Summary: With the growing need to get key questions and answers out to the rheumatology healthcare provider constituency, the Rheumatology Nurses Society (RNS) formed a COVID-19 Task Force to best address these questions and concerns on behalf of both their peers and the patients they serve during this pandemic. This week on Thursday, May 7, 2020 from 6:30 PM - 7:30 PM EST, the RNS COVID-19 Task Force interviewed guest panelist April Johnson, MSN, APRN, CNP of McBride Orthopedic Hospital in Oklahoma City, Oklahoma to discuss the current state of Oklahoma and to address some of the pressing questions and topics submitted during the week from our viewers surrounding COVID-19. The following topics were discussed: the new “normal”, exposure risks for patients on JAK inhibitors, COVID-19 toes, and immunity for rheumatology patients.

1. What is the current state of where you live in regards to COVID-19?

Cathy Patty-Resk: What’s happening on the ground in Detroit? In Michigan, our numbers have gone up a little bit. Our residents seem to be tiring of the social distancing, as I’m sure you’ve seen on the news, which, trust me, that is not our general population in Michigan, okay? It’s really taking its toll on everyone from kids to adults, as I’m sure it is in many parts of the country. We do have a lot of nurses that are being furloughed at this time. They’re from large hospital systems and we’re talking about thousands. I think we are bracing for the next wave. Our governor has enacted an emergency mortuary service, which I didn’t even know our state had. I don’t think we need it at this point, [but] I think it’s just getting ready for our second wave. She’s really preparing us, and I think she’s done a fabulous job. As far as the kids go, we’re seeing so many different symptoms in kids. Everybody thought that, "Oh, this isn’t going to affect kids. Kids are going to do fine. Let’s just worry about mom and dad..."
and grandma and grandpa." Well, that really isn't the case. We really need to worry about our kids. Our kids are presenting much, much differently than adults and it’s really all over the spectrum, but what seems to be a commonality is vasculitis. We'll talk more about that later in an upcoming episode. So stay tuned. We did see our first patient with COVID[-19] toes today in Clinic. Very interesting. Teenage girl. Her COVID[-19] toes actually had resolved by the time she came to see us, but they had pictures and the whole story, everything.

**Carrie Beach:** I'm in Ohio [and] we're actually still doing pretty well. Our hospitals have not been overwhelmed, just got word today [that] things are really starting to reopen. Next week, I think next Friday, salons are opening, which we are a little overly excited about. Some outdoor dining is going to open next week as well. Our governor here has really started to lay out a plan for reopening, but there are still, just like Michigan, a lot of protesters. There's a lot of people that want everything opened more quickly and then there's other people who don't want it open at all. I think we're doing the best we can, and I do feel like in Ohio things have gone pretty smoothly. I have not yet had a patient test positive for COVID[-19], so that's been a blessing. We're going to start slowly reopening, very slowly reopening. Today was my very first day working from home. The past six weeks on Thursdays, I've just been off, which is a normal work day for me. Today was my first day working from home, which was a challenge, a little bit different, but I think that's going to kind of become a norm as well. I think for everybody it will be. That's what's happening in Columbus. I know Vickie's in Cleveland, and she works for a much bigger entity than I do. I don't know if you guys are doing anything differently or new.

**Vickie Sayles:** I just heard today that [Governor] DeWine is opening hair salons, restaurants and I think it's on the 15th of this month. I just listened to the press conference today, and I'm like, "Oh my gosh. I can't believe that all of these things are going to open. We're just going to have another surge." That's the way I feel. At the Cleveland Clinic, we're opening up our out-patient surgeries as of this past Monday. We're trying to schedule all the people that were scheduled that haven't had their surgeries that they needed. I'm one of them, so I'm going next Thursday. I have to be tested on Tuesday for COVID[-19]. That's part of our process. If you're having any type of out-patient or in-patient surgery, you have to be tested before and you have to take all the precautions, wear a mask and just be very careful after your test is done. They do it two to three days before your surgery. Then they hope that you wouldn't get it in that time. I just find it very interesting that they're starting to open a bunch of different places. It frankly scares me. I think that we are going to have a huge surge once we start reopening. Even though we're supposed to wear masks, I see people all over the place without masks. I just think that people are going to want to get out so bad that they're just going to forget all the social distancing and forget everything that we've learned in the last month and a half. Hopefully, I'm wrong, but I feel like that's what's going to happen.

