

To the WDG Public Health Board,

I would like to be a delegate at your next meeting. I would like to discuss mandatory masking of children in schools. Specifically, expansion of masking mandates and increased rules around mandatory masking. I would also like to understand exactly what metrics we are using to measure our lockdowns. Here is a news article with Dr. Mercer advising the UGDSB trustees of best practices regarding masking.

<https://www.cbc.ca/news/canada/kitchener-waterloo/ugdsb-masks-required-covid-19-1.5691742#:~:text=Trustees%20voted%20in%20favour%20of%20making%20the%20masks%20mandatory%20for,opted%20to%20return%20to%20class.>

## Most students to return to class

Preliminary numbers show the Upper Grand District School Board received approximately 34,000 responses to its back-to-school survey with 2,700 people saying they planned to keep students home this fall and do at-home learning. Some of those responses may contain errors or duplicate responses, the board noted.

Dr. Nicola Mercer, the medical officer of health for Wellington-Dufferin-Guelph Public Health, said in a release on Wednesday that she met with school officials this week to talk about back-to-school plans.

"I advocated for the mandating of masks for students in Grade 1 and above and strongly encouraged them for children in [junior and senior kindergarten]," she said.

[CBC's Journalistic Standards and Practices](#) | [About CBC News](#)

First and perhaps most importantly, has there been an impact study of masking vs no masks on children? Who completed it and where can we read it? Any cost benefit analysis that has an accurate assessment of potential drawbacks of mandatory masks, including physical, psychological, developmental as well as defined outcome metrics / expectations (what you expected vs what actually happened)? If not, how can we possibly continue to experiment with our children like this? If so, where can I read it? What did the study identify as potential health impacts, developmental impacts and any other potential drawbacks to masking children for prolonged periods? How many 6 year olds were studied, how long were they forced to wear a mask for per day and what were their outcomes? How many 8 year olds? How many 12 year olds in the studies? Isn't informed consent a necessary part of any medical intervention? Why are we not informed of the potential drawbacks of mandating masks on children? Nearly a year in!

There is a large body of policy-level evidence that backs up the idea that wearing a mask when healthy is not beneficial. There is also evidence that non-pharmaceutical interventions (NPI's)

like lockdowns, masking and physical distancing do not meaningfully change case numbers, death numbers or infection numbers. I will go through a small sample of that evidence now.

In 2015 and 2018, the Ontario Nurses Association successfully argued that the "Vaccine or Mask" (VOM) policy violated the nurses basic rights and is "illogical and makes no sense" and "is the exact opposite of being reasonable."

<https://www.ona.org/news-posts/ona-wins-vaccinate-or-mask-flu-policy/>



[About ONA](#) [Contracts & Rights](#) [Member Services](#) [Campaigns & Actions](#)

## Mask Influenza Policies

September 7, 2018

The Ontario Nurses' Association (ONA) has won a second decision on the controversial vaccinate or mask (VOM) policy, striking down the policy in effect at St. Michael's Hospital and several other hospitals that form the Toronto Academic Health Science Network (TAHSN). These policies force nurses and other health-care workers to wear an unfitted surgical mask for the entirety of their shift if they choose not to receive the influenza vaccine.

After reviewing extensive expert evidence submitted by both ONA and St. Michael's Hospital, which was the lead case for the TAHSN group, Arbitrator William Kaplan, in his September 6 decision, found that St. Michael's VOM policy is "illogical and makes no sense" and "is the exact opposite of being reasonable." In reaching this conclusion, Arbitrator Kaplan rejected the hospital's evidence. A copy of the full decision is available [here](#).

In 2015 this is what the arbitrator said:

### Policy was 'unreasonable'

Arbitrator Jim Hayes found the "vaccinate or mask" policy was unreasonable, and "a coercive tool" to force health-care workers to get the flu shot.

Experts testified that it was illogical to force healthy nurses to wear masks, and Hayes concluded the masks were not protecting patients or nurses from the flu.

"The sad part about it is it was giving our patients a false sense of security, and we knew that," said Haslam-Stroud.

The Ontario Hospital Association said it was disappointed in the arbitrator's ruling.

<https://www.cbc.ca/news/canada/toronto/union-says-ontario-nurses-can-t-be-forced-to-wear-masks-in-flu-season-1.3222702>

In light of this expert's opinion, which was echoed by the WHO at the beginning of the pandemic in 2020 (<https://twitter.com/WHOWPRO/status/124317168306777024?s=20>), can you outline in detail (with links to the information) what has changed about mask efficacy?

What the WHO said:

"If you do not have any respiratory symptoms, such as fever, cough, or runny nose, you do not need to wear a medical mask. When used alone, masks can give you a false feeling of protection and can even be a source of infection when not used correctly."

<https://bit.ly/2QN3QOp>



**World Health Organization Western Pacific** @W... · Mar 26, 2020

If you do not have any respiratory symptoms, such as fever, cough, or runny nose, you do not need to wear a medical mask. When used alone, masks can give you a false feeling of protection and can even be a source of infection when not used correctly. [bit.ly/2QN3QOp](https://bit.ly/2QN3QOp)

1:57 2.1M views

you do not need to wear a medical mask like this one.

World Health Organization

2.2K 16.3K 10.3K

Here is one recent study from Germany that has looked at mandatory masking of 25,000 students and the negative impacts of that mandatory masking. The impacts are significant, as illustrated here (3rd paragraph):

A new [study](#), involving over 25,000 school-aged children, shows that masks are harming schoolchildren physically, psychologically, and behaviorally, revealing 24 distinct health issues associated with wearing masks.

The health issues and impairments observed in this study were found to affect 68% of masked children who are forced to wear a face covering for an average of 4.5 hours per day. The study also includes 17,854 health complaints submitted by parents.

Some of the health issues found in the study include: increased headaches (53%), difficulty concentrating (50%), drowsiness or fatigue (37%), malaise (42%), and nearly a third of children experience more sleep issues than they had previously and a quarter of children developed new fears.

Though these results are concerning, the study also found that 29.7% of children experienced shortness of breath, 26.4% experienced dizziness, and hundreds of the participants experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness.

The study authors noted the lack of unbiased research on this topic:

[https://www.independent.co.uk/news/german-children-suffer-from-psychological-issues-in-pandemic-children-children-researchers-families-children-b1800396.html?utm\\_content=Echobox&utm\\_medium=Social&utm\\_source=Twitter#Echobox=1612980377](https://www.independent.co.uk/news/german-children-suffer-from-psychological-issues-in-pandemic-children-children-researchers-families-children-b1800396.html?utm_content=Echobox&utm_medium=Social&utm_source=Twitter#Echobox=1612980377)

<https://www.researchsquare.com/article/rs-124394/v2>

<https://montanadailygazette.com/2021/01/25/new-study-finds-masks-hurt-schoolchildren-physically-psychologically-and-behaviorally/>

Here is the original study:



▼ Abstract

[View Research Highlight](#)

**Background:** Narratives about complaints in children and adolescents caused by wearing a mask are accumulating. There is, to date, no registry for side effects of masks.

**Methods:** At the University of Witten/Herdecke an online registry has been set up where parents, doctors, pedagogues and others can enter their observations. On 20.10.2020, 363 doctors were asked to make entries and to make parents and teachers aware of the registry.

**Results:** By 26.10.2020 the registry had been used by 20,353 people. In this publication we report the results from the parents, who entered data on a total of 25,930 children. The average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%).

**Discussion:** This world's first registry for recording the effects of wearing masks in children is dedicated to a new research question. The frequency of the registry's use and the spectrum of symptoms registryed indicate the importance of the topic and call for representative surveys, randomized controlled trials with various masks and a renewed risk-benefit assessment for the vulnerable group of children: adults need to collectively reflect the circumstances under which they would be willing to take a residual risk upon themselves in favor of enabling children to have a higher quality of life without having to wear a mask.

<https://www.researchsquare.com/article/rs-124394/v1>

And here is a registry that is being used in the United States. You can read the negative impact of masking from first hand accounts of parents who have no options.

