1 # A weapon against Covid-19; Scientists want to develop a vaccine against the virus as quickly as possible. Chinese authorities use unconventional methods to rescue infected persons

Die Welt (English)

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Byline: Jens Lubbadeh

Body

The weapon against the ***corona virus*** is called mRNA-1273, a ***vaccine*** candidate from the US company Moderna, which is to be tested on humans for the first time in the next few weeks, says Anthony Fauci, Director of the American National Institute of Allergy and Infectious Diseases (NIAID). In mice, the active substance produced an immune response.

But mice are not human beings; the approval of a ***vaccine*** is subject to strict conditions. It must first be tested to prove that it is safe for humans before it is then tested in larger studies to determine its actual purpose. It takes time. Even with an expedited procedure: According to Fauci, a ***vaccine*** will not be available for at least one year.

If mRNA-1273 fulfils the hopes, it will also usher in a new era in the history of ***vaccines***. Normally, patients are injected with killed viruses or individual protein building blocks of the pathogens in order to immunise them. mRNA-1273 is a ***vaccination*** with genetic material: patients are injected with an RNA molecule that contains the blueprint for a protein of the virus. This is built in the patient's body and causes him to produce antibodies against it. The advantage: RNA is much easier and quicker to produce than conventional ***vaccines***, which take a long time to grow in chicken eggs or cell cultures. Germany is also in the race for a ***vaccine*** against Sars-CoV-2: researchers from the University of Marburg are working on this and the Tübingen-based company CureVac has been commissioned by the international ***vaccine*** initiative Coalition for Epidemic Preparedness Innovations (CEPI) to carry out the work. CureVac also uses mRNA technology and has already developed a ***vaccine*** against rabies. The company Inovio also wants to immunise people with genetic material against Sars-CoV-2, but uses DNA instead of RNA. The problem: genetic ***vaccines*** are new and there is little experience with them. The use of genetic ***vaccines*** against the new ***coronavirus*** will also be the first large-scale study in humans.

Until a ***vaccine*** is available, doctors are left with only the treatment of the lung disease caused by the virus (called ***Covid-19***): "Patients are treated symptomatically, as with influenza," can be read on the pages of the Munich Clinic Schwabing, where the first corona-infected patients in Germany were accommodated. In the meantime most of them have been released. "Depending on the symptoms, mucolytics or antipyretic agents can be given. If someone is mildly ill, no therapy is necessary. "

Clemens Wendtner, chief physician of infectiology and tropical medicine and head of the special unit for highly contagious life-threatening infections there, reported predominantly mild courses of the disease and "flu-like symptoms". A patient who had developed pneumonia "was then treated with lopinavir and ritonavir as a fixed known combination," said Wendtner two weeks ago. At the Rajavithi Hospital in Bangkok, doctors had also treated a 70-year-old corona infected person from ***China*** with Lopinavir and Ritonavir. In addition, the woman had received the flu remedy oseltamivir (trade name Tamiflu). "It's not a cure," says Kriangska Atipornwanich, a lung specialist at Rajavithi Hospital, "but the patient's condition has greatly improved. "

Oseltamivir is used to treat flu infections. The active ingredient inhibits the protein molecule neuraminidase, which is important for the release of newly formed viruses in the body. When used against H5N1 avian influenza in 2005, the WHO recommended oseltamivir, but later scientists expressed doubts about the efficacy and safety of the preparation. Lopinavir and ritonavir are proven drugs for the treatment of HIV infection (as a combination preparation under the trade name Kaletra). Both active ingredients are so-called protease inhibitors and block an enzyme that cuts the protein building blocks necessary for the reproduction of the virus.

Viruses are nanometre-sized particles that hijack the cellular apparatus of the host cells to reproduce. A virus is basically genetic material (either DNA or RNA) packed in a protein capsule. Often a membrane still envelops the capsule. ***Corona viruses*** are named after the jagged structures on their surface that give them a ring-shaped appearance. When coronaviruses multiply in body cells, they multiply their RNA genome with the protein RNA polymerase. And researchers also want to attack the virus at this point. Remdesivir is an active substance that the pharmaceutical company Gilead actually developed to combat the Ebola virus that had raged through West Africa in 2014/2015. "Remdesivir has not been successful with Ebola," said NIAID head Anthony Fauci, "but there are indications that it may work against ***corona viruses***.

Remdesivir blocks the RNA polymerase and thus the copying machinery of the ***coronavirus***. Monkeys have successfully protected Remdesivir against the Mers virus, which also belongs to the ***corona virus*** family. Hopes are therefore high that it will also paralyze Sars-CoV-2. But just like mice, monkeys are not humans, and many preparations that work on our closest relatives in the animal kingdom fail with us. This was also the case with Ebola - Remdesivir had also protected monkeys from Ebola, but not humans. The advantage of Remdesivir is that it has already been tested on humans as harmless, which makes expensive safety studies unnecessary. Chinese scientists are therefore already testing Remdesivir for its effectiveness on 270 ***corona virus***-infected patients. First results are expected on 27 April.

In the search for drugs and ***vaccines*** against the fast-moving sars-CoV-2 virus, physicians could also look back on a very old technology that proved its worth over a hundred years ago and is available much faster than any ***vaccine***: human blood. You only get an infection with the Sars-CoV-2 virus once, then you have formed antibodies and are immune. So anyone who has survived the infection already has the ***vaccine*** in their blood. Chinese health authorities are currently calling on people who have survived a sars-CoV-2 infection to donate blood plasma. Their valuable antibodies against the virus could be used to passively immunise other patients. According to ***China***'s National Health Administration, special forces have been collecting blood from infected people in the Wuhan region, where the epicentre of the virus outbreak is located, since 20 January. The company ***China*** National Biotec Group is said to have developed a plasma therapy from it. More than ten patients in critical condition had received plasma from cured patients. As a result, the condition of the patients improved within 12 to 24 hours, inflammation values sank, and the oxygen saturation of the blood increased.

Passive immunization using blood plasma has a long history: As early as 1890, Emil Adolf von Behring used the blood plasma of animals and humans to treat diphtheria. During the Spanish flu, patients were treated with blood plasma. In the course of the Ebola outbreak of 2014/2015 in West Africa, the WHO had had the immunisation with blood plasma of Ebola cured people examined. The World Health Organization welcomes the Chinese approach. The Paul Ehrlich Institute is cautiously optimistic: "Convalescent plasma could possibly be a first therapeutic option as long as no ***vaccine*** or immunoglobulins are available as a preventive measure" However, should a major

outbreak occur in Germany, blood plasma would not be an option: "There is no legal basis for such an approach as in ***China***" In addition, plasma also carries risks because blood can not only protect against pathogens but also pass them on. Just last year, 12,000 blood plasma bottles contaminated with HIV appeared in ***China***.

Note: This article has been translated automatically.

Graphic

Whether in Milan, Kirjat Ono or Kuwait City - the fear of the ***corona virus*** keeps the world in suspense

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2 "There's no time to lose"; Researchers around the world are searching for a vaccine against the corona virus. The German company Biontech is leading the way. Helmut Jeggle, Chairman of the Supervisory Board, provides insight into the strategy

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Byline: Klaus Boldt

Body

A few days ago, the Mainz-based biotechnology company Biontech made headlines worldwide with the news that it had made "rapid progress" in the development of a ***vaccine*** against the novel ***coronavirus*** and that it would be able to start clinical trials in just a few weeks. Biontech is one of three companies in the world that scientists now believe is most likely to develop a corona ***vaccine*** before the end of this year: Apart from Biontech, these include Tübingen-based competitor Curevac, in which SAP co-founder Dietmar Hopp holds a majority stake, and the US company Moderna in Cambridge (Massachusetts), which has been carrying out the first tests on humans for the last few days.

For all three companies, it is a matter of an entry in the history books. The capital market has great confidence in Biontech; within two days, the company's share price has temporarily tripled. Andreas and Thomas Strüngmann control Biontech SE, which is registered on the New York Nasdaq technology exchange, and hold more than 47 percent of the company's shares. The 69-year-old twins, who sold their own pharmaceutical company Hexal for several billion euros in 2005, are among the richest Germans with estimated assets of 7.6 billion euros and - along with Dietmar Hopp - one of the most important financiers of the local biotech scene. The Strüngmann brothers manage their investments through their Munich-based investment company Athos. Helmut Jeggle is at the helm of the company. The 49-year-old business economist is also chairman of the supervisory board of Biontech.

WORLD:

Mr Jeggle, Biontech has, according to its own statements, made "rapid progress" in the development of a ***vaccine*** against the novel ***coronavirus***. What is the current state of affairs?

Helmut Jeggle:

I am very confident about the development. Because Biontech is very well positioned for this task. The team around Ugur Sahin - he is an outstanding cancer researcher and immunologist - has in-depth knowledge and more than ten

years of experience in the development of ***vaccines*** based on messenger RNA, and also has the right partners to join forces worldwide.

Biontech started corona research in good time and is now the second company after the US company Moderna to start clinical trials.

Yes, a special team was set up in January. Since then, it has been working tirelessly 24 hours a day, seven days a week in three shifts to develop a ***vaccine***. Thanks to the rapid response, we are now in a position to start clinical trials on healthy volunteers as early as the end of April.

Curevac majority owner Dietmar Hopp has announced that his company will make a ***vaccine*** available "by autumn". Can Biontech still win the race for what is currently the most sought-after product in the world?

Biontech, and also us as investors, is first and foremost interested in making a contribution to alleviating this crisis by developing a ***vaccine*** as quickly as possible and making it available to everyone in the world. All the better if several companies succeed in doing so. It is right and proper that Biontech and Curevac are pursuing different approaches. After all, nobody can predict at the present time which method or which drug is the right or best. And: we have no time to lose.

Just a few days ago you entered into a strategic partnership with the Chinese company Fosun Pharma. Among other things, Biontech will receive advance and milestone payments of up to 120 million euros. What else does your collaboration involve?

We intend to establish powerful collaborations with various partners in order to advance the development of the ***vaccine*** as efficiently as possible. Fosun Pharma is a strong partner for this: they bring an excellent network and expertise in clinical development and commercialisation of drugs in ***China***.

Does this mean that you have sold the Chinese distribution rights to your ***vaccine*** to Fosun and share the profits?

In my opinion, it is essential to join forces here. Biontech itself has neither experience nor resources for commercialisation in ***China***, so it is good and right to work with a strong partner.

You also want to work together with Pfizer, the second largest pharmaceutical company in the world, on the marketing of the corona ***vaccine***.

Yes, Biontech has been working with Pfizer since 2018 to develop a novel ***vaccine*** against the flu. In my opinion, an expansion of the cooperation with regard to the ***coronavirus*** ***vaccine*** is the next logical step - also in terms of implementing the global development strategy.

Pfizer should take over worldwide commercialization of the ***vaccine*** outside of ***China***? Corresponding letters of intent have at least been signed.

We have signed a letter of intent for joint development and joint marketing. The companies are expected to be able to provide further details in the coming weeks.

What is the Athos stake in Biontech, and how much money have you already invested in this company?

We currently have a stake of just under 50 percent in Biontech. Since the beginning of our investment in 2008, Athos has invested around 250 million euros in Biontech. This was far more than we had planned, but in this industry, early-stage investments require a long-term investment strategy.

Biotechnology research is extremely expensive, extremely time-consuming and has extremely high failure rates. 85 percent of all developments do not reach pharmacies. On the other hand, if successful, extremely high profits are tempting. Do you have to be a gambler to get involved in this field?

No, above all, you have to be an idealist with entrepreneurial passion to get involved in the field of future technology.

In total, Athos has invested an idealistic EUR 1.3 billion in biotech companies. Have there already been returns?

The sales of Apceth, Suppremol and Ganymed have led to successful returns in recent years. However, these did not cover the 1.3 billion euros that Athos has already invested in biotech companies.

You could more than make up the deficit by selling your Biontech investment: The Athos stake is currently valued at nearly 10 billion euros.

For us, the current share price is irrelevant; we generally pursue a long-term perspective in our investments.

The brothers Strüngmann and Dietmar Hopp are by far the most important investors in the German biotechnology scene. How keen is your competition for the most promising start-ups?

We do not see ourselves as competitors at all. When we started to get involved in the technology market, there were many good companies that simply did not get financing in Germany. Since we have an overlapping field of activity, we naturally talk about developments within the industry. In my opinion, the two institutions have achieved with their commitment that there are now a number of successful biotech companies in Germany and that the German biotech industry thus has a significant visibility in the public perception.

However, the German biotech sector only plays a minor role in global competition. The US company Biogen alone has a turnover of 14.4 billion dollars, three times as much as all German biotech companies.

Biogen was already founded in 1980, and I naturally assume that Biontech will be just as successful in 30 years' time.

In the USA, investors provide young biotechnology companies with almost 40 times as much capital as in Germany. What are the reasons for this discrepancy? It is not due to the quality of research.

That's right, in terms of the quality of research, we can certainly be proud of ourselves in an international comparison. On the one hand, the differences in investment volume are the result of the relationship between the national economy and the ratio of shareholder ratios. On the other hand, Germany prefers to invest in the old economy, while in America investors are more willing to take risks and focus much more on innovative future technologies.

Were the lack of funds on the German capital market the reason to list Biontech on the stock exchange in New York instead of Frankfurt?

It was clear from the beginning: Biontech must go public in the USA. For three reasons: There is such a big market in the USA, only there are such financing possibilities, and only there is sufficient interest and understanding from investors who specialise in these very innovative technologies.

There is also a much more active and larger scene for venture capitalists in Israel. What is different there?

We are monitoring the activity in Israel and are always impressed by the way new ideas and start-ups are promoted and financially supported. In addition, there is historically a strong proximity to the USA and the capital market there, which leads to a different dynamic and risk awareness.

"There's no time to lose"; Researchers around the world are searching for a vaccine against the corona virus. The German company Biontech is leading the way. He....

Do you expect the corona crisis to raise awareness in politics and industry to do more for German biotechnology and research in general?

I am convinced of this and I wish it were so - for biotechnology and for research. If only out of respect for the people who are working to overcome the corona crisis today. Be it in the daily maintenance of the infrastructure or the research of a drug to successfully stop the virus.

Note: This article has been translated automatically.

Graphic

In their laboratories, researchers fight against the virus

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3 *This is how it stands in the fight against the virus; First companies are beginning to test vaccines on humans. Others are testing the effectiveness of old and new drugs. But how far have the plans progressed? An overview of promising approaches worldwide*

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DIE WELT

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Byline: Diana Pieper

Lennart Pfahler

Body

All over the world, virologists, pharmaceutical companies and biotechnologists are researching ***vaccines***, drugs and new test methods to get the ***coronavirus*** pandemic under control. In some sectors, a veritable race has broken out for the first remedy against the novel pathogen.

But how far are the plans of scientists and companies really - and how promising are the announced cures? An overview.

vaccines against ***coronavirus***

More than 60 ***vaccine*** projects have already been started worldwide. According to the World Health Organization (WHO), two of them are already in the clinical test phase. But other manufacturers and research institutions are also about to test their ***vaccines*** on volunteers.

CanSino Biological

The Hong Kong-based biotech company CanSino Biological is working on a ***vaccine*** together with the Institute of Biotechnology in Beijing. The project is supported by the Ministry of Science and Technology. The ***vaccine*** is already being tested on humans. The study, which began in March, involves 108 people from Wuhan who are given the substance in three different dosages. According to the Chinese authorities, the study will be completed by the end of the year. An earlier completion is therefore not expected. According to the company, a strong immune reaction had previously been observed in studies with animals.

Moderna "mRNA-1273 "

A ***vaccine*** developed by the US National Institute of Health in cooperation with the biotech company Moderna is already being tested on humans. This is a so-called RNA ***vaccine***. This is a ***vaccine*** that is produced using a new technology. In simple terms, the patient is injected with the building instructions for certain parts of the virus as RNA, i.e. ribonucleic acid. The body cells use this to build harmless virus components, which the immune system can use to practice handling the virus. If it is trained well enough, it can fight the real virus quickly and efficiently when it enters the body.

A great advantage of the procedure: large quantities of the ***vaccine*** could be produced quickly. A disadvantage: So far, there is no ***vaccine*** against any disease on the market. The first test persons were injected with the substance as early as mid-March. Moderna hoped to be able to start vaccinating medical staff under emergency regulations in the same month. However, the date has now been postponed until autumn. However, US authorities assume that the substance can be widely used in 12 to 18 months at the earliest - provided it proves to be safe and effective.

CureVac

The Tübingen-based company CureVac is working on a similar RNA-based technology. Over the last few weeks, the company has made headlines on several occasions. Firstly, when word got around that SAP billionaire Dietmar Hopp is the majority shareholder in CureVac. Then when it became known that the US government had signalled its interest in buying up CureVac's ***vaccine*** rights. However, the ***vaccine*** has not yet reached the clinical phase of drug development, i.e. it is not yet tested on humans.

With self-confident prognoses one does not hold back in the house CureVac nevertheless. "If all goes well, the ***vaccine*** could be available at the end of the year," said Friedrich von Bohlen, one of the company's owners, last week. A clinical trial is to start in early summer. According to the company, tens of thousands of people could already participate in the trial. In the medium term, an already existing production facility could be used to produce "between 200 and 400 million ***vaccine*** doses" against the ***coronavirus*** per year. The first production run is already underway.

University Oxford

As early as April, researchers at Oxford University want to start clinical trials of a ***vaccine***. The scientists want to provide a ***vaccine*** in less than twelve months. 510 test persons are to take part in the study. Previously, the ***vaccine*** was already tested on pigs. The ***vaccine*** is a vector-based ***vaccine***. It uses genetically modified harmless viruses into which a component of the virus to be controlled has been inserted. In this way, the body is made to believe that it is infected with ***Covid-19***, which can build up immune protection. The first approved Ebola ***vaccine***, for example, works on this principle.

BioNTech, Pfizer, Fosun

The Mainz-based biotech company BioNTech has also entered the race for the first corona ***vaccine***. BioNTech is supported by two pharmaceutical giants: Fosun Pharmaceutical from ***China***, which reportedly contributes 120 million euros, and the US company Pfizer. A study involving volunteers in Europe, the USA and ***China*** is scheduled to start at the end of April. The ***vaccine*** will also be based on the new messenger RNA technology, in which the ***vaccine*** does not contain the antigen itself, but only the instructions.

Drugs against the ***coronavirus***

The US Milken Institute lists almost 100 ongoing research projects on possible active ingredients against ***Covid-19*** in an overview. According to the database ClinicalTrials.gov, more than 300 studies are already underway or in preparation. The focus is mainly on drugs that have already been used to treat other diseases, such as malaria, hepatitis or multiple sclerosis. The advantage of this "repurposing" - i.e. the redesignation of active ingredients for a different purpose - is that in the best case, the drugs no longer have to go through costly and time-consuming

testing procedures. Active ingredients that have already been researched could enter the clinical trial phase more quickly and thus be approved more quickly.

In addition, however, completely new active substances are also being researched. In doing so, physicians also make use of the findings of the related sars ***coronavirus***, which had broken out between 2002 and 2003.

1. Antiviral drugs

Antiviral drugs are used against HIV, SARS, Ebola or hepatitis C, for example. Their main purpose is to prevent the viruses from multiplying in the body or penetrating the cells.

Remdesivir

In future, corona patients who are particularly severely ill may be treated with Remdesivir, which has not yet been approved, if all other drugs have failed. This was approved by the Federal Institute for Drugs and Medical Devices in Bonn, as a spokesperson confirmed on Tuesday.

The active substance Remdesivir of the US pharmaceutical company Gilead Sciences was originally developed to treat Ebola virus infections, but has not been successful in clinical studies. According to the World Health Organisation (WHO), Remdesivir is effective against Mers viruses, which is why researchers hope to be able to use it successfully against sars-cov-2.

A report in "The New England Journal of Medicine" also states that Remdesivir has improved the condition of a corona patient in the USA. Several studies are underway and more than 700 patients have already received the drug. Doctors hope that initial results will be available in the course of April. At the end of March, an initial study with the drug also started in Germany - as part of an international study involving around 1000 patients in around 50 hospitals around the world. Remdesivir will be tested on 600 patients with moderate symptoms and 400 with severe symptoms. In Germany, the active ingredient is being tested at the University Hospital Eppendorf in Hamburg, the University Hospital Düsseldorf and the Munich Hospital Schwabing, among others.

Leronlimab

The antibody active substance Leronlimab has already been investigated in clinical studies against HIV and breast cancer. The US company Cytodyn is now testing its use in ***Covid-19*** diseases. The active substance is designed to block pro-inflammatory cytokines, i.e. proteins, and thus prevent an overreaction of the immune system that can occur as a result of ***Covid-19***.

Lopinavir/ritonavir

The combination of lopinavir and ritonavir is also actually a drug against HIV. The US company AbbVie has now made the drug available for studies against sars-CoV-2. Researchers hope that lopinavir will prevent the ***coronavirus*** from multiplying. In ***China***, ***Covid-19*** patients have been treated with the drug, but so far without any significant success.

In studies, the Chinese pharmaceutical company Ascletis Pharma is also combining the active ingredient danoprevir used in an approved hepatitis drug with ritonavir. The use of lopinavir/ritonavir in combination with ribavirin also resulted in a lower mortality rate and milder disease progression in a clinical trial involving patients during the SARS outbreak in 2003.

Favipiravir

A drug with the active ingredient favipiravir (= favilavir), which is approved in Japan for the treatment of influenza, inhibits the production of a certain enzyme that viruses also need in order to multiply. It has been tested by Chinese

scientists on more than 300 ***Covid-19*** patients. The Chinese National Medical Products Administration (NMPA) classifies the drug as effective. However, it is still unclear whether it also helps patients with severe symptoms and how severe the side effects are.

APN01

The drug APN01 was originally developed for the treatment of lung damage or acute lung failure. One of its aims is to prevent viruses from entering the lung cells. It is also believed to prevent the inflammatory response of the lung. One advantage of this active substance is that several studies have already been carried out in patients. Serious side effects have not yet been identified.

The decisive factor in this active substance is the ACE2 receptors in the human body. The virus uses these receptors as a gateway to penetrate the cells. The active substance APN01 is intended to mimic these ACE2 proteins. In this way, the virus could be induced to bind to the drug instead of to the surface of a cell. In this way, the virus would be excreted with the drug. The Austrian biotech company Apeiron Biologics plans to test the drug APN01 this month on around 200 seriously ill ***Covid-19*** patients in Germany, Austria and Denmark.

Chloroquine and hydroxychloroquine

The active ingredient chloroquine was originally developed in the 1930s to combat the tropical disease malaria and is intended to inhibit the proliferation of the ***coronavirus*** in cells. Researchers have already tested the active ingredient in several countries on individual ***Covid-19*** patients. US President Donald Trump has also promoted the use of the drug.

The U.S. Food and Drug Administration (FDA) has approved the release or prescription of chloroquine and the related active ingredient hydroxychloroquine to hospitalized adolescent and adult patients with ***Covid-19*** at the end of March.

The German pharmaceutical and chemical group Bayer manufactures the drug Resochin with the active ingredient Chloroquine and has already announced that it will ramp up production. However, critics warn of possible serious side effects and strongly advise against self-treatment.

The active ingredient hydroxychloroquine is also being tested in studies. The antimalarial drug had shown positive effects, but so far there is no firm evidence of its effectiveness against ***Covid-19***. In addition, experts warn of possible side effects. At the end of March, for example, the French authority for drug safety (ANSM) reported on individual cases of serious side effects in ***Covid-19*** patients. The authority warned in particular of cardiac disorders that can occur, for example, in combination with other drugs. Here too, physicians warn against self-medication.

Interferons for virus defence

Active substances against ***Covid-19*** are also being tested, which are supposed to promote the virus defence. Interferons are important substances. They are signal proteins that can improve the body's own immune defence. They can help the immune system to better recognise cells that are infected by the virus and thus prevent the virus from multiplying. Alpha- and beta-interferons play a central role in research on Sars-Cov-2.

Interferon alpha-1b and Interferon alpha-2b

Among others, the Cuban company BioCubaFarma and the Cuban-Chinese company Changchun Heber Biological Technology have already carried out tests on ***Covid-19*** patients with these antiviral agents. The drugs have already been approved in some countries, for example as a drug against hepatitis B or C. BioCubaFarma says it can provide large quantities of its drug.

Interferon beta-1a and Interferon beta-1b

Drugs with interferon beta-1a and interferon beta-1b are also being tested in trials, for example with the interferon active ingredient from the German company Merck. The drug is said to have prevented SARS viruses from multiplying in laboratory tests, but has not yet been approved in the EU. The drug SNG001 from the biotech company Synairgen Research is also being tested on ***Covid-19*** patients and is believed to help treat diseases of the pulmonary tract. It is administered via an inhaler and thus reaches the lungs directly.

2. Immunomodulators

The immunomodulator group of drugs could also be helpful in the therapy of ***Covid-19***. These are active substances that prevent overreactions of the patient's immune system and hence potential organ damage.

Sarilumab and Tocilizumab

The French pharmaceutical group Sanofi and the US group Regeneron Pharmaceuticals have announced that their immunomodulator sarilumab will be tested on ***Covid-19*** patients in several countries, including Italy, Spain and Germany. The active ingredient is an antibody that is actually used for the treatment of rheumatoid arthritis (diseases of the musculoskeletal system). In ***Covid-19*** patients, it is believed to inhibit inflammatory reactions in the lungs. Tocilizumab, another rheumatism drug, is being tested by the pharmaceutical company Roche and Chinese researchers on ***covid-19*** patients with severe pneumonia.

Fingolimod

Fingolimod, the Novartis drug approved for the treatment of multiple sclerosis, is also being tested on patients by Chinese physicians.

IFX-1

Also in ***China***, ***Covid-19*** patients with severe pneumonia were treated with the drug IFX-1. The Jena-based biotech company InflarRx claims to have received positive data; the antibody is now being tested on ***Covid-19*** patients for a study in the Netherlands.

3. Medicines for lung patients

Another group of drugs that could be considered for the treatment of ***Covid-19*** are drugs for lung patients. Several companies are planning studies on this. Roche, for example, plans to test its approved active ingredient pirfenidone, which helps to prevent scarring of lung tissue. The Austrian biotech company Apeptico plans to test Solnatide, a drug that is effective against acute lung failure, on patients.

The US company Bioxytran is conducting research on a drug with the active ingredient BXT-25 to promote the oxygen uptake of a damaged lung. BXT-25 is designed to transport oxygen efficiently through the body for nine hours before it is processed by the liver. The drug can help to supply oxygen to vital organs. In February, the company announced that it was exploring a collaboration with "international drug companies" to use the compound for the treatment of acute respiratory distress syndrome (ARDS) in ***Covid-19*** patients.

4. New drugs: Passive immunisation with antibodies

In addition to the existing drugs, new active ingredients against the ***coronavirus*** are also being developed. Research here is mainly focused on antiviral drugs and antibodies that could be used to immunize patients. For example, patients could be injected with the blood plasma of former ***Covid-19*** patients. The Hannover Medical School, the Heart and Diabetes Center NRW in Bad Oeynhausen and the University Hospitals of Cologne and Münster are involved in such projects.

Researchers in Japan and Spain want to use the antibodies from the blood plasma of recovered patients to produce a drug for infusions. The US pharmaceutical company Lilly, together with the Canadian company AbCellera Biologics Inc., wants to use antibodies from recovered patients to identify those antibodies which appear most suitable for the production of a drug for the prevention and treatment of ***Covid-19***. The goal is to develop potential new therapies and bring them into clinical trials with patients within the next four months.

Test procedure

Comprehensive tests are regarded as a decisive factor in the containment of the novel ***coronavirus***. A distinction must be made between two different methods. PCR tests, which have so far mainly been carried out, require a smear and no blood sample, but only provide information about an acute infection.

However, as the virus spreads, it becomes increasingly important to determine who has already been infected - perhaps without them even noticing.

Therefore, there is great hope for antibody tests to determine who was already infected with ***Covid-19*** and is now immune. Virologists assume that up to 70 percent of the population must have survived an infection in order for a pandemic to come to a halt. The Austrian government is therefore now focusing on an antibody study, and there are already two regional studies in Germany - one in Heinsberg and one in Munich.

So far there is no standardized and reliably verified antibody test - but several promising approaches have been developed.

Euroimmune

The Lübeck-based company Euroimmun has announced the launch of the first antibody test in Europe. According to the company, the required CE mark from the EU was obtained at the end of March. From the seventh to tenth day after infection, the tests will be able to determine whether the tested person has antibodies against the ***corona virus***. In Austria too, 2000 test kits of the company are now to be used. Experts stress that the reliability of such tests is still questionable.

Virologist Melanie Brinkmann from the Helmholtz Centre for Infection Research expects the development of a reliable test to be completed in about a month. Nevertheless, according to a recent "Spiegel" report, there is already a high demand for antibody tests; all German laboratories are affected by bottlenecks. It may therefore still take some time before the tests can be used nationwide in Germany.

Cellex

There are no approved and over-the-counter rapid antibody tests available in Germany and Europe. In the USA, however, the manufacturer Cellex has launched such an antibody test - it has received emergency approval from the US health authorities.

Senova

The company Senova from Weimar wants to achieve something similar in Germany. Their rapid antibody test should be available to everyone at some point. So far, it is reserved for medical institutions and general practitioners. According to MDR, Senova currently produces 10,000 to 15,000 tests per day.

Siemens Healthineers Test

Meanwhile, Siemens has announced that it has developed a PCR test that can detect corona infection in patients in less than three hours. This is a conventional test, not an antibody test. A medium-sized laboratory could perform

about 1000 tests per day. According to the company, the kits will soon be available in hospitals. For testing purposes, the first copies have already been sent within Europe.

Bosch rapid test

Bosch is pursuing a similar approach. A quick test by the manufacturer is to deliver results within two and a half hours, the company announced. The newly developed test is to be available in Germany from April onwards, with other European and non-European markets to follow.

Note: This article has been translated automatically.

Classification

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Journal Code: WETR

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Organization: WORLD HEALTH ORGANIZATION (83%)

Industry: ***vaccineS*** (96%); PHARMACEUTICAL PREPARATION MFG (94%); PHARMACEUTICALS & BIOTECHNOLOGY (93%); PHARMACEUTICALS INDUSTRY (91%); HEALTH DEPARTMENTS (90%); VIROLOGY (90%); BIOLOGICS MFG (78%); MANUFACTURING (78%); BIOTECHNOLOGY INDUSTRY (75%)

Geographic: WUHAN, HUBEI, ***CHINA*** (79%); BEIJING, ***CHINA*** (56%); NORTH CENTRAL ***CHINA*** (71%); UNITED STATES (92%); ***CHINA*** (90%); HONG KONG (79%)

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End of Document

4 [44] ***These are the best stocks for latecomers; Since the crash, stock market prices have already risen again by a quarter. Nevertheless, it can still be worthwhile to get started***

Die Welt (English)

April 15, 2020 Wednesday

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Section: FINANCE; FINANCE; Pg. 15; No. 88

Length: 942 words

Byline: Frank Stocker

Body

Almost 25 percent would have been earned by those who entered the stock market at the low point of the Corona crash just under four weeks ago. In the case of individual stocks, even more. But to mourn these lost profits afterwards would be misplaced. For one thing, there are only a few who bought at the time - it is practically impossible to hit the low point.

On the other hand, however, this retrospective view obscures the chance of the profits that are in store for the future. Because of course there will be. Perhaps not immediately. Perhaps prices will go down again for a while. But in the long term, stock markets are always rising, if only because the economy is always growing in the long term, and because central banks and governments will also be distributing trillions of euros and dollars over the economies and financial markets in the coming years.

The question remains as to which stocks are most promising. WELT has made enquiries at small and large banks and compiled four lists of companies, which the in-house analysts prefer. These recommendations are suitable for different types of savers, with different approaches and risk preferences.

Anyone who wants to invest in German companies and does not want to take on too many risks can follow the recommendations of the private bank Metzler. Its Top 10 for the second quarter mainly comprise Dax companies, with whom one can never really go wrong, be it Allianz or BASF, Telekom or SAP.

The companies are characterized by a very solid equity base, low debt and strong cash flow. Above all, however, they also have "a management that can handle not only tailwinds but also headwinds," as Metzler puts it. Another plus point is that these companies generate a good portion of their sales in Germany or, in terms of exports, have a focus on ***China***, where the economy is recovering earlier than elsewhere. The only disadvantage is that no exorbitant price jumps are to be expected from these shares. They are rock solid, but therefore somewhat boring investments, ideally suited for the saver who wants to sleep soundly at night.

If, on the other hand, you are looking for something more exciting and riskier, you can take a look at the stock list of the Hamburg-based private bank M.M.Warburg. Its analysts have favored two types of companies. "These are either candidates for a quick recovery because their supply chains, production capacities and final demand are

hardly affected by the crisis," they write, "or companies that are affected by the crisis but have sufficient financial leeway to emerge from the situation as winners in view of their superior market.

On the list you will find for example Sixt. The car rental company is suffering heavily from the crisis, but could also benefit all the more if the turnaround comes faster and stronger than most people expect so far. The payment processor Wirecard, which is also on the list, is also known for the enormous price jumps that the share has been making for months. Not for the faint hearted, but perhaps very lucrative - or maybe not.

The analysts at Berenberg Bank have adopted a different approach. They have been on the lookout for the beneficiaries of the crisis, which of course there are. Three companies are particularly attractive for them. The British online grocery retailer Ocado profits from hamster purchases in the short term, but in the long term it will also participate in the trend of ordering food on the Internet. Reckitt Benckiser, as a manufacturer of cough medicine, vitamins and painkillers, will benefit in the long term from consumers paying more attention to hygiene and health. And the French video game developer Ubisoft will benefit because many people are currently spending a lot of time at home with such games. And they believe that these games are so captivating that they will also have long-term effects.

In fact, these three stocks have already largely made up for the losses they suffered during the crash, or even exceeded the previous level. Berenberg has also identified six companies that have been relatively little affected by the crisis and are considered interesting, as well as nine companies that are currently suffering but are considered attractive in the long term.

Finally, savers can also try to bet directly on those companies that will benefit from the medical fight against the ***coronavirus*** in the short or long term. The US investment bank Goldman Sachs has compiled a list of 24 companies that are developing treatments, ***vaccines*** and tests for the pandemic. At the top of the list are US companies Gilead and Regeneron, which are expected to report clinical results of experimental ***Covid 19*** treatments later this month. Moderna and Johnson & Johnson have the most promising ***vaccines*** in development, according to Goldman analysts. The other companies are also involved in various areas of the pandemic. "Several names on this list could continue to receive tailwind from a combination of potentially supportive government comments and/or the easing of regulatory hurdles," the analysts write.

The vast majority of the companies on the Goldman list are, of course, based in the US. But with BioNTech, a German company has also made it onto the list. The Mainz-based company is developing a ***vaccine*** against the novel ***corona virus*** and has already signed cooperation agreements with the US giant Pfizer and the Chinese Fosun Group. This led to a brief tripling of the share price in March. In the meantime, however, the share price has halved again. In any case, such investments are nothing for weak nerves.

Note: This article has been translated automatically.

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Subject: PRICES (90%); STOCK MARKET CRASHES (90%); STOCK PRICES (90%); INVESTMENT

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Company: ALLIANZ SE (54%)

Ticker: ALV (FRA) (54%); ALV (BIT) (54%)

Industry: NAICS524126 DIRECT PROPERTY & CASUALTY INSURANCE CARRIERS (54%); NAICS524113 DIRECT LIFE INSURANCE CARRIERS (54%); NAICS523920 PORTFOLIO MANAGEMENT (54%); PROPERTY & CASUALTY INSURANCE (91%); BANKING & FINANCE (90%); INSURANCE (90%); STOCK MARKET CRASHES (90%); STOCK PRICES (90%); INVESTMENT MANAGEMENT (89%); LIFE INSURANCE (89%); MANUFACTURING OUTPUT (78%); PRICE CHANGES (78%); SECURITIES & OTHER INVESTMENTS (78%); RENTAL & LEASING INDUSTRY (71%); CENTRAL BANKS (69%); CAR RENTAL AGENCIES (60%)

Geographic: HAMBURG, GERMANY (79%); GERMANY (91%)

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End of Document

5 ***The hope for a German corona vaccine; Paul Ehrlich Institute approves clinical testing of the programme of the Mainz-based biotech company BioNTech for the prevention of Covid-19. The Federal Minister of Health regards this as a "good signal ".***

Die Welt (English)

April 23, 2020 Thursday

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DIE WELT

Section: TITLE; TITLE; Pg. 1; No. 95

Length: 517 words

Byline: Anja Ettel

Body

The search for a ***vaccine*** against the ***coronavirus*** is in full swing worldwide. For the first time, a ***vaccine*** from Germany has now reached the stage where it can be clinically tested. The Mainz-based company BioNTech has received approval from the Paul Ehrlich Institute (PEI). The tests on 200 healthy volunteers are to begin shortly.

"The testing of ***vaccine*** candidates on humans is an important milestone on the way to safe and effective ***vaccines*** against ***Covid-19*** for the population in Germany and beyond," the PEI explained the decision. The approval is the result of a careful assessment of the potential benefit-risk profile of the ***vaccine*** candidate.

