

SPECIALIST LINK FAQs

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Faculty disclosure

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

Relationships with financial interests:

Grants / research support: Respiratory Strategic Clinical Network

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Other: Medical Director, Calgary COPD and Asthma Program

Co-Chair, Airways Group Strategic Clinical Network

FAQs

- What do we do about persistent cough?
- What advice do we give about persistent GI symptoms?
- COVID toes?
- Isolation requirement refresher
- Repeat testing - Do we do this?
- What about serological testing?

Persistent cough

- Seems *unlikely** that patient remains infectious if all other symptoms are resolved but still have the “laryngeal irritation-type” cough
- Need to take a thorough history including the onset of symptoms, plus a review of symptoms to ensure not missing any other symptoms that are still ongoing (fatigue/fevers/diarrhea/anosmia/sore throat/etc.)
- *Viral shedding is highest in first week of symptoms and readily isolated from upper respiratory tract (RNA detected for about 12 days, but cultivatable virus studies are needed)
- Be cautious in patients with decreased immune system (for other viruses, we know they shed virus a lot longer)

Persistent diarrhea

- Still active area of research
- Small studies show no cultivatable virus in stool (Nature, Apr 1, 2020, Wolfel et al) but no large studies
- Remember (especially if patient had antibiotics) other causes of diarrhea (could they have C.diff/IBD, etc.)
- Would use same isolation guidelines as C.diff (once continent of stool/formed stools and as long as can wash hands very well, PLUS >10 days and no other symptoms, then ok)

COVID toes

- Many case reports and case series, but information is incomplete due to lack of confirmatory testing (need serologic conversion testing to confirm they were positive)
- Various ages
- No specific treatment (not all have positive D-dimer)
- Seems self limiting



(Landa et al, Int J Dermatology, Apr. 24, 2020)

Isolation Requirements Refresher

- No changes in last couple of weeks
- Need to isolate for 10 days post symptom onset PLUS have symptom resolution (whichever is longer)

Repeat Testing?

- If first test was negative - consider repeat if patient has more symptoms now, pre-test probability is high (i.e. you think it was a false positive)
- Don't repeat testing if positive (no role at this time)

Serologic Testing

At this time is really a research tool

- We don't really know what it means if people have positive antibodies
- Can there be false positives? (does the test cross-react with other corona viruses)
- Does it mean you can't get it again? (false sense of security)