

Coronavirus: Ten Reasons Why You Ought to Not Panic

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Regardless of whether we classify the new Coronavirus as a pandemic, it is a serious issue. In less than two months, it has spread over several continents. Pandemic means sustained and continuous transmission of the disease, simultaneously in more than three different geographical regions. Pandemic does not refer to the lethality of a virus but to its transmissibility and geographical extension.

What we certainly have is a pandemic of fear. The entire planet's media is gripped by Coronavirus. It is right that there is deep concern and mass planning for worst case scenarios. And, of course, the repercussions move from the global health sphere into business and politics.

But it is also right that we must not panic. It would be wrong to say there is good news coming out of COVID-19, but there are causes for optimism; reasons to think there may be ways to contain and defeat the virus. And lessons to learn for the future.

1. We know what it is: The first cases of AIDS were described in June 1981 and it took more than two years to identify the virus (HIV) causing the disease. With COVID-19, the first cases of severe pneumonia were reported in China on December 31, 2019 and by January 7 the virus had already been identified. The genome was available on day 10.

We already know that it is a new Coronavirus from group 2B, of the same family as SARS, which we have called SARSCoV2. The disease is called COVID-19. It is thought to be related to Coronavirus from bats. Genetic analyses have confirmed it has a recent natural origin (between the end of November and the beginning of December) and that, although viruses live by mutating, its mutation rate may not be very high.

2. We know how to detect the virus: Since January 13, a test to detect the virus has been available.
3. The situation is improving in China The strong control and isolation measures imposed by China are paying off. For several weeks now, the number of cases diagnosed every day is decreasing. A very detailed epidemiological follow-up is being carried out in other countries; outbreaks are very specific to areas, which can allow them to be controlled more easily.
4. 80% of cases are mild: The disease causes no symptoms or is mild in 81% of cases. Of course, in 14% it can cause severe pneumonia and in 5% it can become critical or even fatal. It is still unclear what the death rate may be. But it could be lower than some estimates so far.
5. People recover: Much of the reported data relates to the increase in the number of confirmed cases and the number of deaths, but most infected people are cured. There are 13 times more cured cases than deaths, and that proportion is increasing.
6. Symptoms appear mild in children: Only 3% of cases occur in people under 20, and mortality under 40 is only 0.2%. Symptoms are so mild in children it can go unnoticed.
7. The virus can be wiped clean: The virus can be effectively inactivated from surfaces with a solution of ethanol (62-71% alcohol), hydrogen peroxide (0.5% hydrogen peroxide) or sodium hypochlorite (0.1% bleach), in just one minute. Frequent hand washing with soap and water is the most effective way to avoid contagion.

8. Science is on it, globally It is the age of international science cooperation. After just over a month, 164 articles could be accessed in PubMed on COVID19 or SARSCov2, as well as many others available in repositories of articles not yet reviewed. They are preliminary works on vaccines, treatments, epidemiology, genetics and phylogeny, diagnosis, clinical aspects, etc.

These articles were written by some 700 authors, distributed throughout the planet. It is cooperative science, shared and open. In 2003, with the SARS epidemic, it took more than a year to reach less than half that number of articles. In addition, most scientific journals have left their publications as open access on the subject of Coronaviruses.

9. There are already vaccine prototypes: Our ability to design new vaccines is spectacular. There are already more than eight projects underway seeking a vaccine against the new Coronavirus. There are groups that work on vaccination projects against similar viruses.

The vaccine group of the University of Queensland, in Australia, has announced it is already working on a prototype using the technique called “molecular clamp”, a novel technology. This is just one example that could allow vaccine production in record time. Prototypes may soon be tested on humans.

10. Antiviral trials are underway: Vaccines are preventive. Right now, the treatment of people who are already sick is important. There are already more than 80 clinical trials analyzing Coronavirus treatments. These are antivirals that have been used for other infections, which are already approved and that we know are safe. One of those that has already been tested in humans is remdesivir, a broad-spectrum antiviral still under study, which has been tested against Ebola and SARS/MERS.

Another candidate is chloroquine, an antimalarial that has also been seen to have potent antiviral activity. It is known that chloroquine blocks viral infection by increasing the pH of the endosome, which is needed for the fusion of the virus with the cell, thus inhibiting its entry. It has been demonstrated that this compound blocks the new Coronavirus in vitro and it is already being used in patients with Coronavirus pneumonia.

Other proposed trials are based on the use of oseltamivir (which is used against the influenza virus), interferon-1b (protein with antiviral function), antisera from people who recovered or monoclonal antibodies to neutralize the virus. New therapies have been proposed with inhibitory substances, such as baricitinibine, selected by artificial intelligence.

The 1918 flu pandemic caused more than 25 million deaths in less than 25 weeks. Could something similar happen now? Probably not, we have never been better prepared to fight a pandemic.

Stay calm, practice good hygiene techniques and don't give in to fear and panic.

