

Health Watch USAsm Newsletter

https://www.healthwatchusa.org Nov. 1, 2024

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 Nov. Health Watch USAsm:

- -- 1 Continuing Education Course.
- -- 2 Presentations.
- -- 2 Articles and OpEds.
- -- 2023 HW USA Conference Videos are Available.

Information Regarding Health Watch USAsm Nov. 1st, 2023: Long COVID's Impact on Patients, Workers & Society: <u>https://healthconference.org</u>

Health Watch USAsm 2023 Activities Report: https://www.healthwatchusa.org/HWUSA-Officers/20231231-HWUSA-Report-2023.pdf

Health Watch USAsm 2022 Activities Report: https://www.healthwatchusa.org/HWUSA-Officers/20221231-HWUSA-Report-2022-2.pdf

Health Watch USAsm 2021 Activities Report: <u>https://www.healthwatchusa.org/HWUSA-Officers/20211231-HWUSA-Report-2021.pdf</u>

Health Watch USAsm 2020 Activities Report: https://www.healthwatchusa.org/HWUSA-Officers/20201231-HWUSA-Report-2020.pdf

Health Watch USAsm - Continuing Education



4 CME/CEU Credits CME- Physicians, PA, NHA, NP Kentucky Approved Credits 4 Hours: EMS, PT, Respiratory, Dentistry, and Kentucky Board of Nursing (4.8 credits Nursing)

COVID-19: Endemic Impact & Responsibility

Four credit hours for Physician - Category I AMA Credits and Four hours of corresponding Kentucky Board Accreditation, Physical Therapy, Respiratory, EMS, & Nursing (4.8 hrs.)

Course Objectives:

- To better diagnose and recognize the multiple presentations of Long COVID, including behavioral health implications
- To be able discuss with patients the importance of preventing COVID-19 and other respiratory diseases.
- To combat patient misinformation regarding vaccines and the risks of COVID and Long COVID.
- To identify and reschedule patients who missed disease screenings during the pandemic.

- To discuss how COVID-19 is spread through the air by a continuum of particle sizes.
- To discuss with office staff and other health care professionals' strategies to prevent the spread of respiratory pathogens including use of N95 masks and improvement in indoor ventilation.
- To better discuss with patients the benefits and need for vaccinations.

Link to Course (Southern Kentucky AHEC) https://sokyahec.thinkific.com/courses/COVID-enduring

Download Brochure: <u>https://www.healthconference.org/healthconference.org-files/2024Conference_downloads/20240901-HWUSA_Brochure-AHEC.pdf</u>

Health Watch USAsm - Articles & OpEds



Long COVID: Urgent Findings, Including Brain Alterations, Call for Renewed Public Health Focus.

Over the last month volumes of impactful scientific research have been published regarding long COVID, which when taken

together clearly describes the precarious state of our society and the desperate need to change course. We must start to control our impulses to partake in desirable but risky behavior and instead prioritize controlling the spread of COVID-19. Most concerning was a large survey by Shijie Quin and colleagues involving over 74 thousand participants in China that found the incidence of long COVID in their country to be between 10% to 30%. A recent NIH study (RECOVER-Pediatrics cohort STUDY) reported that "20% of kids (ages 6-11) and 14% of teens met researchers' threshold for long COVID." Unfortunately, there is mounting evidence regarding the role which brain injury plays in long COVID. A picture is starting to form of an insidious dangerous pathogen which upon infection can change the behavior of the host to manifest risky behavior, which in turn can increase the spread of the SARS-CoV-2 virus, repeating the cycle. Acquiring such an ability is an example of evolutionary pressure to enhance the survival of the virus. We must prioritize vaccinations, use of N95 masks, clean indoor air, along with stopping the spread of this virus. Only then will we be headed in the correct direction. <u>References</u> Infection Control Today. Oct. 21, 2024. <u>https://www.infectioncontroltoday.com/view/long-covid-urgent-findings-including-brain-alterations-call-renewed-public-health-focus</u>

Commentary: If You Are Immunocompromised, Do Not Despair, Plan and Prepare for Medical Care

