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HEALTH & MEDICINE NEWS

# 'I miss my baby.' Family of Suffolk girl who died of COVID-19 describes heart-wrenching final days

By ELISHA SAUERS  
THE VIRGINIAN-PILOT | SEP 29, 2021



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Teresa Sperry, a 10-year-old Suffolk resident, died of COVID-19 at Children's Hospital of The King's Daughters. (Family Photo/Family Photo)

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SUFFOLK — Jeff Sperry balked at the idea of his children riding in a school bus in the middle of a pandemic, so he drove them each day.

His family of six is vigilant. They believe in wearing masks, getting vaccinated and staying home from school when under the weather. His wife, Nicole Sperry, is a third-grade teacher.

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When he picked up his daughter last Wednesday, she had a headache. When she came home from school Thursday, she was profoundly altered, drowsy to the point of conking out for a nap. She had a fever, so he kept his children home from school Friday.

By Monday, his daughter was gone.

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Teresa Sperry, a 10-year-old girl from Suffolk, died of coronavirus complications at Children's Hospital of The King's Daughters in Norfolk. She is thought to be [the second child fatality in Hampton Roads](#).

Anthonette Ward, a Suffolk Public Schools spokeswoman, said the administration dispatched a crisis management team to provide grief counseling to Hillpoint Elementary School students and faculty. Suffolk Public Schools Superintendent John Gordon III sent a letter to parents Tuesday, though it did not refer to Teresa by name or give her cause of death. It did, however, detail methods for preventing the spread of the coronavirus.

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The Virginia Department of Health has not confirmed her death as a COVID-19 fatality. There have been 12 juvenile deaths in Virginia, according to health department data as of Wednesday.

On Friday morning, Jeff Sperry called the local CHKD medical office to find out if Teresa could get tested. He was told she needed to have at least five days of symptoms. Their opportunity would be Monday.

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By Sunday evening, Teresa was coughing and vomiting, so he took her to Sentara Obici Hospital. They gave her strep and COVID-19 tests.

Nicole still thinks about how brave Teresa was. She twitched her nose like a rabbit after a nurse swabbed it for fluids.

Then they wanted to look at her lungs for signs of pneumonia.

She hangs onto a memory: Teresa was shy about disrobing for the chest X-ray, so Nicole built a dressing room for her out of a patient gown.

Her lungs looked clear, and she was sent home.

That night, every time Teresa started to doze off, she woke up wheezing. Jeff Sperry stayed up with her all night.

On Monday morning, she stopped breathing. Paramedics took her to Obici, then staff requested to transfer her to the children's hospital. Sperry couldn't go to either hospital because he had developed COVID-19 symptoms.

Before medics moved Teresa, Nicole said goodbye. She watched the gentle way the health workers cared for their young patient.

"Anytime they needed to give her an IV or give her a shot or whatever, they were like, 'OK, sweet girl. This is gonna pinch a little bit,' just like she was awake," she remembered. "I loved that."

But at CHKD, they lost her pulse again.

More children were [admitted to the hospital](#) for the disease in August and this month than during the pandemic's January peak of 23. There were 39 in August, and as of Tuesday, there have been 57 in September. The increase has come as a shock to many who thought the public health crisis was coming to an end earlier in the summer.

The more contagious delta variant has driven rapid transmission of the virus. Children are [making up an increasing share of new cases](#), in part because vaccines are not yet allowed for anyone under age 12. But health authorities have said [the Pfizer vaccine soon will be expanded to ages 5-11](#).

Though health experts say children are still likely to be asymptomatic or experience only mild symptoms, more than 1,000 juveniles have been hospitalized for the disease statewide. About 40% have been in Hampton Roads.

Nicole stayed at the hospital for hours after Teresa died. The staff asked if she wanted to help clean her.

She couldn't bear seeing her baby's face in that condition. So she did.

Just a few weeks earlier, Nicole had given Teresa her first makeup — eye shadows, lip gloss and a little bottle of mascara in a pink and green bottle.

She called Teresa her little diva, always striking a pose for the camera. It was pretty common for mom's high heels to disappear. The dog got blamed for missing shoes that were in fact squirreled away in Teresa's room.

