

COVID-19: Doctors urge consistent masking, distancing

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90s and almost all have had underlying problems.

“We know that the possibility of (younger patients) getting serious illness is far lower,” Dr. Pfister said.

However, Dr. Pfister offers two cautions: Young people can carry the virus to older, more vulnerable people, which could increase mortality. And mortality is a lagging indicator in a disease that often manifests its most deadly effects many days after contagion.

“This is a smoldering disease,” Dr. Pfister said.

Daily death tolls appear to be ticking upward in recent days. As of Friday, Dr. Pfister noted, “mortality has gone up every day for the last three days.”

Severity of COVID-19

Death is not the only severe impact of COVID-19. Recovery can be long and arduous for severe cases, and the disease can have lasting or possibly permanent effects.

It’s important to note that the vast majority of COVID-19 cases are *not* severe.

“Eighty percent of people who get it are either asymptomatic (they show no symptoms and may not notice any) or mildly symptomatic,” Dr. Pfister said.

But those who do get severe cases can really suffer.

“By far the biggest problem is respiratory failure,” Dr. Pfister said. “That respiratory failure shows up kind of late.”

A COVID patient can be sick — sometimes mildly sick — for several days, then suddenly develop acute and dangerous respiratory complications. The worst case is development of acute respiratory distress syndrome (ARDS), where fluid fills air sacks in the lungs and deprives the bloodstream of sufficient oxygen.

Heart tissue damage

similar to heart attack has also been seen in COVID-19 patients.

“It looks like you can recover from it, but it’s scary, man,” Dr. Pfister said.

Clotting has been a problem, and has been seen in younger patients.

“We’re seeing that more than we do with most respiratory viruses,” Dr. Pfister said. “We also see that particular side-effect with people under 50 with no health conditions.”

Dr. Pfister noted that it is now part of the regular treatment protocol to screen for clotting and treat it with blood thinners.

The doctor acknowledged some of the recent concerns raised about lasting neurologic effects from COVID-19. He said it is hard to parse out what is an effect of the disease itself, and what is the result of being under intensive treatment.

“It’s very hard on you,” he said of being in the ICU.

Some COVID-19 patients are in for a long time, and that has always produced unpleasant mental side-effects.

“We sometimes refer to it as ICU delirium,” he said.

Masking up

Dr. Pfister supports the wearing of face coverings as an important tool in combatting the rapid spread of COVID-19.

“It’s a big part of getting back to normal,” he said.

He acknowledged that the messaging from health officials regarding the wearing of masks has changed, and that that has created doubt and confusion for some.

“As we’ve learned more about this virus, our recommendations have changed — and I think that’s uncomfortable for some people,” he said.

Dr. Pfister noted that constant reevaluation and reassessment are part of the scientific process.

“Science is a method; it’s not a basket of facts,” he said.

As of now, it seems evident that the main method of transmission for COVID-19 is

through close contact with an infected person — who may not be showing symptoms.

“Community transmission of this virus transmits through pretty small droplets,” Dr. Pfister said. “It looks like the predominant method of spread is people talking, people coughing on each other.”

Masks won’t prevent the spread of the disease — but they can help limit the radius in which the droplets that carry the virus are exhaled. As an illustration, Dr. Pfister said, “Try to blow out a candle with a mask on.”

In combination with physical distancing and thorough and frequent hand-washing, mask-wearing as “a pragmatic tool” can diminish the community spread of COVID-19.

It requires widespread use for masks to be effective. Wearing a mask protects others; their wearing a mask protects you.

“It’s a team sport,” Dr. Pfister cautioned.

The doctor noted that the incremental effects of widespread precautions add up in a significant way.

“Just diminishing something like this, in aggregate... can have a massive benefit,” he said.

The road forward

Dr. Pfister noted that St. Charles Health Systems data modeling team has thus far been “spot on” in their work. Built on a complex model that accounts for a wide range of factors, including detection rates and numbers of tests administered, modeling indicates the local area is going to be dealing with a COVID-19 surge for a while.

“It predicts now that our peak is going to be in the first week of August,” Dr. Pfister said.

The doctor urges anyone who has a travel history or who has been exposed to someone with the coronavirus be tested. Anyone exhibiting the classic symptoms of fever, aches, persistent cough should be tested immediately “so they can really stay home and not spread the disease.”

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Dr. Bachtold told *The Nugget* that, “much of my concern has been alleviated by the newest government mandate from the state regarding mask wearing.”

Effective July 1, Governor Kate Brown mandated the wearing of face coverings in indoor public spaces.

“My advice to the community,” Dr. Bachtold said, “is that we’re all in this together.”

