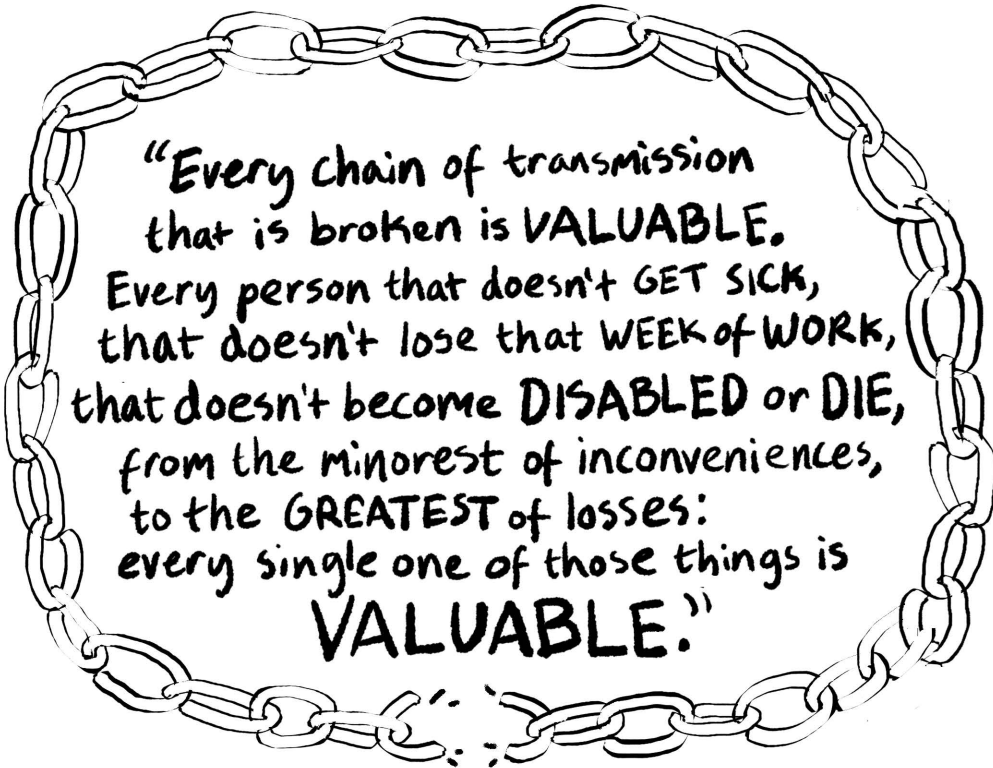


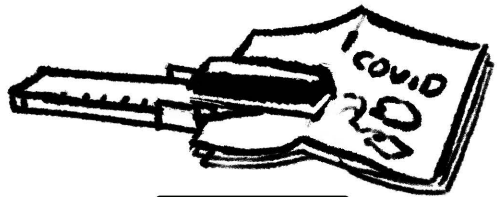
# WHAT'S UP WITH COVID AND HOW TO PROTECT YOURSELF 2024 EDITION



"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](http://newlevant.com/COVIDzine)



feat. ADVANCED  
COVID safety tips!

by  
HAZEL  
NEWLEVANT

## ALWAYS FREE

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,<sup>1</sup> and governments want to claim "victory" by hiding the problem.<sup>2</sup>

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.<sup>3</sup>

Masks are a visual reminder of the ongoing danger.

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

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

# early treatment

Paxlovid is an anti-viral medication may lower Long COVID risk by ~25%.<sup>64</sup> It's prescribed for those at increased risk of severe illness . . . which is 75% of U.S. adults.<sup>65</sup> 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



ondemand.expresscare.video/landing

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

(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



# 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.

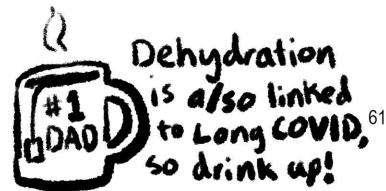
*People stay infectious for at least 10 days!*<sup>59</sup>

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.<sup>60</sup>)

## REST.



Inadequate rest can worsen or potentially even cause Long COVID.<sup>62</sup> *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.<sup>63</sup>

Here's the real tea:

## COVID is airborne & moves like smoke.

Because the virus is transmitted by respiratory aerosols<sup>6</sup>--the fog that you can see exhaled on a cold day.

