



Coronavirus COVID-19: Pandemic or Panicdemic?

A pandemic is based on facts. A panicdemic is based on fears. We have both with COVID-19.

In August 2009, I keynoted an International Swine (H1N1) Flu Summit in Wash DC. I have been asked to keynote an International Coronavirus (COVID-19) Summit in Wash DC in June, 2020. I am struck by the eerie similarities and the lessons not learned. Ironically the major prevention and intervention strategies still remain the same as they were in 2009 (and are in all flu seasons). Wash your hands (for 20 seconds); keep your hands off your face (nose, mouth, eyes); practice social isolation and distance (6 feet); don't sneeze or cough on people; get a flu shot; if you are sick, stay home, and contact your doctor if you have a fever, cough and/or trouble breathing. These are still our best prevention tools.

But times have changed and we have a new virus with many unanswered questions that are frightening about the transmission and protecting ourselves from a potentially fatal pathogen. And what about the societal continuity plans to respond to all of the possible ramifications in the real world? What if you cannot deliver basic life necessities to the masses? What if the helpers cannot help? At what point do you take extreme measures that put restricted procedures before people lifestyles? When will the pandemic run its course? What will be the short-and-long term economic costs? What is the role of digital and online learning and teleconferencing? What do we do with our school children today?

There needs to be a voice of cautious reasoning to combat the cries of hysteria. There are no simple solutions, but there are intelligent alternatives that are being developed as you read this.

Many folks are asking for a conference before June. The need for cutting-edge research and direction are much needed. Unfortunately, there is still much to be learned yet and too little time. A vaccine is at least a year away. A conference needs to be based on solid evidence-based research and real-world experiences. At this time, a conference would be based on innuendos, speculations and hearsay. Social media, although it can share valuable information is also spreading fears, misinformation, and panic. We need more time to develop tested and proven strategies for containment, mitigation, testing, awareness, education, prevention and intervention. We need to address the complex issues of continuity of operations, social isolation, emotional contagion, discrimination, the onslaught of misinformation, strategies for the mental health as well as the physical health, and the preventative preparedness strategies that are based on facts, not fears. And how do we deal with the costs of medical care for those most at risk with no resources? We need to listen to medical infectious disease specialists (such as CDC, Centers for Disease Control and Prevention) and emergency management experts and not posturing politicians or hawkers selling ineffective cures and gimmicks. Responsible governmental action is paramount. We need to be prepared, not scared and panic. Hopefully by June we will have developed some effective strategies and solutions based on the best science and real-life experiences for now and for the unforeseen diseases of the future, which are sure to evolve. We must make our best decisions today based on our best medical information available and be prepared to adjust to the ever-changing dynamics tomorrow. Time will tell how COVID-19 will impact the world. Will we learn from the lessons this time? Will we learn to deal with the pandemic or suffer from another panicdemic? Hopefully we will have some answers in June (and maybe with a teleconference).

Stephen R. Sroka, Ph.D.,
President, Health Education Consultants
Adjunct Assistant Professor, School of Medicine
Case Western Reserve University
1284 Manor Park Avenue
Lakewood, Ohio 44107
(216) 554-0798 cell
www.DrStephenSroka.com