Reflections on being a COVID-19 patient (version 26.3.20)

I am a Covid-19, swab positive, sixty year old general practitioner in the early cohort of infections in England. My symptom onset was 8th March 2020. These are observations of my own symptoms and of the processes in place to support me and others in the community with COVID-19 infections. Symptoms pattern can vary widely it seems. This is intended to be a basic factual account with suggestions and no criticism. Indeed I am full of praise for all the services and committed people involved so far.

1 Symptoms recognition

For me the symptoms were distinct from other virus infections and immediately raised the possibility of Covid-19.

The first symptom (Day 1, Sunday 8th March) was a soreness in the throat which was noticeably at the back and lower down. The position was unusual and similar to having shouted more loudly to speak at a party, which I had indeed done. Unlike post party shouting it settled then recurred later in the day before resolving inside 24hrs.

The second distinct symptom was a dry upper airways cough which occurred at frequent intervals overnight. Around every half hour or so then settled between. Then sensation was that the sore throat had extended then moved to the trachea. As if it was a lower pharyngitis and had extended to a tracheitis.

Other symptoms were non-specific, but temperature has been a fluctuating and significant feature throughout (all in degree centigrade). Initially 38.4 on Day 2 and then fluctuating around 37 to 37.8 until the present day (Day 10).

Myalgia was noticeable and generalised muscular, but not usually in the joints.

Some features will depend on the individual's medical history and age for example: Tiredness and lack of energy has been significant for me. Productive cough with white/light brown phlegm is usual for me post virus, became completely dry day 8, was productive day 10 and still after eating Day 17.

I had spent the week prior in Austria with no significant symptoms and left there 3am Sat 7th March. My room-mate developed very similar symptoms over the same time period and was also COVID-19 swab positive.

I was in contact with my wife and family at our adult son's party from Saturday afternoon to Sunday afternoon before self-isolation Sunday evening. Those who developed symptoms did so around day 3 or 4 after contact with myself. Upper airway dry cough and time to onset after contact was often a guide to symptom diagnosis in these people, but they were not swabbed due to the policy change nationally on the 12th March. Loss of taste and smell seemed the most discriminatory factor.

2 NHS 111 advice

The online NHS 111 advice route was readily accessible (Day 2, 9th March) and made it clear only contacts with COVID-19 or those returning from at risk areas would be tested. NHS 111 phone advice was protocol led by what appeared to be non-medical advisers as a triage. The second level of triage

was nurse led later the same day and introduced a more pragmatic approach, which, for me, led to the third stage next day of arranging the swab.

Advice to other doctors who were in contact with me varied. One was advised to attend work and completed an operating list. Another was advised to self-isolate.

3 Occupational health advice

Occupational health access for swab testing was mentioned when I was told about the positive swab result by a consultant microbiologist. I passed this information onto those in contact with me who were medical. The response varied across different trusts.

4 Confidentiality

The staff and patients at my GP surgery were not informed of my diagnosis in the first week as I had not had any contact with the surgery, so I did not pose a risk to them. This was planned so as to limit inappropriate media attention. The surgery and staff were informed on my day 8. I was told by services who contacted me that my own registered GP surgery would not be informed, and most people I spoke to were unclear about any process for informing the usual GP.

Occupational health advised other doctors to avoid telling people about the situation in case it raised undue concern.

5 Swabbing

I attended an isolation pod and observed very good infection control measures. Staff appeared relatively inexperienced and anxious, but this was very understandable. Plans for access and egress were more ad hoc. We attended at short notice, and shared a coned off parking bay with one other car. I probably stayed for longer than needed (40mins) and doors were wedged open so I could leave without contact.