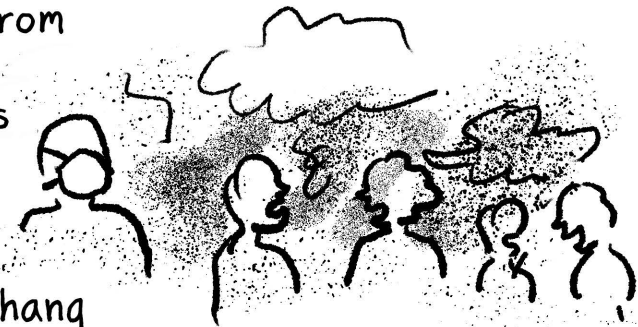
Could you smell if someone was smoking? Then you could inhale their COVID virus.



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.<sup>7</sup>

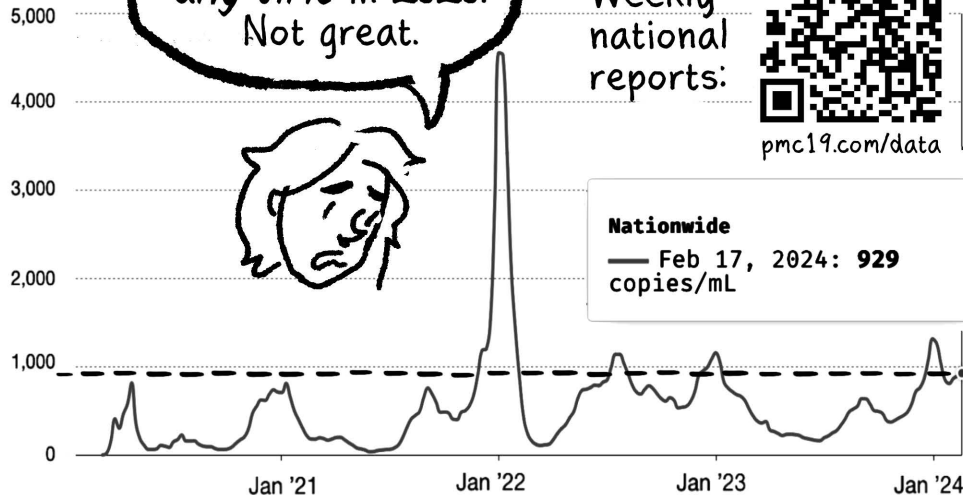
# COVID is still everywhere.

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

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

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

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



Source: Wastewater data from Biobot Analytics



MAY I TAKE YOUR ORDER?



# 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.*<sup>53</sup>


Nasal spray studies have the glaring flaw that spray ingredients themselves could potentially cause a false-negative COVID test.<sup>54</sup> 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.<sup>55</sup>

