

Introduction to the Staying Informed, Staying Healthy & Staying in Charge Article Series

Any time there is a novel virus, regardless of what it is or where it came from, there is a learning curve for virologists, infectious disease doctors, epidemiologists, other health care workers, first responders and the public. This is even more pronounced when it is a global event, since different countries note and report different data points and have different thresholds for including these elements in a report. Those countries with their own robust health systems, especially with epidemiologically-based public health systems, like to confirm disease details (signs & systems, incubation & infectious time ranges, confirmatory testing, treatments, etc.) for themselves. Basically, the more science, the better; with a little 'we can do this better than you' thrown into the mix.

None of that is wrong or different from any previous emerging diseases we've had. Each country does it a little bit differently, with many countries relying on the World Health Organization (WHO) as the mainstay of information, particularly when the disease emerges in Asia, Africa or even Europe. The United States works with the WHO but also does a lot of its own work independently. Canada uses its own robust system and collaborates with both the WHO and CDC. It's peer review at its finest. Over time, the information released becomes the standard and, most often, the information amongst all the countries and health authorities tends to come together. That's a good thing.

However, relying on only the scientists to hit a threshold and, at least somewhat, discounting reports from some countries that may be considered "suspect" for one reason or another (process, quality of the health system, likeability of the person/organization reporting, etc.) can play a role in accepting or discounting proffered data or information. And, at some point, it is worthwhile to listen to those that are on the front line of diagnosing and managing the disease, as well as those that actually have had the disease. Often, this changes from being science-based to anecdotal. But, when there are enough widespread anecdotes, from people treating or being treated, then perhaps it should be evaluated too. Scientists and health authorities can always discard it when it doesn't hold up to scrutiny. But, when it does, it adds vital information about a new disease that has the ability to turn a nation, or a world, on its head.

An emerging disease, whether it's confined to a country or two, or circles the planet, is going to start an avalanche of information being released. Since there is little to rely on in the beginning, the information will change over time to accommodate the new data, but the process can be slow and lives may be on the line. In the digital world, everyone has an opinion or info to offer. How can you tell what is valid and what is not? How do we protect those that are so desperate to avoid the disease, that they'll disregard what the experts are saying and put chlorine bleach in their nose or use the blow dryer on high in their mouth and nose to kill the virus? How do we stay loyal to the science but add consistently true symptoms, outlier stories that stand up to science, or learn treatments or techniques that multiple facilities have tried, found viable, and apply them?



Helping the Helpers

This is the start of a series of articles that will do just that. We'll publish the science and then sometimes add info that has been offered and vetted by scientists and physicians in universities, major medical centers, or clearinghouses or registries. We won't go crazy because it is all about the science and we'll distinguish between the government agencies and other credible institutions or individuals. In the end, we plan to give you information that you can rely on and put to use. We promise the articles will be shorter.