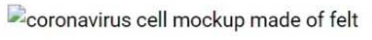




# Coronavirus Myths Debunked by A Physician

By Chris Centeno, MD / March 10, 2020

I've been a practicing physician for over 30 years, and I'm not sure that I've ever seen anything quite like the spread of misinformation regarding a respiratory virus in my career. Coronavirus myths are being reported as facts, and often.



## Reading and sharing accurate information

While most people are well aware of the Center for Disease Control and Prevention's (CDC) recommendation on social distancing, another important recommendation seems to be flying somewhat under the radar: [Stopping the spread of COVID-19 rumors.](#)

It is more important than ever to fact-check what we share with others during this pandemic to stop the spread of false information. And yes, even if you heard it, saw it, or read it on news media outlets. For example, I heard this false statement on a local radio station: "If you have cold symptoms, you probably have the Coronavirus."

According to the CDC, the main [symptoms of COVID-19](#) – the disease caused by the Coronavirus – are fever, dry cough<sup>1</sup>, and shortness of breath and not the sniffles, a runny nose, or sneezing. That's a cold.

Here are two common questions being asked and the misleading answers (AKA Coronavirus myths) making the rounds.

### Get health and wellness information from a trusted source.

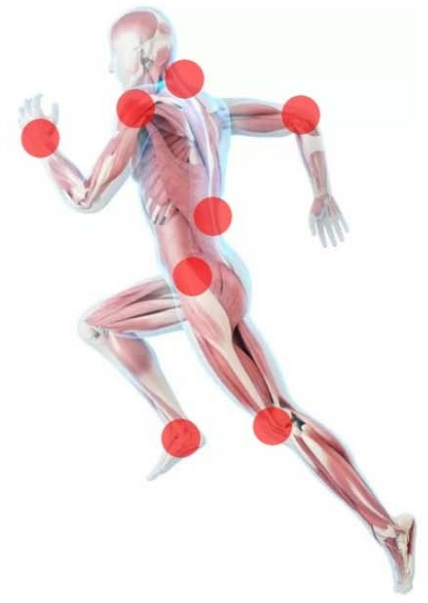
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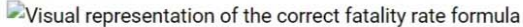
## What's the mortality rate of coronavirus?

Misleading information: *The mortality rate of coronavirus is estimated to be between 2% and 4%.*

The statement has been reported many times by various news outlets:

- The latest coronavirus death rate is 3.4% – higher than earlier figures. Older patients face the highest risk – [Business Insider](#)
- Coronavirus global death rate at 3.4 percent, Olympics delay a possibility – [Fox News](#)
- WHO says coronavirus death rate is 3.4% globally, higher than previously thought – [CNBC](#)

To calculate the mortality rate of a disease, you divide the total number of cases by the total number of deaths. The 2% to 4% range from the statement was calculated using the number of sick people who tested positive for Coronavirus divided by the total number of deaths and was also specific to the Chinese in Wuhan. See image below.

Visual representation of the correct fatality rate formula

As testing becomes more widely available, and both people that are experiencing symptoms and those who are asymptomatic are tested, the numbers will start to reflect a more accurate picture of the actual mortality rate.

Let's look at the mortality rate of other places where testing was more readily available:

- 0.4% mortality rate reported by the [Chinese CDC](#) outside of Wuhan in China, where there was more widespread testing<sup>2</sup>.
- 0.65% mortality rate in South Korea reported by [The New York Time](#)<sup>3</sup>.
- 0.85% mortality rate reported by [Slate](#) on the Princess Cruise outside Japan<sup>4</sup>.

The cruise ship has been the only case study to-date where it could be confirmed that everyone who was exposed was also tested, given that it is a closed environment. It is likely our best look at an accurate mortality rate.

The numbers will continue to change as testing increases. Make sure to look for credible sources like the CDC and the WHO to stay up to date.

