

COVID-19 Disease

FREQUENTLY ASKED QUESTIONS (FAQ)

Below are some questions which arise on a frequent basis. We have relied on authoritative sources to prepare this information, primarily the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). Both of these organizations have worked with scientists and medical doctors around the world to learn and share the information to protect others. It is important to realize that while scientists and health professionals are learning as much as they can about this disease, because it is new, we don't know as much as we'd like to know yet. It may be another one to two years before we have a clear picture of everything we need to know about this coronavirus. We will update these materials regularly and request you **contact us with your questions and concerns** so we can respond. We all need to share our ideas, concerns, questions and lessons learned with everyone around the world.

1. ABOUT THE VIRUS

1.1. Where did this virus come from? Coronaviruses infect many different mammals, especially bats. The animals may not be sickened by the virus, but when it infects humans it can cause severe illness and even death. This new coronavirus has been named SARS CoV2 because it is very closely related to an earlier type that caused the disease SARS. Both of these are found in Asian bats and may have passed through another animal like the civet or pangolin from which humans likely got the disease. The new disease caused by SARS CoV2 is called COVID-19.

1.2. Can humans become infected from an animal source? The short answer is “yes” because that is how this virus got into the human population. Nonetheless, these “crossover” or “spillover” viral events are relatively rare.

1.3. Can I eat wild meat? It is always best to avoid eating wild animals from the bush, forest or outback. Sometimes even domestic animals or livestock can be infected by wild animals when they come into contact. You should avoid eating the meat, or even touching any animal – dead or alive – that is acting strangely or appears to be ill. Likewise, you should avoid meat acquired from live or “wet” markets where animals are kept in confinement close to one another or where butchered meat of different types of animals are displayed together, touching one another.

1.4. How long is the incubation period for COVID-19? The period between when someone is exposed to when they begin to display symptoms is called the “incubation period.” For this disease, the range is one to fourteen days. The typical incubation period for most people is five to six days. *These ranges support the CDC/WHO recommendations for self-isolation/quarantine and monitoring of symptoms for at least 14 days after being exposed.*

1.5. Can I catch COVID-19 from domestic livestock or pets? If domestic livestock has become contaminated, it can spread this virus. There are two reports of companion pets—dogs—in Asia which appear to have caught the virus, but do not appear infected. It is not known if pets can become infected or, if so, whether or not they can spread the virus. For now, we believe the dogs were infected by humans and that they did not become sick. One should practice appropriate hygiene and handwashing when dealing with all animals and pets.

1.6. How long does the virus survive in the air and on surfaces? The virus can “live” and remain infective in the air for three to five hours and can be infective on the surfaces of objects or furniture for three to five days. On certain objects, like paper, it can live only about one day or so. Scientists believe that while the virus can be found on money (coins and currency) it does not last long on those surfaces. However, most of our objects – furniture, utensils and possessions – are plastic or metal and the virus can live on these for three to five days. For this reason, care should be taken to disinfect regularly if an infected source or person is in frequent contact with these objects. See Section 5 in the COVID-19 Summary for more information about cleaning and disinfecting.

1.7. Will warm weather stop the virus? Although it appears this disease can be spread anywhere in the world, some scientists have found that the virus cannot live in hot and humid climates. These scientists speculate that COVID-19 will diminish in the warm, rainy season. However, we simply do not have sufficient information at this time since it is a new disease. All precautions need to be maintained until scientists and medical professionals tell us we can return to our normal routines.

2. MORE ABOUT HOW THE VIRUS SPREADS

2.1. How does the virus spread? This virus is highly contagious and spreads person-to-person. It can be infective as a particle in the air if you are standing one meter from an infected person who coughs, sneezes or speaks. It can be picked up from a surface, object or direct skin contact when droplets land on a surface. It can be spread by contaminated fecal material. It may be that other bodily fluids are infectious as well (urine, breastmilk, etc.). Much remains unknown.

2.2. How long can someone who has had the virus give it to others? It is not precisely known how long infected people can transmit the virus to others. Scientists believe that a person who is infected can give the virus to others for a period of five to six weeks. However, only time will allow us to know the answer completely.

2.3. What is “community spread?” The virus that causes COVID-19 seems to be spreading easily and sustainably in the community. “Community spread” means that people have been infected with the virus in an area, including some who are not sure how or where they became infected and others who may not even feel ill or show symptoms.

