

## **GUMC HEALTH AWARENESS INITIATIVE SEPTEMBER 2024**

### **COVID: Where We Are Now, Where We're Headed**

COVID-19 isn't slowing down. In at least 42 states, COVID cases, emergency room visits and hospitalizations all spiked this summer. In June, more than 1 in 50 Americans 65 and older went to an ER and were diagnosed with COVID, more than double last summer's rate, a rise attributable to the highly contagious omicron strains known as FLiRT.

FLiRT strains account for the majority of new cases, according to the Centers for Disease Control and Prevention. Older people should be concerned about what lies ahead. For the past two years, COVID infections among people 65 and older were highest between Thanksgiving and Valentine's Day, peaking around Christmas each. For the past two winters, more than 1 in every 20 Americans 65 and older wound up in an ER with COVID symptoms. FLiRT variants spread easily, having mutated to evade some antibodies. They don't appear to cause more serious symptoms – doctors see everything from mild colds to severe respiratory infections. It's not that they're any less deadly, but most of us have acquired a certain degree of immunity to COVID-19.

For older Americans, then, protecting ourselves is critical. Here's how: 1) Get your vaccinations up to date – pronto. If you're due for your next shot, there's no reason to wait. Updated 2024-2025 COVID vaccinations from Moderna, Novavax and Pfizer are expected to roll out this month. Medicare Part B continues to cover the vaccine, as do most insurers, but it's best to check in advance. And yes, it's safe to get your flu shot at the same time; 2) Don't rely on prior immunity because protection wanes over time. And because the older vaccines weren't targeted to all of the FLiRT strains, you need this fall's newest version; 3) Don't rely on history of luck. Though there are folks out there known as novids, or people who've never had COVID, that doesn't mean you're immune if you're a member of that group. In fact, not having build-up antibodies to an actual infection could render you more likely to catch the disease, especially if you cruise on your previous luck and skip the vaccine updates; 4) Protect yourself in high-risk areas. The front line of prevention is still handwashing and mask. Be a religious hand washer and wear a mask if you're at high risk or in a crowd; 5) Stock up of home tests. Check your stash of home tests to make sure they're not expired. Pick some up at your local pharmacy if you need up-to-date tests; and 5) If you test positive, you should remain isolated until you've been symptom-free for at least 24 hours without the use of fever-reducing medications, according to the CDC. Once symptoms pass, it's still recommended that you take additional steps to prevent the spread of the disease for at least the next five days: Practice social distancing, wear a mask around others, ventilate your home if possible and wash your hands-especially if you're around other older adults. COVID doesn't seem that scary anymore. But "COVID isn't gone. The World Health Organization estimates that COVID still kills at least 1,000 people every week around the globe. Older adults and those with preexisting conditions remain among the most at-risk populations for severe, acute COVID.

### **The Untold Impact of Long COVID**

In June, the National Academies of Sciences, Engineering and Medicine released a comprehensive definition of long COVID – an infection-associated chronic condition that occurs

after COVID-19 infection and is present for at least three months as a continuous, relapsing and remitting or progressive disease state that effects one or more organ systems.

Although the dangers of acute COVID infection may have ebbed for many, the reality of long COVID is coming into view. Even mild cases of COVID-19 are linked to potential long-term repercussions, some of them deadly serious. Some known effect about the aftermath of long-COVID disease: extreme fatigue, shortness of breath, cognitive changes, depression and anxiety, sleep disturbances, digestive upset, new or worsened allergies, chronic pain, debilitating asthma, brain fog, high blood pressure, hyperglycemia, gastrointestinal symptoms, small blood vessel damage to the heart, “Swiss cheese lungs,” a lingering cough, breathlessness, and, kidney disease. Doctors and researchers don’t know the true impact of catching COVID. What they do know is that patients are flocking to their offices, complaining of symptoms they never had before COVID. If symptoms last after a bout of COVID, start with your primary care physician, who can help treat your symptoms or refer you to a specialist. In a year, things will look different, because research is moving so quickly.

For more information contact [www.CDC.gov](http://www.CDC.gov)

Content source: National Center for Immunization and Respiratory Diseases

**DISCLAIMER:** The information contained in this document is not intended to diagnose, treat, or to be misrepresented as a cure for COVID. It is "intended to be used and must be used for informational purposes only" and readers should "take independent medical advice from a medical professional."