

# Avoiding anxiety while virus fears spread

Mayo Clinic News Network

The World Health Organization has declared the COVID-19 outbreak to be a pandemic. The constant flow of news from all types of media may heighten fears about the disease. People need facts to protect themselves from contacting the infection, but information overload can spur excessive worry. Dr. Sheila Jowsey-

Gregoire, a Mayo Clinic psychiatrist, says anxiety can build when people feel that a situation is out of their control, and when rumors spread. “Many unique situations are going to arise that need to be considered on a case-by-case basis,” says Dr. Jowsey-Gregoire. “Using problem-solving and flexibility as key coping strategies, rather than relying on

emotional coping — anger and despair — will help you feel, and be, in control.” Dr. Jowsey-Gregoire offers these tips on what to do when worry about the coronavirus becomes disruptive:

- Limit exposure to news media.
- Avoid staying up late to monitor news.
- When you do look at news, be sure to seek out

reputable sources.

- Connect with friends and family for support via social media or a phone.
- Meditate, stretch or practice deep breathing.
- Do activities you enjoy.
- Be optimistic.
- Eat a healthy diet.
- Get some exercise.
- Avoid turning to drugs or alcohol to cope.
- Use your moral compass or spiritual life for

support.

- Remind yourself that strong feelings will fade.

“Using your support network to generate ideas about how to solve problems and help defuse tension is important as well,” says Dr. Jowsey-Gregoire. “Be careful not to react to rumors to ensure that you are not reacting to information that is not an accurate assessment of what is really

happening. Avoid spreading rumors as well.”

Contact your health care provider if you experience:

- Difficulty sleeping
- Changes in eating patterns
- Difficulty concentrating on normal tasks
- Feelings of helplessness, hopelessness, prolonged sadness or overwhelming worry

# Doctor explains how ‘social distancing’ can help keep you healthy

Mayo Clinic News Network

You may be hearing the term “social distancing” in relation to SARS-CoV-2, the virus that causes COVID-19. “In terms of social distancing, it’s important to understand how this virus is transmitted,” says Dr. Nipunie Rajapakse, an infectious diseases specialist at Mayo Clinic. “It’s trans-

mitted through respiratory droplets generated when someone infected coughs or sneezes. We know that these droplets extend about 3 to 6 feet from the person that generates them. If you breathe in the droplets, or they land on your eyes, nose, or mouth then you are at risk of getting infected.” “This is where the concept of social distancing comes in,” Rajapakse said.

“If we stay away from someone who is sick, or in general, beyond that 6 foot margin, then the risk of being exposed drops dramatically.” Social distancing measures include:

- Closing schools and child care centers
- Avoiding malls; theaters; grocery stores; or anywhere with large crowds, such as concerts or festivals

- Suspending services at houses of worship
- Encouraging people to work from home
- Avoiding the use of public transportation

Rajapakse recommends that the public start implementing social distancing measures in their daily lives now to slow the spread of the virus. People who are not sick should start doing this now to slow down the

spread of infection and protect themselves and their families and co-workers. “If someone is sick, it is critically important they stay home and avoid being in public spaces,” Rajapakse says.

For measures like school closures or cancellation of large gatherings and events people should refer to their local public health depart-

ment website or the Centers for Disease Control and Prevention (CDC) website for the latest updates. “Avoid handshakes,” the doctor advises. “We know our hands carry a lot of germs on them. I recommend people wave or bow, or put their hand over their heart as alternatives that don’t carry the risk of a handshake.”

## TESTING

Continued from 2B

Enterprise Institute, a conservative think tank. As of Thursday, his group estimated U.S. labs could process results for more than 20,000 patient per day. The figure is based on a combination of publicly reported information and historical estimates from government, private and academic labs. It reflects the total number of patient results that could be processed in a day, not the current number being run. Whatever the actual number, the U.S. effort is trailing other nations. South Korea, a country one-sixth the size of the U.S. in terms of population, is reportedly testing 15,000 people per day. CDC Director Dr. Robert Redfield noted that officials there are using automated,

high-volume testing systems capable of processing thousands of samples at a time. In contrast, the equipment used by most U.S. state and local labs requires technicians to manually process each sample in small batches, sometimes 100 or fewer per day. The testing process in the U.S. requires mixing various chemicals to setup chain reactions that extract genetic information from patients’ swabs. Each lab must fine-tune the process on its own equipment, something experts have likened to perfecting a new recipe. Unlike countries with centralized, government-based health care systems, the U.S. response is fragmented between public labs and private efforts by hospitals, universities and diagnostic companies. U.S. officials have boasted of shipping well

over 1 million tests to labs across the country. But it’s unclear how many have actually been used on patients, because tests have gone out to private labs and hospitals that don’t report into the CDC, Health and Human Services Secretary Alex Azar told reporters earlier this week. Azar said the government is working to setup a data system to combine government testing figures with those of large companies like Quest Diagnostics. Government officials have pledged that these private testing companies would drastically expand U.S. capacity. But a Quest spokeswoman on Wednesday said it could take up to six weeks to ramp up to testing tens of thousands of samples per week. On Feb. 14, the CDC’s Dr. Nancy Messonnier said the agency was “in the

coming weeks” going to use labs in five cities to provide a good look at whether coronavirus might be appearing. The idea: When patients tested negative for flu, their specimens would go through coronavirus testing to see if the new bug was what had been causing their flu-like symptoms. “Results from this surveillance would be an early warning signal, to trigger a change in our response strategy” if cases started appearing, she said. CDC officials later said the number would be expanded beyond five. But nearly four weeks later, doctors and scientists are still awaiting news that the surveillance system is up and running. This week, health officials in Hawaii said they planned to begin randomly testing negative flu samples in that state for the new coronavirus.



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10801 Walton Rd.  
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