

# Dr. Delgado COVID-19 Update 3-23-20

Initially, the warnings, projections and necessary pre-emptive choices in regards to the COVID-19 virus were not implemented nor conveyed with the urgency and that retrospectively seems clear. Due to this delay, the response by citizens to this danger had been muted at best and subsequently necessitated the extreme measures mandated by our government to curtail social behaviors in a way that signals a new beginning.

While the sheer numbers and their reflection of the current status, both on a human and economic scale, show no clear abatement in their respective trends, this should not to remain your focus or affect the status of your sense of well being.

Continuing the practice of self quarantine and social distancing should continue to be your focus. It is the only proactive option and control we can institute in minimizing your risk of infection individually and in diminishing the rate of infection within our society. All of these numbers and worries can only be impacted one person at a time and by us, as a collective, adhering to continued social isolation.

## Symptoms

Reported illnesses continue to range from mild symptoms to severe illness for confirmed coronavirus disease 2019 (COVID-19) cases.

These symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath
- Digestive symptoms (see below)

Currently, rapidly progressive symptoms include:

- trouble breathing or bluish lips
- persistent pain or pressure in the chest
- new concussion or inability to arouse

Symptoms seem to be worsening for many on days 4-7 of the illness and this appears to be when the majority of presentations to the ER seem to be occurring.

However, people with COVID-19 have reported many [symptoms](#), including digestive ones.

The the findings of which appear in [The American Journal of Gastroenterology](#) — analyzed data from 204 people who received medical care for COVID-19 between January 18 and February 28, 2020. When they presented to a hospital, 99 of the 204 people — or 48.5% — were experiencing digestive symptoms. The main digestive symptoms among the study cohort were a lack of appetite and diarrhea, Other symptoms included vomiting and abdominal

pain. The study authors also note that seven of the patients with COVID-19 had no respiratory symptoms but did experience digestive symptoms.

This additional information suggests that the index of suspicion may need to be raised earlier, especially in high-risk groups, in those presenting with digestive symptoms, rather than waiting for respiratory symptoms to emerge.

### **Hospital/ER Update**

The emergency room locally continues to function as previously. I would urge all of you to proceed to the emergency room for any perceived acute medical issue that would normally dictate a trip for an evaluation. Stringent measures are in place to minimize any exposure risk to visitors. Those deemed to pose any risk of infection are quickly triaged and secured both for the safety of the medical staff and other patients.

The hospital is currently closed except for emergency services and the continued testing for COVID-19 in the parking lot. It may reopen in the next several weeks, but with the current situation no definitive date as to when that may occur can be construed.

This will not compromise your care if you necessitate hospitalization. Any patients needing inpatient care, for any reason, are being transferred to other facilities. While this may feel inconvenient, it helps navigate capacity and staffing shortfalls that currently exist.

### **Testing**

Testing remains challenging to say the least. As of Friday, approximately 2000 people statewide had been tested. The main issue continues to be the backlog in the processing of and hence obtaining the results. Testing is currently taking from 5-7 days for positive results while many in quarantine and with likely exposures may be forced to wait up to 14 days for a negative result. Compounding this frustration, some statistics show that the false negative rate for COVID-19 continues to be elevated.

The only avenue for testing locally continues to be St. Lukes. They continue to adhere to the CDC guidelines as to who qualifies for testing. Do not present for testing if you are asymptomatic as you will be turned away. Best practices continue to dictate that you contact your physician first if you are symptomatic or may have a risk of exposure and feel testing is indicated.

As to when more voluminous testing (which may include those who are asymptomatic) or the rapidity of the resulting will change, I cannot make a determination with any degree of certainty at this time and trying to do so would be pure conjecture.

### **Treatment**

Potential treatment options remain at the forefront of recent coverage and have elicited a lot of divergent recommendations and views. At the time of this correspondence, no medications are currently indicated in outpatients for either prophylaxis or as an empiric treatment for those suspected of COVID-19 infections.

This due to a multitude of factors. First, the WHO, CDC and FDA are not issuing any indication or directive that treatment shows any clear benefit or is indicated. The reports circulating regarding Hydroxychloroquine is from a very limited group of patients and can only be considered as anecdotal as I stated previously. It appears that a large trial will be instituted this week by the FDA using Hydroxychloroquine in combination with Azithromycin in New York.

Second, what the appropriate dosing of either medication may be, whether it may actually cause more harm than benefit in regards to the clinical course and lastly, the potential side effects of these medications suggest one should be prudent before considering this a panacea. Hydroxychloroquine is used in the treatment of several autoimmune disorders and as prophylaxis for several infections. It can cause many side effects, may potentially interact with other medications and potentially lead to cardiac arrhythmias.

Thirdly, the Governor of Idaho, through the Board of Pharmacy, issued strict limitations on prescribing or stockpiling Hydroxychloroquine as of March 19th. St. Lukes issued guidelines the following day for inpatient use and suggests that it can be considered for use, in combination with Azithromycin, in the outpatient setting. This option remains only for those with confirmed positive COVID-19 results. This is in line with my current thoughts based on the totality of the information available at this time.

## **Future**

Both the public and private sectors are diligently at work trying to produce a serological test for COVID-19. When someone is either exposed or develops an infection, their immune system produces antibodies to fight off and subsequently recognize and mount a defense against reinfection. A serological test would be able to determine if one has antibodies and is almost certainly immune from infection.

This is beneficial on many levels. It helps us from an epidemiological standpoint to determine the level of spread even in those who failed to show any significant symptoms. It also may lead to more data as to why those who were exposed were able to successfully ward off infection. Additionally, it may provide clues as to options for prevention or treatments that may aid in future spreads if they were to occur.

It does appear clear that the rate of infection continues to escalate and that we have not yet seen the worst. While the shortages in protective equipment, capacity and ventilators are gravely concerning, we can only continue to be vigilant as to our personal choices and contributions to the greater whole by how we approach every day.

Spring signals a new beginning and with new beginnings come hope. I remain optimistic that this will lead us all to discover a newer and better version of ourselves.