One of the most dangerous challenges individuals can undertake is climbing Mt Everest; here, one is pitted against the fury of nature, and many are unable to navigate the journey and return home safely. But for an immunocompromised transplant patient, such challenges occur every day and are unavoidable. One of the highest and most dangerous peaks they must summit is entering a medical facility and leaving without experiencing the fury of COVID-19. Wearing N95 masks, keeping up to date on vaccinations and strategically scheduling appointments are of utmost importance. In addition, make sure the air you breath indoors is as safe as possible. Bring a portable CO2 monitor, hand sanitizer, extra N95 masks and alcohol wipes with you during your medical appointment. Attending needed medical visits is of the utmost importance. Instead of postponing, prepare and plan to make these visits as safe as possible. *References* Infection Control Today. Oct. 3, 2024.

https://www.infectioncontroltoday.com/view/if-you-are-immunocompromised-do-not-despair-planand-prepare-for-medical-care



Health Watch USAsm - Meetings



The NIOSH REL for Noise Needs to Be Revised Downwards-- Dr. Daniel Fink

Dr. Daniel Fink, MD, MBA discusses the NIOSH REL (recommended exposure limit) for noise and the need to revise it downward. The National Institute for Occupational Safety and Health (NIOSH) has set the recommended limit at 85 dBA. A-weighting adjusts sound level measurements to reflect the frequencies heard in human speech. However, at this noise exposure level, for the standard

occupational exposure time of 8 hours/day, 5 days/week, 50 weeks/year, for 40 years at work, there is an 8% risk of developing occupational noise-induced hearing loss. OSHA's permissible exposure limit (PEL) for noise is 90dBA which creates a 25% excess risk of developing occupational noise-induced hearing loss. For the general public and for inherently quiet industries such as healthcare these RELs are far too high since the excess risk for developing hearing loss in these settings should be exceedingly low. Acceptable risk as outlined by the WHO in a book about safe drinking water standards should be between 1 in 10,000 to 1 in 1 million. Thus, we need more stringent guidelines for the protection of the public and workers in inherently quiet industries. Health Watch USAsm meeting Oct. 17, 2024. View YouTube Video at <u>https://youtu.be/Gg6HTrpAo8s</u>



- * Risks of COVID-19
- * Timing of Appointment
- * Preparation For Visit
- * Waiting Rooms
- * Masking
- * Ventilation
- * Sanitizers & Wipes
- * Vaccination

Mitigating Infectious Disease Risks During Medical Visits

Dr. Kevin Kavanagh from Health Watch USAsm discusses strategies to help mitigate the risks for immunocompromised patients contracting COVID-19. Topics discussed include:

Download Slides: <u>https://www.healthwatchusa.org/HWUSA-Presentations-Community/PDF-</u> <u>Downloads/20240926-AAKP.pdf</u>

YouTube Presentation https://youtu.be/70i8WvoM5Es



Upcoming Meetings:

-- Nov. 20, 2024 7 PM ET. Jane Thomason, NSPH, National Nurses United, presenting: "Preventing Infectious Disease Transmission and Promotion of Workplace Safety,"

-- Dec. 18, 2024 7pm ET: Dr. Arjun Venkatesh, The economic and workforce impact of SARS-CoV-2. https://journals.plos.org/plosone/ article?id=10.1371/journal.pone.0300947

-- Jan. 15, 2024 7 pm ET: Wilmore Webley, MD, Update on COVID-19 Vaccines

Space is limited. To attend future meetings, send an email to <u>kavanagh.ent@gmail.com</u>

CDC's New Ventilation Web Page: Taking Steps for Cleaner Air for Respiratory Virus Prevention "Take steps for cleaner air. This can mean bringing in fresh outside air, purifying indoor air, or gathering outdoors. Virus particles do not build up in the air outdoors as much as they do indoors." <u>https://www.cdc.gov/respiratory-viruses/prevention/air-quality.html</u>

The page also now has a Civil Rights caveat which I feel is in line with our Oct. 24, 2023 action letter. "CDC/HICPAC's Draft Guidance for Health Care Respiratory Protection and Infection Control and Compliance with The Americans with Disabilities Act."

https://www.healthwatchusa.org/HWUSA-Initiatives/PDF-Downloads/20231230-CDC-HICPAC-ADA-Letter-Submitted.pdf

Notice

CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control). Federal civil rights laws may require reasonable modifications or reasonable accommodations in various circumstances. Nothing in this guidance is intended to detract from or supersede those laws.

Health Watch USAsm - Articles of Interest



Long COVID Workforce

Interesting article but no mention of Long COVID. It is as if it does not exist.

