

FAQ S ON COVID 19

Version 2/2021

What is COVID-19?

COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2.

WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, People's Republic of China.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are

- Fever
- Dry cough
- Fatigue

Other symptoms that are less common and may affect some patients include:

- Loss of taste or smell,
- Nasal congestion,
- Conjunctivitis (also known as red eyes)
- Sore throat,
- Headache,
- Muscle or joint pain,
- Different types of skin rash,
- Nausea or vomiting,
- Diarrhea,
- Chills or dizziness.



Symptoms of severe COVID-19 disease include:

- Shortness of breath,
- Loss of appetite,
- Confusion,
- Persistent pain or pressure in the chest,
- High temperature (above 38 °C).

Source: WHO, NIH

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Other less common symptoms are:

- Irritability,
- Confusion,
- Reduced consciousness (sometimes associated with seizures),
- Anxiety,
- Depression,
- Sleep disorders,
- More severe and rare neurological complications such as strokes, brain inflammation, delirium and nerve damage.

People of all ages who experience fever and/or cough associated with difficulty breathing or shortness of breath, chest pain or pressure, or loss of speech or movement should seek medical care immediately.

What happens to people who get COVID-19?

Among those who develop symptoms, most (about 80%) recover from the disease without needing hospital treatment. About 15% become seriously ill and require oxygen and 5% become critically ill and need intensive care.

Complications leading to death may include respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, thromboembolism, and/or multiorgan failure, including injury of the heart, liver or kidneys.

In rare situations, children can develop a severe inflammatory syndrome a few weeks after infection

Who is most at risk of severe illness from COVID-19?

People aged 60 years and over, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, obesity or cancer, are at higher risk of developing serious illness.

However, anyone can get sick with COVID-19 and become seriously ill or die at any age

Source: WHO, NIH

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Are there long-term effects of COVID-19?

Some people continue to experience symptoms, including fatigue, respiratory and neurological symptoms.

How can we protect others and ourselves if we don't know who is infected?

Stay safe by taking some simple precautions, such as physical distancing, wearing a mask, especially when distancing cannot be maintained, keeping rooms well ventilated, avoiding crowds and close contact, regularly cleaning your hands, and coughing into a bent elbow or tissue.

When should I get a test for COVID-19?

Anyone with symptoms should be tested, wherever possible. People who do not have symptoms but have had close contact with someone who is, or may be, infected may also consider testing – contact your local health guidelines and follow their guidance. Very early testing may produce false negative results.

While a person is waiting for test results, they should remain isolated from others.

What test should I get to see if I have COVID-19?

In most situations, a molecular test is used to detect SARS-CoV-2 and confirm infection. Polymerase chain reaction (PCR) is the most commonly used molecular test. Samples are collected from the nose and/or throat with a swab. Molecular tests detect virus in the sample by amplifying viral genetic material to detectable levels. For this reason, a molecular test is used to confirm an active infection, usually within a few days of exposure and around the time that symptoms may begin.

What about rapid tests?

Rapid antigen tests (sometimes known as a rapid diagnostic test – RDT) detect viral proteins (known as antigens). Samples are collected from the nose and/or throat with a swab. These tests are cheaper than PCR and will offer results more quickly, although they are generally less accurate(WHO). These tests perform best

Source: WHO, NIH



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when there is more virus circulating in the community and when sampled from an individual during the time they are most infectious.

I want to find out if I had COVID-19 in the past, what test could I take?

Antibody tests can tell us whether someone has had an infection in the past, even if they have not had symptoms. Also known as serological tests and usually done on a blood sample, these tests detect antibodies produced in response to an infection. In most people, antibodies start to develop after days to weeks and can indicate if a person has had past infection. Antibody tests cannot be used to diagnose COVID-19 in the early stages of infection or disease but can indicate whether or not someone has had the disease in the past

What is the difference between isolation and quarantine?

Both isolation and quarantine are **methods** of preventing the spread of COVID-19.

Quarantine is used for anyone who is a contact of someone infected with the SARS-CoV-2 virus, which causes COVID-19, whether the infected person has symptoms or not. Quarantine means that you remain separated from others because you have been exposed to the virus. For COVID-19, this means staying in the facility or at home for 14 days.

