



Winter 2022 Edition

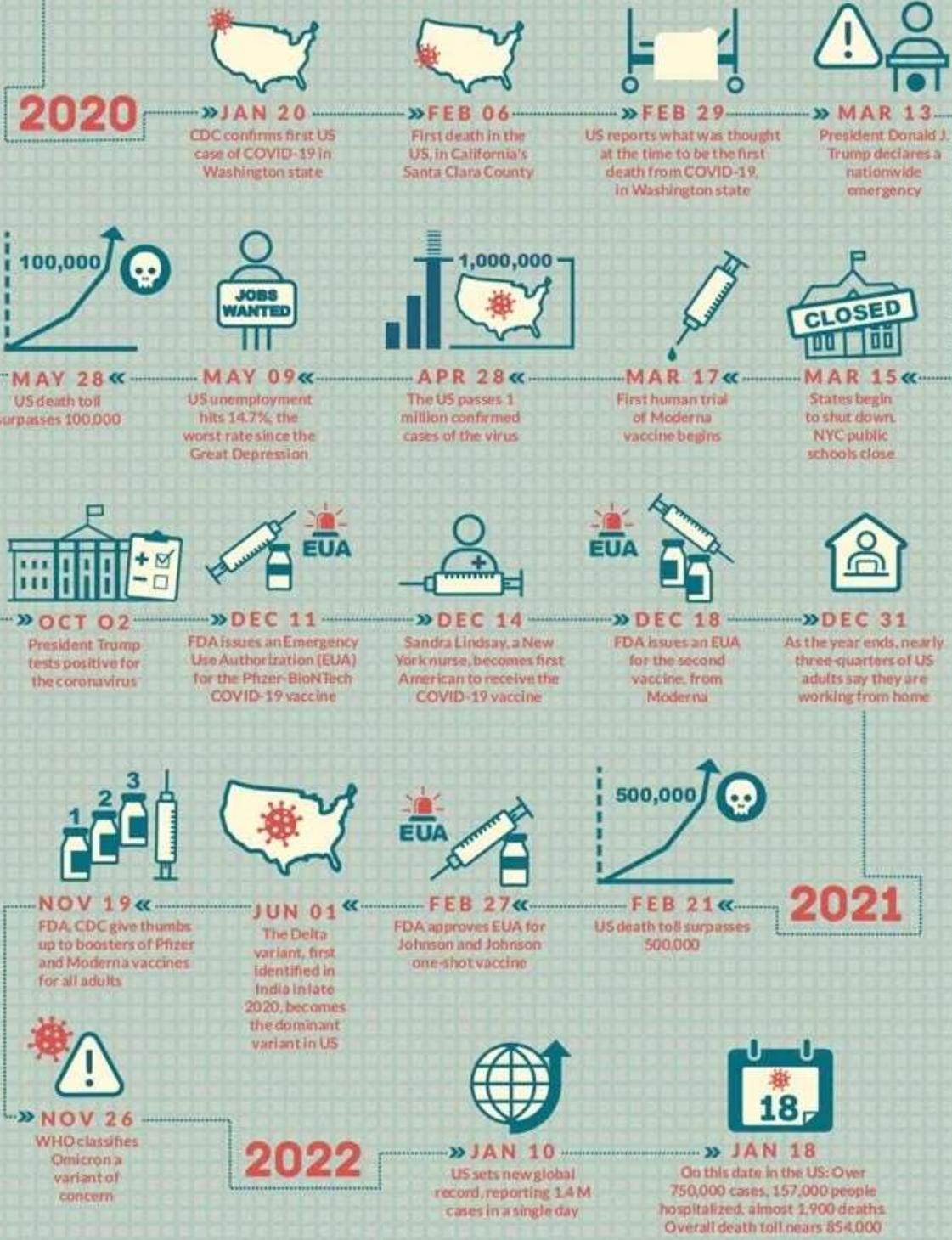
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We are now over two years into the Covid-19 pandemic. Unbelievable! Last Summer we weathered the Delta variant of the virus with a significant spike in infections and deaths. Then in December, the Omicron variant hit us with another spike in infections, hospitalizations, and unfortunately more deaths. Currently, over 70,000,000 Americans have been infected, and 863,000 have died. This rate has more than doubled since my last report only seven months ago.

Below [next page] is an interesting timeline of the Covid-19 disease progression since its inception in January 2020.

CORONAVIRUS



Sources: Centers for Disease Control and Prevention, World Health Organization, Johns Hopkins Coronavirus Resource Center, CNN, New York Times

Physicians, epidemiologists, and politicians have advised us to prepare for a different “Normal,” given the fact that two years into the pandemic the United States and Los Angeles County are still breaking records for infections, hospitalizations, and deaths. With over 800,000 cases per day in the US, and an average of 33,000 cases per day in LA County with almost 29,000 deaths, and 7.9 million cases in California with 79,000 deaths the risk of being infected with the virus is real. My prior recommendation to be diligent and adhere to basic public health measures of **VACCINATION with a BOOSTER, TIME, SPACE, PEOPLE, and PLACE** should be a significant deterrent to being infected.

