



Health Watch USAsm Newsletter

<https://www.healthwatchusa.org> Oct. 1, 2025

Designated "Community Leader" for Value-Driven Healthcare
by the U.S. Dept. of Health and Human Services

Activity for the Month of Sept. Health Watch USAsm:

- 1 Continuing Education Course.
- 2 Commentaries/OpEds.
- 2025 HW USA Conference Videos are Available.
- 2024 HW USA Conference Videos are Available

Information Regarding Health Watch USAsm Nov. 1st, 2023: Long COVID's Impact on Patients, Workers & Society: <https://www.healthwatchusa.org/conference2023/index.html>

Health Watch USAsm 2023 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20231231-HWUSA-Report-2023.pdf>

Health Watch USAsm 2022 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20221231-HWUSA-Report-2022-2.pdf>

Health Watch USAsm 2021 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20211231-HWUSA-Report-2021.pdf>

Health Watch USAsm 2020 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20201231-HWUSA-Report-2020.pdf>

COMBATING INFECTIOUS DISEASE CHALLENGES
Have we gone twenty steps forward or backwards?



Health Watch USA's 2025 Public Health Webinar

Aug 29, 2025, international webinar, including speakers from New Zealand, Australia & Singapore. An online continuing education course will soon be available from Southern Kentucky AHEC:

<https://sokyahec.thinkific.com/collections>

Download Brochure:

https://www.healthconference.org/healthconference.org-files/2025Conference_downloads/_20250829-HWUSA_Brochure-2.pdf

Presentations are currently available at <https://healthconference.org>

Health Watch USAsm Newsletter Index

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Health Watch USAsm – Articles & Commentaries



Trump's CDC is pushing deadly misinformation about autism, Tylenol and vaccines

"Recent health policy meetings along with the following news conference can only be characterized as a morass of misinformation which further fueled public distrust in mainstream medicine and public health. Proposals to split combined vaccines, such as the MMR, would ironically increase the number of shots and visits, raising costs and discomfort, though decades of research support the safety and efficiency of combined vaccines. CDC officials stressed that science drives their decisions, but political pressures hinder collaboration. "President Trump stated that he "hear(s) (Cubians) have essentially no autism." What was not stated was that according to Our World in Data, 99% of Cuban children younger than 1 year of age are vaccinated against polio, measles, rubella, flu, diphtheria, tetanus, pertussis and hepatitis B. Thus, if the president's information is correct, there is little evidence vaccines cause autism. Unfortunately, the vaccination rates in the United States are less than that of many third world nations." "What keeps you up at night?" Dr. Monarez responded: "The next outbreak. And I don't believe that we'll be prepared..." Courier Journal. Sept. 25, 2025. USA Today:

<https://www.usatoday.com/story/opinion/contributors/2025/09/25/trump-cdc-tylenol-autism-vaccines-misinformation/86324793007/>

References: <https://www.healthwatchusa.org/HWUSA-Publications/ReferencePages/20250925-Vaccines-CJ.htm>

Key Points:

- Recent government hearings and news conferences have fueled public distrust in vaccines and mainstream medicine.
- Concerns were raised about the number of vaccines children receive, though experts say immune systems can handle them.
- The link between vaccines and autism is based on retracted and fraudulent research, with other studies refuting the connection.
- Former CDC officials expressed fear that misinformation and attacks on science will leave the U.S. unprepared for future outbreaks.



Medicaid, and those who need it, may not survive new tax, work requirements

"Kentucky has one of the highest percentage of citizens covered by Medicaid in the United States. This includes 1,395,000 citizens, approximately 30% of the population. The Big Beautiful Bill has work requirements. But according to the Kaiser Family

Foundation (KFF), 68% of Kentucky Medicaid adults are working and the Big Beautiful Bill has provisions for volunteer work and education. A "Uniform Tax Requirement" in the Big Beautiful Bill requires Medicaid services to be taxed the same or less than non-Medicaid services. One might also argue that only taxing Medicaid MCOs and not private insurance companies was, effectively, a tax on Medicaid and not on non-Medicaid services. Thus, under the current law, Kentucky's whole Medicaid system may become a house of cards. We must ask ourselves; do we really want to motivate social change by taking away healthcare? I fear doing so will set us on a path of a third-world nation." Courier Journal. Sept. 3, 2025. USA Today:

