



Health Watch USAsm Newsletter

<https://www.healthwatchusa.org> June 1, 2023

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

Activity for the Month of May. Health Watch USAsm:

- 1 Peer Reviewed Publication
- 4 Articles/op-eds regarding COVID-19.
- 1 Presentation.

Information Regarding Health Watch USAsm Sept. 14th, 2022 COVID-19 Conference - Frontline Worker Safety: <https://healthconference.org>

Health Watch USAsm 2022 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20221231-HWUSA-Report-2022-2.pdf>

Health Watch USAsm 2021 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20211231-HWUSA-Report-2021.pdf>

Health Watch USAsm 2020 Activities Report:

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

Health Watch USAsm - Peer Reviewed Publications, News Articles & OpEds

	Australia	Germany	Qatar	Singapore	Sweden
Total cases per 1 million population	395,074	416,732	166,018	346,547	254,607
Rate of death per 1 million population	595	1,807	244	279	2,004
Population fully vaccinated	86%	76%	>99%	90%	74%
Additional vaccine dose	56%	74%	67%	78%	71%
Population older than 65 y	15.88%	22.99%	1.19%	10.89%	20.59%
Obesity in adult population*	30.4%	25.7%	33.9%	6.6%	22.1%

Data Sources: Worldometer, Coronavirus; Wikipedia, List of Countries by Age Structure; New York Times, T1 Vaccinations Around the World; Our World in Data, Obesity. Data as of October 24, 2022.
*Obesity in adult population 18 years and older: defined as body mass index greater than or equal to 30 (

Frontline Worker Safety in the Age of COVID-19: A Global Perspective:

The third Health Watch USAsm COVID-19 webinar/conference assembled 16 speakers from 4 continents who shared information regarding frontline worker safety in the age of COVID-19.

Download summary white paper (Journal of Patient Safety):

https://journals.lww.com/journalpatientsafety/Fulltext/9900/Frontline_Worker_Safety_in_the_Age_of_COVID_19_A.126.aspx

Presentation Videos and online continuing education are available at:

<https://www.healthwatchusa.org/conference2022/index.html>

Abstract: The U.S. Bureau of Labor Statistics reported a nearly 4000% increase in workplace illness in 2020 compared with 2019. It is estimated that 2% of the U.S. workforce is not working because of long COVID. In addition, the impact is growing with each surge. After the acute illness, patients are often described as recovered, when in fact many have only survived and are coping with the multisystem impacts of long COVID. Long COVID, including its late cognitive, cardiovascular, embolic, and diabetic complications, disproportionately impacts frontline workers, many of whom are of lower socioeconomic status and represented by ethnic minorities.

Natural infection and current vaccines do not provide durable protection for reinfection. Herd immunity is not possible at this time. Although SARS-CoV-2 is unlikely to be eliminated, decreasing spread is imperative to slow the rate of mutations, decrease the number of reinfections, and lower the chances of developing long COVID. The primary mode of spread is through aerosolization. Both routine breathing and talking aerosolizes the virus. With the extremely high infectivity of SARS-CoV-2, it is unlikely that central building ventilation alone will be enough to satisfactorily mitigate spread. Additional safe active air cleaning technology, such as upper-room germicidal UV-C lighting, needs to be deployed.

Misinformation and disinformation have inhibited response effectiveness. Examples include downplaying the benefit of well-fitted masks and the risks that COVID-19 and long COVID pose to children, along with believing children cannot spread the disease. The engagement of local community leaders is essential to educate the community and drive social change to accept vaccinations and other public health interventions. Vaccinations and natural immunity alone are unlikely to adequately prevent community spread and do not provide durable protection against the risk of long COVID.

