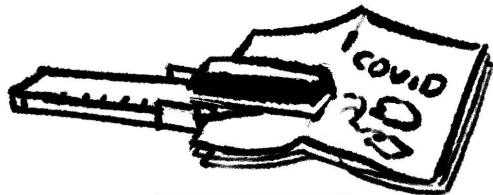


"Every chain of transmission that is broken is VALUABLE. Every person that doesn't GET SICK, that doesn't lose that WEEK of WORK, that doesn't become DISABLED or DIE, from the minorest of inconveniences, to the GREATEST of losses: every single one of those things is VALUABLE."

-Becca on DEATH PANEL
podcast 2/16/23

Print and distribute this zine yourself!
Download a PDF here.



Citations:



newlevant.com/COVIDzine

ALWAYS FREE

WHAT'S UP WITH COVID AND HOW TO PROTECT YOURSELF 2024 EDITION



feat. ADVANCED COVID safety tips!

have you heard the bad news?

by HAZEL NEWLEVANT

Unless you make it a hobby to follow COVID news and studies, you're probably going off old info.

COVID is mild now

The pandemic is over

"Pandemic of the unvaccinated"

COVID is like the flu

Only "high risk" people need to worry about it.

There's nothing you can do

Businesses have a clear interest in *YOU* not worrying about COVID,¹ and governments want to claim "victory" by hiding the problem.²

They want you at work, shopping, traveling, and going to events just like you did in 2019--*NOT* demanding sick pay, clean air infrastructure upgrades, etc.

The CDC didn't want to admit COVID is airborne because it would open employers up to workplace safety lawsuits.³

Masks are a visual reminder of the ongoing danger.

In a 2020 study, people who complied with mask mandates spent **25% less time shopping.**⁴

In 2021, the CDC shortened their COVID isolation guidelines ... at the request of Delta Airlines' CEO.⁵

Here's the real tea:

COVID is airborne & moves like smoke.

Because the virus is transmitted by respiratory aerosols⁶--the fog that you can see exhaled on a cold day.

Could you smell if someone was smoking? Then you could inhale their COVID virus.

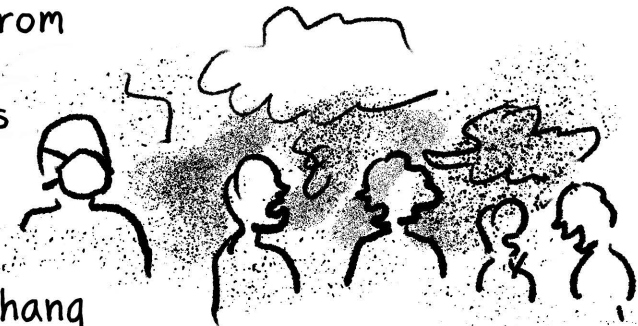


This is why *airflow, filtration, and limiting contacts* are key to stopping infections.

Six feet apart ≠ safe

That's old news, from when scientists *hoped* COVID was mainly spread by large droplets.

Turns out, it can hang in the air for hours.⁷



COVID is still everywhere.

At least half of COVID spread is from people who don't (yet) have symptoms.⁸

With no paid sick leave and too-short isolation guidelines, people are regularly forced to work while infectious.⁹

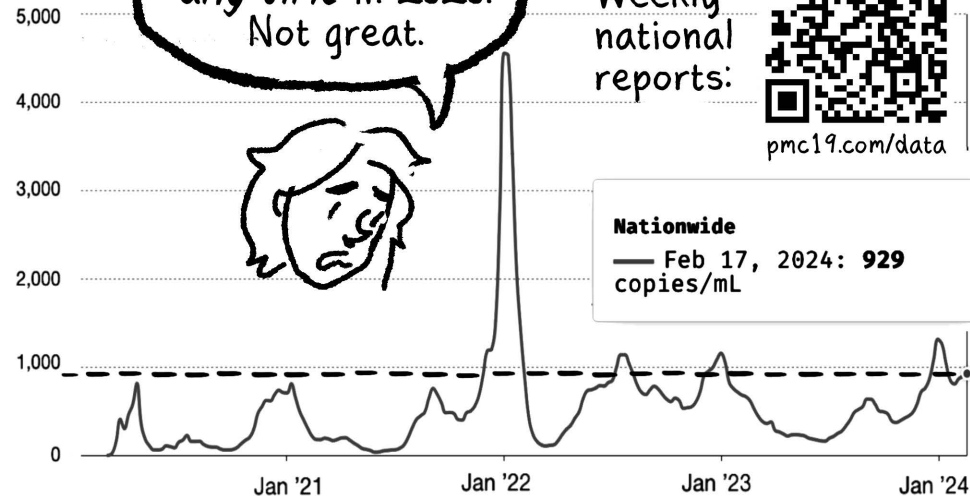
The CDC stopped tracking COVID tests,¹⁰ so now the best way we have to estimate how many people have COVID: *wastewater testing*.¹¹ Virus levels in sewage closely follow actual cases.



