There has been an incredible amount of information available on news media and other sources about the new coronavirus, COVID-19. Because information changes daily, I will not try to summarize all we know about it, but instead give you my thoughts and answers to questions that many people have been calling us about.

How worried should I be about the coronavirus?

When a disease is in the media day after day, we often end up becoming much more worried because everyone is talking about it. It is true that this virus is new to humans, and that’s why there is a concern as our bodies may not be able to fight it off as easily as things that we have been exposed to before. It is important to remember that every winter, we recommend that people get vaccinated against influenza, as up to 56,000 people worldwide die EVERY YEAR from the flu, a number much higher than the number of deaths from COVID-19 so far. The World Health Organization says that the mortality rate for COVID-19 is approximately 3%, and almost all the people that have died so far are elderly or have other significant medical problems. Most people who get it have little or no symptoms. Unless you have recently traveled to China or other areas that currently have an outbreak, your chance of getting the virus are very low at this time.

How can I be tested?

At this time, there is no office-based test for the coronavirus, although this may change over time. If you are significantly worried about having the infection, you need to go to the emergency room where they will put you in isolation. If it is determined that you are at a high enough risk, they will arrange to have the test from the County Health Department. At this point in time, we are recommending that people who have cold symptoms stay at home and away from areas where they are exposed to a lot of people.

Should I wear a mask to prevent getting infected?

Wearing surgical masks has not been shown to prevent infection from COVID-19. It is important to understand how this virus gets transmitted, which is similar to flu or cold viruses. You do not get infected simply by being in a room with someone who is infected and breathing the same air. Unless someone who is infected sneezes or coughs directly in your face, it is difficult to get infected through the air. However, if someone coughs or sneezes, the virus can spray out and land on surfaces such as tables or counters. Or if the person rubs their nose and then opens the door, the virus can be on the doorknob. Even if you touch the counter or doorknob and get the virus on your hand, you are not infected. It is not until you then touch your eye, nose, or mouth that the virus can enter your body through the mucous membranes and cause infection. Studies show that we touch our faces about 100 times a day without even realizing it. Therefore, if you are wearing a mask and then rub your eye, you can still get infected that way. In fact, theoretically wearing a mask may INCREASE your chance of getting infected because every time you have to adjust the mask, you risk introducing the virus to your face. Masks ARE useful however if you are sick. If you are sick, wearing a mask will help prevent the virus from spreading from you to the rest of the environment and other people.

Then what can I do to prevent the infection?

These tips are good any time there is a bad flu season as well, as doing these things can also help prevent getting influenza.

1) The most important thing is to avoid touching your face as much as possible, without first washing your hands (soap and water for at least 10 seconds) or using hand sanitizer (at least 60% alcohol based). Also carry tissue paper with you to use if you need to touch your face and don’t have a chance to wash or sanitize first.

2) Think of any object that you touch that is also touched by many other people (door handles, elevator buttons, gas station pumps, shopping carts). Either use disinfectant wipes that are provided by the stores, use your elbow or knuckle to push buttons or turn handles, use a tissue or paper towel as a barrier, or just make sure you wash or sanitize after touching.

3) Avoid handshaking. This is something that I personally have to remember since I do that all the time in the office. I am currently using a fist bump instead, but it will be a hard habit for me to break!

4) Avoid kissing friends on the cheek or sharing cups or utensils.

Is it true that zinc lozenges can be used to prevent coronavirus?

There are some studies that show that using zinc lozenges for the common cold may reduce duration of symptoms by one or two days, and there are no studies for its effectiveness in coronaviruses as they are not nearly as common. Even when they have been shown to be effective, they are not preventing infection but simply decreasing the duration of symptoms of the cold. The problem with zinc lozenges is that you have to use them six times a day, they taste terrible, and they occasionally have been associated with a permanent loss of taste. Therefore, I generally do not recommend them.

Should I cancel my travel plans?

This is a very personal question and the answer depends on a lot of variables. Because the risk of death from COVID-19 increases with age and medical problems, there is a lower threshold to cancel trips if you are elderly and have issues such as heart disease or COPD, and you are going to be in very crowded places like a cruise ship. Certainly avoid traveling to areas that currently have high numbers of cases of the virus. However, if you are otherwise healthy and traveling to areas that are not overly affected, at this point in time I do not believe you need to cancel your trips, especially if you follow the recommendations above. I personally will be traveling soon, and at the airport, I will NOT be wearing a mask or gloves. However, I will carry hand sanitizer with me, wipe down the tray in the airplane, and make sure I wash my hands frequently.

Should I get a “pneumonia” vaccine?

Some people have been asking about this because they have heard that people with COVID-19 often die from pneumonia. It is important to know that there are many types of pneumonia, and COVID-19 causes *viral* pneumonia, where as the pneumonia vaccine protects you against ONLY ONE specific *bacterial* cause of pneumonia, known as Streptococcus pneumoniae, and not viral pneumonia. We do recommend the pneumococcal vaccine for certain individuals because it is the most common bacterial cause of pneumonia, and when older people die of pneumonia, it is often from this particular bacteria. Guidelines for frequency of pneumococcal vaccines have changed, and pharmacies will sometimes give outdated information. The recommendations right now are that everybody ages 65 and over should get one shot of Pneumovax 23. If someone is under 65 and has certain medical conditions such as diabetes, heart disease, lung disease, tobacco abuse, or other immunocompromised condition, they should get the Pneumovax earlier and have a booster at age 65. No other boosters are needed after age 65. For a few years, Prevnar 13 (a newer pneumococcal vaccine) was recommended as the first shot, with a booster of Pneumovax 23 one year later. However, in November 2019, that guideline was changed and Prevnar 13 became an optional vaccine for people that had certain immunocompromised conditions. The main reason for this is that kids that have been receiving the Prevnar 13 vaccine have significantly decreased the incidence of the bacterial infection in adults, so it was determined that Prevnar 13 was unnecessary and that Pneumovax 23 was sufficient protection. For those that want the additional protection, it certainly can be given (although you should check with your insurance company to make sure it’s covered). You can always check to see if you have received any of the pneumococcal vaccines by going on to your patient portal and looking up your list of vaccines.

I know this is a lot of information, but I wanted to make sure that all of our patients are better educated about this new outbreak. There will certainly be many more people that will be diagnosed in the coming weeks, but hopefully we will be able to control it soon. There is cause to be concerned, but currently there is no need to panic. As Franklin D. Roosevelt said 87 years ago, “There is nothing to fear but fear itself.”