Health Talk Series (HeTS) Siri Bicara Kesihatan Faculty of Medicine & Health Sciences

COMD-19: Facts vs Myths

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The Science Behind Public Health Control of COVID-19

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Objective of Presentation:

Explain some of the science that guide the public health management of the COVID-19 pandemic

What science knows about COVID-19

- 1. What SARS-CoV-2, the novel coronavirus that causes COVID-19 is.
- 2. How it spreads through the human population.
- 3. How to:
 - fight it,
 - treat it, and
 - minimize the death rate from it.

Why COVID-19 is hard to contain

- 1. High proportion of the population in some countries who do not believe in science
- The system is overwhelmed by the speed of spread, resulting in too many cases, that have to be dealt with over a very short period of time
- 3. The spread of the virus continues to occur because the community is just getting used to the new norms and they are not fully internalised yet; thus needs enforcement
- 4. We need to balance the health costs of the pandemic with the economic and social cost

https://www.forbes.com/sites/startswithabang/2020/04/07/the-3-ways-science-will-get-us-through-the-covid-19-pandemic/?sh=4474291d2fc3 https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19#

1. Why Bother?

Number of coronavirus (COVID-19) **cases** worldwide as of November 25, 2020, by country



Number of novel coronavirus (COVID-19) **deaths** worldwide as of November 25, 2020, by country



https://www.statista.com/statistics/1043366/novel-coronavirus-2019ncov-cases-worldwide-by-country/

https://www.statista.com/statistics/1093256/novel-coronavirus-2019ncov-deaths-worldwide-by-country/



The Global Economic Outlook During the COVID-19 Pandemic: A Changed World (8 June 2020)

- The pandemic is expected to plunge most countries into recession in 2020, with per capita income contracting in the largest fraction of countries globally since 1870.
- Advanced economies are projected to shrink by 7 percent.
- Emerging market and developing economies, are projected to shrink by 2.5 percent
 - This would represent the weakest showing by this group of economies in at least sixty years.

Most countries are expected to face recessions in 2020

Share of economies in recession, 1871-2021



https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world



COVID-19 Pandemic Effects on Global Health (September 2020)

- Because of COVID-19, extreme poverty has increased by 7%.
- Vaccine coverage,
 - a good proxy measure for how health systems are functioning,
 - is dropping to levels last seen in the 1990s,
 - setting global health back about 25 years in 25 weeks.
- (Vaccination coverage of children globally:
 - 1970s: only about 5 percent of
 - 2019: over 80 percent and prevented more than 2 million deaths.)





https://mackaycartoons.net/2020/03/18/wednesday-march-11-2020/

2. COVId-19 is an Emerging Infectious Disease

Examples of Major Emerging Infectious Diseases Over the Past 20 Years



https://openwho.org/courses/public-health-interventions/items/ff79c3db-5c0f-4fb5-aee6-d4cfb6f4ec33

Un-balanced Human-Animal-Environment Interface Such as this are Conducive to Emergence of Infectious Diseases



Forest Trends (2014). Consumer goods and deforestation. https://www.forest-trends.org/wp-content/uploads/imported/for168-consumer-goods-and-deforestation-letter-14-0916-hr-no-crops_web-pdf.pdf

3. The Importance of Wildlife Markets in Infectious Disease Emergence

Bats as Reservoirs of Viruses



https://www.pinterest.com/pin/779967229186529836/



- Researchers analysed strains of SARS virus circulating in horseshoe bats, such as this one (*Rhinolophus sinicus*), in a cave in Yunnan province, China.Credit: Libiao Zhang/Guangdong Institute of Applied Biological Resource
- https://www.nature.com/articles/d41586-017-07766-9

Limit or Ban Wildlife Markets, Especially Those Selling Live Wildlife to Prevent the Emergence of Zoonoses



A vendor sells bats at the Tomohon meat market in Sulawesi, Indonesia, on Feb. 8. Ronny Adolof Buol/AFP via Getty Images https://foreignpolicy.com/2020/02/25/virus-bats-pangolins-wild-animals-coronaviruszoonotic-diseases/



A man looks at caged civet cats in a wildlife market in Guangzhou, capital of south China's Guangdong Province, China, Jan. 5, 2004.

https://im-media.voltron.voanews.com/Drupal/01live-166/styles/sourced/s3/2020-01/AP_20022421073725.jpg?itok=JU5vuEsm 19 4. Preparing to Deal with EID Through Global Health Security

Pandemic Preparedness Plan and Global health Security



https://www.cdc.gov/globalhealth/infographics/global-health-security/ihr.htm

https://www.msh.org/sites/default/files/ghsa-action-packages.pdf

Medical

Countermeasures and

Personnel Deployment

Immunization

#5

Development

5. Preventing the Spread of EIDs

Progression From Zero Case to Pandemic



National Research Council 2016. The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises. Washington, DC: The National Academies Press. p18 26 https://doi.org/10.17226/21891.

