COVID-19: SIMPLE ANSWERS TO TOP QUESTIONS
RISK COMMUNICATION FIELD GUIDE
QUESTIONS AND KEY MESSAGES

NOTE – THE UNDERSTANDING OF COVID-19 IS RAPIDLY EVOLVING AND THIS DOCUMENT WILL BE UPDATED PERIODICALLY TO REFLECT NEW INFORMATION AND RECOMMENDATIONS AS THEY BECOME AVAILABLE.


*CENTER FOR RISK COMMUNICATION/CRISISCOMMUNICATION.NET
I. INTRODUCTION

This document is the third edition of COVID-19: Simple Answers to Top Questions. It is an updated version of the original document published on March 10, 2020. With the rapid evolution of knowledge and policy regarding COVID-19, it anticipated that future revisions will also be required.

In February 2020, ASTHO sponsored the development of the first edition of COVID-19: Simple Answers to Top Questions with risk communication experts and a working group of State Health Officials using the science-based, risk communication message mapping development process. “Message Maps” are risk communication tools used to help organize complex information and make it easier to express current knowledge. The development process distills information into clear and easily understood messages.

ASTHO’s COVID-19: Simple Answers to Top Questions is based on message maps and follows the belief that state health officials need both short and long answers. Messages are presented initially in no more than 3-5 short sentences and convey 3-5 key messages, ideally in the least number of words possible. The approach is based on surveys showing that lead or front-page media and broadcast stories usually convey only the soundbite: 3-5 messages usually in less than 9 seconds for broadcast media or 27 words for print. Each primary message normally has 3 to 5 supporting messages that can be used when and where appropriate to provide context for the issue being mapped. A brief description of the message mapping strategy is in the Appendices.

In the following pages, you will find 45+ top questions about COVID-19 answered with detailed message maps. ASTHO recommends that you review the Appendix “Media Interviews: Tips and Pitfalls” before you engage with the media.

Appendix G is intended for a technical audience. It contains extensive scientific and technical information on COVID-19.

Given the propensity for rumors and misinformation during a pandemic like COVID-19, this edition has a new Appendix H, Coronavirus disease (COVID-19) advice for the public: Myth busters. This Appendix contains information on the most common COVID-19 myths.

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2 Contributions from the following people are acknowledged: Glen Nowak, Tom Hipper, Craig Manning, and Paula Hoelker-williams.
II. PREFACE

State and Territorial Health Officials (S/THOs) play a critical role in the health security of our nation. The demands are many and the margin of error is small. S/THOs must translate the best available public health evidence and science into actionable policy advice for elected leaders and other cabinet agencies. They must act as a credible, timely, source of accurate information to variety of stakeholders. Equally important, the SHO and the public health team must convey a clear, compassionate, and caring message to the public to motivate appropriate protective behaviors without instilling inappropriate fear. All of this must occur while leading and managing complex public health agencies strained under the demands of an emergency response.

The role is all the more complex in a rapidly evolving situation in which many unknowns remain. Overconfidence or utilizing an inaccurate mental model of an issue can lead to missteps and diminish public trust. It is critical for this reason to be very cognizant of what is known, what is unknown, what is controllable, and what is not controllable. This humility allows rapid adjustments to strategies and tactics and allows an accurate and credible message to be delivered to and received by the public and policymakers.

ASTHO worked closely with Drs. Randall Hyer and Vincent Covello from the Center for Risk Communication/CrisisCommunication.net to develop this communication guide to assist S/THOs in preparing to communicate with the public, media, and policymakers about COVID-19.

Over 30 state and territorial health officials prioritized the current top 45+ questions on COVID-19 for which these message map style answers were developed. Of course, a S/THO’s judgment will determine the most appropriate response to an issue in his or her jurisdiction. It is our hope that this messaging guide can provide S/THOs with a baseline of consistent messages across our nation.

COVID-19: Simple Answers to Top Questions will be modified and updated as events evolve and more is known.

Thank you for your service of protecting and improving the health of our nation.

Michael Fraser, PhD, CAE
Chief Executive Officer
Association of State and Territorial Health Officials
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IV. COMMUNICATING WITH MESSAGE MAPS

This risk communication toolkit contains information about COVID-19. Answers to important questions are presented in a format called a “message map.” According to the Centers for Disease Control and Prevention (CDC), a message map is a science-based risk communication tool used to help organize complex information and make it easier for information to be shared.

A message map distills information into a series of layered messages, from basic to more complex. Messages — e.g., answers to questions — are presented initially in a few bullets that convey key messages, ideally using the least number of words possible. The key messages are then followed by additional information.

A key assumption of message mapping is people want clear answers to their questions about complex scientific issues as well as access to more detailed answers to those same questions. A second key assumption is if stakeholders — all those interested or impacted by the risk — are well-informed by the best and most up-to-date information about a complex scientific or technical issue, they are in a better position to engage, exchange information, and participate constructively in the decision-making process.

Unfortunately, many scientists face challenges in sharing complex scientific information. These challenges are addressed in part by message maps. First, scientists must overcome a basic obstacle to effective communication: people facing a perceived threat and under stress typically have difficulty processing information — hearing, understanding, and remembering. Second, as shown in Figure 2 on next page, scientists are used to communicating with their peers in a particular format, beginning with background information, moving to supporting details, and finally coming to their results and conclusions. For communicating with the public, however, a more effective approach is to invert that pyramid and begin with the conclusions — the bottom lines up front. The top line of a message map — the key messages — are the conclusions.

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3 See https://www.cdc.gov

4 For more information about message mapping, see the U.S. Environmental Protection Agency: https://www.epa.gov
Third, scientists often fail to craft clear messages that can be easily understood and recalled by non-experts. Message maps are designed to start with clear messages and build complexity through hierarchical layers. Fourth, because of details and lack of hierarchical structure, non-experts often have difficulty sorting out what is important from what is less important. Fifth, scientists sometimes speak in a code known only to other scientists, using the technical jargon of their field instead of plain language. Many words that seem perfectly normal to scientists are incomprehensible jargon to a lay audience. Sixth, scientists often fail to put findings into the context of the larger body of knowledge of what is scientifically well understood. Seventh, scientists often lead with what they do not know instead of what they do know. Eighth, scientists often fail to anticipate common misunderstandings and misperceptions.

**Answering Questions with Message Maps**

Message maps can be used to answer important questions in the form of a short answer consisting of ideally 3 (no more than 5) key messages expressed in 27 words. A longer answer consists of the shorter answer with supporting details. Best practices are to complete the answer to a question with repeating the shorter answer or key messages, which provides a soundbite that is easy to quote and to remember.
V. MESSAGE MAPS: SHORTER AND LONGER ANSWERS

000. What are key facts about the global COVID-19 pandemic in the U.S.?

Key Messages/Shorter Answer (Soundbite):
1. The U.S., states, territories, and local communities are implementing strong public health measures to reduce the spread of the virus and the burden on the healthcare system.
2. Authorities are slowing the spread of COVID-19 through social distancing and testing.
3. Strong public health measures and basic hygiene help prevent COVID-19 infection and spread.

Longer Answer:
1. The U.S., states, territories, and local communities are implementing strong public health measures to reduce the spread of the virus and the burden on the healthcare system.
   - Multiple jurisdictions have achieved promising results with strong public health measures.
   - Public health authorities are detecting, testing, treating, isolating, and finding contacts of those who have COVID-19.
   - Early tracing and quarantining of COVID-19 contacts can significantly reduce spread.
   - Health care systems are strengthening training, protective equipment, and protocols for healthcare workers; expanding COVID-19 treatment facilities; targeting and expanding testing; and implementing best practices in risk and crisis communications.

2. Authorities are slowing the spread of COVID-19 through social distancing and testing.5
   - People should follow social distancing guidelines, including sheltering-in-place, to help “flatten the curve” and help slow the spread of COVID-19.
   - Experts have called for improved COVID-19 testing capabilities with results quickly available.
   - Experts are calling for widespread COVID-19 testing to facilitate identification, isolation, treatment, and contact tracing.
   - People should follow travel recommendations.
   - Experts believe the most important enabler for slowing COVID-19 will be the public, whose buy-in and sense of personal responsibility can ensure comprehensive testing.

3. Strong public health measures and basic hygiene help prevent COVID-19 infection and spread.6
   - Everyone should follow the orders of federal, state, territorial, and local officials to stay home if possible, maintain at least 6 feet of space from others, and avoid gatherings.
   - People should wash their hands often; avoid touching their eyes, nose, and mouth; and cover coughs and sneezes.
   - People should wear cloth masks or face coverings in public to help prevent the spread of COVID-19 because even people without symptoms also appear capable of spreading the virus.
   - People should clean frequently touched surfaces with regular household cleaners.
   - People should follow expert guidance and avoid dangerous unproven myths and rumors.7

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5 https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html
100 Series: Basic Questions

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101. What are the signs/symptoms of COVID-19 and when do they appear?

Key Messages/Shorter Answer (Soundbite):
1. Common COVID-19 symptoms include fever, dry cough, and shortness of breath.
2. Symptoms of COVID-19 may appear 2-14 days after exposure.
3. The disease is often much more severe in the elderly and people with health conditions that make them more susceptible to illness.

Longer Answer:
1. Common COVID-19 symptoms include fever, dry cough, and shortness of breath.⁸
   - Many people with COVID-19 have a mild to moderate upper respiratory tract infection similar to a cold.
   - Most people who test positive for COVID-19 commonly have had very mild or no symptoms.
   - Symptoms of COVID-19 in severe cases can lead to pneumonia or breathing difficulties, and can be fatal.
   - Older people and people with predisposing medical conditions, such as diabetes, asthma and heart disease, are more at risk for becoming severely ill from COVID-19.

2. Symptoms of COVID-19 may appear 2-14 days after exposure.⁶
   - The time between when a person is exposed to an infectious agent (like the virus that causes COVID-19) and when symptoms appear is called the incubation period.
   - The current incubation period of COVID-19 is based on what is being learned from the infections taking place across the U.S. and the world.
   - The average incubation period is about 5 days and COVID-19 symptoms often start as mild and gradually get worse over a few days.
   - Our understanding of the incubation period of COVID-19 is changing as data become available.

3. The disease is often much more severe in elderly and people with health conditions that make them more susceptible to illness.⁹
   - The fatality rate for COVID-19 varies depending upon a person’s existing health conditions, age, gender, and access to care.
   - More is being learned about how many people have severe illness or die from COVID-19 as new cases and data are being reported.
   - Estimates of the overall fatality rate for COVID-19 are uncertain, changing based on new data, and appear to range from less than 1% to 12% or greater.
   - COVID-19 illness is more severe for people over 60 years old and those with an existing health condition like diabetes, asthma, or heart disease.
   - COVID-19 illness may be more severe in places where health resources are limited or overburdened by the outbreak.

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102. Does COVID-19 affect children and adults differently?

Key Messages/Shorter Answer (Soundbite):
1. Older adults and people with underlying health conditions are at greatest risk for severe illness.
2. Youth appears to offer some protection from severe COVID-19 illness.
3. People in all age groups can help slow spread of COVID-19.

Longer Answer:

1. **Older adults and people with underlying health conditions are at greatest risk for severe illness.**
   - CDC found that 80% of COVID-19 deaths were among adults more than 65 years old, with the highest percentage among people more than 85 years old.
   - In Italy, one of the most affected European countries, the majority of deaths are in people 60 years or older.
   - Higher COVID-19 cases and deaths among the elderly appears to be linked to presence of other diseases, a weaker immune system, poor overall health, or weakness of the respiratory system.
   - Nearly 40% of all US COVID-19 patients have an underlying health condition and nearly 80% of people having such a condition require admission to an intensive care unit.

2. **Youth appears to offer some protection from severe COVID-19 illness.**
   - While some children and infants have been sick with COVID-19, adults make up most of the known cases to date.
   - Children age 10 and under currently account for just 1% of all COVID-19 cases.
   - Most of the children infected to date also appear to have milder symptoms compared to adults.
   - Young adults and teens are contracting COVID-19 but generally do not appear to have severe illness.
   - CDC has reported that 20% of hospitalized patients in the U.S. are between 20 - 44 years old.

3. **People in all age groups can help slow the spread of COVID-19.**
   - People should stay home and follow guidelines to reduce the risk of being exposed.
   - Avoiding exposure slows the spread and reduces the strain on the healthcare system.
   - Avoiding infection includes cleaning hands often using soap and water or alcohol-based hand sanitizer, covering coughs and sneezes, and following social distancing guidance.

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10 Severe Outcomes Among Patients with COVID-19 (CDC): https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm
103. What about pregnant women and COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. **Experts believe pregnancy does not increase risk for acquiring COVID-19 or developing severe symptoms.**
2. **Given that this is a novel virus, little is known about its impact on pregnant women.**
3. **Experts believe that pregnant women are just as likely as the general public to develop symptoms if infected with the new coronavirus.**

Longer answer:

1. **Experts believe pregnancy does not increase risk for acquiring COVID-19 or developing severe symptoms.**
   - Symptoms of COVID-19 in pregnant women appear to be similar to non-pregnant women.
   - Initial pregnancy findings are based on a small number of cases, over a short period of time, and only included women late in their pregnancy and who gave birth by caesarean section.

2. **Given that this is a novel virus, little is known about its impact on pregnant women.**
   - Coronaviruses other than the virus that causes COVID-19 have the potential to cause severe harm to pregnant women and their developing child.
   - Based on similarities to SARS (Severe Acute Respiratory Syndrome), pregnant women could be at increased risk of severe infections and illness.
   - During pregnancy, the possibility of serious illness from virus infections is greater because the body's immune system is weakened.