### NITRIC OXIDE (Enovid)

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

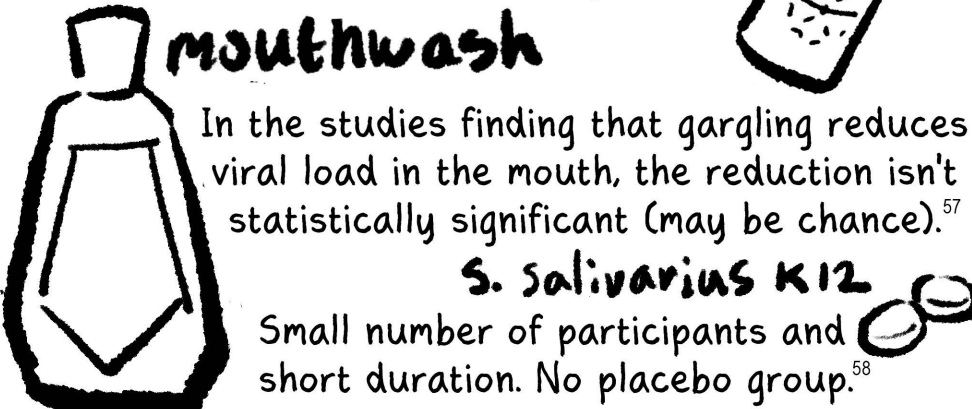


### mouthwash

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

### S. salivarius K12

Small number of participants and short duration. No placebo group.<sup>58</sup>

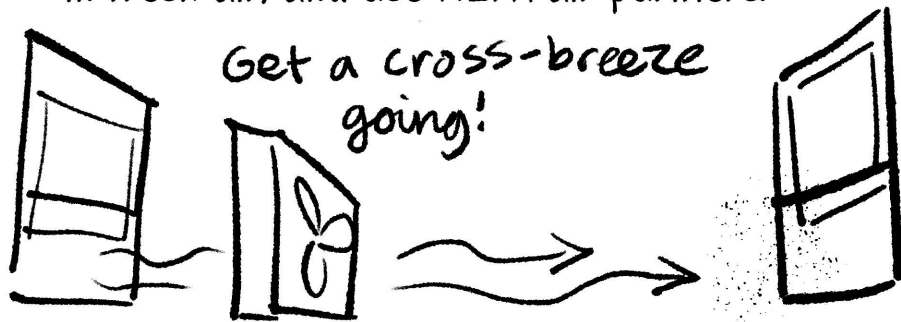


Go outside for more airflow to disperse the virus!

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



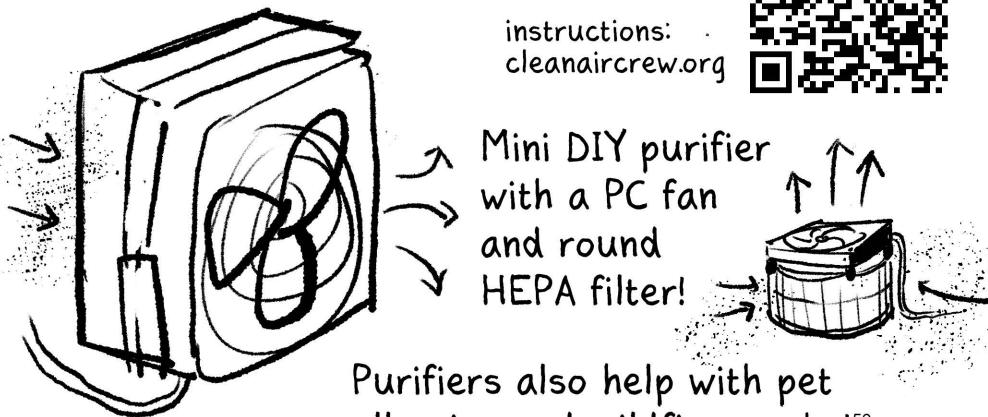
Failing that, open windows, run fans to pull in fresh air, and use HEPA air purifiers.<sup>51</sup>



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!<sup>52</sup>

Biobot Wastewater Level (copies/mL)	% Infectious	Chances Infectious	Biobot Wastewater Level (copies/mL)	% Infectious	Chances Infectious
100	0.3%	1 in 328	1100	3.3%	1 in 30
200	0.6%	1 in 164	1200	3.7%	1 in 27
300	0.9%	1 in 109	1300	4.0%	1 in 25
400	1.2%	1 in 82	1400	4.3%	1 in 23
500	1.5%	1 in 66	1500	4.6%	1 in 22
600	1.8%	1 in 55	2000	6.1%	1 in 16
700	2.1%	1 in 47	2500	7.6%	1 in 13
800	2.4%	1 in 41	3000	9.1%	1 in 11
900	2.7%	1 in 36	4000	12.2%	1 in 8
1000	3.0%	1 in 33	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.

