



Fact Sheet: Reliable Information on COVID-19

April 4, 2020

What We Know: It Keeps Changing

Key Points

- People are most contagious 1-3 days BEFORE symptoms.
- 25% are “silent spreaders”--infected with NO symptoms.
- 80% of those who become infected recover at home.
- Chronic underlying health conditions increase severity and hospitalization risk 2x-3x.

Symptoms

- Symptoms vary: fever, cough, fatigue, chills, body ache, sore throat, loss of appetite/sense of smell, runny nose, nausea, diarrhea, vomiting, no symptoms.
- Symptoms show 2-14 days after being infected, often day 4-5.
- If you need hospitalization to help you breathe, that tends to occur the 9th to 13th day after symptoms begin.
- Concentration of the viral dose affects severity of illness.
- Symptom Score App: <https://www.screenCOVID.org/>

Transmission

- Testing remains scarce, false negatives occur 30% of the time.
- If you have symptoms, assume you have COVID-19.
- Microscopic droplets from an infected person travel as far as 26 feet through the air. Avoid sharing air in a contained space.
- You catch the virus when either infectious microscopic droplets in the air enter your eyes, nose or mouth; or by touching a surface with droplets (doorknobs, touchpads, shopping carts, surfaces) and then touching your eyes, nose or mouth.

Geographic tracking: <https://covidactnow.org>

Precautionary Measures

- The virus can “shed” for up to 37 days, but it’s not yet known whether you are infectious for as long as the shedding occurs.
- Wear a mask outside, or inside public spaces. Lower your risk.
- Data suggests 6 feet minimum distance is not enough if droplets travel 26 feet.
- COVID-19 can live on surfaces (plastic, metal) 3 to 7 days.
- Soap, 60% alcohol, diluted hydrogen peroxide, diluted bleach kills the virus.
- Careful hand washing for 20 seconds kills the virus.
- Kindness, empathy, love and joy are infectious. Be a spreader.

What to Do

If you can, stay home. Shelter in place. If you have any COVID-19 symptoms, assume you have the infection. If you have no symptoms, assume you have it. Call a doctor first, before going to an office, urgent care or a hospital unless you are having trouble breathing.

In public, wear a mask. Outside your home, avoid touching your eyes, nose or mouth after contact with public surfaces. Maintain physical distance with those outside your home and avoid sharing air. Wash your hands. Be especially careful if you have an underlying chronic health condition.

This pandemic stretches us, reinforcing what we already know, that my health depends upon yours, and that what’s good for you, benefits me. Keep stretching. Ask for help.

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Citations:

Underlying chronic medical conditions increase COVID-19 severity risk:

[New CDC data shows danger of coronavirus for those with certain chronic conditions](#)

Chronic lung disease, cardiovascular disease (50% in US), diabetes (30% in US), renal disease (15%), liver disease, immunocompromised, neurological disorder, neurodevelopmental disability, pregnancy, smoking

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6913e2-H.pdf>

- Ages 19-64 **with** chronic conditions: 18-20% hospitalized.
- Age 19-24 **without** chronic conditions, 6% hospitalized.
- Over age 65 **with** chronic conditions, 42-44% hospitalized.
- Over 65 **without** chronic conditions, 17-18% hospitalized.
- A **chronic condition at any age doubles or triples the risk of being hospitalized.**

WHY WE NEED TO STAY HOME: 1. SILENT SPREADERS 2. IT'S IN THE AIR 3. WEAR A MASK

“Silent spreaders” without symptoms, accounting for about 25% of transmission, possibly just by sharing air, wear masks:

<https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html>

"People think, 'If I don't feel bad, I don't have it and can't give it to anyone,' and that is now misguided thinking," says Chad Petit, PhD who studies viruses. <https://www.medscape.com/viewarticle/928067>

Diagnostic tests for the novel coronavirus give false-negative results about 30% of the time. People with an active COVID-19 infection still test negative for the disease. <https://www.livescience.com/covid19-coronavirus-tests-false-negatives.html>

Infectious aerosols are inhalable, a close-range transmission:

<http://www.cidrap.umn.edu/news-perspective/2020/03/commentary-covid-19-transmission-messages-should-hinge-science>

The case for masks, greater physical distance than 6 feet, not sharing air:

<https://medium.com/@Cancerwarrior/covid-19-why-we-should-all-wear-masks-there-is-new-scientific-rationale-280e08ceee71>

Asymptomatic transmission, sharing air within 26 feet risky, wear a mask, most contagious 1-3 days before symptoms:

<https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html>

The virus can be [transmitted via aerosols](#). Sixty members of a choir in north of Seattle gathered for a practice session. None of them felt ill, and they made no contact with one another, [dozens of the members had fallen ill](#), and two died. Their experience points toward airborne transmission via aerosols, which can travel farther than the large droplets the W.H.O. and the C.D.C. have emphasized. The virus is most likely to be expelled with a cough or a sneeze, [as far as eight meters](#) (about 26 feet), according to one study. But studies on influenza and other respiratory viruses, including other coronaviruses, have shown that people [can release aerosols](#) containing the virus simply by [breathing or talking](#). Dr. Chowell said. "It would make sense to at the very least wear a face mask in enclosed spaces including supermarkets." Several studies show that people infected are most contagious about 1-3 days before they show symptoms. **It's in the air:**

<https://www.nytimes.com/2020/03/17/health/coronavirus-surfaces-aerosols.html>

Viral Dose Matters:

<https://www.nytimes.com/2020/04/01/opinion/coronavirus-viral-dose.html>

[The Science Behind A 14-Day Quarantine After Possible COVID-19 Exposure](#)

OVERVIEW: From Bats to Human Lungs: The Evolution of a Coronavirus

<https://www.newyorker.com/science/elements/from-bats-to-human-lungs-the-evolution-of-a-coronavirus>

Workers most at risk (guards & those in prisons are excluded):

<https://www.nytimes.com/interactive/2020/03/15/business/economy/coronavirus-worker-risk.html>

Overview by Leo Galland, MD: <https://drgalland.com/coronavirus-protection-protocol/>

Johns Hopkins Changing Global Data Map:

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

Medical journals:

New England Journal of Medicine: [Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia](#)

Wuhan: Clinical Course, Risk Factors Report in Lancet: [Zhou et al. 3/9/20](#)

<https://www.biorxiv.org/content/10.1101/2020.03.08.982637v1> (aerosol spread)

<https://jamanetwork.com/journals/jama/fullarticle/2762692> (aerosol spread)

Editorial NEJM published online 2.28.20 Fauci, Lane, Redfield: [Covid-19 — Navigating the Uncharted](#)

<https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-019-3707-y> (airborne transmission)

Not one specific vector of infection, but multiple ones...the severity of disease acquired by different routes depends on host competence and differing environmental conditions. Airborne transmission is a likely route although not necessarily creating the worst contagion or infection. Touching contaminated surfaces doesn't seem the most virulent route compared with aerosolized particles.

US Political History of the Pandemic: <https://www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction/>