Health Watch USA[sm] Newsletter

https://www.healthwatchusa.org **June 1, 2026**

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 USA[sm]:
-- 1 Continuing Education Course.
-- 1 OpEd
-- 2025 HW USA Conference Videos are Available.
-- 2024 HW USA Conference Videos are Available

Health Watch USA[sm] Nov. 1st, 2023 Conference Presentation Videos & Proceedings: Long COVID's Impact on Patients, Workers & Society: https://www.healthwatchusa.org/conference2023/index.html

Health Watch USA[sm] Nov. 1st, 2025 Conference Presentation Videos & Proceedings: Combating Infectious Disease Challenges: https://www.healthwatchusa.org/conference2025/index.html

Health Watch USA[sm] Activities Reports: **2020** **2021** **2022** **2023** **2024**

Health Watch USA's 2025-2026 Public Health *Continuing Medical Education*

International speakers from New Zealand, Australia & Singapore.
Course Objectives:

1. Discuss the dangers imposed by four infectious pathogens, SARS-CoV-2, measles, H5N1, and antibiotic-resistant bacteria.
2. Identify preventative strategies to prevent the spread of airborne pathogens.
3. To better educate patients regarding misinformation surrounding vaccinations, in order to reduce patient infections and promote public safety.
4. Identify the role of bacteriophages in treating antibiotic resistant bacteria.

The course is currently available at https://healthconference.org and Combating Infectious Disease Course - Health Watch USA

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the Joint Providership of the Kentucky Medical Association and Healthwatch USA. The Kentucky Medical Association is accredited by the ACCME to provide continuing medical education for physicians. The Kentucky Medical Association designates this enduring material activity for 4.5 AMA PRA Category 1 credits.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Health Watch USA[sm] – Articles & Commentaries

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Ebola Outbreak Spreads Across Central Africa as WHO Warns of Growing Crisis Amid CDC and USAID Cuts

The 2026 Ebola outbreak has now spread to the Democratic Republic of Congo and Uganda, with the WHO reporting more than 513 cases and over 130 suspected deaths linked to the Bundibugyo strain, which currently has no approved vaccine or treatment. This article examines the outbreak through both a global health and infection prevention lens, highlighting concerns over weakened public health infrastructure, CDC staffing cuts, reduced USAID funding, and lessons still unlearned from prior Ebola and COVID-19 responses. Experts warn that while widespread US transmission remains unlikely, early investment in global outbreak response is critical to preventing future public health emergencies....The current Ebola outbreak needs to be a wakeup call. The dismantling of the CDC needs to be reversed, and its capabilities to track infections and respond to global outbreaks need to be restored. It is far better to stop a disease in Africa than to deal with it on our own soil and risk not only horrific disease, but also that the Ebola virus might also find a local animal host. Infection Control Today. May 19, 2026. https://www.infectioncontroltoday.com/view/2026-ebola-outbreak-spreads-central-africa-who-warns-growing-crisis-amid-cdc-usaid-cuts

Health Watch USA[sm] Presentations

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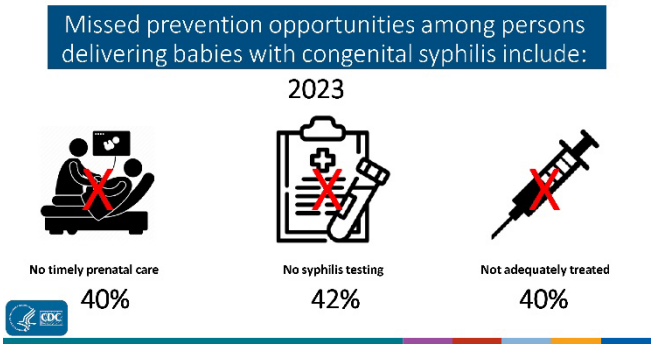

Congenital Syphilis: Lessons Learned from the US Experience

Dr. Bobby McDonald, a former CDC physician, explains that congenital syphilis has become a major public health crisis in the United States despite being preventable. Globally, syphilis cases have risen over the past decade, with an estimated 700,000 congenital cases each year. Congenital syphilis occurs when infection is passed from mother to child during pregnancy and can cause miscarriage, stillbirth, infant death, or lifelong disability. Early treatment in pregnancy can prevent nearly all cases and complications. In the U.S., syphilis declined for decades after penicillin but has surged again over the last ten years. Congenital syphilis reached 3,941 cases in 2024, nearly a 700% increase since 2015, although recent data suggest the rate of increase may be slowing. Cases among women have spread widely across the country, and disparities are especially severe among American Indian, Alaska Native, Black, and Latino communities. Missed opportunities include lack of prenatal care, missed testing, and inadequate treatment during pregnancy. McDonald highlights responses such as broader screening guidance, clinician education, state and federal initiatives, and public messaging. He concludes that reducing stigma, expanding testing, and improving treatment are essential to reversing the crisis. May 20, 2026. https://youtu.be/NPBj1zLQiS8

Upcoming Meetings.

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June 17, 2026 at 7 PM ET
Vaccine Misinformation.

July 15, 2026 at 7 PM ET
Ann Zaia, PhD, MSN, presentation regarding exposure to blood borne pathogens.
& Hamid Khosrowshahi, presentation regarding the prevention of ventilator associated pneumonia.

Aug. 19, 2026 at 7 PM ET
Donna Carden, MD, An ED-to-Home Intervention improves outcomes in patients with socioeconomic disadvantage.

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

Health Watch USA^{sm} – Articles of Interest

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Ebola Disease Basics

People with Ebola disease may experience "dry" symptoms early in the course of illness. These symptoms may include fever, aches, pain, and fatigue. As the person becomes sicker, the illness typically progresses to "wet" symptoms and may include diarrhea, vomiting, and unexplained bleeding. People can get Ebola disease through contact with the body fluids of an infected, sick or dead person (Blood, urine, feces, saliva, sweat, vomit, breast milk, amniotic fluid, semen, and vaginal fluids. Rarely, some people can get the disease from contact with an infected animal, like a bat or non-human primate.

