

Iowa Farmer Today

Choose safety: As states open, take steps to protect each other

By **Stephanie Leonard**

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Photo courtesy Steph Leonard

It's April 29. As I write this, Iowa reports 6,800 confirmed COVID cases, including over 140 deaths (the highest single day fatality count reported today), 23 long-term care facility outbreaks, multiple plant closures and rapid-spread case clusters across the state.

By the time you read this article, these numbers will be out-of-date.

One case at a time, many of you and your families have already been personally impacted by COVID illness or loss.

Nationally, there are more than 1 million confirmed cases — about one-third of the world's cases — and over 60,000 deaths.

Daunting as they are, there is wide agreement that these numbers of tested, confirmed COVID cases underreport actual cases. Studies suggest that 25-50% of coronavirus cases are asymptomatic or produce mild symptoms — meaning they go virtually undetected and uncounted.

Put simply, testing and reporting lags far behind infection spread, making it impossible to provide a real-time assessment of a situation in rapid flux, or to assure any area or community is unaffected. The high contagion and two-to-14-day period between virus exposure and development of illness help provide cover for undetected spread.

More knowledge

Health providers' and researchers' observations and studies are contributing to the bank of knowledge about the disease, with new findings emerging daily.

Early information categorized COVID as a respiratory disease, emphasizing particular risk for the elderly and those with preexisting conditions — heart disease, diabetes, high blood pressure, obesity and immune compromise.

But new information is emerging about the range of effects and courses of the disease — that it can attack multiple systems in the body, for healthy as well as vulnerable people.

Recent studies have found that cancer patients — particularly with blood or lung cancers — have higher risk of severe complications or death if infected, and that the virus disrupts blood clotting mechanisms in some patients, leading to increased stroke risk, even among younger otherwise-healthy patients, or those already on blood thinners.

Based on health providers' and patients' observations, the CDC has added six widely observed symptoms (in addition to cough, fever, and shortness of breath) to help people recognize potential infections. These include:

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Better awareness of the range of symptoms and COVID effects among different people can prompt individuals to seek early consultation from their health providers.

New reality

At its onset in my county, the virus spurred a flurry of activity among local officials coordinating emergency and health services, supplies, protective equipment, testing services and resources, as well as predictable fear, worry and speculation among citizens.

Eight weeks feels like a time warp. During this time, we've learned to "socially distance" — or "physically distance," a term some prefer emphasizing the need for emotional support while physically apart — putting the minimum six feet between ourselves and others to prevent infection spread.

We're learning to make do with less and to appreciate, protect and respect our health, frontline and essential workers more.

Our national and local public health experts warn this is no time to let up.

National Institute for Allergy and Infectious Disease Director Dr. Anthony Fauci warns that a second wave of infection "is inevitable." Given the likelihood for overlapping with seasonal influenza, the second wave could be worse, overwhelming our health systems.

A University of Iowa College of Public Health research team of epidemiology, biostatistics and medical experts advises, after initial review of available state data and policies, that existing COVID prevention measures should remain in place. Their assessment "found evidence of a slowdown in infection and mortality rates due to social distancing policies, but not that a peak has been reached" and warns that a second infection wave would be likely without maintaining social distancing policies.

When will this be over? No one can honestly say, because the course ahead depends on our actions.

Protect each other

A better question is: What will we do to protect each other and slow new infections?

The most powerful tool at our disposal is what we've had for these past weeks: Our own choices and actions have contributed to controlling infection spread and saving lives, and they will continue to do so as long as we practice them.

We can practice caution, not overconfidence.

We can make logical decisions based on science and facts.

We can reduce person-density of gatherings, vehicles and work areas.

We can put at least six feet between ourselves and others.

We can wear face coverings and masks when in public to protect others as well as ourselves, as advised by the CDC.

We can weigh each decision regarding outings and encounters, considering risk of potential exposure, infection and transmission of virus to a loved one. We can ask: Do I want to be the person that starts the spread in my family, church group, workplace, or community?

We can be conscientious about washing hands, and cleaning and disinfecting surfaces shared by multiple people.

We can protect and respect our essential workers by staying home, staying distant, giving resources and thanking them.

And we can look forward to a time that we reflect on as having made us stronger and smarter and more compassionate through trial.

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