

Coronavirus

Cases fall at nursing homes

In pandemic, more opt to die at home

MISSION, Kan., Feb 8, (AP): Mortuary owner Brian Simmons has been making more trips to homes to pick up bodies to be cremated and embalmed since the pandemic hit.

With COVID-19 devastating communities in Missouri, his two-person crews regularly arrive at homes in the Springfield area and remove bodies of people who decided to die at home rather than spend their final days in a nursing home or hospital where family visitations were prohibited during the pandemic.

He understands all too well why people are choosing to die at home: His own 49-year-old daughter succumbed to the coronavirus just before Christmas at a Springfield hospital, where the family only got phone updates as her condition deteriorated.

"The separation part is really rough, rough rough," said Simmons. "My daughter went to the hospital and we saw her once through the glass when they put her on the ventilator, and then we never saw her again until after she died."



Person

Across the country, terminally ill patients — both with COVID-19 and other diseases — are making similar decisions and dying at home rather than face the terrifying scenario of saying farewell to loved ones behind glass or during video calls.

"What we are seeing with COVID is certainly patients want to stay at home," said Judi Lund Person, the vice president for regulatory compliance at the National Hospice and Palliative Care

Organization. "They don't want to go to the hospital. They don't want to go to a nursing home."

National hospice organizations are reporting that facilities are seeing double-digit percentage increases in the number of patients being cared for at home.

The phenomenon has played out Carroll Hospice in Westminster, Maryland, which has seen a 30% to 40% spike in demand for home-based care, said executive director Regina Bodnar. She said avoiding nursing homes and coronavirus risks are the biggest factor behind the increase.

Potential

Lisa Kossoudji, who supervises nurses at Ohio's Hospice of Dayton, pulled her own mother, now 95, out of assisted living and brought her home to live with her after the pandemic hit. She had gone weeks without seeing her mother and was worried that her condition was deteriorating because she was being restricted to her room as the facility sought to limit the potential for the virus to spread.

Her mother, who has a condition that causes thickening and hardening of the walls of the arteries in her brain, is now receiving hospice services. Kossoudji is seeing the families she serves make similar choices.

"Lots of people are bringing folks home that physically, they have a lot physical issues, whether it is they have a feeding tube or a trachea, things that an everyday lay person would look at and say, 'Oh my gosh, I can't do this,'" she said. "But yet they are willing to bring them home because we want to be able to be with them and see them."

Before the pandemic, hospice workers cared for patients dying of heart disease, cancer, dementia and other terminal illnesses in long-term care facilities and, to a lesser extent, home settings. Many families hesitated to go the die-at-home route because of the many logistical challenges, including work schedules and complicated medical needs.

But the pandemic changed things. People were suddenly working from home and had more time, and they were more comfortable with home hospice knowing the alternative with lack of visitation at nursing homes.

"What happened with COVID is everything was on steroids so to speak. Everything happened so quickly that all of a sudden family members were prepared to care for their loved ones at home," said Carole Fisher, president of the National Partnership for Healthcare and Hospice Innovation. "Everything accelerated."

"I have heard families say, 'I can care for my aged mother now very differently than I could before because I am working from home,'" she added. "And so there is more of a togetherness in the family unit because of COVID."

Dying at home isn't for everyone, however. Caring for the needs of a critically ill relative can mean sleepless nights and added stress as the pandemic rages.

Karen Rubel recalled that she didn't want to take her own 81-year-old mother to the hospital when she had a stroke in September and then pushed hard to bring her home as soon as possible.

She is president and CEO of Nathan Adelson Hospice in Las Vegas, which has designated one of its in-patient facilities for COVID-19 patients.

"I get where people are coming from," she said. "They are afraid."

Also:

BIRMINGHAM, Ala: Coronavirus cases have dropped at US nursing homes and other long-term care facilities over the past few weeks, offering a glimmer of hope that health officials attribute to the start of vaccinations, an easing of the post-holiday surge and better prevention, among other reasons.

More than 153,000 residents of the country's nursing homes and assisted living centers have died of COVID-19, accounting for 36% of the US pandemic death toll, according to the COVID Tracking Project. Many of the roughly 2 million people who live at such facilities remain cut off from loved ones because of the risk of infection. The virus still kills thousands of them weekly.