Eradication

6. Pandemics due to Global Travel and Inter-connected World



We are not safe so long as COVID-19 is not controlled in every country of the world. It can easily spread and be imported via global travel

Source of map: https://ourworldindata.org/coronavirus/country/malaysia?country=~MYS

7. Preventing the Exportation and Importation of Pandemic Organisms

Border Control and Inter-state/district Travel Control (Spatio-temporal Control of Infectious Diseases)



Source: Cliff AD, Haggett P, Smallman-Raynor M. Measles: an Historical Geography of a Major Human Viral Disease from Global Expansion to Local Retreat. 1840-1990. Oxford: Blackwell. 1993, figure 16.9. p.423, quoted in Communicable Disease Epidemiology and Control. Edited by Norman Noah and Mary O'Mahony. John Wiley and Sons. Chichester, England 1998. p 26

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8. Nip the Outbreak in the Bud to Prevent it from Reaching its Tipping Point

Malaysia: What is the daily number of confirmed cases?



https://ourworldindata.org/coronavirus/country/malaysia?country=~MYS

Malaysia has not bent the curve of the third wave



https://ourworldindata.org/coronavirus/country/malaysia?country=~MYS

9. Why Does SARS-CoV-2 Spread Faster and to the Whole World Compared to SARS-CoV-1 in 2003?

9. Characteristics of the SARS-CoV-2 that make it More Infectious and Difficult to Control Compared to SARS in 2003

- SARS-CoV-2 has shorter incubation period, and thus the epidemic develops faster
- SARS-CoV-2 is infectious even before the infected person develop symptoms whereas SARS in 2003 was infectious only during the symptomatic phase
- SARS-CoV-2 has a higher transmissibility, R₀
- SARS-CoV-2 has a higher percentage of cases who do not develop symptoms and yet are able to spread the infection to other people

After the initial exposure, patients typically develop symptoms within 5-6 days (incubation period). They are infectious even before they develop symptoms. Thus it is very important to trace, test and quarantine close contacts of cases



thebmj

Muge Cevik et al. (2020-10-23). Virology, transmission, and pathogenesis of SARS-CoV-2. BMJ 2020;371:bmj.m3862 https://www.bmj.com/content/371/bmj.m3862

10. Importance of Flattening the Epidemic Curve

Flatten the Curve and Increase Health System Capacity



Source: Adapted from CDC and Kumar Rajaram, UCLA

Eliza Barclay, Dylan Scott, and Christina Animashaun (2020-04-07). The US doesn't just need to flatten the curve. It needs to "raise the line." https://www.vox.com/2020/4/7/21201260/coronavirus-usa-chart-mask-shortage-ventilators-flatten-the-curve

11. Flattening the Epidemic Curve through Pharmaceutical Intervention

Medical Countermeasures or Pharmaceutical Interventions

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

WHAT ARE MEDICAL COUNTERMEASURES?

Medical countermeasures (MCMs) are medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological, or nuclear (CBRN) threats.

MCMS CAN INCLUDE:



Biologic products:

vaccines, blood products, and antibodies

Drugs:

antimicrobial or antiviral drugs

Devices:

diagnostic tests to identify threat agents and personal protective equipment (PPE)

Not available in the care of COVID-19

Learn more: www.cdc.gov/phpr/readiness



12. Flattening the Epidemic Curve Through Non-Pharmaceutical Interventions (NPIs)

Objectives of Non-Pharmaceutical Interventions

1. Limit international spread of the virus	2. Reduce spread within national and local populations	3. Reduce an individual person's risk for infection,
 a) Travel screening b) Travel restrictions 	 a) isolation and treatment of ill persons; b) monitoring and possible quarantine of exposed persons; c) social distancing measures: cancellation of mass gatherings, and closure of schools; 	 a) hand hygiene; b) wearing face masks; c) communicate risk to the public.

World Health Organization Writing Group (2006). Nonpharmaceutical Interventions for Pandemic Influenza, International Measures. *Emerging Infectious Diseases*. 51 2006;12(1):81-87. doi:10.3201/eid1201.051370.