Semen from someone who has recovered from Ebola disease, giving rise to the possibility of post recovery sexual transmission. Thorson et al recommend “testing men’s semen regularly for presence of Ebola RNA from 3 months post-symptom onset. Safe sex practices including sexual abstinence, or else condom use, are recommended by WHO until semen has tested negative twice, or in absence of testing for at least 6 months post-symptom onset.” https://pmc.ncbi.nlm.nih.gov/articles/PMC4716240/

Funeral practices: The body of someone who is suspected or confirmed to have had Ebola disease (for instance, as part of a funeral or burial practices) https://www.cdc.gov/ebola/about/index.html

What to know about the outbreak of a rare kind of Ebola

The World Health Organization has said that as of May 29, a total of 134 confirmed cases, including nine in Uganda, with 18 deaths among the confirmed cases, have been reported across both countries. The WHO has declared the Ebola disease outbreak in Congo and Uganda a public health emergency of international concern.

Funding is also a challenge following recent aid cuts to Africa by the United States and other rich nations. Medical aid donated by the European Union arrived in Ituri province on May 28, with more shipments expected. The U.S. announced $80 million in additional aid on the same day, bringing its total commitment to more than $112 million.

Ebola disease is highly contagious and can be transmitted to people from wild animals. It spreads in the human population through contact with bodily fluids such as vomit, blood or semen, and with contaminated surfaces and materials such as bedding and clothing.

The disease is rare but severe and often fatal in people. Symptoms include fever, vomiting, diarrhea, muscle pain and at times internal and external bleeding.

The first Ebola virus to be identified was in 1976 near the Ebola River in what is now Congo. The first outbreaks occurred in remote villages in Central Africa, near tropical rainforests. https://apnews.com/article/ebola-congo-ituri-africa-virus-d59a194e6032e1783b6085b56d84b0f0

The below headline surprised me. After the lackadaisical attitude we have with COVID, we are quarantining U.S. citizens overseas with a disease which has manageable spread. According to the WHO, it does not spread before symptoms develop and the patient is infectious mainly late in the disease process.

US planning quarantine facility in Kenya for citizens exposed to Ebola, sources say

"The U.S. is discussing with Kenya opening a facility there to quarantine American citizens who become exposed to the Ebola outbreak centered in the Democratic Republic of Congo, two U.S. officials told Reuters on Wednesday. Kenya's government has not yet approved the plan and wants the facility to be open to all nationalities, not just U.S. citizens, the two officials said, adding that Kenya also wanted increased U.S. aid if the plan was to go ahead."

https://www.yahoo.com/news/us/articles/us-set-quarantine-facility-kenya-211011908.html

Ebola is in the news and spreading rapidly in Africa. The virus has an R0 of approximately 2. It needs to be remembered the effective R0 in the United States would be expected to be much lower, or even less than one since there are a number of different sociological and cultural factors between the two regions. First, in Africa funeral customs are driving the epidemic. It is customary for the family to touch the body and wash their hands in a communal bowl of water, effectively spreading the virus. Second, Ebola tends to spread late in the disease. In the United States, with a highly developed healthcare system, the main risk is to healthcare workers, who can protect themselves with using effective PPE and donning and doffing practices.

https://www.infectioncontroltoday.com/view/2026-ebola-outbreak-spreads-central-africa-who-warns-growing-crisis-amid-cdc-usaid-cutsm

The Atlantic This Ebola Outbreak Will Be Hard to Contain

“The global-health backdrop is simply different in 2026, largely the result of a series of public-health decisions made by the United States in the past year and a half—among them, dismantling USAID, withdrawing from the WHO, and ousting infectious-disease experts en masse from the CDC, which remains without a permanent director. As things stand, the outbreak has already reached a point at which experts feel certain it will be very difficult to contain. The world’s fractured global-health community is now playing a lethal game of catch-up with an extremely dangerous virus.”

“In recent memory, the U.S.’s leadership and coordination with the WHO was “absolutely essential” for managing the world’s largest Ebola outbreak to date, Frieden said; now the U.S. has “walked away, and that’s a real problem.” The clearest remedy to an outbreak like this is for the world to collaborate on limiting the damage. But that’s precisely the commitment that American leaders have reneged.”
https://www.theatlantic.com/health/2026/05/ebola-outbreak/687216/

Long COVID Persistence and Surveillance Gaps Across 58 US Hospitals (and affiliated clinics in four US regions)

These findings suggest that approximately 1 in 6 patients with COVID-19 develops postacute sequelae, predominantly chronic conditions currently invisible to surveillance systems, representing an accumulating rather than resolving health care burden.....In this cohort study of 457 950 patients with COVID-19 across 58 hospitals, validated computable phenotyping identified postacute sequelae of SARS-CoV-2 infection in 16.28% of cases, 2-fold higher than diagnostic code–based surveillance. Of identified manifestations, 89.31% represented chronic conditions, with prevalence increasing through mid-2024.
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2849452?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamanetworkopen.2026.14909

Long-Haul COVID: Investigating the Effects Within the Mauritian Context

"Findings: Of 285 Mauritians (Mauritius is a tropical island set in the Indian Ocean) with a confirmed history of COVID-19 infection, 64.2% developed Long COVID (WHO LC-38.9%, NICE, SIGN and RCGP LC-55.8%). The most prevalent symptoms were fatigue or muscle weakness (88.0%), cough (57.4%), difficulty concentrating (55.2%), trouble remembering or memorising (49.7%), insomnia or sleep disturbance (43.7%), amongst others." https://www.mdpi.com/2673-8112/5/1/6

Very interesting article regarding how the United States Metric for COVID-19 in hospital onset infections may miss 2/3 of the infections (sensitivity of 34%). The reason is that the onset of the hospital acquired infection must be after 14 days. What is not stressed is that the patient must also be in the hospital and the average hospital stay is approximately 4.6 days. Thus, the vast majority of patients would be predicted to develop the infection after they left the facility.

