

What We Need to Know About the Coronavirus

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Confusing, isn't it? All this talk about the coming coronavirus pandemic. What do we know about this stuff? And what do we not know? Let's start with some of the basics. See how you do.

1. What's the difference between an epidemic and a pandemic?

It's all a matter of degree. An epidemic is the widespread occurrence of a specific disease at a particular point in time. We have epidemics of the flu every year. A pandemic is basically an epidemic that has gone global. It's everywhere. Some familiar examples would be smallpox and tuberculosis. And of course there was the Black Death of the 14th century.

2. Over the past 100 years, how frequently has the world experienced a pandemic?

- twice
- five times
- a dozen times
- 25 times

Fortunately, there have only been five. Most of these have been due to viruses, with the Spanish Flu of 1918 killing more than 50 million people around the world.

It's thought that the cause of this huge number of deaths was multi-factored. We had no concept of viral infections at the time, no systematic way to limit the spread of disease, and no anti-biotics to combat the main complication and killer – bacterial pneumonia. Those in the health-care field had no idea what was causing it.

Interesting—and here’s some fascinating trivia—the term influenza (shortened to “flu”), comes from the Italian word meaning “to influence”. Some thought that the alignment of specific planets was “influencing” the world in such a way to cause this global pandemic. Must have been more than a few who thought this way, since the term has stuck.

3. More recently, the world has experienced SARS – Severe Acute Respiratory Syndrome. This was another coronavirus, making its debut in 2002, followed eight or nine years later by MERS – Middle East Respiratory Syndrome. Yes, another coronavirus. How many documented cases of this virus were found in the U.S.?

- 1
- 8
- 326
- 7,533

If you guessed (d), you’d be wrong. It was eight. A lot of press, a lot of anxiety, and not much in the way of reality.

This brings us to the current mutation of the coronavirus – 2019-nCoV. Here are some of the things we know, though information is accumulating daily – maybe hourly:

- A. The mutation occurred in China.
- B. Its spread from person-to-person is very effective. Close contact meaning as little as 6 to 8 feet.
- C. The incubation period appears to be 5 to 7 days, but up to 14 days has also been observed.

- D. There are a lot of sub-clinical cases out there, meaning people have the virus but do not have symptoms, or only minimal ones. But they can still spread the infection. (Just like our seasonal flu epidemics) This is a two-edged sword. It means that this particular coronavirus can spread quickly and widely. But it also indicates that its virulence might be less than initially feared.
- E. It appears (as of this writing) that the most severe form of the disease spares the very young. This is something different, and not yet explained. We'll have to see if it holds true.
- F. For those who get into trouble, the respiratory complications begin about eight days after the initial symptoms of the infection. Something to keep in mind, and monitor.
- G. Those most at risk for complications are those of us who are older (65 + years) and those with chronic conditions that can compromise our immune systems. If that sounds familiar, it should. These are the same folks who are at a heightened risk from the seasonal flu, and includes people with:
- a. diabetes
 - b. heart disease
 - c. kidney insufficiency/disease
 - d. cancer
 - e. long-term steroid treatment
 - f. asthma
 - g. COPD.

While cigarette smoking is not usually included, it does compromise our airways (including second-hand smoke), and increases our risk for a lot of bad stuff.

So, what are we to do about this rapidly spreading infection? And unfortunately it is going to spread. We'll see increasing numbers of cases in this country, in spite of well thought-out and executed efforts of containment. Here are some things to keep mind:

1. Don't panic. There is no evidence that this is the end of the world. No trumpets blowing yet.
2. Maintain your usual flu-avoidance efforts – wash your hands frequently, cover a cough with your elbow or Kleenex, avoid those who appear ill (if possible), and stay home if you're sick. Please.
3. If you smoke, stop.
4. No need to wear a face mask. Let me repeat that. No need to wear a face mask. Almost all of us fiddle with these, touching our face, nose, and mouth all too often, increasing the risk of catching or spreading something.
5. If you're 65 or older, make sure you're up to date with your pneumococcal vaccinations. This is really important. Remember, the killing complication of this virus – just like the garden variety flu – is going to be bacterial pneumonia, and this is usually caused by the pneumococcal bacterium. Preventable.
6. And always do what your mother told you. Get enough sleep, get enough exercise, and eat responsibly.
7. Oh, and did I say don't panic?

Note from Rep. Norman: Dr. Robert Lesslie, M.D. is a highly respected physician in South Carolina who is Board-certified in both emergency and occupational medicine. He is the author of *Angles in the ER – Inspiring True Stories from an Emergency Room Doctor*. This document was shared with his permission.