Statement by Dr. Lawrence Rosenberg

(September 23, 2020): During a recent television interview, I drew some comparisons between COVID-19 and the flu, which continues to pose a serious threat to the health and well-being of our society and to people around the world. My brief comments were subsequently misinterpreted and were embraced by some individuals who mistakenly believe that COVID-19 does not deserve to be prevented or fought with every means at our disposal.

I am distraught over the toll that the virus is taking on so many. I am also proud of the care and leadership provided by the team at CIUSSS West-Central Montreal. Well before the pandemic hit Montreal, our CIUSSS was treating COVID-19 as a grave and deadly threat. We were worried that we would be facing a situation similar to the Spanish flu of 1918 and the Hong Kong flu of 1968 during which no vaccines were initially available.

Starting in late 2019, we began preparing staff for the challenges they would be facing and to familiarize them with the steps they would need to take in battling the virus. In January we organized a hospital-wide simulation and set up a robust and durable supply chain of personal protective equipment. Once the pandemic arrived, we took pro-active and aggressive protective measures to restrict the access of visitors and caregivers to our facilities, and we were the first healthcare network to insist that universal precautions including the wearing of masks be implemented in our facilities. We reorganized our operations across our CIUSSS setting up hot and warm zones and moved quickly to offer care via telehealth. As a result of these measures we did not have a COVID-19 outbreak at our hospital.

I should also point out that at every opportunity, we have advised the public about the need to take precautions against COVID-19.

It is certainly true that differences do exist between the two illnesses. The current misunderstanding arises, however, from my statement comparing COVID-19 to the flu. Since the flu and its dire consequences have been with us for so long and can usually be prevented with a vaccine, many of us have wrongly come to believe that it is not a serious disease. Thus, some people have improperly chosen to think that I am equating the threat level of COVID-19 with that of the supposedly insubstantial flu rather than the pandemics mentioned above.

Nothing could be further from the truth. Despite any misimpressions that may exist in some corners of society, the fact is that the flu remains an extremely hazardous adversary. Both COVID-19 and the flu - I am not referring to the common cold – can be deadly enemies.
The real question is why the seasonal flu fails to arouse the same sense of urgency that is triggered by COVID-19. The single best answer is probably the fact that we already have a flu vaccine, while nothing similar has yet been developed for COVID-19. In all likelihood, if a flu vaccine did not exist, the effects of the disease—in terms of the rates of sickness and death—would be much more severe.

As I mentioned earlier, we also tend to downplay the seriousness of the flu because it has become such a familiar, seasonal feature of the fall and winter seasons. On the other hand, COVID-19 attacked us for the first time this year and we are still in the process of developing a comprehensive “portrait” of how the virus behaves. As a result, we erroneously see the flu as posing so weak a threat that we sometimes even complain about having “a touch of the flu”, when all we have is a bad cold or sore throat that can be shrugged off with relative ease. It goes without saying that in these cases we are misusing the word “flu” or “grippe” in French.

Need proof of the flu’s deadly toll? Just visit the website of Health Canada, https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/annual-reports.html which publicly reports the number of deaths due to the seasonal flu. Although the rate fluctuates from year to year, these numbers are highly significant; it is society that, for whatever reason, chooses to pay scant attention to them.

Some people point out that COVID-19 seems more dangerous than the flu, because of the medical problems that persist in the patient after the virus itself has been overcome. The fact is that the flu carries its own set of major risks. For example, a study by the Centers for Disease Control in the United States found that of the 80,000 adults hospitalized with the flu over a period of eight years, sudden and serious heart complications were common in one of every eight patients. Data presented to the American Stroke Association has also shown that having a flu-like illness increases the odds of having a stroke by nearly 40 percent over the next 15 days, with an elevated risk that persists for up to one year.

In addition, research submitted to the American Heart Association has found that flu vaccination in high-risk patients was associated with a 28 per cent reduced risk of heart attack, a 47 per cent reduced risk of a temporary blockage of blood to the brain, and a 73 per cent reduced risk of death. In other words, without the vaccine, the consequences to those high-risk patients would probably have been appalling.

One major benefit has emerged from this incident: It has given me an opportunity to remind the public how important it is for every person—especially those at high risk—to be vaccinated against the seasonal flu. Contracting both the flu and COVID-19 could be devastating, which represents one more reason for wearing masks, social distancing and washing our hands regularly.
Until then, I urge you to continue to practice the usual precautions against COVID-19 and to make every effort to get vaccinated against the flu. Both of these diseases are very serious and both demand our ongoing vigilance.

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