Why so many men in the US have stopped working

"In 2023, about 44% of total men and women with a disability between the ages of 25 and 54 had a job, compared to roughly 83% of those without a disability, according to the Bureau of Labor Statistics, which determines whether someone has a disability through a series of questions. In a 2022 analysis of Census data by the San Francisco Fed, nearly 40% of prime-working-age men cited disability or illness as the reason they weren't working."

https://www.msn.com/en-us/money/careers/why-

so-many-men-in-the-us-have-stopped-working/ar-AA1nO1ol

Long COVID symptoms prevalent among healthcare workers

New research has found that 33.6% of surveyed healthcare workers in England report symptoms consistent with post-COVID syndrome.

"New research from the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, and University College London has found that 33.6% of surveyed healthcare workers in England report symptoms consistent with post-COVID syndrome (PCS), more commonly known as Long COVID. Yet only 7.4% of respondents reported that they have received a formal diagnosis."

https://www.kcl.ac.uk/news/long-covid-symptoms-prevalent-among-healthcare-workers

How Long Is Long COVID? Evaluation of Long-Term Health Status in Individuals Discharged from a Specialist Community Long COVID Service

" Out of 460 patients contacted, 112 (average of 37.6 months since infection and 9.8 months post-discharge) completed the PROMs. Of these, 90.2% patients continued to experience LC symptoms and disability and had not returned to their pre-COVID-19 health status." <u>https://www.mdpi.com/2077-0383/13/19/5817</u>

Very bad news. Even the Marines are being affected with long COVID. 25% have persistent symptoms (physical, cognitive and psychological) after COVID-19 infections.

Clinical and functional assessment of SARS-CoV-2 sequelae among young marines – a panel study

"In this population of healthy young adult US Marines with mostly either asymptomatic or mild acute COVID-19, one fourth reported physical, cognitive, or psychiatric long-term sequelae of infection. The Marines affected with PASC showed evidence of long-term decrease in functional performance suggesting that SARS-CoV-2 infection may negatively affect health for a significant proportion of young adults." ". Compared to a historic cohort of Marines, participants with PASC scored worse on their physical fitness assessments due to slower run times (p = 0.002). Those with PASC continued to have decreased physical performance one year after completing initial training." <u>https://www.thelancet.com/journals/lanam/article/PIIS2667-</u> 193X(24)00236-9/fulltext

Long COVID Cognitive Changes

Over half of Long COVID patients with neurological complaints such as brain fog were found to have executive dysfunction (prone to make poor judgements and partake in risky behavior.)

Multimodal neuroimaging in Long-COVID and its correlates with cognition 1.8 years after SARS-CoV-2 infection: a cross-sectional study of the Aliança ProHEpiC-19 Cognitiu (APC)

"People with LC exhibit cognitive impairments linked to long-lasting changes in brain structure and function, which justify the cognitive alterations detected."

"We included 53 participants with LC (mean age, 48.23 years; 88.7% females). According to the Frascati criteria, more than half of the participants had deficits in the executive (59%) and attentional (55%) domains, while 40% had impairments in the memory domain. Only one participant (1.89%) showed problems in the visuospatial and visuoconstructive domain"

https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2024.1426881/full

A small study but one which shows cognitive and executive dysfunction from volunteers inoculated with SARS-CoV-2, the virus which causes COVID-19.

Changes in memory and cognition during the SARS-CoV-2 human challenge study

"Thirty-four young, healthy, seronegative volunteers were inoculated with Wildtype SARS-CoV-2 under prospectively controlled conditions. Memory and executive function tasks showed the largest between-group differences. No volunteers reported persistent subjective cognitive symptoms....These results support larger cross sectional findings indicating that mild Wildtype SARS-CoV-2 infection can be followed by small changes in cognition and memory that persist for at least a year. The mechanistic basis and clinical implications of these small changes remain unclear."

https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00421-8/fulltext#app-1

Another disturbing report regarding problems with Executive Function post COVID-19. Executive function is our ability to make good judgements. Metacognition enables children to become better thinkers and decision-makers.

Executive deficits after SARS-CoV-2 infection: A cross-sectional population study

Brain, Behavior, & Immunity - Health: "Participants with a positive SARS-CoV-2 status reported executive deficits in everyday life above the clinical threshold (T-score ≥65) more often than non-infected controls (383 vs. 225). Specifically, the SARS-CoV-2 positive status group indicated significantly more deficits related to metacognition, with the greatest difference demonstrated for working memory. This difference remained when adjusting for various demographic factors and comorbidities, with significantly greater odds of reporting above the clinical threshold following SARS-CoV-2 infection, as observed on the global executive composite score 6–12 months after infection (OR 1.97; 95% CI 1.51 to 2.55)."