6 Result

I was contacted with the result on my mobile on Day 5 Thursday 12th March by a consultant microbiologist who was very helpful and provided contact numbers in case of problems. I knew the result was positive as soon as he explained his role and it fitted with what I expected. Relief that I was one of the few who actually knew they had had it. Relief that I was half way through. But sadness about my contacts

The consultant also raised my awareness of the risk of a seventh day rapid respiratory decline (with hypoxia but minimal work to breathe) and how to access services. I was reminded of the value of the access to expert advice and the benefits of oxygen saturation monitoring.

7 Public Health England (PHE)

I was contacted within a few hours of the swab result on Day 5 15th March. We had a one and half hour consultation with the Health Protection Nurse looking at contacts and places. My wife and I phoned all our contacts, noted their symptoms and advised them of the latest NHS policy.

8 COVID-19 Home management service

I was unaware of this service until a triage call by a member of the Home management service on day 6, 13th March. I had spent most of this day dozing or asleep after a night with much less cough. I had felt briefly better, then disappointed about my lethargy symptoms, which was raising concerns in the family. I was put on the list for a GP call by the Home management service the next day. I had noted a livedo reticularis rash on my thighs.

This GP call the next day was a check call, planned to be daily and run centrally for England for all proven COVID-19 cases. The GP was able to answer questions openly and acknowledged the variation in guidance from 7 to 14 days isolation to 5 days symptom free and swab before return to work..

On Day 8, 9 and 10 I received the same text from the Home management Service. I called the number on Day 10 as still cough and fever, the doctor briefly confirmed 14 day self-isolation and 5 days symptoms free before work. He sounded busy saying “thousands of calls” so I will avoid calling unless my oxygen saturation drops (97% mostly).

09 Self isolation

My wife and I self-isolated from onset of symptoms as we had a high index of suspicion after travel. As a result I did not attend any meeting and could be certain I had not put my GP surgery and patients at increased risk of infection. Self-isolation based on symptoms from the evening of day 1 worked better than swab results as these came back on day 5.

Mealtimes and food has become a focus of the day as we currently don’t have much energy for other activities other than watching the television. The appetite is still present.

10 Infection control measures

With two people in the house I was able to use a separate bedroom and bathroom which may have limited the viral load for my wife. The bathroom became a cough room using tissues and handwashing after each episode. Tissues were flushed away or put into plastic bags for double bag disposal later.

Cleaning wipes were used for surfaces, door handles, light switches. We cleaned glass milk bottles for collection and tops of dustbins. However this was limited by symptoms and energy levels when we were unwell.

Mobile phones were used and exchanged often, but we initially omitted to clean these. I forgot the fridge and microwaves handles although I now know my wife did not!

Many neighbours offered help with shopping and the temptation was to talk to them through open windows. Talking on mobile phoned across closed windows appeared less risk of transmission and equally as good.

There was debate about washing up: If a dishwasher machine was enough (we assumed so). If the affected person washed their own cutlery with soap and hot water first (sometimes but not always).

With four people in the house it became harder to live separately and the focus moved to the interface between the house and those visiting to assist shopping, milk, rubbish or dog care.

11 Contacts and Spread

I identified 4 close contacts I had travelled with and three had self-isolated already. One had no symptoms, two had non-specific symptoms that may well have been COVID-19 and one had very similar symptoms with full family swabbing.

I was asked to identify face to face talking contacts and contacts within 2 metres for more than 15mins at the party. This led to twenty names.

Out of this group my daughter and her boyfriend had similar symptoms on day 3-4 post contact.

My siblings along with families had no symptoms. My other daughter and son had no symptoms. Three family friends had different upper airways cold symptoms the day after contact that were assumed not to be COVID-19, but they self-isolated.

Both my roommate, and I, had COVID-19 symptoms starting on the same day. We may have met a common source given the timing. My roommate is likely to have passed COVID-19 to his wife. I am likely to have passed it to my wife, daughter, and her boyfriend.

12 Cough

This has been consistently upper airway sometimes dry, mostly with some phlegm. Phlegm has been clear, or white, creamy or light brown.

