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HEALTH(/HEALTH/)

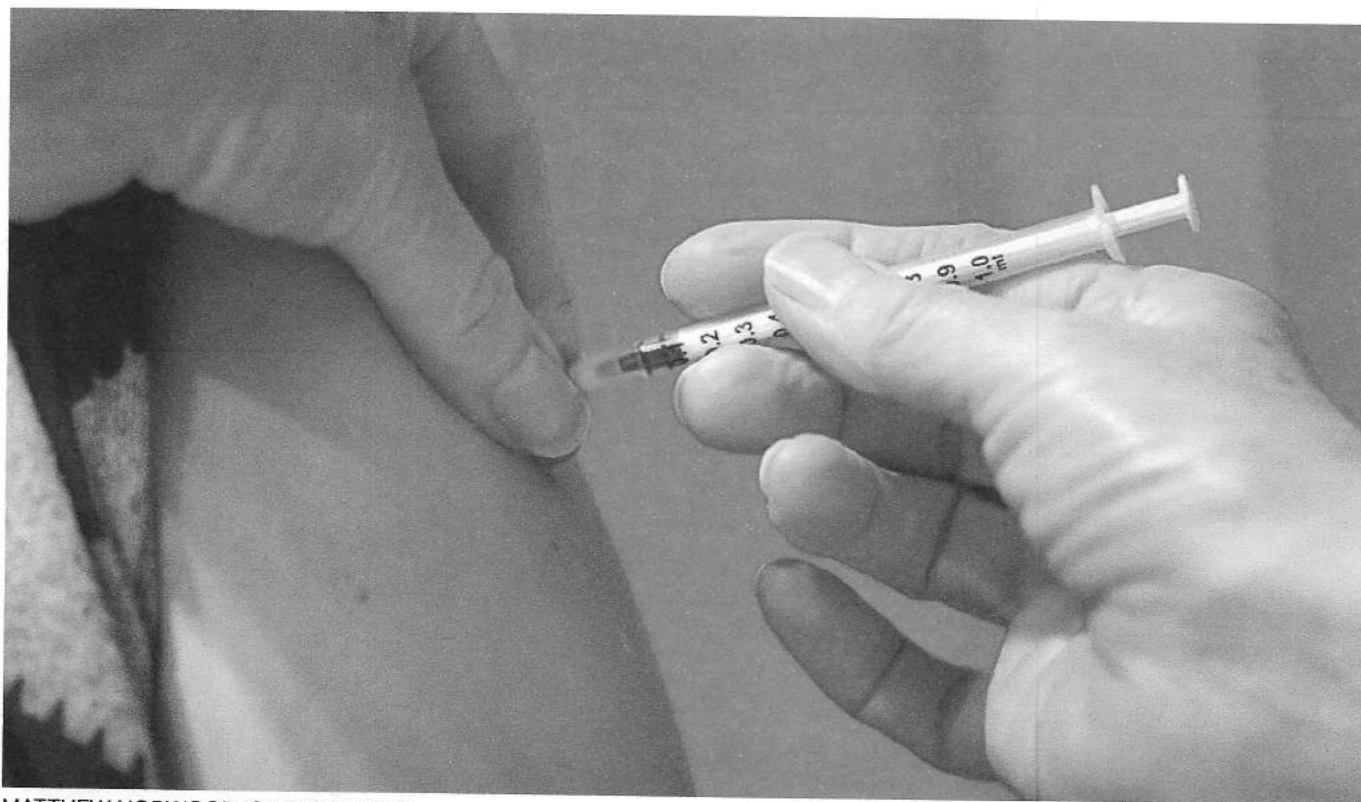
Drugs & Supplements



7 Myths About Coronavirus Vaccines

Separating fact from fiction when it comes to getting vaccinated against COVID-19

by Rachel Nania, **AARP** (<https://www.aarp.org>), December 9, 2020 | Comments: 4



MATTHEW HORWOOD/GETTY IMAGES

Pfizer-BioNTech Covid-19 vaccine being administered in a clinic in Cardiff, Wales

The federal government is on the cusp of authorizing a vaccine to fight COVID-19 — a move that could slow the spread of coronavirus and help bring an end to the pandemic. Two vaccine candidates are being considered for emergency use authorization (EUA) by the U.S. Food and Drug Administration (FDA), and if given the green light, could be in the arms of millions of Americans before the end of the year.

But the unprecedented [speed of vaccine development \(/health/conditions-treatments/info-2020/coronavirus-vaccine-research.html\)](/health/conditions-treatments/info-2020/coronavirus-vaccine-research.html) has generated a number of misconceptions that have fueled skepticism among some Americans. Here are some prevalent coronavirus vaccine myths and the truth behind the medicines designed to combat COVID-19.

For the latest coronavirus news and advice go to [AARP.org/coronavirus \(/coronavirus/\)](https://aarp.org/coronavirus/).

Myth #1: If you've had COVID-19 already, you don't need to get vaccinated.

The verdict is still out when it comes to how long you are protected from COVID-19 after a previous infection — what's referred to as natural immunity. In fact, “early evidence suggests natural immunity from COVID-19 may not last very long,” the Centers for Disease Control and Prevention (CDC) explains. Because of this, “people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before,” the agency states.

Health officials will keep the public informed with any developments and recommendations as more is learned about the duration of natural immunity.

Myth #2: Once you receive the coronavirus vaccine, you're immune for life.

It's also unknown how long immunity from a coronavirus vaccine will last and whether it will need to be administered more than once, or even on a regular basis, like the flu shot.

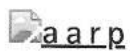
For now, “we should think about this as maybe in the same zone as a tetanus shot, where you might need a booster” every few years, National Institutes of Health (NIH) Director Francis Collins, M.D., said in a [recent AARP tele-town hall on the subject \(/health/conditions-treatments/info-2020/nih-experts-coronavirus.html\)](/health/conditions-treatments/info-2020/nih-experts-coronavirus.html). “If we're lucky, it would be like measles, where once you're immune, you're immune for life, but that would be really lucky,” he added.

Myth #3: You can ditch your mask after you get vaccinated.

The vaccine is one tool that can help slow the spread of the coronavirus, but others will be needed to bring the pandemic to an end — these include mask wearing, social distancing, frequent handwashing and testing.

One reason: It will likely take several months to get the majority of Americans who want a coronavirus vaccine vaccinated, health officials predict. And until a substantial portion of the population develops resistance to COVID-19 and so-called herd immunity (</health/conditions-treatments/info-2020/herd-immunity-covid19.html>), is reached, the virus will continue to spread and sicken people.