3. ABOUT STOPPING STIGMA AND BLAMING INDIVIDUALS AND GROUPS FOR COVID-19

Whenever certain groups become infected early or have many infected persons, it is a societal tendency to blame them, and even stigmatize those groups as a whole. This virus will infect anyone without regard to their group, race/ethnicity, income, religion, etc. It is important to counter any stigma by learning and sharing facts from trusted sources. Communicating the facts that viruses do not target specific racial or ethnic groups and how COVID-19 actually spreads can help stop this way of thinking.

The CDC informs us: “Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths. Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem.” We will need to work together to stop the spread.

4. ABOUT PROTECTING MYSELF

4.1. What are the key symptoms of COVID-19? This disease has many of the symptoms of other respiratory diseases. See Figure 1 in the Symptoms Section of the COVID-19 Summary. The symptoms which seem most common to COVID-19 are a high fever, shortness of breath and a dry cough. Other symptoms like headache, chills, aches and pains may be present. Generally, a runny nose and sneezing are **not** common symptoms of COVID-19. Some new reports suggest that a diminished sense of taste and smell may be noticed very early in the infection.

4.2. How can I protect myself? For general guidelines, see Section 5 of the COVID-19 Summary. It is important to know that *studies have shown that you can become infected by being around an infected person who has no symptoms and with whom you have no touching or sharing objects.* Many governments are calling for people to try to stay six feet (two meters) apart whenever possible. This is called “social distancing” and it is one of the most effective ways we have to reduce exposure and transmission.

4.3. Who is at risk of infection? Everyone is at risk of infection. In China, the average patient age was about 46; elsewhere the average is nearly 60. *These are the groups at higher risk for severe complications from infection:*

- The young or elderly with underlying health conditions (other diseases, diabetes, infections, heart problems, high blood pressure, etc.)
- Those with prior poor lung health or lung damage (COPD, occupations where chemicals are inhaled, those exposed to heavy smoke or pollution such as cooking charcoal)
- Cigarette/cigar/pipe smokers or electronic vapers
- Healthcare workers and care providers



4.4. What should I do if I am at higher risk? Here is the advice from the CDC:

“If you are at higher risk of getting very sick from COVID-19, you should: stock up on supplies; take everyday precautions to keep space between yourself and others; when you go out in public, keep away from others who are sick; limit close contact and wash your hands often; and avoid crowds, cruise travel, and non-essential travel. If there is an outbreak in your community, stay home as much as possible. Watch for symptoms and emergency signs. If you get sick, stay home and call your doctor.”

4.5. What are the seven key steps to remember to prevent the spread of COVID-19?

1. Wash your hands with soap and water for 20-30 seconds
2. Avoid touching your face, eyes, mouth, nose
3. Avoid contact with people who are vulnerable if you can't wear a mask
4. Cover your cough with the bend of your elbow
5. Disinfect surfaces you frequently use
6. If you feel unwell, stay at home and call your healthcare provider
7. Only share information from trusted sources and do not blame or stigmatize others

4.6. What should I do if I need to care for someone who is infected or have been in contact with someone who was infected?

The CDC says:

- Make sure you understand how to care for an infected person based on your healthcare provider's advice and instructions.
- Monitor the patient's symptoms and be in touch with your healthcare provider.
- Household members should stay in a separate room and prohibit nonessential visitors.
- Don't let infected persons handle pets or animals; those caring for animals need to wash hands regularly.
- Make sure shared spaces for noninfected persons have good air flow.
- Perform hand hygiene (washing with soap and water or using a hand sanitizer) frequently. Be sure hand sanitizer contains at least 60 percent alcohol.
- Avoid touching your eyes, nose, mouth with unwashed hands.
- Insist the patient wears a facemask and that the caregiver wears a mask while providing care.
- Wear disposable facemask and gloves when you know you will come in contact with the patient's bodily fluids (blood, stool, saliva, mucous, vomit, urine).
- When removing protective gear, remove gloves first and wash hands. Then remove facemask and wash hands again. Then remove other gear (like gowns) and wash hands again. Dispose of all used gear properly to avoid contamination and wash hands again.
- Avoid sharing household items and objects with the infected person (plates, glasses, cups, utensils, towels, bedding, etc.)
- Regularly clean all “high-touch” surfaces (doorknobs or handles, counters, tabletops, fixtures, toilets, phones, keyboards, tablets and screens, bedside tables, etc.)
- Use a household cleanser appropriate for the surface type or a diluted bleach solution (five tablespoons, 1/3rd cup or 3.8 ounces of bleach) for each gallon of water. (One gallon = 3.8 liters)
- Wash laundry thoroughly with as warm or hot water as possible.
- Place all disposable items, discarded clothing or waste, etc. in a container lined with a plastic bag; remember to wash hands thoroughly after disposing.
- Always consult your healthcare providers about these instructions.

