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Southern DAILY
Make Today Different
Southern Daily News is published by Southern News Group Daily

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Inside C2

Monday, April 11 2022

Shanghai widens COVID testing as other Chinese cities impose curbs

SHANGHAI, April 8 (Reuters) - Shanghai on Friday announced a record 21,000 new cases and a third consecutive day of COVID testing as a lockdown of its 26 million people showed no sign of easing and other Chinese cities tightened curbs - even in places with no recent infections.

Beijing authorities intervened in Shanghai after its failure to isolate COVID by locking the city down in stages, and insists that the country stick to its zero-tolerance policy to prevent its medical system from breaking down.

Authorities across China, which have mostly managed to keep COVID at bay for the last two years, are stepping up coronavirus control measures, including movement restrictions, mass testing and new quarantine centres.

Cities that sprang into action this week include Zhengzhou, in central Henan province, which on Thursday said it would test all 12.6 million residents after finding a few asymptomatic cases.

Beijing has strengthened regular screening for employees in the city's key sectors, requiring all staff at elderly care agencies, schools and institutions handling imported goods to take tests at least once a week.

In Shizong county in southwest China's Yunnan province, shops were shut, transport suspended and residents barred from leaving their towns or villages.

Nomura this week estimated that 23 Chinese cities have implemented either full or partial lockdowns. The cities collectively are home to an estimated 193 million people and contribute 22% of China's GDP. These include Changchun, a major manufacturing hub that has been locked down for 28 days.

Ernan Cui, an analyst at Gavekal Dragonomics who studied COVID policies announced by China's 100 largest cities, said most were choosing to keep restrictions in place even after case numbers returned to zero.

The curbs "suggest that the economic impact of the various lockdowns will not ease in a matter of days or even weeks", she said in a note.

If Shanghai's lockdown continues throughout April the city will suffer a 6% loss in GDP, amounting to a 2% GDP loss for China as a whole, ING Chief Economist for Greater China Iris Pang said in a note.

White House press secretary Jen Psaki said in a briefing on Friday that the Biden administration was closely monitoring the lockdown in Shanghai, noting that it could cause delays for air cargo.
W1N2VE032

'THUNDEROUS' ACTION

Shanghai's outbreak has surpassed 130,000 cases in total, far exceeding the approximately 50,000 symptomatic cases recorded in the original outbreak in the central city of Wuhan, where the virus was first detected in late 2019, although Chinese authorities did not start reporting asymptomatic cases until after Wuhan's peak.

Stories of crowded and unsanitary central quarantine centres and fears of family separation have driven calls for home quarantine in Shanghai.

The Shanghai government has started allowing some close contacts to isolate at home and on Wednesday eased its policy of separating infected children from their parents.

However, food supply remains a concern with residents, due to a shortage of couriers.

On Friday afternoon results for hashtag "Shanghai buy food" were blocked on the Twitter-like social media site Weibo.

Weibo did not immediately respond to a request for comment.

Shanghai has not indicated when it may lift its lockdown.

Late on Thursday, Wu Zunyou, chief epidemiologist at the China Center for Disease Control and Prevention, said on its Weibo account that action taken in Shanghai had to be "thunderous" to cut off the chain of transmission.

In theory, he said, if multiple rounds of PCR testing were conducted in mega-cities with populations as large as 27 million within 2-3 days, they could reach zero cases "on the community level" within 10 days to two weeks.

Of Shanghai's cases, just one is suffering severe symptoms and is under treatment, a health official said on Friday.

Southern DAILY Make Today Different

LOCAL NEWS

Volkswagen rejects shareholder push for climate lobbying disclosures

The logo of German carmaker Volkswagen is seen on a rim cap in a showroom of a Volkswagen car dealer in Brussels, Belgium July 9, 2020. REUTERS/Francois Lenoir/File Photo

BERLIN, April 9 (Reuters) - Volkswagen (VOWG_p.DE) has rejected a shareholder proposal for it to explain how its lobbying activities align with its climate goals - something two of the carmaker's leading competitors have already promised to do, one of the investors said on Friday.

