John & Johnson COVID Vaccines Get An Extra 6 Weeks of Shelf Life

(NPR/AP) Johnson & Johnson said Thursday that U.S. regulators extended the expiration date on millions of doses of its COVID-19 vaccine by six weeks. The company said a Food and Drug Administration review concluded the shots remain safe and effective for at least 4 1/2 months. In February, the FDA originally authorized J&J’s vaccine for up to three months when stored at normal refrigeration levels. Thursday’s announcement comes after state officials warned that many doses in storage would expire before the end of the month. Vaccine expiration dates are based on information from drugmakers on how long the shots stay at the right strength. J&J said the FDA added six weeks based on data from ongoing studies assessing the vaccine’s stability.

The FDA has been reviewing expiration dates on all three U.S. authorized vaccines as companies have continued to test batches in the months since the shots first rolled out. The vaccines from Pfizer and Moderna, authorized in December, have a six-month shelf life. The J&J extension will help maintain vaccine supplies even as the number of Americans getting shots has slipped.


Johns Hopkins: Health Security Headline Extracts from June 10, 2021

The Four Most Urgent Questions About Long COVID (Nature) Surveys of thousands of people have revealed an extensive list of symptoms, such as fatigue, dry cough, shortness of breath, headaches and muscle aches. A team led by Athena Akrami, a neuroscientist at University College London who has long COVID, found 205 symptoms in a study of more than 3,500 people. By month 6, the most common were “fatigue, post-exertional malaise, and cognitive dysfunction”. These symptoms fluctuate, and people often go through phases of feeling better before relapsing.

As More Kids Go Down the ‘Deep, Dark Tunnel’ of Long Covid, Doctors Still Can’t Predict Who Is At Risk (STAT News) At 14 years old, Kate Dardis knows what pain feels like and how to work through it. An accomplished gymnast accustomed to training four hours a day, she has met a competitor this year that she can’t beat with exercise or sheer willpower — yet. Rarely sick before a stomachache kept her home from school for three days in October, the Bloomingtom, Ill., eighth-grader was hit by a headache in January that still hasn’t loosened its grip.

Mosquitoes Armed With Virus-fighting Bacteria Sharply Curb Dengue Infections, Hospitalizations (Science) A strategy for fighting dengue fever with bacteria-armed mosquitoes has passed its most rigorous test yet: a large, randomized, controlled trial. Researchers reported today dramatic reductions in rates of dengue infection and hospitalization in areas of an Indonesian city where the disease-fighting mosquitoes were released. The bacterium Wolbachia pipientis naturally inhabits many insects, though not Aedes aegypti mosquitoes, the main transmitter of dengue virus. In A. aegypti cells, the bacterium can block viruses, including dengue, from replicating, making the insects less likely to spread disease when they bite humans. That has made the microbe a promising strategy for fighting dengue. In tropical regions, where mosquito-borne viruses are common, other strategies such as insecticides have failed to fully control the disease.

Federal COVID Workplace Safety Rules Are Here. But Only For Health Care Workers (NPR) Fifteen months into the pandemic, the Occupational Safety and Health Administration has issued a mandatory workplace safety rule aimed at protecting workers from COVID-19. But it only applies to health care settings, a setback for unions and worker safety advocates who had called for much broader requirements. Called an emergency temporary standard, the rule takes effect as soon as it’s published in the Federal Register and can remain in place for up to six months, during which a permanent rule could be considered. The new rule mandates that employers develop and implement a COVID-19 plan and take steps to reduce the chance of transmission, including keeping people at least 6 feet apart indoors, installing barriers between workstations where distancing is not possible, ensuring ventilation systems are working properly, and providing and ensuring each employee wears a face mask when indoors, or a respirator and other personal protective equipment when exposed to people with suspected or confirmed cases of COVID-19.
For unvaccinated workers, employers are now required to provide paid time off to get vaccinated and to recover from any side effects from the shots. Jim Frederick, OSHA’s acting administrator, estimates there are 10.3 million people working in places that will have to comply with the requirements, including hospitals, nursing homes and assisted living facilities.


CDC Encouraging COVID-19 Vaccination Upon Discharge from Hospitals, Emergency Departments, and Urgent Care Facilities

The Centers for Disease Control and Prevention (CDC) recently shared with immunization program managers across the country the document “Increasing Access to Vaccination Opportunities: COVID-19 Vaccination upon Discharge from Hospitals, Emergency Departments, and Urgent Care Facilities.” CDC is asking jurisdictions to distribute a portion of their existing COVID-19 vaccine allocation to hospitals, emergency departments (EDs), and urgent care facilities (UCs) to be used to vaccinate patients upon discharge.

Facilities interested in becoming a COVID-19 vaccine provider should reach out to their health department or visit How to Enroll as a COVID-19 Vaccination Provider for more information. For hospitals, ED, and UC facilities already administering COVID-19 vaccines at discharge, there is no need to change established processes, especially those working well. Visit COVID-19 Vaccination Planning and Partnerships for more information.

