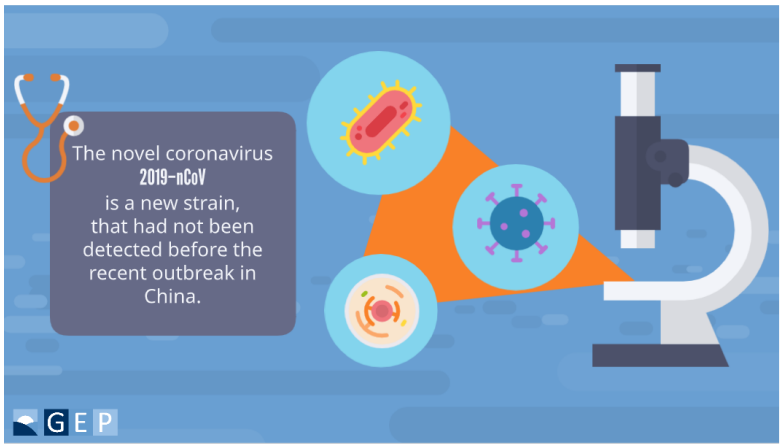
FAQS FOR NEW CORONAVIRUS SARS–COV-2



Last Update 30/03/2020

Prevention

The first line of defense against infections is the careful hand hygiene.

Frequent hands washing with soap and water is therefore recommended. if hands are not visibly dirty, an alcohol solution (e.g. alcohol 70°C) may be used alternatively. At any case, the use of gloves doesn't replace hands washing.

#WECARE

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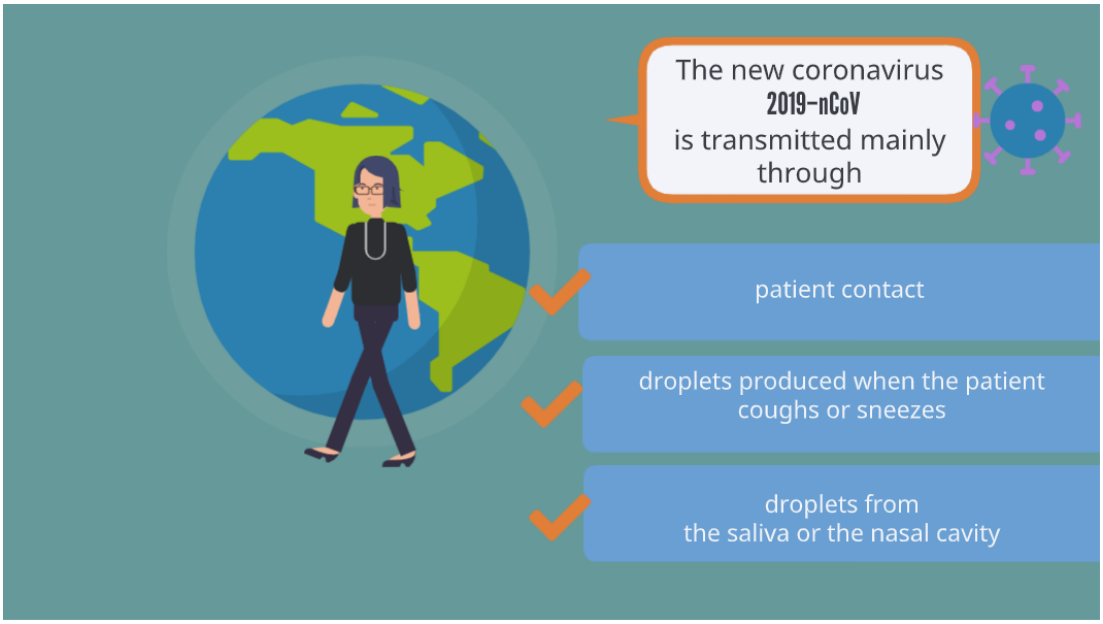
1. What is COVID-19 and SARS–CoV-2?

