



113. Coronavirus COVID-19 Update with Dr. Dan Ewald

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Future Sense is a podcast edited from the radio show of the same name, broadcast on BayFM in Byron Bay, Australia, at www.bayfm.org. Hosted by Nyck Jeanes and well-known international futurist, Steve McDonald, Future Sense provides a fresh, deep analysis of global trends and emerging technologies. How can we identify the layers of growth personally, socially and globally? What are the signs missed; the truths being denied? Political science, history, politics, psychology, ancient civilisations, alien contact, the new psychedelic revolution, cryptocurrency and other disruptive and distributed technologies, and much more.

This is Future Sense.

Mia Armitage: Mia Armitage with a special Covid-19 Northern Rivers news update for Monday, 16th of March. In lieu of today's usual bulletin, I bring you an interview with Northern Rivers GP and clinical advisor to the Primary North Coast Health District, Dr. Dan Ewald.

Dr. Dan Ewald: So, in the land of general practice, there are some new changes. The biggest one is that there's a change to the Medicare system, so that your GP can do a formal consult with you over the phone or over a video connection if they have that set up, and Medicare will pay for it. It will be a bulk billed consultation, and after that, the GP can arrange for testing or prescriptions or referrals. That's available to a wide range of people: people that have got any kind of chronic illness and are an established patient at the practice, or anyone who is in isolation because of concerns around coronavirus. So check in with your practice and they will run through a series of questions to see if they're able to use the new telehealth consultation item numbers to help you with your concerns.

Mia Armitage: What do we know about community transmission at this stage, and the sorts of symptoms that people should be looking out for when it comes to the pandemic?

Dr. Dan Ewald: We should assume that there's the new coronavirus out there in the community. Whether it's turned up in a test or not, we should be running on the assumption that it's out there. At the moment, in our area, if you get a cough or a cold, you can't tell clinically if it's coronavirus or some other kind of a virus causing your cough or cold or flu-like symptoms. The severity of the symptoms doesn't tell you what you've got. But as the

epidemic spreads, the likelihood that it's the new virus will become more and more. We should be assuming that it could be, and it's in this early phase of the epidemic that we really need to be working very hard to take our responsibility for the health of the community, to isolate ourselves if we've got any kind of a cold so we're not spreading it around.

Mia Armitage: You've mentioned cough and cold. What are some of the other symptoms that we should be aware of?

Dr. Dan Ewald: Some people have been found to have coronavirus when it was re: fever and gut symptoms, so unfortunately, it doesn't always have to be upper respiratory tract symptoms. But the main symptoms are some of those common upper respiratory tract infection symptoms: cough, cold or more severe flu-like or pneumonia-like symptoms. Most of us will get mild symptoms.

Mia Armitage: We've heard that we're most contagious when we're actually spreading these germs through, say, coughing, sneezing or through a sniffle, but I've also read reports that we could be contagious for a period of at least 24 hours before we start to show symptoms, and I'm not sure how long after we show symptoms. What more can you tell us about that?

Dr. Dan Ewald: That's part of what makes this particular epidemic really hard to deal with. We know from examples early on in the epidemic, where it was possible to really track who was the index case, there can be transmission before a person is symptomatic. So that means the main strategy we have around the world to contain this is social isolation. We don't know exactly how long after symptoms the person might be spreading the virus. We don't know exactly how long before they get symptoms a person could be spreading a virus. It'd be a pretty safe bet to say that the main time you'd be spreading a virus is when you have the symptoms—the sneezing and the coughing and the sniffing.

Mia Armitage: When it comes to testing for Covid-19, we know that we've got limited capability of testing in Australia and it seems that there is strict criteria for the people who will get tested. Could you enlighten us a bit further on the situation when it comes to testing here in Australia?

Dr. Dan Ewald: It'd be great if we had unlimited amounts of testing abilities, but unfortunately there's a limit to how fast the labs can gear up to do more and more. We don't want to overwhelm them. So the guidelines from the Commonwealth are you get tested if you're a contact of a known, proven case, which is not the same thing as being a contact for someone who has a cold, and you get tested if you've got symptoms and you've come off an international flight in the past 14 days. When you're talking to a doctor, and if there's any other reason that they're particularly suspicious, then they still can order a test.

Mia Armitage: If they're particularly suspicious that you might have it.

Dr. Dan Ewald: Yes, there is capacity for a certain amount of clinical leeway in that. Quite a lot of people are wanting a test for clearance, and wanting a test to show that they're okay to go back to work, and that's not an appropriate use of the test.

Mia Armitage: Now, I've seen rumours circulating on social media that people who want to have a test and don't fit the criteria are being asked to pay \$600. Is that true?

Dr. Dan Ewald: I think that's unlikely to be true. The government's gone to some lengths to ensure that cost is not a barrier to getting appropriate testing done. The main barrier about appropriate testing will be whether it's a sensible test to do in the first place, not who's going to pay for it.

