[COVID zine front cover]

[bold, handwritten] **What's Up With COVID and What We Can Do About It: 2026 Edition**

[Drawing of a person (me) with a shoulder-length shag haircut, wearing head-strap respirator mask a sweatshirt, carrying a Corsi-Rosenthal box (a DIY air purifier made with a box fan and furnace filters)]

[word balloon] clean the air, basically!

By Hazel Newlevant

[COVID zine back cover]

[handwritten text, circled by a chain which is breaking on the bottom]
"Every chain of transmission that is broken is VALUABLE. Every person that doesn't GET SICK, that doesn't lose that WEEK OF WORK, that doesn't become DISABLED or DIE, from the minorest of inconveniences, to the GREATEST of losses: every single one of those things is VALUABLE."
-Becca on DEATH PANEL podcast 2/16/23.

Print and distribute this zine yourself! Download a PDF here.
[arrow pointing to the citations QR code]

[drawing of this zine, getting stapled with a long-arm stapler]

Citations:
[QR code]
newlevant.com/COVIDzine

[bold, handwritten] **ALWAYS FREE**

[COVID zine page 1]

There are a lot of vested interests[1] in ignoring a simple truth:

[bold, handwritten] **COVID is an AIRBORNE disease which is STILL a danger to EVERYONE. But there's so much we can do to prevent it!**

If COVID spread by droplets and surfaces, then it could be prevented by handwashing—conveniently, an *individual responsibility*.

However, study since 2020 has made it clear:

[Bold, handwritten] ***Many*** **diseases are airborne!**[2]
Including:
MERS
Measles
COVID
Chickenpox[3]
SARS-1
Common Cold
Flu
RSV
Tuberculosis
THIS IS A HUGE PARADIGM SHIFT.

Airborne transmission means that *building owners* need to provide *clean indoor air*, just like clean water.[4] They can't "wash their hands" of COVID.

[COVID zine page 2]

Airborne diseases such as COVID are spread by *respiratory aerosols*, which we're always exhaling—increasing with how loudly we speak, yell, or sing.[5]
[bold, handwritten] **Infectious aerosols spread and linger like smoke**[6]

[Cartoon of two people talking. One is spewing out a cloud of infectious aerosols; the other is wearing a mask. Drawing of me, also wearing a mask, in the foreground, speaking to the reader.

[word balloon] A *respirator mask* is an air filter for your face![7]

[bold, handwritten] **Less inhaled = Lower infection risk.**

Less exposure time, more distance, and *more clean airflow* can stop airborne disease transmission.[8]

[Graph comparing Conditional Probability of Infection (one infector present) to Dilution Factor of Exhaled Air.

The lines represent COVID Wild Type exposure times.
Dotted: 10 minutes.
Solid: 1 hour
Dashed: 8 hours.

The lines all make an "S" shape from Conditional Probability of Infection as 1.0, at zero Dilution Factor of Exhaled Air, down to 0.0 Conditional Probability of Infection. The 10-minute-exposure line hits 0 when the Dilution Factor is 10^4, the 1-hour-exposure line hits 0 when the Dilution Factor is 10^5, and the 8-hour-exposure line hits 0 when the Dilution Factor is 10^6.

Above the lines, different ranges of Dilution Factors are marked off, labeled according to the circumstances in which they would commonly occur. From least to most diluted, the ranges are:
Close Proximity {Intimate, Personal, Social}
Shared Room Air {Cars, US Residences, Superspread, Indoors ASHRAE (which overlaps with Close Proximity Outdoors)}
Outdoor {Close Proximity Outdoors, Outdoors}

Comparing the lines to the Typical Range of Dilution Factors, one may notice that the Conditional Probability of Infection hits zero beyond the Close Proximity Outdoors range.]

[graph caption] Jimenez JL, Peng Z, Pagonis D. Systemic way to understand and classify the shared-room airborne transmission risk of indoor spaces. *Indoor Air*. 2022; 32:e13025. Figure SI-4

Omicron (BA.1) is ~2.5 times more contagious than the original type![9]

[COVID zine page 3]

[Bold, handwritten] **COVID is still everywhere.**

At least half of COVID spread is from people *without symptoms*.[10] Either before symptoms develop, or the *~40%* of cases that are *asymptomatic!*[11]

[Cartoon of a waitress, unmasked, looking abashed, surrounded by an infectious cloud, saying "may I take your order?"]