Another: Protection isn't instantaneous. "It typically takes a few weeks" for the body to develop memory cells for the virus after vaccination, which means "it is possible that a person could be infected" with the coronavirus just after receiving the vaccine and then get sick with COVID-19 "because the vaccine did not have enough time to provide protection," the CDC explains. In this case, face masks, social distancing and other recommended efforts can help prevent an infection while the body builds up immunity.

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Myth #4: The vaccines use a live version of the coronavirus.

None of the vaccines in late-stage development in the U.S. use the live virus that causes COVID-19, the CDC confirms. Instead, the leading vaccine candidates use scientific techniques to train the human body to recognize and fight the coronavirus by either introducing a harmless piece of the virus (not the entire germ) to the body or by giving the body instructions to make its own coronavirus-like protein. The body then recognizes these proteins shouldn't be there and produces antibodies to fight them off. Then, the immune system establishes memory to protect against future infections.

While the coronavirus vaccines will not make you sick with COVID-19, like other vaccines, including the flu shot and the vaccine that protects against shingles, they can cause side effects (</health/conditions-treatments/info-2020/coronavirus-vaccine-side-effects.html>) in some people. A small share of participants enrolled in the Pfizer/BioNTech and Moderna/NIH clinical trials reported temporary side effects after their shots. Symptoms included injection site pain, fatigue, headaches, chills and muscle aches. Researchers have so far not identified any major safety concerns with these two vaccines, but participants and early vaccine recipients will be monitored for long-term adverse events.

Myth #5: mRNA vaccines can alter your DNA.

Two of the four vaccine candidates in late-stage U.S. trials (the Pfizer/BioNTech vaccine and the Moderna/NIH vaccine) utilize a new type of technology called messenger RNA, or mRNA for short. Think of mRNA as an instruction manual: It directs the body to build an immune response to a specific infection.

Currently, there are no licensed mRNA vaccines in the U.S., and the newness of them has generated suspicion among some. One widely circulated myth on social media claims that mRNA vaccines can alter human DNA. This, however, is not the case, according to experts at the CDC.

For starters, the mRNA from the vaccine “never enter the nucleus of the cell, which is where our DNA are kept. This means the mRNA does not affect or interact with our DNA in any way,” the CDC states. What's more, after the cells use the instructions the mRNA delivers — in the case of the COVID-19 vaccines, the instructions are to build the coronavirus' signature spike protein so the body can develop an immune response should it ever encounter the real deal down the road — they destroy the mRNA.

Though new, the CDC stresses that mRNA vaccines will be held to the same safety and effectiveness standards as other vaccines that are approved or authorized in the U.S.

Myth #6: You don't need both doses of the two-dose vaccines.

All but one of the vaccines in late-stage development require two doses that are given a few weeks apart. And because health experts are not sure whether one dose will be effective enough to prevent COVID-19 or a severe case of the illness, skipping the second shot is not a good idea.

"We don't know what happens after a single dose," William Moss, M.D., executive director of the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health, told AARP in a previous interview. "Certainly, we can't expect [that one dose will confer] the high degree of protection" that both doses demonstrated in phase 3 clinical trials, he added.

Myth #7: If you got the flu shot this year, you don't need a coronavirus vaccine.

While the flu and COVID-19 share a similar list of symptoms, they are two different illnesses, caused by two different viruses. So when it comes to the vaccines, "it's not one or the other," Anthony Fauci, M.D., director of the National Institutes of Allergy and Infectious Diseases (NIAID), explained in a recent AARP tele-town hall event.

"You want to be doubly protected from the flu and from coronavirus," Fauci said — [especially since it's possible to get infected by both viruses \(/health/conditions-treatments/info-2020/flu-coronavirus-twindemic.html\)](#) at the same time, or one right after another, which can be taxing on the lungs and other organs.

More on Vaccines

- [When can Americans expect a COVID-19 vaccine? \(/health/conditions-treatments/info-2020/coronavirus-vaccine-distribution.html\)](#)



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10 Common Medicare Mistakes to Avoid

Errors can prove costly to new enrollees

by Dena Bunis, [AARP \(https://www.aarp.org\)](https://www.aarp.org), Updated October 1, 2020 | Comments: 178

woman looking at forms with laptop and calculator in front of her

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[En español \(/espanol/salud/medicare-y-medicaid/info-2019/errores-comunes.html?intcmp=AE-HLTH-TOSPA-TOGL-ES\)](https://www.aarp.org/espanol/salud/medicare-y-medicaid/info-2019/errores-comunes.html?intcmp=AE-HLTH-TOSPA-TOGL-ES). | Missing deadlines, delaying enrollment or choosing the wrong plan can cost you a bundle when it comes to Medicare. Here's a list of 10 common mistakes new Medicare enrollees

make and how to avoid them, according to the [Medicare Rights Center](https://www.medicarerights.org/), (<https://www.medicarerights.org/>) a nonpartisan, not-for-profit consumer service organization.

1. Not signing up for Medicare at the right time

Timing, as they say, is everything. It's especially important when it comes to enrolling in Medicare. As you approach 65, you'll want to enroll during what the government calls your **initial enrollment period (IEP)**. This seven-month period goes from three months before the month in which you turn 65 until three months after.

If you don't sign up during your IEP, you will get another chance to enroll during Medicare's annual **general enrollment period**, from Jan. 1 through March 31 of each year. However, if you enroll at that time, your coverage won't begin until July. And, because you enrolled late, your monthly premiums for **Medicare Part B** (/health/medicare-insurance/info-01-2011/understanding_medicare_the_plans.html) — which covers your doctor visits and other outpatient services—will likely cost you more.

