



Health Watch USAsm Newsletter

<https://www.healthwatchusa.org> July 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:

- 2 Articles/op-eds regarding COVID-19.
- 1 Presentation (Meeting).
- 2 Federal Public Oral Comments, 1 Federal Written Comment

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—Hospitals can't lose sight of infection control as COVID recedes

Earlier this month, a news article from the United Kingdom reported that more than 2600 National Health Service staff have missed work due to Long COVID, some up to two years. The vast majority of

those impacted were nurses. Two days later, the Journal of Infection Control and Hospital Epidemiology reported that 27.4% of Brazilian healthcare workers who were diagnosed with COVID-19 developed long COVID. The best defense against long COVID is to not get infected in the first place. Unless we commit to a reliable and robust measurement system of hospital-acquired infections, we will continue to have a stressed workforce and need to rely on data generated in other countries. If this does not occur, the United States will take a back seat in public health and healthcare safety and will lose its leadership position in the world. **References** Fierce Healthcare. June 23, 2023. <https://www.fiercehealthcare.com/hospitals/industry-voices-hospitals-cant-lose-sight-infection-control-covid-recedes>

Biden taps former North Carolina health official Mandy Cohen as new director of CDC

Kevin Kavanagh, M.D., the president and founder of the patient advocacy organization, Health Watch USA and who has sometimes been critical of the agency's handling of the COVID-19 pandemic, said that the change in CDC leadership "represents an opportunity for the CDC to head in a new direction. Currently a number of very important policies are being formulated. For example: At a minimum the use of N95 masks for all airborne pathogens needs to be recommended for healthcare staff and enhanced barrier precautions for nursing homes should only be undertaken in clinical trials." Kavanagh also called for a strengthening of nursing home guidelines, and residents infected by a dangerous pathogen need to be separated from the rest of the facilities' residents. "Advisory committees need to have greater transparency with public comments occurring before not after votes and in addition all meetings should be posted online for later viewing. Most importantly, frontline workers, patients, industrial hygienists, occupational scientists, aerosol scientists and worker unions need to have a voting seat at the table with equal representation as industry voices have." Fierce Health Care. June 20, 2023.

<https://www.fiercehealthcare.com/payers/initial-response-bidens-appointment-mandy-cohen-new-cdc-director-positive>

Long COVID described as a 'syndrome of syndromes' in NIH funded research

Kevin Kavanagh, M.D., president and founder of the patient advocacy organization Health Watch USA, told Fierce Healthcare in an email that of the symptoms researchers focused on, exertional malaise and brain fog would be the most debilitating. He added that "of interest is that individuals in the 'uninfected' study arm were found to be more likely to be vaccinated. The best defense against long COVID is vaccination and not becoming infected with SARS-CoV-2 in the first place and if you do, seek immediate medical attention to determine if you qualify for antiviral medications." In the study, more than 20% of individuals who've had COVID were deemed to have long COVID because they exhibited these symptoms six months after the first time that they tested positive for the condition. However, a third of those individuals no longer suffered from long COVID at nine months. Kavanagh said "there is growing evidence that the symptoms are not necessarily the result of past viral damage but ongoing damage from an abnormal immune system or viral reservoirs." Fierce Healthcare. May 30, 2023. <https://www.fiercehealthcare.com/providers/long-covid-described-syndromes-syndromes-nih-funded-research>



70% of COVID-19 Cases Transmitted By Children

COVID-19, schools, and children are sensitive topics. Some worry about transmission in schools, while others don't see it as a concern. Which is it? "One of the

lessons of the COVID-19 pandemic is that schools can be opened safely if proper mitigation strategies are in place. However, during the pandemic, we witnessed a vicious cycle of concerned and loving parents wanting in-person learning for their children but justifying their position by asserting that COVID-19 in children was "not a thing." This often led to mitigation strategies not being implemented and teachers being reluctant to return to school. Schools remained closed for a period much longer than would have been necessary. We must start planning for the next infectious disease surge and build an effective school infrastructure, including upgrading ventilation and upper room UV-C germicidal lighting." [References](https://www.infectioncontroltoday.com/view/70-covid-19-cases-transmitted-by-children)
Infection Control Today. June 5, 2023. <https://www.infectioncontroltoday.com/view/70-covid-19-cases-transmitted-by-children>

Health Watch USAsm - Meeting Presentations & Comments



The Unbearable Mitigation of SARS-CoV-2 Endemicity

Dr. Georgios Pappas, a physician from Greece, specializing in zoonotic infections and epidemic preparedness and known for his detailed report on the largest laboratory accident in Southeast Asia which released Brucella, discusses the Endemicity of COVID-19. He discusses the Greek experience in combating COVID-19 and the political forces in his country which

