

# COVID-19

UPDATES # 2 -- from RIMG

Presented by Kelly Tanenholz  
and Christina Schrack

Welcome to the webinar..

## Important Webinar Information

- This is the second COVID-19 related webinar in our RIMG webinar series. We cover different health topics at each webinar session. These sessions will be scheduled 1-2 times a week at noon.
- Invitation emails will go out 1-2 days before each talk.
- We will be recording this webinar so other patients will be able to view it at a later date. Check our website for our youtube channel link.
- All patients' identities will be anonymous during the webinar. However, if you ask a question, via our chat feature, your identity may be revealed. We just want everyone to be aware of this.
- After we give our talk, we will take questions. There is a chat feature on your display, where you can type your questions. We will do our best to address as many questions as we can during this time!

# What will we discuss ...

- So today we will review of some of the information we covered a few weeks ago in our first COVID-19 UPDATES webinar.
- Then we will review some other related topics which we did not discuss last time.
- We will talk more about testing.
- We will talk about when and how we may get back to a new normal at RIMG and with medical care in general.
- Then we will take questions.

# COVID-19 : The Basics

- What is COVID-19 or Coronavirus?
- Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing 2019–20 coronavirus pandemic.
  
- What does COVID-19 stand for?
- In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”. There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses.
  
- Is the coronavirus disease the same as SARS?
- No. The virus that causes COVID-19 and the one that caused the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 are related to each other genetically, but the diseases they cause are quite different.

# How is this virus spread?

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COVID-19 is a new disease and we are still learning about how it spreads and the severity of illness it causes. The virus that causes COVID-19 is spreading very easily and sustainably between people.

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Information from the ongoing COVID-19 pandemic suggest that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.

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COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets, or other secretions, such as saliva, from someone who is infected. Some people without symptoms may be able to spread virus.

# What can you do to stop the spread?

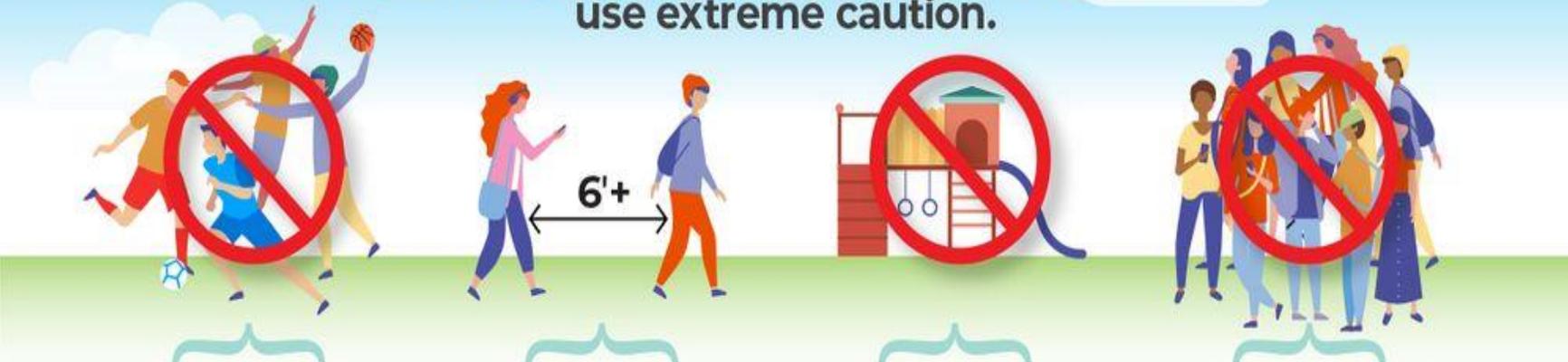
- **Stay home!** If you are not an essential employee, please try to stay home as much as possible. It is ok to go out to stores for groceries and medications. It is also ok and important to spend time outdoors in the fresh air, as long as you are feeling well. Remember to wear a mask or another facial covering when you are in a store or other public place.
- Maintaining good social distance (about 6 feet) is very important in preventing the spread of COVID-19.
- Remember that the virus can be spread from contact with contaminated surfaces or objects
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about this virus. CDC recommends people practice frequent “hand hygiene,” which is either washing hands with soap or water or using an alcohol-based hand rub. CDC also recommends routine cleaning of frequently touched surfaces.

# Message from the Montgomery County Parks..

March 23, 2020

## COVID-19: Be Smart. Do Your Part.

If you do go to our parks or trails to exercise, use extreme caution.



**Do not participate in team or contact sports.**

**Respect the Radius:** Keep six feet or more between you and others at all times.

**Do not touch any surfaces or playground equipment.**

We discourage gathering in parks. It is **illegal to gather in groups of ten or more.**

THE MARYLAND-NATIONAL CAPITAL  
Park and Planning Commission

**Parks & Recreation**  
M-N-C-P-P-C

pgparks.com

MontgomeryParks.org



How you can prevent getting the virus and stop the spread of COVID-19?

