What You Can Do Right Now About the Coronavirus
Over the past week, the number of confirmed cases of coronavirus infection in the U.S. has more than doubled. It’s become apparent that previous numbers were low, in part, because we weren’t testing people for it. We now know that there has been ongoing community spread, but to what extent is unclear.

For now, most American schools and offices are open, and few public gatherings have been canceled. Life
goes on for most people, but with more push alerts and uncertainty about what to do. Hopefully, the virus will hit various areas in waves, scattering disease over a longer period of time, so that people can be treated and society remains functional. A less preferable scenario would be that too many people in a given area are out of commission and in need of medical care. If this happens, cities and states may go into shutdown modes to block further viral spread, disrupting the economy and everyday life.

[Read: The official coronavirus numbers are wrong, and everyone knows it]

Everyone can help in the effort to prevent this from happening. Unlike many global-health issues that depend on orchestration at the highest levels of government, individual behaviors matter in an immediate sense. The demographic most likely to survive an infection—the young and healthy—may need to pay the closest attention to preventive measures. These are the people who will spread the disease while believing that they have only a cold. They can infect the elderly, or
people who have chronic diseases or immune conditions, who are less likely to survive.

A lot of advice is going around, both good and bad. I hope it’s helpful to compile some good information in one place. Much of what follows is not original—generally don’t trust health advice that no one else is giving—and please bear in mind that any guidance can and should change as the situation develops, and that local health departments and personal physicians may need to tailor recommendations for specific scenarios. That said, here are preventive measures that people are considering at the moment, and some notes that are worth your time and attention.

**Using hand sanitizer**

It works. Use it often. Make sure it’s alcohol-based. There are some “natural” products designed to be less drying to your hands. These do not work.

[Read: *What is the right way to wash your hands?*]

**Washing hands**
This is always important, but especially now. Wash your hands for 20 seconds, regularly. Note that soap works ideally in combination with scrubbing and heat, but cold water works far better than nothing. You do not need antibacterial soap; the coronavirus is a virus, not a bacterium.

**Cleaning hand towels**

Wash them often, too.

**Shaking hands**

It’s not a clearly threatening practice, and physical touch has its own value to consider, as do gestures of respect. But I’ve been an advocate of alternative forms of greetings such as fist bumps for years, and this outbreak doesn’t change that.

**Touching your face**

Avoiding touching your face is a nice idea and would be very effective, but no one is going to stop touching their face.

**Using bathrooms**

Here’s an unproven suggestion from me that transcends this particular outbreak: All business and public spaces should turn their bathrooms’
doors around, so you push on the way out rather than the way in. If building codes or other safety codes prohibit this, install a foot pull. If none of this is possible, at least put the trash can for paper towels outside the door so everyone can use a paper towel to touch the handle.

**Disinfecting common surfaces**

The crux of all the focus on hand-washing is that you’re unlikely to get the virus from someone coughing or sneezing directly into your face. You are much more likely to catch the virus by touching something that someone else touched after coughing into their hand. This can partly be prevented by disinfecting surfaces.

The most commonly touched surfaces in homes and offices, especially shared spaces, are priority. Countertops, remote controls, and refrigerator handles should be disinfected regularly. That said, it’s very possible to become compulsive about this in ways that have their own risks. Any given surface is very unlikely to harbor a dangerous virus, so it’s possible to overdo this and waste a lot of time, resources, and concern. But if you’re the sort to
typically only clean things that look visibly dirty, do consider the invisible.

**Cleaning phones**

This one warrants its own special note because phone screens may be the surface we touch the most. Other, similar coronaviruses are known to live on glass for up to **four days**. If you’ve been touching your phone with viral hands, then you do a beautiful job washing those hands, and then you touch your phone again, you may have just recontaminated yourself. I’m not suggesting constantly cleaning your phone. The Centers for Disease Control and Prevention currently recommends once a day, though I don’t see how—if it’s worth doing at all—that would be often enough. That said, I have never once cleaned my phone.