<https://www.usatoday.com/story/opinion/contributors/2025/09/03/kentucky-medicaid-one-big-beautiful-bill-provider-tax-work-requirements/85867703007/>

References: <https://www.healthwatchusa.org/HWUSA-Publications/ReferencePages/20250903-BBB-Medicaid-CJ.htm>

Key Points:

- Kentucky has a high Medicaid enrollment, covering around 30% of its population, and relies heavily on federal funding for the program.
- Proposed federal legislation aims to cut Medicaid spending and implement work requirements, potentially impacting Kentucky's healthcare system.
- Kentucky uses a unique provider tax system to maximize federal matching funds, but this system may be jeopardized by the new legislation.
- Concerns exist that reduced healthcare access due to Medicaid cuts could lead to more uncompensated care and negatively impact the state's healthcare infrastructure.

Health Watch USAsm – Upcoming Meeting Presentations



HW USA Meetings:

-- Oct. 15, 2025. 7 PM ET. Matthew J Campen PhD, MSPH regarding "Bioaccumulation of microplastics in decedent human brains"

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

Health Watch USAsm – Articles of Interest



Vaccinations are known to prevent COVID-19 hospitalizations. Almost a quarter of a million children were hospitalized with COVID-19 during the pandemic.

AAP analyzes pediatric COVID-19 hospitalizations from 2020-'24

“About 234,000 children under age 18 were hospitalized with confirmed cases of COVID-19 from fall 2020 to spring 2024, according to AAP analysis of data collected by the U.S. Department of Health and Human Services (HHS).

Beginning in September 2020, all U.S. hospitals were required by the Centers for Medicare & Medicaid Services to report the number of patients admitted to their facility with COVID-19 infections through the National Healthcare Safety Network. The reporting requirement ended in April 2024.

The number of COVID-19 hospitalizations varied substantially across time by waves of infection and emergence of new variants (see figure). The largest peak was in winter 2022 during the omicron surge, with 6,527 child hospitalizations the week of Jan. 15. In the final week of the report, April 27, 2024, 310 children with a confirmed COVID-19 case were admitted, among the lowest levels reported during the pandemic.” <https://publications.aap.org/aapnews/news/29182/AAP-analyzes-pediatric-COVID-19-hospitalizations?autologincheck=redirected>



In doctors' offices, the consequences of Trump's comments on Tylenol and vaccines are immediately clear

“Hours after President Donald Trump's announcement linking acetaminophen use during pregnancy with autism in children, a mother sat in my office, sobbing. Had she caused her child's autism by treating the debilitating headaches she suffered while she was pregnant?

In the room next door, a mother of three who had never before questioned vaccines asked that we space out her youngest's shots to one per visit. She had watched Trump say this may be better, she said, and she just couldn't forgive herself if something happened to her child later. And down the hall, yet

another mother reluctantly agreed to vaccinate her child at the recommended time. She would not be agreeing to all vaccines if it weren't for the school requirement in New York City, she said."

<https://www.cnn.com/2025/09/26/health/tylenol-trump-autism-consequences>

Countering Trump, European health officials stress that acetaminophen is safe to use during pregnancy

State: "LONDON — Regulators in Europe have issued new statements backing the safety of Tylenol use in pregnancy, effectively repudiating claims from the Trump administration that the medicine can cause autism in children." "Paracetamol remains an important option to treat pain or fever in pregnant women," Steffen Thirstrup, the chief medical officer at the European Medicines Agency, said in a statement. (Acetaminophen is known as paracetamol in Europe.) "Our advice is based on a rigorous assessment of the available scientific data and we have found no evidence that taking paracetamol during pregnancy causes autism in children."

<https://www.statnews.com/2025/09/23/trump-tylenol-autism-european-regulators-push-back/>

Harvard Dean Was Paid \$150,000 as an Expert Witness in Tylenol Lawsuits

The Trump administration has cited Dr. Andrea Baccarelli's expertise to warn against using acetaminophen — the active ingredient in Tylenol — in pregnancy, based on an unproven autism link. <https://www.nytimes.com/2025/09/23/health/harvard-dean-autism-tylenol-lawsuits-payment.html>

Hospitals get dinged for reporting too many infections. In some cases, the solution is not to test

"When a hospitalized patient shows signs of a dangerous, potentially deadly infection, you'd expect clinicians to move quickly: testing to figure out what's wrong, then treating with the right medicines. But that's not always what happens. And the reason is often financial: Federal regulators can fine hospitals hundreds of thousands or even millions of dollars if too many of their patients get hospital-acquired infections. Some hospital leaders, realizing that if they don't look for infections, they won't find them, are discouraging testing, clinicians told STAT. Without testing, patients may not get the best treatment. Executives have also pressured staffers in some cases not to report infections to the government, they said.

