emergency meeting” of its advisers on June 18th to discuss rare but higher-than-expected reports of heart inflammation following doses of the mRNA-based Pfizer and Moderna COVID-19 vaccines. So far, the CDC has identified 226 reports that might meet the agency’s “working case definition” of myocarditis and pericarditis following the shots, the agency disclosed Thursday. The vast majority have recovered, but 41 had ongoing symptoms, 15 are still hospitalized, and 3 are in the intensive care unit. The reports represent just a tiny fraction of the nearly 130 million Americans who have been fully vaccinated with either Pfizer or Moderna’s doses. “It’s a bit of an apples-to-oranges comparison because, again, these are preliminary reports. Not all these will turn out to be true myocarditis or pericarditis reports,” cautioned Dr. Tom Shimabukuro, a CDC vaccine safety official. Shimabukuro said their findings

were mostly “consistent” with reports of rare cases of heart inflammation that had been studied in Israel and reported from the U.S. Department of Defense earlier this year. The CDC is working on more data and analysis on the reports ahead of the emergency meeting of its own advisers next week, he said, and also planned to analyze the risk of heart inflammation posed by catching COVID-19. The new details about myocarditis and pericarditis emerged first in presentations to a panel of independent advisers for the Food and Drug Administration, who are meeting Thursday to discuss how the regulator should approach emergency use authorization for using COVID-19 vaccines in younger children.



After earning an emergency use authorization for its COVID-19 vaccine in Americans as young as 12 last month, Pfizer announced this week it had decided on doses to use in a clinical trial in children as young as 6 months old and hoped to submit data by October. Moderna said Thursday that it too had requested the FDA’s permission to give its mRNA vaccine to adolescents. While Pfizer has said they expect to wrap up trials for children as young as 2 by September, FDA officials have previously cautioned that authorizing vaccines for these age groups could take longer — “mid to late fall” at the earliest — citing the additional follow-up data needed for children after they receive the shots.

“We recognize that some adverse reactions, for example myocarditis or pericarditis as discussed earlier today, may be too infrequent to detect in a safety database of typical size for pre-licensure clinical trials,” said Dr. Doran Fink, a top official in the FDA’s vaccine office. The CDC previously disclosed that reports of heart inflammation were detected mostly in younger men and teenage boys following their second dose, and that there was a “higher number of observed than expected” cases in 16- to 24-year-olds. Last month, the CDC urged providers to “ask about prior COVID-19 vaccination” in patients with symptoms of heart inflammation. (Courtesy cbsnews.com and https://sports.yahoo.com/)

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Growing Anti-Asian Racism Reveals More Research Needed To Determine Health Effects



Supporters of the Asian-American community attended a rally in late March against anti-Asian violence Queens in New York. (Photo/Emaz/VIEW press/Corbis via Getty Images)

Compiled And Edited By John T. Robbins, Southern Daily Editor

Days after a man shot and killed six Asian women and two other people in Asian owned spas in the Atlanta area in March, Doris Chang sat with her 11-year-old son to learn who the victims were. The news held their faces and their names – Asian faces, Asian names just like his. “My son looked at a picture and he said, ‘that looks like Ā-pó,’ which is my mother,” Chang says. “So, it was really, really hard not to personalize [the shootings] as something that could have happened to anybody in my family, anybody that I know.” Chang and her family, like many other Asian Americans, can see themselves in the thousands of reported hate incidents against Asians over the past year, and it’s adding a new layer of stress to their lives. “For many Asian Americans, these acts of harassment and violence are activating old wounds, memories of racial traumas. For others, they may now worry about going out alone to the grocery store, worrying about loved ones,” she says.



Racism against Asians has a long history and anti-Asian

hate incidents have been on the rise in recent years. But research into the health effects on Asian Americans of living with such violence is sparse. Health scientists like Chang say that’s been damaging to the Asian community, and the research gap needs to close as soon as possible. As an associate professor of psychology at New York University, Chang is particularly sensitive to how racial violence can sow fear and trauma throughout the community. She’s studying some of the health effects from the recent wave of violence.

