MMITM Ep 016 (- 16 - Dr. Suzanne Donovan: The Novel Coronavirus

Announcer: From Curtco Media. What are you gonna do about.

Bill Curtis: Don't breathe. Don't touch that doorknob and certainly don't touch that friend. If you're a germaphobe like me, this is your show. We've hijacked this week's edition of Meet Me in the Middle to bring you parts of our Corona virus edition of one of our other shows, Medicine, We're still Practicing. I'm Bill Curtis. It's important politically and psychologically to separate fact from fiction and media hype from a authoritative real advice. We'll be guided through this discussion by our host of Medicine. We're still Practicing, Dr. Stephen Taback and the infectious disease specialist, and infection control expert, Dr. Suzanne Donovan. The last time Dr. Donovan was in our Malibu Studios, she shared her experiences fighting Ebola outbreaks in the West African nation of Sierra Leone, as well as her multi-decade efforts to control the AIDS crisis. If you want to be inspired by a true story of heroism, you owe it to yourself to check out our fourth and fifth episodes of Medicine. We're still Practicing. So sit back. Join me in learning a thing or two about the real coronavirus and its political and personal realities. Hey, Mike. Where's my Purell?

Bill Curtis: Welcome to Medicine. We're still Practicing, the Corona virus Edition. I'm Bill Curtis. If you've joined us here before, you've heard me introducing my co-host as the triple board certified doctor of Internal Medicine, Pulmonary Disease and Critical Care, my good friend, Dr. Steven Taback. But wait, as of today, he's the quadruple board-certified, earning the certification for stroke and neuro critical care. That's amazing. Congratulations, Steve.

Dr. Steve Taback: And I'm certifiable. Thank you very much.

OK. We've all heard about this new fangled disease out of Wuhan. China called the Coronavirus. It's the one that the World Health Organization called a grave threat to the world. Well, Dr. Taback and I have invited back an amazing doctor to set us straight on this subject. Dr. Suzanne Donovan. She's one of the most inspirational professionals

that Steve and I have ever had the honor of having on our show. She is a renowned infectious disease specialist and infection control expert with Olive View, UCLA Medical Center in Sylmar, California. So who better to help us understand the realities and the rumors around Coronavirus? Dr. Suzanne Donovan, welcome back.

Dr. Suzanne Donovan: Thank you for the invite to come back and talk about this new epidemic with all of you.

Bill Curtis: Dr. Steve, tell us what we're really dealing with here.

Dr. Steve Taback: It's Coronavirus has been around, you know, for probably millions of years. I mean, it's nothing new. I mean, it's this small little RNA particle, but it hasn't been as virulent as what we're seeing. I don't think in the history of, certainly of man. But best to talk about, you know, what this is, I think, is our esteemed guest. You know, why now? Why this little virus that has sort of caused colds and flu like symptoms? Why now is it becoming so deadly? What's going on?

Dr. Suzanne Donovan: I think we all need to remember that this is the third epidemic we've had related to a coronavirus. We had SARS in 2002, 2003, the next decade, we had MERS, Middle Eastern Respiratory Syndrome in around 2012. And now we have this Novel Coronavirus in 2020, 2019 really, initially at least identified in China. So this is nothing new. And also, it's really important to remember that our ability to detect epidemics and to detect the origin of the epidemic has changed dramatically in the last 50 years with molecular technology.

Bill Curtis: So we've just gotten better at testing for it?

Dr. Suzanne Donovan: I think we've gotten better at early diagnosis of outbreaks.

Dr. Steve Taback: But, you know, you would know if there was a pandemic.

Dr. Suzanne Donovan: That's correct.

Dr. Steve Taback: And so that would not be any mystery. But is this not more virulent than SARS and MERS?

