Health Watch USA[sm] Newsletter

https://www.healthwatchusa.org **Mar. 1, 2026**

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

Activity for the Month of Feb. Health Watch USA[sm]:
-- 1 Continuing Education Course.
-- 1 OpEd
-- 1 Meeting Video
-- 2025 HW USA Conference Videos are Available.
-- 2024 HW USA Conference Videos are Available

Health Watch USA[sm] Nov. 1st, 2023 Conference Presentation Videos & Proceedings: Long COVID's Impact on Patients, Workers & Society: https://www.healthwatchusa.org/conference2023/index.html

Health Watch USA[sm] Activities Reports: **2020 2021 2022 2023 2024**

Health Watch USA's 2025-2026 Public Health *Continuing Medical Education*

International speakers from New Zealand, Australia & Singapore.
Course Objectives:

1. Discuss the dangers imposed by four infectious pathogens, SARS-CoV-2, measles, H5N1, and antibiotic-resistant bacteria.
2. Identify preventative strategies to prevent the spread of airborne pathogens.
3. To better educate patients regarding misinformation surrounding vaccinations, in order to reduce patient infections and promote public safety.
4. Identify the role of bacteriophages in treating antibiotic resistant bacteria.

The course is currently available at https://healthconference.org and Combating Infectious Disease Course - Health Watch USA

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the Joint Providership of the Kentucky Medical Association and Healthwatch USA. The Kentucky Medical Association is accredited by the ACCME to provide continuing medical education for physicians. The Kentucky Medical Association designates this enduring material activity for 4.5 AMA PRA Category 1 credits.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Health Watch USA[sm] – Articles & Commentaries

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US Biodefense Policy Under Scrutiny as NIH, CDC Pandemic Preparedness Programs Face Cuts

As debate over COVID-19 origins continues, critics warn that reductions in NIH and CDC biodefense efforts could weaken US pandemic preparedness. From halted CDC databases to shifting NIH priorities, experts question whether scaling back federal response capacity leaves the nation vulnerable to future biological threats and emerging infectious diseases. " I am confused about why right-leaning public health policies, which during the peak of COVID-19 seemed to emphasize the risks of a lab-created and modified virus, would also oppose strict pandemic measures to control its spread and weaken our federal agencies' response capabilities. If the administration does not change course, not only our health, but the security of our nation will be placed at grave risk." ***References*** Infection Control Today. Feb. 19, 2026. https://www.infectioncontroltoday.com/view/opinion-us-biodefense-policy-scrutiny-nih-cdc-pandemic-preparedness-programs-face-cuts

Health Watch USA[sm] Meetings

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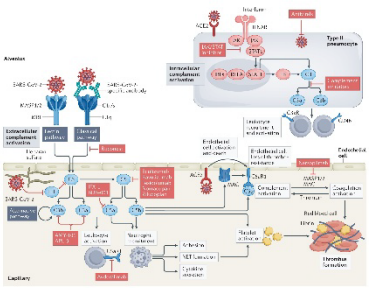

https://www.nature.com/articles/s41577-021-00665-1

Feb. 18, 2026. COVID-19 Vaccinations and Kidney Disease Outcomes - Dr. Christos Argyropoulos.

Dr. Christos Argyropoulos, MD, PhD discusses the effects of vaccinations and infections—specifically COVID-19—on kidney disease outcomes, drawing from large-scale electronic health record analyses. Several studies were conducted to examine outcomes in both general and transplant populations, including rare and common kidney diseases, acute kidney injury (AKI), and thrombotic complications in dialysis patients. Key findings showed that COVID-19 infection is associated with increased risk of rare kidney diseases such as C3 glomerulopathy, while vaccination showed minimal or no temporal association with these conditions. Similarly, repeated COVID-19 infections led to a higher rate of AKI and accelerated loss of kidney function, especially after the third infection, whereas vaccinations had no significant impact on kidney function decline. In dialysis patients, COVID-19 infection increased the risk of vascular access thrombosis, highlighting the disease's thrombotic nature:

• Rare Kidney Disease Findings: COVID-19 infection was associated with an increased risk of conditions like C3 glomerulopathy (C3GN) and Ig A nephropathy (IGAN), while vaccination showed minimal or no temporal association.
• Common Kidney Disease Findings: Repeated COVID-19 infections led to higher rates of acute kidney injury and accelerated loss of kidney function, especially after the third infection; vaccinations did not significantly impact kidney function decline.