<https://nomasksforkids.com/>

## Masked high school soccer player blacked out

Date: February 13, 2021  
Comments: 0 Comments  
Categories: Cardiac

My son plays Varsity soccer for his high school. They had to call me to come get him early from conditioning because he was feeling light headed and passed out!! 🤢🔴 (Wearing masks to run a mile then do sprint work!) Thankfully, he felt things going black, told his coach, and sat down. In his words "my eyes were open but I couldn't see anything. Then I just saw outlines, then everything was really bright."

His coach had tried giving him a sucker to help with blood sugar level, but my son couldn't hold it and kept dropping it. After getting some water in his system (maybe too much) he puked. That's when I was called.

Sweden has banned masking and PPE from schools and even demanded teachers remove masks:

<https://sverigesradio.se/artikel/halmstad-forbjuder-munskydd-i-skolan>

**MOUTHGUARD.**

## Halmstad bans mouth protection in school


1:20 min  [My page](#)  [Share](#)

Updated Saturday 23 January at 13.17 Published Saturday 23 January at 06.40

- Halmstad municipality bans infection control equipment in its schools.
- A teacher in Halmstad was told to take off the mouth guard: "I was disappointed, sad and angry. I belong to the risk group and feel safer with mouth guards".
- Pauline Broholm Lindberg, head of administration in the children and youth administration in Halmstad: "There are great risks with mouth guards that are handled incorrectly".

A student was suspended from a school in Guelph for removing their mask for a breathing break.

<https://twitter.com/Whitney46535074/status/1362731274633379842>

 **Whitney Douglas**  
@Whitney46535074

Yesterday a 12 year old boy from a local [#Guelph](#) public elementary school got suspended for not wearing a mask, outside. He explained he was social distancing and needed a breathing break. Welcome to your new normal. [@fordnation](#) [@ugdsb](#) [@CamGuthrie](#) [@JustinTrudeau](#)

6:50 AM · Feb 19, 2021 · Twitter for iPhone

571 Retweets 59 Quote Tweets 1,182 Likes

Guelph has had mandatory masks in place since July 2020, but it has not averted multiple lockdowns. Nor has it prevented outbreaks in Long Term Care homes, places of employment etc. If you are convinced that masking reduces the spread by a percentage amount, do you have anything other than models to back up your claim? What is the percentage amount that infection was reduced due to masking in Guelph, according to your data? Please share everything you have showing this, including source data, name and date as well as output of model and modeling inputs.

The issue is that we have examples of places that did not have the same restrictions as we did, and it appears that they did not have a worse outcome. That data shows that the NPI's used did not impact the curves. Most "curves" look the same regardless of NPI's in place. To be clear, this means that the argument of "it would have been worse without the masks" is null. That is NOT seen in the actual data of places that did not mandate masks.

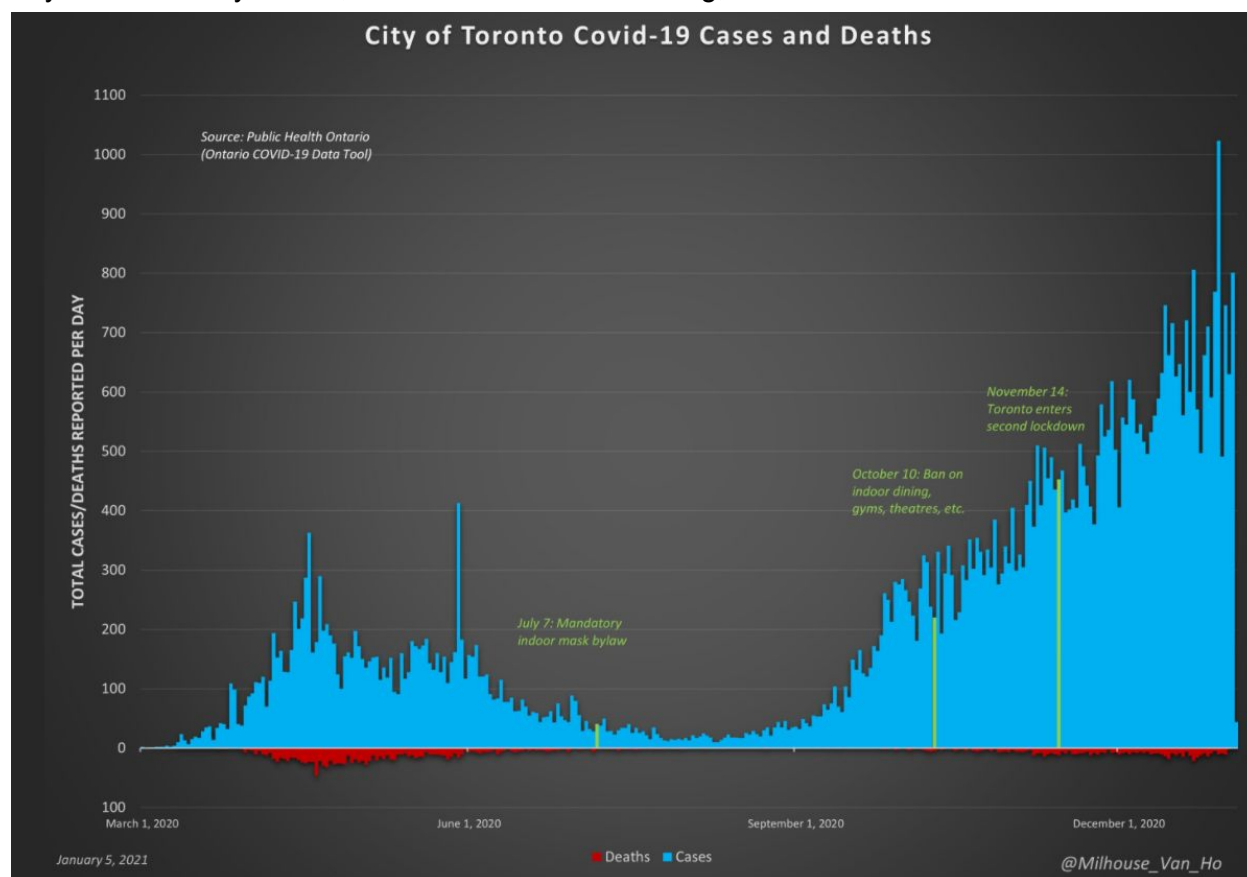
Here is a graph that shows when mandatory masks were started and further lockdown measures attempted. It had no effect on the curve. (you can see a larger version at the link)

[https://twitter.com/Milhouse\\_Van\\_Ho/status/1346325686496194560?s=20](https://twitter.com/Milhouse_Van_Ho/status/1346325686496194560?s=20)

Source: <https://covid-19.ontario.ca/data>

The yellow notes on the graph say:

July 7 - Mandatory Masks, Oct 10 ban on indoor dining, Nov 14: Toronto 2nd lockdown



Are we to believe that the lockdown that started in Toronto in October is only now starting to take effect? Are we to ignore seasonality completely as well?

We have data from Sweden, Florida and multiple states with similar populations to Ontario and we have seen that masks make little difference in the respective curves. In fact, globally it looks a lot like a yearly seasonal curve to quite a lot of people. Here is that data:

Florida, Georgia and South Carolina have been Open since April, Sept and Oct. They have a ranking by state of deaths per million. Florida is 26th, Georgia is 23 and South Carolina is 20th. No mass death is equated with 3 large populations that have no mask mandates in place.

