Speaker 1:

Big Ideas, TXST episode four is a continuation of an interview about coronavirus with Dr. Rodney Rohde, virologist and director of the clinical laboratory science program. The first half of Dr. Rohde's interview may be found in episode three.

Daniel Seed:

And again, we're joined right now by Dr. Rodney Rohde from Texas State University discussing the coronavirus and Dr. Rohde, just a couple more questions for you. When we look at this, and clearly this is your line of work, this is what you do. You've written extensively about it, others have as well. How have your views on this, and not necessarily views, but your understanding of it change from maybe when it first presented in January to now, here in almost middle March in terms of maybe seriousness or what this thing is doing versus what maybe people thought it would do?

Dr. Rodney Rohde:

Yeah, great, great question. As a scientist, I hope that I can state that I am adaptable, just like a virus is. So when it first came out, I mean, I remember it starting being reported and I actually did an early interview about this on a local television station about when it wasn't even named yet. And at the time, it was kind of scary, but it's kind of how SARS are written. The first SARS strain kind of happened. And so I think early on we were all hoping that it would die out in that location. Not that we got any issues with China, but we're just hoping it can be contained and die in that situation. And maybe just hop around a little bit. I think I was surprised at how rapidly it spread across the world. Not in a sense that I didn't know viruses did that, but that this particular virus did it so rapidly.

Dr. Rodney Rohde:

As I watch it right now, I think my opinion is changed a little bit with respect to how critical it is that we as a country, so in the U.S. prioritize testing for elderly and high risk populations. And again, I'm going to go back to protecting my colleagues across all healthcare spectrums because that's my biggest concern right now. Early on, I really wasn't thinking that way. I was just thinking, well, it's going to stay put or it's going to kind of burn through. It's going to be common cold kind of issues. Maybe we have a little fatality but it's changed obviously and so that's my primary concern.

Dr. Rodney Rohde:

And with testing right now, and this is something you've kind of seen bubble up in the news, well also is that right now to my understanding, Texas has about 10 labs that are approved to do this and as of a couple of days ago, the numbers were that they could do about 26 tests per day. Doesn't take long to think about how prioritizing is going to be important and we don't know, right? We don't know tomorrow, a nursing home in Dallas, Texas or somewhere could kind of have a similar thing. We need to prepare for that. That is a priority in my mind as a health kind of person.

Dr. Rodney Rohde:

But then the other piece around it is that I continue to try to help maintain some calmness with people because again, I know it's scary, it's on the news every minute. But if you look at the global picture again and kind of think about what's happening, it is a cold virus. Other viruses, unfortunately kill people, usually the immunocompromised and things like that. This is really something, if you look at numbers in the U.S. right now, and again, we don't know all the denominators and numerators, I want to put that caveat out there, but if you just look at what we're kind of reporting. We're talking about two and a half percent case fatality rate, 1,000 cases, 25 dead. Globally it's about 3.6. It's higher in the elderly. It's super low in the young son.

Dr. Rodney Rohde:

I mean, I know there's that range there, but if we remain in those numbers, we're not spending eight billion dollars right now for preventing measles from coming back or from preventing RSV from blowing up or thinking even about flu, right? We've kind of shifted. So I just think, again, this is a public health kind of background, is that we don't do enough disk for everything. And so that opinion has stayed solid all the way through this. I've been screaming about this for 25 years. Like a lot of my colleagues, we need support, we need public support, we need federal support, we need ongoing eternal, not just funding but support for new positions, new training programs. People are retiring. I mean in these areas. And if you walk into the CDC or in the Texas Department of State Health Services where I used to work, it's kind of frightening. Because you'll see four people manning a floor of a building that's as big as a football field.

Dr. Rodney Rohde:

And when I was there in the 90s, early 90s, there were 20 or 30. So just FTEs, and it's all about funding. Everybody's strapped. But like education, public health is something, I think that has to be a priority. And that's again, my own personal opinion.

Daniel Seed:

From where you sit, what's our responsibility in the media in terms of reporting and accurately reporting in the way that we're portraying the information. What do we need to do? Do we need to take a step back and maybe start to look at things as you just explained in reversing numbers, not to make it look better, but to paint a clearer picture.

