The Coronavirus

AARP’s Guide for Older Americans

What It Is • How to Defend
• Steps You Should Take
• Essential Questions Answered

Based on reporting by the Editors of AARP Print and Digital Publications
The Basics

So what exactly is a virus?
That’s a great place to start. A virus is a very small microorganism, even tinier than a bacterial cell, that is parasitic in nature—that is, it can’t survive on its own. Rather, it invades a living cell, using the host cell’s chemical machinery to replicate itself. A virus cannot survive long without a host, but when it finds one that’s hospitable, it can reproduce rapidly. (Another difference between a virus and a bacteria: the latter can survive on its own, independent of a host.)

More than 200 virus species are known to be able to infect humans. Viral infections are the cause of many diseases, among them the common cold, chicken pox, flu, herpes, hepatitis B and HIV/AIDS. Some viruses are highly contagious, like the one that causes measles, but many are less so.

So then, what is a coronavirus?
There’s no single coronavirus. Rather, coronaviruses are a large family of germs that mostly circulate just among animals. They get their name from their unique crownlike shape.

What makes this coronavirus different?
On rare occasions, in what is often called a “spillover event,” animal coronaviruses can evolve and spread among humans and can cause disease. Since 2002, three coronavirus outbreaks jumped from animals to humans and caused severe disease globally: SARS (severe acute respiratory syndrome) emerged in 2002 and disappeared in 2004; MERS (Middle East respiratory syndrome, named for where the first outbreak occurred) emerged in 2012 and is still found in camels; and COVID-19, discovered in late 2019 in Wuhan, China.
There is strong evidence supporting the idea that the new coronavirus originated in bats, like SARS did. Which animal exposed it to humans is still unknown, but bats and pangolins (a type of anteater found in Asia and Africa) are being investigated.

**What’s the difference between coronavirus and COVID-19?**

Individual viruses that cause a disease are typically given their own name. For example, rubeola is the name for the virus that causes the disease we all know as the measles.

The pandemic we are now facing is caused by a novel coronavirus that the World Health Organization (WHO) has officially called the severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2. The disease it is causing has been named coronavirus disease 2019, or COVID-19.

**Why is this virus described as “novel”?**

That’s the word scientists use to describe a virus that hasn’t previously been found in humans. Because of how new it is, our immune systems have never seen this particular strain of virus before, so we haven’t developed immunity and we don’t have a way to fight it yet—there is no vaccine or medicinal cure, although infectious disease experts are working tirelessly to create both. The first case of COVID-19 in the United States was reported on Jan. 21, 2020.

**How does this coronavirus spread among humans?**

Much of what experts know is based on what is known about similar coronaviruses. When person-to-person transmission occurred with MERS and SARS, respiratory droplets from coughs and sneezes from an infected person were the likely culprit, according to the Centers for Disease Control and Prevention (CDC). Those droplets can land in the mouths or noses of nearby people or be inhaled into the lungs.

Health officials are still working to better understand how easily
the new virus moves from person to person. It may be possible for an infected person to spread the virus before exhibiting symptoms. However, people are thought to be most contagious when they are sick with the symptoms of COVID-19, the CDC says.

**Can the virus also spread via surfaces?**
Yes. This virus is stable for several hours and even up to days on surfaces, according to a new study from the National Institutes of Health (NIH), CDC, UCLA and Princeton University scientists. Scientists found that the novel coronavirus survived up to three hours in the air, up to four hours on copper, a day on cardboard and up to three days on plastic and stainless steel. That means it may be possible for someone to contract COVID-19 by touching a surface or object with the virus on it and then touching his or her mouth, nose or eyes, the CDC says. But researchers note that the coronavirus is thought to spread mainly by person-to-person contact.

**COVID-19 is being described as a pandemic. How is that different from an epidemic?**
An epidemic is an outbreak of an illness that is in excess of what is normally expected in a community or region, according to WHO. A pandemic is when a new disease affects many people on a global scale, which is the case today.