4.7. Can an object or package from a highly infected area of the country carry the virus? There is very low chance of the virus surviving over a period of one week during shipping or transportation at normal ambient temperatures. Heat, humidity, drying (desiccation) and sunlight typically inactivate most viruses. There is still a lot to learn about this virus, but the greatest transmission potential thus far has been as droplets or aerosols in the air or landing on surfaces nearby.

5. ABOUT PROTECTING MY CHILDREN

5.1. What is the risk of my child becoming sick with COVID-19? Based on available evidence, children do not appear to be at higher risk than adults for developing severe complications from COVID-19. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. For children, be aware of the symptoms and changes in behavior (but their risk is low). *However, children can have severe and even fatal outcomes.*



5.2. How can I protect my child? The precautions to prevent infection in children are the same as for adults. What you can do as a parent is teach them good hygiene behavior:

- Clean hands often using soap and water or alcohol-based hand sanitizer.
- Avoid people who are sick (coughing and sneezing).
- Clean and disinfect high-contact surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks).
- Launder items including washable plush toys as appropriate in accordance with the manufacturer's instructions; If possible, launder items using the warmest appropriate water setting for the items and dry items completely; Dirty laundry from an ill person can be washed with other people's items.

5.3. Are the symptoms of COVID-19 different in children than in adults? **No.** The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose and cough. Vomiting and diarrhea have also been reported. It's not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.

5.4. Should children wear masks? Masks are used to prevent infected people from spreading the disease and are less effective at preventing infection. The CDC does not recommend children under the age of two ever wearing masks because they usually do not fit properly and can present a danger. If infected, children over the age of two can wear a mask. However, different governments issue different rules and guidelines; you should follow the laws and rules set by your local government in consultation with your healthcare provider.

5.5. While school is out, can my children hang out with their friends? Here are the CDC recommendations for children dismissed from school:

- The key to slowing the spread of COVID-19 is to limit social interactions as much as possible; Parents should minimize play dates, and if held, parents should keep the groups small; Advise older children to hang out in a small group (less than 10) and to meet up outside rather than inside; It's easier to keep and maintain space between others in outdoor settings, like parks.
- If you have small meetups, consider hanging out with another family or friend who is also taking extra measures to put distance between themselves and others (i.e. social distancing); Make sure children practice good hygiene every day, such as cleaning and disinfecting frequently touched surfaces; Remember, if children meet outside of school in bigger groups, it can put everyone at risk.
- This includes spring and fall break and other group travel; Parents should help their older children revise spring and fall break plans that include non-essential travel to crowded areas.

5.6. How can I keep my children healthy and intact if we have relatives in high-risk groups or with chronic medical conditions?

- If others in your home are at particularly high risk for COVID-19, consider extra precautions to separate your child from those individuals.
- If you are unable to stay home with your child during school dismissals, carefully consider who might be best positioned to provide childcare; If someone at higher risk for COVID-19 will be providing care (e.g., older adult, such as a grandparent or someone with a chronic medical condition), limit your child's contact with these people.
- Consider postponing visits or trips to see older family members and grandparents; Connect virtually or by writing letters and sending via mail.

5.7. Am I more at risk if I am pregnant? The number of pregnant women studied has been very small, but in China pregnant women did not seem to be affected differently than other infected adults. Because of changes in their bodies, pregnant women can be at higher risk for severe complications from other respiratory diseases, so *it is important for pregnant women to protect themselves*. Medical doctors and scientists are continuing to gather more information on the risks to mothers, fetuses, newborns and caregivers.