Dr. Rodney Rohde:

Yeah, thank thanks for the opportunity to talk about this. First of all, let me say I'm not a journalist or a media expert, but I did and I have continued to do quite a bit of looking at something called social representations theory. This is an old theory and I did it during my dissertation with respect to MRSA, which is an antibiotic resistant pathogen. So how people make meaning of complex scientific maybe scary topics and also how people get stigmatized. So Spanish flu, there was a time that this was being called Wuhan pneumonia.

Daniel Seed:

Mm-hmm (affirmative)

Dr. Rodney Rohde:

And to its credit, the World Health Organization and the viral taxonomy people moved away from that name. So just trying to be careful around that messaging and branding of viral agents. Now with respect to telling the story, really what we're doing right now. I mean, if we can have a moment to talk to experts that are willing to talk and try to explain things in a very common general language. It's called science communication and you're trying to raise the health literacy of the country. So that people are more knowledgeable about things that might be scary when they come out in the headlines and things like that. And then on the other side of that, as you know, accurate reporting, checking sources, using reputable sources. But I do think we have a personal responsibility, myself included. I step back sometimes and it's kind of ironic that I'm doing this through social media, right? So I understand the irony in this, but I still try to stand on the firm ground of accurate reporting, telling a story that is appropriate for a four year old versus a 20 year old versus a 60 year old. I mean, there's different audiences.

Daniel Seed:

Mm-hmm (affirmative)

Dr. Rodney Rohde:

And then how you share that information, how that headline might be posed. And again, I'm not an expert in doing that, but I think we can all do a better job with how we transmit information to avoid surges in hospitals. I mean there's things that people don't realize what this causes when a simple story goes viral and we don't really read through all the information or we don't report the most important things and we kind of maybe let that kind of be in the gray area for people to interpret. That there's some kind of really bad emergency happening at a university or a school district or football game or whatever the situation is. When that can create really big problems for first responders and healthcare and politicians and anyone else, institutional leaders. It can take up weeks of your time. To put those fires out, which people might needed to do other things during a real emergency.

Daniel Seed:

You mentioned briefly there, universities and of course where we sit here a university, universities around the country are telling students stay home. We're moving classes online. Don't come back. We've seen obviously South by Southwest canceled the schools in Japan have shut down for the rest of the term, the year. Professional sports leagues are saying we may play without fans. In Italy, they did that. Then they eventually canceled the schedule there. This practice of not quarantine but this practice of shutting down these mass events. How effective is this in general at maybe stopping this? At this time, is it truly necessary?

Dr. Rodney Rohde:

Boy, that's a great, great question and let me first say, I am not envious of the leaders in different institutions dealing with this process right now. Let me just answer it from a public health perspective. Will removing people from large events and conferences and other types of institutional situations be effective? It certainly will slow it down because what you're doing there is you're removing the opportunity for the virus to have close host jumping. So from me to you, to other people that are in a large gathering. So it does slow it down. Does it stop it? I don't really think so at this time personally. I mean, there's just too many index cases that are geographically spread. It's difficult to lock people down. You can try to isolate and you hope people do their due diligence there.

Dr. Rodney Rohde:

But the whole idea around dealing with that is difficult. And I will tell you, I have a personal stake in this. So my son Landry is doing a study abroad with Trinity University. He's in London at the London School of Economics and their semester runs all the way to June 18th. So he is in the middle of his spring semester. He loves it. He's doing a great job and my wife and I have tickets bought to go visit him in early June and then bring him back. So we are watching this personally. This is not just a professional kind of opinion. So right now I actually think it's safer for him to stay there. There's not many cases in England right now. He's got his own dorm room, he's going to class and he's going back to the dorm room and he's kind of ... In Trinity, like most universities, and this is smart, they're not to leave and you try to go to Italy because then you can't get back. So he's aware of that.