3. **Experts believe that pregnant women are just as likely as the general public to develop symptoms if infected with the new coronavirus.**
   - Current information suggests symptoms are likely to be mild to moderate, as is true for women (and men) in this age range who are not pregnant.
   - Pregnant women who believe they have been exposed to COVID-19 should inform their doctor.
   - When a woman is pregnant, her immune system changes, making her more susceptible to respiratory illnesses.

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15 Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30360-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30360-3/fulltext)

16 COVID-19 epidemic: what about pregnancies?: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30311-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30311-1.pdf)


104. Can pets and livestock be infected with COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. The virus that causes COVID-19 can cause illness in animals.
2. There is no evidence that pets in the U.S. are carrying COVID-19.
3. Much remains unknown regarding the virus that causes COVID-19 and illness in pets and livestock.

Longer Answer:
1. The virus that causes COVID-19 can cause illness in animals.\textsuperscript{20, 21}
   - Coronaviruses are common in several species of domestic and wild animals, including cattle, horses, dogs, cats, ferrets, camels, bats, and others.
   - Coronaviruses are a large family of viruses and are named for the crown-like spikes on their surface.
     - Examples of coronaviruses that infect humans include common colds, SARS (Severe Acute Respiratory Disease) and MERS (Middle East Respiratory Syndrome).
   - Some coronaviruses, such as COVID-19, are zoonotic, meaning they normally exist in animals but can be transmitted to humans.
   - The United States Department of Agriculture’s (USDA) National Veterinary Services Laboratories identified one tiger at New York zoo that has tested positive for the virus that causes COVID-19 in humans.
     - Public health officials believe that a zoo employee spread the virus to the tiger.

2. There is no evidence that pets in the U.S. are carrying COVID-19.\textsuperscript{22}
   - There are very limited reports of dogs testing positive for the virus that causes COVID-19 and the significance is unknown.
   - It is not yet known if COVID-19 can cause illness in dogs, domestic cats, or livestock.
   - While there have been reports of pets being infected with the virus that causes COVID-19, there is no evidence to indicate that pets can spread COVID-19.

3. Much remains unknown regarding the virus that causes COVID-19 and illness in pets and livestock.\textsuperscript{23}
   - People should always wash their hands with soap and water after contact with animals.
   - Washing one’s hands protects one against various common bacteria such as E.coli and Salmonella that can pass between animals and humans.

\textsuperscript{20} https://www.who.int/health-topics/coronavirus#tab=tab_1
\textsuperscript{22} https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html
\textsuperscript{23} https://www.osha.gov/SLTC/covid-19/
105. How is COVID-19 different from the flu and common cold?

Key Messages/Shorter Answer (Soundbite):

1. COVID-19 spreads faster and is potentially more deadly than influenza and the common cold.
2. Most coronavirus infections cause very similar types of respiratory illness at the onset.
3. Confirmed COVID-19 illness has ranged from mild symptoms to severe illness and death.

Longer Answer:

1. **COVID-19 spreads faster and is potentially more deadly than influenza and the common cold.**
   - The main symptoms of COVID-19 include fever, cough, and shortness of breath.
   - People with COVID-19 can varyably progress and regress from mild symptoms to high fever, difficulty breathing, and even pneumonia.
   - Since initial symptoms are often similar to some of the symptoms of colds and flu (e.g., cough and fever) diagnostic tests help determine if a person has COVID-19.
   - The virus that causes COVID-19 not only is harming people, it is causing severe disruption to our society and daily lives.
   - The sheer number of people with, or suspected to have, COVID-19 can overwhelm healthcare providers, healthcare facilities, and our healthcare system.

2. **Most coronavirus infections cause very similar types of respiratory illness at the onset.**
   - In some mild cases, COVID-19 causes runny nose, cough, sore throat, and fever.
   - Diagnostic tests are needed to help determine if someone has COVID-19.
   - Doctors are still trying to understand the full picture of disease symptoms and severity caused by COVID-19.

3. **Confirmed COVID-19 illness has ranged from mild symptoms to severe illness and death.**
   - For confirmed COVID-19, reported illnesses have ranged from people with mild symptoms to people being severely ill and dying.
   - Estimates of the overall fatality rate for COVID-19 are uncertain, changing based on new data, and appear to range from less than 1% to 12% or greater.
   - Even if someone has mild symptoms of a cold or influenza and is concerned about having contact with COVID-19, they should contact a local health care provider.
   - As more people are testing positive for COVID-19, additional symptoms have been identified including temporary loss of taste and smell, diarrhea, vomiting, and abdominal pain.
   - As this pandemic unfolds, it’s becoming increasingly clear that the symptoms of COVID-19 can vary widely from person to person.

27 https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
106. How deadly is COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. **COVID-19 is deadly with wide variation in fatality rates.**
2. **Older people and those with predisposing medical conditions are more likely to die from COVID-19.**
3. **Most people with COVID-19 have mild symptoms and survive.**

Longer Answer:

1. **COVID-19 is deadly with wide variation in fatality rates.**
   - Fatality rates appear to vary from as high as 12% in Italy, less than 3% in the USA, and to less than 1% in Iceland.\(^28\)\(^29\)\(^30\)\(^31\)
   - Most COVID-19 deaths are among the elderly.
     - 80% of deaths occurred amongst those aged 60 years or older and the highest percentage of severe outcomes were among persons aged 85 years or older.
     - In Italy, one of the most affected European countries, nearly 90% of deaths are in those aged 60 years or older.
   - Estimated fatality rates vary based on testing, confirmed cases, age, gender, country, and healthcare resources, reporting systems, socio-economic factors, severity of patients’ illness, and medical treatment.
   - Fatality rates can change as hospitals become overwhelmed with cases.

2. **Older people and those with predisposing medical conditions are more likely to die from COVID-19.**
   - Higher COVID-19 cases and deaths among the elderly appears to be linked to presence of other health problems, a weaker immune or respiratory system, and poor overall health.
   - People with diabetes, chronic lung disease, and cardiovascular disease appear to be at higher risk for severe COVID-19 illness than people without these conditions.
   - Nearly 40% of all US COVID-19 patients have an underlying health condition.
   - Nearly 80% of people having underlying health conditions that require ICU admission.

3. **Most people with COVID-19 have mild symptoms and survive.**
   - More is being learned each week about the severity and mortality of COVID-19 as new cases and data are being reported.
   - Many people experiencing mild symptoms do not inform public health authorities and therefore are not included in reported case counts.
   - COVID-19 illness may be more severe where health resources are limited or overburdened.

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\(^28\) [https://www.who.int/news-room/q-a-detail/q-a-coronaviruses](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)

\(^29\) [https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm)


\(^32\) [https://who.sprinklr.com](https://who.sprinklr.com)

107. What is the difference between COVID-19 and the common cold?

Key Messages/Shorter Answer (Soundbite):
1. The common cold is caused by a different strain of coronavirus than COVID-19.
2. COVID-19 can be more dangerous than the common cold.
3. Recommended preventive measures are stricter for COVID-19 than the common cold.

Longer Answer:

1. **The common cold is caused by a different strain of coronavirus than COVID-19.**
   - Coronaviruses are a large family of viruses found in both animals and humans.
   - Many coronaviruses circulate in the U.S. and the novel coronavirus that causes COVID-19 is new, for which humans have no immunity.
   - The coronaviruses that normally circulate in the U.S. and the world cause 10% to 30% of upper respiratory tract infections in adults.
   - For most people, common cold symptoms usually peak within the first two to three days of infection, while the effects of COVID-19 usually appear two to 14 days after exposure.
   - Neither SARS (Severe Acute Respiratory Syndrome) nor MERS (Middle Eastern Respiratory Syndrome) COVID-19 can be more dangerous than the common cold.

2. **COVID-19 can be more dangerous than the common cold.**
   - Most people with COVID-19 and the common cold have had mild illness or symptoms, while those with COVID-19 more frequently become very ill.
   - Unlike the common cold, the COVID-19 more frequently produces kidney failure, severe pneumonia, respiratory failure, and death.
   - While some children and infants have been sick with COVID-19, it is more dangerous to adults.

3. **Recommended preventive measures are stricter for COVID-19 than the common cold.**
   - Federal, state, territorial, and local authorities have implemented strict physical and social distancing rules and recommendations to slow COVID-19.
     - Social distancing guidelines, including sheltering-in-place, are intended to “flatten the curve,” i.e., slow the spread of COVID-19.
   - Federal, state, territorially, and local officials have issued strict travel recommendations.
   - People are being strongly encouraged to follow strict hygiene measures to help prevent COVID-19 infection and spread.
     - People should wash their hands often; avoid touching their eyes, nose, and mouth; cover their coughs and sneezes; wear cloth masks or face coverings in public; clean frequently touched surfaces around the house with regular household cleaners; follow expert guidance; and avoid dangerous unproven myths and rumors.

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34 [https://www.cdc.gov/coronavirus/types.html](https://www.cdc.gov/coronavirus/types.html)
35 [https://jamanetwork.com/journals/jama/pages/coronavirus-alert](https://jamanetwork.com/journals/jama/pages/coronavirus-alert)
108. **How infectious is the virus that causes COVID-19?**

**Key Messages/Shorter Answer (Soundbite):**
1. *The virus that causes COVID-19 is very infectious.*
2. *How easily the virus spreads from person-to-person appears highly variable.*
3. *Much is still unknown about the spread of the virus that causes COVID-19.*

**Longer Answer:**

1. **The virus that causes COVID-19 is very infectious.**[^39] [^40] [^41]
   - The virus that causes COVID-19 can spread from people who are infected but who do not have or notice their symptoms.
     - Between 25 and 50 percent of people infected with the virus appear to show no symptoms in the days following infection.
     - New research suggests just breathing or talking may be enough to spread COVID-19.
   - The coronavirus that causes COVID-19 may spread through the air in tiny particles that people who are infected exhale during normal breathing and talking.
   - The virus can be spread through droplets that are created when a person coughs or sneezes, or through droplets of saliva or discharge from the nose.
   - People infected with COVID-19 appear to be most infectious when they are most ill.

2. **How easily the virus spreads from person-to-person appears highly variable.**[^39] [^40] [^41]
   - Since most cases of COVID-19 are mild, many more people are likely to be or have been infected than current testing numbers indicate.
   - As more people are tested, experts will better understand the extent of COVID-19.
   - Scientists have estimated that one infected person could spread COVID-19 to approximately two or three other people unless preventive actions are taken.
   - Person-to-person spread usually happens with close contact (within 6 feet) with an infected person.

3. **Much is still unknown about the spread of the virus that causes COVID-19.**[^39] [^40] [^42]
   - Based on currently available data, people who have symptoms are believed to be causing the majority of virus spread, but those with no or mild symptoms can also spread the virus.
   - Research is needed to learn more specifics about how the virus that causes COVID-19 is spread, including how well it spreads from touching contaminated surfaces.
   - As experts identify more cases, guidance and control strategies may need to change.

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[^42]: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30183-5/fulltext]
109. Can you get COVID-19 from mail packages or imported goods that arrive from infected areas?

Key Messages/Shorter Answer (Soundbite):
1. No cases of COVID-19 have been reported from packages or imported goods.
2. Most coronaviruses may persist on surfaces for a few hours or up to several days.
3. The risk of catching COVID-19 from a package is believed to be low.

Longer Answer:
1. **No cases of COVID-19 have been reported from packages or imported goods.**
   - Experts believe there is little or no risk of COVID-19 from shipped products or packages.
   - If you think a package may be suspect, clean it with disinfectant.
   - Wash your hands with soap for at least 20 seconds after handling a package.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.

2. **Most coronaviruses may persist on surfaces for a few hours or up to several days.**
   - Survival of COVID-19 on surfaces appears to behave like other coronaviruses.
   - Initial studies suggest the virus that causes COVID-19 can survive on surfaces for at least few hours and may survive on plastic, glass, and metal for several days.
   - Virus survival varies under different conditions, such as type of surface, temperature, or humidity.

3. **The risk of catching COVID-19 from a package is believed to be low.**
   - People receiving packages from countries with confirmed COVID-19 are unlikely to be at increased risk of infection from the package or packaging.
   - Recent laboratory research has shown that although the virus can be detected on some surfaces for up to a day, the reality is that the virus levels drop off quickly.
   - People should wash their hands for at least 20 seconds with soap and water after bringing in packages, or after trips to the grocery store or other places where they may have come into contact with infected surfaces.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
110. How can people avoid or reduce social stigma associated with COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Stigma can be as dangerous as the virus that causes COVID-19.
2. A virus can infect anyone regardless of race, ethnicity, country, or beliefs.
3. People can stop stigma.

Longer Answer:

1. **Stigma can be as dangerous as the virus that causes COVID-19.**
   - Viruses are a threat to all people, regardless of race, ethnicity, or the country one lives in.
   - Stigma and discrimination can occur when people associate an infectious disease with a specific geographical region.
   - Stigma hurts everyone by creating fear or anger towards ordinary people instead of the virus that is causing the problem.
     - Stigmatization of special populations, such as the homeless and non-English speaking people, can spark dangerous incidents.
   - Stigma is dangerous because it can make some people less likely to seek healthcare thereby enabling the virus to spread more rapidly.

2. **A virus can infect anyone regardless of race, ethnicity, country, or beliefs.**
   - COVID-19 infections and spread are happening all across the U.S. and the world.
   - Ancestry does not make a person more vulnerable to COVID-19.
   - People should not assume that wearing a face covering implies COVID-19.
   - People wear face coverings for many reasons, including air pollution and pollen.
   - As COVID-19 continues to spread in the U.S. and the world, any person could become infected and get sick.