Stay home as much as possible. Wear masks or other facial coverings when you are outside of your home.



**Patients with COVID-19 have experienced mild to severe respiratory illness.**

**Symptoms\* can include**

**FEVER**



**COUGH**



**\*Symptoms may appear 2-14 days after exposure.**

**SHORTNESS OF BREATH**



**Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.**

**INCUBATION PERIOD:**

Ranges from 1-14 days,  
most commonly around 5 days

**SYMPTOMS:**

The most common symptoms are fever, cough and shortness of breath. Many patients however have little or no fever and some have no cough. Some patients have diarrhea or nausea. The CDC has added six new symptoms to the common symptom list. We will discuss these next.

*\*\*Please remember that asymptomatic patients may have this virus and can spread it without knowing they are carrying the virus.\*\**

# The CDC has added **six** additional possible COVID-19 symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- **Chills**
- **Repeated shaking with chills**
- **Muscle pain**
- **Headache**
- **Sore throat**
- **New loss of taste or smell**

# Who is at high risk?

Anyone can get sick from COVID-19 and it seems that any one can become very ill. However those who are at higher risk for having severe cases are older patients, and those with compromised immune systems, diabetes, asthma, chronic pulmonary disease and other chronic illness.

## What You Can do if You are at Higher Risk of Severe Illness from COVID-19

### Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

### Here's What You Can do to Help Protect Yourself



**Stay home** if possible.



**Wash your hands** often.



**Avoid close contact** (6 feet, which is about two arm lengths) with people who are sick.



**Clean and disinfect** frequently touched surfaces.



**Avoid all cruise travel** and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

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# Testing

- We now have the capability to test, on a limited basis, through our office at RIMG.
- If , after a virtual visit with your provider, it is determined that testing would be useful, we will give you an assigned time for drive by testing while remaining in your vehicle.
- This testing is to look for evidence of active disease, active viral material present in your body. Even the best testing available will miss some patients- so there are some patients, studies suggest up to 15%, who may test negative but actually have COVID-19. So depending on your situation, and your symptoms, you may have it even if testing is negative.

# Serology testing (antibody testing)

- There is a lot of discussion in the news about antibody testing.
- There are many different antibody tests which have come onto the market - these were mostly pushed through the FDA much faster than normal and most of the available tests are not great.
- There may be many patients for whom these tests may give a false positive- meaning that the test result says they have antibody when indeed they do not. So we have to be careful when using antibody testing.
- In addition, we are not sure exactly what having antibodies to COVID-19 means. We are not sure how much immunity these antibodies provide, and how long any immunity will last. There are many unknowns currently and we hope that we will have more answers soon.
- ***Statement from WHO: "As of 24 April 2020, no study has evaluated whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans."***

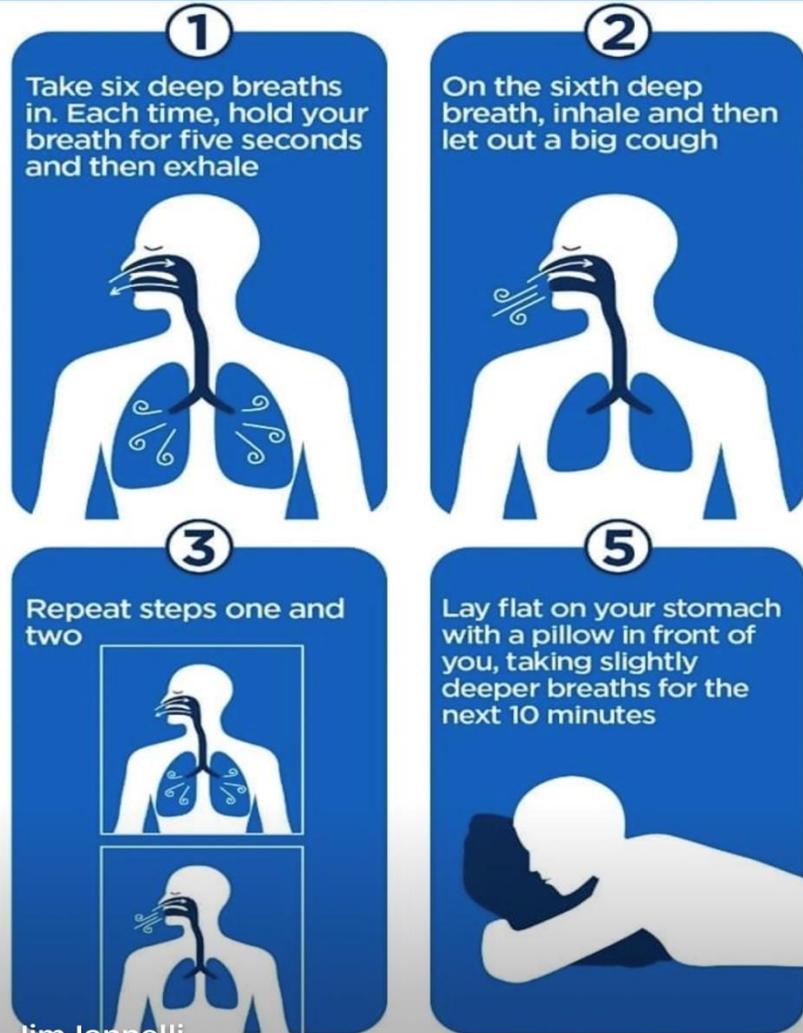
# Serology testing (antibody testing)