The neighbor called her "Princess Boo-boo." Teresa liked to go over to her house and try on jewelry — 15 necklaces and 20 bracelets on each arm was her style.

At school she was known as a helper — so much so that the week before her death, her teacher had asked her to walk sick students to the school nurse, Sperry said. If anyone was sent home, it was her job to go back to the classroom to gather their book bags.

Suffolk schools officials did not respond to several requests for comment on the matter, made through spokeswoman Ward on Wednesday.

The family will have to put off a funeral service. They're quarantining at home. Though fully vaccinated, Sperry tested positive for COVID-19. Their other children's test results are due Thursday.

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They spent most of Wednesday talking to reporters — using their tragedy to urge masks, vaccines and social distancing.

Their daughter was healthy, they said. There's no telling who will recover and who won't.

Sperry has diabetes and sleep apnea — making him a high-risk coronavirus patient. When asked how he's coping with his illness, he shuddered.

"I don't care," he said. "I miss my baby."

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Elisha Sauers  
Staff Writer



Elisha Sauers is a former health and medicine reporter for The Virginian-Pilot.

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HEALTH & MEDICINE NEWS

# After COVID-19 vaccine, her skin bubbled and burned: One woman's mysterious reaction

By ELISHA SAUERS  
THE VIRGINIAN-PILOT | APR 23, 2021



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Kimberly Parker is photographed outside of her home in Chesapeake, Va., on Wednesday, April 21, 2021. (Kristen Zeis/The Virginian-Pilot)

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CHESAPEAKE — Lying under the covers, Kimberly Parker could feel bumps rising on her arm.

She didn't bother to flip on the lights to inspect them. Her body was an achy wreck. Parker had slammed into a wall of exhaustion and crash-landed in her bed.

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It was not surprising. She had heard plenty of other people complain about feeling tired after getting their COVID-19 vaccines, and this was her second dose. She went to bed early March 30, hoping she could shrug off the fatigue by morning.

The next day, she felt pins and needles pricking under her skin and a swollen feeling in her arm. Strangely, though, not in the arm injected with the Moderna shot.

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Standing in front of the mirror, she could finally see the rash. It looked like miniature cobblestone, paved down her arm.

As it progressed, it crept north, expanding to her chest. There was more — on a leg, the side of her face and smattered across her abdomen. The pelt of a shower helped her discover the pimple-like clusters that had reached her back.

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Parker, a 31-year-old Chesapeake resident who works at a commercial real estate company, is one of the rare people to experience a skin reaction spanning her body after receiving a COVID-19 vaccine. Her rash — a measles-like explosion — caused her severe burning for nearly three weeks, but is otherwise considered harmless.

About a month since the shot, the pain has dissipated, but her experience has left her frustrated with a health care system that allowed her to go weeks without answers. The pandemic — through its isolation — had caused her enough stress. Given the millions of people receiving vaccines she would have hoped for more attentiveness from medical professionals when something went awry.

In the the first two weeks, she visited two walk-in clinics, called the local health department and Moderna, and saw her primary care physician, but only after many days of waiting for an appointment. Along the way, a nurse had dissuaded her over the phone from making an appointment with a dermatologist. Had it not been for that advice, Parker believes she might have received the right care sooner.

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the discoloration of her skin remains. (Kimberly Parker / HANDOUT)

She posted on Facebook, grasping for answers from the armchair experts. Unsure of where to turn next, she reached out to the newspaper for help.

After connecting with a reporter at The Virginian-Pilot, she was pointed to a dermatologist at Eastern Virginia Medical School. She also saw an allergy specialist the following week, through contacts The Pilot obtained from the Chesapeake Health Department.

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**“Moderna arm” and “COVID toes:”** Those are nicknames for some of the vexing skin reactions vaccine recipients have experienced after getting their shots.

Doctors are seeing bluish and purplish skin on people’s feet, a reaction some have also had from the coronavirus itself. Experts don’t know the cause of the frostbitten look, but the thinking is blood vessels are contracting from inflammation, causing a sluggishness of the blood in the toes. Though uncomfortable, the swelling subsides, and color eventually returns.

Moderna arm, aka COVID arm, is an itchy, raised, red rash circling the injection site.

