

HELLO. I'M SHAWN GERSTENBERGER, DEAN OF
THE UNLV SCHOOL OF PUBLIC HEALTH.
AND ON BEHALF OF UNLV AND THE SOUTHERN NEVADA HEALTH DISTRICT
I WOULD LIKE TO INVITE YOU TO OUR PANEL DISCUSSION TODAY ON
COVID-19 FEATURING SEVERAL OF OUR LOCAL PUBLIC HEALTH EXPERTS.
BEFORE WE BEGIN, I WOULD LIKE TO THANK UNLV, UNLV TV AND THE
GREENSPUN COLLEGE OF URBAN AFFAIRS FOR HELPING PRODUCE THIS
EVENT. I WOULD ALSO LIKE TO THANK SOME
OF OUR BROADCAST PARTNERS. THAT INCLUDES VEGAS PBS, COX
COMMUNICATIONS, CLARK COUNTY TELEVISION, THE LAS VEGAS
REVIEW-JOURNAL AND WE THANK THEM FOR ASSISTING US AS WELL.
SO NEVADA HAS BEEN IMPACTED SIGNIFICANTLY BY THE CORONAVIRUS
OVER THE LAST YEAR. AS WELL AS OTHERS IN OUR LOCAL
COMMUNITY AND OUR NATION. WE HAVE TAKEN SOME PROACTIVE
RESPONSES UNDER THE DIRECTION OF OUR GOVERNOR TO TRY AND PREVENT
THIS SPREAD OF THIS VIRUS. SO FIRST WE HAVE TRANSITIONED
OUR SCHOOLS, OUR COLLEGES AND OUR UNIVERSITIES TO ONLINE
EDUCATION. WE'VE TOLD ALL OF OUR NON
NECESSARILY BUSINESSES TO CLOSE AND WE'VE BEEN DIRECTED TO STAY
HOME FOR NEVADA. AND THESE ARE IMPORTANT THINGS
UNDER THE DIRECTION OF OUR GOVERNOR.
SO NEVADA NOW, AS WITH THIS HEIGHTENED LEVEL OF PUBLIC
HEALTH AWARENESS, HERE AND ACROSS THE NATION, NOW MORE THAN
EVER WE NEED TO EFFECTIVELY COMMUNICATE ACCURATE
SCIENTIFICALLY BASED INFORMATION TO THE PUBLIC IN A WAY THAT THEY
CAN USE AND THEY CAN APPLY. AND THAT IS OUR GOAL HERE TODAY.
SO TO ACCOMPLISH THAT TASK, WE HAVE A PANEL OF EXPERTS AND WE

WILL BE DISCUSSING SEVERAL DIFFERENT AREAS.

FIRST IS GENERAL INFORMATION ABOUT INFECTIOUS DISEASES AND HOW THEY SPREAD. SECOND WE'RE GOING TO DISCUSS THE LOCAL STATE AND FEDERAL RESPONSES TO THIS CORONAVIRUS PANDEMIC. THEN WE'LL TALK ABOUT SOME OF THE PUBLIC HEALTH PREVENTION PRACTICES, BUT MOST IMPORTANTLY WHY THEY WORK. AND THEN FINALLY WE WILL TALK ABOUT WHAT YOU CAN DO TO BE SAFE WHILE AT HOME.

SO WITH THAT, I WOULD LIKE TO GO AHEAD AND INTRODUCE OUR PANELISTS THAT WE WILL BE DISCUSSING THESE TOPICS WITH TODAY. FIRST I WOULD LIKE TO INTRODUCE

DR. FRANCISCO SY CHAIR OF THE DEPARTMENT OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH HERE AT THE UNIVERSITY OF NEVADA LAS VEGAS AND THE SCHOOL OF PUBLIC HEALTH. HE HAS OVER 30 YEARS EXPERIENCE WITH INFECTIOUS DISEASES AND PRIOR TO COMING TO UNLV HE HAS SIGNIFICANT FEDERAL EXPERIENCE WHERE HE WORKED AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HE WORKED IN 2003 ON THE SARS OUTBREAK INVESTIGATION.

THANK YOU FOR JOINING US, DR. SY.

SECOND, IT'S MY PLEASURE TO INTRODUCE DR. BRIAN LABUS.

DR. LABUS IS ASSISTANT PROFESSOR OF EPIDEMIOLOGY AND BIostatISTICS AT THE UNLV SCHOOL OF PUBLIC HEALTH.

HE'S AN INFECTIOUS DISEASE EPIDEMIOLOGIST.

AND PRIOR TO COMING TO UNLV, HE WAS THE SENIOR EPIDEMIOLOGIST AT THE SOUTHERN NEVADA HEALTH DISTRICT WHERE HE HAS TREMENDOUS EXPERIENCE ALSO WORKING WITH SARS, HEPATITIS AND SOME OTHER LOCAL OUTBREAKS. THANK YOU FOR JOINING US TODAY,

DR. LABUS.AND FINALLY, WE HAVE I'D LIKE TO
INTRODUCE TO YOU DR. VIT KRAUSHAAR.

DR.

DRAUSHAAR IS MEDICAL INVESTIGATOR AT THE SOUTHERN
NEVADA HEALTH DISTRICT AND A PHYSICIAN HE HAS TREMENDOUS
EXPERIENCE IN THAT AREA AND HE COMES TO US FROM THE OFFICE OF
EPIDEMIOLOGY AND DISEASE SURVEILLANCE, AND I THINK HE'LL
BE BRINGING US A UNIQUE LOCAL PERSPECTIVE TODAY.

SO WITH THAT, I'D LIKE TO START WITH A FEW QUESTIONS FOR EACH OF
YOU.SO THERE'S A LOT OF THINGS THAT

MAKE US SICK.AND SO A LOT OF THOSE CAN BE

BACTERIAL OR THEY CAN BE VIRAL.COULD YOU TALK TO US A LITTLE

BIT, MAYBE DR. SY, ABOUT THE DIFFERENCE BETWEEN A BACTERIA

AND A VIRUS AND HOW THEY MAKE USSICK

YES, BACTERIA ARE CELLULAR ORGANISMS THAT GROW INSIDE THE

BODY AND SOME ARE GOOD AND SOME BAD.

BUT VIRUSES THEY DON'T GROW OUTSIDE OF THE BODY.

THEY STAY THERE FOR A FEW HOURS BUT THEY NEED TO GET INSIDE THE

BODY AND INSIDE A CELL.ONCE THEY'RE INSIDE THE CELL,

THEY MULTIPLY.OR THE RESPIRATORY VIRUSES THAT

WE'RE DEALING WITH NOW LIKE THE CORONAVIRUS THEY SPREAD BECAUSE

THEY'RE AIRBORNE AND THEY NEED TO GET TO YOUR NASAL PASSAGES OR

YOUR MOUTH OR YOUR EYES.THAT'S WHY MAKE SURE PEOPLE

DON'T TOUCH THEIR FACE AND WASH THEIR HANDS AS MUCH AS POSSIBLE

SO THAT THAT'S THE DIFFERENCE BETWEEN VIRUS AND BACTERIA.

CAN THOSE VIRUSES SURVIVE OUTSIDE OF THE BODY?

DO THEY MULTIPLY OUTSIDE OF THE BODY?

THEY DON'T MULTIPLY OUTSIDE THE BODY.

THEY STAY OUTSIDE OF THE BODY FOR SEVERAL HOURS.

STUDIES HAVE SHOWN THAT PLASTIC COULD BE OR THEY COULD STAY FOR LONGER PERIODS OF TIME. BUT EVENTUALLY THOSE DIE BECAUSE THEY DON'T MULTIPLY OUTSIDE THE BODY.

OKAY. SO WE KNOW THAT WE'RE MOST

INTERESTED, OF COURSE, IN THE CORONAVIRUS ITSELF.

BUT CORONAVIRUS ISN'T JUST ONE. THERE'S A WHOLE SERIES OF CORONAVIRUSES. COULD YOU TELL US A LITTLE BIT

ABOUT THE DIFFERENCES BETWEEN THOSE CORONAVIRUSES AND KIND OF WHAT MAKES THIS ONE UNIQUE, DR. LABUS.

SO THE CORONAVIRUSES ARE A FAMILY OF VIRUSES.

WE KEEP CALLING IT CORONAVIRUS THERE'S FOUR DIFFERENT TYPES OF CORONAVIRUS THERE'S FOUR THAT CIRCULATE EVERY YEAR CAUSE THE COMMON COLD, THE RESPIRATORY DISEASE WE SEE EVERY YEAR IN THE COMMUNITY. WE'VE ALL BEEN AFFECTED BY THEM

IN OUR LIVES WE DEAL WITH THEM ON A REGULAR BASIS.

WE HAVE VIRUSES THAT CREATE MORE SERIOUS DISEASE.

SARS IN 2003 AND MIDDLE EAST RESPIRATORY SYNDROME GOING ON THE LAST FEW YEARS AND WE HAVE THIS CURRENT VIRUS THAT CAUSES THE DISEASE, COVID-19. SO IT'S A LARGE FAMILY OF VIRUS.

WE CONVENIENTLY JUST CALL THEM CORONAVIRUSES RIGHT NOW.

WE'RE TALKING ABOUT ONE SPECIFIC TYPE OF CORONAVIRUS THAT'S JUST EMERGED IN HUMAN POPULATIONS.

ONE OF THE THINGS WE WORRY ABOUT WE GET EXPOSED TO THIS VIRUS. SO COULD YOU TELL US A LITTLE BIT HOW DO PEOPLE GET EXPOSED TO VIRUSES, HOW DO WE EXPOSE EACH OTHER AND HOW DO WE KIND OF

SPREAD THEM AROUND, DR.

KRAUSHAAR, DO YOU MIND STARTING WITH THAT

DIFFERENT VIRUSES HAVE DIFFERENT MECHANISM OF SPREAD.

FOR THIS CORONAVIRUS IT'S BELIEVED TO BE SPREAD MOSTLY THROUGH THE RESPIRATORY ROUTE. SO SOMEONE COUGHS OR SNEEZES, A LARGE NUMBER OF, LARGE DROPLETS ARE SPREAD IN THE AIR IN CLOSE PROXIMITY TO WHERE YOU'RE COUGHING OR SNEEZING SOMEONE WILL INHALE OR THE PARTICLES WILL CONTAMINATE A SURFACE OR SOMEONE WILL RUB IT OR RUB THEIR FACE OR MOUTH AND INOCULATE THEMSELVES. THERE'S SOME CONTROVERSY WHETHER THE VIRUS IS SPREAD THROUGH AEROSOLS, SMALL PARTICLES THAT STAY IN THE AIR FOR A LONGER PERIOD OF TIME.

IT'S EXPECTED THAT DOESN'T PLAY A LARGE ROLE IN TRANSMISSION BUT IN CERTAIN SETTINGS LIKE HEALTHCARE SETTINGS WHERE PEOPLE DO PROCEDURES WHICH CAN AEROSOLIZE PARTICLES IF YOU'RE GIVING SOMEONE A NEBULIZER TREATMENT OR SOMETHING LIKE THAT IT'S SPREAD IN THAT SORT OF SETTING BUT FOR THE MOST PART LARGE DROPLETS, WE'VE SEEN THE GRAPHIC SOMEONE IS SNEEZING BLACK BACKGROUND YOU SEE THE LARGE DROPLETS, THAT'S WHAT WE'RE TALKING ABOUT FOR COVID-19.

EXCELLENT. SO WHEN THOSE DROPLETS GET SNEEZED UP HOW DO THEY ACTUALLY GET, GO ON TO THE NEXT PERSON, BUT THEN HOW DO THEY INFECT THAT NEXT PERSON?

HOW DOES THAT HAPPEN?

