GREAT PLAINS Center for Agricultural Health

Frequently Asked Questions About COVID-19

This FAQ was updated on March 30, 2021.

Looking for the COVID-19 Vaccine FAQ? Click here.

Why should I be concerned about this novel coronavirus?

The SARS-CoV-2 (the official name of this "novel coronavirus") is a new virus, so when it started infecting people, no one in the world had any immunity. For those experiencing the most severe complications from this viral infection, the lungs fill with fluid in response to trying to fight the virus, which leaves the blood, brain and heart starved of oxygen. We have also learned that even though the lungs are the most commonly affected system attacked by this virus, we now know that it can affect the brain, spine, nervous system and blood. Many with severe cases of COVID-19, who survive, still experience symptoms months after they have been infected. Currently, there are multiple variants of the virus circulating in the United States and globally. These variants seem to spread more easily and quickly which could cause cases, hospitalizations, and deaths continue to increase across the U.S and overwhelm healthcare systems

When can I get a vaccination?

States are handling their own vaccine distribution plans. Click on the following links below to get more info about vaccines in your region. Remember to **contact your healthcare provider** if you have specific questions about COVID-19.

Iowa
Missouri
Kansas
Nebraska
Illinois
Wisconsin
Minnesota
South Dakota
North Dakota

Indiana
Ohio

To prevent getting infected, can we simply stay away from people who are *sick*?

For this virus, the answer is a clear "no". People who are exposed to someone carrying the SARS-CoV-2 may be incubating the virus for several days up to 14 days *without showing any signs or symptoms* of the disease. In November, the CDC reported that about 50% of cases were spread by people who did not know they were infected. If you are infected but don't know it, and *you* continue interacting with people — at the gas station, the bank, the grocery store, the co-op — then you would be spreading the virus without knowing it. When this happens, we have "community spread" of the virus. Since our region does not have the ability to trace everyone you contacted and test them for the virus, we do not know who or how many people you might have infected.

Interestingly, some people may not have *any* symptoms but are capable of spreading the disease. Because of this, instead of thinking about staying away from people who are coughing, sneezing, and/or have a fever, we have asked everyone to keep distant from ALL people so we don't pick up the virus or give it to others.

It is important to stay at home, when possible. The recommendation of physical distancing (also called "social distancing") is important to prevent disease transmission: If we maintain 6 ft of separation between ourselves and others in the community, we decrease the chance that we (or they) transmit the virus, causing another infection. Additionally, wearing a cloth face covering that covers your mouth and nose when in public spaces will help reduce the spread of COVID-19 in communities. The face covering works by blocking some of the respiratory droplets that may contain the virus that are exhaled when we speak, cough, or sneeze. Since people may have the virus without showing symptoms, this is a crucial step in reducing the spread of the virus.

Why should I be concerned about so many COVID-19 cases needing hospital care?

Three critical concerns exist when we see increasing rates of COVID-19 cases: the increasing risk of healthcare workers contracting COVID, running out of beds and ventilators to treat COVID patients, and not having enough staff and resources to treat other illnesses across our community.

First, we do not have enough personal protection to prevent our healthcare workers from picking up the disease when infected people show up to the hospital. These workers are put at great risk of getting this disease (and passing it to their families) because someone showed up sick. While our region has done a good job conserving personal protective equipment and adopting their use in medical centers, the supply of effective respiratory protection has not returned to pre-COVID levels. The increases in COVID cases have

reduced personal protective equipment (PPE) and diagnostic testing supplies in many states.

Second, if the public does not help to reduce the spread of this disease, the main public health concern is that there will not be enough beds at the hospitals to treat those who become critically ill. As of September 2020, the US Strategic Stockpile has 120,000 ventilators that can be distributed should cases surge beyond local hospital availability. As local cases increase, however, we run the risk of local shortages of ventilators, at which time health care workers may have to make choices between who gets to use life-saving equipment and who does not.

Third, the hospital still needs to treat people for other illnesses – heart attacks, strokes, and broken bones still happen during this viral outbreak. The health care system has put enormous resources into caring for COVID-19 patients: if our health care providers get sick, they are not available to help people who need other types of medical care, which our friends and neighbors need.