The new coronavirus-2019 is called SARS-CoV-2, while the disease caused is called COVID-19. The virus was first detected in December 2019 in Wuhan, China, and has up to now spread to more than 200 countries around the world. It is a novel coronavirus strain that had not been previously identified in humans.



2. In which European countries COVID-19 cases have appeared?

According to the ECDC (Situation update worldwide, 30 March 2020) cases have been reported in more than 200 European countries. 1156 cases have been recorded in Greece to date, with contacts being tracked.

3. In which regions of the world there is a spread in the community?

(see link here)

4. When is the virus transmitted?

The virus is transmitted before even symptoms appear. Symptoms may appear in up to 14 days after infection. The virus is also transmitted as long as the symptoms last, such as coughing and sneezing, and 2-3 days after the remission of symptoms, the virus is no longer transmitted.

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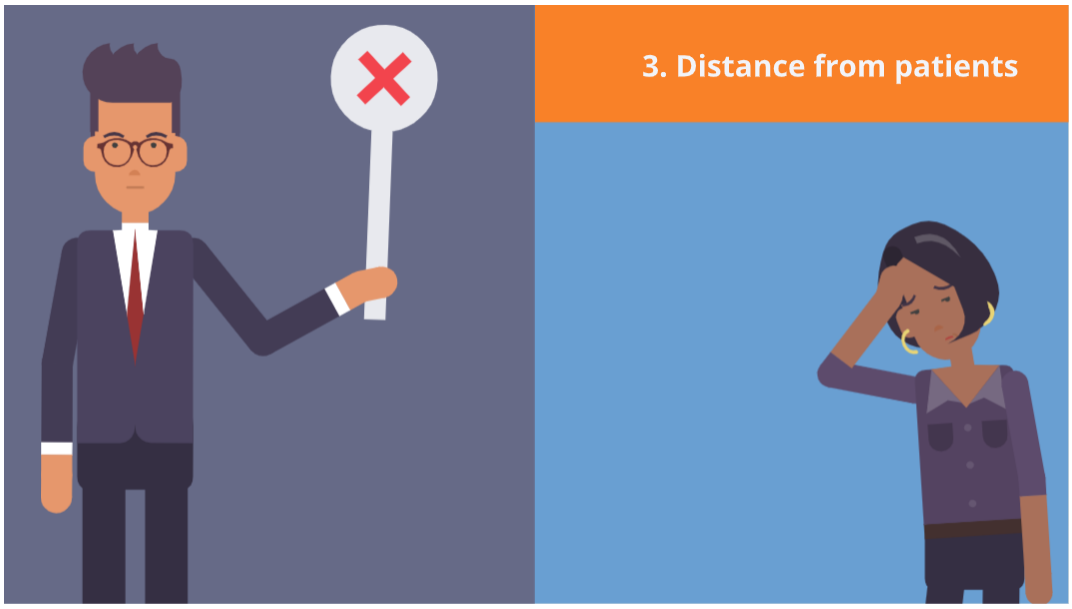
5. What are the symptoms & treatment?

Symptoms do not differ from those of a common respiratory virus infection, which are sore throat, cough, fever, runny nose etc. The duration is 3-5 days followed by auto-healing. No special treatment is needed, rather than dealing with fever and other symptoms.



6. How do we know if a respiratory infection is due to coronavirus?

Coronavirus can be diagnosed by virus detection, with a very specialized technique in specialized laboratories. Currently there are only three laboratories in Greece that can perform this test. The detection of the virus has no practical value because it does not change the treatment, which is common to any respiratory viral infection. The detection of the virus, however, is of interest in monitoring the epidemic, and therefore in taking appropriate measures aimed at limiting the spread of the virus. For this reason, virus search is limited to respiratory infection cases which are highly likely to be due to coronavirus because of previous exposure.

7. How dangerous Coronavirus is?

The virus is easily transmitted, but if someone gets sick, the symptoms are similar to any respiratory infection. They are generally milder than those of the simple flu. It is estimated that 85% of those who are ill will have very mild symptoms, while 10% may be more serious and some will require hospitalization. Mortality is below 2%. This is the mean for the general population and is apparently higher among the elderly or patients with impaired immunity due to chronic illness.

