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Southern DAILY

Make Today Different

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Inside C2

Monday, January 10, 2022 |

China warns hospitals against rejecting patients over COVID curbs as cases decline

Red cross ambulance staff wearing protective suits to protect from the coronavirus disease (COVID-19) load a stretcher into an ambulance, outside the Main Press Centre ahead of the Beijing 2022 Winter Olympics in Beijing, China January 7, 2022. REUTERS/Fabrizio Bensch

BEIJING, Jan 7 (Reuters) - China reported fewer COVID cases on Friday as several cities have curbed movements, while a top official warned hospitals not to turn away patients after a woman's miscarriage during a lockdown in the city of Xian sparked outrage.

China reported 116 domestically transmitted infections with confirmed clinical symptoms for Thursday, mostly in Xian and the province of Henan, down from 132 a day earlier, official data showed on Friday.
Xian, a city of 13 million in northwest China, entered its 16th day of lockdown, although officials said the outbreak there had been brought under control. Xian is in the Shaanxi province that borders Henan.

"The risk of a large-scale rebound of the (Xian) outbreak has been largely contained," the official Xinhua news service quoted Li Qun, a disease control and prevention official, as saying in a story published late on Thursday.
During Xian's lockdown, residents have complained about curtailed access to food and medical care, and the story of a pregnant woman who lost her unborn baby after waiting outside a local hospital for two hours provoked anger on Chinese social media and led to punishment of city officials.
Chinese Vice Premier Sun Chunlan said she was "pained and deeply ashamed" about people's difficulties in securing hospital services in Xian, Xinhua news agency said.
"Medical institutions ... must not simply turn away patients on any excuse during COVID control," Sun was quoted as saying.
On Friday, the city government said that people without proof of a negative test result within 48 hours should not be blocked from leaving their residential compounds to go to hospital, overturning a previous requirement.
The outbreaks in China remain tiny compared with many overseas, and the highly transmissible Omicron variant has yet to be announced among local infections in Henan or Xian, but local governments have maintained high vigilance.

China's policy of blocking any cluster from spreading further has taken on extra urgency in the run-up to the Winter Olympics, to be staged in Beijing and neighbouring Hebei province starting Feb. 4, and with the Lunar New Year holiday travel season beginning in less than two weeks.

There were no new fatalities on Thursday, leaving the death toll unchanged at 4,636.
Mainland China had 103,295 confirmed symptomatic cases as of Jan 6, including both local and imported ones.

State lawyers arguing against Biden vaccine mandates test positive for COVID-19

WILMINGTON, Del, Jan 7 (Reuters) - Two officials presenting arguments on Friday to the U.S. Supreme Court seeking to block vaccine mandates ordered by President Joe Biden's administration have tested positive for COVID-19 and will make their cases remotely, their offices said.

Ohio Solicitor General Benjamin Flowers and Louisiana Solicitor General Liz Murrill will argue against the vaccination and testing requirements by phone, according to their offices.

"Ben who is vaccinated and boosted, tested positive for COVID-19 after Christmas. His symptoms were exceptionally mild and he has since fully recovered," said a statement from the Ohio attorney general's office. "The Court required a PCR test yesterday which detected the virus so for that reason he is arguing remotely."

Murrill's office said she would be arguing remotely "in accordance with COVID protocols," without elaborating.
The U.S. Supreme Court on Friday was hearing arguments over requests by Republican state officials and business groups to block two of President Joe Biden's vaccine mandates: one for employers with more than 100 workers and a similar requirement for healthcare facilities at a time of surging COVID-19 cases nationwide.

Other parties in the case will be delivering arguments in person.

The Supreme Court has closed its building to the public due to the pandemic.

WEA LEE'S GLOBAL NOTES

01/01/2021

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This Is New Year's Day

As we say farewell to 2021 and welcome in the new year of 2022, we want to send our sincerest blessings to everyone. May friendships spread out like wings in the rising sun.

The miserable days of the past two years continue to test our endurance to survive in the world and the pattern of global politics has changed significantly.