A total of four variants of the ***vaccine*** called BNT162, which BioNTech has developed together with the US pharmaceutical company Pfizer against the lung disease ***Covid-19***, are to be tested. In this first phase of clinical trials, the main objective is to find out how well tolerated and safe an active substance is when used on humans.

There are already more than 80 different ***vaccine*** projects around the world to help contain the ***coronavirus*** pandemic as quickly as possible. Without such a ***vaccine***, a return to normality would hardly be possible, warned Lars Schaade, vice chairman of the Robert Koch Institute, only recently. But so far, only a few programmes have reached the stage where they can be tested on humans. Apart from the BioNTech programme, only four drug candidates from the USA and ***China*** are currently undergoing clinical trials. A sixth candidate is expected to be added this week: According to the British Ministry of Health, the ***vaccine*** developed by a team of researchers at the University of Oxford is also ready to be tested shortly.

In the development of drugs and ***vaccines***, so-called Phase I is usually followed by two further test phases in which a potential active substance is tested for its efficacy and side effects. The number of test persons is many times greater in each case. The development of a ***vaccine*** usually takes many years before it is approved for marketing. And only a few programs lead to success. Even in the case of the more than 80 ***vaccine*** projects against ***Covid-19***, it is therefore still completely unclear which of them will actually achieve the goal.

Health Minister Jens Spahn (CDU) nevertheless called the approval of a first clinical trial with a possible ***vaccine*** in Germany a "good signal ". However, effects and side effects would still have to be tested. While some experts consider a ***vaccine*** to be possible in principle this year, others warn against premature euphoria. "I personally find the planned timeframe of twelve to 18 months ambitious in view of the challenges," said Severin Schwan, head of the Swiss pharmaceutical company Roche, for example. He does not expect a ***vaccine*** against the ***coronavirus*** until the end of 2021 at the earliest. Besides BioNTech from Mainz, the Tübingen-based company CureVac and a team of researchers from the German Centre for Infection Research are working on a ***vaccine***.

See comments and page 11

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Classification

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Company: PFIZER INC (91%); ROCHE HOLDING AG (84%)

Ticker: PFZ (LSE) (91%); PFE (NYSE) (91%); ROG (SWX) (84%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (91%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (91%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (91%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (91%); SIC2834 PHARMACEUTICAL PREPARATIONS (91%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (91%); NAICS325413 IN-VITRO DIAGNOSTIC SUBSTANCE MANUFACTURING (84%); PHARMACEUTICALS & BIOTECHNOLOGY (94%); ***vaccineS*** (93%); PHARMACEUTICAL PREPARATION MFG (92%); BIOTECHNOLOGY INDUSTRY (90%); CHEMICALS (90%); CHEMICALS MFG (90%); ***COVID-19 CORONAVIRUS vaccine*** (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); PHARMACEUTICALS INDUSTRY (90%); PHARMACEUTICALS PRODUCT DEVELOPMENT (90%); CLINICAL TRIALS (89%); DRUG DESIGN & DISCOVERY (89%); HEALTH DEPARTMENTS (89%); BIOLOGICS MFG (78%); DRUG SAFETY (78%); COLLEGES & UNIVERSITIES (63%)

The hope for a German corona vaccine; Paul Ehrlich Institute approves clinical testing of the programme of the Mainz-based biotech company BioNTech for the prev....

Geographic: GERMANY (94%)

Load-Date: April 23, 2020

End of Document

6 *BNT 162 is far ahead in the vaccine race; The Mainz-based company BioNTech receives the first approval for testing a potential corona vaccine on humans in Germany*

Die Welt (English)

April 23, 2020 Thursday

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Section: ECONOMY; ECONOMY; Pg. 11; No. 95

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Byline: Anja Ettel

Body

So far, only a few people have been able to do anything with the Mainz-based biotech company BioNTech. However, the company, founded in 2008, has now succeeded in doing what hardly anyone else in the world has done so far: bringing a ***vaccine*** candidate against the novel lung disease ***Covid-19*** into clinical trials within a very short time - and getting the green light from the supervisors of the Paul Ehrlich Institute in Germany for the first tests on humans. In the worldwide race for a ***vaccine***, the Mainz-based company is now well ahead of the field.

Although there are already more than 80 projects worldwide, all of which are dedicated to the same goal: finding a ***vaccine*** that fights the novel ***coronavirus*** in humans safely and effectively. Without such a tool, as the Vice President of the Robert Koch Institute, Lars Schaade, recently put it, a return to normality would hardly be possible. However, of these more than 80 ***vaccine*** programmes, only five have so far reached the clinical trial phase. With the exception of BioNTech, they all originate from ***China*** or the USA, where the biotech company Moderna recently caused a sensation with the first clinical trials worldwide for a ***Covid 19*** ***vaccine*** in humans.

BioNTech's BNT162 ***vaccine*** programme, which the Mainz-based company is developing in cooperation with the US pharmaceutical company Pfizer, has now been added to the portfolio. "We are pleased to have completed preclinical studies in Germany and are able to initiate this first human study much faster than expected," said BioNTech CEO and co-founder Ugur Sahin. Clinical trials in the USA are expected to follow shortly, as soon as the FDA gives the green light. In ***China***, BioNTech is also cooperating with the Chinese pharmaceutical company Fosun. This puts the company in a good position to make its own ***vaccine*** available worldwide as quickly as possible in the event of success - provided that the active substance really delivers what the researchers hope for.

The so-called mRNA technology, which is used by BioNTech, Moderna and the Tübingen-based company CureVac, currently inspires the hopes of many experts. In contrast to conventional ***vaccines***, the human immune system is not confronted with attenuated or inactivated pathogens. Instead, the genetic information for part of the virus is directly introduced into human body cells. However, despite years of research, there is not a single approved ***vaccine*** based on this technology.

Nevertheless, there is a real ***vaccine*** euphoria on the stock markets. The Moderna share price has risen by almost 180 percent since the beginning of the year. Last year, the company - which, like Tübingen-based CureVac,

recently presented itself at a roundtable with US President Donald Trump - achieved the largest biotech IPO of all times with a total of more than 604 million US dollars. BioNTech has also been listed on the stock exchange since last year and has multiplied its share price since then. Following the announcement of the ***vaccine*** news, the share price shot up by over 60 percent at times on Wednesday.

"The testing of ***vaccine*** candidates on humans is an important milestone on the way to safe and effective ***vaccines*** against ***Covid-19*** for the population in Germany and beyond," announced the Paul Ehrlich Institute after the successful release for clinical testing of BNT 162. The approval is the result of a careful evaluation of the potential benefit-risk profile of the ***vaccine*** candidate. The tests on approximately 200 healthy volunteers aged between 18 and 55 years are expected to begin shortly. In a second part of the study, volunteers with a higher risk of severe ***Covid-19*** progression are to be included at a later stage.

The so-called phase one is an important milestone in the development of drugs and ***vaccines***. After usually years of preclinical research in the laboratory, this first clinical phase marks the beginning of tests on humans. It is usually followed by two further test phases in which a potential active substance is tested for its efficacy and side effects as well as for the optimal dose. At BioNTech, a combined phase one and two trial is carried out.

Despite everything, it is still completely unclear which of the more than 80 projects will actually achieve the goal. But even if the optimistic forecasts prove to be true and the urgently needed ***vaccine*** is actually developed and approved in record time, the next and perhaps even biggest hurdle will be to create sufficient production capacity so that the most important weapon in the fight against ***Covid-19*** can reach as many people as possible as quickly as possible.

Note: This article has been translated automatically.

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Company: PFIZER INC (91%); FOSUN INTERNATIONAL LTD (55%)

BNT 162 is far ahead in the vaccine race; The Mainz-based company BioNTech receives the first approval for testing a potential corona vaccine on humans in Germa....

Ticker: PFZ (LSE) (91%); PFE (NYSE) (91%); 0656 (HKSE) (55%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (91%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (91%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (91%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (91%); SIC2834 PHARMACEUTICAL PREPARATIONS (91%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (91%); NAICS332111 IRON & STEEL FORGING (55%); SIC3462 IRON & STEEL FORGING (55%); PHARMACEUTICALS & BIOTECHNOLOGY (95%); PHARMACEUTICAL PREPARATION MFG (92%); BIOTECHNOLOGY INDUSTRY (91%); ***vaccineS*** (91%); CHEMICALS (90%); CHEMICALS MFG (90%); CLINICAL TRIALS (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); METAL FORGING & STAMPING (90%); PHARMACEUTICALS INDUSTRY (90%); ***VACCINATION*** & IMMUNIZATION (90%); PHARMACEUTICALS PRODUCT DEVELOPMENT (89%); STOCK EXCHANGES (83%); ***COVID-19 CORONAVIRUS*** ***vaccine*** (78%); DRUG & MEDICAL DEVICES APPROVAL (77%); DRUG AVAILABILITY (77%); INITIAL PUBLIC OFFERINGS (62%); STOCK PRICES (62%)

Person: DONALD TRUMP (57%)

Geographic: UNITED STATES (93%); ***CHINA*** (92%); GERMANY (91%)

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End of Document

7 ***"This virus won't just go away"; A vaccine is considered the most important weapon in the fight against the pandemic. Biontech is well ahead in this race. In the WELT interview, company boss Ugur Sahin explains what is important now***

Die Welt (English)

April 30, 2020 Thursday

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Byline: Anja Ettel

Body

Around 100 companies and research institutes around the world are working on a ***vaccine*** against ***Covid-19***, and a ***vaccine*** against the novel ***coronavirus*** is considered the most important weapon in the fight against the global pandemic. The Mainz-based company Biontech is the first German company allowed to vaccinate people against the new disease. The first test persons have already received the ***vaccine***. Only seven companies and research institutes worldwide have so far overcome this hurdle.

From his control center of the past weeks, his home office at home, founder and company boss Ugur Sahin tells WELT in an interview why he realized early on the danger posed by this virus. And why no one can win this battle alone.

WORLD:

Your company has now treated the first volunteers with a ***vaccine*** against ***Covid-19***. How did you achieve this so quickly?

Ugur Sahin:

We have already gradually mobilised all available resources in the company for the project from mid-January onwards. This has certainly given us a head start. We asked ourselves again and again: How can we become even faster? My team had originally planned the first clinical tests for August, but this has now become April. The fact that cooperation partners and authorities responded very quickly to our inquiries and supported us right from the start has also helped us. It is clear to everyone: the search for a ***vaccine*** against ***Covid-19*** is a project for humanity. It is important to us that we are involved from the very beginning and that we can make a difference with our technology.

How did you realize the danger so early on? The WHO did not declare a pandemic until mid-March.

The risk constellation already looked extremely worrying in January. It was a new ***coronavirus***, so it must be assumed that there is no basic immunity within the population. In January, a study was published that showed the course of ***Covid-19*** in a family that had travelled to Wuhan for a short visit. From the description it was clear that the virus is rapidly transmitted from person to person and travellers can carry the virus to other cities.

Still, it took a long time for governments to respond.

Most people find it difficult to imagine something that does not fit their experience. This was no different with this pandemic.

How afraid are you of this virus?

Of course I am concerned when I hear that someone has lost a relative or friend to this pandemic. But I try to turn this consternation into productive work. It is absolutely clear that this virus will unfortunately not simply disappear like a seasonal influenza, the biological properties are completely different. Globally, we will continue to see outbreaks of this virus for at least two years, and the sooner an effective ***vaccine*** is available, the sooner we can all return to our old lives.

Is that the time frame you are also expecting for your project?

We do not comment on the timetable for the first approval of a ***vaccine***. That depends on too many factors beyond our control. We are waiting to see what the clinical trial data will show. The two years refer to the overall situation. We assume that we need an immunity of more than 90 percent in the population in order to get this pandemic under permanent control. It will take a long time to reach all regions on this planet with ***vaccinations***.

What if they can't find a ***vaccine***? It wouldn't be the first time a virus escaped it.

There are in fact two types of virus, HIV and hepatitis C, that are changing so rapidly in the human body that there is still no ***vaccine*** available. This virus does not do that. It does mutate, but only relatively slowly. Moreover, the area responsible for docking to a human cell is quite stable. There are successful ***vaccination*** approaches in animal models against the similarly structured Sars-Cov-1 and Mers-***Corona viruses***. Sars-Cov-2 follows the same laws of this virus class. I am therefore very confident that there will be ***vaccines*** against ***Covid-19*** in the foreseeable future.

There is not a single approved ***vaccine*** in the world based on the mRNA technology on which you are relying like your competitors Curevac and Moderna. They've been researching that for years. Why should this succeed now of all times?

Every new technology in medicine takes about 15 to 20 years to make it to market. In the case of monoclonal antibodies, which are among the most successful drugs today, it took more than 20 years before the first of this kind was approved for cancer. I am convinced that mRNA will be one of the technologies of the 21st century. This technology has grown out of its infancy. That is why the pharmaceutical industry is currently so interested in cooperations. And in an exceptional situation such as the present one, mRNA is even in great demand because it can be faster than the established methods of ***vaccine*** development.

The interest of the industry should have increased considerably now. How often have you received takeover or financing offers recently?

There have been several contacts in recent weeks. At the moment, very few of them reach me, but my fellow board members Sean Marett, Ryan Richardson and Sierk Pötting are of course constantly talking to a number of potential investors and companies. The industry is well connected. But takeovers are out of the question for the majority shareholders and for us anyway. Our vision is to build a biopharmaceutical company that addresses the medical needs of the 21st century.

Has Donald Trump approached you and invited you to his ***vaccine*** roundtable in March?

No, there was no invitation.

Did that irritate you, or did you feel happy in hindsight?

Neither.

Have there been other advances by the US government?

No, not at all. This is a global crisis, that's why we need global cooperation. It must be clear to everyone that this cannot be just lip service. I am very glad that the Federal Government has also advocated this from the outset and is not acting in a nationalistic manner.

But who decides which countries will be vaccinated first when a ***vaccine*** is available?

This is a very important question for us and that is why we have partnered with Pfizer in the US and Fosun Pharma in ***China***. This gives us the opportunity to do pivotal studies in several places in the world at the same time. At the same time, we are expanding our production capacities in order to be able to produce the future ***vaccine*** in the largest possible quantities. I very much hope that this will be enough so that we do not end up in a situation where we have to allocate the number of doses of ***vaccine*** available. But if we do, we will have to develop a mechanism in the meantime to do so in a sensible and fair way.

It's all very costly. Can you afford to take the next steps?

We were aware right from the start that we would have to make financial advances for this project. Through our partnership with Fosun and Pfizer, we have brought $250 million of capital into the company, which will cover this project financially in the short to medium term. We are evaluating various financing options, both for this project and additional options for corporate financing.

You mean further partnerships with pharmaceutical companies?

This could be a possibility, yes.

Biontech is currently one of the highest rated German biotech companies. How much does the fear of crashing grow in this league?

We are still looking inwards. We are not guided by stock market prices, but by what we can influence with our work. It is not the daily stock market price that concerns me, but the data from our studies.

Have you thought about how much the ***vaccine*** will cost?

We do not know how much the clinical trials will cost in total, nor do we know how high the dose of a ***vaccine*** will have to be. We do have a certain range of prices in mind, but we do not communicate it.

They are fast, Moderna even faster. How important is it to be the first to market for ***Covid-19***?

Early market approval is important to us so that we can make a difference in the medical field. If I knew that 20 other companies would finish before Biontech, I would not do this project. There would be no medical need for it. Being among the first does not mean that only the first will share the market. Worldwide, you will have to vaccinate about six billion people to immunize 90 percent of the people. Of the approximately 100 companies that are currently developing ***vaccines*** against ***Covid-19***, each of them would have to generate 60 to 120 million ***vaccine*** doses. This shows the enormous dimensions. To vaccinate the entire world population one day - no one can do that alone. The traditional ***vaccine*** manufacturers will therefore definitely be involved in the large-scale supply.

Some experts fear that ***Covid-19*** ***vaccination*** could actually make people sicker in case of infection. What do you think?

There is indeed evidence in some studies that certain ***vaccines*** increase the disease in animal models. However, other studies do not show this. Nevertheless, this has to be taken seriously, which is why we will observe this over a longer period of time as part of our clinical research and see whether the volunteers might possibly contract ***Covid-19*** and whether the disease progresses severely. We are also investigating how long the ***vaccination*** protection lasts. This is why clinical studies are so important.

How worried are you that in Germany and elsewhere the lockdown will be lifted without a- weapon against ***Covid-19***?

I am quite concerned about this. My main concern is that many people are becoming more carefree because they think that a mask will protect them completely. This is not the case with most masks. The mask reduces the number of virus particles that are emitted or inhaled, but not completely.

And if that is not sufficiently respected?

It is great how disciplined and level-headed the people in Germany have been so far. But this discipline is still necessary. The more infected people there are, the more difficult it is to keep infection rates low. A country like South Korea, with far fewer infected people, has an easier time of it than we do. So if the infection rates rise again soon, then we have to go back to Los to stem the spread again.

Note: This article has been translated automatically.

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Geographic: GERMANY (78%)

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8 ***International Alliance for a Corona vaccine; The search for a vaccine alone costs billions. A global marathon for donations is to bring the breakthrough***

Die Welt (English)

May 4, 2020 Monday

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DIE WELT

Section: ECONOMY; ECONOMY; Pg. 11; No. 103

Length: 1173 words

Byline: Anja Ettel

Christian Putsch

Body

Ambitious goals have a long tradition at global donor conferences. Particularly when it comes to effectively combating or even eradicating dreaded diseases, heads of state and government are usually not stingy with words and big promises.

A prominent example of this was provided by French President Emmanuel Macron, who last year launched an international donor conference on the fight against AIDS, tuberculosis and malaria. At that time, 700 participants accepted the invitation and accepted France's target of collecting at least 14 billion dollars. "I won't let anyone leave the hall until the 14 billion is reached," Macron called out to his guests. With success: At the end of the event, a donation of 14.02 billion dollars was collected. The largest donor was the USA, which contributed about one third.

Even now, in the midst of the ***coronavirus*** pandemic, a worldwide alliance of states, organisations, companies and private foundations is to help raise enough money for the expensive search for a ***vaccine*** against Sars-CoV-2 and the lung disease ***Covid-19*** caused by the virus. Unlike then, however, the participants will not meet in person. Instead, under the patronage of EU Commission President Ursula von der Leyen, the participating states want to collect the money via video link in a kind of worldwide online donation marathon.

Not only the virtual format - due to the risk of infection by the virus - is new for a donor conference of this kind. It is also unusual that the United States, for a long time one of the largest donors for global health projects, has not yet played a major role in the planned major event. In addition to the EU, eight countries are co-hosts: Canada, France, Germany, Italy, Great Britain, Norway, Japan and Saudi Arabia, which currently holds the presidency of the G-20. The USA is the only G-7 nation not to be among them.

An effective and safe ***vaccine*** against ***coronavirus*** is considered the most important weapon in the fight against the pandemic. According to the Johns Hopkins University, about 3.4 million people have become infected and more than 244,000 have died. The worldwide epidemic has pushed the health care systems of even wealthy industrial nations such as France, Italy or the USA to their limits. Many other countries, especially in Africa, Asia and South America, are much less well prepared for the virus and its consequences. There is a lack of doctors, protective

clothing, respirators, intensive care beds and often enough even the possibility to implement measures of social distancing in order to at least reduce the infection rate.

In a joint appeal, German Chancellor Angela Merkel, French President Emmanuel Macron, Italian Prime Minister Giuseppe Conte and Norwegian Prime Minister Erna Solberg have therefore called on nations to participate in the development of a ***vaccine***. This would be a "unique global public good of the 21st century ".

But such appeals have so far faded away to US President Donald Trump. Trump accuses the WHO in particular of having failed blatantly in the fight against the virus, which is why the American head of state wants to stop payments to the organisation. Unlike private foundations such as the Wellcome Trust or the Bill & Melinda Gates Foundation, the US government has so far not participated in the joint appeal for donations for a global ***vaccine***.

At the same time, Trump is pushing the search for a ***vaccine*** in his own country with great determination. At the beginning of March, the US President invited the heads of several pharmaceutical and biotech companies to the White House to hear about their approaches to developing a ***vaccine***. In the search for a potential ***vaccine***, the USA has now made the most progress after ***China***: Of the seven ***vaccine*** programmes that can already be tested on humans worldwide, two are in the USA and three in ***China***.

In Great Britain, the University of Oxford is also working on a ***vaccine*** in cooperation with the British AstraZeneca group. In Germany, the biotech company Biontech has also already vaccinated the first people against ***Covid-19***. Biontech is cooperating with the US company Pfizer and the Chinese company Fosun Pharma in order to be able to market its own ***vaccine*** worldwide as quickly as possible if it is successful. Biontech boss Ugur Sahin described the search for a ***vaccine*** in the WORLD interview as a "humanity project" that no country or company can manage alone.

The importance of donor conferences, especially in the costly and long search for ***vaccines***, was already evident during the Ebola epidemic in West Africa in 2015. At that time, Chancellor Merkel took over the patronage with the aim of rapidly launching a cure for the epidemic. In fact, research, which had been rather sluggish due to a lack of funds, subsequently made much faster progress. Since last year there has been an approved ***vaccine*** against Ebola for the first time.

At the same time, an independent panel of experts called the Global Preparedness Monitoring Board (GPMB) was created to better prepare the world for global epidemics. The experts have now calculated that at least 7.5 billion euros are needed to successfully combat the ***coronavirus*** pandemic. The largest amount of 2.7 billion euros is needed for the development and production of a ***vaccine***.

The fact that the efforts made so far in the fight against ***Covid-19*** are apparently not sufficient was already made clear in March. The ***vaccine*** alliance Cepi warned even then that two billion dollars would be needed for the search for a ***vaccine*** alone. Germany then pledged 140 million dollars, but by the end of April not even the short-term funding target of 400 million dollars had been reached.

The worldwide donor conference should therefore now provide the urgently needed momentum. But whether the online donation marathon can actually achieve the funding target is far from certain, given the reticence of the Trump administration. The EU Commission has therefore apparently already developed plans to possibly organise a second event in mid-May.

The question of how to ensure a fair distribution of the ***vaccine***, even if it is developed at some point, is still unresolved. "It is existentially important that all measures for testing, prevention or cure of ***Covid-19*** are available in all countries," the Wellcome Trust emphasized before the donor conference. "***vaccines*** and medicine must be available globally, regardless of where they were developed or who funded them."

It is likely to be particularly difficult to create sufficient manufacturing capacity in Africa. With the exception of Ghana, South Africa and Nigeria, there are still few suitable production sites there. The question of cooling in particular, but also the price and pace of production will play a decisive role in the global supply of ***vaccines***. Experts expect that there will be several different ***vaccines*** to equip mankind against Sars-CoV-2. Provided there are enough donors to support one or more ***vaccines*** for all.

Note: This article has been translated automatically.

Graphic

China's hope: Two ***vaccines*** against ***Covid-19*** are already being tested in the country

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Industry: ***vaccineS*** (90%); ***COVID-19 CORONAVIRUS vaccine*** (89%); DRUG DESIGN & DISCOVERY (71%); DRUG SAFETY (71%); INTENSIVE CARE UNITS (64%)

Person: EMMANUEL MACRON (92%); ANGELA MERKEL (79%); ERNA SOLBERG (79%); GIUSEPPE CONTE (79%)

Geographic: UNITED STATES (94%); FRANCE (93%); NORWAY (92%); GERMANY (91%); EUROPEAN UNION MEMBER STATES (90%); ITALY (87%); AFRICA (79%); ASIA (79%); CANADA (79%); JAPAN (79%); SAUDI ARABIA (79%); SOUTH AMERICA (79%); UNITED KINGDOM (79%)

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9 The most powerful player in the battle for the vaccine; The country that was the first to develop a serum against the coronavirus is gaining influence in the geopolitical competition. But the most powerful actor is operating in the background: India

Die Welt (English)

July 18, 2020 Saturday

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DIE WELT

Section: POLICY; Pg. 7; No. 166

Length: 1240 words

Byline: Christina Zur Nedden

Body

It is my firm belief ***vaccines***, tests and drugs must be available, affordable and accessible worldwide," said Angela Merkel at a ***Covid 19*** donor conference in June. ***China***'s President Xi Jinping also said his country would provide a ***vaccine*** as a "global public good ".

All empty words? A global power struggle to develop a ***vaccine*** has long since broken out. It is reminiscent of the competition over which political system will be the first to succeed in landing on the moon. After all, the first to immunize its population will gain international prestige and be able to open its economy earlier than others. Instead of global solidarity and preferential treatment of the most needy, a kind of "***vaccination*** nationalism" and a distribution battle for the most promising ***vaccines*** is emerging even before clinical trials have been completed.

There are currently more than 155 Covid ***vaccines*** in development worldwide, 23 of which are being tested on humans. In Russia, progress in ***vaccine*** development is shown on state television. Two rounds of testing on soldiers are reported to have already taken place. In ***China***, too, a separate ***vaccine*** for the military is expected to have been approved at the end of June.

But the real powerful player is another: India. Because whoever finds the ***vaccine*** - to produce it cost-effectively, there is no way around India. The world's largest ***vaccine*** manufacturer in terms of volume is based there. Because of its production capacities, India is also known as the "pharmacy of the world ".

As the largest producer of generic drugs, i.e. drugs whose patent protection has expired, Germany and the EU are also dependent on India. This became clear recently when India curbed drug exports in March and April. One reason for this was that India receives 70 percent of all underlying active pharmaceutical ingredients from ***China*** - and there a strict lockdown slowed down production at that time.

On the other hand, India also deliberately decided to stop the export of the drug hydroxychloroquine after US President Donald Trump had propagated it as a possible Covid treatment. India produces 70 percent of the worldwide demand for the substance. With the export stop, the government secured its own needs.

The largest ***vaccine*** manufacturers are located in the USA and Europe: Merck, Sanofi, Pfizer and GlaxoSmithKline make the most sales. Less well known is the Serum Institute in Pune, India. It produces the world's largest volume of ***vaccines*** at low cost. Of the 1.5 billion ***vaccine*** doses produced annually by Serum Institute, 80 percent are exported. It is Unicef's largest ***vaccine*** supplier and produces 65 percent of the World Health Organization's needs for DPT (diphtheria, whooping cough and tetanus) and tuberculosis ***vaccines*** and 90 percent of its measles ***vaccines***. The recipes for the various ***vaccines*** are mostly from abroad.

The institute is also central to the production of a Covid ***vaccine***. Mass production is scheduled to start there in August. "We want to produce several hundred million doses by the end of the year," says Adar Poonawalla. The 39-year-old is head of the Serum Institute, which was founded by his father in 1966 and is still a family business. Although clinical trials have not yet been completed, the company plans to fill five different ***vaccine*** candidates into millions of pharmaceutical vials.

To this end, it has also signed a licensing agreement with the British pharmaceutical company AstraZeneca, which is developing the promising ***vaccine*** AZD1222 together with Oxford University. Hundreds of volunteers have already been vaccinated with it since April. According to the company, a finished ***vaccine*** could be available in September. Normally, the development of a ***vaccine*** takes at least four years. But because of the pandemic, speed is of the essence. This year, two billion doses of ***vaccine*** against the ***coronavirus*** are to be produced, half of them at the Serum Institute. As soon as the ***vaccine*** has been approved, it will then be supplied to developing and emerging countries; production facilities are currently being set up for Europe and the USA. If the ***vaccine*** is not approved, high losses are imminent: "We produce at risk," said Poonawalla.

India itself could urgently need a Covid ***vaccine***. More than one million people there have been proven to be infected. This puts India in third place worldwide after the USA and Brazil in terms of the number of cases. This also has to do with the high total population: 1.3 billion people live in India. But the number of new infections every day is alarming. Since the beginning of July it has risen to over 20,000, and the lockdown, which was lifted at the beginning of June, has now had to be reintroduced in some severely affected areas, such as parts of Mumbai and Delhi. Local media report of carelessly left corpses in hospital corridors. The fact that the country spends just over one percent of its gross domestic product on healthcare is now being dramatically felt.

To cope with the situation, India is not only producing ***vaccines*** from abroad, but is also trying to develop its own ***vaccines*** at record speed. According to the Indian Council for Medical Research (ICMR), two indigenous ***vaccines*** are about to be tested on humans. One of them comes from the Serum Institute. If successful, India also hopes for political benefits.

The global distribution battle has begun even before a promising ***vaccine*** is approved. Germany has already secured 400 million doses of the AstraZeneca Oxford ***vaccine*** as part of a newly formed ***vaccine*** alliance with France, Italy and the Netherlands; 100 million doses will go to the UK. The USA bought 400 million doses. ***China***, Brazil, Japan and Russia have also expressed interest, according to the company.

It is doubtful how useful this competition is. "We will only be protected if a large part of the world's population is vaccinated," says Maike Voss, an expert on global health issues at the Stiftung Wissenschaft und Politik. But according to Voss, being the first country or company to have a ***vaccine*** not only has advantages for the health protection of its own population, but also "financial and geopolitical" benefits.

At an EU donor conference at the beginning of May, 7.4 billion euros were raised for ***vaccine*** development and other Covid treatments. In June, a further six billion were added, 383 million of which came from Germany. "A lot of money is flowing. Whoever develops the ***vaccine*** first gains enormous prestige," says Voss.

In addition, the dependence on India and ***China*** during the global pandemic sparked a debate about realigning international supply chains. According to Voss, we want to become more independent of this, he said.

The USA had already made attempts to secure the exclusive rights to the ***vaccine*** from the German biotech company CureVac. Another example is the purchase of the drug Remdesivir, which is used for Covid diseases. "Despite the narrative of equality, it is more likely that rich countries will buy up a Covid ***vaccine***," says Voss. What's left of it would then be donated to poorer countries. This is far from global justice, he says, but reproduces "old power relations ".

So the winners of the fight are the usual ones. India, however, secures itself a share of the cake. The head of the Serum Institute, Poonawalla, announces for the ***vaccine***: "We have decided to give 50 percent to our country, India, and 50 percent equally to other nations."

Graphic

In addition to ***China***, Russia, Germany and the USA, India in particular is also researching a ***vaccine***. Adar Poonawalla, 39, (M.) heads the Serum Institute in Pune

In addition to ***China***, Russia, Germany and the USA, India in particular is also researching a ***vaccine***. Adar Poonawalla, 39, (M.) heads the Serum Institute in Pune

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Company: SANOFI SA (58%); GLAXOSMITHKLINE PLC (58%); PFIZER INC (58%)

The most powerful player in the battle for the vaccine; The country that was the first to develop a serum against the coronavirus is gaining influence in the ge....

Ticker: SNY (NYSE) (58%); SANF (BIT) (58%); SAN (PAR) (58%); GCVRZ (NASDAQ) (58%); GSK (NYSE) (58%); GSK (LSE) (58%); BIOC (EGX) (58%); PFZ (LSE) (58%); PFE (NYSE) (58%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (58%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (58%); SIC2834 PHARMACEUTICAL PREPARATIONS (58%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (58%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (58%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (58%); ***vaccineS*** (96%); BIOLOGICS MFG (91%); DRUG DESIGN & DISCOVERY (91%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); PHARMACEUTICALS INDUSTRY (91%); ACTORS & ACTRESSES (90%); BIOPHARMACEUTICALS INDUSTRY (90%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%); PRESCRIPTION DRUGS (89%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (78%); GENERIC DRUGS (78%); HEALTH DEPARTMENTS (78%); PHARMACEUTICALS PRODUCT DEVELOPMENT (78%); ***VACCINATION*** & IMMUNIZATION (78%); MANUFACTURING OUTPUT (73%); PUBLIC TELEVISION (72%); PLANT CAPACITY (69%); ARMED FORCES (67%)

Person: ANGELA MERKEL (79%); DONALD TRUMP (77%); XI JINPING (57%)

Geographic: EARTH'S MOON (57%); ***CHINA*** (93%); UNITED STATES (92%); EUROPE (79%); GERMANY (77%); RUSSIAN FEDERATION (75%); EUROPEAN UNION MEMBER STATES (68%)

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10 ***Hope for the spades against Covid-19; Two teams of researchers presented encouraging interim results from vaccine tests. What does this mean in concrete terms?***

Die Welt (English)

July 23, 2020 Thursday

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Section: SCIENCE; Pg. 20; No. 170

Length: 1385 words

Byline: Sarah Maria Brech

Body

The emergency aid coordinator of the World Health Organization congratulated: Mike Ryan spoke of a "positive result" after scientists from Oxford, UK, presented data from a test on more than 1000 volunteers on Monday on a possible corona ***vaccine*** from the AstraZeneca company. The data showed that the compound both induces an immune response and is safe, the researchers said.

Also on Monday, Chinese scientists of the developer CanSino published results of a so-called Phase 2 trial, i.e. the testing of a potential ***vaccine*** on a larger group of people. The researchers, who like the Oxford team published their results in the journal "The Lancet ", wrote that their ***vaccine*** also triggered an immune reaction and was safe. That sounds like two pieces of good news in one day. But what does it mean in concrete terms? The most important questions and answers.

How many ***vaccines*** are being tested?

Research is being carried out worldwide on more than 150 potential ***vaccine*** candidates against ***coronavirus***. 23 of them are already being tested on humans.

How does it work?

A ***vaccine*** is normally first tested on animals and then, in three phases, on humans, with the groups of test persons becoming larger and larger. Only if the substance proves to be both effective - i.e. induces a sufficient immune response in the body - and does not have any severe side effects, can an application for approval be submitted to the authorities. In Germany it is granted by the Paul-Ehrlich-Institute.

The US Food and Drug Administration (FDA) has made an exception in the case of Corona, allowing Moderna to test its ***vaccine*** on volunteers in parallel with animals. The FDA has also adapted its guidelines. In order to be approved in the USA, a ***vaccine*** against ***Covid-19*** would not have to protect everyone from infection, but would have to prevent infection or reduce the severity of the disease in at least 50 percent of those vaccinated.

Which ***vaccine*** candidates are promising?

Three teams of scientists are already in Phase 3 with their potential ***vaccines***: Sinovac and Wuhan Sinopharm from ***China*** and AstraZeneca from the UK. In addition, the developments of the Tübingen-based company CureVac, the Mainz-based company Biontech and its US partner Pfizer and the French company Valneva are also regarded as promising.

"It is not enough to protect 20 or 30 percent of the vaccinated people - that will not end this pandemic," Soumya Swaminathan, the chief scientist of the World Health Organization, describes the requirements in an interview with the news agency dpa. "We need a ***vaccine*** that provides about 70% protection and is safe. "

What must such a ***vaccine*** be capable of?

It must induce a specific immune defence of the body. The defence should work its way through the ***vaccine*** and thus be prepared when a real infection occurs. B-lymphocytes and T-lymphocytes work together. B-lymphocytes produce antibodies against the virus, T-cells specifically hunt the pathogens. Both cell types belong to the white blood cells and together they form the adaptive immune defence, which adapts to new pathogens.

The two ***vaccine*** candidates from ***China*** and Great Britain that have now been presented promoted both the production of antibodies and the development of T-cells.

What types of ***vaccines*** are available?

Until now, ***vaccines*** have consisted of greatly attenuated or killed pathogens that cannot be dangerous to the vaccinated person. Many ***vaccines*** that are being developed against the novel ***coronavirus*** work differently. These are genetic ***vaccines***. This means that one ***vaccines*** a kind of construction manual for a piece of virus. The body of the vaccinated person then produces a part of the virus itself, which he can train on.

The viral genome that is injected is encoded in DNA or RNA and packaged in tiny fat droplets or other harmless viruses. The latter type is known as a vector ***vaccine***, and researchers in Oxford, for example, are working on such a ***vaccine***.

How long will it take before they could be used?

Most experts estimate that it will take at least 12 to 18 months to develop a ***vaccine*** against ***Covid-19***. A few are more optimistic: Adrian Hill, Professor of Human Genetics at the University of Oxford, for example, believes that ***vaccines*** could be available by the end of the year.

AstraZeneca has started major trials in the UK, Brazil and South Africa and is preparing another trial in the USA. Biontech and Pfizer plan to start a study with more than 30,000 test persons at the end of July. If the study is successful and the ***vaccine*** receives regulatory approval, the companies plan to produce up to 100 million ***vaccine*** doses by the end of 2020. On Wednesday, the Brazilian health regulatory authority announced that it is approving a test from Biontech and Pfizer.

Who gets the ***vaccine***?

Germans have a good chance of being vaccinated quickly as soon as a ***vaccine*** is available. Germany, France, Italy and the Netherlands have set up a ***vaccination*** alliance that is working to ensure that ***vaccines*** are produced within the EU if possible. The four countries have already signed a contract with AstraZeneca for at least 300 million ***vaccine*** doses. They are also in talks with other companies. The German government has also invested 300 million euros in the Tübingen-based ***vaccine*** producer CureVac.

Does one become permanently immune after a ***vaccination*** (or after an infection)?

That is still unclear. A new, but as yet unpublished study by Chinese and German scientists on 327 corona patients from Wuhan comes to the conclusion that in many cases they have so many antibodies over a long period of time that a renewed infection with the virus can probably be fended off. In more than 80 percent of the patients, biologically active antibodies capable of rendering the virus harmless were still detected six months after their illness, said virologist Ulf Dittmer, Director of the Institute of Virology at Essen University Hospital. "I believe that it follows that we can assume immunity for at least some time after a disease that has been through," he said, adding that this could also mean that a ***vaccination*** could provide longer lasting protection - provided the ***vaccine*** is able to trigger similarly stable antibody responses as a ***Covid 19*** disease.