Information below from New Focus HR: COVID-19 (Coronavirus) and Employers

Over the last several weeks the media, professional organizations, federal agencies, legal firms, you name it, have been commenting on the spread of COVID-19, a disease caused by the novel coronavirus. According to the Centers for Disease Control and Prevention (CDC), much is unknown

about how the virus that causes COVID-19 spreads. However, in all workplaces where the exposure to COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting workers, visitors, and others at the worksite.

While there is still limited evidence of the widespread transmission of COVID-19 in the United States, as the cases are fairly limited per total capita of people, the thought is that most American workers are not at a significant risk of infection. As of March 4, 2020, the CDC is reporting that the immediate health risk from COVID -19 is considered low in the United States, however they also state that the virus is likely to spread. According to the United States Department of Labor – Occupational Safety and Health Administration (OSHA), the potential risk may be elevated for some workers who interact in the following areas:

- Healthcare
- Death Care
- Laboratories
- Airline Operations
- Border Protection
- Solid Waste and Wastewater Management
- Those who travel overseas to areas, including parts of China, Iran, South Korea, Italy, and Japan (for those with chronic medical conditions)

While the risk may be considered higher for those individuals working in the above areas, workers in operations where there is no specific exposure should remain aware of the evolving outbreak situation. Employers should inform workers that management is aware of and closely monitoring the COVID-19 outbreak. They should encourage workers to report if they have recently traveled overseas or been exposed in a known infected area or to someone who was recently in a known infected area. Some of the symptoms of someone who has been exposed to COVID-19 include: acute respiratory symptoms, such as a fever, a cough, or difficulty breathing.

So, what should employers do to help prevent the virus from spreading throughout their workplaces? For all non-healthcare workers (healthcare employers may have more stringent guidelines), regardless of their specific risks, employers may want to implement and encourage their employees to follow these guidelines:

- ❖ **Hand Washing** – The CDC has emphasized that hand washing is one of the most important steps to avoiding the spread of germs. Washing hands with soap and water, vigorous rubbing together front and back for 20 seconds, or using an alcohol-based hand sanitizer and hands until they are dry when soap and water is not available are the best preventions.

Employees should be encouraged to wash their hands:

- After using the bathroom
- Before, during and after food preparation
- Before eating food
- After blowing their nose, coughing or sneezing
- After caring for someone who is ill or after changing a diaper
- After handling pets or other animals or their food and waste
- After touching garbage

- ❖ **Touching the Face to Include Eyes, Nose and Mouth** – Germs need an entry point, and the average person touches some part of their face every three to four minutes, so employees should be encouraged to avoid touching their face with unwashed hands.
- ❖ **Cover Coughs or Sneezes** – Employees should be encouraged to cover their coughs or sneezes with tissues and then discard the tissues in the trash, or cough or sneeze into the elbow area of their arm and then follow-up with hand washing.
- ❖ **Frequently Clean Shared Surfaces, Equipment and Workstations** – As germs travel quickly when multiple hands are touching shared surfaces, both employers and employees should use disinfectants to clean commonly touched items such as doorknobs, faucet handles, copy machines, fax machines, coffee pots, desktops, counters, handrails, keyboards, elevator buttons, etc.
- ❖ **Allow Employees to Stay Home when they are Sick** – When an employee is ill or feeling ill, allow them to stay home and get plenty of rest and check in with a health care provider as needed. Encourage the employee to utilize their paid time off or provide them with unpaid time off, as needed. Employers should follow the Fair Labor Standards Act (FLSA) or state-mandated laws when encouraging employees to use their paid time off or when providing unpaid time off.
- ❖ **Video or Teleconferencing** – Replace normal in-person meetings with video or teleconferencing, so as not to spread germs in close areas.
- ❖ **Allow Employees to Work from Home** – If an employee is feeling ill, or may have been exposed to a virus, allow them to work from home, if possible, in order to limit exposure to others. There may be cases where an employee working from home is not possible and the employee may need to use his or her available paid time off to cover the missed time or the employer may give the employee unpaid time off. Again, employers should follow the Fair Labor Standards Act (FLSA) or state-mandated laws when encouraging employees to use their paid time off or when providing unpaid time off.
- ❖ **Limit Business Travel to Countries Where the Virus is Spreading** – Check the CDC website daily for those areas where travel is restricted or not recommended due to the spread of COVID-19.

Employers are encouraged to keep soap dispensers full, hand sanitizers available to all workers in all common locations, and cleaning solutions available to cleaning personnel so that all areas are kept clean and disinfected daily. However, more importantly this may be the time for employers to remain flexible with employees who have either become ill, have a family member or relative who is ill, and or those who have been exposed to COVID-19. While the novel Coronavirus has been known to cause death, it may be prevented if caught and isolated early. All employers are encouraged to proceed with caution yet refer to the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov>) to gain more information as needed.