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Medical discussions on COVID-19 by J. Wesson Ashford, M.D., Ph.D.

1/26/2021 - Review of measures and treatments for COVID-19 prevention and disease mitigation which have very low risk or cost and potential benefits.

COVID-19 vaccination x2 as available or based on most recent recommendations.

For discussion of concerns about anti-COVID-19 vaccines see below.

Make sure MMR vaccinations are up to date:

- if no MMR vaccination in 5 years, get one MMR booster

- if no MMR vaccination in 15 years, get a second MMR booster 28 days later.

MMR vaccinations should not be taken 28 days before or after ant-COVID-19 vaccinations.

see: <https://www.cdc.gov/vaccines/vpd/mmr/public/index.html>

(note with international air-travel, all individuals in the US can be considered to be exposed to international travel - that is where COVID-19 came from. Also, the wild viruses do not appear to provide the protection against COVID-19 which is provided by the MMR-II vaccine.)

10/23/2020: [https://www.amjmed.com/article/S0002-9343(20)30902-5/fulltext](https://www.amjmed.com/article/S0002-9343%2820%2930902-5/fulltext)

11/20/2020: <https://mbio.asm.org/content/11/6/e02628-20>

11/28/2020: <https://www.iadvanceseniorcare.com/new-evidence-on-the-mmr-vaccines-effectiveness-against-covid-19/>

11/30/2020: <https://abc7news.com/health/this-vaccine-could-reduce-severity-and-mortality-of-covid-19/8397709/>

1/8/2021: <http://www.koreabiomed.com/news/articleView.html?idxno=10121>

Note also that the MMR Booster is being given as a Covid-19 preventative to ALL employees at Medical College of Georgia in Augusta. <https://www.augustachronicle.com/story/news/coronavirus/2020/08/17/vaccine-booster-could-provide-some-protection-from-severe-covid-19-effects/114816548/>

Basic recommendations:

- avoid conjugate living environments or those exposed to them (nursing homes, prisons) which do not have full control of personnel.

- avoid communal living arrangements in which the exposure of individual group members cannot be closely monitored.

- maintain distance from unknown others when outside (7 feet) or inside (10 feet).

- use of mask when potential of exposure to others is possible, pay particular attention to coverage of your own nose which may inhale aerosolized vapors.

- regular hand-washing and hand sanitation after any community exposure (going to grocery store, interacting with mail).

- if infected, do not go out, wear a mask around others at all times.

Compilation of treatment considerations for individuals without or with COVID-19 positive results, to be taken as part of a daily health regimen or as a treatment.

Recommended Dietary Allowances -RDAs- by the Food and Nutrition Board:

<https://www.ncbi.nlm.nih.gov/books/NBK234926/>

<https://en.wikipedia.org/wiki/Dietary_Reference_Intake>

Tolerable Upper intake level = UL (most serious for Vitamin A)

Dietary, vitamin/mineral supplement recommendations, daily:

Zinc 30mg

 (RDA = 11 mg per day, in mature adult vitamins, UL = 40 mg)

Selenium 55 mcg (dose in a "mature adult multivitamin tablet and a Brazil nut)

 (RDA = 55 mcg/d; UL = 400 mcg/d)

Vit. D-3 2,000-5,000IU (depends on co-morbidities, level, latitude, season)

(RDA - 600 IUs per day)

(UL = 4,000 IUs = 100 ug, but toxicity related to medical conditions, consult with clinician if using more than 4,000 IUs per day)

see: <https://www.youtube.com/watch?v=ha2mLz-Xdpg%EF%BF%BD>

Premiered Dec 10, 2020 - Professor Roger Seheult, MD explains the important role Vitamin D may have in the prevention and treatment of COVID-19. Dr. Seheult illustrates how Vitamin D works, summarizes the best available data and clinical trials on vitamin D, and discusses vitamin D dosage recommendations.

Vit. C 1,000mg (antioxidant)

(RDA = 90 mg; UL = 2,000)

Medical recommendations which have appeared in the literature or anecdotally:

Aspirin (81mg/day)

- may help prevent clots associated with COVID-19

- this dose is commonly used to prevent heart attacks and strokes

- if excess bruising, should be stopped.