These are all reasons why public health recommends minimizing the risk of infection and slowing the spread of the virus that causes COVID-19. A combined set of protective measures is needed to minimize the risk of spreading infection: adopt physical distancing (keep 6 ft apart from people you could infect), wearing a face covering (cloth or disposable masks), and handwashing (20 seconds, soapy water, dry with a clean towel).

Why does everyone emphasize "handwashing"?

Using soap to wash your hands is important for reducing the spread of the SARS-COV-2 virus because any virus on your hands will simply be washed away. This is GREAT news! No special sterilizing solutions are needed. However, you do have to wash your hands often to remove the virus you may pick up by contacting surfaces.

Why do we need to keep cleaning our hands? You learned why way back in elementary school, but probably forgot: any time you put your hands to your face, you run the risk of moving any germ from your hand into your mouth, nose, and/or eyes, and you really don't want to do that with this virus. Hand to mouth transmission is one of the ways this coronavirus gets into your body, then it multiplies, and you get sick as your body attempts to fight it.

Wash your hands. A lot. Our University of Iowa students made a video for you (https://youtu.be/yQl1KBi_s6k) which demonstrates techniques to apply to your 20-second hand wash. It includes a useful visual demonstration of why each of the steps recommended help you clean your entire surface of both hands.

If I get COVID-19, what are my chances of dying?

The true fatality rate is unknown because we still do not have universal testing to know exactly who has been infected. Of those who have been tested in the United States (as of March 24, 2021), 540,503 have died out of a confirmed 29,708,385 positive cases, yielding a death rate of 1.8%. However, if many more people are infected but are not being tested, the fatality rate would be lower than this value.

As of March 24, 2021, the CDC reported that out of the 345,934 cases in Iowa, there have been 5675 deaths, yielding a death rate of 1.1.6%. In Nebraska, the CDC reported 2137 deaths out of 206,707 cases, yielding a death rate of 1.0%. In Illinois, there have been 23,379 deaths out of 1,223,083 confirmed cases, yielding a death rate of 1.9%. As of March 24, 2021 in Missouri, the reported case fatality rate is 1.5% based on 8429 deaths and 571,460 total cases. Age is a factor in the severity of this disease's outcomes. Younger people, on average, have a lower than 2% case fatality rate, while older people have a much higher case fatality rate.

Some individuals are more vulnerable to the virus than others, but at this time it is hard to predict who may have serious complications after exposure, other than what we know about high-risk individuals.

Who has the highest risk of being severely ill when infected?

The U.S. Centers for Disease Control and Prevention (CDC) has compiled risk factors. In short, people 65 years and older and people with the following underlying medical conditions are at increased risk of having severe illness with this virus:

- cancer
- chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- serious heart conditions (such as heart failure, coronary artery disease, cardiomyopathies)
- immunocompromised from solid organ transplant
- type 2 diabetes
- pregnancy
- sickle cell disease
- obesity (BMI $\geq$30) and severe obesity (BMI $\geq$40)
- smoking

The CDC also lists risk factors that may cause an increased risk of severe illness which include:

- asthma (moderate to severe)

- cerebrovascular disease
- CF (cystic fibrosis)
- hypertension (high blood pressure)
- immunocompromised from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids or other immune weakening medicines
- liver disease
- pulmonary fibrosis
- thalassemia
- type 1 diabetes
- neurologic conditions (such as dementia)
- overweight (BMI > 25 but < 30)

See this CDC web page (updated March 15, 2021) for more information on protecting those at high risk.

It is important to understand that people who are not in these categories still have some risk of becoming ill or developing complications from contracting COVID-19. Additionally, people infected with COVID-19 who do not become severely ill are still able to spread the virus to others who may be at higher risk of becoming severely ill.

How does this virus spread?