THE VIRUS IS PRESENT IN THOSE DROPLETS AND THOSE DROPLETS NEEDS -- THE VIRUS NEEDS TO GAIN ENTRY INTO MUCUS MEMBRANES, AS DR. SY SAID THROUGH THE EYES OR NOSE OR MOUTH.

BASICALLY YOU'RE INHALING THOSE PARTICLES OR YOU'RE TOUCHING SOMETHING, TOUCHING YOUR FACE OR RUBBING YOUR NOSE AND THE VIRUS GAINS ENTRY. IT'S NOT UNTIL THE VIRUS GAINS ENTRY INTO YOUR CELLS THAT IT STARTS TO REPLICATE.

EXCELLENT. AND WHEN THEY'RE AIRBORNE, YOU COUGH OR SNEEZE, THE FARTHEST IT COULD GO IS ABOUT TWO METERS. THAT'S WHY WE'RE OBSERVING THE TWO-METER OR SIX FEET DISTANCE, SOCIAL DISTANCING WITH AS FAR AS THE VIRUS CAN TRAVEL BUT EVENTUALLY THEY DROP DOWN BECAUSE OF GRAVITY. AND THEN THEY ALSO DROP AROUND WHEN YOU TOUCH YOUR MOUTH OR YOU'RE COUGHING OR SNEEZING, IT COULD SURVIVE IN SOME INANIMATE OBJECTS FOR A FEW HOURS. THAT'S WHY IT'S VERY IMPORTANT TO KEEP ON WASHING YOUR HANDS TO PREVENT THE SPREAD OF THE VIRUS.

SO ONE OF THE QUESTIONS I GET ASKED A LOT CAN I GET IT FROM FOOD? AND SO DR. LABUS WOULD YOU LIKE TO ADDRESS THAT QUESTION? THIS IS NOT A DISEASE SPREAD THROUGH FOOD. IT'S NOT SOMETHING THAT YOU WILL EAT AND CAUSE DISEASE THAT WAY. YOU DON'T REALLY NEED TO BE CONCERNED ABOUT THE FOODS YOU'RE BRINGING INTO YOUR HOUSE, WHETHER THEY'RE FROM THE GROCERY STORE OR RESTAURANT. THE CONCERN REALLY IS INTERACTION WITH OTHERS. IT'S SPREADING THROUGH THE AIR IF A PERSON DELIVERS YOUR FOOD OR COUGHS ON YOU THAT'S WHERE THE RISK OF SPREAD IS. IT'S NOT THE FOOD ITSELF. THERE'S NO REASON TO CHANGE OUR EATING BEHAVIORS BECAUSE THAT'S NOT THE WAY TO GET THIS PARTICULAR DISEASE. OKAY.

SO ONE OF THE THINGS WE HEAR A LOT IN THE NEWS RECENTLY, TOO,
IS THAT THERE'S A LOT OF SUSCEPTIBLE POPULATIONS.

SO FIRST MAYBE YOU COULD TELL US WHO IS SUSCEPTIBLE TO THIS?

ONE OF THE THINGS WE LIKE TO DO IS IF WE KNOW WHO IS THE MOST
SUSCEPTIBLE OR WHO HAS THE WORST RESPONSE, IF WE PROTECT THEM WE
TRY TO PROTECT EVERYBODY. SO WHO ARE SOME OF THE GROUPS
THAT MIGHT BE THE MOST SUSCEPTIBLE TO THIS?

SO IN TERMS OF GETTING THE DISEASE, BASICALLY ANYBODY
BREATHING IS GOING TO BE POTENTIALLY EXPOSED TO THIS
DISEASE. SO IT DOESN'T MATTER WHETHER

YOU'RE YOUNG OR OLD, ANYBODY CAN GET THIS PARTICULAR DISEASE.

THE THING THAT WE'RE CONCERNED ABOUT IS THE WAY DIFFERENT
PEOPLE REACT TO IT. AS YOU GET OLDER, YOUR IMMUNE

SYSTEM GETS A LITTLE BIT WEAKER. SO THAT'S WHY WE SEE PEOPLE IN
THE OLDER AGE GROUPS MORE LIKELY TO HAVE A SERIOUS DISEASE, MORE
LIKELY TO NEED HOSPITALIZATION AND ALSO MORE LIKELY TO DIE,

UNFORTUNATELY. THE SAME IS TRUE FOR UNDERLYING

HEALTH CONDITIONS IF YOU HAVE CERTAIN CONDITIONS THAT MAKE
YOUR IMMUNE SYSTEM WEAKER OR UNCONTROLLED DIABETES OR THINGS
LIKE THAT, THAT CAN REALLY LEAD TO IMMUNE PROBLEMS AND THAT'S

GOING TO PUT YOU AT HIGHER RISK. AND IF YOU HAVE LUNG DAMAGE FROM
COPD, IF YOU'RE A SMOKER, THINGS LIKE THAT, THOSE TYPE OF THINGS

CAUSE PHYSICAL DAMAGE TO THE BODY WHICH MAKE IT EASIER FOR
THE VIRUS TO GET IN BUT IT'S TOUGHER FOR YOUR BODY TO DEAL

WITH THAT IF IT'S HARDER FOR YOU TO BREATHE ON A NORMAL BASIS

ONCE YOU GET INFECTED IT'S GOING TO CAUSE MORE SERIOUS PROBLEMS.

SO WHY SHOULD YOUNG PEOPLE CARE?

WE ALWAYS TALK ABOUT THE ELDERLY AND THE MOST SENSITIVE BUT WHY SHOULD YOUNG PEOPLE BE CONCERNED ABOUT THIS AS WELL?

EVERYBODY CAN GET THIS. THAT'S I THINK THE MOST IMPORTANT MESSAGE HERE. IT DOESN'T MATTER WHAT AGE YOU ARE. EVERYBODY CAN BE INFECTED.

WHILE YOUNG PEOPLE AREN'T LIKELY TO DIE FROM IT, THEY CAN TAKE IT HOME AND GIVE IT TO THOSE FAMILY MEMBERS WHO ARE OLDER AND HAVE THOSE IMMUNIZED COMPROMISED CONDITIONS.

EVEN IF IT'S NOT GOING TO BE A LIFE THREATENING ILLNESS FOR YOU IT COULD STILL BE A PROBLEM FOR PEOPLE THAT YOU CARE ABOUT.

DR. SY, DID YOU WANT TO ADD SOMETHING THERE?

A POINT THAT IT'S A NOVEL CORONAVIRUS THAT IT'S A NEW VIRUS NONE OF US HAVE BEEN EXPOSED TO IT SO NONE OF US ARE IMMUNE TO THIS. WE'RE ALL SUSCEPTIBLE TO THIS VIRUS BUT THE OLDER PEOPLE TEND TO HAVE LOWER IMMUNITIES BUT THEY WOULD BE MORE SUSCEPTIBLE COMPARED TO YOUNGER PEOPLE. BUT EVERYBODY IS SUSCEPTIBLE TO IT.

JUST REACT DIFFERENTLY TO IT. I'D ALSO LIKE TO SAY YOUNGER PEOPLE MAY THINK OF THEIR RISK IS LOW AND THE RISK OF HAVING A SEVERE ILLNESS IS LOW. BUT IT'S NOT ZERO.

SO EVEN IF YOU'RE THINKING OF THIS FROM A PURELY SELFISH PERSPECTIVE WHAT'S GOING TO HAPPEN TO ME, EVEN IF YOU'RE IN YOUR 20S IT'S STILL POSSIBLE TO DIE FROM THIS DISEASE.

CHANCES ARE SMALLER THAN IF YOU'RE ELDERLY OR IF YOU'RE IMMUNE COMPROMISED BUT YOUR CHANCE IS NOT ZERO.

SO FROM A BOTH A PUBLIC HEALTH PERSPECTIVE AND FROM YOUR OWN PERSPECTIVE, IT'S IMPORTANT THAT WE DO WHAT WE CAN TO PREVENT THE

SPREAD OF THIS DISEASE IT'S BEEN HELPFUL TO TALK A LITTLE BIT ABOUT THE DISEASE AND HOW IT SPREADS AND THE VIRUS, HOW IT SPREADS AND HOW IT WORKS. BUT I WANT TO CHANGE GEARS A LITTLE BIT AND TALK A LITTLE BIT ABOUT OUR LOCAL KIND OF FEDERAL AND STATE RESPONSES TO THIS. BUT BEFORE I DO THAT, THERE'S A COUPLE TERMS THAT SEEM TO GET THROWN AROUND KIND OF UNIVERSALLY AND I WANT TO SEE IF YOU CAN TELL US MAYBE THE DIFFERENCE BETWEEN THOSE. WE'VE HEARD THE TERM OUTBREAK. WE'VE HEARD THE TERM EPIDEMIC. WE'VE HEARD THE TERM PANDEMIC. COULD YOU TELL US, MAYBE DR. LABUS, AGAIN WHAT IS THE DIFFERENCE BETWEEN THOSE THREE AND WHY IS THAT IMPORTANT? SO WHEN WE TALK ABOUT AN OUTBREAK OF DISEASE WE'RE SEEING MORE DISEASE THAN WOULD BE EXPECTED IN A POPULATION OR GIVEN TIME. FOR SOMEONE LIKE THIS IT'S A BRAND NEW DISEASE WE EXPECT NO CASES OF THIS. AS SOON AS WE START TO SEE TRANSMISSION IN A COMMUNITY THAT'S CONSIDERED AN OUTBREAK. MEANS THE SAME THING AS EPIDEMIC, TERMS INTERCHANGEABLE AND YOU COULD USE THEM INTERCHANGEABLY WITHOUT ANY PROBLEMS. SOMETIMES PEOPLE REFER TO OUTBREAKS BEING A SMALLER GEOGRAPHIC GROUP OR ONE SCHOOL OR ONE HOUSEHOLD BUT IT BASICALLY MEANS THERE'S MORE DISEASE THAN NORMAL. PANDEMIC IS WHEN THAT OUTBREAK SPREADS ACROSS BORDERS. IF WE SEE INTERNATIONAL SPREAD IT'S JUST AN OUTBREAK AT A LARGE LEVEL. PANDEMIC DOESN'T MEAN THE DISEASE IS ANY WORSE THAN YOU WOULD FIND IN AN OUTBREAK IT JUST MEANS IT'S FOUND IN A LOT MORE PLACES.

SO WHAT WE'RE TALKING ABOUT IS JUST THE GEOGRAPHIC DISTRIBUTION OF THAT PARTICULAR DISEASE. SO WE KNOW THAT OBVIOUSLY THIS IS SPREAD PRETTY MUCH WORLDWIDE.

AND ONE OF THE THINGS WE WOULD EXPECT IS THAT EVERYONE WOULD BE KIND OF RESPONDING IN THE SAME WAY.

HAVING THE SAME MESSAGE WHETHER THEY'RE A STATE, LOCAL OR FEDERAL GOVERNMENT. BUT THAT DOESN'T SEEM TO BE THE CASE. COULD YOU TELL US A LITTLE BIT

ABOUT HOW DIFFERENT GOVERNMENTS, REGIONS, AREAS RESPOND TO COVID-19 AND WHY THEY'RE NOT ALL THE SAME?

IT'S IMPORTANT TO NOTE THAT THE LEVEL YOU'RE WORKING WITH, WE EXPECT THE FEDERAL GOVERNMENT TO BE THE ONE THAT COORDINATES ALL THE ACTIVITIES PLUS THE FACILITATION AND ALSO THE FUNDING AND THEN THE LOCAL GOVERNMENTS, STATE, CITY, LOCAL COMMUNITY, COUNTY LEVEL ARE THE ONES THAT IMPLEMENT THE PREVENTION MEASURES. SO IT'S A GROUP AND UNITED WORK TOGETHER ON THIS ONE. SO WE SEE THAT KIND OF FROM THE FEDERAL LEVEL WHICH IS A GREAT PERSPECTIVE.

