MY PERSONAL EXPERIENCE WITH COVID – 19

KBMO DIAGNOSTICS

Patient Information:

Name:	KUTTNER, BARRY
Date of Birth:	08/06/1954
Accession Number:	78413
Date Drawn:	04/15/2020
Date Completed:	04/16/2020
Doctor:	Barry Kuttner

IgM	Negative
IgG	Positive

IgM: +	IgG: +	Interpretation: Both IgM and IgG are positive, further confirmation by nucleic acid testing.
IgM: +	IgG: -	Interpretation: IgM is positive and IgG is negative, further confirmation by nucleic acid testing.
IgM: -	IgG: +	Interpretation: IgM is negative and IgG is positive, further confirmation by nucleic acid testing to rule out active infection.
IgM: -	IgG: -	Interpretation: Both IgM and IgG are negative, a negative test result does not rule out the possibility of infection. Consider patient's medical history, symptoms, and results of other relevant testing, to make informed decisions about patient treatment and care.

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Laboratory Information:

KBMO Diagnostics	Phone:	617-933-8130
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Hopedale, MA 01747	E-mail:	LabSupport@KBMODiagnostics.com
Jia He, PhD, NRCC, MB	CLIA ID #:	22D2095272
Laboratory Medical Director		

The 2019-nCoV IgM/IgG Test is designed for the qualitative detection of specific IgM and IgG antibodies associated with the 2019 novel coronavirus (SARS-CoV-2) in blood. This test is under EUA review and pending for approval. It is made available under emergency guidance issued by the U.S. Food and Drug Administration (FDA).

Version 1.0

It was not going to be an auspicious beginning to the new decade. It began with irony. My physician ordered an MRI to evaluate the cause of right-sided lower back pain and sciatica. Therefore, this past New Year's Eve, I spent close to 40 minutes lying in what I consider to be an open-ended casket. The two consecutive MRI scans (hip and lumbar spine) were completed without any problems. After waiting for them to produce the DVDs my physician would need for my next appointment, I got in my car and drove home.

Soon after I entered the building in which I live, I sneezed violently. The effect was to amplify the pain in my lower back. A second sneeze a few minutes later increased the pain significantly more. I was able to get to sleep with the help of the same supplements I have been using for years to manage episodes of lower back pain. I was very fortunate to have started my integrative medicine education right before I developed lower back problems. This training has enabled me to completely avoid pharmaceuticals for the episodic flares of the back pain I have experienced over the last nine years.

New Year's Day brought the onset of a violent cough to accompany the intense sneezing. In short order, my back pain was much worse than before I had my MRI and would eventually require approximately six weeks of physical therapy before I could return to a relatively healthy activity level. It took a little more than three weeks before the "cough from hell" and sneezing resolved. The illness was also accompanied by a couple of episodes of gastrointestinal distress. At no time during my three-week illness did I ever consider the need to see a physician.

January can be the height of flu season, and many other people I knew had some sort of flu-like symptoms. COVID-19 was not yet on our radar. I figured I had a typical seasonal respiratory virus and went about my usual activities. Most of my office staff subsequently had some sort of viral illness during that month.

On two separate occasions during my illness, I was out to dinner with friends. Two of the four people I had dinner with were over the age of 70. Neither of these two senior citizens has experienced any illness since those dinners. A 50-year-old friend did come down with a typical respiratory viral illness a few weeks later.

In retrospect, the knowledge I have gained about COVID-19 helps explain an unusual aspect of those two meals. I had been to both restaurants on several occasions in the past and always enjoyed the food. However, on these two occasions, the food seemed tasteless. My dining partners, on the other hand, raved about the food. I now know that smell and taste disorders (e.g., anosmia and dysgeusia) have been reported as common symptoms in patients with COVID-19. Episodes of vomiting and diarrhea followed both meals after I arrived home. Anosmia and ageusia, even in the absence of other symptoms, are strong predictors of COVID-19. [1, 2]

I had been to New York City two weeks before my illness. By the end of February, when COVID-19 hysteria gripped the country, it became apparent that my illness was consistent with a SARS-CoV-2 infection. Since my illness, I have traveled to New York City twice, including a large medical meeting towards the end of February. I was also in Dallas at a large medical meeting the last weekend in February. My health has been fine despite traveling on crowded on airplanes and sitting in rooms with hundreds of other people.

When testing kits became available to measure antibodies to SARS-CoV-2, I tested myself, my office staff, and some of their family members. I tested positive for IgG and negative for IgM, indicating past but no present infection.

The four people that make up my office staff and whom I have close contact with daily, all tested negative. If the virus was as contagious as was initially thought, it is somewhat surprising that not one of these four people has evidence of previous SARS-CoV-2 infection. Keep in mind that back in January, most of us did not know that COVID-19 was a threat in the United States. Therefore, I thought I simply had a bad cold, did not miss a day of work, and did not take the precautions that we presently have in place for the prevention of virus spread.

Why didn't my office staff have antibody evidence of infection with SARS-CoV-2? Maybe the virus is not as contagious as initially thought. Possibly their immune systems cleared their bodies of the virus before antibodies were necessary? Perhaps my genes made me susceptible to the virus, whereas the genes of my staff made them resistant?

While my age and other factors put me in a high-risk group, I think the lifestyle changes I have made because of my integrative medicine training helped me survive the virus without any severe consequences.

It is also well-known that stress adversely affects one's immune system. If I had known that I had COVID-19 rather than a common cold, my stress levels might have been much higher than they were. I think the end of the world scenario painted by the media 24/7 not only has an adverse effect on disease progression but also accounts for many unnecessary trips to hospital emergency rooms and urgent care clinics.

In my case, not knowing my true diagnosis kept my stress level low and allowed me to recover without complications. Ignorance can be bliss. And bliss can be a blessing on your immune system.

Dr. Kuttner

1. Sarker, A., et al., *Self-reported COVID-19 symptoms on Twitter: An analysis and a research resource.* medRxiv, 2020: p. 2020.04.16.20067421.
2. Shweta, F., et al., *Augmented Curation of Unstructured Clinical Notes from a Massive EHR System Reveals Specific Phenotypic Signature of Impending COVID-19 Diagnosis.* medRxiv, 2020: p. 2020.04.19.20067660.