Deaths: who and how many people really died of COVID?

Was COVID really as lethal as we were told?

Michael Gove, late March 2020: “The virus does not discriminate”

https://news.sky.com/video/coronavirus-virus-does-not-discriminate-gove-11964771

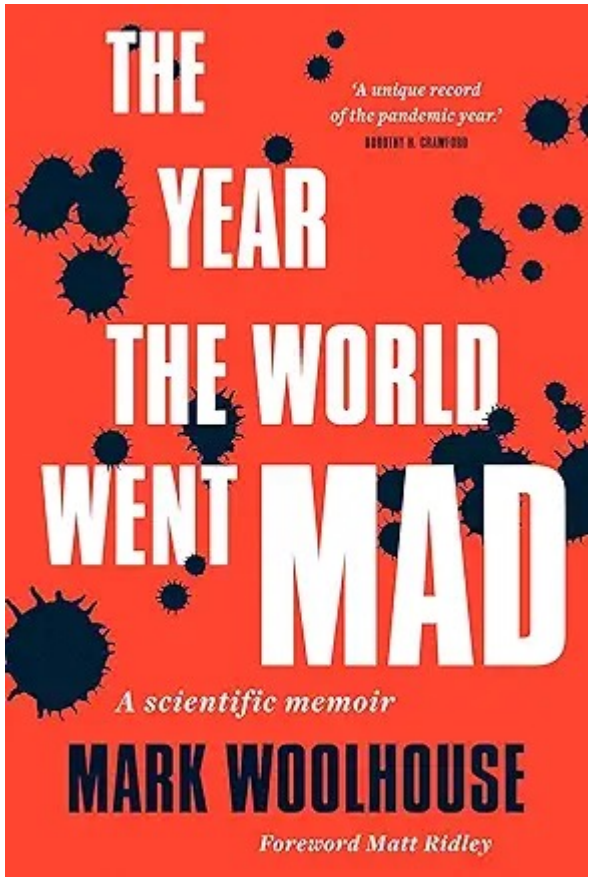
- **Michael Gove announced in late March 2020 that SARS-CoV-2 did not discriminate.**
- **There was no evidence in March 2020 to suggest this was the case and there has been none since.**
- **All respiratory viruses discriminate** and it was not rocket science to suggest that the elderly and those with co-morbidities would be more at risk, as proved to be the case.
- As Professor Mark Woolhouse pointed out, “not only politicians, journalists and teachers but many scientists and even some doctors… were unaware of the huge variation in risk across the population” (Woolhouse M, The Year the World Went Mad’, Sandstone Press, 2022)

SAGE member, Professor Mark Woolhouse, disagreed (from the Guardian)

- **'Nothing could be further from the truth,** argues Professor Woolhouse, an expert on infectious diseases at Edinburgh University. **"I am afraid Gove's statement was simply not true,"** he says. **"In fact, this is a very discriminatory virus.** Some people are much more at risk from it than others. **People over 75 are an astonishing 10,000 times more at risk than those who are under 15."'**
- 'As we know, there are many other ways that SARS-CoV-2 discriminates, such as with the presence of **comorbidities (pre-existing conditions).'**
- The Guardian goes on to say 'And **it was this failure to understand the wide variations in individual responses to Covid-19 that led to Britain's flawed responses to the disease's appearance….errors that included the imposition of a long-lasting national lockdown.'**
- 'This is a strategy that Woolhouse – one of the country's leading epidemiologists – describes as **morally wrong and highly damaging.'**

(https://www.theguardian.com/world/2022/jan/02/britain-got-it-wrong-on-covid-long-lockdown-did-more-harm-than-good-says-scientist)

Professor Mark Woolhouse:



https://www.amazon.co.uk

Discrimination by age was clear back in spring 2020

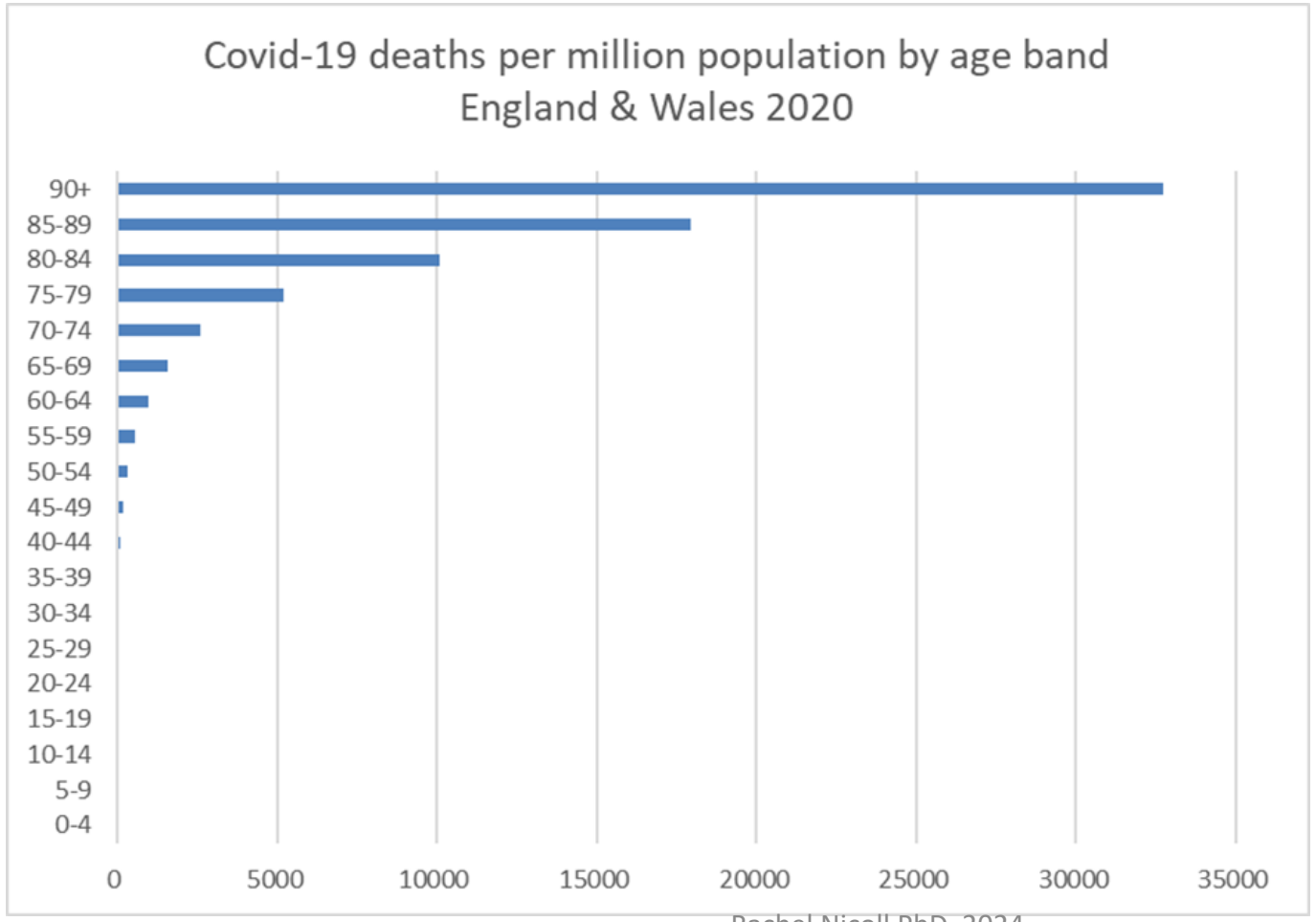
- **A John Ioannidis study looking at data to April 2020 showed that people <65 years old had a 30- to 100-fold lower risk of COVID-19 death than those ≥65 years old** in European countries and Canada.
- People <65 years old without underlying predisposing conditions accounted for only 0.7-3.6% of all COVID-19 deaths, similar to the mortality rate from driving between 4 and 82 miles per day.
- **He concluded** that people <65 years old have very small risks of COVID-19 death, even in pandemic epicenters, and **deaths for people <65 years without underlying predisposing conditions are remarkably uncommon**. Strategies focusing specifically on protecting high-risk elderly individuals should be considered in managing the pandemic.

