

Ari Ciment Q&A

What Happens Next – 01.16.2022

Larry Bernstein:

We welcome back our next guest, Ari Ciment. Ari is a pulmonologist in the Mt. Sinai Miami Beach Hospital. Ari's officially a regular on the show. This is his fourth straight week, completely unprecedented, and takes the lead in a number of- of times he's been on the show. No one even comes close at this point. Ari, so I start each episode with the same question. What are you seeing that's different in the hospital this week?

Dr. Ari Ciment:

Much of the same. I think that we're probably reaching a peak in the next couple days, and I think it's going to start to come down in terms of the actual numbers.

Larry Bernstein:

Why do you think that?

Dr. Ari Ciment:

I just feel like we're starting to hit that peak.

It's still overall very busy in all of the hospitals.

There's just a gestalt that either we're getting better at it or we just feel like we're peaking.

Larry Bernstein:

The patients that do come into the hospital, do they look different in any way, in terms of how sick they are, the type of pathologies they have?

Dr. Ari Ciment:

No, it's still much of the same like we discussed last time. It's more of secondary-

Larry Bernstein:

The sinusitis, the lack of pneumonia in the lungs?

Dr. Ari Ciment:

Yeah, the outpatient calls are still more predominant than the hospital calls. And the outpatient calls by and large are the sinusitis and the severe sore throat, flu-like illness. The inpatient is still much of the underlying illnesses being exacerbated by the Omicron.

Larry Bernstein:

You come in for heart disease, and it just happens to be that you're COVID positive.

Dr. Ari Ciment:

Exactly.

Larry Bernstein:

Your body is dealing with a problem, some morbidity. And when you get either the flu or you get COVID, Omicron, the body can only do so much and it deals with Omicron or it's dealing with the other underlying comorbidity, and it can't do both. And when you get in this weakened immune state your liver, your heart, your kidney, ends up in bad shape.

Dr. Ari Ciment:

Yep, that's precisely what it is. And just to think about this, Omicron pandemic phase is we're like getting carpet bombed by hundreds and hundreds of cases. So, even though the percentage of people being sick is lower than the other variants, just because we're seeing so many, you're going to see lots of hospitalized. But the difference is the previous variants, they came in predominantly with respiratory issues. Now we're not seeing that entirely.

Larry Bernstein:

One of the concerns, as a public policy matter, we were fearful of was that co-terminus with the surge, we would have doctors and nursing staff sick, with Omicron. What sort of absenteeism are you seeing at the hospital? Are the doctors and nurses all getting sick now, or has that already passed?

Dr. Ari Ciment:

Yeah, so I can't talk in relation to Mt. Sinai, because I'm not allowed to. But in terms of all general hospitals across the nation, they're seeing that people are sick because it's so contagious. Whether they get it at work or they get it at home; the staff is out. And again, the fact that it's only a five day out is much improved than it would have, would have been a month before. 10 days out would have been catastrophic, I think for the whole healthcare system. Initially, they saw that happening in the UK, and the United States adapted pretty fast.

Larry Bernstein:

You mentioned to me that masks aren't that effective against Omicron. Why is that?

Dr. Ari Ciment:

It seems that this variant, for whatever reason, gets through a standard cloth mask. I don't know the actual study that showed it, but even the CDC acknowledged that this variant is not protected by just your standard mask. It's interesting that the White House has just recently announced, I think yesterday, that they're going to supply more durable heavier masks for the population, which is a great

announcement. It's interesting that the CDC hasn't officially said that that's required. The White House is taking a lead ahead of the CDC when it comes to this. It seems as if you really want to be protected, one mask might not be enough. You have to wear two.

Larry Bernstein:

Two episodes ago, you commented on access to monoclonals and what was working better or worse for this particular variant. How is the access to the monoclonals in the hospital system? If I'm elderly, can I get it? Is it possible or not?

Dr. Ari Ciment:

There are different hospitals, and you really have to find out from your local hospital which one has it, but there are some hospitals that now carry Sotrovimab. They were limited supply by the federal government and also by the state government. And there are hospitals that have it, but they have very strict criteria. For instance, I know one of the transplant centers here require, really immunocompromised patients to get this specific monoclonal antibody. So it's not for every person who has COVID. It's for the people that could benefit from it most.

Larry Bernstein:

And we talked about strategies of which monoclonal to take. Before we had a- a substantial mix of Delta versus Omicron, and as a result, because Delta was so much more dangerous, you leaned more toward the Regeneron, which was effective. But has the mix of Delta and Omicron shifted dramatically, more towards Omicron to maybe change your decision-making process?

