

# Update From APA's Medical Advisors

## A Personal COVID-19 Story



By **FIRST OFFICER ED STACK**

I'm writing this since many people don't know anyone who has/had the coronavirus (COVID-19). It's the end of June, and I was just cleared to return to work. I'm a 52-year-old 737 FO at ORD, and I've been with AA for 20 years. I live in the northwest suburbs of Chicago about 20 minutes from ORD. I'm healthy, no meds, never smoked, never drugs, no prior or ongoing issues of any type. I stay relatively active and healthy. In short, I'm nothing like the profile that gets very sick with COVID.

On June 2, I was notified of possible exposure, as a neighbor I had seen several days prior tested positive. I had limited contact, but I decided to proactively test since I was flying the next three days and didn't want to expose another pilot. I had no symptoms, felt great, had limited contact with the neighbor, so I figured I was wasting a couple sick days. Turns out, I tested positive, and the guy I flew with on my last flight (June 2) ended up getting COVID and getting sick. The guy

I flew with on June 1 never got it. I took a second test because I didn't believe the first (false positives are very rare), and I was positive again. I went into home quarantine in my basement bedroom/bathroom on June 4. Still no symptoms until 11 p.m., when I hopped into bed. The only symptom was violent, uncontrollable shaking/tremors for about five to eight minutes; extremely strange and obviously not right. Slept fine and woke with no symptoms.

On June 5 (day 2 after positive test), I started getting a fever (100.5) after dinner. By bedtime, I had chills, a dry unproductive cough, and a pretty substantial headache. Tylenol helped a little bit. From June 6 (day 3) through June 10 (day 7), I remained in my quarantine area, and my symptoms varied a bit. Fever was consistent and hit a high of 103 — bad. Tylenol typically kept it around 100 or 101. Cough became a little more frequent though still dry and shallow. I noticed that my taste buds were changing. Food became less appealing, almost metallic tasting. Diarrhea started around day 5 or 6. Aches and fatigue were persistent and annoying.

Breathing was never labored/winded, but I knew my lungs weren't working quite right. On day 4, I started tracking my oxygen saturation (pulse-ox) using a portable oximeter I had from doing some high altitude hiking. If you don't know what an oximeter is, it's a small device that clamps to your fingertip and gives your heart rate and oxygen saturation level. Normal O<sub>2</sub> for someone healthy and fit is upper 90s. I watched my O<sub>2</sub> level drop from 96 to 94 to 92 to 89 by June 10 (day 7). Clearly, something wasn't right, and the trend was going the wrong way. Below 90 isn't good, and around 88 is an absolute minimum before getting medical attention.

On June 10 (day 7), I awoke with an 89% O<sub>2</sub> level and felt very weak. I actually felt slightly light-headed, hypoxic. I grabbed a bite of a candy bar to get some sugar into my blood and took a swig of Gatorade. Two minutes later, I was puking everything in my stomach. I'm not a puker, so I knew it was time to go. I called up to my wife and told her to get ready to take me to the hospital. I packed a small backpack with some clothes, iPad, chargers, hygiene stuff, and a book. Remember, nobody is allowed to stay with you at the hospital or visit. You're there alone until you go home ... or don't. As a side note, I had been in touch with my physician throughout the quarantine. His view (as well as more than 80% of the medical community) was/is that you just have to isolate and wait to get better. The present thinking is that there's not a cure and unless you can't breathe/turn blue/get winded, stay home. Often that works.

June 10 (day 7), we headed to the hospital about 10 a.m. My wife helped me check into the ER (we called first to tell them a COVID patient was coming). They moved me to a room in the ER, and my wife had to leave; no visitors. As another side note, I'll tell you that the hospital you go to matters a LOT. There's about five hospitals near me, but one is a top 100 in the nation. It's a teaching hospital, and it has a very good reputation. I never had a need to be hospitalized (previously), but I kept in the back of my mind that I'd go there (Lutheran General in Park Ridge) if I ever had to head out in a rush. Today was the day, I picked Lutheran General, and it may very well have made a difference for me. More later.

In the ER, they gave me a chest X-ray (both lungs partially affected by COVID), EKG (normal), monitored vitals, put me on 2 liters/hr oxygen (nose tubes), and the doc did a short exam. Everyone is in PPE, and spends as little time as possible with you. Much of the communication is done over a phone through the glass to limit healthcare worker exposure. Every time they left

the room, they had to remove and discard all of their PPE (gown, gloves, mask, glasses) and sanitize. Cumbersome. Doc said they normally send people home to recover, but my pulse-ox (92% now while on O2) wasn't good enough without O2, and he could hear crackling (COVID lung) when he listened to my breathing. I was admitted.



I spent the next six days in a single-person room (COVID protocol). Because of COVID, my doc wasn't allowed on the floor. The attending physician on the floor managed my care with majority guidance from the infectious disease (ID) doc. It was my great fortune that my ID doc had 30-plus years in the business and had been in every corner of the world for every pandemic over the last couple decades. Top-shelf! He happened to be currently involved in Mayo Clinic remdesivir trials and ran the Midwest antibody plasma blood bank. Remember what I said about top-notch hospitals? Well, it turned out that I picked one of three hospitals (Lutheran General) in the entire Chicagoland area (other two were Northwestern and Rush) that were deeply engaged in experimental COVID treatments. Blind luck in my case other than remembering which hospital near me was the best.