Dr. Suzanne Donovan: Well, I think when we use the term virulent, we have to be very clear what we're talking about. Virulence refers to a disease and its ability to cause organ destruction or death to the host. The data that we have to date is that this is much less virulent than SAARS and MERS. The other thing I think it's really important to say is there's a lot of talking heads out there on coronavirus. Some that are supersmart, much smarter than I am. Maybe some that are a little less informed. And we know very little about this virus at this point. We don't know the attack rate. In other words, if we one of us had the virus in this room right now, how many individuals would be infected in the next two weeks? We don't really know that. The other thing we don't know is we don't know the case fatality rate. In other words, out of 10 people that have Coronavirus, how many will go on to die or how many will end up have having significant morbidity or disease from this ending up in the ICU, ending up on a ventilator? We have none of this data coming out of China. All we're seeing is the tip of the iceberg. The tip of the iceberg are the deaths and the people being hospitalized. We have no idea of the scope of the number of individuals that are infected, that are asymptomatic or mildly symptomatic because that data is not there. I think our most important job, if you look at MERS and SAARS or even Ebola in the U.S. is first to manage the anxiety and to manage the communication and the message about this virus.

Dr. Steve Taback: It's important that the public know about this virus so that everyone can be alerted to the dangers. I'm just unfortunately on a soapbox about irresponsible reporting and sensationalism, but I think it does a disservice to the population.

Bill Curtis: The chair of public health at Hong Kong University said that he believes 60 percent of the world's population is at risk. How does he come to a statement like that/.

Dr. Suzanne Donovan: He's doing what's called and I believe that article that he wrote, it is not yet peer reviewed. He's doing what is called mathematical modeling of outbreaks. So there's something called "are not" which would be similar to the attack rate, which is the number of individuals that are going to be infected during the time the individual's infectious. So influenza would be around one and a half. Individuals, maybe two. To put it in perspective, measles would be around 15 to 17. Well, I'm much more concerned about a measles case, which we had recently in Los Angeles, coming in than

a case of Coronavirus. So if you look at the handful of cases that we've had in the U.S., we're not seeing exponential growth here in the US.

Bill Curtis: What's the difference between having the flu and having Coronavirus?

Dr. Suzanne Donovan: That's a great question. I would say for most individuals with a coronavirus, which we diagnose all the time in the U.S., it's like having a cold. You're more likely, probably, to feel a lot sicker with the flu than you would for the run of the novel coronavirus. This particular coronavirus, we don't quite understand the dynamics of what it does in individuals yet. What we do know is that there appears to be a lower rate of complication in the pediatric population for reasons we don't understand. What we don't know is whether this corona virus is going to be like SAARS. during the SAARS outbreak the virus responsible for SAARS was able to change its genetic code to become more virulent, to actually become more dangerous to the human hosts. That did not happen to the MERS outbreak and we don't know what's going to happen with this virus. And so I think we have more unanswered questions about both the clinical presentation of what happens when someone gets sick, but also the dynamics of the infection. Why do younger individuals not get as sick as older individuals?

Bill Curtis: Is there anything, any symptom at all that you can tell us is unique to coronavirus that is different than the flu?

Dr. Suzanne Donovan: I would say there is nothing that would distinguish a bad cold from someone with coronavirus.

Bill Curtis: So how does our hospital know to test for corona virus?

Dr. Suzanne Donovan: So the current CDC criteria, because it's different in every country, the current criteria is that you have a combination of clinical symptoms and what we call epidemiologic risk factors. So epidemiologic risk factors is where have you been and what have you been doing.

Bill Curtis: Stuff we ask our kids all the time.

Dr. Suzanne Donovan: So where have you been? Have you been to China? And what part of China is number one? And number two, what symptoms are you having? And the symptoms are looking for is a fever and respiratory symptoms. important to remember...

Bill Curtis: Respiratory meaning I'm coughing and congested.

Dr. Suzanne Donovan: Cough and short of breath or a fever. If you have a strong epidemiologic risk factor, you're from Wuhan or you're in a household with someone from Wuhan who is symptomatic and you have symptoms of a fever or a cough that hospital E.R. should call public health and they will confirm that. And then they will authorize screening. No doctor in this studio can order this test. It's not orderable through a private lab.

Bill Curtis: This incubation period that they've been talking about, which is two to 14 days, basically anytime during that time, you can essentially be a carrier. Right. And you can give it to people?

