



# Health Watch USA<sup>sm</sup> Newsletter

[www.healthwatchusa.org](http://www.healthwatchusa.org) Oct. 1, 2021

Member of the National Quality Forum and a designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services

## *In the Month of Sept. Health Watch USA<sup>sm</sup> has:*

- 8 articles/opeds regarding COVID-19.
- 11 Radio Shows concerning the COVID-19 virus.
- 1 Presentation.
- 1 Written Comment.

Our 2021 COVID-19 Conference Presentations and additional resources can be accessed from: <http://www.healthwatchusa.org/COVID19.htm> & [www.healthconference.org](http://www.healthconference.org)

## *Health Watch USA's June 15, 2021 Annual Conference: COVID-19: A Global Perspective*

<http://www.healthconference.org>

## *Health Watch USA's 2020 Activities Report:*

<http://www.healthwatchusa.org/HWUSA-Officers/20201231-HWUSA-Report-2020.pdf>



## **Kentucky's failure to unite against COVID-19 is like 'making a pact with the devil'.**

Natural immunity does not work well with Ebola and rabies.

Those who will point out that Ebola and rabies are animal viruses and are more dangerous because they do not depend upon mankind for survival need to remember SARS-CoV-2 is also an animal virus and has multiple animal hosts. SARS-CoV-2 will not miraculously disappear. In the short term, it is unlikely to become less severe. This virus has gotten meaner with each iteration. It does not need us, so it does not have to play nice.

We need to create the safest school and workplace environments possible. Kentuckians not coming together to fight this virus with all their might is nothing more than making a pact with the devil. [References](https://www.courier-journal.com/story/opinion/2021/09/17/kentuckys-failure-to-fight-covid-like-making-pact-with-devil/8339673002/) Courier Journal Sept. 17, 2021. <https://www.courier-journal.com/story/opinion/2021/09/17/kentuckys-failure-to-fight-covid-like-making-pact-with-devil/8339673002/>

## **The only way for us to fight COVID-19 is with a 'layered' approach. Here's what you can do.**

Vaccines are a vital layer of armor but as a recent Israeli study has illustrated not a COVID-19 cure in themselves. As stated in a previous opinion column, vaccine immunity is starting to wane, necessitating the implementation of added interventions and plans for administering boosters. We must plan to live with the continued waves of this virus by implementing layered approaches, including keeping current with vaccinations and boosters, frequent testing (twice weekly) of all frontline workers and students in schools, wearing high-quality, well-fitted masks, preferably a KN95 or N95 mask, and enacting strategies to combat an airborne virus, including upgrading of indoor sanitization and complete air exchanges. But of utmost importance, we cannot solely be centered on protecting ourselves. We must also protect others in the community and drive down community spread. Remember, we are all members of the same community so protecting others, will also protect ourselves.

**References** Courier Journal. Sept. 8, 2021. <https://www.courier-journal.com/story/opinion/2021/09/08/we-must-wear-masks-get-covid-19-vaccines-embrace-boosters/5712515001/>

### **Kentucky lawmakers offer conspiracy theories, debunked claims during COVID special session.**

Kavanagh noted few lawmakers are wearing masks during the current legislative session even though public health guidelines recommend them for indoor spaces. "This is a very dangerous message to send during this surge," he said. Kavanagh said Tate's reliance on VAERS is misplaced.

"Just in Kentucky, we've had almost 8,000 deaths from COVID-19," he said. "I know of many people who have lost loved ones. I don't know anybody who died from the vaccine." Courier Journal. Sept. 9, 2021.

<https://www.courier-journal.com/story/news/politics/ky-legislature/2021/09/09/kentucky-lawmakers-covid-special-session-spout-conspiracy-theories/5768699001/>



### **Viewpoint: Here's Why COVID-19 Is Much Worse Than Flu.**

Unlike influenza, SARS-CoV-2 uses ACE2 receptors to infiltrate cells. Similar to HIV, SARS-CoV-2 can silently spread throughout the host's body and attack almost every organ.