<https://twitter.com/jeffreyatucker/status/1359144860935159813?s=20>



<https://www.worldometers.info/coronavirus/country/us/>

Multiple states on one graph:

Source cited by graphs: <https://covidtracking.com/>

<https://twitter.com/ianmSC/status/1360319669635190787?s=20>

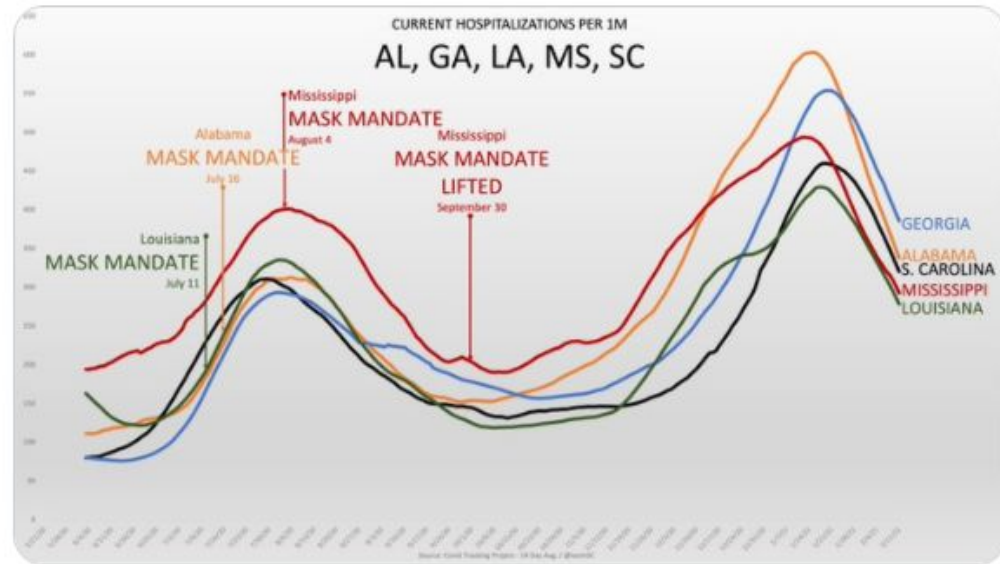




IM @ianmSC · 23h

From Western Louisiana to eastern South Carolina is over 1,000 miles. But because they & their neighboring states are in similar climate regions, their hospitalization curves are the same. Despite totally different mask mandate timing or just not having one.

Just doesn't matter.



9

239

439



IM @ianmSC · 23h

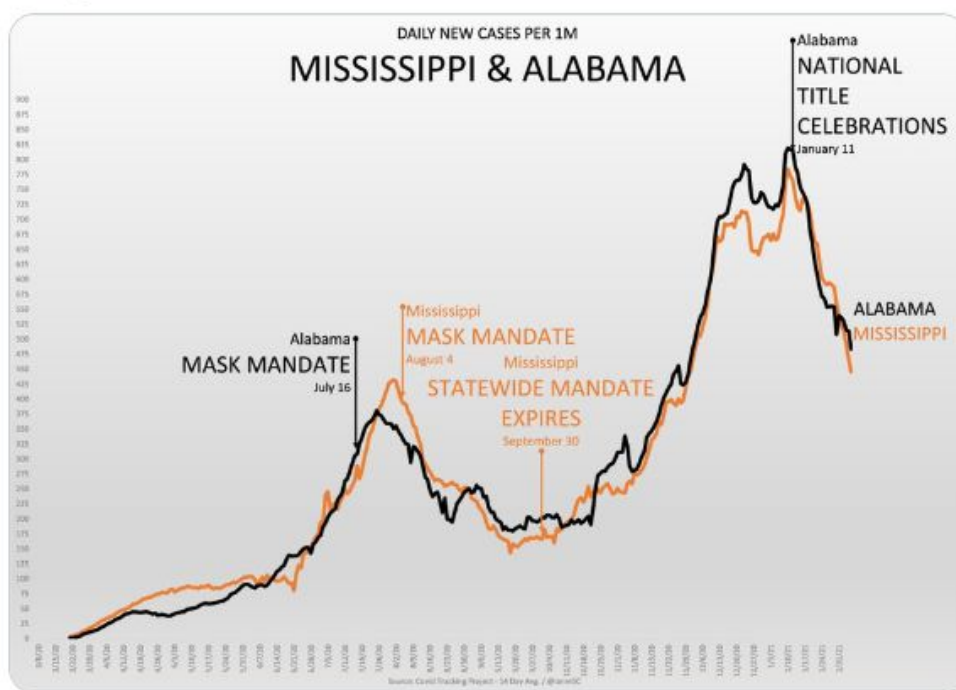
Mississippi and Alabama:



IM  
@ianmSC

Speaking of Alabama, is everyone as shocked as I am that Mississippi and Alabama peaked and turned down on literally the same exact day despite one state having huge maskless National Title celebrations in the street and the other uh, not?

Imagine if the media cared or noticed



3:24 PM · Feb 6, 2021 · Twitter for Mac

555 Retweets 66 Quote Tweets 1,441 Likes

<https://twitter.com/ianmSC/status/1358149572250505224?s=20>

<https://twitter.com/ianmSC/status/1360323405099061248>



IM  
@ianmSC



Back on 11/24, health leaders in Mississippi wrote a letter to Gov. Reeves asking him to re-implement his "highly effective" statewide mask mandate from 8/4

He didn't, and cases followed the exact same curve, with lower numbers than Alabama even though AL had a statewide mandate



3:22 PM · Feb 12, 2021 · Twitter for Mac

69 Retweets 5 Quote Tweets 185 Likes

Idaho and Utah - Utah had a mask mandate, Idaho did not:

<https://twitter.com/ianmSC/status/1360396841372721153>

← Thread



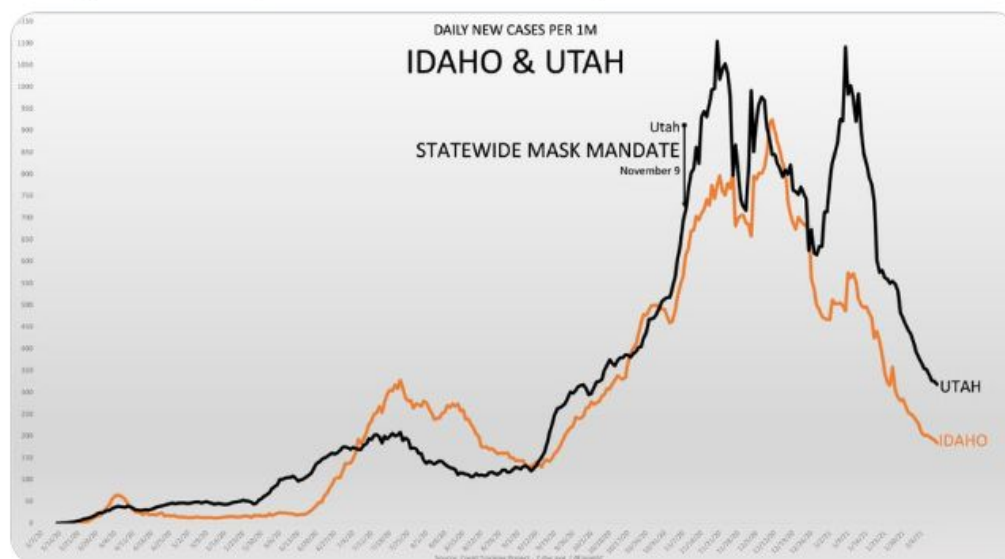
IM  
@ianmSC

...

Utah & Idaho are neighbors, but UT does have some climate differences

Utah mandated masks statewide on 11/9 & Idaho didn't. Idaho's had fewer cases per million essentially every day since, even though the curves are similar

But you know, masks are science, so

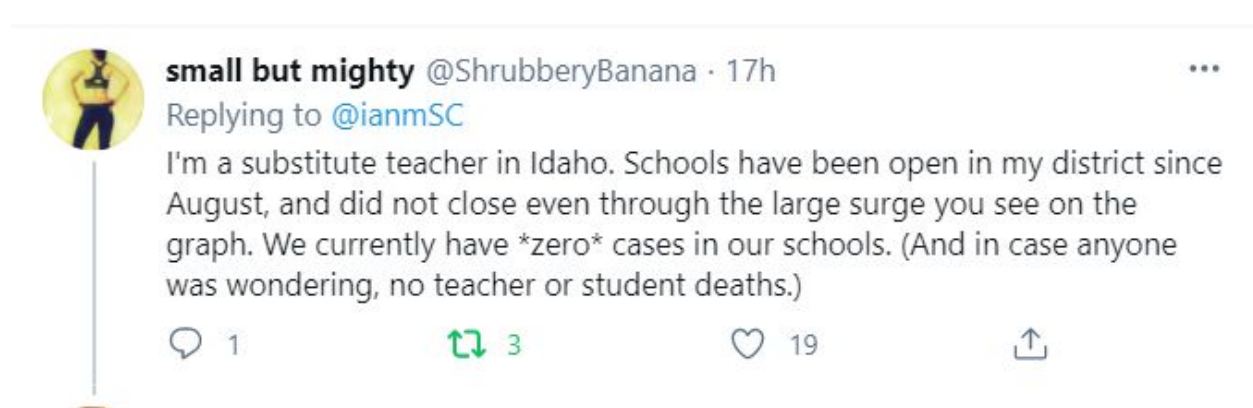


8:14 PM · Feb 12, 2021 · Twitter for Mac

...

