Share Your News Now

If you would like to share news or information with our readers, please send the unique stories, business news organization events, and school news to us includinig your name and phone number in case more information is needed.

For news and information consideration, please send to News@scdaily.com
or contact
John Robbins 281-965-6390
Jun Gai 281-498-4310

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

Publisher: Wea H. Lee
President: Catherine Lee
Editor: John Robbins

Address: 11122 Bellaire Blvd., Houston, TX 77072
E-mail: News@scdaily.com

Inside C2

Sunday, June 13 2021|

Half of U.S. states to end Biden-backed pandemic unemployment early

Half of U.S. states, all of them led by Republican governors, are cutting off billions of dollars in unemployment benefits for residents, rebuffing a key part of President Joe Biden's response to the coronavirus recession.

The payments - an extra $300 per week from the federal government to unemployment recipients because of the pandemic - have become part of a political battle in Washington over how to best guide the country out of an economic downturn.

Maryland on Tuesday became the 25th state to announce it would stop the $300-per-week benefits before the federal program lapses in September. Governor Larry Hogan said that while the program gave "important temporary relief" during the pandemic, it was no longer needed now that "vaccines and jobs ... are in good supply."

Hogan is following 24 other GOP state leaders and business lobbying groups, who say the benefits mean people are turning down good jobs, leaving companies without the workers they need to reopen.

The Biden administration, Democrats, workers, activists and some economists argue, however, that a host of ongoing troubles - from lack of childcare to continued fear of infection to low wages - are keeping people out of the labor force. Just over 41% of the United States' 328 million people are fully vaccinated.

The United States is about to undergo a real-time test of the issue. The 25 states turning down the federal cash have announced different end dates for the program. Benefits expire June 12 in Alaska, Iowa, Mississippi and Missouri, with the other 21 states falling off through July 10.

Unemployed workers may still be eligible for regular state unemployment benefits. But those vary widely. Unemployed people must take suitable jobs that are offered, White House officials have emphasized.

"Our view is that it's going to take time for workers to regain confidence in the safety of the workplace, re-establish childcare, school, and commuting arrangements, and finish getting vaccinated," White House press secretary Jen Psaki said on Wednesday. The White House would not try to stop states from cutting special unemployment benefits, she said last month.

Based on data from May 8 Department of Labor records, about 2.8 million people were collecting pandemic benefits in the 25 states terminating the program in the next few weeks.

Job postings are at a record high in the United States, while job growth in April was a disappointing 266,000. Employers in industries from manufacturing to hospitality say they're desperately seeking more workers.

White House officials fear that rushing to kill programs too early, before mass vaccination is completed, could hurt working people and an economy still struggling to get back to health and millions of jobs short of where it was before the pandemic.

A May Quinnipiac poll found that 54% of Americans agree states should cut off the extra benefits early. Surplus money for workers was popular with voters through 2020, when Biden's promise of stimulus helped the Democrat garner the votes needed to defeat Republican President Donald Trump.

Enriching and expanding unemployment insurance - broadening eligibility to include "gig" workers and topping up the state payments with what was initially $600 per week - was considered key in the Biden White House battle against what threatened to be a deep and enduring pandemic recession.

The extra money led to the odd circumstance of many workers earning more on unemployment than in their jobs, but that helped boost the economy in unexpected ways: personal income actually rose during the pandemic, household saving spiked, consumption held up as people splurged on new cars and appliances, and a feared wave of debt defaults never occurred.

WEA LEE'S GLOBAL NOTES

CORONAVIRUS DIARY 06/12/2021

Wea H. Lee
Wealee@scdaily.com
Chairman of International District Houston Texas
Publisher Southern Daily Wea H. Lee
Southern News Group Chairman / CEO
Chairman of International Trade & Culture Center
Republic of Guiana Honorary consul at Houston Texas

Multilateralism Is Back

President Biden met the leaders of the world's advanced economies in Falmouth, England, and tried to restore a transitional relationship with the American alliances.

In the meantime, the gathering nations will pledge to donate one billion doses of vaccines to the world.

Biden has sought to restore the relationship between the alliances after four years of being fractured under the Trump administration.

As Prime Minister Merkel said, "We are happy that the American President is present here. Being able to meet Joe Biden is obviously important because he stands for the commitment to multilateralism which we were missing in recent years. We will find the values based on multilateralism which will lead to disputes with Russia, and in some aspects also with China."