Earlier studies, on the other hand, dampened hopes of long-lasting immunity - and thus the long effectiveness of a possible ***vaccination***. Blood tests on patients in Munich, for example, showed that in some cases the antibody concentration decreased rapidly. Chinese researchers reported in the journal "Nature Medicine" that after two months, the antibodies decreased sharply, especially in patients with symptom-free course.

However, the values also fell in patients who actually became ill. Patients with few symptoms had also developed fewer antibodies.

WHO chief scientist Soumya Swaminathan stressed: "The fact that neutralizing antibodies disappear does not mean that immunity is gone. The different types of immunity against this virus are still being researched," she said, adding that there are also reports that T cells may play an important role in the defence against ***corona viruses***.

It is not unusual that ***vaccinations*** do not last for years, but need to be refreshed regularly, says Clemens Wendtner, head physician of the Department of Infectiology at the Munich Schwabing Clinic. It could also be the case with a ***Covid 19*** ***vaccine*** that you have to be regularly re-vaccinated, as with the influenza ***vaccination***.

Will the ***vaccine*** come in any case?

Unfortunately, there is no guarantee for this. Despite the encouraging interim results, none of the potential ***vaccines*** have yet reached the stage where they can be used. It is also possible that all projects will fail. However, many experts are now cautiously optimistic. "There is still a lot of work to be done before we can be sure that our ***vaccine*** can fight the ***Covid 19*** pandemic, but these initial results are promising," says Sarah Gilbert, ***vaccine*** developer in Oxford.

In addition to ***vaccines***, scientists are also investigating potential drugs against ***Covid-19***, one of which, Remdesivir, was approved by the European Medicines Agency at the end of June for the treatment of severely ill ***Covid-19*** patients. The drug, which was originally developed for the treatment of Ebola, can alleviate severe courses of the disease

Classification

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PUBLIC HEALTH (90%); RESEARCH REPORTS (90%); ANIMALS (89%); CLINICAL TRIALS (89%); HEALTH DEPARTMENTS (89%); PUBLIC HEALTH ADMINISTRATION (89%); UNITED NATIONS INSTITUTIONS (89%); ANIMAL EXPERIMENTS (78%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (78%); DISEASES & DISORDERS (78%); EPIDEMICS (78%); INTERIM FINANCIAL RESULTS (78%); PANDEMICS (78%); DRUG & MEDICAL DEVICES APPROVAL (77%); VOLUNTEERS (77%); INTERVIEWS (76%); CORONAVIRUSES (73%); VIRUSES (72%); US FDA REVIEW (70%); APPROVALS (69%)

Company: ASTRAZENECA PLC (58%); PFIZER INC (58%); ***CHINA*** NATIONAL PHARMACEUTICAL GROUP CORP (52%); VALNEVA SE (51%)

Organization: WORLD HEALTH ORGANIZATION (84%)

Ticker: AZN (STO) (58%); AZN (NYSE) (58%); AZN (LSE) (58%); PFZ (LSE) (58%); PFE (NYSE) (58%); VLA (WBAG) (51%); VLA (PAR) (51%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (58%); SIC2834 PHARMACEUTICAL PREPARATIONS (58%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (58%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (58%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (58%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (58%); PHARMACEUTICALS & BIOTECHNOLOGY (93%); PHARMACEUTICALS INDUSTRY (92%); ***vaccineS*** (92%); BIOPHARMACEUTICALS INDUSTRY (90%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); IMMUNOLOGY (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%); CLINICAL TRIALS (89%); HEALTH DEPARTMENTS (89%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (78%); DRUG & MEDICAL DEVICES APPROVAL (77%)

Geographic: OXFORD, ENGLAND (88%); WUHAN, HUBEI, ***CHINA*** (79%); UNITED STATES (91%); ***CHINA*** (90%); UNITED KINGDOM (88%); GERMANY (79%); FRANCE (51%)

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End of Document

11 ***The vaccine becomes a bioweapon; The corona vaccine is a geopolitical factor. Where does Europe stand?***

Die Welt (English)

August 5, 2020 Wednesday

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DIE WELT

Section: CULTURE; Pg. 22; No. 181

Length: 1305 words

Byline: Olivia Mitscherlich-schönherr

Body

In the development of the corona ***vaccine***, a global competition of biopolitical paradigms is taking place. Liberal Europe would do well to view this competition not only as a race between research-based pharmaceutical industries, but also as an ethical-political contest.

The United States and ***China*** have already taken clear political positions. Under the Trump administration, a liberal biopolitics in the United States is being shaped in a social Darwinian manner both internally and externally: as "Survival of the Fittest ". While Trump inwardly long dismissed the threat of the ***corona virus*** for the population as a threat of a "small flu" that could not harm the fit parts of the population, the USA outwardly made an early effort to exclusively secure the best biopolitical weapon in the global economic competition with the corona ***vaccine***.

In contrast, ***China*** is pursuing a paternalistic corona biopolitics both internally and externally. Inwardly, there is top-down government to ensure the survival of the national body and to monitor compliance with measures to combat the pandemic. The logical consequence of such a paternalistic corona domestic policy is a general obligation to vaccinate. To the outside world, ***China*** is emerging as a new colonial power: After initially supplying dubious-quality respirators to crisis areas with alleged generosity at horrendous prices, the world is now to recover from a Chinese ***vaccine***. This, too, will hardly be free of charge for the consumer countries, but will once again be an instrument to create political-economic dependencies. Against the background of the dramatic failure of the Social Darwinian Corona policy of the United States, the Chinese way is gaining increasing global acceptance due to its efficiency - despite the systematic curtailment of democratic freedoms.

And Europe? Europe is in danger of being crushed between the social-Darwinian laissez-faire of the USA and the paternalism of ***China*** - while it is politically squabbling over the amount of corona aid programmes and the linking of financial aid to legal standards, and is pursuing the development of the ***vaccine*** programme solely as a technical problem. In the tradition of the Enlightenment it would have to offer an alternative, political design of a liberal ***vaccination*** policy. On the eve of the National Socialist seizure of power, Helmuth Plessner summed up this alternative liberalism in competition with communist and fascist biopolitics in the concise formula: "Europe wins by giving birth ". Both internally and externally, such a liberating liberalism describes a biopolitics of releasing plural forms of life.

A "***vaccination*** domestic policy" aims at a comprehensive empowerment of the individual to self-determination in ***vaccination***: to a self-determined handling of ***vaccination*** as an instrument of care for one's own and others' health. The ***vaccine*** must be good for this. A ***vaccination*** policy that relieves the burden of disease therefore initially includes a science and health policy that - despite the current economic constraints - is oriented towards medical standards in the promotion of research and the approval of ***vaccines***. In this way, it ensures that shortening of testing and approval procedures, which could benefit the national economy, is not paid for by individuals with an increase in side effects or ***vaccine*** damage.

Furthermore, a ***vaccination*** policy that delivers is based on the knowledge that questions of ***vaccination*** are not merely medical, but always also ethical-normative questions: Questions of how we want to take care of our own health and the health of others in the face of epidemic threats. In the liberal tradition, a dispensatory ***vaccination*** policy leaves the answers to these questions to the individual and dispenses with a legally prescribed ***vaccination*** obligation. It thus draws the consequence from the finite nature of ethical knowledge: that we do not have any generally valid knowledge about questions of good living. In addition, a dispensatory ***vaccination*** policy takes into account the fact that individual ***vaccination*** decisions under concrete socio-cultural conditions are not self-determined per se, but can be subject to various forms of heteronomy.

For this reason, it takes measures to enable individuals to make self-determined ***vaccination*** decisions. It ensures that there is no indirect influence on individual ***vaccination*** behaviour, for example by requiring ***vaccination*** at public day-care centres or schools. It obliges the health care professions to provide comprehensive information about the side effects and risks of ***vaccination*** or of not vaccinating at all. And it promotes public debates on corona ***vaccination***, in which the arguments of ***vaccination*** opponents and ***vaccination*** advocates are heard - in order to achieve differentiated knowledge about ***vaccination*** as a tool for promoting shared health.

A liberating '***vaccination*** foreign policy' aims at a global empowerment of self-determination in ***vaccination***: at a self-determined handling of ***vaccination*** as an instrument of health care by the different cultures. In particular, this includes giving all countries - regardless of their financial strength - access to good ***vaccines***. A dispensatory '***vaccination*** foreign policy' is not about economic competitive advantages: neither through a 'Europe first' nor through a modern European colonial policy. It does not secure exclusive access to the ***vaccine*** and does not impose export bans on ***vaccines*** produced in its own country.

Instead, it is pursuing a reflected 'development policy'. It is aware of the dependence of national and European security on the stability of non-European countries - after all, the corona pandemic threatens to plunge numerous states into economic and political crises, which could arrive in Europe as new refugee crises. In other words, it knows that it pays off to make good ***vaccines*** available globally 'pro bono'. With its commitment to global access to good ***vaccines***, however, it is at the same time facing up to its own responsibility for the worldwide spread of the pandemic - after all, it has been able to spread so rapidly not least because of the globalised market economy, from which Europe benefits disproportionately.

The ***Covid-19*** ***vaccine*** Global Access (Covax) ***vaccine*** Alliance (***Covid-19*** ***vaccine*** Global Access) - founded by various organisations - is a suitable political instrument. Covax is a financing mechanism that all countries can join and within which richer and poorer countries purchase ***vaccines*** jointly from pharmaceutical companies and distribute them among themselves in proportion to their population size - not their financial strength. By joining the ***vaccine*** alliance on a voluntary basis, possible reservations about ***vaccination*** in other cultures are respected.

In the competition for the ***vaccination*** paradigms, liberal Europe can show itself to be superior to the social-Darwinian biopolitics of the USA and the paternalistic biopolitics of ***China*** - if it does not reduce the development and distribution of the ***vaccine*** to technical-administrative problems, but rather understands and pursues it as an ethical-political project: as a project with which Europe revives and 'exports' its own tradition of liberating liberalism. In this way, it would not be able to capitalize on the uncertainty of the Corona pandemic for its own power base; rather, it would still be under the conditions of the epidemiological threat to individual and cultural self-determination. Indirectly, the ***vaccination*** policy could at the same time spark a dynamic of ethical-political self-understanding,

which the European Union urgently needs - if it is not to break down because of its own economic and political disagreements.

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Industry: PHARMACEUTICALS INDUSTRY (90%); ***vaccineS*** (90%); DRUG DESIGN & DISCOVERY (89%); ***VACCINATION*** & IMMUNIZATION (89%); PHARMACEUTICALS & BIOTECHNOLOGY (78%); CHEMICAL & BIOLOGICAL WEAPONS (77%); HEALTH CARE POLICY (71%)

Geographic: ***CHINA*** (94%); UNITED STATES (94%)

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End of Document

12 ***China is the big winner of the crisis; The Asian country has so far been the big beneficiary of the pandemic, also and especially on the stock market. Soon nobody will be able to avoid shares from the Middle Kingdom. These ten companies are particularly interesting***

Die Welt (English)

August 5, 2020 Wednesday

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Byline: Frank Stocker

Body

Crises are often catalysts of historical upheavals. The plague epidemics in the Middle Ages were a decisive impulse for the economic rise of Europe. The Second World War sealed the end of the colonial empires. And the revolt of the 1968 movement led to an opening of society. But the Corona Pandmie could also accelerate a trend that had already been present for years: the rise of Asia and especially ***China***, politically, economically and on the financial markets.

The current developments already offer a first taste of this. No stock market is doing better this year than the Chinese. There are good reasons for this, which will continue to be effective in the long term. "There is no doubt that Asia, although the starting point of the pandemic, is emerging from the crisis as a big winner," says Olivier de Berranger, Chief Investment Strategist at the French fund company LFDE. "***China*** is on the path of a V-shaped recovery, while South Korea and Taiwan, to which the term 'emerging' increasingly applies, are exemplary in their handling of the crisis worldwide.

China's economy had suffered a dramatic collapse in the first quarter, with gross domestic product falling by around ten percent compared with the fourth quarter of 2019. But three months later this had already been made up for: In the second quarter, economic output rose by twelve percent, already higher than before the crisis. In Germany, Europe and the USA, this is not expected until the end of next year at the earliest. The figures from Taiwan are similarly good, with GDP in the second quarter just 0.7 percent below the previous year's figure. In South Korea, the figure was slightly worse at -2.9 per cent, but still far from the dramatic slumps in Europe and the USA.

"Asia has the pandemic largely under control, apart from a few hotspots of infection in India, Indonesia and the Philippines," note the analysts of the Japanese investment company Nikko. It is true that Singapore, South Korea and Beijing have repeatedly been the source of new infections. "But in the end, a combination of mask compulsion and traceability managed to contain the virus in such a way that the economy can normalize," this is also reflected in the development of the stock indices. The CSI 300 Index, which includes the Shanghai and Shenzhen stock exchanges, is now up nearly 17 percent compared to the beginning of the year - no other national index has performed better this year. The TAIEX in Taipei is up 5.9 percent, while the Kospi in Seoul is still up 3.2 percent.

Only the American S&P 500 is also up among the major indices. However, this is almost exclusively driven by the large IT and Internet stocks. If these are excluded, the US stock market has so far this year recorded a minus of more than six percent and thus performs even worse than the German stock index (Dax).

This is only a snapshot. But many investors are convinced that ***China*** will emerge stronger from the pandemic in the long term. "The country has proven to be an unexpected safe haven for many, not only during the ***Covid 19*** crisis, despite the trade war, virus containment and the strength of the dollar," says Emil Wolter, portfolio manager at the French fund company Comgest. "Rather, its importance for the global economy as well as on the stock markets is growing increasingly, while the Middle Kingdom is gradually becoming the center of important future trends.

For example, the number of patent applications is rising rapidly, and per capita, after South Korea, ***China*** has now overtaken Europe and the USA. "***China***, which was long considered a manufacturer of cheap mass products, is on a par with the developed countries in many areas of high-tech industry or has already passed them by," says Manqing Sun, an analyst at the rating company Scope. "The Chinese technology group Huawei is already one of the global market leaders in areas like 5G technology," she cites as an example.

Recently, however, the country's pharmaceutical companies have also shown that they can certainly keep up with the long-established pharmaceutical companies in the West in the development of a corona ***vaccine***, perhaps even beating them to the punch - the race is not yet over. But not least the financial market is also catching up globally. "For example, the market value of Chinese stock corporations is around three and a half times the value of all companies listed in Germany," says Sun. "In the MSCI Asia ex-Japan stock index, ***China*** has a 44 percent share. "

And this is by no means the end of the story. The investment bank J.P. Morgan, like almost all observers, expects this share to increase significantly in the coming years and it therefore predicts that Chinese equities will generate almost double-digit annual returns over a period of ten to 15 years.

However, of course shares are not the same in Asia and ***China*** - some will benefit more, others less. Comgest manager Wolter currently sees three stocks in particular at an advantage: the insurer Ping An, which is profiting from the growing middle class in ***China***, the gaming provider NetEase, which has experienced a significant upswing as a result of the corona crisis, and the Internet giant Tencent, whose focus is on social networks, gaming and FinTech services.

UBS analysts have a different approach to selecting the most promising stocks: they simply let the computers do the math. They use so-called quant models to find the most attractive stocks. In simple terms, the computers are fed with the analysts' current balance sheet figures, share prices and growth forecasts and these are then compared with historical developments. The result is a list of stocks that the model considers to be particularly profitable.

In Asia, the top 10 companies currently include eight Chinese and two Taiwanese companies. The latter two are both active in the semiconductor production sector, which naturally benefits from the trend towards networking. One of them, Mediatek, is even at the very top of the list. Most of the Chinese companies in the top 10 also have something to do with IT and the Internet - be it the Amazon counterpart Alibaba or the food delivery service Meituan Dianping. But two pharmaceutical companies are also on the list.

Only the country itself can actually prevent the rise of ***China*** and its corporations. "The lack of transparency among some actors in business and politics and the regular doubts about the credibility of the figures disseminated by the authorities are reducing confidence," warns Olivier de Beranger. Who knows, perhaps the next crisis will be a crisis of confidence - and change everything again.

Classification

China is the big winner of the crisis; The Asian country has so far been the big beneficiary of the pandemic, also and especially on the stock market. Soon nobo....

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Geographic: SHANGHAI, ***CHINA*** (79%); TAIPEI, TAIWAN (79%); BEIJING, ***CHINA*** (77%); SHENZHEN, GUANGDONG, ***CHINA*** (57%); SEOUL, KOREA, REPUBLIC OF (56%); EAST ***CHINA*** (79%); NORTH CENTRAL ***CHINA*** (79%); SOUTH ***CHINA*** (79%); ASIA (94%); ***CHINA*** (94%); KOREA, REPUBLIC OF (94%); UNITED STATES (94%); EUROPE (93%); TAIWAN (92%); INDIA (79%); INDONESIA (79%); PHILIPPINES (79%); SINGAPORE (79%); GERMANY (78%)

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13 *The myth of the run on Russia's vaccine; Moscow claims that 20 countries have already pre-ordered its new corona vaccine Sputnik V. A fact check raises doubts*

Die Welt (English)

August 13, 2020 Thursday

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Byline: Marc Pfitzenmaier

Body

The Russian announcement that it had approved the first effective corona ***vaccine*** made a big splash on Tuesday. President Vladimir Putin had stated that after less than two months of clinical trials, approval for the Sputnik V ***vaccine*** had been granted.

Shortly afterwards, Kirill Dmitriev, the head of the Russian sovereign wealth fund RDIF, followed suit: He said that purchase requests for one billion doses from 20 countries have already been received. There are international agreements to produce 500 million cans. A website set up by Dmitriev's RDIF specifically for the drug lists Mexico, United Arab Emirates, Saudi Arabia, Indonesia, the Philippines, Brazil, Mexico and India among the interested parties.

However, a fact-check leaves us in no doubt that the interest in the Russian ***vaccine*** is really that great. Only a few countries have so far made public statements about the substance, for whose effectiveness there is no scientific proof yet. As a result, researchers around the world are not yet able to assess the ***vaccine*** - an unusual procedure that has given rise to great scepticism.

Although Russia itself already considers Sputnik V to be safe, the drug is not on the list of the World Health Organisation (WHO), which lists ***vaccines*** that have reached the third and final phase of clinical trials. This final stage requires more extensive testing with thousands of volunteers.

In fact, only one head of state declared that he wanted to order the Russian ***vaccine***: the Philippine autocrat Rodrigo Duterte. The Philippines wanted the ***vaccine***. Duterte said he would have the first injection given to himself in public.

His statement followed an offer from Moscow to supply the ***vaccine*** to the Philippines. The Philippine Department of Health reportedly said it was in talks with the sovereign wealth fund RDIF about the quantity and establishment of manufacturing laboratories in the Philippines. However, it is as yet impossible to assess how resilient the statements of the head of state, who is controversial worldwide because of human rights violations, are. In Brazil, where the pandemic has already killed more than 100,000 people, there is also interest in the Russian ***vaccine***. However, the right-wing populist President Jair Bolsonaro was not the first to express interest, but the southern

state of Paraná. The government wants to hold talks on the production of the Sars-CoV-2 ***vaccine*** approved by Russia. For example, the government in Paraná announced that the governor would meet with the Russian ambassador in Brazil to discuss the terms of an agreement. However, any production agreement in Brazil requires the approval of the Anvisa health authority. The authority last said that it had not yet received an application for approval of the Russian ***vaccine*** and that it could not comment before data from the responsible laboratory was available.

The Pan-American Health Organization (PAHO) - Latin America's offshoot of WHO - confirmed that the ***vaccine*** should not be introduced in Brazil before Phase two and three trials are completed.

Another Latin American country, which ranks third in the world in terms of deaths with 53,000 corona victims, prefers to rely on offers from the US and ***China***, contrary to Russian announcements. Mexico's President Andrés Manuel López Obrador said his country has the money to get sars-CoV-2 ***vaccines*** as soon as they become available.

According to information from the Ministry of Foreign Affairs, Mexico is therefore planning final clinical trials for Sars-CoV-2 ***vaccines***, which are currently being developed by US and Chinese companies. As things stand at present, there is therefore no question of any serious interest - or a desire to buy - in the ***vaccine***.

India, which is also strongly affected by the ***corona virus*** and is the largest ***vaccine*** manufacturer in the world, has not yet officially confirmed the claim of Sputnik's makers. "The Economic Times ", one of the largest daily newspapers in the country, only refers to the press statement of the RDIF in a recent report.

All that was known from Saudi Arabia until recently was that a clinical trial with a Chinese ***coronavirus*** ***vaccine*** is planned. At least 5,000 volunteers are to take part in the trial, the English-language government newspaper "The National" reported on Monday, citing the Ministry of Health. Meanwhile, Bahrain will begin phase three trials of another ***vaccine*** developed in ***China***, which is already being tested in the United Arab Emirates. It is not known, however, that the Middle East states currently want the Russian ***vaccine***.

Russia's clinical trials, however, involve another country in the region: Israel. The Israeli Hadassah Medical Organization operates worldwide, including a clinic in Moscow. According to company boss Zeev Rotstein, the clinical studies there are currently in the final, third phase. If the tests are successful, the Israeli government could possibly declare a need. Health Minister Yuli Edelstein, for example, said his country was interested in talks with Russia about the ***vaccine***. Edelstein told reporters: "We have already arranged talks about the research centre in Russia and the development of a ***vaccine***. If we are convinced that it is an authentic product, we will try to enter into negotiations."

Mass production of the ***vaccine*** is expected to start in September 2020. It is planned to increase ***vaccine*** production to 200 million doses by the end of 2020, 30 million doses of which will be produced in Russia. Production is also planned in partnership with SWFs in other countries, including India, South Korea and Brazil, as well as Saudi Arabia, Turkey and Cuba.

Graphic

A laboratory employee is handling the new corona ***vaccine*** Sputnik V

Classification

The myth of the run on Russia's vaccine; Moscow claims that 20 countries have already pre-ordered its new corona vaccine Sputnik V. A fact check raises doubts

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Organization: WORLD HEALTH ORGANIZATION (73%)

Industry: ***vaccineS*** (91%); CLINICAL TRIALS (90%); PHARMACEUTICALS PRODUCT DEVELOPMENT (90%); HEALTH DEPARTMENTS (87%); DRUG & MEDICAL DEVICES APPROVAL (78%); MANUFACTURING (78%); ***COVID-19 CORONAVIRUS vaccine*** (73%); SOVEREIGN WEALTH FUNDS (72%)

Person: JAIR BOLSONARO (79%); RODRIGO DUTERTE (79%); VLADIMIR PUTIN (58%)

Geographic: MOSCOW, RUSSIAN FEDERATION (73%); PHILIPPINES (95%); BRAZIL (94%); MEXICO (92%); RUSSIAN FEDERATION (92%); INDIA (79%); INDONESIA (79%); LATIN AMERICA (79%); SAUDI ARABIA (79%); UNITED ARAB EMIRATES (79%); UNITED STATES (79%)

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14 ***China tests its vaccine abroad; Beijing and Moscow are ahead in the race for Covid protection, but there are problems. And where are the rivals from the USA, India and England? An overview***

Die Welt (English)

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Byline: Stefanie Bolzen

Maximilian Kalkhof

Pavel Lokshin

Daniel Friedrich Sturm

Christina Zur Nedden

Body

The expectations for a ***vaccine*** against the ***coronavirus*** are high. But it is already clear: Optimistic promises for a reliable serum before the onset of winter cannot be kept. In the middle of the political war between the great powers in East and West, each country is now facing its own problems. An overview of progress and regression in the most important countries.

China

In ***China***, the second wave seems to be almost over, the authorities have set up a gigantic testing apparatus. It is good news for the Chinese that the incidence of infection - around 91,000 cases have officially been reported in the country - has now been reduced to virtually zero. But it is bad news for ***vaccine*** development. It is not possible to find out whether a ***vaccine*** actually protects against infection. Chinese developers are therefore testing their ***vaccines*** in more than a dozen other countries, including Peru, Argentina, Brazil, Bahrain, Morocco, Saudi Arabia, Indonesia, Turkey and the United Arab Emirates.

In return, Beijing promises them preferential access to a ***vaccine***. Experts call this "corona diplomacy ", in reference to the "mask diplomacy" with which ***China*** staged itself as a savior in the spring by exporting masks and hospital staff all over the world. On the one hand, this "corona diplomacy" undermines Beijing's promise to provide a ***vaccine*** as a "global public good ". On the other hand, ***China*** is indeed engaged on the global stage. Recently, the

People's Republic joined the Covax Initiative, which, under the leadership of the WHO, promotes the development and distribution of affordable ***vaccines***. The USA is not participating, and in July Washington even withdrew from the WHO.

There are currently four Chinese ***vaccine*** candidates that are going through phase three, i.e. are already undergoing clinical trials. One each comes from the companies Sinovac and CanSino and two from Sinopharm. Nobody has an approval yet, but several hundred thousand people have already been vaccinated, especially soldiers and employees in state-owned companies, with reference to emergency rules of use. Experts criticize this because of medical risks.

Great Britain

What Boris Johnson doesn't say out loud is what his party friends say. "The Prime Minister has made a dangerous wager Before the economy finally collapses, he must have a ***vaccine***. This dependence makes him very vulnerable," says Steve Baker in an interview with WELT. The influential Tory deputy is one of those in the Conservative Party who are increasingly nervous about the government's debt. "At some point, the Bank of England will have to pull the plug because it can no longer help the people" How tight it will be for Johnson is shown by the decision taken a few days ago by the rating agency Moody to downgrade the UK's credit rating. According to Baker's assessment, the head of government believes that a ***vaccine*** must be found before this happens. No one can say how good the chances are of success in the near future. London is counting on at least three ***vaccine*** programmes under development.

To date, the most advanced is a ***vaccine*** from AstraZeneca, which the company is developing together with the University of Oxford. At the beginning of October, the European Medicines Agency Ema initiated an accelerated approval procedure for the active ingredient called AZD1222. However, Ema warned that it could take months before it could be used in humans.

The two other active substances, which the government hopes will soon be successful, are being developed at Imperial College London and by the company Novavax. Johnson has already pre-ordered 90 million ***vaccine*** doses months ago. This week, the government also announced the funding of a study in which 90 young male volunteers will be injected with the virus. The study will start in January. This method potentially allows researchers to develop a ***vaccine*** more quickly. However, the study has not yet been approved.

India

The country with its 1.3 billion inhabitants recently recorded 45,000 new infections per day - but this is the smallest increase in the past 90 days. Nevertheless, India is one of the countries most affected by ***Covid-19*** with currently almost 7.6 million cases and about 154,000 deaths worldwide. In July, the first phase of human testing for two ***vaccine*** candidates began with the aim of being ready for the market in time for Independence Day in mid-August. This target, which was probably politically motivated, could not be met; at present, both developments are still in the second test phase. "Indian ***vaccine*** candidates are as promising as others," says Professor Giridhara Babu, head of epidemiology at the Indian Institute of Public Health, WELT. Bharat Biotech, which is developing one of them called Covaxin, has already launched successful ***vaccines*** against the H1N1 virus, Japanese Encephalitis and Rotavirus.

Internationally, India is known above all as a low-cost mass producer of generics and ***vaccines***; the formulations come from abroad. The "Pharmacy of the World" produces 60 percent of all ***vaccines*** worldwide. When Bill Gates announced on Monday that there would be a ***Covid-19*** ***vaccine*** by summer 2021, he did not attribute a key role to India for nothing. "India's research and manufacturing capacity is critical to the fight against Covid, especially when it comes to large-scale ***vaccine*** production," Gates said at the Grand Challenges Annual Meeting, which brings

together decision-makers to address global health issues and at which India's Prime Minister Narendra Modi gave the opening address this year.

The most important player when it comes to production is the Serum Institute. The family-owned company in the West Indian city of Pune is the world's largest ***vaccine*** manufacturer in terms of ***vaccine*** doses. The Serum Institute cooperates with the US companies Novavax and Codagenix as well as with the British-Swedish pharmaceutical company AstraZeneca, among others. The CEO of AstraZeneca, Adar Poonawalla, told WELT in the summer that if AZD1222 is approved, the Serum Institute plans to distribute half of the one billion ***vaccine*** doses to India, the other half to the "rest of the world, especially developing countries ". A ***vaccine*** dose should not cost more than 225 rupiah (three euros), because otherwise many poorer Indians would remain unprotected. In a scientific survey conducted in slums in Uttar Pradesh, 36 percent of those questioned said they would only be vaccinated if the ***vaccination*** was free.

In the summer, Poonawalla still expected a ***vaccine*** to be ready for the market by the end of 2020. After a test person fell ill in England in September and tests were paused worldwide, he now expects the ***vaccine*** to be introduced in March 2021. 39-year-old Poonawalla emphasizes in the Indian media that pharmaceutical companies and governments are not creating enough production capacity. A worldwide double ***vaccination*** would require 15 billion ***vaccine*** doses. "As things stand today, it will take four to five years for the whole world to be vaccinated," he told the Financial Times.

USA

At the "end of the year ", possibly "before", there will be a ***vaccine***, says Donald Trump. In the news of a ***vaccine*** that has been successfully tested against side effects, he sees a glimmer of hope before the presidential election on November 3, in view of the sharp rise in the number of cases and miserable survey results. But time is running out for him. The head of the US CDC, Robert Redfield, referred to the summer of 2021 as the date for a public, widely available ***vaccination***. Trump disagreed, but instead put this fall in the question. Moncef Slaoui, chief scientific advisor to the government's internal ***vaccine*** project "Warp Speed ", tried to build a bridge for the president: He called the availability of a ***vaccine*** in October (before the election) possible, but extremely unlikely.

The political public in the USA has long been discussing how to deal with a possible - not yet clinically tested - ***vaccine***. Should one be vaccinated if Trump advises one to do so - or if the CDC, which is assumed to be weakened in the long term, recommends it? It has already lost a great deal of credibility, among supporters of Democrats and Republicans alike.

Distribution of the ***vaccine*** to 330 million Americans, one in ten of whom have no health insurance and tens of millions more who are not adequately insured, could take months. CDC Director Redfield argues the same. 700 million doses of ***vaccine*** will be available in late March, early April. But it will need April, May, June, possibly July to fully vaccinate the population. Meanwhile, one in five Americans would get vaccinated against Covid as soon as possible. The vast majority of citizens, 70 percent, are generally willing to be vaccinated. Only one in six (17 percent) is against it. However, most Americans, 50 percent, prefer to wait and see to rule out side effects. This is the result of a survey for the "Wall Street Journal" and the television station NBC.

Russia

President Vladimir Putin is reviving the Soviet state economy in his country: No fewer than three state-run companies are developing a ***coronavirus*** ***vaccine***. So far, Moscow's Gamaleja Institute for Epidemiology and Microbiology is leading the race. Its ***vaccine*** Sputnik-V is currently being tested in the third phase on around 40,000 volunteers - with reports accumulating that some of them were urged to participate as state officials.

The second ***vaccine***, EpiVacCorona, from the vector laboratory in Novosibirsk, where biological weapons were allegedly developed in the Soviet Union, was presented by Putin personally at a government meeting last week.

The official registration of EpiVacCorona with the health supervisory authority is "good news ", he said. The third ***vaccine***, developed by the Chumakov Centre of the Russian Academy of Sciences, is also imminent. The second test phase should be completed as early as November. According to Academy President Alexander Sergeyev, there should be no side effects.

The majority of the population has so far paid little attention to such success stories. According to surveys, more than 70 percent of Russians do not want to be vaccinated against the ***coronavirus***, neither with a domestic nor a foreign ***vaccine***. The fact that many Russian top politicians have already received the Sputnik V ***vaccination*** is apparently not convincing to them. In any case, Putin has not yet been vaccinated. His press spokesman merely said that the Kremlin head would, if necessary, report about it himself "as soon as he considers it necessary".

There are also doubts about Russia's ambitious plans to deliver the ***vaccine*** to the world. But the country will have difficulty meeting the needs of its own population. Previously, the state fund for direct investments, which finances the development of Sputnik-V, said that by the end of 2020, 30 million doses of the ***vaccine*** would be produced domestically, up to 170 million doses abroad. Industry and Trade Minister Denis Manturow recently described these figures as "nonsense" in an interview with the US business channel Bloomberg TV. In November, he said, 800,000 cans will be produced, and by spring 2021 it will probably be possible to produce 1.5 million cans per month. This illustrates the low capacities of the Russian pharmaceutical industry. For comparison: In July, Biontech and Pfizer announced that they would be able to produce approximately 100 million doses of their ***vaccine*** by the end of the year.

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Company: BANK OF ENGLAND (58%); ***CHINA*** NATIONAL PHARMACEUTICAL GROUP CORP (53%)

Industry: NAICS521110 MONETARY AUTHORITIES - CENTRAL BANK (58%); SIC6011 FEDERAL RESERVE BANKS (58%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (53%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (53%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (53%); ***vaccineS*** (93%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); BANKING & FINANCE (90%); BIOPHARMACEUTICALS INDUSTRY (90%); CENTRAL BANKS (90%); ***COVID-19 CORONAVIRUS vaccine*** (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%);

PHARMACEUTICALS INDUSTRY (90%); BIOLOGICS MFG (78%); DRUG DESIGN & DISCOVERY (78%); PHARMACEUTICALS PRODUCT DEVELOPMENT (78%); MORBIDITY RATES (75%); PRESCRIPTION DRUG AFFORDABILITY (73%); HOSPITALS (71%); CREDIT RATINGS (62%); FINANCIAL RATINGS (62%); FINANCIAL RATING DOWNGRADES (60%)

Person: BORIS JOHNSON (79%)

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15 *A corona vaccine is on the home stretch; vaccine from Oxford to be delivered to British hospitals soon*

Die Welt (English)

October 28, 2020 Wednesday

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DIE WELT

Section: SCIENCE; Pg. 20; No. 252

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Byline: Jens Lubbadeh

Body

Currently, around 170 laboratories worldwide are working feverishly on a ***vaccine*** against the ***coronavirus***. One of them is the so-called Oxford ***vaccine*** developed by the University of Oxford in cooperation with the British-Swedish pharmaceutical company AstraZeneca. It is now close to its first application.

According to the British newspaper "Mirror ", it is to be delivered to hospitals in England as early as next week. The newspaper quotes Adrian Hill, founder and director of the Jenner Institute at Oxford University, as saying that before Christmas, medical staff and high-risk patients can be treated with the ***vaccine*** called "ChAdOx1 nCOV-19" (also sometimes referred to as AZD1222) while Phase 3 testing is ongoing. Hill expects the ***vaccine*** to be approved around the turn of the year and to start vaccinating the general population in 2021. Matt Hancock, the UK Health Minister, said the ***vaccine*** was not ready yet, but he is preparing the logistics for a possible launch. He expects this to happen in the first half of next year.

So far, there is no ***vaccine*** on the market internationally. ***vaccines*** are only used in ***China*** and Russia, although clinical trials are still ongoing. The Oxford ***vaccine*** "ChAdOx1 nCOV-19" is the most advanced of all candidates. Phase 3 clinical trials are the final stage of testing a new drug or ***vaccine*** before regulatory approval. In this last phase, several tens of thousands of subjects are tested to determine whether the ***vaccine*** generates sufficient immune response and protects against disease or at least severe disease progression. It is also only with these high numbers of participants that less frequent side effects can be determined.

The ***vaccine*** candidates currently in Phase 3 include ***vaccine*** candidates from the German biotech company Biontech and its US partner Pfizer, a ***vaccine*** from the Belgian pharmaceutical company Janssen and the ***vaccines*** from the US companies Moderna and Novavax. In August, Russia was the first country in the world to approve a ***vaccine*** that had been tested on humans for less than two months and has not yet completed Phase 3. ***vaccines*** from the companies Sinovac, Sinopharm and CanSino are also already being used in ***China***, although they have not yet completed Phase 3. The Oxford ***vaccine*** is currently being tested on more than 20,000 people in the USA, Brazil, Japan, the UK and South Africa. The European Medicines Agency EMA is testing it in a so-called rolling review process. Data from the clinical trial are submitted and evaluated on an ongoing basis.

According to a report in the "Financial Times ", the "Oxford ***vaccine***" has produced a "robust immune response" in the elderly, the group at highest risk of severe Covid disease progression, and has triggered the production of

protective antibodies and T-cells. The results are expected to be published shortly in a scientific journal, as reported by the "Financial Times ". They complement the results of the Phase 1 and 2 tests already published in July in the scientific journal "Lancet", according to which the ***vaccine*** induced a "robust immune response" in 1077 healthy adults between 18 and 55 years of age.

Oxford University had started work on ChAdOx1 nCOV-19 in January 2020. It is a so-called vector ***vaccine***: Scientists have inserted the genome of the jagged spike protein from the envelope of the ***corona virus*** into an attenuated chimpanzee cold virus. The cells of an inoculated chimpanzee multiply the corona protein according to the genome blueprint and trigger an immune response from the body. In the event of a subsequent infection with the correct ***corona virus***, specific antibodies and T-cells of the vaccinated person then fend off the invading viruses and prevent disease.

