Talking to Patients about COVID-19

Public Health

By following public health orders patients can keep each other safe and help take pressure off the health-care system. Help us by washing your hands, wearing a mask, physically distancing, limiting close contacts and staying home when sick. Each of these interventions is a tool, and when used together they create a toolbox that helps to keep us safe.

As we move forward, it is critical that we continue to practice the behaviours that we know are effective in preventing the transmission of COVID-19:

- staying home and away from others if you are ill
- limiting your close contacts
- washing your hands frequently
- covering your cough with tissues or your sleeve
- practising physical distancing
- cleaning and disinfecting your surfaces and objects
- protecting those most at risk from the virus

Physical Distancing

Keeping people away from each other is one of the best ways to control the spread of the virus that causes COVID-19 and prevent community spread. Public health orders have limited many types of gatherings, businesses, and sports. Many events and activities have been canceled or postponed.

Although we can gather in groups of 5, consider limiting your gatherings to people in your immediate household. Try to stay in touch with friends and family over phone or through virtual visits.

Masks

Wearing a mask when in public spaces protects you and those around you. Masks don’t lead to low oxygen, bacterial infections or other ill effects. They also don’t infringe on our basic human rights. Wearing a mask should be akin to wearing a seatbelt or a bike helmet, except they do even more, as wearing a mask helps protects others as well as yourself.

COVID-19 can be transmitted by people who have symptoms, and by people who are infectious but not symptomatic, in the two days before symptoms develop. Wearing a mask reduces community transmission of the COVID-19 virus. High levels of mask usage in other jurisdictions have been associated with reductions in COVID-19 cases.
Wearing a mask in public can be considered an additional line of defense, but does not replace the need for other public health measures that are proven to prevent the spread of COVID-19:

- Stay home as much as possible, especially if you are sick.
- Limit your close contacts
- Practice physical distancing (maintain a minimum of two metres between yourself and others who are not from your household).
- Wash your hands for at least 20 seconds with soap and water, or sanitize your hands with alcohol-based sanitizer for 20 seconds if you have no immediate access to soap and running water.
- Cough or sneeze into a tissue or the bend of your elbow.

What else can you do?

**Download the COVID Alert app**
- Download the COVID Alert app. It can help speed up contact tracing, which is important to identify cases of COVID.
- Public health personnel performing contact tracing are stretched and overwhelmed.

**Get your flu shot**
- Influenza and COVID-19 share many of the same symptoms. If we start to see rising rates of influenza coupled with COVID-19, our health-care system will be stressed further.
- The flu shot is accessible, safe and can help keep us all safe.
- Contact your physician’s clinic or pharmacy to get your flu shot.

**Resources**
The Government of Saskatchewan website has information on COVID-19 that is helpful including a self-assessment tool, testing information, and a dashboard of current statistics on COVID-19 cases in Saskatchewan at [http://Saskatchewan.ca/covid19](http://Saskatchewan.ca/covid19).
COVID-19 Myths Debunked

Myth: Spikes in COVID-19 cases are because of increased testing.
Fact: The rise in infections is not related to increased testing. Of greater concern than the number of tests performed is the increase in the percentage of positive results. This means that the virus is quickly spreading in our communities. Learn about testing in Saskatchewan. The number of total and daily tests can be viewed on the Saskatchewan Government website here.

COVID-19 testing is critical, as it helps people make decisions to self-isolate and guides health care providers’ decisions for medical treatment. Widespread testing also allows local health departments to monitor the virus’ spread, and make recommendations to schools and businesses.

Myth: We can achieve herd immunity by letting the virus spread through the population.
Fact: Herd immunity occurs when a large portion of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely. As a result, the whole community becomes protected — not just those who are immune. There are some significant problems with relying on community infection to create herd immunity to the virus that causes COVID-19. First, it isn’t yet clear if infection with the COVID-19 virus makes a person immune to future infection. If it does not create immunity, herd immunity will not work.

Even if COVID-19 infection creates long-lasting immunity to SARS-CoV-2, the virus that causes COVID-19, a large number of people would have to become infected to reach the herd immunity threshold. Experts estimate that 70% of the population in Saskatchewan. — more than 800 thousand people — would have to recover from COVID-19 to halt the epidemic. This amount of infection also could lead to serious, and potentially long-term, complications and too many preventable deaths. If many people become sick with COVID-19 at once, the health care system could quickly become overwhelmed. And if the health care system is overwhelmed patients with serious health conditions or injuries unrelated to COVID-19, like heart attacks, strokes and major trauma may not be able to get the care they need.

Myth: The number of COVID-19 deaths is much lower, and the disease is overblown.
Fact: This myth stems from a CDC table that showed the majority of people who died of COVID-19 had multiple causes listed on their death certificate. The myth speculates the majority of these deaths were the result of another pre-existing condition, such as heart or lung conditions, weakened immune systems, severe obesity or diabetes.
The problem with this reasoning is the vast majority of these people could have lived much longer if they had not contracted COVID-19. The CDC explained, “For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death.” This aligns with what public health officials have said before: The risk of developing dangerous symptoms of COVID-19 may be increased for people who are older and people of any age who have other serious health problems.

Myth: Only the elderly or those with underlying health conditions will get seriously ill and require hospitalization for COVID-19.

Fact: People of all ages can contract COVID-19. The risk of developing dangerous symptoms from COVID-19 may be increased in people who are older or in people of any age who have other serious health problems, such as heart or lung conditions, weakened immune systems, severe obesity or diabetes.