We are so glad President Biden is taking action to address the world's issues, especially in this pandemic period. So many countries are suffering and these are really global issues.

We just can't avoid the problems and just isolate in our own backyards.

We also hope the G-7's powerful economies can find the solutions to fight for our common future.

This is a global village and nobody can deny it.

Southern DAILY Make Today Different

Editor's Choice

A girl plays with sand during a protest of the Cornwall Climate Youth Alliance in partnership with Fridays for Future and Climate Live, at Gyllyngvase Beach, in Falmouth, on the sidelines of the G7 summit in Cornwall, Britain, June 11, 2021. REUTERS/Tom Nicholson

Climate change activist ceremoniously burn a boat in St. Ives, during the G7 summit in Cornwall, Britain, June 11, 2021. REUTERS/Dylan Martinez

Oxfam activists with 'Big Heads' caricatures of U.S. President Joe Biden and France's President Emmanuel Macron pretend to fight over a COVID-19 vaccine with Japan's Prime Minister Yoshihide Suga, Italy's Prime Minister Mario Draghi, Canada's Prime Minister Justin Trudeau, German Chancellor Angela Merkel and Britain's Prime Minister Boris Johnson, during a protest

Two people wearing protective suits walk during a protest of Cornwall Climate Youth Alliance in partnership with Fridays for Future and Climate Live, at Gyllyngvase Beach, in Falmouth, on the sidelines of G7 summit in Cornwall, Britain, June 11, 2021. REUTERS/Tom Nicholson

A woman prays next to the carcasses of elephants that according to the forest officials possibly died because of a lightning strike, on the foothills of the Kundoli reserve forest area in Nagaon district in the northeastern state of Assam, India. REUTERS/Anuwar Hazarika

Jess Midwinter, from a coalition of climate groups and charities, holds an ice cream with wafers carrying a message to promote the waiver of vaccines intellectual property, near Falmouth, on the sidelines of G7 summit, in Cornwall, Britain, June 11, 2021. REUTERS/Peter Nicholls

Southern DAILY Make Today Different

BUSINESS

Sunday, June 13, 2021

*(**Editor's Note:** The coronavirus pandemic is the defining tragic event of our time. The pandemic has claimed more lives than many of history's most deadly wars and altered the course of the lives of survivors who now must live in a world beset with constant questions about their own survival. But mankind is fighting back, a fact that can be proven by medical science that is in the forefront of the battle with vaccines and treatments that are proving to be effective in many cases. This article highlights some of the steps that have been taken towards shaping a more healthy world for tomorrow.)*

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

COVID-19 UPDATE

→ Pfizer and BioNTech have begun testing COVID vaccines in children under 12; Moderna said results of its testing in kids as young as 5 could be available in the fall. (Wall Street Journal)

→ The highly transmissible Delta variant first identified in India accounts for 6% of new U.S. infections and vaccines appear to be highly effective against it, the Biden administration said. (Washington Post)

→ Pfizer and BioNTech began testing COVID vaccines in children under 12; Moderna said results of its testing in kids as young as 5 could be available in the fall. (Wall Street Journal)

→ The highly transmissible Delta variant first identified in India accounts for 6% of new U.S. infections and vaccines appear to be highly effective against it, the Biden administration said. (Washington Post)

→ As of 8 a.m. EDT, Tuesday, June 8, the unofficial COVID-19 toll in the U.S. included 33,393,813 cases and 598,330 deaths, increases of 15,046 and 347, respectively, since the same time a day ago.

→ Just over 61% of the vaccine-eligible U.S. population (age 12 and up) have received a COVID shot and 50.1% are fully vaccinated, according to the CDC.

→ The Pentagon is shuttering most mass vaccination sites it opened alongside FEMA as demand for the shot slows. (The Hill)

→ Hospitals and governments are racing to decide how to use millions of Johnson & Johnson's vaccine doses before they expire at the end of June. (Wall Street Journal)

→ Houston Methodist suspended 178 hospital workers who failed to show they were fully vaccinated by a June 7 deadline. (Washington Post)

→ The CDC eased travel recommendations on about 110 countries and territories, including Japan, for fully vaccinated travelers. (Reuters)

→ Florida and Alabama will no longer report new COVID cases and deaths on a daily basis as the states shift to the "next phase" of the pandemic. (CNBC)

→ Battle lines were drawn at a hearing for Ohio's vaccine anti-discrimination bill, which prohibits mandatory COVID shots and outlaws disclosure of a person's vaccination status to a third party. (WHIO-TV)

→ The lab leak theory of SARS-CoV-2's origin is still hotly debated. Vox offers an explainer.