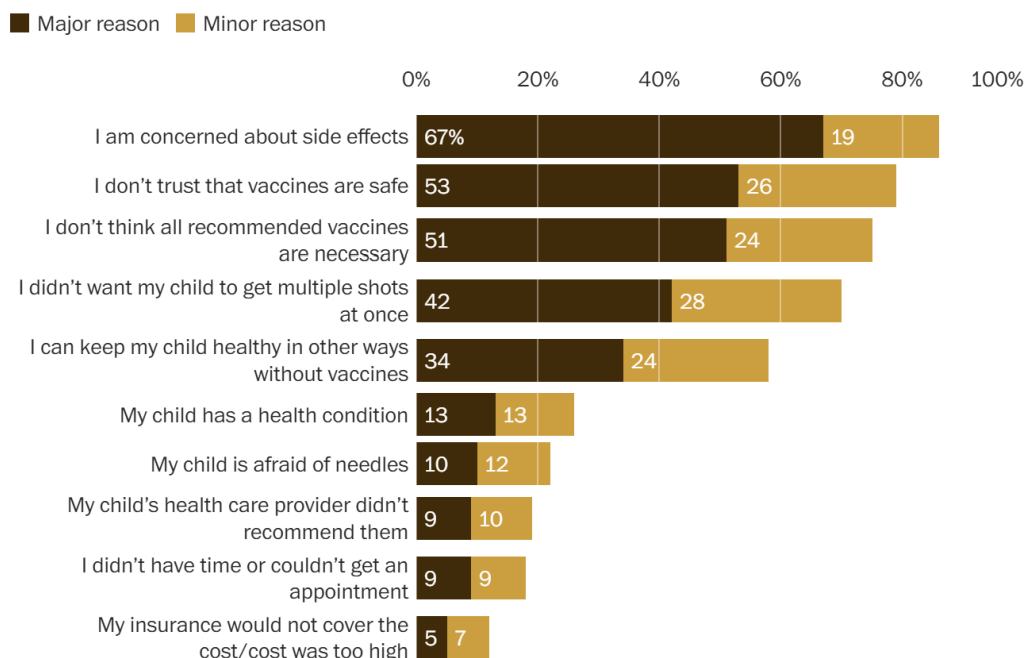
<https://www.statnews.com/2025/09/22/hospital-acquired-infection-reporting-healthcare-dirty-little-secret/>

Why 1 in 6 U.S. parents are rejecting vaccine recommendations

Washington Post: "The poll — the most detailed recent look at the childhood vaccination practices and opinions of American parents — shows that 1 in 6 parents have delayed or skipped some vaccines for their children, excluding for coronavirus or flu. Nine percent have skipped the polio or measles, mumps and rubella (MMR) shots, which public health experts say risks large outbreaks of potentially fatal diseases that have been curbed through widespread vaccination." <https://www.washingtonpost.com/health/2025/09/15/childhood-vaccines-parents-post-kff-poll/>

Why parents say they skipped or delayed vaccines for their children

Q: Is each of the following a major reason, minor reason or not a reason why you delayed or skipped some vaccines for your child or children? (Among the 16% of parents who skipped or delayed a vaccine)



Source: Washington Post-KFF Poll July 18 – Aug. 4, 2025

Americans rejecting vaccines for their children have five things in common, poll says

" A 2023 study from the National Institute of Health found the main reasons parents forgo vaccinations for their children is that they believed they were unlikely to be susceptible to diseases and were skeptical vaccine efficacy. Specifically, fear of autism was the most cited reason for skipping the MMR vaccine. The (most recent WP-KFF) [poll](#) indicated that people who delayed or skipped vaccinating their children tended to have these five traits: White, Republicans, very religious, homeschoolers and under 35 years old. Of the group, 46% of American parents who homeschool their children were unlikely to vaccinate them, as well as 36% of very religious parents. Republicans were two times more likely than other political parties to skip vaccinating their children. And White Americans were four times as likely to keep their children unvaccinated, compared to Asian American parents."