WHAT ABOUT A LITTLE MORE ON THE LOCAL OR STATE LEVEL?

WELL, WHEN WE'RE TALKING ABOUT RESPONSE FROM SOME SORT OF PROBLEM LIKE THIS IN OUR COMMUNITY WE HAVE TO RECOGNIZE THAT EVERY COMMUNITY IS UNIQUE. THEY HAVE THEIR OWN RESOURCES AND THEY HAVE THEIR OWN CHALLENGES.

SO THE WAY WE RESPOND TO IT IN LAS VEGAS ISN'T GOING TO BE THE SAME RESPONSE THAT'S APPROPRIATE IN ELKO OR IN CARSON CITY OR ANYWHERE ELSE IN NEVADA. IT'S BASED ON WHAT'S HAPPENING IN YOUR LOCAL COMMUNITY. SO EVEN THOUGH THE WHOLE WORLD

IS DEALING WITH THIS, IT TAKES ON THE UNIQUE FLAVOR OF WHEREVER IT'S SPREADING. WE HAVE TO BUILD OUR RESPONSES AROUND THAT AND THINK ABOUT WHAT WE CAN DO LOCALLY TO STOP IT. THE RECOMMENDATIONS WE GIVE ARE NEVADA-SPECIFIC BUT THEN BEYOND THAT WE HAVE TO THINK ABOUT WHAT DOES THAT MEAN EXACTLY FOR CLARK COUNTY BECAUSE WE'RE NOT THE SAME AS OTHER PLACES IN OUR STATE. ONE OF THE OTHER TERMS THAT WE'VE HEARD USED IN OUR STATE IS THAT WE'VE DECLARED A STATE OF EMERGENCY. SO WHEN YOU HEAR THAT WORD EMERGENCY EVERYBODY KIND OF PANICS, WHAT DOES IT REALLY MEAN TO DECLARE A STATE OF EMERGENCY? SO A STATE OF EMERGENCY IS LIKE PUBLIC DECLARATION THAT ALLOWS FOR THE MOBILIZATION OF RESOURCES. SO THE FACT THAT GOVERNOR SISOLAK DECLARED A STATE OF EMERGENCY FOR NEVADA, ALLOWS US TO ADJUST OUR RESPONSE PERHAPS FOR THINGS LIKE ALLOCATION OF RESOURCES AND LICENSING AND THINGS LIKE THAT. IT ALLOWS US TO TAILOR OUR RESPONSE AND NOT JUST GO THROUGH OUR USUAL MECHANISM. SO SOMETIMES IN A SITUATION SUCH AS THIS, WE WANT TO MOBILIZE AND ACT VERY QUICKLY. SOMETIMES GOING THROUGH THE USUAL MORE BUREAUCRATIC CHALLENGES IS NOT IDEAL. SO STATE OF EMERGENCY REALLY ALLOWS US TO ACT IN A WAY WE NEED TO ACT IN AN EMERGENCY. AND NATIONAL, THE PRESIDENT DECLARED A NATIONAL EMERGENCY. THOSE ARE CONGRESS THAT WE NEED THE FUNDING TO BE ALLOCATED DIFFERENTLY IN OUR COUNTRY. AND SO CONGRESS MEETS AND THAT'S WHAT THEY DID AND THEY STARTED TO PROVIDE THE FUNDING FOR THIS EPIDEMIC. SO AGAIN I WANT TO SWITCH

GEARS A LITTLE BIT. WE ALL KNOW WE'VE BEEN TOLD TO DO A LOT OF THINGS. YOU'RE SUPPOSED TO WASH YOUR HANDS. YOU'RE SUPPOSED TO CLEAN SURFACES, BUT I WANT TO LOOK AT AND SEE WHEN WE'RE DOING THAT THAT WE'RE DOING IT COLLECTIVELY.

SO CAN WE START WITH WASHING OF HANDS.

WE ALL KNOW WE'RE SUPPOSED TO WASH OUR HANDS. BUT WE NEED TO KNOW HOW TO DO IT CORRECTLY.

WHAT ARE WE DOING WRONG WHEN WE'RE WASHING OUR HANDS INCORRECTLY? SO THE CHALLENGES OF HANDWASHING ARE EITHER NOT DOING IT LONG ENOUGH OR NOT BEING THOROUGH IN THE PROCESS. WHEN YOU'RE WASHING YOUR HANDS IT NEEDS TO HAPPEN FOR 20 SECONDS BECAUSE THE WHOLE GOAL OF WASHING YOUR HANDS IS TO REMOVE WHATEVER VIRUSES ARE ON YOUR HANDS AND FLUSH THEM DOWN THE DRAIN.

SO YOU'RE PHYSICALLY REMOVING THEM.

AND AS PART OF THAT YOU WANT TO MAKE SURE YOU'RE COVERING EVERY NOOK AND CRANNY OF YOUR HANDS. YOU'RE NOT JUST RUBBING A FEW PARTS OF THE HANDS AND MISSING OTHERS.

BECAUSE THAT'S NOT GOING TO REMOVE THE VIRUS.

YOU HAVE TO DO IT LONG ENOUGH. OBVIOUSLY YOU HAVE TO USE SOAP AND WATER AND YOU WANT TO BE VERY THOROUGH TO MAKE SURE YOU'RE REMOVING AS MUCH VIRUS AS POSSIBLE FROM YOUR HANDS.

ANYONE ELSE LIKE TO ADD TO THAT?

TO REITERATE WHAT DR. LABUS SAID IF YOU WATCH PEOPLE SCRUBBING IN FOR SURGERY HOW SURGEONS ARE METICULOUS IN WASHING HANDS, THEY GET THE FRONTS, THE BACKS, IN BETWEEN

THEIR FINGERS, THE FINGERTIPS, THE THUMBS.

AND I THINK WHEN YOU SEE IN ORDINARY LIFE I THINK PEOPLE SOMETIMES THEY JUST RUB THEIR FINGERTIPS TOGETHER BUT THIS IS A SITUATION BECAUSE WE'RE TRYING TO REDUCE THE AMOUNT OF VIRUS ON OUR HANDS, IT PAYS TO BE THOROUGH

ONE OF THE THINGS THAT HAPPENS WE HAVE PUBLIC RESTROOMS AND PUBLIC BATHROOMS. WE TRY TO GO IN THERE WASH OUR HANDS AND AUTOMATED SOAP DISPENSERS AND AUTOMATED WATER.

BUT TALK ABOUT THINGS PEOPLE DO WRONG WHEN THEY WASH THEIR HANDS IN PUBLIC AREAS, ESPECIALLY IF THEY HAVE TO TURN THE FAUCET ON OR OFF, NOT EVERYTHING IS AUTOMATIC LIKE WE HAVE AT HOME.

YEAH, I THINK ESPECIALLY WHEN PEOPLE ARE USING PUBLIC RESTROOMS AND THINGS LIKE THAT, I THINK THE PLACES WHERE WE'RE MOST LIKELY TO RECONTAMINATE OUR HANDS AFTER WASHING IT IS PROBABLY THE FAUCET AND DOOR ON THE WAY OUT.

SO MOST PEOPLE USE YOUR HANDS TO TURN ON THE FAUCET AND YOU WASH YOUR HANDS REALLY THOROUGHLY, BUT IF YOU TURN ON THE FAUCET WITH YOUR HANDS RECONTAMINATING IT.

AND SAME THING WITH WALKING OUT THE DOOR USING THE DOOR HANDLE ON THE WAY OUT RECONTAMINATING YOURSELF.

AND THE STRATEGIES TO HELP WITH THIS AFTER YOU WASH YOUR HANDS TAKE A PAPER TOWEL TO TURN OFF THE FAUCET USE ANOTHER PAPER TOWEL TO OPEN THE DOOR AND IT'S IMPORTANT TO HAVE THINGS LIKE NO TOUCH TRASH RECEPTACLES. AS YOU'RE ON YOUR WAY OUT USING A PAPER TOWEL FOR THE DOOR THROW IT IN THE TRASH CAN WITHOUT HAVING TO STICK YOUR HANDS OUT. AND MAKING SURE THE PAPER TOWEL DISPENSERS AND FAUCETS AREN'T RETOUCHEDED.

NOT JUST THINKING OF YOUR HANDS BUT THOSE BEFORE YOU MAYBE THEY WERE TOUCHING THE SURFACES BEFORE YOU IF YOU'RE METICULOUS YOU'RE BASICALLY PICKING UP WHATTHE PREVIOUS PERSON LEFT ON THE SURFACE ALMOST LIKE YOU DIDN'T WASH YOUR HANDS IN THE FIRST PLACE. OBVIOUSLY WE USE SOAP.

THERE'S A THOUSAND DIFFERENT KINDS OUT THERE.

SO WE HAVE ANTIBACTERIAL SOAP AND THE HARD SOAPS AND LIQUID SOAPS. ARE ANY OF THESE RECOMMENDED OR

BETTER OR WHAT'S THE COMMON KNOWLEDGE WE NEED TO KNOW ABOUT

WHAT SOAPS WE SHOULD BE USING? WHEN IT COMES TO SOAP AND

VIRUSES SOAP IS SOAP. DOESN'T MATTER WHAT FANCY

ADDITIVES OR PERFUMES ARE IN THERE SOAP IS GOING TO BE

EFFECTIVE PHYSICALLY HELPS YOU REMOVE THOSE THINGS FROM YOUR

HANDS. ANTIBACTERIAL SOAP DOESN'T MEAN

ANYTHING BECAUSE WE'RE NOT TALKING ABOUT A BACTERIA, WE'RE

TALKING ABOUT A VIRUS. SO EVEN THE CHEAPEST BASIC BAR

OF SOAP IS GOING TO WORK TO WASH YOUR HANDS.

YOU DON'T HAVE TO DO ANYTHING SPECIAL.

YOU DON'T HAVE TO SPEND A LOT OF MONEY.

SOAP IS EQUALLY EFFECTIVE IN WASHING YOUR HANDS.

EXCELLENT. SO THE OTHER THING THAT WE'RE

HEARING ALL OVER THE NEWS IS THAT WE SHOULD BE USING HAND

SANITIZERS. I KNOW THEY'RE A LITTLE

DIFFICULT TO FIND RIGHT NOW. BUT WHAT AND WHY DO WE USE

THESE? AGAIN WE KNOW WE'RE SUPPOSED TO

BE USING THEM BUT I WANT TO KNOW WHY WE'RE USING THEM.

WHAT'S THE PURPOSE OF USING HAND SANITIZER?

THE SITUATION WHERE YOU HAVE NO ACCESS TO SOAP AND WATER.

YOU HAVE TO USE HAND SANITIZER. BUT MAKE SURE THAT THE SANITIZER HAS AT LEAST 70% ALCOHOL TO BE EFFECTIVE IN KILLING THE VIRUS.

THE WHOLE IDEA OF HAND SANITIZERS IS THEY DEVELOP THEM FOR USE IN MEDICAL SETTINGS BETWEEN HANDWASHING WHERE YOU DIDN'T HAVE THE ABILITY TO WASH YOUR HANDS CONSTANTLY IT CAN BE TAXING ON THE SKIN AS WELL IT'S A CHALLENGE IN THE MEDICAL SETTING WASHING YOUR HANDS ALL THE TIME.

IF THEY'RE SOIL THE HAND SANITIZER WILL WORK, IF YOU HAVE SOIL ON THEM IT WON'T GET THROUGH THERE.

DON'T JUST RELY ON THE HAND SANITIZER.

YOU CAN USE IT BETWEEN HANDWASHING BUT IT SHOULDN'T REPLACE HANDWASHING AT THE END OF THE DAY THERE'S NO SUBSTITUTE FOR SOAP AND WATER.

