**FAQ from Lahey FB live**

We promised a transcript. Hours later, we are breaking that promise. Editing the full transcript was a pain, and even then the result is a mess. Instead, here’s a short, hopefully-intelligible FAQ.

First, thank you to Jess Lahey, who thought this up and did all the social media and heavy tech lifting. Thank you to MomsRising, EverydayHealth, Mom2.0 and Grown & Flown for spreading the word. Thanks to all of you for your hundreds of questions, not to mention the 100k+ of you who watched. Thank you.

Let us know if you want another update in the future.

Tim Lahey

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**Who exactly is this Tim Lahey – should you trust what he says here?**

Hi. I’m a practicing infectious diseases doctor and professor of medicine at the University of Vermont’s Larner School of Medicine and the University of Vermont Medical Center. For ten years, I worked as an NIH-funded vaccine immunologist and epidemiologist and now I direct the ethics program at the University of Vermont Medical Center. Here’s a [link](http://medmurmurs.com/about) if you want more info, including links to my stories for *The New York Times* and beyond.

Let’s do this.

**Is this all just “the media” overreacting?**

Nope. This is for real. The media are out there doing incredible work, getting the word out about important news every day. Don’t believe propagandists who would have you think otherwise.

Thousands of deaths, with COVID-19 death rates rising in multiple cities simultaneously is a big deal. People who say otherwise are self-comforting in understandable but ultimately counterproductive ways.

At the same time this is scary, we are also seeing a global mobilization of incredible resources and ingenuity and technology. Health care is changing at breakneck speed. Inspiring acts of heroism, innovation and just plain old hard work are saving lives. We will get through this, and we will feel proud of how we stood up to the greatest threat to civilization in more than a hundred years.

Thinking about all of the political polarization that has beset our country for the past few years, this has been a great way for us to circle the wagons, get over our differences, and engage the call to action. We will prevail.

**Does it really make sense for the world to go on the longest staycation in history?**

It does. Here’s why:

We expect most of us will get infected, eventually, and there’s nothing we can do about it. Most of us will be fine. BUT, 20% get really sick and need hospitalization. That’s a lot of people needing hospitalization, and if they all show up at once our hospitals can’t handle it.

Flattening the curve means slowing down spread of the epidemic, so that sick people get sick over a long period of time, and show up less in hospitals, which in turn get less overwhelmed, and save more lives.

Put another way, staying home, and slowing the spread of COVID-19, saves lives.

**How long is The Global Staycation going to last?**

At least two months, according to the epidemic curve in China. We’ll see though – it’s early days.

**Are there additional ways I can protect myself?**

Beyond staying home – “physical distancing” – you can wash your hands. Especially before you eat or after touching potentially contaminated (e.g. public, high use) surfaces that could be contaminated.

**Should I irradiate food from the grocery store and then do a rain dance before eating it?**

Probably.

Not.

You should wash your food from the store. And wash your hands before preparing it. Food is just as easily contaminated as other stuff, so reasonable to take precautions – but no reason to go overboard.

Importantly, people who get COVID-19, as far as we know, get it via being around other people or touching stuff (then touching their faces). The early epidemic data doesn’t suggest food is a big part of transmission.

**Should I worry about Amazon.com boxes?**

Not particularly. It’s a publicly-touched surface so wash your hands between touching it and eating or touching your face. Don’t touch your face any more than you can avoid it (and hopefully less than I did during this FB/IG live.)

**Are there ways to “boost my immunity” like with vitamins or some drug I heard about on the internet?**

There’s no such thing as “boosting” your immunity. If somebody tells you they know how, either from COVID-19 or basically anything (other than like treating HIV or other medical causes of immunodeficiency), keep your hand on your wallet and look for the door.

What should you do? Sleep well. Eat well. Meditate slash chill out. The rest is malarkey.

**I heard hydroxychloroquine is a wonder drug – like from imminent scientists and physicians Elon Musk and the President of the United States. Should I get on that magic stuff and maybe (especially if I’m a senator) buy some stock too?**

The hype about hydroxychloroquine is unfortunate. It’s unproven, and the study driving people’s enthusiasm is deeply flawed. (It’s small, not randomized, not placebo-controlled, and they cherrypicked the data in a way that is sure to introduce bias. Epidemiologists think it’s the weakest of sauce.) Much as I respect Elon Musk’s work with electric cars, he should stay in his lane. Don’t believe the hype.