<https://www.msn.com/en-us/health/other/americans-rejecting-vaccines-for-their-children-have-five-things-in-common-poll-says/ar-AA1MBmTG>

Florida to end vaccine mandates for children as state's surgeon general likens them to 'slavery'

Children in Florida will no longer be required to receive vaccines against preventable diseases including measles, mumps, chickenpox, polio and hepatitis, said Joseph Ladapo, the state's

surgeon general, on Wednesday in a speech during which he likened vaccine mandates to “slavery”. <https://www.theguardian.com/us-news/2025/sep/03/florida-vaccine-mandate>

Why scientists are rethinking the immune effects of SARS-CoV-2

“ “Immunity debt,” a theory to explain the global surge in non-covid infections since pandemic restrictions were lifted, is increasingly being challenged by emerging evidence. Nick Tsergas reports.

Mycoplasma pneumoniae is a bacterial infection not known to cause widespread hospital admissions. “I can count on my two hands the number of times I’d ever seen mycoplasma pneumoniae before 2023,” says Samira Jeimy, clinical immunologist at the University of Western Ontario. “All of a sudden I feel like everybody has it.”¹

Over the past three years similar reports have circulated of rising bacterial infections, flare-ups of old viruses becoming more common, and children landing in hospital with diseases not usually seen in young, healthy people. One explanation offered by public health leaders has been “immunity debt”²—the idea that precautions taken in the covid pandemic suppressed routine exposures to circulating pathogens, leaving people more vulnerable to them when restrictions were lifted.” <https://www.bmj.com/content/390/bmj.r1733>

Growing Evidence Suggests That COVID-19 Can Have Lasting Effects On The Brain

<https://www.msn.com/en-us/health/medical/growing-evidence-suggests-that-covid-19-can-have-lasting-effects-on-the-brain/vi-AA1MhnEk>

Incidence of Long COVID Following Reinfection with COVID-19 (Preprint)

"Results: We found that reinfection resulted in a significantly higher risk of long COVID compared to not being reinfected (risk ratio, 1.35, 95% CI, 1.32-1.39; risk difference, 0.029, 95% CI, 0.027-0.031). This effect was consistent across most stratifications.

Conclusions We found that COVID-19 reinfection resulted in a roughly 35% increase in the incidence of long COVID in a matched cohort using observational electronic health"

<https://www.medrxiv.org/content/10.1101/2025.08.12.25333155v1>

Health Watch USAsm – Webinar Presentations



The Statement: “More high-quality RCTs are needed..” is true,

<https://www.sensible-med.com/p/the-cochrane-mask-fiasco>
-- Vinay Prasad,

1. But to be high quality a Randomized Controlled Trials must be double-blinded or significant biases can occur.

2. And with public health, RCT often cannot be ethically performed. Take for example the effectiveness of parachutes; which was the subject of the famous BMJ article regarding ethical implications of RCTs.

Smith GC, Pell JP. Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. BMJ. 2003 Dec 20;327(7429):1459-61. doi: 10.1136/bmj.327.7429.1459. <https://www.bmj.com/content/327/7429/1459.long>

2025 Webinar Introduction & Science

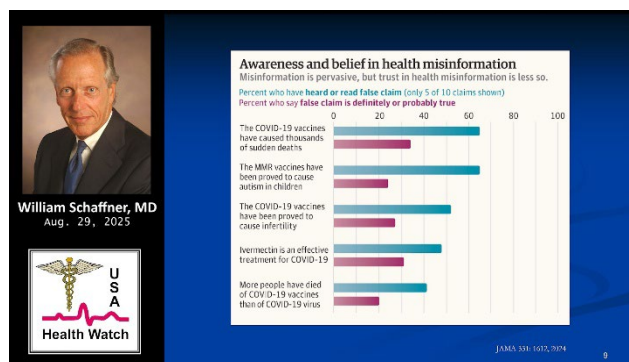
Behind Masking: Dr. Kevin Kavanagh, Board Chairman of Health Watch USAsm gives the webinar introduction and discusses misinformation and disinformation regarding masking. Similar barriers found with adopting face masks can also be found with other public health strategies. Exposure dosage to an airborne pathogen is important in reducing the risks of transmission, which underscores the importance of masking and improving indoor air

ventilation and quality. Health Watch USAsm 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 reduction 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

