Coronavirus Commentary
July 5, 2020

By John Lilly, MBA, DO

These are the COVID-19 infection and death numbers in different cities.[1]

Coronavirus Statistics							
County	Population	Infected	Infected per capita	Relative to new York	Deaths	Deaths per capita	Relative to new York
New York	8,398,000	215,902	0.0257	100.0%	23,123	0.002753	100.0%
Los Angeles	10,105,518	107,792	0.0107	41.5%	3,457	0.000342	12.4%
San Francisco	883,305	3,719	0.0042	16.4%	50	0.000057	2.1%
Numbers as of:	July 3, 2020						

Why is there such a difference in the numbers in the large cities. One of the aspects of the COVID-19 outbreak on the Diamond Princess cruise ship was that 50% of the positive cases had no symptoms.[2] A recent article stated that before martial law was imposed in Wuhan, China about 5 million (many of whom were already infected) left Wuhan thus contributing to spreading the virus.[3] I am assuming there is more travel of Chinese nationals and U.S. citizens of Chinese descent between the U.S. and China from the west coast cities relative to New York City. San Francisco has significantly less infections and deaths relative to Los Angeles because of the higher percentage of Chinese in San Francisco. If infected asymptomatic Chinese nationals traveled to the U.S. in late 2019 and early 2020, then a greater percentage of the population on the west coast had some level of herd immunity which held down the infections and the death rate.

It will take at least six months for us to determine the financial hit to the economy that these stay-at-home orders, mandatory social distancing, and mask use caused. Future research will show which financial burden was worse, the medical impact if we had not had the stay-at-home orders or the economic impact of the stay-at-home orders. I believe the economic impact of the stay-at-home orders will be worse. When the government is involved the cure is usually worse than the disease.

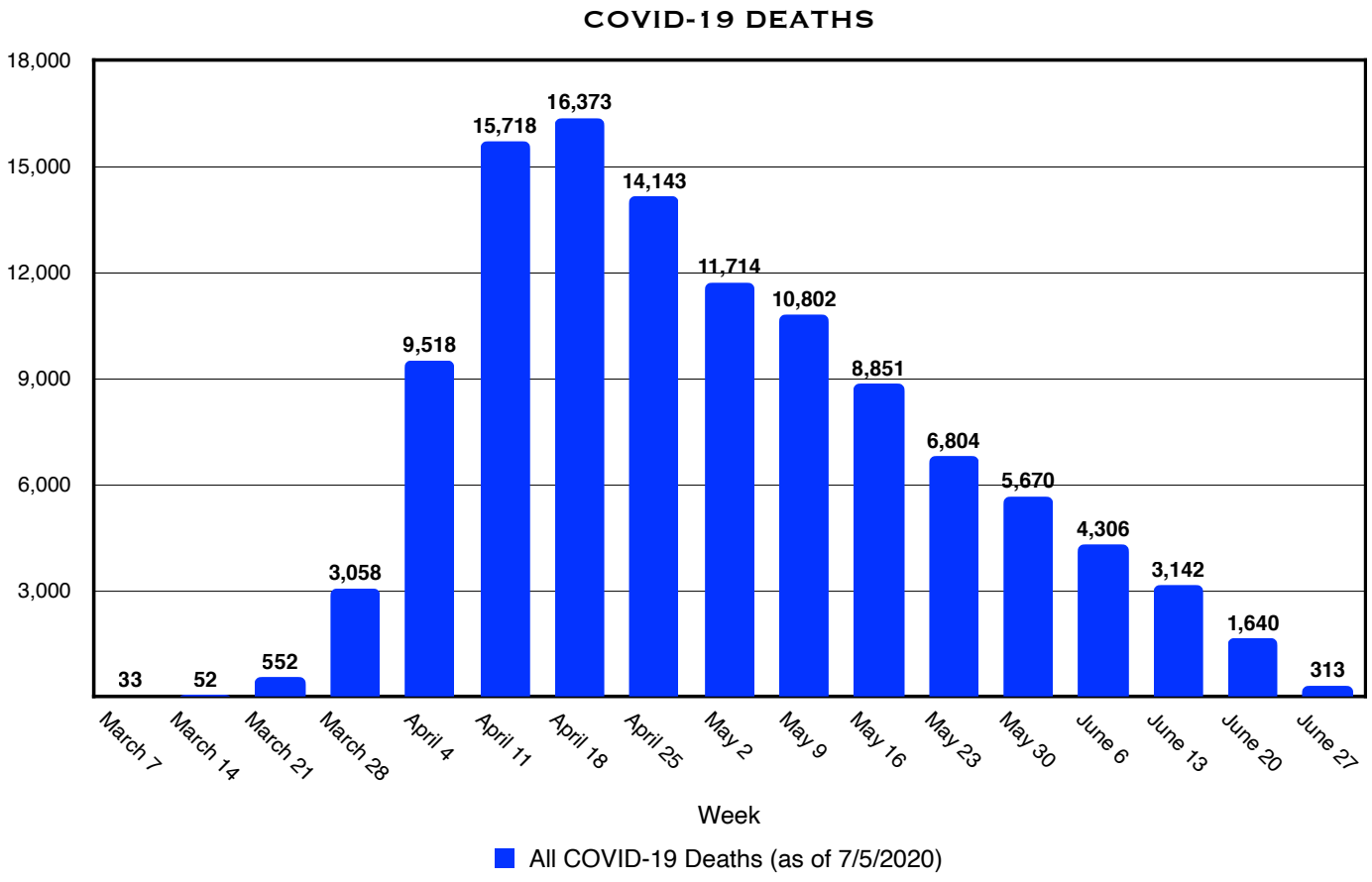
The new ICD-10 code for COVID-19 is U07.1.[4] In a National Center for Health Statistics publication dated April 2020 on the guidance for certifying deaths due to COVID–19, the recommendations for listing COVID-19 as an underlying cause of death was revised.[5] This is their guidance on "presumed" COVID-19 deaths.