(Ioannidis JPA, et al. Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. Environ Res. 2020 Sep;188:109890)

Furthermore, expert opinion was ignored

- **Harvard University Professor Martin Kulldorff** had already stated in **April 2020** that it was clear from the data from Wuhan early on in the crisis that **there was a thousand-fold difference in the risk from Covid-19 across different age groups, and that failing to account for this difference was one of the major flaws in the public response to the Covid crisis** (https://web.archive.org/web/20201101015859/https://www.linkedin.com/pulse/covid-19-counter-measures-should-age-specific-martin-kulldorff/)
- A group of **130 UK doctors and scientists** wrote to Ministers pointing out that **COVID was a disease of institutions: hospitals and care homes.** Severe illness among healthy people below 70 years old did occur but was extremely rare. (https://www.covid19assembly.org/doctors-open-letter/)
- Professor Mark Woolhouse also estimated early on that the elderly, and particularly those with comorbidities, were 10,000 times more at risk from Covid-19 than those aged <15. In his view, these were the people who were particularly at risk, and the main target group that should have been protected. (https://www.spiked-online.com/2022/02/25/the-madness-of-lockdown/)
- Applying Baysian Network Analysis to a number of different countries and regions showed that the infection prevalence is significantly higher than has been reported but an infection fatality rate (IFR) greater than 1% looks remote for all regions/countries. The adjusted estimates for IFR are most likely to be in the range 0.3–0.5%. (Neil M et al. (2020) Bayesian network analysis of Covid-19 data reveals higher infection prevalence rates and lower fatality rates than widely reported, Journal of Risk Research, 23:7-8, 866-879)

