

The Medical News Report

COVID-19 Update

#107A

Mid-December, 2020



Samuel J. LaMonte, M.D., FACS

samlamonte@gmail.com

www.themedicalnewsreport.com

Dear Readers to the 10th update on COVID-19,

Because there have been significant updates that need to be communicated to you, I am sending out a mid-month update. These updates come from the CDC, Johns Hopkins

Medical Center, and some of the most prestigious medical journals. Please share it with your friends and family.

We have another holiday coming and don't want more surges. We must follow the state and federal guidelines, whether you agree with them or not. Respect for our fellow man and especially those with the seniors and those with medical issues need to be protected.

As always, thank you for reading my reports. Merry Christmas and Happy New Year, and Happy Hanukkah!!

Stay safe, stay well, and stay healthy, my friends,

Dr. Sam



Topics in this report:

- 1) CDC provides 10 strategies for safety regarding COVID-19**
- 2) CDC changes days of isolation**

- 3) The first randomized trial on the efficacy of masks**
- 4) Immunocompromised individuals—who are they?**
- 5) Hand sanitizer poisonings**
- 6) Cancer has not taken a holiday**
- 7) Exercise after COVID-19**
- 8) The Vaccine is ready**
- 9) Combined Flu/COVID testing**

IMPORTANT REMINDER!!!! PLEASE READ!!!

I remind you that any medical information provided in these reports is just that...information only!! Not medical advice!! I am not your doctor, and decisions about your health require consultation with your trusted personal physicians and consultants.

The information I provide you is to empower you with knowledge, and I have repeatedly asked you to be the team leader for your OWN healthcare concerns. You should never act on anything you read in these reports. I have encouraged you to seek the advice of your physicians regarding health issues. Feel free to share this information with family and friends, but remind them about this being informational only. You must be proactive in our current medical environment.

Don't settle for a visit to your doctor without them giving you complete information about your illness, the options for treatment, care instructions, possible side effects to look for, and plans for follow up. Be sure the prescriptions you take are accurate (pharmacies make mistakes) and always take your meds as prescribed. The more you know,

the better your care will be, because your doctor will sense you are informed and expect more out of them. Always write down your questions before going for a visit. Dr. Sam

1. CDC announces new guidelines

10 strategies from the CDC, Dec.4, 2020

• Universal Masking, indoors and outdoors when 6 feet physical distancing cannot be maintained!

- Maintaining physical distance from other people and limit in-person contacts**
- Avoiding nonessential indoor spaces and crowded outdoor spaces**
- Increase testing to rapidly identify and isolate infected persons**
- Promptly identify, quarantine, and test close contacts of people known to have COVID-19**
- Safeguard those people most at risk for severe illness or death from infection with SARS-CoV-2**
- Protect essential workers by providing adequate personal protective equipment and safe work practices**
- Postpone non-essential travel**
- Increase room air ventilation and enhance hand hygiene and environmental disinfection**
- Achieve widespread availability and high community coverage with effective COVID-19 vaccines**

Other recommendations include asking communities to provide masks for those who cannot access masks. Those sick with COVID-19 at home should wear masks at all times and distance themselves from family members as much as possible. Multilayer cloth masks are best for the non-medical individual.

These increasingly difficult decisions were based on the fact that as of Dec. 3, the U.S. had hit an all-time high of over 200,000 new cases, hospitalizations over 100,000, and 2800 deaths, according to the Johns Hopkins Coronavirus Center.

2. CDC changes days of isolation for test positive patients

Research has reported that people infected are most infectious from 2 days before symptoms to 5 days after those symptoms appear.

For a short time the CDC was contemplating isolation for only 5 days, and other countries have adopted the 5 day rule, hoping individuals would comply in better numbers. However, they reconsidered and recommended 7 and 10 days.

a) Asymptomatic people should isolate for 10 days from the day they test positive if they are not tested after recovery.

b) If asymptomatic people are tested with a negative result, they can stop isolation in 7 days.

The CDC also stopped recommending 2 negative tests, primarily because the system is stressed to the point of

not being able to test more and more samples. This contradicts the science, but sometimes even the CDC needs to be practical.

c) For people who come into contact with a test positive person for at least 15 minutes, they should still quarantine for 14 days. Nothing was stated about getting tested.

d) The recommendations for symptomatic people has not changed—stop isolation after 10 days if asymptomatic for 24 hours and no fever for 48hrs. without fever reducing medicine.

Infected people can shed viral particles for up to 3 months, however, they are not infectious and do not transmit these particles, according to researchers. Testing may show a positive result, even though the patient has recovered.

