

Frequently Asked Questions

Novel Coronavirus 2019 (COVID-19) and Seasonal Influenza Infection

2020

Novel coronavirus 2019 and coronavirus disease 2019 (COVID-19)

Following confirmed cases of novel coronavirus 2019 in South Africa, active awareness campaigns and surveillance are in place to identify people with COVID-19 early.

1. What are coronaviruses?

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS-CoV). Novel coronavirus 2019 is a new strain of coronavirus that had not previously been identified in humans. The COVID-19 virus is highly contagious and infectious. Coronaviruses are zoonotic, meaning they can spread from animals (such as bats), and people.

2. What is novel coronavirus 2019?

Novel coronavirus 2019 is the coronavirus identified as the cause of a respiratory illness first detected in Wuhan, China at the end of 2019. When COVID-19 was first detected, many of the patients were reported to have had a link to a large seafood and animal market, suggesting the virus spread from animals to people. However, a growing number of patients have not had exposure to animal markets, indicating that the virus can spread from person to person.

3. How can you get coronavirus disease 2019 (COVID-19)?

Novel coronavirus 2019 causes coronavirus disease 2019 (COVID-19). Since the COVID-19 virus has only been identified recently, there is limited information about the different ways it spreads, clinical features, and its severity. Human coronaviruses are most commonly transmitted through:

- The air by coughing and sneezing and then breathing it in
- Close contact, such as touching, shaking hands or being within 2 metres in an enclosed space for a long time
- Touching an object or surface with the virus on it and then touching your mouth, nose, or eyes before washing your hands
- Faecal contamination (but this is rare).

4. What are the signs and symptoms of COVID-19?

There is limited information about the clinical features and severity. For confirmed COVID-19 infections, reports have ranged from people showing little to no symptoms to people being severely ill and dying. The main symptoms include fever, cough and difficulty breathing. Symptoms may appear in as few as two days or start as long as 14 days after exposure to the COVID-2019 virus. Patients with underlying medical conditions and the elderly appear to be at increased risk of severe illness.

5. How is COVID-2019 diagnosed?

Currently, COVID-19 is diagnosed by using DNA analysis to test for the COVID-19 virus. The process uses polymerase chain reaction (PCR) molecular testing on a sample from the patient's nose, throat or chest.

6. When is testing for COVID-2019 recommended?

COVID-19 testing is only done for appropriate people, who are high risk and meet the COVID-19 case definition. Testing of asymptomatic people, who are low risk and are potentially being tested to allay anxiety, will overwhelm the healthcare system. Asymptomatic patients with COVID-19 may in fact test negative before they become symptomatic, therefore the testing protocol as directed by the National Institute for Communicable Diseases (NICD) must be followed.

7. What is the treatment for COVID-2019?

Treatment is supportive (only treats the symptoms) as no specific antiviral therapy is available yet. People who think they may have been exposed to the COVID-2019 virus should call their healthcare providers immediately.

8. Is there a vaccine to prevent COVID-19? How can I protect myself against COVID-19?

There is currently no vaccine to prevent you from getting COVID-19. Antibiotics cannot treat viral infections. The best way to prevent infection is to follow the recommended steps to limit exposure to the COVID-19 virus.

Exposure or transmission can be reduced by:

- Washing your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitiser.
- Covering your mouth and nose with a flexed elbow or tissue when you cough or sneeze. Throw the tissue away immediately and wash your hands.
- Avoiding touching your eyes, nose, and mouth with unwashed hands.
- Staying home when you are sick and keeping your distance from others at home.
- Cleaning and disinfecting frequently touched objects and surfaces.
- Avoiding or limiting close contact with anyone who has fever and cough.
- Seeking medical care early and sharing your travel history with your healthcare provider if you have fever, cough and difficulty breathing.
- Avoiding contact with farm or wild animals (alive or dead), animal markets, and products that come from animals (such as uncooked meat). Raw meat, milk or animal organs should be handled with care to avoid cross-contamination with uncooked foods (following food safety practices).
- Avoiding travel if you have a fever and cough. If you become sick while travelling, inform the crew and seek medical care early.

9. Who needs to be checked for possible infection with the COVID-2019 virus?

Ask your healthcare provider about your risk for COVID-19 if:

- You have signs or symptoms of acute or severe acute respiratory illnesses with a fever of 38°C or higher (or a history of fever) and a cough, or have to be hospitalised for pneumonia or acute respiratory distress syndrome (ARDS) that has been diagnosed based on clinical or X-ray findings, and any of the following:
 - A documented travel history to any of the countries with COVID-19 within 14 days before symptoms started, or
 - Have had close physical contact* with a person who has COVID-19 while they showed symptoms, or
 - You are a healthcare worker who was exposed to patients with COVID-19 (unless another cause has been identified to explain the clinical symptoms) or you visited a healthcare facility in a country with reported cases of COVID-2019.

