



## COVID-19 Frequently Asked Questions Template

### 1. Wearing a homemade mask in public:

Medical studies are inconclusive regarding the benefits of wearing a cloth mask in public. The theory is that it does not protect you from getting infected, but if you are infected without symptoms, the cloth mask may protect others from catching COVID-19 from you. Some studies indicate that asymptomatic patients with COVID-19 are contagious.

### 2. Physical distancing and sheltering at home

These policies have been the most effective ways for countries to decrease the number of infected citizens and COVID fatalities. History from the Spanish flu and current evidence have clearly shown that by decreasing the exposure of each citizen to others, countries have been able to substantially decrease the infectious rate. These measures need to be kept in place until the threat evades. Of course, this can negatively affect economies. A key metric for the success of physical distancing interventions is whether critical care capacities are exceeded.

### 3. COVID Treatments

No cure, nor definitive treatment has been found. At present the only real option that physicians have is supportive care in the ER or ICU via use of breathing assisting devices until the body is strong enough to recover by itself.

Hydroxychloroquine and chloroquine are not proven treatments. They have not yet been properly investigated nor proven to be beneficial. At the current moment they are only being used while patients are in the ICU with extreme care as these drugs do have significant cardiac side effects.

Zithromax (antibacterial) has not been properly studied nor proven to be effective against COVID-19. It is used only experimentally on COVID-19 cases. Side effects can worsen if it is used at the same time with Hydroxychloroquine, therefore patients have to be strictly chosen.

In one study Remdesivir (antiviral) was given for compassionate use in 56 very sick patients, and it helped 36 of them. It is still unclear if Remdesivir should be used as this study was done in a very small group with relatively short follow up.

There is still very little data regarding the use of plasma from those who have fully recovered. Its use is still under investigation.

### 4. Immunity in Recovered Patients

It is still unknown if anyone who has recovered from COVID-19 can get reinfected or if the same infection can relapse. At present the original COVID-19 virus has mutated very slowly creating different strains, something normal with viruses. Most of the time, mutations make viruses weaker than the original virus.

It is not guaranteed that someone who has recovered from COVID-19 is definitely immune and for how long. This is a new virus for which the length of immunity is not known. Also, it is not known if the virus will mutate enough for the immune system to recognize.

-continued next page-

## **5. Mortality Rate**

Mortality rate varies from 0.6% to 3.5% or more depending on the availability of medical resources of each city, a main reason why it is imperative to lower the infectious curve. The more time that the healthcare system has to resupply its equipment and the medical personnel to recover, the more patients that can be attended to.

The time for symptoms to show up after exposure is between 2 to 14 days with an average of 4 to 6 days. We will not know the real mortality rate until the disease has run its course in all the patients.

## **6. Vaccine Development**

It is nearly impossible for scientists or pharmaceutical companies to have a vaccine in less than one year. Many vaccines are under investigation, some are now entering human trial. These trials are cumbersome with close monitoring of improvement versus potential side effects.

## **7. COVID Waves/Surges**

Most likely COVID-19 will come in different waves. Experts at Harvard T.H. Chang School of Public Health project that recurrent wintertime outbreaks of COVID-19 will probably occur after the initial, most severe pandemic wave. This will depend on immunity and the strict public measures applied.

## **8. NSAIDs and COVID**

According to the FDA, there is not enough scientific evidence to link the use of NSAIDs, such as Ibuprofen or Advil, to worsening symptoms of COVID-19. It had been suggested in a letter in the journal *Lancet* on March 11, 2020.

## **9. COVID Antibodies**

Antibody testing is not presently an option for most physicians to use. On April 2<sup>nd</sup>, the FDA emergently approved the first antibody-based test for COVID-19. This test is designed to determine if someone has been exposed to COVID-19 and has developed an immunity. Dozens of other companies are working on developing other antibody testing for mass production.

## **10. Length of COVID Patient Quarantine**

AMA guidance on when people may consider themselves out of "quarantine" if they have symptoms of COVID: at least three days (72 hours) must have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND At least seven days have passed since symptoms first appeared.