Covid-19 deaths per million population by age band, England & Wales 2020



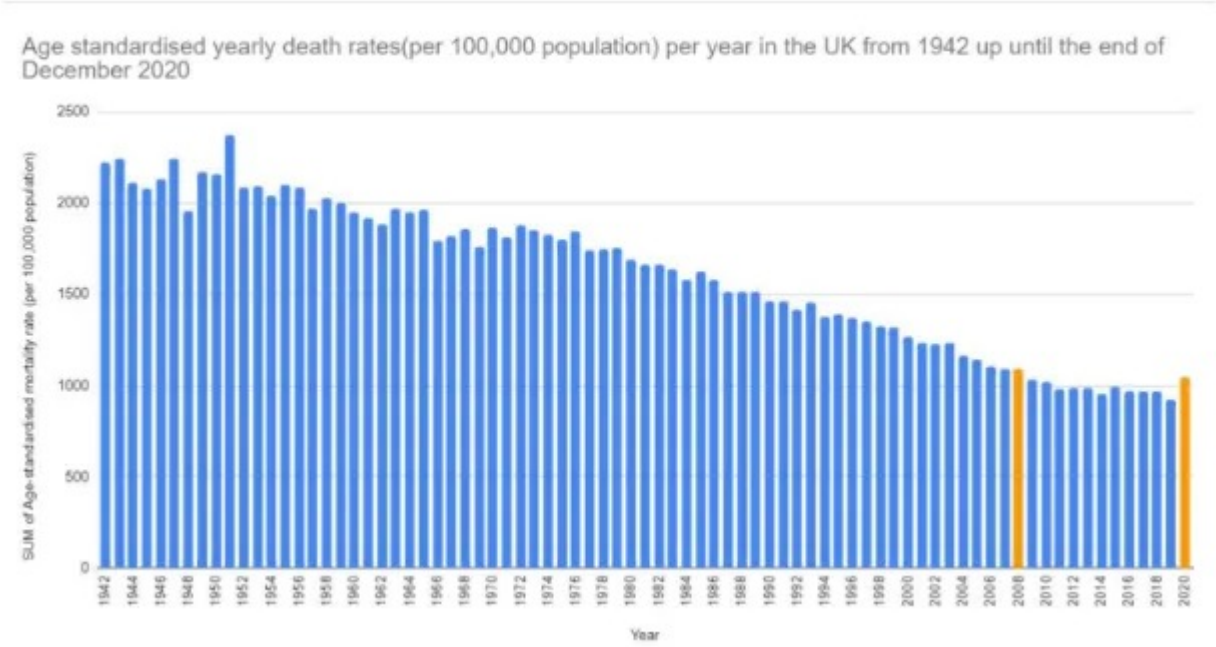
With thanks to Dr Ros Jones of HART

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales/2020

And discrimination by underlying conditions was also clear back in spring 2020

- **An Italian report from March 2020 stated: 'It was clear from quite early on that it was the people with serious comorbidities that would fall seriously ill'.**
- **They found that the median age of the 3200 deaths testing positive for Covid-19 was 78.5 years and more than 95% of them had at least one comorbidity.** (https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf)
- Another Italian team showed in 2020 that obesity was a strong, independent risk factor for respiratory failure, admission to the ICU and death among COVID-19 patients. A BMI ≥ 30 kg/m2 identifies a population of patients at high risk for severe illness, whereas a BMI ≥ 35 kg/m2 dramatically increases the risk of death. (Rottoli M, et al. How important is obesity as a risk factor for respiratory failure, intensive care admission and death in hospitalised COVID-19 patients? Results from a single Italian centre. Eur J Endocrinol. 2020 Oct;183(4):389-397)
- **A US Centers for Disease Control (CDC) study of >0.5 million adults hospitalised with COVID, 94.9% had at least 1 underlying medical condition (some had 10),** principally essential hypertension, disorders of lipid metabolism and obesity. The strongest risk factors for death were obesity, diabetes with complications, anxiety and fear-related disorders. (Kompaniyets L et al. https://www.cdc.gov/pcd/issues/2021/21_0123.htm)
- **So politicians and scientists cannot claim that we did not have enough information about SARS-CoV-2 early on and were therefore forced to impose restrictions and coercive measures.**

UK 2020 total death rate compared to prior years
(with thanks to Paul Weston, political commentator)



- The death rate in the UK in 2020 was much the same as 2008 (the two orange bars)
- It was lower than every year between 1942 to 2007.
- 'In what possible way then, can this possibly be termed a lethal pandemic?'

(https://www.conservativewoman.co.uk/a-beginners-guide-to-the-great-covid-con-part-2-the-fraudulent-excess-deaths-of-2020/)

Source: Office For National Statistics – Annual deaths and mortality rates 1838 to 2020

UK total death rate compared to prior years
(with thanks to Paul Weston, political commentator)

- **Years 2000 to 2019:** **c1.1%** of the UK population died. The average age of death was **81**. The average number of life-threatening illnesses they each suffered from was 3.5, principally heart disease, diabetes, high blood pressure, kidney failure.
- **2020:** **c1.0%** of the UK population died. The average age of death was **82.0**. The average number of life-threatening illnesses they suffered from was 3.5, principally heart disease, diabetes, high blood pressure, kidney failure etc.
- Note that 2020 actually saw **a slight decrease in overall death percentages compared with the two previous decades and a slight increase in age of death.**
- 'Most people tend not realise how many people die every day from old age/natural causes. The perfectly natural and normal 1 per cent annual death rate in England, a country of 56million people, equates to 560,000 deaths annually or 1,500 daily.'
- 'How easy it is for corrupt governments and media outlets to take advantage of such huge numbers. All they need do is attach the label of 'Covid-19 Death' to a percentage of perfectly natural and normal deaths.

(https://www.conservativewoman.co.uk/a-beginners-guide-to-the-great-covid-con-part-2-the-fraudulent-excess-deaths-of-2020/)

UK age of death compared to life expectancy

- We saw from Paul Weston's analysis that the average age of death from COVID in the UK in **2020 was 82.0** years.
- Compare this to the projected life expectancy in the UK, which is **79 for men and 82.9** for women. (https://takecontrol.substack.com/p/covid-death-statistics)
- **This hardly constitutes an emergency, least of all for healthy school- and working-age individuals.**
- COVID-19, apparently, killed mostly people who were close to the end of life expectancy anyway, so the loss of quality life years isn't particularly significant.
- That needs to be weighed against the deaths of people in their 30s, 40s and 50s who have died from untreated cancer and other chronic diseases, thanks to COVID restrictions.
- More of this on Day 3.

In fact, the relatively low death rate was acknowledged by the UK government on 19 March 2020

- The UK government officially declared that **"as of 19 March 2020, Covid-19 is no longer considered to be an HCID in the UK."** (https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid)
- **Note the date: 4 days before we went into the first lockdown.**
- The acronym HCID stands for high consequence infectious disease. It is defined as:
  - acute infectious disease
  - typically has a high case-fatality rate
  - may not have effective prophylaxis or treatment
  - often difficult to recognise and detect rapidly
  - ability to spread in the community and within healthcare settings
  - requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely
- And Scottish freedom of information (FOI) requests revealed that there were zero Covid deaths in working-age populations most in contact with the public and zero COVID deaths among doctors or nurses for the three years 2020–2022. (https://www.ukcolumn.org/article/scottish-foi-zero-covid-deaths-in-working-age-populations-most-in-contact-with-the-public; https://www.ukcolumn.org/blogs/scottish-foi-response-no-doctors-or-nurses-have-died-involving-covid-for-three-years)

And a US study investigating the infection fatality rate (IFR) in non-institutionalised persons

- A US study showed that **the infection fatality rate (IFR) up to 29 April 2020 was 0.26%** for non-institutionalised persons of all ages, i.e. people who were not in hospital or a care home.
- Persons younger than 40 years had an IFR of 0.01%; those aged 60 or older had an IFR of 1.71%.
- Whites had an IFR of 0.18%; non-Whites had an IFR of 0.59%.

