

**Mark Brooks:** Welcome to another IDEA webinar. We have a very special panel for you today. The panel is Dare to Date: Dating in a Time of Pandemic. Yes, we are talking safety again because it is paramount right now. This is a great concern for us all, of course. We are in an interesting position of having a very great responsibility in the way that we nudge and cajole and guide our members in their dating behavior. Should they be dating yet? How should they be dating? We have an esteemed panel to help you answer that question and guide your members.

So, the Internet Dating Excellence Association exists to help you grow your company and to help the dating industry grow overall. I'd like to ask Geoff Cook, the CEO and co-founder of the Meet Group, of course. He has brought this group of epidemiologists, doctors, and physicians together to advise us. I'd like to ask, Geoff, why did you pull together the Safe Dating Advisory Board? Why this board and why now?

**Geoff Cook:** We feel that it's critical to provide scientifically sound practical guidelines and to help minimize harm related to dating and meeting new people in the age of pandemic and especially with respect to dating. That's really what's driving this talk. We contacted a number of different infectious disease experts and epidemiologists. Doctors Hazra, Elfassy, and Sharp all stood out as having, you know, deep backgrounds in public health and medicine. And, and so, you know, we're very pleased to benefit from their guidance and support as we try to provide good tips to our members.

What's relatively clear to us is that, you know, society is beginning to open up, obviously unevenly and in different places. But we recently ran a survey, an external survey of daters in the United States. It was an independent panel balanced on age and gender. We found 81% of daters would be willing to go on an in-person date tomorrow, if they met someone interesting on a dating app today. What's more, in the same panel, we found 25% said they had dated someone in the last 30 days. This is a figure that was very much in line with our own internal surveys, which suggested 23%.

Seeing this type of data suggests that the only real question is how to keep users safe and minimize risk. That same survey revealed 71% of daters prefer that their first date wear a mask, which I found interesting and a little bit encouraging. As you know, we've been very focused on building out live streaming solutions with respect to dating since 2016. We think video has an important role to play as a filter in limiting real life interactions while also

improving the dating interaction. Video is allowing you to filter on things like appearance, personality, et cetera, before you meet up in person.

It was seeing this data and understanding our users and what they're doing that led us to create a Safer Dating Advisory Board. The goal was to help provide these scientifically sound tips and help guide the practices of the company with respect to existing and new products that we might be releasing.

**Mark Brooks:** Thank you, Geoff. I'd like to ask Dr. Melissa Sharp the first question. Let me give you a quick introduction. So, Dr. Melissa Sharp is an epidemiologist and postdoctoral fellow at the Royal College of Surgeons in Ireland, and she has an expertise specifically on meta research and observational mixed methods research.

Dr. Sharp, and the entire panel, I'd like to ask you what's your thoughts on where the pandemic stands in its current progression around the USA and around Europe? I think that's where most of our audience are calling in from today, USA and Europe. These are the biggest populations so perhaps we can focus on that. Can people date right now is my key question for you, Dr. Sharp.

**Dr. Melissa Sharp:** Sure, thanks for that introduction and for having me. We're well over half a year in at this point and it sounds a bit, you know, out there to even admit that right now. We've learned so much in such a short amount of time, even if you think of what treatments that we've learned about and the vaccine progress that we've made. In terms of people adapting their daily lives, everyone has made an insane amount of progress in a very short time. So, I think that everyone, from your average Joe, to the people at the WHO, needs to give themselves credit that we have come a very far way in a short amount of time.

There is a lot to be done still, but I think that there has been a lot of progress made. You're seeing that play out some places in the US. Some states have it very under control, in that they have sort of done the phases and unlocked things. They're reopening and the contact tracing is in place. Things are starting to return to normal, somewhat. In other states, unfortunately, things are not going so smoothly. So, I think that there's an interesting gradient that's happening in the US, and a little bit in Europe as well. That's where I am right now. Europe has it a bit more under control.

So, I think that the dating situation is very dependent on where you are. But, you know, things are returning to normal a bit, certainly in some places. And I think that, you know, as long as we can go forward with the right advice and with an full knowledge of the risks that both we, personally, are taking and also that we might be subjecting others to, then I think that it is possible to connect with people, in new ways.