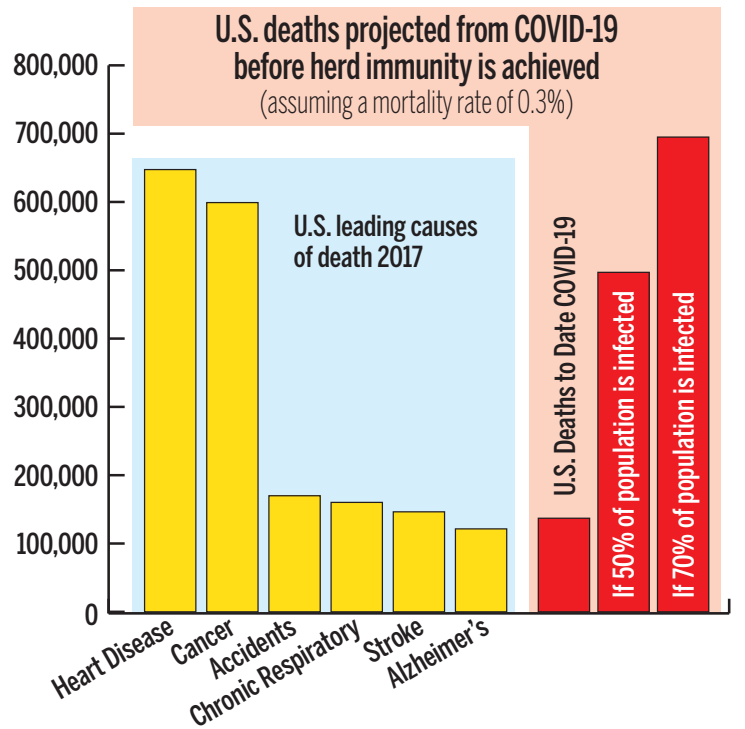
The doctor said that the mission of the community is to get through the pandemic as quickly and as painlessly

as possible — and that requires ongoing adherence to safety protocols.

“When you’re standing outside the bakery, you need to be six feet apart,” he said. “Regardless of where we are, we need to be six feet apart and wearing masks.”

Dr. Bachtold said he can’t be sure if he encountered COVID-19 patients in Sisters before the accuracy and availability of testing made it possible to confirm cases.

“It’s certainly possible, but we don’t know,” he said. “Until we get some kind of antibody test, it’s going to be hard to know the prevalence of this thing.”



INFOGRAPHIC BY LISA MAY

He notes that the Red Cross has “a pretty well-validated test” that can determine if you have antibodies that would indicate that you have already had the coronavirus. He also says that it is very doubtful that anybody had the illness before March, though many people had respiratory illnesses.

The doctor sees a significant problem with some people’s encouragement to seek “herd immunity” as quickly as possible. With no vaccine available now, herd immunity would require at least 160 million people to get COVID-19.

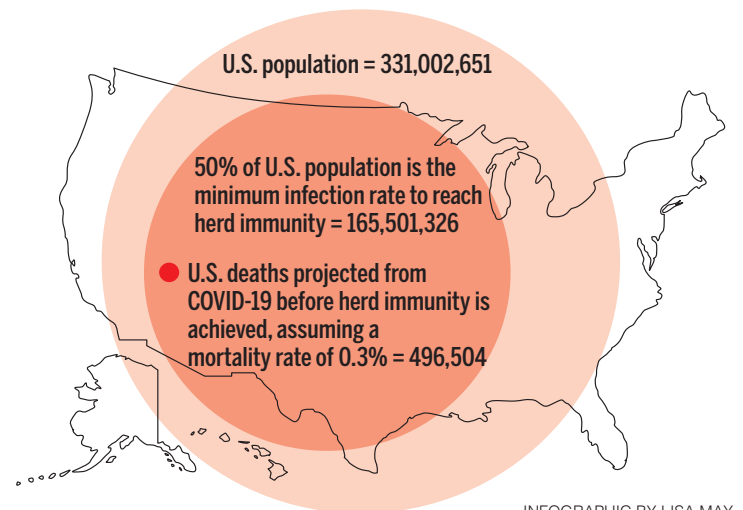
“If 160 million people get this with a 0.3 percent

mortality rate, that’s still (almost) 500,000 people (dying),” Dr. Pfister said. “I just can’t sign off on that.”

The doctor acknowledged that coronaviruses can be notoriously difficult to vaccinate for — but in this case accelerated efforts are showing promise. He said he is “cautiously optimistic that we’re going to get a vaccine.”

Until one is developed, mask wearing, physical distancing and restrictions on the size of gatherings will likely need to stay in place.

“Our best road forward,” Dr. Pfister said, “is to slow the roll of this disease ... till we get a vaccine.”



INFOGRAPHIC BY LISA MAY

Sisters doctor encourages precautions

By Jim Cornelius
Editor in Chief

Dr. Joe Bachtold of St. Charles Family Care Clinic in Sisters hasn’t seen any confirmed COVID-19 cases in Sisters — and he hopes it stays that way.

Sisters (97759 zip code) recently recorded its first confirmed cases after months of holding at zero. Dr. Bachtold has been concerned that those numbers might grow along with those in the rest of Deschutes County and across Oregon and the nation. That concern focused largely on what he described as “this large influx of tourists that

were coming in and they were not heeding mask-wearing and social distancing.”

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