

## **Letter to the Community: September 30, 2020**

Hello Thurston County! I have selected several questions to answer this week from the ones I have received. Thank you for all the very well thought out and important questions. I look forward to seeing what you submit every week. If you have a question you would like me to consider answering in one of my letters, please submit your questions at [tcphss.pio@co.thurston.wa.us](mailto:tcphss.pio@co.thurston.wa.us). Let's dive right in.

### **As we move into cold/flu season, how do we differentiate whether we have a common cold/flu or COVID-19?**

Great question! There is significant overlap between influenza (the flu), the common cold, and COVID-19 symptoms but there are also some differences. Both COVID-19 and influenza can cause fever, cough, shortness of breath, runny nose, sore throat, muscle aches, headaches, fatigue, vomiting, and diarrhea. The common cold symptoms include runny nose, sore throat, headache, fever, cough, and a general feeling of being unwell. Loss of taste and smell (not attributable to nasal congestion) occurs for some people during COVID-19 but not for those who have a cold or influenza.

Because there is so much overlap in symptoms, testing is going to be key in distinguishing one virus from another. Knowing your risk of exposure to COVID-19 and getting tested will be essential to stop the spread of COVID-19. In addition, people should wear face coverings in public, stay 6 feet or more away from non-household members, stay home when you are sick, avoid travel and gatherings, cover coughs and sneezes, and wash your hands to reduce disease transmission in our community.

I also recommend you get this year's flu shot. While there is no current vaccine for COVID-19, there is a vaccine for influenza created based on the influenza viruses likely to be circulating each winter as determined by surveillance data. This year it is more important than ever to make sure that you and your family are protected from influenza. You can find a convenient location to get your flu shot by visiting <https://vaccinefinder.org/find-vaccine>.

You can find more information on the differences between COVID-19 and influenza on the CDC website: <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>.

### **My understanding is a coronavirus is a group of viruses that cause the common cold. Is this correct and if so, is it possible we may never get a vaccine? The current vaccination trials for COVID-19 are not done on children. Will there be COVID-19 vaccine trials done on children?**

Coronaviruses are named for the arrangement of spikes on their surface resembling a crown. There are four common coronaviruses which circulate and cause a mild respiratory illness we experience as the common cold. Three additional coronaviruses which cause more severe illness are MERS-CoV, SARS-CoV and SARS-CoV-2 (COVID-19). Each of the latter three viruses is thought to have originated in animals before infecting humans. The current thinking on why we do not become immune to the coronaviruses which cause mild disease is because infection triggers an immune response that decreases over time. Mutation also occurs which changes the surface proteins, so our bodies don't recognize them. Some vaccines for COVID-19 may require two doses to induce protective immunity. I am hopeful, with talented people all over the world working on a vaccine for SARS-CoV-2, the virus that causes COVID-19, one will be developed that is safe and effective. At this time, there are no COVID-19 vaccine trials including children in the United States. Once safety and efficacy is established in a vaccine for adults, I anticipate there will be trials in children.

**Looking at the number of positive cases reported by Thurston County and what is reported about Thurston County by the Department of Health, one sees the numbers do not match. What I mean is DOH is adding up two weeks of positive cases to account for the “rate” of cases per 100,000 residents.**

**So, if there were 50 cases the week of September 8th and 36 cases the week of September 15th, DOH reports 86 cases/285,500\*100,000 for a rate of 30. When in reality it was a week of 18 per 100,000 and a week of 13 per 100,000. This is keeping us in the moderate risk (25-75 per 100,000) instead of in the low risk (less than 25 per 100,000). Can you please explain this methodology?**

We use the 14-day monitoring period not only because this is the standard adopted by the state and other health agencies, but because 14-days is also the incubation period for the virus. The incubation period means the time frame in which a person may be infected and not show symptoms. Calculating the number of ill people per 100,000 allows us to easily compare results between counties or regions and is a standard public health practice. Calculating the rate for a 14-day period allows us to have confidence the trends we see are truly indicative of what’s happening in the community and helps to reduce or normalize the effect a single day or two have on the overall trend. We have been using the two-week monitoring period consistently. This same monitoring period is what the Governor used as part of his criteria for advancing through the phases. The population estimate used by Washington State in calculating transmission rates is the 2019 Office of Financial Management population data for the county which is 285,800.

The state of Washington uses a two-week average to determine transmission rate. Low rate of transmission is less than 25 cases per 100K over 14 days. Using the math you provided, 18 cases per 100,000 over 7 days + 13 cases per 100,000 over 7 days gives use 31 cases per 100,000 over the 14 days, which accounting for rounding is what the state got in their calculation of 30 cases per 100,000 over 14 days.

Thank you so much for sending such insightful questions. I look forward to seeing what questions you have for me this week!

Wishing you the best of health,

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