(Blackburn J, et al. Infection Fatality Ratios for COVID-19 Among Noninstitutionalized Persons 12 and Older: Results of a Random-Sample Prevalence Study. Ann Intern Med. 2021 Jan;174(1):135-136)

And the situation in Europe

Italy – the epicentre of the European pandemic

- **In the whole of 2020, Italy had a total of 162 recorded COVID deaths under the age of 40, and just 5 under the age of 20.**
- These figures were **exceeded in each age group by deaths from suicide, transport accidents and other external accidents** (https://www.istat.it/it/).
- And this is without discriminating between 'with COVID' and 'of COVID'.
- To underline this point, Italy produced data in May 2020 showing that **almost 96% of recorded COVID deaths had underlying medical conditions. Around 60% had 3 or more underlying conditions.**
(https://archive.ph/20200529022809/https://www.bloomberg.com/news/articles/2020-05-26/italy-says-96-of-virus-fatalities-suffered-from-other-illnesses)

Germany

- A German investigation showed that **the number of total deaths in 2020 was close to the expected number with respect to prior years.** (Kuhbandner C, Reitzner M. Estimation of Excess Mortality in Germany During 2020-2022. Cureus. 2023 May 23;15(5):e39371)

And the early indications proved to be correct: a John Ioannidis study looking at global IFR by age group

- The study showed **an infection fatality rate (IFR) of <0.1% from 29 countries among those aged <70** in the absence of vaccination or prior infection. **The median survival rate of COVID-19 was 99.905%.**
- This is broken down into:
  - IFR 0.0003% for those aged 0-19 years, survival rate 99.9997%
  - IFR 0.002% for those aged 20-29 years, survival rate 99.997%
  - IFR 0.011% for those aged 30-39 years, survival rate 99.989%
  - IFR 0.035% for those aged 40-49 years, survival rate 99.965%
  - IFR 0.123% for those aged 50-59 years, survival rate 99.871%
  - IFR 0.506% for those aged at 60-69 years, survival rate 99.499%
- 'The current analysis suggests **a much lower pre-vaccination IFR in non-elderly populations than previously suggested**.'
- It is important to estimate the IFR accurately, since 94% of the global population is younger than 70 years and 86% is younger than 60 years.

(Pezzullo AM, et al. Age-stratified infection fatality rate of COVID-19 in the non-elderly population. Environ Res. 2023 Jan 1;216(Pt 3):114655)

Comparison of global all-cause mortality rate with prior years

- Another Ioannidis study analysed all-cause mortality rates in 33 countries from 2009 to 2021. They found that **the year 2020 was the worst year with the highest mortality for only four countries: UK, Italy, Spain and Belgium**. Another 10 countries had the highest mortality in 2021.
- **As for the remaining 19 countries, either 2009 or 2010 had the highest mortality.** (Levitt M, Zonta F, Ioannidis J. Excess death estimates from multiverse analysis in 2009-2021. medRxiv [Preprint]. 2023 Mar 17:2022.09.21.22280219)
- The American Institute for Economic Research reported that **total all-cause mortality was not significantly different from that in previous years and was in fact lower compared to the same periods in 2019, 2018 and 2017.** (https://www.aier.org/article/an-egregious-statistical-horror-story-suffused-with-incense-and-lugubrious-accents/?fbclid=IwAR1NJlw4fINXTw__Ki8lrXajCVTYvl4FIlnURVAzHo-EldUCzYLH9egKs5Q).

But everyone thinks the COVID death rate is much higher than it really is!

- According to The Hill, a poll taken in mid-August 2020 showed “Americans have a significant misunderstanding of the risk of death from COVID-19 when it comes to different age groups.” On average, Americans were under the impression that people under the age of 44 made up about 30% of deaths, whereas the Ioannidis study showed that this figure was <0.02% overall. (https://thehill.com/opinion/healthcare/19 August 2020)
- Similar figures were found in April 2021, when the Washington Examiner reported on polls showing that ‘COVID-19 alarmism’ had resulted in **18-24-year-olds being the “most anxious about resuming normal life and interacting socially, despite being by far the least at risk from COVID-19 (Washington Examiner April 3, 2021). Per Ioannidis: <0.002%.**
- Meanwhile, in the highest-risk group, **those 55 and older, only 31% were nervous about social interactions, while 65% were not.**

What about the hospitalisation rate?

- Initial estimates based on Chinese data assumed a **very high 20% hospitalisation rate, which led to the strategy of 'flattening the curve'** to avoid overburdening UK hospitals.
- However, population-based studies have since shown that **actual hospitalisation rates are closer to 2%** (https://www.statista.com/statistics/1122354/covid-19-us-hospital-rate-by-age/).
- **This is comparable to hospitalisation rates for influenza,** including for people aged 65 and over (https://www.cdc.gov/flu/about/burden/index.html; https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html).
- The lower-than-expected hospitalisation rate may explain why many covid-19 'field hospitals', e.g. Nightingale hospitals in the UK, remained unused (https://www.bmj.com/content/369/bmj.m1860).

And everyone thinks the COVID hospitalisation rate is much higher than it really is!

- A US study shows that **the public overestimates the likelihood that a person with COVID-19 would have to be hospitalised by 10 times the actual number.** People were asked during a Franklin Templeton/Gallup study what 'percentage of people who have been infected by the coronavirus needed to be hospitalised.' 35% of those asked said that over half of infected people would require hospitalisation from the disease.
- Only 18% correctly stated that the risk of hospitalisation was somewhere between 1%-5%.
- "The U.S. public is also deeply misinformed about the severity of the virus for the average infected person," the study's authors said.
- 'The numbers came at the same time a paper published in the National Bureau of Economic Research found that U.S. media coverage of the virus skewed overwhelmingly negative when compared to the coverage in other countries, which likely contributed to the outsize fear Americans have about the threat the virus poses.'

(Lee M. Public vastly overestimates risk of hospitalization from COVID-19-19: Study. Washington Examiner. March 21, 2021. https://www.washingtonexaminer.com/news/americans-overestimate-hospitalization-COVID-19-study)

But the definition of 'COVID death' is in doubt

In June 2020, the **WHO issued guidance on the definition of COVID deaths**:

- 'A death due to COVID-19 is defined **for surveillance purposes** as **a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case**, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death.
- **A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of preexisting conditions** that are suspected of triggering a severe course of COVID-19.
- **COVID-19 should be recorded on the medical certificate as cause of death for ALL decedents (people who died) where the disease caused, or is assumed to have caused, or contributed to death.'**
- **'…always apply these instructions, whether they can be considered medically correct or not.'**

(https://cdn.who.int/media/docs/default-source/classification/icd/covid-19/guidelines-cause-of-death-covid-19-20200420-en.pdf; https://iris.who.int/bitstream/handle/10665/332297/WHO-2019-nCoV-Mortality_Reporting-2020.1-eng.pdf).

