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Myths and Facts about COVID-19: A Qualitative Study to Propose Guidelines for Geriatrics

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Abstract

The study aims to identify and address myths about COVID-19 in society by providing factual information and uniform guidelines to eliminate misconceptions, particularly regarding geriatrics. Using a qualitative phenomenological research approach, data was collected in Rawalpindi and Islamabad, Pakistan, during October and November 2020. A structured questionnaire, based on credible literature about the COVID-19 outbreak, was designed to investigate misconceptions. The survey comprised two sections: the first included a consent form and demographic information, while the second contained open-ended questions about COVID-19 myths and facts. Participants were informed about the study's purpose, confidentiality, voluntary nature, and estimated time for completion, and consent was obtained. A total of 50 respondents were selected. While thematic analysis was employed to explore misconceptions. Key myths identified included beliefs about the virus's origin (e.g., manmade for biological warfare), causes of spread (e.g., eating cold food, cold water, or insects), and treatments (e.g., garlic, ginger, black seeds, herbal remedies). Myths related to precautionary measures, religious beliefs, death, and anxiety were also prevalent, such as attributing the virus to divine punishment or misdeeds. The study highlights the need for factual, researchbased information to demystify myths and suggests uniform guidelines for geriatrics to encourage desired behaviors and mitigate misconceptions. This effort aims to enhance public awareness and foster scientifically informed practices during the pandemic.

Keywords: Myths, Facts, COVID-19, Guidelines, Geriatrics

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1. Introduction

In December 2019, World Health Organization received an alert from China about some pneumonia cases of unknown etiology. Cases occurred in Wuhan city in Central China. Most of the reported cases had an exposure of wet market in Hunan. WHO investigated the cases and the etiological investigations revealed that it is corona virus that had almost 95% resemblance with corona virus detected in bats in China in 2003 (Javed and Mehmood, 2020).

WHO named this disease as Corona Virus Disease 19 (COVID -19). According to latest report by World Meter this disease has affected 217 countries and territories till now. The disease is acute and has a fatality rate of 2% (Xu et al., 2020). This outbreak of COVID -19 was declared as pandemic and sixth public health emergency of international concern (PHEIC). The pandemic forced the governments to device extreme health measures to control the spread of this virus.

With the spread of corona virus news, the misconceptions and myths were also on rise. Myths are generally considered as folklores which consists of narratives or stories which play a significant role in everyday life of an individual. These myths are generally generated by the religious preachers, rulers, influencers and leaders as they make the belief system of the society (Morales, 2013).

Since ancient times, various myths had been prevalent about the diseases in the society, therefor it is a very rigorous effort to demystify the myths through an evidence based approach. There had been various myths associated with different diseases like tuberculosis, measles etc (CDC, 2018; Haldimand-Norfolk Health and Social Sciences, 2018; World Health Organization, 2019). In the present era COVID-19 has devastated the world and the way the number of confirmed cases are increasing, in the similar way myths about this COID-19 are also spreading in the entire world (Muhammad et al, 2022).

Despite all efforts to provide authentic information to the public through electronic print and social media, about the preventive measures of infection, still there are many myths related to the prevention, cure and spread of COVID-19. The myths pass from one person to the other through all the possible resources. While some myths can be based on facts but many other myths sometime prove to be extremely dangerous and can induce undesired behaviors or they can reduce the occurrence of required behaviors which can eventually lead towards health related problems.

So in regards to this issue many healthcare authorities like World health Organization and Centre for Disease Control and Prevention have provided the guidelines about some prevailing myths and they have tried to increase awareness about actual information on prevention, control and spread of COVID-19(Boston, 2020; CDC, 2020; Ministry of Health and Family Welfare, 2020; Myth busters n.d., 2020).

Meanwhile experts have failed to find out the cure for COVID-19 though much new information is coming out ,which still need strong evidences to be proven, and much of this information has potential to turn into the myths(Boston, 2020; Carbone et al., 2020; Myth busters n.d., 2020).

