

Katie Johnson: Good morning and welcome to Apple A Day, Lake Region Healthcare's Health and Wellness Show, where we feature news and information you can use to live a healthier life. I am Katie Johnson, your host, and I have two special guests today. I have Sarah Brunn, our Infection Prevention Coordinator here at Lake Region Healthcare, and Anne Gibbs, who is a public health nurse and emergency preparedness coordinator here in Ottertail County.

Katie Johnson: Good morning, Anne and Sarah, and thank you for joining me.

Anne Gibbs: Good morning.

Sarah Brunn: Good morning.

Katie Johnson: Coronavirus is on everyone's mind and we decided that it needs to be on our minds too and I really appreciate both of you taking time to put a local perspective on this story to let people who live right here in Ottertail County know what should they be worried about? What shouldn't they be worried about? What can they do? What's the information that's important to the people here to know?

Katie Johnson: So, let's start by just putting this in perspective. As I mentioned, there's a lot of hype, there's a lot of fear, a lot of misinformation. So, let's be realistic about what we're talking about in terms of the real risk for someone living here in West Central Minnesota. What are the current numbers and information that's pertinent to those of us living here?

Sarah Brunn: Well, the Corona virus, this novel Coronavirus that we're going to call COVID-19, has been detected in 60 countries, including in the United States. The World Health Organization states that there's been over 87,000 cases confirmed worldwide, so it's pretty widespread throughout the world. Although the great majority of those cases are in China, and there's only been around 60 cases that have been confirmed in the United States.

Katie Johnson: Okay.

Anne Gibbs: Now, we need to remember that these are confirmed cases. There might be a lot of very mild cases that are out there that kind of skew the numbers because they were not tested, because we know that influenza is much more rampant than the confirmed cases, along with a lot of other infectious disease things. So while we have these confirmed cases, those are the ones that are tested. We don't know how many were tested and turned out to be negative, as well. So, those are the hard fast numbers that we're working with right now, but we have to remember that it's only a limited data set too.

Katie Johnson: And when we kind of compare that, to me anyway, it's always helpful to compare that, for example, to the number of people who have influenza, to put it in perspective. It's there's lot, yeah, there's a lot more.

Anne Gibbs: There's millions of flu cases a year.

Sarah Brunn: These are tiny numbers, compared to influenza.

Katie Johnson: Right. Right. But as you said, it is widespread and it is growing. Most people have at least heard the term Coronavirus or COVID-19. Most people probably know that it originated in China, but maybe just a little bit more history would be helpful on what the virus is and what symptoms go with it.

Anne Gibbs: Well, Coronavirus is actually a family of viruses that can cause up to a third all cases of the common cold. So the difference with this one is this is a new type of Corona virus that's seen in humans. It's been identified in some animal things before, but it's jumped to the humans, which makes it new and different and that is why our bodies don't have antibodies for it.

Anne Gibbs: If we get exposed to lots of different common colds, then we are exposed to a whole wealth of Coronaviruses, which makes our bodies respond better when we're exposed to them, again, with the antibodies. It's just part of our immune response.

Katie Johnson: Okay.

Anne Gibbs: So because this is new, our bodies are taking a lot longer to respond to it and that's why we see the breadth of symptoms that come along with this Coronavirus. It can be a very mild case where you just have a little bit of a confident fever to something very, very severe.

Katie Johnson: So that sounds a lot like influenza. How similar or how different are the viruses?

Sarah Brunn: The symptoms are very similar and it seems that the way that it is spread is very similar too. It's appearing that it's spread through respiratory droplets, so you cough, you sneeze, you even talk a lot. It seems like it may be spread in those ways, which again, is really similar to influenza.

Sarah Brunn: But the guidance that our national and state public health agencies are giving is that if you protect yourself against influenza, then you're also protecting yourself against COVID-19. So you think about the things that you would do on an everyday basis to keep yourself safe from influenza. Things like washing your hands, avoiding touching your face, staying away from people who are sick. Those are all things that you can do to protect yourself from both influenza and COVID-19.

Anne Gibbs: Right, and a lot of the symptoms are very similar. Fever, aches, lower respiratory, so we're talking about more of a cough and that kind of heavy lung feeling I think that comes along with it. Not just the runny nose and sore throat, so it is a little bit different picture than your average cold.

