

With the raising of DORSCON to Orange, the Club cancelled the weekly club meeting on 12 Wednesday 2020 and replaced it with a webinar on the “Wuhan Virus”. The virus, previously named 2019 novel corona virus is now officially known as SARS-CoV2 and the disease it causes is called COVID-19.

A/Prof Steven Ooi, medical epidemiologist, and A/Prof Hsu Li Yang, infectious disease specialist, both from the Saw Swee Hock School of Public Health, NUS, were our distinguished panelists who answer a wide range of questions posed by members.

President Deepak and VP Mee Lee led in a question and answer session and a brief summary is below. Video clips of the webinar will be posted on the Club YouTube account for viewing.

Q&A

Q: How grave is this outbreak? How does this compare with SARS?

A: This has the potential to become a pandemic. Still a lot of uncertainty. Like SARS, it is due to corona virus which is normally in bats and has jumped species through an intermediary, to humans. Thereafter, human to human transmission is possible. Like in SARS, this corona virus also causes severe respiratory symptoms. However, in SARS, fatality was 10% and so it did not transmit very well. In COVID-19, the fatality was lower and the virus was able to transmit very well resulting in more people being infected than SARS. Current expert opinion is that it is less deadly than SARS but more deadly than the pandemic flu of 2009. Overall, it is more similar to the Spanish flu of 1918.

Q: Are we over-reacting?

A: Anxiety over a new outbreak is normal. Currently global fatality of 2% is too high for this to be just treated as flu. SARS has given Singapore the experience to deal with such an outbreak and we are in a good position to deal with this.

Q: Is there a good chance of containing it?

A: There is currently a window of opportunity to contain it. A lot depends on what China does and whether it gets to a country where the health system is not able to cope.

Q: How fast can a vaccine be developed?

A: Vaccine development is being undertaken but will take at least a year before it is commercially available. Singapore is one of the countries selected for early clinical trials.

Q: The media reports that COVID-19 is associated with dry cough. Does it mean that phlegmy cough implies that it is not COVID-19?

A: Corona virus is a respiratory virus and it causes symptoms similar to other respiratory viruses such as the flu virus, including symptoms such as having a phlegmy cough.

Q: What is the significance of fever?

A: Fever is a non-specific sign of infection and does not necessarily mean COVID-19 infection. It is a relatively easy to administer screening tool.

Q: Some media reports stated that incubation period can be as long as 24 days. Is this true?

A: The vast majority of cases have incubation periods of less than one week. Cases that reported longer incubation period may have errors such as double exposure, whereby the patient have had two potential episodes of exposure but did not remember or report the later potential episode of exposure, hence giving the impression of a longer incubation period.

Q: Am I immuned after one infection?

A: Corona viruses do not confer lifetime immunity. A patient who has been infected and recovered from COVID-19 will be immuned for the rest of this current epidemic but not necessarily for future corona virus outbreaks.

Q. Media reports stated that it could be airborne. Is it true?

A: Current cases and rate of transmission are consistent with droplet and contact transmission. Airborne infections will result in significantly higher infection rates.

Q: Are air filters with UV light and humidifiers useful?

A: The corona virus is very small and most air filters will not be able to filter it out. UV light theoretically may be useful but real life effectiveness is not proven. The corona virus does not survive very well in humid environment. The higher the humidity, the lower the chances of survival for the virus. However, humidifiers are not needed in Singapore as our air is already very humid.

Q: Are outdoor or indoor sports safer?

A: In general, an outdoor environment is safer compared with an indoor environment with air-conditioning.

Q. Do health supplements help?

A: There is insufficient evidence to support any recommendation of dietary supplements beyond a healthy normal diet.

Q: is it safe to swim? Some say the virus can be transmitted through oral fecal route while others say the chlorine will kill the virus.

A: Swimming per se is unlikely to cause transmission as the viral concentration in the water will be very much diluted. However, the swimming pool environment such as the

showering in a public shower shared with many people poses a higher risk of coming into contact with infected respiratory fluids.

Q: Does mouthwash help to get rid of the virus?

A: There is no evidence that mouthwash can help get rid of the virus.

Q. Are healthcare workers' uniforms carrying germs to the public?

A: Healthcare workers observe strict hygiene do not pose any risk of transmitting the virus to the public. They are the ones risking their own lives to care for the infected patients and must be supported and appreciated by the public instead of being shunned.

Q: Are there "superspreaders" like in SARS?

A: While it is true that some patients have transmitted the virus to more people than others, the concept of a "superspreader" is wrong. It is the confluence of factors coming together that give rise to a "super-spreading event". For example, a person who is infected being in close contact with many people in the course of his daily activities may infect many others due to his activities and not inherent in him having more virulent viruses.

Q: Will we see DORSCON Red?

A: Singapore has never reached DORSCON Red even in the depths of the SARS crisis. It is unlikely to happen this time as well.

Q: Who pays the medical bills of the infected patients?

A: When the Infectious Diseases Act is invoked for the treatment management of an infected person, the Government will pay all medical expenses in relation to that infection.

Q: Who are the vulnerable groups?

A: The current demographic group that seems most susceptible are the elderly and those who are medically compromised. Infection rate among children is not high. There is no data on the infection of pregnant women and their prognosis.

Q: Can surgical masks be re-used?

A: Surgical masks should not be re-used as it loses its protective properties when it becomes damp. "Sterilizing" it with microwave or heat will damage the mask and increase the size of the pores and hence destroying its physical properties as a barrier.

Q: Are washable masks effective?

A: Washable masks are not effective as the pore size will be too large to serve as an effective barrier.

Q: Is N95 mask better?

A: N95 masks are not needed by those who are not caring for infected or suspected of being infected. N95 masks need to be fitted properly and tested to be effective. Studies have shown that the rate of flu transmission of flu to healthcare workers using N95 masks and those using surgical masks is not statistically significant when the healthcare workers are working in a routine level of alertness.