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Going out in public

Making our trips to grocery store as infrequent as possible, but when we do need to go, are wearing gloves and a face mask necessary, and are there other precautions to take?

The guidance on face coverings has changed since this question was asked on March 24. On Friday, the Centers for Disease Control and Prevention [started recommending](#) "wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission."

Health officials had long said face masks should be reserved for health care workers and people who have tested positive for COVID-19, but studies show people can have the virus without having any symptoms and still be at risk of transmitting it to others. Still, the CDC maintains that surgical masks and N-95 respirators should be reserved for medical personnel. Doctors and scientists aren't recommending people wear gloves for grocery shopping, because they don't have a lower potential of carrying the virus than your hands. If you touch something with gloves and then touch your face, it's no better than touching something with your hands and then touching your face.

Dr. Lauren Sauer, emergency medicine professor at Johns Hopkins University of School of Medicine, [told TIME magazine](#) gloves and masks can give people "a false sense of security," and people have a higher risk of exposure if they take gloves off incorrectly. Microbiologist Kelly Reynolds [told Men's Health](#) that studies show even 30% of health care workers remove gloves improperly.

Other precautions experts recommend, if having your groceries delivered isn't feasible, include sending only one member of the household to do the shopping, going at times that aren't as busy, using a paper grocery list instead of one on your phone, not touching your face, and getting enough groceries for two weeks.

How safe are the fresh fruits and vegetables at the local markets?

"Currently there is no evidence of food, food containers, or food packaging being associated with transmission of COVID-19," the [U.S. Food & Drug Administration says](#). "Like other viruses, it is possible that the virus that causes COVID-19 can survive on surfaces or objects. For that reason, it is critical to follow the 4 key steps of food safety—clean, separate, cook, and chill."

One would hope there aren't people sneezing or coughing onto produce in grocery stores, though a woman was [arrested after allegedly intentionally coughing on fresh food](#) in a Pennsylvania grocery store, causing product loss totaling more than \$35,000, the [store said in a Facebook post](#).

Wash your fruits and vegetables with water, and don't use any soap or chemicals.

Coronavirus is said to be shed in fecal matter. What risk is there in public toilets that flush forcefully and could potentially spray and aerosolize the virus?

The CDC states, “the virus that causes COVID-19 has been detected in the feces of some patients diagnosed with COVID-19. The amount of virus released from the body (shed) in stool, how long the virus is shed, and whether the virus in stool is infectious are not known. The risk of transmission of COVID-19 from the feces of an infected person is also unknown. However, the risk is expected to be low based on data from previous outbreaks of related coronaviruses...”. Flushing toilets without lids could potentially aerosolize viruses and also contaminate surfaces.

Staying safe at home

I live with my boyfriend in a one-bedroom house. No basement and one bathroom also. What do we do if one of us contracts the virus? What's the best way to protect ourselves when we have to stay in the same house?

[The CDC recommends](#) that a sick person in your household stay in one room and away from you as much as possible, and wear a cloth face covering when in the same room as you. For a shared bathroom, [the agency says](#) "the person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting."

The CDC's other recommendations include not sharing personal household items like dishes or towels or bedding; using household cleaning sprays or wipes to clean shared surfaces, such as doorknobs and counters, every day; washing laundry thoroughly, and avoiding having unnecessary visitors.

Joseph Allen and Marc Lipsitch of the Harvard T.H. Chan School of Public Health [also recommend](#) running a portable air purifier and humidifier in the room where the infected person is, opening windows and running an exhaust fan in the bathroom.

We subscribe to The Day in print, which my wife likes to read at the breakfast table. If the virus remains viable on cardboard for 24 hours, and newsprint seems even less absorptive than cardboard, is it safe to handle the newspaper, and have it on our table?

What about packages that are delivered, do we have to wear gloves while handling them and wipe them with disinfecting wipes? Same thing with mail?

According to the CDC, “it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it then touching their own mouth, nose, or possibly their

eyes, though this is not thought to be the main way that the virus spreads”. Because this is a new disease, researchers are still learning about how it spreads. An important measure is good handwashing and avoiding touching your face.

What about blended families who normally send kids back and forth for visitations? Should visitation stop during the quarantine?

In a situation where one parent/member of a household is quarantined, then the visitation should be rescheduled until the quarantine period is over. Otherwise, that is an individualized decision. Either way, all involved parties should practice social distancing, good hand hygiene and respiratory etiquette, and disinfect high-touch surfaces.

Testing and transmission

None at the moment

Public vs. confidential info and data

Is there a database of those who recovered from COVID-19? For example, when did they show symptoms? What was the duration of their sickness? Did they test positive? Did they go to a hospital? Can we send these people back to work without fear of infecting anyone else or being re-infected?

Av Harris, spokesperson for the Connecticut Department of Public Health, said in an email Saturday, "We do not have that information yet. Our hope is that in the future we will start to get those reports."

Medical/science

How many people have recovered? Are people who have recovered from coronavirus being examined to see if their blood can be made into some type of vaccine as was the case with flu in 1920s?

As of Saturday afternoon, [Johns Hopkins University has tracked](#) 235,775 recovered cases worldwide, including 9,920 in the United States.

But that's only among confirmed cases, and it's impossible to know how many people have actually recovered from the coronavirus, due to limited testing capacity in some places and cases without symptoms. Many people may have had mild or no symptoms, never been tested, and recovered from COVID-19.

