

Episode Summary

Rural Health Voice # 33 – COVID-19: Separating Fact from Fiction

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Interview with Andrew Luskin, Epidemiologist

Q - What is epidemiology?

A – The study of disease at the population level. Some people call epidemiologists ‘disease detectives’

Q- What is a pandemic?

A – A large scale geographic epidemic. WE see a wide area of disease that we don’t normally see. Covid-19, a novel virus, has travelled widely, so it’s an epidemic, but also, now that it has travelled from China, across Europe, into the United States, we’re calling it a pandemic. It’s a global epidemic.

Q – It has happened really fast. It’s March 21 now, and March 1, we had a board retreat and we weren’t talking about it at all. How did we go from reminding people to wash their hands, and now we’re talking social isolation for months?! How did we get to telling everyone to stay home so quickly?

A- The incubation period, as we know it now, is about 3-14 days. The virus starts reproducing, and you become contagious before you start showing symptoms. We should wash hands, and be mindful of others including the immunocompromised. Avoid touching your face... because the face has a lot of portals of entry to disease. The eyes, ears, mouth and nose. So not only should we wash our hands, but also, do these extra measures.

Q- Much of what we are hearing about COVID-19 sounds so scary. Is something as simple as handwashing really that effective?

A – Yes, washing your hands is effective as long as you’re doing it correctly. I was taught in kindergarten how to wash hands and thought it was stupid, but now it’s important to scrub every part of your hands, spend 20-30 seconds doing it, clean your fingertips, thumbs, all the nooks and crannies. But keep in mind, too, to avoid face-touching, cough and sneeze into your elbow to avoid getting others getting sick.

Q-Anyone who watches the news or is active on social media is seeing a lot of information fly around about COVID-19. How do we separate fact from fiction?

A-Facts can be found at high level organization websites. Avoid spin of Facebook and news sources. Go to CDC, WHO.INT, or VDH.virginia.gov. They will provide statistics, facts, general how-to’s. The family and friends we love, on Facebook and Twitter, Instagram, and so on, are sharing things because they’re scared. Unless they are a health professional, take it with a grain of salt. If on the legitimate sites, they are saying the same things, it might be legitimate. For example, I had a cousin who shared that coronavirus stays dormant in the throat up to four days before infecting you, so if you gargle saltwater, it will destroy the virus. THAT IS NOT TRUE. That is the sort of information you want to double-check on CDC or other legitimate websites.

Q-I’ve seen many people make comments comparing COVID-19 to the flu and the fact that we don’t use these extreme measures during flu season. What’s different about COVID-19?

A-We’ve seen this a lot, from people in government to public chatting. We know the flu very well. Every year, we develop a vaccine for the flu. A lot of people still die from the flu. The medical system is not okay with that. The medical system tries to do their best. Tamiflu can reduce the symptoms. During pandemics like the 2009 swine flu pandemic, prior flu vaccines helped develop a vaccine quickly based on earlier flu models. But COVID-19 is a novel virus. Coronavirus is a class of virus, I think there are seven of them, that cause varying degrees of sickness. Four of them produce symptoms similar to the common cold, so not a big deal. The other three, including COVID-19... also known as SARS-Ncove-2. Are the more severe coronavirus types. The big difference between flu and COVID-19, is we don’t know a

lot about it, and a vaccine is optimistically still a year to a year and a half out from being developed. There is a lot of stuff going around about malaria drugs that we're hoping could be a good treatment, but that's uncertain. Besides not knowing much about it, there is the longer incubation period where you're infectious. With the (general) flu, the incubation period is three to four days, but with the longer incubation period of COVID-19, it's causing two weeks of people walking around infecting people without knowing you're sick.

When epidemiologists study infection, they do contact investigation, reaching out to see who an infected person has come in contact with.

Q-Despite hearing about malaria drugs potential for treating COVID-19, that does not mean the public should use such drugs to prevent or treat it. This is causing a shortage for people such as lupus.

A-Only should use it with a prescription, and doctors should not prescribe it for uses not approved at this time.

Q-We are hearing a lot about "flattening the curve"? What does that mean?

A-The curve is known as the number of cases over time: a day, a month, a year, depending on the graphic. This will reduce the number of people who are sick with this at any given time. This is important for hospitals to help people with non-COVID normally in the hospital, to prevent adding high numbers of COVID patients. There are limited beds. Flattening the curve to reduce number of bed spaces needed over time is important.

Q-This helps, too, with resources like masks, gloves, etc, and the numbers utilized that may produce a shortage, right?

A-Yes

Q-What about the test kits? If I have symptoms, how do I get tested when I hear there is a shortage of kits?

A-Testing is not the most important thing for factoring in treatment. If you have symptoms, doctors can test for flu, and if it comes back negative, treat it as COVID-19, with quarantine, having others get your groceries for you, take care of pets, and so on. It wouldn't change the recommendation.

Q- Unless fever is dangerous, I can decide to stay in, then, just like with regular flu.

A-Go to the hospital if you get a really high fever or have extreme shortness of breath, assuming no other health vulnerabilities, but otherwise, just let your family member care for you, and stay in doing rest and fluid intake.

Q-With social distancing, what activities are safe? My closest neighbor is a quarter mile away – can I go outside?

A-Yes, outside and away from people. Living rural is a benefit. Take walks outside of a large group. Gyms are closed. So taking walks outside on your property is good in good weather. There is a lot of fear about COVID-19 surviving in the air up to three hours being heard now. This is more of a problem in a place like an enclosed airplane cabin with recycled air. Being outside, the risk is low. A state epidemiologist says a healthy adult can go outside and play frisbee with other non-symptomatic people, using common-sense guidelines. Don't hike with six other people.

Q-With social distancing, I'm worried about isolation – especially for our elders. How can we work to stay connected to one another when causal contact is so limited?

A-Isolation is troublesome. Facebook groups are popping up with volunteers to deliver groceries to elders and so on. Technology can be helpful. Talking to friends over voice chats is helpful. It's not quite the same as having coffee with your friend, but it's better than not.

Q-In addition to isolation, many are feeling anxious and depressed with all of the uncertainty. How can we care for our emotional health?

A-Uncertainty is a good word for it. We don't know when this will end, no great timeline, no idea how severe it will be. Looking New York City is worrying. So take care of yourself, reach out to others when you're anxious and depressed, or worried about others. Pick up the phone frequently. Video calls are good, like Skype, Facetime, other free things to put

you face-to-face with loved ones. Do what helps, such as giving you a sense of control. I enjoy cooking to give me a sense of self-control.