Dr. Suzanne Donovan: Let's talk about those terms. A carrier is different than someone who has mild symptoms versus someone who is symptomatic. There was one case reported out of Germany that was published as a letter in the New England Journal of Medicine, stating that an asymptomatic case transmitted the virus. However, it appeared the authors did not talk to the patient.

Bill Curtis: Perfect.

Dr. Suzanne Donovan: Yes. So they wrote up the communication and it turned out the case was symptomatic. But what is very important to remember is for most, the vast majority of infections, there is a very clear relationship between the amount of virus in your body and your symptoms. What that means is you're most likely to be infectious when you have symptoms. And the way you transmit Coronavirus, the main way to transmit Coronavirus is by coughing and depositing droplets on you. You're three feet away from me. So I could infect you. If you're asymptomatic the only way you can transmit that virus is by touching your mucous membranes and then touching a surface

and then you would touch it. This is a very low risk issue. We need to focus in on the symptomatic population.

Bill Curtis: Does this live on surfaces at all?

Dr. Suzanne Donovan: Yes, it does.

Bill Curtis: For how long?

Dr. Suzanne Donovan: Well, I'm, I would love to find that out. Right. So we're still getting environmental surface data, but we know in general, corona viruses are what are called envelope viruses. So they have a little protection around themselves so they can persist on surfaces for even over a week, which is why it's very, very important...

Bill Curtis: You're killing me Suzanne

Dr. Suzanne Donovan: In this country we do not have ongoing coronavirus transmission. I see here where we live, many students, many individuals wearing masks. And I'm wondering, the only reason to wear a mask is if you're having symptoms.

Bill Curtis: Or if you're robbing a bank.

Dr. Steve Taback: They're wearing a mask for self protection.

Dr. Suzanne Donovan: There is no reason to wear a mask in the absence of you having symptoms or you're going into a hospital and you're gonna be seeing a patient.

Dr. Steve Taback: But only when you're working with a patient who has coronavirus.

Dr. Suzanne Donovan: Exactly.

Dr. Steve Taback: So we're not advocating and you're not advocating, I'm sure, using a mask of any kind to be in the general population, whether you're on an airplane,

whether you're having dinner in Chinatown. There's little reason to be doing that in this country.

Dr. Suzanne Donovan: Where there's two reasons not to do it. Number one, for what you just said, and number two, we now have an international shortage of both categories of masks.

Dr. Steve Taback: So what can the general population do without becoming hysterical to protect themselves in a general sort of way, day to day? We've already said that they shouldn't be walking around with masks. Does it help them to use hand sanitizers? Alcohol based sanitizers? Or should we be washing our hands more frequently? Or does none of that really have an impact?

Dr. Suzanne Donovan: Hand sanitizers can be used for coronavirus. Anything that has a high enough alcohol content will kill Coronavirus. I think the problem when we talk about hand sanitizers is there, that's a big market and you can have varying degrees of alcohol.

Bill Curtis: Is Purell a hand sanitizer that works here?

Dr. Suzanne Donovan: Yes. And the reason I like hand sanitizers is it's very convenient. You can carry a hand sanitizer with you. You frequently do not have access to soap and water in many places. So I, if you're traveling, bring a hand sanitizer with you.

Dr. Suzanne Donovan: Is that effective against the flu as well?

Dr. Suzanne Donovan: Yes, it is.

Dr. Steve Taback: Back in the category of allaying concerns, would it be safe to say for our listeners that those people who thus far that are dying of the Coronavirus, the novel coronavirus, are people who are more elderly, more infirm, more immuno-compromised? The typical death that you see from the influenza virus, the recent H1N1, you know, notwithstanding from a decade ago or less not.

Dr. Suzanne Donovan: 2009, yeah.

Dr. Steve Taback: But is it not safe to say that really those people who are most at risk are those people who are elderly, infirm, immuno-compromised?

Bill Curtis: Isn't it the same with the flu?