### Related Articles:

[Quercetin May Help Fight Off The Coronavirus](#)

[Can Stem Cell Or Exosome Therapy Treat COVID-19?](#)

[Can A Microwave Kill The Coronavirus?](#)

## How long can the Coronavirus survive on surfaces?

Misleading information:

*The Coronavirus survives much longer on surfaces than the flu virus, which is up to 9 days on plastic.*

[Biologics Alliance: The Fine Line Between Evidence and Misinformation](#)

by Chris Centeno, MD

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This seems to have been started by [The New York Post](#), but it is worth noting that it was also reported by [The Washington Post](#).

First, for comparison, the [flu virus survives](#) on hard surfaces for about 9 hours and several hours in fluid droplets —aerosols— in the air<sup>5</sup>. Low temperatures increase the survival of the virus in droplets. Many respiratory viruses die off as the temperature goes up. This is why the flu season is in the winter.

Both articles cite an analysis review of 22 earlier studies of similar coronaviruses, published in [The Journal of Hospital Infection](#) in February of this year. The review concluded that the coronaviruses survived various lengths of time from hours to days<sup>6</sup>. However, taking a closer look at some of the studies paints a different picture.

- A 2005 [study](#) published in Medical Microbiology and Immunology, showed that a different coronavirus survived for 9 days on plastic. However, by 48 hours, the viral load was 10,000 times less<sup>7</sup>.
- A 2003 [study](#) by the Chinese CDC, showed a similar coronavirus surviving only for 2 to 3 days on plastic, which fits with the fact that the viral load is falling steeply after that time<sup>8</sup>.

According to the CDC, “it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.” You can [learn more here](#).

Unarguably, there is a risk. However, given the CDC’s recommendation that people wash their hands frequently and clean surfaces often, trying to click-bait you and add stress seems unnecessary. Ask yourself, does this new information add value to what you are already doing? I think you know the answer.

## Final thoughts

- Be a fact-checker. Seek information from credible sources such as the CDC and the WHO.
- Practice social distancing and observe strict quarantine protocols if you test positive.
- Wash your hands and clean frequently touched surfaces often.

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Category: [Coronavirus](#)



## 11 thoughts on “Coronavirus Myths Debunked by A Physician”



Michael Knapp, Ph.D.

• 1 year ago

Thank you very much for this very clearly presented information. It was very helpful in quelling the panic I was starting to feel.



Travis Lawyer

• 1 year ago

Good Stuff. FYI, I don't know when Gupta asked that question. But he has consistently said on CNN that that 2% figure will get lower as the denominator increases. He has consistently warned of not panicking and has written OpEds with the words “Don't Panic” in them. At the time, and maybe still now , there are health organizations using a whopping 3.5% figure that is wrong.

I don't get a sense of panic at all from CNN. From watching them is where I have corrected people by saying it is more like .2% fatality rate. They do bring up lack of testing a lot. It has gotten annoying to me because I didn't think all people who show signs need to get tested, and I think some health pros have agreed. But it appears that the vast majority of pro's, including you, think testing everyone with symptoms is important, so I am probably wrong there.



Dr Steve Lissau

• 1 year ago

Great Review of Corona....I think the videos of Chinese health workers dressed in spacesuit like protective gear added fuel to the fire. I've also been told that the CDC has recommended that corticosteroids not be used to treat these patients for fear of depressing immunity...in my opinion this is nonsense since steroids are lifesaving in treating most respiratory illnesses. Now... how do we calm down this panic?

World B Free

• 1 year ago

Chris Centeno, MD Post author

• 1 year ago

(8) is a citation number.

