forum

COMMENTARY | DR. MICHAEL BRANT-ZAWADZKI

Hoag is taking exceptional care with COVID-19 patients

Social distancing and sheltering in place does not apply in an emergency. People experiencing symptoms of an acute condition that requires immediate medical attention need to seek it.

Tragically, we have seen instances of patients delaying needed care for life threatening issues such as strokes and heart attacks for fear of COVID-19 contamination in the crowded emergency rooms.

The current reality is that, despite dire warnings, our emergency rooms are exceptionally orderly and possibly the safest places one can venture, particularly when emergency care is required.

File Photo

HOAG HOSPITAL as seen from the Via Lido bridge in Newport Beach.

At Hoag Hospital, we have established careful processes to keep all of our patients safe as they receive care for any health issue they are experiencing.

Those suspected of COVID-19 are isolated immediately upon arrival. Surfaces are cleaned 24/7 and appropriate shielding of personnel is used to protect themselves and to prevent infection of new patients.

As you watch or read the nonstop news about the pandemic, please keep in mind that 85% of those infected with COVID-19 either have no symptoms, or have moderate ones not requiring medical attention, and that well over 99% of patients infected with the virus will recover.

The same cannot be said with certain other conditions such as acute stroke, heart attacks, bowel obstruction and gastrointestinal bleeding.

If you experience acute onset of crushing chest pain, sudden loss of speech ability, develop face or arm weakness, loss of balance or inability to walk, call 911. Please call your doctor if you develop severe abdominal pain and vomiting, especially if blood is noted.

These are uncertain times, but it is important that people not let undue fear paralyze common sense. If you would normally seek medical attention for a threatening condition, continue to do so today.

We are here for all our patients as always, and we dare to provide incomparable care not just to those with COVID, but all urgent conditions in the safest and most effective manner available anywhere.

DR. MICHAEL BRANT-ZAWADZKI is a senior physician executive at Hoag Hospital in Newport Beach.

COLUMN | PATRICE APODACA

'Professor Dark Cloud' sees a silver lining in growing immunity

In a way, Andrew Noymer's entire professional life has been in preparation for a terrifying moment such as this.

The UC Irvine associate professor is a noted authority on demography, epidemiology and public health.

His work involves studying mortality — more precisely, the data on mortality, which he grimly describes as "a lagging, not a leading indicator."

This self-named "Professor Dark Cloud" and "mortality nerd," who earned his doctorate at UC Berkeley, first became intrigued by the study of biology from a large population perspective while an undergraduate at Harvard.

Now he is an expert on the 1918 influenza pandemic, which killed at least 50 million worldwide, about 675,000 of them in the United States.

Which means that he will likely be an important figure in trying to decode the coronavirus pandemic.

Like a detective working backward, examining the available evidence and reconstructing patterns, Noymer will attempt to provide valuable information and analysis to help us understand the virus' spread and relative lethality.

There's just one problem. For the most part, the data hasn't come in yet.

So Noymer has been spending considerable time trying to raise awareness, making himself generously available to journalists like me and providing a clear-eyed view of where we stand.

He is also active on Twitter, using the platform to tweet regular "gut checks" on potential mortality numbers due to the coronavirus that causes COVID-19.

1 MILLION AMERICAN DEATHS?

The most recent of these tweets prompted me to gulp hard. He uses what he describes as "VERY crude math" to project a possible 70% infection rate and 1 million deaths in the United States.

Noymer stressed that there is still so much that we don't know, and that these numbers don't represent a firm prediction. Nevertheless, there are possible patterns emerging that bear attention.

For instance, the 1918 pandemic differs from the current crisis in that mortality was high among the 20-to-40-year-old age range, which Noymer hypothesizes could have been due to this younger group's lack of the immunity that many older people had acquired from a similar influenza strain in the 1890s.

Noymer said that another potential difference between the 1918 flu and today's coronavirus is that we might not see a summer lull in infections.

The 1918 flu had an initial "wave" in the spring, slacked off in the summer, and then resurged with a far more deadly wave in the fall.

That history has prompted many people to expect that we could see a similar pattern with the coronavirus.

While that's possible, Noymer said, "I'm really leaning toward that's wrong."

IMMUNITY IS THE BEST DEFENSE

Lull or not, the salient point is that the virus isn't going to go away. It's like marauders laying siege to a castle, he said.

We might hold off the brunt of the attack for awhile, but eventually the invaders will find a way in.

The only way the coronavirus will be defeated, he said, is through immunity. A vaccine is still a long way off — most experts are projecting 12 to 18 months — so we must continue with social distancing, wear masks while in public, practice good hygiene and quickly ramp up efforts to provide hospitals and healthcare providers with the supplies and resources that they urgently need.

In the meantime, there's one area of data collection that he believes will be crucial to understanding the virus and fashioning our response.

We've all heard by now about the critical shortage of tests. In many areas, even people who are exhibiting symptoms are not being tested for the virus, which means we are likely undercounting the true rate of infection.

But there's another, separate blood test that is also critical — one that determines if someone has the antibodies for the disease.

That would help us learn the asymptomatic rate for the virus and whether becoming infected confers immunity afterward.

That 70% infection rate that Noymer, as well as others, have speculated could include a high number of asymptomatic carriers.

It also represents the threshold for reaching a so-called herd immunity level of protection in a population.

"How many people had it and didn't know?" Noymer wants to learn. "We need to get a handle on that very soon."

PREPARE FOR THE WORST-CASE SCENARIO

When I asked Noymer how he stayed optimistic during such a difficult time, he carefully hedged his answer, noting that my question assumed a degree of optimism.

Point taken: We must steel ourselves for more sadness and sacrifice.

He did, however, offer a few glimmers of, if not hope, exactly, then opportunities for progress.

One stems from the advancements that were made in the aftermath of the 1918 pandemic, including the push to better understand infectious diseases.

The decades following saw the achievement of major medical milestones, including the discovery of penicillin and the emergence of life-saving vaccines.

In a similar vein, we could gain knowledge from this pandemic that will prove useful in the future.

Another potential area of change is that this crisis has exposed how callously unprepared we were. We knew that social distancing and pandemic-preparedness are effective strategies, but it's tragically clear that we didn't do nearly enough, fast enough.

Perhaps we've now learned that, as Noymer said, "We need to be more prepared. We have to do better next time."

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