I often wondered if a statistical estimate could be developed where the rate of hospital onset infections would be defined as the incidence of infections after admission, and 5 days post discharge (average incubation period), compared to the community incidence of infections. This would not evaluate individual cases but looking at hospital versus community rates of infection.

Healthcare-associated COVID-19 in Ontario, Canada: case classification and relative mortality

https://link.springer.com/article/10.1186/s12879-026-13564-4

Hantavirus Doesn't Spread Easily, but Officials May Be Downplaying Risks

"The virus is clearly far less contagious than the coronavirus, scientists agree, but they have found cases where it spread among people without direct contact."
"(Scientists) agree with health officials that the Andes virus is not particularly contagious and is unlikely to spur a bigger outbreak. But they said research has shown that under certain circumstances, the virus can be transmitted without direct contact.
"It's important to be honest scientifically and communicate that, because otherwise you lose credibility," said Steven Bradfute, a viral immunologist and hantavirus expert at the University of New Mexico."
https://www.nytimes.com/2026/05/14/health/hantavirus-spread-risk.html

Not only has the CDC blocked research regarding COVID-19 vaccines but it also appears so has the FDA.

FDA blocked studies finding Covid and shingles vaccines safe, HHS official says

"One of the Covid-19 studies examined vaccine safety in people over 65 by reviewing the medical records of 7.5 million Medicare beneficiaries, the New York Times first reported. Researchers focused on the period 21 days after vaccination and the subsequent 20 days, comparing rates of health issues immediately following vaccination. They assessed 14 potential outcomes, including heart attacks, strokes and Guillain-Barré syndrome, a rare autoimmune disorder, the Times said." https://www.theguardian.com/us-news/2026/may/05/covid-shingles-vaccines-studies-fda?CMP=oth_b-aplnews_d-1

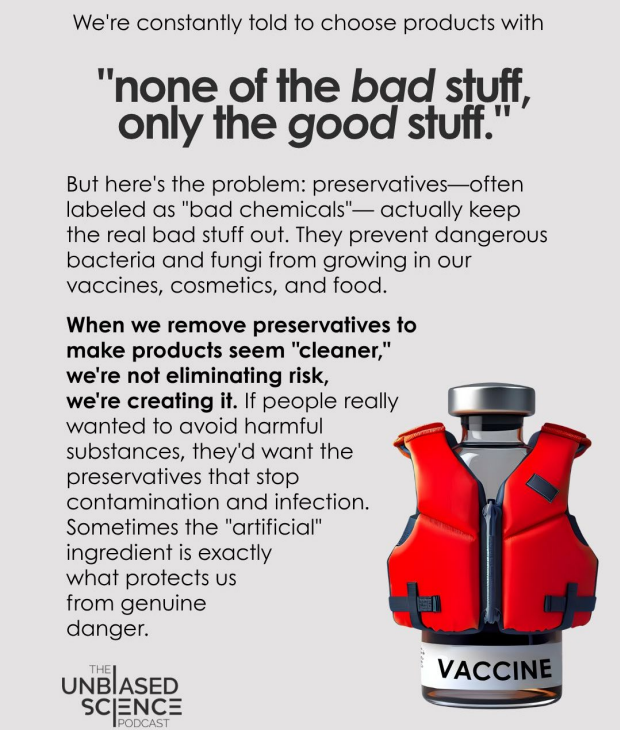
Since Congress Let Obamacare Subsidies Expire, Millions Are Dropping Coverage

"Older people who are medically high risk, but too young for Medicare are facing unaffordable health insurance premiums after federal health care credits lapsed earlier this year. Now that the grace period has expired, some Americans are struggling to get the care they need."
https://www.nytimes.com/2026/05/01/business/obamacare-enrollment-decline.html

AI is becoming closer to replacing physicians. This is disturbing and definitely points to the need for humans to deliver the highest quality of medicine possible. The embracement of antiscience by segments of our medical community may accelerate research and implementation of AI in medicine.

Performance of a large language model on the reasoning tasks of a physician

More than 65 years ago, complex clinical diagnostic reasoning cases were introduced as the gold standard for the evaluation of expert medical computing systems, a standard that has held ever since. In this study, we report the results of a physician evaluation of a large language model (LLM) on challenging clinical cases across five experiments with a baseline of hundreds of physicians. We then report a real-world study comparing human expert and artificial intelligence (AI) second opinions in randomly selected patients in the emergency room of a major tertiary academic medical center. In all experiments, the LLM outperformed physician baselines and displayed continued improvement from prior generations of AI clinical decision support. Our study suggests that LLMs have eclipsed most benchmarks of clinical reasoning, motivating the urgent need for prospective trials. https://www.science.org/doi/10.1126/science.adz4433



Health Watch USA℠ – Combating Misinformation

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We have posted a number of COVID-19 resources regarding common areas of misinformation.
These include:

• The Dangers of Long COVID and COVID-19 in Children: Download Resource

• COVID-19 Vaccine Prevention of Long COVID: Download Resource

• COVID-19 Vaccine's Effectiveness & Risks: Download Resource

• The ineffectiveness of Hydroxychloroquine & Ivermectin in the treatment of COVID-19: Download Resource

Health Watch USA Op-eds Regarding COVID-19 & Children

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• COVID is still a problem, and we need to do more to stop it | Opinion. Lexington Herald Leader. Nov. 1, 2024. https://www.kentucky.com/opinion/op-ed/article294875999.html#storylink=cpy