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8. So why are we worried? Why are all these measures taken?

Because we are dealing with a new virus, which although has a mild severity, is very easily transmitted and the population is not immune. So, the risk is that many will get sick at the same time in a very short period. If this happens, which is called a pandemic, malfunctions will occur in critical areas, such as hospitals, transportation, catering, national security etc. This results in side- losses. In addition, low mortality (2%), when morbidity is high, means a high absolute number of losses in a short time. The measures seek to limit the dispersion, so that the evolution of the epidemic can be manageable from the health infrastructure.

9. Who is most at risk?

The elderly, people with heart disease, with diabetes, with lung or liver disease, and patients who have recently undergone chemotherapy, all belong to vulnerable groups and are more likely to develop serious disease.

10. Why is the number of cases increasing so rapidly?

Because the virus is transmitted from person to person and its detection capability has now been improved.

11. Who is considered a suspected case?

Suspected case is considered to be a patient with acute respiratory infection (sudden onset of disease, with at least one of the following symptoms: fever, cough, dyspnea), and at the same time is either a close contact of a probable or confirmed case of infection or has traveled to a SARS-CoV-2 endemic region, based on current epidemiological data.

12. Who is considered a possible case?

A probable case is considered a suspected case, which has been tested for SARS-CoV-2 virus, and the result is either undetermined or positive, but with a laboratory method that generally detects viruses belonging to the coronavirus family and not specific SARS-CoV-2.

13. Who is considered a confirmed case?

Anyone with a laboratory confirmed SARS-CoV-2 infection, regardless of clinical signs and symptoms.

14. When a contact is considered to be close?

Close contact is defined as:

- Person staying in the same home as the patient with SARS-CoV-2 infection
- Person with direct physical contact, such as handshake, with a patient with SARS-CoV-2 infection

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- Face to face contact or stay indoors with a patient with SARS-CoV-2 infection in <2 meters and for> 15 minutes
- Person with not protected contact with infectious secretions of a patient with SARS-CoV-2 infection
- When appropriate personal protection measures have not been applied by a healthcare professional or other person providing immediate care to a patient with SARS-CoV-2 infection or by a laboratory worker handling clinical samples of patients with 2019-nCoV infection.
- A passenger on the same aircraft seated within two rows (in each direction) of the patient with SARS-CoV-2 infection, people traveling together or taking care of the patient and crew members who served the particular aircraft section where the patient was sitting (in case of severe symptoms or movements of the patient on the aircraft, this may result in more extensive exposure, so passengers seated on the same part of the aircraft or even all passengers on the flight may be considered close contacts)

15. What should be done if a person has had close contact with a confirmed case?

The first step is to contact EODY (210-5212054), from which appropriate guidance will be given. You should not visit a health care provider without informing EODY.

16. Can the virus be detected in people who may be infected without showing any symptoms yet?

The detection of the virus requires the virus to have developed in large quantities someone infected. Therefore, even in case someone is infected it is difficult to detect the virus until symptoms appear. At any case, the capabilities of the reference laboratories are not unlimited, so a hierarchy is needed to make the most of them.

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17. When should someone be tested for COVID-19?

If he/she has acute respiratory infection, with or without hospitalization need **AND** at least one of the following epidemiological criteria, within the last 14 days prior to the onset of symptoms:

- Close contact with a possible or confirmed case of infection
- Travel history to affected by SARS-CoV-2 regions based on current epidemiological data

Any suspected case should be immediately tested for SARS-CoV-2. In this case, direct contact with EODY (2105212054) is recommended and a visit to a health facility without prior EODY information should be avoided.

18. Is there a vaccine against COVID-19?

Although several pharmaceutical companies are working on its preparation, there is currently **no** vaccine available for COVID-19.

19. Why mass gatherings are discouraged?

To avoid at this time crowded areas which facilitates virus transmission, the aim is thus to limit the possible spread of the epidemic.