Thus, COVID-19 has a myriad of different presentations, all of which can result in severe and long-term sequelae. Just because COVID-19 is asymptomatic or does not produce "severe" pulmonary disease does not mean the patient does not have a serious infection. It is of utmost importance for public health officials to implement strategies to prevent the occurrence of long-term COVID-19 related disabilities and not just focus on acute pulmonary symptoms. **References** Infection Control Today. Sept. 27, 2021.

<https://www.infectioncontroltoday.com/view/viewpoint-here-s-why-covid-19-is-much-worse-than-flu>

### **Viewpoint: Politics, Bad Science Taints Decisions About COVID-19.**

Even if not hospitalized, COVID-19 often produces the most severe infection individuals will experience in their lifetimes and can produce lasting symptoms of fatigue, weakness, brain fog and cardiovascular damage. Walensky swiftly acted and in the evening reversed the committee's decision. I feel this was a very wise decision which demonstrated proactive action and the ability to separate political rhetoric from science. These are not normal times; we need swift decisions which will often have to be based upon experience and the preponderance of evidence. As stated by John F. Kennedy "There are risks and costs to action. But they are far less than the long-range risks of comfortable inaction." **References** Infection Control Today. Sept. 24, 2021.

<https://www.infectioncontroltoday.com/view/viewpoint-politics-bad-science-taints-decisions-about-covid-19>

### **Viewpoint: On COVID Boosters, CDC Panel Must Recover Ball That FDA Panel Fumbled.**

Health care workers know all too well the lasting and debilitating effects of long COVID-19. They were one of the first to become vaccinated and are some of the first experiencing breakthrough infections. They are tired, burned out, and many are on the brink of collapse.

Initially, the FDA's concern appeared to be centered on having solid data which showed severe breakthrough infections were developing, especially in those who are biologically at high risk for disease. After the second vote, the concern was focusing on individuals having a high risk of exposure to COVID-19, regardless of the biological susceptibility of the individual. It would be more reasonable to either reconsider the initial proposal of offering boosters to all who are 16 years of age or older, or at least offering boosters to those who are 30 years of age or older, plus individuals who are at high risk for severe long COVID. Not including individuals with non-occupational exposure was unwise, since the proposal now may exclude caregivers of unvaccinated school age children, and places these caregivers at an unnecessary risk. **References** Infection Control Today. Sept. 20, 2021.

<https://www.infectioncontroltoday.com/view/viewpoint-on-covid-boosters-cdc-panel-must-recover-ball-that-fda-panel-fumbled>

### **FDA Panel Sidesteps Decision for Broad Distribution of Booster Shots.**

Some medical experts say that in this case, inaction is also an action—either the US gives boosters or does not. That decision needs to be based on the best available evidence. Instead, there seems to be a desire to wait another 6 months for pristine randomized controlled studies. The logic of distinguishing between occupational and non-occupational high-risk exposure and why that makes a true difference was not evident. In addition, if exposure indeed is a major variable to obtaining a booster—shouldn't the initial question about far-reaching availability of booster shots be readdressed? [References](#) Infection Control Today. Sept. 18, 2021.

<https://www.infectioncontroltoday.com/view/fda-panel-sidesteps-decision-for-broad-distribution-of-booster-shots>

### **Viewpoint: We're Reopening Schools Too Quickly.**

The further away from an infected person you are, the less likely you are to contract the disease. But you are still not safe at 6 feet. The virus is airborne and can spread much further to the back of the classroom. There are those who advocate for herd immunity, but in reality, this is a fool's dream. Teleschooling and hybrid programs may be a vital long-term strategy. They were not fully successful last year, but instead of discarding this strategy we should be developing improvements. It is apparent that the SARS-CoV-2 pandemic is an extremely difficult ever-changing problem. We must slow down the spread of this virus by adopting a layered approach so our pharmaceutical industry has time to catch up with development of therapeutics and next generation vaccines.