Dr. Rodney Rohde:

And in some instances as a dad and a virologist. I think he's probably just as safe there as he is getting in an international airport and coming home. That's my personal opinion. But it's also backed by kind of logic. Right. And I'm not speaking for Texas State here, but even the idea around dealing with spring break for instance, this is a difficult question because going ... I mean we were all 20 years old, right? And we went and did things on spring. If we could somehow guarantee that every 20 year old is going to go home and stay home for a week or two, then yeah that can be effective. I'm afraid though, is that it's going to turn into a two or three weeks spring break and people are going to mingle and have fun and then you may have to make the decision, do you bring back people or do you leave them out to complete the semester.

Dr. Rodney Rohde:

So I don't know what the answer is. It's a difficult decision, but I will tell you and this is something that I tell other people this virus, this cold virus will move through the population whether we like it or not. Viruses don't care what you look like, how old you are, what culture you are. If you're a Republican or Democrat, how much money you make. They just go through the population and it's going to ultimately take that collective immune response from the world to kind of stave this off and it hopefully becomes a normal endemic thing that we're again, maybe not worried as much about in a year or two.

Daniel Seed:

Going forward with this, what is it that you're specifically going to hone in for and look for in this as this progresses to really focus on and help you kind of understand where this might be going?

Dr. Rodney Rohde:

Right. So what I'm going to do as a scientist is I'm going to focus in on published studies that are being done. They're coming out more and more, and more and more cases are available now to study and look at if there's any primary virulence issues that are changing with this virus, is the virus drifting or shifting and we've suddenly seen fatalities go up in different healthy populations. That will be a critical thing. We will need to adapt to that. I hope it's not going to happen. I don't think it's going to happen, but we need to plan for that. And then the other part is the ongoing message that we need to do globally and certainly in the U.S. is protecting the health care force, protecting those at risk and prioritizing testing around that. And how we utilize our prevention techniques that needs to be ongoing education.

Dr. Rodney Rohde:

We need to think about medicine, supplies, pipelines of supplies and prioritizing PPE. So mask and gowns and things like that in hospitals. Because as you know, and you've seen, it's been grabbed by everybody. And I traveled to Atlanta last week and I saw people wearing masks that weren't wearing them properly, wasn't even over their nose. I mean it's ridiculous. It's wasting supplies. And the public needs to calm down on that issue, on prevention. Healthcare workers need those, patients that are positive need those more than anything. It's not really helpful for you and I to put a mask on. It's more important to cover a sick, positive case to keep that spread from coming out of them and then to protect the healthcare worker taking care of them.

Daniel Seed:

So last question for you. What key pieces of advice I suppose to sum things up that you would give the public who are listening to this? Maybe a few things that if they walk away from this that you would want them to take away and then go tell their friends and family.

Dr. Rodney Rohde:

Sure. Great. I'll mention a few things that I've been writing about regularly and they may have heard of this, but viruses are going to virus. This is a common way that viruses move through the population. It's normal. Be prepared for cases to rise, be prepared for some more deaths to occur. It's going to happen. We see it all the time. It's just being amplified in the news. The other piece around that is to monitor reputable sources including CDC, WHO and the other independent agencies that I talked about and then follow the preventive guidelines you are hearing. It's okay, for grandma and grandpa to maybe not go to church for a few weeks. It's okay to maybe not take your grandchildren to see grandma and grandpa, if they've got the sniffles.

Dr. Rodney Rohde:

And so just kind of common sense health precautions. High touch surfaces is something I've been hammering with people. It's one thing to hand wash, definitely hand wash often, but being more diligent and aware of your hands with respect to high touch surfaces like public touchscreens and fast food restaurants, elevators, hand rails. If you're going to actually go somewhere and you start handshaking like crazy, be aware of that and immediately go wash your hands or hand sanitizer if water and soap are not available. And just that awareness and you actually can build muscle memory. It's like anything else, if you do it daily. I've even, now this is a little weird, but I've even told some people, if you're really struggling with this, put a bandaid on the tips of your finger. Like one on each hand, especially your dominant hand or something so that when that thing comes up to rub your eye, you will actually start building memory to put that hand back in your pocket and then go wash it.

Daniel Seed:

Well, Dr. Rodney Rohde thank you for joining us.

Dr. Rodney Rohde:

Absolutely. Thank you. It's a great, great pleasure to be here.

Speaker 1:

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