These myths are effecting an individual's everyday life, for examples the myths about spreading and transmission of Corona virus are making it difficult for people to use currency notes, newspapers, shopping bags, vegetables, mails, etc. Some people started using multivitamins, and many other home remedies to boost their immune system. Such myths can make a false perception that the person who is using vitamin C is now immune to the viral infection and this may result in risk taking behavior (DelhiMarch 20, I.G.N., and March 20, 2020).

Now we will discuss some facts about COVID-19 to get a clear picture of the present situation where people are confused about the myths and facts. CO is for corona, VI stands for virus and D is for disease whereas 19 is the year 2019 in which it occurred. It is called novel COVID-19 because it is a new virus about which less information is available up till now. This disease is caused by a crown shaped single strand enveloped virus of 1-2 nm size (Fehr and Perlman, 2015). It is named corona because of its spikes which look like a crown under the microscope. The spikes are actually the protein molecules which help the virus to attach on a surface (Singhal, 2020).

A couple of pneumonia cases of unknown etiology were reported in Wuhan the symptoms were like a viral infection. Further investigations revealed the presence of a novel virus which was later named as COVID-19. The evaluation of genetic sequence of the

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virus revealed that there is no evidence that this virus is engineered or a laboratory made product. (Science Daily, 2020a; Andersen et al., 2020; Support the Guardian, 2020; NIH Director's Blog, 2020).

The initially reported cases were linked to wet animals and sea food whole sale market of hubei province in China,(Rothan and Byrareddy, 2020). Genetic analysis revealed more than 95% similarity of this virus with corona virus derived from bats (Lu et al., 2020; Rothan and Byrareddy, 2020). Virus spread from human to human by the droplets of coughing and sneezing of the infected person or a direct contact with the person (Guo et al., 2020; Yuen et al., 2020; Cai et al., 2020). Virus can also be transmitted through eyes (Yu et al., 2020; Douglas and Douglas, 2020).

Despite all these evidences in a study, it was seen that pregnant women in their third trimester delivered normal healthy children. Still it needs further investigation that the virus does not transfer during vaginal delivery because in this study group, all the women delivered the children through Cesarean section (Chen et al., 2020a; Schwartz, 2020). Mouth, esophagus and digestive system are the possible routes of the virus to target the lungs (Wan et al., 2020).

The environmental conditions play a vital role in the spread of CoVID-19. The humidity and temperature in the environment, clean surfaces and air are important factors in the spread of COViD-19. So that's why social distancing, cleanliness of environment and personal hygiene play its role.

The common symptom includes fever, cough, headache, fatigue and diarrhea, etc (Ren et al., 2020; Zhou et al., 2020b). The CT scan reports reveal that the patient gets severe form of pneumonia along with lungs failure and an injury to the heart which eventually leads to death. Other significant symptom of the disease includes dry cough, flu, high grade fever, sore throat (Kolifarhood et al.). Some studies indentified that loss of sense of taste and smell is also a symptom of COVID-19 infection (Gautier and Ravussin, 2020). The incubation period of the virus is 5.2 days after that the symptom start to come on surface (Edinburgh News, 2020).

The total duration of illness from first symptom to death is 6 to 41 days. The duration of illness depends on the age and immune system of the patient (Singhal, 2020; Zhou et al., 2020d). The duration of illness is greater among the older people that is 70 years and above whereas duration of illness is less in individuals with age below 70 years (Liu et al., 2020b; Guan et al., 2020; Liu et al., 2020a).

The virus cannot fly in the air and I t needs a surface to stay and travel. The major source of its spread and travel are human beings. For example if person touches a surface where there is corona virus, it gets attached with hand of the person and then where ever the person will touch the surfaces, it will contaminate that surface. If he touches his nose mouth or eyes with that hand the virus will enter his body and will cause infection.(Chemistry Views,likely to get COVID-19 infection, Zhou et al., 2020a; Guan et al., 2020).

