

COVID 19 INSIGHTS

Why is it a big deal, or is it?

The virus spreads very efficiently, and while a 2 – 3% case-fatality rate (number of infected people dying) does not sound like a big deal, that number is 8% in the 70 – 79 year age-group and 15% in individuals aged 80 and above. Also, it is worth noting that 41% of the severely ill patients from the initial Wuhan population were between ages 15 and 49, so while you might not die, being on a ventilator comes pretty close.

Transmission

Droplets within 6 feet distance (e.g. cough, sneeze) that either get inhaled or come in contact with the eyes (hence handwashing and not touching eyes)

Contact with infected surfaces e.g. doorknobs

Symptoms

Fever, cough, shortness of breath are the main symptoms

At-risk of having COVID

People in close contact with suspected/confirmed patient, travel from China, Japan, Iran, Korea, Italy as well as US states with community transmission such as (WA, CA, NY). Situation is rapidly evolving, so expect many other states to be added to the list.

At risk of serious complications

Elderly and patients with chronic illnesses such as immune deficiencies (HIV, transplant), kidney disease on dialysis, heart disease e.g. coronary artery disease, congestive heart failure, lung disease e.g. asthma/ COPD, pregnancy – see associated Appendix from CDC

Are kids safe?

Kids seem to get a mild infection but they are perfect carriers to bring this home to grandma or grandpa.

While this illness may not seem serious to some, the goal of the 'social distancing' strategy is prevent the virus taking advantage of our social networks and interactions to propagate itself and take root in our communities. If I were a virus looking for a place to go *viral*, a church with lots of friendly people (handshakes etc.) would be a perfect venue.

Recommendations for Churches

- Anyone with fever, cough or shortness of breath with recent contact with someone suspected of either having COVID or having taken care of someone with COVID, or with recent travel to one of those countries/states with community transmission should stay home to avoid infecting someone who may be a lot more vulnerable than they. An online service would be a preferable choice for those individuals. This would need to be communicated in advance via email and signs placed on doors, and probably in-service announcements for the coming weeks.
- Time for 'compassionate rudeness' – no handshakes, hugs or fist bumps. An 'elbow', nod or other creative no-contact greeting would be fine.
- Door handles should be wiped down with bleach – frequency unclear, but probably at least every couple hours if multiple hands touching them. Fortunately the greeters usually open the doors for attendees, which does help minimize the number of hands on the knobs/handles, but greeters may not be at every door all the time.
- Hand hygiene supplies – may be helpful to have stations with hand sanitizer given the limited number of sinks available for handwashing. This is probably why it helps to minimize the need by avoiding handshakes etc.
- If community transmission increases, it may get to where churches are asked to forego gatherings, such as is already happening in places like Seattle. If we are proactive now, we could avoid getting into a situation where this scenario is necessary.
- Are there gatherings that could be postponed for the next few weeks? Defer to church leadership.

The situation is rapidly evolving and prudence, rather than panic, should guide our response, with our strategy adapting to stay one step ahead of the epidemic.

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