The overall trend for long-term care residents is improving, though, with fewer new cases recorded and fewer facilities reporting outbreaks. Coupled with better figures for the country overall, it's cause for optimism even if it's too early to declare victory.

"We definitely think there's hope and there's light at the end of the tunnel," said Marty Wright, who heads a nursing home trade group in West Virginia.

Nursing homes have been a priority since vaccinations began in mid-December, and the federal government says 1.5 million long-term care residents have already received at least an initial dose.

Researchers and industry leaders say they are seeing marked improvements after months in which some nursing homes lost dozens of residents to the disease and had to keep others in semi-isolation for protection. Some 2,000 nursing homes are now virus-free, or about 13% nationally, according to an industry group, and many are dealing with far fewer cases than before.

In West Virginia, where about 30% of the state's roughly 2,080 COVID-19 deaths occurred at long-term care centers, fewer outbreaks are happening and fewer residents are requiring hospitalization, said Wright, chief executive of the West Virginia Health Care Association. Pennsylvania-based Genesis HealthCare, which operates more than 325 nursing homes, assisted-living facilities or senior living communities in 24 states, has seen similar improvements, said spokeswoman Lori Mayer.

The American Health Care Association and National Center for Assisted Living, an industry trade organization, said Thursday that data from about 800 nursing homes where initial vaccine doses were administered in late December offered promising results. Cases among residents fell by 48% at homes where immunizations had occurred, compared to a 21% decline at non-vaccinated facilities nearby. Meanwhile, cases among employees dropped by 33% at vaccinated homes, compared to 18% at non-vaccinated facilities.

After reaching a high of almost 73,600 new weekly cases in long-term care facilities nationwide in mid-December, the number was down 31% by late January, to about 50,000 new cases per week, an Associated Press analysis found. Still, the most recent weekly count is 18% higher than the seven-day period that ended on Thanksgiving, when numbers started climbing.



A clinical trial patient receives a dose of AstraZeneca test vaccine at the University of Witwatersrand's Soweto's Chris Sani Baragwanath Hospital facility outside Johannesburg, Nov 30, 2020. South Africa is scrambling to come up with a new vaccination strategy to combat COVID-19 following its suspension of the rollout of the AstraZeneca vaccine, after a preliminary test showed weak results in protecting the variant dominant in this country. Among the possibilities being considered are giving one dose of AstraZeneca in the hopes it will protect against severe disease and death from the variant. (AP)

Health

AstraZeneca shot halted due to lack of efficacy

S Africa seeks new vaccine plan

JOHANNESBURG, Feb 8, (AP): South Africa is considering giving a COVID-19 vaccine that is still in the testing phase to health workers, after suspending the rollout of another shot that preliminary data indicated is not effective at preventing mild to moderate illness from the variant dominant in the country.

The country is scrambling to come up with a new vaccination strategy after it halted use of the AstraZeneca vaccine - which is cheaper and easier to handle than others and which many had hoped would be crucial to combating the pandemic in developing countries. Among the possibilities being considered: mixing the AstraZeneca vaccine with another one and giving Johnson & Johnson's single-dose vaccine, which has not yet been authorized for use anywhere, to 100,000 health care workers while monitoring its efficacy against the variant.

South Africa's inoculation strategy is being watched globally because the variant first detected and now dominant here is spreading in more than 30 countries. Officials say this form of the virus is more contagious, and evidence is emerging that it may be more virulent; recent studies have also shown it can infect people who have survived the original form of the virus.

Protection

After a second surge, cases and deaths in South Africa have begun to fall recently, but it is still battling one of Africa's most severe outbreaks, with more than 46,000 deaths. It is worried that another spike will come in May or June, when the Southern Hemisphere country heads into its winter.

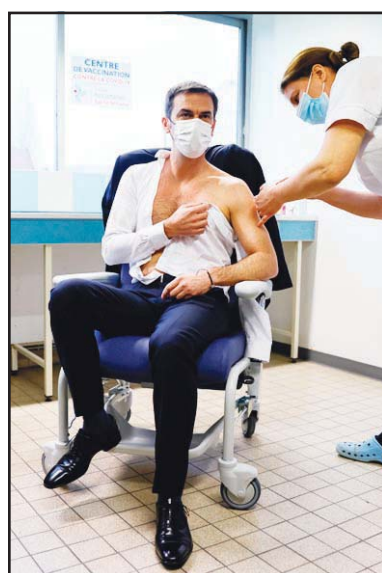
So far, early results from trials of the Johnson & Johnson vaccine showed it offers less protection against the variant than the original disease but is still highly effective at preventing severe and fatal cases, according to Dr. Glenda Gray, director of the South African Medical Research Council, who led the South African part of the global trial. A Novavax vaccine candidate has shown similar results.

