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Common sense is your best protection.
Everyone's talking about the new coronavirus, and it can be hard to differentiate between the facts, misinformation, sensible precautions and overreaction. All over the world, measures are being taken to control and contain the virus, sometimes based on scientific evidence and sometimes more in response to fear. We outline everything you need to know.

What Is This New Virus?

In early January 2020, China and the World Health Organization (WHO) confirmed the identification of a new virus. It stems from several cases of pneumonia identified in Wuhan, a city in the Chinese province of Hubei, on December 31, 2019. The new illness initially had the temporary name 2019-nCoV. On February 11, 2020, the WHO officially named the illness COVID19, pronounced "co-vid 19." It's short for coronavirus disease, with the "19" designating 2019, the year it was first identified. The official name of the virus itself is severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2.
A Coronavirus—What’s That?

The Centers for Disease Control and Prevention (CDC) describes coronaviruses as a type of virus that causes a fever and symptoms of the upper respiratory system, like a sore throat, coughing, and a runny nose. Sometimes coronaviruses can cause more severe symptoms like difficulty breathing, illnesses of the lower respiratory system like bronchitis and pneumonia, and sometimes death. Other coronaviruses include the common cold, as well as SARS (Severe Acute Respiratory Syndrome), and MERS (Middle East Respiratory Disease). Coronaviruses were first identified in the 1960s and have “corona” in their name because, at the molecular level, they’re shaped like a halo.

Cold and flu viruses generally mutate frequently, which is why we keep getting sick from them and why the flu vaccine changes every year. We don’t yet know if people who recover from COVID-19 will have lifelong immunity to it, or if the virus will change.

Coronaviruses can infect both humans and animals. Scientists don’t yet know the origin of SARS-CoV-2. When a virus jumps from an animal to a human, or vice versa, the virus can change rapidly and even become a new virus.

Scientists pay close attention to new viruses because they don’t know how they’ll behave and how dangerous they might be. For example, a virus that’s contagious only when the infected person is clearly sick and that causes only minor symptoms isn’t a big concern. But a virus that transmits rapidly, especially before an infected person even realizes they’re sick, is more dangerous, as is one that causes severe symptoms. Viruses that are transmitted by direct contact, like touching mucus membranes or bodily fluids, are easier to control than smaller viruses (like measles and chickenpox) that are transmitted through the air by floating on dust particles.

SARS-CoV-2 is called a “large virus that lives on droplets” by Dr. Chris Mackie, a Canadian doctor with a series of tweets explaining why he’s not panicking about COVID-19. Gravity pulls heavy viruses toward the floor and Mackie says SARS-CoV-2 could be propelled a distance of one or “mayyyyybe two” yards via a cough or sneeze.

Now a Global Health Emergency

On January 30, 2020, the World Health Organization declared COVID-19 a global health emergency. The head of the WHO expressed concern about the virus spreading to countries with weaker health systems. When it made that declaration, the WHO noted:
• The belief that the spread of the virus can still be interrupted.
• A key purpose of the declaration was to allow the WHO to provide surveillance and treatment support to lower- and middle-income countries.
• No travel or trade restrictions were recommended.

Dr. William Spangler, Global Medical Director with AIG Travel (https://travelguard.secure.force.com/TravelAssistance/resource/1579732765609/Coronavirus_health_advisor), describes it as “more of a political statement than it is a medical statement.” Commenting on March 2, 2020, Spangler adds that “we have now moved from ‘containment’ to ‘mitigation’” meaning that “everyone needs to have an awareness of the disease and continue to use precautions such as hand washing, not touching faces, and avoiding outwardly ill people.”

On March 2, 2020, the head of the WHO said (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---2-march-2020) “We are in unchartered [sic] territory. We have never before seen a respiratory pathogen that is capable of community transmission, but which can also be contained with the right measures. If this was an influenza epidemic, we would have expected to see widespread community transmission across the globe by now, and efforts to slow it down or contain it would not be feasible.”

As of March 3, 2020, the WHO’s advice to the general public (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public) remains taking the usual precautions: wash your hands frequently, avoid touching your face, practice respiratory hygiene, maintain a three-foot distance from sick people, and seek medical care if you have a cough, fever and difficulty breathing. (We explain the details of this below.) The WHO recommends that people who have recently been in an area where COVID-19 is spreading and who have symptoms (even if mild like a headache and runny nose) should stay home until they recover.