HAND SANITIZER BUYS YOU A LITTLE MORE TIME, BUT WE ALL KNOW THAT IN OUR NORMAL LIVES WE CAN'T HAVE CONSTANTLY CLEAN HANDS, CONSTANTLY TOUCHING THINGS AND OPENING UP DOORS THE LAST STEP THAT'S HELPFUL NOT TOUCHING YOUR FACE.

IF YOU HAVE DIRTY HANDS AND YOU TOUCH YOUR FACE, THAT'S HOW YOU GET THE VIRUS INTO YOUR NOSE OR YOUR MOUTH.

SO EVEN IF YOU'RE IN A SITUATION WHERE YOU DON'T HAVE SOAP OR YOU DON'T HAVE HAND SANITIZER THEN DON'T TOUCH YOUR FACE.

DON'T TOUCH YOUR FACE. LIKE THE SOAP WE TALKED ABOUT THIS 20-SECOND HAND WASHING TECHNIQUE, ANYTHING SPECIAL WE NEED TO DO WITH HAND SANITIZER? IS THERE ANYTHING WE NEED TO DO THAT WE'RE UNAWARE OF OR IS THAT NOT THE CASE?

SO PUT HAND SANITIZER ON RUB IT UNTIL IT DRIES DON'T WIPE IT

OFF THE TOWEL OR ANYTHING ELSE BASICALLY NEEDS TO HAVE ENOUGH TIME TO BE IN CONTACT WITH THE VIRUS TO KILL IT.

YOU DON'T WANT TO WIPE IT OFF LEAVE IT ON THERE KEEP RUBBING YOUR HANDS UNTIL IT EVAPORATES AND THAT'S THE AMOUNT OF TIME YOU SHOULD USE SANITIZER. ONE OF THE OTHER PREVENTION TECHNIQUES THAT WE'VE BEEN TOLD TO DO IS TO REGULARLY CLEAN SURFACES, WHICH IS GENERALLY A GOOD IDEA ANYWAY TO CLEAN SURFACES, ABOUT YOU WE'RE CLEANING WE'RE NOW THINKING ABOUT THIS CORONAVIRUS.SO TELL US A LITTLE BIT ABOUT HOW AND WHY WE MIGHT CLEAN THE SURFACE.

DR. KRAUSHAAR? THE IDEA IS THE CORONAVIRUS CAN REMAIN VIABLE ON A SURFACE FOR A CERTAIN PERIOD OF TIME. AND WE'VE SEEN DIFFERENT ESTIMATES BASED ON SARS AND MRS AND OTHER CORONAVIRUS AND THESE ESTIMATES CAN BE FROM HOURS TO POTENTIALLY EVEN DAYS.THE IDEA IS THAT THE SURFACES THAT YOU'RE MOST LIKELY TO TOUCHTHOSE SHOULD BE THE ONES WE DISINFECT ON A REGULAR BASIS.AND SO YOU'RE TRYING TO BASICALLY INACTIVATE OR KILL THEVIRUS ON THESE SURFACES SO PEOPLE WHO TOUCH IT AREN'T THEN ABLE TO INFECT THEMSELVES. SO HIGH-TOUCH SURFACES ARE THINGS LIKE ANYTHING WITH A BUTTON.ELEVATOR BUTTON.

DOOR HANDLES.HANDRAILS.

AT HOME, PHONES ARE ONE OF THE MOST HIGH TOUCH SURFACES CONSTANTLY TOUCHING IT THROUGHOUT THE DAY.

AND SO THIS IS ONE AREA THAT I THINK MOST PEOPLE PROBABLY HAVEN'T BUILT THIS INTO THEIR ROUTINE.

SO I KNOW THIS HAS BEEN A CHANGEFOR ME.

WHEN I GO HOME I'M DISINFECTING MY PHONE, MY KEYS, TRYING TO MAKE SURE THAT WHATEVER I'M BRINGING FROM OUTSIDE THE HOME IS NOT GOING INTO MY HOME. ANY OTHER SURFACES OR AREAS THAT PEOPLE WOULD LIKE TO ALERT US ABOUT TO MAKE SURE WE'RE CLEANING ON A REGULAR BASIS? THE SUPPLY, PEOPLE TALK ABOUT RUNNING OUT OF SUPPLIES. I THINK YOU CAN DO YOUR OWN SOLUTION AT HOME. SOMEBODY COULD PUT ONE CUP OF BLEACH PLUS NINE CUPS OF WATER MIX THEM THAT'S A SIMPLE SOLUTION WE USE FOR CLEANING SURFACES, TABLE, CHAIRS, ANYTHING THAT YOU TOUCH FREQUENTLY.

HAVE YOUR OWN HOMEMADE TYPE OF CHEMICALS YOU CAN USE TO CLEAN SURFACES AS MUCH AS POSSIBLE. IN YOUR HOME WHAT DO YOU REALLY NEED TO CLEAN IF YOU'RE COMING FROM OUTSIDE BRINGING THINGS IN THAT'S HOW THE VIRUS IS INTRODUCED IF OTHER PEOPLE COME IN YOU'RE IN COMMON AREAS THAT'S HOW A VIRUS CAN BE LEFT ON A SURFACE. BUT IF YOU LIVE ALONE WIPING DOWN THE SURFACES ON A REGULAR BASIS WON'T DO ANYTHING TO PROTECT YOU BECAUSE YOU'RE THE ONLY ONE THAT COULD CONTAMINATE THEM. YOU NEED TO BE SURFACE WHAT TYPE OF SURFACES YOU NEED TO CLEAN BUT IF YOU DON'T LEAVE YOUR HOUSE FOR SEVERAL DAYS NOBODY'S COME IN IT'S NOT LIKE THE VIRUS WOULD BE INTRODUCED AND CLEANING ISN'T GOING TO PROVIDE REALLY ANY EXTRA PROTECTION IN THAT CASE.

WE WANT TO MAKE SURE WE DON'T GET IT ALL OVER OUR FOOD IT'S CLEANING AGENTS AND WE WANT TO BE CAREFUL.

PEOPLE ARE CONCERNED ABOUT PRODUCTS COMING FROM OUTSIDE THEY'RE WIPING DOWN CANS AND BOTTLES AND BOXES BUT JUST BE

CAREFUL WITH THE CHEMICALS YOU USE AROUND YOUR FOOD BECAUSE THEY'RE FINE FOR SURFACES BUT NOT SOMETHING YOU WANT TO EAT. RIGHT.SO ANOTHER ONE OF THE PREVENTION TECHNIQUES THAT WE'VE HEARD ABOUT IS TRYING TO SNEEZE OR COUGH CORRECTLY IF THERE'S SUCH A THING. IT'S ALMOST ALARMING NOW WHEN WE HEAR SOMEBODY COUGH OR SNEEZE, EVERYBODY LOOKS.SO COULD YOU TELL US A LITTLE BIT ABOUT WHAT IS THE RIGHT WAY TO SNEEZE OR THE RIGHT WAY TO COUGH?I KNOW IT SOUNDS KIND OF STRANGE, BUT DR. KRAUSHAAR DO YOU MIND? SURE.BASICALLY YOUR STRATEGY WHEN YOU'RE COUGHING OR SNEEZING YOU DON'T WANT THOSE PARTICLES TO BE SPREAD EVERYWHERE IN THAT SIX-FOOT RADIUS. THE WAYS YOU DO THAT ARE THINGS LIKE SNEEZING THROUGH A KLEENEX. SNEEZE INTO A TISSUE YOU HAVE IT AGAINST YOUR MOUTH BEFORE YOU SNEEZE AND MOST OF THOSE PARTICLES ARE CAUGHT IN THE KLEENEX AND THROWING THAT KLEENEX AWAY AND WASHING YOUR HANDS.IF YOU DON'T HAVE A TISSUE WITH YOU, THEN SNEEZING INTO THE CROOK OF YOUR ELBOW IS ANOTHER GOOD STRATEGY.WE DON'T WANT PEOPLE SNEEZING INTO THEIR HANDS BECAUSE SURE YOU'RE NOT GOING TO SPREAD THOSE PARTICLES EVERYWHERE BUT YOU'LL TOUCH THINGS AND CONTAMINANT THINGS.YOU'RE MORE LIKELY NOT TO TOUCH THINGS WITH INSIDE OF YOUR STRATEGY THAT'S WHY THAT STRATEGY. YOU SAID THE KLEENEX MAKE SURE YOU THROW THAT AWAY SOME PEOPLE HAVE HANDKERCHIEFS AND KLEENEXES, BUT IF YOU COUGH IN YOUR MIND, THEN WHAT DO WE NEED

TO DO WITH THOSE THINGS, DO WE LAUNDER THEM, THROW THEM AWAY,
DON'T PUT THEM IN OUR SLEEVE OR POCKET BECAUSE THEY'RE FULL OF
VIRUSES WHAT'S YOUR RECOMMENDATION WHAT DO WE DO
WITH THOSE THINGS, DR. LABUS.

DISPOSE LIKE A TISSUE THROW THEM AWAY DON'T REUSE, THOSE
SHOULD BE DISCARDED.

BAD TIME TO USE HANDKERCHIEF.DISPOSABLE TISSUES.

IF YOU DO WASH THEM DRY THEM ON THE HOT SETTING AND THAT'S WHAT
YOU SHOULD DO WITH THINGS THAT COULD HAVE VIRAL PARTICLES ON
THEM. PART OF THE SNEEZING IS AS
YOU MENTIONED TRYING TO REDUCE THE VIRUS IN THOSE DROPLETS FROM
GOING ALL OVER THE PLACE, AND ONE WAY YOU CAN DO THAT IS WITH
A MASK.THERE SEEMS TO BE A LOT OF
MISINFORMATION OUT THERE ABOUT MASKS.

THERE'S PEOPLE WEARING THEM ALL OVER THE PLACE TO THE STORE TO
THE SUPERMARKET, AT HOME, HOSPITAL SETTINGS.

COULD YOU TELL ME ABOUT WHEN ANDHOW WE SHOULD WEAR A MASK AND
WHEN IT'S THE MOST EFFECTIVE TIME TO DO THAT?

MASKS -- THE BASIC SURGICAL MASK OR SOME MASKS THAT DON'T
FILTER BY PARTICLE, SO THE BASICSURGICAL MASK.

THE BIGGEST EFFECT OF THAT IS JUST STOPPING THE SPREAD OF
LARGE DROPLETS AS YOU SAID.SO IT'S NOT REALLY FOR THOSE
MASKS IT'S NOT REALLY ABOUT PREVENTING YOU FROM GETTING
INFECTED IT'S PREVENTING THE WEARER FROM INFECTING OTHERS.
THAT'S REALLY THE BIGGEST VALUE OF THOSE MASKS.