→ Meanwhile, a new report found that live animals capable of transmitting SARS-CoV-2, including mink, were sold at Wuhan's wet markets up until November 2019. (Reuters) (Courtesy medpage.com)

How Do COVID-19 Vaccines Compare?

A side-by-side look at the three vaccines authorized in the U.S.

Company: Pfizer/BioNTech Vaccine Name: BNT162b2 **Mechanism of Action:** mRNA vaccine **Dosing Schedule**: Two doses, 21 days apart (30 µg/dose)

Efficacy: 95% at least 7 days after dose 2 in initial trial data. The company reported updated 6-month data showing the vaccine had 91.3% efficacy for those fully vaccinated, and was 95.3% effective against severe disease, as defined by the FDA.

Company: Moderna Vaccine Name: mRNA-1273 **Mechanism of Action:** mRNA vaccine **Dosing Schedule:** Two doses, 28 days apart (100 µg/dose)

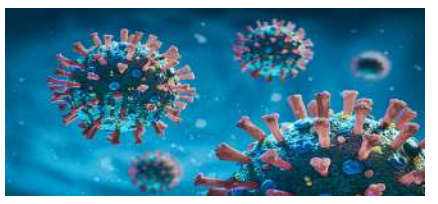
Efficacy: 94.1% at least 14 days after dose 2 in initial trial data. In 6-month follow-up data, efficacy dipped to 90% against all infections, but was greater than 95% against severe disease.

Company: Johnson & Johnson/Janssen Vaccine Name: Ad26.COV2.S **Mechanism of Action**: Adenovirus vector vaccine **Dosing Schedule**: One dose (two-dose regimen under evaluation)

Efficacy: 72% in the U.S. and 66% globally against moderate-to-severe disease; 85% effective against severe disease, 28 days after a single dose in initial trial data. Published data remained similar.

COVID-19 Treatments: What's In, What's Out

A look at which treatments are effective -- and which aren't



Countless therapies have been tried for COVID-19. Not all have failed as spectacularly as hydroxychloroquine, so it can be difficult to keep track of what's been proven to work, and what has not.

Below is a live list of currently authorized and/or validated therapies -- noting the stage of disease for which they work best -- as well as some others that didn't pan out or are still under evaluation.

Treatments in Use

Remdesivir

Remdesivir (Veklury), an antiviral, is currently the only FDA-approved therapy for COVID-19. It prevents SARS-CoV-2 from replicating by binding to RNA-dependent RNA polymerase, a key enzyme the virus needs to propagate. It was approved in October 2020 for hospitalized COVID-19 patients ages 12 and up who weigh at least 88 lbs. Its original Emergency Use Authorization (EUA) has been revised to also allow for treatment of hospitalized pediatric patients under 12 who weigh at least 7.7 lbs.

FDA also issued an EUA for the combination of remdesivir plus the oral JAK inhibitor baricitinib (Olumiant) in hospitalized patients with severe COVID-19. (See baricitinib section below.) NIH guidelines recommend the use of remdesivir in hospitalized patients who require supplemental oxygen, either on its own, or in combination with dexamethasone. For those requiring high-flow or noninvasive ventilation, NIH recommends remdesivir only in combination with dexamethasone.

Dexamethasone

Dexamethasone, a corticosteroid with potent anti-inflammatory effects, is recommended for use in many categories of patients hospitalized with COVID-19, but not for those with mild-to-moderate disease who aren't in the hospital. While it recommends against dexamethasone for those hospitalized but not on supplemental oxygen, NIH recommends it for those who need supplemental oxygen, high-flow or noninvasive ventilation, and mechanical ventilation or ECMO.

According to findings from the RECOVERY trial, dexamethasone use in those who required mechanical ventilation cut the risk of death by about 35% compared with usual care. Overall mortality also was lower in all hospitalized patients who received the drug.