Without available testing, the best way we have to estimate how many people have COVID: *wastewater data*. Virus levels in sewage closely follow actual cases.[12]

[Cartoon of a toilet with viruses getting flushed]

[Graph from Michael Hoerger @michael_hoerger, pmc19.com/data, titled “SARS-CoV-2 New Daily Infections, Wastewater-Derived Estimates (U.S.) - Jan 12, 2026.”
The current level is around 1,000,000 new daily infections.
The graph has been annotated by me, with “Omicron peak: over *five million* new daily cases” and “April 2023: Biden ends COVID emergency response.” It's apparent that April 2023 was a lull, but the pattern of COVID waves has been basically unbroken since early 2022.]

[Cartoon of me, looking at the graph]
[Word balloon] More cases than ANY TIME in 2020. Not great.

[COVID zine page 4]

[Table from pmc19.com/data, titled “COVID-19 State Prevalence Estimates - Jan 12, 2026.”
The bottom row is underlined, with “Chances anyone is infectious” for 10 people and 100 people circled.
State: New York
CDC Level: High* (*Limited reporting)
PMC Estimate, % Actively Infectious: 1 in 29 (3.5%)
Chances anyone is infectious in a room of
10 people: 30%
25 people: 59%
50 people: 83%
100 people: 97%]

In my state, at time of writing, an estimated
[huge text] **1 in 29**
people were infectious with COVID.

[bold, handwritten] **30% chance**
in an uncrowded subway car.
[cartoon of a subway car with some empty seats left]

[bold, handwritten] **97% chance**
in a packed subway car!
[cartoon of a packed subway car]

[Cartoon of me, looking tired, wearing a respirator, pointing up at the table. I'm in a crowd of people and there are clouds of infectious aerosols.]

You can see how the risk skyrockets with crowds.

Estimate how many people are infectious in *your* U.S. state *now:*
[QR code]
pmc19.com/data

[COVID zine page 5]

[Bold, handwritten text] **COVID is really dangerous.**

[Cartoon of a person's circulatory system]

COVID isn't just a respiratory disease. The virus infects the lining of blood vessels,[13] which can damage *every organ system, all over the body*.[14]

It disrupts the blood-brain barrier. Covid “brain fog”;[15], loss of taste and smell? *That's brain damage*.[16]

At least *1 in 10* infections cause new, lasting symptoms,[17] aka Long COVID. The more times you get it, the higher the risk.[18]

[bold, handwritten] **Causes of Long COVID include:**
Persistent Virus[19]
[cartoon of an intestine with viruses in it]
Causes: chronic inflammation, immune system exhaustion.

Microclots[20]
[cartoon a vein with a clot in it]
Cause: tissue hypoxia, stroke, organ failure.

Organ Damage[21]
[cartoon of an anatomical heart]
Causes: heart problems, gray matter loss.

Reactivating other viruses[22]
[cartoon of a virus]
Such as: EBV (mono), other herpresviruses.

Post-exertional malaise (PEM) *“crashes,”* which may come hours or days after the triggering event, [23], are common in Long COVID.[24] PEM is the hallmark symptom of *myalgic encephalomyelitis* (ME).

Long COVID resources:
[QR code]
whn.global/longcovidresources

[Cartoon of a person lying down and wearing an eye-mask, surrounded by handwritten descriptions of potential PEM crash symptoms]
Brain fog, hard to even think.
In pain, feel like you have the flu for months on end.
Have to lay in the dark and quiet.
Can't read, watch TV, look at phone, listen to music.

[COVID zine page 6]

In the U.S. alone, hundreds of people are still dying, every week, *officially* from COVID.[25]

COVID also increases risks of *heart attacks,*[26] *strokes*,[27] and *cancer*,[28] so it contributes to many more deaths than the official count.

[Graph titled "Global estimated excess deaths and official covid-19 deaths."
The timeline goes from January 2020 to June 2024.
Daily official COVID deaths are gray, and estimated excess deaths are a red dotted line, with a shaded "confidence intervals" area representing uncertainty about the excess deaths number.
The estimated excess deaths match the ups and downs of the official COVID deaths, but they're 2-3x more. Official COVID deaths have been quite low since mid-2023, while estimated daily excess deaths hover around 10,000.]
economist.com/graphic-detail/coronavirus-excess-deaths-estimates

The pandemic's toll can be seen in *excess deaths,* compared to a 2019 baseline.[29]

[Bold, handwritten] **COVID causes immune system dysfunction.**

COVID exhausts T cells—the same infection-fighting cells depleted by HIV.[30]
Getting it makes *other infections more likely*, for at least a year after. [31]

Kids are *twice as likely* to develop Long COVID from their *second* infection.[32]

Long COVID has already overtaken asthma in the U.S. as the *most common chronic illness in children*. [33]

[Two similar-looking graphs.
Both graphs have lines representing counts of T cell types CD3n, CD4n, and CD8n. The respective T cell types start at different levels but follow the same pattern.