Isolation is used for people with COVID-19 symptoms or who have tested positive for the virus. Being in isolation means being separated from other people, ideally in a medically facility where you can receive clinical care. Isolation can take place at home. If you have symptoms, you should remain in isolation for at least 10 days plus an additional 3 days without symptoms. If you are infected and do not develop symptoms, you should remain in isolation for 10 days from the time you test positive

Less commonly, airborne transmission of small droplets and particles of SARS-CoV-2 to persons further than six feet away can occur, and in rare cases, people passing through a room that was previously occupied by an infectious person may become infected. SARS-CoV-2 infection via airborne transmission of small

Source: WHO, NIH

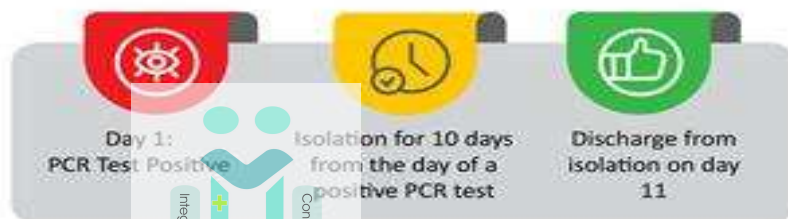
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particles tends to occur after prolonged exposure (i.e., ≥ 30 minutes) to an infectious person who is in an enclosed space with poor ventilation.



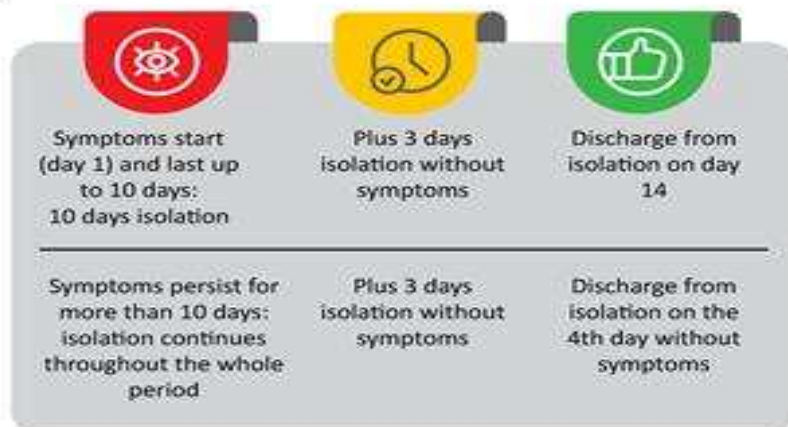
Someone has a positive PCR test and no COVID-19 symptoms

- The day of the test is counted as day 1. Watch for symptoms.
- If no symptoms appear, isolate for 10 days.



Someone with COVID-19 symptoms and a positive PCR test

- Isolation always includes 10 days from symptom onset plus an additional 3 days without symptoms.
- The minimum isolation period is 13 days, with release on day 14 (or later if symptoms persist).



* This is based on the latest scientific information about when people are infectious and it will be updated as more information becomes available:
<https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>

Source: WHO, NIH

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What should I do if I have been exposed to someone who has COVID-19?

After exposure to someone who has COVID-19, do the following:

- If testing is not available, stay home and away from others for 14 days.
- While you are in quarantine, do not go to work, to school or to public places. Keep at least a 1-metre distance from others, even from your family members.
- Wear a medical mask to protect others, including if/when you need to seek medical care.
- Clean your hands frequently.
- Stay in a separate room from other family members, and if not possible, wear a medical mask.
- Keep the room well-ventilated.
- If you share a room, place beds at least 1 meter apart.
- Monitor yourself for any symptoms for 14 days.
- Stay positive by keeping in touch with loved ones by phone or online, and by exercising at home.



How long does it take to develop symptoms?

The time from exposure to the moment when symptoms begin is, on average, 5-6 days and can range from 1-14 days. This is why people who have been exposed to the virus are advised to remain at home and stay away from others, for 14 days, in order to prevent the spread of the virus, especially where testing is not easily available

Is there a vaccine for COVID-19?

Yes.

The first mass vaccination programme started in early December 2020 and the number of vaccination doses administered is updated on a daily basis here. At

Source: WHO, NIH

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least 13 different vaccines (across 4 platforms) have been administered. Campaigns have started in 206 economies.