• COVID is closing Kentucky schools – again. Embracing disinformation paralyzes our response. Sept. 6, 2023. USA Today. https://www.usatoday.com/story/opinion/2023/09/06/kentuckyschool-districts-close-covid-upgrade-buildings-ventilation/70765140007/

• 70% of COVID-19 Cases Transmitted By Children. Infection Control Today. June 5, 2023. https://www.infectioncontroltoday.com/view/70-covid-19-cases-transmitted-by-children

• FDA's ridiculous claims about COVID vaccines hurt KY kids. Courier journal. Dec. 31, 2025. https://www.usatoday.com/story/opinion/2026/01/02/fda-covid-vaccine-cdc-trump/87974411007/

Active Public Health Continuing Education Courses

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2024: COVID-19: Endemic Impact & Responsibility

Four credit hours for Physicians - 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: https://www.healthconference.org/healthconference.org-files/2024Conference_downloads/20240901-HWUSA_Brochure-AHEC.pdf

2025-2026: Combating Infectious Disease Challenges

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International speakers from New Zealand, Australia & Singapore.
Course Objectives:

1. Discuss the dangers imposed by four infectious pathogens, SARS-CoV-2, measles, H5N1, and antibiotic-resistant bacteria.
2. Identify preventative strategies to prevent the spread of airborne pathogens.
3. To better educate patients regarding misinformation surrounding vaccinations, in order to reduce patient infections and promote public safety.
4. Identify the role of bacteriophages in treating antibiotic resistant bacteria.

The course is currently available at https://healthconference.org and Combating Infectious Disease Challenges

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Health Watch USA^{sm} – 2023 & 2024 Conference Presentations

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COVID-19: Endemic Impact & Responsibility

Link to 2024 Presentation Videos:
COVID-19: Endemic Impact & Responsibility Sept. 1, 2024

Link to 2023 Presentation Videos:
Long COVID's Impact on Patients, Workers & Society

Download & View 2023 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. https://journals.lww.com/md-journal/fulltext/2024/03220/long_covid_s_impact_on_patients,_workers,__.50.aspx

Download 2023 Brochure: https://www.healthwatchusa.org/conference2023/

healthconference.org-files/2023Conference_downloads/20231101-HWUSA_Brochure-5.pdf

Health Watch USA[sm] – 2025 Webinar Presentations

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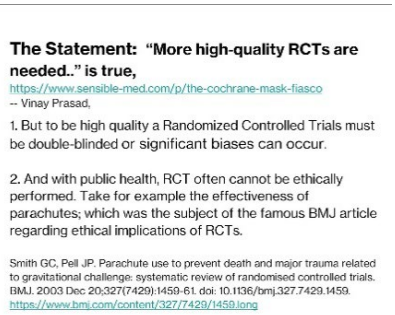
2025 Webinar Introduction & Science Behind Masking:

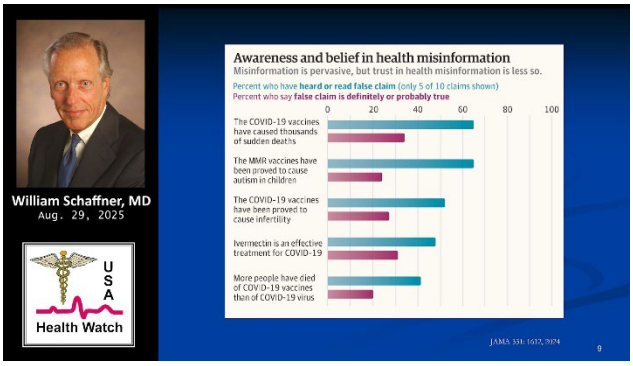


Dr. Kevin Kavanagh, Board Chairman of Health Watch USA[sm] gives the webinar introduction and discusses misinformation and disinformation regarding masking. Similar barriers found with adopting face masks can also be found with other public health strategies. Exposure dosage to an airborne pathogen is important in reducing the risks of transmission, which underscores the importance of masking and improving indoor air ventilation and quality. Health Watch USA[sm] Webinar. Aug. 29, 2025. View Video View Slides

Associated Infection Control Today Article: How Misinformation Tries to Debunk the Science Behind Masking https://www.infectioncontroltoday.com/view/how-misinformation-tries-discredit-science-behind-masking

Key Points from Webinar Introduction

- The webinar marks the 20th anniversary of Healthwatch USA, focusing on infectious disease challenges and progress.
- Topics addressed include vaccinations, worker safety, elimination strategies, bird flu, phages as treatment for antibiotic resistance, and public health misinformation.
- Misinformation and disinformation have significant impacts on public health efforts, sometimes leading to violence and the enactment of ineffective policies.
- Recent CDC events include armed attacks, layoffs, leadership changes, & being asked to endorse controversial policies.
- Exposure dosage is important in reducing the risks of transmission. Which underscores the importance of masking and improving indoor air ventilation and quality.
- Masking as a public health strategy faces difficulties in compliance and study design, impacting trial results.
- Evidence suggests that mask effectiveness depends on correct and consistent use, type of mask, and exposure time.
- A layered approach—using multiple strategies simultaneously—is essential for effective infection control.
- Randomized controlled trials for masking are challenging due to ethical and practical considerations.
- Large studies and reviews show that masks, especially N95 respirators, reduce transmission of respiratory pathogens.
- Ivermectin trials have failed to show benefit in treating COVID-19, suggesting research should focus elsewhere.
- Improved air quality and ventilation should complement masking, particularly in healthcare settings.
- Short-term use of N95 masks for specific situations remains a recommended public health strategy.



