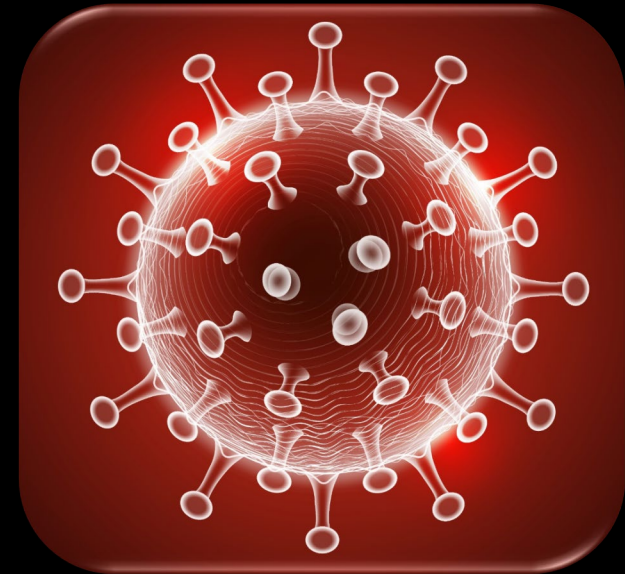


# SPECIALIST LINK EXPERIENCES

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Brandie Walker,  
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May 4, 2020



## Faculty disclosure

**Faculty:** Brandie Walker, Clinical Associate Professor; Respirologist, Foothills Medical Centre

### Relationships with financial interests:

Grants / research support: Respiratory Strategic Clinical Network

Speakers bureau / honoraria: AstraZeneca, GSK, Novartis

Consulting fees: AstraZeneca, Teva, Novartis

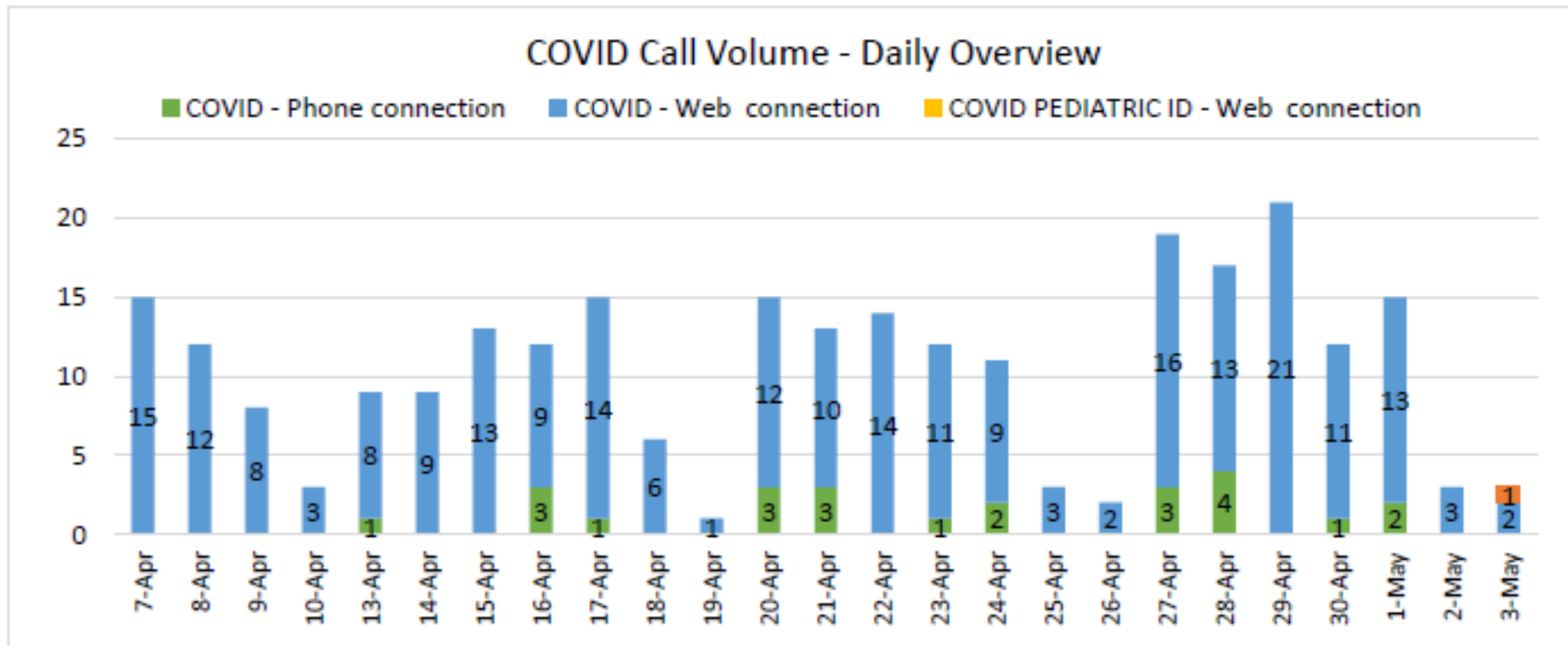
Patents: None

Clinical Trials: AstraZeneca, Sanofi, GSK, Cephalon, Novartis,  
Genentech/Roche

Other: Medical Director, Calgary COPD and Asthma Program

Co-Chair, Airways Group Strategic Clinical Network

## Call Volumes



Hours: Monday to Friday, 8 a.m. to 9 p.m.; Saturday and Sunday 9 a.m. to 5 p.m.