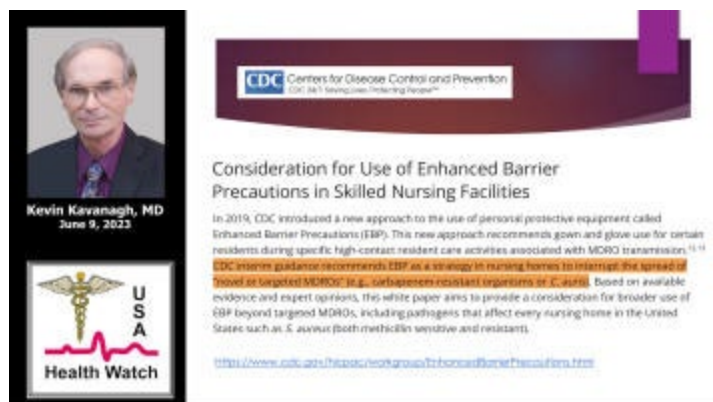
both helped and hindered the public health effort. These forces include: The Church, The Russian Factor, Scientific Dissidents, Political Dissidents, the Need for Tourists and The Pandemic as a Political issue. There are 14 fallacies (mis and disinformation) which segments of the public hold regarding the virus. These include:

1. The virus is gone.
2. SARS-CoV-2 is just another Influenza.
3. The Epidemic is Mild.
4. SARS-CoV-2 needs to adapt.
5. Omicron is milder.
6. We can predict the viral moves.
7. Eventually, we will achieve herd immunity.
8. We can rely on treatments.
9. Immunocompromised should shelter.
10. Minimal risk for the "young & healthy".
11. Healthcare can handle it.
12. The truth will (automatically) prevail.
13. It's not our job.
14. We won.

Health Watch USA(sm) meeting, June 7, 2028. https://youtu.be/ZxM-PQ_Mryw

CMS - 2023, June 4. Comment requesting the Centers for Medicare and Medicaid Services (CMS) enact a financial incentive to reduce COVID-19 spread in hospitals as part of CMS-1785-P.

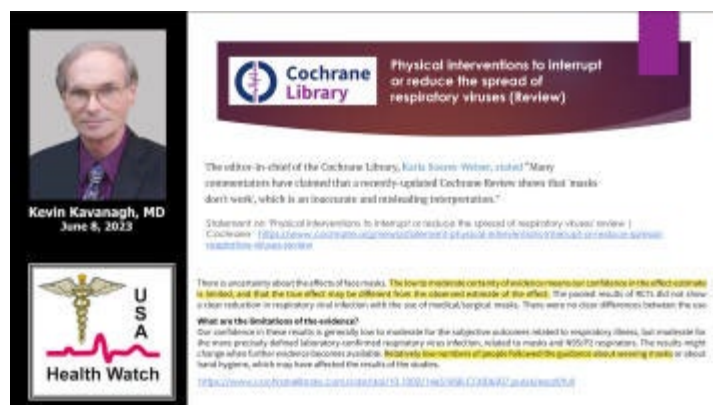
"CMS should include COVID in its Hospital-Acquired Condition (HAC) Reduction Program and/or its Value-Based Purchasing Program, to create financial incentives for COVID prevention in inpatient care. CMS should require hospitals to report and try to minimize hospital-onset COVID, using layered protections, such as universal mask wearing, universal screening testing, and improved air quality to promote patient and staff safety and health equity. The collected data on hospital acquired COVID-19 infections should be fully transparent and readily publicly available on Hospital Compare." [Written Comment](#)



Public Comment: CDC HICPAC Meeting June 9, 2023 – Enhanced Barrier Precautions

Enhanced barrier precautions is advocated for use to mitigate the spread of CRE and C. Auris. These are highly dangerous organisms. A clinical trial is certainly indicated before planning for adoption in non-research settings. A better approach is screening to identify the microbiome of residents,

decolonization and cohorting if decolonization is not successful. It is concerning that the CDC appears to be moving forward with EBP where there is little evidence supporting their effectiveness with dangerous pathogens and also appears to be considering abandoning N95 masking where there is decades of occupational research supporting their use. YouTube Video: <https://youtu.be/RiFQAaPEHPE> Written Comment: <https://www.healthwatchusa.org/HWUSA-Presentations-Community/PDF-Downloads/20230609-CDC-Public-Comment.pdf>



CDC Jun. 8, 2023. The Need for Effective Policy to Prevent Airborne Spread of Pathogens - June 2023 CDC HICPAC Meeting