About metacognition: What Is Metacognition? How Does It Help Us Think? | Psychology Today

2024, Oct. 8. Driving Under the Cognitive Influence of COVID-19: Exploring the Impact of Acute SARS-CoV-2 Infection on Road Safety

The study suggests that acute COVID-19, regardless of Long COVID status, is linked to an increased risk of car crashes presumably due to neurologic changes caused by SARS-CoV-2. These findings underscore the need for further research into the neuropsychological impacts of COVID-19. Further studies are recommended to explore the causality and mechanisms behind these findings and to evaluate the implications for public safety in other critical operational tasks. Finally, neurologists dealing with post-COVID patients, should remember that they may have an obligation to report medically impaired drivers. https://www.neurology.org/doi/10.1212/01.wnl.0001051276.37012.c2

A recent study further documenting changes in decision making in COVID-19 patients who have had anosmia.

Patients recovering from COVID-19 who presented with anosmia during their acute episode have behavioral, functional, and structural brain alterations

"Particularly, the distinct decision-making strategy observed in patients with anosmia was characterized by more impulsive option shifts during reversals. In our task's context, marked by high uncertainty and volatility, this resulted in higher total earnings than other groups. Conversely, patients requiring hospitalization exhibited an opposing pattern, showing a decrease in the strategy indicator and more

perseverative decision-making. A prior study has reported decision-making alterations in patients who recovered from COVID-19. Our results provide further insight into this previous evidence, highlighting the existence of distinct patterns of behavioral alteration, which are related to the clinical profile and may also reflect different physiological mechanisms." <u>https://www.nature.com/articles/s41598-024-69772-y</u>



MRI findings linked to cognitive issues in patients with long COVID 2 years post-infection

"With the acute effects of COVID now well understood, researchers have been focusing their studies into the virus' long-term impact on health. The Centers for Disease Control and Prevention estimates that just under 7% of adults in the United States continue to struggle with symptoms of long COVID, such as fatigue, brain fog, intermittent dizziness, headaches and respiratory issues, just to name a few. A new imaging study focuses on lingering cognitive impairments owed to COVID, highlighting associations with alterations in white matter tracts and memory impairment . The findings were published this week in Frontiers in Neurology. "

https://healthimaging.com/topics/clinical/COVID-19/mri-findings-linked-cognitive-issues-patients-longcovid-2-years-post-infection

Long COVID in Children

The following study does not present any causative evidence, the observed effects can be explained by the effects of COVID-19 infections in children and long COVID.

2024, Sept. 9. COVID-19 lockdown effects on adolescent brain structure suggest accelerated maturation that is more pronounced in females than in males

"When measured in terms of equivalent years of development, the mean acceleration was found to be 4.2 y in females and 1.4 y in males. Accelerated brain maturation as a result of chronic stress or adversity during

development has been well documented. These findings suggest that the lifestyle disruptions associated with the COVID-19 pandemic lockdowns caused changes in brain biology and had a more severe impact on the female than the male brain." <u>https://www.pnas.org/doi/10.1073/pnas.2403200121</u>

Long COVID Rates in Kids Revised Upward: What to Know

The August study, published in the Journal of the American Medical Association, is among the first large comprehensive studies of the disorder in this age group. The study, which followed 5367 children, found that 20% of kids (ages 6-11) and 14% of teens met researchers' threshold for long COVID.

Until now, research has been lacking because children were thought to be less susceptible to both acute COVID-19 and long COVID, experts say. But by some estimates, up to 5.8 million kids and teens have the disorder.

Study author Rachel Gross, MD, an associate professor in the departments of pediatrics and population health at NYU Langone, is in line with the percentage of adults diagnosed with long COVID.

The new research found that long COVID affected nearly every organ system in kids and teens. And experts contend that pediatricians need to be on the lookout for gastrointestinal complaints in kids as well as complaints of extreme fatigue and cognitive deficits or perceived changes in mental acuity in teenagers. <u>https://www.medscape.com/viewarticle/long-covid-rates-kids-revised-upward-what-know-2024a1000hzi</u>

COVID-19 in Animals

Bison, Elk, and Other Captive Wildlife Species Humoral Immune Responses against SARS-CoV-2 This study determines the SARS-CoV-2 seroprevalence for various captive wildlife, elk, and bison, across different regions in the United States, using several serological tests.