Communications and pandemic mitigation strategies—Health Watch USA 2025

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William Schaffner, MD discusses that dealing with vaccine hesitancy, such as a patient's reluctance to receive a flu shot, requires more than simply offering facts—it necessitates empathy, validation, and a focus on building trust. When a patient expresses uncertainty about vaccination, the healthcare provider's response should never be surprise or judgment. Instead, it is vital to acknowledge and validate the patient's

concerns, maintaining open, supportive dialogue. Asking patients to share their specific worries and responding with understanding helps ease anxiety and fosters a sense of partnership. Providers are encouraged to normalize healthy behaviors by sharing relatable examples, such as mentioning that they and their families are vaccinated, and highlighting that most people in the community do the same. This approach leverages social norms and comfort to promote positive health actions. Even if a patient remains hesitant, it's important not to argue, but to accept their reluctance and assure them the conversation will continue in the future. Effective communication about vaccines also involves keeping messages clear, fact-based, and accessible. Healthcare professionals should be honest about the benefits and limitations of vaccines, offering reassurance and emphasizing the goal of preventing serious disease. Ultimately, how patients feel during these interactions—respected, understood, and cared for—has a lasting impact. The role of the healthcare provider is not only to impart knowledge but to nourish trust, serving as both teacher and caregiver in the journey toward better health outcomes. Health Watch USAsm Webinar Aug. 29, 2025.
View Presentation Video: https://youtu.be/h45wnmG79xI

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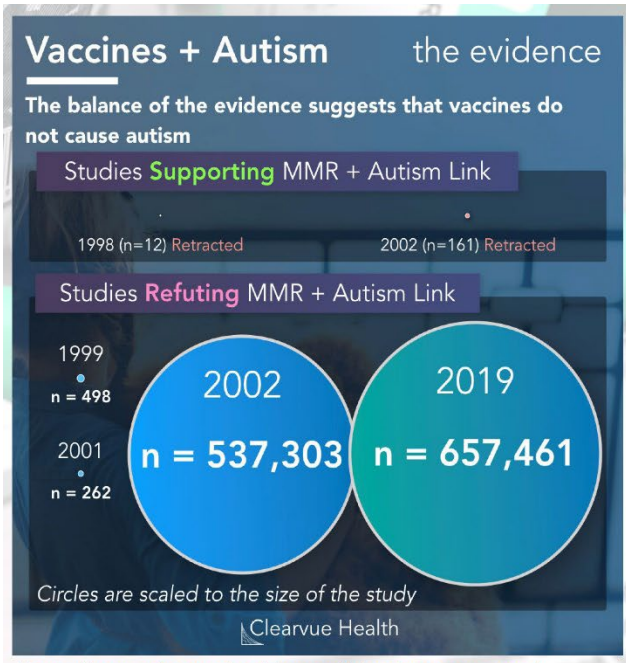
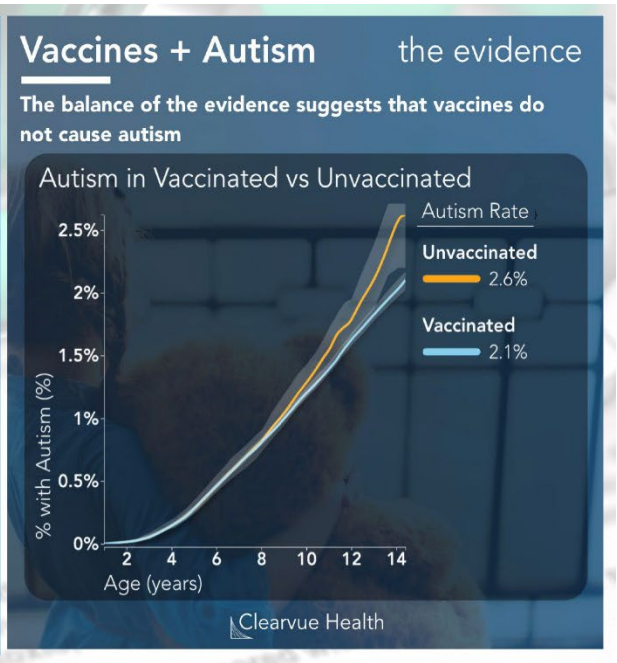
Measles 50 years later

Wilmore Webley, PhD, Professor of Microbiology and Senior Vice Provost for Equity and Inclusion at the University of Massachusetts Amherst. Dr. Webley discusses the research and vaccine history of the measles virus, along with its severe clinical impact. He emphasizes that measles causes not only acute illness ut also "immune amnesia," erasing immune memory and leaving survivors vulnerable to other diseases. Due to the virus's extreme contagiousness, a high rate of immunity in the community, greater than 95%, is necessary for herd immunity to take place and to stop the spread of the virus. As the presentation discusses, the benefit of the vaccine greatly outweighs its risks. Unfortunately, misinformation is rampant, and immunization rates are falling. In many areas they are well below the level needed to achieve herd immunity. Much of the misinformation can be traced back to a deeply flawed 1998 study by Andrew Wakefield which was published in the Lancet and later retracted by the Journal. The study was not controlled, suboptimally conducted, and involved only 12-patients.(1) Numerous large studies have not found a relationship between vaccines and autism. In one study, unvaccinated individuals were even found to have a statistically non-significant higher rate.(2,3) It is ironic that hundreds of thousands of patients have been studied to counter the initial 12-patient report. Research dollars could have been spent elsewhere, such as researching other causes of autism. Health Watch USA[sm] conference, Aug. 29, 2025. View Video of Presentation: https://youtu.be/AOgySUPnGKk





https://www.clearvuehealth.com/b/autism-mmr-stats/

(1) Godlee F, Smith J, Marcovitch H. Wakefield's article linking MMR vaccine and autism was fraudulent. BMJ. 2011 Jan 5;342:c7452. doi: 10.1136/bmj.c7452. PMID: 21209060. https://www.bmj.com/content/342/bmj.c7452.lon g