Dr. Kevin Kavanagh discusses the need for universal and continued use of N95 masks in healthcare settings. Firm standards in building ventilation needs to be set along with firm and clear guidance to prevent spread. Comment before the Healthcare Infection

Control Practices Advisory Committee (HICPAC), June 8, 2023. View Written Comment: <https://www.healthwatchusa.org/HWUSA-Presentations-Community/PDF-Downloads/20230608-HICPAC-Recommendations-WrittenComment.pdf> YouTube Video: <https://youtu.be/g1fPL9qRGt8>

Health Watch USAsm - Articles of Interest

More than 1 in 6 unvaccinated people report health effects of COVID two years after confirmed infection

This research studied Unvaccinated Adults (1106 adults with a confirmed SARS-CoV-2 infection and 628 adults with no history of infection)

22.9% (95% confidence interval 20.4% to 25.6%) of individuals infected with SARS-CoV-2 did not fully recover by six months. The proportion of individuals who had an infection who reported not having recovered decreased to 18.5% (16.2% to 21.1%) at 12 months and 17.2% (14.0% to 20.8%) at 24 months after infection.

Symptom prevalence was higher among individuals who were infected compared with those who were not at six months (adjusted risk difference 17.0% (11.5% to 22.4%)).

1. The highest excess risks observed for altered taste or smell (9.8% (7.7% to 11.8%)),
2. post-exertional malaise (9.4% (6.1% to 12.7%)),
3. fatigue (5.4% (1.2% to 9.5%)), dyspnea (7.8% (5.2% to 10.4%)), and
4. reduced concentration (8.3% (6.0% to 10.7%)) and
5. memory (5.7% (3.5% to 7.9%)).

<https://medicalxpress.com/news/2023-05-unvaccinated-people-health-effects-covid.html>

Discontinuation of Universal Admission Testing for SARS-CoV-2 and Hospital-Onset COVID-19 Infections in England and Scotland

Stopping universal admission testing in the national health systems of 2 countries (England and Scotland) was associated with significant increases in hospital-onset SARS-CoV-2 infections relative to community-onset infections. Nosocomial SARS-CoV-2 Omicron infections remain common, with crude mortality estimates ranging from 3% to 13%. Hospitals should exercise caution before stopping universal admission testing for SARS-CoV-2 infections.

"The immediate level change was statistically significant after admission testing ended (41% relative increase; 95% CI, 6%-76%)....Likewise, during analogous periods in England, the same mean (SD) rate increased from 0.64 (0.14) to 1.00 (0.17) to 1.39 (0.34)..Findings were similar with incident community-acquired SARS-CoV-2 hospitalizations as the denominator..."Nosocomial SARS-CoV-2 Omicron infections remain common, with crude mortality estimates ranging from 3% to 13%.3,6 Hospitals should exercise caution before stopping universal admission testing for SARS-CoV-2 infections." JAMA Network

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2805585>

An Interesting observation is that the researchers are from Harvard, a sign that the USA's data collection is so crippled that we need to use international data. When commenting about this on twitter, the lead author replied. "Author here. Yes, this was the rationale for using UK data; it is much better quality than anything publicly available in the US"

<https://twitter.com/theodorepak/status/1665875091257806848?s=20>

Interesting finding in an article regarding school mitigation strategies on the importance of wearing a mask to protect others.

"Mask mandates decreased the detection of SARS-CoV-2 aerosols by 69%"

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.100422>

Meta analysis finds being vaccinated cuts your risk of Long COVID by almost half (43%).

Risk Factors Associated With Post-COVID-19 Condition: A Systematic Review and Meta-analysis

Patients who had been vaccinated against COVID-19 with 2 doses had a significantly lower risk of developing PCC (long COVID) compared with patients who were not vaccinated (OR, 0.57; 95% CI, 0.43-0.76). Mar. 23, 2023 <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2802877>

Immunogenicity and safety of a fourth homologous dose of NVX-CoV2373

- A fourth dose of NVX-CoV2373 did not increase local/systemic reactogenicity.
- A fourth dose of NVX-CoV2373 enhanced immune response to SARS-CoV-2 variants.
- An NVX-CoV2373 fourth dose induced robust immunogenicity in those aged 18–84 years.
- Correlates of protection imply post-boost efficacy of $\geq 82\%$ for Omicron variants.