 [medicare open enrollment october fifteenth through december seventh twenty twenty.](#)

- [What is Medicare? \(/health/medicare-insurance/info-2020/what-is-medicare.html\)](/health/medicare-insurance/info-2020/what-is-medicare.html)
- [Do I Qualify? \(/health/medicare-insurance/info-04-2011/medicare-eligibility.html\)](/health/medicare-insurance/info-04-2011/medicare-eligibility.html)
- [Parts A, B, C, D \(/health/medicare-insurance/info-01-2011/understanding_medicare_the_plans.html\)](/health/medicare-insurance/info-01-2011/understanding_medicare_the_plans.html)
- [Original/Medigap vs. Advantage \(/health/medicare-insurance/info-2020/original-medicare-vs-advantage.html\)](/health/medicare-insurance/info-2020/original-medicare-vs-advantage.html)
- [How to Sign Up \(/health/medicare-insurance/info-2020/enrolling-in-medicare.html\)](/health/medicare-insurance/info-2020/enrolling-in-medicare.html)
- [What's Not Covered \(/health/medicare-insurance/info-2018/services-not-covered.html\)](/health/medicare-insurance/info-2018/services-not-covered.html)
- [Quiz: Medicare Coverage \(/health/medicare-insurance/info-2019/coverage-quiz.html#quest1\)](/health/medicare-insurance/info-2019/coverage-quiz.html#quest1)
- [Medicare Costs \(/health/medicare-insurance/info-2018/out-of-pocket-prescription-costs.html\)](/health/medicare-insurance/info-2018/out-of-pocket-prescription-costs.html)
- [Common Mistakes \(/health/medicare-insurance/info-2019/common-medicare-mistakes.html\)](/health/medicare-insurance/info-2019/common-medicare-mistakes.html)
- [Quiz: Medicare Basics \(/health/medicare-insurance/info-2018/quiz.html#quest1\)](/health/medicare-insurance/info-2018/quiz.html#quest1)

2. Blowing the special enrollment period

If you are 65 or older, when you stop working and lose your health insurance coverage or when the insurance you have through your spouse ends, you'll need to sign up for Medicare. Medicare has created a **special enrollment period (SEP)** that lets you do that without facing a late enrollment penalty.

Again, timing is everything. What many people don't realize is that you can only use this SEP either while you are covered by job-based insurance or for eight months after you no longer have job-based insurance.

Note: Medicare does not count retiree health insurance or COBRA as job-based coverage. So, if that's the insurance you have, you'll need to reread mistake number one and sign up when you turn 65 or face that late enrollment penalty.

3. Delaying enrollment when your job insurance is second in line

Even when you have job-based insurance, some employers, depending on their size, can designate Medicare as your primary health coverage when you turn 65. And if you have retiree coverage or COBRA (</health/health-insurance/info-2020/job-loss-options.html>), those are considered secondary coverage.

If your job-based or other private insurance is considered secondary coverage, it will only pay for a medical claim after Medicare has paid its share. So, if your job-related insurance becomes your secondary coverage, it's important to sign up for Medicare. If your job-based insurance is primary, then Medicare becomes your secondary coverage.

The way to find out if your job-based insurance is considered primary or secondary is to ask your benefits manager or human resources department, or seek help from 800-MEDICARE.

4. Not understanding Part B and Part D late enrollment penalties

For every 12 months you delay enrolling in Part B, your monthly Part B premium may be 10 percent higher. The penalty won't apply if you have job-based insurance or are still under your special enrollment period.

For every 12 months you delay signing up for a Part D plan, your monthly premium may be 1 percent higher. Part D plans cover prescription drug costs. You won't have to pay the Part D penalty if you can show Medicare that you have drug coverage as good as that provided by a Medicare Part D plan.

You should receive a letter from your employer — or insurance plan — in September of each year letting you know if you have drug coverage comparable to a Part D plan. If you lose your drug coverage, you'll be eligible for a two-month special enrollment period, during which you can sign up for a Part D plan without a penalty. But keep that letter so you can show Medicare you did have Part D-comparable prescription drug coverage when the time comes to enroll in Part D.

Note: Usually, these penalties last for as long as you have Medicare. But if you are paying this penalty and qualify for and enroll in a Medicare Savings Program or the Extra Help program — which helps low-income older adults pay for Medicare out-of-pocket costs — you will no longer have to pay the penalty.

5. Not fully comparing original Medicare with Medicare Advantage plans

If you are eligible for Medicare, you have a choice to receive your benefits through original Medicare or a Medicare Advantage plan. The type of Medicare coverage you choose depends on factors such as your health care needs, the insurance your doctors accept, where you live, whether you travel often and your financial situation.

Original Medicare is the traditional program offered directly through the federal government. It comprises Part A, which covers hospital costs, and Part B, which covers doctor visits and other outpatient services. The vast majority of doctors in the country take this insurance. To help pay for your out-of-pocket costs, you can buy a Medigap policy, which has its own separate monthly premium. Original Medicare does not include Part D (prescription drug coverage), so you must sign up for a stand-alone Part D plan if you do not have other drug coverage. Original Medicare does not have a limit on your annual out-of-pocket costs.

Medicare Advantage (MA) is a private insurance alternative to original Medicare. These plans provide Part A, Part B and usually Part D benefits. They may also offer certain benefits that original Medicare does not cover, such as dental or vision care. Some MA plans may also provide some nontraditional services, such as paying for wheelchair ramps, meals delivered to beneficiaries' homes and transportation to medical appointments. These plans may also have different costs and rules than Original Medicare. For example, an MA plan can require you to get a referral from a primary care physician before it will cover care from a specialist. And Medicare Advantage plans generally have a network of providers in your geographic area and may not cover care if you see an out-of-network provider (except in emergencies). MA plans have an annual out-of-pocket limit, and you cannot buy a Medigap policy when you are enrolled in Medicare Advantage.

6. Delaying buying a Medigap policy

Medigaps are supplemental health insurance policies that work with original Medicare. If you have a Medigap policy, it pays part or some of the out-of-pocket costs that Medicare doesn't cover, such as your Part A hospital deductible or the 20 percent coinsurance in Part B. Depending on where you live, you can choose from as many as 10 different Medigap plans. Each policy has a different letter name (for example, Plan A) and offers a different set of standardized benefits. Policies with the same letter name offer the same benefits, but premiums can vary from company to company.

The best time to buy a Medigap policy is during your Medigap open enrollment period. That six-month window starts when you turn 65 years old and have enrolled in Medicare Part B. It's important to enroll then because during that time the insurance companies that sell Medigap policies cannot deny you coverage if you have a preexisting condition, and they have to sell you a plan at the best available rate. If you try to buy a plan outside of this window, companies may refuse to sell you a policy or may deny you coverage for your existing health problems.

Some states have their own rules governing Medigap policies, so if you made this mistake and didn't sign up during your enrollment period, check with your **State Health Insurance Assistance Program (SHIP)** at [shiptacenter.org](https://www.shiptacenter.org/) (<https://www.shiptacenter.org/>) to ask about state-specific Medigap rights.

7. Not understanding your out-of-pocket costs


Although Medicare pays the lion's share of the medical costs for its enrollees, you need to be prepared for sometimes substantial out-of-pocket costs. Here's a rundown:

- **Premium:** Each part of Medicare may have its own monthly premium. Most people have no premium for Part A, which covers hospital services. You will be responsible for the Part B premium, which will be deducted from your monthly benefit if you are collecting Social Security.

