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If the flu and coronavirus hit at the same time this fall, America could have a longer, tougher lockdown. Olga Kazan April 24, 2020. Kim/Getty If this year's life had held out a glight of hope about returning to normal, that hope could have been completely extinguished this week by Robert Redfield, director of the Centers for Disease Control and Prevention. Redfield told The Washington Post on Tuesday. There will be a flu epidemic and a coronavirus epidemic at the same time, President Trump later tried to claim redfield was mis-cited, but Redfield revealed he was cited accurately. He is also far from the only one who believes the United States is having a harsh winter. Many public health experts are concerned that COVID-19 may be reinstated this fall (assuming a decrease in the total number of cases in the first place). Combined with the usual October-March flu season, the disease can strain hospital capacity even more than this spring, when the flu season was petering out. This year is going to be a very difficult fall and winter, said Ashish Jha, director of the Harvard Global Health Institute. Several other respiratory diseases do this: during the swine flu epidemic of 2009, cases spiked in the spring, subsided through the summer, and returned with a vengeance in the fall. But the behavior of the new coronavirus strain is still certainly too mysterious to predict. Experts expect the virus to circulate among humans for some time, but its particular ebbs and currents are not yet known. The year-end rebound will be a problem because the flu season has already left hospitals close to capacity, experts told me. Fewer people will need a ventilator than covid-19 patients because of the flu, but flu patients may need valuable intensive care space. Already during this outbreak, reports from hospitals read like dispatches from war zones. One 49-year-old COVID-19 patient was found blue and dead in an emergency room chair while waiting for an inpatient bed. A group of doctors discussed whether young patients should have preferential access to ventilators. Also, if you have to fight another round of COVID-19 patients while undetering severe flu cases, hospitals can quickly run out of ventilators, beds, or even doctors. Some people are infected with both influenza and COVID-19 at the same time. Health experts don't know exactly how it can make COVID-19 worse, but I can't imagine it would be good, said Jennifer Nuzzo, a senior scolor at the Johns Hopkins Center for Health Security. Even if seasonal flu goes into the picture again, Americans won't have herd immunity to COVID-19, and the vaccine is likely to still be more than a year away. The absolutely safe thing to do is to keep all Americans inside until they are vaccinated against coronavirus. But even die-hard public health cheerleaders say it's simply not feasible. Millions of people lost their jobs. Non-COVID-19 treatment has been postponed. Children suffer from a lack of schooling and socialization. Instead, health experts are broadly in agreement that the best path will be aggressive testing and contact trace regimens. You may not be able to regularly test people for asympticity. However, rapid testing of people with possible COVID-19 symptoms, along with a way to track and isolate those in contact, can prevent coronavirus infection from spreading as the flu simultaneously rips through the population. American testing capabilities are increasing, but we are not currently testing or contact tracing anywhere near the required level. There are other ways to prepare for a major drop surge in influenza and COVID-19 infections. Government and hospital staff can staff hospitals and use intervention time to increase their capabilities. Large sporting events and concerts may need to be postponed until they are more immune to the population, Nuzzo and his people say. Jha says universities should stop sports and extracurrcuration activities, give all students a single dorm and stagger meal times. Vulnerable people, such as the elderly and those with chronic illnesses, need to stay at home longer than others. Everyone can wear a mask and work from home if they no longer need to. In addition to alle easing coronavirus infections, these types of mild social withdrawal measures may help reduce the spread of influenza. Some of these things will hopefully work their way into our more normal, day-to-day lives, and we will be able to do 'social discrete light' in a way that helps reduce contagion. Steven Kistler, an infectious disease modeler at Harvard University, told me. Jha hopes that between now and this fall, biotech companies will develop drugs that can reduce COVID-19 symptoms. These may not be more cures, but they may reduce the time covid-19 patients are in hospital and reduce the burden on the health care system. If these measures don't happen, Americans may see additional lockdowns. If we don't act together, it's very likely that there will be another lockdown in the fall and it will be a long one. Jha said. Indeed, even if no one took unnecessary risks, treatment was available, hospitals were well stocked, and hand washing became a religion, there may still need to be a lockdown that fails. This is, unfortunately, a new uncertainty that we all live in now. Number one way if you're desperate to cling to some modicum of controlAmericans can help prevent influenza-COVID-19 Armageddon from getting a flu shot. Employers can even return to work in the fall by getting a flu shot, Nuzzo said. Flu vaccinations are one of the few that are within our powers and do not rely on the pathogen bi-stewed. I don't have many opportunities to feel empowered