• Thrombotic Complications: COVID-19 infection increased the risk of vascular access thrombosis in dialysis patients, highlighting the disease's thrombotic nature. This complication was not found to increase with vaccination.

The analysis supports the safety of COVID-19 vaccines for kidney patients, with infections posing a greater risk than vaccination. Overall, the evidence reinforces the public health benefit of vaccination in reducing kidney disease complications compared to infection. Health Watch USA[sm] meeting. Feb. 18, 2026. https://youtu.be/StZRHQxcD7Q

Upcoming Meetings.

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Meetings: Mar. 18, 2026 at 7 PM ET

Devin Hawkins, ScD, who will be discussing preventing workplace violence among healthcare workers.

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

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Health Watch USA℠ – Articles of Interest

It has been over 50 years since I started my medical education and practice. I have never before encountered a sign such as this. An era has ended.

This article below corroborates the findings of the presenter at our February HW USA meeting, who reported on their search showing a higher incidence of kidney disease after a SARS-CoV-2 infection than after vaccination.
https://youtu.be/StZRHQxcD7Q

Catching Covid significantly raises the risk of developing kidney disease, researchers find

"The virus was found to increase the chances that patients will develop the incurable condition by around 50 per cent. Researchers at Penn State College of Medicine in the US, who carried out the study, are now calling for Covid patients to be regularly checked for kidney disease." "And the number of patients (Kidney) in the UK is expected to rise by about 400,000 in the next decade." https://www.dailymail.co.uk/news/article-15603003/Covid-risk-kidney-disease-research.html

I fear the below Lancet OpEd may be correct, decades to repair.

Robert F Kennedy Jr: 1 year of failure

"The mechanisms maintained by the Federal Government to monitor and report health concerns such as drug overdoses, maternal mortality, and food security have been as beleaguered as the doctors and scientists who rely on them; thousands of datasets are no longer publicly available, leaving Americans—and the world—unprepared to respond to future crises. And crises are looming: in November, 2025, the first human infection (and death) from the H5N5 strain of avian flu was recorded in Washington state; pertussis, which killed 13 people in the USA in 2025, continues to spread across the country; and the measles outbreak that began in January of last year now threatens the elimination status of the USA and Mexico. Despite these developments, Kennedy has continued to spread misinformation and push politicised agendas at the expense of the country's most vulnerable."
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00414-9/fulltext

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Lived experience resources

Graphic Novels regarding Long COVID Lives, produced by Long COVID Kids and the London School of Hygiene and Tropical Medicine, Univ. of London.

Graphic Novel, Long COVID Lives:
https://www.lshtm.ac.uk/media/97536

Graphic Novel, Living with Long COVID: A Young Person's Guide
https://www.lshtm.ac.uk/media/97541

Graphic Novel, Living with Long COVID: A Young Person's Glossary
https://www.lshtm.ac.uk/media/97546

I Was a CDC Senior Leader. From What I Saw, No One Should Run Two Agencies.

— Placing Jay Bhattacharya in charge of both NIH and CDC raises concerns

"The current arrangement places Jay Bhattacharya, MD, PhD, in charge of both leading the NIH and serving as acting director of the CDC. This means he is overseeing the nation's biomedical research enterprise and our primary public health and response agency for the foreseeable future. Each role alone is a 24/7 job."
https://www.medpagetoday.com/opinion/second-opinions/120020

Tess Finch Lees: From the Winter Olympics to Nasa, wearing masks is back – except when it comes to our hospitals

https://www.independent.ie/opinion/comment/tess-finch-lees-from-the-winter-olympics-to-nasa-wearing-masks-is-back-except-when-it-comes-to-our-hospitals/a944827489.html

Article Below: Words and strong federal recommendations matter, and we will be paying with lives and livelihoods lost for these cutbacks in programs for decades to come.