Top graph: "20 months post-infection: **T cells 5.2% below baseline**"

On the top graph, the levels dip by around 25% during infection (Dec. 2022), recover to a slightly lower height two months later (Feb. 2023), take another small dip in June 2023, and bumble along at a slightly reduced level until the timeline ends at August 2024 (5.2% below baseline).

Bottom graph: "Cardiovascular disease patients, 20 months post-infection: **T cells 72.9% below baseline**"

For the cardiovascular disease patients, the T cell levels start out the same as they did in the general population. They dip by around 25% during infection (Dec. 2022), almost return to the baseline in by July 2023, and then take a huge dive in August 2023. From that point until the timeline ends August 2024, the levels remain low, around 72% below their original baseline.]

[COVID zine page 7]

[Bold, handwritten] **Vaccines are important but not sufficient.**

Vaccines have significantly reduced *hospitalization* and *death* from acute COVID,[34] but they only *modestly* reduce risk of *infection*[35] and *Long COVID.*[36] Antibody levels quickly decline post-shot (or acute infection).[37]

[diagram of SARS-CoV-2 infection. The SARS-CoV-2 virus is covered in spike proteins, and there are circulating antibodies, some of which bind to the spike proteins. There's a human cell covered in ACE2 receptors. When a spike protein binds to an ACE2 receptor, that's cell infection. When an antibody binds to the spike protein, it's blocked from infecting the cell!]

SARS-CoV-2 keeps mutating, with new shapes in the spike protein that evade old antibodies.[38] That's why it's important to get *updated shots* that are better matched to currently-circulating variants.[39]

[Bold, handwritten text, wrapped around a drawing of hands on a steering wheel] **COVID vaccines are like an airbag. Minimizing exposure is like keeping your hands on the wheel.**

[Bold, handwritten] **Rapid tests fail to detect a lot of COVID cases.**

Rapid antigen tests (RATs) only detect high virus levels—typically when you already feel sick.[40] If you've been exposed but don't have symptoms, wait at least 5 days post-exposure for more accurate test results.

[bold, handwritten] **Positive: You <u>do</u> have COVID.**
[drawing of a positive rapid test with two lines on it]

[bold, handwritten] **Negative: You *might* have COVID.**
Test again in 48 hours, or get a PCR.
[drawing of a negative rapid test with one line on it]

Free RATs (if covered by insurance):
[QR code]
walgreens.com/find-care/covid19/otc-test

PCR tests from a clinic or at-home molecular tests (like Metrix or Lucira) are much more sensitive.

[Bold, handwritten] **Improve test accuracy by swabbing the throat ***<u>and</u>* **nose!**[41]

Instructions (from Ontario Health[42]):
Do NOT eat, drink, chew gum, smoke, or vape for at least 30 minutes before collecting the sample.

Blow your nose first. Wash your hands and only hold the swab opposite the soft swab tip.

1. Swab between the inner cheek and lower gum, on both sides. Then, swab your tongue, as far back as you can go. OR, look in a mirror and swab your tonsils.

2. Swab the nasal wall. Tilt your head back and insert the swab straight back (not up) until you hit resistance. Rotate several times. Then, swab the other nostril.

[Drawing of a nose and open mouth. The mouth has a swab going into it, near the tonsils, labeled (1). The nose also has a swab going into one of the nostrils, labeled (2).]

[COVID zine page 9]

[bold handwritten text] **What we can do:**

[Cartoon of me, looking peaceful, wearing a Flo Mask, surrounded by a light cloud of virus.]

Don't breath COVID in. It's all about *MASKS* and *AIRFLOW*.

Respirator masks (like N95s or FFP2s) are excellent at filtering air, protecting you *and* others.[44]

Unlike cloth or surgical masks, they're designed to seal to the face and have an electrostatic charge that traps tiny particles.