The WHO is also reminding countries of infection control advice and of countries’ legal obligations. Those obligations include sending the WHO rationale for measures that significantly interfere with international travel and trade and that the WHO can request countries to reconsider measures put in place. The WHO is also providing advice to countries about airport screening and information campaigns, about repatriating citizens who may have been exposed to the virus, and about ensuring public health systems are prepared for a possible pandemic.

**How Many People Are Sick?**

As of March 3, 2020, there are 92,311 cases of COVID-19 (https://www.worldometers.info/coronavirus/) and at least 3,131 people have died. Over 48,456 people have recovered and 83% of cases are classified as mild (up from 82%). The fatality rate is estimated to be around two percent, but experts say it is too early to know the actual rate. It’s assumed the total number of cases is much higher than what’s being reported because many people experience mild symptoms and assume they just have a cold. Spangler says “There could be large segments of the population who contract it and never know it.”
On February 12, the number of new COVID-19 cases jumped by 33%, but this was largely due to a new method of diagnosing the illness. Spangler explains that the diagnosis method was changed “to include all those patients [in China] who have been hospitalized and have pneumonia,” even though the results of a positive culture test weren’t yet available. The new method allows doctors to treat and isolate patients more quickly.

Many experts suspect that cases of COVID-19 have been circulating within many countries for weeks, and that the high numbers of cases in countries like Italy and South Korea are known mainly because they are doing extensive testing.

Most of the cases (over 80,000) remain in China, though the disease has spread to 77 countries, including the United States. As of March 3, 2020, there are 186 deaths due to COVID-19 outside of China. The first COVID-19 death outside of Asia was announced February 15, 2020—a tourist from Hubei province who was visiting France.

The number of COVID-19 cases and deaths will continue to rise and we still need to learn a lot about the disease. On February 6, 2020, China started a clinical trial of an antiviral called remdesivir; the U.S. is participating in the clinical trial as of February 25. Canada and China hope to soon start clinical trials of the antiviral quercetin, already approved by the U.S. Food and Drug Administration as safe for human consumption.

**How Does COVID-19 Compare to Other Respiratory Diseases?**

Spangler says that it’s important to put COVID-19 in the context of other diseases. SARS had a mortality rate of 9.6% and MERS’ rate is 34% (the disease is still active, the last case was reported in January 2020). 2013’s H7N9 “Bird Flu” had a 39.3% mortality rate and 1997’s H5N1 “Bird Flu” was 57%.

The 2009 H1N1 “Swine Flu” was designated as a pandemic and hit 214 countries. The CDC provides these estimates for the April 2009 to April 2010 period:

**United States:**

- 8 million cases (range 43.3-89.3 million)
- 274,304 hospitalizations (range: 195,086-402,719)
- 12,469 deaths (range: 8,868-18,306) (fatality rate 0.02%)

**Worldwide:**

- 151,700 to 575,500 deaths, 80% of which were in people younger than age 65.

Consider annual flu statistics too. The CDC says that during the current 2019-2020 flu season (October 1, 2009 to present, as of February 22, 2020):
**United States:**

- 32 million to 45 million cases
- 18,000 to 46,000 deaths (fatality rate 0.06-0.1%)

Between February 15 and February 22, the number of seasonal flu cases in the U.S. climbed by at least three million and the number of deaths by at least two thousand. Many Americans aren't getting a flu shot despite the number of deaths from flu. Last year, 62.6% of U.S. kids got a flu shot while only 45.3% of adults did. And many people who have the flu—14 percent ([https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586318/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586318/))—don't have symptoms, but can spread the virus.

COVID-19 is new and there's still a lot we don't know about it. There are millions more cases of H1N1 and annual flu. COVID-19’s fatality rate is higher than H1N1 and annual flu, but much lower than SARS and MERS and other flus. SARS got a lot of worldwide attention and COVID-19 has been top of the daily news. But is there a reason to panic more over COVID-19 than we did over H1N1 or seasonal flu or even SARS?

