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EDITORIAL

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COVID-19: The personal and professional impact of one case

”From now on it can be said that plague was the concern of all of us.”
-Albert Camus, *La Peste*.

Recently, I reconnected with friends from graduate school, one, a researcher recovering from COVID-19 in Italy; the other, an American microbiologist studying plague. I joked that it took a pandemic to put us back in touch with one another. We began group texts to check in with my Italian friend who was experiencing fever, painful body aches, headache, and respiratory symptoms at home. In the United States, we had just started testing and social distancing; a 1-mile containment area had been created just 20 min away from my hospital; and while people were nervous, the threat still seemed remote. My clinic patients came, one with an ill-fitting mask and gloves, but others were not overly concerned.

The following day, I was performing cardiac catheterization when I received an electrocardiogram (EKG) from an outside hospital. There was a middle-aged man with chest pain and ST elevation. The patient “looked sick.” The EKG was unusual, with highly elevated and coved ST segments in leads I, avL, and V2, with deep reciprocal changes inferiorly. He came to the lab where he was diaphoretic and told me “my chest feels funny,” pointing to his heart. His catheterization showed normal coronary arteries and anteroapical hypokinesis. I went to my office and received a call. He had fever and rigors. Could it be sepsis or a delayed contrast reaction? His cardiomyopathy pointed to myocarditis, and an infectious evaluation was started. It crossed my mind, could this be COVID-19? His chest CT showed bilateral patchy infiltrates and pleural effusions. Congestive heart failure could explain that, and he was in cardiogenic shock. I hesitated; was I exposed, and should I stay at the hospital? I thought I was overreacting and went home late, feeling uneasy. I returned the next day to find out he was an airport worker. A bomb went off inside me.

It was my research day, but research was being suspended. I self-quarantined in my office, using a surgical mask when leaving for bathroom breaks, following the CDC guidelines for asymptomatic healthcare worker exposure. I called Occupational Health Services (OHS) who agreed with my self-quarantine until they had more details. I called my outpatients and did phone visits. I contacted leadership and discussed COVID-19 with the American College of Cardiology Interventional Leadership Council. My Italian friend was still febrile.

COVID-19 testing of the patient was sent. The first test resulted quickly. It was negative. Some told me I should go home. A second test had been sent, so I decided to wait. I continued my self-quarantine, and slept on a stretcher in our Cath Lab holding area, watching Dr Anthony Fauci on CNN. I limited my movement and took limited trips to the cafeteria, instead eating my stash of dried lentils. I video chatted with my husband and 5-year-old twins. I sent messages to everyone and via social media to tell all to stay in. I was scheduled to do procedures on a different campus and asked that, if there were enough doctors, could I please defer because I wanted to minimize cross-contamination? OHS said the new policy was that I could work with a surgical mask on if asymptomatic, but what should I do about coming home to my family, I thought.

I continued self-quarantine, bought two toothbrushes (one replacement for home), toothpaste, and soap in the gift shop. I had intestinal upset—was it COVID-19, or was it the lentils? Someone asked what I needed. A test result, I said. Also, underwear and socks, but I did not want anyone making a trip to the store. A fellow brought me protein bars, sports drinks, another toothbrush, and more toothpaste. I considered asking him to go to Labor and Delivery to get me hospital underwear, but the thought that it might raise eyebrows made me laugh. I was on the worst camping trip ever, but my dentist would be pleased, said my Italian friend. My back was hurting from sleeping on the stretcher, and I was not sleeping soundly. The lights were on at night, and I was stressed. My nonphysician husband was online shopping for patio furniture and asking which color I liked. I humored him because it made me feel better to talk about normal life when nothing felt normal for me. I was still having intestinal upset, was it a symptom? My colleague gave me hiking socks and a bottle of Chivas. Not usually a whiskey drinker, I tried it in a plastic cup as I watched CNN. I washed my underwear and hung it out to dry from my office window.

The second test came back after my third night in the hospital. It was negative. I was told it was okay to go home. I left the hospital for the first time in 3 days. It was sunny, and the fresh air was cool on my unmasked face. Now where did I park the car? During my time in quarantine, I had received a ticket for expired registration! I arrived at home, my children climbing all over me and kissing my face. I made tea and relaxed, exhausted.

I got a call 2 hours later. A third test had been pending, sent for high clinical suspicion. It was positive; maybe now the virus was shedding enough for detection or the swabbing more extensive. I ran into the hallway, angry and sobbing. My husband threw me a bag with underwear and socks. I got back in the car and returned to the office, mask on. I was bound to be exposed again in the coming days to weeks and healthcare workers frequently contracted the virus. I could not live in the hospital. I needed to separate from my family because one parent had to stay healthy. We tried to rent a car, but there were none left. I decided to wipe down our car and send my husband and kids to our house in Philadelphia, so I could have a home base in New York. I considered that the window of opportunity might close for travel. My husband—mask on—packed the car with enough supplies for several months and drove without stopping so as not to potentially expose

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others. I did not kiss my children or husband goodbye. A fourth confirmatory test was sent; positive again. Days later, our cities went on lockdown, and 7 weeks later, we are well, but everything has changed for our family. Over that time, I attended to patients in our COVID-19 intensive care unit, refashioned from our Cath Lab ambulatory area, working with colleagues to do what seemed impossible–care for sick patients without contaminating ourselves. We rose to the occasion, not all of us spared the experience of illness in the process. The new normal is taking my temperature twice a day and wearing a respirator to work, just like my friend who studies plague.

To paraphrase President Emmanuel Macron of France, we are at war, a health war with an invisible enemy. We want proper armor, and a lot of it, to fight like the modern army that we are. Testing is rapidly rolling out, protocols are being written, drugs and vaccines tested in record time. Many are doing their best, but despite this, thousands have died or are on ventilators, including many of our own. We implore the public and our patients to comply with public mandates because we do not want to ventilate multiple patients on one machine or triage who gets advanced care. Seeing packed beaches and parks is heartbreaking as it is not yet the moment for revelry while so many are mourning, and we can ill afford a resurgence. We wear masks to protect others, not just ourselves, and want to mitigate collateral damage to our loved ones. Our government, hospitals, the public, and our families must support us grandly and without hesitation.

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CONFLICT OF INTEREST

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