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U.S. Newborn Hepatitis B Vaccination Rates Plunge, Reversing Years of Gains

— National data show rates dropped more than 10 points in 2 years after 2023 peak

"Among more than 12 million infants, birth-dose hepatitis B vaccination rates rose from 67.5% in January 2017 to a peak of 83.5% in February 2023 before declining to 73.2% by August 2025, reported Joshua M. Rothman, MD, MS, of the University of California San Diego, and colleagues in a research letter published in JAMA."

https://jamanetwork.com/journals/jama/fullarticle/2845385

MedPage Today: https://www.medpagetoday.com/opinion/second-opinions/120020

Article Below: Despite phenomenal ventilation with CO2 levels below 700 ppm, SARS-CoV-2 genetic material was detected in 39% of samples. With a highly infectious pathogen, additional steps, such as masking need to be taken. It should be noted in my experience CO2 levels in U.S. healthcare facilities are often greater than 1000 ppm.

Detection of SARS-CoV-2 in aerosol and surface samples in high acuity hospital settings during community epidemic waves – implications for risk-based infection control

"SARS-CoV-2 genetic material was detected in 39% of 51 aerosol samples, with mean CO2 levels consistently <800 ppm for positive samples. The ED had more detections than the ICU (80% vs. 20%; $p < 0.0027$) and a higher mean CO2 level than the ICU (669 ppm vs. 522 ppm; $p < 0.05$). The ED waiting room, acute ward, and ICU staff tearoom showed higher detection rates than the ICU ward area. SARS-CoV-2 was detected in air samples in the ED a week before an outbreak was declared, and both inside and outside a COVID-19 patient's negative-pressure ICU room, where high-flow nasal prongs and a glove tested positive."

https://www.resmedjournal.com/article/S0954-6111(26)00080-6/fulltext

America's disease surveillance system is going dark. Here's what we can build to replace it

"A study published recently in Annals of Internal Medicine confirmed what many clinicians had begun to suspect: Nearly half of the Centers for Disease Control and Prevention's regularly updated surveillance databases have gone dark. Of 82 databases that were updated at least monthly at the start of 2025, 38 have stopped — no new data, no explanation, no timeline for resumption. Eighty-seven percent of the paused databases are vaccination-related." "Physicians have relied on that data for 40 years. Every morning before walking into the ICU, my colleagues and I checked flu activity levels, RSV hospitalizations, drug-resistant organism patterns. This wasn't academic curiosity — it was how we kept patients alive. When influenza surged, we had antivirals ready. When adult RSV spiked, we warned colleagues in pediatrics. When resistant pathogens emerged, we adjusted our antibiotic choices before culture results returned."

https://www.statnews.com/2026/02/13/cdc-surveillance-dismantled-rebuild-early-warning-systems/

Why covid-19 is "a vascular disease masquerading as a respiratory one"

"We now have abundant evidence of persistent, long term, population level harm arising from repeat covid-19 infections, of which cardiovascular complications are just one part. Total GP consultations in NHS Scotland have rocketed by 42% from 2019 to 2025 (3), with if anything, the rate of rise increasing. At the same time we have acquired far greater knowledge about transmission mechanisms, with the growing appreciation that airborne infection is a far more prevalent vector than surface contamination (4). But we are also concurrently

witnessing the development of revolutionary new technologies that offer the chance to control such infections." https://www.bmj.com/content/392/bmj.s31/rr-1