Tocilizumab

NIH updated its guidance regarding the anti-interleukin-6 (IL-6) monoclonal antibody tocilizumab for COVID-19, as new data from RECOVERY and another large trial became available. It now recommends using tocilizumab in combination with dexamethasone in certain hospitalized COVID patients exhibiting rapid respiratory decompensation. That includes those who have been admitted to the ICU within the previous 24 hours who require invasive mechanical ventilation, noninvasive mechanical ventilation or high-flow nasal cannula oxygen.

A subsequent update noted that tocilizumab (or baricitinib) can be used in combination with dexamethasone alone or dexamethasone plus remdesivir in hospitalized patients on high-flow oxygen or noninvasive ventilation who have evidence of clinical progression or increased markers of inflammation. NIH said there wasn't enough evidence to identify which patients requiring supplemental oxygen therapy might benefit from adding tocilizumab (or baricitinib) to dexamethasone, with or without remdesivir.

(Article Continues on Page C7-2)

Southern DAILY Make Today Different

COMMUNITY

(Article Continues From Page C7-1)

Sunday, June 13, 2021

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

Baricitinib

On May 27, the NIH said physicians could use baricitinib (or tocilizumab) in combination with dexamethasone alone or dexamethasone plus remdesivir for treating hospitalized patients on high-flow oxygen or noninvasive ventilation who have evidence of clinical progression or increased markers of inflammation. NIH said there wasn't enough evidence to identify which patients requiring supplemental oxygen therapy would benefit from adding baricitinib (or tocilizumab) to dexamethasone, with or without remdesivir.

"Some Panel members would add either baricitinib or tocilizumab to patients who are exhibiting signs of systemic inflammation and rapidly increasing oxygen needs while on dexamethasone, but who do not yet require high-flow oxygen or noninvasive ventilation," the guidance states. The source for the update was non-peer-reviewed data from the COV-BARRIER trial in hospitalized patients, the agency said.

Anticoagulation

NIH recommends that all adults hospitalized for COVID-19 who aren't pregnant should receive prophylactic anticoagulation to prevent venous thromboembolism (VTE). (Pregnant patients hospitalized for severe COVID-19 should also get prophylactic anticoagulation unless it's contraindicated.) The agency notes that there are currently insufficient data to recommend either for or against the use of thrombolytics or higher-than-prophylactic-doses of anticoagulation in hospitalized patients outside of a clinical trial.

Convalescent Plasma

Convalescent plasma has an FDA emergency use authorization to treat hospitalized COVID-19 patients. Only high-titer plasma is now authorized, however, and with restriction to hospitalized patients who are early in their disease course or those who have impaired humoral immunity. The scope of authorization was narrowed in February, to specify the use of only high-titer plasma. For hospitalized patients without impaired immunity, NIH guidelines recommend against plasma for those who are mechanically ventilated and against high-titer plasma for hospitalized patients not on the vent, except in a clinical trial. Clinical studies have showed mixed results, and an NIH-sponsored study of the agent was halted for futility. Monoclonal Antibodies: bamlanivimab/etesevimab, casirivimab/imdevimab, and sotrovimab.

On April 16, the FDA rescinded the EUA for bamlanivimab monotherapy due to its lack of efficacy against SARS-CoV-2 variants. NIH now recommends using either monoclonal antibody combination therapy in outpatients with mild-to-moderate COVID-19 who are at high risk for clinical progression.

FDA issued an EUA for sotrovimab on May 26, with an indication of mild-to-moderate COVID-19 in adults and pediatric patients who are at high risk of progressing to severe disease. The NIH has not yet issued guidance on use of sotrovimab.

Failed or Debated Therapies

Hydroxychloroquine

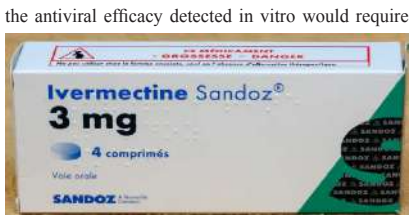
Both the WHO and the NIH recommend against the use of hydroxychloroquine -- with or without azithromycin -- for the treatment of COVID-19 in both hospitalized and nonhospitalized patients. Findings from the RECOVERY trial showed that use of hydroxychloroquine did not reduce mortality among COVID-19 patients after 28 days, and in fact trended towards risk of death. Additionally, patients who received the antimalarial drug had a longer median hospital stay than those who received standard of care. The FDA granted hydroxychloroquine emergency use authorization in March 2020, but rescinded it in June following the publication of these findings.

