

AMA Moving Medicine

Special Edition | February 2021



**What doctors
wish their patients
knew about
COVID-19**

AMA
AMERICAN MEDICAL
ASSOCIATION

Providing a trusted voice

During a once-in-a-lifetime pandemic when so much is out of our control—from school reopening to the job market and vaccine availability—there are many things that physicians wish all their patients understood and would take to heart about COVID-19.

Ultimately, it is up to each of us to do all that we reasonably can to keep ourselves and our loved ones safe from SARS-CoV-2, the novel coronavirus that causes the disease COVID-19. The best way to start is by having reliable medical information.

Contributing physicians

Susan R. Bailey, MD, an allergist and president of the AMA.

Ricardo Correa, MD, endocrinology fellowship program director and the director for diversity at the University of Arizona College of Medicine in Phoenix.

Meena Davuluri, MD, MPH, a urologist and health outcomes fellow at New York-Presbyterian/Weill Cornell Medical Center in New York City.

Sandra Fryhofer, MD, an Atlanta general internist who serves as the AMA's liaison to the Advisory Committee on Immunization Practices (ACIP) and a member of ACIP's COVID-19 Vaccine Work Group. Dr. Fryhofer is also a member of the AMA Board of Trustees.

Tyeese Gaines, DO, an emergency medicine physician and a school physician for three charter schools in New Jersey.

Christopher Garofalo, MD, a family physician in Attleboro, Massachusetts.

Wayne Grody, MD, professor of human genetics, pathology and pediatrics at the University of California, Los Angeles David Geffen School of Medicine.

Mira Irons, MD, chief health and science officer at the AMA.

Hannah Kirking, MD, medical epidemiologist for the Division of Viral Diseases at the Centers for Disease Control and Prevention.

Pratistha Koirala, MD, PhD, an ob-gyn resident at Danbury Hospital.

Odaliz Abreu Lanfranco, MD, an infectious disease expert at Henry Ford Health System in Detroit, an AMA Health System Program Partner.

Hernando Ortega, MD, MPH a flight surgeon in San Antonio and an AMA delegate for the Aerospace Medical Association.

Tamaan Osbourne-Roberts, MD, a family physician in the Denver area and a member of the AMA Council on Science and Public Health.

Rui Pombal, MD, medical director of the Aviation Medicine Centre and Travel Clinic at TAP Air Portugal Group Health Services.

Diana Ramos, MD, an ob-gyn and adjunct associate professor of obstetrics and gynecology at Keck School of Medicine of the University of Southern California.

Nicole Riddle, MD, an associate professor and associate pathology residency program director at University of South Florida Health in Tampa.

Ilene Rosen, MD, MSCE, a sleep medicine physician and associate professor of clinical medicine at the Perelman School of Medicine at the University of Pennsylvania.

Daniel Shoor, MD, MPH, a flight surgeon in Atlanta and an AMA alternate delegate for the Aerospace Medical Association.

Megan Srinivas, MD, MPH, an infectious diseases specialist and translational health policy research fellow at the University of North Carolina at Chapel Hill.