(2) Hviid A, Hansen JV, Frisch M, Melbye M. Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study. Ann Intern Med. 2019 Apr 16;170(8):513-520. doi: 10.7326/M18-2101. Epub 2019 Mar 5. PMID: 30831578. https://www.acpjournals.org/doi/10.7326/M18-2101

(3) Data on the MMR Vaccine & Autism | Visualized Health. Mar. 7, 2019. https://www.clearvuehealth.com/b/autism-mmr-stats/

A View from the Frontlines: The Current State of Infection Control in U.S. Healthcare Facilities

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Lisa Baum MA, a lead representative for the New York State Nurses Association, highlighted persistent issues in infection control within healthcare facilities, emphasizing the spread of nosocomial infections including airborne infectious diseases. Despite improvements, infection rates and associated deaths remain high, exacerbated by underreporting and insufficient data—particularly for airborne diseases. Critical contributing factors include understaffing, rapid room turnovers, inadequate cleaning, inadequate ventilation and lack of training on effective use of disinfectants, such as proper dwell time for pathogen elimination. Environmental services staff shortages and overcrowding in emergency departments further increase transmission risks, with patients sometimes placed in hallways or separated only by curtains. Ventilation is a recurring concern. While negative pressure rooms and advanced local exhaust systems exist; they are not widely implemented. There are inadequate regulation and the regulations that do exist are not adequately enforced. Personal protective equipment (PPE), though essential, is not the most effective control in the hierarchy, often hampered by supply chain challenges and improper fit. The pandemic revealed deeper systemic flaws, with crisis measures sometimes prioritizing operational needs over safety.
Lisa Baum advocates for layered controls: improved identification and isolation protocols, robust testing, enhanced staffing, better ventilation, and a shift to reusable PPE. She stresses the necessity of regulatory reforms to ensure consistent and effective infection prevention and supports empowering organizations like NIOSH to restore scientific leadership in occupational health. View Presentation Video: https://youtu.be/1Aa5AhHU0JA

Bacterial Phages, a New and Old Treatment for Antibiotic Resistant Bacteria

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Ambassador Deborah Birx, MD, discusses bacteriophages and their potential for treating patients with life-threatening antibiotic-resistant infections.

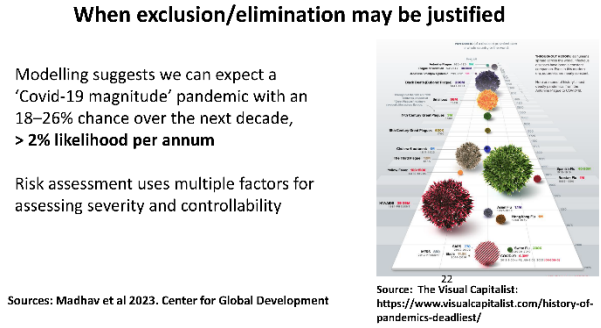
Bacteriophages, viruses that infect specific bacteria, offer a promising alternative for treating infections caused by antibiotic-resistant bacteria such as Staphylococcus aureus and Pseudomonas aeruginosa. Unlike broad-spectrum antibiotics, phages are highly selective, targeting only their host bacteria without disrupting the beneficial gut microbiome. Interest in phage therapy is rising as antimicrobial resistance escalates, but regulatory approval is still pending in countries like the United States due to the challenges of manufacturing, purifying, and validating these biologics.

Clinical development has been slow because producing stable, pure phage preparations requires them to be grown on their host bacteria and thoroughly purified to avoid immune reactions. Most phage treatments in the United States have been

used compassionately in critically ill patients, but rigorous placebo-controlled trials are essential for regulatory FDA approval.

Recent trials have investigated phage therapy for difficult cases of bacteremia and pneumonia, often in combination with antibiotics. Results show that phage therapy can reduce relapse rates, shorten hospital stays, and minimize adverse reactions. In a recent trial on patients with severe MRSA infections, including those with endocarditis. The response was 100 percent with the addition of phage without any relapse at one week post stopping antibiotics, as compared to a 25 percent relapse rate in the placebo arm.

The field now aims to prove efficacy through large phase three superiority trials, which could establish phages as a viable standard of care. Ultimately, phage therapy has the potential not only to treat resistant infections but also to lessen antibiotic use, preserve the microbiome, and improve outcomes in patients with serious bacterial diseases. Health Watch USA[sm] webinar Aug. 29, 2025. View Presentation Video: https://youtu.be/CQmpXcIiJg8



Why elimination should be the default strategy for future severe pandemics

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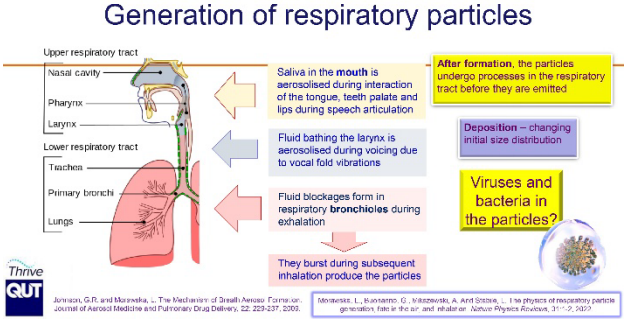
In this presentation, Professor Michael Baker, a key figure in New Zealand's COVID-19 response, discusses the country's elimination strategy against the pandemic. A public health physician and epidemiologist at the University of Otago, Baker highlights that a clear strategy is crucial for effective pandemic management. He emphasizes three primary response strategies: mitigation, suppression, and elimination. In March 2020, New Zealand adopted an elimination approach characterized by rapid border closures and stringent public health measures to stamp out infections despite having only 100 reported cases at the time.

Baker details how elimination allowed New Zealand to maintain near zero transmission of COVID-19 for almost two years, thereby affording time to enhance vaccination efforts and improve healthcare responses before widespread infection. This strategy resulted in low cumulative mortality compared to other nations, which generally employed less coordinated approaches. He notes that the elimination strategy bought time to manage healthcare and maintain community functions, leading to fewer restrictions and economic impacts compared to countries that faced uncontrolled outbreaks.

