COVID-19 CORONAVIRUS (/CORONAVIRUS/) / AGE

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Age, Sex, Existing Conditions of COVID-19 Cases and Deaths

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There are two sources that provide age, sex, and comorbidity statistics:

- The Report of the WHO-China Joint Mission published on Feb. 28 by WHO, [2] which is based on **55,924 laboratory confirmed cases**. The report notes that "The Joint Mission acknowledges the known challenges and biases of reporting crude CFR early in an epidemic" (see also our discussion on: How to calculate the mortality rate during an outbreak (/coronavirus/coronavirus-death-rate/#correct))
- A paper by the Chinese CCDC released on Feb. 17, which is based on **72,314 confirmed**, **suspected**, **and asymptomatic cases** of COVID-19 in China as of Feb. 11, and was published in the Chinese Journal of Epidemiology [1]

We will list data from both, labeling them as "confirmed cases" and "all cases" respectively in the tables.

Age of Coronavirus Deaths

COVID-19 Fatality Rate by AGE:

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). This probability differs depending on the age group. The percentages shown below do not have to add up to 100%, as they do NOT represent share of deaths by age group. Rather, it represents, for a person in a given age group, the risk of dying if infected with COVID-19.

AGE	DEATH RATE confirmed cases	DEATH RATE all cases
80+ years old	21.9%	14.8%
70-79 years old		8.0%
60-69 years old		3.6%
50-59 years old		1.3%
40-49 years old		0.4%
30-39 years old		0.2%
20-29 years old		0.2%
10-19 years old		0.2%
0-9 years old		no fatalities

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). The percentages do not have to add up to 100%, as they do NOT represent share of deaths by age group.

In general, relatively few cases are seen among children.

Sex ratio

COVID-19 Fatality Rate by SEX:

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). This probability differs depending on sex. When reading these numbers, it must be taken into account that **smoking** in China is much more prevalent among males. Smoking increases the risks of respiratory complications.

SEX	DEATH RATE confirmed cases	DEATH RATE all cases
Male	4.7%	2.8%
Female	2.8%	1.7%

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). The percentages do not have to add up to 100%, as they do NOT represent share of deaths by sex.

Pre-existing medical conditions (comorbidities)

Patients who reported no pre-existing ("comorbid") medical conditions had a case fatality rate of 0.9%. Pre-existing illnesses that put patients at higher risk of dying from a COVID-19 infection are:

COVID-19 Fatality Rate by COMORBIDITY:

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). This probability differs depending on pre-existing condition. The percentage shown below does NOT represent in any way the share of deaths by pre-existing condition. Rather, it represents, for a patient with a given pre-existing condition, the risk of dying if infected by COVID-19.

PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
Cardiovascular disease	13.2%	10.5%
Diabetes	9.2%	7.3%
Chronic respiratory disease	8.0%	6.3%
Hypertension	8.4%	6.0%
Cancer	7.6%	5.6%
no pre-existing conditions		0.9%

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). The percentages do not have to add up to 100%, as they do NOT represent share of deaths by condition.

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Sources

- 1. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) (http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51) China CCDC, February 17 2020
- 2. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) (https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf) [Pdf] World Health Organization, Feb. 28, 2020