Mia Armitage: Given that the testing is limited here in Australia, how are we ever going to know how many cases we actually have in the country?

Dr. Dan Ewald: We have to run with the assumption that we'll never know exactly how many cases there are, and even if we had twice as much testing capacity, we still wouldn't know exactly how many cases there are, partly because a lot of cases are so mild in the symptoms, or even no symptoms at all, that they never would have presented for testing. The testing isn't perfect. The testing may be negative even though the person has developed symptoms from coronavirus.

Mia Armitage: We have heard reports that symptoms are not very severe in children. Now, if your child presents with a cold or a mild cough, should you be keeping your child home from school and away from grandparents?

Dr. Dan Ewald: Yes. Anyone who's got those common upper respiratory tract infection symptoms should be staying out of circulation in the community. They should be isolating until they're well. They don't have to have a test to say that they're well.

Mia Armitage: And what does that then mean for the caregivers of those children, say the parents? If they're having to stay at home to care for a child with a cold, should that parent then be self-isolating, too?

Dr. Dan Ewald: If the parent gets symptoms, yes.

Mia Armitage: Dr. Ewald, thank you very much for making time for BayFM. Is there anything else about this pandemic that you think our listeners need to know about?

Dr. Dan Ewald: Yes, I think it's time to think about looking after ourselves as a community. We need to look after people who will be suffering from being too anxious, suffering from being too isolated, too lonely. We just need to check in on our friends and neighbours, check "are they okay?" And we need to fight problematic rumours. There will be stories of bizarre stuff. Always do some fact checking. Look at the *New South Wales Health* website (<https://www.health.nsw.gov.au>) and the *Commonwealth Department of Health* website (<https://www.health.gov.au>). They've got factsheets for the community and factsheets for clinicians and they're doing a pretty good job of keeping them up to date.

Nyck: Yes, some excellent information there and thanks to Mia Armitage for that report this morning. Some good stuff there, and clearly, if there are any symptoms, basically you're better to be much, much safer than you would perhaps normally be with a sniffle or a sneeze, just to be safe.

That's just about it for the show. Thanks for joining us this morning on a strange show on a strange day in a strange time and a strange place, and it's probably going to go on from here.

A couple other things about Covid, just to wear you out just a bit more. I noticed this morning in *The Guardian*, that French authorities have warned that widely used over the counter anti-inflammatory drugs may worsen the coronavirus (<https://www.theguardian.com/world/2020/mar/14/anti-inflammatory-drugs-may-aggravate-coronavirus-infection>). The country's health minister, Olivier Véran, who is a qualified doctor and a neurologist, tweeted on Saturday that the taking of anti-inflammatories like ibuprofen, cortisone and the like, could be a factor in aggravating the infection. In case of fever, take paracetamol. If you are already taking anti-inflammatory drugs, ask your doctor's advice. The health officials point out that anti-inflammatory drugs are known to be a risk for those with infectious illnesses because they tend to diminish the response of the body's immune system.

You may have also heard, and I think this is a fact, that the virus is not heat resistant and will be killed by a temperature of just 26 or 27 degrees [celcius]; and it hates the sun. Thus, there's been a lot of recommendations to up your vitamin D intake to about 2,000 IU a day. If you don't feel like you're getting enough sun or you are vitamin D deficient, I think that's good advice. Vitamin C, 3 grams a day—that's a lot. That's also good advice. I think there's nothing wrong with taking a lot of vitamin C—doesn't hurt you, apparently. And there's such a thing as andrographis, which is a bitter-tasting herb rich in compounds known as andrographolides. These compounds are thought to have anti-inflammatory, antiviral,

antioxidant properties. Minerals such as magnesium, zinc and selenium are also very valuable at keeping the immune system as healthy as possible, but you probably know much of this already; we've mentioned some of these things earlier. Zinc lozenges apparently have been shown by a professor I mentioned last week, whose name I don't have in front of me right now, who worked on coronaviruses in the 1970s and he recommends simple zinc lozenges from over the chemist counter. If you suck them when you get any sort of tickle or anything at all, they can kill the virus itself. So any of these things and all of these things are probably useful—things that you feel right about yourself.

Also, if you haven't seen what is actually one of the most informative pieces—even though it's comedic, it's also very real and it's not shirking responsibility—you might want to have a look at the piece from *The Juice Media*. If you haven't seen *The Juice Media* videos, check them out on the coronavirus, because, as I said, it's a good laugh and at the same time, it actually gives pretty decent information (<https://www.thejuicemedia.com/honest-government-ad-coronavirus/>).

Thanks for joining me. Keep breathing, keep staying alive, and keep supporting each other from afar, or close by as long as you know exactly what you're doing, and we trust that you do. I trust that you so. Be sensible. Thanks for joining us.

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