Implications of this WHO guidance

- **This is the first time that the WHO has ever issued such instructions for recording cause of death.**
- Since influenza (and indeed all acute respiratory infections) often have identical symptoms to Covid, influenza etc deaths would likely be recorded as Covid deaths.
- Furthermore, we saw in 'What causes COVID deaths?' that **deaths can be due to an over-active immune system, secondary bacterial pneumonia or sepsis or the non-prescription of antibiotics for bacterial pneumonia or sepsis.**
- This makes it **almost impossible to determine to what extent COVID is the true cause of death** or to calculate the IFR.
- This is why it is so important to **assess Covid deaths by using all-cause mortality or excess mortality.**
- It also means it is impossible to make accurate comparisons between Covid and influenza.

Finally, some (only slightly) more sensible NHS instructions on COVID death reporting

- There was an **outcry raised by academics from the Centre for Evidence-Based Medicine (Professor Carl Heneghan and Dr Tom Jefferson)** about the original measure, which counted anyone who had ever tested positive as a COVID-associated death,
- **From August 2020, the UK issued revised instructions to count any person who died with a positive COVID test within the previous 28 days as a COVID death.**
- This is despite the fact that they might have died from cancer or as a result of injuries sustained in a car accident and happened to test positive for COVID less than 28 days earlier.
- There is little post-mortem evidence that these people died **'from COVID'**; instead, we have to conclude that they died **'with COVID'**.
- And even that is suspect, given the false positives with PCR testing (see Asymptomatic Transmission).
- Nevertheless, as the group of 130 UK doctors and scientists pointed out, it appeared to have been government policy to systematically exaggerate the number of deaths which can be attributed to COVID.

(https://www.gov.uk/government/news/new-uk-wide-methodology-agreed-to-record-covid-19-deaths; Heneghan C, https://www.cebm.net/covid-19/public-health-england-death-data-revised/; https://www.covid19assembly.org/doctors-open-letter/)

With thanks to Dr Clare Craig (from 'Expired: Covid the untold story')

- The absurdity of this approach is exemplified by Dr Clare Craig in her excellent book 'Expired: Covid the untold story'. She points out that **there were nearly 3,000 deaths attributed to COVID in hospices – but by definition, these patients were already dying of another cause!**
- Another point made by Dr Clare Craig is that although one would imagine that with all these potential COVID deaths, there would have been an increased effort to perform autopsies on hospital patients.
- These normally only take place in 1% of deaths but the **Royal College of Pathologists issued guidance in March 2020 saying "In general, if death is believed to be due to confirmed COVID-19 infection, there is unlikely to be any need for a post-mortem examination".**
- Furthermore, government pandemic measures increased non-COVID deaths, with patients not attending hospital or staffing levels due to isolation requirements with a positive PCR test meaning cancelled appointments.

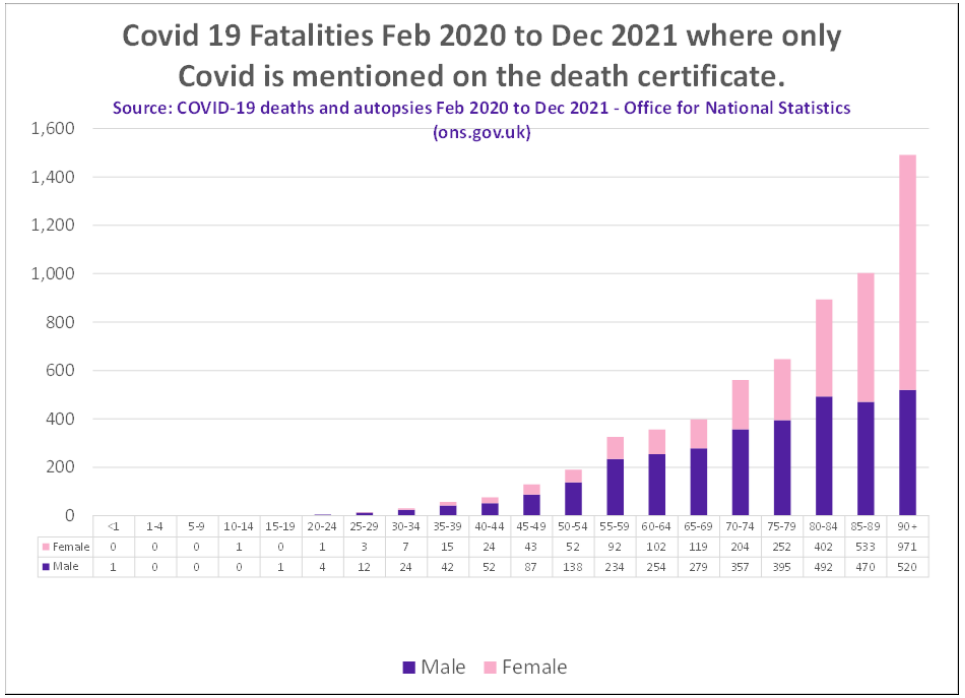
(Turnbull A, et al. Hospital autopsy: Endangered or extinct? J Clin Pathol. 2015 Aug;68(8):601-4; https://www.rcpath.org/static/d5e28baf-5789-4b0f-acecfe370eee6223/447e37d0-29dd-4994-a11fe27b93de0905/Briefing-on-COVID-19-autopsy-Feb-2020.pdf; https://www.amazon.co.uk/Expired-Covid-untold-Clare-Craig-ebook/dp/B0C9FNHYTV/ref=sr_1_1?keywords=Clare+craig&qid=1696089428&sr=8-1)

But there were financial inducements in the US

- US hospitals were paid at least twice as much more in Medicaid payments for a COVID patients compared to a patient with any other respiratory illness. They were paid 3 times as much if the patient needed a ventilator. (https://eu.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/)
- There was no incentive for the patient's family to object because they were given up to $9,000 for funeral costs by the Federal Emergency Management Agency where COVID-19 as listed as cause of death (https://www.npr.org/2021/12/26/1068103241/fema-wants-to-give-families-up-to-9-000-for-covid-funerals-but-many-dont-apply).
- In July 2020, the US CDC director Robert Redfield admitted that 'hospitals have a perverse monetary incentive to increase their count of coronavirus fatalities' at a House of Representatives hearing (https://www.breitbart.com/politics/2020/07/31/cdc-chief-agrees-theres-perverse-economic-incentive-for-hospitals-to-inflate-coronavirus-deaths/).
- Not even the fact-checkers could deny it! (https://www.politifact.com/factchecks/2020/apr/21/facebook-posts/Fact-check-Hospitals-COVID-19-payments/)

