

1. Do we expect a second wave if the social distancing is too strict, or after gradual return to work following the lockdown?

Prof. Tamy Shohat, Tel Aviv University and former director of the Israel Center for Disease Control (ICDC)

Yaffa Itzhaki Ben Naim, MPH student, Tel Aviv University

Reut Ben David, Graduate student, Tel Aviv University, Israel

Reply: The new coronavirus might stay with us and become "endemic". A second wave might occur if the social distancing measures are loosened too early, especially if most of the population is still naïve. Thus, the exit from the near complete isolation? should be done carefully, and gradually with continuous risk assessment of resurgence.

2. Are there regions where there is less identification of cases due to lack of tests?

Maya Negev, University of Haifa, Israel

Reply: The diagnostic test is based on PCR, and requires advanced laboratory equipment. Therefore, in regions with limited diagnostic resources are limited there might be under-detection and underestimation of the COVID-19 incidence.

3. What is the variability in quality of data across WHO regions, regarding mortality?

Maya Negev, University of Haifa, Israel

Reply: Each country reports its own number of COVID-19 deaths to the WHO. Naturally these data are influenced by "reporting" of the individual countries, most COVID-19 deaths occur in medical facilities, the chances that COVID-19 deaths are missed is low, yet this might occur. The number of fatal COVID-19 cases depends on the case mix in each country.

4. Is it possible that a high percentage of the population is in fact infected but not tested, thus the current case fatality rate might be overestimated?

Lior Akerman, Israel Home Front, Israel

Willy Were, East, Central and Southern Africa Health Community, Tanzania, United Republic

Reply: The current calculated case-fatality rates of COVID-19 should be treated with caution, since these are mostly the result of "raw" data and might be affected by the policy of testing, and demographic characteristics of the country. If the share of undiagnosed COVID-19 patients is high, then the case-fatality rate is expected to be lower.

5. What should be our strategy towards the independent elderly population living in homes for the aged, usually in small apartments? Considering they develop depression and anxiety, and cognitive declines as a result of social isolation.

Prof. Yehuda Lerman, Former Head of School of Public Health, Tel Aviv University

Reply: The elderly population is most vulnerable for COVID-19 due to severe disease manifestation and high case-fatality in this group. On the other hand, the strict social distancing measures might worsen other health aspects, including mental health. Health care providers and social welfare in the community, should take an active role in maintaining contact with community dwelling elderly, assessing their needs and providing assistance as needed. Volunteering organizations have also stepped in to the picture.

6. Does Israel support the medical system in Gaza strip? Equipment, experts etc.

Jhonas, Charité- Berlin

Reply: There is a dialogue between Israel and Gaza strip, but this can be enhanced. The aim of this webinar is to increase the awareness for the need to work together at the regional and international levels to fight COVID-19.

7. Did you have a tool to do modeling/ projection?

Mathioro Fall, Direction des services vétérinaires, Vétérinaires-épidémiologiste, Senegal

Reply: Indeed, mathematical modeling is an important tool to estimate the spread of the new coronavirus and incidence of COVID-19, as well as possible estimates of effectiveness of various preventive measures. Mathematical modeling is being used in handling the COVID-19 epidemic in Israel.

8. Did you involve the veterinary laboratory in your response?

Mathioro Fall, Direction des services vétérinaires, Senegal

Reply: The new coronavirus disease was initially related to exposure to a seafood market in Wuhan City in China, later on the virus transmission became person-to-person. The main transmission between people is via respiratory droplets and contact, according to the WHO. Thus the response to the epidemic does not currently involve veterinary laboratory testing.

9. Is it possible that animals, especially pets, carry/transmit the virus?

Danny Elad, formerly from the Kimron Veterinary Institute

Reply: Currently there is no evidence for transmission of the new coronavirus from pets to humans.

10. How do you explain the great variation in the percentage of severe cases between countries?

Prof. Tamy Shohat, Tel Aviv University and former director of the ICDC

Reply: The variation in the percentage of severe cases of COVID-19 across countries be the results of differences in testing policy and demographic characteristics of the population (e.g., high percentage of elderly). In other words, the "case mix" might vary between countries.

11. Any feedback on including anosmia for screening and self-reporting? We have increasing evidence on neuroinvasive potential of the virus.

Sonu Bhaskar, Liverpool hospital, Australia

Reply: COVID-19 mostly involves fever or respiratory symptoms. Thus testing for the virus is usually done in persons having such symptoms and epidemiological connection to confirmed cases (e.g., contact, citizens who were abroad in the past 14 days). This is an interesting point in view of this common sign of disease but the relevance of anosmia for screening depends on the onset timing of this manifestation relative to the to date accepted criteria for testing.

12. What would be the role of universal use of facial masks as a preventive measure?

Willy Were, East, Central and Southern Africa Health Community, Tanzania, United Republic.

James Crilly, consultant, SECID

Reply: When considering the use of facial masks one should consider different populations. First, the health care workers who should use all the personal protective equipment following the WHO and local guidelines on this issue. Masks, especially N95, were shown to be protective against respiratory infections in health care workers.

Using masks by persons with a respiratory disease may prevent the dissemination of the virus from these persons to others.

With regard to mask usage by the general public, currently there is not enough evidence to support such measures, however it makes sense that this might prevent the spread of the virus, especially if there is transmission from infected asymptomatic persons.

13. How involved are the pharmacists in the Middle East countries in fighting the COVID-19 pandemic? In almost all of the countries the efforts of the doctors and nurses as those in the frontlines are almost always mentioned, when in fact pharmacists as well as other healthcare professionals and other professions are of equal importance too.

John Carol Combista, Israel, Tel Aviv University

Reply: Health care workers of the various professions and levels are considered as a team, providing holistic care to patients. Pharmacists are especially in the frontline and their contribution is highly appreciated. Pharmacists provide essential care to coronavirus and non-coronavirus patients, in the hospitals. In the community, so far pharmacies are still open to the public, while other businesses have been closed (except for food shopping centers).

14. Can patients who have survived COVID-19 become re-infected?

Areej Kabat, Tel Aviv University and the Central Virology Lab, Israel

Reply: There is not enough evidence on re-infection in persons who recovered from COVID-19. Long-term follow-up studies are required to address this question. However preliminary findings might suggest low chances for re-infection.

15. What is the estimated level of population immunity that would be required to obtain herd immunity?

Prof. Silvia Koton, Israel

Reply: The immunity level of the population that would provide herd immunity still needs to be determined. To address this goal sero-epidemiological studies are required, which provide information regarding the exposure of the population to the virus.

16. There was an opinion generated by Dr Douglas Perednia about chicken pox parties (mentioned in newspapers), can this approach be helpful in providing immunity?

Shubham Mathur, Tel Aviv University, Israel

Reply: This strategy is proposed from time to time for young groups while isolating and protecting the elderly. Though the risk of complications and deaths in young people are relatively low there are more and more case reports on severe complications and even fatalities in young or middle aged people without co-morbidities. There is also the risk that dramatically increasing the circulation of the virus among youngsters in the community will lead to "leakage" and infection of elderly which are at highest risk of complications and death.