[References](#) Infection Control Today. Sept. 10, 2021. <https://www.infectioncontroltoday.com/view/viewpoint-we-re-reopening-schools-too-quickly>

### **Mu Variant Might Escape Immunity from Vaccines, Past Infection.**

After the Delta surge subsides, another surge is expected, possibly from the Mu variant. If Mu completely escapes immunity from vaccines and past infections, we must resort to stringent public health strategies. It is also becoming apparent we cannot vaccinate our way out of this pandemic. The vaccine's effectiveness is waning, and the variants are becoming resistant making the wearing of masks, in a mask resistant population, an imperative. It was welcome news to finally have a clinical trial published by research from Stanford which demonstrated the effectiveness of surgical masks in curtailing COVID-19 infections. In those over 60, there was a decrease of 34.7%. Mask usage became even more important with a recent report in the CDC's Morbidity and Mortality Weekly Report (MMWR) demonstrating aerosolization in schools. A school outbreak was traced back to an unvaccinated, mildly symptomatic teacher who reportedly read unmasked to her 24 students who presumably were wearing masks. [References](#) Infection Control Today. Sept. 6, 2021.

<https://www.infectioncontroltoday.com/view/mu-variant-might-escape-immunity-from-vaccines-past-infection>

### **Long COVID-19 Spreads Wide Toxic Net That Includes Kids**

One of those experts is Kevin Kavanagh, MD, a member of Infection Control Today's (ICT's) Editorial Advisory Board who, in a Viewpoint published Monday, forcefully described the differences between COVID-19 and the flu. "Unlike influenza, SARS-CoV-2 uses ACE2 receptors to infiltrate cells," Kavanagh wrote. "Similar to HIV, SARS-CoV-2 can silently spread throughout the host's body and attack almost every organ."

Kavanagh warned that COVID-19 "is affecting kids and kids can be affected long term. The idea of focusing on deaths is absolutely ludicrous. I know patient after patient and my friends also have been affected. They are developing long COVID. And I'm talking about arrhythmias, chronic coughs. One has her hair falling out two to three months after the infection. It is not good. This is causing heart disease, myocarditis, vasculitis in a number of patients."

He added: "I need to ask you this. Do you really want to have our children as the guinea pigs to find out what the Delta variant's going to do? Because let's face it, we are confronted with a more contagious, a more lethal virus that's more apt to affect the young."

<https://www.infectioncontroltoday.com/view/long-covid-19-spreads-wide-toxic-net-that-includes-kids>

### **Beginning of the End? Some Experts Predict COVID-19 Will Recede.**

Kevin Kavanagh, MD, a member of Infection Control Today®'s Editorial Advisory Board, says that "many were talking" about the chart above, but not everybody had the same interpretation. "The graph appears to be an old model which was entirely not correct," Kavanagh tells ICT®. "It predicted that COVID-19 would be gone by this August. This did not happen. Instead, we got Delta. Predicting the future of COVID-19 is like predicting the stock market. Unfortunately you have two unknowns; one is future human behavior and the other is viral mutations. The wide range of future projections from IHME illustrates this dilemma."

Kavanagh also warns about comparing COVID-19's behavior to that of the flu. He told ICT® in a Q&A in early August that "this is not the flu. You see countries that have had mass graves. I mean, how many times have you seen mass graves from the flu? You just don't see it." Kavanagh has also argued that vaccinations must be seen as just one layer to the type of mitigation that will help the world return to pre-COVID-19 normal. He says social distancing, isolation precautions, lockdowns, hand hygiene and, especially, masking must be included.

<https://www.infectioncontrolday.com/view/beginning-of-the-end-some-experts-predict-covid-19-will-recede>

### **COVID-19 Is a Disease of Unvaccinated: What Does That Mean for Schools?**

Kevin Kavanagh, MD, another member of ICT®'s EAB, recently asked if the US should adopt an elimination strategy for COVID-19. "In Beijing the total cases in an outbreak were reported to be less than 10. China used over 100 million tests to eradicate what would be classified as a very small outbreak by US standards," Kavanagh wrote. He added that the US "may need to pivot as a nation to an elimination strategy and break the cycle of repeated waves of deaths and disabilities caused by emerging variants."

An article written by Kavanagh posted to ICT®'s website yesterday looks at the same MMWR study that Popescu looked at. Kavanagh notes that the COVID-19 virus infected two of the four children in the row at the very back of the classroom. The virus is aerosolized and that stopping the spread would have required a social distancing of more than 6 feet, never mind the 3 feet that schools now maintain between students.

