



DELAWARE
ACADEMY of
MEDICINE

DPHA
DELAWARE PUBLIC HEALTH ASSOCIATION

August 2021

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Khanversation

The More Things Change...?

French writer Jean-Baptiste Alphonse Karr coined the phrase "*plus ça change, plus c'est la même chose*" in the 19th century, writing for the satirical journal he founded, *Les Guepes* ("the wasps"). It translates approximately to "the more things change, the more they stay the same".

It is tempting to pessimistically refer to some key crises in public health and international affairs in this manner. Consider COVID-19: a year ago, we were around 40,000 new daily infections in the US. This rose to a peak of over 300,000 new daily infections by January 2021.



After having made available effective vaccinations, *and* knowing about how the virus is spread (and thus, how we can likely prevent infection), we are again over 40,000 new cases daily, after a temporary June 2021 lull of less than 10,000 daily.

Only recently have we hit the milestone of having partial immunization for 70% of Americans over 18 (about 170 million individuals). An important achievement, yet it prompts the observation that 30% of eligible individuals in our community are not receiving, or may be refusing, an intervention that is effective, free, and accessible.

Elsewhere in this issue, Tim Gibbs writes well about HIV/AIDS, another epidemic with lessons that have been learned, and several that have not. He rightly points out the role of neglected social determinants of health in promoting the disease and associated stigma as well.

Just as we allowed poverty, low education, and inadequate access to care to fan the flames of HIV/AIDS and not use them as bulwarks of prevention, so goes the story for all diseases, perhaps more especially, infectious ones. In perhaps his finest work, Dr. Paul Farmer's book "Infections and Inequalities: The Modern Plagues" says it all in the title (it doesn't, really- 450 more pages of medicine and anthropology await you, but they serve to expound on this key observation).

On the news this week is a plague of another sort, wrought by inadequate US foreign policy in a difficult situation abroad. Afghanistan's governance, such as it was, has fallen victim to the same regressiveness we in the US-funded the fight against for nearly 2 decades. Global affairs are not outside the realm of global health, nor outside our purview in Delaware. The impact of an entire country being overrun is nothing short of a potential human rights disaster. As it is, constant conflict relegated Afghanistan to being one of just 2 countries on the planet still endemic for polio; and this lack of polio eradication is why Delaware's, and the world's, children must continue being vaccinated against a disease long since vanquished locally. My friend Tim Brookes and I wrote of this back in 2006 in "The End of Polio" [APHA Press]. The chapter titled "Barbecue with the Taliban", written during fieldwork in an area largely controlled by that group would seem as unfortunately relevant today as it was then.

For my part, I choose to not entirely buy into the good Monsieur Karr's observation. If we do nothing, then certainly history repeats itself. But we have tools to create change. Such is the role of effective mobilization and advocacy: to be political, not politicized. Politics itself is simply a sense of right and wrong and using actions such as a policy to further what we believe to be right. Politics also happens when we disagree over what we believe to be right, frequently over a sense of principle or belief. Yet if we come together over common ground ("conflict is bad", "disease is bad") we might then shape a shared narrative based on information, education, and even insight ("it looks like prevention is expensive but it saves money", "mRNA vaccines aren't experimental, they're lifesaving", "20 years of being another country's police force should probably have focused also on building infrastructure, local human resources, and good governance").

As usual, public health cannot take a pass on issues of the day. All of us as health professionals are engaged in foreign wars and local vaccination efforts, whether we know/like it or not. Public health has the tools to engage effectively in this discussion. And as always, those tools are shared and shaped through dialogue and communication. So write to us and share your thoughts, ideas, solutions, for positive change. The world needs them now more than ever.

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HIV: A 40-year Retrospective and Our Current COVID-19 Pandemic



Early this summer, on June 5th, 40 years had passed since case reports of what would become known as HIV infection was initially identified (as *Pneumocystis pneumonia*- an opportunistic infection) in five cases and officially reported in the CDC's Morbidity and Mortality Weekly Report [[hyperlink added here: Pneumocystis Pneumonia - -- Los Angeles \(cdc.gov\)](#)]. Since then, an estimated 32 million person's have been killed by HIV.