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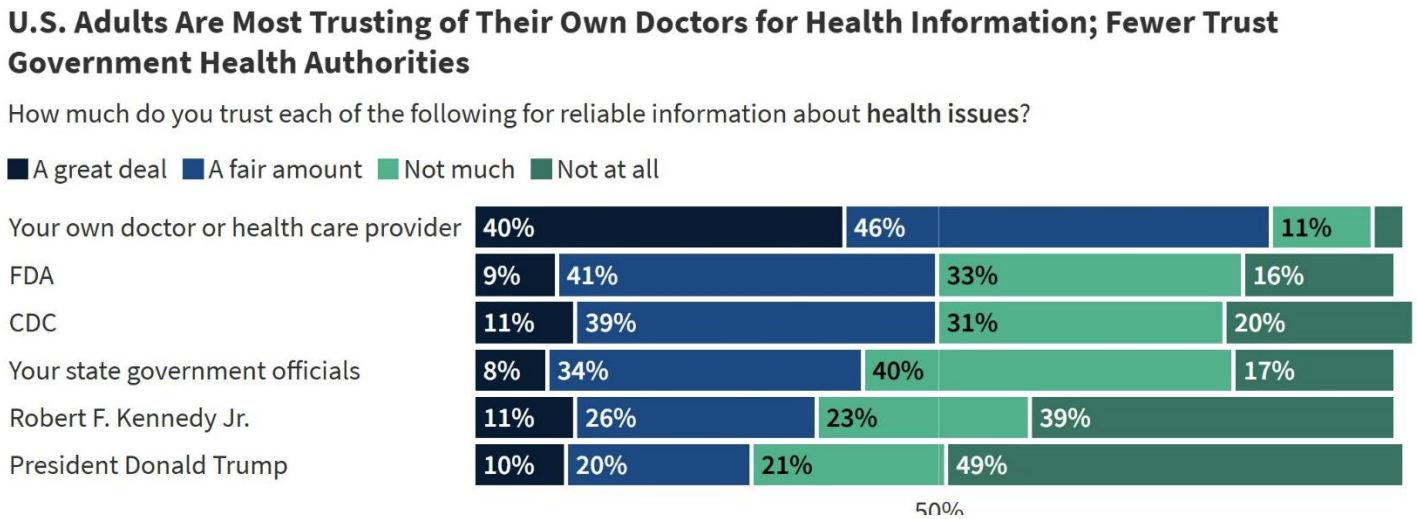
Article Below: New Kaiser Family Foundation Poll. The Public trusts their doctors far more than RFK, Jr, 86% versus 37% respectively. But doing the math, 16% trust both a great deal or a fair amount. How can that be happening? Is there a lack of critical thinking in the public?

Who the Public Trusts For Health Information

Kaiser Family Foundation: "Doctors and other health care providers are the public's most trusted source of health information, while trust in government health agencies and officials is much more divided. A large majority of adults express at least "a fair amount" of trust in their doctor for reliable information about health issues, while half say they trust the CDC or FDA and fewer than half express trust in their state government officials, HHS Secretary Robert F. Kennedy, Jr., or President Trump." https://www.kff.org/public-opinion/kff-polling-on-health-information-and-trust/?entry=trusted-sources-of-health-information-who-the-public-trusts-for-health-information



Artificial intelligence begins prescribing medications in Utah

"The state has launched a pilot program with health-tech startup Doctronic that allows an AI system to handle routine prescription renewals for patients with chronic conditions. The initiative, which kicked off quietly last month, is a high-stakes test of whether AI can safely take on one of health care's most sensitive tasks and how far that could spread beyond one AI-friendly red state. It also serves as an early check on how far policymakers and patients are willing to trust AI over trained doctors in decision-making. By inserting algorithms into one of medicine's most fundamental relationships, Utah's initiative could represent the first step in upending how care is delivered in the U.S." https://www.politico.com/news/2026/01/06/artificial-intelligence-prescribing-medications-utah-00709122

Health Watch USA℠ – Combating Misinformation

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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

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• 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.infectioncontroltoday.com/view/70-covid-19-cases-transmitted-by-children

• FDA's ridiculous claims about COVID vaccines hurt KY kids. Courier journal. Dec. 31, 2025. https://www.usatoday.com/story/opinion/2026/01/02/fda-covid-vaccine-cdc-trump/87974411007/

Active Public Health Continuing Education Courses

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2024: 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

2025-2026: Combating Infectious Disease Challenges

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International speakers from New Zealand, Australia & Singapore.
Course Objectives:

1. Discuss the dangers imposed by four infectious pathogens, SARS-CoV-2, measles, H5N1, and antibiotic-resistant bacteria.
2. Identify preventative strategies to prevent the spread of airborne pathogens.
3. To better educate patients regarding misinformation surrounding vaccinations, in order to reduce patient infections and promote public safety.
4. Identify the role of bacteriophages in treating antibiotic resistant bacteria.