In addition to vector ***vaccines***, other types of ***vaccines*** are currently being developed worldwide. These range from ***vaccinations*** with killed ***corona viruses*** or virus components to ***vaccinations*** with the genetic material of the pathogen. However, none of these ***vaccines*** will be able to provide 100 percent protection against the ***corona virus***. The World Health Organization WHO has formulated minimum standards for approval: According to these standards, a ***vaccine*** should not pose any health risks, protect half of the vaccinated persons from disease and provide protection for at least six months. The U.S. Food and Drug Administration (FDA) has announced that it will agree to this minimum requirement, while the European Medicines Agency (EMA) has not yet made any commitment. The regulatory authorities are guided by the standards for influenza ***vaccines***, which must offer protection of 40 to 60 percent for approval. ***Vaccinations*** against children's diseases achieve much higher levels of protection, for example 97 percent for measles. A ***vaccine*** against the ***coronavirus*** will therefore not end the pandemic, but at best slow its progress - which would already be a great success and could make further lockdowns unnecessary.

The EU has already concluded a framework agreement with AstraZeneca for the supply of ***vaccine*** doses. According to the Federal Ministry of Health, 54 million ***vaccine*** doses are attributable to Germany. According to Federal Health Minister Jens Spahn (CDU), this would initially be sufficient to vaccinate approximately 27 million people in Germany. AstraZeneca had to interrupt the testing of its ***vaccine*** in the meantime after a study participant in Great Britain developed symptoms of spinal cord inflammation at the beginning of September. However, the competent authorities concluded that the case was apparently not related to the potential ***vaccine***. In studies involving tens of thousands of participants, disease can also occur accidentally, regardless of ***vaccination***. AstraZeneca recently continued testing of ChAdOx1 nCOV-19.

There was also an incident in Brazil: the Brazilian health surveillance authority, Anvisa, reported that a study participant had died. However, he had not received the ***vaccine***, but the placebo. In drug and ***vaccine*** studies, one group is always given a sham drug and then the effect in the ***vaccination*** group is compared with the control group. According to the television station CNN Brazil, the deceased was a 28-year-old doctor from Rio de Janeiro who died because of complications related to ***Covid-19***. AstraZeneca pointed out that all necessary verification procedures had been followed. The study is ongoing.

The ***vaccine*** produced a robust immune response in older people

Classification

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A corona vaccine is on the home stretch; vaccine from Oxford to be delivered to British hospitals soon

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Company: ASTRAZENECA PLC (84%); PFIZER INC (58%); ***CHINA*** NATIONAL PHARMACEUTICAL GROUP CORP (53%)

Ticker: AZN (STO) (84%); AZN (NYSE) (84%); AZN (LSE) (84%); PFZ (LSE) (58%); PFE (NYSE) (58%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (84%); SIC2834 PHARMACEUTICAL PREPARATIONS (84%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (58%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (58%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (58%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (58%); PHARMACEUTICALS & BIOTECHNOLOGY (94%); PHARMACEUTICALS INDUSTRY (94%); ***vaccineS*** (93%); PHARMACEUTICAL PREPARATION MFG (92%); CLINICAL TRIALS (91%); BIOLOGICS MFG (90%); BIOPHARMACEUTICALS INDUSTRY (90%); CHEMICALS (90%); CHEMICALS MFG (90%); ***COVID-19 CORONAVIRUS vaccine*** (90%); DRUG & MEDICAL DEVICES APPROVAL (90%); HERBAL MEDICINE (90%); HOSPITALS (90%); MANUFACTURING (90%); BIOTECHNOLOGY INDUSTRY (89%); IMMUNOLOGY (89%); PHARMACEUTICALS PRODUCT DEVELOPMENT (89%); IMMUNOLOGIC FACTORS (78%); HEALTH DEPARTMENTS (76%); DRUG SAFETY REGULATION (75%)

Geographic: OXFORD, ENGLAND (94%); UNITED KINGDOM (92%); UNITED STATES (92%); ***CHINA*** (91%); RUSSIAN FEDERATION (87%); BRAZIL (79%); GERMANY (77%); ENGLAND (73%)

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16 Great Britain gets the Biontech vaccine first; The country receives 40 million doses of the vaccine. However, the country is not supposed to get all the available production

Die Welt (English)

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Byline: Anja Ettel

Body

Biontech and Pfizer have reached their goal: After a development period of only eleven months, Great Britain is the first country to approve the corona ***vaccine*** jointly developed by the two companies. However, this does not mean that Great Britain will receive all the ***vaccine*** doses that are available this year.

Rather, if approved, the ***vaccine*** will be made available to all countries that have signed contracts with Biontech and Pfizer in order to "ensure fair distribution ", as the company announced at the request of WELT. In total, Biontech and Pfizer plan to produce around 50 million ***vaccine*** doses this year. In the coming year it is already planned to produce 1.3 billion.

Great Britain has secured 40 million units of the ***vaccine*** within the framework of preliminary contracts. "We will bring as much ***vaccine*** as possible as quickly as possible to the individual countries that have signed contracts with us," confirmed Chief Production Officer Sean Marett on Wednesday at a press conference convened at short notice. "Not all the ***vaccine*** doses we have already produced are going to the UK. "

BNT162b2 is currently produced in a total of six factories. The most important bottling site in Europe is the Belgian city of Puurs, where Pfizer has a large site. From there, the ***vaccine*** doses for Great Britain are immediately loaded and sent on their way by truck and plane. Specially manufactured dry ice cases from Pfizer are to ensure adequate cooling along the entire route, as the ***vaccine*** has to be stored at Arctic minus 70 degrees. A higher temperature of two to eight degrees is also possible for five days at the destination, the company was told.

The ***vaccine*** doses are also tracked via GPS to ensure sufficient cooling, Marett continued: "Even if there are disruptions in the delivery route caused by the brexite, we will find a solution," said Biontech boss and co-founder Ugur Sahin, currently 800 to 900 employees are directly or indirectly involved in the production of the ***vaccine*** for the world.

The new site in Marburg, which the company only recently acquired, is also expected to make a significant contribution to annual production in the coming year. The ***vaccine*** for ***China***, for example, will also be produced in Marburg, said Sahin. "In total, the company has already signed ***vaccine*** supply contracts with more than ten countries, he said. With many others, contract negotiations are in the final phase, Sahin added.

The EU had secured 200 million ***vaccine*** doses in the framework of such a preliminary contract, with an option for 100 million more. On Tuesday, Biontech and Pfizer submitted an application for conditional marketing authorisation to the European Medicines Agency (EMA). If the agency gives the green light, the ***vaccine*** could also be used in the EU before the end of the year. A public hearing on the approval of the corona ***vaccine*** in the EU is scheduled for December 11. The authority is currently testing three ***vaccines*** according to the rolling review process. In this process, the supervisors receive the data from the clinical trials as soon as they are available and not only after the completion of the clinical trial phase.

By 12 January, the EMA also intends to decide on the ***Covid-19*** ***vaccine*** of the US biotech company Moderna, which has also submitted an application for conditional marketing authorisation to the authority. Worldwide, about 50 projects are currently undergoing clinical trials on humans. Biontech also announced its intention to publish comprehensive data from clinical trials in the coming days. Recently, there had been criticism that Biontech and Pfizer had previously only published press releases but not scientific studies on their BNT162b2 ***vaccine***. According to the company, the ***vaccine*** had shown an efficacy of 95 percent in clinical trials. For the group of over 64-year-olds, who are regarded as particularly at risk, the company estimated the effectiveness at 94 percent.

"We are very transparent with our data and want to publish our observations as soon as possible," said Özlem Türeci, Chief Scientific Officer and co-founder of the company. "One of the open questions to be clarified as soon as possible is how long the protection lasts after a ***vaccination***. The ***vaccine*** from Biontech and Pfizer is the first ***vaccine*** against ***Covid-19*** in the world developed to Western standards to receive emergency approval. It is also the first so-called mRNA ***vaccine*** ever approved worldwide.

However, Biontech has been working on ***vaccines*** based on this technology for many years, said Biontech CEO Sahin. Nobody has to worry that this technology is not safe.

Not all ***vaccine*** doses that we have already produced are going to the UK Sean Marett, Biontech

Classification

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Company: PFIZER INC (92%)

Ticker: PFZ (LSE) (92%); PFE (NYSE) (92%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (92%);

NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (92%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (92%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (92%); SIC2834 PHARMACEUTICAL PREPARATIONS (92%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (92%); ***vaccineS*** (94%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%); PHARMACEUTICALS INDUSTRY (90%); DRUG & MEDICAL DEVICES APPROVAL (89%); BIOLOGICS MFG (78%); DRUG AVAILABILITY (78%); MANUFACTURING FACILITIES (70%)

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End of Document

17 ***Thus the world inoculates; In record time, scientists have developed active substances that are supposed to immunize us and bring us back to normal life. Britain officially begins today, Tuesday. But many questions remain unanswered***

Die Welt (English)

December 8, 2020 Tuesday

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Byline: Stefanie Bolzen

Martina Meister

Stefan Schocher

Daniel Sturm

Jens Wiegmann

Uta Weisse

Pavel Lokshin

Virginia Kirst

Body

The British are leading the way in ***vaccination***, but approval processes for a ***vaccine*** are also underway in other countries. But who gets it first? Where is the ***vaccine*** administered? And does everyone want to be vaccinated? An international overview.

Great Britain

Because the delivery of the ***vaccine*** by the end of the year is less than hoped for, the nursing staff of old people's homes will be vaccinated as a priority. Caregivers in homes have the highest risk of dying from ***Covid-19***. The first batch from the Pfizer plant in Belgium reached British soil on Thursday evening. It is now being stored in a top

secret location and is to be distributed to 50 hospitals by Tuesday because they can store the ***vaccine*** at the required minus 70 degrees Celsius. As soon as new ***vaccines*** arrive that are easier to stockpile, the British government plans to set up up up to a thousand ***vaccination*** centres. The centralised system of the National Health Service (NHS) is logistically predestined for large ***vaccination*** campaigns. The list of priorities starts with nursing homes, NHS staff and people with serious pre-existing conditions. In the course of 2021, all people over 50 are to be vaccinated. According to a YouGov survey in mid-November, 67 percent of Britons would be vaccinated.Stefanie Bolzen

France

The ***vaccination*** is voluntary and free of charge for the French - just like in Germany. In a first phase, which is to start at the beginning of January at the latest, residents of old people's homes and their nursing staff are to be vaccinated with risk factors. Followed in phase two by people over 75, people over 65 with comorbidity and hospital and nursing staff over 50 or younger but with risk factors. It is expected that only in spring and summer there will be enough ***vaccines*** available to vaccinate in a third phase all medical care staff and employees of "vital industries" as well as persons between 50 and 65. In fourth place follow "fragile persons" such as homeless people, inmates of prisons or psychiatric institutions, employees working in closed rooms like slaughterhouses. In the final stage, all French people of legal age are entitled to ***vaccination***. Since the ***vaccination*** scepticism is extreme and only every second Frenchman wants to be vaccinated, head of government Jean Castex speaks of an "altruistic act" and appeals to the selflessness of the citizens. Martina Master

Austria

Vaccination will be carried out in three phases starting in January: Initially, residents and staff in old people's and nursing homes as well as people over 65 years of age will receive the ***vaccine***. In a further step of phase one, the ***vaccination*** would then be administered to staff in hospitals, health services and also to members of the risk group in general. Phase two, which begins in March, would include more people over 65, as well as staff in security and justice, schools and other educational institutions and critical infrastructure. In April, the nationwide ***vaccination*** of the general population will begin. The logistics behind this depend largely on the type of ***vaccine***. Initially, centralised actions such as ***vaccination*** routes, ***vaccination*** centres and mass ***vaccination*** campaigns in companies are planned, building on the mass testing of the population that has just begun. If a ***vaccine*** that does not have to be stored at high temperatures below freezing point becomes available in the near future, family doctors will also be involved. There are no widespread reservations against the ***vaccination*** in Austria. There are demonstrations and leaflets are distributed, but overall the opponents of the ***vaccination*** are much less coordinated than in Germany. Stefan Schocher

USA

In the USA, the estimated 21 million healthcare workers are to be vaccinated first. The three million Americans in nursing homes are also a high priority, according to the Advisory Committee on ***Vaccination*** Practices within the U.S. Centers for Disease Control and Prevention (CDC). The administration of outgoing President Donald Trump hopes to start ***vaccinations*** at the end of December. "We believe that 40 million doses of ***vaccine*** will be available by the end of the year," said spokeswoman Kayleigh McEnany, who speaks of a "Trump ***vaccination***. Earlier, McEnany had named "at least 100 million doses" as a target by the end of the year. Trump had once even speculated about ***vaccinations*** before the presidential election. At the same time, New York Governor Andrew Cuomo warned that the current ***coronavirus*** spike could last until January. Cuomo expects New York to receive the first shipment of ***vaccine*** doses by December 15. With this, about 170,000 people could be vaccinated. Meanwhile, American US municipalities are planning drive-through ***vaccination*** stations. Preparations for temporary ***vaccination*** centres are far less advanced than in Germany, for example. Almost six out of ten Americans are prepared to be vaccinated, according to a survey by the Gallup Institute. So far there have been no significant protests from opponents of the ***vaccination***. Daniel Sturm

China

On the day when Boris Johnson announced a mass ***vaccination*** for the British, Sun Chunlan, Deputy Prime Minister of ***China*** and member of the Politburo, urged care: "Mass production of ***vaccines*** requires scientific and thorough preparation, accurate data analysis, strict rules and international standards. There was satisfaction that Great Britain and the West need ***vaccination*** so urgently, while officially there are hardly any new infections and deaths in ***China***. In general, ***vaccination*** in the People's Republic seems to be more of a political than a medical issue; Beijing is more concerned with delivering many millions of ***vaccine*** doses around the world than with a clear national ***vaccination*** strategy. Behind this is also the desire to improve the image that has been badly tarnished by the outbreak of the pandemic in Wuhan and accusations of cover-ups. And so it is repeatedly emphasized that hundreds of thousands have already been vaccinated in more than a dozen countries, including Mexico, Egypt, Brazil and Turkey, as part of clinical trials, and that preparations are underway to ship tens of millions of doses around the world. The major manufacturers are Sinovac, Sinopharm and Cansino. In ***China*** itself, ***vaccination*** has been going on for a long time. In June first parts of the military, then in July Beijing approved an emergency program. In the cities of Jiaxing and Yiwu, for example, "high-risk groups" have been vaccinated, i.e. medical personnel as well as customs and airport employees; next in line are to be employees in the transport and logistics sector and those responsible for "essential processes in the city ". A ***vaccine***, which has not yet been approved (officially expected in the course of December), could also be purchased by any citizen with an "emergency" for the equivalent of 50 euros; nationwide, students going abroad were vaccinated free of charge. By November, an estimated one million Chinese had been vaccinated against the ***corona virus***. Jens Wiegmann

Sweden

Sweden, the country of the much-discussed European special path, has so far lacked a coordinated ***vaccination*** strategy. Although Sweden has contracts with various ***vaccine*** manufacturers, the individual national regions are responsible for carrying out the ***vaccinations***. It is with astonishment that we look to Germany, where, from the Swedish point of view, mass ***vaccination*** seems to be organised properly and quickly. State epidemiologist Anders Tegnell, on the other hand, gave a rather pessimistic forecast at a press conference of his health authority on Tuesday: "To lift all restrictions, we would probably need a very high ***vaccination*** rate, perhaps 60 to 70 percent. But that's hard to say, there are no data on this yet," says the man who, without any scientifically sound knowledge, had targeted herd immunity as recently as spring. Sweden plans to start ***vaccination*** in 2021, but does not expect the population to be widely protected before the summer. By international comparison, however, Sweden is otherwise a country with an extremely good ***vaccination*** rate. In 2019, for example, 97 percent of all two-year-olds were vaccinated against measles, and 95 percent of all school children had also received their second dose of the ***vaccine***. And adults also have good scores, although you have to contribute to the costs. Nevertheless, there is also a growing minority of opponents of the ***vaccine*** in Sweden, although there are still no measurable consequences such as more frequent measles outbreaks. There is also scepticism about the corona ***vaccine*** among the general population. Recently, the Novus survey institute found that a quarter of Swedes do not want to be vaccinated against corona, almost 87 percent of them for fear of side effects. Many remember the reports of reactions to the then new ***vaccine*** Pandemrix against swine flu in 2009. 60 percent of the population (9.3 million people at the time) were vaccinated in a major ***vaccination*** campaign initiated by Tegnell. As a result, 440 people, including children, developed narcolepsy, the so-called sleeping sickness. Uta Weisse

Poland

Warsaw has ordered 45 million doses of different ***Covid 19*** ***vaccines*** from Pfizer/ Biontech, Astra Zeneca and Johnson & Johnson. The first deliveries are expected at the end of January, according to Health Minister Adam Niedzielski. The ***vaccinations*** will be voluntary and free of charge. In the first instance, about 500,000 physicians and nurses will be vaccinated, which could take up to two months due to logistical challenges. After that, residents of old people's homes and elderly people in general will be vaccinated, and later on other state officials such as police officers. There will be a possibility to register online for the ***vaccination***. ***Vaccination*** will then be carried out

in special centres, after 21 days the ***vaccination*** must be repeated. However, the Poles remain sceptical. According to the latest survey by UCE Research and Syno Poland, only 40 percent want to be vaccinated. Pavel Lokshin

Russia

Kremlin leader Vladimir Putin has announced it: In a few days ***vaccinations*** with the Russian ***vaccine*** "Sputnik V" are to begin nationwide. Russia has already produced two million doses of the specially developed ***vaccine*** and can now vaccinate "if not on a massive scale, at least on a broad scale ", the Russian president said. At Putin's behest, doctors and teachers are to be vaccinated first. According to the Ministry of Health, the general population is to be given the opportunity to be vaccinated from January or February, presumably in the state clinics assigned to them according to their residential address. The Russian ***vaccine*** has not yet passed the third phase of testing. Opinion polls have not yet shown a stable majority in favour of ***Covid-19*** ***vaccination***. Depending on the survey, between 50 and 73 percent of those questioned reject the ***vaccination***. Doctors also have comparatively little confidence in "Sputnik V": Only 52 percent of them want to be vaccinated with it. Pavel Lokshin

Italy

In Italy ***vaccination*** is expected to start in the second half of January. The country has secured about 3.8 million doses from Pfizer/ Biontech and Moderna together, which is enough to initially vaccinate about 1.9 million people. Initially, these doses will primarily be given to people with a high risk of infection, such as health care workers and police officers, as well as risk groups, in particular elderly people. Franco Locatelli, a member of the Corona Expert Council, assumes that the number of doses available will increase so rapidly that the entire population will be vaccinated by late summer or early autumn. Initially, the doses will be administered directly in hospitals and nursing homes. Later, when more ***vaccinations*** are available, the population may also be able to get vaccinated in pharmacies and by family doctors. It is planned that a central information platform will record who was vaccinated, when and where. The government has not yet decided whether ***vaccination*** will be compulsory. However, a large-scale communication strategy is to convince doubters of the safety of the ***vaccination*** as a preventive measure, as a survey in mid-November showed that only a third of the Italians questioned wanted to be vaccinated as soon as possible. Virginia Kirst

Switzerland

Switzerland has secured a total of 9.3 million doses of ***vaccine*** from Astra Zeneca and Moderna and reserved a further three million doses from Pfizer/Biontech. ***Vaccination*** is expected to start at the end of January. The country's ***vaccination*** strategy has been in place since early December: It provides that risk groups and their close contacts are to be vaccinated first. This mainly affects Swiss people over 65 years of age, those with pre-existing conditions, their flatmates and healthcare workers. It is still unclear where the ***vaccinations*** will take place. It is probable that special ***vaccination*** centres will be set up, for example in exhibition buildings. A survey, however, says that currently only 53 percent of the population would be willing to be vaccinated voluntarily - a full 25 percent reject the ***vaccination*** altogether, and another 17 percent tend to do so. A compulsory ***vaccination*** would be possible on the basis of the Epidemic Law, but is not planned, according to Minister of Health Alain Berset. Instead, the Swiss government wants to rely on voluntariness and to educate and convince doubters in information talks. Virginia Kirst

Classification

Language: ENGLISH

Publication-Type: Newspaper

Thus the world inoculates; In record time, scientists have developed active substances that are supposed to immunize us and bring us back to normal life. Britai....

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Subject: ***vaccineS*** (93%); ***VACCINATION*** & IMMUNIZATION (91%); HERBAL MEDICINE (90%); NATIONAL HEALTH INSURANCE (90%); NURSES & NURSING (89%); SENIOR CITIZENS (89%); DEATH & DYING (79%); HEALTH CARE PROFESSIONALS (76%); ***COVID CORONAVIRUS*** (74%); ***COVID-19 CORONAVIRUS*** (73%); HEALTH DEPARTMENTS (73%); INFECTIOUS DISEASE (73%); HOMELESSNESS (70%); PRISONERS (50%)

Company: PFIZER INC (90%)

Ticker: PFZ (LSE) (90%); PFE (NYSE) (90%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (90%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (90%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (90%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (90%); SIC2834 PHARMACEUTICAL PREPARATIONS (90%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (90%); ***vaccineS*** (93%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); ***VACCINATION*** & IMMUNIZATION (91%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); NATIONAL HEALTH INSURANCE (90%); PHARMACEUTICAL PREPARATION MFG (90%); PHARMACEUTICALS INDUSTRY (90%); NURSES & NURSING (89%); NURSING & RESIDENTIAL CARE FACILITIES (89%); HOSPITALS (88%); DRUG AVAILABILITY (78%); HEALTH CARE PROFESSIONALS (76%); HEALTH INSURANCE (76%); NURSING HOMES (76%); HEALTH DEPARTMENTS (73%); LONG TERM HEALTH CARE (72%); ANIMAL SLAUGHTERING & PROCESSING (69%)

Geographic: UNITED KINGDOM (93%); FRANCE (90%); GERMANY (79%); BELGIUM (57%)

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End of Document

18 *"We're not trying to hide anything"; Emer Cooke, head of the European Medicines Agency EMA, about the approval of Covid-19 vaccines and the fight against conspiracy theories around the vaccination*

Die Welt (English)

December 9, 2020 Wednesday

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Section: ECONOMY; Pg. 10; No. 288

Length: 1493 words

Byline: Anja Ettel

Body

After the approval of the first ***Covid 19*** ***vaccine*** in Great Britain, the pressure on Europe's supervisors to reach a decision quickly is increasing. Nevertheless, it is not a question of speed, but above all of safety, says the new head of the European Medicines Agency (EMA), the Irish pharmacist Emer Cooke. A citizens' dialogue this week will help to educate the public about ***vaccination*** against the pandemic.

In an interview with WELT and other partner newspapers of the Leading European Newspaper Alliance (LENA) from six European countries, Europe's top drug watchdog, who has been in office for just four weeks, has for the first time asked herself some important questions in advance.

WORLD:

Their authority plans to issue a verdict on the ***vaccine*** from Pfizer and Biontech on December 29. So can we still expect approval this year?

Emer Cooke:

We will be holding an extraordinary meeting that day to discuss Biontech and Pfizer's ***vaccine***. Our panel of experts is already meeting this week to clarify important questions in advance. Much of the work is currently being done in parallel in order to reach a decision as quickly as possible.

Biontech is doing this more quickly than with the ***vaccine*** produced by the US company Moderna. Why is that?

We are faster with the Biontech ***vaccine*** because we have been evaluating a lot of data on this ***vaccine*** since 6 October as part of our rolling review process. Should we come to the conclusion on December 29 that the advantages of this ***vaccine*** outweigh any possible risks, we would recommend conditional marketing authorization. After that, the EU Commission would have to give its official approval so that the ***vaccination*** would then actually be approved. Only then would the ***vaccination*** actually be approved here. Brussels has already announced that it will decide within a few days after our judgement. Whether this will be this year or next year is not in our hands.

In Great Britain, the ***vaccine*** from Biontech and Pfizer is already being vaccinated in the meantime thanks to an emergency approval. Were the British medical supervisors too fast - or were you simply too slow?

Let me put it this way: What we're talking about here in the EU is conditional marketing authorization. We only grant this if we are sure that the product is safe, of high quality and effective. If we know that it can be produced in a consistent quality and really benefits the population in the EU. Conditional marketing authorisation is therefore about a product authorised according to strict rules. Emergency approval, on the other hand, is the permission to use a product that has not yet been officially approved for a certain period of time.

Nevertheless, how great is the political pressure to follow suit quickly?

The approval process for drugs in Europe is completely independent. We feel no political pressure whatsoever. This is about science, not politics. However, we are very conscious of our responsibility towards the population. We feel pressure there. It is our duty to do a good job.

Nevertheless, the rapid pace of development of ***vaccines*** against ***Covid-19*** is causing many people concern.

Everyone should be aware that the pace is fast, but at the same time the available information is much more comprehensive than usual. More than 30,000 people have been vaccinated in each of the clinical trials. This is considerably more than was the case with many other products that have long been approved. In view of the huge amount of data on ***Covid-19*** ***vaccines***, it is therefore possible to draw conclusions on safety and efficacy even though everything happened so quickly. And the studies are continuing.

Nevertheless, there are crude conspiracy theories circulating about the ***vaccines***. How does that concern you?

It's a challenge we have to face. All the more reason for us, as the EMA, to be transparent with the data. I want the public to know That we're not trying to hide anything. That is precisely why we are also launching a citizens' dialogue on ***vaccination*** on 11 December. We must do everything in our power to combat the misinformation. The media are also called upon to do so.

What can actually still go wrong in the last few metres before approval?

We are currently checking the documentation of the clinical trials, and we are doing this as thoroughly as always. Our experts here at the EMA and from the 27 EU states are all involved in this approval process and they still have many questions. Before we make our judgement, we want to make sure that we get sufficient answers. I do not want to pretend to know which side effect could lead to an out. It is not up to a single person to do that. What is important is that our ***vaccine*** experts are satisfied with the product. If they're not, there will be reasons. And then we will make those reasons transparent.

From a safety perspective, it will be particularly difficult in the future to find out whether the ***vaccine*** or the underlying disease is responsible for the death of elderly people who fall ill or even die after a ***Covid 19 vaccination***. How do you plan to achieve this?

This will definitely be one of the biggest challenges once the ***Covid-19*** ***vaccines*** are distributed. We've already worked out a number of measures to ensure that safety. These include a requirement for the manufacturers to report all serious side effects to us. In addition, the companies must report to us every month for a year on the effectiveness and safety of the ***vaccines***. Normally they only have to do this every six months. We will also analyse the reports of such serious adverse reactions in their respective contexts in order to be able to assess as quickly as possible which consequences are due to the ***vaccinations*** and which are not.

How worried are you about deciding whether to approve a completely new type of ***vaccination***? So-called mRNA ***vaccinations*** have never been available worldwide until last week.

Everybody is more cautious about new technologies than is the case with established methods. But I am quite confident in view of the data and analyses collected so far. If there were serious problems with these ***vaccinations***, we would have seen them long ago. Most side effects occur four to six weeks after ***vaccination***.

But how can you decide whether or not to authorise a ***vaccination*** if you do not even know whether people who have already been vaccinated are still carrying the virus?

Indeed, there are a lot of questions that we still have to answer. This is one of them, and it is closely linked to the question of how long the ***vaccination*** will last. We will only know when the studies are completed. These are already underway. What we do know for sure at the moment is that the ***vaccinations*** are initially very effective.

When will there be the first ***vaccination*** for children?

The companies are already working on the relevant studies to prepare for this. So far, we have mainly focused on the elderly because they are particularly at risk from ***Covid-19***. It is very unusual for new ***vaccines*** to be tested so intensively on the older population. But in this case it was and is necessary. Nevertheless, in the long run, it is of course not possible to exclude the children in order to achieve good herd immunity.

How should the ***vaccine*** be distributed after approval - what do you recommend to governments?

That is for the governments in the respective countries to decide. But everyone should know: The ***vaccine*** is not the one magic bullet that will bring everything back to normal immediately. There won't be enough ***vaccines*** in the beginning, so countries will have to decide who to protect first. The previous measures such as mask, distance and hygiene will still be necessary.

So we will not get rid of the mask in 2021 either?

That is not for me to decide. That is up to the governments of the respective EU countries. The EMA is based in Amsterdam - we are guided here by what the government of the Netherlands tells us to do.

Russia and ***China*** have also developed ***vaccines***. Are you already in contact with these manufacturers?

If a manufacturer from ***China*** or Russia asks us to approve a ***vaccine***, we will of course look at the data. And if this data meets our criteria, we also grant approval. So far, however, we have received no such request from either Russia or ***China***.

When you applied for the chief position at the EMA, there was no ***Covid-19*** yet. How did you fare in your first four weeks in office?

The pandemic was actually not foreseeable at the time of my application. Nevertheless, I feel sufficiently prepared. I was previously with the World Health Organization and since February I have been working almost exclusively with ***Covid-19***. The experience gained during the swine flu outbreak in 2009 and the Ebola outbreak in 2014 is now proving to be very valuable. It is definitely a challenging time - but also a good opportunity to prove that we are doing everything we can to protect the health of citizens.

Graphic

Emer Cooke is the first Director of the European Medicines Agency since November. The graduate in pharmacy previously worked for the EU Commission and the World Health Organisation (WHO)

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Company: PFIZER INC (92%)

Organization: EUROPEAN MEDICINES AGENCY (93%); WORLD HEALTH ORGANIZATION (84%)

Ticker: PFZ (LSE) (92%); PFE (NYSE) (92%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (92%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (92%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (92%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (92%); SIC2834 PHARMACEUTICAL PREPARATIONS (92%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (92%); ***vaccineS*** (93%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); CHEMICALS (90%); CHEMICALS MFG (90%); ***COVID-19 CORONAVIRUS vaccine*** (90%); DRUG & MEDICAL DEVICES APPROVAL (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%); PHARMACEUTICALS INDUSTRY (90%); ***VACCINATION*** & IMMUNIZATION (90%); BIOLOGICS MFG (78%); PRODUCT SAFETY (77%)

Geographic: BRUSSELS, BELGIUM (78%); EUROPE (93%); EUROPEAN UNION MEMBER STATES (93%); UNITED KINGDOM (93%); BELGIUM (79%)

Load-Date: December 9, 2020

End of Document

19 # China's secret vaccine; Europe is waiting for his vaccine. The Beijing-based manufacturer Sinovac, on the other hand, is already supplying millions of doses worldwide - this has been calculated

Die Welt (English)

December 10, 2020 Thursday

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Byline: Jan Klauth

Body

Biontech and Pfizer, Moderna, Astra Zeneca - the leading Western manufacturers of ***vaccines*** against ***Covid-19*** have been the focus of worldwide interest for months. In contrast, the Chinese company Sinovac has received surprisingly little attention so far. Yet its ***vaccine*** is said to have already been inoculated hundreds of thousands of times in the Chinese - according to information from Sinovac. According to the company, 300 million doses are to be produced in December, followed by 600 million in 2021. This cannot be verified. The authoritarian surveillance state hardly allows any journalists into the country, let alone work freely. An inquiry from WELT to Sinovac remained unanswered. Nor has an application for approval of the ***vaccine*** been submitted to the European Medicines Agency (EMA).

However, the Chinese ***vaccine*** has long been the subject of an international run: ***China*** has concluded supply contracts with populous countries such as Brazil, Turkey and Indonesia, according to their health authorities. Last Sunday, a machine with one of the first large deliveries with 1.2 million doses landed in the Indonesian capital Jakarta. Especially in countries with hot climate and poor infrastructure the Chinese have great advantages with their ***vaccine***: Unlike the Biontech ***vaccine***, the Sinovac ***vaccine*** does not have to be cooled at Arctic temperatures. The liquid can be kept for up to three years; between two and eight degrees Celsius should be sufficient, writes Sinovac.

While many countries want to vaccinate as large a proportion of their population as possible in order to achieve herd immunity, information about ***China***'s ***vaccination*** policy for their own country is scarce. Medical personnel and the military are reportedly to be vaccinated. But whether Beijing also wants to achieve herd immunity for its approximately 1.35 billion citizens is not clearly communicated - ***China*** has hardly recorded any new infections for months anyway. The majority of Sinovac doses could therefore be intended for export.

There are probably also major economic policy interests behind this. "***China*** does nothing purely out of humanitarian aid. The country got off to a very bad start in the Corona crisis and is now trying to eradicate it," says Heribert Dieter, ***China*** researcher at the German Institute for International and Security Affairs (Stiftung Wissenschaft und Politik). "Emerging countries like Indonesia are undecided about which camp to choose in the conflict between ***China*** and the Western states. With the ***vaccine***, the People's Republic now wants to make an

important impact on them by presenting itself as a responsible partner," says Dieter, who until recently was a visiting professor in Hong Kong.

How much the Sinovac ***vaccine*** costs has not yet been made public, the company itself does not give any figures. However, it can be assumed that Sinovac is offering its ***vaccine*** at a much lower price than the ***vaccines*** offered by the leading mRNA manufacturers. Especially for emerging markets, the prices of these novel ***vaccines*** are too high. For example, the Biontech ***vaccine*** costs almost 20 dollars per dose in the USA. The EU pays 15.50 euros. Astra Zeneca's ***vaccine*** is considerably cheaper at around four dollars per dose. However, the company has recently come in for a lot of criticism, in part because previous studies have shown that the ***vaccine*** is far less effective than that of its two competitors.

But it is not only the prices that are a problem. Another problem is the limited production capacity. The three leading Western suppliers to date are expected to provide between three and four billion doses together in 2021 if things go well - although two are needed per person. Regardless of price, this is not enough to vaccinate 60 to 70 percent of the world's population. "***China*** is a superpower that exerts pressure, but on the other hand makes a good offer. The pragmatic attitude of buying the affordable ***vaccine*** is not necessarily wrong," says economist Dieter. However, it is still unclear how effective the Sinovac ***vaccine*** really is. The manufacturer states the effectiveness as 92 to 97 percent. A very good result - actually. But Sinovac has not yet published complete and validated data on the third and decisive phase. The information the pharmaceutical company is disclosing is mainly from a study conducted by the Provincial Center for Disease Control and Prevention in Hangzhou. The study, which has been running since April, was funded by the National Science and Technology Programme in Beijing. An independent review outside ***China*** has not yet been conducted.

Sinovac was founded about 20 years ago and is based in an industrial area in northern Beijing. However, the company is not the only Chinese developer of a ***Covid-19*** ***vaccine***. No fewer than four producers have carried out large-scale tests in recent months - mainly in Brazil and Pakistan. For example, the ***vaccine*** from the state-owned company Sinopharm is soon to be administered in ***China*** as part of an emergency program. According to the United Arab Emirates Ministry of Health, the effectiveness of the ***vaccine*** is 86 percent. However, according to the current status, mass ***vaccinations*** within the country will probably remain an exception. Other countries are taking up the cause all the more courageously. The United Arab Emirates was the first country to approve the Sinovac ***vaccine*** for emergency use by medical personnel and government officials in September.

Like its Western competitors, Sinovac also receives generous subsidies for larger production capacities. The company recently announced that Hong Kong-based pharmaceutical company Sino Biopharmaceutical is investing around 500 million dollars. In return, Sino Biopharmaceutical will receive around 15 percent of the company shares.

In recent years, Sinovac has been involved in the development of several influenza and hepatitis ***vaccines***. In 2009, the company received the first approval for a swine flu ***vaccine*** worldwide. Around this time, however, the company was paying bribes, as the Washington Post has now revealed. Founder and CEO Yin Weidong admitted to having paid more than $83,000 in bribes to a drug regulatory official who oversaw the ***vaccine*** trials from 2002 to 2011. He admitted to having expedited certifications of Sinovac. Sinovac confirmed the bribery case, but Weidong was not accused: he is still in office and also supervises the corona ***vaccine***. The official, however, was sentenced to a decade in prison in 2017 for accepting funds from seven other companies.

Sinovac has not yet commented on the latest revelations in the US newspaper. This is one of the reasons why there is scepticism in Brazil, where the ***vaccine*** is to be widely used. João Doria, the governor of the twelve million metropolis of São Paulo, already wants to be vaccinated without waiting for the approval of the health authorities. He praised the Chinese ***vaccine*** in high tones. President Jair Bolsonaro, on the other hand, said on Twitter that he did not want to turn the Brazilians into "guinea pigs". For weeks Bolsonaro and his former supporter Doria have been at loggerheads over this.

Turkey has also placed a large order with the Chinese: According to a government release, 50 million cans have been ordered. But many Turks are still sceptical. In order to promote trust, the Turkish Minister of Health, Fahrettin Koca, announced that the Sinovac ***vaccine*** would be administered publicly in the coming days.

Graphic

A Sinovac employee tests a sample of the ***Covid 19*** ***vaccine***. It is unclear how effective the ***vaccine*** is, as not all data have been published yet

Classification

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Company: PFIZER INC (91%); ASTRAZENECA PLC (58%)

Organization: EUROPEAN MEDICINES AGENCY (56%)

Ticker: PFZ (LSE) (91%); PFE (NYSE) (91%); AZN (STO) (58%); AZN (NYSE) (58%); AZN (LSE) (58%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (91%); SIC2834 PHARMACEUTICAL PREPARATIONS (91%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (91%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (91%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (91%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (91%); MANUFACTURING (92%); ***vaccineS*** (92%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); PHARMACEUTICALS INDUSTRY (91%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); PHARMACEUTICAL PREPARATION MFG (90%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (79%); DRUG & MEDICAL DEVICES APPROVAL (78%); HEALTH DEPARTMENTS (78%); ***VACCINATION*** & IMMUNIZATION (78%); WRITERS (75%); DRUG PRICES (74%)

China's secret vaccine; Europe is waiting for his vaccine. The Beijing-based manufacturer Sinovac, on the other hand, is already supplying millions of doses wor....

