



MedicAlert Healthy Hour
Coronavirus Q&A with Dr. David Shulkin
April 2, 2020

- Melody Howard:** **00:04:35** **Hello and welcome to our very first MedicAlert Healthy Hour. So glad you could join us today for this, our very first event. My name is Melody Howard and I'm the community alliances director at MedicAlert Foundation. I'll be your host today. I've been with MedicAlert for over 30 years. During those years I've worked in many different areas of the foundation, but the members and our mission, truly keep me going. Today, I'll be sharing some information about MedicAlert, followed by a COVID-19 Q & A session with Dr. David Shulkin. We'll wrap up the session by providing some useful resources for you. Now a little bit about MedicAlert. MedicAlert was founded in 1956 by a local physician in Turlock, California. MedicAlert we are the creators of the original medical ID and the 24/7 emergency response service. Our emergency response team members are available to provide information to emergency responders in our members moments of need. We are a 501(C)(3) nonprofit organization. All of our proceeds are invested back into the organization to support the MedicAlert mission. Our mission is to save and protect lives by providing vital information in our members moments if need.**
- 00:06:26** **Here's how the MedicAlert service works. Our medical ID are engraved with the most vital health and identification information. In an emergency, first responder contact our 24/7 emergency response team to get your full health record. Your health record includes additional health data, which can also include emergency contacts that we relate to emergency personnel. We've trained emergency responders to look for your medical alert ID, empowering them with vital information so that they can ensure proper treatment and care in your emergency. At MedicAlert, we are your voice when you need us the most.**
- 00:07:11** **I'd like to introduce you to the honorable Dr. David Shulkin. Dr. Shulkin was the Ninth Secretary of the US Department of Veterans Affairs. As secretary, he represented 21 million American veterans and was responsible for the nation's largest integrated healthcare system. Prior to coming to the VA,**



Secretary Shulkin was widely respected healthcare executive having served as chief executive of leading hospitals and health systems, including Beth Israel in New York City and Morristown Medical Center in Northern New Jersey. Dr. Shulkin, I'd like to hand it over to you at this time.

Dr. Shulkin:

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I want to thank everyone for giving me this opportunity. I appreciate the MedicAlert is so committed to making sure that its members have the right information out there to stay safe. I know that's the mission of the foundation. So, I very much appreciate that. It's no doubt that we are going through unprecedented times. These worldwide pandemics don't happen that often. In general, Pandemics happen throughout the world about three times a year. And historians have a way of saying that they tend to skip a generation. So, for many people, this is really the first experience that they have had with the worldwide pandemic. And pandemics generally are world changing events. They change the economics of society; they change the sociologic way that societies function. They change the way healthcare is delivered. And so, we're all experiencing this together. And one of the things that I appreciate is that the potential of coming out of this a stronger society. It is clear that this is something that doesn't discriminate based on who makes the most money, what political party you belong to, what ethnicity you are. This affects us all as humanity. And I think that that is a message that all of us have to come out of this with.

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We're so used to now things happening rapidly with the 24-hour news cycle, and the attention span of the American public not being great, but historically you must remember pandemics usually are not quick. The bubonic plague that many of us learned about in the history. A worldwide pandemic of course, lasted six years. The 1918 influenza pandemic, the Spanish flu is what people called it, that killed more than 50 million people, lasted three years. So, when we look towards this pandemic coming to an end quickly, I think we have to have some historical perspective about it and many of the things that we're doing now, because we are more knowledgeable about how to deal with this, the social distancing, the quarantining that is going on, we hope will bring a more rapid end to this. But that still is unclear as to exactly what's going to happen. Now I want to tell you a little bit about this virus, because it will have a important implication for you on how you can protect yourself and your families. So, we of course are talking about the Coronavirus, and the Coronavirus is actually a whole family of

viruses. It includes the common cold; it includes other pandemics that we've dealt with like SARS and MERS back in 2009 and 2010. But this virus called COVID-19 is a novel virus, which means we've never seen it before, which is one of the reasons why humans don't have antibodies to it.

00:11:04 COVID-19 is so infectious and we're having such difficulty in controlling it. Now the Coronavirus, all Coronaviruses come originally from animals. COVID-19 is thought to have come from the bat family that infected other animals and then ultimately transmitted to humans in the wet markets in China. And now of course it is a human to human transmission. The reason they're called Coronaviruses, and this is why it's going to be important for you to understand, is when you look at it under a microscope, it actually looks like a crown on a King's head with spikes coming out of that crown. And those spikes are proteins. And this is how it's so infectious, those protein spikes actually pierce the human cells in the buccal mucosa in the mouth, in the nasal mucosa in the nose, in the conjunctival mucosa in the eyes. And those protein spikes spike a breakthrough in human cells and inject the virus. And so, when we look at this virus, it's actually not a living organism. Most people think a virus is living. This is not, this is a protein made of mRNA surrounded by a thin layer of fat. If you can break apart the fat, that layer of fat around the protein, it will naturally degrade. The protein just sort of dissolves away.