The course is currently available at https://healthconference.org and Combating Infectious Disease Challenges

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Health Watch USA℠ – 2023 & 2024 Conference Presentations

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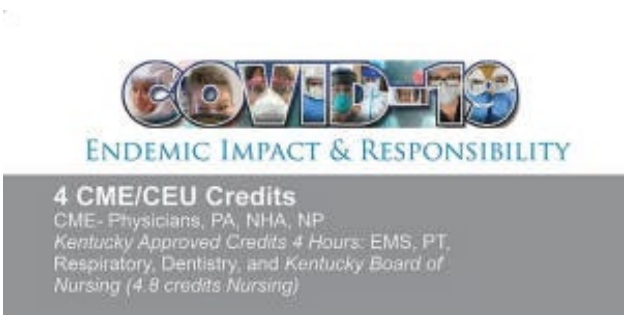
COVID-19: Endemic Impact & Responsibility



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

Health Watch USA^{sm} – 2025 Webinar Presentations

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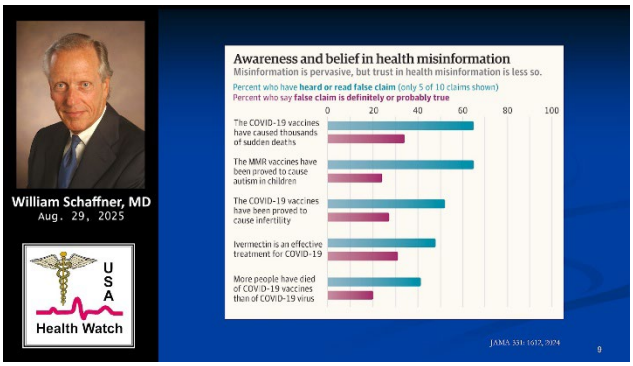
2025 Webinar Introduction & Science Behind Masking:

Dr. Kevin Kavanagh, Board Chairman of Health Watch USA^{sm} 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 USA^{sm} 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 reducing 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

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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 USA[sm] Webinar Aug. 29, 2025. View Presentation Video: https://youtu.be/h45wnmG79xI