A filing by a group of seven shareholders said that while Volkswagen does disclose its trade association memberships, it should go further and say whether the associations' aims are compatible with its emissions-cutting targets.

Fellow carmakers Mercedes-Benz (MBGn.DE) and BMW (BMWG.DE) have already committed to doing that.

"The Board is failing to deliver transparent oversight of the company's climate lobbying," said Charlotta Sydstrand, sustainability strategist at Swedish pension scheme AP7, one of the shareholders involved in the proposal.

Her comments were included in a statement issued by the Church of England Pensions group, which also backed the filing.

The statement said Volkswagen had rejected the proposal on the grounds that the issue was deemed to be beyond the competence of the general meeting.

Volkswagen was not immediately available for comment.

Other supporters of the proposal included Britain's biggest listed asset manager Schroders and a range of Swedish pension funds.

Pressure by investors on climate-related issues is growing rapidly.

Last week, 34 investors managing more than $7 trillion in assets warned 17 of Europe's largest companies, including Volkswagen, they could challenge board directors over their accounting of climate risks. "Investors cannot understand the true value of a company without knowing the embedded climate risks," Natasha Landell-Mills, partner and head of stewardship at investment manager Sarasin & Partners, one of the signatories to the letters, said in an interview.

Others to sign include the fund arm of HSBC (HSBA.L), French public pension scheme ERAFP, and BMO Global Asset Management EMEA, part of U.S. asset manager Columbia Threadneedle.

Investors have tried to press the companies on the issue before. In 2020, through the Institutional Investors Group on Climate Change, they laid out a series of steps boards needed to take to align their accounts with the Paris Agreement on climate, including changing key accounting assumptions.

The investors found that most companies failed to adequately respond, prompting the latest string of letters warning boards they faced opposition at their upcoming annual general meeting. read more

"From next voting season you should increasingly expect to see investors vote against Audit Committee directors' reappointment, where high-risk companies fail to meet the expectations," the letters said.

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Editor's Choice

A migrant taking part in a caravan heading to the northern border sleeps on the banks of a river, in Santo Domingo Zanatepec, Mexico November 11, 2021. REUTERS/Jacob Garcia

Olena, the mother of Denys Snihur, 25, a border guard-turned-soldier, killed by Russian shelling in the northern town of Ovruch, mourns her son during his funeral at the Lychakiv Cemetery, in Lviv, Ukraine, March 21, 2022. REUTERS/Zohra Bensemra

A girl walks outside a migrant camp near the El Chaparral border crossing in Tijuana, Mexico November 8, 2021. REUTERS/Toya Sarno Jordan

A view of a destroyed Ukrainian government administration building following shelling in Mykolaiv, Ukraine, April 8, 2022. REUTERS/Ueslei Marcelino

Locals sit in front of their house in the village of Andriivka, in the Kyiv region, Ukraine, April 7, 2022. REUTERS/Marko Djurica

Mariya, 77, whose daughter and son-in-law died under the rubble of a building destroyed by Russian shelling, cries, amid Russia's invasion of Ukraine in Borodyanka, in Kyiv region, Ukraine April 8, 2022. REUTERS/Gleb Garanich

Southern DAILY Make Today Different

BUSINESS

Promising COVID Research Developments

Two More Life-Saving COVID-19 Drugs Discovered

Two more life-saving drugs have been found that can cut deaths by a quarter in patients who are sickest with Covid.

By Guest Writer Michelle Roberts Health editor, BBC News online

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

The anti-inflammatory medications, given via a drip, save an extra life for every 12 treated, say researchers who have carried out a trial in NHS intensive care units. Supplies are already available across the UK so they can be used immediately to save hundreds of lives, say experts.

There are over 30,000 Covid patients in UK hospitals - 39% more than in April.

