



Association of Black Cardiologists COVID-19 FAQ Watch

Second Edition

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What are the types of tests available for COVID-19?

Testing should be considered for individuals with symptoms concerning for COVID-19 or those with a suspected high risk COVID-19 exposure (see Centers for Disease Control recommendations for further details). The diagnosis of active infection is made using a nucleic acid amplification test, such as reverse transcription polymerase reaction (RT-PCR), to detect the presence of SARS-CoV-2 RNA. Samples can be obtained from a nasopharyngeal or oropharyngeal swab (and in some cases, saliva). The test sensitivity varies somewhat depending on the RT-PCR assay used and the site of specimen collection.

In addition to the above-mentioned tests, serologic tests are being increasingly used to detect the presence of antibodies against SARS-CoV-2 antigens, such as the spike protein. A positive antibody test suggests an exposure to SARS-CoV-2. Positive IgM antibodies suggests current or recent COVID-19 infection, whereas positive IgG antibodies may be consistent with prior infection. Whether the positive serologic testing is associated with immunity to recurrent COVID-19 infection is still being investigated.

What are some updates regarding the prevention and treatment for COVID-19?

Social or physical distancing, hand hygiene, facial coverings in public, and proper disinfection of high-touch surfaces remain the key tenants of minimizing the risk of transmission and infection with COVID-19. **Wearing a face mask or covering remains one of the most important ways of minimizing infection risk.** Regarding vaccines against SARS-CoV-2, several are currently in preclinical and early clinical stages of development. Specific treatments for COVID-19 remain investigational. Some therapies include remdesivir, dexamethasone, interleukin-6 inhibitors, and convalescent plasma.

How to reopen safely?

To reopen safely, businesses should follow the guidelines of their state's department of health, CDC and professional society's guidelines. In general, for businesses that require direct customer contact for 15 minutes or more, such as physicians, barbers, and hair stylists, clients and employees should complete COVID-19 screening questions before entering the respective business. If employees report symptoms, they should stay home. If clients report COVID-19 symptoms or had recent travel to high prevalence areas, their appointments should be delayed by at least 14 days. They should be encouraged to speak with their primary care physician and to get tested for COVID-19. Clients and employees should wear masks at all times, and intensive hand sanitization for employees and customers should be implemented. Laundered items should be washed using the warmest possible washing and drying settings. Business owners should be diligent about cleaning surfaces with appropriate and approved disinfectant materials. Please visit the CDC link below for more information.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

What is multisystem inflammatory syndrome in children (MIS-C)?

MIS-C has recently been described as a rare complication of COVID-19 infection in children. The pathogenesis is incompletely understood but is thought to be caused by a delayed immune response to SARS-CoV-2. The clinical manifestations are similar to Kawasaki disease and include fever, myocardial dysfunction, vasculitis, thrombosis, shock, and multiorgan failure. Compared to Kawasaki disease, MIS-C tends to occur in older children, and the clinical course is often more severe. Currently, the treatment for MIS-C is supportive care for end-organ complications.

Is COVID-19 associated with thrombosis?

Thromboembolism is a well-described potential complication of COVID-19. Hypothesized mechanisms include endothelial injury and increased hypercoagulability due to changes in clotting factors. A number of thromboembolic complications include deep vein thrombosis, pulmonary embolism, myocardial infarction, and ischemic stroke. Outside of the context of COVID-19, Blacks are noted to have a higher prevalence of thromboembolic disease than other racial and ethnic groups; it is uncertain whether the latter translates to COVID-19 infected persons of Black race as well.

Can COVID-19 cause a stroke and what are the symptoms?

Stroke has been described as a possible complication of COVID-19 in a number of case series. The symptoms of stroke can be remembered with the acronym: **BEFAST** which stands for Balance (sudden loss of balance), Eyes (change in vision), Face (facial unevenness or drooping), Arms (arm weakness or numbness), Speech (slurred speech, word finding difficulty), and Time (quickly call 911). Risk factors for stroke include hypertension, diabetes, hyperlipidemia, smoking, and older age. For prevention, life-style modification (smoking cessation, physical activity, healthy diet) and appropriate management of risk factors, such as hypertension and diabetes, are critically important.

Mask Myths from Dr. Peter Chin-Hong....

You don't need a mask outside as sunlight kills virus

- 90% of SARS-CoV-2 found to be inactivated by 30 minutes of sunlight in recent study
- But this only applies to surfaces – not noses and mouth
- This does not translate in human transmission

You only need to wear a mask if you have symptom

- Asymptomatic and folks with mild symptoms account for > 50% of COVID -19
- Talking, yelling, exercising and singing can spread droplets

Masks can cause self-contamination

- No evidence to support this
- Handle your mask safely
- Think of mask as any other surface – wash your hands!
- Wash cloth masks or replace disposable masks

Wearing a mask will reduce your oxygen levels, right?

- Facebook posts claim wearing a mask will lower oxygen, increase carbon dioxide levels
- All masks provide airflow
- Just like oxygen can get in, carbon dioxide can get out
- When measured by pulse oximetry, no decline in oxygen levels found
- We have years of experience using masks in health care, including patients with pulmonary disease

Anything other than an N-95 mask is useless for limiting virus transmission

- Predominant mode of transmission still droplet, not airborne
- Any mask provides a barrier to respiratory droplets
- Fit and comfort more important than type of mask
- Focus on making environment low risk – outdoors, ventilation – not mask type
- All about RISK REDUCTION, not eliminating risk



BOTTOM LINE:

Wear any mask that is comfortable, wear it properly and don't obsess about what type!