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FIP HEALTH ADVISORY

COVID-19:
FREQUENTLY ASKED QUESTIONS
AND MYTH BUSTING

INTERNATIONAL PHARMACEUTICAL FEDERATION

COVID-19:

FREQUENTLY ASKED QUESTIONS AND MYTH BUSTING

FIP will update this interim guidance as more information becomes available.

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Purpose of this document

Since December 2019, an outbreak of a new human coronavirus has spread to many countries and caused thousands of cases and deaths. COVID-19 is the disease caused by the new virus SARS-CoV-2. Most people who are infected get mild respiratory symptoms that will disappear on their own, but some people develop more severe illness, like pneumonia. The virus is transmitted through contact with an infected person or via respiratory droplets when an infected person coughs or sneezes. There is a higher risk of infection if you have been in an area where the virus is spreading, or if you have been in close contact with a person infected with the new coronavirus. There is also a higher risk if you suffer from comorbidities already.

The purpose of this document is to provide relevant information and guidelines on coronavirus outbreaks – and in particular the novel coronavirus SARS-CoV-2 and the diseases it produces, COVID-19 – for pharmacists and the pharmacy workforce, both in a primary care context (i.e. community pharmacies and primary healthcare facilities) and in hospital settings, , and offer a set of references that may be consulted for more information.

Coronavirus infections can be prevented and an outbreak can be stopped through the active engagement of decision-makers, healthcare professionals, the media and the community. This was demonstrated in previous coronavirus outbreaks such as in 2003 with SARS-CoV (Severe Acute Respiratory Syndrome Coronavirus) or in 2012 with MERS-CoV (Middle East Respiratory Syndrome Coronavirus). This document aims to assist pharmacists and the pharmacy workforce in preventing the spread of the disease and contributing to its efficient management in the healthcare system.

Answers to frequent questions from the public and patients

What is a novel coronavirus?

A novel coronavirus is one that has not been previously identified. The SARS-CoV-2 is not that same as the [coronaviruses that commonly circulate among humans](#) and cause mild illness, like the common cold. A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a SARS-CoV-2 diagnosis. These are different viruses and patients with SARS-CoV-2 will be evaluated and cared for differently than patients with common coronavirus diagnosis. (Centers for Disease Control and Prevention, 2020)

What is the source of SARS-CoV-2?

Public health officials and partners are working hard to identify the source of the SARS-CoV-2. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Analysis of the genetic tree of this virus is ongoing to determine the specific source of the virus and bats have been suspected due to the high resemblance between this virus and other coronaviruses commonly found in certain bat species. Severe Acute Respiratory Syndrome (SARS), another coronavirus that emerged to infect people, came from civet cats, whereas Middle East Respiratory Syndrome (MERS) came from camels. (Centers for Disease Control and Prevention, 2020)

How does the virus spread?

This virus probably originally emerged from an animal source but now it is spreading from person to person. Most often, spread from person to person happens among close contacts (about 6 feet/1.8 metres) and mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths, noses or eyes of people who are nearby or possibly be inhaled into the lungs. Infection can also occur if a person touches an infected surface and then touches his or her eyes, nose, or mouth.

Can COVID-19 be caught from a person showing no symptoms?

Transmission of SARS-CoV-2 from asymptomatic individuals (or individuals within the incubation period) has been described. However, the extent to which this occurs remains unknown. Large-scale serologic screening may be able to provide a better sense of the scope of asymptomatic infections and inform epidemiologic analysis. (McIntosh, UpToDate Coronavirus disease 2019 (COVID-19): Transmission, 2020)

Can a pregnant woman transmit the virus to the fetus?

Minimal information is available regarding COVID-19 during pregnancy. Intrauterine or perinatal transmission has not been identified. In two reports including a total of 18 pregnant women with suspected or confirmed COVID-19 pneumonia, there was no laboratory evidence of transmission of the virus to the neonate. However, two neonatal cases of infection have been documented. In one case, the diagnosis was made at day 17 of life after close contact with the infant's mother and a maternity matron who were both infected with the virus. The other case was diagnosed 36 hours after birth; the source and time of transmission in that case were unclear. (McIntosh, Coronavirus disease 2019 (COVID-19) - Special situation: Pregnant women, 2020)

Can the virus be transmitted from mother to child via breastfeeding?