AMA Moving Medicine Magazine
February 2021

Publisher
Todd Unger

Executive editor
Ryan Wells

Editor
Jef Capaldi

Staff writer
Sara Berg

Distribution director
Aly Schweigert

Designer
Bobby Reichle

The basics

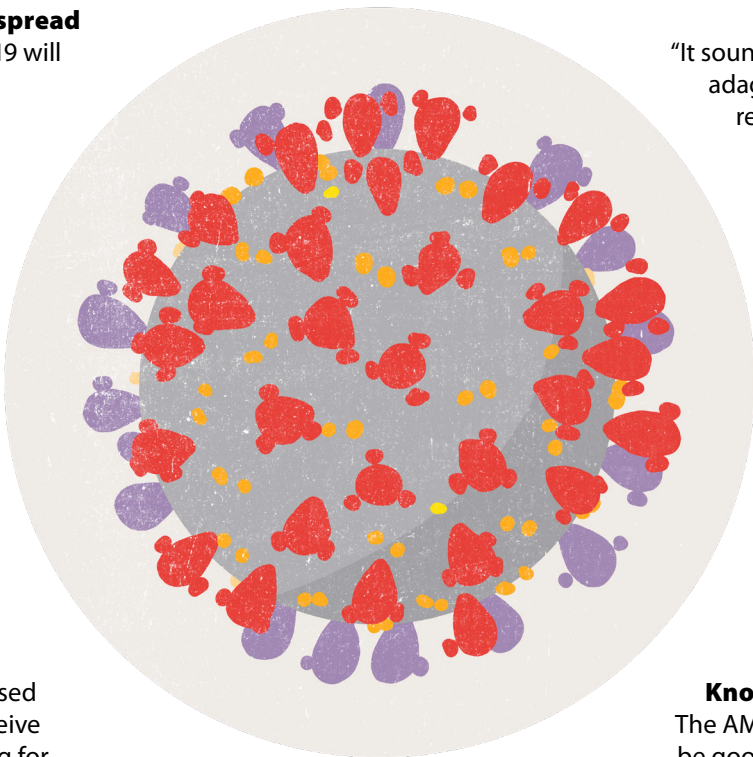
Wear a mask
Many states are mandating the wearing of masks to curb the spread of SARS-CoV-2. However, misinformation and mixed signals about masks continue to circulate. This has threatened to drown out the growing body of evidence that shows wearing masks can help fight COVID-19. Physicians want everyone to #MaskUp.

Limit exposure, slow the spread
“Some patients with COVID-19 will have minimal symptoms or might not have symptoms and ... they can infect other individuals that might be at higher risks for poor outcomes,” said Odaliz Abreu Lanfranco, MD. “By slowing the spread of COVID-19, they help their providers be able to provide the appropriate care because not everybody will come at once to the hospital.”

Cooperate with contact-tracing efforts
If someone you’ve been in close contact with is diagnosed with COVID-19, you may receive a call from someone working for your local public health department. You should answer the call and be reassured that discussions with health department staff are confidential.

This means that your personal and medical information will be kept private and only shared with those who may need to know, such as your health care provider. Your name will not be shared with those you came in contact with.

Watch your distance
Physical distancing is one of the best ways “to prevent transmission,” said Hannah Kirking, MD. “The person-to-person transmission is essentially when someone talks or speaks or coughs, they create little droplets, and that social distancing essentially limits your ability to be hit with anyone else’s droplet.”



Protect your children
Children infected with SARS-CoV-2, the coronavirus that causes COVID-19, are often asymptomatic, said Tamaan Osbourne-Roberts, MD, so it’s especially critical that children over the age of 2 wear masks to prevent spread of the virus to others. Children also are likelier to be together in small, enclosed spaces all at once.

Wash your hands
Keeping your hands clean is essential because of how often people touch their faces or rub their eyes, giving virus particles their pathway into the body.

“Our hands are our way of interacting with the environment,” said Dr. Kirking, adding that “even surface transmission typically comes via our hands.”

“It sounds like an old kindergarten adage, but ‘wash your hands’ is still really good advice for us,” she said.

Get the flu vaccine
The influenza season always hits hard, but this year is different. Even a mild flu season can disrupt hospitals that have already been stretched by the surge of COVID-19 cases. Doctors are urging people to get the flu shot—and other routine immunizations—to reduce the risk of widespread outbreaks.

Know when to get tested
The AMA encourages the public to be good stewards of limited testing resources and help reduce wait times for results. Patients should seek testing when they have a medical need for that test, meaning that they are demonstrating symptoms of COVID-19, they have a known exposure to COVID-19 (whether they have symptoms or not), they need a test before seeing a physician or getting a procedure or they are a health professional that may have had exposure or risk exposing others.



Masks

Even though wearing a mask is vital to preventing the spread of COVID-19, there are still myths and misunderstandings. Physicians clear them up.

Masks are vital to preventing spread

It is important for everyone to understand “the very basic level of why they should wear a mask,” said Megan Srinivas, MD, MPH. “A lot of the reasons people aren’t wearing it is because of the mixed messaging we’re getting from our state, local and national leaders.”

“The most important thing that we can get across for our patients is clearing that misconception and those falsehoods and just telling them how masks are effective

and that they in fact are safe,” she added.