Another clinical trial based in Brazil and published in the New England Journal of Medicine found that hydroxychloroquine with or without azithromycin did not improve outcomes for hospitalized patients with mild-to-moderate COVID-19 after 15 days.

Several clinical trials and observational studies have found no benefit of using hydroxychloroquine to treat COVID-19.

Ivermectin

In January, the NIH changed its recommendation from "against" use of ivermectin in COVID-19 to noting that there are "insufficient data" to recommend for or against the therapy. The antiparasitic drug has shown some potential to inhibit SARS-CoV-2 replication in cell cultures. However, according to the NIH, achieving the plasma concentrations necessary to achieve the antiviral efficacy detected in vitro would require



doses up to 100-fold higher than those approved for use in humans. NIH also notes several limitations of available randomized trials and retrospective cohort studies, including small sample size, various doses and schedules, open-label design, concomitant medications like hydroxychloroquine and azithromycin, and ill-defined study outcomes.

Vitamin C

NIH states that there are insufficient data to recommend for or against the use of vitamin C (ascorbic acid) in COVID-19. There are several ongoing clinical trials evaluating the efficacy of vitamin C for treating COVID-19, but few have been completed. A study of

56 hospitalized patients in China found that high-dose intravenous vitamin C was not effective at preventing mechanical ventilation over a 28-day period. Additionally, a randomized controlled trial of vitamin C and zinc showed no impact of either supplement on the course of symptoms in patients with mild illness.

Vitamin D

NIH states that there are insufficient data to recommend for or against the use of vitamin D in COVID-19. While vitamin D deficiency has been associated with an increased risk of community-acquired pneumonia in older adults and children, no conclusive evidence shows it could be used to fight COVID-19.

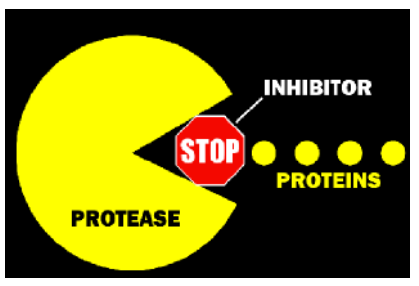
In February, a large randomized Brazilian trial published in JAMA found no difference in length of hospital stay for those with moderate to severe COVID-19 given high-dose vitamin D or placebo.

Zinc

NIH states there are insufficient data to recommend for or against the use of zinc in COVID-19. It also recommends against zinc supplementation above the recommended dietary allowance for the prevention of COVID-19, except in a clinical trial.

Protease Inhibitors

The NIH recommends against using lopinavir/ritonavir and other HIV protease inhibitors to treat COVID-19 in hospitalized and nonhospitalized patients because clinical trials have not shown clinical benefit in COVID patients.



The drugs did not demonstrate efficacy in two large randomized controlled trials of hospitalized patients -- including the RECOVERY trial and the WHO Solidarity Trial.

Colchicine

As of April 21, the NIH recommends against the use of colchicine in hospitalized patients unless they're enrolled in a clinical trial. NIH also says there are insufficient data to recommend for or against the anti-inflammatory drug, which is commonly used to treat gout, in patients who aren't hospitalized.

The colchicine arm of the RECOVERY trial was recently halted because an independent data monitoring committee found the drug wasn't helping hospitalized patients with COVID.

However, top-line results from the COLCORONA trial, which were announced in January via a press release, showed improved outcomes for patients with mild illness from COVID-19.

Fluvoxamine

On April 23, NIH updated its guidance to state that there aren't enough data to recommend for or against the use of this selective serotonin reuptake inhibitor (SSRI) in any stage of COVID-19 treatment.

Two studies of fluvoxamine have garnered attention. A small randomized controlled trial of 152 participants, published in the Journal of the American Medical Association, showed that none of the patients taking fluvoxamine reached the primary endpoint of

clinical deterioration compared with 8.3% of those on placebo, and only one required hospitalization compared with 5 in the placebo group. Another prospective, non-randomized study conducted among workers at a racetrack in California showed a lower hospitalization rate for those who took the drug compared with those who declined.

The studies have significant limits, and MedPage Today found that a Silicon Valley entrepreneur has extensively pushed using fluvoxamine to treat COVID-19. (Courtesy https://www.medpagetoday.com/)