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Trevor Burke

Chronology of a COVID-19 infection

I daresay the question asked by most people who become infected with this dreadful virus is – How the heck did I get this? My first signs of infection appeared on St Patrick's Day (17 March, now forever etched in my mind). I traced back the dates, given that the infection is thought to be asymptomatic for 2 to 14 days. During that time, amongst other things which could be considered normal everyday events, I had taken three train journeys, been at a meeting attended by 50 other people, had an eye test, and been out for a meal, any of which, in retrospect, could have put me in contact with an infected surface, a cough or a sneeze, despite the fact that I was washing my hands more frequently than previously. From 17 March, my symptoms continued – diarrhoea (a presenting symptom in a third of cases) and a high temperature – for five days, by which time I phoned the NHS. They phoned back and said that I had a COVID-19 infection and had to self isolate. Five days later, after talking garbage (what's new you all say), the paramedics demonstrated that my oxygen saturation was around 75% (which is a very low level) and I was admitted to hospital.

Their first task was to get my oxygen level increased (high volume oxygen treatment) and, when they took a chest X-ray, they diagnosed COVID-19 pneumonia. At that point, the 'COVID-19 police' advised me of my prognosis: recovery after oxygen treatment, recovery but with lung or other organ damage, or the need to intubate and sedate in intensive care, which, they advised, did not have a great prognosis. My first swab test came back negative, but the second was positive. After five days of high volume oxygen, monitored by the excellent NHS staff, they reduced the volume of oxygen that I was receiving and eventually stopped it. The key indicator seems to be the oxygen saturation level (which is perhaps why we all need to purchase a pulse oximeter) and, when mine did not drop below 90%, I was discharged – a relief, given the number of patients who were coughing and spluttering around me. In common with others, my energy levels were nil – I have seen estimates that it takes months to get back to normal.

I realize that I am one of the fortunate ones who recover and am conscious that some readers may have relatives, friends or colleagues who have not been so lucky. My thoughts and prayers are with those affected by such loss.

That is obviously the worst scenario. However, many readers will be suffering in a different way, having invested their lives and money in setting up a practice in which they will be happy treating patients and, conversely, which patients will be happy attending. The closure of practices, because clinical dentistry and social distancing don't go well together, will ironically affect those dentists who have invested most heavily. It is to be hoped that the lifting of the lockdown (or the reopening of dental practices by provision of adequate PPE for dentists in order to enable them to continue to treat patients) will not be delayed by administrative or other reasons. While dentistry rarely relates to the matters of life and death which the coronavirus pandemic has brought, it is now essential that Government is made to understand that the need to get dental practices operating again is becoming a priority because emergency patients are not being treated. The short discussion paper from the Women of Wessex peer review group explains this in more detail.

Readers may ask why we have published, in these scary and difficult times, an exposition on the problems with NHS dentistry, amongst the other excellent papers in this issue. My view is that there will be a time (some time in the future), when life gets back to something like normal, and we will still need to deal with the deficiencies of NHS dentistry, alongside, for example, toothwear, traumatized incisors and the maxillary sinus.

All at *Dental Update* are here to help as much as possible in the current crisis, for example by the provision of the app and the series of excellent webinars organized by Louis MacKenzie. Thanks are due to all the lecturers – what a team.

Finally, by the time I write the next Comment, I hope that all of us will see a light at the end of the COVID-19 tunnel. In the meantime, my thoughts are with you all in these scary times.

Post script: thanks to everyone who sent a get well message to me while I was poorly. These were much appreciated.