“We really need more data to see how these events are being experienced differently by folks.”

Those data have been exceedingly hard to come by. Yan Zhang, a criminal justice researcher at Sam Houston State University, recently published a paper on anti-Asian hate crime statistics.



“We noticed that there’s almost no prior research focused on Asian Americans,” she says. “As a researcher, we always want to have high quality data

to do analyses. But we don’t have that.”

There’s a lot scientists don’t know about the ways racial violence affects Asian Americans, and the things that influence health and wellbeing for the community, Chang says. Past research on other communities of color finds that repeated exposure to racism and racial violence can grind one’s physical and mental health down. Race-related stress has been linked to higher infant mortality rates and cardiovascular disease in African American communities, and researchers continue to find more insidious ways racism harms health. Without the research specific to Asian Americans’ experience, it means any problems currently facing the Asian American community will likely continue to fester, unnoticed and unaddressed



“It contributes to the invisibility of Asian Americans in conversations about policy needs. If we can’t adequately describe the problems facing our community in terms of health equity issues, poverty, achievement, and racial violence, we can’t make the case we need more resources,” Chang says. “It’s very difficult to make that case without data, even though we know, anecdotally, there are very vulnerable members of our communities.”

There are several likely reasons why Asians are not prioritized in research, Chang says. One is the model minority myth, which can suggest that Asians don’t suffer economic or health disparities compared to whites. Ideas like this can lead to a general disinterest in funding research on Asians. Federal research dollars dedicated to studying the Asian American community are conspicuously anemic. From 1992 to 2018, only 0.17% of the National Institutes of Health’s budget went to studying Asian, native Hawaiian and Pacific Islander Americans.

“That makes it really hard to collect high quality data on Asian Americans, especially around health disparities. It feeds into the popular idea that Asian-Americans don’t have problems and that translates into fewer dollars,” Chang says. “There’s this vicious cycle of lack of data, misconceptions that this is a community that doesn’t have problems, and that contributes to the health disparity gap.”



Conducting research on Asian Americans can also be

a foray into the tower of Babel, Chang says. While we may be grouped into one racial group, the population can be broken down into some 50 different ethnic groups who speak dozens of different languages.

“To do a really rigorous study on Asians, you need very robust outreach efforts because we’re spread out as well. Sampling is expensive. Then you need to translate all your measures and tools into a variety of different Asian languages. That’s also expensive and difficult to do,” Chang says. “There’s so many great Asian American scholars doing the best with the resources we have. But it’s frustrating as a researcher. It feels unfair that it’s so hard to get the support we need.”

A language and cultural barrier might also be contributing to the lack of data on Asian Americans and racial violence in another way, says Sam Houston State University’s Yan Zhang. Asians, particularly immigrants, may not feel comfortable speaking about hate incidents and crimes with researchers or reporting them to the police or media if they don’t speak English well.



“We know from some prior research that Asian Americans have lower report rates for victimization experiences,” Zhang says. “Aside from the language barrier, immigrants may not understand the justice system and that may be another reason that prevents them from reporting.”

Zhang says even victims from high-profile incidences of anti-Asian hate hadn’t reported prior experiences of violence or bias. When a man shouted at a D.C. tea shop owner and pepper sprayed him, the owner said it wasn’t the first time his shop had been targeted. After a man trashed a Korean business in Charlotte, North Carolina while yelling racial slurs, the owners said it was the most recent of a long history of attacks.

“If you look at all those cases, you will find that many people had the same or similar experiences before they reported,” Zhang says. From March 19, 2020 to Feb 28, 2021, a period encompassing the ballooning of the country’s coronavirus pandemic and some politicians’ insistence on linking the virus to China, the Stop AAPI Hate Reporting Center recorded nearly 3,800 separate incidents of hate against Asians in the United States. But that count may miss how widespread such incidents are.



In one of Chang’s ongoing studies, she surveyed roughly 700 Asian Americans across the U.S., at least 40% of them reported one or more incidents of in-person racism including verbal harassment, physical assaults and property damage. Those experiences also came with a decrease in mental health for Chang’s participants.

