

COVID-19 Update prepared by Joel Olah, Executive Director, Aging Resources of Central Iowa

The following is a summary of a recent national webinar for health care professionals on COVID-19, emerging subvariants, RSV, seasonal influenza, and other vaccines that I participated in on September 30. This is the 21st update.

As the colder season approaches and individuals move indoors, there is an increased risk of spreading a variety of viral infections, not the least of which is COVID-19. At this time the recommendations are to access the vaccines for COVID-19, RSV (Respiratory Syncytial Virus), and the seasonal influenza. Immunity builds in strength to a peak within a few weeks after inoculations. Timing is important.

COVID-19 and Subvariants

As of September 30, 2023, the COVID-19 subvariants BA.4 and BA.5 are non-existent. The subvariant EG.5, known as “Eris,” represents 30% of all reported cases, the other new subvariants stand at 14%-FL.1.5.1, 13%-HV.1, 10%-XBB1.16.6, and 1%-XBB.1.5. EG.5 (subvariant of Omicron) does not appear any more severe than the other prominent subvariants. Typical symptoms include: infections in the upper respiratory tract, sore throat, other cold symptoms. The newly reformulated COVID-19 vaccines (Pfizer and Moderna) may work against the ever-mutating virus (new mutations every two weeks). A reformulated Novavax formula will be released in several weeks. For immunocompromised individuals (those under cancer treatment, transplant recipients, diabetics), boosters may be required as protection begins to wane after four months. All COVID-19 vaccines greatly reduce the risk of hospitalization, especially in older adults. Private insurance, Medicare, Medicaid, and the federal Bridge Access Program for uninsured individuals should provide adequate financial coverage for these immunizations.

Promising areas of clinical research indicate that ursodeoxycholic acid, used to treat liver disease, may prevent COVID-19 re-infection or reduce the severity of COVID. In terms of long-COVID, brain fog reduction has been demonstrated by Yale researchers utilizing a combination of guanfacine (Tenex) a treatment for hypertension and ADHD and n-acetylcysteine, an anti-oxidant treatment for liver disease. Other clinical trials are underway with the following medications: Propranolol (Underal), Fludrocortisone (Florinet), Pyridostigmine (Mestinon), Modafinil (Provigil), Armodafinil (Nuvigil), and Amantadine (Symmetrel) which are treatments for hypertension, hypotension, muscle weakness, narcolepsy and Parkinson’s Disease. Further testing has revealed that the blood clotting issues related with COVID may influence cognitive functioning, given lower C-reactive protein levels and elevated D-dimer protein levels. COVID may also increase Tau levels, forming aggregates of tangles associated with Alzheimer’s Disease. Other vaccines such as Tdap/Td, H2, and pneumococcal vaccines may produce reduced risk of Alzheimer’s Disease when compared to non-vaccinated individuals.

Paxlovid (nirmatrelvir/ritonavir) and Lagevrio (molnupiravir) remain the main treatments for COVID-19 symptoms and breakthrough cases. In fact, as of 9/26/23, nearly 250,000, 5 day courses of Paxlovid treatment were administered per week in the U.S. Other treatments such as Sotrovimab and Evusheld have been withdrawn.

Medical staff are encouraged to use recommended PPE and masking as COVID cases increase. Masking and personal hygiene are advised for individuals gathering in large groups in enclosed spaces.

RSV (Respiratory Syncytial Virus)

Adults over 60 are at a greater risk of infection and severe respiratory illness. If not treated, RSV may have serious complications like pneumonia, bronchiolitis, congestive heart failure, worsening asthma, or COPD (chronic obstructive pulmonary disease). Newly formulated RSV vaccines Arexvy (RSVpreF3) produced by GSK and Abrysvo (RSVpreF) produced by Pfizer, have demonstrated great effectiveness (56-89%), preventing severe illness and hospitalization in older adults. These vaccines are highly recommended.

Seasonal Influenza

70-80% of seasonal influenza-related deaths and 50-70% of flu-related hospitalizations occur in adults over the age of 65. Three to five times the increased risk of heart attack and two to three times the risk of increased stroke occur within the first two weeks of flu infection in older adults. An adult's immune system weakens with age and carries the increased risk of secondary infections like pneumonia, ear, and sinus infection. Other chronic medical conditions like congestive heart failure, asthma or diabetes worsen in cases of flu infection in older persons. High-dose influenza vaccines (Fluzone, Flu Blok, and Flud quadrivalent) reduce the risk of hospitalization in over 52% of older adults who are vaccinated. Antiviral Tamiflu normally reduces the length of influenza symptoms or breakthrough infections, some two to three days in older adults. The new vaccine formulations have also greatly lessened egg-related allergic reactions. These vaccines are highly recommended.

Public Acceptance

Unfortunately, current public acceptance of vaccines remains low even with demonstrated and significant protections against severe illness, hospitalization, and death. There is growing concern that even immunizations for rabies in pets is considered unsafe, infective, or unnecessary. Cases of tuberculosis (TB) are also on the increase. The communication of effective, understandable scientific information is critical for public health. The rules have not changed: inoculations, preventive health strategies, healthy lifestyles, and effective personal hygiene do make a critical difference for our lives and wellbeing during these challenging times.