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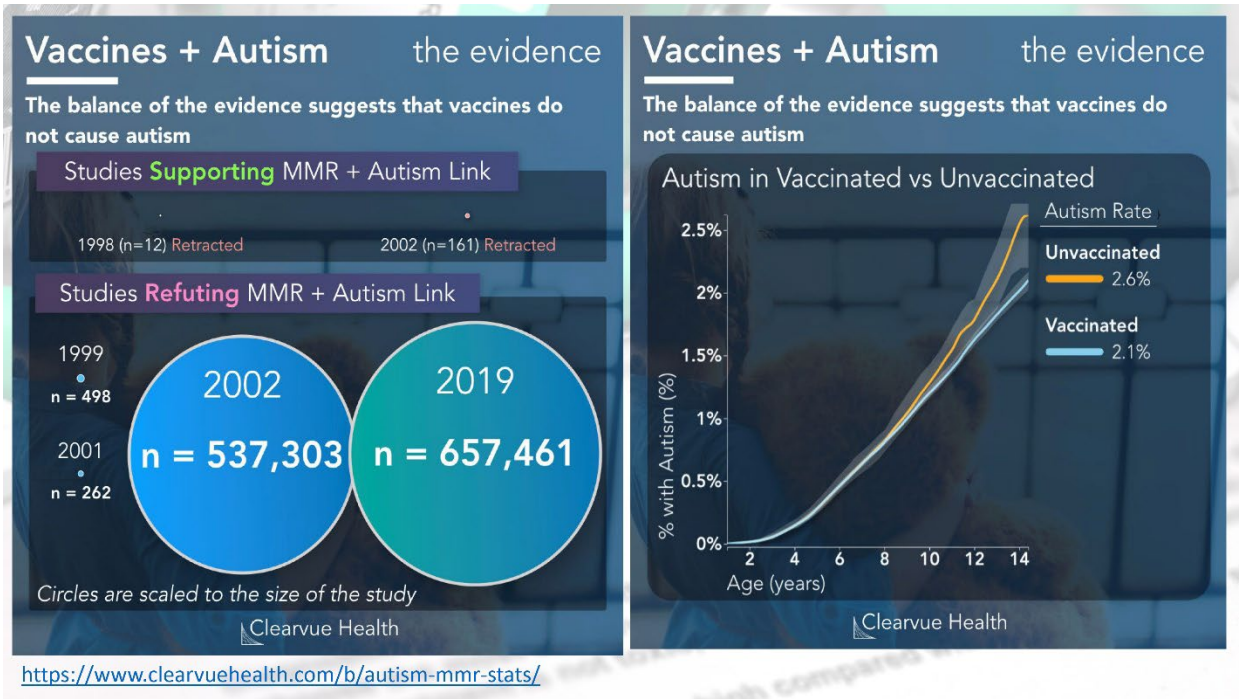
Measles 50 years later

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 USA[sm] conference, Aug. 29, 2025. View Video of Presentation: https://youtu.be/AOgySUPnGKk



https://www.clearvuehealth.com/b/autism-mmr-stats/

(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.lon g

(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

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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 are 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 Baum 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

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Ambassador Deborah Birx, MD, discusses bacteriophages and their potential for treating patients with life-threatening antibiotic-resistant infections.

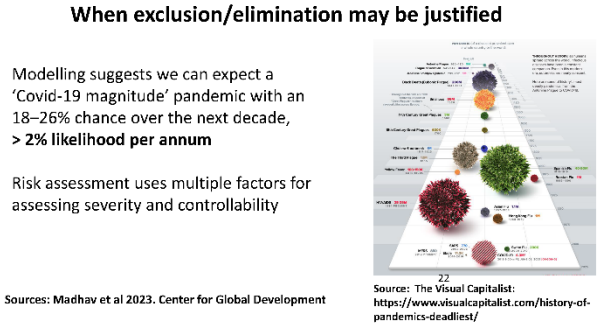
Bacteriophages, viruses that infect specific bacteria, offer a promising alternative for treating infections caused by antibiotic-resistant bacteria such as Staphylococcus aureus and Pseudomonas aeruginosa. Unlike broad-spectrum antibiotics, phages are highly selective, targeting only their host bacteria 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 USA[sm] webinar Aug. 29, 2025. View Presentation Video: https://youtu.be/CQmpXcIiJg8



Why elimination should be the default strategy for future severe pandemics

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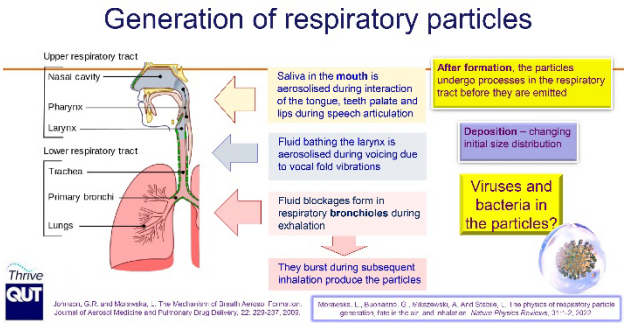
In this presentation, Professor Michael Baker, a key figure in New Zealand's COVID-19 response, discusses the country's elimination strategy against the pandemic. A public health physician and epidemiologist at the University of Otago, Baker highlights that a clear strategy is crucial for effective pandemic 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 USA[sm] Webinar: Combating Infectious Disease Challenges. View Video: https://youtu.be/I7DIJA87sI8



Understanding and Reducing the Spread of Respiratory Pathogens Through The Air

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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.