101 Retweets 7 Quote Tweets 341 Likes





<https://twitter.com/ShrubberyBanana/status/1360404241458688000?s=20>

Seasonality curve around the world:

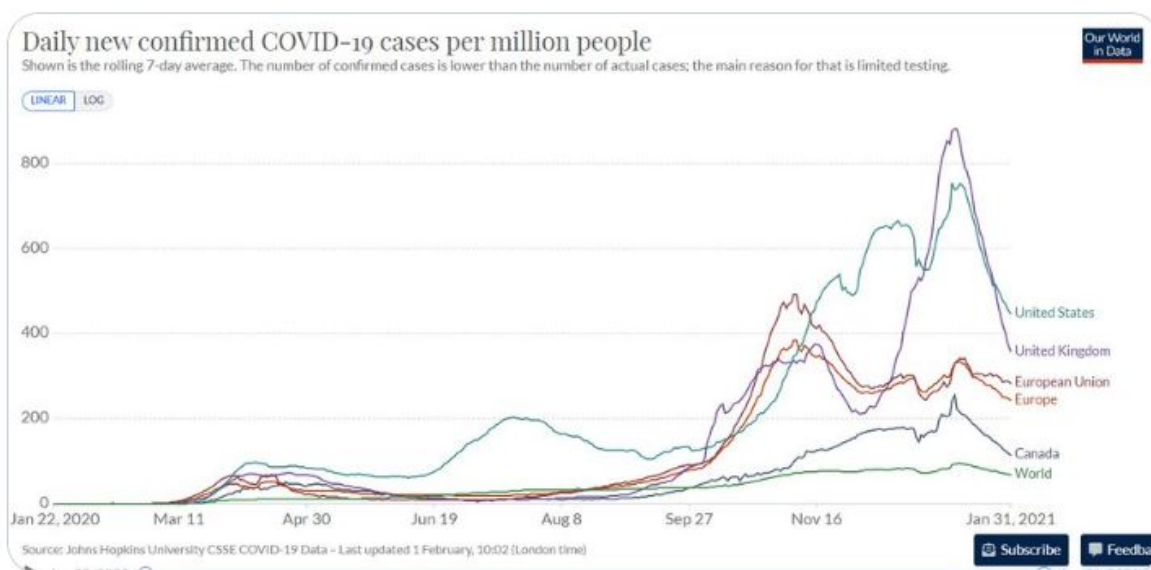
<https://twitter.com/ClareCraigPath/status/1356539867530936321?s=20>



**Dr Clare Craig**  
@ClareCraigPath

...

Winter respiratory viruses have one, or two, winter peaks. The fact every country has falling cases is wonderful news and evidence of endemicity. It is not evidence that the different interventions in each country simultaneously worked.



4:48 AM · Feb 2, 2021 · Twitter Web App

**1,080** Retweets **77** Quote Tweets **2,648** Likes



Here is Germany 2020 vs Flu 2018

<https://twitter.com/DaFeid/status/1294393266654318592>



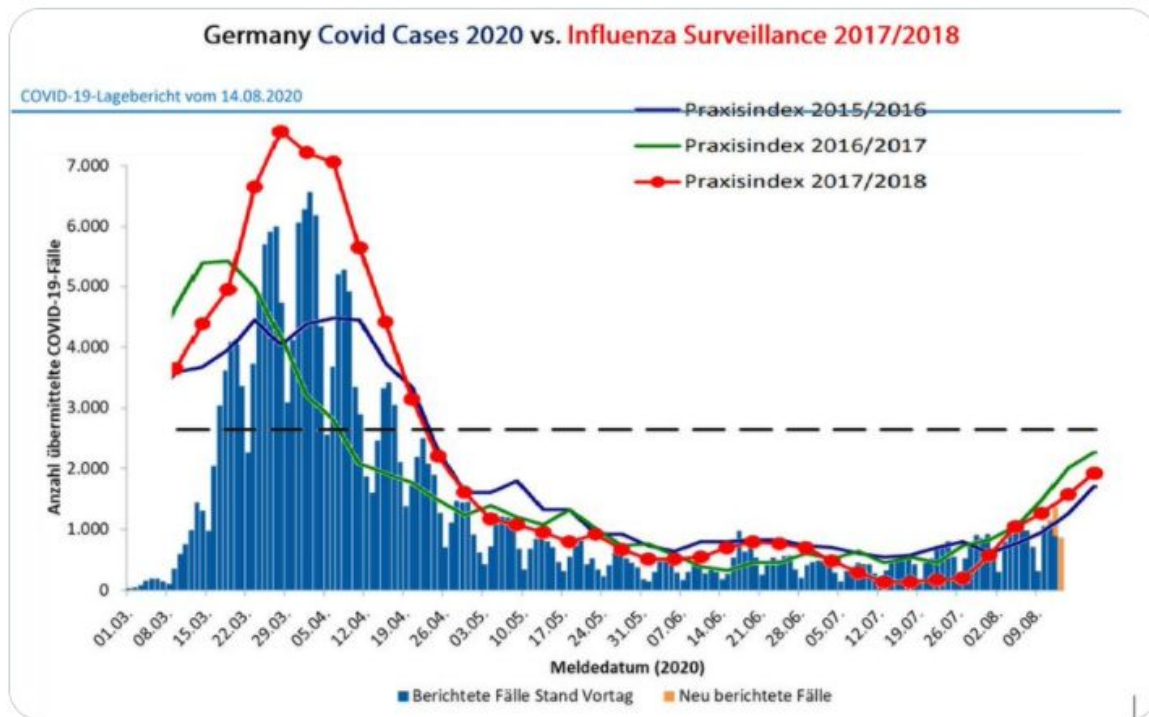
**SecondOpinion** 😊  
@DaFeid

...

Germany Covid 2020 vs. Influenza Surveillance 2018  
"Picture in Picture"

Sources 📌

1/3



5:59 PM · Aug 14, 2020 · Twitter Web App

Florida - Fully open since September 2020

<https://www.google.com/search?q=covid+graph+for+florida&oq=covid+graph+for+florida&aqs=cchrome..69i57j0i22i30l2j0i390l2.2826j0j1&sourceid=chrome&ie=UTF-8>

covid graph for florida



All

Images

Shopping

News

Videos

More

Settings

Tools

About 5,960,000 results (0.87 seconds)

## Daily change

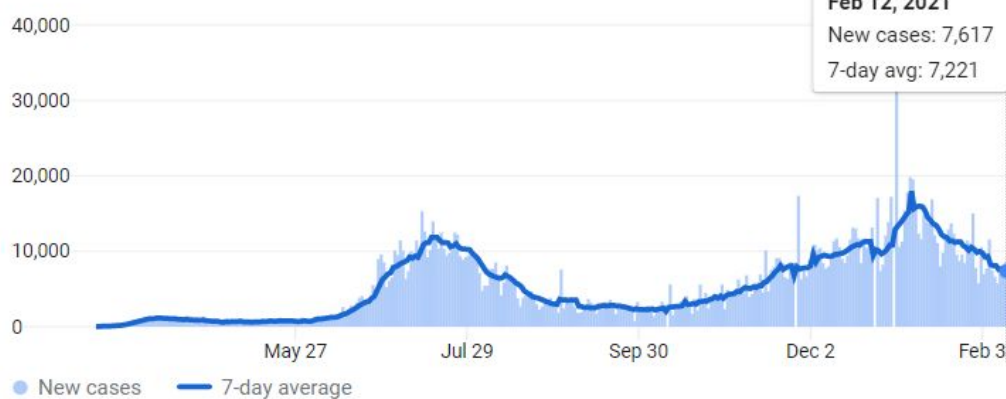
New cases



United States

Florida

All time



Each day shows new cases reported since the previous day · Updated less than 19 hours ago ·  
Source: [The New York Times](#) · [About this data](#)

## Cases

Total



United States

Florida





covid graph florida



All

Images

Shopping

News

Videos

More

Settings

Tools

About 7,890,000 results (1.01 seconds)

