



## Dr. Jensen & Dr. Wilson's Update #13: Sept 2020

Over the last six months, we have all been inundated with news, stories and opinions about COVID-19. Unfortunately, the spread of misinformation has negatively impacted our ability to manage the global pandemic. As fall begins, we would like to attempt to debunk the top myths about COVID-19.

### 1. "COVID-19 came from \_\_\_\_\_."

Fill in the blank here with just about anything! Notable mentions include "the 5G network," "Bill Gates," and "a Chinese lab." The fact is that COVID-19 is a coronavirus that jumped from the animal species to the human species. Given the billions of interactions between humans and animals, it stands to reason that a virus will mutate and "cross the divide" from time to time. There is no conspiracy. Enough already.

### 2. "Immune Boosters will protect you from COVID-19."

While eating a healthy diet and living an active lifestyle is important for so many reasons, COVID-19 doesn't care if you had a kale smoothie for breakfast and it doesn't care what vitamins or supplements you take. Don't buy into the hype and spend your hard-earned money on unproven, expensive COVID-19 prevention strategies. What does prevent COVID-19? Physical distancing, wearing a mask and handwashing.

### 3. "Hydroxychloroquine prevents or treats COVID-19."

Initial enthusiasm about Hydroxychloroquine has been dispelled by several large, randomized trials showing that it does not help, and it causes harm. Despite the claims of the well-polished "Frontline Doctors of America" and some global leaders, we can assure you that the science is solid.

### 4. "If you can hold your breath for ten seconds, you don't have COVID-19."

Not true. Even people with severe asthma can hold their breath for ten seconds. So can people who have COVID-19. Don't substitute a breath-holding challenge for a COVID swab. If in doubt, check it out and visit our local COVID Assessment Centre. Book a swab : [www.covidswab.lh.ca](http://www.covidswab.lh.ca)

### 5. "Masks block your oxygen intake and cause you to breathe in toxins."

There is zero science to support this claim. For those who still have fears around this, go on YouTube and watch the hundreds of doctors and nurses who have posted videos wearing masks while maintaining normal oxygen levels. Masks do not hold in carbon dioxide. The only thing you may breathe back in is your bad breath, so be sure to brush and floss.

### 6. "COVID-19 isn't as bad as the media says— it is all a big hoax."

There will continue to be those who overestimate or underestimate the risk of COVID-19. We believe that the mainstream media is offering a reasonable estimation of risk. Under the best circumstances, about one in

every one hundred people with COVID-19 die; for the elderly or those with pre-existing conditions (like diabetes or heart disease), about 15 of every 100 COVID patients die. We have personally seen and treated people with COVID-19. Two of our healthy colleagues contracted COVID — one nearly died, and the other had a few days of a very nasty flu-like illness. Our local nursing home suffered from a devastating outbreak. Let us be clear — this disease is real, and it needs to be respected and appropriately managed. Calling COVID “not that bad” or a “hoax” is disrespectful to those who have suffered terrible illness and to the over 850,000 people who have died worldwide.

## 7. “We should let COVID-19 run its course, and all get natural immunity.”

Not a good idea. Without containment efforts, eventually 90% of the population will catch the disease. In Canada, that would translate to 33.8 million Canadians getting ill. Under the best of circumstances, where our health system has the capacity to provide care, we would see 338,000 Canadians die. However, suppose we are hit with a large volume of cases all at once. In that case, our health care resources will be outstripped, leading to much higher fatality rates. In Italy, for example, the case fatality rate was just over seven deaths per 100 cases during the peak. If our second wave follows this trend, more than one million Canadians could die. This does not even account for the people with other diseases who would have limited to no access to the care they need due to a COVID-19 surge. As physicians, we would find it soul-destroying to work in the conditions that came about in Italy and NYC because of lack of containment. Allowing COVID-19 to run its course is a foolish strategy and disregards those who are most vulnerable in our community.

We recognize how challenging it is for everyone to face the uncertainties of the fall. We face the same uncertainties alongside you as we send our kids back to elementary school, high school, and university. As we make decisions as individuals and as a community, let’s do our best to make them based on credible facts, not on misinformation. Help stop the spread of misinformation by critically checking your sources and cross-referencing with people you trust, with public health authorities, and with Health Canada. <https://checkthenshare.ca>

Finally, you do not have to believe everything we have said here to still act in the best interests of your community. It is a small ask to wear a mask, to limit social interactions and wash your hands.

Great job Uxbridge! Your efforts have been outstanding. Please don’t let your guard down now.

Carlye & Jennifer



**Drs. Wilson & Jensen (left to right) on the construction site of the future Uxbridge Health Centre next to the hospital.**