The World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC) indicate that this virus is transmitted by both airborne exposure (liquid droplets generated from sneezing, coughing, and talking) and by surface exposure (touching droplets on a contaminated surface, and then touching your mouth, nose, and/or eye). You can be exposed to these airborne droplets if you are in close contact with an infected person. The CDC has updated its definition of “close contact” (October 21, 2020) to be anyone within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour day. Cumulative exposure means contact with the infected person could be broken up throughout a day (such as three 5-minute exposures during the day). If someone becomes COVID-positive, they will be asked to identify anyone who has been a “close contact” in the past several days and require that person be quarantined until COVID status can be determined by testing.

On October 5, 2020, the CDC updated their guidance on airborne transmission to include particles that can stay in the air (especially dry air) for minutes or hours and can travel in air currents and infect people even if they are more than six feet apart. Based on what we know right now, the CDC states most COVID-19 infections are likely occurring during close contact but that airborne transmission is possible. This is especially important as people spend more time indoors during the winter in areas that may not be well ventilated.

How long does the virus live outside of an infected person?

Current information, although limited, provides guidance on how long this virus survives on different types of surfaces. The SARS-CoV-2 can live on solid, uncleaned surfaces like plastic or stainless steel for 2-3 days. This virus survives on cardboard for only 24 hours. See this publication in the New England Journal of Medicine for details on this study.

In the air, we know that large particles will settle quickly when they are generated by a sneeze or cough, but if these droplets dry quickly (in dry air), then these particles stay airborne for a long time. We do not know how long this virus lives in dry air, however.

What surfaces should I prioritize for decontamination?

Disinfection of frequently touched surfaces should be cleaned at least daily (more frequently if become visibly dirty or you know of contact by others):

- tables
- doorknobs
- light switches
- countertops
- handles
- desks
- phones
- keyboards
- toilets
- faucets
- sinks

What chemicals should I be using to disinfect surfaces that might be contaminated?

Disinfection of these surfaces requires commonly available products. Typical solutions are listed here:

- bleach solution (use mix within 1 day): 6 Tablespoon (1/3 cup) 7% bleach / gallon water or 4 teaspoons 7% bleach / quart water; 1-minute contact time.
- alcohol solution (70% minimum; no dilution)
- antibacterial sheet products: using any home product that indicates “Kills 99.99%” should be good.

Guidance on cleaning methods for different surface types is on this CDC web site. It is important to follow CONTACT TIME recommendations: you are asked to let the solutions sit on surfaces for 1 to 10 minutes, depending on the product used. If you are using industrial strength products, the U.S. EPA has updated its pesticide registration list for SARS-CoV-2, which contains information on the contact time required to kill this virus.

Can't I just wear a mask to protect myself?

The term "mask" has been used to describe a range of items from true respirators to cloth face coverings. These items serve different purposes and do not offer the same level of protection.

A respirator can protect you if ***all*** of the following are true:

- You have a respirator that is approved for removing particles from the air,
- You have been fit-tested with that respirator to make sure it seals to your face, and
- You have no breaks in this seal at the time you are wearing it — this means there is nothing on your face, including facial hair, that comes between the respirator and your skin.

IF you meet all of these conditions, then this respirator will be useful to wear when you are around people who may be infected. But, the problem is that most people don't want to wear a big respirator when shopping around town or talking with neighbors or workers.

The disposable "N95s" you may have been wearing when mucking out the stalls or working around animals are the perfect respirator to wear to prevent COVID-19. But, again, the other two caveats are needed: you have to know it fits you and you have to be clean shaved for it to filter out contaminants in the air, including viruses.

Additionally, you may have learned that there is a worldwide shortage of these respirators — we still cannot go to the store or shop online and find these disposable N95 respirators – these are restricted to doctors and nurses who have a dire need to use these to keep safe in the hospital when caring for infected patients. We recommend *also* practicing physical distancing of 6 feet when wearing respirators, particularly if yours has an "exhalation valve" on it, because your exhaled breath is NOT filtered by the N95 masks in these models. If you need to work closely to someone else for a short period of time, wearing this N95 can protect you from inhaling the virus being shed from a coworker.

What is a cloth face covering?

