Can drinking bleach prevent you from getting the Coronavirus?

NO. The answer is a resounding NO.

Social media, and the internet in general, is a very interesting place. There are some really mind-blowing concepts that sometimes circulate on social media websites. These posts not only provide incorrect information, they sometimes carry the potential to provide harmful recommendations which some innocent viewers, and potentially our patients, can take as actual medical advice. We need to educate our patients. Here are a few recommendations that we can provide our patients that they can use and also inform their families and friends about, so that accurate information is circulated in the community.

1. Use the correct source for accurate information: Please talk to every patient about going to an accurate source online to get their information regarding the current state of the Coronavirus. Here is a link to the CDC’s Coronavirus page which will contain the most up to date information: https://www.cdc.gov/coronavirus/2019-ncov/about/. There are also instructions on what to do if one is sick. Please encourage patients to use this source if they need information on the Coronavirus.

2. Do not trust any and every post on social media platforms: We need to talk to our patients about not using social media pages as a resource for information about Coronavirus, unless they are following the CDC on social media. There is a lot of misinformation currently circulating regarding COVID-19, including inaccurate and potentially harmful information on steps that can be taken to prevent it. Can drinking bleach prevent you from getting the Coronavirus? Well, as far-fetched as it might seem, this was an actual post on social media. Here are some other conspiracy theories out there:
   a. Eating boiled garlic cures the virus.
   b. Eating a lot of Vitamin C will prevent and treat the illness.

3. Call before you come in to a medical facility: If someone feels that they could have the Coronavirus, they really should be calling their doctor’s office prior to walking in to be seen. A quick phone screen can help prevent an unnecessary visit, thereby, decreasing the potential exposure for the patient and others.

   Please educate every patient that walks in to your urgent care center on the importance of getting the correct information from a trustworthy source. Only then can we spread the correct information, and stop the spread of incorrect and often harmful information. Hopefully no one drinks bleach this season.

Contact Dr. Jasmeet Bhogal: dr_jsbhogal@yahoo.com

EDITOR’S CORNER - Sean M McNeeley, MD, FCUCM

Difficult Times
As I write this, the country and the world are facing a pandemic. Schools, restaurants and even the bars are closing. Toilet paper and other necessities are in short supply. People are anxious, some panicked. Only time will tell how we will view 2020. Throughout history mankind has faced many challenges, some much worse than this. Others very similar. Stories of great success most often come out of great challenges. We need to make this challenge into an opportunity to grow and improve. At the very least we need to remember what is important and cherish it.

Don’t miss your opportunity to find good in all this. Be that good.
At this time there are no specific therapeutics approved by the Food and Drug Administration (FDA) to treat people with COVID-19. Most patients are treated symptomatically during the infection process. Clinical trials are already underway in China and USA is not far behind.

The National Institutes of Health (NIH) has reported that a clinical trial assessing Remdesivir in hospitalized Covid-19 patients in the U.S. has started. Criteria of inclusion: indication of lung involvement, including rattling sounds when breathing, abnormal chest X-rays, or illness that needs mechanical ventilation. This randomized controlled trial is performed at the University of Nebraska Medical Center in Omaha and funded by the NIH’s National Institute of Allergy and Infectious Diseases. Participants will receive 200mg of intravenous remdesivir on day one, followed by 100mg each day during their hospitalization for up to 10 days. On day 15, data from the treatment group will be compared to that obtained from the placebo group. Results will be analyzed once data from 100 participants is available.

Remdesivir (developed by Gilead Sciences Inc.) is a broad-spectrum antiviral treatment used to treat patients with Ebola. The medication has shown in vitro activity against multiple RNA viruses. Hence remdesivir can inhibit SARS-CoV-2 in vitro, potentially playing a role in treatment and prophylaxis of COVID-19.

Studies show that it has promise in animal models for treating Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). Medication can improve lung function, reduce lung injury, and reduce viral loads in murine models.

Data supports that timing of antiviral initiation may be crucial. The administration of remdesivir with high viral loads failed to reduce lung damage despite reducing viral loads in the Sheahan study.

Of the first 12 U.S. patients with Covid-19, only three were treated with remdesivir. The Centers for Disease Control and Prevention Covid-19 response team conducted an analysis: “we believe remdesivir’s contribution to efficacy remains unclear. We continue to see a less than 50/50 possibility that the drug is ultimately proven effective.”