Non-Pharmaceutical Interventions

- NPIs include:
 - compulsory measures underwritten by public health orders, such as
 - closures of various services and establishments,
 - quarantine/isolation and
 - restrictions on movement;
 - voluntary measures, supported by health promotion, such as
 - disinfection of hands and surfaces,
 - mask use
 - working from home and
 - maintaining a physical distance from other.
- In some settings these measures are
 - voluntary,
 - whereas in others they are now enforced (such as, via fines and/or jail time).

Seale, H., et al. (2020). Improving the impact of nonpharmaceutical interventions during COVID-19: examining the factors that influence engagement and the impact on individuals. BMC Infectious Diseases (2020) 20:607. https://doi.org/10.1186/s12879-020-05340-9

Avoid the Three Cs

World Health Organization Western Pacific Region

Be aware of different levels of risk in different settings.

There are certain places where COVID-19 spreads more easily:



Crowded places with many people nearby



Especially where people have closerange conversations

> The risk is higher in places where these factors overlap.

Even as restrictions are lifted, consider where you are going and #StaySafe by avoiding the Three Cs.

Confined and enclosed spaces

with poor

ventilation

Avoid crowded

places and limit

time in

enclosed

spaces



Maintain at

least 1m

distance.

from others





When possible,

open windows

and doors for

ventilation

WHAT SHOULD YOU DO?





Keep hands clean and cover coughs and sneezes

Wear a mask if requested or if physical distancing is not possible

If you are unwell, stay home unless to seek urgent medical care.




https://kpkesihatan.com/2020/06/04/kenyataan-akhbar-kpk-4-jun-2020-situasi-semasa-jangkitan-penyakit-coronavirus-2019-covid-19-di-malaysia/

- 1. Wear a mask,
- 2. Wash your hands,
- 3. Wipe down surfaces,
- 4. Watch your distance

https://www.stamfordhealth.org/healthflashblog/infectious-disease/covid-cold-flu/

If you leave home, know your 3 Ws!



https://covid19.ncdhhs.gov/materials-resources/know-your-ws-wear-wait-wash

Stages of alert for New Zealand MLGH **ALERT LEVEL ONE: PREPARE** Covid-19 in NZ, but contained Activate border measures Stay at home if sick and report. flu-like symptoms Contact tracing Intensive testing for Covid-19 Cancel mass gatherings of more Physical distancing encouraged than 500 people Periksa suhu badan **ALERT LEVEL TWO: REDUCE** (sekiranya ada) Contained but risk of community transmission growing Temperature screening (If any) Entry border measures Employer to begin alternative 調整体温(如夜) maximised ways of working if possible (shift work, working from home etc) Further restrictions on mass gatherings Business contingency plans activated Physical distancing on public High risk people to remain at transport home (over 70s, people with Limit non-essential travel around existing conditions) country **ALERT LEVEL THREE: RESTRICT** Tierap cuci fangan Heightened risk that disease not contained Wash and somilize hands hequently required and some non-essential Travel in areas of community Mildabusinesses closed transmission limited Non-face-to-face primary care Affected educational facilities consultations Jangan keluar closed sekiranya anda Elective surgeries and procedures Mass gatherings cancelled learning siltar deferred and healthcare staff Public venues closed reprioritised Minase do not Alternative ways of working IN THE R. POST OF feeting unwell **ALERT LEVEL FOUR: ELIMINATE** Likely that disease not contained Rationing of supplies and requisitioning of facilities Severe travel restrictions Major reprioritisation of Real My Sejettere healthcare services

Operationalisation of the Nonpharmaceutical Interventions

Through

Alert Levels

Standard Operating Procedures

- People to stay at home
- Educational facilities closed
- All non-essential businesses closed

https://goodyfeed.com/new-zealand-covid19-2nd-outbreak/

Kementerian Kerajaan Tempatan dan Perumahan Sarawak Norma Baharu di TEMPET MAKAN The New Norm at 10 11 優德国际的生活新常态 Amalkan 1 meter jarak Keep 1 meter oport 保持一公尺的距离 Pith tempor ducus secord berselong-sel Use allemate seats 请选择问器座位 Digolakkan bawa pulang nokonon atou guna khidmi pengharitaran makanan akeoway or food delivery options is encouraged 就設计母会物成送餐服务 Duduk al tempat yang tidak berlanda Guna pembayaran secara elektronik (sekiranya ada) Use seats without markings Use electronic payment 通生在没有标记的库位 (it any) 采用电子支付方式(偏有) **SEKAL SELAMAT** LINDUNGI DIRI, LINDUNGI KELUARGA, SARAWAKKO SAYANG RERSAMA SAMA KITA MEMUTUSKAN RANTAJAN JANGRITAN COVID 19 MAY SAFE TAKE CARE OF YOURSELF, TAKE CARE OF YOUR FAMILY, SARAWARKU SAYANG. TOGETHER, WE CAN BREAK THE COVID-19 CHAIN. 保持安全 保护自己、保护家人、保护我稳定的结拉部、让我们共同和用新形容化具有传播法 Mannan ontot dafter etc. Hindd want to register. 2012/218