Geographic: BEIJING, ***CHINA*** (88%); JAKARTA, INDONESIA (87%); NORTH CENTRAL ***CHINA*** (92%); ***CHINA*** (95%); INDONESIA (93%); EUROPE (79%); HONG KONG (79%); GERMANY (77%)

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End of Document

20 The recipe for success of the vaccination world champions; The United Arab Emirates and Bahrain vaccinate faster and more efficiently than many other countries. This would not be possible without China

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Body

Tel Aviv and Berlin

On Nov. 3, Sheikh Mohammed bin Rashid al-Maktum tweeted a picture of himself getting a shot. To which the vice president of the United Arab Emirates (UAE) wrote: "The future in Dubai keeps getting better." At least as far as the Gulf monarchy's Corona ***vaccination*** campaign is concerned, he should be right.

The Emirates have already vaccinated around eleven out of every 100 inhabitants. Germany, on the other hand, has only 0.64 vaccinated people out of 100. In first place in Oxford University's "***Vaccination*** World Ranking" is Israel (21 out of 100 inhabitants vaccinated). Second place goes to the Emirates, third place to Bahrain, another Gulf monarchy. There, an average of five out of 100 inhabitants are vaccinated. In Europe, the fastest countries, Great Britain and Denmark, are not even half as effective.

Why are the Gulf states so effective? One reason is certainly their relatively small area and the fact that the population is concentrated in a few centres. This makes it easier to distribute the ***vaccine***. But the key factor is the ***vaccine*** itself. While Europe and the US have so far relied mainly on the "Western" ***vaccines*** from Biontech/Pfizer and Moderna, the Emirates and Bahrain have ordered from ***China***, and very early on.

The UAE was the first state to approve the Chinese Sinovac ***vaccine*** for emergency use by medical personnel and government officials - back in September. Then, in early December, when most states had not yet started vaccinating, the Emirates and Bahrain gave approval to a second Chinese ***vaccine***, Sinopharm. That was "a significant vote of confidence by the Emirates' health authorities in the safety and efficacy of this ***vaccine***," wrote WAM, the UAE's state news agency.

The extent of this confidence in the drug is shown by the fact that the Emirates and Bahrain have even participated in the clinical trials. A total of four Chinese producers have been working on a ***Covid-19*** ***vaccine*** - in some cases with millions in funding from the state. The problem: There are only a few Corona cases left in ***China*** - but the final

test phase must be carried out in places with as many diseases as possible. ***China*** therefore turned to other countries - including the Gulf States.

WAM reported that the Sinopharm ***vaccine*** had been tested on 31,000 volunteers and that there were no serious safety concerns. The Emirates certified the Chinese product as 86 percent effective. Bahrain came up with the same figure. The monarchies did not disclose more information, such as side effects. There was also no transparent data or interim results of the studies from ***China***, as is normally the case in drug approval procedures.

Only about the effectiveness, the pharmaceutical company Sinopharm now announced that this was below the 86 percent measured in the Gulf States and only 79.34 percent. Sinopharm is thus less effective than Biontech/Pfizer and Moderna. Compared to its Western competitors, however, the Chinese ***vaccine*** has decisive advantages: In contrast to ***vaccines*** based on mRNA technology, it relies on the classical method of triggering an immune response through killed coronaviruses. This means that the Sinopharm ***vaccine*** does not have to be cooled at minus 70 degrees; temperatures of minus two to minus eight degrees are sufficient. In addition, ***China*** can produce and supply relatively quickly.

The Gulf monarchies do not disclose how much ***vaccine*** they have. "His Majesty King Hamad bin Isa al-Chalifa has ordered that the ***vaccine*** be provided free of charge to all residents, and we are aiming to have enough to vaccinate everyone," they say only from Bahrain. There, in addition to Sinopharm, ***vaccination*** is also carried out with Biontech/Pfizer.

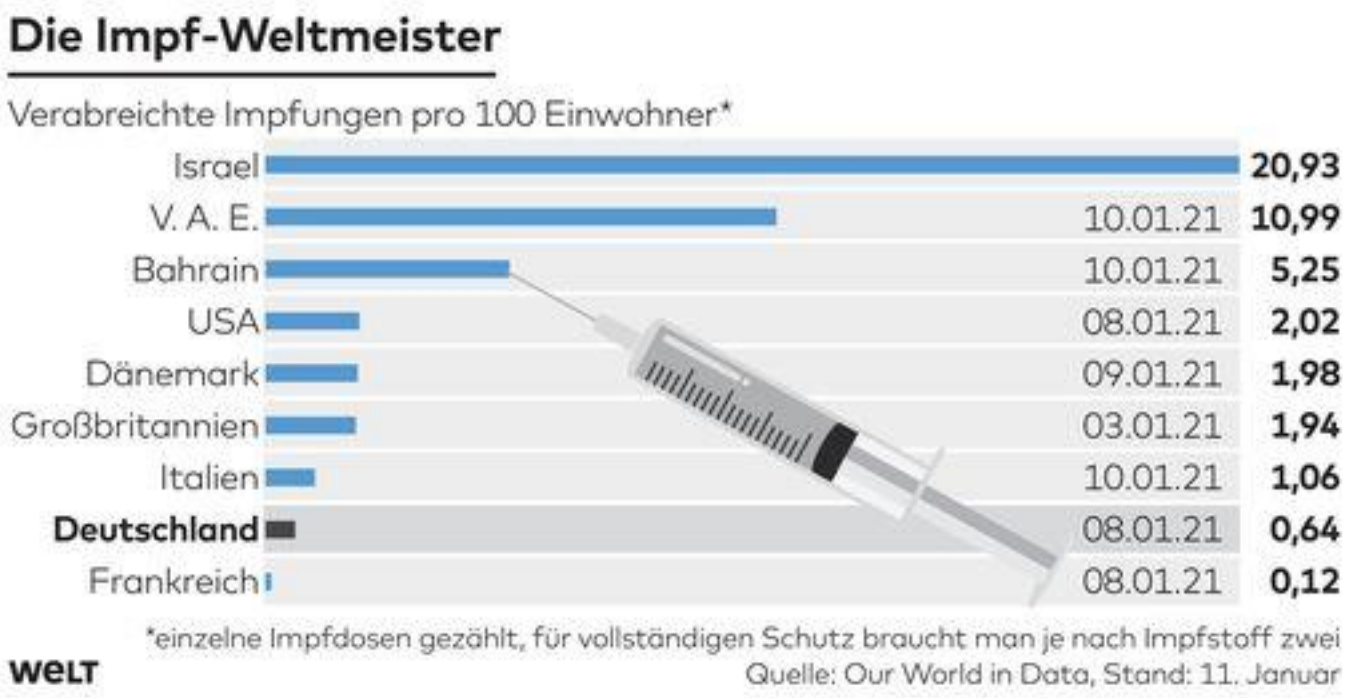
Bahrain was the second country in the world to approve the ***vaccine*** produced by the German-American cooperation. In November, the island state had initially allowed medical personnel to be vaccinated. Since December, each of the 1.5 million inhabitants, of whom 679,000 are foreigners, can be vaccinated in one of the 27 centres and choose which of the two preparations they want to be treated with.

The Kingdom cites the forward-thinking organization of the Corona Task Force and the broad publicity that was used to quickly mobilize the population as reasons for its ***vaccination*** success. It said registration for the ***vaccination*** was handled by the "Be Aware" app, which managed the flow of patients. The app had been developed for contact tracing. Amnesty International criticized it for being "one of the most invasive ***covid-19*** tracking apps in the world" that disregarded residents' privacy.

In the United Arab Emirates, residents have been able to get vaccinated without an appointment since December 22. There, too, the ***vaccination*** is free. The emirates don't go by age groups, but they do prioritize high-risk patients. According to official figures, 47,000 of the nine million inhabitants, almost 90 percent of whom are migrant workers, are vaccinated every day. Eight percent of the population has already been treated.

It is hoped that half of the population will have been immunised by the end of March. Currently, Sinopharm and Biontech/Pfizer are vaccinating. In addition, the Emirates are participating in the third study phase of Russia's ***vaccine*** Sputnik-V with voluntary patients. Those who have had both ***vaccinations***, Dubai's Khaleej Times reports, will be assigned a gold star, or the letter "E," on their profile on the government tracking app "Al Hosn," which will allow them to enjoy privileges such as quarantine-free travel.

The Emirates' tourism industry has been working on a major offensive for weeks. Travel portals lure with special offers, nothing is to be seen of masks and other hygiene rules on the high-gloss advertising photos of many organizers. Expats living in Abu Dhabi and Dubai say that life is more or less back to the way it was before the pandemic.



Graphic

In Bahrain, vaccinated people receive a certificate to prove their immunity

Classification

Language: ENGLISH

Publication-Type: Newspaper

Journal Code: WETR

Subject: ***vaccineS*** (92%); HERBAL MEDICINE (90%); TYPES OF GOVERNMENT (90%); ***VACCINATION*** & IMMUNIZATION (90%); MONARCHIES (89%); GOVERNMENT & PUBLIC ADMINISTRATION (78%); PUBLIC

OFFICIALS (78%); DRUG SAFETY (76%); HEALTH DEPARTMENTS (76%); DRUG & MEDICAL DEVICES APPROVAL (75%); RANKINGS (75%); ***COVID CORONAVIRUS*** (74%); SAFETY, ACCIDENTS & DISASTERS (74%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (73%); PUBLIC HEALTH ADMINISTRATION (72%); CLINICAL TRIALS (71%); ***COVID-19*** ***CORONAVIRUS*** (71%); INFECTIOUS DISEASE (71%); APPROVALS (70%); INTERIM FINANCIAL RESULTS (60%)

Company: ***CHINA*** NATIONAL PHARMACEUTICAL GROUP CORP (82%); PFIZER INC (55%)

Ticker: PFZ (LSE) (55%); PFE (NYSE) (55%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (82%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (82%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (82%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (55%); SIC2834 PHARMACEUTICAL PREPARATIONS (55%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (55%); PHARMACEUTICALS & BIOTECHNOLOGY (93%); ***vaccineS*** (92%); PHARMACEUTICALS INDUSTRY (91%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%); ***VACCINATION*** & IMMUNIZATION (90%); DRUG SAFETY (76%); HEALTH DEPARTMENTS (76%); DRUG & MEDICAL DEVICES APPROVAL (75%); DRUG EFFICACY (75%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (73%); CLINICAL TRIALS (71%)

Person: MOHAMMED BIN RASHID AL MAKTOUM (78%)

Geographic: BERLIN, GERMANY (79%); TEL AVIV, ISRAEL (79%); DUBAI, UNITED ARAB EMIRATES (79%); UNITED ARAB EMIRATES (97%); BAHRAIN (95%); ***CHINA*** (95%); GULF STATES (93%); EUROPE (92%); DENMARK (79%); ISRAEL (79%); UNITED KINGDOM (79%); GERMANY (78%)

Load-Date: January 12, 2021

End of Document

21 ***The vaccination gap that benefits China; It is true that the industrialized countries have promised to give surplus vaccine to poor nations. But nothing has happened yet. Some nations can't wait any longer - and are gratefully accepting Beijing's help***

Die Welt (English)

January 25, 2021 Monday

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DIE WELT

Section: POLITICS; Pg. 6; No. 20

Length: 1089 words

Byline: Christina Zur Nedden

Body

An employee demonstratively holds up a box with the logo "Sinovac" to the camera. The hand of the doctor holding the syringe trembles slightly. Then the needle sticks for nine seconds in the upper arm of Indonesian President Joko Widodo. Behind him is a large banner emblazoned with the words "Safe and Halal." The television appearance is meant to build confidence for the Chinese-developed ***vaccine***, which is unclear how reliably it works. The whole of Indonesia and numerous other emerging countries are relying on CoronaVac from the Chinese company Sinovac - partly because they have no other choice.

While mass ***vaccination*** has begun in Europe and the USA, poorer countries have to wait and see. The promises of the industrialized countries to distribute ***vaccines*** fairly have so far remained unfulfilled. For many countries, therefore, ***vaccines*** from India and ***China*** are the only hope for a rapid immunisation of the population. But this poses a geopolitical risk that should not be underestimated. For ***China*** is deliberately using ***vaccine*** deals and the donation of masks as part of a new health diplomacy under the Silk Road Initiative. Yet the West actually wants to reassert its moral supremacy after the Trump era. Is it now squandering its credibility with its ***vaccine*** nationalism?

Indonesia is one of the first countries in Asia to start vaccinating its population. Most Asian countries don't start until February or March. This is partly because some countries, such as South Korea and Hong Kong, have a good handle on the ***coronavirus*** without a ***vaccine*** and want to wait until there are more studies on side effects and effectiveness. Another reason is that richer countries have bought up the ***vaccines*** in bilateral deals with the manufacturers: There is simply nothing left.

"We will not be safe until everyone is safe," EU Commission President Ursula von der Leyen said this summer. The United Nations (UN) called a Corona ***vaccine*** a "global public good" in December. Today, these sentences sound like hollow phrases, because the ***vaccination*** gap between poor and rich countries could not be wider.

As recently as November, the group of leading economic powers (G20) had committed to equitable distribution of ***vaccines***. But according to the head of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, there has been no sign of this. Instead, the number of bilateral contracts rich countries have with ***vaccine***

manufacturers has increased significantly, he said about a week ago. Manufacturers were seeking profits in rich countries rather than working with the WHO to supply poorer countries.

There have been no concrete commitments from the EU either. Some of its 2.3 billion secured ***vaccine*** doses will be given to Covax, a WHO programme that aims to ensure equal and equitable access to Corona ***vaccines*** worldwide. However, it is not known how large this share is. Such a stance not only endangers populations in poor countries, but will prolong the pandemic, Tedros warned. "I have to be blunt: The world is on the brink of a catastrophic moral failure, and the price of that failure will be paid with lives in the world's poorest countries." Some countries simply cannot afford to wait until the promise of the developed world is eventually fulfilled. Indonesia is one of those countries. The Southeast Asian island nation has recorded the worst viral outbreak in the region, with nearly one million cases and about 30,000 recorded deaths. On January 13, President Widodo's television appearance heralded the ***vaccination*** campaign for the country of 270 million people.

Indonesia has so far relied exclusively on ***China***'s CoronaVac, although efficacy from studies of the ***vaccine*** has varied widely. In one study from Brazil, it was 50.4 percent, just above the 50 percent mark needed for approval. By comparison, the BioNTech/Pfizer ***vaccine*** is 95 percent protective against infection with symptoms, according to data available so far.Still, Brazil, the country with the most Corona deaths after the U.S., issued an emergency approval for CoronaVac on Monday. Six million doses are already in the country.

China itself approved its indigenous ***vaccine*** last July, even before it had completed phase three clinical trials. Now the ***vaccine*** is set to be used widely in other, often poorer, countries. ***China***'s new ***vaccine*** diplomacy has gotten off to a successful start: Thailand secured two million doses, and the Philippines ordered 25 million doses. Turkey, Chile, Mexico, Azerbaijan, Algeria, Hong Kong and Ukraine also have deals with Sinovac. New ones are being added daily. There are also numerous bilateral deals with Sinopharm, also a ***vaccine*** developed in ***China***.

Besides ***China***, the other ***vaccine*** hope of poorer countries is India. Known as the "pharmacy of the world," India produces 60 percent of all global ***vaccines***. The world's largest ***vaccine*** producer is the Serum Institute of India (SII). It says it produces 50 million ***vaccine*** doses a month. Backed by the Bill & Melinda Gates Foundation, the company produces a ***vaccine*** with British-Swedish company AstraZeneca. It has been vaccinated in India since January 16 under the name Covishield.

The SII is also tasked with supplying ***vaccine*** doses to various initiatives that provide ***vaccines*** to low-income countries, such as the WHO's Covax programme. But in the coming months, India will be first, company chief Adar Poonawalla told the AP news agency. Still, the entrepreneur is closing bilateral deals on the side. Currently, there are said to be deals with Bangladesh, Saudi Arabia and Myanmar. According to the report, many developing countries that cannot afford such deals and rely on initiatives like Covax could not expect to receive a ***vaccine*** from India until April or May.

In some regions of the world, the prospect of the pandemic ending is still particularly distant. "According to initial estimates, the ***vaccine*** might not be available in many African countries until spring 2023," says Maike Voss. She is an expert on global health issues at the German Institute for International and Security Affairs. Whether the Covax program will succeed is a "question of political prioritization," she says. If poorer countries have to rely on ***vaccines*** from India and ***China***, she says, it is a "poor show for the EU and the transatlantic partnership." The "life-threatening dissonance between the promises and actions of the countries of the Global North" will certainly be remembered by international partners and may have an impact on future negotiations.

Graphic

The vaccination gap that benefits China; It is true that the industrialized countries have promised to give surplus vaccine to poor nations. But nothing has hap....

Indonesia vaccinates with Sinovac's Chinese drug

Classification

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Publication-Type: Newspaper

Journal Code: WETR

Subject: ***vaccineS*** (94%); ***VACCINATION*** & IMMUNIZATION (90%); DEVELOPING COUNTRIES (89%); EUROPEAN UNION (89%); UNITED NATIONS INSTITUTIONS (85%); POLITICAL & SOCIAL IDEOLOGIES (78%); EMERGING MARKETS (75%); HEALTH DEPARTMENTS (75%); INTERNATIONAL RELATIONS (73%); INFECTIOUS DISEASE (71%); PUBLIC HEALTH ADMINISTRATION (71%); VIRUSES (71%); CORONAVIRUSES (67%); EUROPEAN UNION INSTITUTIONS (67%); UNITED NATIONS (67%); ASSOCIATIONS & ORGANIZATIONS (60%)

Industry: ***vaccineS*** (94%); ***VACCINATION*** & IMMUNIZATION (90%); MANUFACTURING (89%); BIOLOGICS MFG (76%); DRUG AVAILABILITY (76%); HEALTH DEPARTMENTS (75%)

Person: JOKO WIDODO (58%)

Geographic: BEIJING, ***CHINA*** (57%); NORTH CENTRAL ***CHINA*** (79%); ***CHINA*** (93%); ASIA (92%); INDONESIA (91%); EUROPEAN UNION MEMBER STATES (88%); EUROPE (79%); HONG KONG (79%); INDIA (79%)

Load-Date: January 25, 2021

End of Document

22 "Politicians should not look for any cheap pawns".; In one year, Beijing will host the Winter Olympics. Bobsleigh legend Lange is training the Chinese. He reports on admirable measures - and provides a look behind the scenes

Die Welt (English)

February 4, 2021 Thursday

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DIE WELT

Section: Sport; Pg. 18; No. 29

Length: 1339 words

Byline: Gunnar Meinhardt

Body

André Lange (47) has been part of the coaching team of the Chinese national bobsleigh team since autumn 2018. Together with his former rivals, German-Canadian Pierre Lueders (50) and Latvian Janis Minins (40), the Thuringian is preparing six women and 18 men for the 2022 Winter Olympics in Beijing in the Xiaohaituo Mountains. With four Olympic victories, he is still the most successful pilot in his sport.

The metropolis of the world's most populous country, with a population of more than 21 million, hosted the Summer Games 13 years ago. Beijing would now be the first city to host the world's two largest sports festivals. But the pre-Olympic competitions have all been cancelled because of the Corona pandemic. The 24th winter spectacle under the five rings is scheduled to open a year from today.

WORLD:

Mr. Lange, all sports facilities for the big event have already been completed. Do you think you will march into Beijing's National Stadium, the so-called Bird's Nest, on the afternoon of February 4, 2022? It would be your seventh Winter Games.

André Lange

(thinks about it for a long time): I have hope that it will be. Nowadays, the only thing that is certain is that the uncertainty is there. Corona still has a grip on humanity, unfortunately.

That doesn't sound very optimistic in contrast to the sheer boundless optimism of the International Olympic Committee (IOC) and the organizers from the Middle Kingdom.

Of course, the Olympic feeling is being stoked all over the country. Everywhere you look you see merchandise and souvenirs with the Olympic rings. There are big billboards on the streets advertising the Winter Games. Even on television, although I don't understand anything that is being said there, they are a constant topic. But I am a realist. The only thing that gives hope is the ***vaccine*** that exists. And we have a host in ***China*** that I think can manage to

vaccinate its population through relatively quickly. Which, of course, I hope the rest of the world does as well. Otherwise, the Games will not be able to take place.

Are you convinced of that?

Yes. Vaccinating can also only be the solution for hosting the Summer Games in Tokyo.

Are you going to get vaccinated?

Yes, as soon as it's my turn.

How did you experience the outbreak of the ***coronavirus*** on site, which started in Wuhan and from which Hebei province, where the artificial track for bobsleigh, luge and skeleton is located, has been severely affected again since the beginning of the year?

I'm just witnessing a relatively successful fight against the virus. And that with strict, radical measures by the government, which every resident also adheres to. There's no flinching. The self-discipline of the people there is great and admirable. That's the only way to solve the problem.

What does this rigorous approach mean to you?

It starts with everyone who wants to enter the country being tested and having to spend two weeks in quarantine, isolated in a room. After the two weeks, you're tested again. The specific rules for the sport are that you have to be quarantined for another week after that. After that, you're tested every two weeks. The lugers who were here for testing last fall were even tested every two days.

Are you allowed to move freely after the three-week procedure?

Our range of movement is very limited. Apart from the staff at the hotel where we are staying, we have no contact with anyone outside our sports team. Even at the track, which is half an hour's drive from the hotel, we are just among ourselves. A mask must be worn at all times except in our own hotel room and at the bobsled track. The minimum distance to track workers is ten meters. Any risk of infection should be excluded. That's why we'll be absent from the World Championships in Altenberg this week and next, which is of course a bitter pill to swallow. But we have the advantage that we have been able to race on the Olympic track since October 10 last year. The precautionary measures have paid off so far. I don't know of any positive cases from our environment.

Your life in the Far East sounds very monotonous. Do you still enjoy your job?

Let me put it this way: there are many people who have to suffer much more from this pandemic, especially professionally, and in this respect I can be grateful that things are going as they are for me. It's a whole new experience, which without question takes some getting used to, but it also has its appeal. These are exciting fucking times. Coaching the athletes is easy because they do what we say without grumbling. By the way, I'm still in contact with Willi Schneider at the hotel.

The successful German skeleton coach?

Yes. He coaches the Chinese skeleton racers. So we both have a little distraction from the monotonous training routine. We often play skat in the evenings, together with Pierre, who also knows the game because of his German roots.

So you've settled in well in your adopted country?

Well, the eating habits are not quite the same as mine. They cause me one or two difficulties. Thank goodness you can still buy everything in ***China***, and with a little skill you can even get a decent Thuringian sausage. (laughs)

In a restaurant near the bobsleigh run they serve pork knuckle with dumplings and sauerkraut.

I've heard about that. I would have gone there long ago, a crispy knuckle of pork - that would be something. But our pandemic regulations don't allow that. If you don't comply, you'll have to stay in quarantine for more than two weeks or you can pack your bags for the return flight. There's no quarter given.

Have you at least had a look at the other Olympic venues in Beijing, with the arenas for ice hockey, speed skating and curling, and in Zhangjiakou, 190 kilometers northeast of the capital, where the Nordic, ski jumping, snowboarding and freestyle competitions are to be held?

I have seen the alpine ski slopes, which are not far from the bobsleigh track, from a distance, but I have not been able to do more than that so far due to the circumstances.

Is there anything you are already particularly excited about?

Yes, the newly built Yanqing Sliding Center with its artificial ice rink. It's an architectural marvel, simply amazing.

Located 90 kilometers northwest of Beijing in the Xiaohaituo Mountains, the facility was designed and conceived by the German architectural firm Deyle from Stuttgart. When luge world champion Julia Taubitz, who was freshly crowned last weekend, saw the ice maze for the first time during test runs three months ago, she had to cry with excitement. "The track is a visual highlight. It looks like a dragon or a snake winding down into the valley," she enthused. "Plus it's gracefully crafted, the scenery around it is so awesome, I was very touched. "

I couldn't agree more with her. The track is completely covered, with wide roofs protecting the facility, which sits on a southern slope, from rain and sunlight. From the start to the finish area is a walkway of sorts, a path that runs across the roofs of the track. The structure could also be made into an airplane hangar. The huge launch houses, as built, would be enough for several lanes. It's all laid out very large and expansive. It's also very long at almost 1600 meters. It's just great.

Have you tested the track yourself with its 16 treacherous curves?

No, because I don't want to give in to my "I'm not driving anymore" principle.

Also intransigent are numerous politicians worldwide as well as human rights organizations calling for a boycott of the Winter Games because of the violation of human rights in ***China***. The recently enthroned US President Joe Biden wants to persuade the Western world not to participate.

The 1980 Summer Games in Moscow and four years later in Los Angeles proved that boycotts don't achieve political goals. The losers are the athletes and the sport. For me, politics is politics and sport is sport. Politics should solve its problems at its own level and not look for some cheap pawns to do so.

Graphic

Coaching ***China***'s team is easy, Lange says, "without grumbling they do what we say"

Classification

"Politicians should not look for any cheap pawns".; In one year, Beijing will host the Winter Olympics. Bobsleigh legend Lange is training the Chinese. He repor....

Language: ENGLISH

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Subject: OLYMPICS (92%); BOBSLEDDING (91%); SLED SPORTS (91%); WINTER OLYMPICS (91%); WINTER SPORTS (91%); SPORTS & RECREATION EVENTS (90%); SUMMER OLYMPICS (89%); ***vaccineS*** (86%); SPORTS & RECREATION (78%); STADIUMS & ARENAS (78%); 2020 TOKYO SUMMER OLYMPICS (76%); OLYMPIC COMMITTEES (76%); SPORTS & RECREATION FACILITIES & VENUES (76%); SPORTS GOVERNING BODIES (76%); TRENDS & EVENTS (76%); VIRUSES (75%); CORONAVIRUSES (74%); EPIDEMICS (74%); FESTIVALS (74%); INFECTIOUS DISEASE (74%); PANDEMICS (74%)

Organization: INTERNATIONAL OLYMPIC COMMITTEE (54%)

Industry: ***vaccineS*** (86%); FESTIVALS (74%); OUTDOOR ADVERTISING (66%)

Geographic: BEIJING, ***CHINA*** (94%); WUHAN, HUBEI, ***CHINA*** (79%); TOKYO, JAPAN (51%); NORTH CENTRAL ***CHINA*** (94%); CENTRAL ***CHINA*** (79%); THURINGEN, GERMANY (79%); HEBEI, ***CHINA*** (78%); ***CHINA*** (93%); CANADA (73%)

Load-Date: February 4, 2021

End of Document

23 *"We must vaccinate worldwide - otherwise the mutants will catch up with us again"; Green Party faction leader Anton Hofreiter defends himself against the accusation that his party uncritically supports the government's course. He warns against quick relaxations and calls for a global vaccination campaign - also out of "German interest "*

Die Welt (English)

February 8, 2021 Monday

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DIE WELT

Section: POLITICS; Pg. 5; No. 32

Length: 1243 words

Byline: Claus Christian Malzahn

Body

Anton Hofreiter, 51, is following the development of the pandemic not only as a politician - but also as a biologist with a doctorate. What conclusions does he draw in view of the current situation?

WORLD:

Mr. Hofreiter, the parliamentary director of the SPD parliamentary group, Carsten Schneider, accuses your parliamentary group of "a black-green cuddle course." He said he was surprised that the Greens were now acting more like "government spokespersons for the CDU" than making real opposition policy. Did that hit you?

Anton Hofreiter:

No. In this crisis, all politicians should behave responsibly. We have opted for mature opposition work that makes use of their intellect. We criticize where necessary and help where we can. These are really not the times when you should just be blatant about it. I would advise the SPD, if they have criticism and suggestions for improvement, to bring them to the cabinet

In January, the FDP demanded a special session of the Bundestag to debate the Corona policy. Your parliamentary group refused, saying that the health committee was in session. But these essential questions belong in parliament!

And there they were! The committee is part of Parliament. I think it is wrong that we MEPs have so far had little say in the Corona crisis, but that is the way it is. While we call on the people to travel as little as possible, should we have 700 MPs travelling around the Republic without being able to make a single decision? We thought it would be more responsible to bring back only the experts from the committees earlier and then discuss openly what the Federal Government and the Länder decide when everyone is back in Berlin. That's why we demanded a

government statement after the Minister Presidents' Conference. It annoyed me to no end that the Chancellor refused and instead only gave interviews

The Chancellor took questions several times last week, also on television. Did those appearances convince you?

No, not really, even though I think her basic course is correct. But I would have liked to see more self-criticism. Some things have gone wrong.

What specifically?

It was clear last summer that a second wave would come if we weren't careful. There was too little preparation. Even then, we should have provided more rapid tests and installed more air filters in schools. The staff of the health authorities should also have been increased. Then in the fall, earlier restrictions would have been needed to not lose control of the virus. What really bothers me is that some structural deficiencies became apparent last year. Authorities were not innovative and flexible enough, Germany is not well positioned digitally. We urgently need to address this after the crisis.

Next Wednesday, the Minister Presidents and the Chancellor will meet again. The voices calling for relaxations after 14 February are getting louder. Do you think this is justifiable?

I can only warn against repeating the mistakes of summer and autumn and lulling ourselves into a false sense of security. We need sustainable easing, not hasty easing. We must first have a clear picture of how the mutated viruses are spreading. I therefore warn against hasty action. Otherwise, after the second wave, we'll soon have a third

You're advising caution?

We're seeing how quickly this new variant of the virus has spread in the UK. There is an indication that this virus has a great evolutionary advantage. It has caught on very quickly and displaced the old variant. This suggests that it is more contagious. A science paper on the situation in South Africa indicates that the new variant there is also infecting people who previously had ***Covid-19***. And not in exceptional cases, but in relevant numbers. In view of this development, it would be absurd to open the floodgates now. The numbers must remain controllable.

In Europe, too, the discussion about the pandemic is focused on the individual country. But we are experiencing a worldwide spread. Is it at all possible to bring the pandemic under control worldwide?

We have to. Such mutations can arise again and again, anywhere. And they also find their way across the globe, as was the case with the Spanish flu a hundred years ago. This means that it is no help at all to concentrate on Europe alone when it comes to ***vaccination***

What is?

We need to vaccinate globally - 7.8 billion people, as fast as we can. Otherwise the mutants will catch up with us. We have millions of people with the disease worldwide, which means, from a biological point of view, trillions of opportunities for mutation. We've been lucky so far. The US ***vaccine*** also protects against the South African variant. But that can all change. Variants may develop against which the current ***vaccine*** does not protect us

You're calling for a global ***vaccination*** plan?

Yes. That would be a task for the G20. Germany should help to initiate it. We need 6.2 billion doses, then 80 percent of the world's population would be vaccinated. We have four very large ***vaccine*** manufacturers worldwide: Merck, Serum Institute of India, Sanofi and GSK. They would have to get really heavily involved in ***vaccine*** production now and retool quickly. New facilities should also be funded. A worldwide fight is an imperative of global

justice and is in Germany's interest. Otherwise the mutants will spill back. That would lead to a perpetual circle. We need to vaccinate faster than the virus mutates. It makes a difference whether the world is vaccinated by the end of 2022 or, as it looks now, not until 2024. That would be too late

US President Joe Biden has just de facto banned the export of ***vaccine*** precursors. He's only allowing production for his own country.

I'm glad Donald Trump is gone, but going national only is a grave mistake. It would also be important for geopolitical reasons not to leave global ***vaccine*** production only to authoritarian states like ***China*** and Russia. The democratic West must keep up.

At the moment, however, we are not even managing to do what we set out to do in our own country. There are now hundreds of ***vaccine*** centers. But far too little ***vaccine***

We should have retooled production facilities more extensively last year. That can be done in six months, sometimes faster. It would have taken a lot more money. We saved money at the wrong end

Should the EU and the Federal Republic of Germany now be looking for Russian ***vaccine***?

The larger the ***vaccine*** portfolio, the better. But we should stick to the principle: ***vaccines*** in Germany need to be properly licensed for use in Europe. I want everyone to want to be vaccinated. This requires the greatest possible safety. That is the only way to boost confidence in ***vaccination***.

The lockdown has significant economic, social, psychological and medical consequences. People go to the doctor less. Illnesses are postponed. Loneliness increases. Don't you have to factor that into an overall assessment?

Yes, that's true. But in many cases it is not the lockdown, but the fear of the virus that keeps people from going to the doctor, for example. That's why education is needed: people need to continue to go for preventive care, which is certainly possible. It's also good that there are more offers of help by phone. We must not forget: If we ran into a third wave in the spring, people would be even more scared and face even bigger problems. Then there would be another lockdown. We have to avoid that at all costs

Classification

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Subject: POLITICAL PARTIES (91%); LEGISLATIVE BODIES (90%); POLITICS (90%); ***VACCINATION*** & IMMUNIZATION (90%); EPIDEMICS (89%); GOVERNMENT & PUBLIC ADMINISTRATION (89%); ***vaccineS*** (89%); PUBLIC HEALTH ADMINISTRATION (78%); GERMAN PARLIAMENT (77%); INTERVIEWS (77%); CONFERENCES & CONVENTIONS (72%); HEALTH DEPARTMENTS (72%)

Industry: ***VACCINATION*** & IMMUNIZATION (90%); ***vaccineS*** (89%); HEALTH DEPARTMENTS (72%)

"We must vaccinate worldwide - otherwise the mutants will catch up with us again"; Green Party faction leader Anton Hofreiter defends himself against the accusa....

Geographic: BERLIN, GERMANY (79%); GERMANY (92%)

Load-Date: February 8, 2021

End of Document

24 ***China gets the cold shoulder for its Eastern Europe strategy; The People's Republic is using projects in the region as a Trojan horse into the EU. But now six Eastern European leaders have snubbed Xi Jinping***

Die Welt (English)

February 17, 2021 Wednesday

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DIE WELT

Section: POLITICS; Pg. 7; No. 40

Length: 887 words

Byline: Stuart Lau

Body

China's "divide and rule" strategy on Eastern Europe is reaching its limits. In 2012, Beijing had launched the so-called 17+1 format to build relations with Central and Eastern European countries. But at the latest meeting, hosted by Chinese President Xi Jinping, half of the 12 invited EU leaders simply did not show up.

A painful diplomatic setback for Xi. So far, he had an ace up his sleeve with a promise to double ***China***'s food imports from Eastern Europe over the next five years. It was a smart move to appeal to the agricultural sector, because it is a political sore point: the poorer economies in Eastern Europe feel disadvantaged by the EU. They complain that they are being undermined by the highly protectionist agricultural superpowers of Western Europe.

Traditionally, the 17+1 meeting has served to expand Beijing's influence in Eastern Europe, for example through investment pledges related to the Belt and Road Initiative - a huge infrastructure and trade project between ***China*** and more than 60 countries in Asia, Africa and Europe, also known as the New Silk Road. Last week, Xi Jinping broke new ground. In addition to his offer to buy more food from the region, the Chinese president promised to simplify customs procedures. He also held out the prospect of more Eastern Europeans (that is, beyond Serbs and Hungarians) receiving Chinese ***vaccines*** against the ***coronavirus***.

The charm offensive, however, is increasingly fizzling out. Eastern European countries are less and less convinced that Beijing really offers the economic benefits they had originally envisioned. More crucial are security interests and diplomatic relations with the new administration of U.S. President Joe Biden, who wants to establish a broad diplomatic counterweight to ***China***.

All six countries that snubbed ***China*** last week are among the eastern European Nato members admitted in 2004. Bulgaria, Romania and Slovenia joined the three Baltic countries, Estonia, Latvia and Lithuania, in not sending their presidents or prime ministers to the summit. For the Baltic states in particular, Nato's role as a guarantor of security against Russia is more crucial than other concerns.

The leaders of these countries had ministers represent them. Just a day before the event, Chinese diplomats applied pressure to send "a higher-ranking representation ", according to a diplomat from one of the six countries. "The Chinese think we don't give them any credit," said the diplomat, who requested anonymity because of the

explosive nature of the issue. "This is a big surprise for Beijing because all 27 EU countries unanimously approved [the European Union's investment pact with ***China***] [in December]." Diplomatic efforts to gather all leaders at the last minute were so feverish that Beijing did not publicly confirm the summit until six a.m. local time on the day of the event, acknowledging that other "high-level representatives" of the countries would be present later in the day, in addition to heads of state and government.

Washington said it was determined to work with Europe on ***China*** policy. A US State Department spokesman said, "We understand that our European partners have their own interests and relationships, and we are not forcing them to choose between ***China*** and the United States. However, we remain concerned that ***China*** has often used multilateral organizations as a tool to advance economic, national security, and foreign policy interests at the expense of the peace and prosperity of other countries, respect for human rights, and the rules of the international order. "

Agriculture, in particular, played a role at the 17+1 summit. Many Eastern European countries are frustrated because ***China*** is slow to open its market to agricultural products from other countries, creating a trade imbalance. Mariyana Nikolova, Bulgaria's deputy prime minister, called on Xi to "help expand the range of exported goods by simplifying and speeding up ***China***'s import procedures. Especially for food and agricultural goods."