"There were also another 8 cases identified in parents and siblings demonstrating that children at school can be significant vectors for spreading COVID-19," Kavanagh wrote. "The students also wore masks, illustrating that masking as a sole intervention is inadequate. Masks need to be upgraded to well-fitted medical grade, KN95 or N95 masks, along with testing of all students and staff twice weekly, and better school ventilation. Even with these strategies the virus may still be expected to cause outbreaks, necessitating the need for smaller class sizes, podding, hybrid classes and teleschooling."

Kavanagh circles back to elimination strategy.

"After the Delta surge subsides, another surge is expected, possibly from the mu variant," Kavanagh wrote. "If mu completely escapes immunity from vaccines and past infections, we must resort to stringent public health strategies. Eventually, the United States may need to adopt an elimination strategy, sacrificing short-term for long-term societal benefits. But whatever strategy is adopted, all Americans must embrace public health measures, or we will not be successful in viral mutations and the pandemic." Infection Control Today. Sept. 7, 2021.

<https://www.infectioncontrolday.com/view/covid-19-is-a-disease-of-unvaccinated-what-does-that-mean-for-schools->

## Health Watch USA - Presentations



### Oral Comment: CDC's ACIP Committee Regarding Pfizer Vaccine Boosters.

Initially, the FDA VRBPA committee focused on vaccinated individuals who are biologically high-risk of developing severe COVID-19, but finally, also recommended boosters for those at high-risk of SARS-CoV-2 exposure. However, the degree of exposure is like being pregnant you either are exposed or you are not. During a raging pandemic, action is needed NOW, we do not have the luxury of waiting for the results of randomized controlled trials. I would recommend

reconsideration of offering Pfizer boosters to all who are 16 years of age or older; or at least offering boosters to those who are 30 years of age or older, plus all individuals who are at risk of SARS-CoV-2 exposure. As a side note, we encourage the flu vaccine to be taken by all, not just those at high risk of severe disease or disease acquisition, we need to be consistent with our messaging. Comment Before CDC ACIP, Sept 23, 2021.

[https://youtu.be/CELug9tZI\\_0](https://youtu.be/CELug9tZI_0)

## Radio / Podcasts

### COVID-19: Strategies in Germany - Schools, Masks, Testing and Vaccinations.

Doctor Kevin Kavanagh from Health Watch USA<sup>sm</sup> and Dr. Sebastian Hoehl from the University Hospital in Frankfurt, Germany discuss COVID-19 precautions taken in Germany and the United States. Schools in Germany are open but if community rates are high students wear surgical grade masks (not cloth masks) in the classroom. Those unvaccinated (both students and teachers) are tested three times a week. Home rapid testing is readily available for the general public in Germany. Germany is currently vaccinating individuals down to the age of 12. They are using the Oxford Astrazeneca and Johnson & Johnson vaccine for those 60 years of age and older and the mRNA vaccines for those below the age of 60. In the United States we are going to soon have the FDA decision on an Emergency Use Authorization for the Pfizer/BioNTech Vaccine for children down to age 5. So far the data shows the vaccine to be very safe in this age group and able to elicit a strong immunological response. Similar to the USA, Germany also has higher rates of COVID-19 in populations who are socioeconomically disadvantaged. Jack Pattie Show. WVLK FM 97.3 Sept. 24, 2021. <https://youtu.be/TmzQabJ0IDo>

### COVID-19: Boosters, Monoclonal Antibodies & Variants.

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses the need for Pfizer boosters and recaps on last Friday's show where Dr. Hoehl from Germany stressed that schools require surgical grade masks and if unvaccinated, testing three times a week. Masks work, remember the particle size being filtered is between 10 to 100 microns and are small droplets which aerosolize. They are not the dry particle measured by electron microscopy. The FDA has approved boosters for the Pfizer vaccine, Moderna is probably soon to follow. The immunity induced by Moderna is holding up better. Moderna spaced the first and second doses out by 4 weeks and has over three times the mRNA in it compared to Pfizer. The three doses may become the vaccine schedule for the coronavirus vaccination. Most vaccines, including polio, Hepatitis B, Tetanus, H. Flu, etc., all require 3 or 4 doses. The use of monoclonal antibodies is also encouraged. Of the four available monoclonal antibodies, three, plus the cocktails are effective against the Delta. However, they may not be effective with the immune escape variants of Gamma, Beta, and Delta Plus. Vaccines produce a myriad of different types of antibodies and are much better for infections by future variants. Finally, the supply of monoclonal antibodies is limited and they must be given soon after diagnosis to be effective. Jack Pattie Show. Sept 27, 2021. <https://youtu.be/HbYriXnws90>