The presence of neutralizing antibodies to the virus in cheetahs, gorillas, lions, hippopotamuses, elk, and bison indicates that they are susceptible to SARS-CoV-2 infection. This highlights the importance of continuous monitoring of the prevalence of SARS-CoV-2 antibodies in various species that come into close contact with humans. <u>https://www.mdpi.com/2076-2615/14/19/2829#</u>

COVID-19 Vaccines

COVID-19–Associated Hospitalizations and Maternal Vaccination Among Infants Aged <6 Months — COVID-NET, 12 States, October 2022–April 2024

"Infants aged <6 months have high COVID-19–associated hospitalization rates and are not age-eligible for COVID-19 vaccination." "Among approximately 1,000 hospitalized infants with COVID-19, 22% were admitted to an intensive care unit, and nine died while hospitalized. The percentage of hospitalized infants whose mothers had been vaccinated during pregnancy was 18% during October 2022–September 2023 and decreased to <5% during October 2023–April 2024.

COVID-19 can cause severe disease in infants aged <6 months; prevention should focus on ensuring that pregnant persons receive recommended COVID-19 vaccines to protect themselves and their young infants. " https://www.cdc.gov/mmwr/volumes/73/wr/mm7338a1.htm?s_cid=mm7338a1_w#contribAff

Important study showing the beneficial effects of Vaccines in the mitigation of cardiovascular disease after COVID-19.

Cardiovascular events following coronavirus disease 2019 vaccination in adults: a nationwide

Swedish study

"Risk of myopericarditis (mRNA vaccines only), extrasystoles, and transient ischaemic attack was transiently increased after COVID-19 vaccination, but full vaccination substantially reduced the risk of several more severe COVID-19-associated cardiovascular outcomes, underscoring the protective benefits of complete vaccination." <u>https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehae639/7795309?login=false</u>

Cognitive distortions and deliberate ignorance lead to COVID-19 vaccine refusal, study says

"Their study discovered the widespread prevalence of 'deliberate ignorance,' the wilful avoidance of information about vaccines' side effects, benefits, and their respective probabilities, especially in participants with anti-vaccination attitudes. The study also employed sophisticated computational modeling to analyze how these cognitive biases influenced decision-making processes across different participant groups. Notably, participants identified as belonging to the 'no deliberate ignorance' cohort (intensive scrutiny of provided vaccine information) were more likely to display vaccination willingness irrespective of belonging to 'neutral' or 'pro-vaccination' cohorts. All cohorts were observed to display probability neglect towards vaccine side effect probabilities. This modeling revealed that cognitive distortions, such as nonlinear probability weighting and loss aversion, further exacerbated vaccine refusal, particularly among anti-vaccination participants." <u>https://www.news-medical.net/news/20240917/Cognitive-distortions-and-deliberate-ignorance-lead-to-COVID-19-vaccine-refusal-study-says.aspx</u>

New study shows that for long-term immunity to take place there needs to be proper spacing between the spike proteins which are presented to the immune cells. Spacing on the SARS-CoV-2 virus is optimal. Spacing on the host's cells (from infection or mRNA vaccines) may not be optimal. And of course there is no spacing in the mRNA vaccine itself. The memory B Cells need to cross link the spike proteins by attaching to two of them at once. Thus, the presentation of spike protein on Viral Like Particles may be important in producing durable immunity. The Novavax vaccine may have an advantage in producing durable immunity but the molecular spacing of the spike protein may not be optimal.

Missing immune cells may explain why COVID-19 vaccine protection quickly wanes

New insights on what stimulates long-lived antibody production could spur better vaccines. Neither vaccinations nor immunity from infections seem to thwart SARS-CoV-2 for long. The frequency of new infections within a few months of a previous bout or a shot is one of COVID-19's most vexing puzzles. "B cells carry Y-shaped receptors that attach to viral surface proteins when they identify a pathogen. If both branches of the Y bind to the same pathogen proteins, they trigger a phenomenon called "cross-linking," which spurs B cells to transform into LLPCs. But electron microscopy of SARS-CoV-2 shows its spikes are about 25 nanometers apart, too distant for a single B cell receptor to readily bind to two at once." https://www.science.org/content/article/missing-immune-cells-may-explain-why-covid-19-vaccine-protection-quickly-wanes

Other Viral Diseases

COVID-19 is not the only viral disease which causes an increased risk of cardiovascular disease. So does the Seasonal Flu. The Seasonal Flu is a dangerous disease and its minimization is misdirected. COVID-19 does cause a more severe disease, but COVID's major risk to individuals and society is its infectivity and ability for immune invasive mutations which allows it to have a far greater number of cases and reinfections.