These findings have swayed the experts into making decisions about isolation more on symptoms rather than testing.

Changing recommendations confuses people, and they frequently will unfortunately not comply. But the numbers speak for themselves, and people need to comply, leaving personal ideologies aside.

3. First randomized study on value of masks

A Danish study has performed the first randomized study using actual participants (6000) over a month's time to determine the actual value of masks when people are out side the home.

Previous poorly controlled studies on masks provide anywhere from 20-80% safety for the wearer. Also there are studies performed on the actual masks in labs with a

solo subject by using a machine testing droplets with alternatives to saliva and mucus (sodium chloride). Their findings provided information making the wearer believe they could be safe. Cloth, 3-ply paper, nylon, and even surgical masks can all provide some protection, but not as much as is thought. JAMA Network, August 11,2020

In this Danish study, 6000 participants who were seronegative, half wore masks at least 3 hours a day while out of their house and half did not.

After 1 month both the group who wore the masks and the group without a mask had similar infection rates (1.8% and 2.0%). This study does not support the use of masks to protect a person from COVID-19. It does imply that social distancing is perhaps more critical than ever, with this study, which should be repeated in different settings with real participants.

Annals of Internal Medicine, Nov. 18, 2020

Trying to convince people masks don't work would be a monumental task, and further testing needs validation of findings. It has been so politicized, it is a shame. People need to feel in control, and wearing a mask has been hammered in their heads. That is ok....every little bit helps some when adding all protective measures together.

Previous studies have only used simulated laboratory experiments. Observational studies, as weak as they are, have reported they work to some degree. Even these studies report only 20-60% effectiveness.

Most masks that are cloth are washable and should be washed often. People with beards are fooling themselves if they think they are safe. Any mask to be of any value must be firmly fit on the face.

Most paper masks are one time use only, and that goes for 15 minutes of use or all day.

The FDA has provided clinicians guidance on N95 respirators (masks). As we have learned, even KN95 masks were not produced to the specifications of an N-95 mask.

For healthcare providers, to reuse an N-95 mask with dry heat, place in a dry clean paper bag for at least 5 days before using again. A maximum 5 times for reusing is recommended.

How many people wearing fabric, and disposable masks are wearing them improperly? I estimate 75%. They must be tight on the face with no side leaks, and the nose inside the mask. And who said leaving the nose out was ok??

Wear the mask properly, and keep the nose inside!! It may not be that valuable, but it is the best we have, but only with the other associated safety measures.

4. Immunocompromised patients can be infectious with COVID-19 for an extended time; who is immunocompromised?

Now a study adds more confusion. A small study (20 immunocompromised patients mostly transplant patients) were found to have viable virus in their system for 2 months or longer. The explanation is that these patients cannot mount an immunologic response against the virus.

That also concerns me when considering these patients for the COVID-19 vaccine.

At any rate, this study emphasizes that patients who are immunocompromised, should isolate for an extended

period of time and follow guidance from their personal physicians.

No studies have addressed just how immunocompromised a person has to be to worry about extended viral shedding!

Who are included in the immunocompromised category? According to several sites, at least 10 million Americans are immunocompromised, and most have stated the rate is increasing at a fast rate.

Those on any **medication** that diminishes the immune system could be included. Anyone who is sick could be compromised to some degree, even if it is temporary.

Certainly those on medications for treating autoimmune diseases (rheumatoid arthritis, psoriasis, lupus, HIV, MS, etc.), those with cancer (especially on chemo or radiation), those on immunotherapies, those on drugs to prevent rejection of a transplanted organ, those with recent surgery, and potentially most very elderly people (over 80). Anyone recovering from a serious infection could be included. If these categories were included, this could include 1/3 the adult population are immunocompromised to some extent.

It is the responsibility of the treating physicians to test these patients for the virus, which requires more sophisticated testing (cell culture).

They should also be first in line for the vaccine, after healthcare providers, first responders, and those in nursing homes.

Do doctors even tell patients they might be immunocompromised??

Lets face it....this virus has opened questions never before asked, and there are no evidenced based answers...yet!

New England Journal of Medicine, December, 2020

The Vaccine and immunocompromised individuals

The FDA just came out with caution for immunocompromised individuals, stating that each case should be considered by the treating physician regarding the advisability of taking the COVID vaccine.

5. Hand sanitizer poisonings sky rocket

Hand sanitizers have caused a rapid rise in accidental and deliberate poisonings (157% increase reported in the UK).

Be sure these sanitizers are out of the reach of children and those who are unstable. These contain high levels of ethyl alcohol, but there are sanitizers that do not contain ethanol, but still are dangerous if ingested.