However, he acknowledges challenges such as public compliance, equity concerns, and the logistics of implementing border controls. As new variants emerged, New Zealand transitioned from elimination to suppression and now operates under a mitigation strategy. Baker concludes that successful pandemic responses rely on evidence-informed strategies and political leadership, advocating for global coordination in health responses and preparedness for future pandemics. In discussion, he notes negative excess mortality in New Zealand during the pandemic, highlighting the role of infectious disease management in reducing overall mortality. Aug. 29, 2025. Health Watch USA[sm] Webinar: Combating Infectious Disease Challenges. View Video: https://youtu.be/I7DIJA87sI8



Understanding and Reducing the Spread of Respiratory Pathogens Through The Air

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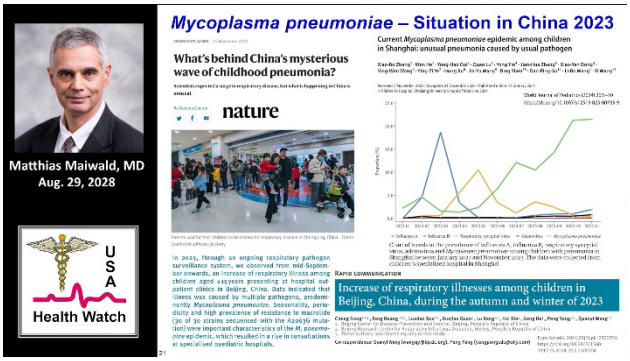
Dr. Lidia Morawska, PhD, an expert in air quality, discussed the science behind infectious respiratory particles, emphasizing the importance of understanding their generation and spread. All respiratory activities, especially louder ones like singing, produce particles that can remain suspended in the air for extended periods, increasing the risk of transmission of viruses such as SARS-CoV-2. Smaller particles, originating deeper in the respiratory tract, tend to carry higher viral loads.

Dr. Morawska highlighted historical resistance to recognizing airborne transmission, noting that scientific consensus and interdisciplinary collaboration were essential in shifting global perspectives, particularly during the COVID-19 pandemic. She cited the need for robust ventilation far beyond merely opening windows, as mechanical ventilation systems significantly reduce infection rates. A study in Italy demonstrated lower COVID-19 cases in classrooms equipped with mechanical ventilation compared to those without.

The presentation underscored the necessity for better building designs focused on indoor air quality and continuous monitoring of ventilation performance. Dr. Morawska advocated for indoor air quality regulations akin to outdoor standards, pointing out that voluntary measures often fall short, especially in schools. Low-cost CO2 sensors offer practical means for individuals and institutions to assess air quality and mitigate risks. Ultimately, Dr. Morawska called for clean indoor air as a public health norm, suggesting that improved air quality regulation would yield benefits comparable to other historical advances in sanitation, with far less investment required. Health Watch USA[sm] webinar. Aug. 29, 2025. View Presentation Video: https://youtu.be/MpDChemSBD8

More about Dr. Morawska: https://time.com/collection/100-most-influential-people-2021/6095975/lidia-morawska/

Portable CO2 Monitors: Dr. Lidia Morawska, PhD, explains the usefulness of carrying a portable CO2 monitor when one enters public spaces. (CO2 is a surrogate for clean air. Lower levels are better.) One can use the monitor to determine the safety of indoor air and to help you in deciding whether or not to wear a mask (N95 Respirator). Q & A period moderated by Noel Eldridge, MS, at Health Watch USA[sm]'s 2025 Conference. View Video: https://youtu.be/bmg_G2tEOKU



Unusual re-emergence of respiratory pathogens after lifting of COVID-19 restrictions in Singapore

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Dr. Matthias Maiwald presented an in-depth analysis of the trends in respiratory pathogens in Singapore following the lifting of Covid-19 restrictions. Using data from 120,000 clinical samples (mainly pediatric) collected between 2019 and mid-2025, he outlined how pandemic containment measures initially caused a dramatic decrease in common respiratory viruses and bacteria, such as influenza, RSV, and Mycoplasma pneumoniae.

As restrictions were gradually eased, certain non-enveloped viruses like enterovirus/rhinovirus and adenovirus reappeared first, likely due to their environmental stability at phases of increased social contact. Other pathogens returned in unusual patterns—RSV and influenza A exhibited out-of-season peaks, and Mycoplasma pneumoniae resurged after a long absence, concurrent with significant outbreaks in China. The outbreaks in China had notably high rates of macrolide resistance. Some pathogens, such as pertussis, remained nearly absent throughout the observation period.

Dr. Maiwald discussed several hypotheses for these patterns, including immunity debt (reduced exposure leading to greater vulnerability), innate immune system changes, and immune dysregulation after Covid-19 infection. He emphasized that the overall burden of respiratory infections in 2025 is approaching pre-pandemic levels but may still be slightly elevated. The reemergence of pathogens was quite uneven, with some surging above historical norms and

affecting different age groups or presenting more severe cases. Health Watch USA[sm] webinar on Aug. 29, 2025. View Presentation Video: https://youtu.be/jRwadwS31T0

Bird Flu, the risks and prevention of a future pandemic

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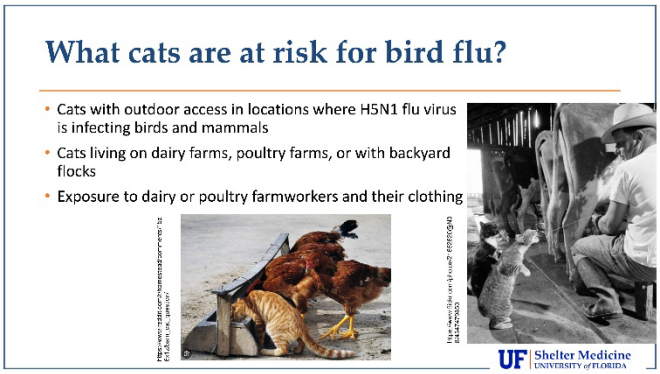
Dr. Richard Webby, a virologist at St. Jude's and a leading expert on influenza, presented an overview of the current landscape of H5N1 avian influenza ("bird flu") and its potential threats to human health. He explains that influenza viruses, especially those in wild migratory birds, are highly diverse. Most remain in their natural hosts, but occasionally spillover events infect other animals, including poultry, swine, and sporadically humans—though sustained human-to-human transmission has not been observed.

