

Viral folly?

21 March, 2020

By 21 March, 2020, there were 262,979 cases of the new virus, while 11,182 had reportedly died of it, and 88,646 had recovered. The number of cases and fatalities had plateaued in China, the country with the most cases.

It is said that while the effects of the virus are generally mild, complications may arise, for which an average 4% of patients die, primarily the elderly. It is reported that pneumonia is a primary cause of death.

There are however wide disparities between countries. An analysis of daily data shows for example that the incidence of the virus in relation to population counts is nearly 5 times as high in Italy as it is in Germany, while the incidence of deaths reportedly due to the virus, in relation to population counts, is 125 times as high in Italy as it is in Germany. Furthermore, the fatality rate, expressed as the ratio of death over case counts, is nearly 30 times as high in Italy as it is in Germany. Other wide disparities exist between countries.

Separately, at any given time, about 450 million people are afflicted with pneumonia worldwide, or 2,000 as many as the virus cases, and 4 million die of it every year. In any given 3 months period, 1 million people die of pneumonia, 11,182 of which had contracted the new virus, or about 1 in 100.

It is quite probable that, on one hand, the tallying standards are far from being reliable or accurate, or even standardized, as suggested by the very wide disparities found in national reports, and, on the other hand, had the new virus not been recognized as such by the Chinese, no one would have possibly noticed, since the incidence of the virus is extremely low, in comparison with other vectors of pneumonia.

There is little reason to believe that new strains of viruses do not appear constantly, although the vast majority is never differentiated nor isolated, and the fatalities induced by a new unrecognized virus are diluted in the general mortality. After all, nearly 200,000 people die each and every day, or nearly 20 million in any 3 months period, 2,000 for each death attributed to the new virus.

If the progress of medical technology allows governments in the future to rapidly recognize and name each and every new strain of virus, each with its particular morbidity (*the new coronavirus is just one strain of a family of otherwise common coronaviruses, such as that which induces the common cold*), is society to grind to an economic halt at each occurrence, which could be several times every year, or will it be recognized that trees may fall in the forest and make a sound even when there's no one around, and that absent some reasonable sense of proportion the highest risk to mankind's survival is sheer folly, not a novel virus?

Incidentally, about 850,000 people commit suicide each and every year, a sizeable part as a consequence to economic and business hardship. A mere 1.5% increase in the suicide rate in these times of innumerable probable business failures would already exceed the total death count of the new virus.

And once the populations of all the countries that have severely restricted civil liberties and froze their economies in the name of the virus will finally realize the magnitude of the political issue, what will there be to discourage harsh manifestations of civil unrest throughout the planet, except machine guns? How many will die, as opposed to casualties of the virus?

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42,000 cases in the U.S. yesterday. Panic seems to be generalized. The phenomenon is described as "*a massive, unprecedented pandemic*". However, the number represents only 0.01% of the population. Puzzling.

It seems commentators assume that the new virus is a unique and unusual phenomenon, although new viruses are very probably quite usual and repeated, and habitually go undifferentiated from other illnesses. The virus has not become particularly dangerous only because a name was put on it. Had it not been isolated and identified, and if tests did not exist, its induced mortality, which represents today 0.02% of the U.S. general mortality rate (and 0.00016% of the population), would probably have gone unnoticed, even more so since the levels of the 2020 flu mortality have still not reached 2017 levels. Incidentally, what was the real rationale for the 2017 peak levels? Patients cannot be tested for unknown viruses.

What will happen at the next alert, which is unavoidable?