I tried different positions as reports of prone ventilation being better have emerged. Lying on my back is hard to cough effectively. When prone across the bed with head and shoulders over the edge there is a sensation of relief of cough. Pressure on the front of the chest seems to help. Drainage of phlegm at the back of the throat is easier. I assume this is a postural drainage effect.

A vibrating air breath, or huff helps. Turning onto the back then produces a pool effect on the phlegm to cough out more easily, but then only by sitting up or over the side of the bed.

A huff technique helps. Deep breathe in, half expiration then rapid forced expiration of the remainder as if huffing. Stacking helps. This is breathing in, then breathing in further then breathing in further still.

Coughing with one foot up on a chair or toilet seat and hunched over also helped more. As always into a tissue that is flushed away.

13 Loss of taste

All four people affected in our household have reported loss of taste or Ageusia. No one can smell the bread and the taste of coffee and gin has been altered! This has been reported by others in other countries including Dr Yale Tung Chen and Nadine Dorries the MP. Onset around day 5, resolution beginning around day 14.

14 Breathlessness

All advice sources ask breathlessness to be reported as a significant symptom. However it is hard to distinguish breathless sensation from persistent breathlessness. There is a sensation of upper airways obstruction that might clear with coughing, but does not seem to clear completely. This seems to improve if lying on my front or side or asleep. My oxygen saturation has remained stable throughout at 97% as an objective measure. However it has improved to 98% on day 14 and exertional oxygen saturation may be more relevant.

15 Current situation:

All four of us, in our shared isolation, have ongoing coughs and get tired in the afternoons.

By day 8, 15th March, my cough appeared slightly less and was clearly dryer, I started to get some energy in the morning but slept most afternoons and evening. Myalgia was worse when tired. Temperature fluctuated up to 37.7 Episodes of coldness occurred when a livedo reticularis rash on the thighs became more evident.

Day 10 I was awake most of the day until 3pm. Fever 37.1-37.4. Oxygen saturation 97% pulse 72. Productive cough again, creamy light brown phlegm. Day 11 I feel more alert after a better night's sleep, temp 37.1 saturation stable 97% p78. Day 12 still sensation need to cough to clear the upper airways. Temp up to 37.2, Oxygen saturation 97%, slept the afternoon. Sleep helps, vision seems clearer afterwards.

By day 14 I had my first 24hrs with no fever. Cough and associated breathless feeling improved. Oxygen saturation nudged up to 98%. Still flaking out on sofa most of the day after a couple of hours up in the morning.

On day 17 I feel I have got through and suddenly feeling a lot better. The morning light seems brighter and my sense of smell is returning plus I have been awake all day
I have had one afternoon back at the surgery - it has changed so dramatically. Red tape on the floor for waiting areas, only 9 waiting room chairs and all 2 metre apart. Perspex across the reception desk. Telephone only surgeries.
I had a consultation in a back garden sitting outside 2metres from the patient inside the house.
With appraisals and teaching ended I am looking more at encouraging research on COVID-19 and getting local preparations in the PCNs ready – the CCG just agreed to provide 144 oxygen saturation monitors. I passed one monitor to my first COVID-19 patient and was able to empathise fully!
Tonight at 8pm our whole road erupted in clapping for the NHS healthcare teams. Neighbours living on their own were in tears and I was amazed at what was happening around me. Someone nearby was setting off fireworks into the sky. Twitter was alight and we took part in the biggest ever live on-line publican's quiz.

16 Greeting

Hand shaking has stopped so alternatives have been elbow touching (> <), bum bounce (UU) or Namaste (AA) in the mornings. Namaste being clashed hands in front with a bow. Livens the day anyway. Namaste Khush Raho (Be happy).

Other sources of currently active case reports on twitter include Dr Yale Tung Chen from Madrid who is monitoring lung appearance with ultrasound and Dr Clare Gerada ex chairperson of the RCGP

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