The New Silk Road project, ***China***'s heart issue, also came up. Xi announced his intention to make Central and Eastern Europe the world's first region to be fully integrated into the program. However, he did not mention any concrete new infrastructure projects. That could become more difficult in the future, at least within the EU, as the Commission in Brussels is taking a tougher stance in scrutinizing infrastructure deals with countries like ***China***.

Xi also promised to set up a coordination and consultation point for customs clearance for the "***China***-Europe Land-Sea Express Line" from Budapest to the port of Piraeus near Athens. The port is Chinese-owned. The express line, which is to run by both land and sea, would link Hungary, Serbia, northern Macedonia and Greece. Goods shipments are complicated on this route, passing through both EU and non-EU countries.

There is great concern in Europe that Beijing's divide-and-rule policy will succeed, for example by introducing different technical standards. Greek Prime Minister Kyriakos Mitsotakis, however, seems to disagree. As a Greek government official said, Mitsotakis called the 17+1 forum a symbol of "cooperation, solidarity, understanding and transparency."

In cooperation with POLITICO

Translated from English by Jessica Wagener.

Graphic

China's President Xi Jinping wants to expand his influence in Europe

Classification

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Industry: AGRICULTURAL SECTOR PERFORMANCE (75%); AGRICULTURAL TRADE (75%); AGRICULTURE (70%); AGRICULTURE, FORESTRY, FISHING & HUNTING (70%); FOOD EXPORTS & IMPORTS (70%); ***vaccineS*** (67%)

Person: XI JINPING (90%); JOE BIDEN (79%)

Geographic: BEIJING, ***CHINA*** (90%); NORTH CENTRAL ***CHINA*** (94%); ***CHINA*** (99%); EUROPE (99%); EUROPEAN UNION MEMBER STATES (94%); BALTIC STATES (93%); EASTERN EUROPE (92%); AFRICA (79%); ASIA (79%); ESTONIA (79%); HUNGARY (79%); LATVIA (79%); LITHUANIA (79%); ROMANIA (79%); SLOVENIA (79%); UNITED STATES (79%); WESTERN EUROPE (79%); BULGARIA (78%)

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End of Document

25 "Pan-vaccine against all coronaviruses".; CEPI research alliance director Richard Hatchett wants to distribute vaccines to poor countries. And develop protection for future pandemics

Die Welt (English)

February 20, 2021 Saturday

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DIE WELT

Section: POLITICS; Pg. 7; No. 43

Length: 1679 words

Byline: Christina Zur Nedden

Body

The Covax program was supposed to have provided corona ***vaccines*** to the entire world. That was the plan when it was launched last April. But then richer countries, like Germany, secured their ***vaccine*** doses in bilateral deals with pharmaceutical companies, and gave up their share of Covax ***vaccines***. Yet today, many poorer countries are still waiting for their Corona ***vaccines***. Now, for the G7 summit, the US promised billions.

Richard Hatchett helped develop the Covax programme, which is run jointly with the WHO and the ***vaccination*** alliance Gavi. As CEO of the research alliance Cepi (Coalition for Epidemic Preparedness Innovations), he looks after the development of new ***vaccines*** so that epidemics and pandemics can be stopped more quickly.

WORLD:

Mr. Hatchett, did Covax fail because of ***vaccine*** nationalism?

Richard Hatchett:

No. The program was designed to distribute ***vaccines*** equitably, even if bilateral deals were going on along the way. Covax will have access to two billion doses of ***vaccine*** this year. So I wouldn't say Covax has failed. Nevertheless, the number of bilateral contracts has multiplied.

What are Cepi's roles in this?

Cepi supports the research and development of new ***vaccines***, which are also distributed through Covax. We were created just four years ago after the Ebola epidemic to develop ***vaccines*** against infectious diseases. We responded early to the pandemic and invested in the first ***vaccine*** candidates as early as January 23, 2020. Today, we have a portfolio of eleven ***vaccines*** in whose development we have invested, including ***vaccines*** from Moderna, AstraZeneca and Novavax. We have entered into access commitments and advance purchase agreements with our largest partners, giving Covax a right of first refusal on up to two billion doses of ***vaccine***.

However, so far poorer countries relying on Covax have not received ***vaccines***, while other countries started vaccinating as early as December. When will the Covax program start?

We believe the first Covax doses will be delivered this month. The delivery will be handled by the ***vaccination*** alliance Gavi. So there's a gap of just over two months between the first doses in high-income countries and the start of delivery to the rest of the world. Of course, we wish that gap was smaller. However, historically, it is still very small. Antiretroviral therapy for HIV became available to high-income countries in the late 1990s. For a full decade after that, people continued to die of HIV in low-income countries before these drugs became available globally.

Are poorer countries also waiting for their ***vaccines*** because richer countries have bought them up?

No, there are other reasons for that. There was a need to ensure that countries were prepared to receive and use the ***vaccine***. Moderna and Pfizer's ***vaccines*** use brand new technology and the infrastructure to use them was not in place everywhere. Also, these two ***vaccines*** are among the most expensive on the market. Given the resources available to us, we were only able to secure limited quantities of the Pfizer ***vaccine***. We are still in negotiations with Moderna. Another issue that is often underestimated is the clarification of liability issues. We are in the process of developing a comprehensive system that will provide uniform protection and coverage for both countries and ***vaccine*** manufacturers. This has been a very complicated process.

Germany is a founding member and one of Cepi's largest investors. Yet Germany decided to invest 750 million euros in nationally developed candidates and less than half of that amount in Cepi. What do you make of this?

Germany is not alone in its national investments. The UK, the US, Russia and ***China*** have invested significantly nationally. These investments have also accelerated ***vaccine*** development. We currently count eight ***vaccine*** products that have completed phase three clinical trials, just thirteen months after the outbreak was first detected. This is extraordinary. Without the significant investment from governments and Cepi, this would not have been possible. So we see national investment as complementary rather than competing.

However, Germany and other governments could have given this money to Cepi to accelerate equitable distribution of ***vaccines*** for all countries.

Yes, one could make that argument. But governments need to maintain a balance between accountability to their citizens and what they can do internationally. Germany has made one of the largest financial and political contributions, giving 230 million euros to Cepi, allowing us to do our work.

But they are hoping for even more funds?

We do. We estimate that we will need to invest about an additional $1 billion in 2021. We are counting on our many partners, 25 countries have invested so far. We hope that Germany and the UK, the US and other countries will be there.

How would Cepi use this money?

We need it for further research and development of ***vaccines***. The new viral mutations in particular have increased the urgency for this. In the coming year, we need to figure out how to most effectively use the ***vaccines*** we have. We need to work with companies to develop new ***vaccines*** against the mutations and investigate whether combinations of the existing ***vaccines*** work better together than when used individually. ***Covid-19*** is the third ***coronavirus*** with a high mortality rate to emerge in the world in the 21st century. It is imperative that we look at developing ***vaccines*** against coronaviruses as a class. We should get that underway as soon as possible. However, it will probably take many years before we succeed.

What are consequences of ***vaccine*** nationalism in the face of these mutations and the fact that people in poorer countries do not have access to ***vaccines***?

There are three arguments for ***vaccine*** justice. The first is an ethical one: because it is right. The second argument is enlightened self-interest: If we don't end the pandemic, it will last longer. More people will die and the economic damage will be deeper and more protracted. There are a number of economic studies that show that even if a country were able to fully vaccinate its population, it would still suffer economic damage because international trade would be affected. Mutations provide a third argument for ***vaccine*** equity: the more the virus circulates, the more opportunities it has to mutate. And if it mutates in a way that renders our ***vaccines*** and countermeasures useless, even countries that only take care of themselves would be at risk. The only way to prevent this is to distribute the countermeasures we have globally and equitably.

Covax has a goal of vaccinating 20 percent of all populations by the end of the year. Will this goal be met and is a 20 percent ***vaccination*** rate enough to protect a population?

Yes, we are on track to meet and exceed this goal. We believe that by the end of 2021, we will vaccinate up to 27 percent of populations, particularly in low- and middle-income countries - assuming manufacturers deliver as expected. 20 percent is not the ultimate goal. But in most countries, this is enough to protect all health workers and high-risk groups.

You mentioned ***vaccine*** manufacturers. Would you say that there are also shortfalls here that could be a reason why ***vaccines*** are not delivered fast enough?

Cepi has provided funding to its partners so that they can expand their production networks. For example, we have provided financial support to Novavax, a US-based company, to build production capacity in Spain, the Czech Republic and South Korea. We have also facilitated partnerships with the Serum Institute of India. However, there are challenges in manufacturing. The manufacturing process ran in parallel with the clinical development process of the ***vaccines***. Under normal circumstances, the same development used to take place over years. The delays reported by manufacturers reflect that they have not solved all the problems yet, but they will with time. To make matters worse, global demand for ***vaccines*** has never been higher. Not only covid ***vaccines***, but measles, mumps and tetanus ***vaccines*** must be developed simultaneously. Due to the high demand, there may be bottlenecks in the supply chains for these products.

Some countries that did not want to wait for Covax have been offered ***vaccines*** from Indian and Chinese manufacturers. Some of these have not been adequately tested. What are the consequences of this?

Using ***vaccines*** as a tool of geopolitics is a form of ***vaccine*** nationalism. There is little we can do if countries want to jettison their regulatory review processes. Ultimately, countries are sovereign. They have the right to make whatever decisions they deem appropriate in the interests of their own people. All we can say is act as quickly as possible. Covax will, we hope, begin shipping ***vaccines*** this month, and those ***vaccines*** will have gone through the appropriate regulatory testing to ensure they are safe and effective.

What kind of ***vaccines*** will we develop to combat future pandemics?

Coronaviruses pose a significant pandemic threat. Cepi will soon begin developing pan-***coronavirus*** ***vaccines*** to protect against all coronaviruses, not just ***covid-19***. There are about 25 virus families worldwide known to cause infections in humans. We have few ***vaccines*** against these pathogens. In this pandemic, we scientists were very fortunate that we had already researched the Mers ***coronavirus***. So the U.S. National Institute of Health, in collaboration with Moderna, was able to develop the current ***coronavirus*** ***vaccine***, which is 95 percent effective, within 36 hours of releasing the genetic sequences.

Also, how can we better prepare for the next pandemic?

"Pan-vaccine against all coronaviruses".; CEPI research alliance director Richard Hatchett wants to distribute vaccines to poor countries. And develop protectio....

The pandemic would have gone better if Covax had been around before. One of the most important lessons from this pandemic is that there needs to be a global investment in pandemic preparedness and response. We need institutions to respond appropriately, equitably and quickly to future infectious disease threats. I think Covax represents a model here that can be improved.

Graphic

This mural warns of the dangers of the ***coronavirus*** in Kenya's capital, Nairobi

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Company: ASTRAZENECA PLC (58%); PFIZER INC (58%)

Ticker: AZN (STO) (58%); AZN (NYSE) (58%); AZN (LSE) (58%); PFZ (LSE) (58%); PFE (NYSE) (58%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (58%); SIC2834 PHARMACEUTICAL PREPARATIONS (58%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (58%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (58%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (58%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (58%); ***vaccineS*** (96%); PHARMACEUTICALS INDUSTRY (94%); PHARMACEUTICAL PREPARATION MFG (92%); PHARMACEUTICALS & BIOTECHNOLOGY (92%); DRUG DESIGN & DISCOVERY (91%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); ***VACCINATION*** & IMMUNIZATION (90%); BIOLOGICS MFG (78%); ANTIVIRALS (73%)

Geographic: GERMANY (78%)

"Pan-vaccine against all coronaviruses".; CEPI research alliance director Richard Hatchett wants to distribute vaccines to poor countries. And develop protectio....

Load-Date: February 20, 2021

End of Document

26 Global comparison shows why Germany is failing; Is the current vaccination record in Germany really so disastrous? A look at other countries and their approach shows: Yes. The manufacturers, the European Union, the German authorities, who is to blame? The numbers allow only one answer

Die Welt (English)

February 24, 2021 Wednesday

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Section: POLICY; Pg. 8; No. 46

Length: 1553 words

Byline: Klaus Geiger

Caroline Turzer

Body

Is Germany really experiencing a ***vaccination*** disaster? The Federal Government appeases - it is still jolting, but in the end everything will be fine, that is the tenor. However, a global comparison casts doubt on such statements.

A look at other countries reveals what specifically German problems there are with the campaign and what the chances are that these can be solved.

Who ordered where?

There is currently a power struggle going on in the world - the Western ***vaccine*** producers from the US and Europe against the state-owned producers from the autocracies of Russia and ***China***. "It's clear that there is a 'cold ***vaccine*** war' going on," says Jacob Kirkegaard, senior fellow at the Peterson Institute for International Economics and the German Marshall Fund. While Russia is facing production shortages of its Sputnik V ***vaccine***, ***China*** has a large stockpile - and is saving ***vaccine*** itself because the pandemic in the People's Republic is already under control even without ***vaccination***. "Right now, ***China*** still has an advantage: they can distribute their ***vaccines*** to their "friends" and use that for political purposes," Kirkegaard said. ***China*** also offers some of its ***vaccine*** doses as donations to those who order them, explains Andrea Taylor, senior researcher at the Global Health Innovation Center at Duke University in the United States. "That could motivate poorer countries in particular to buy. "

But there are also countries that have ordered from suppliers of different power blocs across ideological lines. Among them are emerging and developing countries where the West, ***China*** and Russia are vying for influence. But ordering from many different suppliers does not automatically mean that ***vaccination*** will then be quick. Chile and Serbia, for example, are among the fastest vaccinating countries thanks to the multi-order strategy. Egypt,

Indonesia and Brazil, which have also ordered from at least two competing world powers, nevertheless vaccinate relatively slowly.

For this reason, it would not automatically accelerate the pace of German ***vaccination*** if the Russian and Chinese ***vaccines*** were approved in the EU and could thus be vaccinated in Germany, as proposed by Bavaria's Minister President Markus Söder. Incidentally, ***China*** has also ordered from the class enemy: The People's Republic has ordered 100 million doses from Biontech/Pfizer, but pro-government media are also reporting extensively on alleged side effects of the ***vaccine***.

Who ordered how much?

Wealthy industrialized countries have secured a package of 4.6 billion doses, while countries in the middle of the pack in terms of purchasing power have secured only 1.2 billion. In its comprehensive statistics on global ***vaccine*** orders, the Global Health Innovation Center at Duke University in the United States includes most of the countries in Latin America, as well as Serbia and Turkey, in this group. In poorer regions of the world, the quantities are much lower. Developing countries rely on the Covax programme of the Gavi ***vaccination*** alliance.

By far the biggest ***vaccine*** hoarder, according to the university's survey, is Canada. The country has a potential supply of 500 percent of its population, which means it has ordered many times more ***vaccine*** than it will ultimately need. However, the pace of ***vaccination*** in Canada is even slower than in Germany. Even the rapidly vaccinating Great Britain has greatly over-insured itself with 364 percent, while the USA, Australia, New Zealand and Chile rank between 200 and 250 percent coverage. Israel, the unassailable ***vaccination*** world champion, has been rather tight compared to Europe, coming in at 122 percent coverage.

But at this stage of the pandemic, it is not the potential coverage that is decisive, but the question of the delivery dates for which a country has secured the ***vaccine***. Here Israel has acted very early and decisively, which is why it is now vaccinating the fastest. Brussels, on the other hand, famously procrastinated for a long time - "and the impact is now showing up in the delivery schedule of doses," says Duke researcher Taylor. True, the EU has coverage of well over 200 percent, and thus theoretically will eventually have more ***vaccine*** per capita than Israel. But the ***vaccine*** doses will come much later. That means there's a shortage of the stuff right now - but that's about to change. "In three months, the US and Europe will have enough ***vaccine***," says Kirkegaard, whose research includes the economic competition between the EU, the US and ***China***. "Then the West can give remaining ***vaccine*** to developing countries. "

How fast is ***vaccination*** progressing?

"Today marks the beginning of a European success story," EU Commission President Ursula von der Leyen said in late December, as ***vaccination*** campaigns kicked off in member countries. But while states such as Israel, the United Arab Emirates and the UK have already protected a significant proportion of their populations against ***Covid-19***, ***vaccination*** rates in most EU countries are still comparatively low two months on. To achieve the herd immunity promised by summer, the pace would have to be stepped up significantly in many places.

However, the lack of ***vaccine*** is only part of the reason: EU countries such as Denmark or Malta manage to distribute the available ***vaccine*** much faster than, for example, Germany, the Netherlands or France. In many German states, the ***vaccine*** of the British-Swedish manufacturer AstraZeneca is currently in stockpiles by the thousands, partly because there are reservations that it is less effective than the ***vaccines*** of Biontech/Pfizer and Moderna or that it has stronger side effects.

And that's not all: telephone hotlines are breaking down, invitations to ***vaccination*** appointments are being sent to people who have already died, and even fewer ***vaccinations*** are being given at weekends than during the week. In France, on the other hand, there is a dispute over whether or not pharmacists should be allowed to help vaccinate. "We are in a national health and economic emergency, so something like this is absurd," says expert Kirkegaard.

"I'm really surprised that countries like Germany haven't caught up on ***vaccination***," he says, adding that Denmark, for example, has shown how the available ***vaccine*** can be distributed quickly and efficiently, even how to get more doses from a vial.

But the neighboring countries have learned virtually nothing from each other. On the contrary, a German doctor who managed to use special syringes to get seven doses of ***vaccine*** out of a vial instead of just six was called back by the authorities shortly after being given permission to do the same as the Danes. When it comes to ***vaccine*** distribution, our northern neighbors benefit from their centralized and heavily digitized healthcare system. But Kirkegaard, who used to work for the Danish Ministry of Defence, sees another point: the government in Copenhagen has made ***vaccination*** a top priority. "If there were a hundred thousand doses lying around in a refrigerator in Denmark, it would be a huge political scandal. "

While Sweden and Norway, in addition to Denmark, have announced that they will have their adult populations vaccinated through before the summer, the promised herd immunity in Germany is slipping further and further towards autumn. "I can't see any reason why Germany can't follow suit with these countries," Kirkegaard says. The expert makes a crucial point that has not been discussed much in Germany, but could soon be central: "If it is already a problem to distribute the ***vaccine*** now, what will happen when more ***vaccine*** comes in?"

That Germany is indeed struggling with ***vaccine*** logistics is made clear by the following statistics: of the three ***vaccines*** already approved, 7.5 million doses have been delivered to Germany so far, according to the German government. By the beginning of the week, however, only slightly more than five million had been vaccinated. A good 2.3 million, or about 30 percent, are still in the refrigerators. Some of the doses are being held back for the second ***vaccination***, which is still pending. When supplies were still uncertain, this strategy was perfectly understandable.

However, the next deliveries are now just around the corner. In the second quarter alone, if approvals from CureVac and Johnson & Johnson work out, about 77 million more doses could be delivered, enough to vaccinate about 44 million people. In view of the current pace, it is more than questionable whether the ***vaccination*** rate can then be increased in a short period of time so that this quantity can be vaccinated in a timely manner.

But one thing is already certain: Germany has its fate in its own hands. The manufacturers' negotiations or the EU's ordering strategy may be responsible for the fact that not enough ***vaccine*** has been available so far. In a few weeks, however, this problem will be solved. Until then, politicians must prepare the logistics so that the ***vaccines*** can be distributed as quickly as possible - and the country can return to normality. Yet, it seems, this problem has not been recognized as acute. Or, as the New York Times writes: The Germans, whose country was once hailed as an international role model in the fight against the pandemic, are waiting. For ***vaccinations***. For government assistance. For normalcy.

Global comparison shows why Germany is failing; Is the current vaccination record in Germany really so disastrous? A look at other countries and their approach ....

Der kalte Impfkrieg

Welche Länder bei wem Impfstoff bestellt haben, Angaben in Millionen Dosen

Hersteller: Europa/USA | Russland, China

Zehn größte Impfstoffbesteller bei US-amerikanischen Herstellern*

Land/Region	Janssen (J&J)	Moderna	Novavax	Gesamt
USA	100	300	110	510
COVAX	500	–	–	500
EU	200	160	–	360
Kanada	38	40	52	130
Afrik. Union	120	–	–	120
Großbritannien	30	17	60	107
Australien	–	–	51	51
Philippinen	–	20	30	50
Indonesien	–	–	50	50
Japan	–	50	–	50

Zehn größte Impfstoffbesteller beim russischen Hersteller

Land	Gamaleya Institut/Sputnik V
Indien	100
Vietnam	50
Usbekistan	35
Mexiko	32
Argentinien	25
Ägypten	25
Nepal	25
Brasilien	10
Venezuela	10
Malaysia	6

Zehn größte Impfstoffbesteller bei europäischen Herstellern*

Land/Region	Curevac	Oxford/ AstraZeneca	Pfizer/ Biontech	Gesamt
EU	225	400	600	1225
USA	–	300	300	600
Afrik. Union	–	500	50	550
Japan	–	120	144	264
COVAX	–	170	40	210
Großbritannien	50	100	40	190
Lateinamerika	–	150	–	150
Mexiko	–	77	34	112
Brasilien	–	102	–	102
China	–	–	100	100

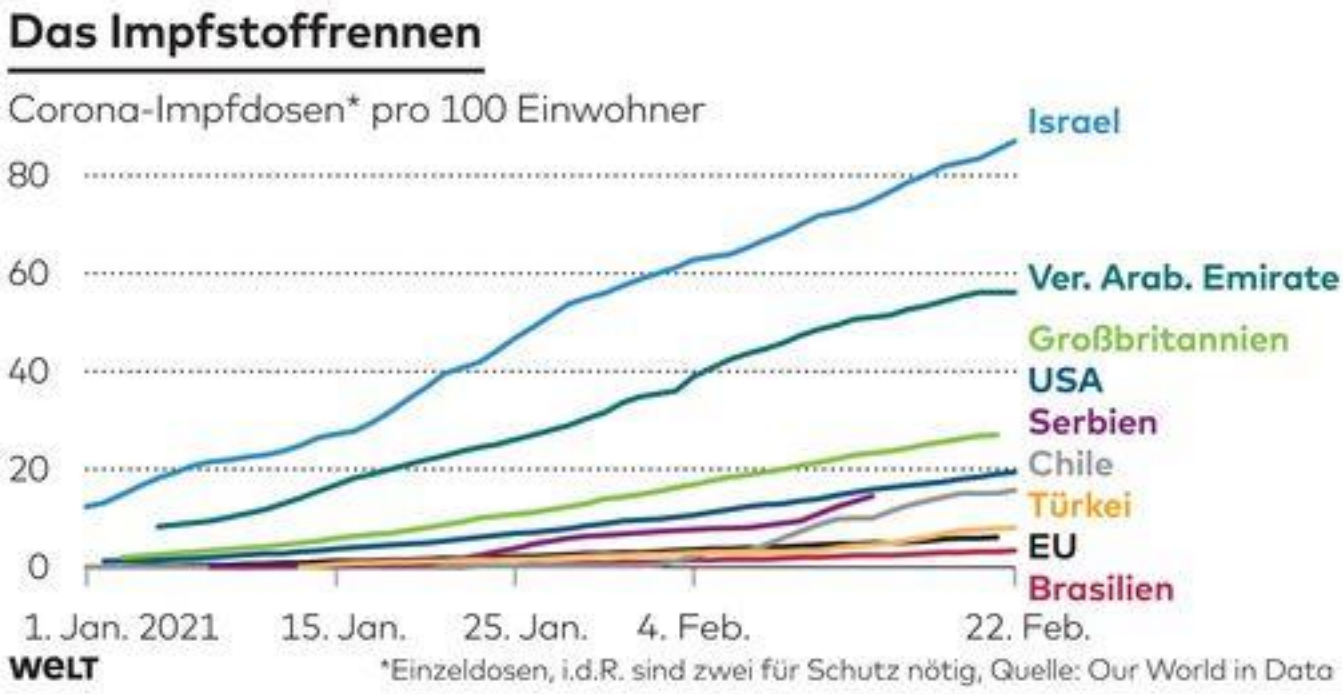
Zehn größte Impfstoffbesteller bei chinesischen Herstellern

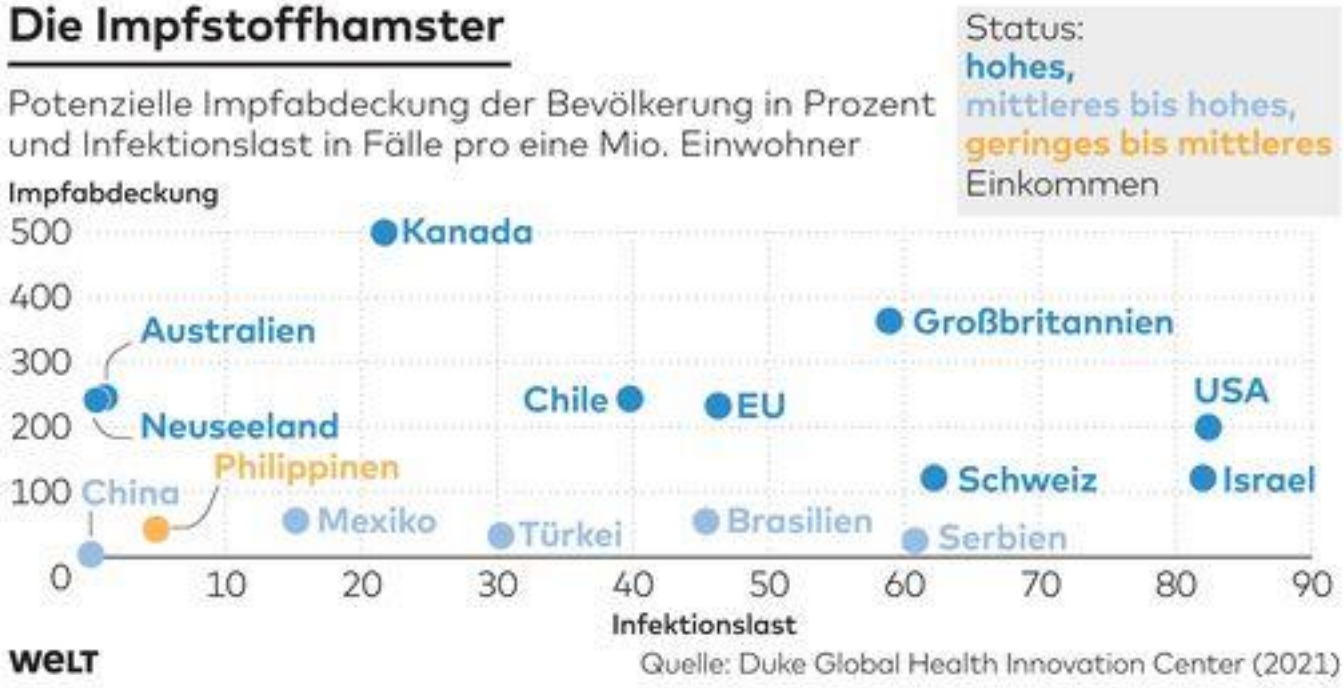
Land	Cansino Biologics	Sino-phorm	Sinovac	Gesamt
Indonesien	15	–	126	141
Brasilien	–	–	100	100
Chile	–	–	60	60
Türkei	–	–	50	50
Marokko	–	41	–	41
Ägypten	–	40	–	40
Peru	–	38	–	38
Philippinen	–	0	25	25
Pakistan	20	2	–	22
Malaysia	4	0	14	18

WELT

* Der Biontech/Pfizer-Impfstoff wird in den USA, Belgien und Deutschland hergestellt, Quelle: Duke Global Health Innovation Center (2021)

Global comparison shows why Germany is failing; Is the current vaccination record in Germany really so disastrous? A look at other countries and their approach ....




Die Impfstoffhamster
Potenzielle Impfabdeckung der Bevölkerung in Prozent und Infektionslast in Fälle pro eine Mio. Einwohner
Status:
hohes,
mittleres bis hohes,
geringes bis mittleres
Einkommen
Impfabdeckung
500
400
300
200
100
0
Kanada
Australien
Großbritannien
Chile
EU
USA
Neuseeland
Philippinen
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Mexiko
Türkei
Brasilien
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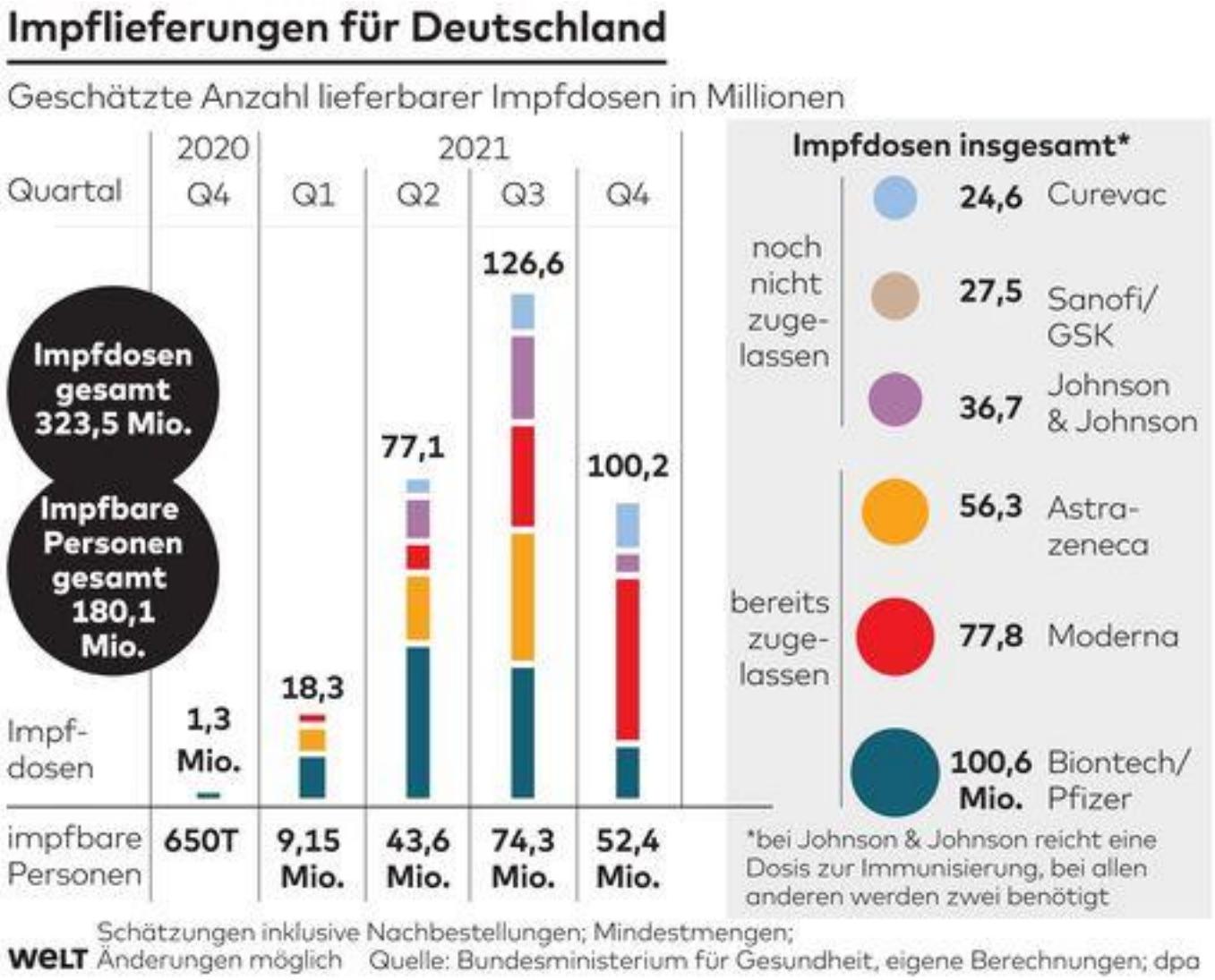
Infektionslast
WELT
Quelle: Duke Global Health Innovation Center (2021)



Classification

Language: ENGLISH

Publication-Type: Newspaper

Journal Code: WETR

Subject: ***vaccineS*** (93%); EUROPEAN UNION (90%); HERBAL MEDICINE (90%); US FEDERAL GOVERNMENT (90%); ***VACCINATION*** & IMMUNIZATION (90%); DEVELOPING COUNTRIES (89%); GOVERNMENT & PUBLIC ADMINISTRATION (89%); MEDICAL TECHNOLOGY (88%); NEGATIVE PERSONAL NEWS (78%); PANDEMICS (78%); TYPES OF GOVERNMENT (78%); INTERNATIONAL ECONOMIC ORGANIZATIONS (74%); DRUG & MEDICAL DEVICES APPROVAL (71%); APPROVALS (69%); ECONOMICS (69%); SHORTAGES (68%)

Company: PFIZER INC (57%)

Organization: EUROPEAN UNION (84%); GERMAN MARSHALL FUND OF THE US (56%); INSTITUTE FOR INTERNATIONAL ECONOMICS (56%); DUKE UNIVERSITY (54%)

Ticker: PFZ (LSE) (57%); PFE (NYSE) (57%)

Industry: NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (57%); NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (57%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (57%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (57%); SIC2834 PHARMACEUTICAL PREPARATIONS (57%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (57%); ***vaccineS*** (93%); MANUFACTURING (91%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); CHEMICALS (90%); CHEMICALS MFG (90%); HERBAL MEDICINE (90%); PHARMACEUTICAL PREPARATION MFG (90%); PHARMACEUTICALS INDUSTRY (90%); ***VACCINATION*** & IMMUNIZATION (90%); MEDICAL TECHNOLOGY (88%); BIOLOGICS MFG (76%); DRUG & MEDICAL DEVICES APPROVAL (71%)

Geographic: BAVARIA, GERMANY (79%); ***CHINA*** (95%); GERMANY (94%); UNITED STATES (93%); EUROPE (92%); RUSSIAN FEDERATION (92%); SERBIA (92%); EUROPEAN UNION MEMBER STATES (90%); BRAZIL (79%); CHILE (79%); EGYPT (79%); INDONESIA (79%); LATIN AMERICA (79%)

Load-Date: February 24, 2021

End of Document

27 *Hardly any vaccine for poorer countries; The Covax initiative aims to make vaccines available worldwide. But the project has so far fallen by the wayside. It is not because of too little money*

Die Welt (English)

February 26, 2021 Friday

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Section: POLICY; Pg. 5; No. 48

Length: 1356 words

Byline: Kaja Klapsa

Body

At the opening of a United Nations (UN) meeting last week in Geneva, UN Secretary-General António Guterres became furious: only ten countries worldwide had used 75 percent of the available ***Covid-19*** ***vaccines***, he said angrily. More than 130 countries have not received a single dose, he said. This "totally unbalanced and unfair" distribution was a moral failure, the Portuguese said.

German Chancellor Angela Merkel (CDU) also addressed the failures a few days later. "This is an elementary question of justice," she said. For Germany, this meant that in addition to financial aid, it would "if necessary" have to give some of its own ***vaccines*** already ordered to poorer countries, Merkel said. However, she said it was not yet clear to what extent and when this might happen. She assured, however, that "no ***vaccination*** date in Germany will be put in danger" as a result.

Guterres' anger and Merkel's vague promise of help contrast with an agreement reached by the international community ten months ago: 190 countries, including Germany, joined the Covax initiative in April 2020, sponsored by the World Health Organization (WHO) and supported by foundations and private companies. The goal: to replenish a fund with five billion dollars, purchase ***vaccines*** and distribute them in such a way that each participating country can vaccinate around 20 percent of its population by the end of 2021. Vulnerable groups and medical personnel in particular should benefit. The guiding principle is that "no one is safe until everyone is safe. "

Not much remains of the solidarity invoked at the time; so far, not a single person has been vaccinated through the Covax program. That's not for lack of money, though: just last week, the G-7 nations agreed to replenish the fund. US President Joe Biden pledged four billion dollars, Chancellor Merkel another 1.5 billion euros, and the EU doubled its contribution. The real problem is a different one: there is no ***vaccine***.

For the Western countries have already bought up or contractually secured the bulk of the ***vaccine*** doses. Many countries are under domestic political pressure to order a lot and quickly - even at the risk of not being able to use some of the doses later. The development organization ONE has calculated that the EU, the UK, the US, Australia, Canada and Japan - if they administer two doses to their entire populations - have ordered a total of more than one billion ***vaccine*** doses more than necessary.

At Covax, the numbers are more manageable, at least as far as already-approved manufacturers are concerned. The British-Swedish company AstraZeneca has had 170 million doses of ***vaccine*** ordered so far. In addition, 100 million ***vaccine*** doses are being produced by the Serum Institute of India, with which AstraZeneca has a licensing agreement. For Biontech/Pfizer, the order is for 40 million ***vaccine*** doses. The first Covax shipment of a ***vaccine*** was made on Wednesday to Ghana, which received 600,000 doses of AstraZeneca's active ingredient; ***vaccines*** under the initiative were also loaded in India on the same day.