Dr. Richard “Hal” Flowers, assistant professor of dermatology at the University of Virginia, said the arm rashes are the most commonly reported skin reaction. They fade away after a few days, though it’s not quite clear what’s triggering them.

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In the past, people with egg allergies have struggled with vaccines because they were developed in eggs. But some patients also are having delayed skin issues after receiving one of the new messenger RNA vaccines — Pfizer and Moderna’s shots — which were not made in eggs.

“An immune system recognizes something as foreign and reacts to it,” Flowers

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start to recognize this virus, or it could be the polyethylene glycol — something that kind of keeps the vaccines soluble — and it’s a common allergen.”

When Parker posted on social media her selfie pictures, friends suggested Moderna arm.

She Googled it herself. Was that it?

Hers was no itchy splotch. More to the point, it wasn’t on her injected arm.

“I see ‘COVID arm,’” she told them. “But that’s not my rash.”

Researchers recently looked at 414 skin reaction cases following COVID-19 vaccines between December and February and found that 83% came after Moderna shots, according to a paper published in the [Journal of the American Academy of Dermatology](#). The study ended before Johnson & Johnson’s single-dose vaccine entered the fray, so it’s not included in the findings.

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Other skin conditions included hives, measles-like flare-ups, full-body rashes and swelling linked to cosmetic fillers used to plump wrinkles.

Anecdotally, patients are reporting cases of shingles, too, the reactivation of a dormant chickenpox virus, which can cause painful skin blisters. But scientists have yet to establish a connection between the COVID-19 vaccines and that infection.

Based on the study, Parker's condition, which most resembles a so-called "morbilliform eruption," is even more unusual among the rare reactions. The term essentially means "measles-like," though it isn't measles.

Only 27 cases were documented in the study, with just 10 instances occurring after the second dose.

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**When Parker learned** that her own doctor couldn't see her for over a week, she made a trip to a walk-in clinic.

The health care provider who saw her wasn't sure what it was, but suggested she be examined by a dermatologist.

The clinic also offered her an internal steroid — an option she refused because she feared it would wipe out the efficacy of her vaccine.

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She spoke to someone at her primary care doctor's office again, but still couldn't get a timely appointment. When she mentioned the clinic wanted her to see a dermatologist, Parker said her doctor's nurse told her by phone that wasn't necessary.

She resolved to try to tough it out, but the burning only increased.

But even that seemingly mild cream — used on baby bottoms the world over — felt like gas on the fire. She wore loose shirts, sweaters and pajamas.

“Water burns. Now I have to use gloves to wash dishes,” Parker said. “Any speck of moisture that hits my arm or my chest, it feels like I have acid on my skin.”

Even a wisp of air across her arm stung.

After a friend suggested it could be shingles, she tried a telehealth visit. The video call concluded she needed to be seen in person.

So she went to a different clinic. That doctor, who examined her on April 3, didn’t think it was shingles because of the pattern and how dispersed it was on her body.

Again she was offered an internal steroid. Again she refused.

“I’d rather be fully vaccinated,” she said.

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**Many days passed**, and Parker wasn’t sure if her rash was improving.

It certainly was changing. The skin that had bubbled was beginning to open and ooze. Pieces were sloughing off.

Underneath were dark, sensitive patches.

Was it scarring? She worried that it might be permanent.

She had been reporting her symptoms in the [V-SAFE system](#), a federal tracker of side effects following COVID-19 vaccines. Surely, her reports would flag someone from the health department to contact her, she thought. After all, the website says: “Depending on your answers to the web surveys, someone from CDC may call to check on you and get more information.”

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“I’m like, ‘Somebody must be dying out here,’ because they are not calling me,” she said laughing.

Kimberly Parker, 31, developed an unusual skin reaction after receiving her second dose of the Moderna COVID-19 vaccine that spread to her arms, legs, abdomen, chest, back and face. Nearly a month later, the burning is subsiding but the discoloration of her skin remains. (Kimberly Parker / HANDOUT)

Finally, she had a visit with her primary care physician, after days of waiting for an appointment. The doctor told her the person she really needed to see was — wait for it — a dermatologist.