00:12:32 So how do you break away the fat layer that protects the protein? It's called soap. About a hundred years ago, soap was invented. That's how it works. It works as a detergent against fat. So, that's what washing your hands is being recommended so much, it's important to actually physically rub your hands together to get that fat breaking apart. And the soap when it foams is showing that it's working. The foam is a detergent factor that breaks apart the fat. Once that fat has gone, then the protein will degrade. The other thing the virus doesn't like is heat. And so, when you wash your hands or wash your clothes or dishes, you should be using warm to hot water. You don't want to burn yourself, but you want it about 25 degrees Celsius cause that also will break away the fat. That's a key thing. We're going to talk a little bit more in a second about where else this virus exists and what we know about how to protect ourselves. But first, let's get to some questions.

Melody Howard: **00:13:54** **We want to thank everyone who submitted their questions ahead of time. We categorize those questions in a few**

different sections to help organize the information. The categories we used are: transmission, symptoms, testing and treatment, preexisting conditions, preventative care, and coping and stress. And if time permits, we'll answer some additional questions that we've received.

The very first question today submitted by Dennis, Ardetta, Michelle, John and Julie is, there's a lot of conflicting advice out there about wearing masks. What do you recommend, especially for people who are older or having underlying conditions, what kind of mask do I need?

Dr. Shulkin:

00:14:42

Well, this is a very good question and I think if you're paying attention to the news, you see that this is changing almost as we speak. The recommendations coming out of the CDC. So originally when the COVID virus was first learned about, and we're talking about now in January, the World Health Organization said that this is not an airborne virus. So, the original recommendations and still the recommendation of the World Health Organization is that masks are not necessary. That is beginning to change as we learn more about the virus. And there are a couple of things I would say about this. First of all, the virus was showed up as a first case in the United States and in South Korea on the very same day. South Korea handled this a very different way than the United States. First of all, South Korea went out and did extensive testing. They had the diagnostic tests ready, they were prepared, they understood where this virus was, and they'd put masks on everybody.

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The United States who had the infection on the same day, was not ready with testing and did not recommend masks on the general population. In South Korea, you see that they contained this virus. The mortality rate remained less than 0.8% and today infections are dramatically down. The United States, the opposite story, we're seeing both the trajectory of infections continue and the mortality rates increase. So, while this is not evidence-based, the Asian cultures have used masks. They continued to use masks in the general population. Now what we know about this being an airborne illness now is, just some interesting data that's coming out of the University of Nebraska, which is one of the centers that is set up for these types of pandemics. They have had 13 patients in their facility, and they've tracked where the virus goes in those rooms, in the 13 patients. And what they have found is that it does go in the air. Generally, it doesn't go beyond six feet, which is the recommendation for social distancing, to remain six feet away.

00:17:11 But they have found the virus up to 13 feet away and they found it on places like the air vents at the top of the room. So, our understanding is changing to say that this does now travel in the air. That's why you should not be shaking out your sheets or your clothing because you can actually bring the virus into the air where it remains for up to three hours. And so, going back to the original question, should you wear masks? My recommendation is that you should be considering wearing masks when you leave your home, particularly if you're older or you are vulnerable or immunocompromised. The reason why you may not hear public officials come out with a stronger recommendation as I have, is because the last thing that they want, that we want, is for the public to be buying up masks at the time that our healthcare workers or doctors and nurses don't have enough. And we don't want a competition because I think we all agree those people are putting their lives on the risk every day in our hospitals need the protective equipment. So, what I would recommend is that you not compete with our healthcare professionals for the N95 masks. If you have masks at home, surgical masks, perfectly fine to use them and to reuse them. If you are going to go out of the house, I think creating your own masks out of clothing or other types of materials is perfectly fine. We don't have absolute evidence that they are as effective as the surgical masks or the N95 respirators, but they certainly in my opinion are better than not doing it.