Out of control alcoholics have been known to drink anything containing ethyl alcohol, including after-shave lotion and now sanitizers. BMJ, December, 2020

6. Cancer does not take a holiday--Impact on cancer death when treatment is delayed (because of COVID-19) now known

I have continued to harp on the unintended consequences of isolation, lockdown, and hospitals stopping routine care besides the devastating financial consequences. Reports are now being published on the impact of delay. The amount of pain and suffering from

this virus will never be calculable, but we all know it is massive.

7 of the most common cancers (bladder, colon, rectum, lung, breast, cervix, and head and neck cancer, excluding prostate—accounts for 43% of all cancer worldwide) were included in these combined studies. Delay of surgery, radiation, or chemotherapy (immunotherapy too) for just a month increased the risk of dying by 6-13%.

This does not include a delay in diagnosis of cancers with delays in screening, or patients not going to their doctor to be checked for possible cancer, who were afraid to get out. This is devastating news. When have you heard about this from the media?? It is all about numbers, but that is only part of the story.

Because of backlog of treatment plans in hospitals, they are still trying to catch up, and people are extremely angry about it, often taking their anger out on healthcare professionals. The mood of our country is at an all time low.

Just when America has reached tolerance with rules, the CDC has put out the most stringent guidelines to date.

Do not put off screenings and routine doctor's visits, because it is the best way to keep ahead of disease processes and diagnose cancers and other diseases at an early stage which directly equates to saving lives.

**Thank God, vaccinations will have begun this week.
WebMD, December, 2020**

7. Exercise after COVID-19?

An interesting article appeared in the New York Times regarding returning to an exercise program as they recover from COVID-19.

It has been found that undetected inflammation of heart muscle from invasion of the COVID-19 virus and silent blood clots in the lower legs occurs in a high percent. This is occurring in previously healthy people too.

A study reported by the JAMA Cardiology Journal looked at 100 men and women who had recovered from COVID-19, and 78% had signs of myocarditis. Most were previously healthy. Even a smaller study of college athletes have some degree of heart inflammation in 15%.

It is highly recommended to consult your doctor before resuming any stressful exercise program.

One published article recommended no one should exercise if they have fever or any symptoms of COVID-19 (we know there can be a significant number of patients with persistent symptoms after recovery). All should return to exercise gradually and stop immediately if any symptoms arise.

Even asymptomatic infected individuals can have evidence of heart damage. If a person has known heart disease, see a cardiologist before exercising.

8. Vaccine update

Pfizer Pharmaceuticals have been approved for emergency use, and will be distributed to certain hospitals to inoculate healthcare providers. There will be a supply also given to nursing homes, and shortly thereafter for essential workers (first responders). It is not be required,

since there are those uncertain about the side effects even after the science is clear.

When are we protected after vaccination?

There was 50% protection after 12 days from the first dose, and 7 days after the second dose (21 days after the first dose), subjects were seen to be unable to be infected by the virus, according to a report in the New England Journal of Medicine, Dec. 10, 2020. To realize the 95% efficiency of the vaccine, it will take 28 days from the first dose.

Moderna pharmaceuticals should be approved within a week, and the Trump administration has bought another 1 million doses. Other companies should be able to follow with FDA approval, although there are vaccines being used in other countries already, with the UK being first. Chinese and Russian vaccines are also being used in their countries.

Sadly as many as 1/3 of those polled are reluctant to take the vaccine at first. An ABC poll just today (Dec. 14), reported 8 out of 10 would be willing to get the shot. That is encouraging!

This means the safety measures need to continue throughout this year until we see a a major reduction in numbers of cases. That includes those who are vaccinated, since it is not known yet if vaccinated people might still be able to be a carrier of the virus and transmit the virus to others.

If a person has tested positive, should they consider the vaccine?

I have not seen a good answer to this question. Remember those who were asymptomatic and tested positive for work reasons, etc., do not have the immune

response like someone who is hospitalized. And it follows that mild to moderately infected individuals not requiring hospitalization may also not respond with high levels of neutralizing antibodies. It is known that the more severe cases have the highest levels. Another question to ask the doctor. The CDC will probably have a statement out soon.

People with severe allergy histories, immunocompromised, and pregnant or breast feeding mothers

The most important question has arisen with people that have **severe allergies** and the safety of the vaccine. There have been a few cases of more significant reaction to the shot, such as people with egg and peanut allergy.

The UK has issued a warning, that for people with severe allergies and a history of previous serious reactions to vaccines or other allergens, should not take the vaccine. However, the FDA just came out with a caution as well, but only included those with previous reactions to vaccines, recommending They did not feel there was enough evidence to withhold vaccines from people with other severe allergy issues.