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Ten days after that second dose of vaccine, she finally did. A dermatologist examined her and prescribed a topical steroid cream. She was instructed to slather it on to all of the rashes twice a day.

Over-the-counter hydrocortisone cream and antihistamine medications were also encouraged.

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All along, Parker had feared taking an oral steroid could potentially undermine the vaccine. It's not known whether internal steroid medications would interfere, said Dr. Abby Van Voorhees, chairwoman of dermatology at EVMS, but doctors try to avoid using them if they can.

“In theory, what we worry about is if we put people on internal steroids, we may suppress what we're trying to accomplish, which is to have their body mount an immune response to the vaccine,” Van Voorhees said. “But nobody really knows how much of an immune response one needs.”

It took a few days on the topical treatment, but Parker began to feel the burning sensation subside.

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**One of the most important** findings in the skin reactions study was that, while annoying and uncomfortable, none of the cases was life-threatening.

The silver lining could be that getting a rash is a sign of a person's immune system working.

Dangerous types of skin reactions to look out for are hives that come on rapidly, sometimes within 30 minutes of receiving a shot, Flowers said. Those bumps, paired with difficulty breathing, would be seen as signs of anaphylaxis, or a severe allergic reaction.

“Very quick onset signs, or lips swelling, tongue swelling or difficulty breathing — that would be an emergency,” he said. “That's the big, bad scary type of vaccine reaction.”

Otherwise, if you happen to be one of the few who gets a skin reaction, even one of the widespread ones, chances are you'll be OK, Dr. Van Voorhees said.

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concern about having a rash from the vaccine stand in the way of getting vaccinated.”

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**Wondering whether she** was allergic to an ingredient in the vaccine, Parker went to an allergy specialist.

About a week ago, she was tested for an allergy to polyethylene glycol — also known as PEG — a substance used in the COVID-19 vaccines.

Her skin test was normal.

She’s still clueless as to why it happened, but she’s not as concerned anymore.

Now she’s waiting to see if the skin discoloration will fade. It may take months, she’s been told. Keep it protected from the sun, doctors said.

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Even after all she's been through, Parker says she wouldn't hesitate to get a vaccine booster if public health experts ever recommend it.

On the day she got her second shot, she saw her 90-year-old uncle, who had been vaccinated two months earlier.

While wearing a mask, she gave him a hug. It reminded her of why she did this.

"I was like, 'This feels good,'" she said. "We're not going to go back to normal, but I want to at least be able to reconnect with people, because I live alone. I work from home. So, it just gets a little bit lonely."

*Elisha Sauers, 757-839-4754, [elisha.sauers@pilotonline.com](mailto:elisha.sauers@pilotonline.com)*

Topics: [COVID-19](#), [coronavirus](#), [Moderna](#), [pandemic](#), [vaccine](#), [side effect](#), [skin reaction](#), [allergist](#), [dermatologist](#)



**Elisha Sauers**

Staff Writer



Elisha Sauers is a former health and medicine reporter for The Virginian-Pilot.

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HEALTH & MEDICINE NEWS

# Gov. Northam, leader of Virginia's fight against pandemic, has had 'long COVID' for a year

By ELISHA SAUERS  
THE VIRGINIAN-PILOT | OCT 17, 2021



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Gov. Ralph Northam gets a COVID-19 test from Tanyell Thomas of Chesapeake Regional Healthcare in June 2020. Following a mild illness that September, Northam has had "long COVID" for more than a year. (The' N. Pham/AP)

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RICHMOND — At first, the positive results from Gov. Ralph Northam's COVID-19 test were the only indication he had been infected. It wasn't until a couple of days later that the symptoms erupted — like an unrelenting sinus infection that had set the upper part of his throat behind his nose ablaze.

He knew right away he had lost his sense of smell. One morning he stepped into the shower, and noticed his shampoo had no fragrance, even as he lathered it into his hair.

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Almost half a year ago, Northam said publicly he had prolonged smell and taste loss following his mild illness. He intended that as a wakeup call for Virginians on the interminable consequences of the coronavirus. Vaccines, which weren't available when he got sick in September 2020, are the best prevention, he said. But perhaps more surprising was when he recently brought up his symptoms again: Even now, more than a year since his case, he hasn't regained those senses.