IN A HEALTHCARE SETTING, SITUATION IS SLIGHTLY DIFFERENT.
PHYSICIANS AND NURSES AND HEALTHCARE PROVIDERS ARE GETTING

IN REALLY CLOSE CONTACT WITH PATIENTS WHO ARE SICK.
THEY MAY BE PERFORMING PROCEDURES THAT ARE LIKELY TO
AEROSOLIZE THE PARTICLES. FOR EXAMPLE, IF SOMEONE IS
INTUBATING SOMEONE LIKE PUTTING A BREATHING TUBE OR SOMEONE IS
HAVING A DIFFICULT TIME BREATHING THAT CAN AERIALIZE THE
PARTICLES, SMALL PARTICLES, IN THAT SETTING IT BECOMES
DIFFICULT TO PROTECT THE HEALTHCARE PROVIDER.
BUT FOR SOMEONE WHO IS JUST WALKING AROUND IN THE COMMUNITY,
YOU KNOW, THERE'S VERY MINIMAL PROTECTION THAT SOMETHING LIKE
THAT WOULD PROTECT THEM BECAUSE YOU'RE NOT BEING BOMBARDED BY
THESE BUT THE MAIN IS THAT TO WEAR A MASK TO PREVENT YOU FROM
INFECTING OTHERS. IN A HEALTHCARE SETTING WHEN
YOU USE N95 MASKS IT'S NOT JUST HANDING OUT MASKS TO STAFF
THERE'S A PROCESS THAT GOES ALONG WITH IT MAKING SURE IT'S
THE RIGHT SHAPE FOR YOUR FACE AND SEALS AROUND YOUR MOUTH AND
YOU KNOW HOW TO TAKE IT OFF. IF YOU HAVE A MASK THAT DOES A
GREAT JOB FILTERING OUT THE VIRUS THE FIRST THING YOU GRAB
IT WITH YOUR HANDS NOW IT'S ON YOUR HANDS IT'S NOT AS SIMPLE AS
JUST PUTTING ON THE MASK THERE'S A WHOLE PROCESS THAT GOES ON
AROUND IT. SO JUST BUYING N95 MASKS ISN'T
NECESSARILY GOING TO PROVIDE THE PROTECTION YOU THINK IT WILL
BECAUSE THEY HAVE TO BE USED AND FITTED PROPERLY.
IT IS A PIECE OF PERSONAL PROTECTIVE EQUIPMENT AND IT'S
REALLY TAILORED TO AN INDIVIDUAL.
AND ALSO SAY YOU'RE SOMEONE WHO HAD A STASH OF MASKS AT HOME
BECAUSE YOU'RE WEARING A MASK DOESN'T MEAN YOU NO LONGER HAVE
TO TAKE THOSE OTHER STEPS. YOU STILL NEED TO AVOID RUBBING

YOUR EYES. YOU STILL NEED TO WASH YOUR HANDS THINGS LIKE THAT. WE DON'T WANT ANYBODY TO HAVE A FALSE SENSE OF SECURITY BECAUSE THEY'RE WEARING A SURGICAL MASK. IT MAY BE HELPFUL IN SOME SITUATIONS BUT YOU STILL NEED TO TAKE THOSE OTHER PRECAUTIONS GOOD TO KNOW THESE THINGS WORK IN CONCERT WASHING THE HANDS AND CLEANING THE SURFACE AND THE MASKS. AND SO WE DO SEE THE MASKS THAT EVERYBODY IS WEARING, THE CLUMP MASK SOME DISPOSABLE, WE TALKED YOU SHOULD TAKE THEM OFF AND THROW THEM AWAY WHAT ABOUT THE COUGH ONES THEY'RE DESIGNED TO BE REUSED. YOU MENTIONED YOU DON'T WANT TO ROLL THEM UP STICK THEM IN YOUR POCKET WHAT DO WE DO WITH THEM WHEN WE LAUNDER THEM. LIKE ANYTHING ELSE WASH THEM ON A HOT TEMPERATURE AND WHAT HAPPENS BETWEEN WASHING IF YOU HAVE THAT MASK IT'S FILTERING OUT PARTICLES YOU'RE TOUCHING IT THINK THE FURNACE FILTER WHEN YOU CHANGE OUT AND IT GETS DIRTY. SAME THINGS HAPPEN WHEN THE MASK IS FILTERING OUT EVEN THOUGH YOU CAN'T SEE IT THE PARTICLES ARE ON THE OUTSIDE OF THAT MASK. YOU CAN'T TAKE IT OFF PUT IT BACK ON REPEATEDLY OVER THE COURSE OF THE DAY WITHOUT THINKING HOW YOU'RE TOUCHING WHATEVER THAT MASK IS SUPPOSED TO FILTER OUT. THE SHORTAGE OF SUPPLIES INCLUDING MASKS BECAUSE IN THE WORLD PEOPLE ARE USING IT A LOT. AND THERE SHOULD BE A PRIORITY FOR ADMISSION, AS THE OTHER SPEAKERS HERE, THE HIGHEST PRIORITY FOR MEDICAL, WOULDERS TO USE THEM AND PATIENTS. BECAUSE THE LIKELIHOOD OF YOU GETTING INFECTED FROM OTHERS. YOU SHOULD GIVE THE MEDICAL WORKERS AND THE INPATIENTS MORE

OPPORTUNITY TO USE THEM RATHER THAN YOU USING IT BECAUSE YOU'RE NOT INFECTED BUT YOU'RE JUST WORRIED ABOUT IT.

WELL, ONE OF THE WHYS HERE IS THAT OBVIOUSLY WE'RE STOPPING THOSE PARTICLES FROM MOVING BUT ANOTHER THING THAT WE CAN DO IN ANOTHER PREVENTION TECHNIQUE PROMOTED BY PUBLIC HEALTH HAS BEEN THIS NEW WORD THAT WE ALL GOT TO TALK ABOUT OR NEW WORDS OF SOCIAL DISTANCING. BUT THERE'S A COUPLE OF WORDS IN THERE WE TALK ABOUT. WE TALKED ABOUT QUARANTINE, SELF-QUARANTINE, ISOLATION. SOCIAL DISTANCING.

COULD YOU TELL US WHAT THE DIFFERENCE IS BETWEEN THOSE AND THEN AGAIN WHAT'S THE PURPOSE OF DOING THAT?

SO BASICALLY ALL OF THOSE TERMS ARE WAYS THAT WE CAN PHYSICALLY SEPARATE OURSELVES FROM OTHERS.

ISOLATION IS A MEDICAL TERM WE'VE USED QUITE EXTENSIVELY. IT TALKS ABOUT WHAT TO DO IF A PERSON IS SICK.

IF SOMEONE IS SICK, THEY NEED TO BE SEPARATED FROM OTHER PEOPLE.

SO THAT MAY BE STAYING IN A SPECIAL ROOM OR SPECIAL ROOMS IN HOSPITALS WITH CERTAIN KINDS OF AIRFLOW THAT KEEP YOU FROM SPREADING YOUR DISEASE TO OTHER PEOPLE.

THE IDEA OF QUARANTINE IS WE'RE KEEPING YOU AWAY FROM OTHER PEOPLE BUT NOT BECAUSE YOU'RE SICK BUT BECAUSE YOU'VE BEEN EXPOSED TO SOMEBODY AND YOU COULD BECOME SICK.

WE'RE CONCERNED THAT THERE'S SOME POTENTIAL FOR SPREAD BEFORE YOUR SYMPTOMS START. SO THIS WAY IF YOU'RE QUARANTINED FROM THE TIME YOU'RE EXPOSED AND YOU DO GET SICK YOU WON'T PUT OTHER PEOPLE AT RISK. THE IDEA OF SELF-QUARANTINE DOING IT AT HOME ASKING YOU TO DO IT RATHER THAN HAVING SOME

LEGAL INTERVENTION OR LEGAL REQUIREMENT THAT YOU DO SO BUT THE BASIC IDEA IS KEEPING YOU AWAY FROM OTHER PEOPLE SO THAT YOU DON'T DEVELOP DISEASE. SOCIAL DISTANCING IS JUST A BROAD IDEA OF PUTTING PHYSICAL SEPARATION BETWEEN YOU AND OTHERS. AND THE VIRUS CAN SPREAD ABOUT SIX FEET WHEN YOU'RE COUGHING OR SNEEZING YOU WANT TO BE BEYOND THAT. YOU DON'T WANT TO BE LINING UP CLOSE TO PEOPLE IF YOU'RE IN A STORE. THAT'S WHY WE'RE ASKING PEOPLE TO STAY HOME BECAUSE IT'S GOING TO MINIMIZE CONTACT BETWEEN YOU AND OTHER PEOPLE AND STOP YOU AS A LINK IN THAT CHAIN OF DISEASE TRANSMISSION IN THE COMMUNITY. THAT'S GOOD INFORMATION. SO I KNOW YOU MENTIONED A LITTLE BIT NOW WHAT DO I DO IF I GET SICK? IF YOU'RE AT HOME YOU'RE STARTING TO FEEL SICK, THERE'S A LOT OF INFORMATION OUT THERE. BUT WHAT ARE WE SUPPOSED TO DO, WHAT DO YOU TELL PEOPLE IF I'M NOT FEELING WELL? DO WE WANT THEM TO GO TO THE ER.? DO THEY GO TO THE DOCTOR? WHAT ARE THEY SUPPOSED TO DO? ONE OF THE DIFFICULT THINGS ABOUT THIS DISEASE IS THAT IT CAN START OFF VERY MILD. PEOPLE MAY HAVE MILD SYMPTOMS THROUGHOUT THEIR WHOLE COURSE. SO IF YOU FEEL LIKE YOU ARE COMING DOWN WITH A COLD OR HAVING FLU-LIKE SYMPTOMS, THE FIRST STEP IS TO PLEASE DON'T GO TO WORK. A LOT OF PEOPLE ARE STAYING HOME. BUT SOME PEOPLE ARE STILL GOING TO WORK. SO ONE OF THE MOST IMPORTANT THINGS IS PLEASE STAY AT HOME. IF YOU -- THIS IS A TIME WHERE BECAUSE THESE SYMPTOMS CAN

OVERLAP WITH LIKE COMMON COLD SYMPTOMS, WE WANT, IF YOU START TO FEEL SICK ALSO PRACTICE SOCIAL DISTANCING FROM YOUR FAMILY MEMBERS. SO WE WANT TO REALLY TRY NOT TO TRANSMIT THIS TO OTHER PEOPLE. NOW, WE KNOW THAT TESTING HAS BEEN AN ISSUE NATIONWIDE. SO IN AN IDEAL SITUATION ANYONE WHO HAS ANY COLD SYMPTOMS WOULD GET TESTED. AND UNFORTUNATELY THAT'S NOT REALLY FEASIBLE RIGHT NOW. BUT WHAT PEOPLE CAN DO THEY CAN REACH OUT TO THEIR HEALTHCARE PROVIDER, FIGURE OUT IF THEY HAVE SYMPTOMS THAT WOULD WARRANT TESTING AND THEIR HEALTHCARE PROVIDER COULD FACILITATE THAT TESTING. BUT ONE THING WE DON'T WANT PEOPLE TO DO IS JUST SAY YOU HAVE MILD COLD-LIKE SYMPTOMS WE DON'T WANT YOU TO RUSH TO THE HOSPITAL OR TO THE EMERGENCY DEPARTMENT TO GET TESTED. RIGHT NOW THE HOSPITALS AND EMERGENCY DEPARTMENTS THEY'RE GETTING INUNDATED WITH VERY SICK PEOPLE. AND WE WANT TO CONSERVE THE RESOURCES AT THE HOSPITAL FOR PEOPLE WHO REALLY NEED EMERGENT TREATMENT, PEOPLE WHO MAY NEED OXYGEN OR NEED TO BE PUT ON A BREATHING MACHINE. SO IF YOU HAVE VERY MILD SYMPTOMS AND YOU GO TO THE HOSPITAL, THEN THAT WILL TAKE AWAY THE TIME RESOURCES FROM OTHER PEOPLE. NOW, IT CAN BE HARD SOMETIMES FOR PEOPLE TO DISTINGUISH WHEN THEY NEED TO GO TO THE HOSPITAL OR NOT. BUT I THINK A RULE OF THUMB IS THAT IF FOR YOUR CURRENT SYMPTOMS, IF YOU WOULDN'T, IF A YEAR AGO YOU WOULDN'T HAVE GONE TO THE HOSPITAL FOR THOSE SYMPTOMS, LIKE YOU HAD COLD SYMPTOMS AND A YEAR AGO YOU WOULDN'T HAVE GONE TO THE

HOSPITAL FOR THOSE SYMPTOMS, THEN I THINK IT'S APPROPRIATE NOT TO GO TO THE HOSPITAL AT THIS TIME.