It has been observed that the virus cannot survive at the temperature higher than 26 degree Celsius. On the other hand, on human skin it can survive for only 5 to 10 minutes. The virus can stay up to 12hrs on the plastic material and almost 12hrs on metallic surfaces (SSRN, 2020).

Exact duration of survival of this virus on surfaces is not clear however it is a well-known fact that this virus is more resistant to the harsh environmental conditions as compared to other viruses of the same family (Fehr and Perlman, 2015).

The effect of COVID 19 on a body depends on the condition of the body. The presence of comorbid diseases and disorders like cancer, hepatitis, diabetes, and hypertension etc puts the patient at a high risk to get infected by COVID-19 (Ganatra et al., 2020; Chen et al., 2020b; Zheng et al., 2020). This risk increases many folds in the people with old age and preexisting medical conditions. (Ganatra et al., 2020). In the present study we have focused the elder adults where these conditions are more common and thus the likelihood of myths related to COVID are more common. Okunlola et al.(2020) investigated perceptions related to the spread, prevention and treatment of covid 19 pandemic. They identified that there are four major myths related to COVID 19 which are very common among general public. The major four myths are: 1. COVID- 19 is fatal disease 2. The sanitizers kill the corona virus 3. Face mask provide protection against COVID 19. 4. Using hand dryer prevents COVID 19. Some other myths included this virus' effects on elderly people, virus can spread from mosquito bite, antibiotics can treat COVID-19, and home remedies are effective in treating and preventing COVID 19. They also found out that the factors such as employment status,

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background, education level have a correlation with these myths.

Another study provided factual information regarding COVID 19 to avoid misconceptions related to symptoms and prevention of COVID-19. They found that the clinical presentation of COVID -19 has huge variations, which ranges from asymptomatic to respiratory failure due to which a patient is shifted to mechanical ventilators or support in the intensive care units. Preventive measures to reduce the spread of the virus includes: avoid contact with people suffering from COVID, increase the frequency to wash your hands, application of strict hygiene at every place and specially for health care workers, use of PPE, gloves, N95, and all other protocols must be followed, also hand sanitizers should be frequently used (sarla 2020)

As the corona virus disease cases are increasing, the scientists are making more efforts to find out the causes of spread, transmission and treatment, their focus is also on spreading the factual information to increase awareness about COVID. The myths which are prevalent are causing health hazards as people indulge in the unnecessary behaviors and do not focus on the actual requirements to stop the spread of the disease. To clarify the myths, researchers stated that COVID can have many presentations ranging from asymptomatic to pneumonia. The adult population has the highest rate of infection but the children and younger people also got the infection. The transmission of virus also happens through asymptomatic carriers. Age and comorbidity of other diseases adds on the severity of corona virus attack.

Another research found that the virus become active after entering a body and then cause the harmful effects. They behave like dust outside the body; they should be washed properly so that they cannot enter our bodies. So the best solution is to wash it out instead of using disinfectants, hand sanitizers or alcohol based rub. Kapil Amgain 2020The virus cannot fly in the air, it needs a surface to stay and travel. The major source of its spread and travel are human beings. For example if person touches a surface where there is corona virus, it gets attached with hand of the person and then where ever the person will touch the surfaces it will contaminate that surface. If he touches his nose mouth or eves with that hand the virus will enter his body and will cause infection. (Chemistry Views, likely to get COVID-19 infection, Zhou et al., 2020a; Guan et al., 2020).

Exploring these misconceptions keep the general public fully educated and informed about the facts of the outbreak as well as avoiding making up these misconceptions to protect themselves. Wearing a mask gives protection against COVID-19. The virus spreads through the droplets discharged from the mouth of an infected person through coughing or sneezing. The mask becomes a barrier in spreading the virus by keeping it to the infected person only and it does not let the virus pass from one person to the other (Ng et al., 2020). The research confirmed that the use of N95 mask protected the health care workers from catching virus (Wang et al., 2020b).