"We can't wait. We already have good local data," Gray said, stressing that clinical trials show that it is safe. She added that South Africa is making urgent plans to "roll it out and evaluate it in the field."

"Our scientists must get together and quickly figure out what approach we're going to use," Health Minister Zweli Mkhize said Sunday night, announcing the suspension of the use of the AstraZeneca vaccine, which is currently the only one available in South Africa. Deliveries of others, including the one made by Pfizer and BioNTech, are expected soon.

The suspension threw South Africa's vaccination plans into disarray just one week after the country received its first 1 million doses of the vaccine. It came after the early results of a small clinical trial showed that the shot did not prevent mild to moderate cases of COVID-19 in young adults, according to an announcement by the University of Witwatersrand, which conducted the test.

The AstraZeneca study involved



French Health Minister Olivier Veran receives a dose of the AstraZeneca-Oxford COVID-19 vaccine at the South Ile-de-France Hospital Group in Melun, on the outskirts of Paris, Feb 8. French health facilities were taking in their first batches of AstraZeneca vaccines on Saturday. (AP)

Discovery

Monolith appears in Turkey : Turkish authorities are investigating the appearance of a mysterious monolith in southeastern Turkey.

The metal block was found by a farmer Friday in Sanliurfa province with old Turkic script that reads "Look at the sky, see the moon." The monolith, 3 meters high (about 10 feet), was discovered near the UNESCO World Heritage site named Gobekli Tepe, which has megalithic structures dating to the 10th millennium B.C., thousands of years before Stonehenge.

Turkish media reported Sunday that gendarmes were looking through CCTV footage and investigating vehicles that may have transported the monolith.

Other mysterious monoliths have popped up and some have disappeared in numerous countries in recent months. (AP)

Museum to restore Pathfinder: The US Space & Rocket Center in Alabama announced plans to restore the world's only full-sized mockup of a space shuttle coupled with an external fuel tank and twin rocket boosters.

The shuttle test model, called Pathfinder, has been weathering outside the museum in Huntsville for more than three decades. The restoration work will be funded with a \$500,000 federal grant and additional corporate donations, officials said.

The shuttle mockup was mated with a huge fuel tank and two prototype solid-rocket boosters for display at the state-owned museum in 1988. The multimillion refurbishment will take several years and involve removing the display, repairing it and returning it to its giant concrete stand.

Consisting of a shuttle-shaped metal frame covered with sheeting, Pathfinder was originally used to test ground handling, transportation and other procedures for the space shuttle. Once testing was completed and it wasn't further needed by the National Aeronautics and Space Administration.

NASA administrator is Jim Bridenstine. (AP)

Med school facility eyed: Creighton University has unveiled a plan to build a \$75 million medical school facility, much of the funding for which will come from C.L. and Rachel Werner of Omaha.

Creighton's president, the Rev Daniel Hendrickson, announced the plan during his annual convocation, saying the planned health sciences facility will serve as the new front door for the Creighton School of Medicine, the Omaha World-Herald reported.

The building will be named the C.L. Werner Center for Health Sciences Education. Werner is the founder of Werner Enterprises, an Omaha-based trucking company. The building will house programs for medicine, nursing, physician assistant, physical therapy, occupational therapy and other disciplines.

The new center will provide classrooms, a simulation center, study areas,

Congo health officials working to stop new Ebola outbreak in country's east

BENI, Congo, Feb 8, (AP): Health officials in Congo confirmed another Ebola outbreak in the country's east on Sunday, the fourth in less than three years. On Feb 3, a woman died in Butembo town in North Kivu province, Minister of Health Eteni Longondo announced.

The woman from the nearby village of Biema felt sick for a few days before being tested in a clinic there. She then went to a hospital in Butembo, but died before receiving the results. The government has begun tracing everyone who came in contact with her to try to "eradicate the epidemic as soon as possible," said Longondo.