3. **People can stop stigma.**
   - Speak up if you hear, see, or read misinformation or harassment.
   - Show compassion and support for those most closely impacted.
   - Report harassment.
   - Avoid prejudicial language and actions that imply blame.
   - Share accurate information and be cautious about images that reinforce stereotypes.
   - Share stories of people experiencing stigma and the damage it can do.
200 Series: Travel Questions

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201. How effective are travel restrictions and quarantines?

Key Messages/Shorter Answer (Soundbite):

1. Travel restrictions and quarantines help limit the spread of contagious disease.
2. Travel restrictions and quarantine measures can help public health authorities control outbreaks.
3. Effective travel restrictions and quarantine alone may not stop disease spread.

Longer Answer:

1. **Travel restrictions and quarantines help limit the spread of contagious disease.**
   - Travel restrictions and quarantines give public health officials important tools for limiting the person-to-person spread of a contagious disease.
   - The primary purpose of a travel restriction is typically to restrict the geographical movement of people who are, or may be, infected with an infectious disease and thus the geographic range of contact with the disease.
   - The primary purpose of a quarantine is typically to separate from the general population individuals who may have been exposed to an infectious disease but who are not ill.

2. **Travel restrictions and quarantines measures can help public health authorities control outbreaks.**
   - Travel restrictions and quarantines help limit and slow the transmission of cases in the general population by preventing exposures to infected individuals.
   - Travel restrictions and quarantines facilitate contact tracing, i.e., the process of tracking down individuals who were in contact and may have been infected by someone confirmed to be sick.
   - For a new virus for which much is unknown or uncertain, travel restrictions and quarantine measures give scientists more time to understand the virus, develop testing mechanisms, and explore treatment options.
   - Travel restrictions and quarantines reduce strain on treatment facilities and health care providers.

3. **Effective travel restrictions and quarantine alone may not stop disease spread.**
   - Public health strategies, including social distancing measures, such as school closures or cancelling large public gatherings, can help limit the spread of disease.
   - Travels restrictions and quarantines are typically less effective when people are infected with a disease but do not display signs or symptoms of illness.
   - If used excessively, travel restrictions can limit and restrict the movement of needed and critical goods and services, such as prescription drugs, personal protective equipment, and healthcare personnel.
   - Travel restrictions and quarantine can result in stigmatizing people.43

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202. Should I be concerned about travel within the U.S.?

Key Messages/Shorter Answer (Soundbite):
1. It is understandable that people are concerned about travelling.
3. If you do travel, practice good hygiene and minimize close contact with others.

Longer Answer:
1. It is understandable that people are concerned about travelling.
   - COVID-19 is a new and potentially deadly disease infecting large numbers of people in numerous countries.
   - As COVID-19 continues to spread, travel operations, advisories, and guidance are changing.
   - People should avoid non-essential travel to communities where transmission is widespread.
     - Continue to stay informed by following the Centers for Disease Control and Prevention (CDC) and U.S. State Department travel websites[^44] for the latest information.[^45]

   - Federal guidelines advise against nonessential travel due to the COVID-19 outbreak.
   - Travel presents an opportunity for getting sick due to an often crowded and confined environment.
   - Cases of COVID-19 have been reported in all 50 states and many territories, and some areas are experiencing community spread of the disease.
   - If you have questions about your destination, you should check public health department websites for current information.
   - Older adults and people with chronic medical conditions are at higher risk for severe disease.
   - CDC recommends that travelers at higher risk for COVID-19 complications avoid all cruise travel and nonessential air travel.

3. If you do travel, practice good hygiene and minimize close contact with others.
   - Travelers should do their best to avoid close contact (within six feet) of people who are sick, especially those who are coughing and sneezing.
   - Travelers should take precautionary actions including frequent hand washing, use of hand sanitizer, covering coughs and sneezes, and avoiding touching their eyes, nose, and mouth.
   - Travelers should use alcohol wipes to wipe surfaces such as tray tables, seat belts, and arm rests.
   - People who are sick with fever, cough, or difficulty breathing should postpone traveling.

[^44]: https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/
203. How are travel restriction decisions made?

Key Messages/Shorter Answer (Soundbite):
1. Travel restrictions must balance risk of exposure against cost of disrupting the economy.
2. The U.S. has imposed major travel restrictions as a result of widespread transmission of COVID-19.
3. Stay-at-home and shelter-in-place travel restrictions are being imposed by state, territorial, and local officials to foster social distancing.

Longer Answer:

1. Travel restrictions must balance risk of exposure against cost of disrupting the economy.
   - Free movement of persons and goods between the U.S. and other countries is important to the global economy.
   - Travel restrictions can adversely impact the ability of Americans traveling abroad to return to the US without undue interference.
   - Severe travel restrictions are normally imposed only when the risks arising from the free movement of goods and persons outweigh the benefits of free movement.

2. The U.S. has imposed major travel restrictions as a result of widespread transmission of COVID-19.
   - Balancing of risks, costs and benefits is reassessed and re-evaluated as conditions change.
   - U.S. travel restrictions may change as more is known about the spread of the disease and about why there is so much variability in sickness from the disease.

3. Stay-at-home and shelter-in-place travel restrictions are being imposed by state, territorial, and local officials to foster social distancing
   - Travel restriction information is continually updated at the CDC and US State Department websites. 46 47
   - U.S. travel restrictions may change as outbreaks of COVID-19 change.
   - Travel health warnings and notices can be issued, discouraging all non-essential travel to countries where widespread transmission is taking place.
   - U.S. travel restrictions may change as more is known about the extent to which a person infected with COVID-19 and experiencing no symptoms can spread the disease to others.

47 https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/
204. Why has the U.S. adopted travel restrictions that are more stringent than those recommended by the World Health Organization?

Key Messages/Shorter Answer (Soundbite):
1. Each country must weigh many factors in setting COVID-19 travel restrictions.
2. WHO has called on countries not to impose excessive COVID-19 travel restrictions.
3. The US has adopted a balanced approach to setting COVID-19 travel restrictions.

Longer Answer:
1. Each country must weigh many factors in setting COVID-19 travel restrictions.
   - Risk factors include the number of cases, deaths from the cases, the ease of transmission, and the effectiveness of risk management controls.
   - Geographic factors include proximity between the countries, the length of a common border, and the ease of evading restrictions.
   - Economic factors include adverse effects on the trade of needed goods and services.
   - Risk and other factors important to one country may be different from those important to other countries.
2. WHO has called on countries not to impose excessive COVID-19 travel restrictions.
   - Excessive travel restrictions may encourage evasion, deliberate self-concealment of illness, and illegal border crossings to avoid scrutiny and possible detection.
   - Excessive travel restrictions can limit and restrict the movement of needed goods and services, including personal protective equipment.
   - Excessive travel restrictions may result in stigmatizing the sick and impinging on civil liberties.
3. The US has adopted a balanced approach to setting COVID-19 travel restrictions.
   - The U.S. balances risks and other factors in setting COVID-19 travel restrictions.
   - Entry points into the U.S. are generally more controllable than in many other countries.
   - Screening of travelers can typically be conducted more effectively and comprehensively in the U.S. than in many other countries.
205. Why are you restricting travel from some countries but not restricting travel from other countries with COVID-19 cases?

Key Messages/Shorter Answer (Soundbite):
1. The U.S. has set travel restrictions on countries with COVID-19 outbreaks.
2. In setting travel restrictions, experts balance risks, costs, and benefits.
3. CDC has established risk-based criteria for setting travel restrictions.

Longer Answer:
1. The U.S. has set travel restrictions on countries with COVID-19 outbreaks.
   - CDC provides a daily update of destinations to be avoided.48
   - U.S. border patrol agents are asking travelers about their recent travel history and passing out educational materials.
     - CDC has deployed additional staff to screen travelers at entry points.
   - CDC has asked healthcare providers to be alert for travelers from countries with significant COVID-19 outbreaks.

2. In setting travel restrictions, experts balance risks, costs, and benefits.
   - Excessive travel restrictions may encourage evasion, deliberate self-concealment of illness, and illegal border crossings to avoid scrutiny and possible detection.
   - Excessive travel restrictions can limit and restrict the movement of needed goods and services.
   - Excessive travel restrictions may result in stigmatizing populations and impinging on civil liberties.
   - U.S. travel restrictions may change as greater clarity is gained about COVID-19.

3. CDC has established risk-based criteria for setting travel restrictions.
   - CDC’s risk assessment travel restriction criteria are:
     - Widespread sustained (ongoing) transmission and restrictions on entry by foreign nationals to the United States;
     - Widespread sustained (ongoing) transmission;
     - Sustained (ongoing) community transmission; and
     - Limited community transmission.
   - Travelers should consult the CDC travel information web page for current information.47

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300 Series: Protection Questions

301. What should I do if I had close contact with someone with COVID-19? ........................................ 29
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301. What should I do if I had close contact with someone with COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Inform your health care provider about your close contact with the infected person.
2. The virus can be transmitted from person-to-person through close contact.

Longer Answer:
1. Inform your health care provider about your close contact with the infected person. You should monitor your health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. Call your health care provider and tell them about your close contact with the infected person and ask for guidance regarding quarantine. Your health care provider will work with your state’s public health department and the Centers for Disease Control and Prevention (CDC) to determine if you need to be tested. If seeing a health care provider is not possible, immediately contact the CDC (800-CDC-INFO) to get advice on next steps.

2. The virus can be transmitted from person-to-person through close contact. Much is unknown about how the virus spreads and current knowledge is largely based on what is known about similar viruses. Person-to-person spread occurs mainly via respiratory droplets produced when an infected person coughs or sneezes. Person-to-person spread usually happens after close contact (within about 6 feet) with an infected person.

3. Call your health care provider if you notice symptoms of COVID-19. Watch for signs and symptoms of COVID-19 infection, such as fever, cough, and shortness of breath. If you notice symptoms of COVID-19, call your health care provider in advance to advise you on how to seek care. Calling before you show up for care also allows your provider to take precautions that will help prevent spreading COVID-19 to others. If you notice COVID-19 symptoms, seek advice before travelling to get medical care. Follow expert guidance and avoid dangerous unproven myths and rumors.

51 https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
302. What can people do to prevent infection with COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. *The best way to prevent infection is avoiding exposure to the virus.*
2. *Face coverings or surgical masks have limited ability to prevent infection in otherwise healthy people.*
3. *Everyday basic hygiene is important to prevent infection.*

Longer Answer:

1. **The best way to prevent infection is avoiding exposure to the virus.**
   - Avoid close contact (about 6 feet) with people who are sick.
   - If you are sick, stay home and limit contact with others to avoid spreading the virus.
   - Avoid non-essential travel to places where widespread transmission is happening.
   - If the virus is spreading in your community, stay home as much as possible to reduce your risk of being exposed.
   - Avoiding exposure slows the spread of the virus and reduces the strain on the healthcare system.

2. **Face coverings or surgical masks have limited ability to prevent infection in otherwise healthy people.**
   - The use of surgical masks is crucial for health workers and people who are taking care of someone in close settings (at home or at a health care facility).
   - Unnecessary use of surgical masks increases the likelihood of a limited supply for those who are sick and for health care workers who are at the highest risk for disease transmission.
   - People should wear cloth masks or face coverings in public to help prevent the spread of COVID-19 because even people without symptoms also appear capable of spreading the virus.

3. **Everyday basic hygiene is important to prevent infection.**
   - Wash your hands often with soap and water for at least 20 seconds.
     - Wash your hands especially after going to the toilet, before eating, and after coughing, sneezing, and blowing your nose.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Avoid touching your eyes, nose, and mouth with unwashed hands.
   - Use a hand sanitizer if soap and water are unavailable.
   - Cover your coughs and sneezes with a sleeve or tissue (and then throw away the tissue).
   - Clean frequently touched surfaces around the house with regular household cleaners.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.

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55 https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
303. Are face coverings and surgical masks useful to prevent COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Face coverings and surgical masks can help sick people from spreading the virus.
2. Face coverings and surgical masks have limited ability to prevent infection in healthy people.
3. If you wear a face covering or surgical mask, you should also use other preventive measures.

Longer Answer:
1. Face coverings and surgical masks can help sick people from spreading the virus.\(^{59,60,61}\)
   - If you are sick with COVID-19, you should wear a face covering or surgical mask when you are around other people.
   - A face covering is a type of facemask, typically made of fabric, that fits snugly against the side of the face, be secured, includes multiple layers of fabric, allows for breathing without restriction, and can be laundered and machine dried.
   - A face covering or surgical mask should be used to protect others from getting infected.
   - If you are not able to wear a face covering or surgical mask while you are sick, then others should not stay in the same room as you or they should wear a face covering or surgical mask.
   - The use of N95 respirators — a filtering facepiece used for breathing — is crucial for health workers and people who are taking care of someone sick with COVID-19 in close settings.

2. Face coverings and surgical masks have limited ability to prevent infection in healthy people.\(^{62}\)
   - People should wear cloth masks or face coverings in public to help prevent the spread of COVID-19 because even people without symptoms also appear capable of spreading the virus.
   - Unnecessary use and hoarding of N95 respirators and surgical masks increases the likelihood that this personal protective equipment may be in short supply for sick people and health care workers who are at the highest risk.
   - You should use a face covering or surgical mask if you are caring for someone with suspected COVID-19 infection when in close quarters.\(^{55}\)

3. If you wear a face covering or surgical mask, you should also use other preventive measures.\(^{55,56}\)
   - Wash your hands often with soap and water for at least 20 seconds.
     - Wash your hands especially after going to the toilet, before eating, and after coughing, sneezing, and blowing your nose.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Avoid touching your eyes, nose, and mouth with unwashed hands.
   - Cover your coughs and sneezes with a sleeve or tissue.
   - Clean frequently touched surfaces around the house with regular household cleaners.