**Wearing masks**

Masks seem logical as preventive measures because the disease is spread by respiratory droplets, which can travel simply by breathing but mostly distribute in plumes from coughs or sneezes. If you were sick and had to leave home for some
reason, ideally you would wear a surgical mask. But even this precaution is far from perfect—the wearable equivalent of sneezing into your elbow instead of right in someone’s face. You’re still infectious and should behave accordingly. The World Health Organization has published recommendations for when civilians should use masks. But stockpiling also deprives other people who might have needed to follow those guidelines.

**Stockpiling masks**

This week the U.S. surgeon general, Jerome Adams, urged Americans to stop buying face masks. This is a matter of short supply, should worst-case scenarios play out. In an ideal world, people who live with other people would have masks on hand when someone in the house gets sick, and they could help prevent close-quarters spread. But this is not an ideal world, and masks are needed for the people who are at the highest risk. When doctors, nurses, and first responders cannot work, new crises present themselves.

**Stockpiling food**

This mainly applies to people in
remote areas where the town’s one
grocery store could close down.
Closing the store would be
preferable to having sick employees
report to work. In these areas, it’s
always advisable to have a short-term
supply of food (for any natural
disaster), and this would be fair to
treat similarly. Elsewhere, supply
chains could be threatened, requiring
certain shippers or grocers to close
temporarily and certain foods to
become scarce in certain areas, but
none of this is cause for stockpiling.

**Stockpiling prescription medications**

Most U.S. prescription medications
are made in China, whose own
outbreak has raised concerns about
medication supply chains. As of now,
supplies have not been disrupted,
and China is reporting declines in
the spread of the virus. As with food,
though, anyone who has a vital
prescription and lives in a place
where access would be affected by
the single shutdown of a local
pharmacy or a public-transit system,
for example, should always have a
small supply for emergencies.
Health-care providers should help
ensure this.
Traveling

It’s always advisable to avoid travel if you’re sick. But no stay home directive is sustainable for long periods, and urgent life events will overlap with this outbreak. So guidance about this will be targeted, and ideally informed by easy screening and testing that can advise people with the snifflies whether they are fine to get on a plane or should urgently self-quarantine.

Staying home

This is an extremely imperfect directive, as so many people’s jobs and other obligations make it impossible. But no single recommendation is perfect or universally applicable. And Americans have proved, flu season after flu season, that many workplaces are not accommodating enough of staying home. If workplaces are not accommodating, business may suffer even more in the long run, if more shutdown measures are taken.

Seeking medical care

This may be the most crucial question: When do mild symptoms
warrant attention? Most people are not accustomed to seeking care or testing when they have a mild cough or runny nose. My hope is that, in the coming days and weeks, local and federal officials share clear guidelines for exactly how and when to seek medical attention early in the disease’s course. China’s containment measures depended on early detection that isolated people at the beginning of their infectious stage. Then again, we can’t have everyone with a cough and sniffles rushing to doctors’ offices.

South Korea, which has now identified some 5,000 cases, is pioneering drive-through screening clinics. The idea seems smart: There are no doorknobs to touch, no crowded waiting rooms with magazines that have been coughed on for months. Maybe most important, there is no paperwork to fill out and no cost. If an outbreak hits a major city, clinics and hospitals will likely be overrun with people who have cold and flu symptoms. Some of those people will need reassurance that they can go home and will be fine; others will need admission to a hospital; others may need an intermediate level of
care, monitoring, and quarantine.

**Being conscientious**

No matter your position, there are people who stand to lose much more than you do if they get sick. No matter how worried you are, there are people who are more worried. Look out for them, and help make sure everyone takes these basic measures and doesn’t panic. Societies break down when people fear one another as simply bipedal distributors of infectious agents. See people as allies in this unique moment of uncertainty.

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