**Spread of COVID-19 Outside Asia**

Reports of a rapid spread of COVID-19 outside of Asia began late in the week of February 17, 2020. As of March 3, the highest number of deaths outside China are in Iran (77 deaths, 2,336 cases), Italy (52 deaths 2,036 cases), and South Korea (28 deaths, 5,186 cases). Other countries with a high incidence of COVID-19 are Japan (6 deaths, 283 cases), France (4 deaths, 204 cases), and Germany (188 cases, no deaths). The United States has 103 cases and six deaths attributed to COVID-19.

Responses to the transmission have varied. For example, Japan has closed Tokyo Disney and closed schools until late March, with the government offering subsidies to parents who have to take time off work. South Korea has strengthened laws to ensure people who are sick follow self-isolation rules. Large conferences and events around the world are being postponed or canceled. Several governments, including France and Switzerland, have canceled all large indoor public gatherings. There's even discussion about the Tokyo Olympics, set to begin July 24, being canceled.

Italy has the largest number of cases in Europe. People are not allowed to leave or enter a dozen affected towns in the northern regions of Lombardy and Veneto, essentially quarantining 50,000 people. Public events and attractions like Milan's Duomo cathedral and La Scala opera house have been closed. Venice's Carnival ended two days early after two cases of COVID-19 were confirmed in the city.

**Likely to Become a Pandemic—But Also a New Normal**

On February 24, 2020, the WHO announced ([https://www.worldometers.info/coronavirus/who-coronavirus-pandemic-feb-24/](https://www.worldometers.info/coronavirus/who-coronavirus-pandemic-feb-24/)) that conditions to declare the outbreak a pandemic have not yet been met and noted that COVID-19 cases in China have been in decline since early February. Classifying a disease as a pandemic isn't about how severe a disease is, it's about how the disease is spreading geographically.
As of March 3, the WHO is still cautioning that countries should be preparing for a potential pandemic. The WHO specifically notes "We cannot shut down the world. Everyone can close their borders and everyone can say there's no movement but that's not going to work because disease can spread between nations. What we need to focus on is risk management."

COVID-19, like the flu, is a significant health risk to the elderly, people with pre-existing illnesses, and to countries with underfunded health care systems and where many citizens live in poverty. COVID-19 cases will pressure the health care systems of all countries. While health care workers are trained to take extra precautions, they are also at greater risk of getting sick from the virus as well as from burnout. We all have a part in helping prevent those more vulnerable from getting sick.

Though the disease is spreading, it's unlikely to mean a large number of deaths around the world. The Atlantic reports that "'cold and flu season' could become 'cold and flu and COVID-19 season'" and describes the situation according to Marc Lipsitch, an epidemiology professor from Harvard. He predicts that "some 40 to 70 percent of people around the world will be infected" with COVID-19 over the next year, but "many will have mild disease or may be asymptomatic."

COVID-19 may become the new normal. That increases individuals' need to practice the usual precautions of washing our hands well and practicing cough etiquette (see more on that below). Spangler says, "It could be likened to: how do you prevent getting a cold? You could isolate yourself in your house and never leave, but that isn't practical. Instead, you go about your life with a heightened vigilance, keep yourself apprised of the latest alerts and updates from authorities such as the WHO and the CDC, and exercise precautions, knowing there's a good chance you'll get this virus if it's in your community."

More serious perhaps is the economic risk of COVID-19. Even with mild symptoms, ill people are being asked to self-isolate and stay home from work and school. Not being able to go to work will have significant financial effects on individuals without paid sick leave and on businesses without workers. Economies around the world will be affected as commerce and production slow. Small tourism businesses are at particular risk and responsible travelers can help by going out of their way to spend their money with them.

**Travel Bans and Restrictions**

Travel restrictions began in Wuhan in January and grew. With COVID-19 now on every continent except Antarctica, we can expect further restrictions.