With just three months left in his administration, Northam hopes sharing his experience will persuade some of the vaccine-resistant population to get the shots. He knows many unvaccinated people are young and doubt they could die. In an eleventh-hour push, the nation's [only governor who is a doctor](#) has a parting message.

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"I'm 62, and I can deal with this," he said in an interview with The Virginian-Pilot. "But why take a chance, if you're 15 or 20 years old or whatever age, of having symptoms that may affect you for the rest of your life? Or, in the worst-case scenario, you get COVID pneumonia and don't recover and end up losing your life."

Though Northam's smell and taste impairment isn't debilitating, he is among the countless Americans with "long COVID" — post-infection symptoms that have lasted a month or more. Many people who have survived the virus now have chronic breathing problems, fatigue, racing hearts and weakened organs. It's the formidable public health crisis lurking just beyond the pandemic, threatening to keep people from returning to the lives they once knew.

Governor Ralph Northam 

@VAGovernor73



Seven months after getting COVID-19, I still can't smell or taste anything. And many people have long-lasting side effects that are much worse.

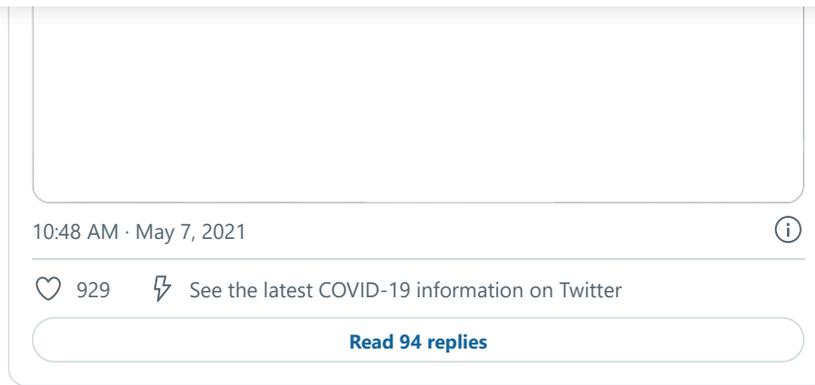
I've had the virus and the vaccine—between the two, I'd take the vaccine any day.

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Medical researchers still don't fully understand what causes the myriad symptoms long haulers report after COVID-19. In an April survey involving 6,000 adults, [66 percent of people who had the disease](#) said they had not returned to their previous health more than four weeks later, according to the Centers for Disease Control and Prevention.

After three weeks of isolation, Northam and his wife, Pam Northam, were cleared by the Virginia Department of Health [to return to public duty in October 2020](#). The governor was soon zigzagging the state for meetings and appearances, leaving little time to see a specialist for his lingering health issues.

He expected his senses to return with time.

Rather than come back, the problems morphed. Now, along with the lack of smell and taste, he experiences bouts of parosmia, a condition that causes things to smell and taste different, and phantosmia, brief episodes of smelling something that isn't there.

Northam's drink of choice on the road used to be lemonade. That tradition abruptly ended when it began to taste like gasoline.

Ironically, he can no longer smell gas. The governor, who has restored a 1953 Oldsmobile and 1971 Corvette, still works on cars in his spare time, but can't detect the scent of a leak.

The same goes for smoke. Sometimes he'll think he's inhaling noxious fumes for a few seconds when there are none. But when he's sitting beside his backyard fire pit and the wind changes, he gets nothing.

Medical experts say that's one of the major concerns for people who have smelling loss: They can't smell a fire, toxic chemical or gas leak, putting them at risk of not reacting quickly in a life-threatening situation.

The only perk for Northam has been his inability to smell Murphy and Pearl, his Labrador retrievers. That came in handy during one ride with the dogs in the executive Suburban. Two state troopers in his security detail gasped for air, with the first lady begging for someone to roll down the windows. The governor was unfazed.



In a Tuesday, Nov. 5, 2013, file photo, Murphy, Ralph Northam's labrador, sports a candidate T-shirt at the East Ocean View Recreation Center in Norfolk. (Rich-Joseph Facun)

As a neurologist, Northam has an informed grasp of his problem. He has spent most of his career treating children, but during the height of Operation Desert Storm, he cared for adult neurology patients as an Army medical officer.