Dr. Steve Taback: It is, indeed. And that's the point. I mean, it's a national security issue, is it not? If we're if the media is propagating this panic mentality. Yes, you can certainly say that there's no reason for panic at this juncture. And yet the media is fanning the flames of panic because that was as was going to get people to tune in to their show. But what they should be saying is just the opposite. Yes, it's dangerous. It's serious. But at this juncture, they should be saying there's no reason for alarm.

Dr. Suzanne Donovan: I think it underscores something we talked about in our last show is the grave importance of supporting our public health agencies, both here in this country and internationally. And I believe I mentioned in the last show that our current government cut back funding for both the CDC, which trickle down the cutbacks in the public health departments who are the first responders to every epidemic. They also cut back funding for international laboratories that were scattered throughout the world where the focus was on emerging infections. And I think instead of talking about, you know, concerns about getting on a bus or going into Chinatown or am I safe on my school campus, we really need to focus attention on supporting our public health agencies.

Bill Curtis: Well, I mean, I want to talk about that a little more in a minute, but we're going to take a quick break while I see what it takes to go live on the moon. We'll be right back.

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Theme: What are you gonna do about.

Bill Curtis: So it turns out that the moon has decided to quarantine Earth. And I can't go, but we're back. So Tedros Adhanom, World Health Organization director general. He addressed 400 researchers as he entered the Geneva WHO. meeting. I think there was today or yesterday. Can you tell us a little about that meeting?

Dr. Suzanne Donovan: WHO, for those of you that are not familiar with, it would be kind of like the CDC for the world. And I think people's.

Bill Curtis: World Health Organization.

Dr. Suzanne Donovan: Stands for World Health Organization and.

Bill Curtis: Who runs it?

Dr. Suzanne Donovan: It's based in Geneva and it's funded by any country that ends up donating. The U.S., I believe, has cut back on their donations. But it's funded.

Bill Curtis: We need to talk about that later.

Dr. Suzanne Donovan: Yes. What most people don't realize is it's severely under-resourced and in fact, I think during the Ebola outbreak, CDC was more well resourced than the WHO. And so they're very dependent on each country providing resources to support both the epidemiology and the response to these outbreaks. They don't have a clinical arm so really what they're focused in is on public health, the public health response. And so they were finally allowed to go into China to do their investigation. And actually the individual who's leading that effort led the effort during the Ebola outbreak. And he's very well-regarded. I was very discouraged that the CDC team, as of yet, has not been clearly invited to join the WHO team.

Bill Curtis: So let's go back to our director general as he addressed these researchers in Geneva. And he he made three points that I want to go over with you. He said this outbreak is testing our political solidarity, whether the world can come together to fight a common enemy that does not respect borders or ideologies. It's a test of financial solidarity, whether the world will invest in fighting this outbreak now or pay more later

and deal with its consequences. And in a test of its scientific solidarity will the world come together to find shared answers to shared problems? Let's talk about those individually for a minute.

Dr. Steve Taback: OK.

Bill Curtis: The political solidarity, the borders and the ideologies, how do you expect that that's going to be affected by this process?

Dr. Steve Taback: Well, it's very interesting. I don't think that we are all going to come together in a kumbaya moment. And yet I think if there if the tides change politically in this country, we will certainly do better than what we have done in the past. But I think there has been a movement that is gaining certain momentum. When you're talking about climate change, that this is not too far off from the same issue and certainly affects us epidemiologically. The World Health Organization is doing the best they can with limited resources. But I think that it's wide open for somebody to come and organize countries in a way that is really beneficial epidemiologically. And also on the climate scale issue. Everyone talks about the problem, but have you had anybody really suggest a reasonable solution?

Bill Curtis: I think that's a time frame issue. I think that people in other countries, as well as some people in our own, believe that the climate change issue doesn't affect us as our generation. And so they're not worried about it where this might ruin your February.

Dr. Steve Taback: But my point is, well, we need to do. And I don't have this misapprehension that this podcast is going to do it. But I think people talking and communicating hopefully will help stimulate and inspire people to organize, to come up with solutions globally.