### **COVID-19: Misinformation on VAERS and Pfizer Trade Name Confusion.**

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses disinformation on using the VAERS reporting system to determine the incidence of vaccine deaths. Using this information, in Kentucky one would expect 180 deaths but I have not heard of any confirmed cases in Kentucky. There is also confusion made by Pfizer using a trade name when marketing their vaccine to those above the age of 16. Below ages of 16, Pfizer/BioNTech cannot yet use this name since the vaccine for this age group is only FDA authorized. Finally, even outdoors one needs to follow public health advice. Crowded stadiums with unmasked individuals are still at risk of spreading the Delta Variant. Screaming and shouting will create droplets which will not be expected to dissipate outdoors. Jack Pattie Show. Sept. 13, 2021. (7:29) <https://youtu.be/soC4l73ce6g>

### **COVID-19: Too Little Too Late - We need a more aggressive plan.**

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses the recent plan by President Biden which mandates vaccinations of all employees or weekly testing. However, he stresses a layered approach is needed. Individuals including one of the callers, can be vaccinated and still become extremely sick and even spread COVID-19. To stop the virus all workers should be vaccinated, wear masks and undergo twice weekly testing. Questions regarding Dr. Fauci were also answered and how multiple agencies in the Federal Government need to be performing at a higher level than they are. Jeff Santos Show. Sept. 10, 2021. <https://youtu.be/O0gr-CrMjco>

### **COVID-19: Gain of Function Research.**

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses the dangers of Gain of Function Research. Other topics are the emergence of variants, the effect of vaccines on mutations and how outdoor gatherings can spread the viral illnesses. For vaccines to work, all must take them so community protection develops and mutations of the virus will not occur.

1:39 Antibiotic Resistant Bacteria are Increasing.

5:47 Outdoor events spreading variants. The Fourth-of-July celebrations.

7:38 Gain of Function Comments.

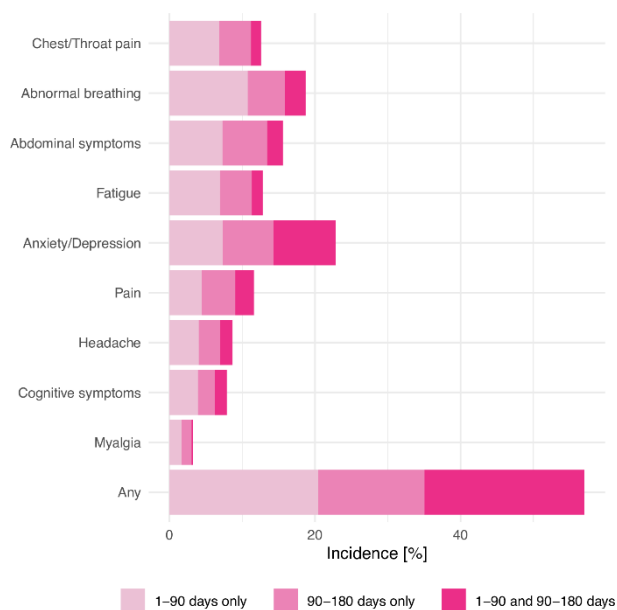
10:31 The Delta Variant was not caused by the Vaccine.