If you enroll in a Medicare Advantage (MA) plan or a Part D plan, you may also owe a monthly premium, depending on the plan you select.

- **Deductible:** Before Medicare starts paying for the cost of your care, you may have to pay a flat amount, called a deductible. Parts A and B in original Medicare have annual deductibles, and some MA and Part D prescription drug plans also have deductibles. Medigap policies often cover original Medicare deductibles.
- **Copayment:** This is a fixed amount you pay for specific services. For example, under MA plans you may have a copay — usually around \$25 — every time you see a doctor or get another medical service.
- **Coinsurance:** This is where your plan will charge you a percentage of the cost of a medical visit or service. If you have original Medicare, you will owe 20 percent of the cost of the service. So, if you get a blood test that costs \$100, Medicare will pay \$80 and you'll be responsible for \$20. Medigap policies also usually cover your 20 percent share.

Note: If you have original Medicare, you should make sure the health provider you see accepts Medicare and takes what is called “assignment.” That means the provider is willing to accept the amount of payment on Medicare’s fee schedule for the service they perform. If you see nonparticipating providers, they can charge you up to 15 percent more than Medicare’s approved rate. If you have an MA plan, you should try to go to a network provider because some MA plans won’t cover out-of-network care at all, and others will pay less if you go out of network.

 Pushpin in calendar

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Mistakes at a Glance

1. Missing the enrollment window
2. Botching the special enrollment window
3. Misunderstanding your job’s insurance
4. Ignoring late enrollment penalties
5. Not fully weighing your options
6. Delaying a Medigap buy
7. Not understanding your out-of-pocket costs
8. Picking a plan that doesn’t have your doctors
9. Taking a drug plan that doesn’t meet your needs
10. Assuming you can’t afford Medicare

8. Choosing a Medicare Advantage plan that doesn’t include your health care providers

Each type of Medicare Advantage (</health/medicare-insurance/info-2019/medicare-advantage-expanded-benefits.html>) plan has different network rules. Most plans are either health maintenance organizations (HMOs), which often require referrals to specialists and rely on primary care physicians to coordinate a patient's care, or preferred provider organizations (PPOs), which have networks of doctors, hospitals and medical facilities that contract with a plan to provide services. Your costs are typically lowest when you use in-network providers and facilities, regardless of your plan.

If you decide to enroll in an MA plan, check with your providers to learn which plans they accept. If you have questions, contact your plan for more information. If your providers are not in the plan's network, check to see how much, if anything, the plan will pay for their services.

9. Choosing drug coverage that doesn't fully and affordably cover your prescriptions

Whether you're planning to get your prescriptions (</politics-society/advocacy/info-2019/drug-prices-consumer-impact.html>) covered through a stand-alone Part D plan or under a Medicare Advantage plan, take some time to learn about the rules, what drugs are covered and what your costs will be.

Make sure your plan covers your needed drugs. Each Part D plan has a list of covered drugs, called a formulary. If your drug is not on your plan's formulary, you may have to request an exception, pay out of pocket for the cost, or file an appeal.

Also find out whether your plan places any restrictions (sometimes called utilization management strategies) on coverage. Some plans may place a restriction on a certain drug, but others may not. One restriction might be requiring you to get prior approval from the plan before it will pay for a particular drug. Another example of a coverage restriction is step therapy, which means your plan requires you to try other, less expensive drugs before it will cover a more expensive medicine that you may need.

You should also take a look at whether the plan you're considering will give you a good deal at the pharmacy of your choice — or through mail order. Each Part D plan (</health/health-insurance/info-2017/medicare-part-d-fd.html>) has a network of pharmacies that include both preferred and non-preferred pharmacies. You typically pay less for your prescriptions at preferred pharmacies.

10. Assuming you can't afford Medicare

If you have a limited income, you may be able to get assistance with your health costs through certain programs.

Medicare Savings Programs (MSPs) help pay the monthly Part B premium and may help with Medicare cost sharing, depending on the program (there are three types of MSPs). Contact your SHIP at [shiptacenter.org](https://www.shiptacenter.org/) (<https://www.shiptacenter.org/>) to learn if you are eligible for an MSP.

Extra Help is a federal program that helps pay for some to most of the costs of Medicare Part D prescription drug coverage. Contact the Social Security Administration at 800-772-1213 or visit [ssa.gov](https://www.ssa.gov/) (<https://www.ssa.gov/>) to learn if you are eligible for Extra Help and to start an application.

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Arthur Cox <acecox49@gmail.com>

Veterans Remain Prime Targets for Scammers

1 message

AARP Fraud Watch Network <AARP@email.aarp.org>

Wed, Nov 4, 2020 at 3:02 PM

Reply-To: "Kathy Stokes, AARP Fraud Watch Network" <reply-f8e1079726d077c75-21_HTML-11371932-1067319-91@email.aarp.org>

To: acecox49@gmail.com

[A fraud alert from Kathy Stokes, AARP Fraud Watch Network](#) | [View email online](#)

Fraud Watch Network



Veterans Remain Prime Targets for Scammers

Dear Arthur,

While veterans and non-veterans alike are targeted by scammers, an AARP study found that veterans are twice as likely to lose money to fraud schemes. And during our ongoing COVID-19 pandemic, it comes as no surprise that scam artists are, as always, looking to line their own pockets. As Americans honor those who have served their country on Veterans Day, scammers go to great lengths to target their money and their benefits.



How It Works

Targeting veterans can take many forms. These include:

- Coronavirus (COVID-19) scams: Scammers call claiming to be from the VA or Tricare with offers of a COVID testing kit in exchange for your personal or financial information. They may also claim to have early access to a vaccine or treatment, again, in exchange for that information.
- The cash for benefits scheme: Predatory lenders target veterans in need of money by offering cash in exchange for future disability or pension payments.
- Charity scams: A caller claims to be raising money for disabled

veterans or veterans with cancer or, more recently, COVID-19.

- Employment scams: Con artists post bogus job offers to recruit veterans on various online job boards.



What You Should Know

- There is no vaccine yet for COVID-19. And, you won't first hear about a legitimate treatment or cure for COVID-19 by a phone call, so don't engage. The caller is trying to steal your money or your identity.
- Be wary of offers to veterans for upfront cash in exchange for future disability or pension payments. The policies typically are worth only a fraction of the stated value of the benefit.
- Scammers pull on our heart strings to convince us to donate to a cause we care deeply about. This is especially true for the men and women who have served our country.
- Veterans and military spouses lose more money to employment scams than the general population because scammers see them as hot targets.



