

5/11/20-- Uinta County COVID-19 Update



HOW DOES COVID COMPARE TO THE FLU? (AND OTHER THINGS?)

--There are some similarities but also some big differences

In short, "It's more contagious, more deadly (particularly for older people,) and it has a greater potential to overwhelm our healthcare system."

It's an easy jump to put COVID-19 in the same category as the seasonal flu. Both are respiratory illnesses, spread through droplets, and share some common symptoms (headache, fever, body aches.) Both can be prevented through handwashing, coughing into the elbow and social distancing.

In Uinta County, where we have not seen many cases, and where the cases have been mild so far, it might seem to make sense to think of it as "another flu," and feel that it has been overhyped. It's a fair question.

It is definitely true that the understanding about the Coronavirus (SARS-CoV-2) is evolving as new information continually comes to light, and we will continue to broaden our understanding of the virus, the way it affects the body, the rates of infection, and the fatalities.

According to current research and evidence, though, there are some important differences that make them not a great comparison.

These are some of the key differences, and the reasons behind the strong health reactions/interventions:

1. It is much more contagious. Because it is a relatively new virus to humans, there is no natural immunity to it, and that means that any one of us could get it. With no vaccine, there's not an effective way to slow it down, other than through social distancing.
2. COVID-19 appears to be much more deadly—like 10 times more. The death rate for flu is around 0.1%. The current best estimate for Coronavirus is 1.0% (10 times greater than flu.) Also, it's important to remember that the flu death counts used are for an entire year, or October until the present, while we've only been counting coronavirus deaths since January, and with strong control-the-spread measures in place.
3. COVID-19 spreads more easily than the flu. The incubation time from exposure to first symptoms for the flu is 1 to 4 days, which is short compared to 1 to 14 days for the Coronavirus. And symptoms last longer for COVID-19, from 7 to 21 days, compared to a week or two for the flu. Asymptomatic spread has also made the challenge of controlling the spread harder.
4. There's no good therapeutic treatment for COVID-19 yet, though the drug Remdesivir is showing some promise, thankfully, and is in trials.
5. It has a higher potential to overwhelm our health care system, due to spikes in cases, and harm people who have other conditions. This was one of the major reasons for taking measures in Wyoming to prevent the spread: Our healthcare systems could easily become overwhelmed.

It would be irresponsible even for places small and spread out like ours to ignore the information that is most useful for predicting the future, which is looking at what has happened in the recent past.

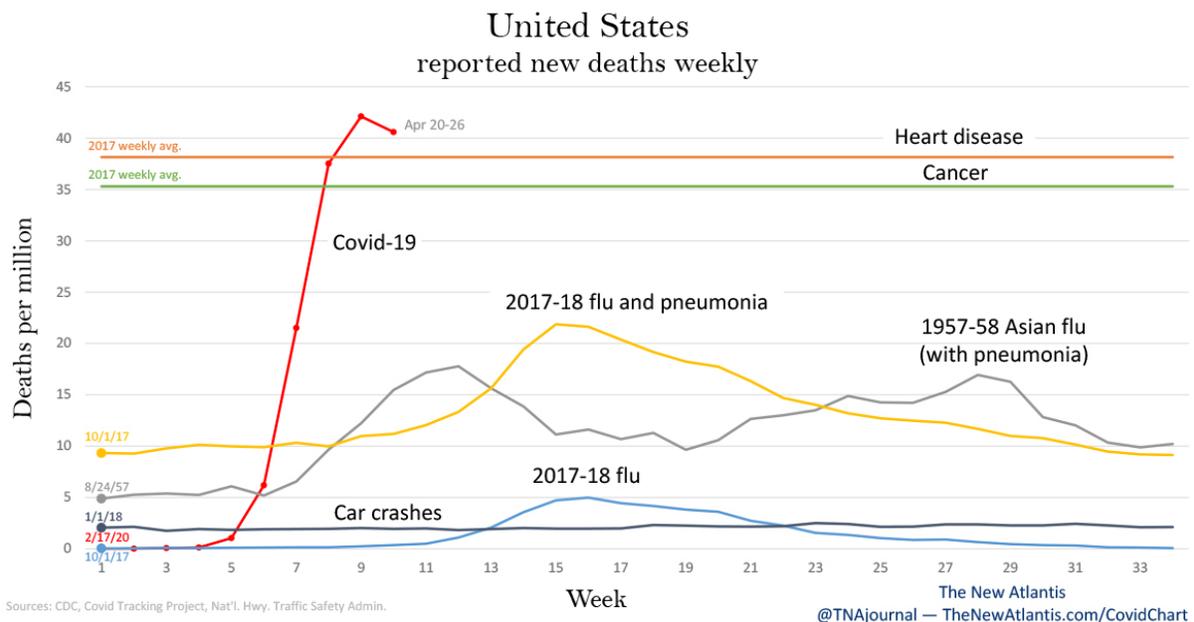
Others, looking at totals, might be tempted to compare it to other causes of death, such as vehicle crashes.

This also is not an apt comparison, for one, because we don't know yet how many deaths there will be from COVID-19. The death rate for car accident deaths is pretty stable and predictable. It isn't increasing exponentially; car wrecks aren't contagious. In contrast, the death rate from the virus can increase exponentially because it is contagious. Someone with the virus can infect two to three others.

To make it a fair and good comparison, you would have to imagine that in a two week period, you would see car accident deaths increase by a factor of 10, and then to increase by another of factor of 10 in the next two weeks, and so on. If that were the case, there would definitely be concern and calls to limit driving. It's a false equivalency.

Ideally, the measures put in place will limit the spread sufficiently, buy enough time to develop a vaccine and therapeutics, and that will reduce the risk of the disease to a risk rate similar to that of car crashes and seasonal flu. But it's not there yet.

Also, if you look at new deaths each week (which is shown in the graph) and compare COVID-19 with other causes, seeing the spike provides clarity for why it is important to take measures, and that there isn't much of a comparison.



The Deaths in Context:

“Even with limits of the available data, we can still draw some reasonable conclusions about how COVID-19 compares to other causes of death—and about what these comparisons often miss:

- Different time scales: We’re still relatively early in the pandemic. There is uncertainty in how it will play out. Other causes of death are yearly totals.
- A Spike: COVID cases and deaths show spikes, whereas other causes of death are relatively stable.
- A Leading Cause of Death in the US: Several weeks ago, coronavirus deaths were few in comparison with other causes. But in the last few weeks, reported US COVID-19 deaths were just shy of the normal rate from heart disease, usually the leading cause of death.

“Any serious attempt to put coronavirus deaths in context by comparing it to some other cause of death in a previous year must acknowledge the marked differences in the COVID-19 trend—most notably, the rapid spike in deaths that is still underway, and the wide range of uncertainty about when it will peak, how high it will peak, and whether it will peak only once. As long as the pandemic is rapidly spreading, these comparisons will be fraught.”

”Perhaps a better way to state the danger posed by the coronavirus is just that we cannot easily compare it to any precedent in recent history. Nor do we need to dispute the projections about future deaths to recognize what has happened already.”

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