COVID-19 alert

## Coronavirus disease

Florida

Overview

Statistics

Testing

News

Health Info

Coping

Share

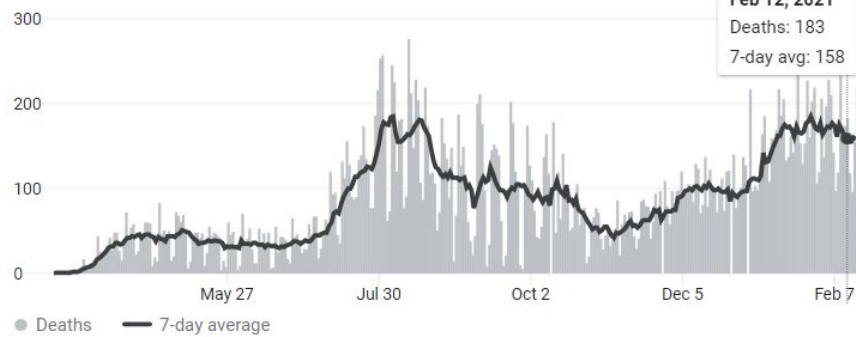
### Daily change

Deaths

United States

Florida

All time



Each day shows deaths reported since the previous day · Updated less than 20 hours ago ·  
Source: [The New York Times](#) · [About this data](#)

## Sweden - Never Closed

<https://www.google.com/search?q=covid+graph+for+sweden&oq=covid+graph+for+sweden&aq=s=chrome..69i57j0i390l2.4401j0j1&sourceid=chrome&ie=UTF-8>

About 5,110,000 results (0.79 seconds)

### Daily change

New cases ▾

 Sweden ▾

All time ▾



Each day shows new cases reported since the previous day · Updated less than 2 days ago ·  
Source: [JHU CSSE COVID-19 Data](#) · [About this data](#)