Jack Pattie Show. Sept 10, 2021. <https://youtu.be/NMrUGnnvNd0>

### **COVID-19: C.1.2 Variant May Decimate Herd Immunity.**

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses the need for everyone to become vaccinated. A new study finds that Natural Immunity is greater and lasts longer than immunity from the Pfizer Vaccine. But "greater" is not "great" both the vaccinated and naturally immune are susceptible to the Delta Variant. Two studies have now shown that past infection plus vaccination provides better protection. The Delta Variant has twice the rate of hospitalization as previous variants. Those not vaccinated are more likely to be hospitalized, admitted to the ICU and die. ICU admissions, the need for ventilation and deaths are almost entirely in the unvaccinated. Because hospitals are filled, those who require care for serious non-delta ailments may not be able to receive care. Since, the unvaccinated have a poorer prognosis, they may be on the wrong end of triage decisions. Because of the new variants, such as C.1.2, herd immunity is not possible, and we will experience continued waves of the coronavirus unless we follow public health strategies. Jack Pattie Show. Sept. 1, 2021. <https://youtu.be/vULye1DxJMY>

## COVID-19 Articles of Interest



### **Incidence, co-occurrence, and evolution of long-COVID features: A 6-month retrospective cohort study of 273,618 survivors of COVID-19**

The study states that "it is notable that long-COVID features were also recorded in children and young adults, and in more than half of non-hospitalized patients, confirming that they occur even in young people and those who had a relatively mild illness.... This is significant in public health terms, given that most people with COVID-19 are in the latter group. It is also of interest that almost 40% of patients with long-COVID symptoms recorded between 3 and 6 months had not had any such diagnosis in the first 3 months. Some of this may reflect a delay in presentation but also suggests that some patients may have a delayed onset of long-COVID features."

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003773>

### **Massive randomized study is proof that surgical masks limit coronavirus spread, authors say.**

"The authors of a study based on an enormous randomized research project in Bangladesh say their results offer the best evidence yet that widespread wearing of surgical masks can limit the spread of the coronavirus in communities."

<https://www.washingtonpost.com/world/2021/09/01/masks-study-covid-bangladesh/>

### **Nine Vaccinated Nursing Home Residents Die After Montana Lets Healthcare Workers Go Unvaccinated.**

"The outbreak began due to an unvaccinated Certified Nursing Assistant who worked in the center, Cascadia Healthcare, the company that operates the center, told KPAX.

An additional 16 staff members also tested positive for the virus, according to Cascadia Healthcare Director of Corporate Affairs Steve LaForte.

Approximately 88 percent of the center's residents are vaccinated against COVID-19. However, only 54 percent of the center's staff is also vaccinated."

<https://www.newsweek.com/9-vaccinated-nursing-home-residents-die-after-montana-lets-healthcare-workers-go-unvaccinated-1632673>

### **How the US vaccine effort derailed and why we shouldn't be surprised.**

"That lack of confidence garnered the United States an unenviable distinction – in mid-September it became the least vaccinated member of the world's seven most populous and wealthy democracies, or "G7," which includes Britain, Canada, France, Germany, Italy and Japan."

<https://www.theguardian.com/us-news/2021/sep/27/us-vaccine-effort-derailed>

### **Chinese city orders spas, mahjong salons to shut after COVID-19 case confirmed.**

"China has brought under control several clusters of infection since late July, driven mainly by the highly transmissible Delta variant of the new coronavirus.

That was achieved by swift contact tracing and locking down areas deemed high-risk, even when only a handful of cases were detected. In cities where most infections were found, multiple rounds of testing on local populations were undertaken and travel restrictions imposed."

<https://www.reuters.com/world/china/chinese-city-orders-spas-mahjong-salons-shut-after-covid-19-case-confirmed-2021-09-21/>

### Where Are the Tests?

"Other countries are awash in Covid tests. The U.S. is not."

<https://www.nytimes.com/2021/09/21/briefing/rapid-testing-covid-us.html>

### Unvaccinated people were 11 times more likely to die of covid-19, CDC report finds.

"Moderna vaccine is most effective, says another study, the largest to date in U.S. to assess real-world effectiveness."