Quercetin 500mg,

<https://journals.sagepub.com/doi/full/10.1177/1934578X20976293>

Famotidine - 20mg (Pepcid). There is anecdotal information from Sweden that the Famotidine helps with inflammation.

(there are other possible treatments)

For actual treatment for COVID-19 infection and symptoms:

Ivermectin:

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30464-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370%2820%2930464-8/fulltext)

Hydroxychloroquine:

It has been reported that hydroxychloroquine is an effective treatment for many cases of Covid-19. Its benefit for treatment may only be in the immediate phase of infection.

Hydroxychloroquine also works as prophylaxis. Please see article (December 14, 2020) regarding the AMA's rescinding its previous denunciation (denunciation?!) of hydroxychloroquine, with a link to the full AMA statement within the text of the news article.

Within the past 6 months, one physician prescribed hydroxychloroquine ten times to family and friends for treatment of Covid-19. In every case, these individuals were better the following day and back to 100% normal within two days. Two of these friends were in "high-risk" categories (elderly, obese, hypertensive, with preexisting illnesses) and had been sent home from ERs with no treatment whatsoever, unbelievably.

Hydroxychloroquine seems to work as a preventive measure against COVID-19, probably explaining why sub-Saharan Africa has been largely spared; millions of Africans take Hydroxychloroquine daily or weekly as a preventive regimen against malaria. The preventive dose of Hydroxychloroquine is 200/mg once per week. (The therapeutic dose once a person is diagnosed with COVID-19 is 200mg twice per day for 10 days).

This list is not exhaustive.

These simple and extremely safe products correlate with moderate to dramatically lower Covid-19 mortality/morbidity.

For the best information about COVID-19 see:

<https://www.worldlifeexpectancy.com/usa-coronavirus-report>

<https://www.worldometers.info/coronavirus/>

(Note that the Johns Hopkins website orders by number, not rate – no division by population)

DISCUSSIONS OF THE ANTI-COVID-19 VACCINES

The concerns about the vaccine are interesting. Many of the people have gotten the Pfizer and Moderna vaccines. The first shot is not bad, but the second one apparently gives fairly severe reactions that last 1-3 days (the VA is giving employees 2 days off after the shot).

There has been one possibly associated death in California:

<https://www.sfgate.com/bayarea/article/California-vaccine-death-COVID-Placer-County-15895656.php>

But I cannot imagine just giving a vaccine shot to someone about to die.

I was trying to find a reference about the Pfizer vaccine, which I remember suggested that that most the people on whom the vaccine was tested were 18 – 55 years of age, with another group 65 – 85:

<https://www.nejm.org/doi/full/10.1056/NEJMoa2027906>

In a later study of 37,706 subjects vaccinated and having follow-up at a mean of 2 months, 42% over 55 y/o, mean age 52 y/o (no indication of how many over 80), the vaccine had 95% efficacy at least 7 days after the second dose. And there were about 780 in each of the placebo and treated groups over 75, and none in the vaccine group got COVID and 5 in the placebo group got it. Older individuals reported less side-effects. The report did not address pregnant women or children.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7745181/>

Health Care Providers are at increased risk, mostly nurses, mean age 49 y/o, particularly those who are obese, with a 4.2% death rate in those who were hospitalized:

<https://www.nejm.org/doi/full/10.1056/NEJMoa2027906>

But 80% of the deaths are in patients over the age of 65 (so the vaccine trials should have had 80% of the subjects over 65), even more over 85 y/o, mostly with comorbid conditions. (Note vitamin D level is less with age and obesity.)

The report from Norway was that 33 patients had died from vaccines, but mostly patients over 80 y/o in nursing homes. But the vaccines have not really been tested in such older patients with co-morbid conditions:

<https://pubmed.ncbi.nlm.nih.gov/33320183/>

I find it most irritating that there has been no comparison of any of these vaccines with the MMR vaccine. And there are other available vaccines which seem to have some efficacy also.

I have no idea about the effect of the anti-COVID-19 vaccines on fertility.