Coronavirus: You Ask, We Answer

Experts respond to WSJ readers’ questions

An N95 mask, when properly fitted, protects hospital workers but there is no evidence that masks purchased online or over the counter are of benefit to healthy people.

PHOTO: CARLO ALLEGRI/REUTERS

By WSJ Staff
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The Wall Street Journal has been taking questions from readers about the coronavirus. Here, we compile answers to your questions based on interviews with experts.

Q: Is it possible the death rate is higher than, say, the flu because the only people originally tested for Covid-19 were severely ill?

A: This is a matter of a lot of concern and debate right now. What on earth is the death rate? There’s been a lot of concern about this because the most recent WHO numbers show a death rate of 3.4%. But that number has changed a lot over time.
It’s simply a matter of dividing the number of reported deaths into the number of confirmed cases. We really don’t know what the denominator is right now. We don’t know how many people have been infected. We know how many people have sought care and have been tested, but those are usually the sickest people. If you have a fever and a cough and aches, and you don’t feel much worse than a light fever, you may not go to the doctor or call the doctor or get tested at all.

Until more studies can be done, particularly blood samples of populations that have been exposed, to see how many people have been exposed and fought it off without really ever knowing they were sick, you’re not going to know what the death rate is. That’s why it is higher right now. There are a lot of very well-informed experts, including the WHO, who have said it could be a lot lower, and it may be similar to the flu. It may be slightly higher than the flu. Nobody really knows right now. —WSJ Senior Writer Betsy McKay

Q: Does having the virus provide immunity to it in the future?
A: We’re getting different answers on that, I have to be honest. Some government officials have said, yes, absolutely. I’ve talked to other infectious disease doctors who say, not necessarily, we really have to see if people have immunity.

One study that they say needs to be done are blood studies, which will show how long antibodies last in you. So, it’s really kind of an open question. —WSJ Senior Writer Betsy McKay

Q: If masks aren’t efficient does it make sense to wear them?
A: No. The general rule for masks is, that if you are sick, it will help you not spread your germs to others. Generally, the masks that are not N95 respirators but the medical-grade masks are not going to prevent you from getting sick. And the real problem is that people have been
buying up these masks. There are not enough for health care workers who do need them because they are around more germs in their hospitals.

The professionals say that wearing a mask to protect yourself against this virus won’t necessarily help you. The particles are small, and they will get in through those masks. What it’s good for is if you’re sick, if you’ve got a cough, if you’re not feeling well, it will stop you from spreading it all over the place. —WSJ Senior Writer Betsy McKay

**Q: How much will it cost to get tested?**

A: For now, most people with health insurance will likely have the cost of coronavirus testing covered in the way that any other type of care is covered—- including whatever they may owe in co-pays, co-insurance or under a deductible.

According to the public-health lab laboratories group, “there is no cost to patients for Covid-19 testing performed by public health laboratories.” Hospitals are administering their own tests and local health departments are stepping in to handle other cases. The Centers for Disease Control and Prevention initially gave test kits to public health departments for free, and 48 labs in 38 states are testing for the virus.

While tests given by public health departments may be free, private labs or hospitals are likely to charge.

**Q: How should I treat packages from China? Is it possible to transmit the virus through the mail?**

A: The CDC has stated there is likely very low risk that the virus can be spread from products or packaging shipped from China, because of poor survivability of coronaviruses on surfaces, a spokesman for the U.S. Postal Service said. Also according to the CDC, he said, there currently is no evidence to support transmission of coronavirus associated with imported goods, and there have been no reported cases of the virus in the United States associated with imported goods.

The U.S. Postal Service is closely monitoring the coronavirus situation and continues to follow strategies and measures recommended by the CDC and Public Health Department, said the spokesman, David A. Partenheimer. He referred questions to the CDC website, which provides the latest information about the virus.

**Q: How can I best protect myself from coronavirus?**

A: The most important thing you can do is wash your hands frequently, for at least 20 seconds each time. Wash them regularly when you are at the office, when you come home, before you eat, and other times that you are touching surfaces, says Dr. David Eisenman, director of the UCLA Center for Public Health and Disasters. You can also use an alcohol-based hand sanitizer. Don’t touch your eyes, nose or mouth—viruses can enter your body that way. Wipe down
objects and surfaces frequently with household cleaner, which will kill the virus. Maintain a
distance from people who are sick. Get a flu shot, if you didn’t get one already. “It prevents you
from getting an illness that you think is coronavirus, because they can act very similarly,” Dr.
Eisenman said.

Q: I would like to know what to have on hand in case we are quarantined in our
house, and for how long that could be. Weeks, months?
A: Public-health and school officials typically require travelers returning from a high-risk
country to stay home for up to 14 days, limit close contact with others and monitor themselves
for a fever or other symptoms.

Stock up on some supplies in case you have to stay home, infectious-disease experts say. To
avoid cleaning out store shelves, just buy a few extras on your regular orders or trips to the
store. Items to consider include shelf-stable foods like cans of beans, packages of rice and pasta,
and beverages; pain relievers and other common medications; extra prescription medications;
and hygiene and cleaning products.

