SARS2-COVID19

Prevention and Treatment Recommendations

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Dr. Marc Weisman

The most up to date COVID information is found at our website. The printed material here is relatively up to date as well, but the online version is best.

PreferredDocs.com/COVID19
WeismanCare.com/COVID19

IMPORTANT UPDATE: There will continue to be more mutant strains. These are both Omicron "children" and yet prior Omicron infection is not particularly protective. Covid BA 0.5/0.4 often produce more flu like illness, and they are a bit less sensitive to the vaccines. Outpatient monoclonal antibody infusions are also not as helpful with the current strains of Covid, and they are generally not recommended with one exception, Bebtelovimab. All of this is due to their L452R and L486V spike mutations that allow them to evade our vaccines and prior infections, at least somewhat. The oral medication, Paxlovid (Pfizer) can be very helpful for patients at high risk for serious Covid but there are side effects and many drug interactions. Other IV medications can also be helpful. Your provider can help determine whether Paxlovid and or other treatments such as Remdesivir are right for you.

There are four parts included

1. Preventive Supplements
2. Treatment Supplements if one has COVID
3. Home Treatment
4. CDC based Prevention Guidelines

Preventive Supplements:

1. Vitamin C 1000 mg daily
2. Vitamin D3 2000 IU's / day. (Ideally, your vitamin D level should be > 50 nmol/L-always)
3. Chelated Zinc 25-50 mg / day
4. Probiotics with at least 20- 40 billion units /day

Treatment Supplements—Immune modulating supplements intended to combat the immune systems cytokine-induced inflammatory overreaction to COVID:

1. Vitamin C 1000 mg daily
2. Vitamin D3 2000 IU's / day. (Ideally, your vitamin D level should be > 50 nmol/L-always)
3. Chelated Zinc 25-50 mg / day
4. Probiotics with at least 20- 40 billion units /day
5. Multivitamin with Vitamin A
6. Quercetin 500 mg two daily
7. NAC. N-Acetyl L- Cysteine) 600 mg two daily (difficult to find on line due to FDA changes)

All of these appear to play a role in preventing infection with COVID19 and in immune modulation. Immune modulation reduces the immune systems overreaction, the so-called cytokine storm, in actual COVID19 infection. All supplements are not equal. You are free to purchase these anywhere, but a quality health food market such as Whole Foods is a good option, and another is at SlowMyAging.com / Shopping where you will find Amazon.com links to well-priced quality supplements reviewed by Dr. Marc Weisman at his SlowMyAging website.

Home Treatment for COVID19 Infected Individuals

When patients are not seriously ill with the current strains of Covid. Call back for advice or visit the ER when feeling very ill, for progressive or severe breathing difficulty and all other serious symptoms. Typical "cold" and fever supportive home treatments are advised. We favor Acetaminophen over NSAID's such as Ibuprofen and Naproxen, but they can also be used. It is still advised to purchase an inexpensive home pulse oximeter from the local store or online and share with your health care providers reduced O2 levels (less than 92%). This device measures oxygen levels at the fingertip and can be an early warning to more severe disease. If short of breath, lying face down comfortably known as "proning" can improve oxygenation and reduce shortness of breath. If the ER is being contemplated, call ahead to allow personnel self-protection.

Quarantine and Isolation Guidance

This is so fluid a moving target it is best to click the CDC link here to be most up to date.
https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

Newer CDC guidelines call for no quarantine even for individuals not vaccinated. Isolation rules have not changed—see below. It is important to understand, however, that suspending both isolation and quarantine after five days is not without risk. When people get infected, the risk of spread drops precipitously after five days, but it does not disappear for everyone. Aaron Glatt, a New York physician who is a spokesman for the Infectious Diseases Society of America states this: “If you decrease it to five days, you’re still going to small but significant number of people who are contagious.

Isolation

Isolation is the term we use if you actually test Covid positive. The isolation rules are the same for people who are unvaccinated, partly vaccinated, fully vaccinated, or boosted.

1. The clock starts the day you test positive or possibly the day you become symptomatic.
2. An infected person should go into isolation for five days, instead of 10.
3. At the end of *five days, if you have no symptoms, you can return to normal activities but should wear a mask everywhere — even at home around others — for at least five more days. Patients may still be contagious between day five and ten, just less so and for this reason be careful with intimate or longer contact with others in that time period.
4. If you still have symptoms after isolating for *five days, stay home until you feel better and then start your five days of always wearing a mask including at home.

Monoclonal Antibody Treatment (MABs}
Outpatient monoclonal antibody infusions are also not as helpful with the current strains of Covid, and they are generally not recommended with one exception, Bebtelovimab. This is due to their L452R and L486V spike mutations that allow them to evade our vaccines and prior infections, at least somewhat. Current Covid variants are not susceptible to any prior "MAB"s but, as mentioned above, Bebtelovimab has some activity as a 2nd line agent.

Hot Topics

What's New with Covid19 Variants?

Sars2Covid19 originated in China. I believe in the Wuhan Virology Lab, but this is still debated. Then China prevented its spread within China by isolating Wuhan from the rest China but allowing widespread travel from Wuhan to the rest of the world for at least 3-4 weeks. Many, including me, knew this was happening although it was suppressed in the media. Now we all know it happened, it is no longer debated but where is the outrage? Anyway, none of the original Covid19 exists anywhere in the world outside of labs—now its all about the mutants or variants. This virus loves to mutate and that is what provides it so much protection against our vaccines and our immune systems.

There are a couple of new variants to watch. One is a highly mutated variant but not yet called BA.2.86. We don't know much about it yet but it was identified at the University of Michigan. The extreme mutation of its genome causes some pause because its hard to predict its behavior. The other is the EG.5 variant, a descendant of XBB which is estimated to be the "dominant" strain in the U.S. because it makes up the largest share of new cases of COVID-19.