**Linda Grinnell-Merrick:** I'm in Upstate New York, so not quite in the mega center, where everything's been happening in New York City, and our governor's been very good at really
looking at New York City separate from the rest of New York. They're actually looking at how we're going to open up the state separately and what counties have more outbreaks. We've had [a] reasonable amount of outbreak. Not to say that we haven't had our share and I think each hospital still has at least 30 people. We have two big health systems that are in the ICU. We have deaths. We even have a lot of deaths in nursing homes in our area. Even one of our providers mom died from COVID[-19], so that's been really sad. I think it's really the closest I've been affected by it. It's really sad to hear. We're starting to open up also, not quite as quickly as Cleveland. We're doing it in stages for this part of the area, there's seven criteria you have to meet. Right now, we're meeting five of the seven criteria. One of them we're not meeting, but they're putting into place really quickly, is trying to do tracking. If somebody tests positive, they go back and try to contact as many people that they might have exposed to it. The first phase will actually open some of the essential constructions, car businesses. I say that because my husband is in the car business. They actually get to open up. They're considered essential. They'll wait two weeks before they move on to open other things after that. Restaurants are actually in the third phase of that. My son, as many of you know, owns a restaurant so we're not looking until probably June for those businesses to start opening up. As far as health care and us, we are working from home. It's a love-hate relationship I feel like I have with working from home. I miss people, so this is fun. This is as close as I get to people, though a lot of Zoom is getting a little tiring. I think I'd rather be able to be closer to people. [On] May 18th, we'll be seeing urgent patients in the office, but we'll start having two providers per office. We have three sites. One site will have one provider. I personally believe our struggle will be convincing patients to come in. Our patients are very comfortable with the Zoom or the phone calls or whatever we're doing. I was trying to schedule a lady later this summer because I really think her treatment’s going to be out, she's had a recent pericarditis and stuff, [and] I wanted to schedule her sooner. I talked her into August, but she goes, "Yeah, but don't expect me to show up. I'll talk to you on the phone." I do think we'll have some struggles. Some people are going to be very fearful. I think our rheumatology patients are going to be fearful. We'll have some work and some education to do there. Where we're at here. Looking forward to opening up and seeing more people.

**April Johnson:** [In] Oklahoma City, we're a lot more spread out so we don't have as many cases. I was looking today [and] we have about 4,300 cases, but we have about 260 deaths. With working at an orthopedic hospital, in a physician-owned hospital, my experience has been different. We've been doing televisits and telephone calls from the beginning, but I do those visits in [the] office. We've continued to see patients in the clinic, especially those patients that are getting IV infusions [and] they do still come in for their infusions or their injections. Because I work in an orthopedic hospital, the orthopedic surgeons obviously have discontinued surgeries, which has created a huge financial burden for our hospital. Because of that, we had to take about a 20% pay cut. They also made us work about 32 hours a week, so we were getting Fridays off, which was good for us, but we had to take a pay cut. Some of our staff members were laid off. It was a very stressful period for about three to four weeks
that we suffered. Now that they've lifted some of the restrictions, we are now doing surgeries again and they are testing the patients for COVID[-19] prior to their surgery. We are now back to doing 40 hours a week, and it’s picking up again, but we are still doing televisits and telephone calls for our patient encounters. The interesting thing with where I work is because it's physician owned, every provider does something different. I've been doing quite a few telephone visits and telephone calls, but there are some providers that never televisit. They never did telephone calls. They had their patients come in, [but] there are certain measures they've put in place. Patients have to wear masks when they come in, they’re screened at the door, they get their temperatures checked. Our process is patients have to sit in their car and wait until they are called. Then once they get upstairs, they go straight back to the exam room. There’s no one in the waiting room at all, so that does help. In regards to opening up the city, the salons, the barber shops are open. The movie theaters are open. Restaurants are open. It literally is like we're just going right back to the way things were. It's scary. You do see a lot of people wearing masks when you're out. For example, if you go to Target, they used to count the number of people that were in [the store]. They don't count anymore, but you do see most people, I would say 75% of the people, wearing masks and then you see some people that aren’t. I know every state is different, but I feel like it’s not taken seriously at all, especially when I see my providers not wearing a mask and the providers allowing patients... We have a heavy flow of patients coming through the clinic. The patients do have to wear masks, but they're not utilizing some of the tools that are being given to them to slow down the traffic in the clinic. I'm just hoping that it doesn't start back up and we don't find ourselves in this situation all over again and having to shut everything down. We may find ourselves in that situation. Only time will tell.