1981

For many who are reading this newsletter that feels like yesterday, for other readers birth had not yet occurred and thus that is ancient history. For me it feels like quite some time ago: simultaneously a distant memory yet an ever-present backdrop to our dialog in public health and medical practice. It was in the HIV/AIDS era that I entered public health and I well recall the enormous challenges and resistance we faced in our work to care for and prevent HIV. Sadly, I also recall the abject hatred of many in our country, the lack of federal mobilization, and the pervasive feeling that "HIV was someone else's problem: not in my back yard, not in my family, not at my place of work, not with my friends."

Yet we know that HIV is a virus and, ultimately, it could and did spread far and wide – and there are inexpensive and effective ways to prevent the spread of the disease. That is if applied consistently at each and every possibility of exposure. We also knew that HIV was an equal opportunity virus – gender, age, race, religion, sexual orientation – NONE OF IT MATTERED to the virus. Already immune-compromised? Even better for the virus.

Several authors have composed "compare and contrast" presentations of HIV to COVID-19. One excellent resource for reflection is <https://www.hiv.gov/events/40-years-of-hiv> . There are several easily digestible videos that I encourage you to watch. Especially if you were not born yet. So many things that we learned from that pandemic informed our response today. Sadly, so many things that were true back then, are still true today.

Highlights:

- Better understanding of infectious disease exposure and spread
- Development of effective retroviral therapy (1996)
- Pre- and post-exposure prophylaxis (2012)
- Improved surveillance techniques and data storage and sharing
- Enhanced health information and privacy standards
- Deep conversations about biomedical ethics and their relationship to policy development

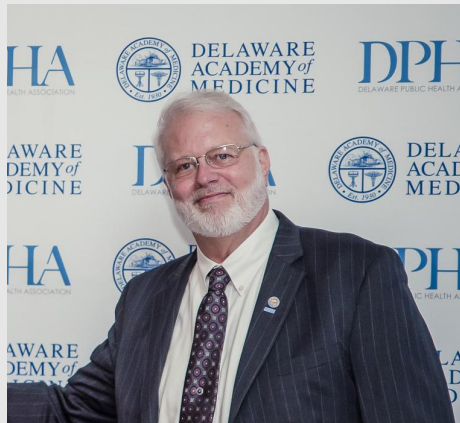
Lowlights:

- Approximately 37.7 million people are currently living with HIV (https://www.who.int/health-topics/hiv-aids#tab=tab_1)
- The Social Determinants of Health that impact HIV impact COVID-19 as well. Racial disparity remains a significant factor (<https://pubmed.ncbi.nlm.nih.gov/21107898/> and <https://www.helpstopthevirus.com/>)
- Clinical Trial Diversity is critical to health equity (<https://www.phrma.org/Equity/Clinical-Trial->

As the HIV.gov website states, “We need to reflect, recommit, reenergize, and reengage to end the HIV epidemic.”

While we are at it – let’s learn a lesson from HIV, and let’s not allow COVID-19 such a long-lasting impact on our life and community. Get vaccinated, mask-up, think about your exposure, know your COVID-19 status, and think about the impact your COVID-19 status may have on those around you.

There is a conference on PrEP being presented by the Delaware HIV Consortium this fall - stay tuned for details on when this important educational event will be held!



Tim Gibbs, MPH

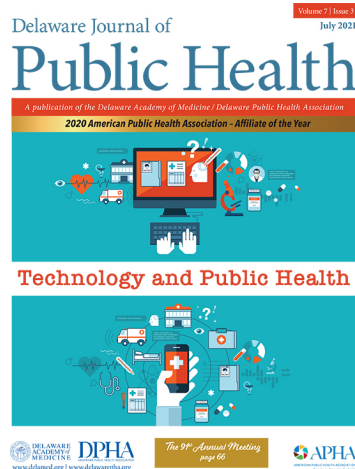
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Technology & Public Health



Since the early days of the internet and personal computers, we have seen explosive growth in the use of technology in the delivery of human services, planning, and more recently in managing “big data.” Even in the early days of the internet, a core group of thought leaders met in Washington, DC, on a monthly basis to discuss things like information and access redlining – that phenomenon that saw low income, remote, and rural communities with little or very primitive access to the “information superhighway” for decades.

Within the human services and health care delivery realms, the importance of – and dependence on – technology has been in place for some time. This issue covers some of the many ways in which technology is deployed to address

individual and public health challenges. From big data analysis to equitable care, health informatics to data mapping, we hope you enjoy this issue of the Journal.