Is it protective to have contracted Covid?

It may be that the more times one had been infected with Covid, the worse their outcome and the more lung / breathing issues they have—the exact opposite of what we would generally predict. If true, this is not good news. That said, there are many questions about the efficacy of the new vaccines and who exactly might benefit from them. Only 16% of the US population has so far received it as of this writing (April 21 2023)

What is the deal with vaccinations and boosters? Do they work?

My Summary of Covid Vaccines

Yes, the vaccines likely work well in preventing serious disease and death in high-risk people, but they don't work very well at all in preventing one from contracting Covid. The vaccines were very effective (>90%) against the original Covid in 2020 but less so as variants have mutated, rendering the original vaccine less effective over time. They have saved millions of lives earlier in the pandemic. In August 2022 we had the first "improved" Covid vaccine to cover BA5/BA4 at that time. These new vaccines seem to be reasonably protective against the current

variants, but that does not mean (to me) that everyone needs them. See; “What’s New with Covid19 Variants”. Most “experts” recommend those who have not had natural Covid in the past six months, to get the new vaccine and to get the booster 3 months or more after the first Hybrid or Variant vaccine. My position has been and still is that there is more nuance that can be applied to the decision-making on who really needs a booster vaccine. It may be less necessary in those who have had BA5 / 4, however, as I stated above, patients with two or more prior Covid infections may actually be at greater risk for severe disease which complicated everything. Healthy people, and most children, in my opinion (there is great debate among doctors on this) may not need the vaccine at this time because most people do well if they contract Covid, and the long-term mRNA vaccine risks, if any, are simply unknown. An exception regarding getting the jab with the newer variant “bivalent” vaccine is those who are immunocompromised, have long Covid symptoms or are age 75 or older. For others, I am not so sure.

I will not make blanket recommendations here, but I will share the factors that, on a case-by-case basis, I use to decide on my recommendation as to booster vaccines. *What are your Covid risk factors? What is your current age? Have you had Covid and if so, what strain (date of infections help us with this)? If you have had Covid, was it serious or mild? How many Covid vaccines have you had and when? How many Covid infections have you had and when? What is your risk tolerance to unproven and new treatments?* These vaccines are unique and new and there are possible long term side effects that we may see—we simply cannot know this yet, only time will tell. Now that we have monoclonal antibodies and antiviral (against Covid) treatments, we do have options when we need them. Based on all of this, at what point do we decide to take our chances with a virus that is only rarely causing serious disease rather than receive vaccine after vaccine when the real long-term safety, although likely very safe, is just not known? This isn’t blasphemy, it’s logic. FDA advisors such as Paul Offit, MD, and others, have in recent months begun to publicly question the wisdom of our aggressive booster policies but others unabashedly promote it to every American over 6 months of age. If Covid remains a potentially serious infection, we will have new boosters from time to time with fresh mRNA coding for the newer variant proteins. I suspect that who will require these boosters will be debated as time goes on.

Much more exciting is the current testing of better vaccines against the nuclear core of the virus. They are very early in development but are being tested in mice and, very recently, in humans. These, if successful, will cover all new variants and should end the pandemic if it isn’t already over by then. In the end, COVID needs to be defeated everywhere to truly be defeated anywhere.

Current CDC Covid Recommendations (Best to click on the CDC site here)

- **CDC's new recommendations allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised. This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed.**

- **Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the United States.**

- **CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.**
- **Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.**
- **For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received.**

Prevention of SARS2-COVID19 (CDC Guidelines included)

Know how it spreads

1. COVID-19 spreads easily from person to person, mainly by the following routes:
2. Between people who are in close contact with one another (within 3-4 and perhaps 6 feet).
3. Through respiratory droplets produced when an infected person coughs, sneezes, breathes, sings, or speaks.
4. Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
5. People who are infected but do not have symptoms can also spread the virus to others but may be somewhat less contagious.
6. It is unclear that patients vaccinated against COVID are less contagious, but they are definitely still contagious.
7. COVID-19 spreads less commonly through contact with contaminated surfaces.
8. Everyone should wash their hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. 62% Alcohol applications are a good second choice. By far, most COVID is transmitted in the air, but touch is a rare vector as well.

It's especially important to wash:

- Before eating or preparing food
- Before touching your face
- After using the restroom
- After leaving a public place
- After blowing your nose, coughing, or sneezing
- After handling your mask, changing a diaper and touching animals or pets
- After caring for someone sick
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact

- Inside your home: Avoid close contact with people who are sick.
- If possible, maintain 6 feet between the person who is sick and other household members.
- Outside your home: Put 6 feet of distance between yourself and people who do not live in your household.
- Remember that some people without symptoms may be able to spread virus.
- Stay at least 6 feet (about 2 arms' length) from other people generally when COVID is prevalent in the area.
- You could spread COVID-19 to others even if you do not feel sick.

Masks

- The mask is meant to protect other people in case you are infected but may provide you some protection as well, probably not much. The overall value of masking is much less than many suggest in the media, but there is likely some benefit. *Thin cloth masks, bandanas, and the like are very poor masks and should not be used.* This includes children's masks. Masking is, sadly, a politically highly charged subject. As far as mask quality, N-95 masks are the best, all others are better than no mask but not by much.
- Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Again, there is much debate regarding the efficacy of masks, and it is a political hot potato. A good rule is that "their mask protects you somewhat and yours them" but your mask doesn't provide you very much protection. Still, if COVID is prevalent in your area, wearing a mask properly probably makes sense.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.

Monitor Your Health Daily

- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- Take your temperature if symptoms develop.
- Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow CDC guidance if symptoms develop.