

Employer Community Coronavirus FAQs

VUMC Department of Infection Prevention

Vanderbilt Health Employer Solutions



Clinical Disease and Transmission

Frequently Asked Questions

Q: What type of virus is 2019-nCoV?

A: Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS and SARS. Many of the patients in the pneumonia outbreak caused by 2019-nCoV in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, indicating person-to-person spread is occurring. The name for the disease caused by the novel coronavirus is **COVID-19**.

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Q: How is 2019-nCoV virus spread?

A: It is not confirmed but we think 2019-nCoV spreads like other coronaviruses (like those that cause SARS or MERS), by respiratory droplets. When person-to-person spread has occurred with MERS and SARS, it is thought to have happened via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. Spread of SARS and MERS between people has generally occurred between close contacts.

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Q: How contagious is 2019-nCoV?

A: It's important to note that how easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so. It's not clear yet how easily 2019-nCoV spreads from person-to-person. It's important to know this in order to better understand the risk associated with this virus. Preliminary information suggests this virus is not as contagious as the SARS virus.

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Q: What kind of symptoms do people infected with 2019-nCoV have?

Patients with confirmed 2019-nCoV infection have reportedly had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

A: CDC believes at this time that symptoms of 2019-nCoV **may appear in as few as 2 days or as long as 14 after exposure.**

For more information on clinical management of COVID-19 patients, see:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

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Q:

Who is at risk for severe disease from COVID-19?

A:

The available data are currently insufficient to identify risk factors for severe clinical outcomes. From the limited data that are available for COVID-19 infected patients, and for data from related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults, and persons who have underlying chronic medical conditions, such as immunocompromising conditions, may be at risk for more severe outcomes.

Q:

What if a person with fever and respiratory symptoms has contact with someone from an area of novel coronavirus spread but has not been there personally? Could they have 2019-nCoV?

A:

Those persons would not be considered at risk unless their close contact was under investigation for 2019-nCoV or has confirmed infection.

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Q: When can an infected person spread 2019-nCoV virus to others?

A: While not completely known, it likely mirrors that of other coronaviruses, in that spread occurs with fever and respiratory symptoms. While there have been initial reports of asymptomatic transmission, the CDC states that the data are not clear at this stage that asymptomatic spread occurs.

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Q: Which body fluids can spread infection?

A: Very limited data are available about detection of SARS-CoV-2 and infectious virus in clinical specimens. SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and SARS-CoV-2 has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, but whether infectious virus is present in extrapulmonary specimens is currently unknown. The duration of SARS-CoV-2 RNA detection in upper and lower respiratory tract specimens and in extrapulmonary specimens is not yet known but may be several weeks or longer, which has been observed in cases of MERS-CoV or SARS-CoV infection. While viable, infectious SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens, in contrast – viable, infectious MERS-CoV has only been isolated from respiratory tract specimens. It is not yet known whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

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

A: 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.

Patient Screening & Placement

Frequently Asked Questions

Q: Will VUMC see any 2019-nCoV patients?

A: As this outbreak has continued to spread, it is becoming more likely that VUMC will see cases, especially once there is sustained transmission in the U.S. not related to travel. As of today, it's more likely that person will have a regular respiratory virus infection like influenza, but we may need to rule out 2019nCoV as well.

Travel Issues

Frequently Asked Questions

Q:

Should travelers wear face masks during travel to protect themselves?

A:

- CDC does not recommend travelers wear facemasks to protect themselves from COVID-19. You may choose to wear a mask, but it is more important that you take these steps:
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning product.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer that contains 60%–95% alcohol.

As travel guidance is regularly changing, please refer the CDC's excellent webpage at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