The bottom line, added Nicole Riddle, MD, is that “masks really do prevent the spread of disease, specifically this virus that we’re all fighting. They really do save lives—yours and others.”

Choose multilayer, tightly woven cloth masks

The use of multilayer cloth masks can block 50–70% of fine droplets and particles. They can also limit the forward spread of droplets and particles that are not captured, notes the Centers for Disease Control and Prevention (CDC). In fact, upwards of 80% blockage has been achieved with cloth masks in some studies, which is about

on par with surgical masks as barriers for source control.

Other materials, such as silk masks, may help repel moist droplets. They may also reduce fabric wetting, which can help maintain breathability and comfort for the wearer.

Some materials can also enhance filtering effectiveness by generating “triboelectric charge,” which is a form of static electricity, says the CDC. This enhances capture of charged particles.

N95 masks are for health professionals

It is important to note that surgical masks and N95 masks that are meant for health professionals should not be used by the public. This is because surgical masks and respirators are critical supplies needed for physicians and other health professionals to prevent supply shortages, says the CDC.

While there are N95 masks available in drug stores and online, these are not medical-grade and are not for health professionals. Boxes will be labeled with “medical-grade” or “nonmedical” masks—choose the right one for your needs. For health professionals, fit testing is essential for picking the right size of N95 masks to ensure it functions properly.

This is not a political statement

“The most common pushback that we’re feeling right now is that there is a politicizing of the use of a mask. This has nothing to do with a political party,” said Ricardo Correa, MD. “People need to understand that this is a public health problem. This is happening across the entire world.”

“A mask is just about keeping yourself safe, keeping your family members safe, keeping your loved ones safe and keeping our community safe,” said Dr. Davuluri. “That’s really what the mask is all about. It’s not impinging on anyone’s freedom or their rights. The only thing we really know is,” one of the best ways “to prevent this disease is by wearing a mask.”

It’s OK to wear for long periods of time

Another common objection is “that masks are uncomfortable or concern about if it’s safe to be wearing a mask for so many hours of the day,” said Pratistha Koirala, MD, PhD. “Talking about my own mask-wearing is important and reminding them that their physicians wear them too.”

“You can really wear them without fear of deoxygenating or going into an asthmatic fit for most people,” said Dr. Riddle, adding that “people can wear them whether they’re exercising or in labor or doing surgery for 14

hours—there really isn’t an excuse to not wear one for almost everyone.”

Cover your nose and mouth

“One of the things that I’d like to see is more people covering their entire nose and mouth,” said Dr. Koirala. “I see many people who just cover their mouth and they don’t cover their nose, and that is just not going to be as effective in terms of protecting themselves.”

“Masks are worn to protect others,” said Dr. Correa, adding that “If you care about others, you should wear a mask.”

Know when to wear a mask

“The hardest thing, aside from just understanding why masks are important, is a lot of patients struggle to know when to wear a mask,” said Dr. Davuluri. “It’s very straightforward. If you’re indoors anywhere, so the grocery store, any sort of a shop or you’re in a house with people you’re visiting and they’re not your immediate family, those are all scenarios where you should be wearing a mask.”

“When you’re outside, you need to wear a mask if you’re in crowded areas,” she said. “If you’re in a scenario where you can’t keep distance from someone at all points and times, you should be wearing a mask.”

Medicine changes as we know more

“There’s just been a lot of whiplash in terms of what people have been saying, because at the beginning of the pandemic, people were saying not to wear masks, and now all the health experts are saying that you should wear masks,” said Dr. Koirala. This is when physicians need to remind patients “that this is part of the scientific process as we’ve learned more and more about COVID-19.”

“Medicine changes and it evolves,” she said. “The more we learn about something, the better we’re able to treat it.”

Help children wear masks

Saying a child should wear a mask and actually having them wear one consistently and correctly can be two very different things. There are lots of distractions in children’s lives, and it’s easy for them to overlook the need for—or the importance of—wearing a mask.

To help parents and kids succeed with masks, Dr. Osbourne-Roberts recommends choosing a well-fitting, comfortable mask. Additionally, let children get involved in picking their own mask, and listen and determine whether there is something about the mask that is indeed causing a problem. If there is, it’s up to parents to find a different option that works well.