**Mark Brooks:** Thank you, Dr. Sharp. Dr. Anu Hazra, let me give you your quick introduction. You are an internal medicine and infectious disease physician certified by the American Board of Internal Medicine, and you're an assistant professor of infectious diseases at University of Chicago. I'd like to ask you the same question. Where do we stand in the progression in the USA and the Europe, and can people date right now?

**Dr. Anu Hazra:** Yeah, thank you for the introduction and greeting, and thank you for having this panel. I think this would be super helpful for many folks. I think where we are currently in this pandemic varies greatly, based on where you live. Looking, even in the United States, I would say, this pandemic has progressed in a way that when we think about society reopening, we can't think of it as a unidirectional linear process. We need to become comfortable that this progression is going to be bi-directional. And that, as this pandemic or the infection rates ebb and flow throughout the country, we need to be flexible to reopen and then potentially close and or move back.

Isn't a failure and shouldn't be thought of as something that we should be trying to avoid. We should really be going by where we are on the numbers and trying to provide guidance that changes from time to time. I think what's the most important thing for us to be able to provide for our clients or our patients is that ability to be flexible as we start to see cases rise in certain parts of the United States and fall or stabilize and other parts. What we are concerned with in the United States, potentially, is while some states in the Northeast have established control and have reduced the amount of person-to-person transmission, it is potentially only a matter of time before states that are not in control will potentially spread into the states that are. That's just a microcosm of the world as well.

In countries that have it currently under control, there's no guarantee that it will remain under control until there is a vaccine. Unless public health officials remain vigilant and create barriers or some sort of blockades to move forward. the numbers will potentially start to rise or case positivity on starts to rise.

As far as it being safe to date or can people date, at this time I think human connection is a part of our nature and we can't ignore it. I think the time of stay-at-home has expired. It's not a sustainable plan. I think as we, you know, envision what the next three, six, nine months look like, we must create some sort of personal change that is sustainable over time. If that means creating new, innovative ways of dating or having sort of personal interactions or dating processes, then we need to sort of start embracing other ways that we can do that. We need ideas that could be sustained over time itself.

**Mark Brooks:** Thank you. Thank you very much, Dr. Hazra. Dr. Tali Elfassy, you're an epidemiologist and research assistant professor of epidemiology in the Department of Public Health Sciences at the University of Miami. Thank you for joining us. And I'd like to ask you the same question. Where are we at and can people date now?

**Dr. Tali Elfassy:** Sure. Thank you for having me. So, I'd like to echo a lot of the sentiments from doctors Hazra and Sharp. First, in terms of where we are in the pandemic, I still believe that we're in the early phases. The most optimistic projections, regarding a vaccine, show that by the end of this year, potentially there will be a vaccine, But it will still require a massive public health effort to vaccinate essentially the entire population. So, we're looking at, you know, at least another year of this reality being the new normal. So, with that said, I don't think it is realistic to have some sort of, you know, essentially an abstinence only policy where people and young individuals are told that they should not be dating. And I, I just don't think that's realistic.

In terms of where the pandemic stands now, there is a great amount of heterogeneity based on geography, as was stated. For example, in the Northeast, the rates are somewhat under control. In the Southeast, where I am currently, we have massive community spread, right? So that really paints a very different picture from what's occurring in the Northeast.

You know, to echo Dr. Hazra's sentiments, in order to control the situation in somewhere like the Southeast, we would require a rollback of a lot of the openings that have occurred. Whether there is political will or not, is to be determined. But that really should influence dating behaviors of people and just regular social behaviors.

I would say that in a region like the Northeast, if I were put in a situation where I was to meet someone, I would feel more comfortable with new social

engagements in areas where the case rates are lower versus somewhere like the southeast. So, I think the geography of the pandemic is key and we do need flexibility in whether certain risks can be taken in certain locations.

To echo Dr. Hazra's sentiments, I really think that that's key. It is possible to date in this new world, if everyone takes precautions and, for example, wears a mask and just simple things that should be done. That can be dependent on geography.

**Mark Brooks:** Great. So, it sounds like we're going to have to remain flexible and we're really going to have to focus regionally, to some level. I'd like to throw in an additional question. I'm looking at covidly.com for example, C O V I D L y.com. But that doesn't show the regional mapping in the USA. Is there a resource that you would recommend that we look at that gives that kind of regionality in the USA? Europe is easy. It's on Covidly. State by state, it really is a patchwork quilt right now. Isn't it? Is there a resource that any of you would point towards as being useful for us to look at for the state by state numbers?

