

Dear friends, partners and citizens,

Today marks a turning point in the coronavirus COVID-19 response in Canada. Our public health leaders are truly adapting in a meaningful way to the WHO announcement this week that this has become a pandemic.

This announcement means that there is no doubt that coronavirus is coming to our communities, and our focus is shifting. Public health is still working toward preventing as many cases as possible, but we also need to come to grips with the fact that many of us will be affected. (Though, for the record, claims that up to 70 per cent of people in Canada could be affected are simply wrong. Worst case scenario is the Spanish flu of 1919, which infected about 30 per cent of the world's population. We are a much healthier world than we were in the wake of WWI. It's just not happening.)

Key point: The vast majority of us who become sick will not have any serious long-term consequences. Like 90 per cent plus. It may be rough for a bit, but we will quickly recover and move on. It's crucial that we turn our attention toward how to best protect the most vulnerable. Containment efforts — where public health isolates cases and contacts with the goal of preventing community spread — will continue, but they are likely to only slow the onset of the local outbreak.

The goal now is to prevent as many poor outcomes as possible. This means that resources need to be refocused on those who are most vulnerable — older adults and people with significant chronic disease — and to maintaining a high-functioning health-care system.

Fortunately, decisions are being made now that will really help:

- Ontario is keeping schools closed for two extra weeks after March Break.
- Quebec has cancelled all mass gatherings over 250 people.
- Universities and colleges are taking classes online, and cancelling major events.
- The NBA has suspended its season, and the NHL has done the same.

All of these and more will blunt the peak of the epidemic. They will slow the spread, allowing the health-care system a chance to keep up with increased demand.

BTW, my opinion on cancelling mass gatherings: we aren't there yet. Once we see significant community-based spread, i.e. multiple cases where there is no link to travel or other cases, then cancelling mass gatherings is warranted. We are watching closely for these signals.

The extended March Break however is fantastic (though inconvenient, obviously). This will delay the onset of Ontario's epidemic wave, and the closer we get to summer the better. Weather is hugely important in coronavirus spread. Summer will likely end this.

Other difficult but necessary changes will help keep our communities strong. In Ontario, testing for coronavirus will now be more or less reserved only for those who are sick enough to be hospitalized. Health-care workers and Indigenous people on reserve will also be prioritized. (This change in the testing protocols is big. Family doctors will not be able to offer or order the

test, and people in the emergency room won't be tested either, unless they are sick enough to be admitted to hospital.)

Important to note: there is no specific treatment for coronavirus. Testing an individual will not help them get better sooner. In the current pandemic, testing is useful mainly for identifying cases to help with containment. We will soon be past the containment phase.

So, at this point, testing each ill person doesn't help that person and consumes precious resources. All people with significant respiratory illness should be taking similar public health steps as those who are diagnosed with coronavirus: wash hands often, stay home until better.

For sick people, the key steps will be:

- Drink fluids until your pee is clear. This helps your body fight the infection. Water, Gatorade, and yes, chicken soup.
- Rest and stay home. Take care of yourself, and don't infect others.
- Go to the hospital only if you are very ill.

A major factor will be whether or not sick people take steps to prevent the spread of their infection to others. If you are ill, especially with a fever, please stay home. Reach out to friends, neighbours, etc., if you need help to do this. We'll do our best to be there for you.

Examples of when to go to ER:

- Shortness of breath/trouble breathing.
- So exhausted that you physically can't get out of bed.
- High prolonged fever not responding to Tylenol.

When in doubt, in Ontario call Telehealth: 1 866-797-0000.

For people who are well:

- Wash hands often, of course.
- Try to avoid touching your face with unwashed hands. It's hard (I'm bad at this), but it's important to prevent contaminating yourself and others.
- Cough into your sleeve.
- Consider avoiding mass gatherings for now.

Employers, you play a major role:

- Ensure people have access to hand washing.
- Ensure high-touch areas (e.g. washroom door handles) are cleaned often.
- Ensure staff stay home when ill, and provide them financial support to do so.
- Encourage ill customers to delay visits

Another long-awaited change: we are moving to droplet precautions in Ontario. Coronavirus is spread by sneezes and coughs, which project about one to two metres. The droplets do not float in the air like chickenpox or tuberculosis (TB). They drop.

This means a surgical/procedure mask gives good protection, and an N95 respirator is

unnecessary and unhelpful. Ontario had been requiring N95s in the health-care setting out of an abundance of precaution. This was never sustainable, and research clearly shows it's not needed.

Once again at this critical juncture, YOU are a key part of the puzzle. How will the leaders of our community and the general public react to these changes?

Can we step back from our natural tendency to miss the forest for the trees? Can we see that a decision that may not help me as an individual is important to help us as a community? Can we live our values of ensuring that care goes to those who need it most?

Supporting a friend or neighbour or family member or colleague can make a big difference. And it's something that we as Canadians are good at. You might give someone the help they need not to spread illness to others.

I think we can do it. I think we will live up to our Canadian reputation for being a kind and caring people. I think we can get through this together. Go team!

Dr. Chris Mackie
Medical Officer of Health
Middlesex-London Health Unit
March 12, 2020