This is the 12th outbreak in conflict-ridden Congo since the virus was first discovered in the country in 1976, and comes less than three months after an outbreak in the western province of Equateur, officially ended in November. The 2018 outbreak in Eastern Congo was the second deadliest in the world, killing 2,299 people before it ended in June. That outbreak lasted for nearly two years and was fought amid unprecedented challenges, including entrenched conflict between armed groups, the world's largest measles epidemic, and the spread of COVID-19.

Health officials worry a new Ebola outbreak could badly affect the nation's fragile health system, especially as it faces a resurgence of COVID-19.

"While there is hope that this early identification of an infection may help with quickly containing this outbreak, back-to-back Ebola outbreaks and COVID-19 has stretched Congo's health systems to the limit and this could put far

greater strain on an already exasperated system," said Jason Kin-drachuk, an assistant professor at the department of medical microbiology and infectious diseases at Canada's University of Manitoba and who is conducting research on survivors from the 2014-2016 West Africa Ebola outbreak, the deadliest ever.

The Ebola virus is highly contagious and can be contracted through bodily fluids such as vomit, blood, or semen. While the source of contamination is still unknown, the woman who died was the wife of an Ebola survivor, according to the government. The virus can live in the semen of male survivors for more than three years, according to a study in the New England Journal of Medicine, and health experts say as outbreaks become more frequent, it's important to understand more about how it's contracted.

In a statement on Sunday, the World Health Organization said it wasn't unusual for sporadic cases to occur following a major outbreak and that previous Ebola responses were already making it easier to deal with this one.

"The expertise and capacity of local health teams has been critical in detecting this new Ebola case and paving the way for a timely response," said Dr. Matshidiso Moeti, WHO regional director for Africa. The WHO is investigating the case and trying to identify the strain of the virus to determine its link to the previous outbreak.

Congo has suffered more than a quarter-century of conflict and distrust of government health workers and other outsiders is high in eastern Congo.

2,000 healthy volunteers with an average age of 31 and showed just 22% were protected against mild to moderate cases of the disease.

Experts say the vaccine may still prevent against severe disease — and that would go a long way in slowing the pandemic and avoiding hospitals from becoming overwhelmed with patients.

Effective

"Vaccines that are effective against the more severe forms of disease may not affect milder forms, so there is optimism that severe disease will still be prevented by vaccines," said Peter Openshaw, a professor of experimental medicine at Imperial College London.

But the results were disappointing enough that South African officials decided to postpone the rollout of the vaccine, which was supposed to be given to front-line healthcare workers starting in mid-February.

The preliminary study has not been peer-reviewed - the gold standard in scientific studies - but was still "a reality check," said Professor Shabir Madhi, who conducted the trial. "We were

euphoric. We must recalibrate our expectations."

Now, the country is looking to switch gears. It may end up continuing with giving at least one dose of AstraZeneca in the hope it will protect against severe disease and death from the variant. It is also considering combining the shot with one from another vaccine. Most of the vaccines being tested require two doses; Johnson & Johnson is an exception.

An experimental study began last week in Britain — the first of its kind worldwide — testing whether doctors could safely mix and match doses of the AstraZeneca vaccine with the shot made by Pfizer and BioNTech.

An added complication is that the AstraZeneca doses in South Africa have an April expiration date, making it difficult to administer two doses within such a short period.

Last week, Sarah Gilbert of Oxford University, who helped develop the AstraZeneca vaccine, said researchers were currently working to tweak their vaccine by inserting a genetic sequence from the new variant.

labs and administrative areas, Hendrickson said. It will on what is now a faculty-staff parking lot. It's scheduled for completion in the fall of 2023. (AP)

Wildlife officials feed birds: Wildlife official Ghulam Mohiuddin Dar and his colleagues break the ice on a frozen wetland, row their boats and spread grain to feed migratory birds in Indian-controlled Kashmir.



Hendrickson



Bridenstine

The officials feed the birds to prevent their starvation as weather conditions in the Himalayan region deteriorate, with two heavy snowfalls since December. Temperatures have plummeted to minus 10 degrees Celsius (14 degrees Fahrenheit).

Vast paddy fields and apple orchards are blanketed in snow. Scores of wetlands and lakes, including parts of famed Dal Lake, have frozen. (AP)