> "In cases where a definite diagnosis of COVID–19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID–19 on a death certificate as "probable" or "presumed." In these instances, certifiers should use their best clinical judgement in determining if a COVID–19 infection was likely. However, please note that testing for COVID–19 should be conducted whenever possible."

Are the number of deaths due to COVID-19 overestimated? There are numerous reports of just that.[6]

Figure 1 shows the COVID-19 deaths by week.[7] How many of these deaths were "presumed" COVID-19 deaths?

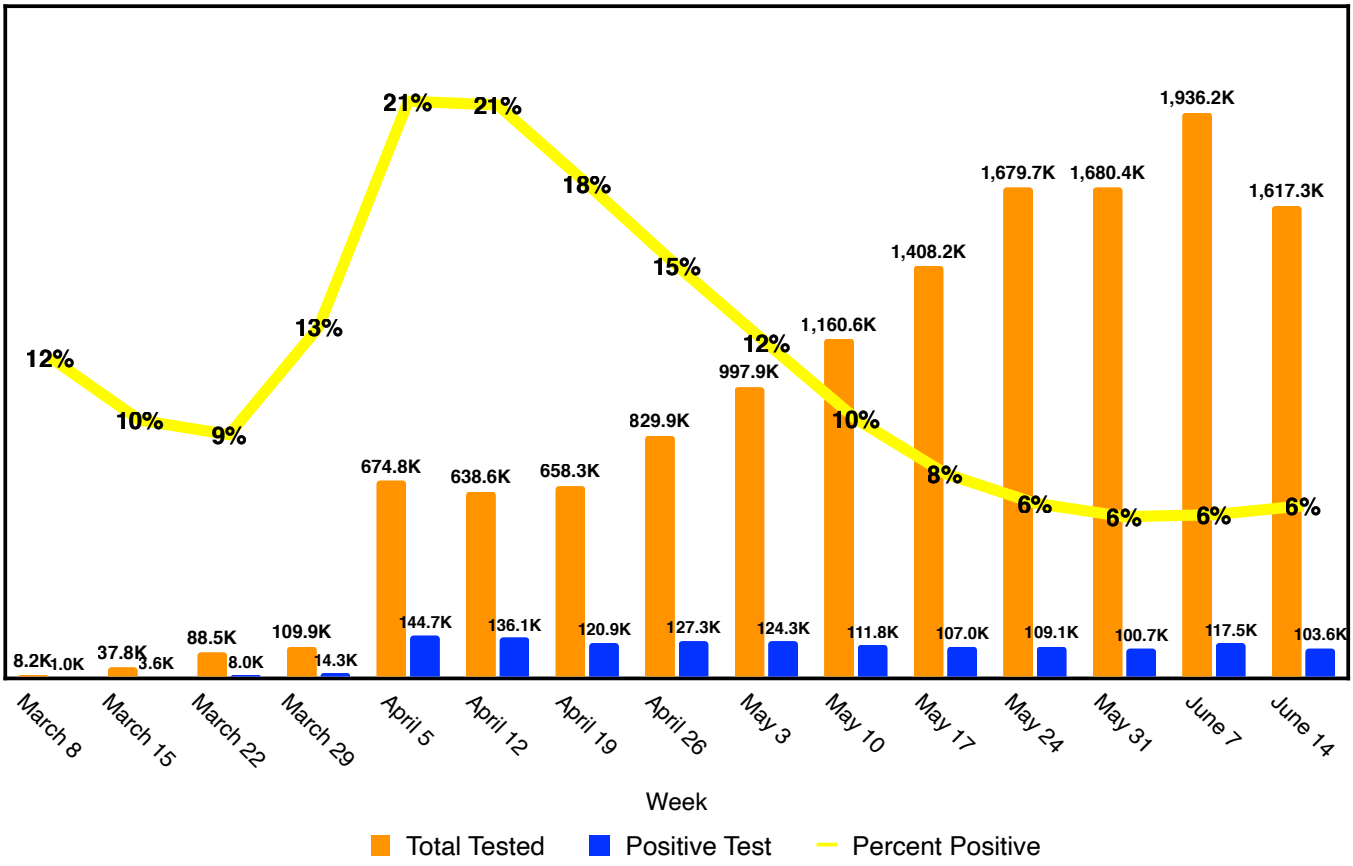
FIGURE 1



Source: https//www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

Figure 2 is a graph of the number of people tested for active COVID-19 (as of 6/21/20) and the percentage of positive tests indicating they had COVID-19 at the time of testing.[8] Initially the testing was limited to those that had symptoms. In April the majority (79%) of individuals with symptoms that were tested did not have the virus. In April commercial labs started testing. By May the commercial labs were performing 