The Pfizer/BioNtech Comirnaty vaccine was listed for WHO Emergency Use Listing (EUL) on 31 December 2020. The SII/Covishield and AstraZeneca/AZD1222vaccines (developed by AstraZeneca/Oxford and manufactured by the State Institute of India and SK Bio respectively) were given EUL on 16 February. The Janssen/Ad26.COV 2.S developed by Johnson & Johnson, was listed for EUL on 12 March 2021. The Moderna COVID-19 vaccine (mRNA 1273) was listed for EUL on 30 April 2021 and the Sinopharm COVID-19 vaccine was listed for EUL on 7 May 2021. The Sinopharm vaccine is produced by Beijing Bio-Institute of Biological Products Co Ltd, subsidiary of China National Biotec Group (CNBG).

Are there treatments for COVID-19?

Optimal supportive care includes oxygen for severely ill patients and those who are at risk for severe disease and more advanced respiratory support such as ventilation for patients who are critically ill.



Dexamethasone is a corticosteroid that can help reduce the length of time on a ventilator and save lives of patients with severe and critical illness. *Read [dexamethasone Q&A for more information.](#)*

Results from the WHO's Solidarity Trial indicated that remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon regimens appear to have little or no effect on 28-day mortality or the in-hospital course of COVID-19 among hospitalized patients.

Hydroxychloroquine has not been shown to offer any benefit for treatment of COVID-19. *Read [hydroxychloroquine Q&A for more information.](#)*

Are antibiotics effective in preventing or treating COVID-19?

Source: WHO, NIH

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Antibiotics do not work against viruses; they only work on bacterial infections. COVID-19 is caused by a virus, so antibiotics do not work. In hospitals, physicians will sometimes use antibiotics to prevent or treat secondary bacterial infections which can be a complication of COVID-19 in severely ill patients.

FACTS & MYTHS

FACT: Hand sanitizers can be used often

Unlike other antiseptics and antibiotics, an alcohol-based sanitizer does not create antibiotic resistance.

FACT: Alcohol-based sanitizers are safe for everyone to use

Alcohols in the sanitizers have not been shown to create any relevant health issues. Little alcohol is absorbed into the skin, and most products contain an emollient to reduce skin dryness. Allergic contact dermatitis and bleaching of hand hair due to alcohol are very rare adverse effects.

FACT: Alcohol-based sanitizers can be used in religions where alcohol is prohibited

Any manufactured substance developed to alleviate illness or contribute to better health is permitted by the Qur'an, including alcohol used as a medical agent. (From WHO website)

FACT: It is safer to frequently clean your hands and not wear gloves

Wearing gloves risks transferring germs from one surface to another and contaminating your hands when removing them. Wearing gloves does not replace cleaning hands.

FACT: Touching a communal bottle of alcohol-based sanitizer will not infect you

Once you've sanitized your hands, you have disinfected them from any germs that may have been on the bottle. If everyone uses sanitizer in a public place such

Source: WHO, NIH

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as a supermarket entrance, the risk of germs on communal items will be lower and will help keep everyone safe.

FACT: The amount of alcohol-based sanitizer you use matters

Apply a palmful of alcohol-based sanitizer to cover all surfaces of your hands. Rub your hands together using the right technique until they are dry.

The entire procedure should last 20-30 seconds.

FACT: Vitamin and mineral supplements cannot cure COVID-19

Micronutrients, such as vitamins D and C and zinc, are critical for a well-functioning immune system and play a vital role in promoting health and nutritional well-being. There is currently no guidance on the use of micronutrient supplements as a treatment of COVID-19.

FACT: Studies show hydroxychloroquine does not have clinical benefits in treating COVID-19



Hydroxychloroquine or chloroquine, a treatment for malaria, lupus erythematosus, and rheumatoid arthritis, has been under study as a possible treatment for COVID-19. Current data shows that this drug does not reduce deaths among hospitalised COVID-19 patients, nor help people with moderate disease.* The use of hydroxychloroquine and chloroquine is accepted as generally safe for patients with malaria and autoimmune diseases, but its use where not indicated and without medical supervision can cause serious side effects and should be avoided.

* More decisive research is needed to assess its value in patients with mild disease or as pre- or post-exposure prophylaxis in patients exposed to COVID-19.

Is dexamethasone a treatment for all COVID-19 patients?

Dexamethasone should be reserved for patients who need it most. It should not be stockpiled.

Source: WHO, NIH

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It provided no improvement for patients with mild symptoms. Dexamethasone is a corticosteroid used for its anti-inflammatory and immunosuppressive effects. For some COVID-19 patients on ventilators, a daily 6 mg dose of dexamethasone for 10 days improved their health

FACT: People should NOT wear masks while exercising

People should NOT wear masks when exercising, as masks may reduce the ability to breathe comfortably.