VACCINES: lifesaving for many, and protective against developing serious diseases.
TIME, SPACE, PEOPLE, and PLACE: masking, social distancing, hand hygiene, and avoidance of large groups especially indoors are all important!

This schematic from the CDC is good advice for us to follow:



Currently, one infected person with the Omicron variant is infecting 3 to 5 others. Many experts predict that we will continue to see new cases of the virus for years to come; suggesting that wearing masks in public places will be the national wardrobe into the foreseeable future. Healthcare providers are overburdened caring for the infected patients; most of whom are not vaccinated. The lack of a clear national health strategy on Covid-19 and somewhat garbled communication from those in charge of health care policy and public safety is frustrating. One infectious disease specialist commented, "People are exhausted from having to do a risk-benefit analysis for every single activity they, their friends, their kids want to participate in." Americans are therefore deciding for themselves whether to mask up, get tested, travel, gather for social events, and even to get vaccinated. My choice is clear [being older and living with an immunocompromised spouse] I cannot risk exposure to the virus. Even a mild infection could be detrimental to me possibly leading to a "long hauler" with lifetime health consequences, or to my spouse with the possibility of serious illness and even death. Some experts do predict a turnaround this year, possibly as early as this Summer as public health measures, vaccinations and natural immunity lead to a reemergence of control of the Covid-19 viral infections.

The prospect of becoming a "long hauler" remains very real for anyone contracting the virus. Even a mild case of Covid places us at risk for persistent and debilitating symptoms.



The most common of these potential lingering symptoms:

- Loss of taste & smell; appetite loss
- Persistent cough & chills
- Muscle aches
- Severe fatigue
- Brain fog - inability to concentrate & think clearly

Fatigue and brain fog are especially disabling for a pilot; and if these symptoms were to persist, your flying career is over! This risk factor alone should be sufficient motivation for us pilots to be diligent about our health, our social interactions, and continue to advocate for protective health measures. Remember - TIME, SPACE, PEOPLE & PLACE, plus VACCINATION.

The FAA guidance on Covid-19 has not changed since my last Newsletter. On the FAA website, there is the option to select [coronavirus.gov](https://www.coronavirus.gov) which will take you to the CDC webpage for Covid-19. Also, on the FAA.gov opening webpage [top right] in the SEARCH BOX enter *Federal Air Surgeon's Medical Bulletin*, and you are taken to the webpage where you can select the November 22, 2021 issue prepared by our newly appointed Federal Air Surgeon Susan E. Northrup, M.D., M.P.H. a specialist in Aerospace Medicine. Select *Current Issue, 2021-4, Volume 56-4 (PDF, 1.8 MB)* to arrive at the *Medical Bulletin*. The first article is from Dr. Northrup, a retired USAF Colonel, a former regional medical director for Delta Airlines, and an active pilot. She is eager to update the Medical Certification process. Read her article and view the **Pilot Minutes** for practical and relevant information to the aviation community. The article *Pilot Minute and Microlearning* by Susan Buriak will allow you to access the *Pilot Minute videos* on FAA's YouTube channel. You may also like to view the AME Minute series which contains information on many medical issues relevant to the medical certification process for pilots.

In Dr. Northrup's Aeromedical Advisory on 6/29/21, she talks about several challenges facing aerospace medicine during the pandemic era. Many of the initial logistical challenges, such as the availability of AME's for flight physicals, and the timeline extension of medical certificates, are no longer an issue. Dr. Northrup specifically states:

"Our goal remains to certify as many airmen as safety permits."

She goes on to comment:

"On March 26, 2021, we provided AMEs with guidance on applicants with a history of COVID-19. In most cases, the AME will be able to issue a medical certificate if you are otherwise qualified. If you had more than mild disease or have persistent symptoms, please discuss your health with your personal physician prior to returning to flying. We recommend this for all pilots. If you maintain an FAA medical certificate, have that conversation with your AME as well. Anyone with a medical should have the documentation from your illness available for your AME to review, regardless of the severity. The AME can guide you on what is necessary. In some cases, the AME might not need any documentation. For others, the AME might want to see the positive test report or doctor's note requiring isolation for presumptive COVID-19. We defer this to the judgment of the AME. If you were hospitalized, we need the hospital records including admission and discharge notes, testing, and a status report from the treating physician. We also need a status report for anyone with persistent symptoms. You do not need to report a quarantine due to possible exposure."

The burden for flight safety remains on us since safety in flight depends on a healthy pilot. Remember 14 CFR 61.53, "Prohibition on Operations During Medical Deficiency." If you have a disqualifying condition, are taking medication, or are receiving treatment, you may not fly until your condition is resolved.

Wishing you a Happy & Healthy New Year!

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