<https://www.washingtonpost.com/health/2021/09/10/moderna-most-effective-covid-vaccine-studies/>

### Supply chain shortages making school lunches hard to serve.

<https://www.lex18.com/news/national-politics/the-race/supply-chain-shortages-making-school-lunches-hard-to-serve>



## COVID-19 Lessons Learned: A Global Perspective

*Health Watch USA<sup>sm</sup> &  
Massachusetts Nurses Association*



### White Paper: COVID-19 lessons learned: a global perspective

On June 15, 2021, infectious disease authorities from around the world participated in a joint webinar to share experiences and lessons learned in combating the COVID-19 pandemic. One of the overriding goals of the conference "COVID-19 Lessons Learned: A Global Perspective" was to provide documentation of worldwide COVID-19 response strategies, in order to combat the plethora of misinformation and conspiracy theories that are being actively disseminated. This misinformation is having a profound negative impact on controlling the pandemic in many countries. Misinformation which was addressed in the conference included challenging the seriousness of COVID-19 infections, a refusal to recognize aerosolization as the major mechanism of spread, a belief that schools can be opened safely without implementation of extensive

control strategies, and that masks and vaccines are not effective. A second goal was the identification of common strategies between nations. Common strategies included the implementation of a range of closures, mask mandates, travel bans and the need for expanded testing. But of utmost importance there was recognition of the need to implement a coordinated national strategy, which is depoliticized and led by scientists. ARIC. Aug. 26, 2021.

<https://aricjournal.biomedcentral.com/articles/10.1186/s13756-021-00992-x>

**Conference Videos are Now Available.** Continuing Educational Credits through Southern Kentucky AHEC. For more information on continuing education go to [www.healthconference.org](http://www.healthconference.org)

### **COVID-19: Introduction To Suppression Strategies**

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses strategies used by many countries including exclusion, elimination, suppression, and mitigation; along with the disruptive influences of misinformation and false hopes for herd immunity. YouTube Video: <https://youtu.be/Ej98j5WiGUw>

### **COVID-19: Lessons Learned in Australia**

Professor Imogen Mitchell, Clinical Director of the Australian Capital Territory COVID-19 Response, discusses lessons learned in Australia. To date there are 910 deaths from COVID-19. If the United States did as well, adjusted for population, we would have lost less than 13,000 individuals. Australia is a federated nation, early on the State and Territories formed a national governing committee, guided by scientists, to formulate and direct the nation's COVID-19 response. Strategies included a zero tolerance for cases with cities imposing lockdowns, masking, physical distancing, along with strong testing and contact tracing for as few as 1 or 2 cases. Travel restrictions and 14-day quarantine were imposed on those entering the country and travel between State and territories was restricted during outbreaks. YouTube Video: <https://youtu.be/UpFrw3Wdbmw>

### **COVID-19: Lessons Learned in Singapore**

Dr. Matthias Maiwald, Adjunct Associate Professor at the Department of Microbiology & Senior Consultant in Microbiology, National University of Singapore, discusses the COVID-19 response in Singapore. Strategies used were social distancing, mask wearing, and the closing of schools and non-essential businesses during a full lock-down. In addition, contact tracing was facilitated by phone app reporting of contacts in Singapore's population. Outbreaks occurred in migrant workers' dorms, and other outbreaks were associated with the airport, a hospital and a shopping mall. At hospitals, all patients were tested for SARS-CoV-2 upon admission and staff were tested every two weeks, if vaccinated; and once a week, if not vaccinated. An important observation was that during the full lock-down, infectious diseases caused by many other respiratory viruses all but disappeared. Rhinoviruses and enteroviruses reappeared 13 weeks after the end of lock-down, later adenoviruses reappeared. However, influenza stayed at a very low level well into 2021. This is a testament as to how effective the transmission of SARS-CoV-2 is in comparison to other respiratory viruses, and how difficult it will be to eradicate it around the world. YouTube Video: <https://youtu.be/-WPQv9ghTy0>

### **COVID-19: Lessons Learned in Kenya**

Dr. Paul Yonga discusses lessons learned in Kenya. Kenya adopted a suppression strategy guided by a newly formed National Emergency Response Committee. The country utilized regional and localized

lockdowns, mandatory masking, curfews and social distancing. Barriers included stigmatization of the disease, large political rallies and a lack of vaccines, the latter of which inhibited the long-term effectiveness of a suppression strategy. There were also poor working conditions for frontline workers and healthcare staff, including a lack of PPE and pay shortages. Currently, Kenya is expecting another wave, possibly driven by the Delta Variant which comprises 90% of sequenced cases in some regions.