Bill Curtis: The second item was it's a test of financial solidarity, whether the world will invest in fighting this outbreak now or pay more later and deal with its consequences. What's your position on that?

Dr. Suzanne Donovan: He's speaking to the fact that the WHO is critically under-resourced. And I don't think most people understand when they made the distinction of calling the Coronavirus an epidemic of international importance. I think people were thinking, oh, that's just like a label. It actually means something. It means that they are asking specifically for money from participating countries. When they make that call it's asking for reason.

Dr. Steve Taback: Vis-a-vis it's a national emergency. Therefore, you can get federal funds to your local states. It's mobilizing funds worldwide.

Dr. Suzanne Donovan: Exactly. And up until recently, the U.S. has been the leader in outbreak response, even if the outbreak has not been in this country or this continent. We've been the leader. We've been the expertise. There's a reason why the Chinese public health department is called the Chinese CDC. It's because we train them. So the fact that we are not on the ground in China during this epidemic is really disconcerting because we have the expertise, we have the experience, we have the knowledge, the ability to work with a lot of different systems. And it's really a political crime to not have the involvement at this level that we have to offer.

Bill Curtis: It's a test of scientific solidarity. The world comes together with a goal of finding shared answers to shared problems. You expect that that's going to happen in this case?

Dr. Suzanne Donovan: Well I'm an optimist. I'm an eternal optimist. That's the purpose of WHO. I just love what he said. And I would hope that we combine financial solidarity with scientific solidarity. And that is the function of WHO and it's the function of every country really in the world that has the resources to cooperate. Share data and support the WHO's efforts.

Dr. Steve Taback: So is that what we should be doing then? Globally, just supporting WHO or do we need some other governing body worldwide, a group of physicians from every country coming together to be more political than the WHO is capable of being?

Dr. Steve Taback: I think there's other groups of physicians that come, you know, to come together for responses. But the purpose of the WHO is really to be the

international response to epidemics and pandemics. And if we don't support them, then we're each doing our own thing and really looking after our own interests. And the WHO technically should be serving the world's interests and not a country's interests. Even though it's based in Geneva, it's not just Swiss physicians. It frequently will use the resources from the CDC. It works very closely with NGOs, non-governmental organizations like MSF, Doctors Without Borders, International Red Cross, many other organizations. So I really do support what he has said, whether he's going to get the support and WHO will get the support. I am concerned because I think the U.S. has traditionally been a leader in this area and I don't see us being a leader.

Bill Curtis: Why?

Dr. Suzanne Donovan: Why?

Bill Curtis: Yeah.

Dr. Suzanne Donovan: I think it's our current administration.

Bill Curtis: I mean, is it a political thing whether we get involved in something that is so apolitical?

Dr. Suzanne Donovan: I think it's an approach that we focus on U.S. interests to the exclusion of other countries, whether it's an economic, whether it's an immigration, whether it's global warming or whether it's outbreak.

Dr. Steve Taback: It's a political platform, I think, of our current administration.

Dr. Suzanne Donovan: Yeah.

Dr. Steve Taback: If it was, you know, the former administration, I think there would be much more far reaching in terms of, you know, a global support and supporting other countries.

Bill Curtis: But we have some of the best scientists in the world here in this country. And we have some of the best doctors. And, you know, we have Suzanne Donovan.

Dr. Steve Taback: Right. And she's involved globally. But there's 7 billion people and there's only so many people she can take care of.

Bill Curtis: But if Suzanne is willing to get involved globally, that happens outside of the purview of our government. Right?

Dr. Steve Taback: True. But I mean, Suzanne is not going to be able to fund.

Bill Curtis: Let's talk about her like she's not here.

Dr. Steve Taback: She's not going to be able to fund the World Health Organization in any appreciable degree. That money is going to have to come from governments.

Bill Curtis: Is it a money thing, Suzanne?

Dr. Suzanne Donovan: I think it's a combination of financial resources, whether it's for protective equipment, for education. WHO, one of their huge charges or large charges that they do, is education and developing resources within each country so that that country can become its own leaders in public health and epidemic response. Many those resources have been cut back over the last five to 10 years. In 2014, we had expanded support for public health in this country and for international labs to evaluate emerging infections. And the support for those labs have been cut recently.