[Read the Issue](#)

Upcoming Academy Events

Public Health Grand Rounds

Thursday, August 19, 2021 from 8:00 - 9:00 am

Join us for the inaugural **Public Health Grand Rounds** at ChristianaCare!

Join on your computer or mobile app

[Click here to join the meeting](#)

Join with a video conferencing device

122501199@teams.bjn.vc

Video Conference ID: 118 310 894 0

[Alternate VTC instructions](#)

Or call in (audio only)

[+1 302-483-7154](tel:+13024837154), [661671239#](tel:+1661671239) United States, Wilmington

Phone Conference ID: 661 671 239#

John Scholz Stroke Education Conference

Saturday, October 16, 2021 from 8:00 am – 12:00 pm

The John Scholz Stroke Education Conference is co-sponsored by the Delaware Academy of Medicine / Delaware Public Health Association, and the [Delaware Stroke Initiative](#). It is dedicated to the memory of John P. Scholz, PT, PhD, a highly regarded movement scientist renowned for his ability to take complex theoretical concepts of motor control and apply them to the understanding and treatment of neurologic problems.

The Medical Society of Delaware designates this activity for a maximum of **3.75 AMA PRA Category 1 Credit™**. Continuing education for occupational therapy, physical therapy, and speech language pathology has been requested.

This year's conference will be held virtually, through zoom. The agenda and registration information can be found [here](#).



Keep Kids IN the Classroom and Coronavirus OUT

Routine testing for COVID-19 is an essential component for effective infection mitigation in K-12 schools.



WHY TEST?

4+ days

from exposure to first
sign of symptoms.
increasing risk of transmission



NEW VARIANTS
may emerge during
the school year



Variants can increase
**infectiousness, severity,
or symptom duration**



Not all CHILDREN
are (or are able to be) vaccinated

“LONG COVID”

15-40%

of children have at least
1 symptom ~2 months
post-infection¹

BEHAVIOR & ACTIVITY IMPACT

Even children with asymptomatic
or mild COVID-19 infection can
have lingering behavioral changes
and increased intolerance to
physical activities¹

MITIGATIONS ARE IMPORTANT, BUT
ONLY TESTING
IDENTIFIES THOSE WITH CORONAVIRUS
TO KEEP CONTAGIOUS PEOPLE
AWAY
FROM THE CLASSROOM



TESTING IS A PROACTIVE
STRATEGY THAT PROVIDES
AN EARLY WARNING SYSTEM

Regular on-site testing has shown
to be an effective strategy to help
limit school outbreaks.²



FUNDING FOR SCHOOL TESTING

is provided under the
American Rescue Plan Act of 2021

If your school needs assistance with technology,
testing or staffing resources, refer to the CDC's ELC:

[REOPENING SCHOOLS SUPPLEMENTAL GUIDE](#)

QUICKLY implement an EASY solution for **CORONAVIRUS TESTING**
in K-12 schools as part of an EFFECTIVE infection mitigation strategy

[LEARN MORE](#)

CDC, Centers for Disease Control and Prevention; ELC, Epidemiology and Lab Capacity

¹ Article: How COVID-19 Affects Kids Long Term

² Study: Impact of Daily COVID-19 in Schools: Mitigating classroom outbreaks in the context of variable transmission. PLOS Computational Biology. May 4, 2021

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National Updates



APHA 2021

ANNUAL MEETING & EXPO
DENVER | OCT. 23 - 27

CREATING THE HEALTHIEST NATION:
STRENGTHENING SOCIAL CONNECTEDNESS

APHA Annual Meeting and Expo

APHA's 2021 Annual Meeting and Expo will take place Oct. 24-27 and begin with the Opening General Session on Sunday. Activities like business meetings and poster sessions will be virtual and start on Oct. 18.

Registration and Housing are now open!

In-person attendees will participate at the Colorado Convention Center in Denver. Virtual attendees will participate online from anywhere globally (at home, from the office, or even on the beach).

APHA is keeping a close watch on the evolving COVID-19 situation. At this time, we believe the in-person Annual Meeting and Expo in late October provides the best opportunity to learn, engage and network.

August is...

National Immunization Awareness Month
National Breastfeeding Month
Children's Eye and Safety Month

[And Much More!](#)

Additional Resources

Delaware Division of Public Health - [The DPH Bulletin](#)

Trust for America's Health: Wellness and Prevention Digest - [Subscribe](#)

Johns Hopkins Infectious Diseases COVID-19 Grand Rounds - [View Schedule](#)

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