



Deutschrachige
Medizinische
Gesellschaft für
Paraplegiologie



Fördergemeinschaft
der Querschnittgelähmten
in Deutschland e.V.

Published 26.3.2020

Information for people with paraplegia about the corona virus

The corona virus SARS-CoV-2 (SARS - stands for severe acute respiratory syndrome), which triggered the COVID 19 pandemic, is on everyone's lips. At this point we would like to give a brief summary of the spread, prevention and risks for people with paraplegia.

Corona-Virus

According to current knowledge, the novel corona virus is transmitted from person to person by droplet infection. Thus, transmission is possible in particular by sneezing and coughing, but also by smear infection (contact nose - hands - hands - nose).

The corona virus can survive on surfaces for up to 9 days, although it is probably only 4-5 days infectious (BfR).

Symptoms

The course of the disease can vary from almost symptomless infections (approx. 80%) to severe diseases (approx. 20% of which approx. 5% require intensive care) with severe pneumonia, acute respiratory distress syndrome, septic shock and multiple organ failure. The infection can last from 2 weeks to 6 weeks, depending on the severity of the course of the disease.

The incubation period is 5-6 days on average but can also extend to 14 days (therefore the duration of quarantine is currently 14 days).

The most common symptoms based on almost 56,000 laboratory cases (according to WHO)

Fever	87,9 %
Dry cough	67,7 %
Fatigue	38,1, %
Production of sputum	33.4.
Shortness of breath	18,6
Sore throat headache, muscle and joint pain, chilss	10 -15%
Nausea, vomiting, colds diarrhoea	Less than 5 %

Restrictions of the sense of smell and taste are also described.

Risk

We do not know whether and which people with paraplegia have a special risk for the disease and its course when they encounter with the virus. However, based on experience with other infectious diseases, we must assume that the risk increases with the limitation caused by the damage to the spinal cord and the age of the person affected. This means that quadriplegics are more severely affected than paraplegics.

Since COVID-19 primarily affects lung function, the existing restricted respiratory function is an additional risk factor.

Therapy

As this is a new type of virus, only symptoms can be treated. There is no causal drug therapy, so prevention is all the more important. The same measures apply here for people with spinal paralysis as for the general population.

Pneumococcus vaccination

Pneumococcal vaccination does not protect against COVID-19, but pneumococcal infections can lead to severe pneumonia and sepsis and may require intensive care patients to be ventilated. This must be avoided, especially in an already heavily burdened health care system (RKI).

Personal protective measures

- "Social Distancing", i.e. staying at home if possible and having personal contact with few people. For this purpose, also follow the instructions of the individual federal states.
- Keep a distance - i.e. 1.5-2 meters distance
- Avoid touching (no shaking hands, no hugging).
- Avoid touching mouth, eyes and nose with your hands.
- Cough or sneeze, if possible, into the crook of your arm or use a handkerchief which is then disposed of.
- Wash hands regularly and for a sufficiently long time (at least 20 seconds) with soap and water - even after sneezing, coughing or blowing your nose.
- If you are being cared for by a third party, make sure that these persons observe the hygiene measures in the same way and also wear face masks or gloves if necessary
- Necessary protective measures

Mouth and nose protection

If a person suffering from an acute respiratory infection has to move around in public spaces, it may make sense for this person to wear a mouth and nose protector (MNP) or an age-related, possibly textile barrier in the sense of an MNP (protection of fellow human beings). For optimal effectiveness it is important that a mouth and nose protector fits correctly (i.e. it is worn tightly), is changed when it gets wet, and that no (even unconscious) manipulations are made to it while it is worn.

Work

- Work - if possible, from the home office - otherwise only necessary meetings as short as possible.
- Public transport can be problematic due to additional contacts.
- If you have flu-like illness symptoms or respiratory symptoms, stay at home.
- If you are active as a peer, only use video/telecommunication possibilities (phone, Skype, Zoom, WhatsApp, Facetime etc.).

Physiotherapy, occupational therapy, speech therapy and doctor's visits.

- Refrain from therapeutic measures if your doctor does not determine an absolute medical necessity.
- Postpone doctor's appointments that serve as a check up if you are not acutely ill

Medical aids and drugs

- Organise the supply of the aids and medicines you need in good time.
- If you have run out of disinfectant and cannot deliver it, you will find alternatives or ask your pharmacist

What to do in case of suspicion of...

If you feel ill (fever, cough, flu-like symptoms or respiratory symptoms), then contact your family doctor, company doctor or the regional health office by telephone. They will inform you about the further procedure and in particular about the necessity of SARS-CoV-2 swabs.

They will decide whether a laboratory test (smear test) is necessary.

Loss of care or nursing staff

As a person who is dependent on outside help, care and support, your helper may fall ill or be quarantined. It is therefore important that you think about how you can be cared for in this case. Contact your attending physician, your supporting SCI Unit, the assurance or the public health department if your care is no longer guaranteed and you cannot receive alternative care.

Further information

Don't be unsettled by the multitude of information that is spread across all media, but use reliable sources of information:

- Information from the Robert Koch Institute-
- Information from the Federal Ministry of Health