More evidence links flu infection to heart attack risk

Harvard Health Publishing: "The testing revealed more than 23,000 separate cases of influenza. Researchers then compared the incidence of heart attack during the risk period (the week after a positive test) to the control period (one year before and 51 weeks after the risk period). Heart attacks were six times more likely to occur during the risk period versus the control period. Earlier research has consistently shown a heightened risk of heart attack soon after viral infections like the flu, as well as the common cold and COVID-19." <u>https://www.health.harvard.edu/heart-health/more-evidence-links-flu-infection-to-heart-attack-risk</u>

Passengers suspected of having deadly 'eye-bleeding' Marburg virus force closure of major German station

"Two passengers suspected of having the deadly Marburg virus have forced the closure of a major German station amid fears the highly infectious Ebola-like disease has reached Europe. Police cordoned off tracks seven and eight for several hours at Hamburg Station and travellers were cleared from platforms after emergency services in full protective suits boarded the ICE from Frankfurt. " Daily Mail <u>https://www-dailymail.co.uk/news/article-13917063/amp/Passenger-suspected-having-deadly-eye-bleeding-Marburg-virus-forces-closure-major-German-station.html</u>

Health Watch USAsm - 2023 Conference Presentations



CME- Physicians, PA, NHA, NP Kentucky Approved Credits 4 Hours: EMS, Social Work, PT, Respiratory, Dentistry, OT, Community Health Worker, and Kentucky Board of Nursing (4.8 credits Nursing)

Long COVID's Impact on Patients, Workers & Society

Link to Presentation Videos: <u>https://www.healthwatchusa.org/</u> <u>conference2023/index.html</u>

Download /View Conference Proceedings: Kavanagh KT, Cormier LE, Pontus C, Bergman A, Webley W. Long COVID's Impact on Patients, Workers & Society. Medicine. Published Mar. 22, 2024. <u>https://journals.lww.com/md-</u> journal/fulltext/2024/03220/long_covid_s_impact_on_patients, workers, .50.aspx

Download Brochure: https://www.healthwatchusa.org/conference2023/healthconference.org-files/2023Conference_downloads/20231101-HWUSA Brochure-5.pdf

Health Watch USAsm - Peer-Reviewed Publications

Narrative Peview



Viewpoint

The impending pandemic of resistant organisms – a paradigm shift towards source control is needed

Kevin T. Kavanagh, MD, MS⁺⁺B, Matthias Matwaiti, MD⁴⁺, Lindsay E. Connier, PiO, MPH⁴

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Abbreviations: COL - Canten to Danian Carried and Presenter, OF - Cartest Pressalary, HCNU - Hallmark Mechan Context Practises, Advisory Corrections, MPEA - Methodin-resistant Staphylococcus aware, MESA - Methodin-samplitie Staphylococcus awar/MA - Vennus Health Advantation.

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1. introduction

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Viewpoint: The Impending Pandemic of Resistant Organisms – A Paradigm Shift Towards Source Control is Needed

The United States needs a paradigm shift in its approach to control infectious diseases. Current recommendations are often made in a siloed feedback loop. This may be the driver for such actions as the abandonment of contact precautions in some settings, the allowance of nursing home residents who are carriers of known pathogens to mingle with others in their facility, and the determination of an intervention's feasibility based upon budgetary rather than health considerations for patients and staff.

Data from both the U.S. Veterans Health Administration and the U.K.'s National Health Service support the importance of carrier identification and source control. Both organizations observed marked decreases in methicillin-resistant Staphylococcus aureus (MRSA), but not methicillin-susceptible Staphylococcus aureus infections with the implementation of MRSA admission

screening measures.

Facilities are becoming over-reliant on horizontal prevention strategies, such as hand hygiene and chlorhexidine bathing. Hand hygiene is an essential practice, but the goal should be to minimize the risk of workers' hands becoming contaminated with defined pathogens, and there are conflicting data on the efficacy of chlorhexidine bathing in non-ICU settings.

Preemptive identification of dedicated pathogens and effective source control are needed. We propose that the Centers for Disease Control and Prevention should gather and publicly report the community incidence of dedicated pathogens. This will enable proactive rather than reactive strategies. In the future, determination of a patient's microbiome may become standard, but until then we propose that we should have knowledge of the main pathogens that they are carrying. Medicine Aug. 2,

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