Physical distancing



Physical distancing remains vital for limiting the spread of COVID-19. While physical distancing of at least six feet paired with wearing face masks and handwashing are everyday preventive actions that should be followed during the pandemic, patients are still uncertain about when these measures apply.

Always keep your distance inside

"We're in agreement about staying six feet away, but if for any reason you cannot be that far away, definitely have a mask on," said Tyese Gaines, DO. With so many sickened and killed by COVID-19, the question is, "Do you want to be a part of getting someone else sick? Do you want to be responsible for that?"

"When you're inside, we're in close quarters and there are a lot of surfaces that can be touched," said Dr. Gaines. "At some point someone's going to be too close and it's hard once someone gets up and moves or walks, now six feet becomes four feet. Should that person back up? There's too many moving parts when you're inside."

Distancing and the great outdoors

"One of the biggest things for people to understand is there really is a significant difference between being inside and outside," said Christopher Garofalo, MD. "That doesn't mean that you can't do anything inside at all and

that you can do anything you want outside."

"For example, if you are having your in-laws over and there will be four of you dining in the dining room, that will be magnitudes safer if you can do that outdoors," he said.

However, "having it outdoors does not obviate the need to practice as much as you can the other main tenets, which are wearing a mask and being six feet apart," said Dr. Garofalo. "You need the three things, and the more you maximize those three things, the better protected you are and the better protected everybody else is."

Businesses must know space matters

When companies want to bring people back to the office, physical distancing must be kept top of mind. "Do we really need to have four people back-to-back in a cubicle?" said Dr. Garofalo. "The issue of public transportation is a whole other layer that does make a difference from a physical distancing standpoint."

With many people "dependent upon that transportation to get to and from work, are you going to start bringing people back in?" he said. If companies need 70% of people to come back to the office, "it allows you to space things out more, so the people who do have to be there are allowed more safety."

Coronavirus vaccine



Misleading or false information complicates COVID-19 pandemic response efforts. Physicians can help combat misinformation by providing patients with key information they should know about COVID-19 vaccines.

Processes in place to ensure safety, effectiveness

Any vaccine made available to the general public has undergone safety and efficacy reviews by the Food and Drug Administration (FDA), according to AMA President Susan R. Bailey, MD.

The CDC's Advisory Committee on Immunization Practices

(ACIP) provides advice and guidance to the director of the CDC. ACIP provides recommendations on use of vaccines in the U.S. civilian population.

"COVID-19 vaccines were tested in large clinical trials to make sure they meet safety standards," Dr. Bailey said. "Many people were recruited to participate in these trials to see how the vaccines offers protection to people of different ages, races and ethnicities, as well as those with different medical conditions."

What Operation Warp Speed is—and isn't

The federal government, through Operation Warp Speed

(OWS), has been working since the start of the pandemic to make a COVID-19 vaccine available. This accelerated timeline has raised concerns for some that safety may be sacrificed in favor of speed. But “safety remains a top priority,” Dr. Bailey said.

OWS has selected the most promising vaccine candidates and is providing coordinated government support. Rather than eliminating steps from traditional development timelines, steps have proceeded simultaneously, such as starting manufacturing of the vaccine at industrial scale well before the demonstration of vaccine efficacy and safety as happens normally.

mRNA vaccines held to same safety standards

Both the Pfizer-BioNTech and Moderna vaccines use messenger RNA (mRNA) technology. mRNA vaccines are being held to the same safety and effectiveness standards as all other types of vaccines in the United States. mRNA vaccines do not use the live virus that causes COVID-19, and they cannot give someone COVID-19, Dr. Bailey noted.

mRNA never enters the nucleus of the cell, which is where our genetic material is kept. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions. The mRNA vaccines do not affect or interact with our DNA in any way.

It’s not 100% protection

“You can’t assume that every microorganism is going to give immediate lifelong immunity. People can get reinfect,” said Dr. Grody. “It works for some diseases like hepatitis B, but that doesn’t seem to be working that well for COVID-19.”

“There’s certainly antibodies to the virus, which can be detected in the lab, but they—at least as far as we can tell—don’t necessarily kill the virus or inactivate it,” he said. “That’s why you can get reinfection. The antibodies that are naturally produced by the body may not be uniformly fatal ... to the virus.”

