

# Three Minute Read™

## Insights from the Healing American Healthcare Coalition™

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**From the Editor:** While Operation Warp Speed is on track to deliver a vaccine by January, schools and colleges throughout the country struggle to provide a reasonable learning experience in challenging circumstances. This issue of **TMR** features summaries of Dr. Elizabeth Rosenthal's challenge to assess personal risk and concludes with a challenge to risk tolerance. Also covered are loss of smell as a major marker for SARS-CoV-2, why men are hit harder than women, and a potential breakthrough in understanding Covid-19. To access each full article, just click on the headline.



[You've Checked Your Temperature. Now, What's Your Risk Tolerance?](#), By Elizabeth Rosenthal, MD, New York Times, 8/19/20

**TMR Topline™** - Tired of hearing people say, "I'm not going back to life until there's a vaccine," Dr. Rosenthal challenges Americans to take stock of their risk tolerance. Noting that outbreaks of polio, mumps, measles and chickenpox were prevalent until vaccines were developed, she provides examples from her experience as a New York City emergency room physician and at a coastal clinic in Kenya. Accepting risk means taking precautions and deciding that you can live with the reduced risk that remains. Dr. Rosenthal urges that masking be mandated and enforced. In addition to wearing a mask and social distancing when not at home, avoid prolonged periods in indoor spaces with crowds or strangers; wash or sanitize hands frequently and avoid "high touch" surfaces.

**TMR's Take** – The coronavirus is here to stay. Those at high risk for infection need to take precautions, but most Americans will find Dr. Rosenthal's advice reasonable.



[Pharmacists in 50 states can give childhood shots to prevent future outbreaks, officials say](#), By Mike Stobbe, Associated Press, 8/20/20

**TMR Topline™** - Exercising his emergency powers, HHS Secretary Alex Azar has temporarily preempted restrictions in 22 states starting this fall. Pharmacists in all 50 states will be allowed to vaccinate children over 3 years old without a doctor's prescription. According to a CDC report, orders for childhood vaccines from doctors offices plummeted in late March and April. Most childhood vaccinations are given in a doctor's office. The CDC reported that only 7% were administered in pharmacies in 2018. Azar stated, "It is critical that children have easy access to the pediatric vaccinations to enable them to get back to school as schools reopen."

**TMR's Take** – Americans tend to trust their pharmacists, so Azar's directive preempting restrictions in 22 states is a welcome move.



[Going viral: What Covid-19-related loss of smell reveals about how the mind works](#), by Ann-Sophie Barwich, STAT, 8/14/20

**TMR Topline™** - An olfactory specialist, Ms. Barwich criticizes the lengthy delay by the medical establishment in adding loss of smell (anosmia) to the official list of Covid-19 symptoms. At least half of confirmed cases worldwide had anosmia; in Germany, it was more than 2/3rds. An [Iranian study](#) found that 59 of 60 patients exhibited various smell dysfunctions.

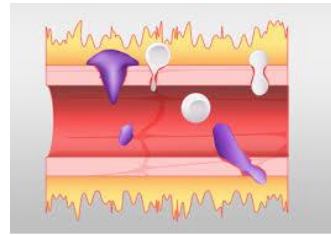
**TMR's Take** – Infected by Covid-19? Your nose knows! Harvard professor of immunology Andrew Chan, co-founder of the [Covid Symptom Study](#), concludes that the strongest predictor of a Covid-19 infection is a loss of taste or smell, a symptom that is relatively uncommon in other viral syndromes. Decreased smell function is a major marker for the SARS-CoV-2 infection. Smell testing should be used for early identification of Covid-19 patients in need of early treatment or quarantine.



[Clues to Why COVID-19 Hits Men Harder Than Women](#) by Robert Preidt, 8/28/20 HealthDay News

**TMR Topline™** - Covid-19 infects men at a higher rate and men have more difficult outcomes than women. Dr. Akiko Iwasaki, Professor of Immunology and Molecular Biology at the Howard Hughes Medical school at Yale University, led a research team that examined how men and women's immune systems respond to this virus infection. In evaluating nasal, saliva and blood samples from both Covid-19 patients and healthy individuals, the researchers found that men develop higher cytokine levels and women generally develop higher T-cell levels as an early response. The cytokine reaction can cause an inflammation that attacks the virus in the lungs but also results in reduced oxygen levels and fluid buildup that can cause other organs to fail. T-cells are white blood cells that attach to viruses. Older men do not develop T-cell responses as well as younger people. Older women can also develop higher cytokine reactions and therefore can have worse outcomes than other women who do not. Dr. Iwasaki has said these findings "*suggest we need different strategies to ensure that treatments and vaccines are equally effective for both men and women.*" For example, when a vaccine has been approved, younger women may develop immunity from just one vaccine injection while older men might require as many as three injections to develop immunity. Dr. Amesh Adalja, an infectious disease expert at Johns Hopkins University commented, "*We are increasingly seeing that a one-size-fits-all strategy is not always possible, and precision medicine -- based on each individual's unique characteristics -- is likely the best approach.*"

**TMR's Take** –The Yale findings in this study clearly point out that the basic understanding of how the immune system responds to this virus based on both sex and age is crucial to learning how care givers can produce better outcomes in treating Covid–19.



[A Supercomputer Analyzed Covid-19 — and an Interesting New Theory Has Emerged](#), by Thomas Smith, Elemental, 9/1/20

**TMR Topline™** - Oak Ridge National Labs opened in 1943 as the research site for the Manhattan Project that developed the atomic bomb. Today, it has provided what scientists are describing as a "[eureka moment](#)" in identifying how Covid-19 impacts the body. Site of the world's second fastest supercomputer, scientists crunched data on more than 40,000 genes from 17,000 genetic samples analyzing 2.5 billion genetic combinations. It took more than a week, leading to [the bradykinin hypothesis](#) that provides a model that explains many of Covid-19's bizarre symptoms. It also suggests more than ten potential treatments, including some that are FDA approved. Generally, a Covid-19 infection begins when the virus enters the body through ACE2 receptors in the nose, then proceeds through the body entering cells where ACE2 also is present. Its insidious progression is well documented in this fascinating article. **TMR's Take** – The research team's finding may well be the 21<sup>st</sup> century equivalent of the Manhattan Project. The bradykinin hypothesis provides a unified theory for how Covid-19 works. Dr. Daniel Jacobson, lead researcher is clear: "*We have to get this message out.*" **TMR** agrees.



[Gerald Ford Rushed Out a Vaccine. It was a Fiasco](#), by Rick Perlstein, The New York Times, 9/2/2020

**TMR Topline™** - President Trump is considering an "emergency use authorization" for a Covid-19 vaccine before Phase 3 clinical trials are completed. The CDC has instructed the states to be ready to distribute a vaccine by November 1. History suggests that rushing out a vaccine before it has been vetted as safe and effective is a risky gamble. An early 1976 outbreak of a new strain of the H1N1 swine flu virus at Fort Dix prompted the Ford administration to fast track a vaccine to prevent an epidemic. The vaccine was released in the fall and 45 million Americans were vaccinated. Side effects: 450 developed Guillain-Barre syndrome; more than 30 died. The vaccination program was cancelled. One soldier died from the swine flu. **TMR's Take** – What would Dr. Rosenthal's advice be? How much risk are Americans willing to take? The anti-vaxxers will have a field day opposing a vaccine that has not been proven to be safe and effective. It's a risky gamble that could do more harm than good.