“That shows us how under-reported these events really are, how pervasive they are across our community, and that they’re happening to many, many more of us than are actually reporting it,” Chang says.

Racism through the form of repeated silencing or ignoring of Asian voices may be yet another reason why Asians rarely report incidents of hate, says Jenny Wang, a psychologist based in Houston.

“If you go to Asia, there are plenty of Asians who advocate for themselves just fine. The problem is that when we speak up [in America] and it’s silenced, we then internalize this message that my speaking up has no effect,” Wang says. “White toxicity and racism have put an inordinate amount of pressure on Asians living in diaspora communities to cope with the trauma of being in an environment that does not see them and does not protect them.”

Wang says that might lead to some Asian Americans feeling that racism against us would be ignored. In order to cope, she thinks many numbed themselves to injustices and, under the threat of white supremacy, tried to diminish themselves to survive. Wang says that can have pronounced mental health consequences.



“I have seen this play out clinically in that a lot of my [Asian] clients really struggle with speaking up for themselves, expressing their emotions, being vulnerable,” she says.

The full health impact of racial violence on communities of color likely extends far beyond what studies have so far captured, Wang says. Many analyses have been limited in scope or duration, often collecting data for only a few months, so they can’t always be extrapolated to the length of a human life. But racism is a constant, going on day after day, long after the researcher’s microscope has turned away. (Courtesy npr.org) [NOTE: This article is adapted from, “It Just Stays With You”: The Corrosive Health Effects Of Decades Of Anti-Asian Violence,” originally published with NPR member station WBUR.]

乙型肝炎知識問答



問: 什麼是乙型病毒性肝炎?

答: 乙型病毒性肝炎(簡稱乙肝)是一種由乙肝病毒引起的對人類肝臟造成傷害的傳染性疾病。一部分人在接觸乙肝病毒之後沒有辦法抵抗感染,並會被病毒伴隨終生。隨著時間的推移,這些患有慢性乙肝的人群會轉為更嚴重的肝臟疾病,其中包括肝硬化和肝癌。目前慢性乙肝在世界範圍內已成為引發肝癌的首要原因。

問: 乙肝有多普遍?

答: 乙肝病毒在世界範圍內都非常普遍。現在全球有接近3億人患有慢性乙肝,其中在美國的慢性乙肝患者有200萬左右。在美國,每年約有2000人因乙肝相關的肝臟疾病死亡。



亡。

問: 乙肝有哪些症狀?

答: 乙肝通常沒有症狀,有許多

人感染乙肝數十年也不會感到不適。如果出現病症,可能的症狀包括發燒,疲勞,食慾不振,胃痛,胃部不適,嘔吐,尿色深,淺色糞便,關節疼痛,皮膚和眼睛發黃。

問: 為什麼乙肝對亞太裔族群的影響要超過其他族裔?

答: 人類感染乙肝已有數千年之久,在世界某些區域包括亞太地區較為常見。在這些地區中有多達20%的人會感染乙肝病毒。在高感染率國家出生的人有很大的感染風險,這也是為什麼在美國的亞太裔中,平均每十二個人就有一個人會感染乙肝。正因為如此,亞太裔也是肝癌患病的高危群體。但是通過醫療護理及治療,許多肝癌病例是可以避免的。

問: 為什麼檢測乙肝對亞太裔族群非常重要?

答: 乙肝檢測能夠拯救生命!即使乙肝病毒多年來一直在悄然無息地對他們的肝臟造成傷害,大部分慢性乙肝患者都沒有任何症狀。

問: 乙肝有治療方式嗎?

答: 對於一名乙肝患者來說,了解有效的治療方式是非常重要的,因為這可以幫助他們緩解肝臟損傷甚至預防肝癌。如果醫生知道您患



有乙肝,他們能夠幫助觀察您的肝臟健康狀況以及評估您是否需要用藥,這些藥物能夠停止病毒在您體內繼續繁殖。醫生還可以給您提供關鍵的飲食建議,並在您服用任何藥物或草藥之前進行評估,因為部分草藥可能會造成肝臟損害。

問: 乙肝有哪些傳播途徑?