Covax initiators, citing other agreements, claim to be able to deliver 1.3 billion doses of ***vaccine*** to 92 countries by the end of the year. It remains to be seen whether this will happen and, more importantly, how quickly. ONE is therefore calling on the federal government to follow through on its announcement to deliver some of the ***vaccines*** in a timely manner. "The German government has ordered significantly more ***vaccine*** doses than we need," Germany Director Stephan Exo-Kreischer tells WORLD. "As soon as at-risk groups and health workers in this country have been vaccinated, Germany should successively give ***vaccine*** doses to poorer countries." The German government should not make the mistake of waiting until all Germans have been offered ***vaccination*** before distributing. "That would be far too late and would cost us more than most suspect. "

In fact, experts point out that Western countries also have a vested interest in distributing ***vaccines*** worldwide. On the one hand, there is a particularly high risk of virus mutations in countries with high infection rates. This was recently observed in South Africa and Great Britain. Thus, he said, it was possible that some ***vaccines*** would not work against future mutations. "If we were virus-free, it would come back overnight by plane or with a pallet of goods," warned German Development Minister Gerd Müller (CSU) weeks ago.

The second self-interest is likely to be geopolitical. For example, ***China*** and Russia have already discovered so-called ***vaccination*** diplomacy for themselves and are trying to secure their influence in countries such as Turkey and the West African country of Guinea through free ***vaccinations***. European countries such as Hungary and Serbia have also received Sinopharm ***vaccine*** from Beijing. France's President Emmanuel Macron recently warned, "If you just give money to the countries concerned, they will order the ***vaccines*** from ***China*** or Russia. "

But is it really realistic for Germany and other Western countries to cede some of their secured ***vaccines*** in a timely manner? In view of the current supply bottlenecks, this seems unlikely for Germany for the time being. Increasingly, calls are being made to solve the production bottlenecks in other ways: through greater technology transfer or the release of patents to other manufacturers. Already in January, CSU leader Markus Söder and Green Party leader Robert Habeck argued in this direction. They brought up the idea of an "emergency ***vaccine*** economy" to increase production volumes. Federal Economics Minister Peter Altmaier (CDU) made it clear that compulsory licences would be "a means of last resort" for him if there were no voluntary cooperation. There are, however, different views on whether the currently existing cooperations are sufficient. German Health Minister Jens Spahn stressed in the Bundestag on Wednesday that production is currently being set up worldwide through cooperations, for example in India. "Where there is cooperation, there is no need for coercion," said the CDU politician.

The SPD's expert on global health, Heike Baehrens, sees things quite differently. So far, there has been no production expansion on a larger scale in the global South, Baehrens tells WELT. This shows that the current system is "not crisis-proof ". While WHO is working hard to bring different producers together to voluntarily encourage collaborations, for example through the ***Covid-19*** Technology Access Pool, he said. "So far, this has not worked well because there seems to be too little incentive for producers to share their expertise widely. The same is true for voluntary licensing between companies," Baehrens said. Her conclusion: "Time is running out. If manufacturers do not use the voluntary licensing mechanism promptly, the temporary sharing of patents and production know-how should not be taboo either. "

In addition to the Left Group, she also receives support from Green MEP Ottmar von Holtz, his group's rapporteur on global health. "If positive economic incentives - such as purchase guarantees staggered in price - do not lead to compliance with the WHO's global ***vaccination*** plan, what remains is the mandatory granting of licenses," von

Holtz told WELT. The basis for this is provided by the Infection Protection Act, which will be amended at the end of 2020. According to this, the Federal Ministry of Health will be authorized to order "that an invention ... be used in the interest of public welfare ... in the context of an epidemic situation of national scope." Thus, the state could grant licenses to pharmaceutical companies for a limited period of time.

A large number of poorer states are likely to be happy about this. Back in October, India, along with South Africa, had submitted a request to the World Trade Organisation (WTO) to suspend patent rights. More than half of the WTO members as well as organisations such as Unesco, Médecins Sans Frontières and Amnesty International support the proposal. However, the US, the EU, the UK and other countries have so far strongly opposed it.

Graphic

Airport workers unload a Covax ***vaccine*** shipment from the Serum Institute of India in Mumbai on Wednesday

Classification

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Company: PFIZER INC (58%); ASTRAZENECA PLC (54%)

Organization: WORLD HEALTH ORGANIZATION (73%)

Ticker: PFZ (LSE) (58%); PFE (NYSE) (58%); AZN (STO) (54%); AZN (NYSE) (54%); AZN (LSE) (54%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (58%); SIC2834 PHARMACEUTICAL PREPARATIONS (58%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC)

MANUFACTURING (58%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (58%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (58%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (58%); ***vaccineS*** (95%); PHARMACEUTICALS & BIOTECHNOLOGY (91%); PHARMACEUTICALS INDUSTRY (91%); BIOLOGICS MFG (90%); CHEMICALS (90%); CHEMICALS MFG (90%); DRUG AVAILABILITY (90%); HERBAL MEDICINE (90%); MANUFACTURING (90%); PHARMACEUTICAL PREPARATION MFG (90%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (78%); ***VACCINATION*** & IMMUNIZATION (77%); EURO (75%); HEALTH DEPARTMENTS (72%)

Person: ANGELA MERKEL (89%); ANTONIO GUTERRES (79%); JOE BIDEN (69%)

Geographic: GERMANY (92%); UNITED KINGDOM (92%); UNITED STATES (92%); EUROPEAN UNION MEMBER STATES (90%); AUSTRALIA (79%); CANADA (79%); JAPAN (79%); PORTUGAL (79%); SWITZERLAND (73%)

Load-Date: February 26, 2021

End of Document

28 Vaccinate faster with China's help; Turkey has accelerated its pace of immunizing the population. That's because of prompt deliveries and good health care system. But summer holidays in the country are not assured

Die Welt (English)

March 17, 2021 Wednesday

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DIE WELT

Section: POLITICS; Pg. 9; No. 64

Length: 1226 words

Byline: Marion Sendker

Body

Istanbul

Quietly, Nilgün Kincak sits on the couch in an Istanbul doctor's office. Her legs hang a few inches off the floor. The 69-year-old's face is covered up to her eyes with a large mask, over which she has pulled another knitted scarf. "Mrs. Nilgün," as the nurse calls her, has come to this doctor's office in Istanbul's Bostanci district in the Asian part of the metropolis for her ***vaccination*** appointment.

Is she excited? Barely noticeably, the old lady shakes her head. "Thank Allah I'm fine," she says, her eyes hinting at something like a smile.

"I'm scanning the patient's barcode now to check if it's the right lady," Seda, the nurse, tells me. She swipes her finger once from left to right on her phone's screen. A bar that was red before turns green. "Now it's noted in the system that she's getting her second dose of ***vaccine***," Seda says, pulling from a gray canister the Chinese ***vaccine*** made by Sinovac. It is currently the only ***vaccine*** used in Turkey.

Seda prepares the syringe, pulls the patient's sweater down a little at the shoulders and sticks the needle into her arm. Then she asks the old lady to wait in the hallway for about 20 minutes. Now she prepares the papers for the next patient. A man takes a seat on the couch. "Aziz Kundupoglu, 73 years old, first ***vaccination*** appointment," Seda says, scanning a new barcode. The old gentleman looks around the room a little nervously. "I didn't know how to get an appointment," he says. He says a friend recently told him to call 182, a nationwide medical extension. Through that - or a website - he would get an appointment. Aziz Kundupoglu picked up the phone.

Then everything happened really quickly, he says, and seems a bit surprised himself. He only had to wait a few days. "I was also offered earlier appointments at other practices. But I wanted to come here because I live in the neighbourhood," he says as Seda administers the ***vaccine*** to him.

"Please come back in 28 days for the second dose, you can get the appointment up front," she says as she prepares the paperwork for the next patient. Like an assembly line, Turkey has been vaccinating against the ***coronavirus*** since the beginning of the year. The elderly, teachers and educators are the first to be vaccinated.

Vaccination is carried out from morning to night, Monday to Saturday and even on Sundays, even if there is a nationwide curfew.

Vaccination comes first. According to official figures, a total of almost eleven million doses have been vaccinated. Few countries have managed as much as Turkey. This is mainly due to the well-structured health system, which has its roots in the Ottoman Empire: even then, almost every district had its own health center. In Turkey, it has been a legal requirement since the 1960s that every district and village with a population of 5,000 or more must have a "Saglik Ocagi ", a kind of enlarged family doctor's office.

The Corona ***vaccine*** is sent directly to these practices as well as to hospitals, reaching even people living in remote mountain villages in Anatolia.Nine doctors work at the practice in Bostanci in Istanbul. Each is responsible for almost 4000 people in the district. If one of them can't come by to vaccinate, they will also make house calls, says the practice's director, Kemer Tas. The ***vaccination*** process is going well, he says. However, there are also a few patients who do not trust the Chinese medicine and refuse the ***vaccination***. This annoys him, says the doctor.

"Some are waiting for a drug from Europe, they prefer the ***vaccine*** from Biontech/Pfizer." Kemer shakes his head. He himself - and many of his colleagues, he notes - reject the synthetic agent, which works on the basis of novel mRNA technology. "We know next to nothing about the long-term effects. "

With the traditional Chinese Sinovac ***vaccine***, he says, it's different: "It's an inactive ***vaccine***. We know the side effects. The worst that can happen is that nothing happens." Turkey just doesn't have enough ***vaccine***, he notes. "The pace of ***vaccination*** will slow down soon." By his calculation, the doses ordered from ***China*** are enough for a total of about ten million people in Turkey. That's just under one-eighth of the population.

Unofficial information from the Health Ministry confirms this calculation. Contrary to what President Recep Tayyip Erdogan announced a few weeks ago, Turkey will not have a total of more than 20 million doses from ***China***. Of course, that's not enough for its population of about 83 million. They would need at least 100 million doses to vaccinate enough people.

This is probably why Turkey is currently negotiating with Russia about the production of the ***vaccine*** Sputnik V in Turkey. A request to do so from a large pharmaceutical company was rejected. According to reports, however, Turkey is already setting up its own production facilities. One industry in particular is currently worried about the progress of the ***vaccination***: "For months, we have been demanding that those employed in the tourism sector also be vaccinated," says Ülkay Atmaca, chairman of the Turkish hotel association POYD. At the weekend, he says, they were finally heard: "Every business that has the "Safe Tourism Certificate" can have its employees vaccinated from now on. "

The certificate has been around for just under a year. For this certificate, hotels and restaurants have to meet almost 140 hygiene criteria. Most establishments already have the certificate. They are allowed to receive tourists, who can then move freely throughout the country, observing precautions such as mask and safety distance.

Tourism is one of Turkey's main sources of income. Estimates of how well the tourist season will turn out this year are still too vague, but "the government's decision that we will be the next to be vaccinated is a great advantage for the whole country," Atmaca says. All that's needed now, he says, is for travel warnings to be lifted.

Whether herd immunity can be achieved by summer depends on whether the government manages to bring enough ***vaccine*** into the country or produce it itself, he said. The government does expect more than half the country to be vaccinated by autumn. However, Ankara is not disclosing which ***vaccine*** will be used. In any case, the doses from ***China*** will not be sufficient. Meanwhile, doctor Kemer from Bostanci is counting on the good weather: "In the summer, the number of infected people will decrease, and the pandemic will probably receive less attention. "

Vaccinate faster with China's help; Turkey has accelerated its pace of immunizing the population. That's because of prompt deliveries and good health care syste....

The employees of the Istanbul agency Viking Turizm are also waiting for this. They want to make a virtue out of the pandemic's hardship: "We are in contact with colleagues in different countries and want to offer ***vaccination*** trips," travel consultant Yavuz Atalay tells. It is already being advertised on the company's website: "We may soon offer ***vaccination*** tours over the weekend to Moscow, Dubai, Tel Aviv, London, Cuba or New York."

I wonder if ***vaccination*** tours will be available to Turkey itself? It's too early to tell, tourism industry sources say. But if the government manages to get enough ***vaccine*** or produce it itself, such ***vaccination*** tours are not out of the question, they say. As things stand at the moment, foreigners are not yet allowed to be vaccinated. However, there is already a first exception: for foreign citizens in the tourist stronghold Antalya.

Graphic

Vaccination at the family doctor: This couple visits a practice in the Istanbul district Bostanci

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Subject: ***vaccineS*** (92%); ***VACCINATION*** & IMMUNIZATION (89%); INFECTIOUS DISEASE (71%); CORONAVIRUSES (70%); VIRUSES (70%)

Industry: ***vaccineS*** (92%); ***VACCINATION*** & IMMUNIZATION (89%); HEALTH CARE (78%)

Geographic: ISTANBUL, TURKEY (90%); TURKEY (94%)

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29 *If necessary, we must suspend vaccine patents*

Die Welt (English)

March 18, 2021 Thursday

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DIE WELT

Section: FORUM; GUEST COMMENTARY; Pg. 2; No. 65

Length: 660 words

Byline: Jamila Schäfer

Body

The most effective means of containing the pandemic is a safe ***vaccine*** that is distributed swiftly and fairly. But unfortunately, we are very far from a speedy and equitable distribution of ***vaccine***: while developed countries have been vaccinating their populations since the beginning of the year, over 100 countries worldwide have not even received a single dose. Model calculations by the US Center for Global Development show that in many poorer countries it could take at least another two years before ***vaccines*** are widely available.

There are many reasons for this. One problem is the underfunding of the World Health Organization (WHO) and its instruments. Another concerns global ***vaccine*** distribution: bilateral advance purchases with ***vaccine*** manufacturers have undermined a global ***vaccination*** strategy, driving up ***vaccine*** prices. Some developing countries now enter into bilateral contracts with ***vaccine*** manufacturers themselves. In some cases, they pay significantly higher prices than industrialized countries. So WHO Director-General Tedros is right when he says that the world is "on the brink of a catastrophic moral failure in pandemic response, the price of which is being paid by poorer countries."

But it's not just a moral failure; it's also an economic one. Until low-income countries have access to the right ***vaccines*** at affordable prices, we risk not only creating new pandemics with ***vaccine***-resistant Corona variants, but also prolonging the costly duration of acute pandemics. According to research by WHO's Eurasia Group, the ten largest economies, including Germany, would save about US$153 billion in 2020/21 alone through globally equitable ***vaccine*** distribution. In addition, ***vaccine*** supply to the Global South is slowed by licensing monopolies. They prevent other manufacturers from participating in production and production capacities in emerging countries such as India, South Africa and Brazil from being used.

So far, both the German Federal Government and the EU Commission have refrained from persuading ***vaccine*** manufacturers to grant favourable licences. As a result, no European pharmaceutical company has yet contributed know-how to the WHO's ***Covid 19*** Technology Access Pool (C-TAP). The EU is thus missing out on using an important lever in the fight against the pandemic and demonstrating its global political capability. It has long been apparent that the governments of ***China*** and Russia are filling this gap with their ***vaccination*** diplomacy.

At last week's meeting of the World Trade Organization (WTO), the EU also failed to seize the opportunity to make good its omissions. Together with the US, the UK and other developed countries, it once again rejected a proposal by India and South Africa to temporarily lift patents and trade secrets related to the containment and treatment of

Covid-19. The motion is supported by over 100 developing and emerging countries. At least the meeting agreed to debate it again in early June.

If the EU Commission cannot persuade ***vaccine*** manufacturers to grant favourable licences in order to ensure that the WHO's manufacturing targets are met, it should use its weight to help the motion succeed at this meeting at the latest. The quality of licensed ***vaccines*** would be maintained through existing testing and licensing procedures. Public research funding and support for ***vaccine*** developers would continue to be essential drivers of innovation in the fight against the pandemic. Of course, manufacturers would have to be adequately compensated.

In the fight against HIV - then it was about drugs, now it is primarily about ***vaccines*** - the temporary suspension of patents has brought great international success in the fight against the dangerous virus and saved many lives. It is time again to do something big in a global show of force.

The author has been deputy leader of the Green Party since January 2018. Before that, she was spokesperson for the Green Youth until 2017.

Classification

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Subject: ***vaccineS*** (95%); PANDEMICS (91%); DEVELOPING COUNTRIES (90%); PRICES (90%); ASSOCIATIONS & ORGANIZATIONS (89%); BIOTECHNOLOGY PATENTS (89%); EMERGING MARKETS (89%); EUROPEAN UNION INSTITUTIONS (89%); INTERNATIONAL ECONOMIC ORGANIZATIONS (89%); PATENTS (89%); ***VACCINATION*** & IMMUNIZATION (89%); EUROPEAN UNION (88%); ***COVID CORONAVIRUS*** (79%); COMMUNICABLE DISEASE CONTROL (78%); ***COVID-19*** ***CORONAVIRUS*** (78%); DRUG SAFETY (78%); PUBLIC HEALTH ADMINISTRATION (78%); TALKS & MEETINGS (78%); UNITED NATIONS INSTITUTIONS (78%); INTERNATIONAL TRADE (77%); HEALTH DEPARTMENTS (75%); DRUG PRICES (74%); ECONOMY & ECONOMIC INDICATORS (74%); INFECTIOUS DISEASE (73%); GOVERNMENT & PUBLIC ADMINISTRATION (71%)

Organization: WORLD HEALTH ORGANIZATION (90%); CENTER FOR GLOBAL DEVELOPMENT (57%)

Industry: ***vaccineS*** (95%); DRUG AVAILABILITY (90%); MANUFACTURING (90%); BIOLOGICS MFG (89%); BIOTECHNOLOGY PATENTS (89%); PHARMACEUTICALS TRADE (89%); ***VACCINATION*** & IMMUNIZATION (89%); DRUG SAFETY (78%); PHARMACEUTICALS & BIOTECHNOLOGY (78%); PHARMACEUTICALS INDUSTRY (78%); HEALTH DEPARTMENTS (75%); DRUG PRICES (74%); PHARMACEUTICAL PREPARATION MFG (69%)

Geographic: EUROPEAN UNION MEMBER STATES (92%); INDIA (92%); UNITED STATES (92%); GERMANY (90%); BRAZIL (79%); ***CHINA*** (79%); UNITED KINGDOM (79%); RUSSIAN FEDERATION (51%)

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End of Document

30 Putin suddenly becomes camera shy at the jab; Russia's president announces his vaccination, but then refuses any publicity. Instead, there are plenty of photos from a weekend trip to Siberia

Die Welt (English)

March 24, 2021 Wednesday

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Section: POLITICS; Pg. 6; No. 70

Length: 676 words

Body

Russian President Vladimir Putin has refused to vaccinate against the ***coronavirus*** in full view of the public. Cameras would not be allowed when the head of state had the shot, government spokesman Dmitry Peskov announced in advance on Tuesday, the day of the planned ***vaccination***. Asked by reporters if there would at least be footage or photos, the spokesman replied that they would simply have to "take the Kremlin's word for it." ***Vaccinations*** in front of running cameras have never been advocated by Putin - "he doesn't like it ". However, the Russians would already "hear" about his ***vaccination***.

Peskov also would not reveal whether Putin would go to a ***vaccination*** center or whether he would get the prick at his official residence or his residence. He said the procedure would be done in a way that would "least interfere" with his work schedule.

Putin himself had announced his ***vaccination*** at a cabinet meeting the previous day - several months after launching a nationwide ***vaccination*** campaign against ***Covid-19***. Critics had accused Putin of contributing to the country's lack of ***vaccination*** readiness with his hesitation. According to polls conducted by the independent polling center Levada, the number of Russians who are reluctant to be vaccinated with the country's Sputnik V drug has risen from 58 percent in December to 62 percent in February. Only 6.3 million of the population of about 146 million have received at least one dose so far.

Kremlin spokesman Peskov had kept mum on Monday about which of the three ***vaccines*** approved in Russia Putin would allow himself to be administered. But all three preparations are very good and reliable, he said.

Meanwhile, Russian scientists are starting phase-three tests of the trimmed-down Sputnik V ***vaccine*** in Russia as well as in the United Arab Emirates and Ghana, which are crucial for approval. This is the same ***vaccine*** that only has to be injected once instead of twice. It is true that "Sputnik-light" is not supposed to be as effective as the original dosage. But according to the state health fund RDIF, the one-time administration of Sputnik V can be a temporary solution for states with high infection rates.

Russia, together with ***China***, has rejected accusations that it wants to use the Corona ***vaccine*** to expand its political influence worldwide. Both countries would follow the principle of "humanity" and not geopolitical or economic interests, Russian Foreign Minister Sergei Lavrov assured on Tuesday after talks with his Chinese

counterpart Wang Yi in the southern Chinese city of Guilin. "Russia and ***China*** have been models of openness, cooperation and mutual assistance. "

Western partner countries should also remember that, trying to portray Russia and ***China*** as opportunists over "***vaccine*** diplomacy," Lavrov added, according to his ministry. "This is completely disconnected from reality," ***China***'s Foreign Minister Wang said in a similar vein. He accused some countries of "selfish mass hoarding of ***vaccine***." Russia and ***China*** did not want to benefit from the ***vaccines*** themselves, but rather wanted to vaccinate more people as soon as possible. ***China*** has supplied its ***vaccines*** to a number of countries, some for free. Russia, in turn, supplies its ***vaccine*** Sputnik V, which is now approved in more than 50 countries worldwide.

Lavrov caused an international stir during his ***China*** visit by wearing a fancy Corona protective mask while appearing before journalists. The black mouth-nose protection with the white inscription "FCKNG QRNTN" - meaning "Fucking Quarantine" - was a birthday present from journalists, Lavrov said, according to newspaper reports. Russia's chief diplomat, who says he has already survived a corona infection, had turned 71 on Sunday. The Russian Foreign Ministry had earlier released a video of Lavrov wearing the mask. "Both the mask and the inscription suit the minister well," it said. On the social media platform Tiktok, Lavrov earned mostly praise for the appearance. Only a few users wrote that such an inscription was not worthy of a minister

Graphic

There are dozens of official photos of Vladimir Putin's (r.) trip to Siberia

Classification

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Journal Code: WETR

Subject: ***vaccineS*** (92%); HEADS OF STATE & GOVERNMENT (91%); ANTI-***vaccine*** MOVEMENT (90%); ***COVID CORONAVIRUS*** (90%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (90%); INFECTIOUS DISEASE (90%); ***VACCINATION*** & IMMUNIZATION (90%); POLITICS (89%); CORONAVIRUSES (78%); ***COVID-19*** ***CORONAVIRUS*** (78%); GOVERNMENT ADVISORS & MINISTERS (78%); TALKS & MEETINGS (78%); VIRUSES (78%); INTERNATIONAL RELATIONS & NATIONAL SECURITY (77%); POLLS & SURVEYS (77%); DRUG & MEDICAL DEVICES APPROVAL (70%); INTERNATIONAL RELATIONS (66%); STATE DEPARTMENTS & FOREIGN SERVICES (63%)

Industry: ***vaccineS*** (92%); ANTI-***vaccine*** MOVEMENT (90%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (90%); ***VACCINATION*** & IMMUNIZATION (90%); DRUG & MEDICAL DEVICES APPROVAL (70%)

Person: VLADIMIR PUTIN (79%)

Putin suddenly becomes camera shy at the jab; Russia's president announces his vaccination, but then refuses any publicity. Instead, there are plenty of photos ....

Geographic: SOUTH ***CHINA*** (77%); GUANGXI, ***CHINA*** (58%); ***CHINA*** (94%); RUSSIAN FEDERATION (94%); GHANA (79%); UNITED ARAB EMIRATES (79%)

Load-Date: March 24, 2021

End of Document

31 ***The price of morality; Europe and China are imposing sanctions on each other. As justified as the criticism of Beijing's authoritarian behaviour is, it is not yet a strategy for dealing with the rising superpower***

Die Welt (English)

March 24, 2021 Wednesday

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Section: FORUM; EDITORIAL; Pg. 3; No. 70

Length: 1317 words

Byline: Sascha Lehnartz

Body

When an exchange between diplomats is subsequently described by them as "candid ", one should prick up one's ears. Literally, it means that they "frankly" spoke their minds. In reality, however, as William Safire, the one-time linguistic pundit of The New York Times, once explained in the early 1980s, "candid" means "they yelled pretty loudly at each other and told each other to kindly leave the other alone." After meeting for the first time with his Chinese counterpart Yang Jiechi last week in frigid Alaska, U.S. Secretary of State Anthony Blinken called the meeting just that, "frank and challenging. "

What made the meeting so special was watching the foreign ministers of the world's two leading superpowers browbeat each other to the point of losing their diplomatic temper. Because instead of shutting out the world after the greeting, Blinken kept the cameras rolling. So the U.S. secretary of state was seen sitting across from the Chinese delegation in a dreary hotel conference room in Anchorage, opening up to them that he wanted to talk about the persecution of the Uighurs in ***China*** as much as the repression of the democracy movement in Hong Kong.

The Chinese Foreign Minister Yang Jiechi then lectured Blinken that ***China*** would not be lectured by America. One should kindly put one's own house in order and take care of human rights in one's own country. Yang Jiechi, who successfully graduated from the high party school of "whataboutism", gleefully mentioned the "Black Lives Matter" movement and the Americans' dwindling trust in their democracy. In ***China***, on the other hand, citizens trusted their government. So the Americans had best stop trying to impose their outdated model of democracy on the world.

If the meeting made one thing clear, it is that even after the end of Trump's confrontational presidency, the world is still headed for an era of tense bipolarity between America and ***China***. It remains to be seen whether the friction between the two superpowers could even develop into a kind of new Cold War. And in need of clarification is the role that Europe actually intends to play in this ever more clearly emerging permanent conflict situation.

So far, the EU has pursued a kind of three-part ***China*** strategy, most recently articulated at the end of last year in a thesis paper entitled "A New EU-US Agenda for Global Change ". It said that for the EU, ***China*** is a "negotiating partner for cooperation, an economic competitor, a systemic rival." As open democratic societies and market

economies, the EU and the US agree that "***China***'s growing international self-confidence" is a "strategic challenge ", even if they do not always agree on how to deal with it.

An example of the disagreement over the right way to deal with it is the ***China*** investment agreement that the EU, under the leadership of Angela Merkel, waved through shortly before the final bell of the German presidency - throwing to the wind all the pleas of the Biden administration, which has not yet taken office, to coordinate with each other on this issue. The agreement may improve the situation of European investors in ***China*** a little in atmospheric terms. Above all, however, it represents a prestigious success for Xi Jinping and makes it easier for him to point out when necessary that the West is incapable of finding a common position on ***China***.

Not even his defenders would claim that the agreement would help to positively influence the human rights situation in ***China***. Just these days, Europeans are experiencing anew that ***China*** is no joker in these matters and is not prepared to engage in even one dialogue with the West on human rights issues. On the contrary, Beijing is reacting increasingly aggressively to any kind of criticism.

The relatively moderate, symbolic sanctions imposed by the EU against four Chinese officials who are partly responsible for the systematic repression of the Uyghurs were not only answered by Beijing with sanctions against no less than ten European politicians, researchers and institutions. The tone of the reaction also leaves no doubt as to what the People's Republic thinks of such attempts at discipline on the part of the EU: It regards them as inadmissible interference in its internal affairs. The Chinese government called on the EU to reconsider the "seriousness of its mistake" and announced "further measures" if insubordination continued. Prosecutors in totalitarian show trials use very similar language.

China is not afraid to use its economic power to advance its geostrategic interests. Its entire global strategy is geared towards increasing economic dependencies and exploiting their divisive potential in order to be able to do as it pleases in domestic and foreign policy. States that have succumbed to Chinese temptations will sooner or later be presented with the bill. This is likely to apply not only to those that have opened the door to Chinese investment as part of the new Silk Road strategy (such as Portugal, which currently holds the EU presidency), but also to states like Serbia, Montenegro and Hungary, which have stocked up on Chinese ***Covid 19*** ***vaccine***. Against this backdrop, the fact that there is still no clear position from the EU or even the Federal Republic of Germany that unequivocally rules out the involvement of Chinese companies in the construction of 5G networks seems naïve at first glance. But perhaps it is also cleverness out of fear.

After all, the 5200 German companies that are active in ***China*** will have given the Chancellor's Office a pretty clear picture of the sensitivities of their Chinese business partners over the past few years. That's why Daimler is quick to remove a social media posting about Tibet if it makes Beijing uncomfortable. And that's why you don't hear anything from Volkswagen about the situation of the Uyghurs, even though, or rather because, the company has a plant in the province of Xinjiang. German companies account for a good half of the EU's exports to ***China***. The German export industry has little interest in clouding this balance by moral zeal.

However, the economic dependence on ***China*** further weakens the already low impact of moral arguments. As long as Europe, and in this case above all Germany, is not prepared to reduce this dependence, complaints about human rights violations in ***China*** will therefore continue to trigger at best sloppy defensive reactions from Beijing.

The question is what this realization means for the design of a long-term strategy for dealing with an increasingly uncomfortably assertive power that wants to see the EU as "a negotiating partner for cooperation, an economic competitor, a systemic rival." Perhaps it means saying goodbye in the medium term to the idea of the mediability of universalist principles, which the Chinese leadership does not believe in anyway. It means either renouncing morality. Or to do business.

Kishore Mahbubani, a Singaporean diplomat and former president of the UN Security Council who has studied Chinese foreign policy for decades, pointed out last year in his book "Has ***China*** Won Yet?" that the West's crucial mistake in dealing with ***China*** was to demand that ***China*** conform to the West from a position of moral self-aggrandizement. Mahbubani quotes Napoleon as saying, "Let ***China*** sleep, for when she awakens, the earth trembles." Western policies are often unwise, Mahbubani said, because they set out to awaken ***China***. From a Chinese perspective, he said, the world looks like you were a world power for about 1800 years out of the last 2000 years. Then they made the mistake of retreating, he said. That era is now over. And for the self-image of this old power, it is not surprising that it is now passing an immature upstart like America. In this competition, Europe's role remains that of mediator. If it is clever enough to find its role.

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Industry: HOTEL MEETING FACILITIES (70%); HOTELS & MOTELS (67%)

Person: ANTONY BLINKEN (79%)

Geographic: ANCHORAGE, AK, USA (79%); BEIJING, ***CHINA*** (72%); ALASKA, USA (79%); NORTH CENTRAL ***CHINA*** (79%); ***CHINA*** (98%); UNITED STATES (96%); EUROPE (92%); EUROPEAN UNION MEMBER STATES (90%); HONG KONG (79%)

Load-Date: March 24, 2021

End of Document

32 Growth miracle with pitfalls; According to reports from Beijing, China's economy recently grew by 18.3 percent. But a closer look shows that the economic increase has actually slowed down considerably

Die Welt (English)

April 17, 2021 Saturday

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DIE WELT

Section: ECONOMY; Pg. 10; No. 89

Length: 783 words

Byline: Frank Stocker

Body

The figure seems gigantic. The Chinese economy grew by 18.3 percent in the last quarter, ***China***'s statistics office announced on Friday morning. It is the highest figure ever measured since ***China*** began tracking economic output on a quarterly basis 30 years ago. "The national economy got off to a good start in the first quarter," the agency headlined its report on the matter seemingly modestly, not, of course, without adding that it had succeeded "under the strong leadership of the Central Committee of the Communist Party of ***China*** with Comrade Xi Jinping at the center. "

But on closer inspection, this monster figure quickly disintegrates. In fact, it turns out that ***China***'s growth has weakened significantly of late. This is also related to local corona outbreaks in ***China***. And unlike Western industrialized countries, relatively few people in ***China*** have been vaccinated yet. This could still cause problems for the country.

The 18.3 percent growth is based on a comparison of economic output in the first quarter of 2020 with the first quarter of 2021. But that is misleading. "Unlike in Europe or the US, the ***corona virus*** left its massive economic mark on the first quarter of 2020," says Thomas Gitzel, chief economist at VP Bank. So that makes the low point during the Corona crisis the period of comparison, and consequently growth looks gigantic.

The situation looks quite different if one chooses a different comparison. Because if you take the previous fourth quarter of 2020 as the basis, ***China***'s economy grew by only 0.6 percent. That is not only significantly less than leading economists had expected - they had forecast 1.5 percent on average. It is also considerably less than in the previous two quarters, and above all it is the lowest figure since the financial crisis. For Thomas Gitzel, this figure is therefore also the decisive one.

Wei Yao, ***China*** expert at Société Générale, has the explanation for this slowdown. "The slowdown in growth momentum was mainly due to the service sector, which was hampered by a series of local ***Covid 19*** outbreaks, leading to nationwide travel restrictions at the turn of the year," she says.

It is well known that Chinese rulers react with brute force as soon as even a few Corona cases are reported anywhere. As a result, at least according to official figures, there are hardly any cases of the disease today, and

social life has largely returned to normal. But it has just at first sight also an economic advantage. "Economic recovery is less dependent on ***vaccination*** progress than, say, in the US or Europe," says Gitzel. That's also true, by the way, of most other East Asian countries.

But it's a double-edged sword. "Asians feel safe," says Tai Hui, ***China*** strategist at investment bank JP Morgan. But that has led to relatively few ***vaccinations*** against the ***Corona virus*** being administered there. In ***China***, about 175 million doses have been injected. In a population of 1.4 billion people, that represents a rate of 12.5 percent. Since two doses of this ***vaccine*** also have to be injected, a maximum of 6.2 percent are completely protected.

Even Europe is much further ahead, with 18.5 percent of the population in Germany having been vaccinated at least once. Not to mention the USA. ***China***, on the other hand, likes to play the role of a benevolent helper and willingly distributes its ***vaccine*** all over the world, especially to emerging and developing countries. But more than that: the Chinese ***vaccine*** apparently has only a low effectiveness. At least this is what even the head of the Chinese Disease Control Agency, Gao Fu, admitted a few days ago. At a conference he said that the Chinese ***vaccine*** "does not have a high protective effect ". It is only 50 percent, he said.

He later declared that he had been "misunderstood". However, ***China***'s authorities have so far kept the results of the crucial third phase of the trial under wraps. And Brazilian studies have also concluded that the Sinovac ***vaccine*** only provides about 50 percent protection against disease. The ***vaccines*** from Biontech and Moderna proved in various studies to have a protection rate of over 90 percent.

Tai Hui therefore fears that the low ***vaccination*** and protection rate could become a problem for all Asian countries, and especially for ***China***, more so when that threshold is reached in Western industrialized countries at which restrictions are relaxed again and international travel, especially for business purposes, resumes. "Asia," he says, "can then fall behind."

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Graphic

In ***China***, the pandemic had an earlier impact on the economy than in Western industrialized nations

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(90%); OUTPUT & DEMAND (90%); SECURITIES & OTHER INVESTMENTS (90%); ECONOMICS (89%); STATISTICS (89%); ***vaccineS*** (89%); ***VACCINATION*** & IMMUNIZATION (88%); ***COVID CORONAVIRUS*** (79%); COMMUNISM (78%); ECONOMIC CRISIS (78%); ECONOMIC RECOVERY (78%); EMERGING MARKETS (78%); NEGATIVE PERSONAL NEWS (74%); CORONAVIRUSES (68%); ***COVID-19 CORONAVIRUS*** (68%); POLITICAL PARTIES (55%)

Company: JPMORGAN CHASE & CO (55%)

Ticker: JPM (NYSE) (55%); JPM (LSE) (55%)

Industry: NAICS551111 OFFICES OF BANK HOLDING COMPANIES (55%); NAICS523999 MISCELLANEOUS FINANCIAL INVESTMENT ACTIVITIES (55%); NAICS523110 INVESTMENT BANKING & SECURITIES DEALING (55%); NAICS522110 COMMERCIAL BANKING (55%); SIC6712 OFFICES OF BANK HOLDING COMPANIES (55%); SIC6211 SECURITY BROKERS, DEALERS, & FLOTATION COMPANIES (55%); SIC6022 STATE COMMERCIAL BANKS (55%); BANKING & FINANCE (92%); BANK HOLDING COMPANIES (90%); COMMERCIAL BANKING (90%); INVESTMENT BANKING (90%); NEW ISSUES (90%); SECURITIES & OTHER INVESTMENTS (90%); ***vaccineS*** (89%); ***VACCINATION*** & IMMUNIZATION (88%)

Person: XI JINPING (73%)

Geographic: BEIJING, ***CHINA*** (58%); NORTH CENTRAL ***CHINA*** (78%); ***CHINA*** (99%); EUROPE (92%); UNITED STATES (92%); ASIA (79%); EASTERN ASIA (79%)

Load-Date: April 17, 2021

End of Document

33 The Corona Nightmare of Sarajevo; During the war, what is now the capital of Bosnia-Herzegovina was besieged, many thousands of people died. But the suffering brought to the city by the pandemic is even greater. The culprits are, of all things, the consequences of the peace treaty

Die Welt (English)

April 19, 2021 Monday

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DIE WELT

Section: POLITICS; Pg. 7; No. 90

Length: 1330 words

Byline: Una Hajdari

Body

Sarajevo

For four years Sarajevo was under siege during the Bosnian war. It was the longest siege in modern war history, and thousands of lives were lost. But ***Covid-19*** is proving even more deadly to the people. In March, the ***coronavirus*** claimed an average of 18.5 casualties per day, according to statistics from the city's health department. During the 1425-day siege, an average of 3.8 civilians died daily.

So despite freezing cold, thousands of people gathered a few days ago to protest outside government and parliament buildings against the woefully inadequate political response to the pandemic. "We joined this demonstration as a family," says Miranda Sidran, 51, who showed up with her daughter, sister and brother. "We are here because we want to make people respect our right to life. "

The comparisons to the war are apt because the current political problems can still be traced to the conflict that rocked the country from 1992 to 1995. After the war ended, a decentralized system was put in place. It was designed to appease the three main warring factions, who see themselves as representing the Bosnian, Croat and Serb ethnic groups and their interests. The system devolves power to 14 administrative authorities, most of which are distributed along the lines created by armies and aggressors during the war. In this way, they are made to feel that they can determine their own destiny. During a crisis like the pandemic, however, this leads to catastrophic gridlock.