Vaccination with two doses of the same mRNA vaccine—Moderna or Pfizer-BioNTech—is “94% to 95% effective,” said Dr. Fryhofer. “It’s no guarantee, but at least it gives you a head start.”

“We don’t know yet if these mRNA vaccines prevent asymptomatic transmission,” she said. Which means, “you could be part of that 5% that are not protected, so that’s why we still have to keep wearing masks.”

“Right now, these vaccines are your very best bet to stay well, stay healthy and stay alive,” Dr. Fryhofer added.

Who’s getting vaccination priority

ACIP has recommended that health care personnel and long-term care facility residents be prioritized to receive vaccines in phase 1a. Additional populations expected to be vaccinated later in phase 1 include essential workers outside health care, seniors and adults with underlying medical conditions that are risk factors for severe COVID-19 illness.

As the country continues to navigate vaccine rollout, patients should turn to a reliable source for more information, including the Department of Health website, state vaccination coordinator, dedicated call center or pharmacy.

Trust public health leaders on vaccine’s timing

“There’s a lot happening and many times we are not aware of all of the information that is in the works,” said Diana Ramos, MD. “To know the details for every single vaccine that is occurring is a full-time job.

“That’s where we have to trust our public health leaders who are our trusted voices in medicine to help provide us with the best-informed information,” she added.

Know the common side effects

Most people do not have serious problems after being vaccinated and the vaccines themselves will not give you COVID-19. Your arm may be sore, red or warm to the touch. These symptoms usually go away on their own within a week. Some people report getting a headache or fever when getting a vaccine.

After receiving the first dose of the vaccine, “I’ve still got a big red spot,” said Dr. Fryhofer. “It’s like my badge of honor. I am so honored to be a health care provider and I’m glad I could be vaccinated so I can be protected as I take care of my patients.”

“I cannot wait to get my next vaccine dose even though I know I probably won’t feel well the day or two after, but you have to think about the long term,” said Dr. Fryhofer.

Additionally, “the new recommendation from the CDC is if you’re allergic to PEG—which is polyethylene glycol and is an ingredient in both vaccines—you should not get an mRNA COVID-19 vaccine,” she said. While “the benefits of vaccination certainly outweigh the risk, you do have to be prepared.”

Safety monitoring will continue

COVID-19 vaccines are tested in large clinical trials to assess their safety. However, it does take time, and more people getting vaccinated before physicians learn about

very rare or long-term side effects. That is why safety monitoring will continue.

The CDC has an independent group of experts that reviews all the safety data as it comes in and provides regular safety updates. “If a safety issue is detected, immediate action will take place to determine if the issue is related to the COVID-19 vaccine and determine the best course of action,” Dr. Bailey said.

The CDC and FDA encourage the public to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS). Reports help CDC monitor the safety of vaccines. Health professionals will be required to report certain adverse events following vaccination to VAERS.

Keep taking preventive measures

With COVID-19 vaccination available, “there may be some frustration because we’re not all going to be able to get it and you’ll want to get it,” said Dr. Ramos. “It’s just going to be a matter of continuing the public health measures, which are six-foot distancing, wearing a mask and continuous hand-washing.”

“How normal life gets is a matter of government and personal responsibility,” said Dr. Grody. “The countries that have done that have recovered from the initial outbreak. The ones who don’t take responsibility—like us and many others—are still in the thick of it.”

“Even after we get vaccinated, we still have to wear our masks and you still have to physically distance,” said Dr. Fryhofer, acknowledging that “it is frustrating that for at least the short term we’re not going to be able to change our behaviors.”

“We’ve got to do what’s safe for everybody, but as soon as we get everyone vaccinated, we’ll be closer to getting back to life as normal,” Dr. Fryhofer said.

Wide distribution will take time

“We are not the only ones that need vaccines,” said Dr. Fryhofer, adding that while an additional 100 million doses were purchased from both Moderna and Pfizer-BioNTech, “they’re not all going to be available for us immediately.”

“Some of those additional doses will not be available until like July because everyone in the world is wanting these vaccines,” she added, noting that “there are more vaccines in the pipeline.”

