

COVID-19 Frequently Asked Questions

Based on observations from family clusters in China and case reports elsewhere, it appears that a person is most contagious early in the disease and may be able to transmit the virus prior to the onset of symptoms.

How does the virus spread?

This virus originated in an animal reservoir and was transmitted to humans, with subsequent human-to-human spread. Community spread within the U.S. has occurred. This virus is spread through respiratory droplets produced when an infected person coughs or sneezes. It can also be transmitted on fomites, surfaces infected by a person with the disease. Convincing evidence of airborne transmission (which is distinct from droplet transmission) has not yet emerged with SARS-CoV-2.

What is the spectrum of disease and what is the estimate of mortality associated with COVID-19?

The disease can range from a very mild flu-like illness with upper respiratory symptoms, to severe pneumonia and ARDS. Symptoms generally appear 2-14 days after exposure and include:

- Fever
- Cough
- Shortness of breath

Mortality estimates are currently at 1-2% among groups of patients with clinically evident disease. This is higher than seasonal influenza, but lower than prior coronavirus epidemics. Also, there are likely patients with few or no symptoms who do not get diagnosed with COVID-19, and thus, the true mortality rate may be lower.

What percent of the patients who die from COVID-19 are over 65 or have comorbid illnesses?

Precise data are lacking at this time, but the disease may be more severe in older individuals and especially those with comorbidities. That said, some patients who have died of COVID-19 were apparently otherwise healthy. There is more information available on the websites below.

- [Guan, et al. Clinical Characteristics of Coronavirus Disease 2019 in China](#), N Engl J Med, online February 28, 2020.
- [Fauci, Lane, and Redfield. Covid-19 – Navigating the Uncharted](#), N Engl J Med, online February 28, 2020.
- [WHO Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#).

What is known about the rate and severity of infection in patients with rheumatologic disease, especially those patients taking prednisone, DMARDs, biologics, or other immunosuppressive agents?

Currently, there are no specific data on SARS-CoV-2 in patients with rheumatologic disease or immunosuppression.

Should patients who are taking prednisone, DMARDs, or other drugs for their rheumatic diseases stop them?

All patients should talk to their rheumatologist or rheumatology professional prior to discontinuing any of their medications. While there are no data on the influence of these medications on COVID-19, providers should follow their current practice for interrupting therapy during episodes of infection.

Are any pharmacologic measures (prophylactic or therapeutic) recommended?

There are currently no prophylactic or therapeutic measures beyond supportive care recommended for this virus. Testing of potential therapies is underway in the U.S., Japan, and China, and work to develop a vaccine is also moving forward. However, it is unclear when these will be available.

What can patients do to protect themselves against contracting this disease?

The CDC and other sources have underscored the importance of hand hygiene, with frequent and effective hand washing, as well as avoidance of people who are ill, especially those who are coughing or sneezing. The routine wearing of masks by uninfected individuals is not encouraged. Only fit-tested N95 masks have been shown to prevent transmission of other coronaviruses (e.g., SARS), and the use of other masks may give patients a false sense of security and lessen other protective measures. Patients suspected of having the virus should wear masks, however, in order to prevent transmission. Washing of potentially infected surfaces with specific anti-viral hospital-grade disinfectants may also limit spread of this virus. Further information for healthcare professionals is available on the CDC website.

What else can patients and their providers do?

Please be certain that your patients have received all appropriate vaccinations, including seasonal influenza, pneumonia, pertussis, and shingles vaccines. These will not prevent COVID-19, but may lessen the chance of a secondary infection and will prevent illnesses that could be confused with COVID-19. Patients should employ frequent handwashing and in general avoid touching their face or mucous membranes.

In addition, patients should be advised to keep ample stocks (e.g., one-month supply) of necessary medications on hand in case they are prevented from refilling prescriptions in a timely manner.