20. Are there any other preventive measures?

Regular and careful hand washing with soap and water or alternatively the use of an antiseptic alcoholic solution (70% alcohol) when the hands are not visibly dirty is the key to preventing infection. In the same context, avoiding contact with the eyes, nose and mouth reduces the risk of infection. Staying home and staying away from work by anyone with respiratory infection symptoms, as well as avoiding close contact, if possible, with anyone with respiratory symptoms such as coughing or sneezing is particularly important, mainly for the protection of persons belonging to vulnerable groups. Finally, in coughing or sneezing, it is necessary to cover the nose and mouth with a tissue or sleeve at the height of the elbow, as well as to dispose the used tissue in the trash cans and to thoroughly wash hands. Disinfecting objects, surfaces and common use areas makes no sense as the virus survives in the environment for 2-3 hours. Good cleanliness is required, for which a dilute solution of bleach or a detergent is sufficient. The objects of a confirmed cases are washed or, if this is not possible, cleaned with a simple antiseptic.

21. What more should vulnerable groups do?

In addition to the mentioned general measures, elderly people as well as persons of any age with chronic underlying illnesses should avoid all unnecessary travelling, especially in areas or countries with a confirmed virus transmission in the community. They should also avoid crowded places and events unless necessary, avoid unnecessary visits to hospitalized patients and health services, as well as adhere to the chronic medication they may receive and the

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instructions of provided by their treating physician. Should any respiratory infection symptoms occur, they should immediately contact their treating physician.

22. What about masks?

The use of a simple surgical mask prevents disease transmission from those who are ill to others. It is therefore used on the patient for non-transmission of the disease and its use is not recommended by the healthy population.

23. When is restriction needed?

Anyone with respiratory infection must self-restricted at home. If symptoms do not subside after 3-4 days, the person should contact his/her doctor.

Avoid going to the hospital in order to prevent the spread of the virus. Anyone who has been in close contact with a confirmed case of coronavirus should also be confined to his/her home. This will contribute to the epidemic decrease. Restricting groups e.g. employees, schools, can be done after the occurrence of the case in the group and after the recommendation of EODY. Likewise, EODY may impose a restriction on areas where the outbreak is on the rise.

24. How should restriction be performed?

For the entire observation period (14 days) the person must stay in a well-ventilated room used only by that person. Caregivers should be restricted, ideally to one person, who does not belong to a high-risk group, that is, they are not elderly and have no chronic illness. Visits are not allowed, and the rest of the family shall be accommodated in a different room and if this is not possible, a distance of at least 2 m from the patient should be maintained. Movements of the individual inside the home should be limited as much as possible and all shared used areas should be well ventilated. Washing hands thoroughly is necessary before and after any contact with the person or the environment (room, objects), before and after food preparation, before eating and after using the toilet (washing with soap and water or using an alcoholic antiseptic, depending on whether the hands are visibly soiled or not). Mouth and nose should always be covered during coughing or sneezing, and careful disposal of the materials used to cover the nose and mouth, if they are not disposable, as well as thorough washing of hands. Avoid direct contact with body fluids, particularly saliva, sputum or other respiratory secretions and faeces with bare hands, as well as contact with potentially contaminated objects such as dishes, cups, cutlery, towels, sheets, that are reused after thorough washing. Surfaces, objects and the toilet should be cleaned daily with a common detergent or soap, rinsed and then disinfected with a 1:10 household bleach solution. Disposable gloves and hand hygiene should be applied.

25. Is it safe to accept mail from China or other virus endemic countries?

Yes, as with influenza virus, there is not a question about virus transmission.

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26. When will the outbreak stop?

The outbreak will evolve until a critical percentage of population immunity develops in the community, that is when the virus encounters people who are already immunized and accordingly the morbidity cannot be further increased. Population immunity can only increase after infection with the virus, since no vaccine is available. The effort is to have a low virus infection rate, that is population immunity, so that consequences are manageable. Obviously weather conditions affect virus transmission. Higher temperatures limit virus transmission and make people more resistant.

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