The challenge we face today is that we have no right to pessimism. We all need to continue to play our roles in our existing positions and continue to make great contributions to society and to the country.

Over the last fifty years the earth has been overexploited by human beings. The climate has changed significantly bringing a new proliferation of hurricanes, forest fires volcanic eruptions and rising water that has brought great disasters to the earth on which we live.

Today is the beginning of another new year. Tens of thousands of people are in the malls, parks and supermarkets and it looks like they all no longer care about the pandemic.

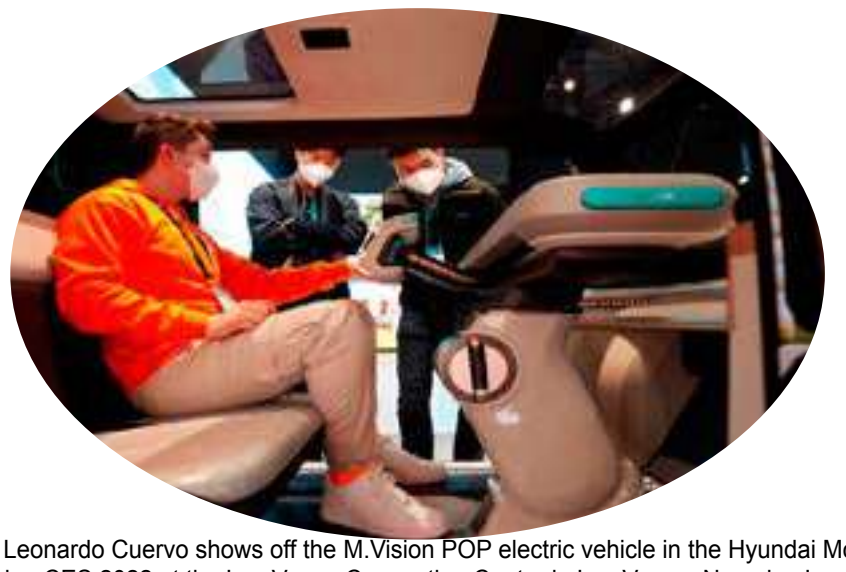
We wish all of you a very safe and happy new year in your future.

Southern DAILY Make Today Different

Editor's Choice

An Autel Robotics Evo2 Enterprise drone is shown during CES 2022 at the Las Vegas Convention Center in Las Vegas, Nevada, January 5, 2022. REUTERS/Steve Marcus

Attendee Daeyeong Kim plays a virtual reality arcade game at the VRLEO booth during CES 2022 at the Las Vegas Convention Center in Las Vegas, Nevada, January 5, 2022. REUTERS/Steve Marcus



Exhibitor Leonardo Cuervo shows off the M.Vision POP electric vehicle in the Hyundai Mobis booth during CES 2022 at the Las Vegas Convention Center in Las Vegas, Nevada, January 5, 2022. REUTERS/Steve Marcus

Amagami Ham Ham, a therapeutic robot that nibbles on your finger to provide comforting effects, is displayed during CES Unveiled, in Las Vegas, January 3, 2022. REUTERS/Steve Marcus

A Vivoo at-home urine test strip, for personalized nutrition and lifestyle advice, is displayed during CES Unveiled, in Las Vegas, January 3, 2022. REUTERS/Steve Marcus

'Oz,' a fully-autonomous farming robot made by Naio Technologies travels by journalists during CES Unveiled, in Las Vegas, January 3, 2022. REUTERS/Steve Marcus

Southern DAILY Make Today Different

BUSINESS

A Texas Research Team Has Developed A COVID-19 Vaccine That Could Be A Global Game Changer

Dr. Peter Hotez and Dr. Maria Elena Bottazzi of Texas Children's Hospital and Baylor College of Medicine have developed a COVID-19 vaccine that could prove beneficial to countries with fewer resources. (Photo/Max Trautner/Texas Children's Hospital)

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

A vaccine authorized in December for use in India may help solve one of the most vexing problems in global public health: How to supply lower-income countries with a COVID-19 vaccine that is safe, effective and affordable.