MAY I TAKE YOUR ORDER?



Wastewater:
Effective SARS-CoV-2 virus concentration (copies / mL of sewage)



Source: Wastewater data from Biobot Analytics

Biobot Wastewater Level (copies/mL)	% Infectious	Chances Infectious
100	0.3%	1 in 328
200	0.6%	1 in 164
300	0.9%	1 in 109
400	1.2%	1 in 82
500	1.5%	1 in 66
600	1.8%	1 in 55
700	2.1%	1 in 47
800	2.4%	1 in 41
900	2.7%	1 in 36
1000	3.0%	1 in 33

Biobot Wastewater Level (copies/mL)	% Infectious	Chances Infectious
1100	3.3%	1 in 30
1200	3.7%	1 in 27
1300	4.0%	1 in 25
1400	4.3%	1 in 23
1500	4.6%	1 in 22
2000	6.1%	1 in 16
2500	7.6%	1 in 13
3000	9.1%	1 in 11
4000	12.2%	1 in 8
5000	15.2%	1 in 7

Michael Hoerger, PhD, MSCR, MBA @michael_hoerger

Using the national measurements from Feb 2024, approx.

1 in 36 people were infectious with COVID.

How Does Risk Increase with More Social Contacts?			
Number of People	Chances Anyone is Infectious	Number of People	Chances Anyone is Infectious
1	2.7%	25	48.9%
2	5.2%	30	55.4%
3	7.7%	35	61.0%
4	10.2%	40	65.9%
5	12.6%	50	73.9%
6	14.9%	75	86.7%
7	17.2%	100	93.2%
8	19.4%	150	98.2%
9	21.5%	200	99.5%
10	23.6%	300	>99.9%
15	33.2%	400	>99.9%
20	41.6%	500	>99.9%

You can see how the risk skyrockets with crowds.

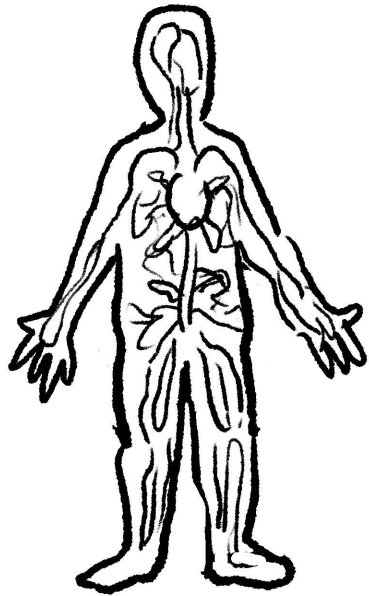


U.S. residents can estimate how many people are infectious with COVID in *YOUR* area *NOW* with data from your nearest wastewater testing facility:



biobot.io/data/covid-19

COVID is really dangerous.



COVID isn't just a respiratory illness. It injures the blood vessels¹² and can damage nearly any organ, all over your body.¹³

Even mild infections cause brain shrinkage equivalent to aging 1 to 10 years.¹⁴

Each infection has a ~1 in 10 chance of causing new, lasting symptoms, aka Long COVID.¹⁵ This is true for kids and adults.¹⁶

Long COVID can present in all kinds of ways.¹⁷ Even cases that start mild can become debilitating.

Can't read, watch TV, look at phone, Listen to music

Brain fog, hard to even think.



have to lay in the dark and quiet

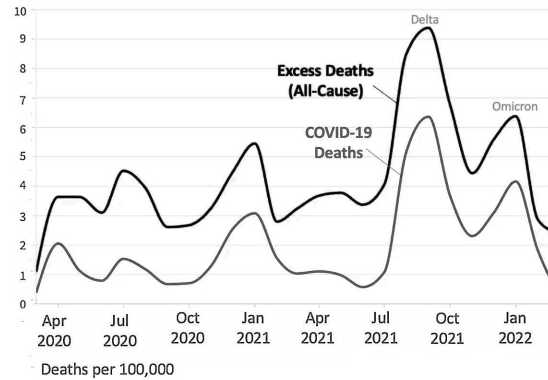
In pain, feel like you have the flu for months on end.