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\(^{60}\) [https://www.who.int/news-room/q-a-detail/q-a-coronaviruses](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)


304. What type of mask may be effective against COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. A face covering or surgical mask can help an infected person prevent spreading the virus.
2. N95 respirators may be used by healthcare personnel when caring for an infected patient.
3. If wearing a face covering or surgical mask, you should still practice basic hygiene.

Longer Answer:
1. **A face covering or surgical mask can help an infected person prevent spreading the virus.**
   - A face covering is a type of facemask, typically made of fabric, that fits snugly against the side of the face, be secured, includes multiple layers of fabric, allows for breathing without restriction, and can be laundered and machine dried.
   - Surgical masks are flat or pleated and are attached to the head with straps.
   - The role of a face covering or surgical mask is to prevent contamination of the surrounding area when an infected person coughs or sneezes.
   - A face covering or surgical mask should be used by people who have been exposed to COVID-19 and are showing symptoms of illness like coughing or sneezing.
   - People should wear cloth masks or face coverings in public to help prevent the spread of COVID-19 because even people without symptoms also appear capable of spreading the virus.

2. **N95 respirators may be used by healthcare personnel when caring for an infected patient.**
   - A N95 respirator is a tight-fitting personal protective device and requires training and testing to ensure a proper seal.
   - The N95 respirator filters out at least 95% of particles in the air, including large and small particles.
   - N95 respirators are not recommended for routine use in the community.

3. **If wearing a face covering or surgical mask, you should still practice basic hygiene.**
   - Wash your hands often with soap and water for at least 20 seconds.
     - Wash your hands especially after going to the toilet, before eating, and after coughing, sneezing, and blowing your nose.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Avoid touching your eyes, nose, and mouth with unwashed hands.
   - Use a hand sanitizer if soap and water are unavailable.
   - Cover your coughs and sneezes with a sleeve or tissue.
   - Clean frequently touched surfaces around the house with regular household cleaners.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.

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305. Is there a sufficient supply of surgical masks and N95 respirators?

Key Messages/Shorter Answer (Soundbite):
1. Public health officials are working to ensure adequate supply for critical personnel.
2. Surgical masks and N95 respirators should be used where recommended.
3. Surgical masks have limited ability to prevent infection in healthy people.

Longer Answer:
1. Public health officials are working to ensure adequate supply for critical personnel.\(^66\)\(^67\)\(^68\)\(^69\)
   - Supplies of N95 respirators — 95% effective in filtering infectious agents — can become depleted when in exceptionally high demand.
   - Supplies and demand for surgical masks and N95 respirators will vary by location.
     - It is likely that high demand and high need may cause shortages in some places.
   - Countries, public health officials, and suppliers are continually and closely monitoring the availability of surgical masks as well as N95 respirators.

2. Surgical masks and N95 respirators should be used where recommended.\(^59\)\(^63\)
   - Surgical masks are recommended for use by people who have a confirmed respiratory infection and for people who are taking care of someone in close settings.
   - N95 respirators are recommended for health care workers and are not recommended for routine use in the community.
   - Hoarding of surgical masks and N95 respirators could prevent the people who need them most from getting them.

3. Surgical masks have limited ability to prevent infection in healthy people.\(^56\)\(^65\)
   - People should wear cloth masks or face coverings in public to help prevent the spread of COVID-19 because even people without symptoms also appear capable of spreading the virus.
   - Surgical masks should be worn by people who show symptoms of COVID-19 to help prevent the spread of disease to others.
   - The use of surgical masks and N95 respirators are crucial for health workers and people who are taking care of someone in close settings (at home or at a health care facility).
   - Unnecessary use of surgical masks increases the likelihood of a limited supply for those who are sick and for health care workers who are at the highest risk for disease transmission.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.\(^66\)

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\(^{68}\) https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

400 Series: Transmission Questions

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407. Do you think state, territorial, and local health departments are doing enough to prevent the spread of COVID-19? .......................................................... 41
401. How is COVID-19 acquired?

Key Messages/Shorter Answer (Soundbite):

1. The virus that causes COVID-19 spreads mainly from person-to-person.
2. Much is unknown about how COVID-19 is acquired.
3. The best way to prevent infection is avoiding exposure to the virus.

Longer Answer:

1. The virus that causes COVID-19 spreads mainly from person-to-person.  
   - Person-to-person spread usually happens after close contact (within 6 feet) with an infected person mainly via respiratory droplets produced from coughing or sneezing.
   - New data suggests that COVID-19 may be spread by people who are not showing symptoms, including in the days before symptoms appear.
   - Research shows coronavirus can be spread not just by sneezes or coughs, but also just by talking, or possibly even just breathing.
   - A person may be able to get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or their eyes.

2. Much is unknown about how COVID-19 is acquired.
   - Current knowledge about COVID-19 is based in part on what is known about other similar coronaviruses.
   - Since the virus that causes COVID-19 is a new coronavirus, the evolving pandemic has produced more questions than answers.
   - Experts believe three key questions regarding COVID-19 are: the extent that transmission is seasonal, whether long-lasting immunity is induced, and what role do children play.

3. The best way to prevent infection is avoiding exposure to the virus.
   - People should avoid close contact with people who are sick.
   - People should wash their hands often with soap and water for at least 20 seconds, especially after going to the toilet, before eating, and after coughing, sneezing, or blowing their nose.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - People should cover their mouth and nose with a tissue or your sleeve (not their hands) when coughing or sneezing.
   - People should avoid touching your eyes, nose, and mouth with unwashed hands.
   - People should follow expert guidance and avoid dangerous unproven myths and rumors.

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71 https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
402. Can a person spread the virus that causes COVID-19 even if they have no symptoms?

Key Messages/Shorter Answer (Soundbite):
1. People can infect others with the virus that causes COVID-19 before showing symptoms.
2. Asymptomatic transmission of COVID-19 supports calls for wider testing.
3. People are thought to be highly contagious when they are most symptomatic (the sickest).

Longer Answer:
1. People can infect others with the virus that causes COVID-19 before showing symptoms.  
   - There have been credible reports that people have acquired COVID-19 from infected people who did not have noticeable symptoms nor signs of illness.
   - Transmission of COVID-19 can occur in the days following infection and as a result of being pre-symptomatic and asymptomatic.
   - There is still much to be learned about how COVID-19 is acquired.

2. Asymptomatic transmission of COVID-19 supports calls for wider testing.  
   - Experts have called for improved COVID-19 testing capabilities with results quickly available.
     - To improve COVID-19 testing, facilities need adequate supplies and trained personnel.
   - Experts are calling for widespread COVID-19 testing to facilitate identification, isolation, treatment, and contact tracing.
   - Experts believe the most important enabler for slowing COVID-19 will be the public, whose buy-in and sense of personal responsibility can ensure comprehensive testing.

3. People are thought to be highly contagious when they are most symptomatic (the sickest).  
   - COVID-19 is most likely acquired from someone who is actively sick.
   - Person-to-person spread frequently happens after close contact (within about 6 feet) with an infected person.
   - Most viral respiratory infections, including those caused by coronaviruses, are spread through the coughs and sneezes of infected people who have symptoms.
   - People should follow expert guidance and avoid dangerous unproven myths and rumors.

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74 [https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm)
78 [https://www.who.int/news-room/q-a-detail/q-a-coronaviruses](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)
79 [https://www.nih.gov/health-information/coronavirus](https://www.nih.gov/health-information/coronavirus)
80 [https://www.nejm.org/coronavirus](https://www.nejm.org/coronavirus)
403. How efficient is the spread of COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. *Data suggest that each person with COVID-19 may infect up to two or three additional people if no mitigation measures are used.*
2. *COVID-19 may spread before people show symptoms.*
3. *Person-to-person infection of COVID-19 usually happens after close contact with an infected person.*

Longer Answer:

1. **Data suggest that each person with COVID-19 may infect up to two or three additional people if no mitigation measures are used.**
   - How easily a virus spreads depends on properties of the virus and the environment.
     - A strain of virus that spreads more easily through aerosols rather than heavier droplets released when an infected person sneezes or coughs is typically more contagious.
   - The virus that causes COVID-19 seems to be more contagious than most strains of flu, but less contagious than measles.
   - Data indicate that the virus that causes COVID-19 is more contagious but less deadly than the virus that causes SARS (Severe Acute Respiratory Syndrome).
   - The virus that causes COVID-19 seems to be acquired easily in confined spaces.

2. **COVID-19 may spread before people show symptoms.**
   - Although people appear highly contagious when they are sickest and producing the most droplets, asymptomatic transmission of the virus that causes COVID-19 has been reported.
   - Early and potentially highly efficient transmission of the virus may occur before clinical symptoms or in conjunction with the very first mild symptoms.
   - There have been credible reports that people can acquire COVID-19 from infected people without noticeable symptoms or signs of illness.
     - Recent laboratory research has shown that although the virus can be detected on some surfaces for up to a day, the reality is that the virus levels drop off quickly.

3. **Person-to-person infection of COVID-19 usually happens after close contact with an infected person.**
   - Person-to-person spread of COVID-19 usually happens between people within 6 feet.
   - Person-to-person acquisition occurs mainly via respiratory droplets produced when an infected person coughs or sneezes or through droplets of saliva or discharge from the nose.
   - It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.

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86 https://jamanetwork.com/journals/jama/fullarticle/2762028
404. Can the COVID-19 be spread from contaminated surfaces?

Key Messages/Shorter Answer (Soundbite):
1. **COVID-19 can be acquired from contaminated surfaces.**
2. **Clean and disinfect frequently touched objects and surfaces.**
3. **Most often, spread happens among close contacts through respiratory droplets.**

Longer Answer:

1. **COVID-19 can be acquired from contaminated surfaces.**
   - Some spread may happen by touching the contaminated surface and touching the eyes, nose, or mouth.
   - Wash your hands often with soap and water for at least 20 seconds, especially after going to toilet, before eating, and after coughing, sneezing, or blowing your nose.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Though the virus that causes COVID-19 can exist for hours to days on surface, it is unknown how long the virus remains infectious.
     - Genetic material from the virus that causes COVID-19 was identified on a variety of surfaces in cruise ship cabins of both symptomatic and asymptomatic infected passengers up to 17 days after being vacated.

2. **Clean and disinfect frequently touched objects and surfaces.**
   - Simple disinfectants can inhibit the virus that causes COVID-19 from infecting people.
   - If you are sick with COVID-19, do not share personal items with other people in your home.
   - Personal items used by a person with COVID-19 should be thoroughly washed with soap and water.

3. **Most often, spread happens among close contacts through respiratory droplets.**
   - Acquisition of COVID-19 occurs primarily through respiratory droplets produced when an infectious person coughs or sneezes.
   - Close contact is defined as being within 6 feet of a person with COVID-19 for a prolonged period of time.
   - Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area with a person with COVID-19.
   - Surfaces contaminated with the virus that causes COVID-19 are not thought to be the primary way the virus is spread.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.

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88 https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
89 https://www.journalofhospitalinfection.com/article/S0195-6701(20)30046-3/fulltext
90 https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm?s_cid=mm6912e3_w
405. Can COVID-19 be spread in the air, like measles or tuberculosis, or only by droplets?

**Key Messages/Shorter Answer (Soundbite):**

1. *People primarily acquire COVID-19 by respiratory droplets from coughs or sneezes.*
2. *There are important differences between droplet and airborne transmission.*
3. *Airborne transmission of COVID-19 is most likely in healthcare settings in which procedures or treatments generate aerosols.*

**Longer Answer:**

1. **People primarily acquire COVID-19 by respiratory droplets from coughs or sneezes.**
   - These droplets can land in the mouths or noses of people who are nearby.
   - Spread of COVID-19 may also happen by touching a surface contaminated with an infected droplet and touching the eyes, nose, or mouth.
   - Data suggest that each person with COVID-19 may infect up to two or three additional people if no mitigation measures are used.

2. **There are important differences between droplet and airborne transmission.**
   - Droplets are larger and heavier than airborne particles and droplets will eventually settle.
   - Compared to measles where the virus clings to airborne particles, the coronavirus is carried primarily by heavier respiratory droplets.
   - When someone with COVID-19 coughs or sneezes, they disperse respiratory droplets that can be full of virus and can travel about three to six feet.

3. **Airborne transmission of COVID-19 is most likely in healthcare settings in which procedures or treatments generate aerosols.**
   - Research indicates that aerosol transmission of the virus that causes COVID-19 is plausible since the virus can remain viable and infectious in aerosols for hours.
   - Research indicates that airborne transmission may help explain healthcare spread and super-spread events and provide information for pandemic mitigation efforts.
   - Unlike measles and tuberculosis, experts believe that COVID-19 does not primarily spread via the aerosol route.

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95 https://eportal.mountsinai.ca/Microbiology/faq/transmission.shtml
96 https://www.cdc.gov/tb/topic/basics/howtbspreads.htm
99 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4517735/
406. Should schools and social gatherings be canceled?

Key Messages/Shorter Answer (Soundbite):
1. Communities are implementing social distancing to include closing schools and limiting gatherings.
2. Quick action by communities is needed to prevent person-to-person spread of COVID-19.
3. Communities should look to federal, state, territorial, and local health departments for guidance on social distancing and school closures.

Longer Answer:
1. Communities are implementing social distancing to include closing schools and limiting gatherings.
   - “Social distancing” is the public health practice of putting distance between people to prevent the spread of a disease.
   - Most exposures to coronavirus occur after close contact with ill persons.
   - Social distancing measures include closing schools and cancelling public gatherings like church, sporting events, conferences, and festivals.
   - Many communities around the world have already implemented social distancing.
   - Public health officials are asking communities and schools to think ahead and prepare for the possible challenges ahead.
   - Communities should work with their state, territorial, and local health departments to determine the risk and impact of disease in each of their communities.