REALLY IT'S WORKING THROUGH YOUR PRIMARY CARE PROVIDER.

AND ANOTHER THING IS THAT THERE'S A LOT EVEN IF PEOPLE DO HAVE COVID-19 THAT THEY CAN DO TO SORT OF HELP WITH THE SYMPTOMS. SO THINGS LIKE FEVER-REDUCING

MEDICATIONS THINGS LIKE THAT. THAT WILL GO A LONG WAY TO HELPING YOU FEEL BETTER. AND SORT OF MANAGING YOUR SYMPTOMS. MOST IMPORTANT THING TO

REMEMBER WITH THIS CORONAVIRUS EPIDEMIC, THERE'S A HIGH RATE OF ASYMPTOMATIC CARRIERS BECAUSE PEOPLE ARE INFECTED BUT THEY HAVE NO SIGNS AND SYMPTOMS OF THE DISEASE.

SO ABOUT 80% OF THE PEOPLE WHO ARE INFECTED WITH VERY MILD -- NO SYMPTOMS OR MILD SYMPTOMS TO START AND ONLY ABOUT 20% WILL HAVE SYMPTOMS LIKE PNEUMONIA AND ABOUT 10% WILL BE HOSPITALIZED.

10% OR 5% HAVE MORE SEVERE INFECTIONS THAT REQUIRE INTUBATION AND OTHER TYPE OF PROCEDURE.

BUT THE MOST IMPORTANT TO REMEMBER IS THAT THERE'S A LOT OF PEOPLE WHO ARE INFECTED BUT HAVE NO SYMPTOMS.

THAT'S WHY WE'RE PROCESSING ALL THE SOCIAL DISTANCE, ISOLATIONS, SELF-QUARANTINE TO AVOID EXPOSURE.

IN OTHER WORDS, IT'S VERY IMPORTANT TO IF THEY'RE INFECTED TO TAKE ALL THE PRECAUTIONARY MEASURES.

SO OBVIOUSLY THERE ARE A LOT OF PEOPLE WHO ARE GETTING SICK.

DO WE HAVE ANYTHING ON THE HORIZON?

IS THERE A CURE? IS THERE A REMEDY?

IS THERE A VACCINE? AND WHEN MIGHT WE EXPECT TO SEE

THAT? WHEN IT COMES TO TREATMENTS
THERE'S A NUMBER OF DIFFERENT CHEMICALS TESTED, ALL SORTS OF
DRUGS TRIED RIGHT NOW TO SEE WHAT'S EFFECTIVE AGAINST
CORONAVIRUS. THINGS ARE BEING TRIED IN
HOSPITAL SETTINGS AROUND THE WORLD TO FIND SOMETHING THAT CAN
REDUCE THE DEATH RATE OR REDUCE THE SEVERITY OF DISEASE.
BUT WE DON'T HAVE A PARTICULAR ONE RIGHT NOW THAT'S
RECOMMENDED. WE'RE ALSO NOT TELLING ANYBODY
TO SELF-TREAT WITH ANY OF THE THINGS THEY MAY HAVE HEARD ABOUT
BECAUSE REALLY THERE'S NO PROOF THESE THINGS WORK AND A LOT OF
THEM HAVE DANGEROUS SIDE EFFECTS.
WE'RE WORKING ON DIFFERENT TREATMENTS BUT WE'RE JUST NOT AT
THAT POINT. WHEN IT COMES TO VACCINES, THE
PROCESS OF PRODUCING A VACCINE IS CONCEPTUALLY SIMPLE BUT IT
TAKES A LONG TIME TO ACTUALLY TEST IT AND SHOW THAT IT WORKS.
YOU HAVE TO VACCINATE A BUNCH OF PEOPLE AND COMPARE THEM TO
PEOPLE WHO ARE UNVACCINATED TO SEE IF THERE'S ACTUALLY A
DIFFERENCE IN THE DEVELOPMENT OF DISEASE.
AND THAT TAKES MONTHS TO YEARS. SO IT'S GOING TO BE 12 TO 18
MONTHS AT LEAST BEFORE WE'RE HAVING SERIOUS CONVERSATIONS
ABOUT A VACCINE BEING AVAILABLE ASSUMING THAT IT ACTUALLY WORKS.
AND ASSUMING WITH THIS VIRUS THAT YOU GET LONG-TERM IMMUNITY,
WHICH IS SOMETHING WE DON'T KNOW.
WE DON'T KNOW WHAT HAPPENS 12 MONTHS AFTER YOU ARE INFECTED IF
YOU CAN GET INFECTED AGAIN IF YOU GET IT ONCE IN YOUR LIFE AND
THAT'S IT BECAUSE WE HAVEN'T HAD MORE THAN THREE OR FOUR MONTHS
OF EXPERIENCE WITH THIS VIRUS WE CAN'T SAY WHAT'S GOING TO HAPPEN

A YEAR, TWO YEARS, FIVE YEARS DOWN THE ROAD.

THERE'S A LOT OF THINGS WE DON'T KNOW THAT MAKES IT CHALLENGING TO MAKE DECISIONS ABOUT USING A VACCINE EVEN IF WE HAD ONE.

ESPECIALLY WITH VIRUSES IT TAKES A LONG TIME TO DEVELOP A TREATMENT OR VACCINE FOR A VIRUS.

IT'S HARDER COMPARED TO BACTERIA WHERE YOU HAVE ANTI BIOTICS THAT CAN BE USED TO TREATMENT THEM. IMPORTANT TO REMEMBER THERE'S NOT MUCH FOR THIS ONE AND USUALLY IT'S COMBINATION

STRATEGIES. ALL THE THINGS WE'RE TALKING

ABOUT FROM HANDWASHING TO SOCIAL DISTANCING TO ISOLATION, ALL COMBINATIONS WILL HELP STOP THE PANDEMIC.

WE DID THAT WITH SARS IN 2003. AND IT HAPPENED NOW IN CHINA THE CASES ARE GOING DOWN NOW BECAUSE THEY'RE DOING THIS.

AND IF YOU LOOK AT IT'S MAINTAINING AT THE SAME LEVEL IN CHINA WHILE THE REST OF THE WORLD IT'S STILL GOING UP.

BUT WE'RE LOOKING FOR THIS MAGIC BULLET BUT THERE'S NONE.

IT'S A COMBINATION OF THE STRATEGIES THAT WILL WORK TOGETHER. OBVIOUSLY WE WANTED TO TALK A

LITTLE BIT ABOUT THESE PREVENTION STRATEGIES AND WHY THEY'RE SO IMPORTANT TO IMPLEMENT BECAUSE THEY CAN

REALLY HELP SLOWED THE SPREAD OF DISEASE.

I THINK BECAUSE OF THINGS LIKE VACCINES OR POTENTIAL SUCCESSFUL TRIALS OF DRUGS ARE AT LEAST MONTHS AWAY, POTENTIALLY YEARS.

THIS IS REALLY WHY SOME OF THESE SOCIAL DISTANCING MEASURES ARE BEING PROMOTED IS BECAUSE YOU REALLY WANT TO DELAY THAT PEAK AND YOU WANT THAT PEAK NOT AS HIGH.

SO FEWER NUMBERS OF CASES AND SPREAD OUT OVER LONGER PERIODS

OF TIME AND WE BUY OURSELVES SOME TIME TO DO THINGS LIKE
DISCOVERING A VACCINE. IT'S BEEN INTERESTING TALKING
ABOUT THE TECHNIQUES BUT LET'S TAKE IT INTO THE HOME
ENVIRONMENT. A LOT OF INDIVIDUALS HAVE BEEN
SENT HOME TO STAY HOME WITH THEIR FAMILIES.
WHAT IF YOU GO HOME AND ONE OF YOUR FAMILY MEMBERS IS SICK AND
HAS BEEN EXPOSED, HOW DO YOU PROTECT THEM?
HOW DO YOU PROTECT OTHER INDIVIDUALS IN THAT HOUSE?
WHAT ARE THE PRACTICAL THINGS THEY CAN DO AROUND THE HOUSE TO
NOT SPREAD THIS TO ALL MEMBERS OF THE FAMILY?
SO JUST LIKE EVERYTHING ELSE WE'VE TALKED ABOUT TODAY, IT'S
ABOUT PUTTING A PHYSICAL DISTANCE BETWEEN YOU AND OTHER
PEOPLE. YOU HAVE TO THINK ABOUT IT JUST
THE PEOPLE WHO ARE GENERALLY IN YOUR HOME AND THERE'S THE PEOPLE
CARING FOR THE SICK PERSON. IF YOU CAN PUT A PHYSICAL
DISTANCE BETWEEN YOU AND THAT SICK PERSON THAT'S GOING TO
REDUCE DISEASE TRANSMISSION RISK.
IF YOU HAVE AN EXTRA ROOM THAT'S WHERE THAT PERSON CAN STAY BY
THEMSELVES. THEY HAVE THEIR OWN BATHROOM.
THAT'S THE IDEAL SITUATION. SO YOU'RE PHYSICALLY GOING TO
SEPARATE THEM AND HAVE THEM IN A ROOM SEPARATE FROM EVERYONE ELSE
AND THE ONLY PERSON TOUCHING OR BEING IN CONTACT WITH THAT SICK
PERSON SHOULD BE THE CAREGIVER. YOU DON'T WANT TO HAVE THE
ELDERLY GRANDPARENT AS THE CAREGIVER FOR SOMEBODY BECAUSE
THEY'RE AT MUCH HIGHER RISK OF A SERIOUS DISEASE IF THEY WERE TO
BE INFECTED. YOU REALLY HAVE TO START
THINKING ABOUT CLEANING SURFACES AROUND YOUR HOUSE, HANDWASHING,

AND BEING VERY CAREFUL ANYTIME YOU'RE HAVING INTERACTIONS WITH THAT SICK PERSON. IT'S IDEAL IF YOU HAVE A SEPARATE ROOM. BUT WE KNOW MOST PEOPLE DON'T HAVE THE ABILITY TO DO THAT EVERYWHERE. YOU HAVE POTENTIALLY A LOT OF PEOPLE LIVING IN A ONE OR TWO BEDROOM APARTMENT AND SO IT CAN BE CHALLENGING TO PUT THAT DISTANCE THERE. BUT IT MAY BE THAT YOU SET UP THEIR BED KIND OF IN THE CORNER BY AN OPEN WINDOW HAVE EVERYONE KIND OF STAY AWAY FROM THEM WHATEVER IT IS KEEPING SOME DISTANCE AND THEN PRETTY MUCH NOT HAVING CONTACT WITH THAT PERSON EXCEPT FOR THE ONES WHO ARE GOING TO BE PROVIDING DIRECT CARE. I THINK WHAT DR. LABUS SAID WAS EXACTLY RIGHT. I THINK THE ISSUE OF AIR CIRCULATION IS VERY IMPORTANT. KEEPING IF YOU ARE IN A SITUATION WHERE THAT PERSON DOESN'T HAVE THEIR OWN ROOM OR SOMETHING LIKE THAT, KEEPING WINDOWS OPEN IMPROVES THE AIR CIRCULATION MAKES IT LESS LIKELY THAT THE PARTICLES WILL STAY IN THE AIR FOR A LONGER PERIOD OF TIME. SO IF WE KNOW THAT SOMEONE'S SICK AT HOME AND WE KNOW THAT THEY HAVE COVID-19, THESE MEASURES BECOME EXTRA IMPORTANT. AND SO PEOPLE NEED TO BE MUCH MORE STRICT ABOUT KEEPING THAT DISTANCE, ABOUT SANITIZING THINGS AND THEN JUST IN OUR ORDINARY LIVES WHAT ABOUT THINGS LIKE LAUNDRY AND TRASH CANS AND UNFORTUNATELY PEOPLE ARE SICK THERE'S USUALLY A LARGE PILE OF KLEENEXES, HOW DO WE DEAL WITH THAT SO WE DON'T EXPOSE OTHER PEOPLE, ANYTHING DIFFERENT WE SHOULD DO THERE? I THINK THINGS LIKE HAVING

THE NO TOUCH RECEPTACLE MAKING SURE YOU DON'T HAVE TO PHYSICALLY USE YOUR HAND TO OPENUP A TRASH CAN IS IMPORTANT. THROWING AWAY THINGS LIKE DIRTY KLEENEXES.