See pandemicpatients.org for an extensive list of Long COVID and Post-COVID Conditions:

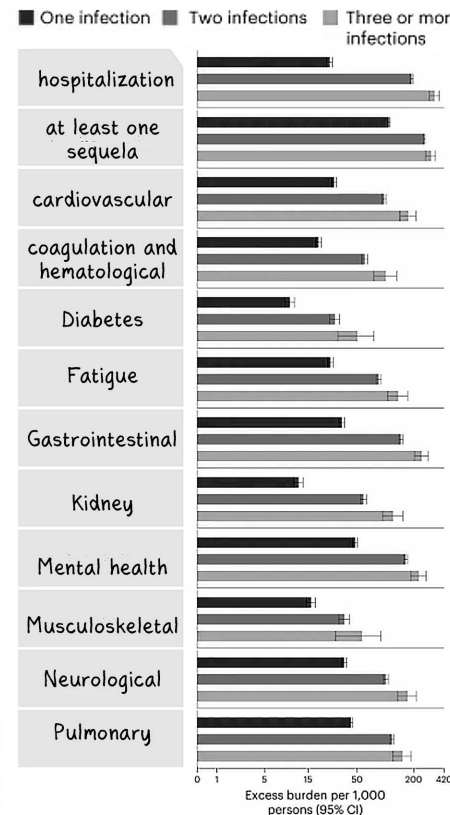


Excess Deaths and COVID Deaths in Young Adults (age 18-49) United States



Repeat infections are hurting us.

Fig. 5: Cumulative risk and burden of sequelae in people with one, two and three or more SARS-CoV-2 infections compared to noninfected controls.



So far in 2024, at least 1,000 people are officially dying of COVID in the U.S. every week.¹⁸

Chances of having a heart attack¹⁹ or stroke²⁰ go way up after a COVID infection, so it contributes to many more deaths than the official count.²¹

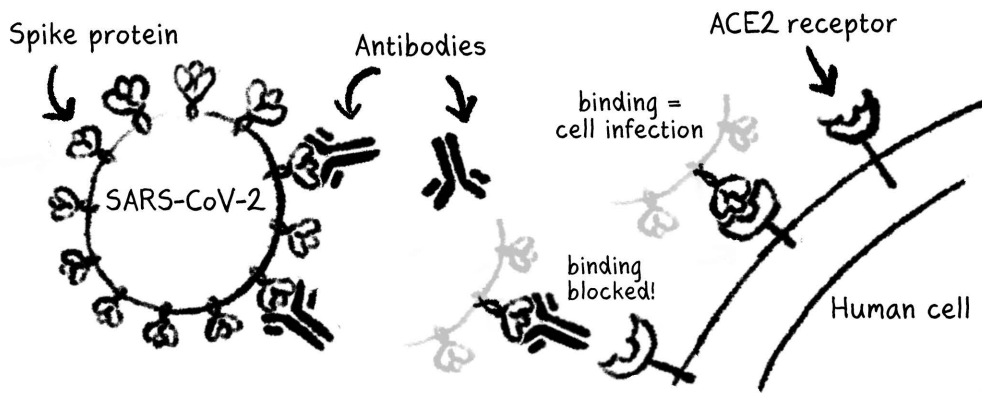
The chances of bad shit happening get higher each time you get infected.²²

Viral fragments have been found in tissue samples even 12 months post-diagnosis. Viral persistence is a likely mechanism of Long COVID.²³

COVID disregulates the immune system, even in recovered patients.²⁴ We've seen outbreaks of RSV, mpox, polio, TB,²⁵ and more²⁶--possible signs of widespread immune dysfunction.²⁷

Vaccines and "hybrid immunity" are not enough.

COVID vaccines create antibodies that fight infection. They've greatly reduced *hospitalization and death* from acute infection.²⁸ But antibody levels quickly decline over the following months.²⁹ Vaccines aren't stopping people from *getting infected, spreading COVID,*³⁰ and *long-term damage.*³¹



COVID keeps mutating, with new shapes in the spike protein that evade old antibodies.³² You can get reinfected with a different variant, even within weeks.³³

COVID vaccines are like an airbag.