- **For our RIMG patients at this time we are not recommending antibody testing at this time; we are waiting for better testing to be available. We hope that more accurate tests will be available in the coming weeks or months.**
- This short video may be helpful to explain why we can't always trust antibody testing: <https://www.youtube.com/watch?v=qtISu7OhkYE>
- If you are interested in participating in antibody testing studies, NIH is currently enrolling 10,000 patients. Individuals with a confirmed history of COVID-19 or current symptoms consistent with COVID-19 are not eligible to participate. Contact: [clinicalstudiesunit@nih.gov](mailto:clinicalstudiesunit@nih.gov)

# What should you do if you are not feeling well?

- **Please call RIMG if you are not feeling well.** If you are concerned that you could have the virus, we will schedule a virtual visit and determine what is needed. Some patients will be referred for testing, if appropriate.
- If you have tested positive as an RIMG patient (elsewhere or with our office), we will be scheduling frequent virtual visits and making frequent check in calls with you to ensure your safety and health.
- Most patients will not need to go to the ER or the hospital. We can help determine if you need that kind of care. If you are acutely ill with severe shortness of breath, chest pain or change in mental status call EMS or call or go to an ER. If your symptoms are moderate, please call us first. One of our providers is always on call, even nights and weekends.

Doctors in Canada and the U.K. are using this breathing technique to help increase oxygen flow to the lungs:



Jim Iannelli  
©Global News

## Breathing exercises with COVID-19

- This breathing exercise may be helpful with confirmed or suspected disease.
- It works to expand the lower part of the lungs and dislodge and mucus and then cough it out to prevent pneumonia or other pulmonary complications.
- The deep breathing helps the airways open initially, then the cough loosens the mucus at the end.
- With severe COVID-19 there can be many secretions, so getting out the mucus and moving it is key. The “postural drainage” position at the end lets gravity help pull the secretions outs.
- YouTube video available:  
[https://www.youtube.com/watch?time\\_continue=1&v=HwLzAdriec0&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=1&v=HwLzAdriec0&feature=emb_logo)