5.8. What plans should I make if I am to deliver during the COVID-19 crisis? Families with infected mothers-to-be should prepare for how to protect other caregivers in their household, using the recommended methods to prevent spread, practice social hygiene and clean/disinfect regularly. Stay in regular communication with your care provider.

5.9. What risk is there for passing COVID-19 from the infected mother to her baby? What preparations should the pregnant woman and her family discuss ahead of delivery? An NPR report states: *“Early research has not shown any evidence that the virus can be transmitted in utero, during delivery or through breast milk. But transmission can occur after birth when infants are in close contact with someone who has the illness.”*

This means that some normal hospital practices like keeping the mom and baby together and allowing guests need to be revised by healthcare staff to protect the infant and others to reduce the risk of becoming infected. Pregnant women and their families should plan with their healthcare provider or midwife about how to protect the uninfected baby and other family members and care providers.

5.10 What precautions can I take if I am going to breastfeed my newborn child? The CDC recommends that infected women who would like to provide breast milk for their infant use a breast pump, being sure to practice good pumping hygiene. Direct breastfeeding could also be possible if the infected mother wears a mask, but it is not currently the CDC’s first choice.

6. ABOUT PREPARING AND PROTECTING OUR FAMILIES, HOUSEHOLDS, COMMUNITIES

6.1. How can we prepare as a family? Here are some planning ideas:

- Create a household plan of action to help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community
- Talk with the people who need to be included in your plan and discuss what to do in your community; seek community resources and share to have food security
- Plan ways to care for those who might be at greater risk for serious complications, particularly older adults and those with underlying chronic medical conditions like heart, lung or kidney disease
- Create a list of local organizations that you and your household can contact in the event you need access to information, healthcare services, support and resources.
- Create an emergency contact list of family, friends, neighbors, drivers, healthcare providers, teachers, employers, health department and other community resources

6.2. What should I do if someone in my household becomes infected? The CDC suggests that most people who get COVID-19 will be able to recover at home. Here are some guidelines:

- Stay home when you are sick, except to get medical care
- Use a separate room and bathroom for sick household members (if possible)
- Clean hands regularly by handwashing with soap and water or using an alcohol-based hand sanitizer with at least 60 percent alcohol
- Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others
- Clean the sick room and bathroom, as needed, to avoid unnecessary contact with the sick person
- Avoid sharing personal items like utensils, food and drinks

If you develop **emergency warning signs** for COVID-19, get **medical attention immediately**. Emergency warning signs include:

- * Trouble breathing
- * Persistent pain or pressure in the chest
- * New confusion or inability to arouse
- * Bluish lips or face

6.3. What cleaning materials should I have on hand? Typical household cleansers and hygiene products will be sufficient: hand soap, laundry soap, bleach, etc. See the cleaning and disinfecting instructions in Section 4.6.



6.4. Can the virus be spread through food, refrigerated or frozen food items? There is little evidence to support transmission of COVID-19 associated with food. However, before preparing or eating food, it is important to always wash your hands with soap and water for 20 seconds for general food safety. Wash your hands after blowing your nose, coughing, sneezing or going to the bathroom. It may be possible to contract COVID-19 by touching a surface or object that has the virus on it and then touching one's mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very a low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated or frozen temperatures. As a precaution, it is always important to practice good hygiene like washing all fruits and vegetables, especially if they may have been handled by many people at the store.

7. ABOUT PROTECTING OUR COMMUNITIES

7.1. What should I do if there is an outbreak in my community?

- Put your household preparedness plan to work (see Section 6.1)
- Stay informed from trusted sources about the local situation
- Practice good hygiene and preventive practices
- Stay in touch with others digitally
- Practice social distancing and reduce personal gestures like touching, kissing, hugging

7.2. What should parents do to protect their children during a community outbreak?

- Review and start activities under Section 5 above
- Stay calm, reassure your children, work cooperatively with them, tell them you will protect them
- Explain that the illness is usually mild and that children are less likely to have serious illness
- Do discourage children and teens from gathering to play or socialize as they normally do
- Find alternative activities and recreation opportunities that reduce exposure

7.3. Should I go to work in my community if there is an outbreak? Keep in touch and follow the guidelines established by your workplace, and public notifications and restrictions.

