

Experts urge low-risk virus patients not to overwhelm hospitals

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People at low risk of falling seriously ill with the new coronavirus must do everything possible to avoid overwhelming hospitals, experts have warned.

The nightmare scenario of health authorities around the world involves a sudden explosion of cases that clogs hospitals and health resources.

This is what happened in Wuhan, China where the virus first erupted, with patients lying—and dying—on hospital floors for lack of beds, and health workers crumbling from exhaustion.

The <u>medical experts</u> want to avoid that happening elsewhere and are using social media to tell people, most of whom are not in danger of dying from coronavirus, to #FlattenTheCurve.

"Up to now, people have the impression that this disease poses an individual danger, when in fact the danger is for the population as a whole," explained Philippe Devos, a Belgian emergency-medicine physician.

"With very rare exceptions, young people are not dying, but when they clog up hospitals that are taking the place of others who will die without proper treatment," he told AFP.

So far, 80 percent of infections are benign, and the vast majority of fatalities have been among the very elderly already struggling with underlying health problems.

"Every day we can slow down the epidemic is another day hospitals can prepare themselves for cases," World Health Organization head Tedros Adhanom Ghebreyesus has said on several occasions.

'Fires blazing'

The progression of infection—known at an epidemic curve—unfolds in three phases corresponding to the rise, peak and decline in the number of cases.

Currently, most countries outside China are in Phase One.

"The longer we can stay in Phase One, the better we can prepare Phase Two," said Siouxsie Wiles, an associate professor at the University of Auckland.

During Phase Two, holding the number of new cases each day to a minimum— keeping the epidemic curve as flat as possible—is critical.

"Think of COVID-19 as several fires blazing away, with embers shooting off in all directions," said Wiles.

"Our goal is to stop those embers from turning into another blazing fire."

Hospitals scrambling to cope with the virus outbreak are hard-put to handle their normal caseload, especially when personnel come down



with virus too.

More than 3,300 doctors, nurses and <u>hospital</u> staff in China have been infected with the virus, and at least 13 have died, according to official statistics as of March 4.

"Because of these double whammy—more work withmake sure that such a period lasts a few days, not less health workers—patients with serious illnesses a few weeks." will no longer be treated as quickly, and stand a higher risk of dying," said Devos.

Which is why, he insisted, everyone must adapt

In Italy—the worst-hit country outside China, with more than 10,000 confirmed cases and 631 deaths—front-line healthcare workers have already been forced into triage.

"We decide on the basis of age and <u>health status</u>, as in a war-time situation," anaesthesiologist Christian Salaroli told the II Corriere della Sera newspaper.

"Because there is a gap between the number of intensive-care beds and the critically ill, not everyone can be hooked up," he added.

"If someone between 80 and 95 has serious respiratory failure, it is likely that we won't be able to follow up."

#FlattenTheCurve

Doctors and <u>health officials</u> around the world have taken to Facebook and Twitter to promote daily habits that can hold infection rates down, using the hashtag #FlattenTheCurve.

The most important, they say, are washing hands, avoiding unneccessary <u>physical contact</u> (such as shaking hands), coughing in the crook of one's elbow, and self-isolating when infected.

If the same number of cases are spread over a longer time period, health systems stand a better chance of being able to cope.

With over 1,600 cases and 30 deaths attributed to COVID-19 as of Tuesday, France is "preparing intensive-care units" for a surge of new cases, said health minister Olivier Veran.

Even in normal times, some physicians—once every few years—have been in the unenviable position of deciding who among two or more patients is going to get the last bed in an intensive-care unit.

With the new <u>coronavirus</u>, "that situation is certainly going to arise," Devos told AFP. "But we want to make sure that such a period lasts a few days, not

Which is why, he insisted, everyone must adapt their behaviour in ways that minimise the risk of the virus spreading.

"It is a responsibility that each of us has towards others," he said.

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