* **Close physical contact** can be healthcare-associated exposure, including touching a person with COVID-19 to care for them, working with healthcare workers with COVID-19, or sharing the same close environment. It could also be working together, sharing the same classroom environment, travelling together or living in the same household as someone with COVID-2019.

10. What is AMS's stance on chronic medication for its members during the lockdown?

The health and wellbeing of our members is our absolute priority and we continue to take measures to provide support and precautions during this challenging time. We would like to reassure you that pharmacies are an essential service and will remain open, operating as usual, throughout the lockdown, with spatial distancing measures and additional sanitation measures within stores.

Issuing an extra month of chronic medication to all members living with chronic diseases could deplete the short-term supply of these important medicines. The medicines supply chains are functioning well into South Africa at present.

When collecting your medicine, please keep in mind social distancing precautions, and the important hygiene practices. This is especially important for members living with chronic diseases. Ideally rather send someone living with you to fetch these medicines, if this is feasible or ask your pharmacy if they can deliver.

This view is also supported by the South African Health Products Regulatory Authority and the Pharmaceutical Society of South Africa, in line with the presidential COVID-19 address advising against stock piling.

About seasonal influenza (flu) and the flu vaccine

The National Institute for Communicable Diseases (NICD) recommends for everyone who can to get a flu vaccine in 2020. The flu virus is different from the new coronavirus 2019 and, as such, a person can get both COVID-2019 and the seasonal influenza.

1. How will I know the difference between COVID-19 virus and the seasonal influenza infection?

The signs and symptoms of COVID-19 significantly overlap with the symptoms of seasonal flu. This means that it may not be easy to differentiate between the two infections based only on the symptoms and signs. If you meet the conditions for testing (see question 8), you need to contact your healthcare provider.

2. What are the important differences between COVID-19 and the seasonal flu?

The influenza virus has existed for a long time, which means there has been enough research to understand how it spreads, who is at risk of severe disease, how infection can be prevented, and how it can be treated. Little information is currently available on the COVID-19 virus and the disease it causes. Clinical experts are doing research to find out more.

A vaccine currently exists for the seasonal flu virus, while research is still underway to possibly develop a vaccine for the COVID-19 virus. The same precautionary measures for preventing the spread of seasonal flu apply to the COVID-19 virus (see question 7 about reducing exposure and transmission).

3. Does the flu vaccine prevent the flu?

Flu vaccinations are the most effective way of preventing infection and reducing hospital admissions related to flu complications. The flu vaccination continues to offer protection when given at any time during the flu season. The ideal time for vaccination is before the start of the flu season (March to August in South Africa). It takes the body about two weeks to develop antibodies against the flu virus.

4. When is the best time to have the flu vaccine?

In South Africa, the best time to get your flu vaccine is as soon as the vaccine becomes available, or before the end of April. In other words, it's best to get vaccinated before the flu season sets in and before the virus spreads. However, if you miss this period, the vaccine can still be effective if you have it at any time during winter.

5. I had the flu vaccine last year, do I need to get it again?

You may have had the flu vaccine before, but you need to have it yearly because the strains of the seasonal flu virus change every year. With the strains and strengths of viruses changing, you should consider getting the vaccine every flu season to stay protected.

6. Can everybody get the flu vaccine?

There are certain people who should not have a flu vaccination. This includes people who have had a severe allergic reaction to a flu vaccination in the past and people who have a severe allergy to eggs. Children younger than six months should also not have a flu vaccination. If you are unsure or have any questions, speak to your healthcare provider to find out if you can have a flu vaccination.

7. Are there any side effects from having the flu vaccine?

Side effects of the flu vaccine are usually not serious and generally disappear in a day or two. The most common side effects are mild pain and redness or swelling at the injection site. Other reported side effects include mild fever, headaches, or muscle and joint pain.

8. What medical scheme benefits are available for flu vaccinations?

AMS pays for the seasonal flu vaccine from the Screening and Prevention Benefit if members are at a high risk for developing flu complications.

Additional sources

- [World Health Organization. Novel Coronavirus](#)
- [Centers for Disease Control and Prevention. Novel Coronavirus 2019 \(nCoV-2019\)](#)
- [National Institute for Communicable Diseases. Update on novel coronavirus 2019](#)