What You Should Do

- The VA may check in with you by phone, email or text, but if you aren't sure the contact is legitimate, verify by calling the VA at [1-800-827-1000](tel:1-800-827-1000).
- Only work with VA-accredited representatives when dealing with VA benefits. You can search for them online at the VA Office of General Counsel website.
- Check out charities through websites such as [give.org](https://www.give.org) or [charitynavigator.org](https://www.charitynavigator.org) before donating to a cause.
- It's a scam if you have to pay upfront to get the job, supply payment information or pay for your personal military records, or if the ad refers to "previously undisclosed" federal jobs.
- For more information on COVID-19 specific to veterans, visit the AARP information page at bit.ly/Veterans-COVID.

When it comes to fraud, vigilance is our number one weapon. You have the power to protect yourself and your loved ones from scams. Please share this alert with friends and family and visit the [Fraud Watch Network](#).

Sincerely,

Kathy Stokes

AARP Fraud Watch Network

P.S. Are you active on social media? Do you enjoy sharing information that can help prevent friends and family from falling victim to scams? Become a volunteer AARP Fraud Watch Network (FWN) Digital Fraud Fighter! In exchange for simply sharing the same type of content with your friends and family that you already do, Digital Fraud Fighters will receive access to exclusive scam briefings plus a Welcome Packet, that includes a T-shirt, a special lapel pin, a copy of the FWN Con Artist's Playbook, the FWN Watchdog Alert Handbook, and more. Interested? Send us a note at FWN@aarp.org for more information!



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HEALTH (/HEALTH/) Conditions & Treatments



Unusual Symptoms of COVID-19 You Need to Know About

From nose to toes, doctors continue to discover uncommon signs of coronavirus infection

by Rachel Nania, **AARP** (<https://www.aarp.org>), Updated November 23, 2020 | Comments: 239

 woman bends over to smell a big white flower in a garden

BARUCH TAYLOR/ EYEEM/ GETTY IMAGES

'COVID toes'

Loss of taste or smell

Diarrhea, nausea, vomiting and severe appetite loss

Headaches, dizziness and confusion

Hallucinations

Blood clots

Hearing loss

High blood sugar

En español (/espanol/salud/enfermedades-y-tratamientos/info-2020/sintomas-inusuales-del-coronavirus.html?intcmp=AE-HLTH-TOSPA-TOGL-ES). | Fever, cough and shortness of breath are not the only warning signs of a coronavirus infection, even if they are the most common. In the last several months, a growing number of doctors have documented a handful of otherwise unexpected symptoms in patients with COVID-19, the illness caused by the coronavirus.

Some are reporting red or purple lesions on patients' hands and feet; others are treating people with diarrhea and severe appetite loss. There are also patients who have lost their sense of taste and smell. These symptoms, strange as they may seem, reinforce what experts around the world have come to realize: The coronavirus (SARS-CoV-2) is capable of causing more than a respiratory illness; it can launch a full-body attack (</health/conditions-treatments/info-2020/covid-19-and-your-body.html>).

"It takes a while for the full range of symptoms to kind of be known" when you're dealing with a new virus, explains Lisa Winston, M.D., an epidemiologist and professor of clinical medicine at the University of California, San Francisco (UCSF). At the start of the U.S. outbreak, the focus was primarily on treating the sickest patients, many of whom experienced classic respiratory symptoms and needed help breathing. "And then, as time went on and people saw more cases, they started to recognize some of the things that are a bit less typical," Winston says.

Here are some uncommon signs of COVID-19 that fall outside the hallmark symptoms.

'COVID toes'

If you had asked dermatologist Esther Freeman, M.D., last year what type of skin ailment a future viral pandemic might bring about, she never would have predicted red- and purple-colored toes that swell, burn and itch. But that's exactly what she and other experts are seeing in patients with coronavirus infections, leading this unusual symptom to be dubbed "COVID toes."

"The good news is, they do go away," says Freeman, director of Massachusetts General Hospital Global Health Dermatology and assistant professor of dermatology at Harvard Medical School, who is also overseeing an international registry that catalogs the dermatological manifestations of COVID-19. "So we're not seeing that this is going to cause permanent damage."

Another plus: The majority of people with COVID toes — which Freeman likens to chilblains (also called pernio), an inflammatory skin condition that often occurs after exposure to very cold temperatures — don't experience other symptoms of a coronavirus infection and don't require hospitalization for care. "Many patients are developing these toe lesions well after their infection, or they're otherwise completely asymptomatic, except for the toes," she adds.

Though most cases of COVID toes occur in the feet, the hands can be affected, too. Rashes similar to those that result from hives and chicken pox have also been reported in people who test positive for the coronavirus.

For the latest coronavirus news and advice go to [AARP.org/coronavirus \(/coronavirus/\)](https://www.aarp.org/coronavirus/).

As for how and why these skin conditions are happening, Freeman says, "Our knowledge on this is still evolving." It could be an inflammatory response to the virus, for example, or even a result of small blood clots in the blood vessels of the skin. (Medical experts have reported concerning clotting issues in patients with COVID-19 (</health/conditions-treatments/info-2020/covid-19-brain-symptoms.html>)). "I think that over the coming months, we're going to learn a lot more about why this is happening," Freeman adds.

If you notice a lesionlike rash on your hands or feet, contact your doctor or dermatologist about your symptoms, since it could signify a coronavirus infection. That said, it's important to keep in mind that "not everything on your toes right now is from COVID," Freeman says. "There's certainly lots of other things that can appear on the feet, and there's things that can even look similar," which is why it's important to talk with an expert. There is no specific treatment for COVID toes, but a high-potency topical steroid might reduce inflammation.

One thing to note, however, is that a doctor won't be able to tell if the virus is still active in your body just by looking at your skin. "So the safest thing to do is to follow CDC guidelines for self-isolation and to discuss with your board-certified dermatologist or other physician whether COVID testing might be right for you," Freeman advises.

Loss of taste or smell

On the CDC's recently expanded list of common COVID-19 symptoms, one stands out. In addition to fever, chills and a sore throat, the public health agency recognizes new loss of taste or smell (</health/healthy-living/info-2018/after-50-senses-hearing-loss.html>), as evidence of a coronavirus infection.

