The following Q&A information is direct opinion and information provided by Drs. McCormick and Fisher-Hoch. Questions were submitted live during the webinar on April 2, 2020.

**Masks/Preventions:**

1. Just to confirm your recommendation for the public is to wear a mask? It is a good idea to wear a mask in public places. N95 masks should be reserved for medical personnel and other agencies taking risks on our behalf. Homemade cloth bandannas are a simple solution but should be washed after use. Handwashing and cleaning of surfaces frequently touched such as elevator buttons and handles are the key measures together with social distancing.
2. Should all supplies/canned goods be wiped down prior to storing? Wipe down all metal and plastic surfaces. Cloth bags and cardboard are less of a problem. Leaving them for a few hours before storing reduces risk by allowing any virus to desiccate
3. Parents going to work using daycares, how do you handle picking up your child from a daycare? Tough questions. I would be much more concerned about the day care staff and procedures.
4. How long can it live on clothing? If you make a mask out of bandana how long will it live on there? How to handle it once leaving the store? Not very long, but anyway, wash after every use.
5. CDC has advised disinfectant solution (4 tsp bleach in a qt. of water). How effective is this? Effective, but must be made up fresh each day.

**Symptoms/Recovery:**

1. For those who experience loss of taste and smell, do those senses return as they recover from the disease? Mostly yes, but may persist.
2. I did not catch if a person can get COVID again? So with infection control, usually you cannot get viruses again. IE chicken pox, polio, etc. What about COVID? Possibly, but we do not know for sure.
3. Is it possible to be asymptomatic with COVID 19 and never get sick? Absolutely. That is why it is so difficult to control
4. Why do some people test positive for covid-19 but never develop any symptoms? For example, the report from the cruise ship that docked in Japan indicated that about 18% of the people who tested positive never experienced any symptoms. Since this is a novel virus, I imagine people wouldn't already have an immunity for it. About 50% of people are 0

**Transmission/Virus Specifications:**

1. Do you know if the SARS-CoV-2 is a specific kind (like single strand, double strand) of RNA virus? Positive single strand RNA genome. Large genome. Mutates easily.
2. Is this airborne and do we know how long it stays in the air if so It may be aerosolized and the aerosols may persist.
3. What scientific evidence has been provided to prove that there is a possibility for Covid19 to be airborne? Evidence is from older studies, and controversial
4. If it is a bat virus, does that mean it came from a bat, or another animal that got the virus from a bat? Probably through another animal.
5. If a person has Covid19 and is preparing food, like salad or sandwich with no PPE, can they shed virus onto the food? Unknown. If the food is cooked, risk is very small.
6. If a person had Covid19 & recovered, can they still pass on to others thru saliva or sweat? For a time, depends on things we do not understand.
7. Is it true that the virus has mutated from the original strain in China? Yes, but not significantly. For instance, the Italian and Chinese strains can be distinguished on the basis of genetics, but the disease remains about as severe.
8. I know it's very hard to tell right now, but are there any signs that this could become a seasonal illness? Possible. Again unknown
9. can anyone wearing mask that coughs transfer the virus? Possible, but mask makes it less likely
10. How about transferring the virus to your pets? This has not been seen as a problem. One report of an infected lion, but otherwise no data suggesting pets can be infected or that they can infect people
11. Is there a difference between a study saying there is positive SARS-CoV-2 RNA in fecal samples and a claim that this can be transferred (at least short-term) through fecal-oral routes? Uncertain.
12. How true is it, that you carry it on soles of shoes and contaminate home and how? Unlikely.
13. Would getting a pneumonia vaccination reduce the chance of secondary pneumonia if infected with this coronavirus? Sure, but pneumococcal pneumonia is unlikely. More likely another bacterium for which we have no vaccine
14. Should we be concerned about people working in food industry? My husband will ABSOLUTELY not go eat even through drive-thru? Should we avoid takeout and drive thrus right now to be safest? There is no evidence drive through has transferred the infection.
15. Is it possible for the virus to ever really stop being a pandemic? Even if one person still has it, won't it just spread all over again? This is the fear, and this is what may happen

**Testing:**

1. In terms of testing kits, is there a specific standard one or are there several different kits with differing accuracies? There are now several tests, most of which work, but in very short supply
2. How is "case" defined? Is it simply a positive test result? Yes, as far as the numbers you see. So these numbers miss all the people not tested.
3. If a sample only survives for one day, how are samples tested that are sent taking more than one day. The sample is placed in a medium which preserves it.
4. Why are tests valid for only one day? Because a negative person could get infected the very next day or later,
5. We have seen that some of the patients who have been infected, and tested negative, have then retested positive. What are your thoughts on this? The test has a false negative rate, so this can be technical,
6. Is there a way to find out if you have already had the virus without knowing it to be certain without a test but having been ill with symptoms unable or afraid to go to the hospital? Yes, there are new tests that can do this but again, very short suppl.
7. With the fear of false negatives when would you advise someone to go get tested? Once exposed to possible case, when having some symptoms? If someone has symptoms, they should assume they are positive and quarantine themselves strictly
8. Do test kits only test active infection or can they show those who have had it and recovered? There are two kinds of kits. One is the PCR test which detects the virus itself which is the one now used. The other is in development and can identify people who have recovered who no longer have the virus,

