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**Healthy Choices for Mind and Body - Newsletter**

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**Putting medical and nutrition news in historical, scientific, and just plain practical context.**

## COVID-19 Information Update

by Ann Gerhardt, MD

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Coronavirus information changes quickly with new advice and data emerging weekly. Here are a few updates that we might hang onto until they too change.

Contrary to early advice to not wear masks, we now know we should, without continuously touching our faces to adjust the mask, to reduce the chance of infecting others. We should do this especially as the economy opens again - The virus hasn't disappeared and will likely resurge, due to our Federal non-leaders wasting the shut-down time. They failed to institute a plan for adequate testing, contact tracing and quarantining, so we're back where we started, especially if people continue to defy the rules about distancing, masking and traveling.

COVID-19 can affect many body systems, causing a wide range of symptoms not originally part of the original CDC and WHO lists. In addition to the big three - fever, cough and shortness of breath, symptoms may include fatigue, rapid heart rate, abnormal heart rhythms, chills, headache, loss of taste or smell, sore throat, congestion, nausea, diarrhea, muscle aches and loss of nerve function like in a stroke. Most of these can be managed at home with supportive care from a doctor. Marked palpitations, shortness of breath or inability to maintain hydration should prompt a visit to the hospital. Symptomatic people should be tested, to be able to inform contacts.

SARS-CoV-2 viral load peaks early, when we may have few symptoms. Early is when testing is likely to be positive. By the time we are very sick the virus may no longer reside in the nasopharynx, which is what we test. This may be why there may be as much as a 30% false

negative testing rate.

During illness, patients may or may not make detectable antibody. We would hope that we could mark improved clinical condition with falling virus levels and rising antibody titers. With virus, that isn't the case. Some people recover without detectable antibodies and some stay sick when the virus test is negative. There's no marker for disease except how sick the patient is.

On the plus side, medical personnel have learned which ventilation techniques work best. They've identified a few standard treatments that don't work at all. Such practice changes improve survival.

Treatment trials with remdesivir (rem-dez'-e-veer) show promise, but don't count on receiving it for your infection. Gilead Corporation says that remdesivir production includes a long series of chemical synthetic processes requiring several specialized chemistry steps and novel ingredients with limited global availability. The process is both resource- and time-intensive, with some individual manufacturing steps taking weeks to complete. Because remdesivir is administered intravenously, it can only be produced by manufacturers capable of doing it with sterile technique.

A few COVID patients have responded to plasma containing antibodies from recovered COVID-19 patients. Blood banks are not set up to collect, store and deliver such plasma, but some are working toward that goal. It requires special procedures, testing and approval by the FDA on a case by case basis.

Hydroxychloroquine treatment so far has either not helped or has increased the COVID-19 death rate due to cardiovascular complications. The FDA has not approved it for COVID-19 treatment and depleting the drug supply hurts lupus patients who need it.

Death is an effective but not desirable way to prevent disease. Therefore we shouldn't drink or inject bleach or disinfectants or expose ourselves to excess UV radiation... But most of us knew that already.

It seems that SARS-CoV-2 virus does in fact mutate (genetically change) like other RNA viruses. We don't yet know how quickly. The children in New York severely ill with a new disease, many of whom have tested positive for SARA-CoV-2, quite possibly are infected with a mutant virus. I'll detail why this is problematic in my next article concerning vaccines.

There are some brilliant people working very hard to do real science to save us from this pandemic. Journals are publishing results from doctors and scientists around the world far more rapidly than usual, to quickly disseminate information, so there is hope.

On the other hand, humans will be human. Some exhibit generosity, compassion, pragmatism and ingenuity, while others descend to denial, conspiracy theories, meanness and self-centeredness. The latter group will impede progress, but hopefully they won't prevail - a lot of

innocent bystanders could die.

In conclusion, while waiting for an intelligent approach to containing SARS-CoV-2, please practice good CORONA-CARE - frequent handwashing, no face touching, consistent mask wearing and social distancing. Please stay safe!

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