"People who have colds, if they get a really stuffy nose, they may complain of lack of smell, but, you know, that's sort of an unusual [symptom] right now in the absence of COVID," UCSF's Winston says. But it may be one of the best indicators of a coronavirus infection.

A study published in the journal *Nature Medicine* tracked more than 2.5 million participants who reported their potential symptoms of COVID-19 on a smartphone app. About 65 percent of people who tested positive for COVID-19 reported loss of taste and smell, making it one of the strongest predictors of the illness among those studied. Similarly, researchers from the University of California, San Diego, found that smell and taste loss were reported in 68 and 71 percent of COVID-19-positive subjects, respectively.

"But we don't always ask those questions [about loss of taste or smell] when we are in the busy emergency room," says Xinqi Dong, M.D., director of the Institute for Health, Health Care Policy and Aging Research at Rutgers University-New Brunswick. When triaging patients, many health care workers "have been focused on the primary symptoms that they know to ask."

 woman looking at salad not wanting to eat it

GETTY IMAGES

Diarrhea, nausea, vomiting and severe appetite loss

COVID-19 is producing symptoms of diarrhea, nausea, vomiting and appetite loss in a number of patients young and old. A recent study out of Stanford University School of Medicine found that nearly one-third of 116 patients infected with the coronavirus reported mild gastrointestinal (GI) symptoms. Earlier reports showed that among roughly 200 patients in China, more than half experienced diarrhea, nausea or vomiting. The Centers for Disease Control and Prevention (CDC) has also acknowledged GI issues on its list of COVID-19 warning signs.

"There's no question at this point that GI symptoms can be a manifestation of COVID-19," says William Chey, M.D., professor of gastroenterology and nutrition sciences at the University of Michigan. And oftentimes these symptoms can come on even in the absence of "the more typical and recognized" markers of a coronavirus infection, such as fever and cough, he adds.

Experts point to a few explanations for the tummy trouble. Chey says the virus can directly infect the cells that line the GI tract, which is why some patients can test positive for the virus with a stool sample, even if results from a nasal swab come back negative. GI issues could also be an indirect result of the body's fight against infection.

If you don't have a history of GI trouble and experience a sudden onset of diarrhea, nausea, vomiting or loss of appetite (</health/conditions-treatments/info-2020/digestive-symptoms-and-coronavirus.html>), — with or without other COVID-19 symptoms — check in with your doctor. Your symptoms might warrant a coronavirus test.

And if you are diagnosed with COVID-19, consider confining yourself to your own room and bathroom, separate from others in your house. Chey says it's not yet clear whether the virus can be transmitted fecal-orally, but if that is the case, "you should not be sharing a toilet with somebody that has COVID-19 unless, obviously, you have no other choice."

A few other tips: Disinfect bathroom surfaces often, especially high-touch areas such as toilet and sink handles. Don't share toilet paper rolls with someone who has COVID-19, and always flush with the cover closed, to minimize the spread of germs. Finally, continue to be vigilant about personal hygiene. "This whole issue about meticulous hand hygiene is so unbelievably important," especially if the virus is spread by the fecal-oral route, Chey emphasizes. "People need to wash their hands and not touch their face."

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Headaches, dizziness and confusion

Beyond loss of taste and smell, which usually return after the virus runs its course, doctors are noting a growing list of neurological effects in COVID-19 patients. Other indicators of the illness include dizziness, headache and confusion.

In fact, a study in JAMA Neurology found that more than 36 percent of 214 patients in Wuhan, China, experienced neurological symptoms during their bout of COVID-19. More recent research published in *Annals of Clinical and Translational Neurology* found that neurological manifestations — headaches, dizziness, confusion, etc. — were present in 42 percent of patients at the onset of COVID-19 symptoms and in 82 percent of patients at any time during the disease course.

For older adults, in particular, these neurological effects can be just as devastating as the pulmonary impacts of a coronavirus infection, Rutgers' Dong says. They can also be easily overlooked or dismissed as dementia or other diseases common with aging.

Neal Sikka, M.D., an associate professor of emergency medicine at George Washington University in Washington, D.C., says broader coronavirus testing is key to distinguishing COVID-19 patients from those who are suffering from a stroke (</health/brain-health/info-2020/stroke-survivor-stories.html>), or experiencing a complication from an underlying health condition.

"We're trying to be very vigilant and broad in our thinking" when a patient comes into the emergency room with confusion or change in mental status, Sikka says. "That could be some other type of infection; it definitely could also be a presentation of COVID. And so we are trying to do rapid testing on those patients to identify them early."

And this catchall approach is what Dong expects will become the norm going forward, especially as health care providers learn about the different ways a coronavirus infection can show up in the body.

"You know, we started by thinking about COVID as very similar to SARS [severe acute respiratory syndrome] and MERS [Middle East respiratory syndrome]," which are two other respiratory illnesses caused by coronaviruses. "But this — there's something different about this virus," Dong says. "We're catching up now, but if we had focused on not just fever, shortness of breath and dry cough, I think we might have caught more potential symptoms much earlier, especially in vulnerable older adults."

Hallucinations

Separate from the neurologic complications mentioned above, some COVID-19 patients with no history of mental health issues have experienced mild to severe hallucinations (</health/conditions-treatments/info-2020/covid-hallucinations.html>).

Experts are not sure what, exactly, is causing the symptom. In some patients, hallucinations may be part of delirium (</health/brain-health/info-2020/delirium-report.html>) that can sometimes accompany a critical illness or a long hospital stay, especially among older adults. In others, the visions and voices occur on their own, and doctors say the symptom could be due to chronically low levels of oxygen going to the brain or may be a result of the virus causing a direct attack on the brain. Inflammation triggered by the virus may also be to blame.

Unlike other coronavirus symptoms, which can have lasting effects, hallucinations and delusions seem to fade when the infection does, experts say. Low doses of antianxiety or antipsychotic medications can help patients find relief in the meantime.

Blood clots

Health care professionals are taking note of a troubling trend among coronavirus patients: blood clots. Some studies have found that as many as 30 percent of people with severe cases of COVID-19 experience clotting complications. Clot specialist Alex Spyropoulos, M.D., estimates that the number is even higher. The internist and professor of medicine at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell says that as many as 40 percent of patients who are hospitalized

because of a coronavirus infection die from blood clots, including micro clots, and the destruction they can cause (heart attack, [stroke \(/health/conditions-treatments/info-2020/covid-19-brain-symptoms.html\)](/health/conditions-treatments/info-2020/covid-19-brain-symptoms.html)), lung damage and the like).