Avoiding exposure is like keeping your hands on the steering wheel.

Rapid tests give a lot of false negatives.

Taking a single rapid test only successfully detects ~60% of early symptomatic infections and ~12% of asymptomatic infections.³⁴ The FDA now recommends repeat testing after a negative result.³⁵



Positive: you have COVID.



Negative: you *might* have COVID. Try again in 48 hours, or get a PCR test, especially if you have symptoms or known COVID exposure.

Improve test accuracy by collecting a combined nose and throat sample!³⁶

Instructions (from Ontario Health³⁷):

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. *Or*, look in a mirror and swab your tonsils.³⁸

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 do the other nostril.

Order free COVID tests (if covered by insurance):

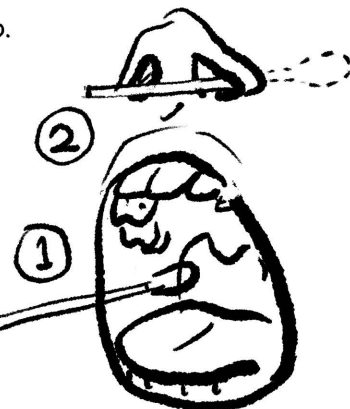


fastlabtech.com

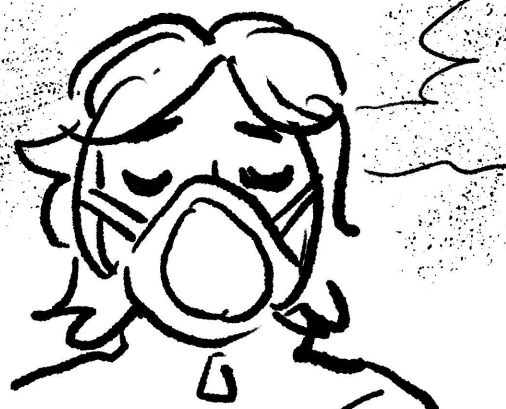
Find free testing locations:



testinglocator.cdc.gov



What we can do:



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

Wear a mask with N95 or better filtration (aka a respirator), and make sure there are no gaps.

A mask is only as good as its seal!

N95+ filters trap particles with an electrostatic charge, which is why they're much better than cloth or surgical masks.⁴²

Head-straps give a better seal than ear-loops,³⁹ and are more comfortable!

Elastomeric masks (reusable face piece, replaceable filters) give the *best* seal,⁴⁰ assuming the model fits your face!⁴¹

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.



If you feel any air leaking around the edges, the mask doesn't fit properly.⁴³

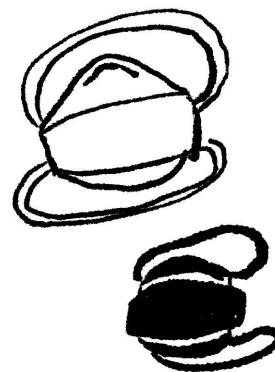


To better know if a particular mask fits you, try a DIY fit test.⁴⁴

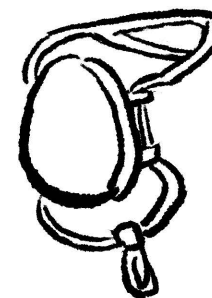
Source control is better at stopping transmission than just the uninfected person wearing a mask! But both people masking is safest.⁴⁵



3M Aura is a good disposable respirator.⁴⁶ (buy from a hardware store or stauffersafety.com, Amazon is full of fakes!)



EnvoMask Pro⁴⁷ and FloMask Pro⁴⁸ are good elastomerics.



Laianzhi HYX1002 is currently the best mask that comes in black.⁴⁹

fit test results: testtheplanet.org

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*

02/04/2022

WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

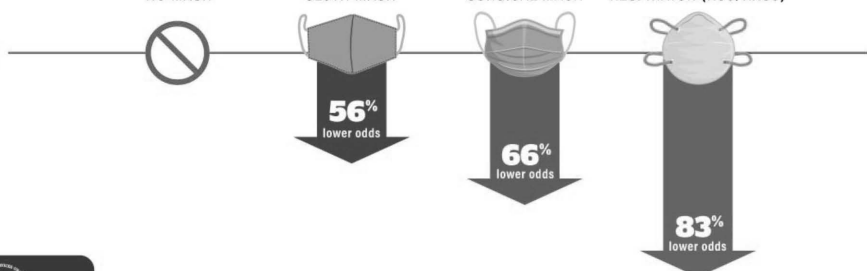
Among 534 participants reporting mask type[†]

NO MASK

CLOTH MASK[‡]

SURGICAL MASK

RESPIRATOR (N95/KN95)



bit.ly/MMWR7106

^{*} Matched case-control study, 1,828 people, Feb 10–Dec 1, 2021
[†] Compared people with similar characteristics (e.g., vaccination)
[‡] Not statistically significant

MMWR

Go outside for more airflow to disperse the virus!

