

March 27, 2020

Message from Dr. Candy Stockton, Chief Medical Officer of the Humboldt IPA

### **COVID-19, what do we know as of today**

- The virus is transmitted through droplets, this means spread to us and to surfaces by coughing and sneezing primarily. There is some evidence that it may also be shed in the stool of people who are symptomatic. These are all things that can be avoided/significantly reduced by following good hand-washing practices, avoiding touching our faces (eyes, mouth, and nose), frequently disinfecting public surface areas, and avoiding touching unnecessary surfaces/items in our environment.
- The virus does not appear to remain infectious on porous surfaces (clothing, paper, boxes, etc.) for more than a few hours, even if the surface is not disinfected. It may remain present on hard, non-porous surfaces (plastic, metal) for 7-14 days. It is not clear if it is actually virulent (able to infect someone else) for this long, but it is reasonable to clean these surfaces more frequently and for us to avoid touching them ourselves when not necessary.
- Investigations of transmission to health care workers seem to show that transmission requires close, prolonged contact OR direct droplet exposure. This means within 6 feet for longer than 15 to 30 minutes (depending on which studies you look at) OR having an infected person cough/sneeze directly on to you. **You are not at risk walking briefly by an infected person, or walking by someone who has been around an infected person.**

### **What are we doing at the Priority Care Center to help contain the risk?**

- Most of our patient visits have been transitioned to telephone or video visits.
- For those patients who are well, but need to be seen in the office, Karen Ayers, NP will be seeing patients between 8:30 am -12:00 pm daily. Our lobby door is currently locked and patients are being asked to stay in their car and call the office when they arrive. Patients are then screened for symptoms before they enter the building. (Current data suggests that individuals who are asymptomatic have a very low risk for infecting others because they are not producing droplet spread and have lower viral counts).
- For those patients who have infectious (fever, cough, etc.) symptoms, we are pre-screening them over the phone and will provide management advice as appropriate. If patients have mild to moderate symptoms, and do not meet current guidelines for COVID-19 testing, and do not have worsening symptoms from underlying conditions that need to be evaluated (e.g. wheezing in people with asthma), we are recommending that they stay at home and use appropriate measures to treat symptoms.
- For those patients who are sick and do need to be evaluated in the office, we are seeing them in the clinic between 1:00 pm -3:30 pm daily. We will use the side entrance and keep all these patients in a separate section of the clinic, which is physically closed off from the rest of the clinic. Each patient who comes in will be instructed to wear a mask to help contain droplet spray.

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## **Frequently Asked Questions**

### **Can I get the virus if it is on my hands?**

Yes, getting the virus on your hands and then putting your hands in/on your eyes, mouth, or nose can make you sick. Just having the virus touch your hands will not make you sick, that is why frequent hand washing is so important. It is also why cleaning of surfaces frequently is recommended.

Tip: Avoid shaking hands, try not to lean up against shop counters, or touch items in public spaces that you do not need to.

### **Is soap and water just as effective as hand sanitizer?**

Yes, and in fact, proper handwashing with soap and water is more effective than using hand sanitizer, so save your hand sanitizer for when you are out in public and you do not have access to a sink. However, if all you have is soap and water, do not try to make your own hand sanitizer as this may not be effective in killing germs.

### **Is ibuprofen dangerous to take if you have COVID-19?**

Historic studies on viral infections seem to suggest that suppressing inflammation, when you have a severe infection, may decrease your body's ability to fight infections. We have no current evidence that taking ibuprofen with mild viral infection symptoms or specifically with the coronavirus is harmful, but if you are worried, you may want to use Tylenol (acetaminophen) instead.

### **What about hydroxychloroquine as a possible treatment?**

The information that we have at this time is limited. The data is from a handful of French patients who were treated with hydroxychloroquine versus a group who were not. In the treated group, of the patients they continued to follow, they did have lower levels of the virus in their system, but it is unclear if this means that they were less sick. Also, they could not follow the viral levels in the entire group who were treated, because several had to be transferred to the ICU and one died. None of the people in the group who did not get hydroxychloroquine needed to be transferred to the ICU, and none died. In the "treatment group," patients who were not transferred to the ICU/died, did have lower viral levels than the "non-treatment group" so it possible it was helpful, but it is equally possible that taking this medicine actually increased the risk of serious illness/death. We simply will not know until there is more data available.

### **What is the average time for people to develop symptoms of COVID-19?**

The average time it seems to take people to develop symptoms after exposure is 2-5 days, but the longest we have seen is 12-14 days.

Most people who get coronavirus/COVID-19 will have mild to moderate symptoms and can care for these with symptomatic treatments at home. If you do get sick, you should try to quarantine at home, away from close contact with others living in your home, to minimize the risk of family members becoming ill. Do not go to the Emergency Department or into your doctor's office unless you develop symptoms that cannot be managed at home. If you are not sure, you can call the Priority Care Center and we can help you screen for the need to be seen.

**What exactly constitutes a “high risk” status for serious illness?**

One thing that is certain is that smoking does increase risk. If you currently smoke or vape, and are interested in trying to quit, we are happy to prescribe patches, medication, or both to assist with smoking cessation. Contact the Priority Care Center for more information.

If you smoke marijuana, it is recommended that you take a pause from this for the time being, or switch to edibles if you are unable/unwilling to quit.