Cathy Patty-Resk: Hopefully you guys won’t end up like us here in Detroit. It sounds like you are pretty much open for business, but how long do you think things have been like that where they're pretty much open now? Has it been over a week?

April Johnson: It's been over a week now. I had a coworker that came to work and she had gotten her nails done [and] was so excited about it. I just think that because the numbers are low, they're just not as concerned about it, but the other issue that we're having is we don't test enough. We're not testing. I think Oklahoma is ranked in the top maybe five states that are not testing as much, so we may have way more patients that are COVID[-19] positive, but we just don't know they're positive. Our governor has been a little bit more aggressive with getting the economy back open. I know the doctors were on board with that, especially the ones that weren't able to do surgeries. They were ready to get going and so they are up and running again.

Cathy Patty-Resk: This is a really tough time. When I talk to people, I feel like trying to get patients into [the] clinic again. We've only been seeing new patients or patients that really need to come in. If it's a patient that I think I really need to move onto a biologic or something like that, those are the patients that I'm actually seeing in [the] clinic because I
really don't want to start a biologic without putting my hands on them. I'm having a really hard time with my exam with what I have on. My mask makes it very hard with my vision to really see what I need to see in noses and in mouths. It's a little more of a struggle and the gloves, I have a really hard time [with]. I can't tell the temperature of a joint through a glove. I mean it would have to be steaming hot for me to be able to feel it. That's a really, really big exam finding for us especially in pediatrics. Because we've been doing this so long now, we're trained to pick up those real subtleties. It's just really hard with the garb that we have on. We're trying to work around that as well, but the thing that I'm concerned about for us here in Detroit is that people seem to be relaxing more and getting back to their old ways. Like you said, April, it sounds like people have forgotten what we've just learned in the last month and a half or so. That's what I'm really afraid for, that we're going to open things up and then people are going to forget because they think "Oh, that wasn't so bad. It's all over," but it really isn't. We have to remember the main focus of all of this from the very beginning was just to flatten the curve and take the burden off the health care systems. Now, that's what we've done. We've had that surge and now things are okay. They're stable and so now we're reopening. We are definitely going to be seeing a surge again and people need to really understand that. That's just how this disease is going to progress. We're going to have a surge and then we're going to need to flatten it again and who knows how many times that may happen before we actually have a vaccine or adequate treatment to treat it early so you don't end up in the ICU. Unfortunately, it may take a few more waves, so it hits home to more people before they really get it and start taking this seriously. I am grieving my life for how it was before. I had a good life before this. It's been really hard. Not being able to jump on a plane and go see my boys that live out of state, not being able to hug my mother who is local and lives alone and only being able to see her when the weather is nice outside and she can sit outside and we can visit at a social distance... I get it. I get how it's taking a toll on people and I'm one of the fortunate ones that I've still been working and my husband's still been working. We don't have that stressor, and I can't imagine the people that are laid off and the people that haven't been able to get their unemployment checks yet because of how the system is working. It's so overloaded. I get that people are feeling so stressed. We need to really start addressing some of those mental health issues with people. I know that we've been talking to some of the patients that do come in the clinic about, "How are things at home? Do you have enough food at home? Are you worried about not having enough food for your family? Are you worried about your rent not being paid or losing your home?" We've been asking direct questions to people and encouraging them to, "Please call us if you have any of these issues, and we'll do our best to see what we can... to find resources to help you". We know that the mental health component is definitely going to play a key. Unfortunately, it's probably going to really start to hit hard about the same time that we're going to see this next surge. I think we all need to really address this with our patients and talking openly about it and even with each other. This is really hard on us as professionals too. We have families and not all of our families are working and we worry about them. I worry about my in-laws who are in their 90s now. They're in an assisted living
place, so they haven't had any visitors either. Luckily, they're together. My mom is in her mid to late '70s. When people are that age and you talk about something like this going on for a couple of years, one of my biggest fears is, "Have I already hugged them for the last time?" I think we have some hard times ahead.