In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however it is not known whether mothers with COVID-19 can transmit the virus via breast milk. Breast milk provides protection against many illnesses. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. CDC has no specific guidance for breastfeeding during infection with similar viruses like SARS-CoV or Middle Eastern Respiratory Syndrome (MERS-CoV) also both coronaviruses. In a similar situation to COVID-19, the CDC recommends that a mother with flu continue breastfeeding or feeding expressed breast milk to her infant while taking precautions to avoid spreading the virus to her infant. Given low rates of transmission of respiratory viruses through breast milk, the World Health Organization states that mothers with COVID-19 can breastfeed. (Academy of Breastfeeding Medicine, 2020)

Is SARS-CoV-2 the same as the MERS-CoV or SARS virus?

No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged SARS-CoV-2 is not the same as the coronaviruses that cause MERS or SARS. However, genetic analyses suggest it emerged from a virus related to the one that caused SARS. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.
(Centers for Disease Control and Prevention, 2020)

I have fever and cough. Could it be the novel coronavirus?

If you have been in close contact with a confirmed case of COVID-19, it could be, and you may need to be followed up and tested. The symptoms of COVID-19 are not specific to this disease and can be quite similar to those of seasonal influenza or other conditions. However, if you experience any of the symptoms, you are advised to self-isolate at home and follow the directions of your national health authorities. If you are older than 65 years of age or have other conditions such as cardiovascular diseases, diabetes, chronic respiratory diseases, cancer or other conditions (congenital or acquired) that might compromise your immune response, you may be higher risk of developing more severe forms of the diseases, and it is advisable to seek appropriate medical care.

What can I do to protect myself from infection?

Usual hygiene measures to prevent infections spreading should be followed: regular hand washing, covering the mouth and nose when coughing and sneezing into a flexed elbow or a disposable paper tissue, and thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
(Royal Pharmaceutical Society, 2020)

Are there any specific medicines to prevent or treat COVID-19?

To date, there is no specific medicine recommended to prevent or treat COVID-19. However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimised supportive care. Some specific treatments are under investigation and will be tested through clinical trials. The WHO is helping to accelerate research and development efforts with a range of partners. (World Health Organization, 2020)

The following measures are not specifically recommended as COVID-19 remedies because they are not effective to protect yourself and can be even harmful:

- Taking vitamin C;
- Drinking traditional herbal teas;
- Wearing multiple masks to maximise protection;
- Self-medication with medicines such as antibiotics;
- Alternative medicine without appropriate evidence of effectiveness.

In any case, if you have fever, cough and difficulty breathing seek medical care early to reduce the risk of developing a more severe infection and be sure to share your recent travel history with your healthcare provider.

Do vaccines against pneumonia protect you against COVID-19?

No. Vaccines against pneumonia, such as pneumococcal vaccine (PV) and Haemophilus influenza type B (Hib) vaccine, do not provide protection against COVID-19. The virus is so new and different that it needs its own vaccine. Researchers are trying to develop one and the WHO is supporting their efforts. Although PV and Hib are not effective against COVID-19, vaccination against respiratory illnesses is highly recommended to protect your health. (World Health Organization, 2020)

Are antibiotics effective in treating COVID-19?

No, antibiotics do not work against viruses; they only work on bacterial infections. COVID-19 is caused by a virus and, therefore, antibiotics should not be used as a means of prevention or treatment. However, if you are hospitalised with COVID-19, you may receive antibiotics because bacterial co-infection is possible. (World Health Organization, 2020)

Should the treatment with ACEi or ARBs be discontinued due to an increased risk of COVID-19 severity?

There is no evidence to support the assertion and that treatment with ACE inhibitors (ACEi) or angiotensin receptor blockers (ARB) could predispose individuals to adverse outcomes should they become infected with COVID-19. Various scientific and professional societies have stated that patients should continue treatment with ACEi and ARB unless specifically advised to stop by their medical team. (British Cardiovascular Society and British Society for Heart Failure, 2020)

Is it safe to use NSAIs medicines including ibuprofen to manage fever and pain in COVID-19 patients?

There is currently no conclusive evidence to establish a direct association between the use of non-steroidal anti-inflammatory medications (including ibuprofen) and increased risk of infection or severity of disease. (European Medicines Agency, 2020)

Could the virus mutate before any treatment or vaccines are developed?