2. Quick action by communities is needed to prevent person-to-person spread of COVID-19.
   - Schools may need to close because they are places where people congregate.
     - To protect parents, teachers, school staff, and children from becoming infected, school closures may be an important social distancing tool.
     - Children may be unaware that they are carrying the virus that causes COVID-19 and could infect others.
   - Communities should encourage people to avoid close contact – at least 6 feet – with people who are coughing, sneezing, and have a fever.
   - Unintended consequences of school closures, such as impact on working parents, need to be thoroughly considered.
     - Schools should start planning alternative schooling strategies.

3. Communities should look to federal, state, territorial, and local health departments for guidance on social distancing and school closures.
   - Social distancing has been used successfully in the past to prevent the spread of communicable diseases.
     - Public health authorities have seen the value of social distancing from experiences with measles, SARS, pandemic influenza, and seasonal influenza.
   - Communities should coordinate their planned social distancing efforts with the business sector, such as teleworking and changes to leave policies.
   - Communities should coordinate the social distancing efforts of community-based organizations such as employers, faith-based organizations, and non-profit organizations.
407. Do you think state, territorial, and local health departments are doing enough to prevent the spread of COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Implementing State, territorial, and local health departments are providing timely and accurate information on COVID-19.
2. Availability of COVID-19 testing is improving.

Longer Answer:
1. **State, territorial, and local health departments are providing timely and accurate information on COVID-19.**
   - State, territorial, and local health departments are disseminating information on the progress of their response efforts.
   - State, territorial, and local health departments are providing guidance to communities on prevention and mitigation.
   - State, territorial, and local health departments are responding quickly to dispel rumors, misperceptions, and stigmatization of affected groups.
   - State, territorial, and local health departments are providing guidance to private and public sector organizations on social distancing.
   - State, territorial, and local health departments are working closely with federal agencies, Governors, and local and state emergency management agencies to help inform and plan for the response to COVID-19.

2. **Availability of COVID-19 testing is improving.**
   - Commercial and private services are augmenting CDC’s efforts to provide testing for the virus that causes COVID-19 as well as antibodies to the virus and to run diagnostic samples.
   - As data from testing is shared back to state, federal, and local governments, our understanding of the coronavirus pandemic will improve.
   - As case numbers rise as a result of testing, it’s important to understand this increase as an improvement in our ability to detect cases earlier and thereby prevent transmission.
   - State, territorial, and local health departments government have a highly trained and experienced workforce with years of preparing and practicing for situations like coronavirus.

3. **State, territorial, and local health departments look to the public and communities for help in controlling the spread of COVID-19.**
   - The best way to prevent the spread of COVID-19 is to avoid being exposed to COVID-19.
     - Everyday preventive actions such as hand washing help prevent the spread of COVID-19.
   - The public and communities can help state and local health departments by following local guidelines for social distancing to include sheltering in place.
   - State and local health departments, together with community support, have successfully controlled outbreaks of SARS (Severe Acute Respiratory Syndrome), Ebola, Zika, measles, pandemic influenza, seasonal influenza, and food borne diseases.
500 Series: Outbreak Questions

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503. How contagious is the virus that causes COVID-19? ........................................ 45

504. How rapidly does COVID-19 move from place to place? ................................... 46

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501. What is the source of COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. COVID-19 is a coronavirus – a large family of viruses that circulate among humans and animals.
2. An animal is likely to be the source for the coronavirus that causes COVID-19.
3. There is no evidence that any animals in the United States might be a source of COVID-19.

Longer Answer:

1. **COVID-19 is a coronavirus – a large family of viruses that circulate among humans and animals.**
   - Coronaviruses occur in several species of animals and reptiles.
     - Potential animal sources of COVID-19 include bats, cattle, horses, dogs, cats, ferrets, camels, bats, and snakes.
   - Some coronaviruses can cause illness in animals and spread between animals and humans.
   - Coronaviruses are zoonotic, meaning they can be transmitted between animals and humans.
   - For a coronavirus to spread from animals to humans, the virus must first go through a series of genetic mutations as it is believed is the case for COVID-19.

2. **An animal is likely to be the source for the coronavirus that causes COVID-19.**
   - The first persons infected with COVID-19 are likely to have acquired the virus directly from animals.
   - The coronavirus that causes COVID-19 has genetic similarities to MERS and SARS that suggest it has its origins in bats.
     - The coronaviruses that caused MERS CoV and SARS CoV have their origins in bats.
   - Researchers in China have suggested that pangolins, which are long-snouted mammals often used in traditional Chinese medicine, may be the animal source of the virus that causes COVID-19.
   - Scientists do not know whether bats were the source of infection for other animals.

3. **There is no evidence that any animals in the United States might be a source of COVID-19.**
   - There is no evidence to suggest that animals pose a risk for spreading COVID-19 in the U.S.
   - There have not been reports of pets becoming sick with COVID-19 in the U.S.
   - There are very limited reports of dogs testing positive for the virus that causes COVID-19 and the significance is unknown.
   - There are still many uncertainties regarding COVID-19 and illness in animals.
502. How worried should people be about COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Concern and worry about COVID-19 are understandable given the actions being taken.
2. As the COVID-19 outbreak expands, the risk of being exposed to the virus will increase.
3. The best way to prevent becoming infected is to avoid being exposed to the virus.

Longer Answer:
1. **Concern and worry about COVID-19 are understandable given the actions being taken.**
   - COVID-19 is a new disease infecting large numbers of people and spreading rapidly throughout the world, including the U.S.
   - COVID-19 can result in severe illness, particularly in older adults or individuals with chronic medical conditions.
   - People are concerned because of the increasing number of dramatic media stories.
   - People are concerned because everyday life presents multiple opportunities for getting sick due to often crowded and confined environments.
   - As authorities learn more, guidelines and recommendations may continue to change.

2. **As the COVID-19 outbreak expands, the risk of being exposed to the virus will increase.**
   - As testing continues to increase, we should expect to see more reported cases of COVID-19.
   - People in places where ongoing community spread is happening are at increased risk for exposure.
   - Public health officials are closely monitoring communities in the U.S. and will adjust guidance and recommendations as needed in order to help keep communities safe.
     - CDC announced new guidelines outlining how employees who are considered essential but who have been exposed to people infected by the virus can go back to work.
   - Multiple countries have achieved promising results, such as reducing new COVID-19 cases, with strong public health measures.

3. **The best way to prevent becoming infected is to avoid being exposed to the virus.**
   - If COVID-19 is spreading in your community, stay home as much as possible and put distance between you and other people.
   - Avoiding exposure slows the virus’ spread and reduces the strain on the healthcare system.
   - Everyone should do their best to avoid close contact (within six feet) of people who are sick, especially those who are coughing and sneezing.
   - People should take precautionary actions including frequent hand washing, use of hand sanitizer, covering coughs and sneezes, wearing face coverings, and avoiding touching their eyes, nose, and mouth after touching surfaces.
   - People who are sick with fever, cough, or difficulty breathing should stay home and contact their health care provider.
   - Follow expert guidance and avoid dangerous unproven myths and rumors. ¹⁰¹

503. How contagious is the virus that causes COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. The virus that causes COVID-19 spreads similarly to viruses that cause the common cold.
2. How easily the virus spreads from person-to-person appears highly variable.
3. Much is unknown about the spread of the virus that causes COVID-19.

Longer Answer:
1. *The virus that causes COVID-19 spreads similarly to viruses that cause the common cold.*
   - The virus that causes COVID-19 is a respiratory virus which spreads primarily through close contact with an infected person.
   - The virus can be spread through droplets that are created when a person coughs or sneezes, or through droplets of saliva or discharge from the nose.
   - People infected with COVID-19 are most infectious when they are most ill.
   - It appears an infected person without symptoms may transmit the virus that causes COVID-19.

2. *How easily the virus spreads from person-to-person appears highly variable.*
   - Since most cases of COVID-19 are mild, the disease may be more widespread than current testing numbers indicate.
   - Scientists have estimated that an infected person could spread COVID-19 to two or three additional people if no mitigation measures are used.
   - Person-to-person spread usually happens after close contact (within about 6 feet) with an infected person.
   - People are thought to be highly contagious when they are most symptomatic (the sickest).
     - Early and potentially highly efficient transmission of the virus may occur before clinical symptoms or in conjunction with the very first mild symptoms.

3. *Much is unknown about the spread of the virus that causes COVID-19.*
   - Current data supports that people who have symptoms cause the majority of virus spread.
   - Research is needed to learn more specifics about how the virus that causes COVID-19 is spread, including if it spread from touching contaminated surfaces.
   - Effective prevention and control of COVID-19 will be difficult if the virus can be easily transmitted to other people.

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104 https://www.who.int/emergencies/diseases/novel-coronavirus-2019
504. How rapidly does COVID-19 move from place to place?

Key Messages/Shorter Answer (Soundbite):
1. The virus that causes COVID-19 has moved rapidly from place to place.
2. Scientists are uncertain about how rapidly COVID-19 will continue to spread.
3. The virus that causes COVID-19 appears to move more rapidly than influenza or the SARS viruses.

Longer Answer:
1. The virus that causes COVID-19 has moved rapidly from place to place.
   - COVID-19 is thought to move mainly from person-to-person through the small droplets produced when an infected person coughs or sneezes.
   - Some transmission of COVID-19 may occur before people show symptoms.
2. Scientists are uncertain about how rapidly COVID-19 will continue to spread.
   - How easily a virus like COVID-19 spreads from person-to-person can vary, depending on different conditions, such as environment.
   - People are thought to be highly contagious when they are most symptomatic (the sickest), but may also be contagious without showing symptoms.
     - Early and potentially highly efficient transmission of the virus may occur before clinical symptoms or in conjunction with the very first mild symptoms.
   - More testing of people for COVID-19 will bring more confirmed cases but that does not mean the virus is spreading more rapidly.
   - More needs to be learned about how long it takes the virus to go from one person to the next.
3. The virus that causes COVID-19 appears to move more rapidly than influenza or the SARS viruses.
   - Scientists estimate that each person who gets sick with COVID-19 could potentially spread it to two or three additional people.
     - How easily a virus spreads from person-to-person varies.
   - People with the flu tend to infect one or slightly more than one additional person on average.
   - The faster public health officials can find people who are infected and isolate them from other people, the more successful they will be in controlling COVID-19.
   - The faster public health officials can find people who have been in contact with infected individuals, the more successful they will be in controlling COVID-19.
   - Even if the virus that causes COVID-19 spreads slowly, prevention and control will be difficult if COVID-19 can be easily transmitted to other people.
505. How long will concerns about COVID-19 last?

Key Messages/Shorter Answer (Soundbite):

1. Scientific data and testing will help address lingering concerns about COVID-19.
2. Concerns will exist while the virus that causes COVID-19 will continue to circulate.
3. Concerns about COVID-19 will likely persist as long as the virus continues to spread rapidly.

Longer Answer:

1. Scientific data and testing will help address lingering concerns about COVID-19. 
   - Viruses are often highly unpredictable in terms of when, where, and why they spread.
     - Viruses are unpredictable in terms of who will be exposed, who will become infected, and the severity of illness that people who are infected will experience.
     - The ability of viruses to spread depends on many things, including the time of year, humidity, and indoor and outdoor temperatures.
   - Experts have called for improved COVID-19 testing capabilities with results quickly available.
     - To improve COVID-19 testing, facilities need adequate supplies and trained personnel.
   - Experts are calling for widespread COVID-19 testing to facilitate identification, isolation, treatment, contact tracing, and antibodies that may indicate immunity.
   - Experts believe the most important enabler for slowing COVID-19 will be the public, whose buy-in and sense of personal responsibility is critical regarding social distancing and testing.

2. Concerns will exist while the virus that causes COVID-19 will continue to circulate.
   - The coronaviruses that are continually in circulation cause about 10% to 30% of mild and severe colds that happen each year.
   - Public health departments and experts will be working with communities and healthcare providers to limit the spread of COVID-19.
   - Like influenza pandemics, the virus that causes COVID-19 will likely become a chronically circulating coronavirus circulating in humans and cause cold-like symptoms in future years.

3. Concerns about COVID-19 will likely persist as long as the virus continues to spread rapidly.
   - Concerns will last depending upon rate of global spread.
   - Concerns will last depending upon time to develop safe and effective medicines and vaccines.
   - The impact of COVID-19 on economies, employers, workers, and everyday life will extend beyond the illnesses that it causes.
   - Hospitals, healthcare organizations, and communities need to be prepared to handle a surge of COVID-19 cases and local outbreaks.
   - Hospitals, healthcare facilities, nursing home, and places with older patients and people with chronic disease need to protect the people who are most vulnerable to severe COVID-19 illness.

110 https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
111 https://www.nih.gov/health-information/coronavirus
112 https://www.nejm.org/coronavirus
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601. How long will it take to develop a vaccine for COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. A massive effort is underway to develop a vaccine for COVID-19.
2. It can take one or two years to develop a fully tested vaccine.
3. Initial supplies of a COVID-19 vaccine would be for those at highest risk.

Longer Answer:
1. A massive effort is underway to develop a vaccine for COVID-19.
   - Many countries, including the U.S. and China, have announced projects to create a safe and effective vaccine to prevent COVID-19.
   - Potential vaccines for COVID-19 are already being tested.
   - Since this is a newly discovered coronavirus, it is not yet known whether – or how long – it will take to develop a safe and effective COVID-19 vaccine.
   - There are many uncertainties and challenges involved in developing new vaccines, including determining how best to provide protection.
   - Availability and decisions on how to use the first available COVID-19 vaccines would likely vary by country.