### Cases

Total ▾

 Sweden ▾

Cases

**608K**

+3,834

Recovered

-

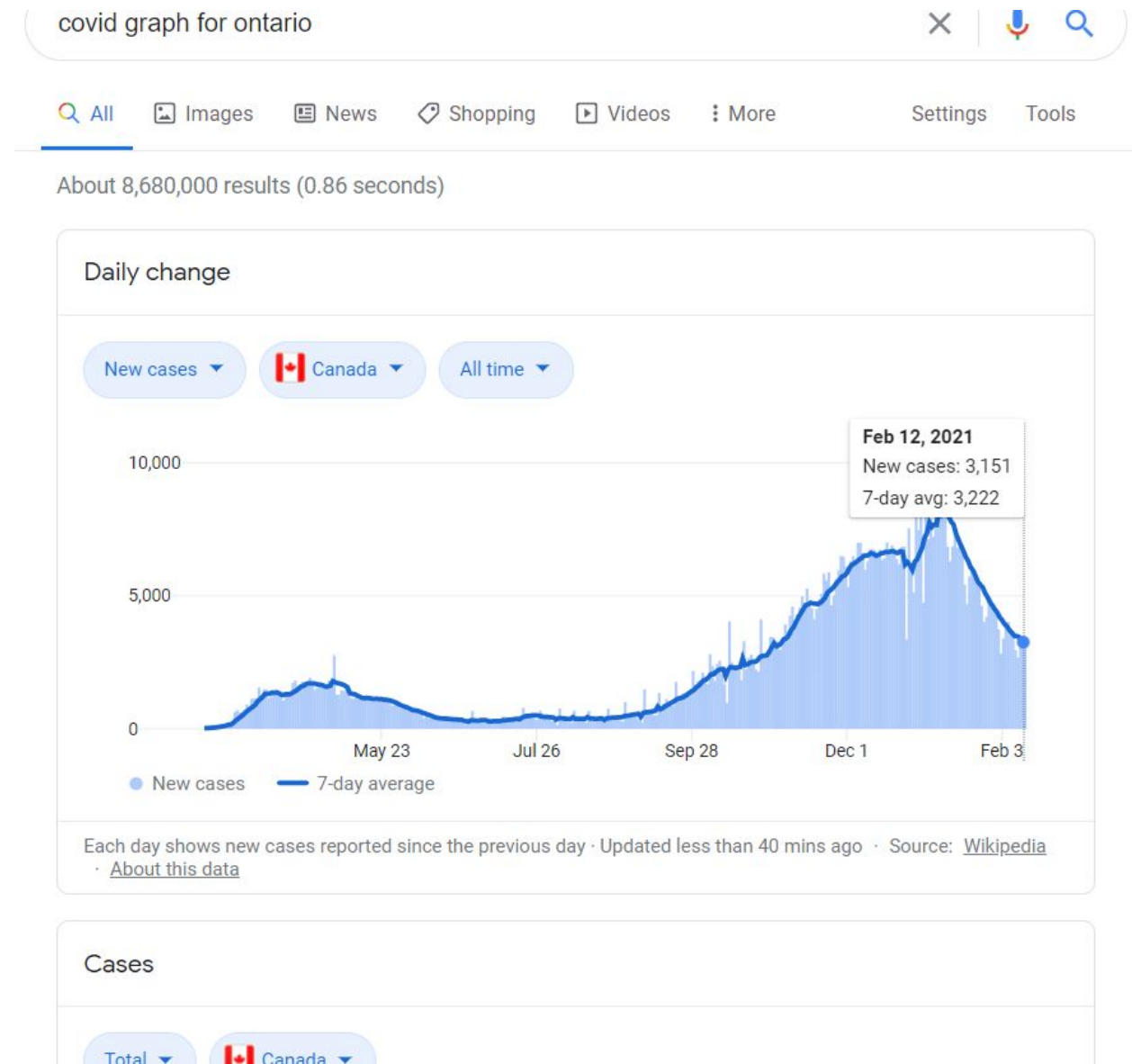
Deaths

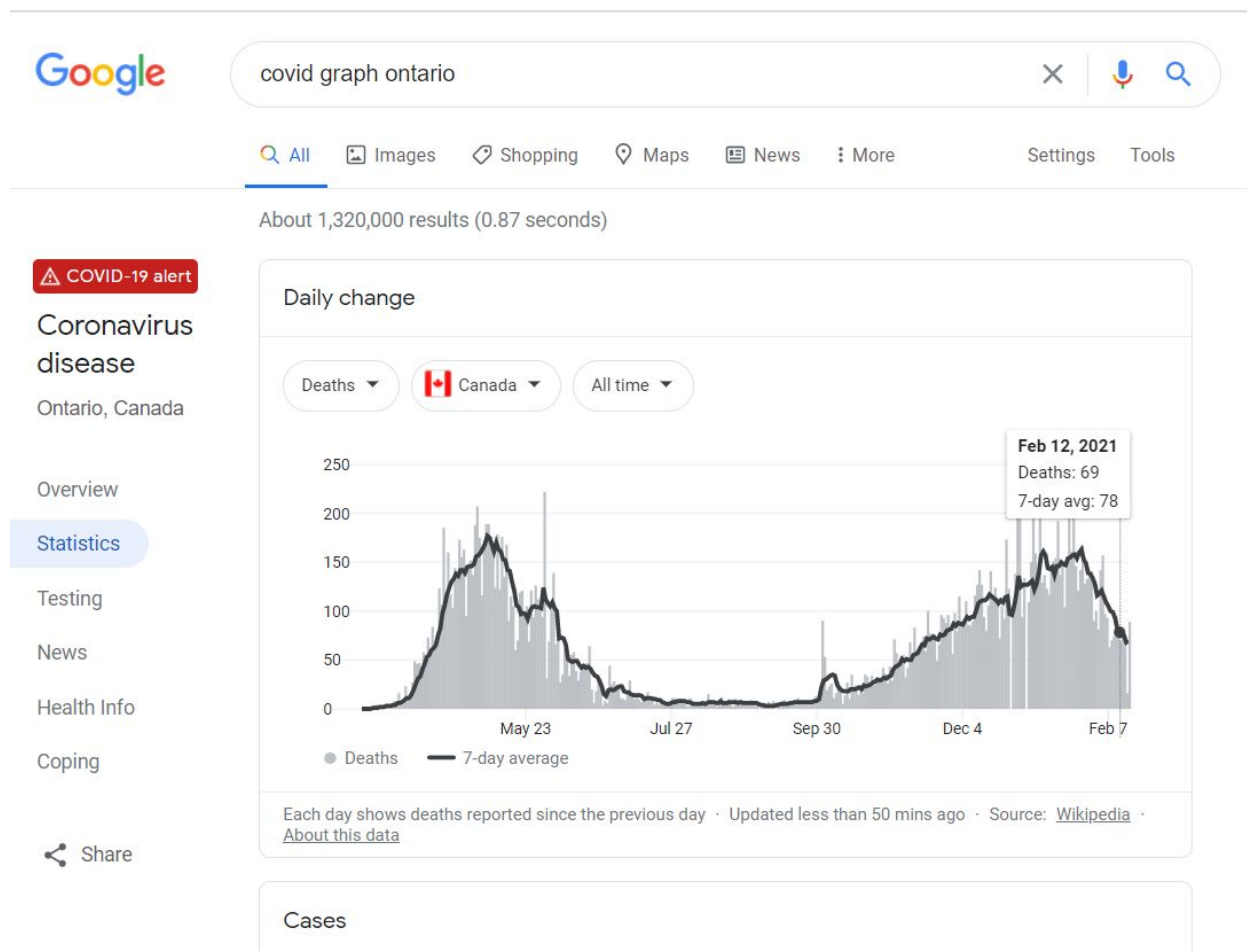
**12,428**

+58

Ontario - Full lockdown, eased restrictions in the summer then ineffective lockdowns

<https://www.google.com/search?q=covid+graph+for+ontario&oq=covid+graph+for+ontario&aqs=chrome..69i57j0i390l4.3378j0j1&sourceid=chrome&ie=UTF-8>





Florida has more than double the cases of Ontario, and yet their economy is open and they are not reporting mass death or casualties from Covid19. Why is that? Do you have a good explanation why these curves look similar to the seasonal curves noted around the world?

When the data shows that mandatory masking in Ontario starting in July didn't meaningfully stop the case numbers from getting to the point of needing new lockdowns in the fall and winter, and the evidence of no overwhelmed hospitals and no mass deaths from places that are fully open, would it not be reasonable to reassess our strategy? If we have had a failing strategy for a year, with dire financial, economic and cultural impacts then that failure should be addressed. Our strategy must be adjusted with the data!

In BC wearing a mask is left up to the family with regard to wearing during school. Why are there different rules for different health units? How can these policies possibly be science driven? What science (not provincial order, what SCIENCE) is currently driving the mandatory masking in our health unit? If it were accepted science wouldn't everyone adopt the same measures? Further, the measures that have been adopted don't seem to be successful at the goal of "reducing the impact" of the virus. I say that, because I can't find the specific goals of the lockdown other than some vague statements from different levels of leadership. How are we to



measure our success without any meaningful metrics and with constantly shifting goalposts?  
Can you clearly articulate the goal of the previous most recent lockdown?

[https://twitter.com/Milhouse\\_Van\\_Ho/status/1359564556192927749?s=20](https://twitter.com/Milhouse_Van_Ho/status/1359564556192927749?s=20)

<https://www.tricitynews.com/local-news/what-you-need-to-know-about-bcs-new-mandatory-mask-rules-at-schools-3355357>

### WHAT DOES 'ENCOURAGED' MASK USE MEAN FOR ELEMENTARY STUDENTS?

For elementary students, wearing masks indoors remains a personal choice. However, the new policy removes the words “not recommended” and replaces them with “not required,” to “make it a little easier to have the mask encouragement where elementary schools feel they want to have it.”

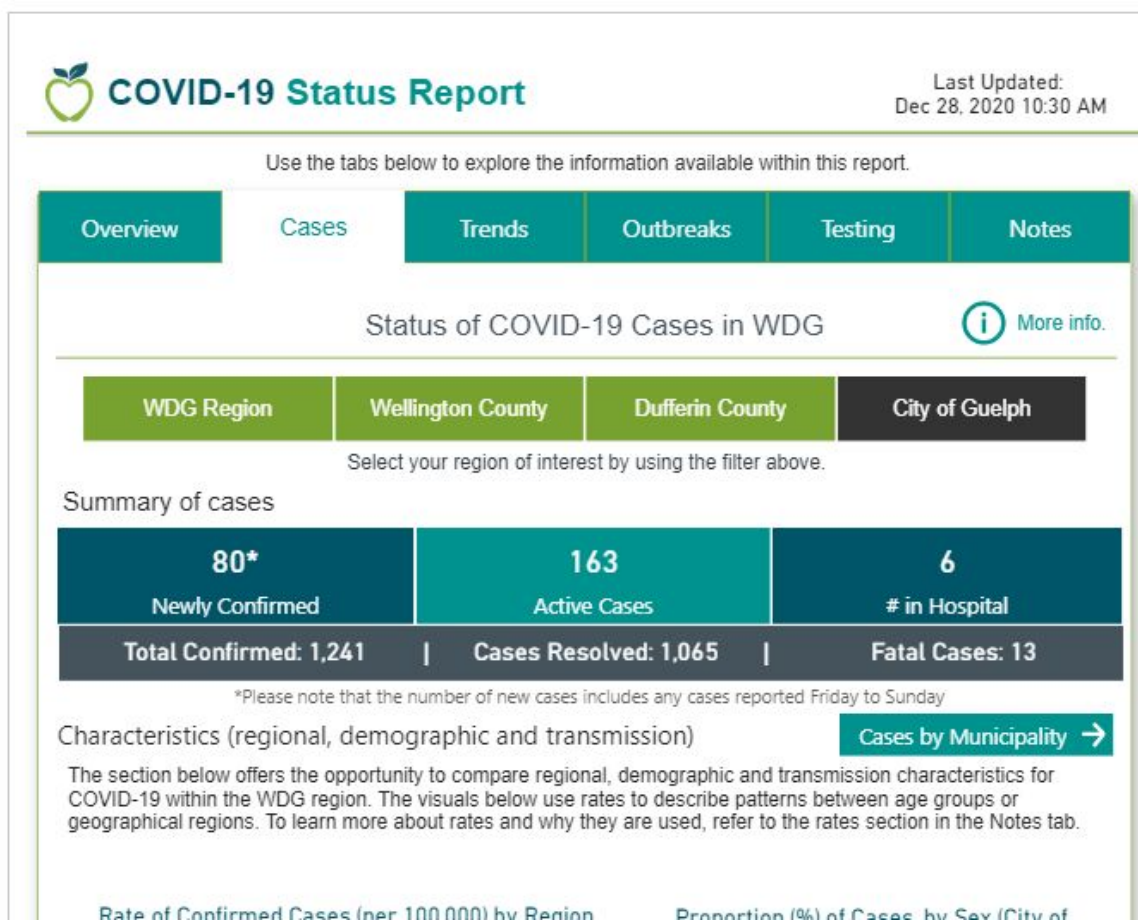
That was the explanation provided by Stephanie Higginson, president of the British Columbia School Trustees Association, who attended Thursday's press conference announcing the changes.

In light of the new data, based on real world observations and not models, and pending questions about efficacy of masks (do they work to stop the spread of respiratory virus? How is their success measured? Does the protection offered outweigh the potential harms? What are those harms?), the mandatory masking of children in schools should be stopped immediately pending review of the impacts and informed consent of the guardians who have to comply with these masking standards. Informed consent is not possible at this time as no one has been briefed on the potential drawbacks of prolonged masking of children.

Speaking of clear metrics, what metrics are we using to lock down our businesses and economy? On Dec 28th we had 6 people in the hospital and 163 cases per 100k. That was the beginning of a 45 day lockdown. The hospitalizations have not changed over that period of time. We have consistently had between 3 - 10 people in hospital, but mostly between 4-6 people. During that time the occupancy has been below the 5 year average, staying below 90% and getting as low as 75.2%. Test positivity rate fluctuates as well from 3.6 at the beginning of the lockdown to 5.9% 12 days into the lockdown started on December 26. It sat at 4.2-4.4% until Feb 1 and then it started declining. You can see every day from our public health stats to illustrate my point, but here are the 3 days in question. Dec 28 and Feb 11 and Feb 17. How is it decided to put Guelph into Red level? What metrics are driving the decision? What criteria do we need to achieve to get to Yellow level as it seems the colour coded system isn't being arbitrarily followed. How can we run a society with ever changing rules, decided upon by a single, unelected bureaucrat?