**Linda Grinnell-Merrick:** Yeah, this has definitely changed the way life will be no matter what we all think. Even the way we work, it's going to be a long time, I think, before hospitals or [the] health care system is normalized. We're also furloughing a lot of people. They're talking about pay cuts so it's interesting to hear you, April, talk about that. That was one of the things that [was] mentioned in our meetings today. I reached out to my APPs that I work with and of course some of them are very fearful about that. They have daycare. They have set incomes. Now, you're looking at, "Wow, what would they mean by pay cuts?", I actually didn't know what they meant by pay cuts today. I think we all get lots of things thrown at us every day [and] it's just trying to absorb all of this and do our jobs the best we can in a different environment. That'll be interesting to see what the next year [and] the end of this year brings, what the summer brings. I told my APPs, "let's just see what happens next week". [It] changes week to week, but we're thinking about doing what you're doing, April, as far as reopening. Do we keep them waiting in the car and bring them in? That works fine for those people that have cars, but we have people who come in by public transportation. Obviously, we can't have them just sit loitering around the front of the building either, so what's that going to look like? I have those people who like to be early to their appointments just like I have those patients who like to be late to their appointments. It's really trying to map out what that all looked like as we open up and how safe it is and how people are feeling safe.

**April Johnson:** I think it's working for us, the vehicle waiting room, because it does make you feel a little bit safer when you walk into the clinic or the building and there's no one around. The exam rooms are empty [and] we also don't allow visitors, we tell patients you have to come alone. I haven't had to deal with the car waiting room as much because I'm doing a lot of my phone calls and televists, but I am starting to pick up a little bit more in-office visits too as the infusion center is starting to get busier.

**Linda Grinnell-Merrick:** I think revenue's a big driver of that. I know for us revenue is a huge driver, which is doing surgeries and getting all these ambulatory services back up and running. Revenue's playing such a huge part. Obviously, they're not getting paid as much for televists versus video visits. Honestly some of my patients, [and] I'm sure some of your patients, may not even have Wi-Fi, let alone a computer or smartphone. They still have landlines and they're using their cable. You're spending a lot of trying to convert those appointments while you're on the phone with them because they couldn't get onto their Zoom. It's so much easier to see somebody in person, but I know that revenues [are] going to drive this big. Whoever thought in health care we'd be thinking about pay cuts and furloughs.
Cathy Patty-Resk: Yeah, that is pretty crazy. Just one day, boom, the world changed. My patients that have been reluctant to come in, I've been trying to really strongly encourage them to come in now before everything really opens because I believe that this is the safest time for them to come in and that should give us, hopefully, a three-month window before we need to see them again. I have been successful with getting some people in with that. I have a phone call that I have to make tomorrow for someone who completely stopped taking their methotrexate because of COVID[-19], I'm afraid for that one. In the beginning, we were reluctant to start biologics on our patients, but that's certainly passed, [and] we're starting biologics on whoever needs them. I think we know enough by now that we're good to do that, but our patients have been doing pretty well in general. I do have one kiddo that I need to touch base with tomorrow that has uveitis and is on biologics and did test positive for COVID[-19], so I need to check on her and see how she's doing. Otherwise, it's status quo.

