

Joan Kjaer:

Hello and welcome to WorldCanvass. I'm Joan Kjaer for International Programs at the University of Iowa and thank you for joining us. In this program, we'll address concerns about the present and future danger of the 2019 novel coronavirus. The Centers for Disease Control and Prevention, the World Health Organization, and governmental and medical personnel around the world, and here in Iowa are working together to better understand and track the transmission and virulence of this new strain of coronavirus. While, at the same time, providing advice and guidance about how best to control its spread. Although the number of cases of coronavirus in the US is still very small, public concern remains strong. I'm pleased to be joined by expert guests from UI Hospitals and Clinics, the Iowa State Hygienic Lab, UI Student Health, and UI International Programs who are here to discuss the virus and its potential for harm here in Iowa. As well as measures the university is taking to inform, protect and support its students, its staff, faculty, and the surrounding community.

Joan Kjaer:

With me here tonight are Jorge Salinas, hospital epidemiologist at UI Hospitals and Clinics. Thank you Dr. Salinas for being here. And just next to him is Dr. Michael Pentella, the director of the Iowa State Hygienic Lab, also clinical professor in the College of Public Health here at the University of Iowa. Thank you, Dr. Pentella. And Paul Natvig is interim director of Student Health at the University of Iowa. Thank you Dr. Natvig for being here. And Russ Ganim, associate provost and dean of International Programs at the University of Iowa. Thank you for being here.

Joan Kjaer:

Jorge, I'd like to start with you so that we can get our heads wrapped around the sort of medical and epidemiological issues related to this coronavirus. Tell us what it is and why it is so dangerous?

Jorge Salinas:

Correct. Coronavirus in general have adapted to the human host. There are now seven known types of coronaviruses. Four of them cause the common cold. And you can have them in the winter or summer. Then in the last 20 to 30 years we've learned of new types of coronavirus. One of them was SARS that led to a global epidemic that was fortunately contained 20 years ago. In the last decade, we've discovered another one called MERS coronavirus that was identified in the Middle East associated with, or linked, or being close to camels. However, person to person transmission was also documented. And now this is the seventh coronavirus. These are SARS-2 or COVID-19 coronavirus.

Jorge Salinas:

This coronavirus was initially discovered, or initially reported, in people that either worked or visited a wet market in Wuhan City in the Hubei Province of China. And although initially it was believed to be transmitted from animals to humans and that initially it was believed that only it could be acquired from being in contact with animals, in the last few weeks we've discovered that this virus is very transmissible from human to human, and it has led to a large epidemic mostly in China. But now occurring also, in much smaller numbers, in neighboring countries. But it has also traveled to other continents. There have been cases reported in Europe, Africa, the Americas, etc.

Joan Kjaer:

We know about influenza here in the States. People are always encouraged to get a flu shot. We know that influenza can be very damaging and it kills lots of people every year.

Joan Kjaer:

How does this particular virus compare to what we see with influenza?

Jorge Salinas:

In some respects it's similar to influenza. This seems to be similarly contagious. But the clinical manifestations we're still discovering and learning about. But for some individuals, predominantly young individuals, this virus seems to cause a relatively mild syndrome that can go from being completely asymptomatic to having a cold. Runny nose, sometimes it could just be a runny nose and some cough. Some people can have fevers. But the disease can be more severe in older individuals and people that have other chronic medical conditions such as heart failure, diabetes, a COPD, etc. And in them it can cause a pneumonia that can be severe and unfortunately it can lead to death in a small proportion of cases.

Joan Kjaer:

And can you tell us what the treatment regimen is once someone comes down with coronavirus?

Jorge Salinas:

Because this virus is so new, we don't have any conclusive evidence that there is a specific treatment against it. If somebody develops mild symptoms, the treatment is supportive care, staying at home, remaining hydrated, etc. And people will get better. If they develop more severe symptoms, they may require oxygen supplementation, hospitalization. If they develop a severe pneumonia, they may require mechanical ventilation and a more prolonged hospitalization. There are a number of treatments or antiviral regimens that are being studied currently that were potentially effective against other types of coronavirus. But we don't have any conclusive evidence that those treatments do work against this type of virus.

