



# Covid-19 2021

## Part #3: Long Covid & Vaccine Update

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With Texas and Mississippi rescinding mask mandates and opening up prematurely, a fourth wave of infection seems inevitable, even with the expectation of having enough vaccines for all adults in America by the end of May. We have to end the tyranny of tiers and allow everyone who wishes to get the vaccine start the series by the end of March (some 33% of adults still indicate they won't get the vaccine). Thusly, we can diminish the severity of the next wave. The American Rescue Act gives us hope that we can distribute the vaccine and test kits, while providing for just a fraction of the financial relief that every other developed nation provided its citizens during this pandemic.

**On the Vaccines:** Thank heavens the J&J vaccine has added to the mix, this will allow tiering to end quicker. Allow people who are not discerning get this inferior vaccine while you choose Moderna or Pfizer (do not chose Pfizer if you are over 75, are medically frail or have history of anaphylaxis). Soon you will be able to choose, once the vaccines make it to the larger vendors like CVS, Rite-Aid. The adenoviral vector vaccine (J&J) with aluminum adjuvants is vastly less effective and have all the old dangerous complications of adjuvated vaccines including increased risk of autoimmune diseases, more so than with mRNA vaccines.

You would not know that this vaccine contained aluminum by just Googling it. Here is a great read from *Frontiers in Immunology* titled "Adjuvants for Coronavirus Vaccines":

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7677582/> . For those of you who aren't aware of what adjuvants are, think of them like fracking solution: they increase the antibody yield by adding a damage pattern to a pathogen pattern. They do **not** provide for specificity in immune responses.

That Fauci and the gang are promoting this vaccine as equivalent to previous vaccines is called *marketing*. A 60-70% efficacy vs 94-95% efficacy is not the same, especially if we are talking about stopping the spread of the virus to unvaccinated individuals. Furthermore, none of these vaccines will stop 100% of hospitalizations. Please decline J&J unless you live in a rural area where nothing else is available. Even if you were to only want one shot, the Moderna and Pfizer are better one-shot vaccines, although please stick to the 2-dose schedule to cover the known variants, and hopefully protect against the new variants to come.

**On Long Covid (Post-Acute Sequelae of Covid PASC):** The current definition of this syndrome is quite vague but currently includes symptomatic people for more than 3 weeks after resolution of the acute illness. The list of symptoms is long but includes persisting fatigue, brain fog, depression, cough, shortness of breath, muscle and joint aches, and more. The following article from *Thorax* on Long Covid: <https://pubmed.ncbi.nlm.nih.gov/33172844/> notes that in 384 hospitalized patients followed for nearly 2 moths a staggering 69% had residual fatigue. For the general population with Covid, not just hospitalized patients, the prevalence of PASC appears closer to 10%. That will be an astounding number of people.

For those of you out there who still think this virus is a hoax, or that bodies stacked in refrigerator trucks due to overflowing morgues from a virus leading to more than 525,000 deaths, and now tens of millions with a prolonged illness of unknown length or severity, almost all entirely preventable if we just had a national strategy, will you please get vaccinated?

For those of you with PASC, make sure your doctor is following your CRP and fibrinogen (markers of inflammation) and your D-Dimer (marker of activation of the clotting cascade). Have you done the acute viral protocol, short-course dexamethasone, or ivermectin we have discussed? For inflammatory symptoms I am favoring high dose systemic enzymes (Vitalzym XE 6 caps thrice daily on an empty stomach), for the brain fog and depression: Membrin (Ginkgo biloba plus vinpocetine twice daily with or without food), if elevated D-Dimer consider with your doctor Lovenox Rx (low molecular weight heparin). This is a very real syndrome; treat it aggressively as I am especially concerned about long-term brain and lung effects.

Of course, as with any sequela of a severe acute illness search for exacerbation of any underlying illness. Please rest, turn off the news and social media; your body heals best with rest.

I will do one more IGTV on Covid this Friday the 12<sup>th</sup>, at 8AM, jump on if you want to ask questions!

Your Journey to Health and Healing,

Gary E Foresman MD