<https://www.sciencedirect.com/science/article/pii/S0264410X23006126>

Risk factors for long coronavirus disease 2019 (long COVID) among healthcare personnel, Brazil, 2020–2022

"Of 7,051 HCP diagnosed with COVID-19, 1,933 (27.4%) who developed long COVID were compared to 5,118 (72.6%) who did not. The majority of those with long COVID (51.8%) had 3 or more symptoms. Those receiving 4 COVID-19 vaccine doses prior to infection (OR, 0.05; 95% CI, 0.01–0.19) were significantly less likely to develop long COVID."

"Long COVID can be prevalent among HCP. Acquiring >1 SARS-CoV-2 infection was a major risk factor for long COVID, while maintenance of immunity via vaccination was highly protective."

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/abs/risk-factors-for-long-coronavirus-disease-2019-long-covid-among-healthcare-personnel-brazil-20202022/AA01F17E1C8A33C07457914E63AB3EEE>

Long Covid cited by more than 2,600 NHS staff as reason for absence

The majority of health workers taking time off due to the debilitating condition were nurses.

"Long Covid forced thousands of National Health Service staff in Scotland to take time off, new figures show."

At least 2,603 doctors, nurses and midwives were recorded as having taken time off due to the condition, some for more than two years. The vast majority of absences was among nurses, with 2,414 being absent, compared to 128 doctors and 61 midwives."

<https://www.thenationalnews.com/world/uk-news/2023/06/03/long-covid-cited-by-2600-nhs-staff-as-reason-for-absence/>

International rights group calls out US for allowing hospitals to push millions into debt

"Human Rights Watch, the nonprofit that for decades has called attention to the victims of war, famine and political repression around the world, is taking aim at U.S. hospitals for pushing millions of American patients into debt." "Given the high prevalence of hospital-related medical debt in the US, this system is clearly not working," concludes the report, which draws extensively on an ongoing investigation of medical debt by KFF Health News and NPR.

June 15, 2023 Updated Thu., June 15, 2023 at 8:32 p.m.

<https://www.spokesman.com/stories/2023/jun/15/international-rights-group-calls-out-us-for-allowi/>

<https://health.wusf.usf.edu/health-news-florida/2023-06-15/human-rights-watch-calls-out-us-for-allowing-hospitals-to-push-millions-into-debt>

https://www.salon.com/2023/06/16/international-rights-group-calls-out-us-for-allowing-hospitals-to-push-millions-into-debt_partner/

HCA hospitals accused of pushing patients toward hospice

At some HCA hospitals, staff are pressed to get patients into hospice with the goal of improving hospital performance metrics, according to six nurses and 27 doctors. NBC News' Cynthia McFadden shares one patient's story where doctors urged her mother to transfer her to end-of-life care but the patient ended up recovering. NBC News June 20, 2023. <https://youtu.be/5DE3lcJLEr4>

Support Grows for Continued Universal Masking in Hospitals

Strategic Masking to Protect Patients from All Respiratory Viral Infections

"Viewed through the lens of these concerns, masking in health care facilities continues to make sense. Masks reduce respiratory viral spread from people with both recognized and unrecognized infections.^{1,4,5} SARS-CoV-2, influenza, RSV, and other respiratory viruses can cause mild and asymptomatic infections, so staff or visitors might not realize they are infected, yet asymptomatic and presymptomatic people can still be contagious and spread infections to patients." NEJM: <https://www.nejm.org/doi/full/10.1056/NEJMp2306223>

Hospital approaches to universal masking after public health "unmasking" guidance

Masking within healthcare facilities has been an evidence-based mainstay of COVID-19 risk mitigation. In addition to continually emerging SARS-CoV-2 variants, increases in seasonal respiratory viruses including influenza are expected for the 2022–2023 season. We hypothesized that acute-care hospitals may adopt approaches divergent from the new CDC masking guidance given these and other concerns. Infection Control Hospital Epidemiology. <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/hospital-approaches-to-universal-masking-after-public-health-unmasking-guidance/37FED1F5374A01D99BA6D77EA9EDF6F6>

Well, I guess that did not work. What about trying universal surveillance and isolation for MRSA?

The Veterans Health Administration does this with excellent results.

During the COVID pandemic, methicillin-resistant Staphylococcus aureus (MRSA) infections in acute care hospitals rose steeply, despite a decrease of infections before the pandemic, the Society for Healthcare Epidemiology of America (SHEA) said in its latest guidelines.

"It is unknown if declining use of contact precautions for MRSA-colonized or MRSA-infected patients played a significant role in this increase," noted David Calfee, MD, of Weill Cornell Medical College in New York City, and colleagues in Infection Control & Hospital Epidemiology window. <https://www.medpagetoday.com/hospitalbasedmedicine/infectioncontrol/105256>

=====

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>