**Dr. Melissa Sharp:** I would recommend Johns Hopkins. It has a very nice visual dashboard that's quite easy to use. You can look at both worldwide and state breakdowns. Also, some states do have county-by-county breakdowns. I know Florida does. I would recommend trying to find as local of information as you can. You can look up your local public health department

**Mark Brooks:** Great. Thank you so much.

**Dr. Tali Elfassy:** Just to add, I would also say that the local government and local press are covering it. So, for example, in Florida people are aware that there is a surge in South Florida. I mean, it is on the news every day. Just pay attention to local news and guidelines issued by the local governments.

**Mark Brooks:** Thank you. Great. yeah, it seems to be a week by week, even almost a day by day thing. Monitoring the progress on these resources on week by week basis is probably ideal for us. My next question for you is the pandemic obviously has changed the way people date right now, but how can dating app leaders sensibly and responsibly advise internet daters to behave? Right now, of course, we're in a position of great responsibility.

We can't control people's behavior, but we were very much in a position of being able to nudge and guide them in their behavior. So, should we advise

them to date? How exactly should we advise them to date? And what do you think is the best advice? What are the best tips that we should be passing on that? Is that scientifically sound? How would you advise us on those lines? Let's start with Dr. Sharp.

**Dr. Melissa Sharp:** I would think of it as sort of three C's to emphasize communication, caution, and, creativity. I think to have these conversations upfront, you know, you can do it via text. You can do it via video, and you talk about things that might put yourself or others at risks. Establish that first. Because if you want to eventually meet the person in person, then it's good to know what their day-to-day life is like. Who they're interacting with, where they are, where they've been? Things like that.

Also, that ties into the caution thing. You know, you don't want to just say, Hey, okay, let's meet up immediately. Try to slow things down a bit, take your time, and if you do decide to meet up, be creative with it. Perhaps, you know, before it just used to that this is your one spot that you take date for something. So, maybe, you both have a sport in common that you play. Tennis is a great example of that. You're very far away, but you know, you can still get to know someone in a new way. You can go on picnics. We're lucky it's summer right now, being outside is better. I think it's just trying to, if you do meet up, just to be creative with it and to sort of use it as a new opportunity to take chances in a different way.

**Mark Brooks:** Thank you, Dr. Sharp. Dr. Hazra?

**Dr. Anu Hazra:** Yeah, I think the first thing that's important is to validate what they're feeling and validate their frustrations that they may have been dealing with the past few weeks and or months rather. And say, this is normal to feel this way. You want to go out, you want a date, you want to see people, you want to touch people and have that in-person interaction. I think it's important to at least set that kind of tone first, and then talk about.

Risk is not binary. It's not an on, off switch. It's not that if I do this, my risk is zero. And if I do this, my risk is a hundred. Risk is a gradient. It's important for everyone to understand how that applies to their own lives, both in terms of dating and everything else, really. They need to understand where activities fall in what part of the gradient. It influences or informs what risks that you take for yourself or the people around you. You can begin emphasizing what is considered low risk and that you can still have in-person interactions. Like

Dr. Sharp said, outdoors or playing non-contact sports where you are socially distanced as well.

These are all lower risk activities that people can take advantage of. Bars and indoor dining, all of these are extremely high-risk environments, and these really should be avoided. And in my opinion, avoid them regardless of where you are in the opening, because we do see these spikes or these surges happening as soon as the local governments open these closed indoor places that people interact very close to each other.

Then the last thing is really to avoid shame. I mean, working in sexual health, we know that shaming does not work. We know that abstinence-only messaging does not work. Mask shaming does not work either. Shaming people to wear masks or shaming people to socially distance is not a constructive way of inducing behavioral things. It's really based on validation and some sort of education that you can inform your clients on what they can do to keep themselves safe, as well as the people they live with or the people they eventually go on dates with.

**Mark Brooks:** Great. Thank you very much, Dr. Hazra. Dr. Elfassy.

**Dr. Tali Elfassy:** Sure. I think that the first thing that we can do is really encourage people to use video platforms. You can reduce the amount of people that you're seeing. So, I know that a lot of individuals serial date and that's fine, but if you can really vet people through the video platform and minimize the amount of new people that you're meeting, that is great.

Secondly, encourage simple strategies. You know, just remind people to wash your hands. Have honest conversations with potential daters about how you feel about wearing a mask. For example, if you are a mask person versus not a mask person. Maybe that's not the best option for it, you know? So just be transparent.