Joan Kjaer:

Do we see the potential for a pandemic here? You did mention how it is moved beyond China.

Jorge Salinas:

Yes. At this moment, 98 to 99% of cases are still reported out of China. But, somewhat rapidly, we are learning of either imported cases into other countries or evidence of local transmission in either in neighboring countries such as South Korea, Singapore, and in the last couple of days there's been reports of cases in Iran, Italy. And also, from the somewhat unfortunate experience of this cruise ship stationed in Japan where nearly 2,000- 3,000 people were quarantined together, and about 600 people acquired this infection. That has provided further confirmation of how transmissible this virus is. If things continue moving in these in this direction, it wouldn't be surprising to know that other countries will have local transmission.

Joan Kjaer:

So, what are the best ways for people, wherever they might be living, to prevent becoming infected with the virus?

Jorge Salinas:

Fortunately, the preventative measures are very similar for most respiratory viruses. We need to perform hand hygiene frequently with either soap and water or using an alcohol based hand rub. If somebody is sick, they should stay at home. If they have a cough, they should perform cough etiquette covering their cough with their elbow or with a tissue and then perform a hand hygiene. The classic recommendations against influenza virus. We are in the midst of influenza season here in Iowa. And that's a good, a very effective way of preventing acquiring influenza and other infections.

Jorge Salinas:

It's always important to say that even though it may not prevent this novel coronavirus, obtaining a flu vaccine is always a good thing to do. It can prevent you from having influenza or from having severe influenza, and not having influenza. It's good enough, but also it can reassure you and you will feel good. You won't have concerns that you may have with this novel coronavirus. Also because a relatively small proportion, it's still not sure how small it is, of cases reported with this infection out of China have been documented to have a coinfection. So having other viruses with it. So preventing the acquisition of influenza is always a good thing.

Joan Kjaer:

What do you think--from the point of view of an epidemiologist--what are the biggest challenges at this moment?

Jorge Salinas:

Well at this moment, the entire world is working very hard to prevent the spread of this virus. We're still in a phase of containment, trying to prevent it from entering the United States. And every country is doing in a similar job. But if this virus is as transmissible as influenza, we may eventually, and time will tell, need to transition to other strategies to try to prevent dissemination among the population. But at this moment we don't have any conclusive evidence, any evidence at all, of transmission of the novel coronavirus in the United States.

Joan Kjaer:

Yeah. Great. So Michael, from the point of view of public health, how do you and your colleagues see this issue with coronavirus? What level of worry?

Michael Pentella:

Well, it's not really a level of worry. I think it's a matter of concern and watching, as we watch for emerging pathogens at all times, from a public health perspective. To be ready to detect them and ready to implement the right public health response. I think it's really a good sign, as Jorge is saying, that we don't see any transmission in the United States occurring locally. We've had 13 cases now and there's been only two of those are cases in which it was transmitted to a close household member. The other 11 cases had traveled overseas to where the viral activity was occurring. So consequently I'm real happy with the public health response, and it makes me pleased that things are going well to contain the virus as far as the United States is concerned at this time.

Michael Pentella:

I think efforts in the future, as Jorge is describing, will need to evolve because things will have to change to meet the needs at the time. I think this opportunity of the delay transmission in the United States that we're not seeing is really a good thing for us to become prepared for what could happen in the future. The test development so that we can detect cases quickly is very important, because if you don't know what's occurring and transmission is occurring, you can't prevent it. But since we've had this window of opportunity, I think this is a big help for containment in the future.

Joan Kjaer:

Tell us--you're also the director of the State Hygienic Lab. For these kinds of issues, even something other than coronavirus, when there is something that the people in your business are concerned about, how do you feel about Iowa's preparedness? Winter comes every year, influenza seems to come every year. When you prepare for something that may not hit as hard, like a coronavirus, but which on the other hand might, what do you do in terms of rallying your colleagues around the state, medical personnel?

