AUA Inside Tract Podcast
Episode 106

COVID-19 in Germany with Dr. Jens Rassweiler

Host: Welcome back to the AUA Inside Track podcast. Today we have our guest joining us from Germany to discuss the COVID situation in Germany.

Dr. Rassweiler: So my name is Professor Jens Rassweiler. I am chairman of the Department of Urology and Pediatric Urology, in Heilbronn in Germany. We are part of the University of Heidelberg. Besides this, I'm the actual president of the German Society of Urology, the DGU [Foreign Language 00:00:29] And I'm also a previous president of the Endourology Society, which is mainly located in the States.

Host: How are things going right now relative to the COVID-19 pandemic in Germany?

Dr. Rassweiler: So I can tell you that we in Germany, I think we are quite happy with the situation we achieved compared to other countries in Europe. You may have heard about the problems that the Italians had, particularly in north Italy, France had it close to our border in the Alsace Lorraine area, and Spain has it also mainly in Madrid. And this resulted in a very high rate of mortality, which is about 10%, 13%,14% in these countries. In Germany however, we were always in a lower range. We have a mortality rate of 3.4%. So, out of roughly 160,000 COVID cases that have been recognized now 6,100 deaths we have seen. And this is associated with real... not a situation like you had in New York, for example, with a very stable situation in our intensive care units. So we had never had a kind of overflow of patients in these situations. This was also because we early really knocked down not only our, you can say the public life, but also our hospitals. So we had reduced completely our activities in the outpatient services. We had reduced the operations. So only emergency cases, tumors, and in urology stones have been treated, for example, in my department. So this resulted in a knockdown of about 40% of our cases.

Now, you can say with this next week, everything we start in the kind of relaunch. The relaunch means that we are now working on higher capacity in our ORs, higher capacity in the intensive unit care because we had maximally about 30 patients in our unit who had been on the respiratory device and about 100 patients in the hospital overall. And now the number decreased to about 15 patients, and this will continue now. We have a continuous decrease of patients, of incidences of COVID-19. During the last, I would say, four weeks we had our peak with about a week with 40,000, 41,000 cases. This we had in the

first...around Easter. This was on the 12th of April. This was our peak time, the 6th to the 12th of April. But from then on, it went down. And now this allows us to relaunch and we will start slowly with 50% of our outpatients. And we also start now to operate patients which we call elective, you know, these patients with varicocelectomy, with circumcisions or something like this, that we postponed during the last five weeks.

Host: The low death rate that has been reported in Germany compared to the rest of Europe, could that be attributed to widespread testing?

Dr. Rassweiler: The problem is we have not the actual information. But if you look at the information from Johns Hopkins or other institutions, about testings even in Italy, this is not so low as it has been reported. So they did also more than a million tests. I don't think that it's really the testing. It is the preparation. We have significantly almost the double of intensive care units. Initially in Italy, there were 5000 to 10,000 intensive care units. We started with 28. We have now 40 intensive care units. So we almost doubled this without the necessity to use it. So we really were prepared for this. And I can tell you, if you look to France, for example, they had a really tremendous problematic time about a week after our peak because they were not able to manage it.

So they had to send patients to Germany. For example in my hospital, we took two patients. And they sent the patients with the train down to South France. So I think the main cause for our good results is that we have really the best situation in the intensive care units. And this allows the patient to treat to turn the patients every 18 hours. This is a lot of work you have to do. And of course, if you don't have these capacities for your patients, then you cannot treat them appropriately. And even in France, they started to have a kind of triage system, where they said, "Oh, this patient is 80. This is 50. Okay. We cannot put the patient with 80 years on the respiratory system and the other really received the respirator."

And we don't have this. So we were never in this situation. And, of course, it's early testing, but we have still not an overflow of testing. For example, in our hospital, we ask that the medical personnel is tested. I myself have never had a test. So in our hospital, there is still the rule because we have not an overflow of tests that only patients or personnel who are symptomatic are tested.

Host: How has COVID-19 impacted the urologists at your institution? What type of changes have they had to make with the pandemic?

Dr. Rassweiler: So we did with the EAU section of Uro technology we did recently a kind of question here around it. And it, of course, depends a little bit

on the local situation. But in general, you can say basically in all countries, let's say the classical way of work has been abandoned completely. So up to 50% to even 100% of the classical normal work was not possible anymore. Sometimes the wards themselves have been, for example, in North Italy, in Milan and other cities in Modena I know exactly have to be transformed into COVID patients and COVID wards. So they were just able to really treat the real, real emergency cases anymore. And so this was completely, you can say really a lock-down. Afterward, within the last three weeks, I think everywhere improved. So for example, in Spain, they had 100 patients in Barcelona, COVID patients, and they still had 8 intensive care units for the urology. So they could at least continue with the oncological cases in a certain way. What was another way, to reduce the risk for the doctors, they did it in two shifts. So some of the doctors were out the others came in. In my hospital, in my situation, I was really fighting for each of my patients a little bit against also our administration.

So we were able to continue with half of the patients' beds that we had. So we usually have about 50 beds. We were reduced to 25 beds and with this number of beds and reduced capacity, at least we were able to treat our, for example, prostate cancer patients with a da Vinci. We could continue and we did stone treatments, not only placing a double-J stent, but we also removed the stones, and we did some cystectomies. So we did renal tumors, big renal tumors we could do. But of course, it was always way on the limit. So we were, of course, not in the same activity like before. And this was not always possible in all units in Germany. I know some of them were really also locked down. They were not allowed to do anything. But on average, you can say about 50% to 70% of the activities were really knocked down. And next week, some hospitals already started this week, this is now the restart, time of restart.