2. It can take one or two years to develop a fully tested vaccine.
   - Before being licensed for wide use, new vaccines have to first be tested to see if they are safe and effective.
   - In the U.S., a vaccine can be used before it is licensed but this requires an Emergency Use Authorization and an informed consent process.
   - Having a vaccine available for testing is not the same thing as having a safe and effective vaccine, nor is it the same thing as having a licensed vaccine.
   - If a vaccine did very well in an early stage trial, it might become more widely available under an Emergency Use Authorization rather than as an FDA licensed vaccine.

3. Initial supplies of a COVID-19 vaccine would be for those at highest risk.
   - Indications for vaccine use will likely be prioritized for those at highest risk of complications from disease and those who have the highest risk of exposure.
   - Guidance for vaccine use will be provided by the U.S. Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC).
   - People at highest risk of infection include doctors, nurses, and others who would be caring for infected patients.
   - Until a vaccine is licensed for use, only limited amounts of the vaccine will be available.
602. What is the medical treatment for people affected by COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. *There is no specific medicine to prevent or treat COVID-19.*
2. *If you believe you have been exposed to COVID-19, contact your health care provider immediately.*
3. *The best way to prevent illness is avoiding exposure to COVID-19.*

Longer Answer:

1. **There is no specific medicine to prevent or treat COVID-19.**
   - People infected with COVID-19 receive supportive care to help relieve symptoms.
   - People infected with COVID-19 are given medicines and treatment for pain, fever, and coughs.
   - For severe cases of COVID-19, treatment includes support for vital organ functions.
   - Medical experts are investigating promising new treatment options, including immune system enhancements, through careful testing for safety and effectiveness.

2. **If you believe you have been exposed to COVID-19, contact your health care provider immediately.**
   - Common symptoms of COVID-19 include fever, cough, and shortness of breath.
   - Call your health care provider if you have common cold symptoms and have been in an area where COVID-19 has been identified.
   - Call your health care provider if you have common cold symptoms and have been in contact with someone confirmed or being evaluated for COVID-19.
   - Call ahead before you go to a health care provider office or emergency room and tell them about your recent travels, contacts, and symptoms.
   - Health care providers will evaluate whether you have COVID-19.

3. **The best way to prevent illness is avoiding exposure to the virus.**
   - Avoid close contact with people who are sick with COVID-19.
   - Wash your hands often with soap and water for at least 20 seconds.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
   - Asymptomatic transmission of COVID-19 supports calls for wider testing touching your eyes, nose, and mouth with unwashed hands.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.\(^{113}\)

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603. Will hospitals be able to handle a major outbreak of COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. Hospitals have systems for the early detection and mitigation of COVID-19.
2. Hospital staff are trained to quickly isolate people with COVID-19.
3. Hospitals have extensive training and experience controlling disease outbreaks.

Longer Answer:

1. **Hospitals have systems for the early detection and mitigation of COVID-19.**
   - Hospital early detection and containment systems are based on lessons learned from previous disease outbreaks.
   - Hospitals are providing additional training for staff on COVID-19 prevention, containment, and mitigation.
   - Hospitals are expanding their COVID-19 treatment and isolation facilities.

2. **Hospital staff are trained to quickly isolate people with COVID-19.**
   - Hospital workers are trained to quickly identify potential COVID-19 cases.
   - Hospital workers are trained to take travel histories that may indicate COVID-19 infection.
   - Hospital workers train and practice how to put on and take off protective gear, draw blood safely, and dispose of bio-hazardous materials.
   - Identifying and isolating COVID-19 cases quickly can significantly reduce transmission.
     - Health care workers are trained to be on the watch for patients with symptoms that in the early stages of illness may seem like the flu.
     - Health care workers are trained to take travel histories that may indicate contact with COVID-19.
     - Health care workers can test for COVID-19 in suspected individuals.

3. **Hospitals have extensive training and experience controlling disease outbreaks.**
   - Working with federal, state, territorial, and local health departments, hospitals have successfully controlled outbreaks of SARS, Ebola, Zika, measles, pandemic influenza, seasonal influenza, and food-borne diseases.
   - Hospitals train, equip, and practice in simulated emergencies for situations like coronavirus.
   - Many hospitals and healthcare facilities are facing significant challenges with the outbreak.
   - CDC has developed a highly specific Hospital Preparedness Assessment Tool for COVID-19.\(^{114}\)

\(^{114}\) [https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html]
700 Series: Control Questions

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701. What are public health departments doing to prevent the spread of COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. Public health authorities are testing, treating, isolating, and finding contacts of those who have COVID-19.
2. Federal, state, and local authorities are slowing the spread of COVID-19 through social distancing.
3. Health departments and hospitals have training and experience controlling disease outbreaks.

Longer Answer:

1. Public health authorities are testing, treating, isolating, and finding contacts of those who have COVID-19.
   - Health care providers are strengthening early detection and containment systems.
     - Strengthening efforts include better training and protocols for healthcare workers; expanding COVID-19 treatment facilities; targeting and expanding testing; and implementing best practices in risk and crisis communications.
   - Testing, identifying, treating, and isolating people infected with COVID-19, as well as testing for possible immunity, can reduce further spread.
     - Health care workers watch for people with symptoms or contact with COVID-19 and conduct appropriate testing.
   - Early tracing of COVID-19 contacts can significantly reduce further spread.
     - People with contact with a COVID-19 infected person should self-quarantine and monitor themselves for symptoms.

2. Federal, state, and local authorities are slowing the spread of COVID-19 through social distancing.\[115\]
   - People are thought to be highly contagious when they are most symptomatic (the sickest), but people without symptoms may also be contagious.
   - CDC has detailed guidelines on monitoring and movement related to COVID-19.
   - Social distancing guidelines, including sheltering-in-place, are intended to “flatten the curve,” i.e., slow the spread of COVID-19 so that fewer people seek treatment at any given time.

3. Health departments and hospitals have training and experience controlling disease outbreaks.
   - Federal, state and local health departments have experience monitoring travelers to prevent disease outbreaks.
   - Health departments and hospitals have successfully controlled outbreaks of SARS, Ebola, Zika, measles, pandemic influenza, seasonal influenza, and food-borne diseases.
   - Health departments and hospitals have highly trained and experienced workforces with years of preparing and practicing for situations like COVID-19.
   - State and local health departments are helping lead their communities for potential impacts from the spread of COVID-19.
   - Health professionals and departments are helping educate communities regarding the risks of COVID-19 transmission and how to best prevent and respond to the spread of COVID-19.

What happens when a case of COVID-19 is identified?

Key Messages/Shorter Answer (Soundbite):
1. Health care workers identify COVID-19 cases quickly to reduce transmission.
2. Health care workers isolate COVID-19 cases quickly to reduce transmission.
3. Early tracing of COVID-19 contacts can help reduce transmission.

Longer Answer:
1. **Health care workers identify COVID-19 cases quickly to reduce transmission.**
   - Health care workers are trained to identify patients with COVID-19 symptoms.
   - Health care workers are trained to take travel histories indicating contact with COVID-19.
   - Health care workers are trained and practiced in handling COVID-19 cases.

2. **Health care workers isolate COVID-19 cases quickly to reduce transmission.**¹¹⁶
   - People are thought to be highly contagious when they are most symptomatic (the sickest).
     - Early and potentially highly efficient transmission of the virus may occur before clinical symptoms or in conjunction with the very first mild symptoms.
   - Health care workers are trained and practiced in how to isolate a patient.
   - Health care systems are highly experienced and effective in caring for patients with highly infectious and deadly infections and do it every day.

3. **Early tracing of COVID-19 contacts can help reduce transmission.**
   - People who have been in contact with an COVID-19 patient are monitored for temperature and symptoms.
   - People who have been in contact with an COVID-19 patient may be quarantined.
   - Health care workers follow CDC’s detailed guidelines on contact tracing.

703. What can communities do to prepare for COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Communities working together is critical to the effectiveness of the COVID-19 response effort.
2. Communities are planning for and implementing social distancing measures.
3. Communities should help prevent discrimination and stigma.

Longer Answer:

1. **Communities working together is critical to the effectiveness of the COVID-19 response effort.**
   - Community hospitals and other healthcare organizations are strengthening their ability to detect and track suspected cases of COVID-19.
   - Employers should plan for extended absences of employees due to illness or taking care of family members.
   - Communities should work with their health departments and local organizations to improve outreach to the elderly, non-English speaking communities, and those without access to care.
   - As trusted sources, community- and faith-based organizations can reinforce the importance of everyday preventive action steps to members of the community to help prevent the spread of germs.
   - Communities can promote the value of people staying healthy to reduce chances of becoming sick with COVID-19.

2. **Communities are planning for and implementing social distancing measures.**
   - Health officials are recommending social distancing actions that reduce face-to-face contact to limit exposure and illness.
   - Social distancing measures may include canceling large public gatherings and closing schools.
   - Schools should communicate with parents about the decision-making process for potential school closures.
   - The decisions to close schools will be made carefully given how disruptive this can be.
   - Many communities around the world have already implemented social distancing measures in response to COVID-19.

3. **Communities can help prevent discrimination or stigma.**
   - Viruses are a threat to all people, regardless of race, ethnicity, or the country one lives in.
   - Viruses do not target people from specific populations, ethnicities, or racial backgrounds.
   - Viruses do not respect borders and do not discriminate among different types of people.
   - People can help prevent discrimination and stigmatization by staying informed through trusted sources and sharing accurate information.

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704. What are emergency medical service (EMS) providers doing about COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. *EMS staff are trained to handle persons with possible COVID-19.*
2. *EMS clinicians and first responders need to modify their practices for COVID-19.*
3. *The EMS system works closely with many health partners.*

Longer Answer:

1. **EMS staff are trained to handle persons with possible COVID-19.**
   - EMS Emergency Medical Service (EMS) response begins with close coordination and effective communication among the Public Safety Answering Points (PSAPs) or “911 call centers,” the EMS system, healthcare facilities, and the public health system.
   - PSAPs or Emergency Medical Dispatch (EMD) centers should question callers about signs, symptoms, and risk factors for COVID-19.
     - If COVID-19 is suspected, prehospital care providers and healthcare facilities should be notified in advance that they may be transporting, caring for, and/or receiving a patient who may have COVID-19.
   - EMS staff includes all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials.
   - Care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

2. **EMS clinicians and first responders need to modify their practices for COVID-19.**
   - CDC has extensive guidance for EMS providers on modifying their practices for COVID-19.
   - The CDC recommended modifications of EMS practices with respect to COVID-19 include:
     - Patient assessment and precautions for aerosol generating procedures
     - Transport of a suspect or confirmed COVID-19 patient to a healthcare facility
     - Documentation and cleaning of transport vehicles
     - Follow-up or reporting measures.

3. **The EMS system works closely with many health partners.**
   - EMS personnel include first responders, including law enforcement, fire services, emergency medical services, and emergency management officials.
   - EMS personnel work closely with 911 Public Safety Answering Points (PSAPs, or call centers), the wider EMS system, healthcare facilities, the public health system, city and county health departments, state health departments, and CDC.

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705. What is isolation and quarantine? What’s involved?

Key Messages/Shorter Answer (Soundbite):
1. Isolation and quarantine can help limit the spread of contagious disease.
2. Isolation separates infected people from others.
3. Quarantine separates individuals believed to be exposed who are not yet ill.

Longer Answer:
1. **Isolation and quarantine can help limit the spread of contagious disease.**
   - Quick action by health officials is needed to prevent person-to-person spread of a contagious disease.
   - Both isolation and quarantine have been used successfully to prevent the spread of communicable disease.
   - People who have been exposed to a communicable disease might not know it.
   - Isolation separates infected people from others; quarantine separates individuals believed to be exposed who are not yet ill.

2. **Isolation separates infected people from others.**
   - Isolation is a way to limit the spread of disease.
   - Isolation is a standard public health practice for disease control.
   - Isolation is a medical decision that can be legally enforced.
   - Isolation typically involves putting an infected person in a separate room or special area, for example, of a hospital.
   - Isolation protects healthy people and caregivers from disease.
   - Isolation protects infected people from getting other diseases.
   - Isolation protects family and friends of infected people from getting sick.
   - Isolation allows for the delivery of specialized care to infected persons.
   - Hospitals have plans that describe how to isolate patients.

3. **Quarantine separates individuals believed to be exposed who are not yet ill.**
   - Quarantine separates and restricts the movement of people.
   - Quarantine is an action taken for an individual with a believed exposure who is not yet ill (not presenting signs/symptoms).
   - To implement quarantine, a person is asked to remain separate from other people to avoid spreading infection if they become ill.
   - Quarantine has been successfully used to prevent the spread of communicable disease.
   - Quarantine may be voluntary or involuntary based on medical evaluation.
   - The CDC has published guidelines on monitoring symptoms and controlling movement of persons that relate to quarantine.
706. Where will sick people be placed in the state if they are under isolation or quarantine orders?

**Key Messages/Shorter Answer (Soundbite):**

1. Quarantine can be done at homes as well as at special facilities.
2. Special facilities may be needed if large numbers of people are involved.
3. Many communities have plans for quarantine procedures during a disease outbreak.

**Longer Answer:**

1. **Quarantine can be done at homes as well as at special facilities.**
   - Quarantine sites are determined in part by the number of cases.
   - Based on medical evaluation, quarantine may be done at a private residence or specialized facility.

2. **Special facilities may be needed if large numbers of people are involved.**
   - Facilities may be needed to quarantine many people in many locations, particularly individuals who become ill when they are not near their home.
   - Local and state emergency plans identify facilities that can be used for quarantine.
   - The federal government is working with states and cities to identify additional facilities for quarantine.

3. **Many communities have plans for quarantine procedures during a disease outbreak.**
   - Disease control plans describe the equipment needed to implement quarantine.
   - Disease control plans describe the supplies needed for quarantine.
   - Disease control plans describe the medicines needed for quarantine.
707. Can quarantined (or isolated) people stay at home, or will they be forced to go to hospitals or some secure location?