8. ABOUT WHEN SOMEONE SHOULD BE TESTED FOR COVID-19

8.1. When should I be tested? If you have the symptoms or have been in close contact with someone known to have COVID-19, contact or visit your healthcare provider. They will determine if you should be tested. For those with underlying conditions, or otherwise poor health, it is best to test as early as possible. Even if the symptoms are very mild, make sure these at-risk persons seek healthcare immediately. See the list in Section 4.3 for a list of those at higher risk.

8.3. Can a person test negative and later test positive for COVID-19? Yes. If your healthcare provider has determined a person's symptoms warrant testing, they will arrange for a test. If a test comes back negative, usually it means that person does not have COVID-19 and their illness is being caused by something else. However, if it is very early in the COVID-19 infection, some people will test negative and sometimes must be tested several times. Especially if someone belongs to a high-risk group, even if they test negative, continue to monitor their symptoms and if they continue or worsen, be prepared to retest.

8.4. Can someone get COVID-19 more than once? Possibly. Typically, when a person is exposed to a disease and survives, that person builds protection (immunity) against that specific disease. However, sometimes the virus (or other infectious agent) will change and can cause a new infection (like the winter flu which changes every flu season). When a disease builds protection in a person, it can be long-lasting ("acquired immunity") or short-lasting protection ("waning immunity"). Some early reports suggest to medical scientists that COVID-19 may only provoke short-term protection but other studies suggest it prompts long-lasting protection. Since there are no definite answers yet, people need to continue to be aware of the symptoms as re-infection is a possibility.



8.5. Am I at risk if I go to a funeral, wake or visitation for someone who died of COVID-19? Am I at risk if I touch or kiss a person after they have passed away from COVID-19? This is a new disease so there is much to learn. While there have been no reports of people becoming infected from touching a person who has passed away, it is a good idea to refrain from doing so or practicing other local death rituals or burial customs that might be an opportunity to spread the virus. This includes touching, kissing, washing/preparing/shrouding the body of the deceased, sharing food utensils or dinnerware, etc. Work with your faith and religious leaders to pay your respects and honor your loved ones in accordance with protective behaviors.

9. ABOUT SOME COMMON COVID-19 MYTHS OR RUMORS (Adapted from *The Guardian* online and the WHO)

9.1. “Masks don’t work.” It is true that masks are not guaranteed to stop illness. It depends on the material from which it’s made, the accuracy of its fit to a person’s face, how consistently it is used, etc. Viruses as aerosols are tiny and can indeed penetrate most types of masks. However, some studies show that using a mask is a 3- to 5-fold improvement over no barrier at all. A mask does help prevent spread from an infected person who is wearing one and, therefore, some protection for the person who is not wearing one. Masks are critical for healthcare workers and home healthcare providers who are most at risk from caring for a large number of ill people. For uninfected people, using a mask in open spaces in public will make little difference. If the local or national government requires mask wearing by law, of course, as a public health strategy then wearing a mask can become mandatory.

9.2. “It is mutating into a more deadly strain.” Viruses like the coronavirus can indeed mutate very easily and sometimes become more or less deadly. The factor that determines this is the ease of the virus’ transmission to others. If we make it hard to transmit by changing our personal and social behavior, the virus will become less deadly. Early in this epidemic, Chinese scientists discovered two strains of this virus, with one being more deadly than the other. One of the forms that has emerged more recently may indeed be more aggressively infecting people. The honest answer is that we just don’t have enough information to know if and how this virus is changing.

9.3. “It is no more dangerous than the typical winter flu.” It is true that many people who get this virus will not feel ill or show symptoms. Overall, given how infective this virus is, how easily it is spread and its death rate of perhaps 10 times that of the winter flu, COVID-19 is likely to be far more dangerous than the winter flu.

9.4. “It kills only the elderly, so younger people can relax and don’t need to use precautions.” Actually, most elderly people without underlying health conditions will not become critically ill with COVID-19. **ALL persons can become infected**—even young children—and small numbers of these will have a serious illness requiring hospitalization. The young and healthy who work in healthcare are at high risk due to higher levels of exposure in their work settings. The actions of young people in following health instructions, reporting mild illnesses, reducing their own exposure and protecting the more vulnerable will determine the overall infection rate and extent of sickness and death around the world. With 50 percent of those under age 50 infected with COVID-19 in Europe requiring hospitalization, clinics and hospitals are in danger of running out of beds, equipment and supplies. Younger people can help prevent this strain on healthcare facilities.

