



Who is at Risk? Lessons Learned

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Opinion

Volume 4 Issue 2

Received Date: June 11, 2020

Published Date: July 03, 2020

DOI: [10.23880/hij-16000164](https://doi.org/10.23880/hij-16000164)

Opinion

A young man walked into my office for fatigue and thrombocytopenia, a common disease Hematologists see of low platelets. A recent article from California talked of an unusual disease not seen often in non-immunocompromised patients. No cause was apparent. Soon there were several reports with a similar clinical picture in other risks groups. Within a short time a causative agent was found. Early diagnostic tests had been developed and took some time to be standardized. Rapid deaths occurred in about 50% of affected persons, with life expectancy of one year. Within four years the first effective drug was licensed by the FDA. Many global attempts at a vaccine had failed. This was initially known as the syndrome AIDS, until the virus was identified as HIV, human immunodeficiency virus.

Currently 30,000 to 40,000 new cases of HIV infection occur annually in the US. One million are currently positive. Globally 1.7 million new cases occur annually despite transparent knowledge of modes of transmission and the risk groups. In the US 16,000 die annually. Healthcare workers were at risk and needed education for prevention of transmission.

Until Universal testing was available, anxiety levels of the risk groups were high. Mourning many loved ones was

painful. The cost of therapy, now far advanced and varied, despite the many side effects continue to be beyond the ability for many to pay.

Today's COVID-19 pandemic is very reminiscent of the early days of HIV infection. What lessons can be learned? We know of many at risk groups. However until universal or random testing occurs do we know who are really at risk for having the virus? How many will develop symptoms? Who will need care and how many will die? A longer than wanted timetable will exist to have these data, clinical trials either discovering or validating effective treatment, are complex, time consuming, and even if fast tracked won't be here fast enough for most of us. Although a vaccine may be easier for COVID-19 it will still take time to be developed, tested and validated. So we watch the frightening story play out. With current technology, far advanced from 1983 one hopes that we can achieve prevention and therapeutics rapidly. However changing behavior in high-risk groups (and we are all at risk) is very difficult.

One hopes that all of us heed those techniques that lessen or eliminate our likelihood of contracting COVID-19. Let us apply the lessons learned from HIV and rigorously follow prescribed guidelines.