The vaccine is called CORBEVAX. It uses old but proven vaccine technology and can be manufactured far more easily than most, if not all, of the COVID-19 vaccines in use today.

"CORBEVAX is a game changer," says Dr. Keith Martin, executive director of the Consortium of Universities for Global Health in Washington, D.C. "It's going to enable countries around the world, particularly low-income countries, to be able to produce these vaccines and distribute them in a way that's going to affordable, effective and safe."

The story of CORBEVAX begins some two decades ago. Peter Hotez and Maria Elena Bottazzi were medical researchers at George Washington University in Washington, D.C., where they worked on vaccines and treatments for what are called neglected tropical diseases, such as schistosomiasis and hookworm.

When a strain of coronavirus known as SARS broke out in 2003, they decided to tackle that disease. After moving to Houston to affiliate with Baylor College of Medicine and the Texas Children's Center for Vaccine Development, they created a vaccine candidate using protein subunit technology. This involves using proteins from a virus or bacterium that can induce an immune response but not cause disease.

"It's the same technology as the hepatitis B vaccine that's been around for decades," Hotez says.

Their SARS vaccine candidate looked promising, but then the SARS outbreak petered out. No evidence of disease, no need for a vaccine.

When a new strain of coronavirus triggered the COVID-19 pandemic, Hotez and Bottazzi figured they could dust off their old technology and modify it for use against COVID-19. After all, the virus causing COVID-19 and the virus causing SARS are quite similar.

Hotez says they tried to interest government officials in the vaccine, but they weren't impressed.

"People were so fixated on innovation that nobody thought, 'Hey, maybe we could use a low-cost, durable, easy-breezy vaccine that can vaccinate the whole world,' " Hotez says.

"We really honestly couldn't get any traction in the U.S., but our mission is always to enable technologies for low- and middle-income countries production and use," Bottazzi recalls.

So they turned to private philanthropies. A major donor early on was the JPB Foundation in New York.

"The rest were all Texas philanthropies: the Kleberg Foundation, the [John S.] Dunn Foundation, Tito's Vodka," Hotez says. The MD Anderson Foundation also chipped in.

"When people say, 'Why did we move [from Washington, D.C.] to Texas?' Well, we knew that this was a great philanthropic environment. So this is really very much a Texas vaccine," although there were other, smaller donors from all over the country.

Hotez says that unlike the mRNA vaccines from Pfizer and Moderna, and the viral vector vaccine from Johnson & Johnson, protein subunit vaccines like CORBEVAX have a track record. So he and Bottazzi were relatively certain CORBEVAX would be safe and effective.

"And it's cheap, a dollar, dollar fifty a dose," Hotez says. "You're not going to get less expensive than that."

Clinical trials showed they were right to be confident CORBEVAX would work. An unpublished study conducted in India involving 3,000 volunteers found the vaccine to be 90% effective in preventing disease cause by the original COVID-19 virus strain and 80% against the delta variant. It's still being tested against omicron.

But CORBEVAX is already entering the real world. Last month, the vaccine received emergency use authorization from regulators in India. An Indian vaccine manufacturer called Biological E Ltd is now making the vaccine. The company says it is producing 100 million doses per month and has already sold 300 million doses to the Indian government.

"The real beauty of the CORBEVAX vaccine that Drs. Hotez and Bottazzi created is that intellectual property of this vaccine will be available to everybody," Keith Martin says. "So you can get manufacturers in Senegal, and South Africa and Latin America to be able to produce this particular vaccine."

By contrast, the makers of Pfizer and Moderna, for example, are not sharing their recipe.

One drawback to the CORBEVAX technology is that it can't be modified as quickly as mRNA vaccines can to adjust to new variants.

That forces public health officials to make difficult choices.

"Something which can be adapted the fastest versus something that can be adapted relatively quickly, but then more importantly can be manufactured at a large global capacity and at a cost of production which is much lower," says Prashant Yadav, senior fellow at at the Center for Global Development in Washington, D.C. The thought is some protection may better than no protection.