**How long will this current pandemic last?**
At this point, no one knows. In the past, similar situations have played out in weeks, months or years. Until scientists learn much more about this coronavirus—its seasonality, resilience, mutation possibilities, and also how effective a vaccine might be—it’s impossible to reliably predict the course of this pandemic.
Is COVID-19 like the flu?
Yes and no. The coronavirus seems to be more contagious than seasonal flu. But they do have similar symptoms, such as fatigue, fever (that’s defined as a temperature of 100.4° or higher), coughing and muscle aches. While flu symptoms may also include a runny nose and headache, the coronavirus symptoms typically present with a dry cough or shortness of breath. But there are enough similarities that doctors are encouraged to run a diagnostic test to rule out flu first. The CDC says anyone with a fever, dry cough, fatigue and shortness of breath who has been in direct contact with someone with COVID-19 or who lives in an area where cases are circulating should call their doctor for advice.

There have been indications that sneezing is not a common symptom of coronavirus infection, so if a person has a lot of sneezing—especially when coupled with post-nasal drip—it may be something else, like seasonal allergies.

By the way, the CDC estimates that the flu was responsible for 34,200 deaths in the United States in the 2018-19 season. It, too, is a serious health concern, although we know how to manage it fairly well. Every year there’s a new flu vaccine that everyone should get to lower their risk of getting the disease.

So will COVID-19 cases decline in warmer months like the flu?
We don’t know. It’s true that the flu typically ramps up during the winter, but many experts believe this is due more to people being in close contact with each other than anything related to air temperature. There is some evidence that COVID-19 cases in China decreased as the weather warmed, but this is still anecdotal.
Say more about the symptoms of COVID-19.
First, it can take two to 14 days after exposure before any symptoms occur. It takes time for the virus to incubate in your body. Like the flu, COVID-19 is primarily a respiratory disease, meaning it affects the lungs. So as noted, common symptoms include a dry cough and shortness of breath, the CDC reports. And in most cases, those with the disease develop a fever. Some of those infected have reported the loss of taste and smell. Many patients with severe complications from the virus develop pneumonia and may require assistance breathing with a ventilator, which pumps air into the lungs of people who cannot properly breathe on their own. Some patients also experience multi-organ failure and, in some cases, death. But it’s also important to note that some have had very mild cases or even no symptoms and still tested positive for COVID-19.

Some emergency warning signs for COVID-19 require immediate medical attention. They include trouble breathing, persistent chest pressure or pain, new confusion or inability to arouse, and bluish lips or face.

Are older people more susceptible to COVID-19?
Yes. As we age, the immune system weakens, making us more susceptible to illness. And early data shows that older adults and individuals with chronic and underlying health conditions—such as cancer, diabetes, heart disease, lung disease and immune system disorders—are more likely to experience severe illness or even death from COVID-19.

In addition, when the immune system of an older person starts to react to an infection, there’s a chance that an overreaction called a cytokine storm may occur. Cytokines are proteins that tell the body to start fighting an infection. A cytokine storm can occur when localized inflammation to combat a threat spills over into the general circulation and spreads throughout the body.
“This can result in extreme inflammation that does as much—or more—harm as it does good in an effort to eliminate the threat,” says infectious disease expert Jessica D. Eisner, M.D., founder of PharmBio Consult in Boston. “This can be life-threatening, since the inflammation is widespread throughout the body and can adversely impact vital functions such as breathing and maintaining blood pressure.”

**Are there more reasons older people are more at risk?**

Yes, researchers have some additional theories. First, at an older age we’re more likely to suffer from underlying conditions such as chronic obstructive pulmonary disease, a class of lung diseases that are more common with age and often linked to smoking. Conditions like these hinder the body’s ability to cope with and recover from illness. Researchers also note that our lungs simply aren’t as elastic or resilient as when we were younger. That means some older people might have less respiratory function in general. So when a respiratory disease like COVID-19 strikes, it’s more likely to have a negative effect.

In the U.S., because of age or other illnesses, more than 105 million Americans are at increased risk for complications if infected, an analysis from the Kaiser Family Foundation shows.