Dr. Ari Ciment:

Yeah. It seems that the Omicron has now really dominated locally. So, it makes more sense to get the Sotrovimab. But still, if you cannot get it because it's so scarce, it still makes sense to take the Regeneron. At least you're protected for the scarier variant, but if you can get your hands on Sotrovimab, then- then go for it. Again, if you have the high-risk factors. It seems as if most patients, even with those risk factors, I mean I see them, a lot of patients refuse to take anything, and actually do quite well, like the majority of patients with the flu or with this illness will do okay.

Larry Bernstein:

Last episode, we talked about the new antivirals coming out of Merck and Pfizer. Two questions. One, is there access to either one available for the population? And second, what are you seeing in terms of the response of your patients to that sort of antiviral?

Dr. Ari Ciment:

So, there was a, I was on a call yesterday with the CDC. I was listening in on their call about Paxlovid and Molnupiravir. Paxlovid really will be the first line over Molnupiravir, because there are some issues in terms of Molnupiravir in perhaps teratogenicity and things like that, and also the fact that Paxlovid is

definitely more efficacious. Again, we went over the numbers last time. It was like 0.8 versus 6.3% versus Molnupiravir, which was 6.8 versus 9%.

Larry Bernstein:

Mm-hmm (affirmative).

Dr. Ari Ciment:

So it wasn't as dramatic an improvement, so you might as well get Paxlovid, that was one of the key pearls of the talk. We still don't have it locally accessible. I just reached out to one of my friends who's a CVS pharmacist, and they're still waiting on their first batch, but I do feel by Monday, Tuesday, I think after this call that went out by the CDC, they're probably going to release their first shipment locally.

As we know, we talked about Paxlovid-

having drug interactions, which I'm sort of worried about. And Paxlovid you have to adjust for renal failure, which is something the pharmacist can take care of, but you'll see that most people actually don't need to take these meds. So, if you do have a side effect or there's a problem, you're more readily to stop it and you'll be more than likely okay.

Larry Bernstein:

Let's say that you are a normal no comorbidity patient. You got Omicron. We talked about things to do. I want to kind of break this thing down into the most basic questions. I have a temperature. What do you recommend for the temperature? Do you like Tylenol? Do you like Advil? Do you like something else? I know that there were concerns that Advil was not particularly effective or problematic in the Delta situation. Where are you on basic pain reliever and temperature reduction?

Dr. Ari Ciment:

You alluded to the fact that the World Health Organization originally in March 2020, their first publication came out and they said, "Don't take Advil," because there were some reports in France that there were some patients with adverse reactions when they took the Advil. The reason is because the way that the COVID infected people is through the ACE-2 receptor, and the Advil increases your ACE-2 receptor. The thought was Advil, it makes sense that it made people worse. But they retracted that as soon as the second interim guidance came out, because there was really no hardcore evidence that that happened. Many, many, many patients take Advil, anti-inflammatories, and are totally fine.

My choice has always been Tylenol for fever control. The question is whether or not you should even treat fever. Maybe fever is an adaptive mechanism. So, there's a nice debate. My gestalt is that fever is causing a- a little more oxygen consumption and causing perhaps some of the problems that we're seeing people hospitalized, because they're dealing with high fevers, and it's causing the rest of the systems to possibly go awry.

I'm a fan of fever control, whether it be fans or ice packs or Tylenol. That's my first choice. And then if not, Advil for pain I think is totally fine and safe.

Larry Bernstein:

In previous episodes, you mentioned that Omicron primarily is a sinusitis, upper respiratory inflammation. We talked about the neti pot and Fluminex. How successful are those two products helping out?

Dr. Ari Ciment:

I was a big fan of the neti pot and sinus rinse, whatever you can do, because these coronavirus lives in the nasopharynx and oropharynx. How do you think people got pneumonia? Is that they would breathe in tidal volumes of this massive influx of virus in their nasopharynx, and then it would develop into their lungs. That's basically how pneumonia works. You inhale these bugs, and then they take root, and then they wreak havoc.

So, it made sense to do the sinus rinse. There haven't been any clear randomized controlled trials with this specific bug that it has helped. You could rinse with Listerine. Listerine has also antiviral effects. It sounds crazy, but you could find articles showing that Listerine has a positive antiviral effect, if you want to maybe limit your infectivity for other people. I think it- it definitely makes sense to keep the oropharynx and the nasopharynx clean.

Larry Bernstein:

Well, what, if you've got upper respiratory symptoms, what can I do to make it easier on myself?

Dr. Ari Ciment:

I would do the regular sinusitis treatment, which would be nasal, a neti pot sinus rinse, maybe intra nasal steroids really are effective and the regular oral decongestants, if they're needed. That's really the predominant outpatient symptomatology right now, is an upper respiratory tract infection and sinusitis.