Would I give it a go in a desperately ill patient after clarifying it’s experimental? Probably. But not in any other circumstance and even then with ambivalence.

We’ll see what the real science brings. Until then – don’t believe the hype. Don’t. Don’t believe the hype.

**Should you gargle salt water or something else? Booze maybe?**

No evidence suggests those things help you against COVID-19.

**Should I go out and buy a surgical mask or even the special mask called an “N95”?**

No, absolutely, totally do NOT do this.

Healthcare workers need these for seeing patient after patient after patient. And they’re running out. In part because other people, who don’t need them, are buying them. So don’t.

Plus, wearing a face mask all day – I can tell you from experience – will tempt you to touch your face even more, which brings COVID-19 to your face, which can risk infection.

So, no. Just don’t.

**What about cloth masks?**

We don’t know if those offer the same protection as real masks which have fewer, smaller holes in them. See above about touching your face. This at least isn’t depleting the stores health care workers need.

**Do I need a 5-gallon drum of Purell?**

No.

Save it for patients and health care workers who really need it.

Soap and water is just as good, and not in short supply in the damn hospitals.

**How much of a hermit do I – and my kids! – need to be? (PS they’re driving me crazy!)**

You should physically distance yourself from other people. But if you have to go to the grocery store, go. Avoid crowds. Go outside where it’s well-ventilated. Avoid restaurants. Bars. Playdates. Airplanes. Trains. Beaches. Sporting events. Crowds people! Takeout isn’t as bad as restaurants, but it still links you to another social network so has risk. So, reduce the risk as much as you can knowing your safety and in particular the safety of the medically vulnerable loved ones and neighbors depends on it. (See above about The Staycation that Saves Lives.)

**What if I’m higher risk, or someone I love is?**

Take extra precautions. More handwashing. More physical distancing. Fewer crowds. Avoid sick people. Ask your (their) doctor if it’s safe and tolerable to lower the dose of immunosuppressive drugs.

**What’s the deal with smoking? What about vaping?**

Neither was good for you before COVID-19. Nobody knows if they make COVID-19 risk or disease worse, but there are some hints in the epidemiological and scientific data they might. So, try not to suck nasty things into your lungs.

**Why don’t I need a COVID-19 test? Isn’t the PROBLEM that too few people are being tested?**

The messaging about testing has been confusing. First we need them. Then you don’t. Here’s a clarification.

We need the test to decide whether the sick people who need hospitalization need special infection control precautions. Masks, gowns, gloves, face shields.

By contrast, people who are asymptomatic (don’t get me started on asymptomatic rich basketball players and citizens) or mildly ill (i.e. they can breathe) just don’t need the test. Whatever the result, the advice will be to stay home. Sleep. Eat. Avoid others. Wait.

Also, getting tested worsens the national shortage in testing supplies. Which we need for sick people.

Plus, testing people exposes health care workers, whom we need to save those lives, to COVID-19 so they’re more likely to get sick themselves, and thus not to be working on the day… c.f those lives.

So: unless you need to be hospitalized or are otherwise super high risk, you don’t need that test.

**What are the symptoms and natural history of COVID-19?**

Symptoms arise 5 days on average after exposure.

About 15% of people have no symptoms. For those who are symptomatic, COVID-19 presents like a cold or the flu. We can’t tell from symptoms which infection is. Symptoms include cough, fever, muscle aches, maybe sore throat or the sniffles. Gastrointestinal symptoms occur in some people. If the illness is more severe, shortness of breath can become pronounced. For more info, here’s the [CDC’s website on COVID-19 symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

Eighty percent of people have a mild illness. Most of the remainder need oxygen in the hospital, but around a fourth of them need ICU admission and even mechanical ventilation. Mortality rates have been estimated at 3% although we’ll see what the final number is once we have the full data.

It appears folks experience difficulty breathing 3-5 days into the illness, if that happens, and the full illness lasts approximately 1-2 weeks. People with the illness (or high risk of exposure) should stay quarantined for 2 weeks after they’re better although we don’t really know what the right length of time is.

**What information should you trust about COVID-19?**

I trust the [CDC](https://www.cdc.gov/coronavirus/2019-ncov/index.html), the [World Health Organization](https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd), [*The New York Times*](https://www.nytimes.com/2020/03/21/world/coronavirus-updates-usa-world.html), [The Washington Post](https://www.washingtonpost.com/world/2020/03/21/coronavirus-latest-news/), and my local public health department.

Let us know if you’d like another update in a while!