

Chances are that you've heard various theories about COVID-19 on social media, or from friends or family members. With dire news about upward pandemic trends, it may be tempting to believe these questionable claims. Let's set the record straight.

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 the different types of COVID-19 test, [click 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, many people would have to become infected to reach the herd immunity threshold. Experts estimate that 70% of the population in the U.S. — more than 200 million 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 millions of deaths. If many people become sick with COVID-19 at once, the health care system could quickly become overwhelmed.

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 most people who died of COVID-19 had multiple causes listed on their death certificate. The myth speculates most 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 most 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 at Mayo Clinic Health System fluctuates day-to-day.

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.

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

- Wear a mask in public. I wear a mask to protect you. You wear a mask to protect me.
- Keep your physical distance — 6 feet or about two arms' lengths apart from other people.
- Avoid in-person gatherings.
- Wash your hands with soap and water. It's simple and effective.
- Stay home if you do not feel well.
- Schedule / Get a test if you have [COVID-19 symptoms](#).
- Self-isolate if you have been around someone who is sick or tested positive.

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.

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

Fact: During the COVID-19 pandemic, you may have heard that COVID-19 is like 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 can appear 2-14 days (5-7 on average) after exposure. Flu symptoms usually appear about 1-4 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.

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). 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.

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 have gotten severely ill from COVID-19. If your child is showing symptoms, have them checked out.

Although the CDC 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 spread the virus to others. Children, like adults, who have COVID-19 but have no symptoms (asymptomatic) can still spread the virus to others.

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 social 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.

Myth: Vitamin D supplements can prevent or even treat COVID-19.

Fact: These myths began when some research studies showed higher rates of death and disease from COVID-19 in places where people have lower vitamin D levels. But these studies do not prove that low vitamin D levels are the cause of disease and death.

There is no proof that taking a vitamin D supplement can prevent or treat COVID-19. There simply isn't enough data, according to the National Institutes of Health and the World Health Organization.

Myth: You should avoid the hospital if you want to stay healthy.

Fact: It can be dangerous to avoid the hospital when you need medical help. If you or someone else is experiencing a life-threatening emergency, it is important to get medical attention immediately. Do not avoid going to a hospital in that situation.

For non-emergency's, call a doctor or other health care provider to ask if a hospital visit is necessary. And if you do have to visit a medical facility for a non-emergency, wear a mask and physically distance yourself from others as much as possible.

Myth: There are no long-term effects of COVID-19.

Fact: While most people with COVID-19 recover completely within a few weeks, some people — even those who had mild versions of the disease — continue to experience symptoms after their initial recovery. These people are often referred to as "long haulers." Older people and those with many serious medical conditions are the most likely to experience lingering COVID-19 symptoms, but even young, otherwise healthy people can feel unwell for weeks to months after infection.

The most common signs and symptoms that can linger include fatigue, shortness of breath, cough, and joint and chest pain. In addition, organ damage can occur to the brain, heart and lungs. Much is still unknown about how COVID-19 will affect people over time.

Myth: Drinking water will flush COVID-19 from my system.

Fact: Drinking water does more than just quench your thirst. It's essential to keeping your body functioning properly and feeling healthy. Nearly all your body's major systems depend on water to function and survive.

This myth focuses on the idea that you can wash the virus down your throat and into your stomach, where it will be killed by stomach acid. However, drinking water does not prevent the virus from entering your lungs and making you sick.

You should keep drinking water to remain hydrated. However, the best use of water for COVID-19 prevention is using it to wash your hands.

Myth: I tested negative for COVID-19, so I don't need to quarantine.

Fact: Quarantine is used to keep someone who might be exposed to COVID-19 away from others. A negative test does not end your quarantine early. It simply means that at the time of your test, your sample did not show viral levels high enough to be measured. You still could have COVID-19, be contagious and spread the virus to others.

It is important that you follow quarantine guidance provided by your local public health department or health care provider.

Myth: COVID-19 tests are expensive.

Fact: The CARES Act stipulates that COVID-19 test should be performed at no cost to the patient. Private and public insurance covers the cost of the test. If you do not have insurance, you will not be financially responsible if you are billed for the test.

Myth: If you are exposed to a person who has tested positive for COVID-19, you only need to quarantine for seven days.

Fact: This is true with one important caveat: You test negative for COVID-19. The CDC recently modified the quarantine recommendations. Based on local availability of viral testing, for people without symptoms quarantine can end:

- On day seven after receiving a negative, FDA cleared (PCR or antigen) test result.
- On day 10 without testing

After stopping quarantine, you should still monitor for any symptoms, and immediately self-isolate and contact your health care provider if you develop symptoms.

Myth: Wearing a mask will increase the amount of carbon dioxide I breathe and will make me sick.

Fact: For many years, health care providers have worn masks for extended periods of time with no adverse health reactions. The CDC recommends wearing cloth masks while in public, and this option is very breathable. There is no risk of hypoxia, which is lower oxygen levels, in healthy adults. Carbon dioxide will freely diffuse through your mask as you breathe.

If you feel uncomfortable in your mask, try to limit talking and breathe through your nose. That will reduce the humidity level in your mask.