Sweat can make the mask become wet more quickly which makes it difficult to breathe and promotes the growth of microorganisms. The important preventive measure during exercise is to maintain physical distance of at least one meters from others.

Fact: Water or swimming does not transmit the COVID-19 virus

The COVID-19 virus does not transmit through water while swimming. However, the virus spreads between people when someone has close contact with an infected person.

FACT: The likelihood of shoes spreading COVID-19 is very low

The likelihood of COVID-19 being spread on shoes and infecting individuals is very low. As a precautionary measure, particularly in homes where infants and small children crawl or play on floors, consider leaving your shoes at the entrance of your home. This will help prevent contact with dirt or any waste that could be carried on the soles of shoes.

FACT: The prolonged use of medical masks*¹ when properly worn, DOES NOT cause CO2 intoxication nor oxygen deficiency

^{1*} Medical masks (also known as surgical masks) are flat or pleated; they are affixed to the head with straps or have ear loops.

Source: WHO, NIH

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The prolonged use of medical masks can be uncomfortable. However, it does not lead to CO2 intoxication or oxygen deficiency. While wearing a medical mask, make sure it fits properly and that it is tight enough to allow you to breathe normally. Do not re-use a disposable mask and always change it as soon as it gets damp.

FACT: Drinking alcohol does not protect you against COVID-19 and can be dangerous

The harmful use of alcohol increases your risk of health problems.

FACT: Adding pepper to your soup or other meals DOES NOT prevent or cure COVID-19

Hot peppers in your food, though very tasty, cannot prevent or cure COVID-19.

FACT: COVID-19 is NOT transmitted through houseflies or mosquitoes

To date, there is no evidence or information to suggest that the COVID-19 virus transmitted through houseflies. The virus that cause COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks. You can also become infected by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands.

FACT: Spraying and introducing bleach or another disinfectant into your body WILL NOT protect you against COVID-19 and can be dangerous

Do not under any circumstance spray or introduce bleach or any other disinfectant into your body. These substances can be poisonous if ingested and cause irritation and damage to your skin and eyes.

Bleach and disinfectant should be used carefully to disinfect surfaces only.

Source: WHO, NIH

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FACT: Drinking methanol, ethanol or bleach DOES NOT prevent or cure COVID-19 and can be extremely dangerous

Methanol, ethanol, and bleach are poisons. Drinking them can lead to disability and death. Methanol, ethanol, and bleach are sometimes used in cleaning products to kill the virus on surfaces – however you should never drink them. They will not kill the virus in your body and they will harm your internal organs.

FACT: 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.

FACT: Exposing yourself to the sun or temperatures higher than 25°C DOES NOT protect you from 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.



FACT: Being able to hold your breath for 10 seconds or more without coughing or feeling discomfort DOES NOT mean you are free from COVID-19

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.

FACT: Cold weather and snow CANNOT kill the COVID-19 virus

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.

Source: WHO, NIH

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FACT: Taking a hot bath does not prevent COVID-19

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.

FACT: Hand dryers are NOT effective in killing the COVID-19 virus

Hand dryers are not effective in killing the COVID-19 virus. To protect yourself, 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.



FACT: Ultra-violet (UV) lamps should NOT be used to disinfect hands or other areas of your skin

UV radiation can cause skin irritation and damage your eyes.

Cleaning your hands with alcohol-based hand rub or washing your hands with soap and water are the most effective ways to remove the virus.

FACT: Catching COVID-19 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.

FACT: There is no pharmacological prophylaxis of COVID 19 infection

Source: WHO, NIH

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- The NIH COVID-19 Treatment Guidelines Panel (the Panel) **recommends against** the use of any drugs including Ivermectin for SARS-CoV-2 pre-exposure prophylaxis (PrEP), except in a clinical trial **(AIII)**.

Although several studies on Ivermectin have reported potentially promising results, the findings are limited by the design of the studies, their small sample sizes, and lack of details regarding the safety and efficacy of ivermectin.

- The Panel **recommends against** the use of **hydroxychloroquine** for SARS-CoV-2 post-exposure prophylaxis (PEP) **(AI)**.

UPDATE:

Source : WHO, NIH included

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Disclaimer: The facts in this document are based on limited evidence as available of now. As new evidence accumulates, some of the recommendations may change. Users should use these information in accordance with the latest government regulations, NIH advisories and in consultation with their Physicians.

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Source: WHO, NIH