these days. We may want to grab what we get. Skip the navigation! so you / and your untouchable face / you / for being in the first place - Untouchable Face, Anidi Franco, 1996 So, I'm fine. High levels I have a safe place to quarantine between the new coronavirus epidemic, access to essentials and May rent in a savings account. I am fully aware that, broadly speaking, social withdrawal is easy for me. It's not easy for anyone who works in health care during this pandemic, an essential worker, or someone with a virus. I don't think I know what's going on right now and I understand that what follows comes from a place of perspective and privilege that is my very safe and clean kitchen table at 5...m. Yes, I write at 5.m., I start my day early because I prefer to read, bake and record my podcast Single Serving Podcast in the afternoon. Being single is very vocal in my opinion and some assumptions are often made that it may not be the worst adjective that can be used to describe women over 30. I am a supporter of single women as a whole, happy beings. There is a strange and thoroughly bully concept in society that loving single life somehow doesn't want a relationship. That's not true, at least for me. I'm looking forward to being in a great relationship one day. I refuse to be miserable in the mean time and I refuse to settle for anything less than great because I'm not afraid of alternatives. Then the coronavirus came and now I just want a husband. The last time I went to Trader Joe's, by the time I left the store, there was a queue outside that wasn't there when I walked in the door. According to my bank report, it was March 12. I'm not back because I'm afraid to wait with a lot of people on it and every time I walk 2.9 miles (and back) there to check it out, the line is always there. When I got home from that last shopping trip, I had one that didn't call a panic attack (in the grocery store that came later, I'm now three times more expensive than Trader Joe's), but instead I call it a depression attack. Can you have them? Then the coronavirus came and now I just want a husband. My bout of depression felt like my heart had fallen into a very deep hole and I couldn't get it back without help. 100% by myself in my apartment, and in life, no help had come. I don't have such emotional episodes in modern memory. It was most single, scared, and in need of company I've ever felt in my adult life. It was a dozing, in old-fashioned Parance. The partnership's previous needs came from a more ego-driven place. I thought it was valid or not so embarrassing and thought my boyfriend could fix it. But is this necessary? I didn't know how long I was going to be on my back, and I cared about it for the first time in a long time. My depression was exacerbated by an incredibly inconvenient fact: I'm perfectly happy to be single. Suddenly, what does it mean to be very unhappy to be single? No, seriously have I broken anything? Is there a bug in my emotional coding? Can you sprain your mind? Do you know the moment? Someone hugs me! Oh, except right. Hugs never happen in this house. . And friends, I'm healthy. Can you imagine me now exhibiting one of the symptoms of this assiding virus? I received an email yesterday sharing covid-19 stages and symptoms from my health insurer, combined with their recommendations on when to go to the hospital and when to stay home. One of the symptoms that suggested you should go to the hospital? Suddenly confused or someone can't wake me up sorry, someone?any of me?how do you know if you struggle to wake up?cat a) doesn't have the ability to communicate effectively with 9-1-1, but she can hold herself with the UPS guy and b) doesn't give a. Are you saying to me that this is a virus that requires symptoms observed in pairs? Essentially I'm growing up, stay with me. Through my research on the human design system, my birth chart, and simply the accounting of previous decisions in my life, I am the one who needs to guide her gut instincts. As a person who lived her entire life singing her intestines and driving her head, I learned to move the world as an gut-driven person and felt I wanted to get a 20/20 vision via accurate glasses for the first time. Since then, I've had my gut guide me and things are going a bit well, honestly. But COVID-19 is different. During the global pandemic, my gut doesn't know my butt from the elbow, so I think the terrible need for a partner stood up in me. My sense of logic (that old chestnut) actually had a role to play here. In this situation, my head had to take over for my intestines and speak sense to my heart, so I can keep it together on my body parts. Logically, we all know that if we stay at home, wash our hands and stay calm, we will ride this wave of viruses and return to fully functioning levels at some point in the not-too-distant future. I hope we are just at home so that on the road back to normal life, we can stop people losing their families to this nightmare virus. I hope my health care friends are ok after this. I hope your friends are ok with health care after this. And in the grand scheme of things, I know that being alone now is not a difficult thing - also, I feel that for the first time I don't want to be. We're all going to be a little bit different from now on. We are going to approach things from a different perspective and assess situations with new knowledge and experience. I'm learning things I didn't know about myself and discovering needs that I didn't think would apply to me. One thing I didn't actually know I really needed is a partner. And I don't know why I'm surprised. Stranger things happen every day. 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