Each vaccine requires two doses

“The most important thing is whichever vaccine you get for the first dose you have to get for the second dose,” said Dr. Fryhofer, adding that “there’s no mixing and matching—you want to get the full dose.

“Some news reports have suggested getting half doses, but the FDA is very clear that we need to do what was studied and both vaccines are fabulous—they’re both over 90% effective,” she said. “The second dose is not a booster. It’s a second dose in a series.”

There may be protection against COVID-19 variants

“New COVID-19 variants are caused by mutations of the virus, which is a normal process and to be expected,” said Dr. Irons. “These COVID-19 variants have been identified in the United Kingdom, South Africa, Brazil and the U.S.”

“Information about the COVID-19 variants is rapidly emerging, but scientists are working to learn more about how easily they may spread and whether the current vaccines will protect people against them,” she said, adding that “while research continues to be conducted, it is important to double down on protection efforts that we know work such as wearing masks, physically distancing, washing our hands, and getting vaccinated as soon as possible when our time comes up.”





Social gatherings

At this point in the pandemic, people are tired of being cooped up due to restrictions on indoor gatherings outside the home. They are also tired of wearing masks, physical distancing, being away from family and friends, and increasingly fed up with the “new normal” routines. However, people should remain mindful of social gatherings.

Transmission risk is high

“We’re going to see a rapid uptick in transmission because, first off, we’re seeing surges across the country right now just because people’s behaviors have become lax,” said Dr. Srinivas. Also contributing: colder temperatures that are making it harder for many to engage in outdoor activities.

“We’re seeing an increase in numbers for a variety of reasons,” said Mira Irons, MD. Those include “cold weather and the move to more indoor gatherings.”

The increase in cases is also due to “travel, continued large public gatherings and pandemic fatigue,” said Dr. Irons.

Eliminate risk of exposure

“I am recommending to a lot of people to avoid gatherings altogether because, unfortunately, you can’t ensure that people are quarantining as well,” said Dr. Srinivas. “The issue is so many people in the United States don’t quite understand what it means to quarantine and how to do it appropriately.”

“The more people you bring into the situation, there’s

always a risk,” she said, adding that “if somebody could” eliminate their risk of exposure “for two to three weeks,” then it might be OK.

Take care in getting there

“If you can travel by car, that’s the only way I would recommend traveling,” Dr. Srinivas said. However, “you still have to be careful at gas stations and everything—make sure you have hand sanitizer.”

Since the pandemic began, while miles driven by Americans decreased, estimates from the National Safety Council found that driving became more dangerous. During July 2020, the number of roadway deaths increased by 11% and the fatality rate per miles driven increased by 26% compared to a year prior. This means, if you drive, it is important to wear a seatbelt, drive the speed limit and pay attention to the road to minimize risk.

Consider risks of staying with family

“The risk factors you have to consider are going to be dependent on the people involved,” said Dr. Srinivas. “If you’ve been quarantining and everybody involved has been quarantining reliably, meaning no exposures for at least two weeks, and you feel like you can meet each other safely, then staying in the same house is fine.

“But if you’re looking at people who are working in the hospital, not necessarily quarantining, who are going to be bringing in their different daily exposures all together—being within an indoor confined space and

spending the night in the same place only increases that danger,” she added.

Pay attention to lodging sanitation

“If you look on Airbnb, for instance, there are different ways to denote who’s doing what type of cleaning,” said Dr. Srinivas. “They’ve actually found a way to say that these people are taking it more stringently and specifying exactly what’s being done.”

However, “I would still message them and ask them, how many people are coming through in the sense of—are you leaving time between occupants?” she said. “I do the same thing with hotels. I’d call to check if they have reduced capacity, are spacing stays out and requiring masks. Some are doing it right, some aren’t, so we need to call to verify before staying.”

“Staying at a hotel or an Airbnb always has its risks, but there are ways in which you can mitigate it and ensure that you’re taking the safer precautions when you have to choose one of these,” said Dr. Srinivas.

Gather outside, limit size

When possible, gatherings should be held outside. However, for colder states, that is when “you want to limit the size,” said Dr. Srinivas. “The other thing, even when you’re limiting the size, is considering the risk factors of each person you’re inviting.”

“I would rather invite five people who I know are completely quarantining than to invite two people who I know have been exposed to the world and haven’t been taking it as seriously,” she said. “That’s a much higher risk situation.”