Q: How do I know if I have coronavirus?
A: The telltale sign is difficulty breathing or shortness of breath combined with a high fever,
says Wilbur Chen, an associate professor of medicine at the University of Maryland School of
Medicine. A high fever would be 101 or higher.

The virus infects the lower respiratory tract. Patients initially develop a fever, cough and aches,
and can progress to shortness of breath and complications from pneumonia, according to case
reports. They might develop nausea, with vomiting and diarrhea. Some become only mildly ill,
or are infected but don’t get sick. Others are mildly ill for a few days, then rapidly develop more
severe symptoms of pneumonia.

Q: How does the mortality rate of coronavirus compare with the flu?
A: Mortality rate estimates for the new coronavirus are often cited as about 2%, though
estimates have ranged from 1.4% to 3.4%. In comparison, the mortality rate for severe seasonal
influenza is much lower, at 0.1%.

But once the number of asymptomatic or minimally symptomatic cases is known, the real
fatality rate for new coronavirus may be less than 1%, Anthony Fauci, director of the National
Institute of Allergy and Infectious Diseases, wrote in a New England Journal of Medicine article
published recently.

The numbers fluctuate depending on the number of confirmed cases and deaths, which changes
daily. So the exact rate won’t be known until experts know the true denominator, which is the
total number of people infected, including those who are asymptomatic or never got tested.

**Q: What, if any, precautions should be taken by pregnant women?**

A: Experts say pregnant women fall into the vulnerable category of people more likely to get seriously ill with the new virus. Although the precautions are the same, pregnant women need to be especially vigilant. Avoid large public gatherings if you’re in an area with new coronavirus cases, says Gregory Poland, director of the Mayo Clinic’s Vaccine Research Group in Rochester, Minn. “The precautions should be heightened,” he says.

Cameron Wolfe, associate professor of medicine at Duke University Health System’s division of infectious diseases, says to make sure you have an influenza shot if you are pregnant and reach out to your doctor to see if they have contingency plans if new coronavirus cases escalate, such as conducting a virtual visit through telemedicine when possible.

**Q: What are the “underlying health conditions” that can put a person at greater risk of death from the coronavirus?**

A: Adults of all ages have been infected by the coronavirus, but the risk is highest for older people and those with underlying health conditions. People with diabetes, heart disease and lung disease, including respiratory illnesses, as well as smokers, are at increased risk of severe illness. Most of the 1,023 people whose deaths were included in a study by the Chinese Center for Disease Control and Prevention were age 60 or older, and/or had other illnesses.

Public-health experts advise staying calm and following the same precautions recommended for preventing flu or any other respiratory virus. Stick with the basics: Wash your hands, cover your coughs and sneezes, and stay at home from work or school when you’re sick.

**Q: Is taking common cold remedies a good practice? For example, DayQuil?**

A: Experts say this is helpful for controlling symptoms, which is the mainstay of treating the new coronavirus. But it isn’t a cure and won’t prevent you from infecting others.

**Q: If you touch a hard surface that has the virus on it, and then touch food and eat it, can you expose yourself to it?**

A: The virus transmits through “respiratory droplets” when an infected person speaks, coughs or sneezes, according to the World Health Organization. The droplets can settle on nearby surfaces, where they can survive for a period, though it isn’t known for how long. A person can become infected by touching a contaminated surface, then touching their mouth, nose or eyes.

Gregory Poland, director of the Mayo Clinic’s Vaccine Research Group in Rochester, Minn., says if it is a surface exposed to sunlight outside, the virus likely only lives for a few minutes or up to
an hour. But if it is indoors and a dry environment, germs can live up to a day or two.

If someone at home is sick, the Centers for Disease Control and Prevention recommends cleaning surfaces that are touched frequently, such as doorknobs and countertops, every day. Regular household disinfectant wipes and cleaners should suffice. Anything with alcohol or bleach works.

Q: What precautions would you recommend taking on an airplane?
A: The World Health Organization advises that travelers exercise the same precautions they would follow to avoid catching any bug: Keep hands clean and use antiseptic wipes on any surfaces, such as tray tables and armrests, where germs could linger. Contrary to popular belief, cabin air is less of a concern; virtually all international jetliners are equipped with High Efficiency Particulate Air filters, similar to those used in hospital operating rooms. Cabin air is refreshed every two to three minutes.

Q: I am attending a classical concert at the Philadelphia Orchestra. Does sitting in the audience in Verizon Hall present a problem?
A: You can attend concerts and similar events. There are still relatively few cases in the U.S., pointed out Dr. Lisa Lockerd Maragakis, senior director of infection prevention for the Johns Hopkins Health System, and the new coronavirus isn’t a reason to avoid events or gathering places. “We may get to the point where that is a public health measure that is recommended,” she said. “But we’re not at that point now.”