Of course, the ideal vaccine would have both qualities, and Peter Hotez is at work trying to develop technologies that can do that.

"There's no issue with pushing innovation," he says. "I think that's one of the really positive features of the U.S. vaccination program for COVID. The problem was it wasn't balanced with a portfolio or oldies but goodies."

Hotez is hoping his oldie but goodie will usher in a brighter future for the world. (Courtesy npr.org)

Related

Wants To Break Into The U.S. Market For Now The Team Focuses Its Efforts Abroad Where COVID-19 Variants Surface More Quickly

Maria Bottazzi, left, and Peter Hotez at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. (Photo/J. Rex/The Texas Tribune)

The day before COVID-19 claimed its first Texas victim in 2020, Dr. Peter Hotez was a guest on the popular Austin-based podcast "The Drive." After 10 years of research into coronavirus vaccines, Hotez and his Houston team needed an infusion of cash to build on their past work and make a vaccine that could, as Hotez told listeners then, "rescue the world" from the deadly emerging coronavirus pandemic.

"You'd think that people would be pretty eager to support us to move this forward, but so far it hasn't happened," the Houston pediatrician and vaccine scientist told the host, Dr. Peter Attia, on March 14, 2020.

By the following week, major cities in Texas began to shut down to avoid widespread community outbreaks. But Hotez's plea worked. The donations started coming in support of efforts in the deadly new pandemic at the Baylor College of Medicine at the Texas Children's Hospital Center for Vaccine Development, co-directed by Hotez and Dr. Maria Elena Bottazzi in Houston — both of whom are celebrated pioneers in the area of vaccines for neglected tropical diseases like chagas and schistosomiasis.

Maria Bottazzi replaces vials of the RBD-based SARS-CoV-2 vaccine into a freezer at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. (Photo/J. Rex/The Texas Tribune)

Among the gifts was a $1 million infusion of cash in May 2020 by the philanthropic arm of Texas-based Tito's Handmade Vodka, whose director of global impact and research, Sarah Everett, was tuned in when Hotez asked for help in reviving their research.

"We decided that somebody should help restart that work immediately," Everett said.

Now, nearly 18 months later, the Houston team's vaccine, called Corbevax by its maker in India, is cheap, has no patent, can be made by many vaccine producers globally — including those in low- and middle-income countries — and is poised to receive approval for widespread global use.

The Indian government has promised the biopharmaceutical company Biological E Limited, which is making the vaccine in that country, that it will buy 300 million doses with the potential for more. A halal version of the vaccine, for use in Islamic countries because it doesn't contain animal-based ingredients, is also about to start clinical trials in Indonesia.

And later this year, the company hopes the vaccine will be endorsed by the World Health Organization for use globally, which could open the doors to quicker authorization in several countries that need it.

But here in the United States, this "truly Texas vaccine," as its creators like to call it, has no home.

A Texas-style vaccine

The fact that the vaccine even exists can be traced to a lot of Texas money, including funds from The Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation and the M.D. Anderson Foundation. Several high-level and anonymous individual donors pitched in, as well as the JPB Foundation in New York. Those donations funded a vaccine prototype with the initial doses mixed in the Houston lab and transferred to Biological E in India in May 2020. By November, BioE began clinical trials of the vaccine in India, where the delta variant was first identified and which has one of the lowest vaccination rates in the world. Total cost from creation to market was between $5 million and $7 million, Bottazzi said.

(Article Continues Below)

Southern DAILY Make Today Different

COMMUNITY

(Article Continues From Above)

A Texas Research Team Has Developed A COVID-19 Vaccine That Could Be A Global Game Changer

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

Texas Children's Hospital

The U.S. government has yet to get on board. Operation Warp Speed, the public-private partnership created by the federal government to accelerate treatments and vaccines for COVID-19, spent none of its billions at the Houston lab. Most experts, including Hotez and Bottazzi, agree that's because most of the funding and the attention — and the bets — are on the vaccines made earliest in the pandemic, and with the newest technology, by Pfizer, Moderna and Johnson & Johnson and a few others.