Melody Howard: **00:18:56** **Thank you Dr. Shulkin. Our second question submitted by Bonnie and Janice, and also regarding transmission, what is the lifespan of the virus? And if within six feet of someone who has COVID-19 but they don't sneeze or cough, can I still catch it?**

Dr. Shulkin: **00:19:17** I think being six feet away is a generally safe recommendation. But we do know that the virus is transmitted with asymptomatic people. That's people that aren't coughing and sneezing, then still can be transmitted. There is some suggestion that just normal, exhaling, inhaling breathing, the normal things that we do does still transmit small droplets. So, I think that you must be concerned, and do want to keep away at least six feet. So, it is something that makes it disconcerting, but that's why people are trying to stay at home. And so many stay at home orders are being put into a place throughout the country because you don't always know who could potentially be spreading the virus.

Melody Howard: **00:20:10** **And as far as the lifespan of the virus?**



- Dr. Shulkin: 00:20:13 Well the lifespan of the virus, as I've said before, it can last if it is in air, that is you know, being moved around a lot, it can last in the air up to three hours. On cardboard, up to 24 hours. On metal, 42 hours. And on plastics, 72 hours. So, this is a virus that sticks around on materials. It's one of the reasons why I think people are being cautious and disinfecting so much. By the way, when you disinfect, you can create your own homegrown disinfectant. That would be one-part bleach, 5 parts water that does work or anything that is 65% alcohol or greater. Some of the homegrown things like using vinegar doesn't work. So, I would stick with either bleach or alcohol preparations. And wiping down materials, wiping down doorknobs remote controls, if you share them with other people, phones, computers, if you share them with other people. Light switches after you go to the bathroom. These are things that I think you want to get into a routine of. Now, when I say that they last on plastic for 72 hours, I just want to also puts that in context. That means that you can find a trace of it in 72 hours. But over time, since this is a protein it degrades, so it starts out pretty strong at the first hour, and every subsequent hour it degrades. So, it gets less of a risk if it's been on a day. If it's been on 10 hours every hour, it gets less of a risk. So, I think the risk of transmission from things like your mail or packages that are delivered to you or plastic containers of take out is really relatively low. I have come to believe that this is much more likely to be spread in airborne transmission from other people than it will be by being spread on things that are being delivered to you or touched by other people.
- Melody Howard: 00:22:21 **Thank you. The next question submitted by Diane and Ann Henry, regarding transmission. How easy is it to catch the virus from fruits and vegetables?**
- Dr. Shulkin: 00:22:38 Well first of all, people should be eating fruits and vegetables, particularly you know, the keep up your strength and your immune system you do want to continue to eat healthy and take care of yourself. So, eating fruits and vegetables is a good thing. What you want to do is when you get fruits and vegetables, you want to wash them using a warm water and make sure that they are as clean as possible. The risk of transmission, by touching by somebody who's infected, touching fruits and vegetables is generally fairly low. But you do want to clean them just like you would frankly before this virus started. But the could last on your fruits and vegetables up to 48 hours. But again, I do not believe that this is a very high risk. The other things since I've already mentioned that viruses do not

like heat if it doesn't affect the taste or the preparation microwaving or baking your vegetables is also very effective of getting rid of the virus

Melody Howard: 00:23:50 **And the next part of that question is, I'm a senior, how can I safely go grocery shopping?**

Dr. Shulkin: 00:23:57 Well this is something that I think that you have to be very cautious about. Particularly if you know, you are a particularly vulnerable person in terms of your health or your age. You want to try to limit contact with other people as much as possible. As you know, around the country many supermarkets have senior hours, usually early in the morning where it is restricted to just senior citizens. I do believe that's a good idea because there tend to be less people around. And certainly, people that are more cautious about their distancing, you know, then children running into you in the aisle or something like that. But if you do need to get out to the supermarket, you need to get out and you should be wearing, as I said before, some type of protective covering. You want to be conscious of your social distancing. If you can use a self checkout, if that's comfortable for you, that's a good idea. A lot of people of course, if you have the option to have your groceries delivered to you, I do recommend that. I think it's better than going into a supermarket. Some people also suggest that going to a supermarket that's smaller that has less people in it also represents a lower risk. So, there are strategies that I think you have to use or what I would call common sense to protect yourself. But you know, this is going to go on long enough that I don't think anybody is going to be able to withstand you know, enough food and supplies without getting them either delivered or going out to get more yourself.

Melody Howard: 00:25:47 **Thank you. The next question, submitted by Myra is can my dog carry the virus?**

Dr. Shulkin: 00:25:58 No. Dogs and animals do not transmit this virus. So, they can be just like an object where if they are sneezed on, they may keep the virus on them, on their external coat of skin or hair. So, if you pet them or play with them and they've been outside or exposed to other people, you want to wash your hands, but they will not directly transmit the virus from animals to humans.