Encourage daters to be transparent with how they feel and their activities so that you give the other person, the other dater on the other line, the opportunity to assess their own risks. They would potentially want to know how many new people you're interacting with, whether you're interacting indoors or whether you are in the office every day, or in a high-risk environment.

So, transparency is key. And then I would also echo what the other doctors have said that, if you do choose to meet someone, meeting outdoors is really the best option, irrespective of where you are. If you're in New York versus Miami, you probably still want to meet outdoors anyway, just to be safe. And the, the other thing I would say is really consider where you are geographically. If there is a major surge going on in your city or location, even if there is no stay at home order issued, it might be best to wait it out a little bit and get creative. Chat with more people over video versus in person interactions.

**Mark Brooks:** To that point, I wonder how much of a lag there is before we get to know. So, for example, in Malta, which is where I'm situated right now, we're at one and two cases each day. I can't help thinking, when are we going to see the bump? Cause we're kind of thinking it's going to be November. We're going to be rolling back, and the borders may well be shut. There's a kind of general sense, a general preparation for November being the time at which we got to lock things down again.

My concern here is you look at those numbers, but there's a 14-day window. Right? So, you look at the general numbers, but how quickly can it spike, you know? What level? How do you know? You look at numbers, which are kind of level, but they could go up at any time. We could get lulled into a false sense of security.

**Dr. Tali Elfassy:** So, I believe that you can easily get lulled into a false sense of security. One way to look at it is you can look at the case positivity rate. How many people are testing positive? If you see that tend to spike, that's going to occur before the hospitalizations and the mortality rates go up. So, you can look at other metrics that are released to the public to see what the trends look like in your area.

**Mark Brooks:** Alright, thank you.

**Dr. Anu Hazra:** And, and this virus isn't magic. I mean, it follows the trends of any, other infection. When you think about, if the state next to you is surging and you live in a city of bordering that state, then you should expect a surge in your city or your location, if proper measures aren't being taken. So, if you're looking at what areas are surrounding you, and if those areas are surging, then that becomes a risk indicator for where you live, unless there's some sort of precautions or some sort of blocks in place to prevent that from happening.

**Mark Brooks:** Great. Thank you. Geoff, we've had some great advice on what we should be advising our users. You have advised users. You've got some general guidance out. What exactly is the Meet Group's position on this right now? What are you advising users to do?

**Geoff Cook:** Sure. We have tips that are available to all our users and some of those tips are the same ones you've heard here today. Check local warnings, government protocols, prescreen your dates on video to the extent that you can. Video's excellent at providing a sense of how authentic a person is, providing their sense of personality, their sense of humor, but also whether they're coughing or not. You could ask them if they live in a multi-generational household.

It's just a very helpful prescreening measure. Discuss risk factors, whether on video or on text-based chat, openly. Don't go on a date if either party is sick or has been recently sick or in contact with somebody who is. Keeping initial dates outside and in public is important, but if you do go inside, then wear a mask and minimize your time spent there.

It's important to keep boundaries. Common sense advice is still important. Handwashing and not touching your face. So, I probably have done it a few times during this Zoom. And being choosy with who you meet. It's not really a time to be meeting a new person every day.

**Mark Brooks:** Got you. Thank you, Geoff. You know, at the end of the day, we've all got platforms that are meant for people to get to know each other a bit better. And, you know, very key to that is that they use them. People spend a bit more time on our platforms to get to know people and vet them and ask these key questions before going on a date. In some ways it is going to, or it could, permanently change people's dating behavior. It could get people to kind of discover the tools that are available to them. Like more instant messaging, more video and more voice.

Essentially, they've got the facility now to do the first date online, you know. Hopefully things will return to normal next year and, and things. What is that normal? I'd like to ask you what would be the leading indications that people can return to their normal dating behavior. What are those leading indications that we shouldn't be looking for? Dr. Sharp?

**Dr. Melissa Sharp:** I'm not the biggest fan of the word normal. I haven't been for many years. I think that if we think about it more as trying to get people uncomfortable with a sense of uncertainty, I think that normal would be

essentially when we have a vaccine and when it can be rolled out on a large scale. And unfortunately, even with accelerated timelines, I think that is very far, far in the future. I think it's more important to essentially sort of try to redefine it. This is normal now, and so it's going to be normal for a while.

