

COVID-19: Pete's Bogus Journey

BY PETER CACKETT

The author shares his personal experience of contracting coronavirus.



Glenress Forest cycle in the snow eight hours pre-COVID.

“Swab myself? Given the fact that I find it hard enough to swallow a tablet without retching, swabbing my own tonsils for 10 seconds using the rear view mirror was going to be a challenge”

I managed to body swerve COVID-19 for nine months. The Pfizer vaccine was being rolled out in my trust. I had my first inoculation booked in three weeks.

I had survived the Christmas stressful rush of buying and delivering presents, the obligatory writing of cards to relatives who have frustratingly not yet embraced social media or email and clearing the magically replenishing piles of work admin. I had experienced that wonderful feeling which is hard to beat: turning the work email out of office assistant on. A week of annual leave beckoned. Christmas was a frustratingly quiet affair as per the lockdown rules. But I had other plans for the post-Christmas period...

On the morning of Tuesday 29 December I awoke to a fresh fall of snow overnight. The skies were clearing, and conditions looked perfect for a mountain biking adventure which I had planned for the day in Peebles with Harry, a vitreoretinal colleague. I have come to learn from years of skiing and cycling experience with Harry that he is true

to his subspecialty and has an annoying tendency to tinker with his equipment (bike, boots, skis, snowboard, etc). My partner Smaranda however looked crestfallen. Not only was she having to put up with my excitement (with a tinge of taunting I have to be honest) for the day ahead, but she also had a full day of post-Christmas GP surgery ahead of her. Also, she was looking decidedly ropery, and there had been no major alcohol consumption the night before and therefore a hangover could not be blamed.

She had an element of sinusitis and felt slightly flu-like. However, she had received the first Pfizer jab six days previously and the possibility that this was the reason for her symptoms came up. A quick simultaneous Google search by both of us determined that the vaccine as the cause was extremely unlikely, as symptoms usually occur within 24-48 hours. COVID-19 was in the back of both our minds, but she had no symptoms that warranted testing. However, we both had places to go, and

fingers were crossed that the symptoms would settle spontaneously during the day.

They didn't. However, I was oblivious. The mountain biking was better than I had anticipated. Stunning scenery, deserted snowy paths and a new route which we discovered through Glentress forest. It was a day where you just felt so good to be alive. A moment where you resolved to keep on buying lottery tickets in the chance that you could just live your life full of moments like this. No commute, no overbooked clinics, no Zoom meetings, no annual appraisal. Also, despite being in my late 40s, I had never felt fitter than that morning (note: bear this in mind for later in the article).

Mid-afternoon I returned home full of the joys of having defied the best efforts of COVID-19 to dampen the spirits and actually having had a good time, almost feeling euphoric. I then picked up a voicemail message from my partner. She had become feverish during her morning surgery and had been unable to continue working. She had left work sick and was on her way to get tested for COVID-19. Hmm. My mind started working overtime. COVID-19 had to be unlikely. The pair of us had only shuttled between home, work and the supermarket for the previous month, always wearing PPE and using copious amounts of alcohol gel. However, I thought that if indeed my partner was positive for COVID-19, I was in my 40s and relatively fit. If I came down with it too, maybe I would be one of the many asymptomatic cases we hear about. Nothing to worry about I thought...

I sat on the sofa, cracked open a well-deserved beer and relaxed. After a day like that everything would be fine. It was. For about five minutes. Then, from out of nowhere came a severe occipital headache. Er, that wasn't in the script. Although I rarely experience headaches, maybe I was dehydrated or maybe it was the cold air. The headache became worse. I struggled on through the evening with the help of paracetamol and got an early night.

Following a restless night's sleep, I awoke the next morning with a fever of 38.5°C. My partner still did not have the result of her COVID test, but it was clear I needed one too. Obviously, the post-Christmas period was a busy time for COVID testing, coinciding with the expected spike in cases. The closest test centre with an available appointment was 40 miles away. On arrival I was handed a bag with all the kit required to swab myself. Swab myself? Given the fact that I find it hard enough to swallow a tablet without retching, swabbing my own tonsils for 10 seconds using the rear view mirror was going to be a challenge. I managed a few blind prods of the back of my throat followed by the anticipated gagging. Next was the nasal

swab, which resulted in a prolonged comedic bout of sneezing worthy of £50 and a clip on *You've Been Framed*.

I arrived home at lunchtime to the news that my partner had tested positive for COVID. Then the situation dawned on me. We both now had to self-isolate for 10 days. Worse still, that meant neither of us could leave the house and we had not been to the supermarket since before Christmas and supplies of fresh food in the house were low. Checking online as well, there were no supermarket delivery slots available until well into the New Year. The prospect of a week of tomato pasta and frozen pizzas was upon us. Mmmmm.

I had looked on in anguish at the start of the pandemic when colleagues had been required to self-isolate for two weeks during a lovely spell of spring weather because one of their children had a tickly cough. I had waited in vain for a call from track and trace in the autumn asking me to self-isolate because I had bought a hot chocolate at a local café. I had so many ideas about how productive I could be at home during a period of enforced self-isolation. Now I really did have to self-isolate, but the reality was I felt so ill I did not have the desire to do anything except just lie on the sofa and intermittently stagger to the kitchen to get some ibuprofen and make placebo hot drinks. The irony of this was not lost on me.