YOU WANT TO HAVE A SITUATION WHERE YOU'RE NOT SHARING DIRT UTENSILS.THIS IS NOT THE TIME FOR COMMUNAL EATING AND SITTING AROUND A TABLE IF SOMEONE IS SICK AT YOUR HOME MAKE SURE THEY'RE EATING IN SEPARATE LOCATIONS.BUT THINGS LIKE WASHING YOUR DISHES, THE NORMAL DETERGENTS AND STUFF SHOULD INACTIVATE THIS VIRUS.AND THE SAME WITH LAUNDRY AND YOUR CLOTHES AND THINGS LIKE THAT.

BUT ANYTIME YOU'RE POTENTIALLY TOUCHING SOMETHING THAT COULD BE CONTAMINATED, MAKE SURE TO WASH YOUR HANDS AFTERWARDS.

I WOULD SAY IF YOU HAVE GLOVES AT HOME THAT WOULD BE THE TIME TO PUT ON GLOVES.TAKING OUT THE TRASH OR SOILED LAUNDRY THAT WILL PROVIDE ONE EXTRA BARRIER BETWEEN YOU AND THE CONTAMINATED MATERIAL.BUT JUST BECAUSE YOU'RE WEARING THE GLOVES DOESN'T MEAN YOU STOPTHE HANDWASHING, WEAR THE GLOVES IN ADDITION TO THE HANDWASHING TRY TO STOP THE CONTAMINATION IN THE FIRST PLACE WE STILL HAVE TOREMEMBER TO PRACTICE GOOD HANDWASHING, ESPECIALLY IN A SITUATION LIKE THAT.

IF YOU DO HAVE A SICK PERSON AT HOME THIS IS THE TIME WHERE MASKS COULD BE VERY IMPORTANT.SO IF THEY ARE HAVING TO COME OUT OF THEIR ROOM OR THEIR AREA OF THE HOUSE, HAVING THEM WEAR A MASK WILL HELP TO POTENTIALLY PREVENT THEM FROM INFECTING OTHERS. SOME GOOD PRACTICAL ADVICE FOR FOLKS AT HOME.BUT SOMETIMES WE STILL HAVE TO

GO OUT.WE RUN OUT OF GROCERIES OR SOME EMERGENCY IN OUR HOUSE WE'VE GOTTO FIX A LEAKY PIPE OR SOMETHING.SO WHAT CAN AND WHAT ARE BUSINESSES DOING TO TRY TO HELP US TO ALSO FOLLOW THESE PREVENTION PRACTICES THAT WE TALKED ABOUT, WHAT THINGS HAVE WE SEEN OR WHAT THINGS SHOULD THEY BE DOING?

DR. SY. PEOPLE OBSERVE SOCIAL DISTANCING, THERE'S WHERE YOU GOTO THE STORE, OBSERVE DISTANCE WHEN YOU PAY YOUR BILL AND OBSERVE THOSE PRECAUTIONS THAT YOU DON'T GET EXPOSED TO OTHER PEOPLE.

ANYTHING ELSE WE'RE SEEING INSTORES?

A LOT OF IT HAS TO DO WITH HOW YOU SEPARATE PEOPLE PHYSICALLY.IT CAN BE A BIT OF A CHALLENGE IN SOME OF THE STORES BECAUSE IFYOU GO TO THE GROCERY STORE THERE'S CERTAIN PRODUCTS THAT EVERYONE WANTS TO PURCHASE. AND SO YOU HAVE PEOPLE CONGREGATING AROUND THE MILK OR BREAD OR THINGS LIKE THAT.BUT THERE'S NOT MUCH STORES CAN DO IN THAT SITUATION OTHER THAN ALLOW ONE PERSON IN THE STORE AT A TIME BECAUSE YOU'LL HAVE PEOPLE COMING IN TOGETHER.

AS AN INDIVIDUAL FOLLOW THE RULES AND STAYING A DISTANCE FROM ANOTHER PERSON.YOU MAY HAVE TO WAIT A FEW SECONDS FOR THE OTHER PERSON TO WALK AWAY.

BUT THINK ABOUT HOW YOU'RE GOINGTO COME IN CONTACT WITH THEM AND TRY TO MINIMIZE IT EVEN IF THE STORE IS DOING SOMETHING TO TRY AND MINIMIZE THE AMOUNT OF TIMESYOU'RE TOUCHING THINGS.

I'VE BEEN TO PLACES WHERE THEY WON'T TOUCH YOUR CARD. YOU PUT THE CARD IN, THAT'S IT.AND CHANGED PRACTICES YOU USED

TO HAND IT TO THEM THEY WOULD SWIPE IT.
BUT THINGS LIKE THAT MINIMIZING THE CONTACT YOU HAVE WITH OTHER
PEOPLE AND THE POTENTIAL FOR DISEASE SPREAD.
WIPING DOWN GROCERY CARTS AND OTHER THINGS WHEN YOU ENTER THE
STORES, TOO, WHICH I THINK ARE SOME GOOD PRACTICES.
SO WITH THAT, A LOT OF PEOPLE ARE TRYING TO AVOID GOING
OUTSIDE. AND AVOID DOING THINGS.
SO THEY'RE ORDERING ALL SORTS OF THINGS ONLINE.
SO THAT'S A GROUP OF PEOPLE THAT WE NEED TO THANK.
THEY'RE WORKING DOUBLE TIME RIGHT NOW.
OUR SHIPPING AND DELIVERY PEOPLE.
SO WHAT PRACTICES HAVE WE SEEN IN LIKE SHIPPING AND DELIVERY
THAT ARE ALSO TRYING TO FOLLOW THESE PREVENTION PRACTICES?
DR. KRAUSHAAR? I THINK TODAY YOU'RE EXACTLY
RIGHT WE NEED TO BE THANKFUL THAT THERE ARE PEOPLE WHO ARE
STILL WORKING IN THESE WAREHOUSES, SHIPPING OUT
PRODUCT. THERE ARE PEOPLE DELIVERING
THOSE. WE NEED TO DEFINITELY NOT TAKE
THOSE PEOPLE FOR GRANTED. WE ARE FORTUNATE IN THAT IT'S
PROBABLY THE EASIEST IT'S EVER BEEN TO SELF-QUARANTINE BECAUSE
YOU NEED GROCERIES, YOU CAN'T LEAVE, AND YOU CAN JUST ORDER IT
WITH A CLICK OF A BUTTON. SO I THINK THOSE ARE ALL VERY
USEFUL IN OUR LIVES. I THINK WE'VE SEEN A BUNCH OF
COMMERCIALS WHERE BUSINESSES ARE REALLY STARTING TO UNDERSTAND
THIS NOW. AND THEY'RE ADVERTISING DON'T
TOUCH DELIVERIES. SO THEY'RE HAPPY TO COME TO YOUR
HOUSE, LEAVE IT ON THE DOORSTEP AND NOT HAVE DIRECT CONTACT WITH

YOU. SO IF THAT DELIVERY PERSON IS BRINGING SOMETHING UP AND YOU DON'T NEED TO GO OUT AND PHYSICALLY TAKE IT FROM THEM OR SIGN A RECEIPT OR SOMETHING LIKE THAT. LET THAT PERSON GO BACK TO THEIR TRUCK AND DRIVE OFF BEFORE YOU'RE GOING TO WALK OUTSIDE AND POTENTIALLY PUT THEM AT RISK. THEY'RE COMING IN CONTACT WITH HUNDREDS OR THOUSANDS OF PEOPLE A DAY, AND YOU DON'T WANT TO INCREASE THAT RISK FOR THEM BECOMING SICK.

SO THINK ABOUT THAT DELIVERY PERSON AND WHAT YOU CAN DO TO PROTECT THEM, NOT JUST THE THINGS YOU NEED TO DO TO PROTECT YOURSELF FROM WHATEVER DISEASE THEY MAY BE CARRYING AS WELL.

I KNOW A LOT OF FOLKS DO TOUCHLESS DELIVERY, SET THINGS ON THE PORCH TRY NOT TO HAVE YOU SIGNING ON THE KEY PAD.

A LOT OF INFORMATION ABOUT THAT. SO ONE OF THE THINGS THAT WE ALSO I THINK ARE STRUGGLING FROM IS THERE'S THIS INFORMATION OVERLOAD. AND EVERY WEBSITE AND YOUTUBE AND PLACE HAS INFORMATION ABOUT WHAT TO DO ABOUT CORONAVIRUS. SO COULD YOU TELL US ABOUT WHAT ARE SOME OF THE MOST CREDIBLE SOURCES MAYBE FROM A LOCAL PERSPECTIVE AND A FEDERAL PERSPECTIVE ABOUT WHERE PEOPLE SHOULD GO TO MAKE SURE THE INFORMATION THEY'RE READING AND THEY'RE GETTING IS GOOD QUALITY ACCURATE SCIENTIFICALLY BASED INFORMATION.

DR. SY, DO YOU MIND STARTING FROM FEDERAL RESOURCES.

THE FEDERAL CDC WEBSITE IS THE MOST CREDIBLE IN TERMS OF PREVENTIONS, BUT FOR RESEARCH INTERMS OF NEW MEDICATIONS OR CURRENT VACCINE DEVELOPMENT YOU CAN GO TO NIH WEBSITE.

YOU CAN GO TO CDC WEBSITE OR NIH.GOV.

VERY IMPORTANT FEDERAL RESOURCES, BUT OTHER GREAT SOURCES IS JOHNS HOPKINS. JHU.EDU IS A GREAT SOURCE OF INFORMATION. IF YOU'RE INTERESTING IN FINDING OUT WHAT'S HAPPENING IN THE LOCAL LEVEL THEN THE SOUTHERN NEVADA HEALTH DISTRICT, OUR WEBSITE IS VERY USEFUL. THERE'S A SHORTENED URL FOR THE CORONAVIRUS PAGE. IT'S NHDCORONAVIRUS OR NHD/COVID-19.

I WOULD ADD THERE'S ALL SORTS OF REPORTS EVERY DAY ABOUT CASE COUNTS. WE TRACK THE NUMBER OF COUNTS AND CASES NO SPORTS ON TV SO PEOPLE HAVE TO FOLLOW SOME SORT OF NUMBER FROM DAY TO DAY. THE NUMBERS ARE RATHER COMPLICATED JUST BECAUSE WE SAW AN INCREASE FROM ONE DAY TO THE NEXT DOESN'T MEAN THERE'S AN END OF THE WORLD DOESN'T MEAN THERE'S A HUGE CHANGE, TRACKING THE NUMBERS IS VERY CHALLENGING EVEN THOSE WORKING WITH IT EVERYDAY IT DOESN'T SHOW EXACTLY WHAT'S HAPPENING. TODAY WHAT'S HAPPENED A COUPLE WEEKS AGO AND BASED ON THE NUMBER OF PEOPLE WE'RE TESTING. SO I WOULD BASICALLY NOT FOLLOW IT DAY-BY-DAY AND SAY WELL THE NUMBERS WENT UP 2% THAT MEANS SOMETHING.