Derede Arthur

• 1 year ago

Here is updated information on how this actual virus (SARS-CoV-2) lives on surfaces – a peer -reviewed study in the New England Journal of Medicine. Link can be found here: [https://www.npr.org/sections/health-shots/2020/03/14/811609026/the-new-coronavirus-can-live-on-surfaces-for-2-3-days-heres-how-to-clean-them?](https://www.npr.org/sections/health-shots/2020/03/14/811609026/the-new-coronavirus-can-live-on-surfaces-for-2-3-days-heres-how-to-clean-them?utm_source=npr_newsletter&utm_medium=email&utm_content=20200315&utm_term=4460660&utm_campaign=best-of-npr&utm_id=16993633&orgid=15)

[utm\\_source=npr\\_newsletter&utm\\_medium=email&utm\\_content=20200315&utm\\_term=4460660&utm\\_campaign=best-of-npr&utm\\_id=16993633&orgid=15](https://www.npr.org/sections/health-shots/2020/03/14/811609026/the-new-coronavirus-can-live-on-surfaces-for-2-3-days-heres-how-to-clean-them?utm_source=npr_newsletter&utm_medium=email&utm_content=20200315&utm_term=4460660&utm_campaign=best-of-npr&utm_id=16993633&orgid=15)

Bottom line, says one of the authors, is that “this virus has the capability of remaining viable for days” on a variety of surfaces. Of course the viral load declines with time and UV exposure, and one doesn’t get sick just because one has been exposed to a “little” virus (there has to be enough to overwhelm our immune system)... but it’s something to keep in mind. Wiping down surfaces one touches (CDC recommends a very dilute bleach solution) and washing hands frequently with soap and water or a 60%+ alcohol based disinfectant is key.

Chris Centeno, MD Post author

• 1 year ago

Yes, all of the information says 2-3 days on plastic with declining viral loads as you mention. So it’s a good idea to be careful and wash your hands frequently and wipe surfaces as recommended, but the Washington Post was wrong to print that SARS-CoV-2 survives 9 days on plastic. The average person would read that your credit cards will be contaminated for 9 days and able to get you sick if someone else touches them who happens to have COVID-19.

Wolfgang Gröschel

• 1 year ago

Dear Mr. Centeneo,

I’m not a medical doctor. But I do try to interpret the Corona numbers.

In China there is a big difference between Wuhan (Hubei) and the rest of the country in terms of deaths and serious diseases.

3099 deaths in Hubei and 218 deaths in the rest of China.

This can only be explained by different virus types.

Could it be that the corona test for SARS-CoV-2 is also positive for typical cold viruses?

It would be helpful to compare the total number of people suffering from or dying of viral lung diseases with previous periods. The corona test should not be included in these figures.

Similar to SARS, medical personnel without protective equipment are at high risk.

The 33-year-old Li Wenliang died on 7 February 2020. I have the following message from Italy:

“At Pope John XXIII Hospital, where doctors and rescue workers are dedicated to corona patients, everyone must also be able to cope with setbacks and sad news. A 47-year-old paramedic from the “118” in Italy, who had been active and in the front line since the outbreak of the virus, was infected – the family man and lifesaver died within a week – no previous illnesses are known.”

Perhaps you could take up these questions sometime?

With kind regards

Wolfgang Gröschel (Jena/Germany)

Chris Centeno, MD Post author

• [1 year ago](#)

There are two virus types, one likely more virulent than the other. So that's part of the difference. In addition, some of this is due to the lack of 100% testing of all positives with the disease. Some also due to trying to find "excess deaths" which rarely happens this early in an outbreak. Finally, the availability of ICU care and ventilators is a big issue. In Wuhan they were in crisis triage mode versus outside of Wuhan. Meaning when your medical system gets overwhelmed your deaths go up.

Shirley Viall

• [1 year ago](#)

Thank you Dr. Centeno, the interview with Dan Bongino was very informative. Also your excellent analysis and reporting of the data is exceedingly helpful. We subscribe to your blogs and have explored clinic locations in our area. In the current world of "confused healthcare" it's great to have your wisdom and clarity available.

S. Viall

AZ State Rep Bob Thorpe

• [1 year ago](#)

Thank you Doctor. Really terrific Info and service to our public. I shared you Bongino interview and this link widely, trying to reduce panic in AZ. Warmest regards, State Representative Bob Thorpe

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