<https://canadareport.co/guelph-2020-lockdown-2/>

Dec 28:



# COVID-19 Status Report

Last Updated:  
Dec 28, 2020 10:30 AM

Use the tabs below to explore the information available within this report.

Overview

Cases

Trends

Outbreaks

Testing

Notes

## Overview

[More info.](#)

The tab presents indicators that aim to characterize COVID-19 impacts on the community and health system in the WDG Region. This page is designed to be consistent with the provincial [COVID-19 Response Framework](#).

### Epidemiology

Confirmed Cases  
(7-Day Moving Rate: Cases per 100,000)

95.8

Status: Red  
Latest Data Point: Dec. 26, 2020

Test Positivity  
(7-Day Moving Average)

3.6%

Status: Red  
Latest Data Point: Dec. 21, 2020

Non-Epi Linked Cases  
(7-Day Moving Average)

21.3%

Status: Yellow  
Latest Data Point: Dec. 26, 2020

Effective Reproductive Number ( $R_e$ )  
(7-Day Moving Average)

0.94

95% CI: (0.8 - 1.1)  
Status: Yellow  
Latest Data Point: Dec. 26, 2020

### Health System Occupancy

Acute Care Occupancy  
(7-Day Moving Average)

87.3%

Status: Yellow  
Latest Data Point: Dec. 22, 2020

Intensive Care Occupancy  
(7-Day Moving Average)

82.5%

Status: Yellow  
Latest Data Point: Dec. 22, 2020

### Public Health System Capacity

New cases reached within 24 Hours  
(3-Day Moving Average)

100%

Status: Green  
Latest Data Point: Dec. 26, 2020

New contacts reached within 24 Hours  
(3-Day Moving Average)

Indicator coming soon

Status: N/A  
Latest Data Point: N/A



## COVID-19 Status Report

Last Updated:  
Feb 11, 2021 10:30 AM

Use the tabs below to explore the information available within this report.

Overview

Cases

Trends

Outbreaks

Testing

Notes

### Status of COVID-19 Cases in WDG

[More info.](#)

WDG Region

Wellington County

Dufferin County

City of Guelph

Select your region of interest by using the filter above.

#### Summary of cases

17 Newly Confirmed	116 Active Cases	6 # of Active Cases in Hospital
Total Confirmed: 2,499	Cases Resolved: 2,353	Fatal Cases: 30

#### Characteristics (regional, demographic and transmission)

[Cases by Municipality](#) →

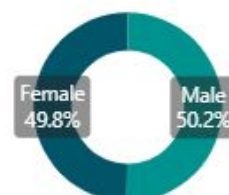
The section below offers the opportunity to compare regional, demographic and transmission characteristics for COVID-19 within the WDG region. The visuals below use rates to describe patterns between age groups or geographical regions. To learn more about rates and why they are used, refer to the rates section in the Notes tab.

#### Rate of Confirmed Cases (per 100,000) by Region

Community Cases Outbreak-Related Cases

WDG Region	956	408	1365
Wellington County	631	275	906
Dufferin County	914	348	1262
City of Guelph	1152	504	1657

#### Proportion (%) of Cases, by Sex (City of Guelph)



#### Rate of Confirmed Cases (per 100,000), by Age Group (City of Guelph)

Community Cases Outbreak-Related Cases

Age <20	984	236	1220
Age 20-39	1586	697	2283
Age 40-59	1107	562	1669
Age 60-79	841	282	1123
Age 80+	337	1029	1366

#### # of Confirmed Cases by Transmission Type and Current Status (City of Guelph)

Active Resolved Fatal

Close Contact	1011
Non-Epi Linked	637
Outbreak	685
Pending	
Travel	





## COVID-19 Status Report

Last Updated:  
Feb 11, 2021 10:30 AM

Use the tabs below to explore the information available within this report.

Overview

Cases

Trends

Outbreaks

Testing

Notes

### Overview



More info.

The tab presents indicators that aim to characterize COVID-19 impacts on the community and health system in the WDG Region. This page is designed to be consistent with the provincial [COVID-19 Response Framework](#).

### Epidemiology

Confirmed Cases  
(7-Day Moving Rate: Cases per 100,000)



Status: Red  
Latest Data Point: Feb. 09, 2021

Test Positivity  
(7-Day Moving Average)



Status: Orange  
Latest Data Point: Feb. 08, 2021

Non-Epi Linked Cases  
(7-Day Moving Average)



Status: Yellow  
Latest Data Point: Feb. 09, 2021

Effective Reproductive Number ( $R_e$ )  
(7-Day Moving Average)



95% CI: (0.67 - 1.02)  
Status: Yellow  
Latest Data Point: Feb. 09, 2021

### Health System Occupancy

Acute Care Occupancy  
(7-Day Moving Average)



Status: Yellow  
Latest Data Point: Feb. 09, 2021

Intensive Care Occupancy  
(7-Day Moving Average)



Status: Yellow  
Latest Data Point: Feb. 09, 2021

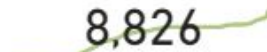
### Public Health Response

New cases reached within 24 Hours  
(3-Day Moving Average)



Status: Green  
Latest Data Point: Feb. 08, 2021

Total Vaccine Doses Administered  
(Includes First and Second Doses)



New from Last Refresh: 790  
Latest Data Point: Feb. 10, 2021

Feb 17



## COVID-19 Status Report

Last Updated:  
Feb 17, 2021 10:30 AM

Use the tabs below to explore the information available within this report.

Overview

Cases

Trends

Outbreaks

Testing

Notes

### Overview



More info.

The tab presents indicators that aim to characterize COVID-19 impacts on the community and health system in the WDG Region. This page is designed to be consistent with the provincial [COVID-19 Response Framework](#).

### Epidemiology

Confirmed Cases  
(7-Day Moving Rate: Cases per 100,000)

39.5

Status: Orange  
Latest Data Point: Feb. 15, 2021

Test Positivity  
(7-Day Moving Average)

1.8%

Status: Orange  
Latest Data Point: Feb. 08, 2021

Non-Epi Linked Cases  
(7-Day Moving Average)

21.3%

Status: Yellow  
Latest Data Point: Feb. 15, 2021

Effective Reproductive Number ( $R_e$ )  
(7-Day Moving Average)

0.81

95% CI: (0.64 - 1.01)  
Status: Yellow  
Latest Data Point: Feb. 15, 2021

### Health System Occupancy

Acute Care Occupancy  
(7-Day Moving Average)

84.2%

Status: Yellow  
Latest Data Point: Feb. 15, 2021

Intensive Care Occupancy  
(7-Day Moving Average)

79.8%

Status: Yellow  
Latest Data Point: Feb. 15, 2021

### Public Health Response

New cases reached within 24 Hours  
(3-Day Moving Average)

100%

Status: Green  
Latest Data Point: Feb. 14, 2021

Total Vaccine Doses Administered  
(Includes First and Second Doses)

10,767

New from Last Refresh: 1284  
Latest Data Point: Feb. 16, 2021

# COVID-19 Status Report

Last Updated:  
Feb 17, 2021 10:30 AM

Use the tabs below to explore the information available within this report.

Overview	Cases	Trends	Outbreaks	Testing	Notes
----------	-------	--------	-----------	---------	-------

## Status of COVID-19 Cases in WDG

[More info.](#)

WDG Region	Wellington County	Dufferin County	City of Guelph
------------	-------------------	-----------------	----------------

Select your region of interest by using the filter above.

### Summary of cases

11 Newly Confirmed	99 Active Cases	7 # of Active Cases in Hospital
Total Confirmed: 2,565	Cases Resolved: 2,431	Fatal Cases: 35

### Characteristics (regional, demographic and transmission)

[Cases by Municipality](#) →

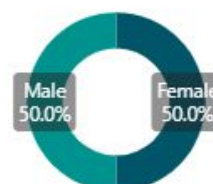
The section below offers the opportunity to compare regional, demographic and transmission characteristics for COVID-19 within the WDG region. The visuals below use rates to describe patterns between age groups or geographical regions. To learn more about rates and why they are used, refer to the rates section in the Notes tab.