Some of the side effects reported are vomiting, rectal bleeding, and elevated liver enzymes. More information and trials are paramount to address the viral pandemic and decrease mortality within those infected.

REFERENCES:


For more information on this ever-changing situation, tune in to the COVID-19 Listserv

The COVID-19 Listserv was created as a result of the partnership between UCA and CUCM, with the goal of facilitating real-time communications among members during this rapidly-evolving situation. Listserv posts represent the opinion or best practices of the individual posting and need to be verified, but just in the few days since its inception we have seen so many good posts we know you will benefit from following the communications. All members have been added to the COVID-19 Listserv, but if you have not begun to receive those communications, you can request to join the conversation by filling out a brief form on https://www.ucaoa.org/coronavirus
Pediatric Practice Pearls - “Novel Coronavirus - Infants, Children and Breastfeeding Moms and Babies”

Thomas W. Tryon, MD, MBA, FAAP; UCA Pediatric Section Chair

While we are in the throes of “cold and flu” season, we are now facing a worldwide pandemic from a new respiratory virus, the coronavirus COVID-19. While this novel virus has caused considerable anxiety worldwide as well as in the United States, we don’t have a lot of information on the virus effect on children and on lactating women. According to the Centers for Disease Control (CDC) and based on information from China, children do not appear to be more susceptible to COVID-19. Most children presenting with COVID-19 seem to have typical wintertime cold symptoms such as a runny nose, cough and fever. Gastrointestinal symptoms were only reported in one child. Additionally from the CDC, “limited reports from China suggest that children with confirmed COVID-19 may present with mild symptoms and though severe complications (acute respiratory distress syndrome, septic shock) have been reported, they appear to be uncommon. However, as with other respiratory illnesses, certain populations of children may be at increased risk of severe infection, such as children with underlying health conditions.”

The American Academy of Pediatrics (AAP) along with the Centers for Disease Control (CDC) in conjunction with other government agencies and state and local health departments are closely monitoring the situation. The AAP is particularly monitoring the impact this will have on children and advocating with the federal government to ensure that children and healthcare providers for children have adequate resources to care for any children who become afflicted, and to work to ensure the safety of the pediatric healthcare workforce.

“We are in frequent communication with the experts at the CDC, as well as with the pediatricians on the AAP Committee on Infectious Diseases and the Council on Disaster Preparedness and Recovery to monitor the outbreak and steps we can take now in response to this novel coronavirus,” said AAP President Sara “Sally” H. Goza, M.D., FAAP. “We are also advocating with Congress to make sure needed resources are made available when needed.”

According to Dr. Ann-Christine Nyquist, M.D., FAAP and a member of the AAP Committee on Infectious Diseases: “Based on what we know, children have experienced a mild form of the disease and some have been hospitalized.” With many questions remaining about the virus, she urged pediatricians and their patients to seek information only from trusted sources — the AAP, CDC and local and state health departments. She also provided the following advice:

- Encourage parents to keep their children out of the health care system if it is not necessary
- Hospitals and healthcare systems should prepare for patient surges
- Do your best to provide up to date and informed information to parents. The AAP parenting website healthychildren.org has a very useful resource authored by a former member of the Committee on Infectious Diseases Dr. Cody Meissner which has helpful information to provide worried and anxious parents. Here is the link to that article: [https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/2019-Novel-Coronavirus.aspx](https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/2019-Novel-Coronavirus.aspx)

As for breastfeeding infants, currently, approximately 85% of mothers initiate breastfeeding at birth. In our busy urgent care centers, if we see significant cases of COVID-19 here in the U.S., we will be caring for pregnant and lactating mothers and breastfeeding infants. What advice is recommended for you to provide a lactating mother who potentially has or may have become infected with COVID-19?

The Academy of Breastfeeding Medicine (www.bfmed.org) an evidence-based breastfeeding science organization in the U.S. recently released this statement from Dr. Eidelman, Editor-in-Chief of Breastfeeding Medicine: “Given the reality that mothers infected with coronavirus have probably already colonized their nursing infant, continued breastfeeding has the potential of transmitting protective maternal antibodies to the infant via the breast milk. Thus, breastfeeding should be continued with the mother carefully practicing handwashing and wearing a mask while nursing, to minimize additional viral exposure to the infant.”