Michael Pentella:

At the State Hygienic Lab, we're in partnership with many agencies throughout the state and primarily the Iowa Department of Public Health. They have led efforts to practice with drills, and exercises, and conversations to be prepared for emergencies like this. And we've faced emergencies in the past. The past decade I can think of at least four times in which we've been called upon for emergency response to help in a variety of situations. But our role at the State Hygienic Laboratory is to detect the pathogens and report good, accurate data to public health officials so that they can take the right actions.

Michael Pentella:

I know that through our work with CDC and the Iowa Department of Public Health that we're ready to respond. And each time is a little different. I was recalling before we started that in 2006, and some may in the audience may remember, we had a mumps outbreak.

Joan Kjaer:

Yeah.

Michael Pentella:

That was highly, a big surprise for us because it was occurring in people who had received vaccine for mumps, and two doses of vaccine. Yet, we had thousands of tests come into the laboratory and we detected hundreds of cases of mumps at that time. So we've faced challenges like this before and I know that we are prepared to do it again.

Joan Kjaer:

I am aware that both you and your office and also at the hospital, people who are working on teams considering what to do should something happen here, have regularly monitored the WHO, the CDC, national, regional, state operations such as you've mentioned here. And I suspect when it's something that has not yet hit your own area but is extremely serious, as we see in other places in the world, you have to go to these larger organizations. You have to go to these monitors who can be on the ground in these other locations.

Michael Pentella:

You're absolutely right, Joan. We are in constant contact almost daily with conference calls with the Centers for Disease Control, CDC in Atlanta, and they are discussing the situation updates. We receive updates daily by email. And we get lots of information that is occurring. And we also monitor, ourselves, webpage, and various solicitors and things and see what's happening. And our role at the State Hygienic Lab is to take that important information and share it with our partners in Iowa. So for example, at the University Hospital, we share information with them that might be pertinent to their needs, as well as Student Health and all the labs throughout the state. We've sent probably at least a dozen emails so far on this topic to help those labs throughout the state, at their hospitals and facilities, be ready for the testing that might need to occur to detect these cases.

Michael Pentella:

What kinds of specimens will they need to collect? How will they transport those specimens to the State Hygienic Laboratory? The typical specimen is a nasal pharyngeal swab or a throat swab. That kind of specimen will be taken from a suspectedly infected patient and shipped to the laboratory for testing. And then it's important that they know how they will get the results. So not only do you have to take care of the transport to get the sample, you have to make sure they can quickly get the results to them. And that's usually by electronic reporting. So we have to be able to send it out and be connected to the Iowa Department of Public Health so they can get that information at the same time for their monitoring and the epidemiologists there. So the preparation for it has multiple steps. And each time you face a new pathogen you have to put processes in place for that particular pathogen. So you have to be constantly aware and ready to respond.

Joan Kjaer:

Yeah. Thank you. That actually ties in nicely with what we're going to talk to both Paul and Russ about. Because, here on the university campus, there have been working groups ever since this virus was discovered to be so concerning. And both Paul in Student Health, and Russ here with International Programs, have been involved in considering what we need to do here at the university to both inform ourselves and then also take the necessary measures to make sure students, faculty, staff, the community are safe and well-informed.

Joan Kjaer:

Let me go to you, Paul, and just ask you about Student Health. We learned about this outbreak that became very serious at the very end of last year in China. I'll talk to Russ about this as well, but some of our students traveled to China. Many of the students at the university are from China, have family there. What kinds of concerns developed with you early on?

Paul Natvig:

I've told this story too, right before this happened, I had an agenda item with our next provider meeting to talk about, "Hey, we should think about a mock drill. If something happened at the university affecting students, how would we be prepared?" Coronavirus was not on my radar as a psychiatrist. If I learned about that in medical school, I forgot. But it was not on our radar. We kind of quickly figured out too, like other people, too, that this was going to affect our students. And of course our concern is going to be the safety of our students, the safety of the campus. As Russ mentioned, in the past when the mumps outbreak hit we were very much involved. And these things, what I've learned is you've got to be ready on the fly.