https://mlgh.sarawak.gov.my/modules/web/pages.php?mod=download&sub=download_sho w&id=374

COVID Trace

same restart that we are the page

13. Characteristics of the SARS-CoV-2 That Make it Possible to Prevent its Transmission Through the NPIs

THE RELATIVE SIZE **OF PARTICLES**

From the COVID-19 pandemic to the U.S. West Coast wildfires, some of the biggest threats now are also the most microscopic

A particle needs to be 10 microns (µm) or lass before it can be inhaled into your respiratory tract. But just how small are these specks?

Here's a look at the relative sizes of some familiar particles w

The size of a single human hair is comparable to the size of as little as 400 SARS-CoV-2 particles to as many as 1,000 particles.

HUMAN HAIR 50-180µm FOR SCALE

FINE BEACH SAND 90µm

GRAIN OF SALT 60µm

WHITE BLOOD CELL 25µm

GRAIN OF POLLEN 15µm +

DUST PARTICLE (PM10) <10µm +

RED BLOOD CELL 7-8µm

RESPIRATORY DROPLETS 5-10un

SOURCES Company, Drive Loveling, 199, Frances View, News Medical Science Room, 2009 Science Roomann, Personal vol. Dani of Lowing

DUST PARTICLE (PMs.s) 215µm +

BACTERIUM 1-3µm

COLLARCHATCHES, BUILACH + WATHING CONTRACT, MICH. 199008 + ANY DESCRIPTION PROVINCE STATEMENT, MICH.

CORONAVIRUS 0.1-0.5µm

ZIKA VIRUS 0.045µm +

WILDFIRE SMOKE 0.4-0.7 mm

TA BACTERIOPHAGE 0.225pm

Wildfire smoke can persist in the air for several days, and even months.

Pollen can trigger allergic reactions and hay fever-which 1 in 5 Americans experience every year. the second back

The visibility limits for what the naked eye can see hovers around 10-40µm.

Respiratory droplets have the potential to carry smaller particles within them, such as dust or coronavirus.

CAPITALIST

(F) (+) Amusicapitanat (+) (B) @visuascep (+) visualcepitanat.com

Carmen Ang (2020-10-10). Zooming In: Visualizing the Relative Size of Particles. https://www.visualcapitalist.com/visualizing-relative-size-of-particles/

Droplet Transmission Through Face Masks.



Pictures of face masks under investigation. We tested 14 different face masks or mask alternatives and one mask material. Photo credit: Emma Fischer, Duke University.







- Soap molecules have two chemically distinct parts:
 - a hydrophilic (water-loving)
 'head' and a
 - hydrophobic (water-hating) 'tail'.
- The head helps the soap mix with water, while the tail can interact with other hydrophobic molecules like lipids.
- The soap's tail can disrupt the weak interactions between lipid molecules in the membrane, tearing it apart.
- If the virus is broken up before it has safely sheltered in a host cell, it will no longer be able to do its infectious job



https://www.science.org.au/curious/people-medicine/hand-sanitiser-or-soap-making-informed-choice-covid-19

Soap and Water to Kill the Virus

Washing your hands thoroughly with soap for at least 20 seconds is key to killing the coronavirus. Image adapted from: <u>Nathan</u> <u>Dumlao/Unsplash;</u> CCO





This graphic is shared under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 licence.



14. How to Prevent Transmission and Protect Ourselves from Getting Infected



https://www.umassd.edu/directory/ebromage/

Erin Bromage

Successful Infection = Exposure to Virus x Time Biology Biology

- Infectious dose:
 - as few as 1000 SARS-CoV2 infectious viral particles are sufficient to cause infections
- Infection could occur through:
 - 1000 infectious viral particles you receive in one breath or from one eye-rub, or
 - 100 viral particles inhaled with each breath over 10 breaths, or
 - 10 viral particles with 100 breaths.
- 'We don't have a number for SARS-CoV-2 yet, but we can use influenza as a guide.
- We know that a person infected with influenza releases about 3 20 virus RNA copies per minute of breathing.'