"We're pushing the new ways because they're better and faster," said Dr. Benjamin Neuman, a Texas A&M University virologist who has been doing coronavirus research since 1996, though he was not involved in any of the approved vaccines' development. "Why wouldn't you want to have it all?"

Left: Maria Bottazzi holds a vial of the RBD-based SARS-CoV-2 vaccine at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. Right: A lab worker works on a project at the Texas Children's Hospital Center. (Photo/J. Rex/The Texas Tribune)

Competition from new tech

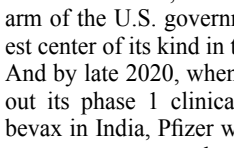
The mRNA vaccines by Pfizer and Moderna use messenger RNA, a molecule the virus needs to produce a "spike protein" and bind to human cells, to prompt the immune system to produce antibodies against that protein. Five years ago, Neuman said, that process hadn't been made effective yet. But by the time Hotez was making his plea on Attia's podcast, Moderna was already starting up clinical trials of its mRNA vaccine in partnership with the National Institutes of Health, the biomedical research arm of the U.S. government and the largest center of its kind in the world.

And by late 2020, when BioE was rolling out its phase 1 clinical trials with Corbevax in India, Pfizer was already getting emergency use authorization from the U.S. Food and Drug Administration.

The Bottazi and Hotez vaccine relies on a production process very similar to the way the Hepatitis B vaccine is made that's been produced and used around the world for decades. The two argue that the familiarity with the process and the ease with which the materials can be gotten makes it easier to quickly ramp up global production compared to the newer vaccines, even if they came onto the market a little later. But aside from a handful of philanthropies who can see the value of the domino effect — more vaccinations outside this country help lower infections around the world and here — Hotez and Bottazzi have heard nothing about producing or distributing here at home.

"Why weren't conventional vaccine technologies given the opportunity of being at the same table as all these other technologies?" Bottazzi said.

The answer, Neuman says, is that while conventional technologies — or what he jokingly derided as "the obvious answer" — have a role in global vaccine development, the newer vaccines are stronger than the traditional types that Bottazzi, Hotez and other scientists around the world are developing. Newer vaccines also have a quicker production process than the conventional vaccines, said Neuman, a member of the international committee that named SARS-CoV-2, the virus behind the COVID-19 pandemic.



Peter Hotez at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. (Photo/ Justin Rex for The Texas Tribune)

But Neuman agrees that the newer vaccines have distribution challenges: the tangles of intellectual property patents, the availability of materials to produce billions of doses in a short period of time and the logistics of a more complicated transport and storage process. Those challenges can be solved, Neuman said, but until then, the majority of the planet should be vaccinated "by any means necessary," including with conventional vaccines like the one created by Bottazzi and Hotez, if it proves to be safe and effective.

"Whatever gets the job done the fastest as long as it's safe for everybody involved," he said.

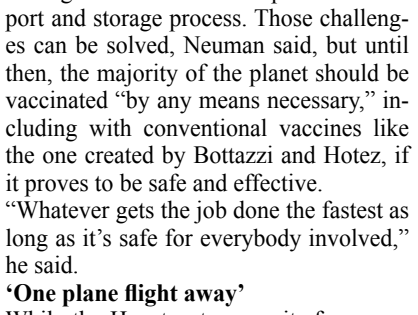
'One plane flight away'

While the Houston team waits for a production and distribution partner, the team fields calls every week from other countries asking them for help getting access to the vaccine, Bottazzi said. They ask if they can get the spare doses that Americans are declining or if they can get connected to BioE to export to them from their Indian-made stocks — or if the scientists will share the formula for the prototype.

The scientists share the formula with any country or lab who asks for it and help in other ways, however they can.

"We're kind of practicing our own version of Texas vaccine diplomacy," Hotez said.

Vaccination rates for developing countries are still in the single digits. About 38% of the world population is fully vaccinated against COVID-19. Many African countries, such as Sudan, Kenya and Ethiopia, have a rate below 2%.