Before maybe it wasn't that normal to have web conferences, but now everybody's used to it. So, I think it's just trying to redefine that a bit, in terms of dating and things like that. I think it's been said multiple times that it's really about your geography. Community spread can be suppressed to a certain degree, then that's as close as you can get to sort of, you know, the old normal that we were thinking of. But I think the community spread and having the proper public health, contact tracing and things like that is the biggest sort of indicator of trying to return to the sort of old normal.

**Geoff Cook:** Yeah. I would echo that. I think the word normal some people might interpret to mean as it used to be. I don't think dating will return to the way it used to be. In the sense that you might, based on a shallow right swipe on a dating app, you meet up in person with someone at a local coffee shop or bar. I think, because of those changing consumer habits in the last three to four months, we essentially got three to four years of changing consumer habits as it relates to willingness to livestream.

It's not a strange question to ask someone, especially a potential date to livestream before you meet up. People are using live streaming in all aspects of their life. And I think the dating landscape will be forever changed by this pandemic, in the sense that video will become just a filter. Not necessarily replacement for human interaction, but a filter. I also think normal probably means something different to every person.

**Mark Brooks:** A new normal. Really? Dr. Hazra?

**Dr. Anu Hazra:** I think we've been transforming the way we date all the time. I mean, 20 years ago, how did we date or find partners versus now? This is just another part of that progression. I agree with Dr. Sharp and Geoff that I don't think we'll ever return to that normalcy. That's not necessarily a bad thing.

Being able to potentially filter folks on video, helps in a lot of different ways, rather than having to meet everyone in person all the time. In terms of key discrete ways of thinking about when things can progress too more in person,

Dr. Elfassy talked about case positivity rates. It is important to look at. That's always available on any dashboard that you look at from your state or local government.

A positivity rate below 3% typically means that there is some sort of control over community transmission. Once that rises above 5% and goes towards 20%, then you know there is pervasive, widespread person-to-person transmission of the virus itself. And so, positivity is again one metric that you can look at to see whether it is safer to meet people outdoors or in person.

**Mark Brooks:** Great. Thank you, Dr. Hazra. And, I'd just like to note we can do some, Q and A. If you've got some questions that you'd like to ask our esteemed panel, I really urge you to do so. This is going to be a rare opportunity for you. Please do use this opportunity. If you'd like to enter some questions, now I'll review the questions and bubble them up. So please put some thought into our Q and A and I'll review them in a few minutes, and we can bubble them up for the panel. So now doctor Elfassy?

**Dr. Tali Elfassy:** Just to add, there also is potentially a place for testing as well. If we are at a place in the US where tests are widely available and you can get the results immediately, within 24 hours, then that's a potential resource that could really help with in-person dating, especially for people who are maybe going out more than others. You would want to get tested often. But again, this resource isn't useful unless you can get results quickly. And that's not necessarily the case now in the US. There would still need to be a rapid ramp up of testing.

**Mark Brooks:** One of the other things I'd heard about the testing is that it's not reliable. You may not show positive and be positive. How reliable are the tests and how quickly do you know if you've got it? If you're entirely asymptomatic, how do you know?

**Dr. Anu Hazra:** In general, from time of exposure to a positive test is about five to seven days where the virus has enough time to replicate in your body, that it registered positive on a nasal swab or a pharyngeal swab. That's the same for symptomatic folks as well as asymptomatic folks. That's also why typically around day five or day seven after exposure, people who do develop symptoms, develop symptoms. The best time to really get tested after a potential high-exposure event or something like that would be about a week out from there.

We have a good amount of data to know that for immunocompetent individuals, their viral shedding really lasts about 10 days where they're transmissible, from the time of infection onwards. That's where the guidance of 10 to 14 days of self-quarantine come from.

As far as the testing goes, on the PCR testing, that's the testing that looks for viral replication is very sensitive and very specific. These are the tests done in the machines. The rapid testing is the Abbott ID Now platform. That's the one that the current presidential administration uses on a regular basis. That is also, unfortunately, not as accurate as majority of other testing being done in the country itself. But testing like doctor Elfassy mentioned is only as good as how fast we can get results.