The UK government is working closely with the manufacturer, to ensure the drugs - tocilizumab and sarilumab - continue to be available to UK patients.

As well as saving more lives, the treatments speed up patients' recovery and reduce the length of time that critically-ill patients need to spend in intensive care by about a week.

Both appear to work equally well and add to the benefit already found with a cheap steroid drug called dexamethasone.

Life-saving coronavirus drug 'major breakthrough'

Although the drugs are not cheap, costing around £750 to £1,000 per patient, on top of the £5 course of dexamethasone, the advantage of using them is clear - and less than the cost per day of an intensive care bed of around £2,000, say experts.

Lead researcher Prof Anthony Gordon, from Imperial College London, said: "For every 12 patients you treat with these drugs you would expect to save a life. It's a big effect."

In the **REMAP-CAP trial** carried out in six different countries, including the UK, with around 800 intensive care patients:

Nearly 36% of intensive care COVID patients receiving standard care died. The new drugs reduced that by a quarter, to 27%, when given to patients within 24 of them entering intensive care.

Prof Stephen Powis, NHS national medical director, said: "The fact there is now another drug that can help to reduce mortality for patients with Covid-19 is hugely welcome news and another positive development in the continued fight against the virus."

Health and Social Care Secretary Matt Hancock said: "The UK has proven time and time again it is at the very forefront of identifying and providing the most promising, innovative treatments for its patients.

"Today's results are yet another landmark development in finding a way out of this pandemic and, when added to the armoury of vaccines and treatments already being rolled out, will play a significant role in defeating this virus."

The drugs dampen down inflammation, which can go into overdrive in Covid patients and cause damage to the lungs and other organs. Doctors are being advised to give them to any Covid patient who, despite receiving dexamethasone, is deteriorating and needs intensive care.

Tocilizumab and sarilumab have already been added to the government's export restriction list, which bans companies from buying medicines meant for UK patients and selling them on for a higher price in another country. The research findings have not yet been peer reviewed or published in a medical journal (Courtesy https://www.bbc.com/)

Related

Early Plasma Trial Promising In Adults 65+ With Milder COVID-19

— NNT* of 7 to prevent one case of severe illness in Argentine trial

(NNT is a simple statistical concept called the "Number-Needed-to-Treat", or for short the 'NNT'. The NNT offers a measurement of the impact of a medicine or therapy by estimating the number of patients that need to be treated in order to have an impact on one person. The concept is statistical, but intuitive, for we know that not everyone is helped by a medicine or intervention — some benefit, some are harmed, and some are unaffected. The NNT tells us how many of each.)

Older adults hospitalized with milder COVID-19 who received convalescent plasma showed lower risk of developing severe respiratory disease versus patients who received placebo, a randomized trial found. In an intention-to-treat analysis, severe respiratory disease occurred in 16% of COVID-19 patients ages 65 and older receiving convalescent plasma within 72 hours after symptom onset versus 31% of patients receiving placebo (relative risk 0.52, 95% CI 0.29-0.94, P=0.03), reported Fernando Polack, MD, of Fundación INFANT–COVID-19 Group in Buenos Aires, Argentina, and colleagues, in the New England Journal of Medicine.

However, the trial was stopped early at about three-quarters of its projected sample size due to a decline in COVID-19 cases in the region, the authors noted. Evidence for convalescent plasma in COVID-19 has been conflicting from the beginning. Some observational studies showed promise, while more recent research found no benefit among patients with severe COVID-19. But previous studies may have administered them too late, as authors noted antibodies in plasma "must be administered soon after infection in order to be effective." The FDA authorized its use in hospitalized COVID-19 patients in August.

Polack and colleagues pointed up how their trial differed from others: it focused on older adults, who are most affected by the pandemic, and convalescent plasma was given "in a mild stage" with the aim of preventing progression.

"Our primary endpoint" -- severe respiratory illness -- "was an enrollment criterion in previous studies," the group noted.