In addition, the Centers for Disease Control has also offered some information for healthcare providers on this issue:

- While human-to-human transmission by close contact has been reported, COVID-19 transmission at this point is thought to occur through respiratory droplets from coughing or sneezing
- With limited data to this point, no evidence of COVID-19 virus has been found in breast milk of infected lactating women. However, as of now there is no information on the possible transmission of COVID-19 through breast milk
- What is known from limited reports of lactating women infected with SARS-CoV is that the virus was not detected in breast milk and that antibodies against SARS-CoV were detected in at least one sample

The CDC is monitoring the health threat and more information will be forthcoming as it becomes available. Additional information can be accessed at: [https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html)
SYSTEMIC CORTICOSTEROIDS – IS SHORT TERM USE SAFE?

Cesar Mora Jaramillo, MD

Steroids are frequently prescribed for different medical conditions in the ambulatory setting. Drug-related adverse events are one of the most common reasons for admissions to hospitals.\(^1\) It is imperative for clinicians to be cognizant of appropriate use and supportive evidence when available.

Long term use of corticosteroids is generally avoided due to increased risk of serious complications including infection, venous thromboembolism, avascular necrosis, and fracture, as well as chronic diseases such as diabetes mellitus, hypertension, osteoporosis, and other features of iatrogenic Cushing’s syndrome.\(^1\)

Evidence is generally insufficient to guide clinicians in the decision-making process but there is clinical consensus for steroid use efficacy in some conditions, such as asthma, chronic obstructive lung disease, rheumatoid arthritis, and inflammatory bowel disease.\(^1\) As well, short term steroids are often used to treat diseases where evidence is lacking, such as non-specific musculoskeletal pain and rashes.

There is evidence against steroid use for acute bronchitis, acute sinusitis, carpal tunnel and allergic rhinitis. Insufficient evidence exists for use for acute pharyngitis, lumbar radiculopathy and herpes zoster. There is evidence supporting use in bell’s palsy and acute gout.\(^2\)

Even when steroids might be helpful, short term use has been associated with risks and potential side effects that must be taken into consideration. Some potential side effects of short-term use include hyperglycemia, elevated blood pressure, mood and sleep disturbance, sepsis, fracture and venous thromboembolism.\(^2\) There have been numerous reports of associated avascular necrosis and a few cases of fatal varicella-zoster in immunocompetent patients.\(^3\)

Studies have shown that there is an increase in reports of psychiatric disorders with steroid use including agitation, anxiety, distractibility, fear, hypomania, indifference, insomnia, irritability, lethargy, labile mood, pressured speech, restlessness, and tearfulness.\(^4\) The corticosteroid dosage is the most important risk factor for the development of psychiatric symptoms. Dosage is directly related to the incidence of adverse effects but is not related to the timing, severity, or duration of these effects.\(^4\)

Before prescribing steroids, providers should assess if the benefits outweigh the risks and if evidence supports this decision.

References


COVID-19 Update

Sean M McNeeley, MD, FCUCM

I wish we could provide an update to let everyone know how to handle this novel Coronavirus, but things are moving so quickly it would be out of date before you received it. The College and Association are hard at work looking out for our specialty and communicating with government and others to assist in the response to this challenge. However it’s very important that there is clear communication, therefore we are not putting out any specific documents to follow but rather referring the industry to the information on the CDC website. Please keep up to date. Check

(Continued on next page)
your local health department, state health department and the Centers for Disease Control websites frequently.

Hang in there. Just like Flu season this will end.

Contact Dr. Sean McNeeley: smc@mcucm.org

Antibiotic Stewardship Champion Award

The College of Urgent Care Medicine in conjunction with UCA and the Urgent Care Foundation proudly announce a new individual award to recognize the clinician who supports the practice of prescribing the correct antibiotic for the appropriate diagnosis, at the correct dosage and for the shortest duration while assuring it will be effective. Also saying no when antibiotics are not needed. Congratulations to the March recipient of our new Antibiotic Stewardship Champion Award!

Glenn Harnett, MD has been nominated for the March 2020 Antibiotic Stewardship Champion Award. Dr. Harnett was a board member of the UCA Foundation and College of Urgent Care Medicine from 2016-2019 and was instrumental in leading the way to make antibiotic stewardship a priority for the UCA. He was one of the first urgent care leaders to focus on this effort and was vital in building a working coalition of other prominent urgent care clinical leaders and national organizations to tackle the subject.

Dr. Harnett helped craft the UCA Foundation's original position statement and worked tirelessly, championing urgent care antibiotic stewardship efforts, including assisting the UCA and the Antibiotic Resistance Action Center (ARAC) at George Washington University in grant proposals, representing the UCA at CDC and Pew Trust AS Symposiums, and recruiting high level urgent care operators and leaders to the cause.