- Katie Johnson: I think it's important that we talk about influenza as part of this conversation. The risk, as we said, is far greater that you're going to come down with influenza, number one, but also it's a great time to talk about how and why it's still important to be on guard against that. The flu shot, for example, is one. It's not too late to get the flu shot and we're actually encouraging people to do so. Right?
- Anne Gibbs: We are simply because the symptoms are very similar and that you know you can kind of rule out the influenza or to give you a much milder case of the influenza once you get your flu shot. So we still want people to get their flu shot. I know you at Lake region still have vaccine available. Public health has vaccine available. Ours goes from age six months up and we also have vaccine for people who are uninsured or their insurance doesn't cover vaccine. Just give us a call at public health and we can kind of help recognize where best for you to go.
- Katie Johnson: I think that's really important. Something I read this morning talked about how people are concerned about the cost. Well, of course, they're concerned about the cost of healthcare in general, but in particular about Coronavirus. I don't even want to know if I might have it because I don't want to think about what it might cost to get tested for it or to to have the treatment or the long term effects of being isolated.
- Katie Johnson: So I think it's important that we talk about the cost and the importance of being proactive, of getting that flu shot. There are ways you can get the flu shot at no charge. There are ways to be proactive and protective of yourself and your family and hopefully still be mindful of costs as well.
- Anne Gibbs: Well, good thing soap is cheap. Wash your hands, wash them frequently. You know, that's one of the best things that you can do to help keep yourself healthy.
- Katie Johnson: Yeah.
- Anne Gibbs: You know, is just some good old fashioned soap and water. Get some sleep, eat good healthy foods, keep yourself hydrated. Give yourself a chance to rest because if you are ill, we don't want you to going to work. We don't want you sending your kids to school or daycare. They should really stay home until their fever free for 24 hours without ibuprofen or Tylenol. So we want you to be able to be ready to do that if need be.
- Katie Johnson: I really want to emphasize that again to employers and employees. If you're sick, stay home. As an employer, you don't want those sick employees in your workplace either, right?
- Anne Gibbs: Right, and as a coworker, I don't want to listen, to hear your cough, and you don't want to hear me. So it's just, it's kind of a good thing. We do realize that

does put some stress on families with that. So we're really hoping that employers talk with their employees, encourage them to stay home when need be and work out some of those plans and policies that even if you, you know, are only paid an hourly wage, hopefully you can, you know, maybe recoup the hours when you're feeling better or there's some time-sharing or some different things that can be done for some of those things.

Katie Johnson: Right. I just think it's going to take a culture shift here and now's as good a time as any to start that. You know, you don't have to tough it out. You shouldn't tough it out. I struggled with this myself last week and thinking about the bigger picture is really important.

Anne Gibbs: Well, I think we've lost the art of convalescence and that might be a whole Apple A Day for another day.

Katie Johnson: You are so right.

Anne Gibbs: Is that I think we need to give ourselves that chance just to reboot and get ourselves ready. But like I said, you know, let's work on the preventive first end, and keep ourselves healthy and then we can work about recovery afterwards.

Katie Johnson: Yeah, good advice. I even read today that recommendation not to require a doctor's note right now for being sick. The doctor's offices are busy enough with managing these illnesses as well, so just a shout out to employers and employees on that as well.

Katie Johnson: Let's talk a little bit about if we have some influenza like or Coronavirus like symptoms, achy, running a fever, cough, maybe I'm short of breath to that. That one, that kind of is a unique symptom. How do I know when I should go to the doctor and when I should just stay home and rest and drink lots of fluids?

Sarah Brunn: From an emergency nurse perspective, I would say if you're feeling significantly short of breath, you need to be seen, regardless of any of your other symptoms. If you're very short of breath, they need to check you out and make sure it's not something bigger.

Sarah Brunn: But generally, if you have mild body aches, you have a fever, you have a cough that's not progressed to shortness of breath, I would say generally you're safe to stay home. Again, do the things Anne talked about. Drink lots of fluids, get lots of rest, stay home until your fever free for 24 hours. All of those things you can manage at home.

Katie Johnson: Okay.

Anne Gibbs: There's always great nurses to talk to you on the phone so you can always call in and talk to maybe the nurse or your healthcare provider over the phone and see if that's something for there too.

- Anne Gibbs: When it comes to some of those symptom management with medications, it's a good idea if you're on some certain prescription medications to talk to the pharmacist, what's recommended that you can and cannot take if you're on certain medications or again, your healthcare provider. They can always tell you to yes, we want to see you, no, you're okay to stay home, with some of those different things.
- Katie Johnson: Sure. If I come in to see the doctor, I'm going to be asked some screening questions. This isn't anything new. We've been asking these travel screening questions since Ebola came on the scene in 2014 but a little bit of the screening protocol has changed. Let's talk about what that is and why it's important to helping the slow of the spread of not only Coronavirus but infectious disease in general.
- Sarah Brunn: Yeah. We continue to screen patients for international travel. The specific question is have you traveled outside the United States in the last 30 days and we do that not just because of Coronavirus, but because there's lots of illnesses out there that we continue to see international outbreaks with. Things like measles and polio. Ebola is still going on in Africa. So we're screening for all of those illnesses.
- Sarah Brunn: You might notice when you come in, you're being asked sooner. So you're being asked now when you register as opposed to them waiting or just in screening in the room. So you'll see that happening a little bit sooner.
- Sarah Brunn: And then if you have traveled, they'll ask some more questions of you. Do you have a fever, do you have respiratory symptoms and do you have a rash? And again, those symptoms are really specific to those illnesses that can be brought in from other countries that have a big consequence essentially. So we call those high consequence illnesses.
- Sarah Brunn: And so we are asking those questions early in your visit because we want to make sure that you're getting the best treatment possible and also so that we can protect your healthcare providers and protect other patients in the area. So you won't, if you have those symptoms and you've traveled outside of the country, you won't stay in the waiting room, you'll get pulled into a room and we do that just to make sure that everybody is staying safe.
- Katie Johnson: Sure. And then we'll, you know, say we're in that situation, I've been pulled into a room. Do you automatically test for influenza, for Coronavirus? What does the testing process? How do you determine whether to do that?
- Sarah Brunn: We don't. We ask a lot more clarifying questions. So we want to know specifically where you've traveled, when you traveled there, when your symptoms started? If there were to be potential suspicion for Coronavirus, so say you traveled to China within a couple of weeks of your onset of symptoms, we would work with Minnesota Department of Health and the CDC to make