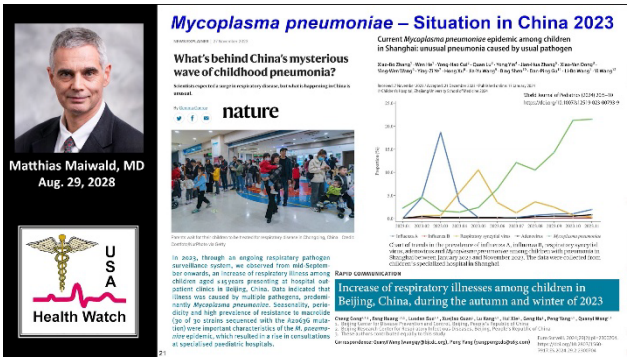
Dr. Morawska highlighted historical resistance to recognizing airborne transmission, noting that scientific consensus and interdisciplinary collaboration were essential in shifting global perspectives, particularly during the COVID-19 pandemic. She cited the need for robust ventilation far beyond merely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



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

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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 USA[sm] webinar on Aug. 29, 2025. View Presentation Video: https://youtu.be/jRwadwS31T0

Bird Flu, the risks and prevention of a future pandemic

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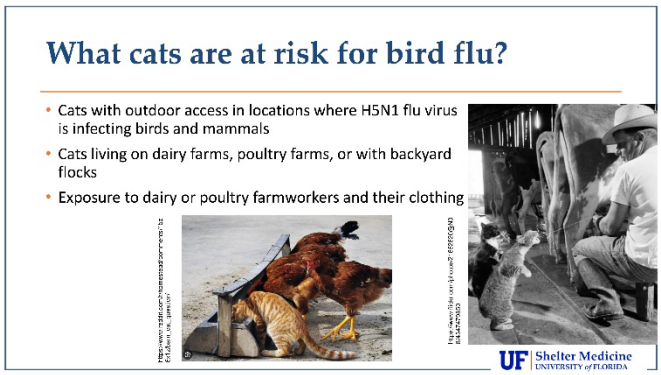
Dr. Richard Webby, a virologist at St. Jude's and a leading expert on influenza, presented an overview of the current landscape of H5N1 avian influenza ("bird flu") and its potential threats to human health. He explains that influenza viruses, especially those in wild migratory birds, are highly diverse. 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 USA[sm] webinar Aug. 29, 2025. View Video: https://youtu.be/GykR462luJQ



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

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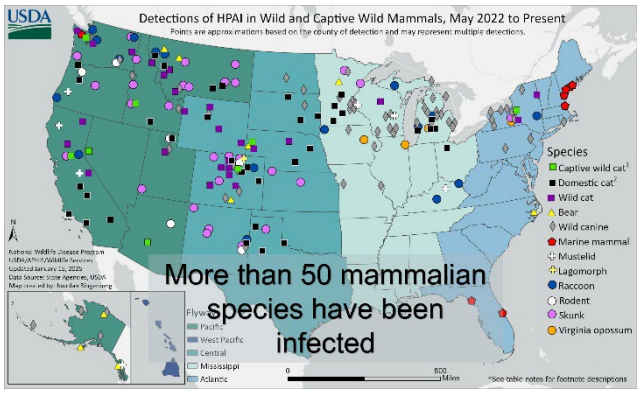
Dr. Cynda Crawford, DMV, PhD discusses H5N1 or "Bird Flu" and its impact on domestic cats, poultry and dairy cattle at the 2025 Health Watch USA[sm] webinar: "Combating Infectious Disease Challenges."

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 USA[sm] webinar. Aug. 29, 2025. View Presentation Video: https://youtu.be/drvk7vSj6LE



Following H5 Influenza As It Moves Through North American Food Animals

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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 USA[sm] Webinar Aug. 29, 2025. View Presentation Video: https://youtu.be/SALHVe_aAJ4

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