Deaths in England and Wales solely attributable to COVID

- **Professor Norman Fenton submitted a Freedom of Information Act (FOI) request** to the Office for National Statistics, **asking for the number of deaths where Covid is the only cause of death listed on the death certificate between February 2020 and December 2021** in England and Wales.
- The answer was **6,183**.
- **Just under 3.5% of them had no comorbidities (i.e. >96% had co-morbidities)**.
- Among children and young people aged <20 only 3 died solely of COVID up to December 2021.
- **Among those aged 20-29, only 20 (0.0003%) died solely of COVID. By comparison, this is around 1/20 of those killed on the roads.**

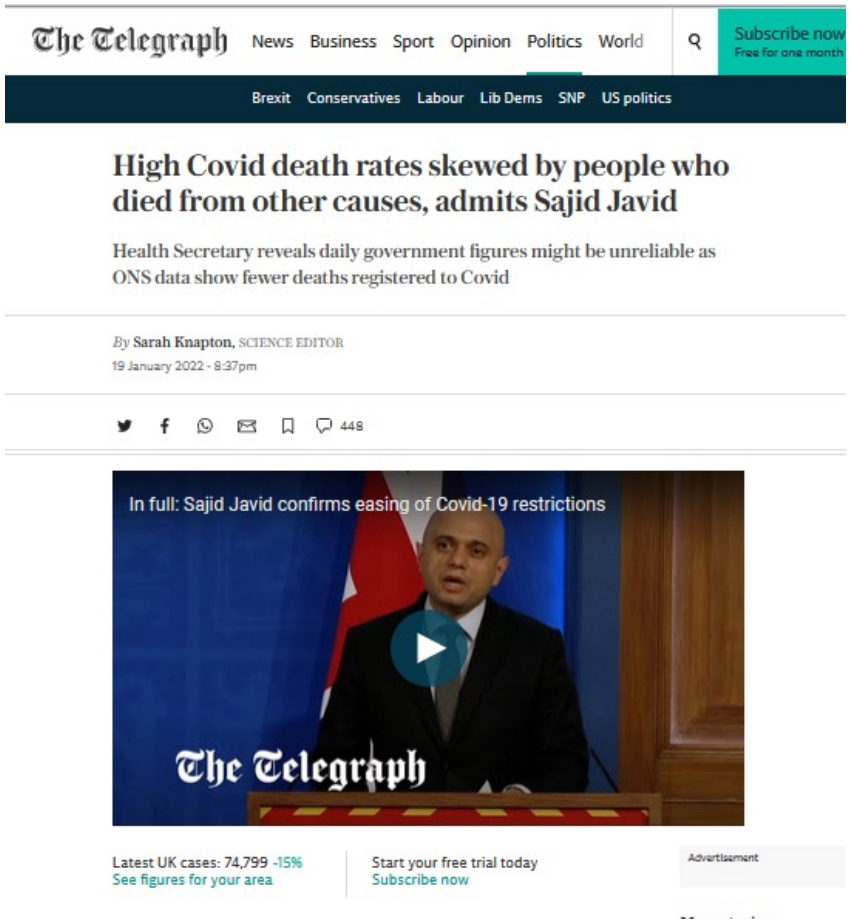


(https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsandautopsiesfeb2020todec2021)

Health Secretary Sajid Javid admits the unreliability of government COVID mortality figures

- In a January 19, 2022, press conference, U.K. health secretary Sajid Javid admitted that **the daily government figures are unreliable as people have been and continue to die from conditions unrelated to COVID-19, but are included in the count due to a positive test.**
- "Many people were being included in the count who would not have necessarily died of Covid".
- **He also admitted that about 40% of hospitalised COVID patients were not admitted due to COVID symptoms.** They were admitted for other conditions and simply tested positive.

(https://www.telegraph.co.uk/politics/2022/01/19/high-covid-death-rates-include-people-did-not-die-virus-admits/)



More realism emerges: (from the Telegraph)

- Even the Telegraph picked up on the fact that almost half of all hospitalised 'COVID' patients were admitted to A&E for other conditions but later tested positive for the virus.
- In the US, a number of counties and institutions conducted audits of their Covid deaths and reduced the numbers by up to 25% and in a long term care facility the numbers were reduced by 33%.
- Similarly in Sweden, 2 regions found that only 1 in 6 deaths were decisively due to COVID, 1 in 7 were totally unrelated to COVID and the remainder were 'frail patients' where COVID was a 'contributing factor'.

(https://oaklandside.org/2021/06/04/alameda-countys-new-covid-death-toll-is-25-lower-than-thought/; https://www.sfchronicle.com/health/article/Santa-Clara-County-drops-pandemic-death-toll-by-16290757.php; https://pioneerinstitute.org/blog/massachusetts-should-disclose-more-information-about-its-recent-reduction-in-the-official-count-of-long-term-care-deaths/; (https://pandata.org/covid-19-deaths-underreported-or-overestimated/)

https://www.telegraph.co.uk/news/2022/01/07/incidental-covid-cases-make-half-nhs-hospital-admissions

2 months later, the US CDC removes 72,277 'COVID deaths' from the tally

- 2 months later in March 2022, 2 years after the start of the pandemic, the US CDC removed 72,277 'COVID deaths' from the tally.
- This was **a reduction of nearly 10% overall but a reduction of 24% in paediatric deaths.**
- They blamed an algorithm for "accidentally counting deaths that were not COVID-19-related." (https://www.reuters.com/business/healthcare-pharmaceuticals/cdc-reports-fewer-covid-19-pediatric-deaths-after-data-correction-2022-03-18/)
- **It was the unadjusted paediatric death figures that were used in November 2021 as justification for recommending emergency use authorisation to give the Pfizer vaccine to children 5 to 11 years old** (https://www.cdc.gov/vaccines/acip/meetings/index.html)
- **The revised paediatric death figures did not give rise to any change in policy for child vaccinations.**
- Despite this, fact checkers maintained that deaths had not been over-counted (https://healthfeedback.org/claimreview/claim-covid-19-deaths-vastly-overcounted-baseless-evidence-suggests-the-opposite-joseph-mercola-epoch-times/).

