

April 16, 2022

In this Saturday Digest:

- High-quality health mostly for the rich? Let's fix that.
- Hope on the horizon for patients with severe COVID-19
- Is COVID-19 really getting better? It depends.
- **Brief HealthTap update tonight** — HealthTap will be offline for planned system maintenance for 5–20 minutes at 11 PM PT/2 AM ET tonight; if you find you cannot access HealthTap during that time, please rest assured the service will be restored shortly thereafter.



Let's repair inequality in the US healthcare system

We've long known that the wealthy live longer than the poor. Studies from as far back as the 1800s have provided data revealing health inequities that go beyond money. Lifespan disparities between the richest one percent and the poorest one percent — currently 10 years for women and 14.5 years for men in the U.S. — are not just a function of means and access. This disparity is also influenced by health literacy and new health technology. And it is here where we as HealthTap doctors can help directly.

With free access to doctor-answered health questions, HealthTap members have virtually unprecedented access to a wealth of impactful health knowledge. More than just a vast library of content that might be otherwise daunting to sift through, the HealthTap library is well-suited for finding answers to individual questions through the power of online search. In fact, most health questions are already answered and users are shown those existing answers as they seek their solutions for their own health queries. Together, as physicians and information sources, we offer a great boon to health literacy.

Digital health tech has also grown significantly. A vast number of tools, apps and solutions are now available for home use, including:

- **Sensors/wearables** that generate data that were previously only accessible to hospitals, doctors or nurses (blood glucose and EKG monitors, smart and fitness watches, pulse oximeters).
- **Smart and connected devices** for home use generating data valuable for the medical professionals (medication management tools, medical cabinet contact sensors, movement sensors, sleep sensors).
- **Remote solutions** (telehealth / virtual care, remote consultation, A.I. chatbots, drone delivered services and solutions)
- **Online and device-driven support** for personal health management (including support for breaking nicotine addiction, managing epilepsy, overseeing dietary habits, training and exercise).

Poor health habits (unhealthy diet, fewer medical visits, less money to afford healthcare services) are increasingly concentrated among lower socioeconomic groups. How can we help improve health and expand access to health care for people in all socioeconomic groups? We can support better health education for all and encourage access to highly effective, lower cost digital health technologies.

Sources:

- [Inequality and the health-care system in the USA](#), The Lancet
 - [The Fight Against The Ever-Widening Health Gap Between Rich And Poor](#), LinkedIn Pulse
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Hope on the horizon for patients with severe COVID-19

It appears we are on the brink of a first-ever oral treatment for people who are the most sick with COVID-19. Despite generally waning infection rates, COVID-19 remains deadly to those who are seriously ill. We still need therapeutic treatment for these patients.

That need may soon be answered.

An experimental COVID drug, sabizabulin, was so successful in a late-stage trial (double-blind, randomized, placebo-controlled Phase 3 clinical trial) that they're shutting down trials early. This promising drug halved the death rate among critically ill COVID patients, according to the drug's developer, Veru Inc. While the clinical trial results are not yet peer-reviewed or published, this remarkable success for those most in need represents a potential breakthrough in COVID-19 treatments.

The company plans to seek emergency use authorization from the FDA. Previously, the FDA granted Fast Track designation to the sabizabulin COVID-19 clinical program in January 2022.

Source:

- News release: [Veru's Novel COVID-19 Drug Candidate Reduces Deaths by 55% in Hospitalized Patients in Interim Analysis of Phase 3 Study; Independent Data Monitoring Committee Halts Study Early for Overwhelming Efficacy](#)
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COVID-19 is getting better, right? Depends on where you live.

Overall COVID-19 rates are slowing in the U.S. at present. However, the outlook at the state level is decidedly mixed. New virus cases have increased recently in about half of all states, particularly in the Northeast. The BA.2 subvariant, now the dominant strain, is widespread. It remains so prevalent, [the CDC is extending the mandatory mask requirement for travel through May 3](#).

Fortunately, BA.2 appears to be less deadly than previous COVID-19 variants, but even more transmissible. According to the New York Times, overall daily average U.S. cases are currently at 36,830, which represents a 32% increase over the previous 14 days (as of April 14, 2022).

Contrasting that increase, as of April 14, the daily average hospitalizations were 14,681 (down 12% over previous 14 days), I.C.U. admissions were at 2,033 (down 22% over previous 14 days), and deaths were reported at a daily average of 500 (down 28% over previous 14 days). Deaths peaked in February with the Omicron surge and are now down more than 75% from that timeframe.

States & territories with the highest spikes in cases include: Vermont, Rhode Island, Alaska, Colorado, New York, New Jersey, Puerto Rico, Massachusetts and Washington, D.C.

Sources:

- [Coronavirus in the U.S.: Latest Map and Case Count](#), New York Times
 - [CDC extends travel mask requirement to May 3 as COVID rises](#), AP News
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Patient story: comforting, expert answers

"Sometimes I just think of a health question and knowing I can ask it straight away, and get an answer, is comforting." — HealthTap member, England

In just a few minutes, you can write a thoughtful answer to someone's health question and brighten their day.

[Help someone now](#)

As always, if you have any questions, concerns, or other feedback, send me a note to DrRutledge@healthtap.com.



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Did we miss anything? Please let us know if you'd like to [stop receiving these types of emails](#).

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