RAO Newsletter 2020-1 Defense Health Agency Officials Answer Questions on COVID-19

Navy Cmdr. (Dr.) Cameron J. L. Nelson, chief of the occupational medicine branch in DHA's public health directorate, advised <u>people who suspect that they have COVID-19 to call, rather than visit, their primary care provider or treatment facility to discuss whether the symptoms warrant testing</u>. This, he explained, would avoid the possibility of spreading the virus to health care personnel and patients.

Army Col. (Dr.) Neil Page, deputy director of DHA's of the clinical support division, <u>described</u> <u>the symptoms</u>. <u>One of the first, he said, is a runny nose</u>. <u>As the body responds to the virus, an</u> <u>individual will then develop a fever</u>.

<u>COVID-19 then typically progresses to coughs, inflammation, constant pain or pressure in the chest, confusion, bluish lips or face, muscle aches, low energy, trouble moving and shortness of breath</u>. "Those are symptoms that are much more likely to be COVID-19," he said. However, that doesn't mean that it actually is COVID-19, he added. "There are hundreds of viruses that can produce those very same symptoms, but in this day and age, we are very concerned about COVID-19."

Also, this is the time of year when allergies are high. Allergies typically result in a runny nose, sneezing and itchy eyes, but they don't generate fevers and some of the other symptoms. That would rule out COVID-19, Page said.

<u>Nelson noted that this is flu season.</u> Flu has to be ruled out before COVID-19 testing is <u>recommended</u>, he said, and instructions on where to go for testing will be provided if flu is ruled out.

Page cautioned that getting tested too early might result in a false negative because it takes some time for the viruses to multiply and produce positive test results.

Nelson said knowledge of the virus is still evolving daily, and he recommends periodically visiting the <u>Centers for Disease Control and Prevention website</u> to get the latest and best information.

<u>People should be vigilant</u> in cleaning common surface areas with sanitizing wipes, Page said, because viral particles can survive on an inanimate object for a few hours and even a few days.

Regina M. Julian, chief of DHA's healthcare optimization division, said <u>washing hands</u> <u>thoroughly for at least 20 seconds with soap and water should become a frequent habit</u> as well. If soap and water aren't available, she said, people should use a hand sanitizer that is at least 60% alcohol.

Nelson said that anyone who has been in contact with a COVID-19 carrier, traveled to an infected area or exhibits signs of COVID-19 should self-quarantine for 14 days to monitor for symptoms and to protect others.

Following the town hall meeting, DHA posted some additional advice:

- Get a flu shot. The flu vaccine won't protect you from COVID–19, but the flu currently poses a greater threat to the public than COVID–19.
- Avoid public activities or areas visited by a lot of people.
- Cough away from others and into a sleeve.
- Maintain social distancing.
- If possible, avoid frequently touched surfaces such as elevator buttons, door handles, handrails and other surfaces. If unavoidable, wash as soon as possible and don't touch the face.
- Get the pneumonia vaccine if eligible. It's recommended for adults 65 and older, all children younger than 2, persons 2 through 64 with certain health conditions and adults 19 to 64 who smoke cigarettes. It won't protect against COVID–19, but will lower the risk of bacterial infection.
- There is no need for people who are not sick to wear a facemask.
- If sick with fever, coughs or sneezes, stay home.
- Find a safe way to get food delivered.
- Most people can recover from COVID–19 at home. Treatment is similar to that of the flu: rest and fluids.
- People at greatest risk of getting seriously sick from COVID-19 are those over 65, as well as people of all ages with serious chronic medical conditions such as heart disease, diabetes, lung disease and immune disorders.

<u>For uniformed military personnel</u>, virtual visits with a primary care provider are being made available, Julian said. Also, service members and TRICARE beneficiaries can call 1-800-874-2273 and select option one to reach the Nurse Advice Line. Callers can expect a wait time, but more nurses are being hired to help alleviate that, she said. Those serving overseas should visit <u>MHSNurseAdviceLine.com</u> to get Nurse Advice Line help, she added. Another way for TRICARE beneficiaries to get help is to call or email their own health care

team or primary care physician, Julian said.

Julian noted that the Defense Department has 15 testing sites worldwide. If testing at a military treatment facility cannot be done, she said, the test specimen — obtained from a nasal swab — will be transported to the closest test laboratory, which could be a commercial or military lab that will provide the quickest turnaround time. The current turnaround time for test results is 24 to 48 hours.