YouTube Video: <https://youtu.be/oTOFJiLYa2Q>

### **COVID-19: India In Crisis -- Vineeta Gupta, MD, JD**

Dr. Vineeta Gupta describes the conditions in India and the socioeconomic challenges which inhibit the pandemic's control. The impact of the Delta (B1617.2) Variant on India and the United States is also discussed. <https://youtu.be/vsOj76yBH9g>

### **COVID-19: Lessons Learned in Spain**

Dr. Jesús Rodríguez-Baño, MD, PhD from University Hospital Virgen Macarena, University of Sevilla discusses Spain's COVID-19 response. Spain is a federated nation. The country underwent three waves. During the first wave a national emergency was declared, and a hard lockdown was enacted. In the second and third waves regional governments guided the response. During these waves there were limits on gatherings and universal masking was mandated. Spain did not have a well-developed anti-vaccination movement as was seen in other European countries. However, the COVID-19 response became politicized during the second and third waves, a phenomenon seen in several other countries, including the United States. There was also intense discussion over the use of the AstraZeneca vaccine. Politics and economics took the lead in some of the decisions instead of healthcare, but everyone agreed there needs to be a balance in every decision taken. YouTube Video:

<https://youtu.be/pWuu10Gg7ro>

### **COVID-19: Lessons Learned in Germany**

Dr. Sebastian Hoehl presents on COVID-19 lessons learned in Germany. Dr. Hoehl was one of the first to recognize that asymptomatic spread is a major contributor to the SARS-CoV-2 pandemic. In his presentation he discusses strategies used by Germany to quell COVID-19 surges and the importance of frequent testing in the opening of schools. He also discusses the social disparities of COVID-19 and how it targets and disproportionately affects the socially disadvantaged. YouTube Video:

[https://youtu.be/\\_9is03QomGI](https://youtu.be/_9is03QomGI)

### **COVID-19: Lessons Learned In The United Kingdom**

Dr. Stephanie Dancer provides an extensive description of how SARS-CoV-2 spreads and the importance of aerosolization. COVID-19 clusters at NHS Lanarkshire, Scotland, was caused by spread from the community, and was transmitted in hospitals by both patients and staff. Corrective measures included the use of masks, opening of windows and minimizing the risks in bathrooms and of toilet plumes. Air exchanges in most hospitals were deficient. They were improved to six complete air exchanges per hour for general wards and ten for bathrooms. Proper building ventilation is of utmost importance in controlling respiratory pathogens. YouTube Video: <https://youtu.be/sMW3wUWUboA>

### **COVID-19: Lessons Learned in the United States**

Dr. Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses how the United States has viewed and dealt with COVID-19. Barriers to true acceptance are exemplified by Kubler-Ross stages of grief: Denial, Anger, Bargaining, Depression and Final Acceptance. The role of foreign adversaries and misinformation

is discussed and how this is preventing true acceptance of COVID-19 and an effective pandemic response. YouTube Video: <https://youtu.be/eV8lBv7ADU4>

### **COVID-19: Comments Regarding Variants**

Dr. Kevin Kavanagh Discusses COVID-19 Variants

1. The Delta Variant detected in The United States & the need for more genomic sequencing to detect community spread.

2. Mutations and Variants can be tracked on the websites.

<https://nextstrain.org/> and <https://outbreak.info/>

3. How Variants are named and How The Spanish Flu Got its Name.

4. Almost all nations in almost all pandemics mitigate the severity and extent of disease and deaths.

YouTube Video: <https://youtu.be/U9Xs6JizJSE>

### **COVID-19: Veteran Administration's Fourth Mission**

Acting Deputy Secretary Carolyn Clancy and Under Secretary Dr. Beth Taylor discusses the Veteran Administration's fourth mission to aid and support state and local health care systems in times of pandemics and other health emergencies. The presentation details the Veterans Administration activities to support health care systems during the COVID-19 pandemic along with lessons learned during the reassignment of resources and staff to support the United States' pandemic response. YouTube Video:

<https://youtu.be/oBtNJeoNW2k>



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