2. Is there any possibility of immunity for patients on hydroxychloroquine or biologics?

Cathy Patty-Resk: What I think is really funny and really interesting is that as this whole thing has evolved, we found out kind of early on about the cytokine storm that these patients were having. I was kind of like, "Ooh, cytokine storms. We know cytokine storms." Rheumatology has taken more of a role in all of this with that. When the registry was created for rheumatology patients with COVID[-19], there really weren't that many patients on it. Everybody was just so worried that with all the biologics that we use that our patients would be so vulnerable, and it just isn't the case. I think our patients are doing really good.

Carrie Beach: Fingers crossed, absolutely, that's what we're noticing. I can't tell them for sure "yes, take your biologic. This will protect you from COVID[-19]", but any kind of little nugget of hope that can get them to stay on their medication is [useful].

Cathy Patty-Resk: There's something there that we just don't understand how it's working because we know that some patients have had success with TNFs and other people, it's been the IL-6s. It's interesting about the treatments.

Linda Grinnell-Merrick: We have to think our patients with some autoimmune diseases and family members they've been more careful longer. They're much more aware, maybe much more alert, better at washing their hands. They knew how to wash their hands. Not all of them, but I think a lot of our patients are just maybe more attune to their bodies and they've been a little bit more careful. Maybe that's helping too because at this point, knock on wood...
someplace, we've been fortunate and we haven't seen a huge influx of disease in our patient population either.

**April Johnson:** One of the things that I tell my patients is, "if your disease is stable on your regime, let's not mess with it because if you end up having a flare, you may not be able to come in. If you have a flare, now you're going to have to go to urgent care or the emergency room. We don't want you there right now. Keep things the way that they are. If it's stable, please don't mess with it."

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### 3. Should a patient on a JAK inhibitor be concerned about returning to work as a school nurse with exposure to about 500 students?

**Carrie Beach:** Right now, all of our schools are closed. I think pretty much nationwide most schools are closed through the end of this school year anyway. We're getting a lot of those questions from patients as we start to open up, patients who are exposed to a lot of people. We can't keep you out of work forever. People need to make a living. We're just telling them the same proper precautions. Wear your mask, wash your hand. I know it's got to be hard with 500 kids running around, but I think our patients have to go back to work.

**Cathy Patty-Resk:** Right, they do have to go back to work. I'm not sure what they're going to do with the schools. This is going to create a huge problem as well, opening up. April, your schools are closed in Oklahoma right?

**April Johnson:** Yes, they are.

**Cathy Patty-Resk:** What is going to happen with all these kids as everything is totally opened?

**Carrie Beach:** There's been a few options that were tossed around here for fall reopening, maybe sending kids to school two days a week and then having them distance learn for three days a week. I hope by fall there's some sort of plan, but this is all very new.

**April Johnson:** Not even just the schools, but something that I'm dealing with at the moment are summer camps. I have two kids and the YMCA camp is what we use. They're already sending notification that it's open June 1st, [but] is that possible? Everything is just unknown. It's just a scary time. I have a 12 year old and a seven year old. My 12 year old is in private school, she has a class of 50 children, [and] in her classroom, there's probably 12 to 15 of them at a time. I would imagine when she starts back, they may add an additional class, maybe an additional teacher to bring it down to maybe nine or 10 children in a class at a time, but some of our public schools have classes of 30 and 40 children. I can't even wrap my brain around what is going to happen in the fall. It's almost at the point right at this moment, a day-to-day thing because it's overwhelming. Like what you mentioned, Cathy, the
mental stress... our mental health is in jeopardy because of so many things that we have to think about. Not just taking care of our patients and protecting ourselves, protecting our patients, but our home life, our kids just juggling everything. How will our lives change forever behind this? There's so many factors. I choose to just take one day because it's overwhelming to think about.