Host: Is there anything else you want to tell us about what your institution did to prepare for the pandemic?

Dr. Rassweiler: So we had, of course, in the beginning, a very problematic thing that was the lack of the armamentarium. You know, this was the case. This is a big discussion. I think you have it also in the states that all these masks have been produced in the meantime in China. And China was not able in February to send anything out because everything was locked down. So we had to find different ways. Fortunately, Wuhan is now again able to bring us the masks, and there are these transports. We had some companies starting to find something. This was really a problem. In the beginning, it was not that we hadn't anything, but there was always a lack and there was big criticism about this, that we have no more on stock these masks or gowns, and so what you need. So this was really something we had to have an eye on it with the help of

big companies like biopharmaceutic companies or you may know, little... This is like Walmart, a big grocery store chain in Europe and even in the world, they were able to help us with their connections to get adequate numbers of things now, like masks and so on.

So we have never faced a problem, but it was really critical in the beginning. But I think the main thing is what we think in the states if we watch you is... I was very critical in the beginning personally, about all these lock-down things and when to start and to restart. But I must say now, I think I believe if you look at all the curves, you can say we started, Italy started on the 9th of March with the isolation of the people. We started on the 23rd of March, and really about two to three weeks after this, I think this is something you may learn, there was the peak and from this peak, it went down. So, if you think about two weeks of the effect you can observe what is your measurement because you cannot observe it immediately. So, I think all the countries in Europe did a good job in this regard. And I would really warn against an early opening because you will then risk that this curve is not going down. From the moment it goes down then you can slowly restart.

This is what we are doing now. There is always a little bit of criticism, but one thing I think is very important which we have now if we restart all our children out of school, all the risky people but also the workers have been basically on quarantine for three, four weeks. So it's not that they are coming from a ski holiday where they get infected in Austria or so. All of them, all the people or the pupils who are going out to school coming out of a kind of quarantine. So they will have a minimal risk in my idea to be infected or to be a virus transmitter or something like this. So probably I can predict that in the next two weeks, the tendency that we see that the infection goes down, will be in favor for us. And it's a little bit similar to the influenza, of course. So I expect that in the 20s as a mid of May, the main wave is over and I personally do not expect another wave.

Host: How do you think this pandemic will impact or change the way that healthcare is delivered around the world as we move forward?

Dr. Rassweiler: This is very interesting because, of course, if you work under these pressure reactions, this can go either way. Let's say from the kind of organization as a president of the German Society we had now to do teleconferences, which worked very well. So probably we will stay more at home instead of going to a meeting, let's say from LA to Washington or wherever to meet for two or three hours and then fly back. And then for us, it's the same in Germany, we go to Berlin because there is our house that we meet. Then we see each other for three days, maybe the afternoon or the night before,

and then we go back. So we can manage a lot of these things now with teleconference as I did it also, as I mentioned with the Endourology Society very effectively. So I guess we learned a lot about these technical methods that we can use. With regard to the treatment of our patients, some of our administrators say, "Ah, you see, we can work very closely together." And they have sent our personnel home because they were not needed at the time. So they learn this time out of it, which I don't personally like so much.

On the other way, I guess after certain trends, parent time or you can say a time of transition, we will come back to basically the same standards like before. I don't see a great impact. The big question will be, whether we see with SARS as with COVID-19 we will see a kind of... Yes, number one is when comes the vaccine? And number two is, do we really see it again? You know very well with the SARS virus it didn't come back in the next year and the vaccine was ready, but nobody needed it. So this is the big question mark for me. And today we had just on the television that the discussion should we have specific COVID infection departments in Germany? And they said, "No, no, this is not the right way to go for." So I would say in urology, I expect that let's say, in the beginning of June, and so on, we will come more or less to a kind of normal working way. We still have, of course, to treat the patient that we couldn't treat, and then finally we will adapt to the situation.

Host: What advice would you have for your colleagues around the world and other countries as they too battle the COVID-19 pandemic?

Dr. Rassweiler: In my view, it should become better. And I think this will we'll have soon is number one is that we will have probably more testing of our patients because we just rely now. But I must say, I have no personal problem with this as we don't have a single doctor that really was infected in my department, for example, throughout the whole period. And so we did not have the problem of quarantine of some of our doctors or so. So, it worked quite well I must say. We are wearing the masks in this part so as long as you have these infectious periods, so I guess retrospectively, we maybe should have started earlier with the masks. Retrospectively, we should have more testing. We will have probably afterward the determination of antibodies, and we may have more knowledge about this. So this will help us probably also in the future. So I think this could be some of the key parts that we will have for the future. Actually, I must say, stay home, stay away, and be careful with the patients. The good thing is the patients here they have to wear now...or no, people have to wear masks when they go to the grocery store or so and they should wear masks also when they see you in your offices. I guess this is very important that you do this and, of course, a strict kind of screening with the questions if they had contact, if they have fever and so on, so that immediately you find out

whether you have a patient who is at risk, at least, and should be tested, so that you avoid the contact with these guys.

Host: Do you have anything else to add or any other thoughts you'd like to leave with us before we end the interview today?

Dr. Rassweiler: No, I must say I am very happy and grateful that I was asked by the AUA to give a little bit of a perspective that we have in Europe. And I wish everyone to stay healthy as we all want to be. And I must say I'm optimistic as you heard about. So hopefully we will soon be over the crisis. We will not know exactly how COVID will involve our lives throughout this year. I wish everybody at the AUA, and I'm a member of the AUA, all the best and the best future within the next months.