Paul Natvig:

And something I did want to convey to people who don't understand, all the work that's been going on behind the scenes. And people are experts in this, so we certainly know that we're not... We have experts like Dr. Salinas and Dr. Pentella, we reach out to them. They have experts they reach out to. And so, we certainly aren't going to tell people what to do, but we're going to be partners. But we recognized, as other people did, that we had a number of students who had been traveling over the winter break. I think the timing of this, there's no good time for it, but with the Lunar New Year celebrations there were a lot of students coming back. So this was all coming on as classes were starting. And again, our first concern was safety. We also quickly learned that we were really concerned about the students. Even the ones who hadn't traveled were worried. So we've done a lot of education, I think that's probably been the more important thing. We certainly have evaluated students and we've done those things appropriately. But a lot of it is educating and working with communication.

Paul Natvig:

I want to say too, I've worked at the university for a long time, I was a student here. I'm not surprised, but I was just very impressed with how everybody worked together. From communications on this side of the river, communications in the hospital, us, Dr. Salinas, good communication. I think people were on board. But also being sensitive to what was going on with the students, how they had worries about their families back home. And so again, we did a lot of outreach, we did see students in the clinic. And with each day everything was evolving. By the next day there'd be a new guideline. But everything was communicated to us. As Iowa Department of Public Health would communicate things, we learned about things. I think we were always even a step ahead of where people were.

Paul Natvig:

But, we also knew that that was our job. It wasn't the job of everyone in the community to worry. The people that we reached out to appropriately got back to us. This was clear, it was only affecting people who traveled from those areas. And so really the rest of the community didn't need to be concerned, and I think that's appropriate.

Joan Kjaer:

Have you had a number of students come in for counseling for just general concern?

Paul Natvig:

I would say, what we have worked with is the education. I think a lot of the students have appreciated that. I think just knowing that they can contact us, we've had some who just want to keep touching base with us, let us know how they're doing. We've reached back out to students after we talked to them just to make sure they're doing okay. We have referred some to the counseling, the counseling service has met some who are nervous. Again, a lot of what we've found is that they're worried about their family back home. And we have some staff who have family back in China and that's in some ways, I think, their bigger distress almost then... I think early on there was a lot of education. I think people had misconceptions about what it is, what you needed to do. We had people asking, "Should everybody be tested?" Well, that is not feasible but everyone can be evaluated, everyone can be talked to. And I think that's what we did a very good job of.

Joan Kjaer:

Russ, let me bring you into this. So your deanship in International Programs began on January 1st. And this is one of the first things that landed in your lap. What did International Programs do once this became a matter of concern, to get connected, of course, with the people who are here with you today, but also to begin to message out to its own students, through advisors and so on, where they could go?

Russ Ganim:

Right. Our focus was on, really, three things: communication, resources, and support. Just to echo what Paul said, is that the outbreak occurred at a very critical time. So at the beginning of the semester, and even though most of our students were already back, the domestic and international students, there were still some who are coming in late. So we had to deal with that 14 day waiting period. And we got a lot of emails saying, "Well, I know of a student who just returned from China and who is coughing and sneezing, and what should we do?" So we referred them to the resources. We worked with Iowa Now, Strategic Communications, also published several graphics both in English and Chinese to instruct students on what to do.

Russ Ganim:

Many students were worried about cost if they wanted to see someone in Student Health or elsewhere. We assured them that they wouldn't have to pay anything. They're also worried about privacy and we assured them there as well that their names would not be revealed, so everything would be confidential. We think that helped at least calm things to a certain degree.

Russ Ganim:

We also tried to get out the message that, fortunately, we are a medical campus. We have all sorts of resources. We can handle situations such as these. We have emergency protocols in place. In fact even just 10 days ago, Brooks Jackson, who is the vice president for medical affairs, gave a presentation to the regents basically confirming that we have everything that we need to handle a situation such as this. So we take things very, very seriously. But we want to reassure folks, at the same time, that there are ways to manage the situation and that we can take care of people if indeed they are stricken with the virus.