**Cathy Patty-Resk:** It is. A lot of it is the fear of the unknown of what we're going to be left with when this is all over. I think we're going to have more information coming out through the summer, which will be good because then we'll know what kind of a place we're in with kids. I think those school nurses are going to play a key role in helping us identify kids that could possibly have COVID[-19]. They should probably start looking at even doing COVID[-19] testing in the schools or even antibody testing and having that available. For our school nurse listener out there, you might want to start brushing up on testing and looking at antibody testing and things like that. If a patient in a classroom has some signs of COVID[-19], not even a fever or maybe not even a cough because kids are presenting so differently, then maybe the nurse's office would be a good place to have some easy access to testing for children, which could really play a key role in all of this, especially if we're thinking that they could be some of these silent carriers. Our medical director put out a really nice letter to all of our pediatric healthcare partners. It listed a lot of the symptoms of COVID[-19] and things that we're seeing in children. We'll put that up on our website under our COVID[-19] resources so people can have that and look at it. Please share it. I'm sure he doesn't mind that it's shared because it is for our community healthcare partners. It may even change, the list of symptoms may get bigger as the summer goes on, but at least we have some place to start with our children and identifying things.

**Carrie Beach:** At first, everybody was like, "Oh, the kids are safe." It's definitely scary. What are you finding with the reliability of testing? I have got some concerns here. I actually had a patient in the office yesterday who had every symptom. She's 34, very obese, other health conditions, diabetes, hypertension. She started with what they thought was viral gastroenteritis in the middle of March. So much vomiting that she got admitted to the hospital. She was there, I think, for five days when they sent her home. She started to have some shortness of breath, went back in. She ended up on a ventilator, coded several times, was trached over six to eight weeks. She was tested twice for COVID[-19] when she was in the hospital and both tests were negative. I've had other patients with not that extreme, but similar symptoms, and everybody seems to be testing negative. So, it makes me wonder how many people really are walking around with this.

**Cathy Patty-Resk:** The polymerase chain reaction (PCR) testing is supposed to have a pretty good reliability. What they're calling a pretty good reliability is false negatives in the high 20s percent, which in any other test that we did, that would be outrageously too high. The PCR testing is the nasopharyngeal swabs, and it's supposed to be the most reliable, and that's how reliable it is. We have several antibody tests that are out there. There are some that only
measure IgG, which, as many of you know, is measuring any past infection that you've had. It really doesn't tell you if you're currently infected and recovering. Now, if you have the test down where they measure the IgM and the IgG and if you're positive for the IgM, then that means that you had a recent infection or a current infection. The FDA has really tightened up on these manufacturers of the testing kits to weed out some of the less reliable ones. When you're looking at having that testing done, you really need to know where it's going and what kind of testing you're having. I've been sick the last couple of weeks, [but] my PCR testing was negative. I had a really horrible, deep, dry cough, no fever, extreme fatigue, some shortness of breath. Everybody really thought that I had COVID-19, but my PCR was negative. I did go yesterday for Nurse's Day and I got antibody testing with my husband. It went out to one of the Quest labs, and it was a blood draw. Got my results this morning. They only test for IgG, [and] my IgG was negative. I'm like, "how is this even possible? What the heck did I have if that wasn't COVID-19?" Because I mean he heard me coughing. He knew what was happening. My husband heard me. My husband is really funny because he's an engineer and he's been reading medicine stuff for the past two months, which I think is just hilarious. He may even know more than I do the amount of reading he's been doing. He swears that I had COVID-19. I would have to believe that the antibody testing would have to be accurate that you couldn't have two of these false negatives. I don't know if there's something else that's affecting people or if we just don't have the most reliable testing yet. I really don't have the answer to that, but the one thing I do know is that since I tested negative for that, I am very afraid to get COVID-19 because I know how sick that I just was and if that wasn't even COVID-19, if I got COVID-19, I'm really afraid that I wouldn't do well. I think we have a ways to go with the testing, but that's what we have. That's what we're going to deal with. If you get sick, we have a great health care system. We have drugs, and we have great nurses out there. You just have to fight.

Vickie L. Sayles: I think one of the interesting things... We all know Betsy Kirchner. She was talking to me the other day about people that were negative with the nasal swab. She's like, "But it can migrate to your chest, and that won't show up unless you do a sputum test." Is it the fact that you had the testing too late? It had migrated to your chest? We don't know. That was really interesting to me because a lot of people waited probably a week to have the test, but then they were still coughing, but they didn't test the sputum. Could it be in the sputum? Did it just go somewhere else? I don't know.