You know, in many parts of this country, people are waiting 10 to 14 days to get a test result back. And that essentially defeats the entire purpose of getting a test. Because, if you're asking someone to self-isolate for 14 days and we don't even know what their test results are for 14 days, then what's the point of even getting that test. It also impacts contact tracing. How can you go back two weeks and contact someone and know where they've been and who they're interacting with two weeks ago? That's where we say that testing itself, that's become a huge obstacle that the United States has had yet to overcome. But the actual tests themselves are accurate. It's just trying to get that lag time decreased to something like 24 hours.

**Mark Brooks:** I see. Yeah, that would be the ideal. Now there is another kind of test which shows if you have had it in the past. How reliable is that test? What's the name of that test? I forget the name of it.

**Dr. Anu Hazra:** So that's the antibody test. After any infection that you ever have in your life, your body develops a memory of that infection. Part of that memory is called an antibody. So, we use antibody testing to help diagnose history of different types of infections. HIV, hepatitis, all of these develop antibodies that we test for. We can tell if someone's been exposed or had the infection in the past. The concern, or the issue, is with the current coronavirus antibody testing is accuracy.

I am a proponent of not letting perfect be the enemy of good. There is still some benefit from antibody testing, but it really must be interpreted through a narrow scope. We see about a 15% false positive, and a 15% false negative rate with antibody testing itself. Antibody testing can't be the end all, be all of knowing someone's COVID status.

Not to get too technical, but antibodies are created by a part of your immune system that is called B cells. And so, you have B cells and T cells, and they work together to create your immune system itself. Antibodies are really testing your B cell function, but we know some people may not develop antibodies, but still have immunity through their T cell function. Now we're trying to figure out testing this other part of your immune system.

So, that relates to the potential false negativity rate. And the concern with the false positivity rate is coronavirus is just the common cold virus. So, there are hundreds of circulating coronaviruses that we have on a regular basis that you and I may have been infected with throughout our lives.

We have antibodies to those old coronaviruses themselves. And so, there is cross-reactivity between some of those. That is still trying to be established. And so, again, while antibody testing has its role, it's not something that I clinically would ever hang my hat on. I cannot say that this definitively tells me that this patient has had COVID in the past or not.

**Mark Brooks:** I see a couple of questions here which are very relevant to where we're at right now. So, let me include these: Daniel is asking us: you say that the tests aren't useful unless you can get the results quickly. What timeframe is quickly? If you had to wait 24 hours for your results now, wouldn't you have to need to quarantine for those 24 hours to ensure that those results were still valid. Also are the rapid wonder five-hour tests as accurate as the other tests? Open panel.

**Dr. Melissa Sharp:** I think I can speak to this as I recently completed a quarantine. Here, the standard is 14 days and that's pretty much the standard quarantine is 14 days. You know, like was mentioned, you're not going to be able to have some results until five to seven days. Currently, where I am in Ireland, some people are getting results in 72 hours. So, you know, if I could test a week in, after I arrived and then I would get a test, then possibly I could not have to do the second week of quarantine.

For people like essential workers, that might be helpful, in terms of reducing the time needed to quarantine. I wouldn't really hang my hat on that. I would rather be cautious than not, because these things might be different. That's just my experience on that. Someone may want to handle the more technical side.

**Mark Brooks:** Thank you, Dr. Sharp. Anything to add?

**Dr. Anu Hazra:** I think it's important to ask what type of test they've done. Most of the PCR testing is done in a matter of hours, most of the viral PCR testing. The longest one is the Roche platform that takes three and a half hours to run. It's not the processing of the test, it's the backlog of tests that is taking the time. The testing process is relatively fast, but it's a fact that most of these facilities are overrun with tests or must send out tests to facilities that are overrun with tests. That's what's creates a backlog.

So, when we talk about rapid testing, we're talking about how we get the tests that offer results in a matter of minutes. That would be two platforms right now. One is the ID Now, the Abbot ID Now, form that is widely utilized, but has been showing about a 30 to 50% false negativity rate. That is not something I clinically use, because I do not feel like that is reliable. The Sephia Gene Expert is another platform that gets results in about 45 to 90 minutes. That is extremely reliable. However, that has not been scaled up to be able to be tested on a wide-scale basis. So, people are still sending out test results for this Sephia Gene Expert.

Where that's being utilized primarily right now, in the United States, is in emergency rooms where we can quickly delineate if someone is positive or not, while they're in the emergency room itself. But it has not been scaled out for walk-in testing or testing of people on the street itself. It's important to have these tests that are quick. It's, it's not the actual process of the test that takes so much time. It's getting the tests to the machine. That's what's the biggest timeline, at least in this country.