When people have changes in sensation, neurologists try to surmise whether it's a problem of the brain, neurons or something more peripheral. Sinus infections, for example, can wipe out smell and taste because of inflammation of the epithelial cells that line the nose and upper pharynx.

Northam offers this medical explanation, using sophisticated terms. His Eastern Shore drawl makes for an unassuming bedside manner.

Stop me anytime, he says before proceeding.

#### FEEDBACK

People's brains receive messages through their olfactory bulbs, and sensory neurons connect them to the brain. Sustentacular cells provide structural and metabolic support to the neurons. But the neurons don't seem to be affected by the gene linked to the coronavirus.

"It's actually the supporting cells, which is kind of encouraging," Northam said, "because most people think that, in time, they will actually regenerate and heal themselves, versus neurons that are a lot slower, and oftentimes don't recover."

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Smell or taste returns within six months for four out of five COVID-19 survivors who have lost these senses, according to [an ongoing Virginia Commonwealth University study](#). Those under 40 are more likely to recover them than older adults. About 3,000 people across the United States have participated in the survey, [which has been tracking symptoms over time](#).

But considering hundreds of millions have had the virus worldwide, that 20% who don't get better means millions could have permanent loss, said Richard Costanzo, founder of the Smell and Taste Disorders Center at VCU Health.

The clinic, one of the few in the country, has seen patients who have experienced dysfunction following other viruses. For people who have had those symptoms for two or three months after an illness, there's a good chance they'll recover. But if they haven't in 12 to 18 months, the probability of getting back to normal would be less than 5%.

People who smell and taste things differently may be having partial recovery because the brain is receiving some information, Costanzo said.

“It's kind of like looking at a picture, then taking away 80% of the pixels,” he said. “It's distorted.”

Most of what people think is taste is really smell. The two sensations are closely linked, said Dr. Evan Reiter, an otolaryngologist and medical director of the clinic. People are also smelling what's in their mouths because the aromas of food drift up into their nasal passages.

One of the concerns for people who have smell impairment is losing their appetite, leading to weight loss or even malnourishment. Reiter encourages them to try different spices and find foods with pleasing textures.

Many people who have lost their senses of smell and taste also report depression.

“It goes back to the fact that smell and taste are the most primitive senses that we have — everything down to an amoeba can smell and taste,” Costanzo said. “These systems are intimately connected to our reproductive system and our survival.”



In a Monday, March 15, 2021, file photo, Virginia Gov. Ralph Northam receives a Johnson & Johnson coronavirus vaccine at the Executive Mansion in Richmond, six months after recovering from a mild case of COVID-19. (AP Photo/Steve Helber) (Steve Helber)

Shortly after Northam’s illness, he used Flonase, an over-the-counter nasal steroid spray for allergies and congestion. Seeing no improvement, he stopped.

A therapy he has continued is called “olfactory training,” which is exactly what it sounds like: smelling practice. As he pours his cup of decaf, he inhales deeply. He also sniffs peppermint and peanut butter, trying to hone what’s left of his nose.

It hasn’t seemed to help so far, but he keeps at it.

As of today, few treatments exist to help with smell loss caused by a virus. But Costanzo and Dr. Daniel Coehlo are in the early stages of development on a potential solution. Calling it the “cochlear implant of the nose,” the device would use new gas-sensing technologies.

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With favorite foods tasting like cardboard these days, Northam eats to live. The experience has made him more attuned to what the pandemic as a whole has brought into focus — that much of life's enjoyment comes from small things, though you may not realize it until they're gone.

Like the refreshing jolt a dab of Crest toothpaste used to bring. Instead of mint, he gets metal.

"It's a god-awful taste is the way we describe things on the shore," he said. "I'll put it in more diplomatic terms. It's a very unpleasant taste."

For the national survey on COVID-related loss of smell and taste, visit [go.vcu.edu/covidsmell](https://go.vcu.edu/covidsmell).

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Topics: coronavirus, COVID-19, pandemic, long COVID, long haul, Gov. Ralph Northam, Virginia, pediatric neurologist, taste, smell



Elisha Sauers  
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