Melody Howard: 00:26:32 **I'm sure a lot of us are happy to know that. The next question submitted by Vivian, in the category of symptoms as our body aches of and what else should I look out for if think I have Coronavirus?**



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- Dr. Shulkin: 00:26:51 Well, I tell people you will know if you have Coronavirus cause it does not feel good. So, the first most common thing is a temperature elevation. Doesn't happen with everybody, but it's the most common symptom. Even something above 99.5, 99.6, By usually in the a hundred to 101 level people usually that is their first indication. A dry cough is the second most common symptom that is seen. GI symptoms, particularly in older people such as diarrhea or stomach problems is not an uncommon presentation as well, and muscle aches and fatigue, general feeling of weakness and tiredness. Which of course is a common symptom for many people anyway, but that can be associated with the symptoms that are seen in COVID virus. But this is, you know, it's natural for people. Every ache, every cough, every sneeze for people to say, oh my goodness, I think I have COVID virus. That is a natural feeling, but it usually is not the case. If you have the COVID-19 virus one of these presenting symptoms will be there. But it will feel pretty bad. You will know it. A tightness in your chest. You know, really feeling that something is off and a sustained something is off. This isn't a I woke up and I felt poorly. Now I have COVID virus that will stick with you. You know, that that entire day and that's when you should be concerned and think about contacting your doctor and seeing whether testing is appropriate.
- Melody Howard: 00:28:35 **Thank you. A good lead into testing and treatment category. This was submitted by Jeff, Gloria, Andrew and Margaret. Where can I go to get tested for COVID-19? And does Medicare cover the test?**
- Dr. Shulkin: 00:28:51 Well, first of all it's going to be different in every location where you live in. But testing is becoming more available in most communities as we speak. It has been relatively challenging in many communities to get it, but if you do want to find out about getting testing, I would start with your County or local Public Health Agency. Many have made it easy to get testing by setting up either drive through centers or places where you don't have to go into a waiting room or an emergency room, and potentially risk being exposed to people who actually may have the infection. Still most people who get tested turn out to have a negative result, don't tend to have the infection. So, you don't want to make this worse by not having it, thinking you do, and getting exposed unnecessarily. So, I would check with your County Medical Society. If not, you can always check with your doctor. Your doctor should know the places in the area that have the testing. Certainly, most hospitals now have testing and you want to call the hospital ahead of time to see if they have a

location set up. Many have set up tents outside of their facilities to avoid you having to go inside and get exposed. So, we are now seeing though in the last couple of days the FDA approving point of care testing or rapid testing so that when these tests get out, they will be available in your doctor's offices for immediate interpretation. That will make it much easier to get tested. But I do not believe they have reached most doctor's offices at this time.

- Melody Howard:** 00:30:43 **Next question, can I get oxygen for home use? So, I don't have to go to the hospital?**
- Dr. Shulkin:** 00:30:49 You can get oxygen. It needs to be prescribed by your doctor. There are a series of requirements to determine whether it will be paid for either by Medicare or by your insurance company. There needs to be certain requirements such as what is your level of oxygen saturation at this point. So, you are going to need to check with your doctor to be able to get authorization to get oxygen in your home. But obviously if you already are on oxygen you know, getting a good supply at home is important and if you think that you should be on oxygen inquiring to do that so you can get it at home certainly makes sense. So, you don't have to travel into a hospital.
- Melody Howard:** 00:31:38 **Thank you. Here's a question submitted by Pamela, in the category of preexisting conditions. Those living with an underlying disease are susceptible to COVID-19. Is there one resource that lists all the high-risk conditions?**
- Dr. Shulkin:** 00:31:55 Yeah, there's lots of information out there. The internet, I'm sure many of you are looking for information like this. I like to stick to the noncommercial non-biased information. The CDC, the Centers for Disease Control, cdc.gov has a section on these conditions that are potentially susceptible or more at risk if you have one of these conditions to the COVID infection. And I would continue to use that site at the CDC to check for information there.
- Melody Howard:** 00:32:35 **Thank you. This question submitted Blaire, Emmanuel, Barbara and Craig. I'm a diabetic. I'm a type one diabetic. Is my immune system automatically compromised? Am I more at risk to catch the virus? And if I get COVID-19, am I more likely to be seriously ill or die?**
- Dr. Shulkin:** 00:32:56 We do believe that those living with Diabetes does carry some additional risk. It is not a clear disease that has amino

suppression so that it's not one of the high-risk ones. But we do think that diabetics, particularly type one diabetics, which means insulin dependent, do have a higher risk associated if they are to get the disease. And so, you want to be extra cautious and certainly make sure that you do everything you can to stay away from people that may transmit the disease to you.