The **FDA said Friday** that limited data suggests convalescent plasma, or blood donated by people who have recovered from COVID-19, may be beneficial to those diagnosed with the illness, so it's important to evaluate such therapies. The agency said it is facilitating "well-controlled clinical trials at academic institutions to rigorously evaluate the safety and efficacy of convalescent plasma."

I keep hearing that if you do develop COVID-19, you should not take Advil or ibuprofen, but only Tylenol or acetaminophen because Advil will make your symptoms much worse. I'm on a regimen of Celebrex, a similar class drug. If I develop COVID-19, am I in danger of severe symptoms?

Researchers at Kings College in London **reviewed 13 studies on nonsteroidal anti-inflammatory drugs**, which include ibuprofen and Celebrex, and "did not identify any strong evidence for or against the use of ibuprofen for treatment of COVID-19 specifically." This review was published March 27.

In a FAQ updated March 30, the CDC said it's "currently not aware of scientific evidence establishing a link between NSAIDs (e.g., ibuprofen, naproxen) and worsening of COVID-19."

The FDA **said the same thing** but also noted that all prescription NSAID labels warn that "the pharmacological activity of NSAIDs in reducing inflammation, and possibly fever, may diminish the utility of diagnostic signs in detecting infections."

Is it possible to have had the virus in late January into February before we began hearing about cases and social distancing?

The first case of COVID-19 in the U.S. was reported January 21, 2020. Because some individuals infected with COVID-19 are asymptomatic, it is possible that an individual who travelled to an affected area such as Wuhan, China prior to that date could have become infected but was unaware. In that scenario, however, you would expect to see an outbreak as others were exposed to the virus and developed symptoms.

Does the coronavirus test show if you had it as well as if you have it?

The COVID-19 test shows if you currently have the virus. Keep in mind that it is possible to have COVID-19 but have a "false negative" test, because of a bad sample or for other reasons.

If a person recovers from COVID-19 are they immune from future infections?

Because it is a new virus, it is unclear whether people who recover from COVID-19 develop immunity, or how long the immunity lasts. Generally speaking, after exposure to a virus, the human body produces antibodies, which provide some level of immunity to that specific virus. Over time, the levels of antibodies decline and hosts become susceptible to reinfection from the

virus. Being immune to one type of coronavirus does not necessarily provide immunity to another type of coronavirus. Also, viruses have the ability to mutate. According to Harvard Medical School, “most people would likely develop at least short-term immunity to the specific coronavirus that causes COVID-19. However, you would still be susceptible to a different coronavirus infection. Or this particular virus could mutate, just like the influenza virus does each year. Often these mutations change the virus enough to make you susceptible, because your immune system thinks it is an infection that it has never seen before.”

Are they going to release where the people who tested positive worked so the rest of us can get tested or do more to protect our loved ones?

No, that is confidential information. Contact tracing protocols vary, depending on occupation, exposure, travel history, etc. The time period from when a person is exposed to when they develop symptoms could be anywhere from 2-14 days, so getting tested and having a negative result may provide a false sense of security. We can help protect ourselves and our loved ones by being vigilant about handwashing, avoiding touching our faces, disinfecting “high touch” surfaces, and practicing social distancing.

Does high heat kill the virus? Microwave oven?

The CDC reports that, “generally coronaviruses survive for shorter periods of time at higher temperatures and higher humidity than in cooler or dryer environments. However, we don’t have direct data for this virus, nor do we have direct data for a temperature-based cutoff for inactivation at this point”.

Does the virus have to be transmitted by another person? Or can a person just get it on their own?

The virus is transmitted primarily through respiratory droplets through close person-to-person contact (within 6 feet) or through contact with surfaces that have been contaminated with respiratory droplets.

Is it known whether or not people over 70 have experienced only mild symptoms or is that only true for younger people?

According to the CDC, in the United States for the period February 12 – March 16, 2020, the data for adults in the ages 75-84 shows that 30.5-58.7% of patients in this age group were hospitalized, 10.5-31.0% required ICU admission, and 4.3-10.5% suffered fatalities. There is still a lot that we don’t know, as this is a new virus.

Can a person be more at risk for contracting COVID-19 if they are already fighting the flu or cold?

It is possible, however there is not much data available. Generally speaking, the immune system is taxed by fighting illness. We do know that co-infection (having two infections simultaneously) with COVID-19 and other respiratory illness is possible.

I take a blood thinner daily (warfarin) because of two mechanical heart valves and am in otherwise good health at age 43. Does being on blood thinner alone put me at risk for serious Covid-19?

Warfarin as a medication does not put you at higher risk for COVID-19 or complications, but some of the underlying conditions that are managed with warfarin or other anticoagulants may make you higher risk for complications from COVID-19. According to the CDC, conditions that place individuals at high-risk for serious illness from COVID-19 include chronic lung disease, asthma, heart disease or serious heart conditions, severe obesity, diabetes, renal failure, liver disease, and any condition or treatment that compromises the immune system. This list may not include all underlying conditions that increase risk for serious illness from COVID-19, so you should consult your healthcare provider with concerns.

If I had open gallbladder surgery am I more susceptible of getting COVID-19?

Surgery is a major stressor on the body. The stress response of the immune system could, in theory, make a person more susceptible to illness from COVID-19. Open gallbladder surgery may require inpatient hospitalization for 3-5 days. Being hospitalized could potentially expose you to COVID-19.