ID doc monitored my bloodwork, lungs, and symptoms for a day and a half before he came to me with his analysis. He said, "It's not likely that you'll die from this, but you're too young and healthy to be in this condition." What? Did he just say die? He was clearly concerned about my lungs and overactive immune response. (Body was in overdrive trying to fight it.) He told me that he believed in early intervention, especially in otherwise healthy people, and wanted to submit my name for experimental treatments. He conceded that I'd get pushback from the board of docs that decides on who is admitted to the meds/study, but he would push hard to change the paradigm. He said that waiting till someone got very, very sick (current protocol) wasn't working well and was ending up in ICU/death or very long hospital stays (four to six weeks). Colleagues of his that contracted it in the hospital spent many weeks in-patient because treatments started too late. Friends around the world were dying without treatment.

ID doc was successful. I signed all of the disclosures and releases, and we got started right away. He said I'd be there 10 days to two weeks (holy shit!) if the experimental drugs were successful. It would be longer if they weren't. He told me my #1 job was to stay out of the ICU because almost a third didn't make it out alive. (There we go talking about death again.) I was given remdesivir experimental antiviral (IV once a day), antibody blood plasma transfusion (one-time

IV), strong steroids to reduce immune response/inflammation, blood thinners because clots were a side effect of several of the drugs, and I was given one dose of tocilizumab (“toci”), which had to be approved by two docs including the pulmonologist. For some unknown reason, COVID took a liking to me and was taking me down. My four to eight daily blood vials told the same story. Numbers were still going the wrong direction, and I was still getting weaker.

The early and aggressive intervention worked! By the fourth day in the hospital (day 11 since positive test), I could feel the tide turning. I talked to my wife on the phone and told her that I didn’t know what was happening in my body, but I could tell I was now recovering — not going backward like I had been for a week and a half. The first three days in the hospital, I found it very hard to concentrate. My mind is pretty sharp, but I felt like I was operating at 20%. It was hard to read and comprehend. Hard to text. Hard to do anything that took brainpower. I was lethargic, low energy, and disinterested. I was pretty concerned about this, because I’d never felt anything like it. On that fourth day in the hospital, this too started to change. I felt more energy, and my fever broke. I was able to text friends and family and finally thank the legions of people who were praying for me. I was able to talk on the phone, and I definitely felt better. By day 5 in the hospital (day 12 overall), the bloodwork turned around, and numbers were improving. The virus was being destroyed, my immune system was successfully slowed, my lungs started producing some mucus in the process of clearing. I was removed from oxygen on that fifth day and felt really good. Pulse ox stayed stable around 94%. In fact, I almost felt normal. On day 6, the ID doc came in and told me that he was very happy with every aspect of the recovery and blood work. He cut the 10-day remdesivir course short and signed off to send me home. Pretty miraculous!

It took a good two weeks to regain my strength. When I got home, I was sleeping 10 hours a night and still feeling a bit tired. My daily energy was slowly building back to its former level, but the process was slow. Most days showed slight improvement in energy/motivation, but I could only do an hour or so of yard work or the like without needing a break. Right now, I’m about 95%, and all symptoms are long gone. My doc cleared me to return to work on July 1, but it’s hard to believe that I lost the entire month of June to COVID.

I live with my wife and four kids (ages 11-18). The 18-year-old tested positive just before I went to the hospital, but he never developed symptoms. He quarantined for 14 days at home and just stayed away from everyone. The other four people in the house tested about three or four times since the beginning of June. All tests were negative, and nobody ever had symptoms. How did my wife not get it?

While at home in quarantine and in the hospital, I read a lot about COVID. What I can tell you is that there’s very little understanding and very little agreement. Studies lack peer review, and most have not been verified/duplicated. Many of the studies come out of China, and my take is that they are only partially reliable, if that. There are differences in opinion on how long it takes to incubate (two to eight days), how long you should wait from exposure to test (four to six days is my take), how long it takes to get symptoms (two to 14 days), how long you can test positive after getting it (two to six weeks) even though you’re not contagious, how long you’re contagious (three-plus days after symptoms are gone or 10 days from positive test) but not really sure, whether or not antibodies stay with you and prevent recurrence ... or not. Treatment is

relatively non-existent since more than 80% believe you just have to wait it out. This is starting to change with a recent study recommending dexamethasone (cheap steroid) for treatment in some more acute cases — like mine. Even docs running studies and running protocols for entire countries disagree on when/how to intervene and improve outcomes. In short, there are almost no concrete answers at this point. If you get it, be proactive for the best possible result.

#### Final takeaways:

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- COVID is real and can kick any of our (or loved ones') butts – it treats everyone differently, seemingly at random.
  - I infected (or was infected by) the guy I flew with on June 2. We both got pretty sick.
  - Know the best hospital in your area: nationally ranked, teaching hospital, cutting edge procedures/docs, robust ICU.
  - Know how to self-monitor (temp, O2, etc.), and know when it's time to get help. Buy an oximeter now; you may need it.
  - If you get really sick from COVID like I did, ask about the treatments I mentioned above (do it early), and consider finding out if any of the medical facilities near you are even doing such treatments – hopefully, it's getting more common.
  - The flight office was great. They took care of everything, kept in contact with my wife, did the paperwork, and got me on pandemic leave through the “all clear” from my doc.
  - APA was great. Marsha Reekie (APA Medical) was in constant contact and provided whatever info she was able to glean from her experiences to date. Dr. Richard Roth (APA ID doc consultant) monitored the situation and gave advice from afar. ORD Chair Dave Powell reached out several times to make sure all resources were involved/engaged so I could focus on getting better.
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