People consider COVID-19 as most lethal and dangerous virus. But when we compare the facts and stats, we come to know that fatality rate of COVID-19 is only 2% as compared to other pandemic diseases. For example, in 1918 influenza (H1N1) about 500 million people were infected out of which 50 million died, death rate was 10%. In case of Ebola virus the death rate was 66 % in Democratic Republic of the Congo (WHO, 2020) and there are many other diseases where the fatality is much higher as compared to COVID-19. So it is not a deadly or most dangerous virus and many other viruses have much higher fatality rate (Cai et al., 2020).

In Pakistani culture a research was conducted, it stated that two epidemics happened in 2002 and 2012. Many myths and rumors about them emerged because people did not follow the scientific information and precautionary measures. So the awareness programs should be designed in a way that everyone gets the correct information instead of relying on the myths. With the outbreak of novel COVID 19, many myths also prevailed due to which people don't know much about factual information. This study aims to identify the Myths and the Facts about COVID 19 in our society so that the myths could be demystified and factual information is provided to the public. The study will provide information about the areas were more focus should be given to provide scientific knowledge and uniform guidelines to eliminate misconceptions (myths).

To explore and identify the myths and Facts regarding COVID 19. In addition the study tries to assimilate the factual information for older adults. The current study also intended to propose guidelines in order to control prevalent misconceptions (Myths) related to COVID 19.

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2. Method.

2.1 Research Design

A Qualitative research design was used to carry out the research.

2.2 Sample

A sample of 50 individuals (male/female) N=50 between the age of 60 to 90 years were recruited for the study from Rawalpindi, Islamabad area. Purposive and convenient sampling technique was used for data collection.

2.3 Procedure

To investigate the misconceptions, a structured questionnaire was designed and created. The survey was developed based on the review of relevant literature about the COVID-19 Outbreak from credible sources. Respondents were reached and recruited from market places, outdoor patients who came to the hospital for routine checkup and also shared to relatives, contacts and friends who were available in twin cities Rawalpindi Islamabad at the time of research. The research was carried out in the month of November 2020. The study consists of two main sections, first part included consent forms and demographic characteristics of respondents and the second part includes open ended questions regarding the myths and facts about COVID-19.

To ensure adequate ethical considerations and validity of the data collected, respondents have to be of the age of 60 years and above to complete the survey. The purpose of study, confidentiality, voluntary nature of the survey and the estimated time, it will take to complete the questionnaire were explained to potential respondents and their willingness to participate was taken through informed consent. A total of 50 respondents had access to the survey and filled forms voluntarily. No sample size calculation, method was employed because the readiness of respondents to make time and use their data in filling through the survey was a major considering factor that determines the number of participants. Data collected were cleaned and entered into SPSS version 22 for analysis and frequency calculation. To explore misconceptions and facts, the thematic analysis was used. 2.4 Instruments

A Demographic Sheet along with an open ended questionnaire containing 15 interview questions were used for data collection

3. Results

The sample was based on 23 females and 27 males, there were three age ranges 60 to 70, 71 to 80 and 81 to 90 years. There were 24 individuals from rural areas and 26 from urban areas.

Table 1

Demographic Characteristics

Age (years)	f	%
60 - 70	33	66
71-80	14	28
81-90	3	6
Gender		
Male	27	54
Female	23	46
Area		
Rural	24	48
Urban	26	52

The thematic analysis was carried out for the analysis of the data. After familiarization with the data, the codes were identified from the data and then themes were generated on the basis of these themes. The themes were then reviewed and finalized after that. They were named and then the myths and facts related to that theme were identified as the sub themes of the previously identified themes.

