



There have been media reports from [China](#), [South Korea](#), [Japan](#), [India](#), [Thailand](#) and [Cambodia](#) of people testing positive for the SARS-CoV-2 virus after recovering from COVID-19. We have seen this question emerge in our Social Media monitoring in Thailand, on [Twitter](#) and [YouTube](#), and your audience may be asking the same question. The answer has huge implications for the spread of the disease, as well as misinformation that could contribute to fear and panic in the community.

We will take you through the latest research on the issue and provide guidance on how to report on this challenging question.

### **If someone recovers from COVID-19 – can they become infected again?**

Because SARS-CoV-2 was only discovered a few months ago, scientists are still trying to answer many big questions related to the virus and the disease it causes. At the time of writing, scientists are still not sure if you can be reinfected with COVID-19 after recovering.

Why?

- There have been no human studies directly investigating whether infection with SARS-CoV-2 results in immunity and protection against re-infection.<sup>[1]</sup>
- Results from a [study](#) on rhesus macaque monkeys suggest it could be possible, **but** the study was small and did not determine whether the immunity may 'wear off' over time.

The World Health Organization (WHO) said at a [press briefing on Monday 13 April](#), that it is still 'unclear' whether people that have recovered from the disease may be immune to reinfection.

What else do I need to know?

Remember Severe Acute Respiratory Syndrome (SARS)? SARS is a disease also caused by the coronavirus, the same family of viruses that causes COVID-19. Research into SARS suggests that high levels of IgG antibodies<sup>[2]</sup> could last 1-2 years – meaning the person is protected from getting the disease for that time period. But more research needs to be done to determine if the same is true for the SARS-CoV-2 virus that causes COVID-19.

Although most people who have been infected develop protective antibodies, [it is still unknown](#) how long they last in the human body and whether they protect against reinfection. A [non-peer reviewed study](#) indicates that people who have recovered from COVID-19 may have antibodies for at least two weeks. A study that has not had a peer review means it has not been checked and verified by the scientific community. It could mean the findings are not reliable or the research methods were flawed. See [here](#) for a guide on reporting on clinical trials.

## **So how do I report on this?**

Discussions on social media, talkback radio and other forums may indicate to you that this is a topic your audience is concerned about. But with many questions still unanswered, it can be challenging to cover this issue in your context. So what can we as journalists do to ensure that we are reporting accurately and responsibly on re-infected cases?

### **1. Only use official sources**

Many rumours may be circulating about people that have been reinfected with COVID-19. Do not be tempted to report on rumour, speculation or theories. Ensure you only refer to official government sources of information such as the Ministry of Health in your country.

### **2. Ask the right questions**

There are some key questions that are important to ask if there are official reports of reinfection in your context:

- **What is the time between recovery and re-infection?**

How soon the test was taken in the patient is a crucial bit of information. If new symptoms of re-infection emerge within a short time, for example 7-14 days from when the patient is discharged from hospital, it is possible that there could have been an error in the earlier tests that declared the patient had recovered. This is called a false negative. A false negative is an error in which a test is faulty, or has not been performed correctly. This can show no presence of a disease when, in reality, it is still present.

The [World Health Organization's guidelines](#) are to test recovered patients twice with an interval of at least 24 hours before they are discharged from hospital-care. These two consecutive tests are designed to rule out false negatives, but if a hospital is under immense pressure, there is possibility the tests have not been conducted following these guidelines.

Most of the tests used to determine if a person is fully recovered from COVID-19 involve taking a swab sample from the nasopharyngeal region. The nasopharyngeal region is at the base of your skull, above the roof of your mouth. Health-care professionals are trained to safely take swab samples from the area.

Another reason for false negatives, [according to the WHO](#), is when patients may still have the virus in deeper parts of the respiratory system where the swab test does not reach.

The US Food and Drug Administration (US FDA), however, has [issued a caution](#) that negative results in tests may not mean that the person is free from the viral infection. According to the US FDA additional measures like clinical observations, the act of closely watching and obtaining further information about a patient's condition including signs and symptoms, are needed to completely rule out COVID-19. An [article](#) published in Mayo Clinic Proceedings on 7 April also questions the overreliance on COVID-19 testing to make clinical and public health decisions.

- **What types of tests have been done?**

As we said above, the common test used to determine if a person is infected with SARS-CoV-2 involves using a swab, but there are other

ways medical professionals can test for the virus. SARS-CoV-2 can be detected in a patient's [sputum, blood or stool samples](#). Understanding if other tests have been used will also give an indication of how thorough this testing regime has been.

### **Don't add to fear or stigma**

People may face fear and stigma after recovering from COVID-19. In [some serious cases](#), we have seen recovered patients receiving online death threats and hate messages on their phones. Do not contribute to this prejudice in your reporting. Always maintain a patient's privacy (even when they have recovered) and never name them or use identifying information in your reporting unless you have full consent. The US Center for Disease Control (CDC) has [these guidelines](#) for reducing COVID-19 stigma in your reporting.

[1] <https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/immunity-after-sars-cov-2-infection-report-2020.pdf>

[2] IgG antibodies are the most abundant type of antibody found in all body fluids. An antibody is a protein complex used by the immune system to identify and neutralize foreign objects like bacteria and viruses.

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*[Evidence Aid](#) assisted in the literature review for this guidance. If you have any questions, requests for resources, feedback or would like to let us know when our tools have been useful, you can email us at any time at [covid-19@internews.org](mailto:covid-19@internews.org)*