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:

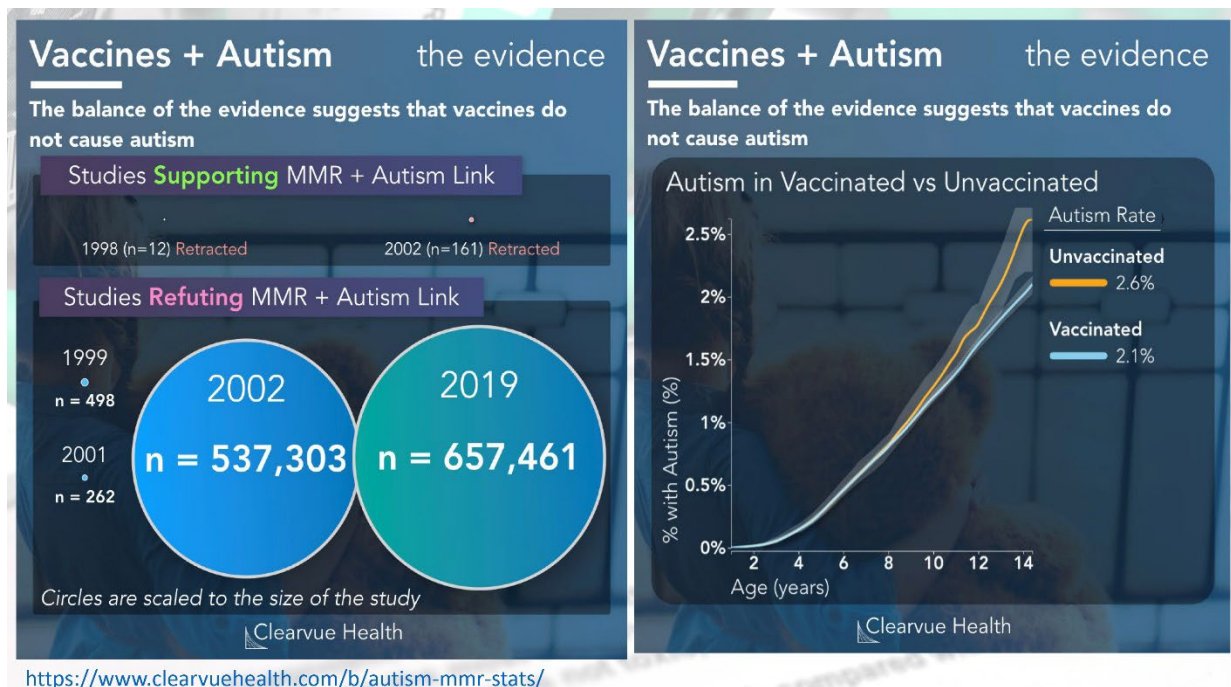
<https://youtu.be/h45wnmG79xl>



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 but also “immune amnesia,” erasing immune memory and leaving survivors vulnerable to other diseases. Due to

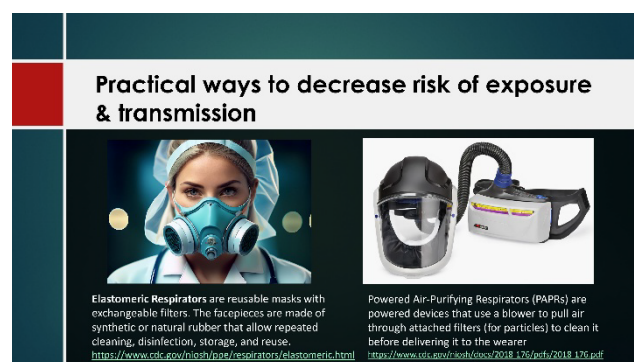
the virus's extreme contagiousness, a high rate of immunity in the community, greater than 95%, is necessary for herd immunity to take place and to stop the spread of the virus. As the presentation discusses, the benefit of the vaccine greatly outweighs its risks. Unfortunately, misinformation is rampant, 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 USAsm conference, Aug. 29, 2025. View Video of Presentation: <https://youtu.be/I2i0HqIfziA>



(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.long>

(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

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.