WELL IT REALLY DOESN'T. IT'S VERY DIFFICULT TO INTERPRET AND I THINK YOU'RE GOING TO DRIVE YOURSELF NUTS AND FREAK OUT QUITE A BIT IF YOU CONSTANTLY WATCH THOSE NUMBERS AND TRY TO MAKE MORE SENSE OF THEM THAN EVEN PEOPLE WHO DEAL WITH THEM EVERY DAY CAN DO. FOCUS ON THOSE PREVENTION TECHNIQUES RATHER THAN WATCHING ALL THE NUMBERS.

SO AS A PUBLIC HEALTH PROFESSIONAL, ONE THING WE PROMOTE EVERY SINGLE DAY IS THAT PEOPLE TRY TO STAY HEALTHY, EAT

AND EXERCISE AND DO ALL THESE THINGS.

THAT'S CHANGED TOO, GYMS AND WORKOUT FACILITIES AND ALL THOSE THINGS ARE CLOSED. GETTING A LOT OF QUESTIONS ABOUT HOW CAN I STAY HEALTHY DURING THIS AND HOW DO I DO THAT WITHOUT VIOLATING ALL THOSE THINGS WE TALKED ABOUT EARLIER.

SO DO YOU HAVE ANY RECOMMENDATIONS ON HOW PEOPLE CAN STAY HEALTHY AND EAT RIGHT AND DO THE THINGS WE WANT THEM TO DO EVERY DAY? WELL, I THINK, FIRST OF ALL, NUTRITION IS IMPORTANT. SO I MEAN ALL THE FRUITS AND VEGETABLES AND THINGS WE'RE STILL ABLE TO ACCESS THEM IN STORES. WE WANT TO BE AS HEALTHY AS POSSIBLE EATING NUTRITIOUS MEALS.

WE WANT TO BE GETTING PLENTY OF SLEEP.

SLEEP HAS AN IMPORTANT EFFECT ON YOUR IMMUNE SYSTEM.

NOW IS NOT THE TIME TO STAY UP ALL NIGHT.

MAKING SURE YOU'RE GETTING ADEQUATE SLEEP.

EXERCISE IS GREAT AS LONG AS YOU'RE DOING IT IN A WAY YOU'RE NOT POTENTIALLY EXPOSING YOURSELF TO OTHER SICK PEOPLE.

IF YOU CAN EXERCISE IN YOUR HOME OR IF YOU'RE JOGGING OUTSIDE, AS LONG AS YOU'RE NOT GETTING IN CLOSE PROXIMITY TO OTHERS, THEN,

YEAH, NOW IS THE TIME TO DO IT. DR. LABUS, I KNOW YOU HAVE BEEN INTERVIEWED A FEW TIMES. I'VE HAD A LOT OF QUESTIONS

ABOUT THAT CAN I GO OUT RUNNING IN A GROUP OF PEOPLE?

NO, THE RULES WE HAVE ON STORES OR ANYTHING ELSE IN PUBLIC ARE THE SAME AS WE'RE GOING TO FOLLOW FOR ANYTIME WE'RE OUT

DOING AN ACTIVITY. AND IN THAT ACTIVITY IF YOU'RE DOING IT WITH A GROUP OF PEOPLE IT'S A BAD IDEA.

IF YOU'RE OUT WALKING BY YOURSELF THAT'S FINE OR THE PEOPLE YOU LIVE WITH GOING OUT TOGETHER.

BUT IF YOU CONGREGATE, GOING TO THE PARK MIGHT BE A GREAT IDEA BUT EVERYBODY GOING TO THE PARK THEN YOU HAVE A LOT OF PEOPLE IN THE SAME SPACE YOU NORMALLY WOULDN'T.

YOU HAVE TO THINK ABOUT HOW YOU PHYSICALLY SEPARATE YOURSELF FROM OTHER PEOPLE NO MATTER WHAT YOU'RE DOING WHEN YOU GO OUTSIDE, WHETHER YOU'RE GOING TO THE STORE OR YOU'RE GOING OUT FOR A JOG OR A BIKE RIDE OR SOMETHING LIKE THAT.

IT'S ALL ABOUT AVOIDING THAT DIRECT CONTACT WITH OTHER PEOPLE AS MUCH AS POSSIBLE. YEAH, I WANT TO FOLLOW UP ON THAT A LITTLE BIT. THERE'S SO MANY THINGS ABOUT THIS. DOG PARKS.

NOW IS A GREAT TIME EVERYBODY WANTS TO GO OUT WALK THEIR DOGS AND GET THEIR PETS EXERCISE. HOW CAN WE TELL THEM TO BE SAFE THERE? OR PEOPLE LIKE TO RIDE BICYCLES THAT'S ANOTHER GREAT AREA WE HEAR ABOUT.

HOW CAN WE DO THOSE THINGS SAFELY?

WE WANT TO EXERCISE BUT WE DON'T WANT THEM TO CAUSE HARM.

WELL, WITH BICYCLING DOING INDIVIDUAL ACTIVITIES IT'S ABOUT GOING BY YOURSELF OR THE PEOPLE YOU LIVE WITH NOT DOING IT AS A SOCIAL EVENT AS WELL AS THE EXERCISE.

THAT'S ONE OF THE CHALLENGES WITH A DOG PARK IT'S NICE TO LET THE DOGS GO RUN AROUND BUT IT'S A SOCIAL EVENT FOR THE OWNERS AS MUCH AS IT IS FOR THE DOGS. SO AGAIN IF YOU HAVE A BUNCH OF PEOPLE COMING TOGETHER, THAT'S GOING TO BE A PROBLEM.

AND OF COURSE YOU WANT YOUR DOG TO GO OUT AND PLAY AND HAVE FUN

BUT THAT CAN BE A BIT OF A CHALLENGE RIGHT NOW.

WE DON'T WANT THE ENTIRE COMMUNITY GOING TO ONE DOG PARK BECAUSE THERE'S NO WAY TO PHYSICALLY SEPARATE YOURSELF FROM OTHERS. NOW, IT'S NOT A RISK FROM GETTING A DISEASE FROM A DOG OR ANYTHING LIKE THAT, IT'S A RISK OF THE OTHER PEOPLE THAT ARE ALL GOING TO THAT SAME LOCATION. AND ESPECIALLY THE DOG PARK THERE'S NO WAY TO REALLY KEEP YOUR DOGS APART. THEY'LL RUN UP GET INTO SCUFFLES, PULL THEM APART THAT GIVES YOU RISK TO BEING AROUND OTHER PEOPLE. YOU WANT TO AVOID IT AS MUCH AS POSSIBLE. SO ONE OF THE THINGS THAT HAS BECOME A LITTLE BIT SOCIALLY AWKWARD IS WE IN THE UNITED STATES TYPICALLY GREET PEOPLE WE GIVE THEM A HANDSHAKE OR GIVE THEM A HUG OR A HIGH-5. HOW CAN WE DO THAT IN A WAY THAT DOESN'T MAKE INDIVIDUALS FEEL AWKWARD OR DISPLACED IN SOME WAY SHAPE OR FORM BUT SHOW THEM WE REALLY RESPECT THEM AS A HUMAN AND WE DON'T WANT TO TRANSMIT THE SPREAD OF THIS DISEASE.

SO HOW DO WE BREAK DOWN THAT SOCIAL AWKWARDNESS WE GET WHEN WE ENCOUNTER SOMEBODY ON THE STREET OR AT THE DOG PARK OR WHEREVER IT IS? WE CAN LEARN FROM OTHER CULTURES. IN JAPAN THEY BOW THEIR HEAD. IN CHINA THEY JUST NOD THEIR HEAD. OR IN THAILAND, THEY WOULD SAY, THEY WOULD GO LIKE THIS OR THERE'S DIFFERENT WAYS OF GREETING PEOPLE SO YOU DON'T HAVE TO REALLY HAVE CONTACT WITH EACH OTHER. BUT THERE ARE PROBABLY NEWER WAYS PEOPLE CAN DO IT. LIKE THE FIST PUMP BUT YOUNGER PEOPLE HAVE DIFFERENT WAYS OF

GREETING EACH OTHER WHEN SOMEBODY SAYS I DON'T WANT TO SHAKE YOUR HAND BECAUSE I HAVE A COLD THAT'S AWESOME THANK YOU FOR RESPECTING THAT AND RESPECTING MY HEALTH. I DO WANT TO GIVE YOU ALL A FEW MINUTES TO JUST KIND OF WRAP UP AND GIVE EVERYBODY A LITTLE TAKE-HOME MESSAGE. AND SO IF WE DON'T MIND, DO YOU WANT TO START WITH THAT, DR. LABUS, PARTING WORDS OR WORDS OF ADVICE FOR OUR LISTENERS. WE WORK WITH INFECTIOUS DISEASES YOU TEND TO THINK OF THE WORLD AS CHAIN OF TRANSMISSION, EVERYBODY YOU COME IN CONTACT COULD BE A SOURCE OF DISEASE FOR YOU AND SOMEBODY YOU COULD SPREAD THE DISEASE TO. THINK ABOUT THAT AND I THINK THE MESSAGE STAY HOME FOR NEVADA IS REALLY IMPORTANT. STAYING AT HOME WILL LIMIT THE CONTACT WITH OTHERS AND THOSE IMPORTANT STEPS YOU TAKE OF HANDWASHING THINGS LIKE THAT THAT'S WHAT WE NEED TO DO RIGHT NOW TO STOP THE CHAIN OF TRANSMISSION. FOR ME IT'S TWO POINTS. ONE IS THERE'S NOT MUCH BULLETS, IT'S A COMBINATION STRATEGY THAT WE SHOULD ALL PRACTICE TOGETHER. AND THE SECOND POINT IS TO LOOK INTO SOCIAL IMPLICATIONS OF THIS EPIDEMIC AS A NATION PERSON I FEEL THERE'S AN INCREASE IN ANTI-CHINESE OR ANTI-ASIAN SENTIMENT. WE SHOULD AVOID THAT BECAUSE OUR ENEMY IS THE VIRUS, NOT REALLY THE PEOPLE WHO ARE INFECTED OR AFFECTED BY THE INFECTION. I THINK AT THE END OF THE DAY THIS IS VERY DISRUPTIVE BUT THE MEASURES WE'RE TAKING NOW REALLY I THINK WILL KIND OF SAVE LIVES AND SHORTEN THE DECREASE IN THE NUMBER OF PEOPLE WHO GET INFECTED. SO IT'S IMPORTANT FOR US TO KEEP ON THESE MEASURES.

I THINK THAT'S A GREAT POINT THAT INCONVENIENCE FOR US COULD MEAN SAVING THE LIFE OF SOMEBODYELSE AND FOLLOWING THOSE SPECIFIC AREAS.WELL, I DO WANT TO THANK THE THREE PANELISTS TODAY.I THINK THIS HAS BEEN VERY INSIGHTFUL AND HELPFUL.I HOPE INDIVIDUALS LEARNED A LITTLE BIT.I WANT TO THANK OUR KUNV RADIO STATION FOR BROADCASTING THIS ASWELL.

AND I ALSO WANTED TO ENCOURAGE YOU TO THINK ABOUT HOW WE APPLY ALL THESE DIFFERENT AREAS.WHETHER THEY'RE SOCIAL BEHAVIORAL CHANGES, ENVIRONMENTAL CHANGES, HEALTHCARE CHANGES OR BASED ON THE PRINCIPLES OF EPIDEMIOLOGY AND BIOSTATISTICS.THAT'S WHAT PUBLIC HEALTH DOES.

I WOULD ENCOURAGE YOU TO CHECK OUT OUR UNLV SCHOOL OF PUBLIC HEALTH AT UNLV.EDU/PUBLIC HEALTH.YOU CAN FIND MORE INFORMATION ABOUT DEGREES OR CAREERS LIKE THESE INDIVIDUALS ON OUR PANEL.

SO THANK YOU ALL VERY MUCH FOR COMING.

THANK YOU.