Melody Howard: **00:33:40** **Great. Thank you. This question submitted by Margaret, I'm a type two diabetic, can stress cause my sugar levels to rise and how do I keep myself healthy?**

Dr. Shulkin: **00:33:52** Yeah, absolutely. Blood sugars do rise with stress. It's generally thought to be that stress, a natural reaction is to produce more cortisol, a natural stimulant that does correlate with rising blood sugar. So, many of us are under stress at this time. And so, you do want to be monitoring your blood sugar. You know, most people are used to doing that at home and if there do need to be adjustments to your medications or to your diet, I think talking to your doctor about that as appropriate.

Melody Howard: **00:34:34** **This question submitted by Susan, I have fibromyalgia and asthma. How much do these increase my risk individually or together?**

Dr. Shulkin: **00:34:44** Certainly asthma is a concern for us because the COVID virus infects the respiratory system. It invades the cells, the mucosa along the entire respiratory tract. And so, the most severe parts of this infection and the complications are the reason why everyone is talking about ventilators. The virus in its worst way essentially impact the lungs and respiratory function. So, asthma I think is of concern. So, are chronic lung diseases in general. So, you want to be careful. The fibromyalgia is interesting, in that we don't know the answer to that. Fibromyalgia as I'm sure the person who asked the question knows is somewhat of an unknown, or well, not well understood disease. It can give symptoms that we talked about earlier of muscle discomfort that some people may feel represents in an infection, but it simply may be the fibromyalgia. But there is a belief that fibromyalgia has a component of what's called an auto immune component, an autoimmune syndrome, which we do think may put you as a more vulnerable population. In terms of a combination of asthma and fibromyalgia, yes, I would consider you at higher risk and certainly want to be more cautious.

Melody Howard: 00:36:26 **Thank you. This question submitted by Denise, does this virus affect people with epilepsy? If so, how?**

Dr. Shulkin: 00:36:34 Right now we do not believe that this virus crosses into the central nervous system, which means crosses into the brain through the blood brain barrier. So, it should not have a specific reason to impact a person's epilepsy. Obviously, you know, people who have epilepsy may be on the anticonvulsant that has amino suppressed properties. And if so, should be speaking to their doctor about that and their medications to make sure that they are not at higher risk. But having epilepsy by itself should not be necessarily a problem.

Melody Howard: 00:37:21 **Thank you. This question submitted by Philip and Andrew. Am I more vulnerable if I've had a heart valve replaced or have another type of heart disease?**

Dr. Shulkin: 00:37:34 Well, I think that anybody who has a heart valve understands that one of the big concerns. You want to do to make sure that that valve does not get infected. And that's why it's so important that people, even when they do things like go to the dentist, have prophylactic antibiotics and other issues. So, I am concerned about people who have heart valves getting the COVID infection. One of the things that we know about people who do get really sick with the COVID infection is they tend to have another infection as well, in about 40% of the cases, that tend to be bacterial. That's why we see one of the proposed treatments is a combination drug that would include an antibiotic Azithromycin. And I believe it may have some of that impact because of the associated bacterial infections with this virus. So certainly, you want to be concerned and cautious if you have a prosthetic valve.

Melody Howard: 00:38:37 **What if I'm taking Coumadin or other blood thinners?**

Dr. Shulkin: 00:38:41 I would continue to take your blood thinners and monitor it as you usually have. I know that some people taking blood thinners are going out and getting testing, and some have stopped that testing because they don't want to leave their homes. If there's any concern about abnormal bruising or bleeding that's when you should call your doctor, particularly if you haven't had a blood measurement in awhile. But there is no reason to stop your anticoagulation. And in fact, for those who get really sick who have to be in the hospital, one of the things that we've learned from Chinese experience is that for people who have very severe COVID infection, they tend to get more prone to

clotting their blood. And so, we often recommend that people get put on blood thinners when these complications happen, and they are associated with the COVID infection. So, I see no reason to stop your anticoagulation.

Melody Howard: 00:39:46 **Thank you. The next question submitted by Nick. I'm on immunosuppressant's. What's the risk of catching the virus if I'm exposed?**

Dr. Shulkin: 00:39:57 Well, the immunosuppressant's of course reduce your ability to fight normal infection, but you still have to be exposed to the virus. So, what you want to do is be extremely cautious in being around other people and in limiting your contact with other people. Particularly as we said before, since this can be spread by asymptomatic people. So you're not more likely to get the infection than anybody else if you're not exposed to the virus, what you want to do is to make sure that you really reduce your chance to be exposed and be extra cautious.

