

UCSD epidemiologist says: San Diego's 'not ready' to return to normal from COVID-19

BY BARBARA GRAF

“We are not there in terms of controlling COVID-19 and therefore not ready to resume normal business and social activities,” epidemiologist Dr. Wael Al-Delaimy said in an online interview with La Jolla Community Center members this month.

Al-Delaimy, a professor of global health in the Department of Family Medicine and Public Health at UC San Diego and associate director of UCSD's Institute for Public Health, said he was hopeful in mid-April when reviewing San Diego County's number of cases, but in more recent weeks, the San Diego “curve” (though with some ups and downs) had continued to rise.

“I think there has been impatience by the public and the problem of miscommunication and misinformation out there,” he said.

What's missing, he added, is adequate capacity to do what is referred to as tracing.

“If someone comes to the hospital and they are tested positive for COVID, we need to trace all those individuals that this person has come into contact with and follow up with those suspected as being in contact with COVID-19,” he said.

Estimates indicate it would require up to 40,000 people to conduct the tracing and follow-up to cover the entire state, he said.

“I consider myself a skeptical epidemiologist and I err on the cautious side,” he said. “Right now, it's too early; the data doesn't support opening up and we don't have the capacity and resources.”

To Al-Delaimy, the isolation and other restrictions brought about by the coronavirus outbreak represent “a new social norm” that we should get used to. “Patience is required,” he said.

Al-Delaimy emphasized that his remarks were not intended as a representation of an official stand of UCSD.



Dr. Wael Al-Delaimy, an epidemiologist at UC San Diego, pictured during a previous speaking engagement, addressed COVID-19 questions during a La Jolla Community Center online interview this month.

During the interview, he answered additional questions submitted by La Jolla Community Center members:

Q: My question has to do with the difference between the coronavirus and COVID-19. The virus causes the disease (COVID-19), but if the test to identify the virus is positive, why are those people being counted as having COVID-19? Isn't it true that up to 25 percent of people with the virus exhibit no symptoms, so the virus has not developed into the disease? This method of reporting seems to overestimate the numbers of COVID-19 victims, causing more fear in the population.

A: It is important that if someone does not have symptoms, we still want to know how much the disease is spreading. Only 20 percent require hospitalization; the other 80 percent are carriers or have milder symptoms. We want to know who the carriers are and how much they are out in the community. Ignoring these individuals would be a mistake — we would be missing 80 percent of the cases.

Q: I plan to travel and stay in hotels. Can COVID-19 be transmitted in the ventilation

system if someone who has the virus in the hotel coughs?

A: We still don't have a very good understanding about hotels. One study in China traced a group of people who got infected eating in the same restaurant that had the windows closed. It was unlikely that those infected got it from the one person that was infected, since they were all not sitting close in the restaurant. The assumption was the infected person was sitting near the ventilation system and that circulated the virus to others in the restaurant through the ventilation system. However, there was no evidence of the virus in the ventilation system. But the virus could have circulated in the air during that period. We do not know if going through filters protects individuals from the virus.

Q: We know that most people who are exposed to a virus develop long-term antibodies and are at least protected from getting reinfected by the same virus for a while. Why don't we know this for sure about COVID-19?

A: The area of antibodies of COVID-19 is still an uncharted area. Antibodies are produced in our body when we get an infection — our body becomes immune because it's developing antibodies against the virus. Regarding COVID-19, we might have the antibodies but we are not sure if that is protective.

The influenza virus has different strains, so it can infect the body again each year and so we receive a new vaccination for that influenza type yearly. With COVID, we simply don't know — it may be like influenza and changes yearly.

Let's not confuse the antibodies we develop in our bodies with the tests currently being developed for detection of active cases. These tests measure the level of COVID-19 in the body. The problem to date is that the current test kits are not as good as they should be and have lower than needed

specificity and sensitivity. They can miss positive cases.

Q: Discuss the current drug treatments for COVID-19.

A: There isn't anything really solid. A study from China involving antiviral drug remdisivir found that these drugs are able to decrease hospitalization by 30 percent, so, for example, patients would be hospitalized for 11 days vs. 15.

But we don't know the drug mechanisms in many of these situations. The FDA [Food and Drug Administration] didn't go through this lengthy evaluation since the drug has already been approved as being safe with a set dosage, so FDA is allowing it to be used.

Q: Please discuss herd immunity.

A: This is related to how the disease is spread. Since we have zero vaccinations, everyone can become infected. The cutoff is 75 percent — when we have enough people either vaccinated or immune, even the infected cases will not spread. But we don't expect to have the vaccination before the end of the year, or it could be a year and a half.

Q: How long and how many times can a paper mask be worn by the same non-infected person?

A: You can use the same mask as long as it's not soiled or damaged or wet. But don't come in the house and have the mask lying around — put it in the garage or closet and then wash your hands. The benefit of the masks is that they prevent us from transmitting to others if we have the infection and limits the amount of droplets we breathe in — the larger droplets. But it's fine to reuse multiple times.

Q: Is there any information on COVID-19 cases decreasing during warmer months, and what about environmental changes, e.g., climate change?

A: COVID-19 can survive in colder weather. The flu survives in dry, cold weather vs. warmer/humid weather. We will know in the next few months. We do know that when air pollution is

high, it exacerbates the infection and ability to infect the lungs.

Q: How does COVID-19 compare with the flu?

A: COVID-19 is 10 to 20 times more contagious than the flu. It has a strong capability of entering the respiratory system even through small numbers of viruses.

Q: The virus is highly contagious but more deadly in the older, over-65 generation. There has been some data in the news lately that suggest the MMR (measles, mumps, rubella) vaccine somehow gives people born after 1971 some protection from getting hit as hard as the older set. Have you heard anything about this?

A: One study that is correlational/observational showed that MMR vaccine after 1971 gave some protection. It matched MMR among veterans in the Army, since as adults they receive the vaccine. It found that most did not need hospitalization, but this could also be age-related. But the study is suggestive that the immune system could be a stronger presence in the face of the virus.

Q: What can we do to improve our immunity, with respect to diet, vitamins and supplements?

A: As far as we know, trace minerals and vitamins [are] essential for an efficient immune system. Herbs and antioxidants, we really don't know. I like black cumin (only a half-teaspoon daily), which has been shown as being very powerful to boost immunity.

Let's not forget the importance of being physically active and reducing stress in our lives.

Barbara Graf is director of marketing for the La Jolla Community Center. The center provides a variety of online classes and events, including its Distinguished Speaker Series. The next scheduled online Distinguished Speaker Series event is slated for Tuesday, June 9, with a presentation by 94-year-old Elaine LaLanne, an author, fitness proponent, motivational speaker and wife of late fitness icon Jack LaLanne. She will provide her recipe for health and

longevity. For more information, visit ljcommunitycenter.org. ♦