Patients were enrolled in Argentina from June 4 to Oct. 25. They included patients ages 65-74 with at least one comorbidity, and patients ages 75 and older irrespective of pre-existing conditions. They had tested positive for SARS-CoV-2 and had symptoms including fever, unexplained sweating or chills and dry cough for less than 48 hours. Severe respiratory disease was defined as respiration at 30 breaths per minute or more or oxygen saturation of less than 93% on ambient air. They were assessed from 12 hours after infusion to day 15 of trial participation.

Overall, 160 patients underwent randomization. Mean age was 77, and 62% were women. A little more than half were 75 or older. Most patients had pre-existing conditions, with over two-thirds of both groups being treated for hypertension. An intention-to-treat analysis found severe respiratory disease developed in 13 of 80 patients in the intervention group and 25 of 80 in the placebo group, for a relative risk reduction of 48% and a number needed to treat of 7 to avert one episode of severe respiratory disease.

There were no solicited adverse events observed. Four convalescent plasma recipients had life-threatening respiratory disease. Two patients in the intervention group and four patients in the placebo group died.

Polack's group noted that while the trial "lacked the statistical power to discern long-term outcomes," their findings underscored "the need to return to the classic approach of treating viral infections early."

An exploratory finding of the trial was a dose-dependent IgG effect, where donated plasma with IgG titers of 1:3,200 or higher reduced severe respiratory disease by 73% and a number needed to treat of 4. Among the plasma donors in the trial, 71% with titers of 1:3,200 or higher were previously hospitalized.

"'Super donors' with IgG titers of 1:12,800 or higher and perhaps immunized persons in the future could contribute to build a therapeutic arsenal," Polack and colleagues wrote. (Courtesy medpagetoday.com)

Southern DAILY Make Today Different

COMMUNITY

Moderna Vaccine May Work For 'A Couple Of Years'

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

Jan. 8, 2021 -- The Moderna vaccine -- one of two vaccines now being distributed in the United States -- will "potentially" provide protection against COVID-19 for several years, the biotech company's CEO said, according to Reuters.

But Stephane Bancel said the Massachusetts-based Moderna will have to conduct more research to be definitive about how long the vaccine will work. Because coronavirus vaccines are new, health experts aren't sure how long they'll be effective.

"The nightmare scenario that was described in the media in the spring with a vaccine only working a month or two is, I think, out of the window," Bancel said at an event organized by the Franco-German financial services group Oddo BHF.

"The antibody decay generated by the vaccine in humans goes down very slowly (...) We believe there will be protection potentially for a couple of years."

Bancel went on to predict Moderna would soon prove its vaccine would work against coronavirus variants found in the United Kingdom and other nations, Reuters said.

The U.S. government approved the Moderna vaccine for distribution in the United States on Dec. 17, one week after approving the Pfizer/BioNTech vaccine. Both are now being administered in the United States and the Moderna vaccine was recently approved by the European Commission.

Moderna and Pfizer both use two shots of messenger RNA to create an immune response against the coronavirus. The shots are given about two weeks apart.

Moderna said its vaccine had proven to be 94.1% effective, and 100% effective in severe cases of COVID-19. Pfizer says its vaccine has a similar efficacy, 95%.

The U.S. Department of Health and Human Services has agreed to purchase 200 million doses of Moderna's vaccine and could purchase more.

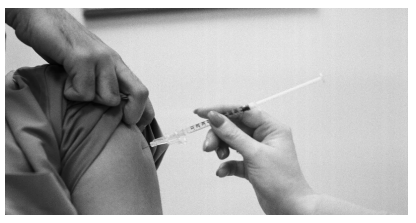
Despite increasing coronavirus case counts and deaths, distribution of the coronavirus vaccine has lagged in the United States. The CDC says 17.2 million doses have been distributed to the states as of Dec. 6, but only 5.3 million doses have been administered.

Vaccines being produced by AstraZeneca and Johnson & Johnson are still in clinical trials.