Frontline workers must keep their immunity as high as possible and work in settings with clean air, along with wearing N95 masks when they are in contact with the public. Finally, there needs to be a financial safety net for frontline workers and their families in the event of incapacitation or death from COVID-19. May 10, 2023. Journal of Patient Safety.

https://journals.lww.com/journalpatientsafety/Fulltext/9900/Frontline_Worker_Safety_in_the_Age_of_COVID_19_A.126.aspx



Industry Voices—The case for hospitals to invest in cleaner air

The American Society of Heating, Refrigeration, and Air-conditioning Engineers (ASHRAE) recommends an indoor CO₂ level of 870 ppm or below. To achieve this, a minimum ventilation rate of 10 liters per second per

person is needed. Lowering CO₂ improves cognition: Higher CO₂ levels can also cause drowsiness and affect concentration. Joseph Allen, et al., have demonstrated that compared to CO₂ levels of 550 ppm, cognitive function was 15% lower at a level of 945 ppm and 50% lower at a level of 1400 ppm. For “strategy” (the ability to plan, sequence and prioritize actions) these scores were 16% and 78% lower, respectively. “On average, a 400 ppm increase in CO₂ was associated with a 21% decrease in a typical participant’s cognitive scores across all domains ...” New draft ASHRAE recommendations released in May 2023 address “Control of Infectious Aerosols.” Equivalent outdoor airflow in healthcare waiting rooms should be 60 liters per second per person (L/s/p), 45 L/s/p in common treatment areas and 90 L/s/p in healthcare patient rooms. Compared to the purchasing of N95 masks, the economic investment in clean air is much lower and should easily be offset by the advantages of maintaining a healthy workforce and increasing the safety of healthcare provided to patients. [References](#) Fierce Healthcare. May 15, 2023.

Government stats show number of uninsured declined in 2022, though experts question methodology, conclusion

Kevin Kavanagh, M.D., founder and president of the patient advocacy organization Health Watch USA(sm), told Fierce Healthcare in an email that “healthcare marketplace plans will end the pandemic’s special enrollment period and will no longer maintain coverage if premiums cannot be paid. Unfortunately, I expect the rate of uninsured to increase in the United States as the PHE provisions are lost and those disabled with long COVID lose their employer’s private coverage but do not yet qualify for disability in Medicare.” Hispanic adults were most likely to lack health insurance coverage (27.6%) in 2022, followed by Black adults (13.3%), according to the NCHS report. Asian adults and white adults had the lowest percentage of uninsured, 7.1% and 7.4%, respectively. “Among white adults aged 18–64, the percentage who were uninsured decreased from 8.7% in 2021 to 7.4% in 2022,” the report states. “Among Hispanic and Black adults aged 18–64, the observed decreases in the percentage of uninsured from 2021 to 2022 were not significant.” Kavanagh said that Hispanic and Black patients are “also the racial groups which predominate in many of our frontline occupations and are at high risk for COVID-19. The ending of the PHE does not mean the ending of COVID. Adequate insurance coverage of minorities and economically disadvantaged populations is of utmost importance.” Fierce Healthcare. May 18, 2023.

<https://www.fiercehealthcare.com/payers/government-stats-show-number-uninsured-declined-though-experts-question-methodology>

Horizon taps AI provider, Solera Health, in effort to offer more customized care to members

Kevin Kavanagh, M.D., founder and president of the patient advocacy organization Health Watch USA, said he worries about an AI arms race.

“Payers will use AI to evaluate office notes to determine level of payments and to make a coverage eligibility determination for ordered tests and procedures,” Kavanagh told Fierce Healthcare in an email.

“On the provider end, Microsoft has announced Dragon Ambient eXperience which will produce a draft clinical note within seconds after a patient visit. The AI system will incorporate insights from unstructured data such as conversations.”

“It is not a huge step to envision, the AI written clinical note will be optimized for reimbursement and that the AI will learn from previous claim denial and payments what data to incorporate,” he added. Fierce Healthcare. May 4, 2023.

<https://www.fiercehealthcare.com/payers/horizon-healthcare-services-taps-ai-provider-solera-health-effort-offer-more-customized-care>



Endemic SARS-CoV-2 Demonstrating Workforce/Health Consequences

The rate of unemployment, long COVID, and immune system issues are still causing problems globally.

Several countries are reporting workforce shortfalls.