4. Discussions

COVID-19 has affected 215 territories and Countries, the number of deaths and affected cases are increasing with every passing day. Every nation and country is putting all efforts to overcome this disease but the virus has frightened people of every strata, age and gender. So people think that anyone who got infected with the virus will eventually die. This research found that the fatality rate is quite lower than the other pandemic which happened in the past but this disease seems more contagious when the rate of spread is compared(Li et al., 2020). So people should take serious precautions to prevent transmission of this virus.

People think that this virus has more devastating effects on elderly individuals as compared to the young and children. Multiple studies have confirmed that the fatality rate is much high in elderly individuals as compared to the children and young individuals (Wang et al., 2020). The studies have proved that the number of days starting from the very first day of the symptoms to the time of death is less among the older individuals who

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Table 2: Themes and Codes related to the Myths and Facts related to COVID-19.				
Themes	Myths	Facts	Uncertain	
Awareness	 Spread by the germs Originated from a laboratory in China Media has created an unnecessary hype Man made virus for biological warfare 	 Disease Pandemic Contagious Disease Originated from china Effects elderly Originated from bats in China 	 Virus will never end we have to live with it Cyclic comes after 50 or 100 years Pandemic will come to an end automatically 	
Cause of Spread	 Eating cold food items Cold water Cold Environment Insects like housefly mosquito Transportation of goods 	 Shaking hands Sneezing No care for social distancing Neglecting SOPs Touching things which have virus Meeting carriers or positive cases COVID positive person not following SOPs can transmit it to other people and places 	 Air Conditioner Eating unhygienic food Crockery 	
Possible Treatment	• Penitence • Garlic	 No treatment up till now Vaccine Resistance against virus antidote ?? 	 Prayers Multivitamins Herbal treatment (sana maki) 	
Risk Factors	• Fast food • Going out of home	 Attending gatherings/Shopping Exposure or contact to infected places and people No care of social distancing Using things without washing or cleaning Closed places and buildings Elevators lifts Grocery items Files papers Restaurants, hotels 	• Laundry services	
Precautionary Measures	 Use of ginger Use of black seeds Use of hot food items Herbal tea Eating organic food Drinking hot water 	 Using antiseptics for cleaning surfaces Using hand sanitizers Hand hygiene Following Chinese model to fight against this pandemic Using Mask 	 Using vitamin C using multivitamins Boosting the immune system 	
Religious beliefs	 It came because of our misdeeds Torment from Allah Punishment from Allah 	•one should do good deeds in any case as that is according to teachings of many religion including Islam-• Just a pandemic like polio, TB, etc.	• Non Muslims eat Haram animals they caused it	
Death Anxiety	• All the time fear of transmission and death	• No fear of death only 2 to 3% people die and about 97% recover from it		

were above the age of 70 years. The studies in China also revealed that the fatality rate among the individuals above 70 years of age seems much high (Epidemiology Group of the New Corona virus Pneumonia Emergency Response Mechanism of the Chinese Center for Disease Control and Prevention, 2020).

There was a myth that infants and children do not catch the virus and they stay asymptomatic but the research revealed that the infants (newborn to nine months old) also got infected by this disease (Wei et al., 2020). Most of the people think that N95 is safer than the surgical mask but the study suggested that both type of masks are useful and provide effective protection against virus. However N95 mask is recommended especially for healthcare professionals who have close and prolong interaction with patients especially while doing procedures (Ng et al., 2020). The method of using the mask is extremely important if the mask is not used in an appropriate way it is useless either it is a surgical mask or an N95 mask. The mask should be used in such a way

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where no space is left for the micro droplets to pass from the mask (Wang and Yu, 2020).

It is considered that the virus originated from the bats and rats in the Huanan wet market at Wuhan province in China. Multiple researchers found that there is more than 95% similarity of this virus with the corona virus derived from the bats. So the theory of bat soup seems true that the virus came out due to the bats (Wu et al., 2019; Zhou et al., 2020c).

There is a myth that the mosquitoes, flies and other pet animals can transmit this virus from one place and individual to another. The research revealed that corona virus does not replicate in the ducks, chickens and dogs but there are some evidences that it does replicate in the cats.