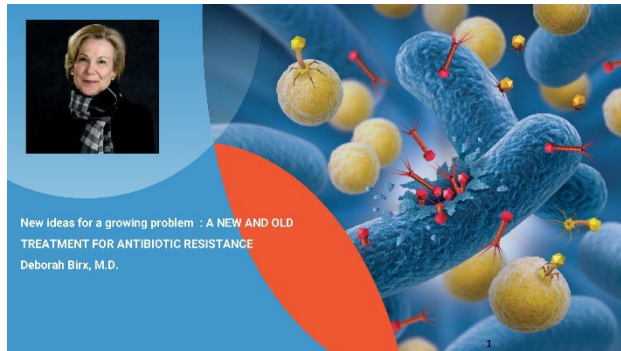
Critical contributing factors include understaffing, rapid room turnovers, inadequate cleaning, inadequate ventilation and lack of training on effective use of disinfectants, such as proper dwell time for pathogen elimination. Environmental services staff

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 is 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 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

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 USAsm webinar Aug. 29, 2025. View Presentation Video:

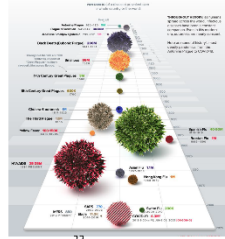
<https://youtu.be/CQmpXcliJg8>

When exclusion/elimination may be justified

Modelling suggests we can expect a 'Covid-19 magnitude' pandemic with an 18–26% chance over the next decade, > 2% likelihood per annum

Risk assessment uses multiple factors for assessing severity and controllability

Sources: Madhav et al 2023, Center for Global Development



Source: The Visual Capitalist: <https://www.visualcapitalist.com/history-of-pandemics-deadliest/>

Why elimination should be the default strategy for future severe pandemics

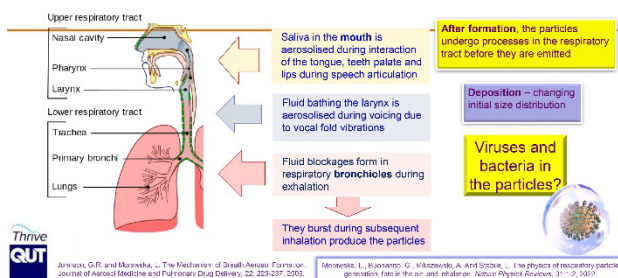
In this presentation, Professor Michael Baker, a key figure in New Zealand's COVID-19 response, discusses the country's elimination strategy against the pandemic. A public health physician and epidemiologist at the University of Otago, Baker highlights that a clear strategy is crucial for effective pandemic 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 USASM Webinar: Combating Infectious Disease Challenges. View Video: <https://youtu.be/I7DIJA87sl8>

Generation of respiratory particles



Understanding and Reducing the Spread of Respiratory Pathogens Through The Air

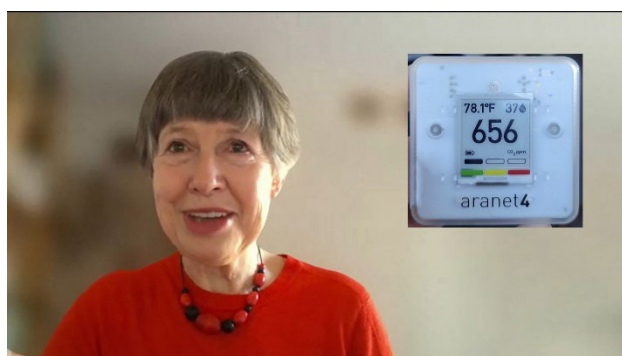
Dr. Lidia Morawska, PhD, an expert in air quality, discussed the science behind infectious respiratory particles, emphasizing the importance of understanding their generation and spread. All respiratory activities, especially louder ones like singing, produce particles that can remain

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.