Russ Ganim:

Fortunately, there aren't any cases in Iowa and that situation has held, really since the outbreak occurred. We're pleased with that. I guess the other thing that I would say is, look at the evolution of how things have unfolded over the last say three to four weeks. We've gone from the medical phase, as it were, getting information out on where to go if indeed you are feeling sick and you'd think you might've been exposed, to the social phase. There are some of our students on campus who have been singled out because of their perceived national origin. We have heard of some incidents of bullying and targeting. Our messaging has underscored that this is not to be tolerated. We've worked with student government, both UISG and GPSG, to reinforce that message. We are, again, conveying the notion that we are an open, welcoming place that can deal with problems and that everyone should be made to feel comfortable and included in our campus community.

Russ Ganim:

And again that the medical facts underscore that there are no cases in Iowa. There's not been additional concern, as well. So we are in a relatively good position. At the same time, people need to understand that ours is a tolerant community and that we in no way can discriminate against others because of where someone thinks they might be from.



Joan Kjaer:

Now that we have made it through some of the harshest times of winter, we're coming onto spring break. There will be a lot of people traveling. I think I'll go to you, Dr. Salinas for a question about what we should be doing now? What we should be thinking now? What should we be imagining... "Oh, the worst of it has passed?" and feel quite at ease, not only here in the US, but in other parts of the world? Or do we have a long road ahead with this virus, do you think?

Jorge Salinas:

I don't think that this epidemic is over. Many countries are working, again, very hard to contain it. But we keep learning about it every day. And there's a potential for new cases in other countries. The best thing that we can do is rest assured that our public health officials are working 24/7 to assess the situation and to provide us with guidance. Currently the federal government, CDC, etc., has recommended against visiting China, for example. They may update their travel advisories depending on the risk of acquiring this infection in other countries.

Joan Kjaer:

A question that has come up I think quite often-- does a face mask help prevent infecting someone else? Or, in fact, you, as a recipient of a potential virus?

Jorge Salinas:

Correct. So it's unclear whether those masks do much or help much. They probably help if you are sick and if you put that mask on it may prevent the spread of infection from you to others. But if you are healthy it helps little. Perhaps, its only effect is that it appears to decrease the frequency of us touching our own face, which is a one way in which these viruses can be transmitted. But other than that it doesn't necessarily decrease the amount of infectious particles. If there were any in the air, I don't think it that it prevents effectively inhaling these or any other airborne microorganism.

Joan Kjaer:

Is there anything else any of you would like to add before we close out the discussion?

Russ Ganim:

Just a couple of things from the academic side, and that is that we canceled all programming to China for the spring semester. We won't be running any programs in the summer, either. Our colleagues, our sister institutions across the United States, have done the same thing. We will see the effects of the coronavirus in our international student enrollment. We can't recruit in China now because the country is basically closed. So, there will be repercussions. Even if the situation stabilizes, from a medical point of view, from an academic standpoint and a cultural standpoint we will see less exchange between the United States and China for I think at least a year and a half. And that's counting on the fact that things will return more or less to normal sometime late spring, early summer. But again, there's no guarantee of that. So, the repercussions of the virus I think are quite serious. We're going to be dealing with it for quite some time.

Joan Kjaer:

Well, I want to say thank you so much, Russ Ganim and Paul Natvig, and Michael Pentella and also Jorge Salinas, just next to me here. Thank you very much for joining us this afternoon.



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Joan Kjaer:

WorldCanvass programming is available on iTunes, The Public Radio Exchange, and the International Programs website. Hope you can join us for the next WorldCanvass at MERGE in downtown Iowa City on March 26th. That program is called "All Eyes On Korea," and I hope to see you there. I'm Joan Kjaer for UI International Programs. Thank you for joining us.