Wear masks, watch distance

The CDC notes that everyone age 2 and older should wear masks in public settings and when around people who don’t live in their household. This is because masks offer some protection to you and are meant to protect those around you if they unknowingly are infected with SARS-CoV-2. However, wearing a mask is not a substitute for physical distancing.

“Wearing a mask can definitely help but being in that confined space—that alone is so high risk,” said Dr. Srinivas. “You can sit next to the people that you’re living with, physically distance from others and wear a mask to help reduce that risk.”

“But then if there’s a full food spread and you’re all using the same handles to serve yourselves and going around the same food and talking, that’s all going to be risky,” she said, adding that using disposable utensils and plates might also help minimize risk from using the same handles to serve food.

“Once you’re indoors and with those other people, you’re really essentially exposed to whatever the other people have,” said Dr. Srinivas.



Flying during the pandemic



Since travel may increase a person's chance of getting and spreading COVID-19, CDC guidance notes that "postponing travel and staying home is the best way to protect yourself and others this year." However, if someone chooses to travel, there are ways to make it safer.

Think of whole trip, not just flying

As case counts continue to rise, options for traveling may be limited. However, if you do decide to travel, it is important to look at the trip as a whole and consider all factors involved.

"When we think of flying, we also need to think in terms of the whole trip as an end-to-end process," said Rui Pombal, MD. "It is in fact a journey that starts the moment you walk out the door to get into a vehicle—car, train or bus—that will take you to the airport, through airport procedures, flying itself, all the way to the activities you are going to engage in once you get to your destination."

"You cannot dissociate the risk from all those steps," he said.

Risk while flying is low

"To date, the number of confirmed cases of COVID-19 transmission to airline passengers around the world is small," said Dr. Pombal, adding that there have been only about "60 cases over a period in 2020 during which a total of over 1.2 billion passengers have travelled by air."

However, risk may increase with long-haul flights. For example, on a 10-hour flight, among 217 passengers and crew members on a direct flight from London to Hanoi, 16 cases of COVID-19 were confirmed. It suggests that one symptomatic passenger transmitted the SARS-CoV-2 infection during the flight to other passengers in business class.

"The best portion of the discussions and agreements revolve around the flexibility of response because one size doesn't fit all," said Daniel Shoor, MD, MPH, and Hernando Ortega, MD, MPH. "To match that, discussions have set forth a pattern of communication to express and share those similarities and differences as each flight has a takeoff and a landing location with different authorities."

"As this progresses, we will see areas ramp up and others go away, so you have to reevaluate the way you think about how you travel," said Dr. Shoor.

Airplanes have proper airflow

"In general, air enters the cabin from overhead inlets and flows downwards towards floor-level outlets," said Dr. Pombal. "Air enters and leaves the cabin at approximately

the same seat row or immediately adjacent rows."

"The airflow in today's aircrafts have been measured at three times the amount mandated for infection control rooms in hospitals," said Drs. Shoor and Ortega. "It takes the ventilation system of a plane about six minutes to reduce the number of viral particulates in the air by 99.9%."

"This fact alone reduces risk significantly compared to office buildings, restaurants or homes," they added.

Airlines and airports are taking all precautions

"The approach that airports and airlines are taking to protect passengers and their staff is like the multiple layers that you wear to protect you from the cold," said Dr. Pombal. "On the plane, air flow, recycling and filtering, as well as masks or face coverings, will help to reduce the likelihood of transmission."

Additionally, the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) "brings together international, regional, national and local organizations to work together to improve preparedness planning and response to public health events, such as COVID, that affect the aviation sector," said Drs. Shoor and Ortega. "From CAPSCA's meetings, a variety of interventions were created to be used by airlines, airports, and other control agencies."

Those "include travel bans, screening, quarantine, testing, distancing, processes during flight, and other engineering actions," they added.

Wear a mask for entire trip

"The wearing of masks or of a face covering to fully cover your mouth and nose is widely considered as a key element to effectively reduce transmission while traveling," said Dr. Pombal. "Before you travel, check the airline's and the destination's requirements."