My first COVID test came back negative. This was not surprising given my gingerly attempts at swabbing my tonsils and nose. My symptoms became worse. Headache, a strange backache that resulted in back pain if I took steps, a persistent fever of 38.5°C which was stubborn to come down with paracetamol and ibuprofen and loss of appetite. Could this just be seasonal flu? Then the inevitable hypochondriac's differential kicked in. Could this be leukaemia? Or Lyme disease? The list was full of endless zebras. But my partner had tested positive for COVID. The theory of Occam's Razor [1], impressed on me long ago as a trainee in the ophthalmology infectious diseases clinic by my mentor in ophthalmology, Professor Bal Dhillon, told me that the diagnosis really had to be COVID. But in reality, Hickam's Dictum was still in the back of my mind [2].

Two days later I ordered another COVID test online through the Government website. The test arrived by post the following morning. This time my partner would take charge and she reassured me (and slightly alarmed me to be honest) that as a GP she was highly efficient at taking a swab. My fears were proven to be correct when she then proceeded to almost skewer me to the sofa via my tonsils and then push the swab so far up my nose, I was convinced

that the swab report would come back saying "normal brain". The home swab allows for those self-isolating to leave the house to post it to the lab at a priority post box, which gave me a much needed five minutes of fresh air. With remarkable efficiency the result came through via text message the following lunchtime confirming that I was indeed positive for COVID.

My subsequent thoughts in order were as follows. 1: Although unlikely, I could die from this. 2: Why did I not take out more life insurance? 3: I should have updated my will. 4: I wish I had spent more time enjoying life and not worked so hard doing things like extra waiting list initiative clinics. I was now on day five and the key date for admission to ICU from the literature was day 10.

The days continued to pass by in a monotonous fashion of taking ibuprofen and paracetamol to temporarily relieve the symptoms and trying in vain to occupy my mind with books or Netflix / Prime / BBC Iplayer / All 4 boxsets. By day 10 the headache and backache had resolved but my fever persisted, and I was starting to feel exhausted. Reassuringly, I had not developed any respiratory symptoms and my partner had almost fully recovered. Fortunately, I also had still retained my sense of taste and smell and could therefore obtain solace in Percy Pigs.

The daily fever of 38.5°C continued, and I now became worried about the prospect of long COVID. A trawl of the Facebook COVID doctors' groups had worrying stories of physicians who had fevers persisting indefinitely for many months, which, following full investigations by infectious diseases, were attributed to long COVID. I was aware that I had not increased my sickness insurance since a houseman and £300 a week would not come close to covering my current outgoings. Not only was I finding the persistent fever debilitating, but with a fever I could not return to work and an indefinite period off work would be a disaster financially.

With much relief on day 15 the fever dissipated as suddenly as it had developed. It took a further week to recover to the extent that I could face all day clinics again. By this stage I was climbing the walls to get back to work. Even though I no longer had to self-isolate, remaining at home during a national lockdown in the depths of winter is still pretty soul destroying.

I never thought it would be possible, but I returned to work with a feeling of euphoria. The joy of social interactions with colleagues again. The satisfaction of communicating with patients, diagnosing and treating. Having COVID was an awful experience and one which I would hate to repeat, as this always remains a possibility with the

continuously evolving new variants. But I did take home positives, which I hope will last. I realised that I do mostly enjoy my career in ophthalmology and derive satisfaction from the social interactions. I will definitely take steps to get my financial affairs in order as I do not feel as immortal as I did when I was younger. Lastly, I will endeavour not to take on too much extra work – life is too short. In the immortal words of Ferris Bueller which I think we could all do with being reminded of:

“Life moves pretty fast. If you don’t stop and look around once in a while, you could miss it.”

Postscript: The vaccine

With surprising, almost breathtaking, efficiency the local NHS vaccination team contacted me a couple of days after returning to work to rearrange the first vaccination, which I had missed. I duly scheduled it on Friday the following week, which would be just over the allowable four weeks since I developed COVID symptoms. I had a spring in my step with the endorphins kicking in on my return to work and rediscovering social contact.

I bumped into a fellow consultant colleague on the stairs. It is important to note that this colleague also has a clinical research career fellowship with a knowledge of the basic sciences way beyond mine, which still relies on that gained as a medical

student in the early ‘90s during preclinical medicine. I regaled my sorry tale of COVID and booked vaccination appointment. He warned me that people who have had COVID tend to have quite severe side-effects from the first vaccination as their immune systems have been primed by the virus. He reminded me of the clairvoyant at the start of a horror movie warning the hapless victim of impending doom (see *Final Destination* movies).

But what did he know? I had conquered COVID after a protracted course. I would be surprised if there was anything that the vaccine could teach my immune system. Bring it on, my Gold Command of B and T cells were already in control.

Well, he knew quite a lot in fact. Within 12 hours of the vaccination, I was feeling decidedly ropery and myalgic. At 24 hours it felt like I had COVID again with headache, fever, myalgia and loss of appetite. It really took the wind out of my sails feeling this way so soon after recovering from COVID and I was totally despondent. I decided there was absolutely no way I was getting the second vaccine if it made me feel like this.

Fortunately, I only felt ill for 24 hours and on the Sunday morning felt back to normal again. My decision to refuse the second vaccine didn’t last, especially as it might be required to actually participate in any form of social activity as the lockdown is lifted

and I have now resolved to have it. But I plan to arrange it on a Friday again, stock up on ibuprofen and ginger (Irn Bru) and take to my bed in preparation for the side-effects, like Renton in *Trainspotting*.

References

1. Occam’s Razor: The simplest explanation is the most likely.
2. Hickam’s Dictum: A man can have as many diseases as he damn well pleases.

AUTHOR



Peter Cackett,

Medical Retina Consultant,
Princess Alexandra Eye
Pavilion, Edinburgh, UK.