So how did COVID deaths compare with seasonal influenza deaths?

- **Studies have reported that influenza infects 5–15% of the human population globally each year, resulting in around 500,000 deaths, occasionally as many as 645,000 deaths worldwide.**
- **The US CDC reported that 'The IFR of influenza is generally considered to be about 0.1%...Thus, by all metrics it would appear that Covid in 2020 was on par with or less than a normal flu season.'** (https://www.cdc.gov/flu/about/keyfacts.htm; https://ourworldindata.org/covid-cases)
- A study found that **in OECD countries,** the mortality rate for SARS-CoV-2 is not significantly different from that for common coronaviruses identified in public hospitals. **The problem of SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year.'**
- Age is a major risk factor for dying from the flu. Infants and the elderly tend to have a much higher risk of death from a range of respiratory diseases, including influenza, compared to young adults. For example, 60-year-olds have a ten times greater risk of death from influenza than 20-year-olds.

(Iuliano AD, et al. Estimates of global seasonal influenza-associated respiratory mortality: a modelling study. Lancet. 2018 Mar 31;391(10127):1285-1300; Stöhr K. Influenza--WHO cares. Lancet Infect Dis. 2002 Sep;2(9):517; Paget J, et al. Global mortality associated with seasonal influenza epidemics: New burden estimates and predictors from the GLaMOR Project. J Glob Health. 2019 Dec;9(2):020421; Roussel Y, et al. SARS-CoV-2: fear versus data. Int J Antimicrob Agents. 2020 May;55(5):105947; Metcalf CJE et al. (2022). Comparing the age and sex trajectories of SARS-CoV-2 morbidity and mortality with other respiratory pathogens. Royal Society Open Science, 9(6), 211498)

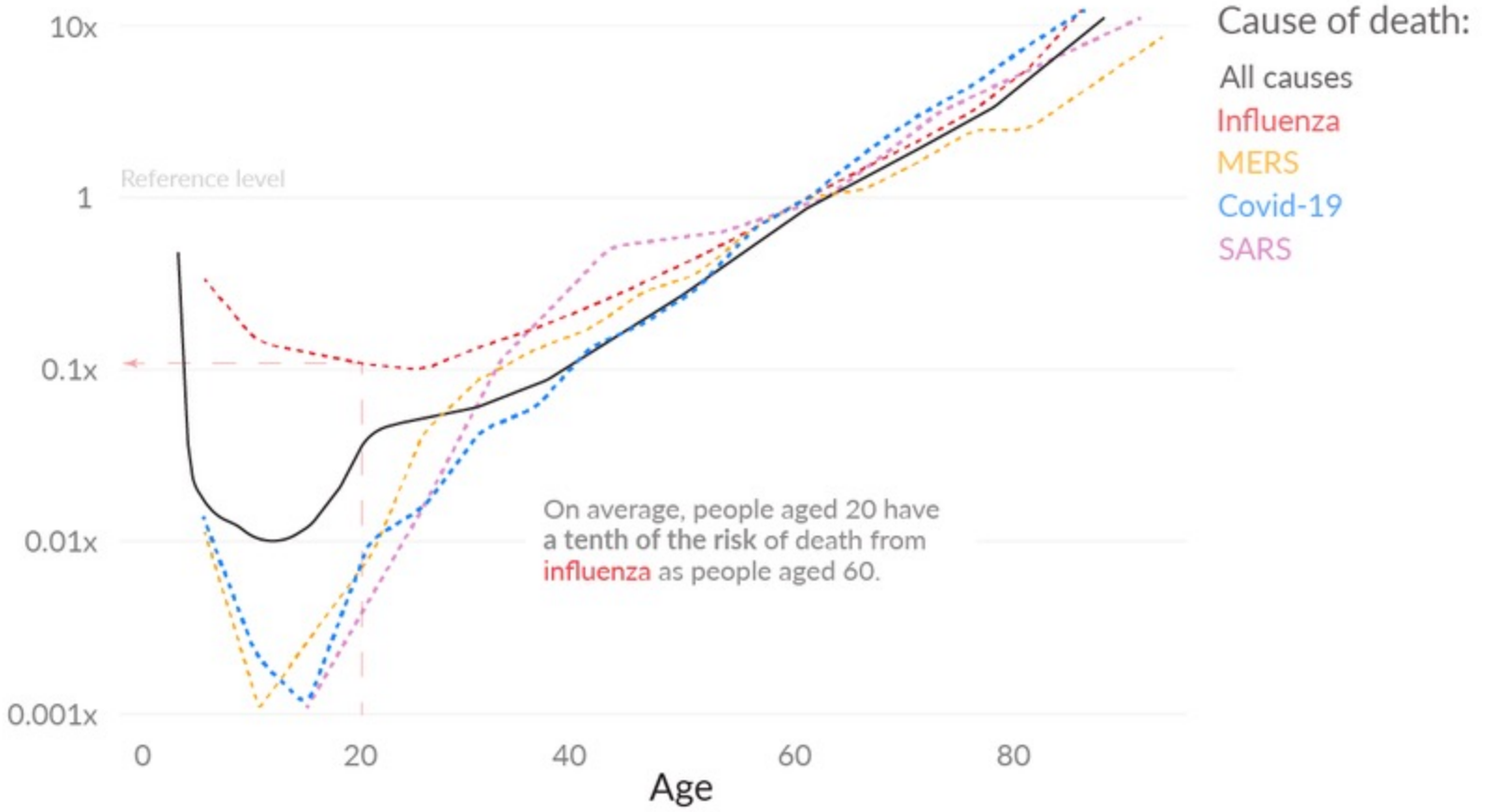
The risk of death from respiratory diseases increases exponentially with age

Infants and the elderly tend to have heightened risks of death.

Our World in Data

Relative risk of death

How much higher is the risk of death compared to someone aged 60?



Mortality data in this study was sourced from different countries: influenza (US), Covid-19 (France), SARS (China), MERS (multi-country), all-cause (28 European countries).

Data sources: C Jessica Metcalf et al. (2022). *Royal Society Open Publishing*.

OurWorldinData.org – Research and data to make progress against the world's largest problems.