**Mark Brooks:** I see.

**Dr. Tali Elfassy:** To address one of the original questions about a timeline, Dr. Hazra had already answered this in his previous discussion, but really you want the tests back in 24 to 48 hours. Because, beyond that, you know, you have people that are potentially not quarantining and then that makes contact tracing very difficult. And you're essentially exposing, if the test is positive, you are exposing people to Corona virus for however many days post-test you have. You really want the shortest timeframe to enable effective and efficient contact tracing.

**Mark Brooks:** Gotcha. To that point, also, there's another question from Daniel. Thank you very much, Daniel. On listing COVID status, here's the question: I've seen quite a few singles on some dating apps displaying their

COVID antibody status. I assume they're showing that their results were reactive so that others will think they're safe. And the typical safety measures don't have to be used. If we see this on our own app, do you think we have a responsibility to communicate with those members and explain the logic is not evidence based? Dr. Sharp?

**Dr. Melissa Sharp:** I would be very, very cautious of with that. I think, you know, you're seeing it sometimes when people wear masks, they sort of think that it's an invisible bubble and they're not social distancing. And I think that the core behavioral changes are not going to change. You're going to always need to wash your hands more, to not touch your face as much and, and to wear the mask. Right? And to stay further away if you can. Just because you're sort of doing one thing, doesn't mean that the other ones go away.

I think that I would be more interested in hearing about and seeing someone's mask and be like show me your style. What are you like? What's your different kind of masks you're wearing? I'd be more interested in that and the behavioral aspect. And I think that would tell me more than someone trying to sort of hang their hat on a test result.

**Mark Brooks:** I love that. I think it's great.

**Geoff Cook:** You also can't trust the test result. Right? So just because someone posts something on their profile, it doesn't make it a medical test.

**Dr. Tali Elfassy:** We still don't know how long immunity lasts. So, the science is still not out on all that. It's just good practice to just take precautions.

**Mark Brooks:** Gotcha. Yeah. And even if people could have it twice? Dr. Hazra?

**Dr. Amu Hazra:** Yeah. So, right to the point of the reinfection, we know that after a certain infection you're potentially conferred immunity. I think the CDC just released about three months is what we're looking at the very least. And that evidence will grow as we can see. And there hasn't been a cluster of true reinfection or proven reinfection just yet. So, we know that an infection does confer some immunity, but, like how Dr. Elfassy mentioned, we have no idea how long that immunity lasts. And so that is what's unknown. Antibody testing, in general, given its sort of issues of accuracy, I think of it as like a Monet. When you see it very close, you can't really make much out of it, but on a population level, seroprevalence data is very useful. And so, the reason

why certain cities or municipalities are doing widespread antibody testing is not to make individual level decisions, but to make population level decisions.

Because then you can see potential or seroprevalence of a population itself. I would not use antibody testing as like a free ticket or get out of jail free card for them. And, and, you know, I would try to educate users about the issues surrounding antibody testing and why we can't really rely on that, to keep them safe. And there's much better options to do that for them.

**Mark Brooks:** Gotcha. It'd be very tempting from the user perspective. If they've had corona virus and say, look, I've had it. I'm good. Or even if they've had a test recently. I could see that being an area of risk for us as dating app operators too. We can't allow people to-well it's not our position to allow-but, we certainly should provide our guidance. It is very key in that aspect as well. Geoff, anything to add based on what you've heard today? Are there any more takeaways that you'd like to bubble up?

**Geoff Cook:** No, I mean, I think this was a good discussion, you know I think that these are the types of things we're thinking about going forward. We've put out some guidance as it relates to first dates. Is there guidance we can put out for trying to move a relationship to a second date or a third date? What would that look like in different scenarios? Is there a way to think about intimacy in a pandemic? I think this advisory board will have a lot to say about that. We hope to have, or we may well put out something with respect to that, in the future.

But, you know, I think this is exactly what the dating industry needs in terms of fact-based scientifically-sound guidance. Making it available and approachable in the app itself. I think that's what we're trying to do here.

**Mark Brooks:** Great, Geoff Cook, thank you so much for bringing the board, and making them available to us for this webinar. I appreciate all your time. Thank you so much, Dr. Sharp, Dr. Hazra and Dr. Elfassy. Again, I appreciate your time. And on behalf of the Internet Dating Executive community, welcome to the dating industry. All right. Thank you so much.