Air has to go *through* the mask for it to work. *A mask is only as good as its seal!*

Head-straps create a better seal than ear-loops,[45] and I find them more comfortable!

Elastomeric masks (reusable face piece, replaceable filters) usually seal *best*, if the model fits your face![46]

[Graphic of a CDC MMWR report, bit.ly/MMWR7106 :
People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't*
WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE
Among 534 participants reporting mask type+
No mask: Ø
Cloth mask#: 56% lower odds
Surgical mask: 66% lower odds
Respirator (N95/KN95): 83% lower odds

*Matched case-control study, 1,828 people, Feb 10-Dec 1, 2021
+Compared people with similar characteristics (e.g. vaccination)
Not statistically significant]

[COVID zine page 10]

[bold, handwritten] **Finding a good mask:**

Which respirators work for you depends on your face shape and head size. Some models have been shown to fit a *wider range* of faces *better*.

The 3M Aura is a good, widely-available respirator.[47]

[drawing of a 3M Aura. It's a tri-fold respirator mask with head straps.]

Mask recs and where to buy them: [QR code]
reddit.com/r/Masks4All/wiki

Seal check: Cover the surface with your hands. Can you feel the mask going *IN* when you inhale and *OUT* when you exhale? That's good.

[Cartoon of me with my hands over my mask]

If you feel any air leaking around the edges, the mask doesn't fit properly.

To more accurately detect leaks, try a *DIY fit test*.[49]
[arrow pointing to a QR code]
youtube.com/watch?v=TRCZ8Qnf0Z0

Basically, you use a nebulizer to fog around your mask with a saccharine or Bitrex solution.

If you can taste the solution inside your mask, there's a leak!

[Cartoon of a person doing a DIY fit test. They're wearing a head-strap mask, have a garbage bag over their head, and are fogging inside the bag with a nebulizer]

[Close-up of the person sticking their tongue out, seen x-ray style inside the mask. The mask is surrounded by fog. There's a question mark by the stuck-out tongue, representing “can you taste it?”]

[COVID zine page 11]

[bold, handwritten] **Improving mask fit**

Pre-shaping the nose wire of your mask can improve its fit by *5 to 10x!*[50]

1. Flatten out nose wire.
[drawing of hands flatting out the nose wire of a respirator mask]

2. Shape wire with fingers.
[drawing of hands bending the nose wire into a shape with a bump in the middle and the ends slightly downturned, like a curly bracket but the middle is rounded instead of sharp. {]

3. Smoosh onto face.
[Drawing of a person with a respirator on, smushing it onto their face with their fingers at both sides of their nose bridge.]

Fit factor is a measurement of how well a mask fits you. It estimates how much *lower* the concentration of external pollutants is, *inside* your mask.

Respirators must have a fit factor of at least *100* to pass an OSHA fit test.[51]

Adding a *staple* can close up a gap at the chin.[52] *Medical tape* at the edges is another option. If possible, fit test your mask after modifications!

[Drawing of stapler and a cup-style respirator. The chin area has been tightened with a small pleat fold, secured with a staple.]

[COVID zine page 12]

[bold, handwritten] **If you have to wear a surgical mask...**

They were not designed to control infectious aerosols, but their fit can be improved with a *mask brace*.

Free: Two 8-inch rubber bands[53]

1. Put band 1 around head, under nose.
[Drawing of a person wearing a surgical mask, with a rubber band on top of it. The rubber band goes around from the back of the head to underneath the tip of the nose.]

2. Put band 2 underneath.
[Same drawing, but now a second rubber band is tucked underneath the first one. Band #2 does not go around the back of the head—rather, the top half goes towards the eyebrows and the bottom half goes towards the chin. The rubber bands make a Θ shape where they cross on top of the surgical mask.]

3. Flip band 1 above nose, fold band 2 over and use it as a chin strap.
[Same drawing, but the front of rubber band #1 has been moved from underneath the tip of the nose, to up across the nose bridge. It makes a w shape across the front of the surgical mask. Band #2 has been folded in half, around band #1, and now forms a strap going under the chin, pulling band #1 down at the center of each cheek, which makes the w shape.]

Average fit factor, unmodified surgical mask: *3.8*
[drawn arrow pointing to underneath step 3]
Average fit factor, surgical mask with rubber band brace: *151*

Cheap: Cut from a rubber sheet

1/32” 40A rubber recommended.