And in the UK

- **The IFR for influenza varies between 0.1% and 0.2%.**
- According to Cambridge University's MRC Biostatistics Unit, the IFR for Covid-19 between April 2020 and November 2021 was **0.25%. But this will include people dying 'with' as well as 'of' COVID.**
- **Weren't we supposed to be in the middle of a lethal respiratory disease pandemic?**
- The original MRC Biostatistics Unit study is no longer available on their site but can be located using the Wayback machine.

(https://web.archive.org/web/20211116182322/https:/www.mrc-bsu.cam.ac.uk/now-casting/nowcasting-and-forecasting-11th-november-2021/)

Epidemic summary

Current R_t | Number of infections | Attack rate | Current IFR | Change in infections incidence | Change in deaths incidence

Show 10 entries Search:

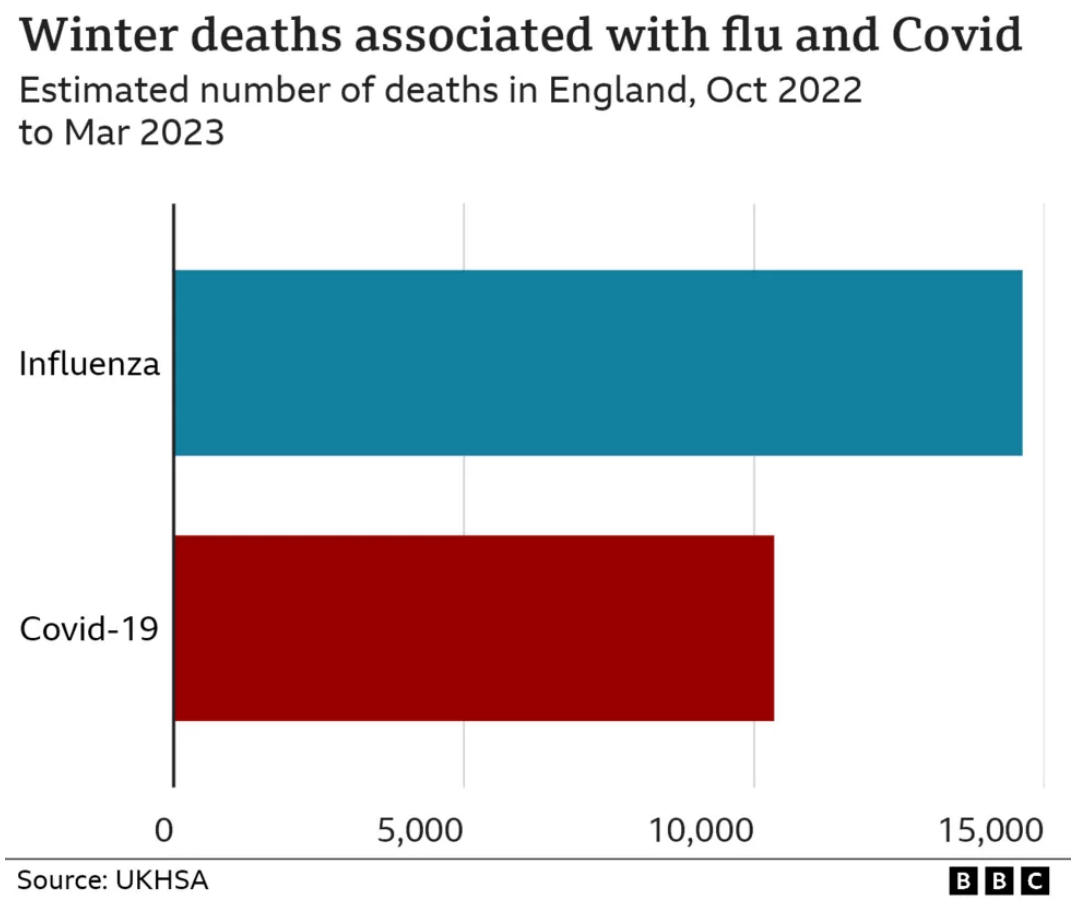
	Age	Median	95% CrI (lower)	95% CrI (upper)
1	Overall	0.25%	0.25%	0.26%
2	<1yr,1-4	0.00083%	0.00026%	0.001%
3	5-14	0.00089%	0.00073%	0.0013%
4	15-24	0.0036%	0.0032%	0.0043%
5	25-44	0.023%	0.021%	0.026%
6	45-64	0.19%	0.18%	0.2%
7	65-74	0.83%	0.78%	0.88%
8	75+	3.2%	3.1%	3.4%

Showing 1 to 8 of 8 entries Previous 1 Next

SARS-CoV-2 is now just another respiratory infection

- **In winter 2022 there were estimated to be more flu deaths than Covid deaths in England,** according to the UK Health Security Agency.
- This is despite a high prevalence of COVID infection during 2022, but it was generally far less serious.
- Infectious disease expert, Professor Paul Hunter, University of East Anglia, believes that Covid is "well on the way" to becoming seasonal, with flu likely to cause more deaths than COVID from now on. And eventually, Covid will become "just another cause of the common cold", like the other coronaviruses that circulate.

(https://www.bbc.co.uk/news/health-66994137)



COVID Deaths Summary

- The UK government initially claimed that the virus did not discriminate and the whole population was at equal risk of severe COVID and death. This was the justification for the pandemic measures.
- In common with other respiratory viruses, COVID discriminated by age and by inflammatory comorbidities (especially obesity, type 2 diabetes, etc). This was evident as early as spring 2020. Expert opinion and published studies were ignored.
- The 2020 UK total death rate was similar to that in 2008 and lower than all prior years. 2020 saw a slight increase in age of death.
- The global infection fatality rate was <0.1% among those aged <70. Total all-cause mortality was similar to figures from previous years and was lower compared to the same periods in 2019, 2018 and 2017.
- WHO guidance: Initially, the cause of death for anyone with a positive PCR test at any time had to be 'COVID-19'. Later NHS guidance was modified to a COVID-19 cause of death for anyone with a positive PCR test in the previous 28 days This included deaths in cancer patients, traffic accidents etc.
- This makes COVID death figures unreliable. We must look at all-cause mortality or excess deaths. These indicate that 2020 deaths were similar to a normal flu season.