9.5. “You need to be with an infected person for 10 minutes.” For winter flu, some hospital guidelines define exposure as being within six feet of an infected person who sneezes or coughs for a period of 10 minutes or longer. We know a great deal more about the seasonal flu than we do this new coronavirus. It is important to note that one can become infected with shorter interactions and from objects on which the virus has survived.

9.6. “Pharmaceutical treatments (drugs designed for COVID-19) and a vaccine could be available within a few months.” Scientists are working overtime to discover effective drugs and to design a vaccine. However, the discovery, proof of effectiveness (“efficacy”), manufacturing, shipping and distribution are all time-consuming steps. The entire process is lengthy because the drug or vaccine must be shown to be safe and effective for humans. It is doubtful that a vaccine can be delivered in the next 12 months. However, medical doctors are studying some drugs already approved for other diseases and some of these preliminary studies show great promise. The best-case scenario is that a drug currently available will be shown to be safe and effective. Even this outcome will take several months.



9.7. “This virus was made in a bioterror weapons lab either in China or elsewhere.” With every emerging infectious disease, there is speculation and rumors that some military medical research unit has manufactured and released a virus either on purpose or by accident. These rumors have circulated about COVID-19 as well. The available evidence (from molecular epidemiology) argues against this hypothesis. While intentional manufacturing is possible, it is not going to be known for some time. As an interdependent, connected global community, we have to deal with this disease on practical terms no matter where it came from.

9.8. “This disease is a punishment from God for our sins or the deficiencies of those who are sickened.” As with the rumors of a bioterror weapon, this is a common response to the fear and panic of an unknown disease. This myth of God’s displeasure has surfaced throughout human history whenever we are confronted by a threat to our health and loved ones. The truth is that infectious diseases can affect all equally—the strong and the weak, the good and the bad, the rich and the poor, the faithful and the unfaithful, one faith vs. another, one race/ethnicity vs. another, the righteous and the sinful, the lucky and the unlucky. Our protective behaviors and our capacity for love and caring enable us to protect the most vulnerable among us. Diseases do not show bias or prejudice.

9.9. “This disease can be spread by mosquitoes.” There is no evidence to suggest that COVID-19 can be spread by mosquitoes. Because it is a respiratory virus, it is spread primarily through droplets in the air or living on contaminated objects or surfaces.

9.10. “Antibiotics can prevent and treat COVID-19.” Antibiotics do not work against viruses, only bacterial infections. Antibiotics should not be used as a means of prevention or treatment. However, if you are hospitalized, you may receive antibiotics because of a co-occurring bacterial infection.

9.11. “Eating garlic can help prevent infection.” Garlic is a healthy food and may have some antimicrobial properties, but there is no evidence that it protects against COVID-19 infection. However, good nutrition is important in keeping you healthy against any type of infection.

9.12. “Vaccines against pneumonia or influenza protect against COVID-19.” Currently, there is not a vaccine for COVID-19. Vaccines against pneumonia, such as pneumococcal and Haemophilus influenzae type B (Hib) vaccines, do not provide protection against the new virus. However, vaccination against these respiratory illnesses is highly recommended to protect your health and prevent co-infection.

9.13. “Spraying alcohol, chlorine or bleach all over your body kills COVID-19.” Spraying alcohol, bleach or chlorine all over your body will not kill viruses that have already entered your body. Spraying these and other similar substances can be harmful to clothes and can cause damage if swallowed or if they get into your eyes. Alcohol and chlorine can be used to disinfect surfaces, but they should be used appropriately.