Some researchers found that the above mentioned findings are due to the laboratory conditions where there was a high exposure of virus as compared to the amount available in real life conditions (Nature, 2020a, 2020b). In actual life there is not even single evidence that the dogs and cats got affected by the COVID-19 and they transmitted it to the human beings (Almendros, 2020).

A myth emerged that the virus was created in a laboratory using the biotechnology techniques so that it could be used as biological warfare but the studies have proved that the virus is found in nature and its genetics is similar to the viruses found in natural resources (Andersen et al., 2020).

Coming over to the treatment side the common myth is that garlic, herbal treatment and antibiotics can treat the COVID-19 but the researchers have found no evidence that the disease can be cured using these items (WHO, 2020). The Antiviral medication for the treatment of COVID-19 is still in a trial phase so that the effectiveness of the antiviral for this novel virus can be discovered (Dong et al., 2020). So still there is no treatment or cure available for this disease at present. Probably vaccination is the only possible solution for now that is helpful.

Some studies suggest that the convalescent of plasma is effective for the treatment of the individuals facing severe form of the disease. These results provide a hope and significant improvement is observed in the conditions of the patients suffering from COVID-19. The detailed studies regarding the amount duration and time of dose should be studied further so that more clinical trials can be carried out before its implication on clinical grounds (Shen et al., 2020; Duan et al., 2020).

Recommendation

Many health care forums have provided guidelines. Here we have proposed some guidelines by amending them so that the guidelines exactly meet the needs of the geriatrics. **Understanding**

These Guidelines includes that first of all they should understand the severity of the problem: old age and preexisting comorbid diseases increase their probability of getting infected and high rate of fatality, so they should gain factual information from a well-informed individual / healthcare workers in their surroundings.

Behavior and everyday routine

After wards they should focus on their behavior and everyday routine. It is recommended that they should continue routine medicines for preexisting conditions and keep a stock for at least 30 days. The geriatrics elderly individuals in consultation with their physicians should develop a care plan for daily routine to stay healthy, fit and stress free.

Steps to Reduce the Risk

It is also very important that individuals should take steps to reduce the risk so they should wear a mask even when interacting with the other family members who go out often. They should also limit in-person interactions even at home, frequently wash their hands, clean and disinfect surfaces and things they often touch and use. They should encourage social distancing and restrict. visitors especially in their personal space where they spend most of the time.

Curtail hospital visits

They should reduce their hospital visits for routine checkups and tests. They should use telemedicine if possible. If it is extremely important, only in that case visits should be made and that also with all precautionary measures including masks, social distancing, taking appointment and keeping hand hygiene.

Precautionary measures by Caregiver

If the elderly person is physically disabled or dependent in that case the care taker of the elderly person should be only one, healthiest and young person in the family and he/she should wash his/ her hands frequently, wear a mask, limit his/ her interaction with others, take care of respiratory hygiene when dealing with the elderly person. Family members or care givers should be aware of older people's mental health and wellbeing. Affectionate communication can aid in relieving sadness, stress, confusion and anxiety.

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Report Symptoms

Older adults should monitor their health condition and report even minor symptoms to the health care professional on call. They should not delay getting emergency medical care if condition gets worse.

Develop an emergency plan

They should develop an emergency plan who to contact and how to contact if got infected, who will be the standby care taker if the caretaker gets infected and where and how to quarantine. (CDC, WHO, John Hopkins Institute,2020)

CONCLUSION

These Guidelines related to COVID 19 should be propagated at grass root level through the awareness teams which may include the youngsters, leaders and teachers who are well aware of the facts and myths. Informative sessions especially for geriatric population in rural areas should be designed by the health care teams. The suggested guidelines should be propagated so that effects and fatality rate among geriatric population can be controlled. The present Study can be used as a baseline to develop a structured objective test to check the myths and facts prevailing in Pakistani culture, at national level.

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