Bill Curtis: Is it that financial support that leads to a vaccine?

Dr. Suzanne Donovan: It's not just financial support that leads to the vaccine. I mean, if you look at what happened with the Ebola vaccine, a lot of that is other agencies like the Gates Foundation coming together to lead the charge. I don't know that WHO is going to lead the charge for vaccine. I suspect it's going to be other entities. And I think people are looking at vaccines, are looking at medications, are looking at quick fixes. The foundation to respond to any epidemic is basic epidemiology, putting people on the ground, doing contact tracing to every case so that you stop the chain of transmission. And I don't believe that happened at the beginning of this outbreak in China. And unfortunately, I don't even know that we have any data of where this outbreak

originated. We know that some individuals had exposure to a live animal market. I don't see any data from that live animal market that any of those animals had this novel coronavirus.

Bill Curtis: So, Suzanne, you've probably had to experience this before the dealing with a virus that is considered an enemy that doesn't respect borders or ideologies. Can you tell us a little about when it's worked, when you think that we've been co-operative as a world? And will it come together this time?

Dr. Suzanne Donovan: I think the outbreak that we had in Liberia and Sierra Leone in 2014 where WHO worked with non-governmental organizations and the CDC. I think it worked very well. It was late. It was a very late response, but it did come together. It did not happen in the most recent Ebola outbreak where I think people had what we call outbreak fatigue. You know, it followed, you know, a two year outbreak and.

Bill Curtis: Really eh, the hell with it.

Dr. Suzanne Donovan: Yeah. The hell with it. It was in the DRC where, you know, most people don't even know where that is.

Dr. Steve Taback: It wasn't global, at that point.

Dr. Suzanne Donovan: It wasn't global. It didn't really impact us in the same way where the entire Western Africa was impacted. My sense politically, being someone older, is that we've shifted to a much more isolationist point of view. And I've always made an argument that we're one plane trip away from an outbreak. I know that's not going to make you feel good. But that's true. We can pull in our guns, build walls, shut our borders. But whatever is happening across the world is going to make its way here.

Dr. Suzanne Donovan: Suzanne, can you give our listeners a couple of go forward thoughts that you can leave them with so that they can have a good sense of what's happening with this virus? What are the three points that we should know about it?

Dr. Suzanne Donovan: I think when we reflect on the Coronavirus outbreak, I think we need to remember we've been here before. We've experienced two prior Coronavirus

outbreaks and we've learned a lot from those outbreaks. The hospital system in the U.S. has tremendously improved its infection control response. And there's some simple things people can do to protect themselves against coronavirus and flu viruses. You've already heard those. Wash your hands. Stay home if you're sick. But the other more important thing is, is more of a global approach, is really supporting our public health system. The foundation of responding to any epidemic or even better yet, preventing epidemics is supporting the CDC, the WHO and our local public health departments.

Bill Curtis: So, Dr. Donovan, where should people go to get reliable information, other than this show, of course, going forward?

Dr. Suzanne Donovan: The CDC has a fantastic site for novel Coronavirus and in fact just go to the site because you can pretty much learn about any recent outbreaks that are going on in the U.S. or internationally. But they have a really good site for the public. That gives you up to date information. You can also go to the WHO site, which also gives you more of an international slant. But the CDC site for people in the U.S., this is a really fantastic resource.

Bill Curtis: Dr. Steve, with all that Dr. Suzanne Donovan said about, we really don't know everything about this virus yet. We really picked the right name for this show. This is medicine. We're still practicing.

Dr. Steve Taback: Indeed we are every day.

Bill Curtis: Dr. Suzanne Donovan, thank you so much for coming.

Bill Curtis: And I'm sure either next time I sneeze or next time we get a chance to have you back here, we would be honored tp have you come.

Dr. Suzanne Donovan: Thank you very much.

Bill Curtis: Thanks for joining us. We'll see you again next time.

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