**PREVENTION**

**Explain the immune system in simple terms.**

“Immune” means protected. The immune system is made up of a complex network of cells, tissues and organs that work together to protect the body from foreign substances and cells—be they dust, bacteria, parasites, viruses, allergens like pollen or peanut butter, or even a splinter. The immune system has many parts—contributors include the thymus, spleen, lymph nodes, white blood cells, antibodies and bone marrow—that actively fight these foreign invaders, be it via
inflammation and fever, coughing, sneezing or, at the cellular level, an actual attack on the invading cells.

**How then does a vaccine work?**
In simple terms, a vaccine exposes the body to an extremely small amount of a potential disease trigger, as a way to train the immune system to fight it off if it is ever encountered again. That’s one of the amazing things about the immune system: It can essentially remember past battles and how to fight off an invader if it returns.

**Will a flu shot protect against COVID-19?**
No. There is no evidence that a flu shot or the pneumococcal vaccination will provide any protection from the coronavirus, experts say. Both, however, will increase your chances of staying healthy—and out of the hospital—during the pandemic.

**What about taking antibiotics?**
At this time, there is no approved antiviral or antibiotic for the coronavirus, though infectious disease experts have been testing many. Do not take antibiotics unless prescribed by a health professional.

**So what are prospects for a vaccine?**
Clinical trials to test the safety and effectiveness of a potential vaccine for the new coronavirus are underway, and many health organizations around the world are pursuing other vaccine possibilities. Still, testing of a vaccine likely will take a year, at minimum, to complete.

**Why does it take so long?**
A vaccine will need to be tested in months-long clinical trials to determine its safety and effectiveness in people, according to the National Institutes of Health (NIH), the federal agency that is orchestrating the vaccine research. Even if a vaccine proves safe and
effective in the trials and is rushed through the regulatory process, producing it in large enough quantities likely will add several more months to the timeline.

**What are the most important things to do to avoid catching this virus?**

Stay home. If you must go out, stay at least six feet away from other people. And remember that soap and water, used correctly, kill the coronavirus. So any time you are with other people or in public, wash your hands often and for at least 20 seconds, the CDC recommends. Twenty seconds feels like a long time and most of us don’t wash for that long, so count down in your head or hum “Happy Birthday” to keep track of time.

After blowing your nose, coughing or sneezing, wash your hands. If you touch public doors or other surfaces, wash your hands. If you don’t have access to soap and water, use hand sanitizer. Get in the habit of bringing a small bottle with you. And stop touching your eyes, nose and mouth with unwashed hands.

**Do we really need to practice social distancing?**

Social distancing is simply a new way to say keeping space between you and other people, says Anne Schuchat, CDC principal deputy director. During this time in which the coronavirus appears widespread, the recommendation is that you should remain at least six feet apart from other people. When a person who has COVID-19 coughs or sneezes, these microscopic droplets spread through the air and can be inhaled by others, infecting them as well. You want to be far enough away not to be at risk.

Most coughs, if not covered up by the person coughing, produce droplets that travel anywhere from 6 to 8 feet. An uncovered sneeze can accelerate droplets at speeds up to 100mph, spreading them from 6 feet to 19 feet, notes Eisner.
This all seems so extreme.
Yes, the actions governments are taking to prevent the spread of this disease appear strong to some. But the goal is to save a whole lot of lives, potentially millions, given what some scientific projections say would happen if we simply went about our lives as usual.

Many states have issued “stay-at-home” orders and ordered all non-essential businesses to close. While the definition of “essential” varies from state to state, most consider such businesses to include medical facilities, banks, grocery stores, pharmacies, big-box stores like Target and Walmart, and convenience stores. Your garbage will still be collected, and you can run to the hardware store for necessities.

Follow the stay-at-home orders and visit such destinations only if you absolutely need to. Limiting exposure to those who are possibly infected greatly reduces the risk of catching the virus. Remember: Many carriers might be asymptomatic—meaning they are infected with COVID-19 but show no symptoms. These symptom-free coronavirus carriers often continue to go out and see people, spreading germs and possibly infecting others, because they think they aren’t sick. Take advantage of the early morning shopping hours for older Americans that many grocery stores are offering, but besides getting food and basic supplies (and exercising outdoors when appropriate), do try to stay at home. And if you are at high risk due to age or a chronic condition, see if a healthy family member or neighbor can shop for you.

