

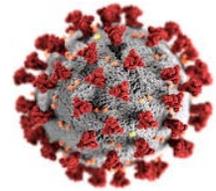


Overview of Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions (FAQs)

General Information

What is the 2019 Novel Coronavirus (COVID-19)?

- In December 2019, a novel coronavirus virus was found to have caused an outbreak of respiratory illness in Wuhan City, China.
- The outbreak has been linked to an animal and seafood market and has now spread worldwide, including within the U.S.
- About one-third of common cold viruses belong to the coronavirus family. This virus appears to be closely related to the coronavirus that causes Severe Acute Respiratory Syndrome (SARS).



**Novel Coronavirus 2019
(SARS-CoV-2)**
CDC Public Health Image Library

How does the 2019 Novel Coronavirus (COVID-19) spread?

- The virus spreads through **direct contact with droplets** secreted by a person with COVID-19 (e.g., coughing, sneezing, singing).
- It does not appear to spread through the air like tuberculosis, varicella (chicken pox), or measles can.
- For true exposure to COVID-19 to happen, you must:
 - Directly breathe in droplets from a sick person OR
 - Transfer contaminated secretions to your eyes, nose or mouth.

What are the symptoms of Novel Coronavirus 2019 (COVID-19)?

- COVID-19 symptoms usually start about 4 or 5 days after exposure. However, it can occur as soon as 2 days after exposure or as long as 14 days after exposure.
- Symptoms vary broadly, but mild to moderate symptoms are expected in the vast majority of people who acquire COVID-19, and mimic the common cold or influenza-like illness that improves after recovering at home for 1-2 weeks.
- Much of what we know about the clinical presentation is among those hospitalized with COVID-19. Among hospitalized patients, the most commonly reported symptoms are:
 - Fever (77–98%) – can be prolonged and intermittent
 - Cough (46%–82%) – often dry/non-productive
 - Myalgia or fatigue (11–52%)
 - Shortness of breath (3-31%)
 - Other less commonly reported symptoms include: sore throat, loss of taste or smell, headache, diarrhea and nausea which often seem to occur before fever and lower respiratory symptoms.

What is the clinical course of COVID-19 disease?

- The majority of infected people have a mild to moderate illness that slowly resolves over the course of 1-2 weeks.
- Progression to lower respiratory disease manifesting as cough and shortness of breath suggesting viral pneumonia has been reported in those with mild to moderate symptoms who then recover, as well as in those with severe disease.
- Clinical progression to severe illness manifesting as shortness of breath/dyspnea appears to occur most commonly in the second week of illness, between days 5-13 (median 8 days). Acute respiratory distress syndrome (ARDS) may occur in 17–29% of hospitalized patients and may require critical care in an intensive care unit (ICU).

Risk Factors & Pregnancy

What are the risk factors for severe COVID-19?

- **Many of our residents are elderly and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19.**
 - As with other viral infections, individuals who are older (age ≥ 65) or who have comorbidities are at higher risk for severe disease. Comorbidities reported for patients with COVID-19 requiring hospitalization include: chronic respiratory disease, diabetes, cardiovascular disease, hypertension, and cancer.
- **Mortality appears to increase with age** and ranges from 3.6% among people in their 60s up to 14% for those ≥ 80 years old. Case fatality rates for those under age 50 is reported to be 0.4% or lower.
 - Since much of the data on COVID-19 is from hospitalized patients, the true morbidity and case fatality rates are not known and are likely to be lower than those reported at this time.
 - The overall case fatality has been reported as 2.3% from early data in China.
 - More recent data from South Korea where testing included a large number of patients in the community suggests an overall mortality of 0.6%.

What is known about COVID-19 and pregnancy?

- According to CDC, current epidemiology suggests that pregnant women are not more likely to develop severe disease due to COVID-19.
- However, we recommend that pregnant staff limit care of residents with confirmed or suspected COVID-19 if feasible based on staffing availability. They should avoid in-person resident care and resident contact after the 37th week of gestation during the COVID-19 pandemic. This will minimize maternal infection risk, thus minimizing risk of mother/infant separation after birth if a mother is COVID-19 positive. Staff members with questions should speak with their supervisor.
- See CDC guidance for answers to questions about transmission during delivery and breastfeeding (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>).

Vaccine & Treatment

Is there any vaccine for COVID-19?

- Vaccines are actively being developed and evaluated in clinical trials.
- Due to the need to evaluate safety and protection in clinical trials, the earliest a vaccine would be available would be early 2021.

Is there any treatment for COVID-19?

- General treatment for COVID-19 is supportive care.
- Hospitalized patients with COVID-19 may benefit from a drug called Remdesivir that inhibits viral RNA polymerases. This drug is available through emergency use by the FDA and has been shown to improve hospital recovery from COVID-19 in a clinical trial.
- Other investigational drugs are also being studied, including the impact of convalescent sera (antibodies from people who have recovered from COVID-19).

Testing for Active or Prior COVID-19 Illness

What type of test is used to test for active COVID-19 illness?

- A PCR test (short for Polymerase Chain Reaction test) is used to evaluate the presence of the virus's genetic material, suggesting someone is actively infected at the time.
- This test is generally used to evaluate persons who have active signs of illness. This test is not perfect. Estimates are that it is 45-70% accurate depending on the time from symptom onset and the quality of the nasopharyngeal swab.

What type of test is used to test for prior COVID-19 illness?

- A serology test is used to test for prior COVID-19 illness. The serology test is an antibody test that looks for evidence that someone has previously been infected.
- The antibody test is also not a perfect test. More information is needed about the likelihood that the test gives false positive or false negative results.
- It is also not known what level of antibody, if any, confers protection from getting the disease again. Nevertheless, in the context of recent symptoms consistent with COVID-19, this test can be helpful.

Additional Information

- Refer to the **OC Nursing Home COVID-19 Infection Prevention Toolkit** for more information and additional FAQs at ucihealth.org/stopcovid
- Up to date information on 2019 Novel Coronavirus can be found at:
 - The Centers for Disease Control & Prevention (CDC) (www.cdc.gov)
 - California Department of Public Health (CDPH) (www.cdph.ca.gov)
 - Orange County Health Care Agency: (www.ochealthinfo.com)