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Experts are learning more all the time about the highly contagious respiratory illness known as COVID-19. Getting the latest information and expert guidance can help us stay safe and prevent the spread of the disease. Here, Tim Lahey, MD, MMSc, an infectious diseases doctor at the University of Vermont Medical Center and professor of medicine at the University of Vermont's Larner School of Medicine, offers his answers to our latest questions.

The official list of symptoms has expanded. What are they?

The Centers for Disease Control and Prevention (CDC) is now saying that people with COVID-19 are reporting a wide range of symptoms, ranging from mild to severe. Symptoms can appear from two to 14 days after exposure to the virus.

People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

One of the big challenges of the COVID-19 pandemic is that the symptoms of COVID-19 are really vague. People with symptoms like these could also have the common cold.

Right now, while the virus is still circulating in communities around the world, the scrutiny such symptoms get is high. It makes us all feel a little on edge. We are all looking for a time when things settle down and we can get back to life as usual, without so much heightened concern.

Why do some people with COVID-19 lose their sense of smell or taste?

Sudden loss of smell or taste can occur after viral infections, and appears to be quite common in COVID-19. Occasionally, this is the only hint of COVID-19 infection. We don't know, however, how SARS-CoV-2 (the virus that causes COVID-19) causes loss of smell or taste.

Some initial studies suggest loss of smell or taste might be caused by direct infection of certain sensory cells lining the nasal passages but scientists are still reviewing the data on this.

There's disturbing news about people in their 30s and 40s suffering strokes from COVID-19. What should we know about this?

Many serious infections can cause excessive blood clotting but COVID-19 appears to be causing clots in the lungs, brain and other locations more often than other types of infections. The reason for this dangerous phenomenon is not known. Some initial reports suggest the inflammation of COVID-19 is profound and creates generic clotting issues whereas other scientists are investigating whether COVID-19 triggers autoimmune responses to clotting factors. Whatever its cause, we don't think abnormal clotting is confined to any single age group of COVID-19 patients. Since young people are less likely to have the other more common symptoms of COVID-19, I wouldn't be surprised that they experience clotting-related symptoms in isolation.

As always, it's helpful to be aware of stroke symptoms.

The main signs of stroke are:

- loss of balance/dizziness,
- vision loss,
- facial drooping,
- arm weakness, and
- slurred speech.

If you experience these symptoms, call 9-1-1.

We're hearing about a strange new symptom called "COVID toes." What is it, and what should I do if I think I have it?

Some people with COVID-19 have developed painless spots on the hands or feet. Sometimes these spots have been the only sign of COVID-19, although usually they accompany the usual cough, fever and fatigue. Scientists are investigating the cause but we suspect these spots arise because COVID-19 makes your blood a bit more likely to clot in the small arteries that supply the hands and feet.

There is no known treatment for "COVID toes" but its appearance should make someone consider redoubling their efforts to avoid spreading COVID-19 to other people.

Will I be safe going to the hospital for a health issue unrelated to COVID-19?

During COVID-19, I've heard from patients with serious health problems – cancer patients needing chemotherapy for instance – who have been afraid to come to the hospital. I understand where they are coming from, but want to reassure them of two important things.

- First, **the hospital is taking thousands of measures to make it a safe place to get care.** Because we are masking all employees and visitors, practicing intense handwashing and taking many other infection control precautions, the hospital is a safe place to get care.
- Also, while leaving the house can present a small risk of being exposed to COVID-19, **not receiving needed care for a known serious health condition is probably *more* dangerous.**

If you need care, we are here to help – safely.

It's been reported that people with COVID-19 can suffer low oxygen saturation before they feel bad enough to go to the hospital. If we're sick, should we be checking our blood oxygenation levels at home? What should we do if we can't find a pulse oximeter, the device that measures this?

The vast majority of people who have low blood oxygen levels know it – it makes them feel short of breath. During the COVID-19 epidemic, where hundreds of thousands of people have had low oxygen levels, there have been some reports of people who don't feel short of breath. For instance, ER doctors have reported having to ask patients to stop talking on the phone so the doctor could place a breathing tube in their airway. Anecdotally, this rare situation often has arisen in otherwise healthy people who can tolerate a little shortness of breath better than others.

To me, the take-home message is for people with symptoms that might be COVID-19 (like cough, fever, muscle aches) to pay attention to whether they feel short of breath or incapacitating fatigue – and if they're worried, to seek medical evaluation. I don't think we all need to start buying oximeters so we can measure our oxygenation levels.

As the weather warms up and we all get tired of being at home, how can we safely get some fresh air and a change of scene?

Physical distancing is easier in wide-open outdoor spaces. I think a nice hike on an uncrowded trail and other outdoorsy activities are wonderful ways to take a deep breath, realize there is still so much beauty in the world, and get recharged for what's next.

Exercise, sunlight, fresh air – they're all good for the soul and if you get them while maintaining physical distance from others then it should be perfectly safe.

How might we safely visit with our friends and extended family members outside our households?

One of the foundational ways to slow the spread of COVID-19 to vulnerable people in our communities is to practice physical distancing. For the time being, until we relax those rules, that means **not visiting friends and extended family in person.**

Programs like Facetime, Zoom or Skype that allow video calls, however, can be a nice way to stay connected even if you can't meet up in person. Also, outdoorsy activities like taking a hike together while staying at least 6 feet apart can be a nice way to see each other in 3D without worsening the COVID-19 epidemic.

We haven't seen the large number of cases we've been preparing for in Vermont or Northern New York, and yet we're still making a lot of sacrifices for the sake of public health. Has our response been overblown? Is this a hoax?

The data are clear: physical distancing saves lives.

That means the sacrifices we have made in Vermont and Northern New York have paid off, and the number of cases (especially in less populous areas) has been far lower than it would have been had we sat on our hands and done nothing. This leads to a huge communications challenge.

- If the death toll is high because we failed to react, people will rightly say we failed them.
- On the other hand, if we prevent those deaths successfully, people will say we overreacted. Ironically, we may have saved the lives of those people or their loved ones, and there they are, upset with us.

Some of that is unavoidable, and gets caught up in politics, but I believe most people out there are glad they were good neighbors and did the responsible thing. And also, they're looking forward to getting back to life as unusual, once it's safe.