China is now short 41 million workers, and in the United Kingdom, for every 13 individuals working, one person is not working because of long-term sickness. The WHO is taking a leadership position, calling for a monovalent XBB booster that targets XBB.1.5 and XBB.1.16. Concerns of immune imprinting and the rapid waning of vaccine and infection-induced immunity make it clear that additional mitigation strategies are needed to mitigate transmission. Unspent COVID-19 funds are available, which should be used to expand infectious disease reporting, testing, upgrade facility ventilation and air quality, and install upper room UV-C germicidal lighting. [References](#) Infection Control Today. May 22, 2023.

<https://www.infectioncontrolday.com/view/endemic-sars-cov-2-demonstrating-workforce-health-consequences>

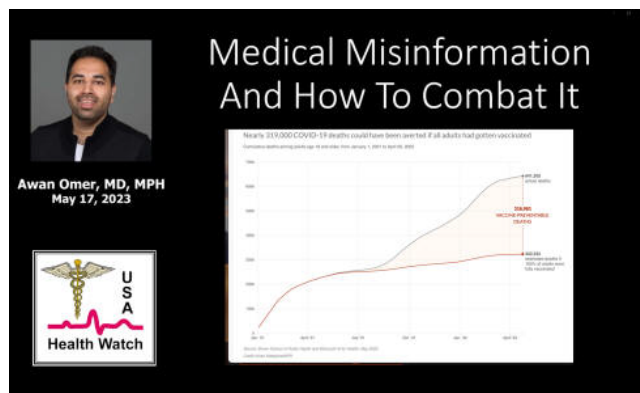
Opinion: COVID-19 Expanded Reporting Systems Should Continue

One of the most concerning outcomes of the COVID-19 pandemic is that the CDC and other governmental agencies appear to be dismantling our newly expanded reporting systems rather than expanding and maintaining them for the next pandemic, a pandemic which many experts feel has a 15% to 20% chance of occurring in the next 2 years... We need not only to have a permanent system for monitoring the persistence and emergence of dangerous pathogens but also to determine the composition of patients' microbiomes. Everyone should be tested every year and upon admission to acute and long-term care facilities. This would identify pathogens and provide new insights into diabetes, obesity, cancer, and even COVID-19 and long COVID... Control and prevention of infections are of paramount importance. We need to back away from blame. Regardless of who is at "fault" or even if any "fault" exists, if you need an internal prosthesis placed, you may not want to have this procedure in a hospital or a community with high rates of MRSA carriage or infections. Knowing and mitigating the actual numbers are important. [References](#) Infection Control Today. May 10, 2023. <https://www.infectioncontrolday.com/view/opinion-covid-19-expanded-reporting-systems-should-continue>

The End of the COVID-19 Public Health Emergency?

Although the public health emergency for COVID-19 is officially over, infection rates, precautions, and safety measures for communities around the United States still need to be addressed. Even though the PHE has ended, numerous workplaces need to implement preventive strategies and upgrade their infrastructure. Adequate ventilation is still lacking in far too many venues, including our dilapidated school infrastructure. There is clearly a critical missed opportunity for engagement of electronic medical records to collect needed data for public health. It may be time to discontinue the Pandemic Health Emergency, but many have concerns regarding this action when the United States appears to be unprepared for another SARS-CoV-2 surge, let alone a new pandemic. As a nation, we can and must do better. [References](#) Infection Control Today. May 11, 2023. <https://www.infectioncontrolday.com/view/the-end-of-the-covid-19-public-health-emergency->

Health Watch USAsm - Meeting Presentations & Comments



Dr. Amed Awan, MD, MPH discusses misinformation and its impact on medicine and public health.