Free template: [QR code]
fixthemask.com/products/v2-diy-rubber-sheet-brace

[Drawing of a person wearing a mask brace cut from a rubber sheet on top of their surgical mask. It's roughly the same shape as the rubber band brace, but the straps are thicker and more precisely curved.]

$15: Fix The Mask mask brace

[Drawing very similar to the rubber-sheet mask brace, but this one has cushioning on either side of the nose bridge, and a second strap going around the lower part of the back of the head.]

[COVID zine page 13]

[bold, handwritten] **The more ventilation, the lower the risk!**

Fresh air dilutes the infectious aerosols! That's why COVID spreads less outdoors, especially long-range.[54]

[Drawing a room with two windows open on opposite sides, and a ceiling fan running in the middle. The airflow is blowing a cloud of infectious aerosols out the window.]

[handwritten] CEILING FAN FOR FASTER AIR MIXING[55]

Open multiple windows and get a cross-breeze going![56]

[bold, handwritten] **CO2 monitors can help us judge air quality.**

Since we exhale CO2 as well as respiratory aerosols, the difference between indoor and outdoor CO2 levels indicates how good the ventilation is.[57]

[Drawing of a CO2 monitor reading "**423 ppm CO2**"]

Outdoor CO2 level (2024 global avg.)[58]

[Drawing of a CO2 monitor reading "**600 ppm CO2**"]

Excellent ventilation[59]

Intro to CO2 monitoring
[QR code]
itsairborne.com

See how much you can lower the CO2 with different windows open and fan placements!

[COVID zine page 14]

[bold, handwritten] **Higher CO2 levels make COVID aerosols *stay infectious longer*.**

SARS-CoV-2 eventually decays from exposure to ambient air. But higher CO2 levels *slow the decay process*.[60] Yet another reason to ventilate!

[On the left side of the page is a thermometer-like bar labeled "**CO2** parts per million" which gets darker as it goes up. (Speckled shading, like the infectious aerosol clouds.) From bottom to top, the following values are captioned:]

280 - Pre-Industrial Revolution outdoor level[60]

423 - Avg. outdoor level

500 - >97% of SARS-CoV-2 decays in 40 mins[60]

800 - SARS-CoV-2 decays *significantly slower* than at 500ppm[60]

1150 - Typical high school classroom[62]

Cognitive performance gets worse as CO2 increases[61]

≈ [wavy lines crossing the bar to indicate some space has been omitted, and the placement of the next number is not to scale]

3000 - *~30%* of airborne SARS-CoV-2 remains viable after 40 mins[60]

[bold, handwritten] **CO2 isn't 1:1 with infection risk.**

Masks and air filters capture infectious aerosols, but not CO2. Airplane cabin air is heavily filtered, but the CO2 level still gets high![63]

We exhale *way more* aerosols when vocalizing than when silent, but not more CO2.[63] Thus, CO2 levels would tend to *under*estimate risk at events with lots of talking and singing.

Close contact with an infectious person is risky even if CO2 levels are low.[63]

[COVID zine page 15]

[bold, handwritten] **We can have safer indoor air!**

Released in 2023, *Ashrae 241* is a new ventilation standard,[65] designed based on infection risk modeling,[66] to *reduce airborne disease transmission*.

It specifies a minimum *clean air delivery rate* (CADR) per person, measured in cubic feet per minute (cfm). The more people, the more clean airflow needed!

[Drawing of a window, a wall-mounted air conditioner, and an air purifier, all blowing puffs of air.]

This clean air can come from outdoors, air purifiers, or an HVAC system with MERV-11 or better filters.[67]

Conveniently, air purifiers are sold by CADR. *Any space could hit these targets* with enough purifiers and/or few enough people!

Minimum for low-occupancy spaces: *350 cfm*.[68]
For group singing events, double these rates.[69]

[bold, handwritten] **How much clean air?**
To meet ASHRAE 241[70]

[Chart that runs across the bottom of pages 15 and 16. Different types of indoor spaces are arranged into columns, by minimum CADR per person required for that type of space to meet ASHRAE 241.

