



What Do We Know About COVID-19 – Dr. Kenneth Feder, Epidemic Intelligence Service Officer with the CDC in Maryland

What do we now know about transmission – COVID-19 is an extremely dangerous, and extremely contagious respiratory illness. It is not strictly a respiratory virus, as it can attack circulatory system, cause heart issues, etc. It is inhaled, which is how individuals' contract COVID-19. Three main types of transmission:

1. Droplet transmission – The primary way the virus spreads. The main way to get the virus is by being in close contact with someone who has COVID-19.
2. Aerosol transmission - Possibility that someone is coughing, and the droplets could breakdown into smaller pieces, leaving residual bits of the virus, and someone walks by later and inhales them. This is less likely than droplet.
3. Contact transmission – An individual coughs and droplets get on a surface, then others touch the contaminated surface, and contract the virus.

Risk is much higher indoors, but it is not fully understood why yet. This does not mean that it cannot be spread outdoors, but it is not as likely. More likely to happen indoor in extended close contact with others.

What do we do to mitigate risk? Practice the three W's and avoid the three C's

- **Watch your distance** – This is the most important tool for stopping the spread of COVID-19.
- **Wear a mask** – The best tool for stopping the spread when social distancing is not possible. Early research suggests that there is an 80-85% reduction in risk of getting the virus if a mask is worn. Masks could potentially be more effective than a vaccine. Masks serve two functions –
 - To protect YOU, from ME. It keeps ME from unknowingly spreading the virus. Most people who are spreading COVID do not know they have it.
 - To protect ME, from YOU. My mask may drop some of your droplets.
- **Wash your hands** – This is the most important tool we have had for hundreds of years to stop the spread of diseases. It is also an important tool with COVID-19.

Three things to avoid to help stop the spread of the virus: confined spaces, close contact and crowds

Questions and Answers with Dr. Feder

- **Are neck gaiters okay or not? I've heard that they may be worse than not wearing a mask.**
This is false. A neck gaiter is better than not wearing a mask.
- **Are clear face shields as effective as masks?** Let's rephrase the question. Are face shields effective at reducing risk of contracting COVID? Yes, they are. One is not a substitute for another. Masks are still necessary. The face shield might protect your eyes, but not your nose and mouth. Also, a face shield will not protect others from you. Covering the nose is KEY. Just over your mouth is not sufficient.

- **Any insight into safety precautions available to people with medical reasons not to wear masks; or alternatives to masks to help when working with people who are hard of hearing?** There are some people who are not able to wear a mask, those with disabilities, dementia, who will not tolerate the mask, etc. The best precaution for those who cannot wear a mask is for everyone around that person to wear a mask. In terms of people who are hard of hearing, unfortunately, there is no good substitute for a mask.
- **Can you speak on current research around antibody testing? Is it reliable and worth it to try to see if you may have had it and didn't know?** It is reliable. No test is perfect. The question is, what do you do with that information? We do not recommend that any general person go get antibody tested unless you are asked to do so by a health official. Immunity now does not necessarily mean you will be immune later. We think about 20 million people in the world have had the virus. We have seen one person who has had the virus twice. We think people may be able to get it a second time and could spread it to others. Even if you get an antibody test, and find you have antibodies, important to keep following all control measures to protect yourself and others.
- **When is a good time to get antibody testing?** Maybe you want to know if you unknowingly spread it to someone else, you were sick but never got tested while you were sick, to know long term health risks. We think some people will have long term heart or respiratory problems because of the virus. So if people have these problems, they might want to learn if they have had COVID.
- **Do you know of any examples of the health department, or other health centers, collaborating with senior housing communities to increase access to testing for residents?** Local health departments can set up pop up testing sites. Encourage providers to reach out to their local health department and inquire about this.
- **What barriers to testing (or other medical care) access have you seen across the state, especially for seniors?** Early on, individuals could only get testing in hospitals and health centers. Now there are public testing sites, and urgent care availability. Most counties have at least one site where you can drive up and get tested. People with mobility challenges, home bound, may have access challenges. Rapid antigen testing may be a useful tool, but there is still a lot to be learned about the best way to use them.