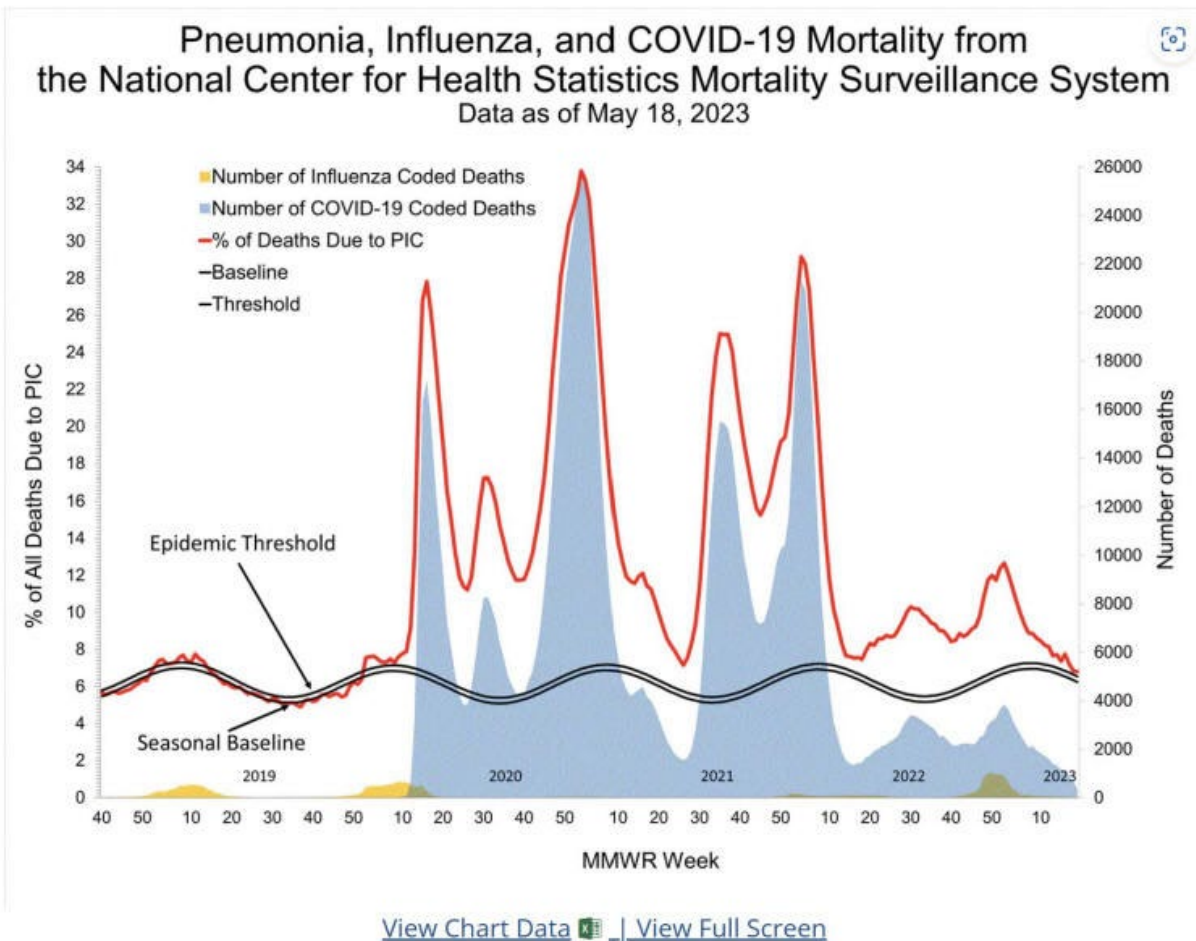
Misinformation and purposefully spread disinformation is being widely posted on social media with little review of its validity. People spend an average of two and a half hours on social media every day. Over 70% of those in the United States use social media daily. Disinformation is prevalent, exemplified by the Washington Post publishing a

leaked document which states only 1% of fake Russian social media profiles are caught. The COVID-19 pandemic has been politicized and there are political motives for disseminating disinformation. The consequences are staggering. We know that more than 1.1 million individuals have died of COVID-19. As of May 2022, there were over 318,000 vaccine preventable deaths. Individuals whose deaths were largely caused by mis and disinformation. Health Watch USA(sm) meeting. May 17, 2023.

<https://youtu.be/NSecP05PrMo>

Health Watch USAsm - Articles of Interest

Excellent CDC Graphic Illustrating The Mortality Rate of COVID-19 Versus the Seasonal Flu. COVID is NOT the flu. <https://www.cdc.gov/flu/weekly/fluactivitysurv.htm>



Pereira SMP, Mensah A, Nugawela MD, et al. Long COVID in Children and Youth After Infection or Reinfection with the Omicron Variant: A prospective Observational Study.