20 cfm/person - Warehouse; Sorting, packing, light assembly.
30 cfm/person - Residential dwelling unit, Office, Prison Cell
40 cfm/person - Retail, Classroom, Healthcare exam room, Prison day room
50 cfm/person - Lobby, Residential common space, Healthcare resident room, Auditorium, Spectator Area, Place of Worship, Manufacturing
60 cfm/person - Food & bev. facilities, Transit waiting, Museum, Convention
70 cfm/person - Heathcare group treatment area, Healthcare patient room
80 cfm/person - Gym
90 cfm/person - Healthcare waiting room]

[COVID zine page 16]

[bold, handwritten] **ASHRAE 241 works.**

Meeting this ventilation standard greatly reduces COVID spread. Example from a long-term care facility:

% of resident rooms that met ASHRAE 241 ventilation standard

% of residents and staff infected during the Nov 2020 COVID outbreak

[Bar chart. Each bar represents a floor in the long-term care facility, and is filled in with both the % of ASHRAE-241-compliant rooms (from the top, light blue) and the % of residents and staff infected (from the bottom, black).]

A/B Wing
2AB: 24% ASHRAE-241-compliant, 71% infected
5AB: 38% ASHRAE-241-complaint, 41% infected
7AB: 38% ASHRAE-241-compliant, 24% infected

C wing
4C: 43% ASHRAE-241-compliant, 2% infected
5C: 86% ASHRAE-241-compliant, 4% infected
7C: 50% ASHRAE-241-compliant, 2% infected

"Optimizing Ventilation Strategies for Mitigating SARS-CoV-2 Transmission in Long-Term Care Facilities: A Collaborative Study with Practical Implications," Wagg and Zhong, 2024. Data visualization by Hazel Newlevant.

ASHRAE 241 isn't enforced anywhere...yet. But we don't have to wait to assess and improve our spaces!

DIY air purifier made with cardboard and two PC fans: *88 cfm*.[71]
[drawing of a 2-PC-fan air purifier]

DIY box fan air purifier with five MERV-13 filters: *600 to 850 cfm*.[71]
[Drawing of a box fan air purifier, with short legs at the corners, and an arrow pointing to the bottom.]
[handwritten] Raised up to fit 5th filter underneath

Air purifier finder tool:
[QR code]
filters.cleanairstars.com

[COVID zine page 17]

[bold, handwritten] **“I have COVID, now what??”**

What I'm planning to do if/when I get COVID again. Not medical advice. I am not a doctor.

[QR code]
People's CDC has a detailed "What to Do if You Have COVID" guide. Gather supplies *before* you get sick!

[bold, handwritten] **There's still a chance to stop the spread!**

Reduce the chances of infecting others in your household by isolating ASAP, maximizing ventilation, and everybody wearing masks. *People stay infectious for at least 10 days on average!*[73] Exit isolation after two negative tests, at least 24 hours apart.[74]

Don't go out if you can help it. If it's an emergency that can't be delegated or postponed, *wear a respirator!!!*

[bold, handwritten] **REST.**

[drawing of mug] Dehydration is *also* linked to Long COVID, so drink up![75]

Inadequate rest can *worsen* or potentially even *cause* Long COVID.[76] *Don't work out!!* Avoid exertion as much as possible, during infection and in the weeks after. Rest and pacing are also crucial for coping with post-exertional malaise, a common Long COVID symptom.[77]

[COVID zine page 18]

[bold, handwritten] **Saline irrigation**

[drawing of a person squirting saline up their nose and making a cringing face]

Frequent saline gargling and nasal rinses can help resolve symptoms earlier[78] and reduce the risk of transmitting COVID to others in your household.[79]

Others in your household doing frequent saline rinses, as well as masking, may also help them stay negative![80]

[drawing of a bottle of Zyrtec]

[bold, handwritten] **Antihistamines**
may calm the inflammatory "cytokine storm" that causes organ damage.[81]
People on chronic antihistamine treatments appear to have lower rates of Long COVID.[82]

[bold, handwritten] **Prescription medications**
Paxlovid is an antiviral which reduces the severity of acute COVID infection. The older you are, the more it reduces your risk of developing Long COVID.[83] (No apparent risk reduction for adolescents.)

It's prescribed for those at increased risk of severe illness...which is 75% of U.S. adults.[84] It should be started within 5 days of symptom onset.

Assessment for Paxlovid (in New York State):
[QR code]
Virtual ExpressCare
ondemand.expresscare.video/landing

Metformin, a common diabetes drug, has been shown to reduce Long COVID risk by *41-63%* when taken during acute COVID infection![85]

Reporting on Metformin and Long COVID:
[QR code]
thesicktimes.org

AgelessRX prescribes Metformin off-label for longevity and weight loss. Your PCP might also be willing to prescribe it. If you'd want to take it during a COVID infection, stock up in advance.