But we really crave being in touch with our friends and family!
We get it: humans are social creatures and many people are struggling with how to manage the lack of in-person connections. But this is a very serious situation and, hopefully, short-lived. Emailing, texting, phone calls and video calls, and participating in private social media groups, while not as much fun, will help us stay in touch.
How well does hand sanitizer work on coronavirus?
Using a hand sanitizer that contains at least 60 percent alcohol is a quick and easy way to kill any coronavirus on your hands, reducing the chances of getting (or spreading) the virus, according to the CDC. Alarm over the spread of the coronavirus led many to buy large supplies of hand sanitizer, leading to a widespread shortage. Companies are working to create more. For hand sanitizer to work, start with clean, dry hands and cover every surface of both hands entirely, rubbing the sanitizer in until they are dry—this is not the time to be conservative. And always read the bottle—60 percent alcohol is needed, so don’t use botanical or kid-friendly versions. These won’t be strong enough.

Are there other specific guidelines older people should follow?
Make sure you have enough of your regular medications at home to last two weeks or more. Stock up on over-the-counter medications to treat fever, cough and other symptoms. Make sure you have tissues and common health supplies like pain relievers, mouthwash, adhesive bandages, gauze, medical tape and antibiotic ointment. Major health insurers have pledged to relax prescription refill limits on “maintenance medications” in view of the coronavirus outbreak. Prescription refill limits also are being waived for many Medicare Advantage and Part D beneficiaries.

If you run into difficulty stocking up on your prescriptions at the pharmacy, consider refilling your medications through a mail-order service, the CDC says. You can also ask your physician to switch your prescription from a 30-day supply to a 90-day supply to make sure you have enough medication to get through a potential COVID-19 outbreak in your community.

It’s also a good idea to write up a COVID-19 plan for yourself and others in case a caregiver needs to take care of you if you get sick. Make a list of your daily medications and when you take them, write down your emergency contacts, and make sure you have enough food
in the house in case you have to stay home for an extended period.

**Will taking extra vitamins or supplements help boost the immune system?**
probably not. It's natural to want to do everything we can to stay healthy, but medical experts stress that extra vitamins and supplements haven't been shown to lower the risk of contracting coronavirus. Note too that vitamins and supplements can negatively interact with prescription medications, causing them to be less effective.

**So what will boost our immunity?**
Stay active. For those who are able, walking for 30 minutes a day in the neighborhood will help to keep us both physically and mentally healthy.

Also work hard at managing stress. Research done at Carnegie Mellon University has found that people who are chronically stressed are more susceptible to developing the common cold. Find a way to adopt strategies to help you better manage stress, whether by talking to a therapist, meditating, listening to music, playing an instrument, reading a funny book, enjoying a pet or starting a hobby.

And of course, eat nutritious food. Yufang Lin, M.D., of the Center for Integrative Medicine at the Cleveland Clinic, recommends that people try for a Mediterranean style of eating, which means a diet rich in fruits, vegetables, whole grains and the healthy fats found in foods such as fatty fish, nuts and olive oil.

Finally, get enough sleep. While eight hours is the target, many older people naturally sleep less than that. If you wake up in the morning without an alarm and feel refreshed, that's a good sign.

**Should people with diabetes act any differently?**
Yes. Be even more diligent about social distancing, washing your hands and living healthfully. We’ll say it again: People with common,
chronic health conditions such as diabetes and heart disease are at higher risk of becoming seriously ill if they contract the coronavirus.

Why the difference? The body’s organs all “work in tandem together” to keep the body functioning well and to fight off infections, explains Stephen Kopecky, a cardiologist and professor in the department of cardiovascular medicine at the Mayo Clinic. “As you start to stress one end of the system, the other part of the system has more trouble,” he explains.

**Being at home without the usual activities and exercise routines isn’t exactly conducive to healthy living. Any advice?**

If you find yourself being too sedentary and if you live in a relatively crowd-free or rural area, go ahead and take a long walk, making sure that if you do come into contact with anyone you stay at least six feet away. This is not a time to be passive or accommodating to others—if a sick person walks past you and sneezes, all it takes is for you to inhale those respiratory droplets. Don’t feel rude stepping off the sidewalk and walking in another direction.