Yes. In fact, the virus seems to have mutated already, leading to at least two different strains. Population genetic analyses of 103 SARS-CoV-2 genomes indicated that these viruses evolved into two major types (designated L and S). Although the L type (~70%) is more prevalent than the S type (~30%), the S type was found to be the ancestral version. (Xiaolu Tang, 2020)

While both types play a part in the current outbreak, the higher prevalence of the “L-type” suggests that it is more aggressive. However, it is important to keep in mind that viruses mutate all the time and that not all mutations are indicative of increased disease severity or transmission rates. In fact, differences between the two types of the novel coronavirus are so small that researchers are reluctant to even classify them as separate “strains”. Given that multiple groups around the world are working on a vaccine, knowing the exact number of strains (or types) of the virus is crucial because, in order to be effective, the eventual vaccine will have to target features present in all known strains (or types). Luckily, many of the identified genetic differences are unlikely to affect the production of proteins, meaning there should not be significant changes to how the virus operates or the symptoms it causes. (Technology.org, 2020)

Can multivitamins and immuno-boosters help in protecting individuals from the virus?

There is no evidence that any of these strategies will supercharge immunity. While it is true that our physiology requires vitamins and minerals (such as vitamins A, C and zinc) to function normally, higher doses have not been shown to make the system function better.

Every part of the body, including the immune system, functions better when protected from environmental assaults and bolstered by healthy-living strategies such as the following:

- Not smoking;
- Eating a diet high in fruits and vegetables;
- Exercising regularly;
- Maintaining a healthy weight;
- Avoiding drinking alcohol, or drinking only in moderation;
- Getting adequate sleep;
- Taking steps to avoid infection, such as washing hands frequently and cooking meats thoroughly;
- Trying to minimise stress. (Harvard Medical School, 2014)

Can people who recover from COVID-19 be infected again?

The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19. (Centers for Disease Control and Prevention, 2020)

Will COVID-19 go away on its own in warmer weather?

For the novel coronavirus SARS-CoV-2, there is reason to expect that, like other betacoronaviruses, it may transmit somewhat more efficiently in winter than summer, although the mechanism(s) responsible are unknown. The size of the change is expected to be modest, and not enough to stop transmission on its own. Based on the analogy of pandemic flu, it is expected that SARS-CoV-2, as a virus new to humans, will face less immunity and thus transmit more readily even outside the winter season. Changing seasons and school vacation may help, but are unlikely to stop transmission. Urgent for effective policy is to determine if children are important transmitters, in which case school closures may help slow transmission, or not, in which case resources would be wasted in such closures. (Lipsitch, 2020)

Is it safe to receive a letter or a package from any area where COVID-19 has been reported?

Can COVID-19 be transmitted via mosquito bites?

Are medical masks effective in protecting me from infection?

Is wearing rubber/latex gloves while out in public effective in preventing the new coronavirus infection?

Why do some infected patients show negative results on testing kits?

I have been to an affected area and I have diarrhoea. Could it be COVID-19?

Can pets at home spread COVID-19?

Yes. The likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, travelled, and exposed to different conditions and temperature is also low. (World Health Organization, 2020)

No. COVID-19 is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. There is so far no evidence that it could be transmitted by mosquitos. (World Health Organization, 2020)

Wearing a medical mask is one of the prevention measures to limit spread of certain respiratory diseases, including COVID-19, in affected areas. However, the use of a mask alone is insufficient to provide the adequate level of protection and other equally relevant measures should be adopted, including adequate hand hygiene and other infection control and prevention measures. (World Health Organization, 2020)

No. Regularly washing your bare hands offers more protection against catching COVID-19 than wearing rubber gloves. You can still pick up COVID-19 contamination on rubber gloves. If you then touch your face (mouth, nose or eyes), the contamination may infect you. (World Health Organization, 2020).

Because some kits are not as sensitive as others, and because depending on how long and how much people are COVID-19 infected, the diagnostic techniques, all based on either polymerase chain reaction (PCR) or reverse transcription polymerase chain reaction (RT-PCR) targeting different parts of the viral genome, are not equivalent.

The most common symptoms of COVID-19 are fever, cough and shortness of breath. The disease may also occur with other mild symptoms only, including: low-grade fever, cough, malaise, rhinorrhoea, sore throat without any warning signs, such as shortness of breath or difficulty in breathing, increased respiratory secretions (i.e. sputum or haemoptysis), gastrointestinal symptoms such as nausea, vomiting, and/or diarrhoea and without changes in mental status (i.e. confusion, lethargy). However, if only diarrhoea is present, without any respiratory symptoms, it is unlikely to be COVID-19.