"The risk of blood clots are anywhere from about three- to sixfold or greater, more than we're used to seeing," Spyropoulos adds. "It has us all in the academic community a little bit befuddled, because it's one of the most aggressive diseases with respect to blood clots that we've ever seen."

As for what's behind the clots, the answer is still unclear. They may be directly caused by the coronavirus and its interaction with the clotting pathway, Spyropoulos says. A hyper immune response is another explanation experts are exploring. Then there's the state of being critically ill, which Babak Navi, M.D., division chief for stroke and hospital neurology at Weill Cornell Medical College and a neurologist at New York-Presbyterian Hospital, says can provoke clotting.

"It's well known that [infections and inflammations \(/health/conditions-treatments/info-2019/lowering-inflammation-to-improve-health.html\)](/health/conditions-treatments/info-2019/lowering-inflammation-to-improve-health.html) are potent triggers and risk factors for clotting events, including stroke," Navi explains.

If you have clotting issues, the best thing you can do — especially during the coronavirus outbreak — is take your blood thinner medication as prescribed, Spyropoulos advises. And if you experience symptoms of a blood clot (pain, redness, swelling) or a stroke (confusion, dizziness, numbness), "take them extremely seriously and go right to the emergency department," Spyropoulos adds.

Researchers are exploring whether blood thinners could be a more routine course of care among hospitalized COVID-19 patients. A study out of New York City's Mount Sinai Health System found that patients who were treated with anticoagulants had improved outcomes both in and out of the intensive care unit.

"As a cardiologist who has been on service caring for COVID-19 patients for the last three weeks, I have observed an increased amount of blood clot cases among hospitalized patients, so it is critical to look at whether anticoagulants provide benefits for them," coresearcher Anu Lala, M.D., assistant professor of medicine at Mount Sinai's Icahn School of Medicine, said in a statement.

Hearing loss

Researchers are looking into a possible [connection between COVID-19 and hearing loss \(/health/conditions-treatments/info-2020/hearing-loss-coronavirus.html\)](/health/conditions-treatments/info-2020/hearing-loss-coronavirus.html). Several reports document patients who have experienced hearing problems that coincide with a COVID-19 diagnosis. Often these issues, which include tinnitus, or ringing in the ears, persist even after other symptoms of the illness subside.

The virus, SARS-CoV-2, has also been detected in the middle ear of COVID-19 patients, as reported in *JAMA Otolaryngology – Head and Neck Surgery*. With several other viruses known to cause hearing loss, the study's corresponding author, C. Matthew Stewart, M.D., said the findings raise some concerns.

"If there is an active viral infection in that part of the body, you could get the whole host of symptoms associated with other types of viral infections in that area," including inflammation in the ear that could impair hearing or cause tinnitus, dizziness and imbalance, explains Stewart, an associate professor of otolaryngology, head and neck surgery at Johns Hopkins School of Medicine.

Experts caution there's not enough evidence yet to draw a direct link between a SARS-CoV-2 infection and hearing problems. Other factors, such as medications used to treat COVID-19, many of which are ototoxic, or toxic to the ear, could contribute to the complication.

"And that's going to confound our understanding of the difference between hearing loss that's caused by a viral infection or hearing loss caused by the usage of an ototoxic medication that's given for therapeutic reasons," Stewart says.

Being critically ill can also usher in hearing loss, researchers point out. And public health efforts, such as masks and physical distancing recommended to slow the spread of the virus, can reveal previously overlooked hearing issues.

Elias Michaelides, M.D., director of the cochlear implant program and medical director of audiology and otolaryngology at Rush University Medical Center in Chicago, has seen a number of patients in recent months who say their hearing has worsened since the start of the pandemic.

"It turns out that their hearing hasn't changed," but their ability to communicate with others has, he says. "When you're wearing a mask, it muffles your voice and sometimes can make it harder for other people to hear you," Michaelides points out.

Masks also interfere with people's ability to pick up on visual cues when another person speaks. "For most people, it's not much of an issue. But in elderly patients who may already have some hearing loss, this can sometimes push them to the point where they're having difficulty understanding speech," he adds.

As researchers continue to study the short- and long-term effects of a SARS-CoV-2 infection, experts say the public can expect to see more hearing-specific studies surface. In the meantime, if you experience worsening or sudden hearing loss, contact your doctor right away. Early treatment can prevent permanent damage in some instances, Michaelides says. Your doctor may also recommend tools, such as hearing aids, to improve your quality of life.

High Blood Sugar

Some older adults are showing up to emergency rooms and testing positive for COVID-19 with few complaints other than high blood sugar (or hyperglycemia), a recent study in *The American Journal of Emergency Medicine* found.

It's important to note that hyperglycemia is common among patients with any infection, not just a coronavirus infection. "Even more moderate degrees of infectious disease can relate to a higher blood sugar," especially in patients with diabetes or prediabetes, whose glucose levels go up when they're sick, explains Robert Eckel, M.D., president, Medicine & Science, at the American Diabetes Association.

Even still, endocrinologists have been seeing “really impressive” rates of hyperglycemia and insulin resistance “across many hospital systems in the country in patients with COVID or suspected COVID” since the start of the pandemic, says Eve Bloomgarden, M.D., assistant professor of medicine in the Division of Endocrinology, Metabolism and Molecular Medicine at the Northwestern University Feinberg School of Medicine.

Sometimes these patients have diabetes or prediabetes (</health/conditions-treatments/info-2020/covid-19-and-diabetes.html>) and just haven't been diagnosed. However, the high incidence of hyperglycemia also suggests that the new coronavirus has “a really impressive effect on the metabolic control,” Bloomgarden adds. In fact, some doctors, including Eckel, are studying whether COVID-19 can even trigger a new type of diabetes in patients who previously did not have the disease.

How can you tell if your blood sugar levels are higher than normal? Diabetics who check their blood glucose regularly can track these trends themselves. Patients who don't have diabetes can look out for increased thirst, increased urination, blurred vision and weight loss — all are signs of hyperglycemia, which can be confirmed with a blood test.

If you notice your blood sugar shooting up or are concerned you have symptoms of hyperglycemia, contact your doctor right away. You may need extra care if a coronavirus infection is the underlying cause, since people with hyperglycemia and COVID-19 tend to fare worse than other COVID-19 patients, Eckel points out. “In other words, people tend to get sicker; they have more outcomes that are less favorable, including death,” he adds.

Because of this, Bloomgarden says it's especially important for diabetics to stay on top of managing their blood sugar levels during the pandemic and to practice “public health measures to avoid getting infected in the first place,” such as mask wearing, social distancing and frequent handwashing.