"12-16% infected with Omicron met the research definition of long COVID at 3 and 6 months after infection, with no evidence of difference between cases of first-positive and reinfection (pchi-square=0.17)." The Journal of Pediatrics.

<https://www.sciencedirect.com/science/article/pii/S0022347623003116>

CDC sets first target for indoor air ventilation to prevent spread of Covid-19

"I am pleasantly surprised to see CDC add this guidance. I do find it ironic that they finally published ways to end the pandemic at the same time as declaring it is over," said Kimberly Prather, an atmospheric chemist at the University of California at San Diego and the Scripps Institution of Oceanography. "It's a monumental shift. We haven't had this. We haven't had health-based ventilation standards," said Joseph Allen, director of the Harvard Healthy Buildings Program. Plus a new DRAFT standard from the American Society of Heating Refrigeration and Air Conditioning Engineers."

<https://www.cnn.com/2023/05/12/health/cdc-new-ventilation-target/index.html>

SARS-CoV-2 transmission with and without mask wearing or air cleaners in schools in Switzerland: A modeling study of epidemiological, environmental, and molecular data

"Molecular detection of airborne and human SARS-CoV-2 indicated sustained transmission in schools. Mask mandates were associated with greater reductions in aerosol concentrations than air cleaners and with lower transmission." <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004226>

WHO recommends new COVID shots should target only XBB variants

"New formulations should aim to produce antibody responses to the XBB.1.5 or XBB.1.16 variants, the advisory group said, adding that other formulations or platforms that achieve neutralizing antibody responses against XBB lineages could also be considered. In late March, WHO had revised its COVID vaccination recommendations and suggested healthy children and adolescents might not necessarily need a shot, but older and high-risk groups should get a booster between six and 12 months after their last vaccine." <https://www.reuters.com/business/healthcare-pharmaceuticals/who-recommends-new-covid-shots-should-target-only-xbb-variants-2023-05-18/>

Expectations are that the monovalent XBB booster would cause less imprinting and a more targeted immunological response to our current variants.

Two-year follow-up of patients with post-COVID-19 condition in Sweden: a prospective cohort study (from Sweden)

"Despite some improvements over time, we found a high prevalence of persisting symptoms and a need for long-term follow-up and rehabilitation post COVID-19 infection. Approximately half of those who were on sick leave related to PCC at four months after infection were on sick leave at 24 months. Despite some improvements over time, we found a high prevalence of persisting symptoms and a need for long-term follow-up and rehabilitation post COVID-19 infection."

<https://www.sciencedirect.com/science/article/pii/S2666776223000133>



Deep immunological imprinting due to the ancestral spike in the current bivalent COVID-19 vaccine

"72 participants who received three monovalent mRNA vaccine doses followed by either a bivalent or monovalent booster, or who experienced breakthrough infections with the BA.5 or BQ subvariant after vaccinations with an original monovalent vaccine. Compared to a monovalent booster, the bivalent booster did not yield noticeably higher binding titers. Multiple analyses of these results, including antigenic mapping, made clear that inclusion of the ancestral spike prevents the broadening of antibodies to the BA.5 component in the bivalent vaccine, thereby defeating its intended goal. Our findings suggest that the ancestral spike in the current bivalent COVID-19

vaccine is the cause of deep immunological imprinting. Its removal from future vaccine compositions is therefore strongly recommended." <https://www.biorxiv.org/content/10.1101/2023.05.03.539268v1>

CDC offers updated advice for healthcare facilities' masking policies post-public health emergency

Expanding mask use more broadly has a greater benefit and should still be considered when caring for patients at a higher risk for severe outcomes if infected by a respiratory virus as well as “during periods of high respiratory virus transmission in the community,” the agency wrote. “source control remains an important intervention during periods of higher respiratory virus transmission,” CDC wrote. “Without the Community Transmission metric, healthcare facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted.”... even when masking is not required by the facility, individuals should continue using a mask or respirator based on personal preference, informed by their perceived level of risk for infection based on their recent activities (e.g., attending crowded indoor gatherings with poor ventilation) and their potential for developing severe disease if they are exposed,” the CDC wrote. Fierce Healthcare: <https://www.fiercehealthcare.com/providers/cdc-offers-updated-advice-healthcare-facilities-masking-policies-post-public-health>