More from the WHO Myth Busters page can be found here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

10. ABOUT SOME THINGS NOT TO DO

The following measures ARE NOT effective against COVID-19 and can be harmful:

- Smoking or vaping
- Wearing multiple masks
- Taking antibiotics
- Relying on herbal remedies (except those known to improve nutrition and immune function generally)
- Drinking alcohol to excess
- Blaming others
- Self-medicating or taking powerful drugs when not under the care of a medical doctor
- Losing hope; God will never abandon you

11. ABOUT WHAT TO DO NOW

The information in these materials can help in developing a local plan. *Planning needs to begin immediately.* People are smart, tough, resourceful and loving. The natural ingenuity and resilience of people can meet the task at hand. While public forums may be unwise, *small steering committees should be formed immediately.* The steering committee *should have maximum diversity:* females, males, youth, various occupations and ethnicities. They should use the information presented here to develop a plan for their church and community. If several churches, mosques, temples and synagogues can work together, that should be prioritized. At any rate, *all materials and plans should be shared with other faith communities.* The appearance of COVID-19 in one group will affect other groups—the virus is not prejudiced or bigoted. *The plan should be a single, clear, simple document. It should be communicated by a trusted leader.*

- Churches and entire communities should have a plan
- For communities, it should be down to the block-captain level (“quarter” of community)
- Church and community leadership should integrate into any multi-sectoral, multi-stakeholder planning organization the government promotes (Ministry? NGO? CSO? etc.)
- Communicate regularly with government authorities
- Organize a registry to keep a list of all probable and confirmed cases by block
- Ask non-essential businesses to close

Key areas to be addressed in the plan include:

- Establish a communications team and enable them to prepare print, digital and other forms of communications to the general public; post flyers and contact information for team chairpersons and designated community health workers (CHWs)
- Develop a transportation plan to take people to clinics and testing facilities
- Organize community tailors and seamstresses to begin mask and gown production
- Acquire plastic shopping bags to modify into “handmitts” which allow maximum movement of fingers (minimally, this requires the bag and duct tape)
- Hold fundraisers and tap into economic cooperatives and local associations to purchase sewing, cleaning and hygiene supplies.
- Distribute the completed products without prejudice through the churches
- Begin working with the church health committees and CHWs to prepare educational materials and presentations
- Begin conducting health awareness/health promotion activities
- Organize hand-washing stations at key locations in the community and create a team to keep them stocked with soap and water
- Create a team to monitor and oversee the hygienic cleaning of communal hand pumps/standpipes/spigots/faucets, community latrines
- Train CHWs to be watchful for early signs of infection
- Identify the “intrinsic resources” available (skills, materials, labor pools already within the community) and the “extrinsic resources” (funds, supplies, materials that must come from outside the community)
- Create youth groups to prepare and deliver skits on good hygiene
- Emphasize the importance of social distancing and self-isolation
- Create an elder-care team to reach out to and provide food and supplies to the elderly
- Strategies to share this information with other faith communities and civil society organizations

Notes:

1. With regard to the technical content, Richard A. Nisbett assumes all responsibility and absolves all other editors (and their institutions) of responsibility for development of the content.
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Writing & Editing Team (alphabetical order):

James K. Gray, PhD

Kristi McClellan, MPH

Richard A. Nisbett, PhD, MsPH (Corresponding Author: ranisbett@gmail.com)

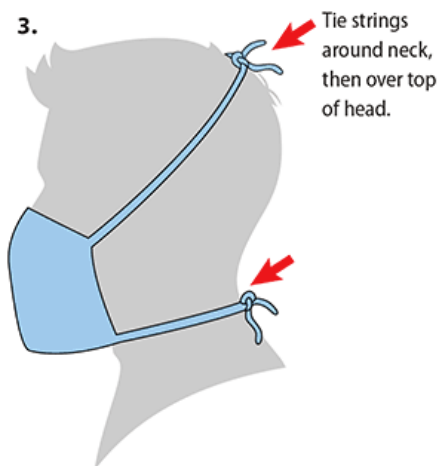
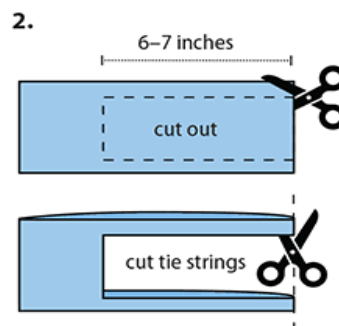
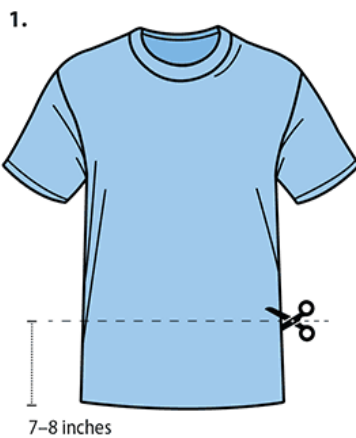
Martha Slay Wingate, DrPH