As of April 3, 2020, the CDC has recommended the general public wear a "cloth fabric face covering" across the mouth and nose when in public. These "homemade masks" are great to send a signal that you care about protecting your neighbor, and it may prevent YOU from sneezing and infecting others around you. This is called "source control". By wearing

this, you are reducing the amount of virus you may be exhaling into a room if you are infective but without any symptoms.

However, depending on the fabric, construction, and fit, wearing these cloth face coverings is NOT a guarantee that the fine droplets generated when you sneeze or cough will be completely collected by this cloth. When wearing these cloth covers over your mouth and nose, it is EXTREMELY important to know that you **still need to maintain a physical distance of 6 feet**. If a person next to you sneezes, a cover on your mouth and nose will reduce *only some* of these virus particles that you might inhale. If you sneeze while wearing these cloth coverings, only a fraction of particles will be trapped by the cloth. We cannot overstate the importance of maintaining a 6 ft separation from people, even and especially when wearing these homemade masks.

Scientists are still studying the transmission and of SARS-CoV-2 and how face coverings affect transmission. While face coverings cannot block 100% of particles, they can reduce the amount of virus others are exposed to if everyone wears them. This, in turn, may lead to people having milder symptoms if they get COVID-19 because they were exposed to less virus (lower viral load). For example, there was an outbreak on a cruise ship and passengers and staff were all provided face masks; of those who tested positive for COVID, 81% were asymptomatic. During an outbreak on another cruise ship that did not have universal masking, only 20% of cases were asymptomatic.

Where can I get more information about face coverings?

We have developed a series of videos to provide answers to questions about these cloth face coverings. The first answers many questions about what these face coverings do. The second answers medical concerns people have about the risk of wearing these cloth face coverings on the farm. The third will give you practical tips to consider when purchasing and using these cloth face coverings. A detailed document on the selection and care of these cloth face coverings has been prepared to help you understand these issues and make the best decisions for your family and employees.

What do I need to do on the farm to protect myself?

The rules of social distancing and handwashing apply on the farm just as they do anywhere else. If you are farming with family members who live with you, unless you have someone with a high-risk medical condition, extra precautions are not needed.

However, if someone else comes to the farm, you should act as if YOU are infected and THEY are infected and maintain your 6 ft distance. This means no hand-shaking, but you can walk together (separated by 6 ft) and discuss work that needs to be done. Disinfect surfaces you touched (before having your visitor touch it and then after).

If you need to work in close contact with a visitor or worker to your farm, this is the time to break out the respirators: the disposable N95 (don't use the one with an exhalation valve) or a HEPA or P100 filter on the elastomeric respirators you use for chemicals are suited for this. Make sure you disinfect your reusable respirators after use (follow guidance from manufacturer).

What if I have elderly family members that are at high risk?

If you are a caretaker of an elderly family member, you need to do everything you can to prevent yourself from carrying SARS-CoV-2 virus. Adopt the most rigorous distancing protocol at work/home to prevent infection. If you develop any symptoms of COVID-19, you need to isolate yourself from high-risk family members. Guidance is available from the CDC and your state department of public health.

If I have had COVID-19 symptoms, how do I know if I am no longer contagious?

Your determination is based on whether you can get tests to confirm you are no longer infected. If you have been sick with COVID-19 and tested positive, or if you think you have COVID but *cannot* get a test to confirm your status, you should only leave your "sick room" and home when *ALL* three are true:

- It has been at least 10 days since you started feeling sick
- No fever for at least 24 hours (1 day without the use of medicines that reduce fevers)
- Other symptoms have improved (for example, no cough or shortness of breath)

Your healthcare provider may recommend testing to confirm you are no longer contagious, which requires that you receive two negative tests in a row, at least 24 hours apart. More details are available on this CDC website, which includes a link to the procedures your doctor will follow to make this decision.

If I had a positive test but no COVID-19 symptoms, how do I know if I am no longer contagious?

Even if you do not have symptoms, you should stay isolated if you have a positive COVID test because you can still spread the virus to others. You can end isolation if:

- It has been at least 10 days since your positive test
- You continue to have no symptoms

Your healthcare provider may recommend testing to confirm you are no longer contagious so you need to check with them to determine when you can be around others.

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COVID-19 Information Resource