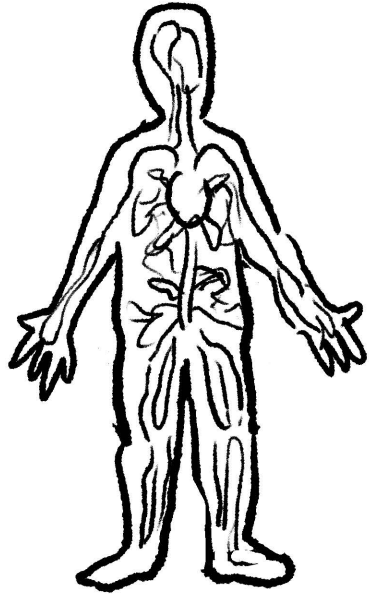


U.S. residents can estimate how many people are infectious with COVID in YOUR area NOW with data from your nearest wastewater testing facility:



biobot.io/data/covid-19

# COVID is really dangerous.



COVID isn't just a respiratory illness. It injures the blood vessels<sup>12</sup> and can damage nearly any organ, all over your body.<sup>13</sup>

Even mild infections cause brain shrinkage equivalent to aging 1 to 10 years.<sup>14</sup>

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

Long COVID can present in all kinds of ways.<sup>17</sup> 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.

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

have to lay in the dark and quiet



See [pandemicpatients.org](https://pandemicpatients.org) for an extensive list of Long COVID and Post-COVID Conditions:



**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.<sup>43</sup>

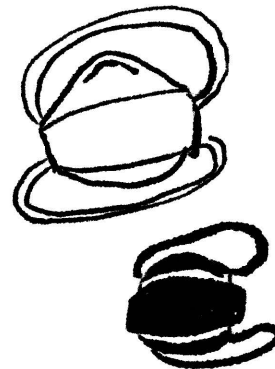


To better know if a particular mask fits you, try a DIY fit test.<sup>44</sup>

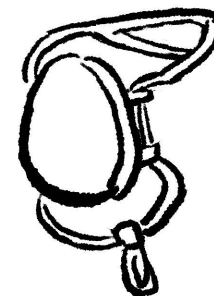
**Source control** is better at stopping transmission than just the uninfected person wearing a mask! But both people masking is safest.<sup>45</sup>



3M Aura is a good disposable respirator.<sup>46</sup> (buy from a hardware store or [stauffersafety.com](https://stauffersafety.com), Amazon is full of fakes!)



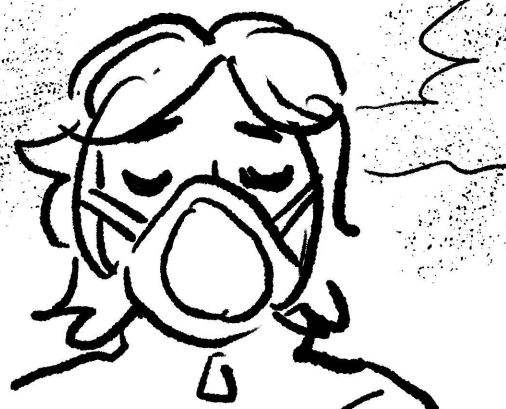
EnvoMask Pro<sup>47</sup> and FloMask Pro<sup>48</sup> are good elastomerics.



Laianzhi HYX1002 is currently the best mask that comes in black.<sup>49</sup>

fit test results: [testtheplanet.org](https://testtheplanet.org)

# 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!*

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

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

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

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



CLOTH MASK\*



**56%**  
lower odds

SURGICAL MASK



**66%**  
lower odds

RESPIRATOR (N95/KN95)



**83%**  
lower odds

bit.ly/MMWR7106

\* Matched case-control study, 1,828 people, Feb 10-Dec 1, 2021

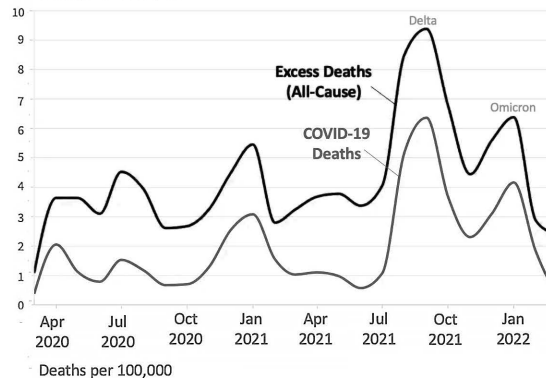
\* Compared people with similar characteristics (e.g., vaccination)