The CDC has issued level 3 "warnings" for both South Korea and China, saying that nonessential travel should be avoided. On February 29, 2020, the CDC upped the warnings for Iran and Italy to level 3 from level 2. As of March 3, a level 2 "alert" remains for Japan, with the CDC recommending that "older adults and those with chronic medical conditions should consider postponing nonessential travel." Hong Kong is listed as a level 1 "watch."
Countries are screening arrivals at their borders, and some are restricting entry. On February 2, 2020, the United States began implementing several new rules. U.S. citizens and residents who have visited China in the previous 14 days are subjected to health screenings and, potentially, restrictions on their movements for 14 days. Foreign nationals who have been in China within 14 days are not allowed entry into the United States. While the original January 31, 2020 notice excluded Hong Kong and Macau, the CDC’s website now simply says “China.” On February 29, the U.S. implemented similar restrictions to foreign nationals who have visited Iran. On February 29, Donald Trump commented on potentially closing the U.S.-Mexico border (though, as of March 3, Mexico has only six COVID-19 cases).

Whether restrictions include Taiwan varies from country to country. Beijing views the island as part of “One China.” Taiwan considers itself a self-ruled democracy and not part of the People’s Republic of China. Initially, the WHO included cases of COVID-19 in Taiwan in the count of cases in China. This may have resulted in some countries, such as Italy, restricting flights from Taipei. The Philippines instituted a ban for people who had been in Taiwan for a few days but lifted it on February 14, 2020.

Many countries, such as Australia, are restricting entry to people who have recently been to China and Iran. On February 18, 2020, Russia announced that Chinese citizens are no longer allowed in the country. Saudi Arabia will not allow any foreigners to travel to Mecca this year. On February 26, 2020, Israel advised its citizens to reconsider travel abroad, the first country to do so. Israel also advised that international conferences within the country be postponed or canceled.

Other countries, like Canada, are following the WHO’s advice and have rejected travel bans. As Steve Hoffman, a professor of global health at York University, described to Canada’s national newspaper, a travel ban “actually undermines the public-health response because it makes it harder to track cases in an outbreak.” Public health experts reiterate that restricting travel and trade is ineffective, not scientifically or economically warranted, and can cause more harm than good.

Air Travel Restrictions

Airlines are adjusting their flights both in response to government restrictions and because of reduced customer demand. For example, on March 2, 2020, the Israeli airline El Al canceled flights to Brussels, Budapest, Frankfurt, and Vienna, after already canceling all flights to China, Hong Kong, and Italy. The coronavirus means a very fluid air travel situation and travelers should check with their airline or travel agent for the latest news. The three major U.S. airlines are issuing travel waivers to customers who booked tickets under specific circumstances. This means increased flexibility to postpone travel with change fees waived. Find more information at:
Cruise Ship Restrictions

Cruise ship travel has been significantly disrupted. February 2020 had news stories about ships delayed from disembarking their passengers, being turned away from ports, and about quarantines. Most significantly, Japan quarantined the Diamond Princess (https://www.princess.com/news/notices_and_advisories/notices/diamond-princess-update.html), with 3,700 passengers and crew, on February 4, 2020. The number of COVID-19 cases aboard climbed rapidly. The shipboard quarantine ended February 20 with additional quarantines required in Japan or in passengers’ home countries. As of March 3, 2020, there are 706 confirmed cases and six deaths.

Since the start of the outbreak in January, cruise lines have added additional pre-boarding health screenings and are restricting who can board. Most aren’t allowing passengers who have been in China and other countries with high numbers of COVID-19 cases 14 to 30 days before embarkation. Companies that are members of Cruise Lines International Association (CLIA) (https://cruising.org/news-and-research/press-room/2020/february/clia-statement-on-2019-novel-coronavirus-outbreak) are generally following the same protocols. Refund policies with most cruise lines are generous.

Royal Caribbean and Norwegian have lifted their February 7 rule that passengers and crew with passports from China, Hong Kong, and Macao—regardless of country of residence—were not allowed to board. However, Oceania and Regent Seven Seas are restricting passport holders from China, Hong Kong, and Macao from boarding their ships. MSC Cruises and Costa Cruises are denying boarding to passengers who live in select northern Italian towns.

Many cruise lines are changing their itineraries to avoid COVID-19 hot spots and because of port closures (https://www.cruisecritic.com/news/5097/). Cruise Critic (https://www.cruisecritic.com/news/5016/) is monitoring the situation and updates its website regularly.

Ongoing port closures include Hong Kong, Taiwan, and South Korean ports, but also some South Pacific ports in Tonga and New Caledonia. Other ports—predominantly in the Caribbean—are selectively turning away ships, sometimes because of cases of respiratory illness on board, sometimes because of where passengers have come from, and other times without a specified reason.