At present, there is no evidence that companion animals/pets such as dogs or cats can be infected with COVID-19. However, it is always a good idea to wash your hands with soap and water after contact with pets. This protects you against various common bacteria such as *E coli* and salmonella that can pass between pets and humans. (World Health Organization, 2020)

I have travelled to one of the countries with a high number of cases of COVID-19. What should I do?

The risk of exposure to COVID-19 is believed to be highest for those people who have travelled to countries or regions with a high number of confirmed cases of COVID-19.

If you have travelled to any of these countries in the past 14 days you should monitor for symptoms, practise social distancing – avoid crowds and small gatherings in enclosed spaces, and keep a distance of 1-2 metres between yourself and others when out in public.

If you develop symptoms, you must immediately isolate yourself and seek medical care. You should call your doctor, or your local emergency department. Tell the person when you call where you have been. It is important if you have symptoms you should not go to work, school, university, childcare facilities, gyms or public areas, and you should not use public transport, taxis, or ride-sharing services. If you need to seek medical care, wear a surgical mask if available when attending.

How effective are thermal scanners in detecting people infected with the new coronavirus?

Thermal scanners are effective in detecting people who have developed a fever (i.e. have a higher than normal body temperature) because of infection with the new coronavirus. However, they cannot detect people who are infected but are not yet sick with fever. This is because it takes between 2 and 10 days before people who are infected become sick and develop a fever. (World Health Organization, 2020)

Myth busting

COVID-19 only affects old people or people with pre-existing diseases

People of all ages can be infected with SARS-CoV-2 and develop COVID-19. Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus. The WHO advises people of all ages to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene. (World Health Organization, 2020)

Contact with people from the affected countries should be avoided until we know more about the disease

Close contact with any person who has been in contact with confirmed cases of COVID-19 in the previous 14 days should be avoided, regardless of their nationality.

This virus was developed in a laboratory

Scientists from multiple countries have published and analysed genomes of the causative agent, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and they overwhelmingly conclude that this coronavirus originated in wildlife, as have so many other emerging pathogens. Conspiracy theories do nothing but create fear, rumours, and prejudice that jeopardise global collaboration in the fight against this virus. (Charles Calisher, 2020)

Specifically, genomic studies strongly suggest that the novel coronavirus that causes Covid-19 originated in bats, with no concrete evidence supporting the idea that it was created in a laboratory. (Gregory, 2020) (Begley, 2020) (Shan-Lu Liu, 2020)

Eating garlic can help prevent COVID-19

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from COVID-19.

The smoke and gas from fireworks and firecrackers prevent COVID-19

No. Breathing in the smoke and gas from a firework or firecracker is dangerous and does not kill COVID-19.

Spraying alcohol or chlorine all over your body can kill the new coronavirus

No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to clothes or mucous membranes (i.e., eyes, mouth). Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used under appropriate recommendations. (World Health Organization, 2020)

Applying sesame oil blocks COVID-19 from entering the body

No. Sesame oil does not kill SARS-CoV-2. There are some chemical disinfectants that can kill SARS-CoV-2 on surfaces. These include bleach/chlorine-based disinfectants, ether solvents, 75% ethanol, peracetic acid and chloroform. However, they have little or no impact on the virus if you put them on the skin or under your nose. It can even be dangerous to put these chemicals on your skin.

Drinking anise seeds infusion can help prevent infection with COVID-19

Anise seeds infusion is a drink that may have some hydrating properties. However, there is no evidence from the current outbreak that drinking anise seeds infusion has protected people from COVID-19.

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Validity

This document was initially prepared based on commonly accepted evidence as of 5 February 2020. It was updated with regards to the nomenclature of the virus and the disease on 12 February 2020, and updated again on 26 March 2020 according to newly available evidence.

Disclaimer

This document is based on the available evidence and the recommendations of reputable organisations such as the World Health Organization, the United States and the European Centres for Disease Control and Prevention, and others, as cited at the time of publishing. The available knowledge about COVID-19 is rapidly changing and such recommendations may change accordingly. Although FIP will strive to keep these guidelines up-to-date, we recommend consulting the websites of these organisations and any newly available evidence for the most recent updates.

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