While at home, even walking around or going up and down the stairs a few extra times will help. Social media and the internet are filled with online fitness trainers offering daily workouts during this period; give one a try. And be sure to get up, stretch and walk around some every hour. Finally, drink lots of water rather than snacking.

**What is the best way to control and ease anxiety?**

Know that you’re not alone in feeling like this. “This has been a big anxiety trigger for a lot of people,” says Stewart Shankman, chief psychologist in the Department of Psychiatry and Behavioral Sciences at Northwestern University. But being anxious is actually detrimental to our immune system, notes Jane Timmons-Mitchell, associate clinical professor of psychiatry at the Case Western Reserve University School of Medicine in Cleveland, so we need to combat those feelings.
In addition to getting exercise, practice calming techniques, such as deep breathing, taking a warm bath, sitting with your pet. Or try a guided mindfulness exercise via a free app (such as Calm, Breathe or UCLA Mindful). Connecting with loved ones via a call, email or video chat can help. Even creating a new quarantine routine might be useful, if you’re someone who finds comfort in daily rituals.

If you need extra support, go to the [Anxiety and Depression Association of America’s support page for older adults](https://www.adaa.org/about-adaa/understanding-adaa/life-transitions/mood-disorders).

**Should people wear face masks when leaving their home?**
Yes. The CDC offered new mask guidelines on April 3, recommending that all Americans wear cloth face masks or homemade face coverings whenever they are out in public. This new guidance is a reversal from previous CDC recommendations that face masks need to be worn only by people who are sick with COVID-19.

Face masks offer some level of protection against inhaling a coronavirus, but only when worn properly. Maximum protection is provided by a snug-fitting “N95”-rated respirator, which blocks at least 95 percent of large-particle droplets and most small particles that are transmitted by coughs and sneezes, according to the Food and Drug Administration (FDA). These N95 respirator masks are molded to fit the contours of a face. Because they are in short supply, N95 masks are needed by the doctors and nurses treating COVID-19 patients.

Simpler, looser-fitting surgical masks can stop splashes and droplets but, because they cannot create a seal, they are not as effective as N95 respirator masks. Cloth face masks do not provide the same level of protection as medical-grade masks, but they can offer some germ-blocking benefits, says Joseph Allen, assistant professor of exposure assessment science in the Department of Environmental Health and director of the Healthy Buildings Program at Harvard T.H. Chan School of Public Health. [The CDC’s website has information on how to make face coverings from everyday household items](https://www.cdc.gov/coronavirus/2019-ncov/prevent(getting)face-masks.html).
While wearing a mask—surgical or N95—doesn’t replace hand-washing or social distancing, some experts say that it may help reduce the transmission of infections. Face masks are “just one more layer of protection,” Allen says. “And the scale and scope of what we’re facing, I believe, mandates that we take every precaution we can.”

**Does wearing gloves help to avoid infection?**
It’s not necessary. As noted earlier, it may be possible to get COVID-19 by touching a contaminated surface or object and then touching your mouth, nose or eyes, but this is not thought to be the main way the virus spreads. Just make sure to wash your hands with soap and water after touching new surfaces.

**What’s the best way to order takeout or get food delivered?**
Most restaurants have closed their lobbies and are only offering takeout or delivery. Still, the safest option no matter what is to order delivery. “Wash your hands after handling the delivery materials, such as plastic or paper bags, menus, receipts, et cetera,” says Michael G. Knight, M.D., assistant professor of medicine at George Washington University Medical Faculty Associates in Washington, D.C. “Many delivery services now offer the option of having food left at a pickup location or at your front door, which further limits your risk of coming in contact with someone with a COVID-19 infection.”

**How can we safely open our mail?**
Once mail has been in your home for more than 24 hours it is unlikely to harbor infective virus (after 48 hours this is especially true), says says David Aronoff, a physician and director of the Department of Medicine’s Division of Infectious Diseases at Vanderbilt University Medical Center.. Open the mail, read the mail, wash your hands and do not touch your face!
Should we be cleaning our mobile phones?
It’s always a good idea to clean your phone periodically. Using a wrung-out disinfectant wipe should be OK, but be sure to check with your wireless carrier or cellphone manufacturer website for specific details.

