

COVID-19 FAQ'S

Leading infectious Disease research - (John Hopkins, Korea University College of Medicine. Univ. MN)

These doctors have spent decades on the front lines studying/treating epidemics such as AIDS, Measles, TB, (2009)Swine Flu pandemic, SARS, (2014)EBOLA virus & (2015) MERS outbreaks. They have sounded the alarm calling COVID-19 the most "challenging" new Virus to date.

1: When and where did COVID-19 come from?

DATE: Late Nov.-Dec 2019, LOCATION: city of Wuhan in Hubei Province, China.

Doctors started treating patients with Pneumonia of an unknown cause and origin. RESULT: above average death rate. After attempted cover up, and failed containment on DEC. 31st 2019 Chinese government first notified the WHO (World health organization.)

What is the origin of COVID-19?

Initial Genetic review (3 months research data)

Novel Corona virus originated from BATS, ref: SARS-CoV-2 Virus - Next transmission-

Intermediate host: SNAKES or PANGOLIN.-wholesale seafood/wet market Wuhan. Virus proceeded to jump which is 1st believed Transmission to human host/s. Resulting in severe Pneumonia and high level of contagion 2% to 3% death rate based on demographics.

How does transmission occur?

Most common transmission route are droplets. Droplets are defined as particles larger than 5 microns to qualify. An infected persons droplet contains many viruses. Breathing and or talking in front of a mirror is an example of how droplets form. Coughing or sneezing creates an arc that shoots out between 3ft -10ft. Result is viral spread. Infection due to rubbing eyes, nose or mouth is prime method of transmission due to the mucus membranes that have receptors called ACE2. The virus sticks to those receptors. Human skin acts as a barrier

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COVID-19 cannot be contracted through skin contact. It cannot go through people's ears either. Sneezing and runny nose symptoms cause people to wipe their faces and noses with their hands. Humans subconscious face touching is staggering. Something as simple as a handshake or even opening a door is another example of transmission through direct contact. The virus lives on many Materials and surfaces from four hours to up to 10 days or longer, depending on inside temperature and humidity. There are no known outdoor Environments such as parks, hiking trails or distanced sport activities where airborne transmission is a possibility.

Testing range symptoms?

Fever, sore throat, coughing, respiratory distress, (especially elderly and those underlying symptom high-risk groups)as well as fatigue, loss of appetite & body aches. The loss of smell and taste has occurred in roughly 30% of COVID-19 victims. Duration: up to two weeks. That in itself is a very unique COVID-19 symptom.

What is the Death Rate?

Varies based on different countries Quarantine protocols, levels of health care sophistication and demographics. Countries with older populations (ITALY)have high death rate averages from 8% to 9%.

Average Based on US DATA

Teens- 20yr olds $\geq 0.04\%$, people from 30's - 40's $\approx 0.01\%$, 50's $\approx 0.04\%$, 60's $\approx 1.5\%$, 70's $\approx 6.3\%$, 80's - 90's $\approx 11.6\%$ 18%-20% of patients go critical. This virus disproportionally affects the old. 90% of those who died were over the age of 60yrs.

Why is the mortality rate so high for people over the age of 60?

Natural state of age related immune system decline called immunosenescence. specifically over the age of 70yrs -80yrs old. As a result the virus enters the lungs and causes life threatening Pneumonia and or critical inflammation encompassing the body. Other high risk groups are people with underlying conditions (cardiovascular COPD/asthma, Chronic lung conditions, diabetes, smokers(nicotine can accumulate in the respiratory system.) anti-cancer drugs and immunosuppressives.

Are there any effective treatments or vaccines for COVID-19?

As mentioned COVID-19 is a new virus never encountered before. There are no known vaccines or data to support effective treatments yet. The only tool avail to fight it is our own Human Immune Systems.

What is the best methodology to contain and mitigate this virus?

Reliable data from counties like KOREA.. exhibit A March 24th statistics -SK had 8,961 confirmed cases , 111 Deaths. Population: 51 million people on small land mass with major metropolitan city center ref: Seoul.

1: Extensive rapid testing demonstrated successful mitigation policy while yielding a proficient grasp of the extent of infection compared to other countries. 2: Guidance requiring every citizen to wear a FDA equivalent approved KN-94/95 face mask. Korean Government daily allocation of qty 2 per day. 3: Shut downs and social distancing. 4: ANTIBODY testing kits. Out of 9000 positive test cases 20% were asymptomatic yet continued to spread the virus. Anti body testing shows level of population that has had and developed antibodies against the COVID-19 virus. Once a patient is no longer susceptible or at risk to transmit they are given a health pass and are allowed to return to work and semi normal lifestyle. Data differs from country to country due to demographic and age of population. For instance Iceland, lab results show 50% Corona virus cases have no symptoms.

Can a person get re-infected after they recover from this Virus??

Normal known virus' take the human body roughly 2 weeks to develop antibodies resulting no re infection same goes for most COVID-19 cases. . There have been cases of re-infection in patients that have recovered and were discharged from hospitals.

Are face masks effective?

Medical grade N-95/KN-94. According to medical research face masks have been proven to be very effective. It is required that doctors nurses and first responders protect themselves with proper face masks.

It's significantly lowers their chances of getting infected than those who don't wear them. CDC and WHO are lagging in updated guidance regarding population use of face masks. As supply chain

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recovers new guidance will be issued.