Regardless, I would discuss getting the vaccine with their personal treating doctors, including allergists, before getting the shot.

Once again, the FDA will not be influenced by any other governmental agencies in deciding the safety of these vaccines.

Any facility administering this vaccine will be equipped with medications to treat more acute allergic reactions should they occur.

There are so many bogus conspiracy internet sites creating scare tactics, such as the RNA virus will change our DNA, have tracker implants, etc..... Don't believe them.....believe the experts.

The age of the vaccine to be started has been changed to age 16 and older. I suspect younger people will be the last to be eligible anyway, unless they have an underlying medical issue, are obese, diabetic, had cancer, or other other chronic diseases. Parents need to be informed when it comes to allowing vaccines for their children.

mRNA vaccines are new to the vaccine business, as this virus is primarily an RNA virus, not a DNA virus. Much was learned about this type of virus from SARS and MERS, and research has been ongoing since those viruses were around. They may have been on the back burner, but it was this research that allowed a rapid beginning to developing the COVID-19 vaccines, therefore, people who fear the speed of this vaccine development, be rest assured that the previous research allowed the accelerated development of the COVID-19 vaccine.

With 95% efficiency of this vaccine, we can be assured of a good chance of immunity. The length of immunity is still in question, but it is a good reason to get the second shot, even though the first shot is providing about 50% immunity. In fact, 2 companies have lagged behind, because their vaccine did not create high immunity in more senior individuals. However, there are other companies that will be forthcoming, and will add to the number of vaccines available.

For Florida, only certain hospitals in the main cities (including Tampa) are being given the initial vaccine. 180,000 doses have been sent to these hospitals in the first delivery for healthcare providers on the front line.

Like most vaccine, headache, mild fever, muscle ache, chills, and feeling fatigue for a day or two is not uncommon in a small percentage of recipients.

The medical field always decides to act on the basis of a risk and benefit issue. With this vaccine, reported side effects were less than 0.6% with 44,000 participants, and tells doctors this vaccine is worth the tiny risk.

The first shot gives about 50% immunity, but it is the second shot that will get the immunity into the 90% level, according to these pharmaceutical companies.

Length of Immunity?

It is still not known how long the immunity levels will last (most say at least several months), but time will tell with following antibody testing for large numbers. The knowledge about side effects, length of immunity, and potential reinfection, etc. will come with time. It is anticipated this will not be a vaccine to be taken yearly, but research will decide.

Priorities for receiving the vaccine

The first vaccines will go to first responder healthcare workers, nursing homes, essential workers, the elderly, and those with chronic health issues.

By summer, most will have a chance to be inoculated. But do not forget the booster 21 days later, and just because an individual has some mild side effects from the first shot, do not skip the second shot without discussing with a doctor.

We must be patient and when the vaccine is available, take advantage of it. For those waiting to see how the vaccine is tolerated, that is your right. However, the

sooner the majority of the country is inoculated, the sooner America can get past this virus.

Verification cards will be provided to recipients, and don't be surprised that in the future, that card will be necessary to gain entrance into certain places, airlines, etc. We will see. The vaccine is not mandatory anywhere in the U.S.

9. Combined influenza/COVID-19 diagnostic test now FDA approved; plenty of Flu shots available

A combined Flu/COVID-19 test has been FDA approved and is great news!! If patients have symptoms of flu and or COVID-19, it is critical to know which virus is the cause. These tests will take 2-3 days to get the result, but hopefully, there will be a rapid test soon after this one.

A record number of influenza vaccine doses have been distributed this year (180 million), however, less than 50% have received it. Only 33% of black children have received it compared to whites (51%) and Hispanics (47%). Fear of vaccines by black people have been a notorious problem for years. Please get the flu shot, and when available the COVID shots.

The flu season has not kicked into high gear, so there is plenty of time to get the shot.

Thank you for reading the 10th update on COVID-19.

Merry Christmas and Happy New Year!! Be safe, be healthy, and be well!!

Hoping for a White Christmas in the North Georgia and North Carolina mountains.

Look for the January report the end of December.

Subjects for January, 2021 will include:

- 1. Abdominal aortic aneurysms—screening guidelines**
- 2. Cancer risk for kids borne from femalestaking fertility drugs**
- 3. New thyroid tests**
- 4. Probiotics and prebiotics**
- 5. Moh's skin cancer surgery**
- 6. Missed medical diagnoses**
- 7. Updates on COVID-19**

Dr. Sam