Many ports are restricting entry to people who have recently been in China and other destinations with COVID-19 cases, just as the cruise lines are. Some ports are not allowing passport holders from specific countries to disembark (so far, China, South Korea, and Italy).
What Should I Do? Change My Travel Plans?

Healthy, non-elderly travelers remain at low risk of getting sick with COVID-19, especially outside of the known hot spots. However, travelers will want to consider whether their travel could mean exposing people who are at greater risk of getting sick (for example, an immuno-compromised relative and communities in developing countries that may lack hot running water).

Some infectious disease specialists are saying that not all of the restrictions are medically necessary but are being put in place for political reasons. Some decisions may even be driven by fear and xenophobia.

Studies have shown that travel bans don’t prevent outbreaks and can cause people to hide symptoms and not report to doctors. Travel bans can also have immense economic costs and increase—rather than decrease—fear. CNN reports the comments of Jennifer Nuzzo, of the John Hopkins Center for Health Security, at a February 5, 2020 hearing of the House of Representatives’ Committee on Foreign Affairs: “travel restrictions and quarantines directed at individual countries...may exacerbate the epidemic’s social and economic tolls. And can make us less safe.”

Effectiveness aside, travelers do need to be aware of restrictions and bans. Decisions will be made for you in some cases, such as when flights and cruises are canceled.

Travelers who have recently been in some of the known COVID-19 hot spots are facing restrictions, not only at ports of entry and whether they can board planes and cruise ships, but also if booked for tour groups. Each country and travel company has its own rules, and they can change quickly. Compensation also varies considerably.

Until new case numbers slow significantly, travelers should assume they will be asked multiple questions about whether they have visited destinations where there are cases of COVID-19. Some countries are asking new arrivals to fill in a form listing all the cities they have transited through recently.

It is difficult to predict any new restrictions and bans, especially when it appears decisions are not always being made based on scientific evidence and the advice of experts like the WHO.

Travelers also need to consider their post-travel plans as part of their decision to travel. If you have visited an at-risk country (however that’s currently defined), you will be allowed to return to your home country, but might be asked to self-isolate for two weeks or may even face quarantine.

If you have additional travel plans, you need to consider the restrictions in place for your next destination and take an educated guess on additional restrictions that may come. As an example, a person planning to visit Hong Kong next week and take a cruise next month is unlikely to be able to do both. It’s not new to the COVID-19 situation, but keep in mind that airlines have the right to refuse passengers who appear to have a communicable disease. The captain has the final say and many airlines employ medical consultants. As fears over COVID-19 rise, expect increased vigilance and potentially restrictions on people who simply have a cold or allergy symptoms.

And if you’re booking travel now? Travel insurance may or may not reimburse you for coronavirus-related cancellations so check policies very carefully.
Easy and Common Sense Protections

Basically, if you follow the advice of health experts like the CDC and the WHO, the chance of getting sick from this new coronavirus remains slim. And not only is the advice pretty easy, it’s what we should all be doing anyway to prevent colds and flus.

- **Wash Your Hands:** A 20-second scrub using warm running water and soap is best (the Mayo Clinic [https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/hand-washing/art-20046253](https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/hand-washing/art-20046253) says to sing “Happy Birthday” twice). Then, rinse with clean water and dry your hands. It’s important to dry them, though the jury is out about the best way ([https://www.snopes.com/fact-check/blowing-hard-2/](https://www.snopes.com/fact-check/blowing-hard-2/)) (some studies say hot air blowers spread germs and that paper towels or clean fabric towels are best; other studies disagree). If you don’t have access to a sink, using a hand sanitizer that contains at least 60% alcohol is fine. Regardless, wash your hands often: certainly after coughing, sneezing or blowing your nose; before you prepare food; before and after eating, and after using the restroom. And throw those used tissues away immediately (and then wash your hands!).

- **Avoid Touching Your Face:** Most viruses and bacteria enter the body through mucous membranes like the mouth, nose, and eyes. It’s easy to re-contaminate your hands after washing them, so keeping your hands away from your face is the best way to prevent germs of any type from getting in you and making you sick.