Related

Vaccines have protected us from deadly pathogens for millennia

Why Vaccines Are Critical To Keeping Diseases At Bay



Scientists around the world are racing to develop a vaccine for the novel coronavirus that has killed tens of thousands of people since late December. Dozens of companies and institutions are leading the charge at a record pace, and some already have begun the first phase of clinical trials. Yet researchers continue to warn that it could take at least a year to 18 months before a vaccine is ready for public use—a long time to wait for what many see as the best hope to stem the spread of the SARS-CoV-2 virus, which causes COVID-19.

Most vaccines don't cure diseases; they prevent you from getting infected in the first place. Vaccines contain the same germ (or part of a germ) that causes a disease, but in a killed or weakened state so that it doesn't actually make you sick. The immune system learns about the pathogen, stores information about it, and produces antibodies against it so that the next time it appears, the body can fight it off.

Vaccines have been around only for a couple hundred years, but the concept of inoculating ourselves against diseases has a long history.

The invention of vaccines

Smallpox was one of the early scourges of humankind—and the first and only one to be eradicated with the use of a vaccine. By 430 B.C., humans had figured out that people who survived smallpox developed an immunity to it. Sometime over the next 2,000 years—some say as early as 200 B.C.—people learned how to inoculate themselves against it.

Early accounts from China and India indicate that people fought the deadly disease using a technique called variolation, which involved grinding up smallpox scabs and deliberately infecting someone with it by blowing it up a nostril or scratching it into their skin. Variolation caused a milder form of the disease and was far from perfect: Not only was there still a 2 to 3 percent fatality rate, but the infected could pass on smallpox. Still, by the early 18th century, the technique had become popular in Europe and the Americas.

In 1796, an English doctor named Edward Jenner revolutionized the way we approach diseases like smallpox. He showed that inoculation using a weakened strain of cowpox—a mild zoonotic disease that at the time typically transferred from cattle to humans—could also protect against smallpox. During the next several decades, Jenner's vaccination method gradually replaced variolation. Thanks to that discovery and developments in the ensuing years, smallpox began to fade. In 1980, nearly 200 years later, the World Health Organization (WHO) declared it eradicated.

Jenner's breakthrough paved the way for vaccines that today prevent widespread epidemics of a variety of diseases, including influenza, measles, polio, rabies, tetanus, typhoid, yellow fever, and cervical cancer.

How vaccines work

Your body's immune system is designed to seek and destroy invading pathogens—but it's not always easy, and pathogens can be clever. For example, the flu virus disguises itself as it enters your body and then begins to replicate before your immune system realizes that it's there. Vaccines give your immune system a leg up in the fight by teaching it how to quickly recognize a pathogen.

There are several different types of vaccines, but they all essentially serve to introduce a germ or part of a germ into your body in a way that can't make you sick—though it may cause minor symptoms such as fever as your body builds immunity. Some vaccines use the entire pathogen, but in a killed or weakened state; some use only the parts of the organism that alert the immune system; some use a toxin made by the germ, and some rely on the pathogen's genetic material.

When you receive a vaccine, the germ sends up an alert to your immune system to start producing antibodies to fight it. Once your immune system has beaten the pathogen, it knows how to quickly destroy it. When you're exposed to the real thing, your body recognizes the bug and can fight off the infection before it begins.

Sometimes that immunity from a vaccine can last for years or even the rest of your life, while other vaccines require boosters at regular intervals. All adults and children need the influenza vaccine every year to prevent infection against the viral strains likely to be common that season.

Misinformation and waning trust in science and government has spurred an anti-vaccine movement among those who question their safety. Yet vaccines remain as crucial as ever to keeping dangerous diseases such as measles and polio at bay. The WHO estimates that vaccines save two million to three million lives each year.

Many are now pinning their hopes on a vaccine to do the same for the novel coronavirus. But it's too soon to say when that might be—or what type of vaccine will be most effective against the coronavirus that continues to spread around the world. (Courtesy webmd.com and https://www.nationalgeographic.com/)