**Other:**

1. Is the 50-80% asymptomatic proportion based on a model projection? Is there data for that in other countries that have seen their rise and fall like South Korea? Numbers have varied depending on the data obtained. Only in Iceland did they test everyone and found 50% asymptomatic.
2. How should families be handling family members who are working in hospitals or testing sites? Would you explain what temperature checks at hospitals are determining if 50% are asymptomatic? Asymptomatic people do not have a temperature. Family of hospital workers have special problems and need to be especially vigilant.
3. Is it true that children are at lower risk of dying from this than elderly people? At present this looks to be the case, but a few have died.
4. There are reports of the wet markets being open in China (Wuhan), can any organization international organization enforce closure of the market? This is a tough political issue, but is being addressed.
5. How does the coronavirus affect people with Type 1 Diabetes? All patients with diabetes are at particular risk.
6. There are some reports on low % of T cells in patients with severe disease. Do you have any hypothesis of what could be driving lymphopenia in these patients? No. Clearly a disorganized ineffective immune response is doing a lot of the damage in severely ill patients.
7. What do you feel is going to need to happen for shelter in place to be lifted? Seems like six months of shelter is more likely than a month. Correct. Depends on how effectively the shelter in place is enforced.
8. Is the 6 feet standard for social distancing enough? Recently in the news, an MIT researcher said exhalations, such as coughs and sneezes, that cause "gaseous clouds" that can travel up to 27 feet. Possible, but for now the 6 feet is good.
9. Can you talk more about the risk for pregnant women and their babies? Very little is known
10. There have been conspiracy theories about this virus being manmade (biologic weapon) which is leading to discrimination and even violence among Chinese origin people. Please explain how recent studies have determined that this is a naturally occurring virus. Science clearly shows this is an animal virus, and there is no evidence of any other source. Shunning Chinese origin people is a disgraceful reaction.
11. What are the impacts of COVID-19 on organ and tissue donation/transplantation? No data as yet.
12. Does the virus cause fibrosis lungs scars? We think it may. We will only find out later on.
13. You mentioned that the first case in Italy presented with "atypical pneumonia." What was "atypical" about it? Atypical pneumonia usually means a viral pneumonia, which differs in X-ray appearance from a bacterial pneumonia
14. Is there a natural carrier state of SARS-COV-2 in asymptomatic persons? Probably not
15. During the outbreak in China, Dr.'s credited flattening the curve with quickly isolating people who tested positive and completing contract tracing to identify those who had been exposed. My question is, in the Austin area, where are those testing positive being sent? Secondly, is contract tracing occurring in Austin? If not, why? This has so far only been effective with authoritarian regimes. Our democratic populations are difficult to control.
16. There are some hospitals that are still attempting to provide non-essential ambulatory services to patients in COVID-19 hospitals, such as speech therapy and physical therapy. What would be your advice to those leaders who are still encouraging their staff to come in to provide these services without the necessary PPE? Most providers have stopped seeing non-essential cases. Telemedicine is replacing a lot of outpatient visits.
17. Are people with seasonal allergies considered a vulnerable population? Probably only if they have actual asthma.
18. Do you suggest we test 100% of people in US? When could that happen? This would be the ideal situation—that way we would know where the virus is.
19. Any information about vitamin D deficiency and morbidity/mortality. None at present
20. What are your projections on how long social distancing will be necessary? Wondering if there are predictions on how long this pandemic will continue. Probably longer than we would like if it is to be effective.
21. We are aware of the danger this virus is to the elderly population, is there currently any data to suggest that there is a racial demographic that is at greater risk of succumbing to COVID-19 as well, particularly African Americans who are at highest risk for diabetes and cardiovascular disease. Are we seeing a trend? Not yet, but mortality has been higher in some populations than other. This probably relates to pre-existing conditions such as diabetes, hypertension and other diseases. Smoking is the biggest risk factor.
22. Should employers be required to notify staff if someone is tested for COVID-19 or if someone tested positive? Without identification of person, of course. Seems reasonable, but staff need to be notified of risk anyway,
23. Are Lupus patients more susceptible to COVID 19? Will there be clinical trials on the impact of COVID 19 to specific patients with rare diseases? Immunosuppression is a risk so Yes.