Larry Bernstein:

A few days ago, Ari, you sent me the latest CDC guidelines and recommendations for Omicron. Do you agree with it?

Dr. Ari Ciment:

If you were exposed to somebody with COVID-19 and you're not up to date on your COVID vaccinations, then you would have to quarantine. What they did is they amended what it means to be up to date on your COVID vaccinations. So now, unlike the last time we talked, now it's three vaccines, boosted. And the other, the other new finding that's just over the last two days is, it used to be Moderna booster, six months. Now they lowered it to five months. So, it makes it so the mRNA vaccinations, five months, you should get your booster. If not, then you're not considered fully vaccinated. The other interesting thing that went under the radar is that you don't have to quarantine if you are either up to date in the vaccinations or if you had a confirmed COVID-19 within the past three months. Everybody criticizes the CDC for not recognizing natural immunity.

But to me, it's a clear understanding that there is natural immunity and you should be protected for at least three months.

Larry Bernstein:

Do you think at some point, you could have too many boosters? Is- is there a booster max?

Dr. Ari Ciment:

I think that that's possible, but I think by the time we get to the seventh booster, hopefully we'll have a better vaccine. Actually, Bill Gates talked about this yesterday. He said the two most unfortunate things with the vaccines are number one, they're not durable.

Meaning you have to get a vaccine every five months. But it doesn't protect you versus infection. As you know, infection causes you to be out of work or school for five days at least. I think that's a beautiful point. We have to work on the durability and we have to work on sterilizing immunity, which is the key, if we can get there. Some vaccines never give us sterilizing immunity, so I really didn't expect it here. But it is a goal.

Larry Bernstein:

The quarantine language that the CDC used, I wonder if it's a little bit political in the following sense. People who have been vaccinated and boosted can still transmit the virus to a third party. Why do you think they decided to focus the quarantine on the unvaccinated and the double vaccinated, and only say, "You know what, if you got the three vaccines, then we're not to view you as having to quarantine if you were in contact with a COVID-19 person." It would seem to me that given that the fact that it's still transmissible through that boosted person, that they're just trying to emphasize that.

Dr. Ari Ciment:

I think that this is actually less political because the triple booster effect really does protect you more than the double vaccine.

I think this is an admission that the double booster really is not enough. So, it's not really punishing the double boosted or the unvaccinated here. It's just being a real time adaptation to reality. The reality is that even triple-boosted people are not protected, but they're protected more than the double booster. What else can you do? You've already got your triple-boosted, you don't really have to quarantine, because the likelihood is that you're not going to get it, but it's still possible, so they do recommend that you test yourself after five days.

Larry Bernstein:

And is there a distinction between getting it and being able to pass it on to someone else? Do you have to get it to pass it on?

Dr. Ari Ciment:

There are a lot of asymptomatic carriers, just like the first time. So yeah, the answer is you don't have to get it in order to pass it on.

To get it means you really are harboring an infection. What I'm seeing clinically, people that are clearly COVID positive, but are testing negative. Meaning they're in the house with four other people. They're all positive. This guy's having Symptoms, runny nose, sinusitis and- and yet he's testing negative. And the question for him is, hey, what should I do? So, I'd say that person, you know-

Larry Bernstein:

Quarantine.

Dr. Ari Ciment:

... be mindful, quarantine, be mindful towards other people, wear a mask when you're in public. Yeah, you're testing negative, so the fact of your infectivity is, makes it less likely

because you don't have things shedding in your nose, but still play it safe and act as if you have the disease.

Larry Bernstein:

We end each session, Ari, on a note of optimism. What are you optimistic this week?

Dr. Ari Ciment:

I'm optimistic that Omicron is still looking like a regular cold or a bad flu. And we're getting these therapeutics coming out within the next few weeks for the highest risk people. And it's only going to get better and better.

I should mention that the order of therapy should be first Paxlovid if you were high risk twice a day for five days, then Sitrovimap (the monoclonal antibody) and then remdesivir that is working well in the Pine Tree trial vs. placebo, then the Merck antiviral Molnupiravir. That is best practices for high-risk patients for the order of therapy for Omicron in the third week of January 2022.

Larry Bernstein:

Thank you, Ari.

Thanks to Tim and Ari for joining us today.

That ends today's session.

If you are interested in listening to a replay of today's What Happens Next program or any of our previous episodes or if you wish to read a transcript, you can find them on our website Whathappensnextin6minutes.com. Replays are also available on Apple Podcasts, Podbean and Spotify.

Good bye.