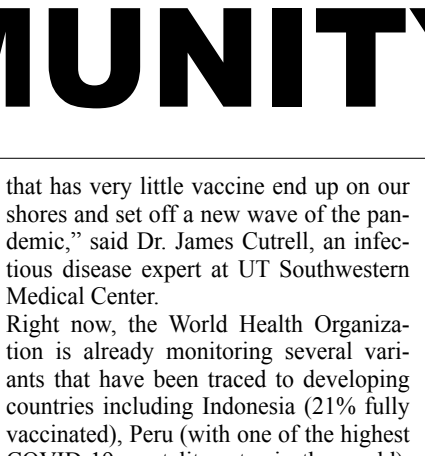
The vaccine team at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston.

In India, where nearly a billion doses of three different vaccines — Covishield, Covaxin and Sputnik V — have been distributed, more than 80% of the population remains unvaccinated. In Brazil, less than a third of the country is inoculated.

"We're one plane flight away from seeing a variant that developed in a country that has very little vaccine end up on our shores and set off a new wave of the pandemic," said Dr. James Cutrell, an infectious disease expert at UT Southwestern Medical Center.

Right now, the World Health Organization is already monitoring several variants that have been traced to developing countries including Indonesia (21% fully vaccinated), Peru (with one of the highest COVID-19 mortality rates in the world), Colombia, the Dominican Republic and South Africa.

"Much of sub-Saharan Africa, large swaths of Latin America and other places like that — they really don't have access to the [mRNA] vaccines," said Cutrell, an associate professor in the department of internal medicine. "That makes it really important and attractive to have some of these cheaper, easier-to-distribute — but hopefully similarly effective — vaccines with more traditional technology, which I think this vaccine and other vaccines like it can contribute."



Dr. Peter Hotez and Dr. Maria Elena Bottazzi of Texas Children's Hospital and Baylor College of Medicine.

American problem, international solution

As the world scrambles for doses to meet the vaccination demand elsewhere, this nation's vaccination effort has flagged, hitting a wall of hesitation by a significant portion of the American public that is declining the new vaccines, although they have proven to be safe and effective. Hotez and Bottazzi believe their vaccine would likely be more accepted by those who don't trust a vaccine that is unfamiliar to them, like those by Pfizer and Moderna. But from the start, inoculating reticent Americans was never the Houston team's first priority.

Bottazzi and Hotez began their work developing coronavirus vaccines as part of their mission at the National School of Tropical Medicine, where Hotez is dean and Bottazzi is associate dean, to inoculate developing nations against tropical viruses.

Fast forward to January 2020, when SARS-CoV-2, the virus that causes COVID-19, was setting off alarms in the U.S. medical community. Bottazzi and Hotez began working to repurpose their coronavirus research program to develop a vaccine against the new virus and distribute it to the same countries they'd focused on throughout their careers.

The speed with which the Pfizer and Moderna vaccines were developed and the fact they used newer formulas seemed to spook some Americans and helped fuel politically motivated misinformation campaigns that chipped away at public acceptance. And as this nation's vaccination rate hovers around 57%, it's a matter of debate what is needed to achieve a higher level of immunity as a country. Neuman said he isn't so sure that a more familiar vaccine formula would change a lot of minds in the United States, where the resistance appears to be more political than scientific.

"I think that comes from a lot of different places, and I think the main place is sort of, 'You're not the boss of me,'" he said. "'Who says you get to tell me what to do?' And I don't think it matters what it is."

Even if it would make a difference, the path to emergency use authorization for a COVID-19 vaccine in this country starts with money — for research, for trials, for materials — and ends with firm commitments from the U.S. to support its mass production. The Bottazzi-Hotez shot, at this point, has neither.

And so Hotez, who is an internationally known and outspoken warrior against the anti-vaccine movement, and Bottazzi redouble their attention abroad to protect Americans who can't or won't protect themselves. If they can get more of their vaccine overseas within a few months, they can keep the variants from percolating and landing on U.S. soil.

"It's a pretty ambitious, audacious goal," Hotez said. "But I think we could get there." (Courtesy texastribune.org)