Attention Physicians, Nurse Practitioners and Physician Assistants

Stand up and be recognized for your commitment to the Urgent Care specialty!

Are you a physician, nurse practitioner or physician assistant who is committed to the specialty of Urgent Care as your career? Are you a contributing member of the College of Urgent Care Medicine and the Urgent Care Association? You should be recognized for your achievement!

Applications are now being accepted for Fellowship in the College of Urgent Care Medicine. Qualified applicants will have demonstrated a solid foundation in Urgent Care Medicine and a commitment to CUCM. When accepted, you will be inducted and can then present yourself as a Fellow with the initials “FCUCM”. You will join the ranks of current fellows who continue to advance our specialty every day.

Details and criteria for applicants can be found here: https://www.ucaoa.org/Fellowship
Target Audience
This CME activity is intended for medical professionals who practice medicine in the on-demand space including urgent care, retail medicine and other similar venues. These providers may include physicians, nurse practitioners, and physician assistants.

Designation Statement
The Urgent Care Association (UCA) designates this enduring material activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only commensurate with the extent of their participation in the activity. Credit may be claimed for one year from the date of release of this issue.

CME Objectives
1. Provide updates on the diagnosis and treatment of clinical conditions commonly managed by on-demand providers
2. Alert on-demand providers to potential unusual cases that may present to them
3. Utilize tips and tricks to improve patient care in the on-demand space

Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirement and policies of the Accreditation Council for Continuing Medical Education (ACCME) though the joint providership of the Urgent Care Association and the College of Urgent Care Medicine. UCA is accredited by the ACCME to provide continuing medical education for physicians.

CME Credit Instructions
Once you have read the article, please log into your UCA profile. Once you are logged in go to Manage My Account -> My Library. Now you will be logged into the UCA Online Education Library. Go to Course Catalog -> Clinical -> Urgent Caring CME. Click on the Urgent Caring edition for this month. You will need to score 60% on the Quiz and complete the Survey to obtain credit. Your certificate will show up under My Library -> Credits.
Please email education@ucaoa.org with questions.

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Disclaimer
Medical practice and knowledge is constantly evolving and changing. This information is peer reviewed but should not be your only source. Providers of care should use discretion when applying knowledge to any individual patient.
CME Questions*:

1. Evidence supports the use of oral corticosteroids in which of the following?
   a. Pharyngitis
   b. Lower back pain
   c. Bell’s palsy
   d. Bronchitis

2. What is the most important risk factor for psychiatric side effects of oral corticosteroids?
   a. Length of treatment
   b. Type of steroid
   c. Dosage
   d. Age

3. According to the Academy of Breastfeeding Medicine, what advice is recommended for you to provide a lactating mother who potentially has or may have become infected with COVID-19?
   a. Immediately stop breastfeeding and switch the baby to formula
   b. Only offer pumped breast milk to the baby
   c. Continue breastfeeding but wear a mask while breastfeeding and practice good hand hygiene
   d. No recommendations were provided

Which of the following is not an urban legend discussed by Dr Bhogal to prevent getting COVID 19?
   a. Drinking bleach
   b. Eating boiled garlic
   c. High dose Vitamin C
   d. Boric acid inhalation

Answers to last month’s questions

1. Which of the following masks should be placed on a PUI?
   a. N95
   b. Surgical
   c. Respiratory
   d. non-rebreather

2. Which of the following is recommended for acute gastroenteritis in children?
   a. Oral rehydration
   b. No solid food for 3 hours
   c. IV bolus on arrival
   d. No breast feeding

3. What is the national benchmark on transfers to the emergency department?
   a. 2%
   b. 4%
   c. 6%
   d. 8%

4. Squamous cell carcinoma represents what percentage of lip cancer?
   a. 20%
   b. 50%
   c. 70%
   d. 90%
The College of Urgent Care Medicine (CUCM), formally known as the Urgent Care College of Physicians (UCCOP), was founded by physicians from the Urgent Care Association (UCA) to provide a clinician voice for the specialty. CUCM and UCA continue to work closely to advance the clinical practice of urgent care medicine. In 2016 the UCCOP board voted to include physician assistants and nurse practitioners as members. Thus in early 2017 the decision to change our name was made.

**Mission Statement**

We are urgent care clinicians inspiring excellence in patient care and advancing the specialty through education, advocacy, and research.