## Recent Call Themes

- Cargill (who to test, how to test, when to go back to work)
- How to arrange testing
- Novel symptoms (“COVID toes”, chronic cough, anosmia)
- Chronic medications (Asthma, Diabetes)
- Persistent respiratory symptoms longer than 14 days

# If tested positive (or presumed +) from Cargill or anywhere...

## Advice for People Tested for COVID-19

novel coronavirus (COVID-19)

### If You Have a Positive Test Result

- Regardless of when your self-isolation began, if your test results for COVID-19 are positive, you are **legally** required to [self-isolate](#) for **at least 10 days** from when your symptoms started and until symptoms have resolved (whichever is longer)
  - Self-isolation can help prevent the spread of COVID-19 by lowering the chance the virus could spread to others.
  - You **must** stay at home – do not leave your home or attend work, school, social events or any other public gatherings
  - You should avoid close contact with other people, including household members but especially seniors and people with chronic conditions or compromised immune systems
  - Wash your hands often and thoroughly, cover your cough and sneezes, avoid sharing household items and clean and disinfect frequently touched and shared surfaces.
  - You will be contacted by Public Health for information and instructions
- Health care workers\* have additional requirements and **may not work in any health care setting until 14 days have passed** since symptom onset and symptoms have resolved (whichever is longer)
  - AHS, Covenant Health and Alberta Precision Lab employees can refer to [COVID-19 Return to Work Guide for AHS Healthcare Workers](#) for further instructions
- \*Includes individuals who provide service in a clinical care setting, including hospitals, clinics, continuing care facilities, licensed supportive living sites, public health centres, community assessment centres, and any other settings where face-to-face patient care (including fire fighters and EMS) is provided.

## Advice to Arrange Testing

- For anyone who is symptomatic
- Self assessment online at AHS
- Call 811
- NP and throat swabs recommended over nasal swabs (see lab bulletin)

## Common Symptoms

- High index of suspicion (remember that cough and fever are not seen in everyone)
- In mild cases of pcr confirmed COVID-19 (Kim et al Clin Microbiol Infect 2020 Apr 30)
  - Of 213 patients in the questionnaire based study who were pcr +ve
    - 19% were asymptomatic until admission
    - 40% had cough
    - 39.5% hyposmia (of those, 90% had hypogeusia, nasal congestion or rhinorrhea)
    - 39.5% sputum
    - **Fever only in 11.6%**

## COVID toes, PE, anosmia

- Evolving area, mostly news reports around “COVID toes” (often in kids)
  - Low threshold to test
- PE prevalence higher (no great data yet)
- Study from San Diego, 169 patients positive for Covid-19
  - 20% admitted to hospital
  - Patients admitted were less likely to report anosmia/hyposmia (27% vs 66%)
- Moein et al Int Forum Allergy Rhinol Apr 2020 studied 60 confirmed Covid-19 inpatients and age matched controls using well-validated odorant test (UPSIT)
  - 98% positives had some smell dysfunction while only 34% of controls
  - 58% anosmic or almost anosmic
- Anosmia – suggestive, should consider a symptom



Picture from CTV news



## Chronic Cough

- Not sure what to do with prolonged cough
- Best advice: practical approach with added caution
- If all other symptoms have resolved and left with a cough similar to prior post viral coughs (and >14 days etc) may be reasonable to be out of isolation
- If immunocompromised host, may remain infectious for longer (i.e. BMT etc. – evolving evidence, but based on info from other viral illness)

## Chronic Conditions

- In general, maintenance of good control of underlying conditions such as asthma, COPD and diabetes should still be a priority (continue inhaled steroids, if patient *needs* prednisone for asthma/COPD flare, should proceed)
- Emphasis on staying well by controlling the condition to avoid unnecessary exposures through urgent care

## Community Resources: RAAPID Update

- If you have a patient that you feel needs assessment and likely transfer to an emergency department -- call RAAPID.
- They will connect the caller with the appropriate service in hospital to discuss the details
- RAAPID will book the transport for the patient if required

## Community Paramedics Update

- Can not do “wellness check”- i.e. my COVID + patient is not answering the phone – this goes to the police or EMS (call 911)
- If you have a patient that you have assessed over the phone and you need someone to see in person to check on oxygen saturation etc., Community Paramedics can still do this
- Access the service via Specialist LINK line

## Final Message

- Lots of really great questions
- Feedback from the specialists involved is that it is both interesting and challenging to work through these problems with the primary care docs who have called

# SPECIALIST LINK

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REAL WORLD EXPERIENCE



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## Any questions?