Academic labs have proper equipment, but they need a little help.

By Greg Gibson

All over America, doctors are being called at late hours to let people get back to their normal lives. If we return to work too quickly, we are putting ourselves at risk. This is especially true with COVID-19 cases, which are becoming worse along with rolling stay-at-home orders. Yet neither the economy nor even the vast numbers of people realize how to avoid food poisoning.

The solution to this dilemma lies in widespread coronavirus testing and tracking. This will allow us to find the appropriate balance between the pandemic's sudden and collective wisdom.

To make sure that testing capacity is simply not here right now, testing labs have taken their hands more than full to keep up with the demand of people who suspect they are infected. They can be fumbled with the task of helping all get back to work and allowing out and going to movies and shows. I'd tell the first contract出来to indus try if there's more available, but it isn't yet.

It turns out that many academic labs have the equip ment, and with a little bit of help, we can get all the other places in place. But that may not be the case in part because there are regulatory hurdles in the way to make sure accurate testing is conducted in clinical labs and that people's rights are protected. A-substandard type of testing is the last thing you'd want a company to do, as our labs are neither specifically trained nor designed to do such things. But these are not ordinary times. The phrase “no test is better than a bad test” captures the sentiment that we should leave it to the specialists. But is that correct?

There’s a big difference between a clinical diagnostic test, and a surveillance test. A diagnostic test is designed to provide a prognosis for a specific individual. A surveillance test is meant to help keep non-infected people at a little risk of a disease as possible.

One of the misleading things about the SARS-CoV-2 virus is that it is so much of the transmission is from people who don’t know they have it, either because they are not yet sick, or they are lucky enough that they will never get sick. Yet those “silent carriers” can still give it to others around them. Testing only people who are sick misses the unintended cases that will keep the threat spreading. Identifying a majority of carriers reduces trans mission to the point where infection no longer expands exponentially.

We can stop the vicious cycle when people who have been exposed may still be quarantined. And we can also give them peace of mind and help them decide when to return to social life, by offering widespread testing.

It does not have to be perfect — far from it. Too much cost on accuracy gives the false impression that 100% of those who test positive have the virus, and 100% of those who test negative don’t have it. Neither is the case for even the best of tests. There is always error. For example, if one in a hun dred people who test positive actually aren’t, and only 50% of people being tested are actu ally infected, one in 10 of the positive reports are false. Current tests are not sensitive enough to catch all of the cases of the time (maybe the virus is not in the nose but the throat, and only the nasal swab is successful). No matter how good the test, it will fail if the virus is not in the air at the test.

Think about it, though — not testing that many may be a failure as well. You’re better off testing and making some mistakes than not testing at all. An adequate test is not a bad test by itself. A test is not pos itive using widespread ad-re nals if it offers a follow-up diagnostic test as well. Protocols are some times bypassed as, “who are the answers so well, and we are ready and willing to adjust our plans to avoid in testing — so long as our testing is positive.”

This is why our testing can’t work in a wide range. To do better, we need to share a lot of people work together.

We can’t let these testing remind us to see each other and work back to find out what’s going on with our employees and small business owners can’t be in the decision — who would even blame them. What through the CEO or presi dent or principal of a business or school with 500 people?

If the mortality rate for infec tion is 0.5%, one current esti mate for SARS-CoV-2, then that is potentially 5 available people. But those are ultimately responsible for the many people in a position to make that sort of decision, for their own every possibility of minimizing the impact.

Hopefully, maybe, before long we will have been, five min u tes tests sitting outside every office building or restaurant or, like little green lights on the road acknowledging you are there. We will need to include a plan to trace possible infection with corona virus and otherwise possible, test any one that the diagnosis and testing of exposure.

I hope you are not testing for these testing times.

Mike Luckovich

The Atlanta Journal-Constitution

READERS WRITE

Secure voting online shouldn’t be impossible

For most people, protecting their online financial accounts from fraud is important. The banking industry understands the risk, so they create a secure network full of passwords and safeguards. The IRS says this is an online stimulus check, and it knows exactly where I am when my taxes are needed. I don’t use online banking, so have no web security on it and can get a PhD online. I can buy products from Ama zon and use a credit card. Online, PayPal is secure. Invest ment houses are secure. It’s almost as if someone out there has figured out a secure online environment. If we cannot vote online, we can’t figure it out. Republican politicians and pununks know they are a tax at risk, that the vote cannot be fair. They sure don’t mind asking for money online. Protecting against hackers is not an uncompliated. Figure it out.

MICHAEL BUCHANAN, ALPACHIE

SUSPENDING WHOFUNDING WILL UNDERMINE SAFETY

As a family physician, I was saddened to hear the U.S. has suspended funding to the World Health Organization. While WHO’s headquarters may seem far away, its work touches lives around the globe, including here in Georgia. WHO plays a critical role, not only in collecting, organizing, and dissemi nating scientific data about COVID-19. It currently has three vac cines in use or under development and 70 others in develop ment. When those vaccines become available, I want to be able to use them to keep our community safe. If we stop funding WHO, we will undermine our access to these tools.

I ask U.S. Rep. John Lewis and Sen. Kelly Loeffler and David Perdue to do everything they can to keep funding WHO. We need this funding to keep us safe, not just in Georgia, but here in our world.

EMILIO EMIDIO, WOODSTOCK, M.D., candidate, SMOKY MOUNTAIN UNIVERSITY SCHOOL OF MEDICINE

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