Cathy Patty-Resk: Dr. Adams, the physician that I work with, who will also be one of our guests for next week, sent me a really nice graphic today. I'll have them put it up on our COVID-19 resource page too. It was actually a really nice graphic about the testing, the antibodies, and the three phases of when you can detect everything.

Carrie Beach: That'll be great. This is all new to us as well and to try to educate our patients is so difficult because I have no idea what kind of beast we're dealing with right now.
**Vickie L. Sayles:** I don't know how it is in other states. One of their criteria to open up and start opening us up is testing. If testing isn't accurate, what does that mean for opening up. It's kind of interesting.

**Cathy Patty-Resk:** It is very scary. Carrie, you were talking about your patient with the GI symptoms and we know that some of the COVID-19 patients are experiencing the GI symptoms. I find it really interesting when we're talking about vasculitis because a lot of times vasculitis people don't think of GI symptoms. We have a patient that we diagnosed with Takayasu's (arteritis) who actually presented with vomiting and diarrhea. Very unusual. Very rare disorder. I wonder if some of those GI symptoms is actually a GI vasculitis that we're really seeing.

**Linda Grinnell-Merrick:** Now, are we not looking for our regular things that we'd be looking for? We're all so focused on COVID-19 and we're missing other things? We always have to keep our eye on that too. We're always thinking COVID-19. Our patients are thinking COVID-19. If they call with anything or they have fears, usually [the] first few minutes they're going to be worried they have COVID-19. We have to continue to be health care providers that not only are concerned about COVID-19, but still looking at all of our diseases and what else is going.

**Carrie Beach:** I feel like in rheumatology, that's very normal for us to have to look. We don't have a nice pretty little box where all of our diagnoses are. We have to look outside the box and put the puzzle together. It's something that we kind of ingrained as rheumatology nurses to do anyway.

**Cathy Patty-Resk:** I think one of the fears is that, maybe we won't be consulted on some of those GI cases and things like that because people will just think, "Oh, it's just a viral COVID-19 kind of a thing." then maybe some of those vasculitis situations will get missed. Of course they're always at risk for infarcts. We have to just keep our rheumatology hats on and keep being those gum shoes that we are.

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4. **What are COVID-19 toes?**

**Cathy Patty-Resk:** You can actually Google images for these too, [but] COVID-19 toes are basically purple toes. It's from micro infarcts in the vascular chart in the toes. The toes appear purple and the tops of them are very, very sensitive to touch, so sensitive that it's almost like a shingles sensitivity, but not quite like that because it's not like the shingles that hurts. It's not quite that bad, but it's really bad where any touch just really, really hurts. That's what we were seeing with this gal, [and] I think it went on for almost two weeks. Someone finally sent her to us. We've been seeing our new patients right away so I know she didn't wait long to get into see us. I'm sure she was in [the clinic] within a day or two of when they
called us, but that’s one of the things that people need to start being aware of. If you see purple toes, the first thing you think of, acrocyanosis, right? We see that a lot, but it’s that extreme tenderness that they have that makes it so different.

**Linda Grinnell-Merrick:** Is this seen more in the adolescent or children population? I can’t say I’ve heard very much about this in the adult population?

**Cathy Patty-Resk:** They are seeing this a lot in the teenagers. You have to remember, though, with kids, they're all over the place. They're all over the chart. You can see this with younger kids too. With COVID-19, everything goes.

**Conclusion:** As the COVID-19 virtual town halls have continued, the task force introduced guests to join them in various parts of the country. The guest this week, April Johnson, MSN, APRN, CNP of McBride Orthopedic Hospital in Oklahoma City, Oklahoma covered various topics surrounding the new “normal”, exposure risks for patients on JAK inhibitors, COVID-19 toes, and immunity for rheumatology patients. For the pre-recorded broadcast that accompanies this report please be sure to go our website at http://rnsnurse.org/covid-19/task-force/