Is it safe to shop at grocery stores?
If you have the means, have products delivered. “Ideally, if you are in the at-risk group—you’re over 70 or you have a chronic disease—you can rely on family members who are younger and have them do the shopping for you,” notes Daniel J. Morgan, M.D., a professor of epidemiology and public health and infectious disease at the University of Maryland School of Medicine.

If you do go out shopping, a spokesperson for the CDC recommends cleaning your shopping cart or basket—specifically the handles and other surface areas—either with your own disinfectant wipe or one provided by the store.

TREATMENT

What should I do if I am exhibiting symptoms?
First call your health care provider or local health department for advice before seeking care. Going into a doctor’s waiting room, urgent care center or emergency room isn’t always the best course of action because you could infect others or pick up a different infection, says Mike Wadman, an emergency physician and co-medical director of the National Quarantine Unit at the University of Nebraska Medical Center in Omaha.

That said, pain in the chest typically warrants immediately getting to an emergency room, no matter the illness in question, he says. The same goes for progressive or sudden onset of shortness of breath, dis-
orientation or confusion, or a blue tint in your face or lips.

**How do I get tested?**
The U.S. has faced a supply shortage of coronavirus testing kits, which has hindered the country’s ability to track the spread of the virus. The agency recommends that people who have COVID-19 symptoms—fever, cough and shortness of breath—should first call their medical provider to seek guidance on whether a test is necessary and how to obtain one.

**What if a family member gets it?**
If they live with you, the CDC recommends separating them from others in your home. Designate a specific “sick room” and have the infected person use a separate bathroom, if possible. Don’t share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items and always thoroughly wash everything the sick person touched or used. Also limit contact with pets; the fewer things you have in common with someone who is sick, the better. [The CDC has a full list to follow if you need to care for someone in your home.](https://www.cdc.gov/coronavirus/2019-ncov/prepare/caring.html)

**How is COVID-19 treated?**
There is no cure or antiviral treatment for COVID-19 at this time, just relief from symptoms. Which means it gets treated pretty much like the common flu. However, a clinical trial is underway to test the safety and efficacy of several potential treatments in adults with COVID-19.

**Some hospitals are overrun with patients. Does everyone diagnosed with COVID-19 need to go to the hospital?**
No. If you have possible or confirmed COVID-19 and have mild symptoms, the CDC recommends that you stay home and away from public areas, so you don’t get anyone else sick. Some doctors offer telephone and “telehealth” visits to avoid the potential of spreading the virus to
other patients and health care workers in the office. Monitor and keep a record of your health—if your symptoms change or get worse contact your health care provider immediately.

**What care does a hospital provide that you can’t get at home?**
While there is no specific antiviral treatment recommended for those who have COVID-19, hospital staff can provide expert medical attention, manage infection control and provide supportive care to relieve symptoms. In cases where patients have severe breathing problems, ventilators have been used. Severe cases of COVID-19 can require care to support vital organ functions, according to the CDC.

**Where can reliable information be found on an ongoing basis?**
Start at aarp.org/coronavirus, which focuses on people over 50, then head over to CDC.gov to get the latest science, straight from the source. Also follow a local news outlet, which can provide regional updates.

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**GLOSSARY**

**CDC**
The acronym for the Centers for Disease Control and Prevention, which is the United States’ leading national public health organization. This federal agency, located in Atlanta, and the National Institutes of Health in Bethesda, Md., are part of the Department of Health and Human Services.

**close contact/direct contact**
When a person is close enough to another person to come into direct contact with their bodily fluids, including respiratory droplets from coughing and sneezing, which is how COVID-19 is believed to be spread. The CDC classifies close contact as six feet or less.
community spread/ community transmission
The spread of a contagious disease to people in a certain location who had no known contact with other infected people.

contagious
Transmissible by contact, either direct or indirect, with an infected person or organism.

containment
The action or process of keeping something under control or within limits.

coronaviruses
A family of viruses, named for the crownlike spikes on their surface, that can cause disease in people and animals. They can produce a range of effects from a common cold to more severe respiratory infections, including severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and coronavirus disease 2019 (COVID-19).