Dr. Webby highlights how certain influenza subtypes, like H5N1, have caused concern for decades. The virus first infected humans in Hong Kong in 1997, leading to fatalities but was contained by culling poultry. Since then, H5N1 spread globally through wild birds, leading to outbreaks in domestic animals and, more recently, a significant incursion into the Americas. In 2024, the virus unexpectedly infected US dairy cattle, a species not previously considered at risk, with human cases mostly limited to conjunctivitis in exposed workers. Despite this, the virus hasn't shown key mutations needed for efficient human spread.

Control strategies focus on surveillance, culling in poultry, movement controls in cattle, and, in some countries, vaccination of animals. Human vaccines exist but are rarely deployed. Dr. Webby emphasizes that the economic consequences, particularly for the poultry industry, have been severe, with billions lost, and stresses the importance of ongoing vigilance to prevent a future pandemic. Health Watch USA[sm] webinar Aug. 29, 2025. View Video: https://youtu.be/GykR462luJQ



Chickens, Cows, and Cats: A Barnyard Story about Bird Flu -

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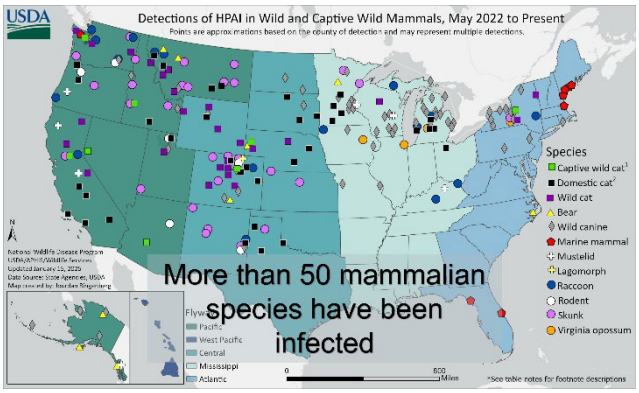
Dr. Cynda Crawford, DMV, PhD discusses H5N1 or "Bird Flu" and its impact on domestic cats, poultry and dairy cattle at the 2025 Health Watch USA[sm] webinar: "Combating Infectious Disease Challenges."

Presentation Summary: The presentation by Dr. Cynda Crawford explores the evolving ecology and impact of highly pathogenic H5N1 avian influenza (bird flu) across the United States. Traditionally, wild waterfowl are the natural hosts of influenza A viruses, but in recent years, the H5N1 subtype has spread extensively, affecting all 50 U.S. states' poultry, leading to the infection and depopulation of approximately 175 million birds.

Since 2022, H5N1 has spilled over from wild birds into commercial and backyard poultry, then into a wide range of mammals—over 200 terrestrial and marine species, including seals, sea lions, and for the first time, dairy cattle. Dairy cows experience H5N1 as a localized mammary gland infection resulting in mastitis and sudden drops in milk production, with high viral loads detected in milk but generally nonfatal outcomes for the animals. New genotypes have been identified, highlighting frequent viral reassortment.

A notable event occurred in March 2024 when barn cats on a Texas dairy farm died rapidly after consuming raw milk from infected cows, marking the first documented mammal-to-mammal transmission of H5N1 via milk. Cats suffer severe, often fatal neurological disease, and the mortality rate among infected cats is estimated at 50–70%. There is no

current evidence of cat-to-cat or cat-to-human transmission. The situation raises public health concerns about cows and cats as potential “mixing vessels” for new, more dangerous H5N1 strains, emphasizing the need for enhanced surveillance, biosecurity, and consideration of vaccines for at-risk animals. Health Watch USA[sm] webinar. Aug. 29, 2025. View Presentation Video: https://youtu.be/drvk7vSj6LE



Following H5 Influenza As It Moves Through North American Food Animals

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Dr. Carol Cardona discussed the evolution and spread of H5 influenza, focusing on its movement through North American food animals. She noted the initial incursion of goose Guangdong H5 in 2014, leading to widespread outbreaks in commercial poultry, which were controlled through mass depopulation. The virus returned in 2021, this time driven by wild waterfowl as primary reservoirs, with poultry now mostly victims rather than sources of transmission.

Cardona highlighted that stamping out poultry, while effective in halting farm-to-farm spread, does not control the virus in wild birds. Over 170 million birds have been depopulated due to outbreaks, including 150 million from wild bird infections and another 20 million related to bovine infections. H5 has expanded into more than 50 mammalian species and continues to adapt to new hosts, including cattle, goats, alpacas, and bears.

Control options for H5 include stamping out, vaccination (which faces economic and export barriers), and biosecurity, though each has limitations due to the virus’s evolving host range. Cardona stressed the lack of surveillance in wild mammals and called for improved prevention strategies. She addressed misconceptions about asymptomatic carriers and pointed to genetic resistance in some animals, although no mechanism is known in chickens. The presentation concluded by emphasizing the unpredictable nature of influenza and the need for adaptable control measures. Health Watch USA[sm] Webinar Aug. 29, 2025. View Presentation Video: https://youtu.be/SALHVe_aAJ4

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