"Just a month ago, I'm sure another thousand people would have participated in this demonstration, but they've since died from ***Covid-19***," Sidran explains. "When you see someone die, you can't just stop and think for a long time about whose job it is to take care of the ***vaccines***." Every day, long lines form outside funeral homes, which have long been stretched to capacity. Death notices of citizens of all ages hang on the walls of houses and street signs all over the city, and there are more every day.

"I've never been so ashamed of living in Bosnia-Herzegovina," says Irma Plavcic, 38, a blogger and German teacher. "Social media is full of angry accusations against those who control our destiny here." When it became clear that supplies from the global Covax ***vaccine*** program would be significantly delayed, Bosnian authorities decided to negotiate with the manufacturers themselves. But in Bosnia, it is often unclear who has the right and whose responsibility it is to hold such talks. "***vaccine*** suppliers want to talk to governments," says Damir Marjanovic, a professor of genetics and bioengineering at Burch International University in Sarajevo. "According to the Bosnian system, if the government doesn't take action, a county can take action itself. And that's what has caused a huge amount of confusion among manufacturers. "

Bosnia does not have a state health ministry. Instead, responsibility for health matters is divided between the two sub-national regions, the predominantly Serb Republic of Srpska in the north and east, and the Bosnian and Croat Federation of Bosnia and Herzegovina. In addition, there is an autonomous district in the north controlled by a High Representative. This is appointed by the international community. And to make this complicated mix even more difficult, the ten cantons of the Bosnian-Croat Federation also have special powers in the health sector. This convoluted system, based on the peace treaty after the end of the war, has long been blamed for the lack of economic and social progress in the country. The pandemic has now finally exposed the flaws in the rigid, ethnic-based tangle. "The crisis has become another cause of daily political bickering," Marjanovic explains.

At Sarajevo General Hospital, one of two clinics bearing the brunt of the pandemic, anger is running high. "This disaster has clearly shown that our government system is a farce and people are just left to fend for themselves," says Vedad Zulic, 41, an electrical engineer assigned to a ward for medium-risk patients. "Medical staff are being forced to compensate for all the government's mistakes," bringing professionals out of retirement or transferring them to Covid wards from other wards. Leave for medical staff has not existed for a long time. "None of us complain about the hours, about the conditions or overtime," says Nihad Izmirlic, 36, a medical technician who cares for ***Covid 19*** patients. "We are angry at the system that doesn't procure ***vaccines***. I'm putting my health and my family's health on the line here to save the lives of as many fellow citizens as possible, and we're definitely not going to give up, no matter how tired we are." After that conversation, Izmirlic and his wife became infected for the second time and are being treated at home.

Meanwhile, Serbia, Bosnia-Herzegovina's neighbor to the east, has mounted one of the fastest ***vaccination*** drives in Europe, with supplies from Biontech/Pfizer, Moderna, AstraZeneca, as well as ***China***'s Sinopharm and Sputnik V from Russia. President Aleksandar Vucic has even donated doses to northern Macedonia, Montenegro and also Bosnia, in a bid to strengthen his influence in the region. After reports of possible deadly side effects from AstraZeneca, Serbs now prefer other ***vaccines***. However, with 25,000 doses due to expire at the end of March, Vucic has given everyone in the region the chance to be vaccinated with it. Promptly, Bosnian citizens, including celebrities and politicians, drove en masse across the border to Belgrade and Novi Sad in northern Serbia. They form the majority of the approximately 22,000 foreigners who traveled to Serbia to be vaccinated.

Many Bosnians, however, resent this dependence, feel humiliated. As a young journalist and member of the ultra-nationalist Serbian Radical Party, Vucic supported the Bosnian Serb army, whose highest-ranking commanders have since been convicted of widespread war crimes. Vucic visited their positions during the siege of Sarajevo. Today he has positioned himself as a mainstream conservative and pro-EU reformer. Plavcic, a German teacher, has also been vaccinated in Serbia. "I spent my whole life in Bosnia-Herzegovina and I remember the horrors of the war very well," she says. "And yet I'm really glad and very grateful to Serbia for giving me and many other of my fellow citizens the opportunity to protect ourselves with ***vaccines*** and get at least a little closer to a normal life again. "

Despite the shortcomings of the post-war system, says Srdan Blagovcanin, chairman of Transparency International in Bosnia, local politicians certainly seem to be able to make a difference - when it serves their own benefit. "If you watch how the country's leaders behave, you get the impression that they have recently gone on an incredible shopping spree," Blagovcanin says. "In a situation where they can't bring themselves to take care of ***vaccines*** and

basic medical care, they've afforded themselves luxury vehicles." Even the few pandemic-related purchases have been "completely mismanaged, to the point of ridiculousness," he says. "Last year they purchased face masks and ventilators through a company that grows raspberries." The ventilators in question are completely unsuitable for ***Covid 19*** patients, as they can only sustain them for an hour in an emergency. According to local media reports, many of the devices do not work at all. "All of this leads to a question: does Bosnia even have a government and institutions in an organizational or functional sense?" wonders Blagovcanin. "Or is Bosnia really a failed country that cannot provide even the most basic services to its citizens? Has it become life-threatening for its own citizens?"

In cooperation with POLITICO

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Translated from the English by Bettina Schneider.

POLITICO

Graphic

Funeral directors are maxed out. With motorcades and protest marches, residents of the capital are calling on politicians to do something about the pandemic - or resign

Classification

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DEMOGRAPHIC GROUPS (66%); COLLEGE & UNIVERSITY PROFESSORS (64%); GENETIC ENGINEERING (60%); SOCIAL MEDIA (60%); ETHNIC GROUPS (51%)

Industry: ***vaccineS*** (89%); ***VACCINATION*** & IMMUNIZATION (77%); MANUFACTURING (73%); PHARMACEUTICALS & BIOTECHNOLOGY (73%); HEALTH DEPARTMENTS (71%); COLLEGE & UNIVERSITY PROFESSORS (64%); SOCIAL MEDIA (60%)

Geographic: SARAJEVO, BOSNIA & HERZEGOVINA (94%); BOSNIA & HERZEGOVINA (98%); CROATIA (79%)

Load-Date: April 19, 2021

End of Document

34 Dampener for China's vaccination diplomacy; Beijing is also pursuing geopolitics with its vaccines; many countries around the world and even in Europe are using them - in some cases without approval. But now doubts are growing about the effectiveness

Die Welt (English)

April 29, 2021 Thursday

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DIE WELT

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Byline: Maximilian Kalkhof

Body

The World Health Organization (WHO) is the highest authority on health. When it grants emergency vaccine approvals, the consequences are far-reaching. A vaccine that receives this seal of approval from the WHO is considered reliable. Second, it is used in Covax, the WHO's program to provide vaccines to poor countries.

To date, the WHO has only granted emergency approvals to three vaccines: Pfizer/Biontech, Johnson & Johnson and AstraZeneca. But now, for the first time, it could add Chinese vaccines to the list. At the end of the week, the WHO plans to announce whether it will grant emergency approval to the Chinese vaccine Sinopharm. Next week, it will then decide on the Chinese vaccine Sinovac.

China's party media are already rejoicing that the WHO seal of approval could not only boost global sales of Chinese vaccines, but also give them more credibility. According to the Chinese party press, more than 60 countries have approved the use of Chinese vaccines. In Europe, Hungary and Serbia are among them. The EU member and candidate country has been using Chinese vaccines since the spring, which the EU has not even approved. A solo effort that caused disgruntlement in Brussels. A look at the relevant website of the European Medicines Agency (EMA) shows that no approval procedure is currently underway for any Chinese vaccine. Moreover, according to the party press, China has made vaccine commitments to 69 developing countries.

But doubts about the products of Chinese manufacturers are mounting worldwide. What recently slipped Gao Fu, director of the Chinese Center for Disease Control and Prevention, may have contributed in no small part. The top disease control official said at a conference that Chinese vaccines did not offer a high level of protection. Literally, Gao said the protection rate of Chinese vaccines was "not high." But in Chinese, there is a tendency to embellish - so, mutatis mutandis, he was saying that it is quite low. Sinopharm comes in at 79 percent efficacy, while Sinovac's efficacy ranged from 50.7 to 83.5 percent in clinical trials in Brazil, Turkey and Indonesia. True, Gao later affirmed that the press had misunderstood him. But the damage was done.

Meanwhile, ***China*** is also seeking Western ***vaccines***. As reported by ARD, Biontech founder Ugur Sahin recently traveled to Shanghai to negotiate the details of Pfizer/Biontech approval in ***China***. According to the report, approval is expected in June. Pfizer/Biontech comes in at 95 percent efficacy.

The response to the Corona pandemic was also one of the topics of the Sino-German government consultations that began Wednesday and were held online for the first time. Chancellor Angela Merkel (CDU) called on ***China*** to engage in dialogue on mutual recognition of ***vaccines***: "We can only contain this pandemic together. ***China*** and Germany can play an important role in this." ***vaccine*** production should be discussed openly and transparently, as well as mutual recognition of ***vaccines***, if possible, "at least at the World Health Organization, in order to win the fight against the virus," Merkel said at the start of talks with Premier Li Keqiang.

But criticism of the Chinese ***vaccines***, meanwhile, is growing, especially in some Latin American countries such as Brazil, Uruguay and Argentina. In Brazil, there are indications that the first dose of the vaccinated substances did not achieve effectiveness and therefore there is now a stronger focus on the second ***vaccination***. The main suspect is Sinovac, whose first ***vaccination*** apparently does not provide sufficient protection. In neighbouring Argentina, the number of new infections is rising rapidly. The daily newspaper "El Cronista" headlines: "The world doubts the ***vaccines*** used in Argentina".

And in ***China*** itself, the ***vaccination*** campaign is making slow progress. As of Monday, only about 16 doses per 100 people had been vaccinated in ***China***, according to the Our World in Data project. That's low. By comparison, Germany had almost twice as many, around 31, at the same time. In the USA, the figure was as high as 69. On a seven-day average, only 0.34 ***vaccine*** doses per 100 people are administered daily in the Middle Kingdom.

The low numbers are astonishing. Because ***China*** actually had a head start. The ***coronavirus*** appeared there first. The People's Republic was also among the first countries to get the virus under control - using draconian means. However, the speed with which the country was able to contain the virus has been lost when it comes to ***vaccination***.

It is therefore unlikely that the People's Republic will meet its self-declared target. Beijing has announced that it will vaccinate 40 percent of the population, or about 560 million people, by the end of June. The timing has political significance: in July, the Chinese Communist Party will celebrate its 100th birthday. It will then want to celebrate not only the successful fight against the ***coronavirus*** - but also a successful ***vaccination*** campaign.

The reasons for the faltering ***vaccination*** campaign are, on the one hand, slow production. Sinopharm and Sinovac can only produce five million ***vaccine*** doses a day. Secondly, the population has little confidence in domestic ***vaccines***. Fear of side effects, previous ***vaccination*** scandals and a low risk of infection mean that many people do not want to be vaccinated. The authorities are therefore coming up with special incentives. In Beijing, for example, neighborhood committees give eggs to people who want to be vaccinated. Elsewhere, they simply resort to coercion. On the tropical island of Hainan, the staff of a hospital were threatened with dismissal if they refused a ***vaccination***. This certainly did not inspire confidence.

The whole development comes at the worst possible time. Currently, a devastating Corona wave is sweeping through India, one of the major ***vaccine*** manufacturing bases. The Serum Institute of India in Pune alone has a manufacturing capacity of up to 100 million ***vaccine*** doses per month. Half of all AstraZeneca ampoules worldwide come from there. The institute was aiming to distribute 90 million doses of the ***vaccine*** to the WHO's Covax programme in March and April. But that plan is unlikely to work out. On Wednesday morning, Indian authorities reported more than 360,000 new infections in one day and 3293 deaths in 24 hours. Those are just the official numbers. Observers assume that the number of unreported cases is higher.

The WHO emergency approval for Chinese ***vaccines*** would therefore help many parties: the WHO Covax programme - and ultimately many people in poorer countries. But of course also the Chinese ***vaccine***

manufacturers and the party-state, which is trying to present its ***vaccines*** as equivalent (if not better) alternatives to those of Western companies. If the WHO fails to grant emergency approval, it would be a major setback for Beijing's ***vaccination*** diplomacy. And for ***vaccination*** campaigns in many countries, especially poorer ones.

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Graphic

China's ***vaccine*** production is running much slower than planned

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Company: PFIZER INC (92%); JOHNSON & JOHNSON (72%); ASTRAZENECA PLC (57%); ***CHINA*** NATIONAL PHARMACEUTICAL GROUP CORP (56%)

Organization: WORLD HEALTH ORGANIZATION (95%); EUROPEAN MEDICINES AGENCY (55%)

Ticker: PFZ (LSE) (92%); PFE (NYSE) (92%); JNJ (NYSE) (72%); AZN (STO) (57%); AZN (NYSE) (57%); AZN (LSE) (57%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (92%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (92%); SIC2834 PHARMACEUTICAL PREPARATIONS (92%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (92%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (92%); SIC2833 MEDICINAL CHEMICALS & BOTANICAL PRODUCTS (92%); NAICS339115 OPHTHALMIC GOODS MANUFACTURING (72%); NAICS339113 SURGICAL APPLIANCE & SUPPLIES MANUFACTURING (72%); NAICS339112 SURGICAL & MEDICAL INSTRUMENT MANUFACTURING (72%); NAICS334510 ELECTROMEDICAL & ELECTROTHERAPEUTIC APPARATUS MANUFACTURING (72%); NAICS325620 TOILET PREPARATION MANUFACTURING (72%); NAICS325611 SOAP & OTHER DETERGENT MANUFACTURING (72%); NAICS325413 IN-VITRO DIAGNOSTIC SUBSTANCE MANUFACTURING (72%); SIC3851 OPHTHALMIC GOODS (72%); SIC3842 ORTHOPEDIC, PROSTHETIC, & SURGICAL APPLIANCES & SUPPLIES (72%); SIC3841 SURGICAL & MEDICAL INSTRUMENTS & APPARATUS (72%); SIC3829 MEASURING & CONTROLLING DEVICES, NEC (72%); SIC3089 PLASTICS PRODUCTS, NEC (72%); SIC3069 FABRICATED RUBBER PRODUCTS, NEC (72%); SIC2844 PERFUMES, COSMETICS, & OTHER TOILET PREPARATIONS (72%); SIC2841 SOAPS & OTHER DETERGENTS, EXCEPT SPECIALTY CLEANERS (72%); SIC2835 IN VITRO & IN VIVO DIAGNOSTIC SUBSTANCES (72%); SIC2499 WOOD PRODUCTS, NEC (72%); ***vaccineS*** (96%); PHARMACEUTICALS & BIOTECHNOLOGY (93%); PHARMACEUTICALS INDUSTRY (92%); MANUFACTURING (91%); BIOELECTRONIC MEDICINE (90%); CHEMICALS (90%); CHEMICALS MFG (90%); DRUG & MEDICAL DEVICES APPROVAL (90%); HEALTH DEPARTMENTS (90%); HERBAL MEDICINE (90%); MEDICAL DEVICES (90%); OPHTHALMIC GOODS (90%); OPHTHALMIC GOODS MFG (90%); PHARMACEUTICAL PREPARATION MFG (90%); SOAPS & DETERGENTS MFG (90%); SURGICAL & MEDICAL INSTRUMENT MFG (90%); TOILETRIES MFG (90%); COSMETICS & TOILETRIES (89%); EPIDEMIOLOGY (89%); PLASTICS (89%); ***VACCINATION*** & IMMUNIZATION (89%); IN VITRO DIAGNOSTICS MFG (88%); MANUFACTURING OUTPUT (88%); BIOLOGICS MFG (78%); DIAGNOSTIC IMAGING (74%); CLINICAL TRIALS (73%); COSMETICS (73%);

ORTHOPEDICS (73%); RUBBER & SILICONE PRODUCTS (73%); SOAPS & DETERGENTS (71%); PROSTHETICS & ORTHOTICS (65%)

Person: ANGELA MERKEL (79%)

Geographic: SHANGHAI, ***CHINA*** (79%); BEIJING, ***CHINA*** (57%); BRUSSELS, BELGIUM (57%); EAST ***CHINA*** (79%); NORTH CENTRAL ***CHINA*** (79%); ***CHINA*** (95%); EUROPE (92%); EUROPEAN UNION MEMBER STATES (92%); GERMANY (92%); BELGIUM (79%); BRAZIL (79%); HUNGARY (79%); INDONESIA (79%); SERBIA (79%)

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35 Germany's risky aid to Taiwan; Taipei accuses China of blocking a vaccine shipment from Biontech. Now Berlin intervenes

Die Welt (English)

June 3, 2021 Thursday

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DIE WELT

Section: POLITICS; Pg. 7; No. 126

Length: 915 words

Byline: Maximilian Kalkhof

Body

Thomas Prinz is not a man to make sensational statements. For one thing, that's because he's a diplomat. By profession, Prinz keeps a low profile. For another, it's because the German is currently working in Taiwan - a state whose diplomatic status is a bit complicated. Although Taiwan is an independent state, Berlin and Taipei do not maintain diplomatic relations. The reason for this is that the People's Republic of ***China*** claims Taiwan as part of its territory. Germany bows to this territorial claim - at least officially.

But Berlin maintains the German Institute Taipei in Taiwan, a kind of unofficial embassy. Unofficially, that is: the institute is not allowed to call itself an embassy. And its director is not allowed to be an ambassador. Officially, Thomas Prinz is the director general of the German Institute Taipei. More diplomatic German is not possible.

On Wednesday, Prinz made a sensational statement. He wrote on the Facebook page of the German Institute Taipei that Berlin was mediating between Taiwan and Biontech in order to secure a supply of the German company's ***Covid 19*** ***vaccine*** for the island state. According to the statement, the German government, and in particular Economics Minister Peter Altmaier, have become involved. Whether a deal will be reached depends on Taiwan and Biontech, he added. Prinz wrote the message in Chinese - thus causing it to be perceived primarily in Taiwan.

In doing so, Prinz was responding to two spirals of escalation. First, Taiwan, a country whose pandemic response has long been lauded as exemplary, now has a Corona problem. In May, ***China*** Airlines pilots carried the virus in. From the pilots, it jumped to colleagues, family and friends. From there, it spread, first to northern Taiwan, then to the rest of the island.

By mid-May, authorities reported some 2,600 cases of Corona in one week. That sounds little, but it's a lot for a country that reported few new cases for more than a year. The weekly trend was up more than 400 percent, and the virus' reproductive level was more than 15. Authorities imposed warning levels three out of four across the island, in addition to restricting outdoor meetings and imposing a mask requirement - which the majority of Taiwanese had voluntarily adhered to anyway.

In the meantime, the outbreak seems to have been taken off the top. On Wednesday, Taiwan's disease agency reported 549 cases. However, this includes 177 cases that were subsequently added after a testing backlog. So in

one day, only 372 new infections were reported. The total number of infections thus rose - in a population of 23 million people - to more than 9000. The outbreak is incendiary for Taiwan for several reasons. Firstly, only a negligible number of the population has been infected with the ***coronavirus*** so far. Accordingly, the natural immunity is low. And secondly, not even two percent of the population has been vaccinated. By comparison, more than 44 percent of people in Germany are partially vaccinated and about 19 percent are fully vaccinated.

But in Taiwan, there is a ***vaccine*** shortage. This is the second spiral of escalation to which Prince responded with his Facebook post. In doing so, the diplomat risks a political conflict that the People's Republic could exploit as an affront. That's because last Wednesday, Taiwanese President Tsai Ing-wen accused ***China*** of preventing an agreement with Biontech on ***vaccine*** supplies to Taiwan. "We had almost reached the signing of the contract with the German manufacturer at one point, but it could not be completed because ***China*** intervened," Tsai wrote on Facebook.

A day later, her health minister, Chen Shih-chung, said the Mainz-based company had demanded that Taiwan remove its self-designation as a country from a press release. Shortly after, Biontech had cited supply bottlenecks and asked for more time to make changes to the contract. Since then there has been a standstill.

The background to the dispute is presumably that the Chinese Fosun Group acquired the marketing rights for Biontech in ***China*** last year - and could now also claim them for Taiwan. The Fosun conglomerate is privately owned. It would not be the first time, however, that private Chinese companies have been accused of serving as vehicles for Beijing's policies. In the case of network equipment maker Huawei, critics also warn that Chinese authorities could use the private company for their own purposes.

China keeps Taiwan out of just about all international organizations. In May, Taiwan - under pressure from Beijing - was not invited to the World Health Assembly, the highest decision-making body of the World Health Organization (WHO), for the fifth time in a row. Yet Taiwan had reacted more quickly than almost any other country to the outbreak of the virus - and successfully fought it for a long time.

The country's lack of a ***vaccine*** is not only a concern for politicians. This week, entrepreneur Terry Gou announced plans to buy five million doses of the ***vaccine*** directly from Biontech. Gou is the founder of Apple supplier Foxconn and one of the richest men on the island. A question from WELT about the contract with Fosun and Gou's ***vaccine*** order has so far gone unanswered by Biontech.

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(76%); EPIDEMICS (76%); PANDEMICS (76%); POPULATION SIZE (76%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (73%); DIPLOMATIC SERVICES (73%); FOREIGN RELATIONS (73%); ***COVID-19*** ***CORONAVIRUS*** REGULATION & POLICY (72%); INTERNATIONAL RELATIONS (72%); TRENDS (71%); CORONAVIRUSES (69%)

Company: FACEBOOK INC (56%)

Ticker: FB (NASDAQ) (56%)

Industry: NAICS519130 INTERNET PUBLISHING & BROADCASTING & WEB SEARCH PORTALS (56%); INTERNET SOCIAL NETWORKING (90%); ***vaccineS*** (90%); ELECTRONIC PUBLISHING (76%); WEBSITES & PORTALS (76%); ***COVID-19*** ***CORONAVIRUS*** ***vaccine*** (73%); SEARCH ENGINES (71%); WEB SEARCH PORTALS (71%); AIRCRAFT PILOTS (63%); AIRLINE EMPLOYEES (63%)

Geographic: BERLIN, GERMANY (94%); TAIPEI, TAIWAN (94%); TAIWAN (99%); GERMANY (94%); ***CHINA*** (93%)

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36 ***Withstanding pressure to release patents***

Die Welt (English)

June 22, 2021 Tuesday

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DIE WELT

Section: ECONOMY; COLUMN; Pg. 10; No. 142

Length: 960 words

Byline: Justus Haucap

Body

Releasing patents on Corona ***vaccines*** may look like a cheap short-term contribution to speeding up ***vaccination*** and stemming the world's pandemic. But in the long run, the consequences of curtailing patent rights would be fatal. For some time now, various politicians in Germany and abroad have been calling on the German government to at least temporarily suspend the patents on the Corona ***vaccines*** developed in Germany. Companies would then enter into license-free ***vaccine*** production worldwide and contain the pandemic more quickly, so the argument goes.

The German Chancellor has so far always opposed the patent release, but international pressure on the German government is mounting. Only last week, the former chief economist of the World Bank and winner of the Nobel Prize for Economics, Joseph Stiglitz, once again spoke out in favour of the release in an essay. Now Joseph Stiglitz is now an economist with a soft spot for socialist ideas, who 15 years ago also spoke in praise of the economic policies of then Venezuelan leader Hugo Chavez. Stiglitz may be ignored. But the US government, in particular, is vehemently promoting the idea.

On the face of it, taking this step seems like an act of humanity. But the proposal has serious problems. Firstly, it is disputed whether a release would actually quickly lead to an increase in production. In particular, the production of the particularly sought-after mRNA ***vaccines*** is complex and many precursors can also only be produced to a limited extent. Proponents of patent release are much more optimistic than the skeptics in this regard.

Second, and much more important, compulsory patent release destroys future incentives to innovate. This may not seem so significant today. But it would be naïve to assume that the Covid pandemic was the last. People will be hoping for rapid ***vaccine*** development in the next pandemic as well. Corona ***vaccine*** development has involved countless companies around the world in more than 120 ***vaccine*** projects. Very few of these - four or six, depending on how you count them - have been successful; the very large proportion of the 120-plus projects have ended up being a failure, both from a medical and a business perspective.

The projects have caused high costs for the companies, there will be no revenues. The companies have to bear these costs themselves. It is precisely the prospect of being one of the few to successfully develop a ***vaccine*** and then earn a lot of money with it that motivates companies and their owners to invest in such a risky venture. However, if companies have to expect that their profits will be limited if they are successful, fewer will invest in ***vaccine*** research. Those who want to overturn patent protection today accept that (a) in the next pandemic it will

take longer to find a ***vaccine***, (b) there will be fewer alternative ***vaccines***, and (c) these ***vaccines*** may also be less good than the much sought-after mRNA ***vaccines***.

Third, the argument put forward by some economist colleagues that Biontech has a monopoly is also obviously not true. Even for mRNA ***vaccines*** there are two suppliers, i.e. a duopoly and not a monopoly. In addition, there are suppliers of vector ***vaccines*** such as AstraZeneca and Johnson & Johnson. The ***vaccines*** from these two suppliers are licensed in the EU, and there are other suppliers from Russia and ***China*** competing in the market worldwide. Of course, not all ***vaccines*** are equally good. But nevertheless, there are obviously substitution and thus evasion possibilities for states in their ***vaccine*** procurement, and internationally these evasion possibilities are heavily used. So the story of the biontech monopoly is not true at all on closer examination.

Fourthly, the patent release is by no means without alternative. There are even better alternatives. It is as clear as daylight that the developing countries must be helped. But this can be done without partial expropriation of the inventors through ***vaccine*** export or licensed production, or both. Of course, we as industrialized nations should massively support exports. This costs money, but it can and does happen, for example through the Covax initiative initiated in April 2020 by the World Health Organization (WHO), the European Commission and France in response to the ***Covid 19*** pandemic. More needs to be done here. The fact that it is American economists like Stiglitz who are using strong tones to attack Angela Merkel is not without a certain irony. In contrast to Europe, the USA has imposed massive export restrictions on ***vaccines***, thus preventing them from being supplied to other countries. They joined the Covax initiative only four months ago. Now they are trying to portray themselves as particularly helpful and are proposing to expropriate German inventors. This is all too cheap a policy in the truest sense of the word.

For the production and export of ***vaccines*** to poorer countries of the world, money would have to be spent, whereas the patent release apparently costs the state nothing. The pressure on the federal government to back down will increase. But that would be tragic in the long run. Instead, we should support the export of ***vaccines*** to poorer regions even more generously than before, also to take the wind out of the sails of the advocates of patent release.

Justus Haucap is Director of the Düsseldorf Institute for Competition Economics (DICE) and a member of the Kronberg Circle. He was Chairman of the Monopolies Commission from 2008 to 2012

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AWARDS & PRIZES (74%); ***COVID CORONAVIRUS*** (74%); NOBEL PRIZES (74%); ***COVID-19 CORONAVIRUS*** (73%); DISEASES & DISORDERS (73%); ECONOMIC POLICY (69%); INTERNATIONAL ECONOMIC ORGANIZATIONS (67%)

Industry: ***vaccineS*** (96%); ***VACCINATION*** & IMMUNIZATION (90%); BIOLOGICS MFG (89%); DRUG DESIGN & DISCOVERY (89%); BIOTECHNOLOGY PATENTS (78%)

Person: HUGO CHAVEZ (56%)

Geographic: GERMANY (92%); UNITED STATES (79%)

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End of Document

37 *"People celebrated too soon"; Pandemic escalates in many countries despite high vaccination rate. Are vaccines from China to blame?*

Die Welt (English)

June 28, 2021 Monday

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DIE WELT

Section: POLITICS; Pg. 7; No. 147

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Byline: Clemens Wergin

Body

Actually, the Seychelles, Chile, Bahrain and Mongolia have done everything right. Even in comparison with the rich industrialised countries, they have achieved extraordinary ***vaccination*** successes and have administered at least a first dose to between 62 percent (Bahrain) and 72 percent (Seychelles) of their population; Germany currently stands at almost 53 percent.

The number of those who have already received both doses is also excellent by global standards, ranging from 52 percent (Chile) to 68 percent (Seychelles), compared with only 34 percent of our population at present. And yet the pandemic situation in the four countries is anything but good, quite the opposite.

For despite the high ***vaccination*** rate, the number of new infections is also exceptionally high. According to the data platform Our World in Data, the Seychelles have a seven-day average of 1438 new infections per million inhabitants, Mongolia has 735, Chile 275 and Bahrain 264. The four countries are thus in the upper echelons of the world's countries with the worst outbreaks at present.

By comparison, Germany has fewer than ten cases per million inhabitants, as does Israel, which has a similarly high ***vaccination*** rate to the four rapid vaccinators. This raises the question, which is also important for Germany in perspective: What went wrong? And why do high ***vaccination*** rates not lead to significantly lower case numbers?

What unites the four countries and provides a possible explanation is that they have all relied mainly on Chinese ***vaccines***, which are more readily available than the ***vaccines*** developed in Europe and the USA by Biontech, Moderna, AstraZeneca and Johnson & Johnson. And so the disturbing figures raise new doubts about the efficacy of the Chinese ***vaccines***.

They are also a major setback for Beijing, which had tried to use "***vaccine*** diplomacy" to improve its image, especially in the developing world, by exporting hundreds of millions of doses of Sinovac and Sinopharm ***vaccines***. 760 million doses have been sold, 300 million of which have been delivered so far. Eighty percent of the doses sold are destined for South America and the Asia-Pacific region.

At a press conference on Friday, WHO chief scientist Soumya Swaminathan said it was too early to draw conclusions about the effectiveness of the Chinese ***vaccines*** because of a lack of reliable studies at both the

national and global levels. "We need more data from well-done studies on the effectiveness of the different ***vaccines*** used in different countries against different virus variants," Swaminthan said.

The WHO did put the two Chinese ***vaccines*** on its "emergency use listings," or among the ***vaccines*** recommended in emergencies. But Sinovac's ***vaccine*** comes in just above the necessary bar of 50 percent effectiveness; a case study in Brazil had recently determined about 51 percent protection against infection. Sinopharm is much better, with an estimated 79 percent. Neither WHO classification, however, includes estimates of efficacy in the vulnerable elderly population because too few have participated in large-scale clinical trials.

In fact, neither Sinovac's ***vaccine*** nor Sinopharm's have gone through the rigorous and globally recognized approval processes of the EU or, say, the U.S. Food and Drug Administration. Nor has any data from the critical third phase of testing been published in high-profile, peer-reviewed medical journals.

Back in April, ***China***'s top disease control official Gao Fu caused a stir when he admitted at a conference that Chinese ***vaccines*** "do not achieve particularly high protection rates." Although he later qualified these statements, saying he was mainly making a case for mixing preparations to achieve higher efficacy.

But this slip clearly shows that ***China*** is also aware of the problems with ***vaccines*** developed in its own country. For this reason, the disease control authority has apparently revised its estimates of when ***China*** itself could achieve herd immunity. Previously, the agency assumed that vaccinating 70 percent of the population would be enough. Now it says 80 to 85 percent is necessary.

Because there is insufficient data on the Chinese ***vaccines***, isolated cases are currently doing the rounds in which the ***vaccination*** was obviously ineffective. In Indonesia, for example, 350 health workers fell ill, although they had previously been vaccinated with Sinovac.

In Bahrain and the United Arab Emirates, which were the first countries to approve the Sinopharm ***vaccine***, there are also many reports of vaccinated persons who nevertheless fell ill. Authorities in both countries have therefore already announced their intention to administer a third booster injection, either with Biontech's ***vaccine*** or again with Sinopharm.

Back in May, the Seychelles Ministry of Health reported that 30 percent of people newly infected with ***Covid-19*** had previously been fully vaccinated. Chile experienced a third Corona wave in June, similar in severity to the second in April, with 87 percent of the ***vaccine*** doses administered in Chile produced by Sinovac.

That Chinese ***vaccines*** appear to provide little protection against infection does not mean they are useless, however. For even in the event of infection, the disease is usually much milder with the Chinese ***vaccines*** than without. However, it is more difficult to develop herd immunity in this way because the chains of infection are not broken when vaccinated people fall ill and pass on the virus.

That could explain some of the new outbreaks in South America, for example, Beate Kampmann, head of the ***vaccination*** centre at London's School of Hygiene and Tropical Medicine, tells Health Policy Watch, a website specialising in health issues. "In terms of contagions, the Chinese ***vaccines*** won't be helpful, at least not until literally everyone has been vaccinated," Kampman says. "And even then, the virus would still be circulating and subsequent cohorts would also need to be protected by ***vaccination***. "

South America is currently considered particularly vulnerable to new outbreaks of the pandemic because nearly 300 million doses of the Chinese ***vaccine*** have been sold into the region and the onset of winter in the southern hemisphere naturally favors contagions.

There may be another factor that could explain the high infection rates in Chile, Bahrain, Mongolia and the Seychelles. Namely, the supposedly successful ***vaccination*** campaigns have created a false sense of security among officials and citizens, and precautionary measures have therefore been abandoned too soon.

"I think it's fair to say that people in Mongolia celebrated too early," Batbayar Ochirbat, for example, tells The New York Times. The chief scientist of the emergency advisory panel at Mongolia's Ministry of Health believes that other countries should also learn from his country's experience: "My advice is that celebrations should start only after the complete ***vaccination*** campaign is over. That is the lesson we have learned. There was too much confidence."

Chinese ***vaccines*** won't help. Beate Kampmann, London School of Hygiene and Tropical Medicine

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Company: JOHNSON & JOHNSON (66%); ASTRAZENECA PLC (54%); ***CHINA*** NATIONAL PHARMACEUTICAL GROUP CORP (53%)

Ticker: JNJ (NYSE) (66%); AZN (STO) (54%); AZN (NYSE) (54%); AZN (LSE) (54%)

Industry: NAICS325412 PHARMACEUTICAL PREPARATION MANUFACTURING (66%); SIC2834 PHARMACEUTICAL PREPARATIONS (66%); NAICS339115 OPHTHALMIC GOODS MANUFACTURING (66%); NAICS339113 SURGICAL APPLIANCE & SUPPLIES MANUFACTURING (66%); NAICS339112 SURGICAL & MEDICAL INSTRUMENT MANUFACTURING (66%); NAICS334510 ELECTROMEDICAL & ELECTROTHERAPEUTIC APPARATUS MANUFACTURING (66%); NAICS325620 TOILET PREPARATION MANUFACTURING (66%); NAICS325611 SOAP & OTHER DETERGENT MANUFACTURING (66%); NAICS325413 IN-VITRO DIAGNOSTIC SUBSTANCE MANUFACTURING (66%); SIC3851 OPHTHALMIC GOODS (66%); SIC3842 ORTHOPEDIC, PROSTHETIC, & SURGICAL APPLIANCES & SUPPLIES (66%); SIC3841 SURGICAL & MEDICAL INSTRUMENTS & APPARATUS (66%); SIC3829 MEASURING &

CONTROLLING DEVICES, NEC (66%); SIC3089 PLASTICS PRODUCTS, NEC (66%); SIC3069 FABRICATED RUBBER PRODUCTS, NEC (66%); SIC2844 PERFUMES, COSMETICS, & OTHER TOILET PREPARATIONS (66%); SIC2841 SOAPS & OTHER DETERGENTS, EXCEPT SPECIALTY CLEANERS (66%); SIC2836 BIOLOGICAL PRODUCTS, EXCEPT DIAGNOSTIC SUBSTANCES (66%); SIC2835 IN VITRO & IN VIVO DIAGNOSTIC SUBSTANCES (66%); SIC2499 WOOD PRODUCTS, NEC (66%); NAICS325414 BIOLOGICAL PRODUCT (EXCEPT DIAGNOSTIC) MANUFACTURING (53%); NAICS325411 MEDICINAL & BOTANICAL MANUFACTURING (53%); ***vaccineS*** (95%); PHARMACEUTICALS & BIOTECHNOLOGY (93%); ***VACCINATION*** & IMMUNIZATION (92%); COSMETICS & TOILETRIES (91%); MANUFACTURING (91%); SOAPS & DETERGENTS MFG (91%); TOILETRIES MFG (91%); BIOELECTRONIC MEDICINE (90%); BIOPHARMACEUTICALS INDUSTRY (90%); IN VITRO DIAGNOSTICS MFG (90%); MANUFACTURING OUTPUT (90%); MEDICAL DEVICES (90%); OPHTHALMIC GOODS (90%); OPHTHALMIC GOODS MFG (90%); PHARMACEUTICAL PREPARATION MFG (90%); PHARMACEUTICALS INDUSTRY (90%); SURGICAL & MEDICAL INSTRUMENT MFG (90%); DRUG AVAILABILITY (78%); COSMETICS (75%); DIAGNOSTIC IMAGING (75%); ORTHOPEDICS (75%); RUBBER & SILICONE PRODUCTS (75%); SOAPS & DETERGENTS (74%); PLASTICS (68%); PROSTHETICS & ORTHOTICS (68%)

Geographic: BEIJING, ***CHINA*** (57%); NORTH CENTRAL ***CHINA*** (79%); ***CHINA*** (92%); GERMANY (91%); CHILE (90%); ASIA (79%); BRAZIL (79%); EUROPE (79%); SOUTH AMERICA (79%)

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