# Plasma Donations from Recovered COVID-19 Patients

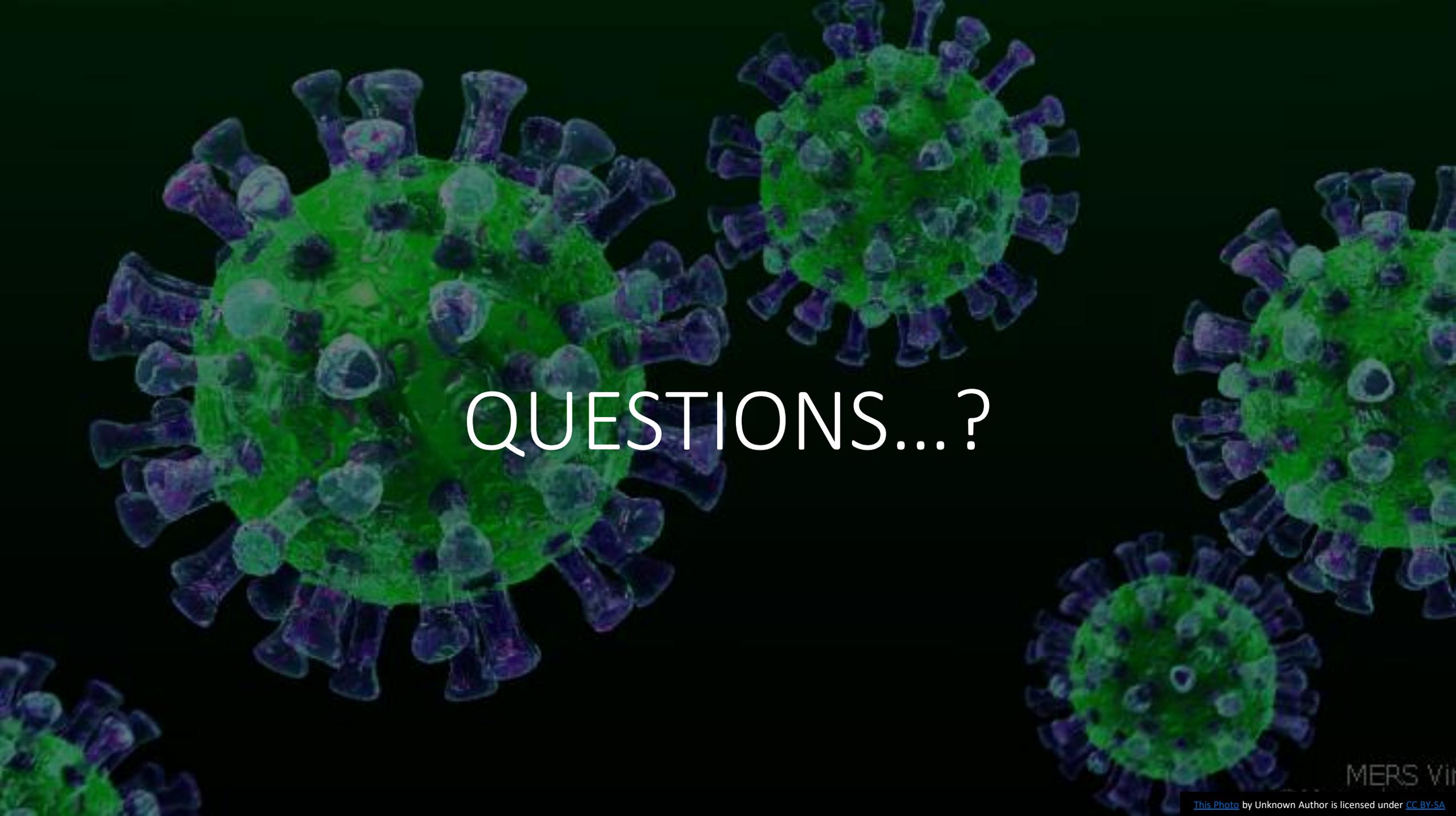
- “In coordination with the U.S. Food and Drug Administration (FDA), the Red Cross is seeking people who are fully recovered from the new coronavirus to [sign up to donate plasma](#) to help current COVID-19 patients.
- People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus. This convalescent plasma is being evaluated as treatment for patients with serious or immediately life-threatening COVID-19 infections, or those judged by a healthcare provider to be at high risk of progression to severe or life-threatening disease.”
- Visit: <https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html> to see if you qualify.

# What are we now at RIMG?

- We have been doing primarily telehealth at RIMG for more than 6 weeks. We are seeing some patients in the office when necessary.
- **As most of you know, we can do most visit types via telehealth now and you can schedule online!**
- Several insurances will cover wellness visits (BCBS, Cigna, UHC, and Medicare) via telehealth!
- We are able to see patients with a wide range of concerns via virtual visit. And we can do diabetes follow up, medication follow up, blood pressure management and other follow ups as appropriate. If you have a wellness visit scheduled but you have not done recent labs, no reason to cancel the appointment. We can still follow up on medications, preventative health issues and arrange for labs when appropriate.
- **Our lab is open for patients when needed and we are recommending lab appointments in order to minimize the number of patients in the office at any given time.** If your provider recommends labs, please call the office to set up a lab appointment. If you are scheduled to do labs and you are not feeling well- fever, chills, excessive fatigue, shortness of breath, cough, etc. - **DO NOT COME TO LAB.** Please call the office and ask for a Virtual visit with a provider or schedule online.
- We are also doing limited procedures when appropriate. Our cardiac lab which offers ultrasounds, dopplers and stress tests is up and running for limited appointments of a timely nature.
- Many injections and vaccines can be arranged as a drive- up visit. Please discuss this with your provider.
- We also are doing infusions that need to be done on monthly basis , or other scheduled basis. Please message or contact your provider if you have any questions about an infusion or injection that you are due for.

# Where will we be in the next one or two months?

- The bottom line- We are not sure.. We are taking this pandemic one week at a time. Things are constantly changing in terms of testing, treatments and social distancing guidelines.
- Soon more surgeons and other specialists will start to do elective procedures again. As this happens, some patients will need in- office pre op exams with their primary care providers. We will accommodate these needs. As we begin having more patients in the office, we will do things differently than in the past. In person appointments will be spaced out. Most likely we will have patients wait in cars and only come in at their exact appointment time. We will want to minimize having people in the waiting room. We will be perfecting these new routines as we go and things will change periodically as we gradually need to see more patients in the office.
- If you have a lab visit or other in- office appointment, please wear a mask and please try to avoid bringing other family members with you to appointments.
- At this time and in the coming weeks, we will continue to prioritize telehealth virtual visits. This is for the health and safety of our patients and staff.



QUESTIONS...?

MERS VIRUS