Otolaryngology Providers Must Be Alert for Mild and Asymptomatic COVID-19 Patients

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The COVID-19 outbreak was designated a pandemic on March 11th, and has rapidly spread worldwide. Nations have implemented disease control measures including travel restrictions, expanded triage and quarantine, and screening measures like temperature checkpoints. Similar efforts have decreased case numbers in China.

However, screening is complicated by patients with atypical symptoms. More than half of patients are afebrile early in the disease course, and mild or asymptomatic patients can spread SARS-CoV-2 with high efficiency.\textsuperscript{1,2} Besides cough, patients can present with heterogeneous symptoms including sore throat, headache, nasal congestion, anosmia, tonsil swelling, and conjunctivitis.\textsuperscript{1} These symptoms overlap with common diseases including influenza and URIs, making clinical diagnosis difficult. Atypically presenting patients may be seen in “non-infectious disease” clinics such as otolaryngology, where sufficient protective measures may be absent. This may lead to missed diagnoses, and infection of healthcare workers and other patients. In one example, we encountered a patient who visited an otolaryngologist for sore throat and cough. Physical examination showed a slightly swollen pharynx
without fever. Testing later revealed SARS-CoV-2 infection, requiring quarantine of involved healthcare workers (HCWs).

Otolaryngology is a specialty prone to occupational exposure. Otolaryngologists examine the nasal and oral cavities and pharynx, performing interventions that generate aerosolized secretions and blood. SARS-CoV-2 is present in high concentrations in the nose and throat in symptomatic and asymptomatic patients.\(^3\)

Otolaryngologists have been infected with COVID-19 at higher rates than other specialties in China and other countries. Over 3000 HCWs - primarily from “non-infectious disease” departments including otolaryngology – have been infected in China, and over 2500 have been infected in Italy per the Italian National Health Agency.\(^4,5\)

Otolaryngologists should maintain high clinical suspicion for mild and asymptomatic COVID-19 patients. Non-urgent appointments should be eliminated or delayed, and telemedicine options utilized when possible. Only emergency cases should proceed in high COVID-19 prevalence areas. Pre-appointment screening should be implemented, including measuring temperature, acquiring epidemiological history, and triaging according to clinical symptoms. Suspected cases should be isolated and reported immediately. Providers should utilize personal protective equipment including surgical or N-95 masks, eye protection, gloves, gown, hat, and shoe covers depending on exposure risk. Meticulous cleaning of facilities and equipment should be maintained. Using these measures, we have not had any infected HCWs at our hospital.
Afebrile COVID-19 patients represent a significant risk to otolaryngologists and require appropriate protective measures. Otolaryngologists must identify and triage potential patients, and diligently utilize protective equipment in epidemic areas.

Reference


