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## **Paxlovid, Vaccinated Hospitalizations, Extra Work Sessions**

Elderly patient this past Thursday tested herself; classic symptoms; positive at home. A few hours later she was on Paxlovid – after I checked all the many possible medication interactions using the... [University of Liverpool Paxlovid checker!!](#) Then Saturday, despite wearing a mask and implementing preventive measures, her husband came down with it also and in a few hours was also on Paxlovid. Both definitely doing better within 24 hrs. Don't forget that there is a [slight possibility](#) of return of symptoms after finishing a course of Paxlovid. Lots more COVID patients. They asked for staff volunteers to take on more telephonic sessions to ease the ER burden. Am doing an extra session this week.

What to do if you continue to [test positive](#)? Up to 20% may still test positive after day 10, especially with omicron. But we don't know how many of these individuals are true positive because the test also can detect lingering protein not the virus itself. If you are healthy, wear a mask and after five days go about your daily living. This is my opinion – there are many others. But if you are immunocompromised and/or your symptoms are not getting better I would isolate. [A nice article](#) on frequently asked COVID questions.

It is important to emphasize the mental health/substance abuse dimensions of this pandemic; [this article discusses](#) what school counselors are doing to help.

Yet [another study](#) documenting the impact vaccines have against death and hospitalization. Vaccines in this study didn't really protect against Long Covid. Part of the problem is to define what is Long Covid, without which treatment will be hard to specify. Nearly two-thirds of the people who died during the omicron surge were 75 and older, compared with a third during the delta wave. Seniors are overwhelmingly immunized, but vaccines are [less effective](#) and their potency wanes over time in older age groups. Many seniors are unboosted. Please, if eligible, get your booster!

I've written before about the high death rates and decreased life expectancy in the U.S. The variation throughout the world is astounding: Peru and Argentina – two upper middle income countries – 97% greater than expected death rate in Peru and 12% in Argentina.

A [useful article on frequently asked questions](#) on monkey pox.

As, unfortunately, this country will not have any national COVID policy (at best a patchwork of initiatives and funding), state public health policy needs to link the traditional public health system with our "sickness" (primary care and hospitals) system. In addition, if you've seen one public health department you've seen one. They are all different. In Massachusetts each local health department is

quite independent. The link between these disparate systems ideally should be community health workers (CHWs) that operate in each of these “fiefdoms”. I am interviewing leaders to come up with ideas that hopefully can be useful via regulation or legislation

Only legislation at a national level can address the fact that the help that Biden’s American Rescue Plan (ARP) passed last year which subsidized health insurance for millions of people is [set to expire](#) right before the November elections. Health care affordability is [second](#) only to inflation as a voter concern. The ARP “cliff” is worsened by the fact that cost of health insurance rose by more than 10% last year while medical services only went up by 3.5%. Why? Health insurance companies are an oligopoly – [4 publicly traded companies control 50% of the market.](#)

[Growing vaccine hesitancy](#) is one of the WHO’s top 10 threats to global health. Anti-vaxxers are extending their reach to all vaccines – not just COVID. Unfortunately, health professional societies have not stepped up during the pandemic. They need to use their social credibility and discipline the small but vocal group of health professionals who are spewing misinformation. There will be a meeting in early June that many medical professional societies will attend to hopefully lay out a plan of action. I am hopeful. We can do better. One million lives lost; death and hospitalization rates are going up. Paraphrasing the conservative columnist Michael Gerson: [Lets stop our complacency!](#)

AND’s electoral focus right now is on Pennsylvania. We are more than willing to work with any of you on op-eds, LTEs, and any other electoral issues. We will have another zoom meeting in about 3 weeks featuring AND experts. More to come in the next COVID Notes.

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