

Lisa Cataldi

From: Dr Denice Hilty <drhilty@transformationalhealthcare.net>
Sent: Monday, June 15, 2020 2:26 PM
To: Rep. McNamara, Joseph M.
Subject: Suggested Questions To the RIDOH Today @ 4pm

Good Afternoon Chairman McNamara,

I am respectfully asking you to take the following under consideration in today's meeting with the Director Alexander-Scott:

1. How does the RIDOH plan to adapt their “data driven” response to SARS-CoV-2 given the recently release data?

-Based on the most recent CDC data thankfully SARS COV 2 was far less lethal (the CDC stated in May the overall case fatality rate of COVID-19 is 0.26. -2017-18 flu season was 0.14)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html> (May 23rd 2020)

Additionally, as Fauci et al. noted in the New England Journal of Medicine, a case-fatality rate of SARS-CoV-2:

“considerably less than 1%...suggests that the overall clinical consequences of COVID-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968).”

<https://www.nejm.org/doi/full/10.1056/NEJMe2002387>

2. Data suggests that over three-quarters of all COVID-19 related deaths in RI are linked to nursing homes and assisted living centers.

“According to newly released data compiled by the nonprofit Kaiser Family Foundation, over three-quarters of all COVID-19-related deaths in Rhode Island are linked to nursing homes and assisted living centers.”

https://www.reed.senate.gov/news_releases/reed-calls-on-congress-to-boost-covid-19-assistance-to-help-seniors-survive-pandemic?fbclid=IwAR3RvcrHz_aFONFlvs7h-oy2SVmzfzDRbt0vzN0jbaMS4YmkgjSwdsYLg

*What is the RIDOH's specific plan to better protect this population?

*Has the reason for such disproportionately high fatality rates in these facilities been investigated?

3. Effective Public health measures address populations who are at risk and are rarely one-size-fits all. As a public health problem unfolds and more data is available it is always in society's best interest to adjust measures for the best possible result.

The data reported shows SARS-CoV-2 disproportionately impacts the elderly with comorbidities. The case fatality rate for those under the age of 50 is reported to be .03. Children are especially at low risk.

*How does the RIDOH plan shifting their recommendations based on this data for the specific populations at high risk or very low risk?

Hospitalizations & Fatalities (age 70-99 highest- no fatalities under age 30)



4. Has the RIDOH assessed the negative public health impact on the response to SARS-CoV-2 on specific populations in RI including: extending social distancing of

school aged children, mental health complications, suicide, addiction, domestic violence, child abuse, unemployment and so on?

5. The vaccine research and development community has historically had great difficulty getting a vaccine licensed due to detrimental health outcomes in animals and humans in clinical trials. With the current fast tracking of several COVID-19 vaccines it will be unclear what unintended health outcomes are in all populations and how effective the vaccine is.

<https://www.nytimes.com/2020/06/08/opinion/trump-coronavirus-vaccine.html> (Co-authored by Paul Offit MD)

*If this vaccine is licensed in a few short months how does the RIDOH plan on messaging Rhode Islanders about the safety and effectiveness?

*Given that it is the RIDOHs policy is for a newly licensed vaccine to be in circulation for 3-5 years before it goes on the pediatric required schedule, does the RIDOH plan on adding COVID-19 vaccine to the required pediatric or the required adult schedules?

(According to the existing data, the risk of a poor health outcome from COVID-19 for those under 50 is low and especially in children is low)

Be Well,

Denice G. Hilty, DC

580 Maple Ave, Suite 1

Barrington, RI * 02806

401.602.2549

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