A Toilet flush: Without a seat to close, a single flush releases ~8,000 droplets into the air.



A single cough releases about 3,000 droplets and droplets travels at 50 miles per hour A single sneeze releases about 30,000

droplets, with droplets traveling at up to <u>200 miles per</u> hour

If a person is infected, the droplets in a single cough or sneeze may contain as many as 200,000,000 (two hundred million) virus particles

- Anyone you spend greater than 10 minutes with in a face-toface situation is potentially infected.
- Anyone who shares a space with you (say an office) for an extended period is potentially infected.



- A single breath releases 50 -5000 droplets.
- the respiratory droplets released from breathing only contain low levels of virus.
- Studies have shown that a person infected with influenza can releases up to <u>33</u> infectious viral particles per minute.
- Even if every virus ended up in your lungs (which is very unlikely), you would need 1000 viral particles divided by 30 per minute = 30 minutes.



- Speaking releases

 times more
 droplets than
 breathing, i.e., 500
 50,000 droplets
- it would take about
 5 minutes of speaking face-toface to receive the required dose.

Distance, Time, Activity, Environment



Brian Resnick (2020-06-18). 6 feet away isn't enough. Covid-19 risk involves other dimensions, too. Distance, time, activity, environment: 4 ways to think about Covid-19 risk. https://www.vox.com/science-and-health/2020/5/22/21265180/cdc-coronavirus-surfaces-social-distancing-guidelines-covid-19-risks 71



15. Family Bubbles

Family Bubbles and Extended Bubbles

- The concept of a COVID-19 "germ bubble" refers to close contacts with whom we don't practise mask use or keep physical distancing.
- In strict lockdown, this generally means just the members of your own household.
- But several countries, have experimented with bubbles larger than a single household.
- A support bubble should be with another local household to avoid unnecessary travel
- Bubbles must be "exclusive".
 - Once in one, you can't switch and start another with a different household.

Michelle Roberts (2020-11-02). Support bubbles: How do they work and who is in yours? BBC https://www.bbc.com/news/health-52637354



https://www.hackensackmeridianhealth.org/HealthU/2020/08/26/how-to-create-a-covid-bubble-and-why-you-should-consider-one/

16. Mass Testing versus Targeted Testing

Test, Isolate Cases, Trace and Quarantine Contacts

- Alongside the use of the nonpharmaceutical interventions, there is the critical need to
 - test all people with suspected infection as quickly as possible,
 - to promptly isolate cases, and
 - trace and quarantine their contacts.

Seale, H., et al. (2020). Improving the impact of nonpharmaceutical interventions during COVID-19: examining the factors that influence engagement and the impact on individuals. BMC Infectious Diseases (2020) 20:607 https://doi.org/10.1186/s12879-020-05340-9



A photograph by the state-run newspaper China Daily showing an isolation word in Wahan on Thursday. Close Balls, siz Besters

https://www.nytimes.com/2020/02/11/world/asia/coronavirus-china.html



WHO head: 'Our key message is: test, test, test'

World Health Organisation head Tedros Adhanom Ghebreyesus says there has not been an urgent enough escalation in testing, isolation and contact tracing, which should be the "backbone" of the olobal response. 16 March 2020

https://www.bbc.com/news/av/world-51916707

Health DG says no to mass Covid-19 testing



The 4 Ts: 'Target, Test, Trace, Treat'

- PUTRAJAYA (May 14): Health director-general Datuk Dr Noor Hisham Abdullah has dismissed calls for mass-scale Covid-19 testing across the country, saying it could prove ineffective as the people who have undergone the test would still be exposed to the virus in their community.
- "This is where we look into high impact, reasonable cost and good outcome; this is our strategy, rather than test, test, test everyone and not know how frequently we want to test them.





Nov 23, 2020

https://ourworldindata.org/coronavirus-testing

Jan 20, 2020

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17. The Importance of Forward and Backward Contract tracing

Figure 1. Schematic illustration of forward and backward contact tracing.



(B) Forward + backward contact tracing



Wellcome Open Research

Endo A, Centre for the Mathematical Modelling of Infectious Diseases COVID-19 Working Group, Leclerc QJ et al. Implication of backward contact tracing in the presence of overdispersed transmission in COVID-19 outbreaks [version 1]. Wellcome Open Res 2020, 5:239 (doi: 10.12688/wellcomeopenres.16344.1)

18. Summary