Long COVID Seems to Make Distinct Changes to The Immune System

Compared with the control group, participants with long COVID had decreased numbers of immune cells called memory T cells; these cells usually persist for an extended period after infections, retaining the ability to recognize a specific threat and call the rest of the immune system rapidly to arms upon re-exposure. COVID long haulers also had increased numbers of immune cells called B cells, antibody-secreting B cells, and activated natural killer cells, which detect and destroy damaged cells. For those with long COVID, there was also an increase in immune checkpoint molecules like TIGIT and PD-L1 on immune cells, “suggesting the possibility of immune exhaustion”, the researchers wrote. Science Alert. <https://www.msn.com/en-us/health/medical/long-covid-seems-to-make-distinct-changes-to-the-immune-system/ar-AA1brVQo>

<https://nn.neurology.org/content/10/4/e200097>

‘Too greedy’: mass walkout at global science journal over ‘unethical’ fees

Entire board resigns over actions of academic publisher whose profit margins outstrip even Google and Amazon

More than 40 leading scientists have resigned en masse from the editorial board of a top science journal in protest at what they describe as the “greed” of publishing giant Elsevier. The entire academic board of the journal Neuroimage, including professors from Oxford University, King’s College London and Cardiff University resigned after Elsevier refused to reduce publication charges.

<https://www.theguardian.com/science/2023/may/07/too-greedy-mass-walkout-at-global-science-journal-over-unethical-fees>

The neurobiology of long COVID

Persistent neurological and neuropsychiatric symptoms affect a substantial fraction of people after COVID-19 and represent a major component of the post-acute COVID-19 syndrome, also known as long COVID. Prominent among these lasting neurological sequelae is a syndrome of persistent cognitive impairment known as COVID-19 “brain fog,” characterized by impaired attention, concentration, memory, speed of information processing, and executive function. Neuroinflammation alone can cause dysregulation of glial and neuronal cells and, ultimately, neural circuit dysfunction that negatively impacts cognitive and neuropsychiatric functions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9537254/>

Frontline Workers: A Global Perspective



Sept. 14th, 2022
Health Watch USAsm
Webinar

Frontline Worker Safety in the Age of COVID-19
Health Watch USAsm

Download summary white paper (Journal of Patient Safety):

<https://journals.lww.com/journalpatientsafety/Fulltext/9900/>

[Frontline Worker Safety in the Age of COVID 19 A.126.aspx](#)

Speakers Included:



Past Surgeon General Joycelyn Elders, MD

– Introduction [View Video](#)



Professor Lidia Morawska, PhD, MSc. "Airborne infection transmission & Impact on Frontline Workers" Time Mag. Top 100 Most influential persons in the World for 2021. (Australia) [View Video](#)



Ambassador Deborah Birx, MD "COVID-19 USA - Lessons and new tools to improve workplace safety". Past White House Coordinator Coronavirus Response (USA) [View Video](#)



Professor Nele Brusselaers, MD, PhD "Evaluation of science advice during the COVID-19 pandemic in Sweden" (Sweden) View Video



Ziyad Al-Aly, MD "An Overview of Long COVID" (USA) View Video

Continuing Education Currently Available Online

Enduring materials are online and have been approved for 6 credit hours of Category I AMA Continuing Education and ANCC nursing credits for 6 hours. In addition, 6 hours of continuing education is provided for Physical Therapy, Respiratory Therapy, and Dentistry. 7.2 hours of continuing education is provided through the Kentucky Board of Nursing. Radiology has been approved for 5.5 hrs. Credits are pending for Occupational Therapy.

There is no charge for continuing education credit hours.

For more information go to: <https://healthconference.org>

=====

To subscribe to Health Watch USAsm

newsletter go to:

<https://healthwatchusa2016.hosted.phplist.com/lists/?p=subscribe&id=1>



Visit and "Like" Health Watch USAsm Facebook Page at:

<https://www.facebook.com/HealthWatchUsa>

