



**Virtual Town Hall Q&A  
November 25, 2020**

**Responses from Dr. Paul Pirraglia, Chief of General Medicine and Community Health at Baystate Health and Dr. Esteban DelPilar-Morales, Infectious Disease, Baystate Health, Caring Health Center**

**Masks**

**What masks are best?**

*3 ply cloth or disposable medical masks. If they are impermeable or waterproof this will be even better. Definitely not valve masks*

**How can we get the word out that bandanas and gators don't stop the spread. Especially as the individuals who wear them pull them up and down at will and they slide.**

*We need to politely let them know they are not protecting others or themselves well. A 3 ply cloth or a disposable mask worn over the nose and mouth are best.*

**A clinician I know recently contracted COVID. She said she has faithfully worn her masks and disinfected all the time. She now thinks that the mask as protection is a myth. Can you speak to that? Thank you.**

*Strictly observing the precautions will markedly lower the risk of infection, but it does not eliminate the risk entirely.*

**How long is a virus airborne?**

*I think that we would have to define what exactly we are referring to "airborne". The community might have a very different definition from a physician. Studies have been very wide and this from a few minutes to a few hours depending on the environmental circumstances. The important thing is to wear your mask and clean your hands.*

**Gatherings**

**How big of a group can I have if we do have something inside?**

*The fewer the better; there is no magic number. One person who is positive being in the space it all it takes.*

**Travel**

**For the people who have decided that they will travel for the holidays regardless of DPH's warning, what precautions/advice can the panel provide for families to stay as protected from Covid-19 as they can?**

*Keep your mask on. Don't eat or drink while on public transportation—you have to remove your mask and put your hands to your face to do this, so don't. Get and use hand sanitizer frequently. Try to be in good ventilation (open windows if you can). Keep your distance from others as much as possible. Cancel your plans if you possibly can.*

**How safe are airplane flights?**

*Essentially the same as the airport since you have to go through them to get to the plane. There is some conflicting data on whether the filtering system within the plane removes the virus so that the risk is minimized. Regardless, you still have to go through the airport experience to get on the plane so your risk would be that of the airport which is fairly high.*

### **Restaurants**

**Is it safe eating from restaurants with not knowing if people have COVID or not.**

*Take-out food for restaurants is fairly safe. There is no strong evidence to suggest that transmission of the virus occurs this way.*

### **Vaccines**

**Will the Flu Vaccine protect me from COVID-19?**

*No. Unfortunately flu shot will not protect against COVID-19 as these are different viruses.*

**If you are allergic to eggs will you be able to take the virus shot?**

*There is no egg in the COVID vaccines that are coming out.*

**What kind of testing are they doing in terms of potential side effects of the vaccine?**

*The vaccine producers monitor for side effects which is a required part of development. All side effects are reported to the FDA in the application process and are reviewed as part of the process to grant use in the US.*

**When will a vaccine be available in Springfield, who will be able to receive it?**

*It would probably be some time before the general population has access to the vaccine. Given limitations in manufacturing, vaccine will be first provided to healthcare workers, first responders and likely the military. After logistics for transfer of the vaccine itself can be worked out it will trickled out to the community as more doses are available.*

NOTE: See Mass.gov guidance on COVID-19 vaccine, <https://www.mass.gov/info-details/preparing-for-a-covid-19-vaccine>

**How effective is the vaccine?**

*Effectiveness seems to vary depending on the vaccine from 90 to 95% in some and as low as 70% and others. Both vaccines that are up for review in the next week or so are well above 90% effective.*

### **Testing**

Please tell me your thoughts on getting a COVID test before visiting family members for the holidays and their family doing the same before getting together- is this a safe alternative?

*Testing does not eliminate the risk completely. Someone can be pre-infectious (infected but not transmitting) and will have a negative test. In this scenario the person falsely believes they are "safe" when they are not.*

**How and when to rely on types of testing and result to minimize risk?**

*Testing is not perfect and how reliable it is depends on several factors. Molecular tests such as PCR would be the best but even this if the patient is asymptomatic can have a high rate of false negative results. As seen in many examples, a patient can be tested today, noted to be negative, but become symptomatic 3 to 4 days later and infectious around the same time, all with a negative test, subsequently infecting everyone they came into contact after they obtain the results. Antibody testing is even trickier since it could take anywhere between 2 to 4 weeks for antibody test to be positive. Rapid*

*antigen test is similar to the antigen test for the flu in that it has very high specificity (if it is positive you have it) but very low sensitivity (if is negative you could still have it).*

**How do we deal with sporadic COVID testing when the incubation period from exposure is 3 to 10 days?**

*It should be understood that testing is supplemental to how we handle an exposure. The patient needs to quarantine for the 14 days regardless of testing to ensure no person is exposed from your perspective. Ideally, we can test the patient on baseline to determine if they have already been infected with enough virus to have a positive test, and typically patients might be tested at the end of the quarantine. In this setting, nobody is exposed to a potentially infected person, and everyone gets assurance on whether they have the infection or not. Testing every day is not feasible and beyond the capabilities of most of the nation. New guidance from the CDC and the DPH refers that a person can come out of quarantine at 10 days if they have a negative test on day 8 or later after last known exposure. The patient would still need to check for symptoms every day until the end of the 14-day period.*

**Can we get testing done with people who don't have transportation to sit in line to be tested. How can we bring it to the community?**

*This is a key question and I don't have a short answer. Mobile testing and home testing are possibilities but more needs to be done!*

NOTE: On 12/7/2020 [Governor Baker announced](#) that additional testing sites would be set up in Western MA. Visit <https://www.mass.gov/info-details/stop-the-spread> to find open sites.