Wearing a mask "can reduce the amount of particulates, especially in a cough," said Drs. Shoor and Ortega. "If you are significantly shedding, then a mask will reduce your transmissivity. However, you shouldn't be flying if you are sick."

Try to remain seated through entire flight

Sitting down "reduces the chances of random physical contact and disturbs less the cabin ventilation pattern that tends to prevent air from flowing lengthwise along the cabin," said Dr. Pombal. "It may also optimize the use of the seatback in front as a barrier."



“Coronasomnia”

While COVID-19 has already caused devastation around the world, physicians and researchers are seeing signs that the pandemic is also causing damage to people’s sleep. This disruption is due to increased stress and anxiety, leading to what some sleep experts are calling “coronasomnia.”

“We’re a society that has a lot of trouble with sleep in general. Now we’re in a situation where with the amount of anxiety and stress, there’s no doubt that it interferes with sleep,” said Ilene Rosen, MD, MSCE. “‘Coronasomnia’ is the term used for sleep problems related to the pandemic. It is the impact of the uncertainty and the barrage of information that we are getting.”

Get bright light early

“People just need to get back to the basics about sleep that we somewhat take for granted,” said Dr. Rosen. It is about going to bed and getting up at the same time every day as well as getting “sunlight or bright light in the first one or two hours after waking up.”

“These are all things to remind your internal clock when it’s time to be awake,” she said, adding that people should also perform a nighttime routine 30 to 60 minutes before bed to wind down and signal “to your brain it’s time to sleep.”

“Even if people are sleeping at a different time than normal, just by doing a routine is a reminder; it’s classical conditioning that basically says, ‘Stuff is happening that normally happens when I go to bed,’” said Dr. Rosen.

Give your system a break

“Our sympathetic nervous system is on overdrive with all that’s going on and that is why people are having trouble sleeping,” said Dr. Rosen. “We need to do things that relax our sympathetic nervous system.”

While many people think exercise helps, timing is everything. At night, a person’s core body temperature drops and “dips over the course of the night and when you exercise, you elevate your core body temperature,” she said. “Exercising is awesome, but it should be done in the morning or at least three hours before going to bed.”

Importance of a clear mind

It is also important to use mental health strategies, which is something Dr. Rosen uses with her patients with chronic insomnia. She recommends setting aside “worry time.”

“Take 10 minutes to write down all the things racing through your mind,” said Dr. Rosen. “This typically should occur one to two hours before bedtime in another room—

doing it too close to bedtime may be associated with increased agitation and trouble falling asleep.

“Writing your thoughts helps to clear them from your mind. You can even rip the paper out, crumble it up and throw it away in a symbolic act of dumping the thoughts,” she added.

How news adds to anxiety

“At some point you have to stop watching and listening to the news,” said Dr. Rosen. “It’s important to keep up with what’s going on in the world, but if you’re lying in bed and the last thing you do before you go to bed is check in with your 24-hour news station, it is not going to help with the sympathetic nervous system.”

“Not to mention that the light from the TV itself is telling your brain to be awake, but now your brain is exposed to content which is incredibly anxiety-provoking,” she said.

The right kind of noise can help

Some people are saying that they are exhausted, but when they turn off the lights their thoughts continue to race. The worries may be over something as massive as the state of the world or as personal as how to pay the bills.

“We need to engage the mind enough, not so that it’s stimulated, but so that it’s less likely to go through constantly looping thoughts. This is where noise really works,” said Dr. Rosen. She recommends the use of a desk fan or white noise machine.

Why alcohol won’t work

While individuals have been self-medicating with alcohol even prior to the pandemic, it is important to avoid using beer, wine or spirits for their sedative properties. People might feel like they fall asleep more quickly, but it won’t be restful.

“Alcohol will prevent lying awake for hours when you get in bed, but it changes the whole way your sleep architecture looks,” said Dr. Rosen, adding that alcohol use too close to bedtime decreases rapid-eye movement (REM) sleep, which is one of the deep, restorative stages of sleep, early in the night.

“Later in the night, as the alcohol wears off, there is an increase in REM sleep—called REM rebound, that is associated with vivid dreams and nightmares—which is, in turn, more anxiety-provoking,” she said. “Alcohol is also associated with increased awakenings during the night which is further disruptive to your sleep.” ■