Melody Howard: 00:40:35 **Thank you. The next question submitted by Michelle, are people living with adrenal insufficiency or Addison's disease more likely to contract COVID-19?**

Dr. Shulkin: 00:40:47 We don't know the answer to that. We certainly have not been able to study the impact of adrenal insufficiency or Addison's disease, specifically with COVID-19. My belief is that you're probably not any more likely to be at risk than a normal person. But of course, with adrenal insufficiency, if you do get sick you don't have the ability to respond with production of cortisol the way that a normal person would. And the cortisol response, you know, the ability to get your body stimulated as cortisol does, is not as strong once you get sick. So, that is something that I think that your doctors need to be aware of and you probably should be cautious about. But I don't think it's similar to being immunosuppressed. I think that but you know, you may struggle more if you were to get the infection. So that's why we have to be cautious with you.

Melody Howard: 00:41:56 **Thank you. In the category of preventative care. This question submitted by Joe Nina for high risk individuals, how do we manage our ongoing medical conditions? What routine care should we not put off? What about diagnostic tests?**

Dr. Shulkin: 00:42:12 Yeah. I think that for the time being, putting off most of your preventative care, whether it's dental care, mammograms, colonoscopies, lab tests that are for preventative reasons, does

not put anybody at great risk if we're talking about, several months. I do believe that if this happens to last longer, if we're talking about a truly many month extension, then we have to figure out how we can get access back to those types of testing. And the real difference is when we are able to do enough diagnostic tests for COVID infection, so that we truly understand where this is in the community. Once enough tests are out there and we understand that where you live may not have a lot of current infection, then I think we will begin to start seeing a return to some of the normalcy that we all want, and the ability to safely go out and get some of those preventative tests. But at this point, there is not a magic hard number about getting your colonoscopy every five years or getting your mammogram everyone to two years. If that slips a couple months, as long as you are not having symptoms, as long as you haven't, the case of a mammogram, felt a lump or seen a change then I think that you're fine. But of course, if there are any questions about this, you know, please call your doctor to discuss that with them.

Melody Howard: 00:43:52 **Thank you. Also, along the lines that preventative care limited by John and Walter. I know elective surgeries are being delayed because of the virus. But what if I need a knee or hip replacement?**

Dr. Shulkin: 00:44:04 Well, knee or hip replacement, while you're probably getting it done because it's painful and creating the inability to do your normal activities that you want, generally are not life threatening and so can be safely delayed. And I think your doctors and the hospitals that are delaying these types of procedures understand that it's safer for you not to be in the hospital at this point, not to expose yourself to the chance of getting a COVID infection. And rather to stay at home until it is safe to proceed with your elective procedure. The other thing is to think about if you were to have the procedure now you would be taking away staff and protective equipment, those gowns, masks and gloves from healthcare workers that really should be using them now or preparing to use them for dealing with people who are much worse off than you who do have the infection themselves. So, for all those reasons I would say delaying these elective procedures make sense, it does not put people at risk.

Melody Howard: 00:45:21 **Thank you. Submitted by Catherina and Leslie, I'm hearing about drug shortages. Will we still be able to get high blood pressure medications and cholesterol medications, and are there shortages of any other maintenance drugs?**



- Dr. Shulkin: 00:45:37 Yeah, so we are seeing shortages, particularly when it is announced that drugs may be helpful in treating COVID. Getting access now to hydroxy chloroquine or what is called Plaquinel or getting even the Z pack or Azithromycin is getting very challenging because it is now widespread that they may have some potential in being helpful in treatment of these infections. There are 20 other drugs that the FDA says are at risk or currently are in shortage because of the COVID infection, but they will not tell us what those drugs are. That personally to me is the wrong decision. I believe people have a right to know what drugs are in short supply, but of course their reason for not telling us what those drugs are, are that they do not want a further run on those drugs. They don't want people going out and hoarding them. I do think we will expect and can see additional drug shortages. And depending upon how long this last, how long this pandemic last, it will depend on how severe those shortages get. But the general medications like cholesterol medications and high blood pressure medications, I see no reason why they should be in short supply because there will not be additional demand on them as long as they're not involved in treatment of these infections.
- Melody Howard: 00:47:17** **The next question submitted by Katharina and Leslie. Please share suggestions to help loved ones who are memory impaired. I'm caring for a man with intellectual disabilities, he keeps asking when we can go out, how do I handle that?**
- Dr. Shulkin: 00:47:35 Well, this is challenging for so many loved ones who are in memory care facilities around the country. They of course are very high risk being in settings where there's a lot of older people and a lot of staff going in to help people. So if you're in an institutional setting you know, certainly making sure that the staff there are aware of the risks of spread of infection, using safe practices, practicing good hygiene to protect the memory care residents, I think is very, very important. In this case, it sounds like this person's at home and we're talking about a caretaker, somebody helping somebody with a memory deficit or a memory impairment. And the changing of a routine of staying at home all the time can be very concerning, upsetting for people who are impaired. It can be upsetting as it is upsetting to everyone else. The stress on caretakers is considerable during times like this. Reassurance continued referencing about what's happening and what the situation is important. But unfortunately, there are no easy answers here. This is a very challenging situation for many people.