\* Not statistically significant

MMWR

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

United States

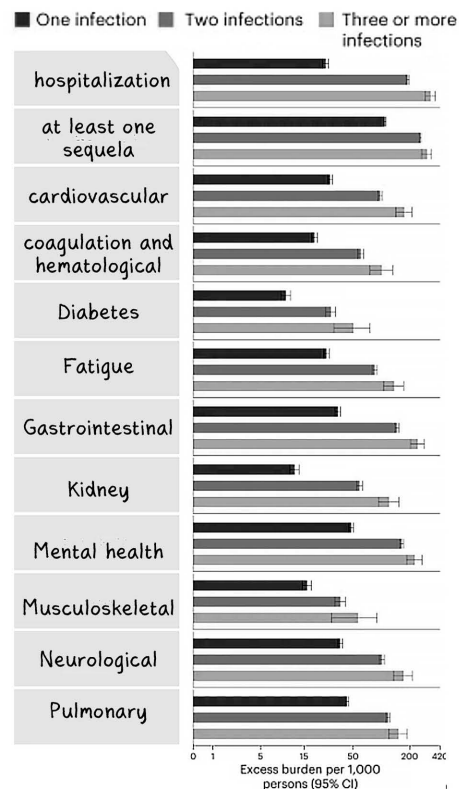


So far in 2024,  
at least 1,000 people are  
*officially* dying of COVID  
in the U.S. every week.<sup>18</sup>

Chances of having a  
heart attack<sup>19</sup> or stroke<sup>20</sup>  
go way up after a COVID  
infection, so it contributes  
to many more deaths than  
the official count.<sup>21</sup>

# 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.



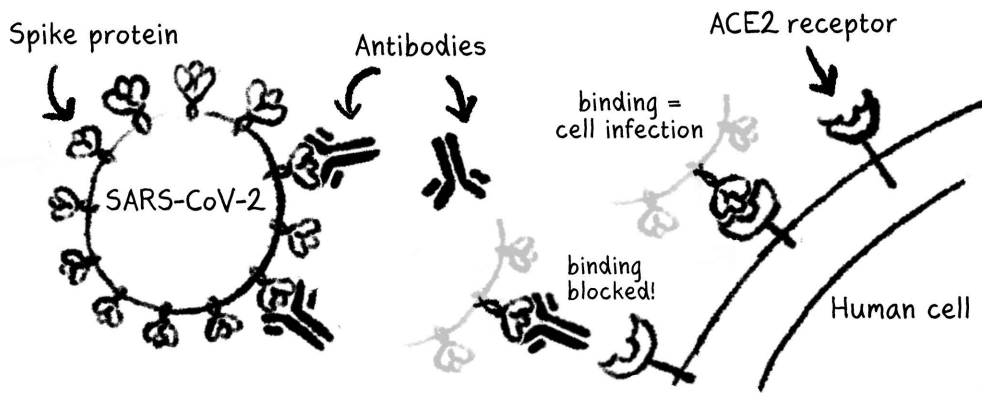
*The chances of bad shit  
happening get higher  
each time you get infected.*<sup>22</sup>

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

COVID disregulates the immune  
system, even in recovered  
patients.<sup>24</sup> We've seen outbreaks  
of RSV, mpox, polio, TB,<sup>25</sup> and  
more<sup>26</sup>--possible signs of  
widespread immune dysfunction.<sup>27</sup>

# Vaccines and "hybrid immunity" are not enough.

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



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

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.<sup>34</sup> The FDA now recommends repeat testing after a negative result.<sup>35</sup>



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!<sup>36</sup>

Instructions (from Ontario Health<sup>37</sup>):

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.<sup>38</sup>

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