Outdoor COVID transmission is still possible, but it's much safer than an enclosed space.⁵⁰



Failing that, open windows, run fans to pull in fresh air, and use HEPA air purifiers.⁵¹



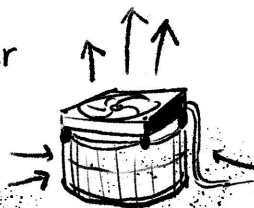
Get a cross-breeze going!

You can make a DIY air purifier by taping a furnace filter to a box fan.

instructions:
cleanaircrew.org



Mini DIY purifier with a PC fan and round HEPA filter!



Purifiers also help with pet allergies and wildfire smoke!⁵²


BAD NEWS ABOUT NASAL SPRAYS

MARCH 2025 UPDATE




These have been much-discussed as an extra layer of COVID protection, but 1 of only 2 RCTs backing them up has been withdrawn by the publisher.⁵³


Nasal spray studies have the glaring flaw that spray ingredients themselves could potentially cause a false-negative COVID test.⁵⁴ There are other major issues, too.

XYLITOL (RCT 1) 


This study was retracted by the journal in March 2025.

IOTA-CARRAGEENAN (RCT 2) 


Study participants who were lost to follow-up were presumed not to have gotten COVID, possibly skewing results.⁵⁵

NITRIC OXIDE (Enovid) 

Participants had to request the spray, suggesting they might take more precautions. No placebo group.⁵⁶

mouthwash 

In the studies finding that gargling reduces viral load in the mouth, the reduction isn't statistically significant (may be chance).⁵⁷

S. salivarius K12 

Small number of participants and short duration. No placebo group.⁵⁸

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.



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

There's still a chance to stop the spread!

Reduce the chances of infecting others in your household by isolating ASAP, ventilation, and everybody wearing masks.

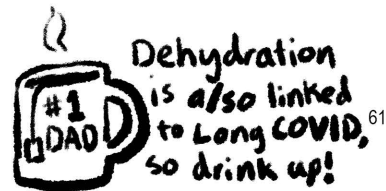
*People stay infectious for at least 10 days!*⁵⁹

After that, test to find out if you're negative.

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

(In a catch-22, you may need results from an in-person PCR test to get disability benefits or Long COVID care down the road.⁶⁰)

REST.



Inadequate rest can *worsen* or potentially even *cause* Long COVID.⁶² *Don't work out!!* Avoid exertion as much as possible, during infection and in the weeks after. Rest and pacing are also crucial for dealing with chronic fatigue syndrome, a common Long COVID condition.⁶³

early treatment

Paxlovid is an anti-viral medication may lower Long COVID risk by ~25%.⁶⁴ It's prescribed for those at increased risk of severe illness . . . which is 75% of U.S. adults.⁶⁵ It must be started within 5 days of symptoms.

Ideally, you can get a Paxlovid prescription from home with a telehealth doctor visit. More options:

Find a *Test to Treat* site (free prescriber visit) and/or a *Paxlovid Patient Assistance Program* site (free Pax for eligible people).



treatments.hhs.gov



In New York State, you can get assessed through *Virtual ExpressCare* or by calling **212-COVID-19**.

ondemand.expresscare.video/landing

(outrageously insufficient, i'm sorry!!)

Here are the meds that one Doctor of Pharmacy who researches Long COVID recommends to reduce symptoms and risk of developing Long COVID (updated 9/14/2024):

Melatonin - sleep aids recovery, maybe other benefits

Nattokinase - helps reduce microclots

Metformin - prescription med, lowers viral load and may reduce LC risk

EGCG - antioxidant found in green tea, also available as a supplement. Inhibits SARS-CoV-2 replication.

Lactoferrin - competes for ACE2 receptor docking

Paxlovid

Rationale and dosing:

pharmd.substack.com/p/i-have-covid-what-should-my-kids

