

Dr. Delgado COVID-19 Update 4-15-20

MOVING FORWARD

As of now, some 50 vaccine candidates, nearly 100 potential drug treatments and hundreds of clinical trials are underway or are in development. This mobilization of minds and resources is unprecedented in both its scope and its urgency.

This entire episode in history could be promptly curtailed if a treatment or vaccine were to prove effective against Covid-19. If this fails to materialize for the foreseeable future, it would imply that we will need to ponder a new definition of what a “return to normal” entails in regards to behavioral and societal norms.

Any avenue forward must come with new restrictions, both individually and as a collective, for our society. This will entail governmental leadership and cooperation, acceptance of different norms as to public activity and interaction and lastly adherence to these new parameters by a willing population. Only this interplay of factors will allow the “new normal” to begin its formulation. So, getting to the new will necessitate not harking back to what it was, but accepting the change and the subsequent predictability it will offer.

Social distancing will remain essential. A virus cannot spread unless a host, humans in this case, become exposed and allow it to replicate. This offers the only tangible action that will slow or prevent its continued course. Until a vaccine emerges, any event involving close quarters of individuals or groups will pose a risk and this parameter will need to remain in place.

The key, it appears, will be to establish a cogent policy that will clearly identify and help discriminate those allowed to begin movement back into society. A simple and consistent calculus has emerged, from numerous investigative bodies, that logically suggests how this might proceed.

Continue to self quarantine until the rate of infections has not only plateaued, but diminished significantly. Institute societal testing on a massive scale. Testing should include both continued testing for acute infections and also for serological status in regards to potential immunity. Those who are post infectious or deemed to have adequate serologic responses would be allowed to resume restricted activity. This would entail the resumption of activity with the continued wearing of masks, current social distancing parameters and avoiding interaction with any groups of 10 or more. Anyone without evidence of a past Covid-19 infection or immunity, would be need to be sequentially tested. If they remain clear of known infection, they would eventually be granted some measure of easing in their restrictions. They would only be granted this “societal pass” if they committed to the current rules of restriction, sequential testing to follow their status and agree to epidemiological “peer tracking” of their movement socially.

Sound too daunting? Well, it’s already being done. In Asia, the easing of restrictions has slowly started and it is based on the premise of extensive epidemiological tracking in combination with large scale testing. These current rollouts offer us a roadmap as to how to proceed and grant us both the data metrics to assess the level of success and what potential modifications we can incorporate as we ourselves begin this process.

“Peer tracking” allows, via your cell phone’s encrypted bluetooth, the anonymous sharing of data as to an individual’s location. This technology

can therefore offer a collective map as to any users location within a signal range, during a specific period of time, that may have been in the vicinity of a suspected or newly positive case.

It's already being used in Singapore. In addition, some cell phone apps have arisen to the same effect. These technologies offer the ability to send infection alerts to both public health departments for tracking and to those individuals deemed exposed as a notification to resume isolation.

This would allow health agencies to follow those selected for a resumption of isolation and confirm if they are adhering to the recommendations. This has many constitutional implications, but if instituted universally for all, at least in the short term, the benefits to our society would seem to outweigh any legal arguments from individuals that would emerge.

Lastly, as bleak as this may appear, imagine the billions of people who have yet to be exposed to this spread and who don't have access to any protective measures, the ability to social distance, any testing or viable medical treatment. This offers some perspective as to how important every measure an individual takes locally now can impact us moving forward globally.

SEROLOGIC TESTS 5.0

I am well aware that the current timeline to institute serologic testing appears pressing to all of us, but choosing any serological test for the sake of expediency won't just do. We must proceed with caution and sensibility and do so in a methodical fashion. This approach remains paramount.

A test's methodology needs to be considered. Moreover, its probability of yielding accurate results is critical, superseding expediency, as to the confidence with which any clinical

recommendations and potential assurances of immunity occur. The data from the many serologic tests becoming available is varied and is based on studies that have only begun over the last few months and not necessarily replicated, but only inferred.

First, sequential serologic testing is indicated. One result will not be sufficient. Repeated tests with consistent results, ideally via different labs or methods, would increase the likelihood as to the accuracy of your immune status. Second, and most importantly, it still remains unclear as to whether a noted immune response offers absolute immunity and if so for how long?

I reiterate these facts from previous notes I have shared and they remain available on my website ricardodelgadomd.com. I have consistently indicated, so as to temper the current fervor and belief, that any one positive serologic test result does not automatically confer either accurate or absolute immunity.

TEST STATUS

As predicted, the tests ordered for our office appear to be delayed due to demand and are now scheduled to be shipped next week. I will keep you abreast of any further updates and will immediately notify all of you when I receive a notification that they have shipped. We remain vigilant in following this matter and in communication with the supplier in any attempts to expedite this process.

I would respectfully request you remain patient as the delivery of any medically related item during these times remains challenging.

If you are able to obtain testing elsewhere, I would urge you to do so, forward your result and then proceed with a repeat via our test. Sequential testing will only increase the validity of your presumed immune status.

HOSPITAL UPDATE

Hospital access, resources and capacity remain adequate to meet our communities current need.

Of note, those presenting to the ER with suspected cases are being tested and results are generally available within 15 minutes. Additionally, if the initial testing is negative and clinical suspicion is such to merit a second confirmatory test, these results are now available within 24-36 hours. While availability still poses challenges, the turnaround time has vastly improved over the last several weeks.

FINAL THOUGHTS

Continue to care as to your health with regular activity and consistently appropriate dietary choices.

Continue to connect and commit to other people. Technology offers us so many avenues by which to maintain and grow your sense of family & community. Continue to pursue these connections.

Lastly, ask for help. Seems simple, but we remain ingrained in our belief that everyone is going through the same thing so we hesitate admitting to our struggles and asking for help so as not to burden others. Please do so. We all, especially now, need each other.

My staff and I remain available to offer any assistance that may be required.

R. Delgado, MD & Staff