- **Cough and Sneeze Into Your Elbow:** Yes, covering your cough or sneeze with your hand is preferable to spraying all those tiny virusy droplets directly into the air. But then you’ve contaminated your hand and you’ll inevitably touch something or someone. So, make a new habit of coughing/sneezing into the inside of your elbow. And while you’re at it, break that other habit of crossing your arms and putting your hands right onto your sneeze spots.

People who have higher risks—the immunosuppressed, very old, or very young—should follow the advice of their doctor.

**Extra Protections**

Still feeling a little paranoid? It’s good practice to regularly disinfect surfaces that get handled frequently ([your phone is filthy](https://www.thehealthsite.com/diseases-conditions/how-dirty-is-your-phone-305672/)). On the plane, you can also use a wipe to clean off your tray table, armrests, and seatbelt, though the evidence is unclear whether this is effective in killing germs or just cleaning up that bit of sticky spilled Coke.
Regardless of whether there's a new coronavirus circulating, staying away from animals when you travel (even that cute stray cat or dog) is a sensible precaution. They likely carry bugs that your body isn't used to. The WHO is also reminding people of its general advice to be extra careful in markets that have live animals or non-refrigerated meats and fish.

It's wise to keep your distance from sick people, the WHO recommends three feet. No hugs, kisses, or handshakes, please. And really, during cold and flu season why not keep close contact just for loved ones?

At restaurants, do an extra hand wash, ideally after you've given back the menu and before you start to eat. At a buffet, only put food on a clean plate; don't bring your used plate back to the smorgasbord. And while we're at it, let's call a halt to waiters at fancy restaurants picking up your used napkin and refolding it when you step away from the table. Let's all just keep our germs to ourselves, yes?

Should I Wear a Mask?

Speaking of keeping your germs to yourself: if you're sick, wearing a mask is a courtesy to the people around you. You'll be less likely to spread your illness when you cough, sneeze, laugh or talk.

There is no recommendation to wear a mask to prevent getting sick yourself unless you are in close contact with a sick person. The CDC is recommending [https://www.cdc.gov/coronavirus/2019-ncov/guidance-prevent-spread.html](https://www.cdc.gov/coronavirus/2019-ncov/guidance-prevent-spread.html) that caregivers wear a disposable mask when touching a person sick with COVID-19 or when they have contact with the person's body fluids, like disposing of their used tissues.

People using masks when they don't need them diminishes the supply for those that do. Plus, masks aren't perfect and most of us don't use them correctly. We fidget with them, put them on and off without washing our hands, and re-use masks that are meant to be single-use.

What If I’m Sick?

Stay home and avoid traveling if you feel sick. Your would-be fellow passengers will appreciate you protecting them (even if it's just from the common cold). Given the increased monitoring since the discovery of the new coronavirus, travelers who do show signs of illness could be prevented from boarding a plane, cruise, train, or bus. Many airports and seaports have installed thermal imaging cameras to scan people as they walk by. Anyone showing a fever is pulled aside for additional questioning and maybe quarantine.

If you exhibit symptoms of the coronavirus—fever, cough, and difficulty breathing—follow the instructions of your health care provider as soon as possible. Usually, this means calling ahead to your doctor or hospital so that they can take precautions to isolate you from other patients while they carry out testing. Be sure to advise doctors if you've been traveling.
Where to Get Updated Information

A new virus like this coronavirus means a rapidly changing situation. Scientists at the WHO and CDC have the up-to-date intel on the virus. They provide information, advice, and, if needed, travel restrictions with the goal of preventing a pandemic. Rely on their advice at the WHO's (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public) and CDC’s (https://www.cdc.gov/media/dpk/diseases-and-conditions/coronavirus/coronavirus-2020.html) websites.

Note that fake coronavirus news (https://www.npr.org/sections/goatsandsoda/2020/02/21/805287609/theres-a-flood-of-fake-news-about-coronavirus-and-a-plan-to-stop-it) is spreading fast with the WHO calling it an “infodemic.” Trust in governments, public health institutions and scientists is being affected, which could have more serious consequences than COVID-19 itself.

Scams related to COVID-19 (https://www.who.int/about/communications/cyber-security) are also starting to emerge. For example, the WHO reports that criminals are using the WHO's name to steal personal information and money.

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