Eckel and Bloomgarden are also warning health care providers that high blood sugar in a patient could be enough to warrant a coronavirus test and the use of personal protective equipment, even in the absence of other telltale symptoms. “This could be another sign of something [going on] underneath the surface,” Eckel says.

Editor's Note: This article, originally published May 13, 2020 has been updated to reflect new information. Stacey Colino contributed reporting.


MONEY (/MONEY/) Saving & Investing ▼



8 Steps to Make Sure You Don't Go Broke in Retirement

Spend carefully and use Social Security wisely

by Allan Roth, [AARP \(https://www.aarp.org\)](https://www.aarp.org), October 7, 2020 | Comments: 0

 confident woman standing in front of a comprehensive budget plan drawn out in numbers and charts on a chalk board

PHOTODISC / GETTY IMAGES

You've worked hard your whole life to be able to enjoy retirement. Once you enter that phase, the goal is to make sure your money lasts (/retirement/planning-for-retirement/info-2020/how-much-money-do-you-need-to-retire.html) as long as you do. To that end, here are some things you can do to drastically increase the odds that you won't run out of money.

1. Set a realistic spend-down rate.

How much of your portfolio funds can you safely spend each year? By my calculations, I think withdrawing 3.5 percent of your balanced portfolio in the first year and increasing that amount each year by the rate of inflation are relatively safe actions if you're around 65 years old (/retirement/planning-for-retirement/info-2020/5-things-to-know-at-65.html). This means that if you had \$100,000 in investments and home equity, you could spend \$3,500 the first year. With 2 percent inflation, you could increase it by \$70 the next year, and so on. (Don't forget you'll be getting Social Security, too.)

2. Have a backup plan.

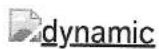
Investing is uncertain, and things may not go as planned. Look at your expenses (/retirement/planning-for-retirement/info-2020/suze-orman-10-steps-to-your-future.html), and decide what's nondiscretionary (property taxes, utilities, food) and what's discretionary (travel, entertainment). Then examine those discretionary items and decide how much you could reduce them should markets plunge and not quickly recover.

3. Inventory what makes you happy.

Analyze your nondiscretionary expenses and recall which ones brought you bliss. Typically, the new car doesn't bring as much long-term happiness as taking the grandkids out for a meal or on a vacation. Financial journalist Jonathan Clements notes that research shows (<https://humbledollar.com/2019/06/get-happy/>) that experiences typically bring more joy than stuff does.

4. Take a part-time job doing something you love.

I'm a believer in phased retirement. From an emotional standpoint, it's hard to go from decades of working full time to having no routine at all. But from a financial standpoint, working part time (</work/job-search/info-2020/part-time-work-from-home.html>) accomplishes two financial goals. It brings in cash and gives you less time to spend money, as well. Don't take a stressful job, but consider earning a bit doing something you love. "Life in retirement is much more than a 25- to 30-year vacation," says Steve Vernon, author of *Don't Go Broke in Retirement*. "Finding work that you enjoy is a great way to put extra money in your pocket, have a reason for getting up in the morning and to be out in the world."



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5. Buy a U.S. government inflation-adjusted annuity.

This is simple: If you delay taking Social Security (</retirement/social-security/info-2020/claiming-benefits-due-to-job-loss.html>), benefits by four years, you can increase your monthly paycheck by 32 percent. I tell people to think differently about the decision. If, say, a 66-year-old could get \$2,000 a month if she elected to start Social Security payments now, I tell her to go ahead and spend that amount now from her portfolio. What she is really doing is buying a payment that could be \$640 a month higher if she waits until age 70. And each year, your payment gets adjusted higher for inflation. Higher guaranteed inflation-adjusted income reduces the odds of running out of money. "Delaying SS is still a good idea even if you believe there will be reductions in the future," Vernon says. Why? Because you still receive a percentage of a bigger number.

6. Be frugal, but focus on the big things.

I'm all for being frugal, and I love AARP's annual list of 99 ways to save (</money/budgeting-saving/info-2020/99-ways-to-save.html>). But focus on the big dollars. Buying a modest car and keeping it for a decade or longer are the single biggest way to save. Downsizing the house can save a bundle, too, Vernon told me, but moving to a different state (</money/taxes/info-2020/states-without-an-income-tax.html>) is another matter, as your network of friends and family is a key to happiness and

longevity. Getting [insurance quotes \(/money/budgeting-saving/info-2020/too-much-insurance.html\)](/money/budgeting-saving/info-2020/too-much-insurance.html) every couple of years may not only save you significant cash but also make sure you are insuring just for what you can't afford to lose. Comparing prices is so much easier online. Before I buy products on the web, I Google the site and the words "promo code." Often, a minute can save a few bucks. Consumer advocate Clark Howard regularly comes up with amazing deals.

7. Keep your investing fees low and your discipline high.

When we buy things, we get feedback on how much we are spending from our bank and our loved ones. In investing, however, we have to do more work to get that feedback, such as looking up the fund fees through sites like [Morningstar \(https://www.morningstar.com/\)](https://www.morningstar.com/). Research demonstrates that lower fees typically yield greater returns, and that gives you more money to spend. There is always the possibility that when the next bear market strikes, you will panic and sell a low-cost fund; that's where having the [discipline to stick to an asset allocation \(/money/investing/info-2020/retirement-income-risks.html\)](/money/investing/info-2020/retirement-income-risks.html) is critical. For instance, if you sold in March, when the stock market shed 35 percent, you were likely taking on too much risk.

8. Keep cash working hard.

Today many banks are paying 0.02 percent or less on your money. But some [online savings accounts \(/money/investing/info-2019/your-best-bank-choices.html\)](/money/investing/info-2019/your-best-bank-choices.html) are paying 0.70 percent or more and are FDIC insured. That may not seem like much, but each \$10,000 pays \$70 annually, which can buy a few nice meals a year. [Depositaccounts.com \(https://www.depositaccounts.com/\)](https://www.depositaccounts.com/) and [Bankrate.com \(https://www.bankrate.com/\)](https://www.bankrate.com/) are two good places to shop.

Take these eight steps and you'll be far more likely to fund the rest of your life. Then you can concentrate on whatever brings you meaning and happiness.

Allan Roth is the founder of Wealth Logic, an hourly-based financial planning firm in Colorado Springs, Colorado. He has taught investing and finance at universities and written for Money magazine, the Wall Street Journal and other publications. His contributions aren't meant to convey specific investment advice.

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