Key Messages/Shorter Answer (Soundbite):

1. In most cases, individuals are asked to voluntarily quarantine at home.
2. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities.
3. Quarantine and isolation measures require the trust and participation of the public.

Longer Answer:

1. In most cases, individuals are asked to voluntarily quarantine at home.\(^\text{120}\) \(^\text{121}\) \(^\text{122}\)
   - Quarantine is a public health measure used to separate or restrict the movement of people who may have been exposed to a contagious illness.
   - Quarantined individuals do not have symptoms and may not be sick or contagious.
   - Quarantine may involve a variety of control strategies including short-term, voluntary home confinement; restrictions on travel for those who may have been exposed; or restrictions on passage into and out of an area.

2. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities.\(^\text{123}\) \(^\text{124}\)
   - Isolation is a public health measure that separates sick people with a contagious disease from people who are not sick.
   - The decision of where to isolate a person is based on multiple factors including severity of illness, need for testing, and appropriateness of a home environment for isolation purposes.
   - Seriously ill patients may be cared for in hospitals, while individuals with mild illness may be cared for at home.
   - Patients who aren’t hospitalized should stay at home, except for getting medical care, and avoid contact with others until they are no longer contagious.
   - The decision to end home isolation should be made with your doctor.

3. Quarantine and isolation measures require the trust and participation of the public.\(^\text{120}\) \(^\text{121}\)
   - In most cases, quarantine and isolation are done voluntarily and participation of the public is necessary to prevent the spread of contagious diseases.
   - Federal, state, and local health officials have the authority to enforce quarantine and isolation if necessary.

\(^\text{121}\) https://www.cdc.gov/quarantine/index.html
708. Why isn’t the U.S. government placing travel and other restrictions on people from any country that has COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. The U.S. has set travel and other restrictions on countries experiencing significant COVID-19 outbreaks.
2. In setting travel restrictions and other restrictions, experts balance risks, costs, and benefits.
3. CDC has established risk-based criteria for setting travel and other restrictions for COVID-19.

Longer Answer:

1. The U.S. has set travel and other restrictions on countries experiencing significant COVID-19 outbreaks.
   - U.S. border patrol agents are asking travelers about their recent travel history and distributing educational materials.
     - CDC has deployed additional staff to screen travelers at entry points.
   - CDC has asked healthcare providers to be alert for travelers from countries with significant COVID-19 outbreaks.
   - CDC provides a daily update of destinations to be avoided.\(^{125}\)

2. In setting travel restrictions and other restrictions, experts balance risks, costs, and benefits.
   - Excessive travel restrictions may encourage evasion, deliberate self-concealment of illness, and illegal border crossings to avoid scrutiny and possible detection.
   - Excessive travel restrictions can limit and restrict the movement of needed goods and services.
   - Excessive travel restrictions may result in stigmatizing populations and impinging on civil liberties.
   - U.S. travel restrictions may change as greater clarity is gained about COVID-19.

3. CDC has established risk-based criteria for setting travel and other restrictions for COVID-19.
   - CDC’s risk assessment levels for travel restriction criteria are:
     - Widespread sustained (ongoing) transmission and restrictions on entry by foreign nationals to the United States;
     - Widespread sustained (ongoing) transmission;
     - Sustained (ongoing) community transmission; and
     - Limited community transmission.
   - For up-to-date information, travelers should consult the CDC travel information web page\(^ {125}\) or U.S. State Department travel advisory web page.\(^ {126}\)
   - If the spread of COVID-19 increases in other countries, travel notices or public health precautions such as quarantine procedures may be implemented as needed.

\(^{126}\) https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-information.html
709. What actually happens in quarantine?

Key Messages/Shorter Answer (Soundbite):
1. Quarantine is a public health measure used to limit the spread of contagious disease.
2. In most cases, individuals are asked to voluntarily quarantine at home.
3. Health departments can assist individuals with the quarantine process.

 Longer Answer:
1. **Quarantine is a public health measure used to limit the spread of contagious disease.**
   - Quarantine separates or restricts the movement of people who may have been exposed to a contagious illness.
   - Quarantined individuals do not have symptoms and may not be sick or contagious.
   - Quarantine is different from isolation, another common public health measure.

2. **In most cases, individuals are asked to voluntarily quarantine at home.**
   - Public health officials regularly ask people who may have been exposed to a communicable disease to stay at home and avoid contact with other people.
   - Representatives from the health department will monitor these individuals and will provide further instructions as needed.
   - Implementing quarantine measures requires the trust and participation of the public to help prevent the spread of contagious diseases.

3. **Health departments can assist individuals with the quarantine process.**
   - Health departments have plans in place to assist individuals with the quarantine process and often work with community organizations to provide key services.
   - Health departments can assist individuals under quarantine with services that will allow them to stay home and limit their contact with others, including the delivery of food, prescriptions, and other basic necessities.
   - Other services, including mental health resources or assistance talking with an employer may also be available.
   - If you have specific questions or are having difficulty remaining at home during your quarantine, contact your health department for assistance.

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128 https://www.cdc.gov/quarantine/index.html
710. How can individuals prepare for COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Social distancing strategies being implemented in many communities.
2. Create a household plan of action.
3. Everyday basic hygiene is important to prevent infection.

Longer Answer:

1. Social distancing strategies being implemented in many communities.\(^{130}\)
   - In many communities, health officials are recommending social distancing actions that reduce face-to-face contact to limit exposure and illness.
   - Social distancing measures include canceling social gatherings and closing schools.
   - Parents should reach out to their child’s school to learn about plans for early dismissals or online instruction.
   - Understand the school plan for continuing education and social services (such as student meal programs) during school dismissals.

2. Create a household plan of action.\(^{131}\)
   - Meet with members of your household, relatives, friends, and neighbors to discuss what to do if a COVID-19 outbreak occurs in your community.
   - Plan ways to care for those who might be at greater risk for serious complications, including the elderly and people with chronic health conditions.
   - Make arrangements for back-up care for children or elderly relatives in case their regular caregiver is sick or their school is closed.

3. Everyday basic hygiene is important to prevent infection.\(^{132}\)
   - Wash your hands often with soap and water for at least 20 seconds.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Wash your hands especially after going to the toilet, before eating, and after coughing, sneezing, or blowing your nose. Use a hand sanitizer if soap and water are unavailable.
   - Avoid touching your eyes, nose, and mouth with unwashed hands and cover your coughs and sneezes with a sleeve or tissue.
   - Clean frequently touched surfaces around the house with regular household cleaners.
   - Follow your local and state health department for specific recommendations about how you can stay safe.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.\(^{133}\)

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711. Who is most at risk and how can individuals prepare for COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. Older adults and people with predisposing illnesses are especially vulnerable to COVID-19.
2. Practicing everyday preventative measures is very important.
3. If you know someone who is at increased risk, help them stay healthy.

Longer Answer:

1. Older adults and people with predisposing illnesses are especially vulnerable to COVID-19.134 135
   - Older adults, and people who have a predisposing condition making them more susceptible to COVID-19, are at higher risk for getting seriously ill or dying from COVID-19.
     - Predisposing conditions include chronic lung disease, moderate to severe asthma, serious heart conditions, immunocompromised, severe obesity, diabetes, chronic kidney disease undergoing dialysis, and liver disease.
   - The vast majority of people with COVID-19 do not require hospital care.
   - A smaller percentage of people with COVID-19 get severely ill with respiratory problems like pneumonia.

2. Practicing everyday preventative measures is very important.136
   - Wash your hands often with soap and water for at least 20 seconds.
     - Wash your hands especially after going to the toilet, before eating, and after coughing, sneezing, or blowing your nose.
     - If soap and water are not available, using a hand sanitizer with at least 60% alcohol.
   - Avoid touching your eyes, nose, and mouth with unwashed hands.
   - Use a hand sanitizer if soap and water are unavailable.
   - Cover your coughs and sneezes with a sleeve or tissue and wear a face covering in public.
   - Clean frequently touched surfaces around the house with regular household cleaners.
   - Follow expert guidance and avoid dangerous unproven myths and rumors.137

3. If you know someone who is at increased risk, help them stay healthy.138
   - If you live with a person at increased risk, make sure to wash your hands every time you come in from outside.
   - Consider running errands, such as picking up groceries, for people at risk of COVID-19 so they do not have to go out.
   - Persons who have symptoms of COVID-19 should not visit the elderly in their homes or in nursing homes.

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712. What can employers do to prepare for COVID-19?

Key Messages/Shorter Answer (Soundbite):

1. Employers should plan for extended absences of employees due to illness.
2. Employers should apply infection control measures in the office.
3. Employers should stay informed and clearly communicate updates to employees.
4. Employers should encourage teleworking and working from home where possible.

Longer Answer:

1. **Employers should plan for extended absences of employees due to illness.**
   - Employers can cross-train employees to carry out key functions so the workplace can operate when essential staff are out sick.
   - Employers should actively encourage sick employees to stay home.
   - Employers should ensure that sick leave policies are flexible and consistent with public health guidance, and that employees are aware of these policies.

2. **Employers should apply infection control measures in the office.**
   - Employers should promote hand-washing by employees, contractors, and customers.
   - Employers should put hand sanitizer dispensers in prominent places around the workplace.
   - Surfaces (desks and tables) and objects (telephones and keyboards) in offices should be wiped with disinfectant regularly.
   - Employees who report symptoms of COVID-19 at work should be separated from others and immediately sent home.
   - Employers should designate separate areas where sick employees can temporarily be isolated.

3. **Employers should stay informed and clearly communicate updates to employees.**
   - Employers should determine how to get updated information from credible sources and relay information about the outbreak to employees and business partners.
   - Employers should direct employees to U.S. State Department and CDC travel advisories.
   - Employers should reinforce key preventive measures for employees to include frequent hand washing and staying home while sick.

4. **Employers should encourage teleworking and working from home where possible.**
   - Employers should have a COVID-19 specific teleworking policy.
   - Employers should ensure their workforce has the training and tools required.
   - Employers should implement cybersecurity policies owing to increased security risks.
   - Employers should train your supervisors on how to manage work from home employees.

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139 https://www.osha.gov/SLTC/covid-19/controlprevention.html
800 Series: Media Questions

801. What is expected from the news media regarding COVID-19? .................................................. 66

802. Has the news media over-reacted and sensationalized COVID-19? ........................................... 67
801. What is expected from the news media regarding COVID-19?

Key Messages/Shorter Answer (Soundbite):
1. News media are vital for getting information about COVID-19 to interested and affected populations.
2. News media will be a valuable ally during a major COVID-19 outbreak.
3. Effective media communication enables public health officials to help the public make informed and better decisions.

Longer Answer:
1. **News media are vital for getting information about COVID-19 to interested and affected populations.**
   - News media play a critical role in keeping the public informed about COVID-19.
   - News media serve as an important source of information for the public about changes in the COVID-19 situation.
   - News media provide key information about public concerns to public health officials.
   - News media help inform the public about COVID-19 guidance, recommendations, and available services.

2. **News media will be a valuable ally during a major COVID-19 outbreak.**
   - News media can quickly provide urgent information during a major COVID-19 outbreak.
   - News media can reach large numbers of people during a major COVID-19 outbreak.
   - News media can help public health officials reach major target audiences during a major COVID-19 outbreak.
   - News media can assist public health officials in countering rumors and misinformation.
   - News media can assist public health officials in encouraging appropriate behaviors during a major COVID-19 outbreak.
   - News media should verify facts and instruct people to follow expert guidance and avoid dangerous unproven myths and rumors.\(^{146}\)

3. **Effective media communication enables public health officials to help the public make informed and better decisions.**
   - News media can enhance public confidence in the ability of public health officials to deal with COVID-19.
   - News media can raise awareness of actual or potential risks.
   - News media can direct readers and viewers to federal, state, and local public health websites and other trusted sources of information about COVID-19.

802. Has the news media over-reacted and sensationalized COVID-19?

Key Messages/Shorter Answer (Soundbite):

2. COVID-19 creates many opportunities for news media sensationalism.
3. News media sensationalism can be tempered by effective risk communication.

Longer Answer:

1. **Characteristics of COVID-19 generate intense media interest.**
   - COVID-19 is a new threat to health in the United States and the world.
   - There is no vaccine or specific medicine for COVID-19.
   - Invisible, deadly risk agents such as COVID-19 generate high levels of public fear and anxiety.
   - The global COVID-19 outbreak has many scientific uncertainties.

2. **COVID-19 creates many opportunities for news media sensationalism.**
   - Missteps, mistakes, and disagreements are likely to be sensationalized by parts of the news media.
   - COVID-19 presents the news media with many dramatic photographic and video opportunities.
   - News media should verify facts and instruct people to follow expert guidance and avoid dangerous unproven myths and rumors.  

3. **News media sensationalism can be tempered by effective risk communication.**
   - Public health officials can temper media sensationalism by providing timely, accurate, and credible information.
   - Public health officials can temper media sensationalism by being transparent.
   - Public health officials can temper media sensationalism by acknowledging uncertainties.
   - Public health officials can temper media sensationalism by being willing to admit mistakes.
   - Public health can temper media sensationalism by expressing authentic and acknowledging emotions.