- Melody Howard:** 00:49:01 **Thank you. This question submitted by Guadalupe, any tips for how blind members of the community can handle the increased isolation?**
- Dr. Shulkin:** 00:49:12 This is a really tough one. I don't have any suggestions that people who are blind that haven't thought of. Obviously staying in touch with people, being connected. Being able to listen to music, talking to people on the phone or the internet, are still things that if you've lost your eyesight that you can do. And remaining connected feeling part of a community. Even though it feels like people's lives have been disrupted, they're not going out and being in the places that they normally might be -- can be associated with increased anxiety and depression, actually symptoms of post traumatic stress in about 30% people who go through prolonged pandemics. So, I think we have to be very concerned about people's psychological states and emotional states. But you know, human contact, hearing people, other people going through this, I think are the ways that you try to address that.
- Melody Howard:** 00:50:21 **Thank you. These questions submitted by Jane and Nancy. Being in a high-risk group for this pandemic has me scared to leave my house. How do I cope with this fear? Even though I'm home all the time now, I can't seem to get myself started. I don't feel like doing anything. Is this normal?**
- Dr. Shulkin:** 00:50:44 I think it is normal. One of the things that we see coming out of pandemics is that people do develop exactly what your questioners are asking about. It's called agoraphobia. And we see a dramatic rise in agoraphobia. The fear to leave the home after events like this. It's going to take a while to feel that things are returning to normal and that people will find their way towards things that they enjoyed in the past. As I started at the very beginning of this conference by saying that pandemics are life changing, they impact people in ways that are not expected, but things will be different. And this is one of the ways that they will be different. The fear of going out is natural right now. We don't want you going out. So, while you know, I think that getting used to staying at home and fearing going out is probably protective right now, but there will be a time that we will want people to start to feel comfortable and to go back to their normal lives. And we will be dealing with those feelings for quite a while. And talking about it is helpful, sharing with other people who have had similar experiences is helpful and sometimes getting professional help is helpful as well.



- Melody Howard:** 00:52:08 **Thank you. Question 22 submitted by Theodora. I want to go see my grandchildren for Easter, but I fear it's not a good idea. Any advice?**
- Dr. Shulkin:** 00:52:20 Well, I think you have to look at every situation by its particular circumstances. So if you are one of the people that we've been talking about on this call who is particularly medically vulnerable or may be at risk, limiting yourself as hard as it is from your grandchildren is probably a good thing to do. A prudent thing to do. If you've been around a lot of other people, you certainly don't want to go and impact your family either unknowingly. And so that would be a good reason not to. So I know many families, as tough and this is particularly with holidays coming up, Passover and Easter, this is going to be a very different experience where they're going to be separated and doing it because they want to protect each other. But I do think that if it is a safe situation and that's a determination that will have to be made, where you are not at particularly high risk and the family that you're visiting, your family has been essentially isolated as well for a long period of time. And there is no evidence of any infection. Remember the outside incubation for this virus is about 14 days. So, if somebody has been in the home 14 days and doesn't show signs and symptoms, I think their risk of infection is pretty low. I do think you can make that judgment. I would still practice safe, social distancing, no hugging. I would still make sure that the group sizes are relatively limited. I would not recommend, large group families and sometimes families are big. So, splitting up this year may be a reasonable thing to do. You're going to have to make that judgment on your own. And it also depends on what community you're in. I think if you're in the one of the hot zones, it's much riskier than if you're in a region of the country where there's not been a high level of infection.
- Melody Howard:** 00:54:19 **Thank you. And we do have another question submitted by Clara. How does the VA pandemic plan work in getting ventilators, PPE, medical staff to the most effected VA locations, Virginia? Is there a less enforceability?**
- Dr. Shulkin:** 00:54:39 Well, we've talked about, this is really uncharted territories. The VA system, which has over a thousand facilities across the country, 330,000 people who work in its healthcare facilities, has never seen anything like this before in their generation. So ideally you would like to see a system working together where they can move protective equipment to the places that are needed the most. They can move ventilators to the places

where they're needed the most. And certainly, that's possible to do. I don't have enough information to know whether that is being done. I certainly hope that it is being done because there are parts of the country who need these supplies a lot more than other parts of the country. So, we're just going to have to watch and see how that happens. But that's something that I think is a very insightful question because it's exactly what we need to see happen.

