



Town of Redding Health Department

P.O. Box 1028
Redding Center, CT 06875

Tel: 203-938-2559

Fax: 203-938-8816

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From a Physician's Perspective
Dr. Lawrence Leibowitz
Redding Director of Health

We find ourselves in uncharted territory. I and my colleagues have been fielding lots of questions about what people should do if they are concerned that they may have COVID-19 and are interested in getting tested. It's a complicated dilemma for us, and because we continue to receive a lot of mixed messaging (but little solid guidance) from the CDC or from other leaders at the federal level, we here on the ground are forced to figure things out for ourselves. That's just the current reality.

A great deal of emphasis has been placed on the importance of testing, and for good reason. For epidemiological purposes (i.e., maximizing our ability to track and contain the disease), testing generally holds great value. Most in the field of healthcare have lamented our country's failure to have proactively implemented large-scale testing protocols, which has curtailed our ability to put timely measures in place in order to optimally and preemptively contain the novel coronavirus. In an ideal world, we'd indeed be doing more testing.

That said, in the clinical setting, we face significant barriers. You may have heard that some large commercial labs are now offering testing, and that specimens can be sent directly to them from outpatient medical facilities. Sounds great, but clinicians face a number of practical dilemmas which are not being addressed adequately in the media or at the federal level:

- Although there is much epidemiological value in testing as mentioned above, in practical terms, because there is no specific treatment for the virus at this time (or for the foreseeable future), testing is of limited utility in terms guiding medical management. A standard tenet in medicine has always been to perform a test *only if it will in some way change the way a case is managed*, and in this instance, medical management would *not* change in the setting

of a positive result (in the absence of severe symptoms necessitating hospitalization). The management advice for those who are not severely ill is to stay home until well, treat symptoms, employ social avoidance and self-quarantine and practice good hygiene measures- whether or not COVID-19 is diagnosed. In essence, treat all cases as if they are COVID-19.

- We will inevitably arrive at a point at which COVID-19 is sufficiently prevalent that a presumptive diagnosis can be made based solely on the presence of a symptom pattern that is suggestive of COVID-19. When that time arrives, testing- even for epidemiological purposes- will be of little utility. In fact, it is estimated that sixty 60% of US citizens will develop COVID-19 over the next year, and based on the current local rate of viral transmission, we can assume that up to 30% of Connecticut residents will be affected over the next 6 to 8 weeks (based on the Connecticut Department of Public Health's latest estimates). *But please remember that the vast majority of us will fare very well if we contract COVID-19!*
- Here on the ground, medical practices are severely limited in our ability to perform tests, simply on the basis of a lack of required personal protective equipment (PPE). Everything is on back-order due to excessive hoarding of supplies early on in the course of this pandemic. Therefore, because of our obligation to protect healthcare personnel and members of the community at large from exposure to the virus, routine testing in the outpatient setting is not readily available, and telemedicine is becoming a mainstay. *This means that, prior to booking appointments, providers need to screen people via telephone, Facetime, etc. to determine what steps might be appropriate in the interest of minimizing the risk for transmission of illness to others in the community.*
- The current turnaround time for commercial testing is about five days, thereby rendering the results much less actionable in a real-time fashion.
- We are hoping for an increase in the number of "[drive-through testing facilities](#)" and other similar means by which testing can be performed on a larger, safer scale. This will be driven primarily by hospitals, municipalities and other health systems. They're popping up here and there, although we remain well behind the curve.
- Hospital emergency rooms have limited testing capabilities but are only testing those who meet strict criteria.

I have been in regular contact with officials at the Connecticut State Department of Public Health, and the following recommendations were made just today:

- *If you are ill with respiratory symptoms and don't feel like you're sick enough to be hospitalized, you can stay at home. You might have a cold, the flu or the novel coronavirus. In all of these cases, resting and staying hydrated are important.*
- *If you need medical advice, call your healthcare provider and ask if you need to seek medical care in person and also asked for advice on how you can recover at home.*
- *If you are severely short of breath or have chest pain or other life-threatening symptoms, you should go to a hospital and let the healthcare providers know right away that you are experiencing respiratory symptoms. You should wear a mask upon entering healthcare facilities if you have respiratory symptoms.*

We have yet to see formal guidelines in these regards, but this is where we are for the time being. This may change as these practical considerations become less problematic, or it may not, but my advice for now is to contact your provider to review your situation and seek further guidance before leaving the house. And please don't be disappointed if testing isn't immediately offered.

I'll continue to send regular updates. Stay well, please don't panic, and keep your hands clean!

Larry Leibowitz, MD