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The Coronavirus Pandemic: Frequently Asked Questions

Since most people don't get seriously ill, why is COVID-19 so dangerous? Why take such drastic measures like shutting down sporting events, businesses and meetings, even whole countries?

First, COVID-19 spreads very rapidly. Scientists estimate that every infected person will infect between two and three other people. If one person infects three people, then those three people infect nine people, and then those nine people infect 27, and so on. This is one reason we saw the number of confirmed U.S. cases go from about 500 on March 8 to over 3,000 cases just one week later—an increase of 600 percent! The other reason for this is an increase in w , meaning that more of the existing cases are actually being *counted*..

And because there are no natural immunities and currently no vaccine, everybody on the planet is potentially susceptible to this disease. If no significant measures were taken, epidemiologists estimate up to 70 percent of the world's population would be at risk (or 5 billion people!)—and at currently estimated death rates, this could mean roughly 25-50 million deaths worldwide in a short period of time.

As a warning of the danger and to get a sense of the potential scope of the disease, in 1918 an influenza epidemic (the so-called "Spanish flu") killed an estimated 50 million people around the world—and the world's population was much smaller at that time.

This brings us to the second problem, which is the *speed* at which COVID-19 is spreading, coupled with the high percentage of patients who require hospitalization and advanced care and equipment.

Health care systems around the world—especially in poor countries, but even in wealthy countries like the U.S.—nowhere near the capacity to deal with a sudden potential influx of hundreds of thousands of patients. For instance, the U.S. has less than a million hospital beds and 45,000 ICU beds *total*, and these were almost all in use *w* this pandemic.

In some possible scenarios, even with basic measures of containment and mitigation, COVID-19 may send millions to the hospitals, with significant proportions requiring ICU (intensive care unit) treatment, ventilators, etc. If this happened rapidly—over the next few months—it *would totally overwhelm the hospital system*. In fact, severe shortages are *already* cropping up in disease "hot spots" like New



The threat of the coronavirus has contributed to the great chaos that travel, especially international travel, has become. Here passengers at O'Hare Airport waited for up to 6 hours to get their luggage, and another 2 to 4 hours to get through customs. Photo: Twitter

York—shortages not only of beds, but of doctors, nurses, ventilators, respiratory therapists, and protective gear for staff (masks, gloves, gowns). The lack of protective gear means many healthcare providers may be infected with COVID-19. Such a loss of personnel would further intensify the crisis. Not only would death rates for COVID-19 increase dramatically, but hospitals would be unable to treat other patients properly—accident victims, people with heart attacks—and *their* death rates would go up too. Infected people would be less willing to go to these chaotic and understaffed hospitals, which would increase the spread of coronavirus in the community. The capacity to quarantine infected people could also be overwhelmed. All this is just *beginning* to unfold now and is certain to get much worse.

This is what happened in Italy over the past few weeks, starting when they had "only" about 15,000 confirmed cases. (As of March 22 Italy reports nearly 60,000 cases.) It got to the point where one doctor reported that "doctors have to choose who to treat 'according to age and state of health, as in war situations.... If a person between 80 and 95 years old has severe respiratory failure, it's likely we will not go ahead [with life-saving interventions.]" Over 5,000 people have died in Italy to date.

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