答: 乙肝通過血液以及其他體液直接接觸傳播。許多慢性乙肝患者是在分娩期間以及初生嬰兒期被感染的。乙肝不是遺傳病也不會被遺傳。

問: 乙肝不會通過哪些渠道傳播?

答: 乙肝不會通過日常接觸或者唾液傳播。如果您和乙肝患者一同居住,您可以放心與他們一起用餐,分享食物餐具以及讓他們幫忙準備食物。擁抱,咳嗽,打噴嚏以及接吻也不會傳播乙肝病毒。您無需在家中替乙肝患者準備單獨的餐具或居住區域。

問: 乙肝能夠預防嗎?

答: 現在已經有安全有效的疫苗能夠預防人們被乙肝傳染。但不幸的是有許多人在注射疫苗前就已經被感染。目前初生嬰兒例行接種乙肝疫苗已經在全美國以及許多其他國家及地區執行。任何與乙肝患者一起生活的人也應該注射疫苗以防乙肝傳染。

[cdc.gov/knowhepatitisb/zh](https://www.cdc.gov/knowhepatitisb/zh)



美國旅遊業反彈 單日機場安檢人數首次突破 200 萬大關

【美南新聞泉深】美國航空業從新冠病毒大流行中恢復過來是一個關鍵的里程碑!美國運輸安全管理局(The Transportation Security Administration, TSA)週六宣布,週五在機場檢查站對203萬旅客進行了安全檢查,這是自2020年3月起共15個月以來,單日安檢人數首次突破200萬大關。

自今年2月以來,隨著越來越多的美國人接種了COVID-19疫苗,並且至少在美國境內,強制隔離等旅行限制開始放寬,航空公司的預訂量一直在增加。

與2019年同一天相比,週五的人流量僅為之前的74%。然而,根據TSA的數據,203萬人次比去年同期增加了150萬人次。

200萬大關代表著受到新冠病毒大流行重創的旅遊業的好轉。2020年4月有幾天,美國的登機人數不到10萬人,當時波音公司的首席執行官預測,至少有一家美國主要航空公司會破產。

大多數美國航空公司仍在虧損,西南航空第一季度的利潤微乎其微,其它航空公司也是一樣,因此,聯邦政府在大流行救濟中為該行業提供了640億美元的撥款。

美國對大規模休假的恐懼已經解除。聯合航空公司去年秋天損失了70億美元並威脅要讓13,000名員工休假,但是本週告訴員工,即使聯邦資金在10月份用完,他們的工作也有保障。

這是因為像美聯航這樣的航空公司對暑假旺季的旅遊感到樂觀。航空公司官員表示,國際旅行和商務旅行仍處於極度低迷狀態,但國內休閒旅行已大致恢復到大流行前的

水平。

TSA預計100多個機場將出現勞動力短缺,正招聘員工。航空公司正在召回自願休假的員工,並計劃在今年晚些時候僱用少量飛行員和其他工人。

美國酒店經營者表示,隨著疫苗接種率的上升,他們也看到預訂量有所增加。希爾頓酒店的高級副總裁邁克·加思萊特(Mike Gathright)表示,在陣亡將士紀念日週末,該公司的酒店客滿率達93%。他表示,該公司對夏季的休閒旅行和今年秋季的商務旅行“非常樂觀”。

加思萊特說:“疫苗分發、放鬆的旅行限制、消費者信心——所有這些都在推動我們業務的入住率和財務的改善”。

在大流行之前,TSA每天平均篩查200萬至250萬名旅客。大流行期間篩查量最低的是2020年4月13日,當時機場安全檢查站僅對87,534人進行了安檢。

到上個月中旬,TSA的平均每日安檢量約為大流行前水平的65%。

隨著夏季旅遊旺季的臨近,TSA建議乘客有足夠的時間到達機場,以適應增加的安檢時間,因為預計某些機場的旅客數量將接近並在某些情況下超過大流行前的水平。

自從接種新冠病毒疫苗後,全美新冠病毒感染率和死亡率顯著下降,這激發了居民旅遊的浪潮。

(圖片來自網絡,版權歸原作者)