COVID-19
The acronym given to the respiratory disease caused by the new coronavirus, SARS-CoV-2. “CO” stands for “corona,” “VI” for “virus” and “D” for disease. The disease first appeared in late 2019 in Wuhan, China, hence the “-19.”

elective surgeries
Medical procedures considered nonurgent and nonessential.

epidemic
An outbreak of an infectious disease in a population, community or region that affects a large number of people at the same time, beyond what is normally expected.

flattening the curve
The act of slowing spread of a virus in order to lower the peak number of cases. The strategy is employed so a community doesn’t end up with such an overwhelming number of cases at the same time that the health care system cannot cope.
fomite
An inanimate object or material that can carry and transmit an infectious agent (for example, clothing, furniture or surgical instruments). The coronavirus can spread via fomites; however, this is less common than person-to-person transmission.

immune
Not affected or influenced by something, such as an infectious disease. If you are immune to a specific disease, you can be exposed to it without becoming infected.

immunocompromised
Having a weakened or impaired immune system, which lessens your ability to fight infection and disease, including COVID-19. People with chronic health conditions, such as high blood pressure, heart or lung disease, diabetes and cancer, are often immunocompromised.

incubation period
The time between catching a virus and the appearance of symptoms. It’s estimated at two to 14 days for COVID-19, with five days being the most common interval, according to the WHO.

isolation
Separating sick people from people who are not sick, says the CDC. Self-isolation is the act of employing this method yourself. The CDC is asking people to do so if they feel ill or are ill.

MERS
The acronym given to the respiratory disease called Middle East respiratory syndrome, which emerged in Saudi Arabia in 2012 and is still infecting camels. MERS is also caused by a coronavirus. When referring to the virus and not the illness, the CDC uses “MERS-CoV.” When referring to the illness, the CDC uses “MERS.”

mitigation
The process of making something less severe or damaging. Mitigation strategies for COVID-19 include social distancing, washing hands and self-isolating.
NIH
The acronym for the National Institutes of Health, which is the nation’s medical research agency. Headquartered in Bethesda, Md., NIH, along with the CDC, is part of the Department of Health and Human Services.

novel (new) coronavirus
A coronavirus that has not been previously identified. The virus causing COVID-19 is a novel coronavirus.

pandemic
An epidemic that has spread globally.

quarantine
Separating and restricting the movement of people who have been exposed, or potentially exposed, to a contagious disease to see if they become sick, says the CDC. Self-quarantine is the act of employing this yourself. The CDC is asking people to do so for 14 days if they believe they have been exposed to COVID-19.

R-naught/R0
An epidemiologic metric capturing a virus’ basic reproductive number, which is used to describe how contagious and infectious it is. While unconfirmed, the R0 for COVID-19 is believed to be between 2 and 2.5, meaning an infected person will transmit the virus on average to 2 to 2.5 other people.

SARS
The acronym given to the respiratory disease called severe acute respiratory syndrome, which was first reported in Asia in February 2003, according to the CDC. The CDC says no known cases have been reported since 2004.

SARS-CoV-2
The official name given to the novel coronavirus that causes COVID-19. It stands for severe acute respiratory syndrome coronavirus 2.

shelter-in-place
The act of finding a safe location indoors and staying there until you’re given approval to leave.
social distancing
The process of increasing and maintaining a greater than usual physical distance between people. It relies on people in public consciously avoiding being within six feet of others, says the CDC.

state of emergency
A situation of danger or disaster whereby a government has the power to enforce extra protective measures in order to mitigate further damage.

symptoms
Signs that indicate the existence of a disease or illness. The most common COVID-19 symptoms are fever, shortness of breath, tiredness and a dry cough, according to the CDC.

tele-
At a distance. For example, telemedicine.

transmit
To pass something from one person or place to another.

vaccine
A product that stimulates a person’s immune system to produce or increase immunity to a specific disease.

virus
A large group of submicroscopic (too small to be seen by ordinary light microscopy) infectious organisms that invade living cells in order to survive and spread. Viruses can cause disease in humans, animals and plants.

WHO
The acronym for the World Health Organization, which is a specialized agency of the United Nations responsible for international public health.