People of all ages are being hospitalized with COVID-19. The average age of patients hospitalized because of COVID-19 fluctuates day-to-day and sometimes includes those under 40. Concerning numbers of patients, including those between 20 and 40, have experienced serious and potentially long term effects.

Myth: The quality of COVID-19 data cannot be trusted.

Fact: Early in the pandemic, information about COVID-19 was changing often as physicians and scientists learned about the new virus. This may have led some people to be concerned with the reliability of the data and information. In addition, partisan approaches and messaging led to further skepticism.

However, we do know hospitals across the prairies are seeing a dramatic increase in the number of patients needing to be hospitalized for COVID-19. Over the past few weeks, the number of patients with COVID-19 in the Saskatchewan System hospitals has significantly increased from 34 on November 2nd to 132 on December 2nd. This situation has the potential to overwhelm hospital resources, and impact the availability to provide preventive and emergent care in our communities.

Myth: Cold weather and snow can kill COVID-19.

There is no scientific evidence to believe colder weather can kill COVID-19 or other viruses. The normal human body temperature remains around 36.5 C to 37 C, regardless of the external temperature or weather. We have seen super spreader events taking place in colder environments such as hockey and curling rinks.

Use these practices to reduce the spread of COVID-19 in our communities:

- Wear a mask in public. I wear a mask to protect you. You wear a mask to protect me.
• Keep your physical distance — two metres or about two arms’ lengths apart from other people.

• Avoid in-person gatherings with anyone outside your immediate household

• Wash your hands with soap and water. It’s simple and effective.

• Stay home if you do not feel well.

• Get a test if you have COVID-19 symptoms. Call your family physician or 811 to schedule a test.

• Self-isolate if you have been around someone who is sick or tested positive.

Learn more about other common myths about preventing or treating COVID-19 infection.

Myth: I’m currently taking an antibiotic, so this may prevent or treat COVID-19.

Fact: Antibiotics treat only bacteria, not viruses. COVID-19 is caused by a virus. Therefore, antibiotics should not be used for prevention or treatment. However, some people who are hospitalized for COVID-19 may receive antibiotics because they have a different bacterial infection at the same time. There is currently no licensed medication to cure COVID-19. If you have symptoms, call your health care provider or 811 for assistance.

Myth: COVID-19 is no worse than the seasonal flu.

Fact: During the COVID-19 pandemic, you may have heard that COVID-19 is similar to the flu. It is true both are contagious respiratory diseases caused by viruses, and people with COVID-19 and the flu may share some common symptoms.

However, after closer comparison, the viruses have been found to affect people differently and have differences. Symptoms of COVID-19 and the flu appear at different times. COVID-19 symptoms generally appear two to 14 days after exposure. Flu symptoms usually appear about one to four days after exposure. With COVID-19, you may experience loss of taste or smell.

COVID-19 appears to be more contagious and spread more quickly than the flu. Severe illness, such as lung injury, may be more frequent with COVID-19 than with influenza. The death rate also appears to be higher with COVID-19 than the flu. COVID-19 can cause different complications than the flu, such as blood clots and multisystem inflammatory syndrome in children.

Another difference is the flu can be treated with antiviral drugs. No antiviral drugs are currently approved and available to treat COVID-19. Researchers are evaluating many drugs and treatments for COVID-19. Some drugs may help reduce the severity of COVID-19.

The weekly report of influenza cases in Canada can be found here.
Myth: Fabric masks don't protect yourself or others from COVID-19.

Fact: Simply put, wearing a cloth mask helps decrease the spread of COVID-19. Research shows that a significant number of people with COVID-19 lack symptoms or are considered asymptomatic. These people may not know they are transmitting the virus to others when they talk, sneeze, cough or raise their voice (e.g., singing or shouting). As many have pointed out, virus particles are small enough to pass through a cloth mask. However, these particles are primarily transmitted via respiratory droplets which are large enough to be blocked by a cloth mask to a certain extent. You should wear a cloth mask to reduce the chance of transmitting respiratory droplets (spit) to others around you. You should wear a mask to protect others, and they should wear a mask to protect you. Masks don’t offer perfect protection but they are a valuable tool to be used together with physical distancing, hand washing and other public health measures. Read more information about masks.

Myth: Children who develop COVID-19 don't become critically ill.

Fact: Most children with COVID-19 have mild symptoms or no symptoms at all. However, some children get severely ill from COVID-19. They might require hospitalization, intensive care or a ventilator to help them breathe. In rare cases, they may die.

Although Saskatchewan reports fewer children have been sick with COVID-19 compared with adults, children can be infected and become ill with the virus that causes COVID-19, and also spread the virus to others. Children, like adults, who have COVID-19 but have no symptoms (asymptomatic) can still spread the virus to others. People of all ages to take steps to protect themselves from the virus.

Myth: I wear a face mask in public so I don't need a flu shot this year.

Fact: Wearing face masks, combined with other preventive measures, such as frequent hand-washing and physical distancing, can help slow the spread of the COVID-19 virus. Despite these efforts, it is more important than ever to get the influenza vaccine, also known as a flu shot.

If more people are vaccinated for the flu, fewer people will become sick with the flu and fewer patients will require hospitalization. When there are fewer flu cases, hospital resources are freed up for COVID-19 patients in the event of surges.

In addition, about half of people who develop influenza report fever, cough or sore throat symptoms. These are some of the same symptoms as COVID-19. So you can avoid unnecessary testing, self-isolation or concern by preventing cases of influenza with a flu shot. Contact your physician’s clinic or pharmacy to get your flu shot, and learn more about COVID-19 and flu.