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Appendices

Appendix A: COVID-19 Resources

Appendix B: Message Mapping

Appendix C: Media Interviews: Tips and Pitfalls

Appendix D: Periodic Table for High Concern Communication

Appendix E: WHO Guidebooks on “Effective Media Communication during Public Health Emergencies”

Appendix F: CDC’s Crisis and Emergency Risk Communication (CERC) Toolkit

Appendix G: Master Question List for COVID-19 (caused by SARS-CoV-2)

Appendix H: Coronavirus disease (COVID-19) advice for the public: Myth busters
Appendix A: COVID-19 Resources

Webpages:

**CDC**

- Respirator Fact Sheet https://www.cdc.gov/niosh/npptl/topics/respirators/factsheets/respsars.html
Continued – Appendix A: COVID-19 Resources

WHO

- Technical guidance by topic and by date. [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance]
- Coronavirus disease (COVID-19) situation reports. [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/]

Other Resources:

- BMJ
- Cambridge University Press
- Chinese Medical Association
- Cochrane
- Elsevier
- European Centre for Disease Prevention and Control (ECDC)
- JAMA Network
- The Lancet
- LITCOVID: US National Library of Medicine
- New England Journal of Medicine
- Oxford University Press
- PLOS
- Science
- Springer Nature
- SSRN (Preprints)
- Wiley
Continued – Appendix A: COVID-19 Resources

Background Research – Articles and White Papers:


Other Resources:

Appendix B: Message Mapping

I. Overview

"Message maps" are risk communication tools used to help organize complex information and make it easier to express current knowledge. The development process distils information into easily understood messages written at an approximately 6th to 8th grade reading level.

Messages are presented initially in no more than 3-5 short sentences that convey 3-5 key messages, in as few words as possible. The approach is based on surveys showing that lead or front-page media and broadcast stories usually convey only 3 key messages usually in less than 9 seconds for broadcast media or 27 words for print.

Each key message has 3-5 supporting messages. These can be used when and where appropriate to provide context for the issue being mapped.

II. SAMPLE MESSAGE MAP – SMALLPOX (WITH KEYWORDS IN ITALICS)

Stakeholder: Public
Question or Concern: How contagious is smallpox?

a. Bullet format message map

Shorter Answer:
- Smallpox spreads slowly compared to other diseases.
- The slow spread of smallpox allows time to find those infected.
- People infected with smallpox can be vaccinated to prevent illness.

Longer Answer:
- Smallpox spreads slowly compared to other diseases.
  - People are only infectious when the rash appears.
  - Smallpox typically requires hours of face-to-face contact.
  - There are no smallpox carriers without symptoms.

- The slow spread of smallpox allows time to find those infected.
  - The time period before smallpox symptoms appear is 10–14 days
  - Resources are available for finding people who may have become infected with smallpox.
  - Finding people who have been exposed to smallpox and vaccinating them has proven successful in the past.

- People infected with smallpox can be vaccinated to prevent illness.
  - People who have never been vaccinated are the most important to vaccinate.
  - Adults who were vaccinated for smallpox as children may still have some immunity.
  - Adequate smallpox vaccine is on hand.
## b. Box Format Message Map

<table>
<thead>
<tr>
<th><strong>Stakeholder: Public</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question or Concern: How contagious is smallpox?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Key Message 1</strong></th>
<th><strong>Key Message 2</strong></th>
<th><strong>Key Message 3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smallpox <em>spreads slowly</em> compared to other diseases.</strong></td>
<td>The slow spread of smallpox allows <em>time to find</em> those infected.</td>
<td>People infected with smallpox <em>can be vaccinated</em> to prevent illness.</td>
</tr>
<tr>
<td>Supporting Information 1-1</td>
<td>Supporting Information 2-1</td>
<td>Supporting Information 3-1</td>
</tr>
<tr>
<td>People are only infectious when the rash appears.</td>
<td>The time period before smallpox symptoms appear is 10–14 days</td>
<td>People who have never been vaccinated are the most important to vaccinate.</td>
</tr>
<tr>
<td>Supporting Information 1-2</td>
<td>Supporting Information 2-2</td>
<td>Supporting Information 3-2</td>
</tr>
<tr>
<td>Smallpox typically requires hours of face-to-face contact.</td>
<td>Resources are available for finding people who may have become infected with smallpox.</td>
<td>Adults who were vaccinated as children may still have some immunity.</td>
</tr>
<tr>
<td>Supporting Information 1-3</td>
<td>Supporting Information 2-3</td>
<td>Supporting Information 3-3</td>
</tr>
<tr>
<td>There are no smallpox carriers without symptoms.</td>
<td>Finding people who have been exposed to smallpox and vaccinating them has proven successful in the past.</td>
<td>Adequate vaccine is on hand.</td>
</tr>
</tbody>
</table>
Continued – Appendix B: Message Mapping

III. Nine Principles of Message Mapping

1) Limiting the number of key messages to a maximum of 3-5 using as few words as possible, ideally no more than 9 seconds or 27 words to express the necessary information.

2) Constructing messages that can be easily understood by an adult with a 6th to 8th grade education. This can be tested using the “readability” utility in word-processing programs.

3) Adhering to the “primacy/recency” or “first/last” principle. This principle states that the most important messages should occupy the first and last position in a list.

4) Citing third parties or sources that would be perceived as credible by the receiving audience.

5) Providing a preamble to the message map that indicates genuine empathy, listening, caring and compassion—crucial factors in establishing trust in high-concern, high-stress situations.

6) Developing graphics, visual aids, analogies and narratives (such as personal stories), which can increase an individual’s ability to hear, understand and recall a message by more than 50%.

7) Constructing messages while recognizing the dominant role of negative thinking in high-concern situations. Examples include: avoiding unnecessary, indefensible or non-productive uses of absolutes, and of the words “no”, “not”, “never”, “nothing” and “none”; balancing or countering a negative key message with positive, constructive or solution-oriented key messages; and providing three or more positive points to counter a single negative point or bad news.

8) Presenting the full message map using the repetitive structure found in the “Tell me, Tell me more, Tell me again model” (the “Triple T Model”): telling people the information in summary form (i.e., the three key messages; telling people more (i.e., the supporting information); and telling people again what was told in summary form (i.e., repeat the three key messages).

9) Developing key messages and supporting information that address important risk perception, outrage and fear factors such as trust, benefits, control, voluntariness, dread, fairness, reversibility, catastrophic potential, effects on children, morality, origin and familiarity.
Appendix C: Media Interviews: Tips and Pitfalls

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1. Overview

In general, the media is interested in the following:

- Human interest stories
- Bad news more than good news
- People's perspectives
- Yes or no/safe or unsafe answers
- Front-page news stories.

2. Preparing for the Media Interview

- To maximize your impact, prepare and practice delivering your key message.
- For broadcast media: 27 words or 9-second "sound bite."
- For print media: 1 to 3 key messages.
Continued – Appendix C: Media Interviews: Tips and Pitfalls

3. Before, During, and After a Media Interview

   a. Before the Media Interview

      Do:

      • Ask who will be conducting the interview.
      • Ask which subjects they want to cover.
      • Caution them when you are not the correct person to interview because there are topics you cannot discuss (because lack of knowledge, etc.).
      • Inquire about the format and duration.
      • Ask who else will be interviewed.
      • Prepare the key take away messages you want the media to report.
      • Practice.

      Don’t:

      • Tell the news organization which reporter you prefer.
      • Ask for all the questions in advance.
      • Insist they do not ask about certain subjects.
      • Demand your remarks not be edited.
      • Insist an adversary not be interviewed.
      • Think that keeping a lid on the story will prevent the media from finding out.
      • Assume it will be easy.

   b. During the Media Interview

      Do:

      • Express caring, concern, or empathy.
      • Acknowledge the legitimacy of people’s emotions and concerns.
      • Be honest and accurate.
      • Stick to your key message(s).
      • State your conclusions first, then provide supporting data.
      • Offer to get information you don't have.
      • Stress the facts.
      • Give a reason if you can't discuss a subject.
      • Correct mistakes by stating you would like an opportunity to clarify.
Continued – Appendix C: Media Interviews: Tips and Pitfalls

Don’t:

1. Lie or try to cloud the truth.
2. Improvise or dwell on negative allegations.
3. Raise issues you don’t want to see in the story.
4. Fail to think it through ahead of time.
5. Guess.
6. Use jargon or assume the facts speak for themselves.
7. Speculate or discuss hypothetical situations.
8. Lose your composure.
9. Say, "No comment."
10. Demand an answer not be used.

   c. After the Media Interview

Do:

1. Remember you are still on the record.
3. Respect deadlines.
4. Watch for and read the resulting report.
5. Call the reporter to politely point out inaccuracies, if any.

Don’t:

1. Assume the interview is over or the equipment is off.
2. Refuse to talk further.
3. Ask, "How did I do?"
4. Ask to review the story before publication or broadcast.
5. Complain to the reporter’s boss first.
Appendix D: Periodic Table for High Concern Communication
Appendix E: WHO Guidebooks on “Effective Media Communication during Public Health Emergencies”

**Handbook**

The handbook describes a seven-step process to assist officials and others to communicate effectively through the media during emergencies.

- Handbook (pdf, 448 kb)

**Field Guide**

The Field Guide is a shortened version of the Handbook. It highlights the practical aspects of the seven-step approach.

- Field Guide (pdf, 218 kb)

**Wall Chart**

The chart shows the seven-step approach and provides easily recalled key information and advice.

- Wall Chart (pdf, 218 kb)
Appendix F: CDC’s Crisis and Emergency Risk Communication (CERC) Toolkit

Manual

The CERC Manual describes the principles of crisis and emergency risk communication and how to address different challenges while communicating during a crisis or emergency. It provides guidance for all stages of an emergency and can be applied to any public health emergency.

- Online Handbook:
  https://emergency.cdc.gov/cerc/manual/index.asp
Appendix G: Master Question List for COVID-19 (caused by SARS-CoV-2)

Weekly Report

This DHS Science and Technology Directorate (DHS S&T) developed Master Question List summarizes current information known about COVID-19. The document can assist government decision makers in the operational response to COVID-19 and allow structured and scientifically guided discussions.

Appendix H: Coronavirus disease (COVID-19) advice for the public: Myth busters


Misinformation and disinformation about COVID-19 can spread far and fast through the Internet. To fight these myths and lies, WHO created a series called "Myth busters" based on the latest clinical and research information about COVID-19.

**5G mobile networks DO NOT spread COVID-19**

Viruses cannot travel on radio waves/mobile networks. COVID-19 is spreading in many countries that do not have 5G mobile networks.

COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.
Exposing yourself to the sun or to temperatures higher than 25°C degrees DOES NOT prevent the coronavirus disease (COVID-19)

You can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth, and nose.
You can recover from the coronavirus disease (COVID-19). Catching the new coronavirus DOES NOT mean you will have it for life.

Most of the people who catch COVID-19 can recover and eliminate the virus from their bodies. If you catch the disease, make sure you treat your symptoms. If you have cough, fever, and difficulty breathing, seek medical care early – but call your health facility by telephone first. Most patients recover thanks to supportive care.
Being able to hold your breath for 10 seconds or more without coughing or feeling discomfort DOES NOT mean you are free from the coronavirus disease (COVID-19) or any other lung disease.

The most common symptoms of COVID-19 are dry cough, tiredness, and fever. Some people may develop more severe forms of the disease, such as pneumonia. The best way to confirm if you have the virus producing COVID-19 disease is with a laboratory test. You cannot confirm it with this breathing exercise, which can even be dangerous.
Drinking alcohol does not protect you against COVID-19 and can be dangerous

Frequent or excessive alcohol consumption can increase your risk of health problems.
COVID-19 virus can be transmitted in areas with hot and humid climates

From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.
Cold weather and snow CANNOT kill the new coronavirus.

There is no reason to believe that cold weather can kill the new coronavirus or other diseases. The normal human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather. The most effective way to protect yourself against the new coronavirus is by frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.
Taking a hot bath does not prevent the new coronavirus disease

Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.
Continued – Appendix H: Coronavirus disease (COVID-19) advice for the public: Myth busters

The new coronavirus CANNOT be transmitted through mosquito bites.

To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.
Are hand dryers effective in killing the new coronavirus?

No. Hand dryers are not effective in killing the 2019-nCoV. To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water. Once your hands are cleaned, you should dry them thoroughly by using paper towels or a warm air dryer.
Can an ultraviolet disinfection lamp kill the new coronavirus?

UV lamps should not be used to sterilize hands or other areas of skin as UV radiation can cause skin irritation.
How effective are thermal scanners in detecting people infected with the new coronavirus?

Thermal scanners are effective in detecting people who have developed a fever (i.e. have a higher than normal body temperature) because of infection with the new coronavirus.

However, they cannot detect people who are infected but are not yet sick with fever. This is because it takes between 2 and 10 days before people who are infected become sick and develop a fever.
Can spraying alcohol or chlorine all over your body kill the new coronavirus?

No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to clothes or mucous membranes (i.e. eyes, mouth). Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used under appropriate recommendations.
Do vaccines against pneumonia protect you against the new coronavirus?

No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus.

The virus is so new and different that it needs its own vaccine. Researchers are trying to develop a vaccine against 2019-nCoV, and WHO is supporting their efforts.

Although these vaccines are not effective against 2019-nCoV, vaccination against respiratory illnesses is highly recommended to protect your health.
Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?

No. There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus. There is some limited evidence that regularly rinsing nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose has not been shown to prevent respiratory infections.
Can eating garlic help prevent infection with the new coronavirus?

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.
Does the new coronavirus affect older people, or are younger people also susceptible?

People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

WHO advises people of all ages to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.
Continued – Appendix H: Coronavirus disease (COVID-19) advice for the public: Myth busters

Are antibiotics effective in preventing and treating the new coronavirus?

No, antibiotics do not work against viruses, only bacteria.

The new coronavirus (2019-nCoV) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment.

However, if you are hospitalized for the 2019-nCoV, you may receive antibiotics because bacterial co-infection is possible.
Are there any specific medicines to prevent or treat the new coronavirus?

To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV).

However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation, and will be tested through clinical trials. WHO is helping to accelerate research and development efforts with a range of partners.