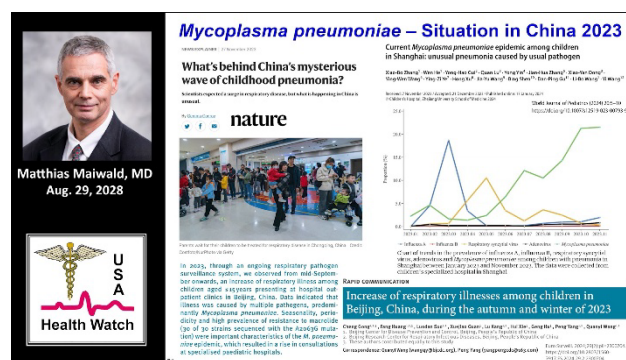
Dr. Morawska highlighted historical resistance to recognizing airborne transmission, noting that scientific consensus and interdisciplinary collaboration were essential in shifting global perspectives, particularly during the COVID-19 pandemic. She cited the need for robust ventilation far beyond merely 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 USAsm 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 USAsm's 2025 Conference. View Video: https://youtu.be/bmg_G2tEOKU



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

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 USAsm webinar on Aug. 29, 2025. View Presentation Video: <https://youtu.be/jRwadwS31T0>

We have long been warning of the H5 threat



Bird Flu, the risks and prevention of a future pandemic

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 USAsm webinar Aug. 29, 2025. View Video: <https://youtu.be/GykR462luJQ>

What cats are at risk for bird flu?

- Cats with outdoor access in locations where H5N1 flu virus is infecting birds and mammals
- Cats living on dairy farms, poultry farms, or with backyard flocks
- Exposure to dairy or poultry farmworkers and their clothing



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

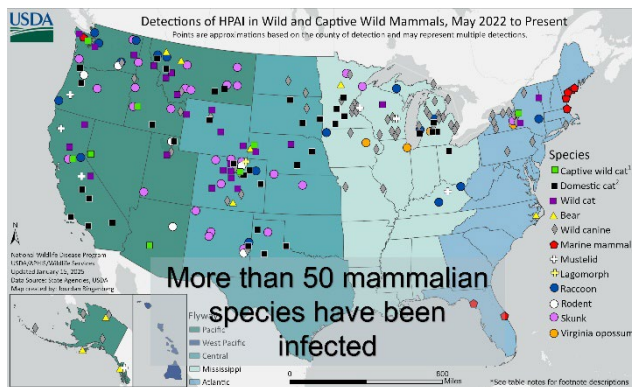
Dr. Cynda Crawford, DMV, PhD discusses H5N1 or "Bird Flu" and its impact on domestic cats, poultry and dairy cattle at the 2025 Health Watch USA(sm) webinar: "Combating Infectious Disease Challenges."

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 USAsm webinar. Aug. 29, 2025. View Presentation Video: <https://youtu.be/drvk7vSj6LE>



Following H5 Influenza As It Moves Through North American Food Animals

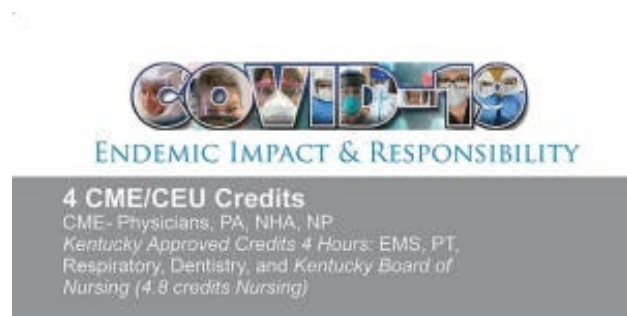
Dr. Carol Cardona discussed the evolution and spread of H5 influenza, focusing on its movement through North American food animals. She noted the initial incursion of goose Guangdong H5 in 2014, leading to widespread outbreaks in commercial poultry, which were controlled through mass depopulation. The 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 USAsm Webinar Aug. 29, 2025. View Presentation Video: https://youtu.be/SALHVe_aAJ4

Active Continuing Education Courses



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

We're constantly told to choose products with

"none of the bad stuff, only the good stuff."

But here's the problem: preservatives—often labeled as "bad chemicals"—actually keep the real bad stuff out. They prevent dangerous bacteria and fungi from growing in our vaccines, cosmetics, and food.

When we remove preservatives to make products seem "cleaner," we're not eliminating risk, we're creating it. If people really wanted to avoid harmful substances, they'd want the preservatives that stop contamination and infection. Sometimes the "artificial" ingredient is exactly what protects us from genuine danger.



THE UNBIASED SCIENCE PODCAST

Health Watch USAsm – Combating Misinformation

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

- 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.infectioncontrolday.com/view/70-covid-19-cases-transmitted-by-children>

Health Watch USAsm – 2023 & 2024 Conference Presentations

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

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