#### Rate of Confirmed Cases (per 100,000) by Region

● Community Cases ● Outbreak-Related Cases

WDG Region	977	418	1395
Wellington County	642	280	922
Dufferin County	933	354	1287
City of Guelph	1178	519	1697

#### Proportion (%) of Cases, by Sex (City of Guelph)



#### Rate of Confirmed Cases (per 100,000), by Age Group (City of Guelph)

● Community Cases ● Outbreak-Related Cases

Age <20	1016	239	1255
Age 20-39	1610	717	2328
Age 40-59	1129	575	1704
Age 60-79	866	290	1156
Age 80+	371	1096	1467

#### # of Confirmed Cases by Transmission Type and Current Status (City of Guelph)

● Active ● Resolved ● Fatal

Close Contact	1042
Non-Epi Linked	651
Outbreak	718
Pending	
Travel	

Here are the criteria for the colour coded system that was in place prior to the Dec 26th lockdown.

<https://toronto.ctvnews.ca/here-s-how-ontario-s-colour-coded-covid-19-system-works-1.5172308>

As you can see, the only metrics that puts us in the Red - Control group are cases per 100k and test positivity. As of Feb 17 we were at 39 cases per 100k. Case numbers clearly don't tell the whole story, but case numbers are falling, hospitalizations are steady. Help me understand what metrics are driving the continued economic misery in our city. Why don't we have a clear understanding of how this process operates and how restrictions are decided upon?

Similarly can you give me a number for 2015 - 2020 for pneumonia deaths in Guelph for January - March so we can compare the deaths in this January - March timeline? Is 20 deaths normal for this time of year in a typical flu season?

Despite the numbers demonstrating quite well over the last 45 days that case numbers do not impact hospitalization numbers (case numbers doubled during the lockdown, while hospitalizations were stable) we have endured more than 45 days of lockdown and economic misery (of a stated 28 days), for what gain? Can you clearly demonstrate what has been accomplished with these damaging policies?

Who can the public hold accountable?

This situation has not come about because of a virus. It has come about because of bad policies. We have examples of other places in the world that have not suffered nearly as much because their leadership refused to implement lockdowns and other failed policies. Here is a recent one from Florida.

<https://twitter.com/GovRonDeSantis/status/1360616518434910208?s=20>

I will be publishing this as a public letter. Looking forward to addressing the board in March.

Thank you for your time.

Mark Paralovos

P.S.

Often, as with a snow storm, dire predictions can end up being very wrong. Here is a good example with covid. The 4th surge never came. (image on next page, along with some supplemental reading):

<https://twitter.com/ianmSC/status/1360319669635190787?s=20>

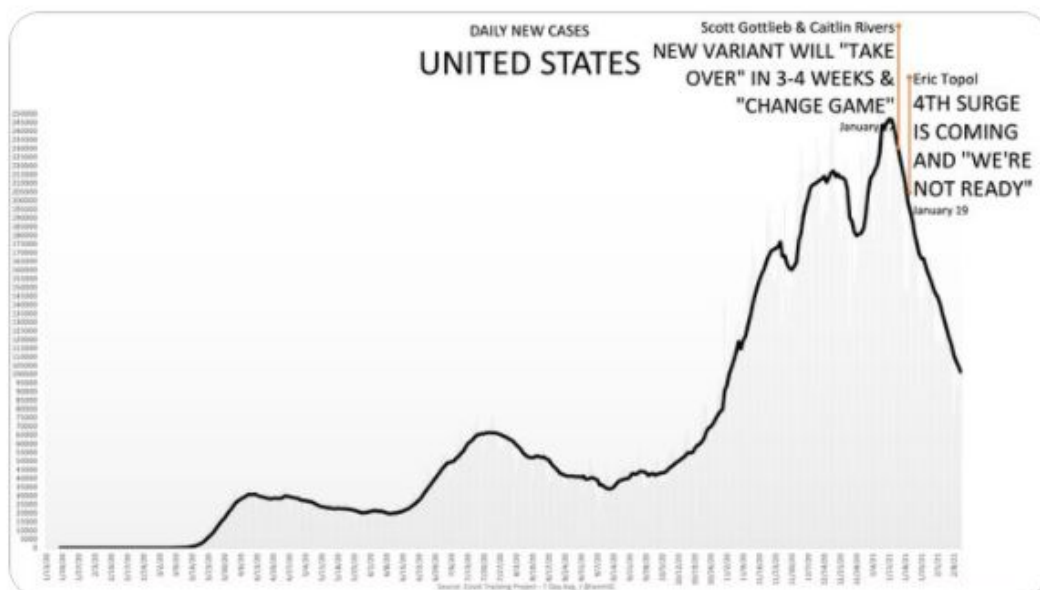


**IM @ianmSC** · Feb 11

I posted earlier about how Eric Topol's "4th" surge prediction worked out.

Here's an expert from John Hopkins seconding Scott Gottlieb's prediction on 1/17 that in the next 3-4 weeks, the "new variant will take over" and it'll "change the game".

Truly amazing work all around



**Caitlin Rivers, PhD** ✓ @cmyeaton · Jan 17

Agree with @ScottGottliebMD that we need to be looking around the corner to how the variants may change our trajectory. Now is the time to act with vaccines, masks, distancing, surveillance.  
twitter.com/ScottGottliebM...

40

158

459



Some further reading:

The Milgram Experiment

[https://en.wikipedia.org/wiki/Milgram\\_experiment](https://en.wikipedia.org/wiki/Milgram_experiment)

In this experiment a person in authority (like public health) tells a subject (who is being measured for compliance to authority) to administer an electric shock to an unseen person on



the other end of a speaker. The subject is instructed by the person in authority to continue administering the electric shocks periodically after the “volunteer” gets a question wrong. These are recorded responses, and they plead with the subject to stop shocking them. The experiment continues until the “volunteer” stops responding (after saying that they have a heart condition and that they can’t take it anymore). You can watch a video of a documentary on it here:

<https://youtu.be/rdrKCilEhC0?t=426>

This parallels very well to masking our children. Parents are being told by people in authority to mask their children. Parents are being told masking is good for the children while not being told of potential drawbacks, even though we know there are potential drawbacks!

What the Milgram experiment shows is that people will inflict harm on other people if told to do so by a person in authority. You are that authority in this case.

Another well known experiment regarding the developmental side of child / caregiver interactions:

This is what happens to infants who have emotional displays removed from their interactions. I hope you read this.

still face experiment

<https://www.gottman.com/blog/research-still-face-experiment/>

In 1975, Edward Tronick and colleagues first presented the “Still Face Experiment” to colleagues at the biennial meeting of the Society for Research in Child Development. He described a phenomenon in which an infant, after three minutes of “interaction” with a non-responsive expressionless mother, “rapidly sobers and grows wary. He makes repeated attempts to get the interaction into its usual reciprocal pattern. When these attempts fail, the infant withdraws [and] orients his face and body away from his mother with a withdrawn, hopeless facial expression.” It remains one of the most replicated findings in developmental psychology.

Here is a thread outlining the flawed conclusions of the 2020 mask “Studies.”

<https://twitter.com/IAmTheActualET/status/1350212693190455298?s=20>

Here is a visual demonstration of why masks do not impede any kind of vapor. We just can't see it.

<https://twitter.com/TonyRogers1256/status/1357111815671545856>

A further study on the covid restrictions in Ontario



<https://ocla.ca/wp-content/uploads/2021/02/OCLA-Report-2021-1-4th-science-review-for-covid-policy-Reg-364-20-7f.pdf>

May 2020 - Masks not always the answer

<https://www.cbc.ca/news/canada/new-brunswick/nb-wearing-masks-1.5560578>

impact of masks in UK

[https://twitter.com/Stat\\_O\\_Guy/status/1359148708475113475?s=20](https://twitter.com/Stat_O_Guy/status/1359148708475113475?s=20)

I would ask why we're not pursuing therapeutics, but that will wait until I can address you in April, I suppose.

treatment

[https://twitter.com/DrP\\_MD/status/1361859838029017089?s=20](https://twitter.com/DrP_MD/status/1361859838029017089?s=20)

Early treatment

<https://twitter.com/robinmonotti/status/1362038625333088258>