Quick Cut T-shirt Face Covering (no-sew method)

Materials

- T-shirt
- Scissors

Steps



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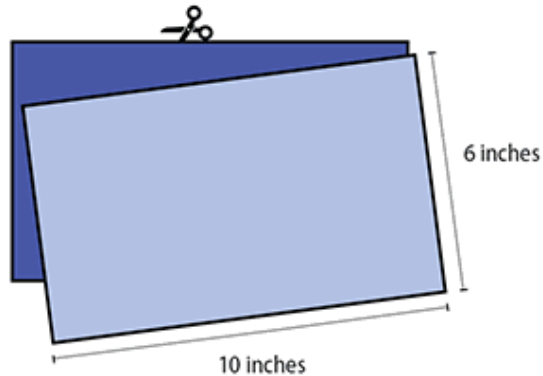
Sewn Cloth Face Covering

Materials

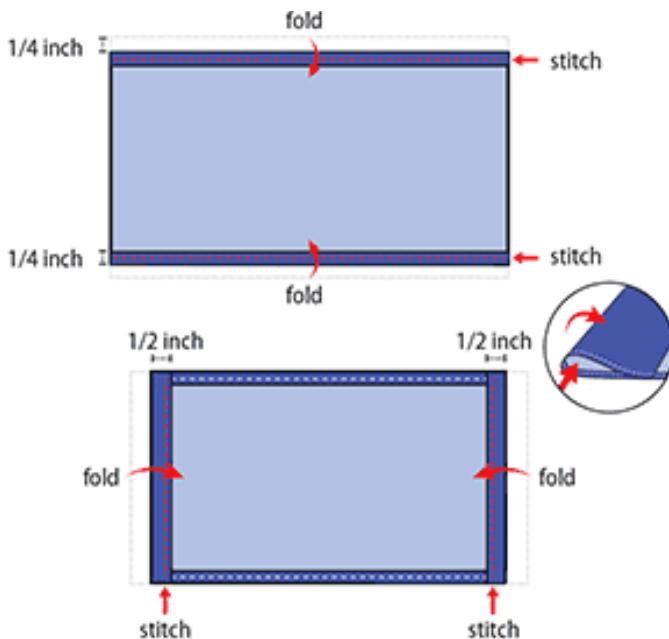
- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

Steps

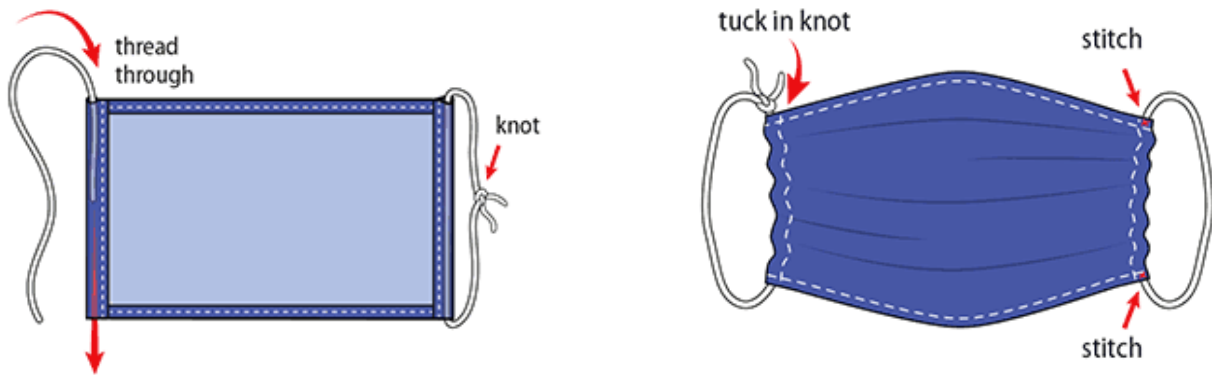
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the mask as if it was a single piece of fabric.



2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



3. Run a 6-inch length of 1/8-inch wide elastic through the wider hem on each side of the mask. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight.



4. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the mask behind your head.
5. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the mask on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.