**Will a COVID test for home use will be available prior to the vaccine?**

*Home testing for COVID-19 may be in the near future, but will likely not change our practices and is quite possible that may not be available before the vaccine. If they have approval, it will likely take some time since the technology used for these tests is now the already approved technology used for the molecular antigen test being done so far.*

**Cleaners**

**What type of disinfectant should we use to kill both flu and COVID as we clean our homes. Cars. Etc.**

*The EPA has posted a list of which cleaning products kill COVID: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>*

NOTE: MA Asthma Action Partnership has additional information on safe cleaning for COVID-19: <https://www.maasthma.org/s/Key-Messaging-Safe-Clean-and-Disinfect-6-30-2020.pdf>

**Do electrostatic cleaners work?**

*Electrostatic cleaners have not been studied in their role of COVID-19 control measures. Typically viruses are not terribly affected by this but would significantly decrease dust and other particles in the air. They might help but should be used in addition to good safety practices not instead of.*

**Children/Youth**

**What are the risks to toddlers and babies?**

*There is still a risk of complications but they seem to be significantly less affected compared to adults, particularly older adults*

**How do you encourage are youth to take this pandemic seriously?**

*Model good behaviors, praise safe practices, encourage to respectfully speak up about doing it right.*

NOTE: For additional information and resources, visit the American Academy of Pediatrics Parenting Website, <http://healthychildren.org/>

### **COVID-19 virus**

#### **How long are you immune to the virus after you have had it?**

*Cases of re-infection are very rare. People who had COVID-19 are not considered infectious after 10 days of start of symptoms AND fever free. So far it is not fully known how long the immunity from natural infection lasts.*

#### **How long do I have to be around someone confirmed positive to get the virus?**

Typically, we will consider someone exposed and potentially infected if they have been around someone with COVID-19 for more than a cumulative 15 minutes in a 24-hour period without the use of a mask and within 6 feet of the person.

#### **What is the correct quarantine period for patients?**

*Quarantine should be 14 days from last date of exposure. It does not matter when you find out as long as you are aware of when was the last time they were in contact with the infected person. It can be tricky when you were talking about 2, 3, or even 4 degrees of separation; for the most part these persons are at low risk particularly if the exposed person is asymptomatic. New guidance from the CDC and the DPH refers that a person can come out of quarantine at 10 days if they have a negative test on day 8 or later after last known exposure. The patient would still need to check for symptoms every day until the end of the 14-day period.*

#### **Can someone who had COVID get re-infected? Are you saying that once you have COVID, after 10 days, you definitely can't reinfect others? What if you catch it again?**

*There is the potential for possible re-infection, but this is not well understood. Information we have so far seems to indicate at the very least 3 months. Not enough info to say anything after that.*

#### **Why is it that some people are asymptomatic and others are hit harder? Are there different strands of COVID 19?**

*It is believed that it is more about being susceptible and circumstances (close quarters for instance) than different strains of the virus.*

#### **Will there be a strain of COVID like we see with the flu? Any mutations?**

*There actually already several strains of COVID-19 around the world with certain strains predominating in certain geographic areas. For the most part it seems to be a fairly steady virus with no significant evidence of high mutation rates.*

### **Mental Health**

#### **How can we get help for mental health issues during the pandemic?**

*The pandemic has really increased stress for everyone and especially those who may have mental health concerns. Many mental health providers will do telephone/video care. Your primary care may be able to assist.*

### **Community Support**

#### **How are we reaching out to the hardest hit communities?**

*Baystate Health has been trying to direct some resources such as masks, hand sanitizer, disinfectant, and thermometers as well as food or medication delivery to those who we know are higher risk by where they live and what medical conditions they have.*

**Are there new strategies to effectively reaching Latinos in hardest hit neighborhoods?**

*See above about hardest hit communities—this effort includes reaching Latinos. Many of our Community Health Workers are bilingual and our needs assessments were developed to be done in English or Spanish.*

**What can faith community leaders do to support frontline healthcare workers?**

*Reinforce the message of mask wearing, hand hygiene, social distancing, avoid large crowds. It is always uplifting to get a message every once in a while or even a card thanking us (health care) but the best thing that you can do for us is setting the example of what you should and should not be doing during the pandemic.*

**To what degree has contact tracing been employed in Western Massachusetts? Who has been handling this, were already funded by?**

*Not as robustly as we might have hoped but when cases are identified immediate contacts are evaluated and contacted. Typically the local boards of health will take on this responsibility. There is a federal grant providing money for contact tracing and supporting the local boards of health in this endeavor.*

**If numbers keep rising, are other more drastic measures to be taken?**

*We can certainly go back to the full lockdown that we had at the beginning of the pandemic.*