sure that testing happened. But not everybody that comes in is going to get a test for this type of Coronavirus. They're only testing at some public health labs or at the CDC. And so you need to meet very specific criteria before you can get a test. These tests aren't available locally.

Anne Gibbs: And they've been screening for the COVID-19 for several months or almost for a month now with port of entry. So if you would have traveled to China, MDH or the state department or the CDC, would have been in contact with you with some of that stuff. So, but now that it's in the community, they're going to be taking a look at some things, but we have to remember it takes a little bit for growth. For these infectious disease.

Anne Gibbs: So I still think, you know, be aware of what your family is doing and where you are and be proactive with your own health.

Katie Johnson: Absolutely. We mentioned travel. Many of our listeners might be concerned about upcoming travel plans, whether it's you know, the annual getaway to Mexico or upcoming student band and choir trips that are always happening in the spring. What do you have for advice for giving people good information about when and if to travel and what to consider or expect when they do travel?

Sarah Brunn: One of the resources out there is the CDCs travel health notices page. So that's on the internet. You can look it up and they will tell you what areas of the world there is no travel advice to related to illness. So that's one great place to look.

Sarah Brunn: And then honestly, you your highest risk things in general tend to be things that are preventable through vaccination. So you want to see a travel clinic and make sure that your immunizations are up to date prior to traveling internationally.

Katie Johnson: Sure.

Anne Gibbs: Yeah.

Katie Johnson: Anything else that either of you want our listeners to know as we talk about COVID-19, Coronavirus, influenza, infectious disease in general before we wrap up today?

Sarah Brunn: I would say in general, if you're traveling, you don't need to wear a mask, unless you're sick. So we generally will put masks on sick people, not necessarily on healthy people, especially if you're traveling within the United States. Again, like Anne said, they're screening really closely when people are coming back in through port of entry.

- Sarah Brunn: So you don't need to wear a mask when you're on the airplane, but if you are sick and you're in a really public, especially in a healthcare facility, you should be wearing a mask.
- Katie Johnson: Okay. Yeah.
- Anne Gibbs: And just kind of think ahead, you know, think ahead for things. Are you ready to stay home if you are sick? If you do do foreign travel to one of these high risk areas, are you ready to be at home for two weeks after you come home, if you do get something?
- Anne Gibbs: So just kind of think ahead and plan and see what your family and what you are doing for your own level of personal preparedness at home for an illness. I mean, it's great to have some extra soup on hand, some over the counter medications for symptom management. I'm always a fan of a good audio book because you're too tired to read. The TV is just sometimes too much. You can listen to something and drift off to sleep.
- Katie Johnson: Great advice. Thank you both so much for sharing your knowledge and just some really good local information that that puts the Coronavirus and influenza all into perspective for us here and for our listeners this morning.
- Katie Johnson: Again, it's Anne Gibbs, public health nurse and emergency preparedness coordinator in Ottertail County and Sarah Brunn, infection prevention coordinator here at Lake Region Healthcare. My guests, today, talking about how we can all be a little bit more proactive. Again, if you're sick, stay home.
- Katie Johnson: Maybe one of the biggest messages. Stay away from others. Just make that choice to take care of yourself and keep those germs at bay. Drink plenty of fluids, wash your hands, get your flu shot if you haven't gotten it already. And ...
- Anne Gibbs: Practice wellness.
- Katie Johnson: Exactly. Just kind of those common sense things. We don't want to maybe under emphasize the Coronavirus and its impact, but at the same time, protect yourself from influenza, you'll protect yourself from Coronavirus and there's still lots of life to live here in March. Right?
- Anne Gibbs: Absolutely.
- Katie Johnson: And we want you to enjoy it. So Anne and Sarah, thanks for your time today and for sharing your knowledge with us. As a reminder, Anne, Sarah and Katie want you to know there is so much to do here. We want you to stay healthy for it. Have a great day.