Melody Howard: **00:55:40** **Thank you. Looks like we have time for another question. I've heard that people can shed the virus from five to 40 days after they received it. What does that mean? Are they still infections? This was submitted by Ruth.**

Dr. Shulkin: **00:55:58** Well, you're hearing a lot of things. That's not information that I'm necessarily aware of. What we know from China, which is reported these infections. Now we're getting our own experience here in the United States, is that the length of time to spread an infection, the average time of transmission is five and a half days. But the outer boundaries, the 95% confidence intervals are 14 days. So that's generally the incubation period. How long a person can stay infected is certainly variable depending upon the person's immune response, so some people can hold on to the virus longer. But we're seeing people generally recover from this within a week's period of time. The recommendations now to being able to either return to work for healthcare workers or be back with your family, is about three days after you're no longer showing symptoms of a fever, cough or resolution of GI symptoms. So that's generally about three days after, so 54 days. I've not, that seems longer than what I would expect, is it possible that there's been a case report like that? Sure, it's possible, but that's not the general experience.

Melody Howard: **00:57:24** **Thank you. Nancy has submitted a question. I'm a high-risk senior. Is it safe to have someone come in and help me cook and clean?**

Dr. Shulkin: **00:57:35** You need to make that decision for yourself. If you have no other way of caring for yourself, then you want to try to invite people into your home that you know have been taking precautions themselves, are not putting themselves in a situation at risk. And ideally not showing any symptoms or any type of temperature elevation. But certainly I think that if you know the person who comes in and you're comfortable that they themselves have been helping, and not around other

people who may have the infection and you need the help, it certainly is a reasonable thing to have somebody come in and help you with those duties that you need help with. I don't think you want to have rotating people, a different person every day or people that you don't know into the home if you don't have to, if there's a way to avoid that.

- Melody Howard:** 00:58:30 **Here's a really good question. Can you get reinfected once you've had the virus?**
- Dr. Shulkin:** 00:58:38 We don't know the answer to that. We believe that a person who's infected should develop antibodies like they do to most other Coronaviruses and that should be protective, but that is only a theoretical understanding. A belief about what should happen. Just today an antibody test was approved by Becton Dickinson that will allow us to measure whether people have antibodies and then know whether that is protective or not. So, I think that's new information that will become available, but our best thinking right now is, is that you should probably be protected if you have recovered from the infection.
- Melody Howard:** 00:59:28 **Thank you so much Dr. Shulkin. I think that concludes our questions for this session. We're getting low on time now. Do you have any closing remarks that you'd like to make?**
- Dr. Shulkin:** 00:59:39 I just want to reinforce, these have been great questions. Keeping informed on the information is important. As you can tell the information changes on a regular basis as we learn more from it. So, checking credible sites like the CDC, listening to people that you believe are giving credible information I think is important. And knowing that we're all going through this together and that we will get through this. I do believe that while there are tough times ahead for the country and it will be a struggle at times, we will get through this and get back to a normal life and see our economy return, and get you know, back to where people begin to start feeling more comfortable. This is a very challenging time and you know, sharing how you're feeling with others is important during this time. So, thank you for the opportunity to spend some time with you today.
- Melody Howard:** 01:00:38 **Dr. Shulkin, thank you so much for answering all these questions. It was very helpful to me personally, and I know to our audience as well. So again, thank you so much. Appreciate your time.**



Dr. Shulkin: 01:00:49 Thank you.

Melody Howard: 01:00:51 Just a few closing remarks from me. I just want to make sure that our members update their online MedicAlert health profile and emergency contacts. It's really important that this information's up to date. If we're called to provide information on your behalf. Feel free to take advantage of our resources that we have on our website. The address is listed here, but we'll also post this video for you so that you can have that access to that resource as well. I wanted to share with you that we will be having another Healthy Hour with MedicAlert in about two weeks. The next, LIVE Healthy Hour will be focused on Alzheimer's and Dementia Caregiving in the Age of Coronavirus. Registration, just as with this session, is free. And it'll be open about a week in advance, and you can register at the same link that you used to register for this session today. Thank you so much for joining. We really appreciate your time and being with us and for submitting those questions. Have a fantastic day and stay safe.