Risk from the J&J vaccine was never as big as it seemed

Dr. Gupta: How to assess risk when going mask-free

Anti-vaxxer nurse tried sticking key to neck, arguing jab made her magnetic
(Business Insider) A woman testifying at an Ohio Statehouse hearing made a failed attempt to get a key and a bobby pin to stick to her neck Tuesday, frustrating her attempt to prove a conspiracy theory that COVID-19 vaccines make people magnetic.

The woman, who was identified as a nurse by the local news site the Ohio Capital Journal, was speaking at a hearing to promote the GOP-sponsored House Bill 248, which addresses civil liberties around vaccines. Taking the stand, the unnamed nurse tried a practical demonstration of the conspiracy theory. Video of the testimony was posted by the Ohio Capital Journal reporter Tyler Buchanan: https://twitter.com/i/status/1402646586379878409 She put the key on her neck, where it fell off. Trying the same thing with a bobby pin, it fell off.

The nurse said she took her cues from an earlier speaker, the conspiracist doctor Sherri Tenpenny, who wrote “Saying No to Vaccines” and had been invited to the hearing by Republicans. Tenpenny had falsely said the COVID-19 vaccine could make people “magnetized,” claiming that people could “put spoons and forks all over” and they would stick because of magnetic particles in the vaccines.


(Just to prove the point (as a recipient of the Moderna vaccine x2) I tried to get a paper clip (which is lighter than a key) to stick to me. It fell off. Tried a paper clip on folks who got the J&J and Pfizer vaccines – and it also fell off. Unless the subject is sweaty or had oily skin, it always fell off! So much for Dr. Tenpenny’s scientific theory… but then pennies are made from copper, which is non-ferrous!)

TX Hospital Suspends 178 Workers Who Won’t Get COVID Vaccine
After the suspension they’ll be fired by Houston Methodist if they still haven’t complied

‘Are You Vaccinated?’ Should Be a New Vital Sign
(Bloomberg Law) Doctors should ask all patients if they’ve gotten a Covid-19 vaccine as a routine practice and use easy-to-understand, nonpolitical messaging about why they should get the shot, industry professionals say.

“I would encourage every physician to make it a vital sign,” Brian C. Castrucci, president and CEO of the de Beaumont Foundation, said during an American Medical Association webinar on debunking Covid-19 vaccine misinformation.

“If their patients reply, ‘Not yet, but I want to get it,’ make sure they have information for how to get it. If they say no, make sure to give them the facts,” he said.
More than 60% of U.S. adults have gotten at least one dose of the Covid-19 vaccine and those rates could soon reach 70% in the next couple months. Yet fewer unvaccinated people are eager to get their first shot, according to research from the Kaiser Family Foundation.

Getting vaccinated also means people are most protected from different Covid-19 variants, according to Megan Srinivas, infectious disease physician and translational health policy researcher at the University of North Carolina.


White House to Host June 11 Virtual Event – 3 to 4 PM ET
for Hospital and Health System Leaders & Others
on Next Phase of COVID-19 Vaccination Rollout

To participate in the June 11 event, please click here at 3 p.m. ET. A replay of the event will be made available after its conclusion.

CDC Health Advisory [HAN 00443]
Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity
in Parts of the Southern United States

The Centers for Disease Control and Prevention (CDC) is issuing this health advisory to notify clinicians and caregivers about increased interseasonal respiratory syncytial virus (RSV) activity across parts of the Southern United States. Due to this increased activity, CDC encourages broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19. RSV can be associated with severe disease in young children and older adults. This health advisory also serves as a reminder to healthcare personnel, childcare providers, and staff of long-term care facilities to avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2.

Learn more: https://emergency.cdc.gov/han/2021/han00443.asp

'Red alert': Lake Mead falls to lowest level since Hoover Dam’s construction in 1930s


Global Resilience Commission
GreenGrid Security Webinar Series
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June 23, 2021 @ 11 AM ET

Register

DHS S&T Successfully Evaluates Wildfire Sensors with California Emergency Responders

The Department of Homeland Security (DHS) Science and Technology Directorate (S&T) successfully tested four prototype technologies for early detection of wildfires in California this week. The evaluation was conducted during a controlled, prescribed burn at the Dye Creek Preserve near Red Bluff, California, in partnership with the California Department of Forestry and Fire Protection (CAL FIRE) and The Nature Conservancy. Additional observers included partners from the California Governor’s Office of Emergency Services and the U.S. Fire Administration (USFA).

The test was the second phase of S&T’s Wildland Urban Interface (WUI) wildfire sensor technology program, part of the Smart Cities Internet of Things Innovation (SCITI) Labs initiative, which brings together government and private sector partners to identify technologies that meet first responders’ operational needs and ensure the nation’s critical infrastructure remains secure and resilient.