75% of all the testing. This allowed testing to be opened up to include individuals without symptoms. By the middle of May the percentage of positive tests has decreased and plateaued at 6%. In the latest week published, the number tested has started to decrease.

FIGURE 2

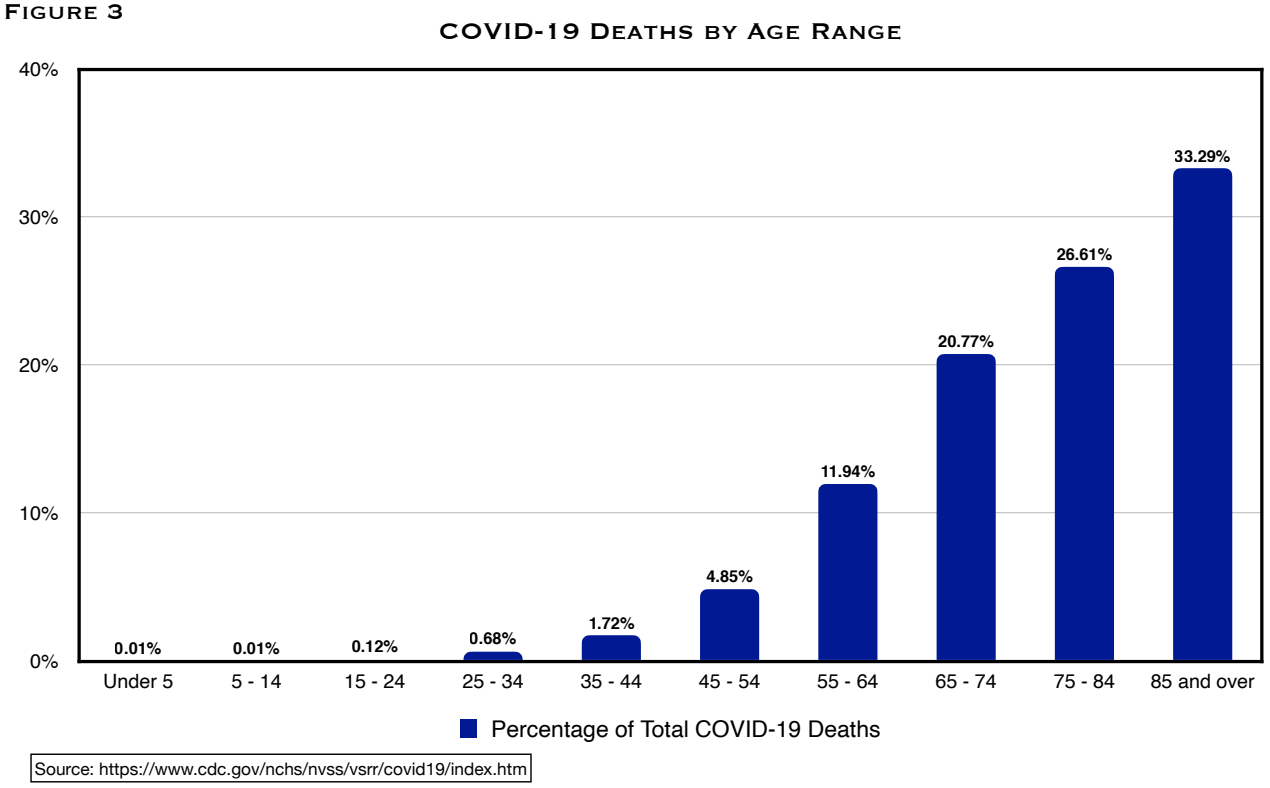


Sources: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/06192020/public-health-lab.html
https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/06192020/clinical-labs.html
https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/06192020/commercial-labs.html

Since the deaths are decreasing, the new government priority is trying to prevent people from contracting the virus even though it is now rarely fatal. Do we have all of these restrictions when we have a severe influenza season? Clearly that is not the case. So why are we doing it now other than maintaining control of the citizens.

Let's look at the current deaths from COVID-19. Figure 3 is a graph of the deaths by age. Even at age 85+ there is a 67% chance of survival. The younger age groups have even higher survival rates.

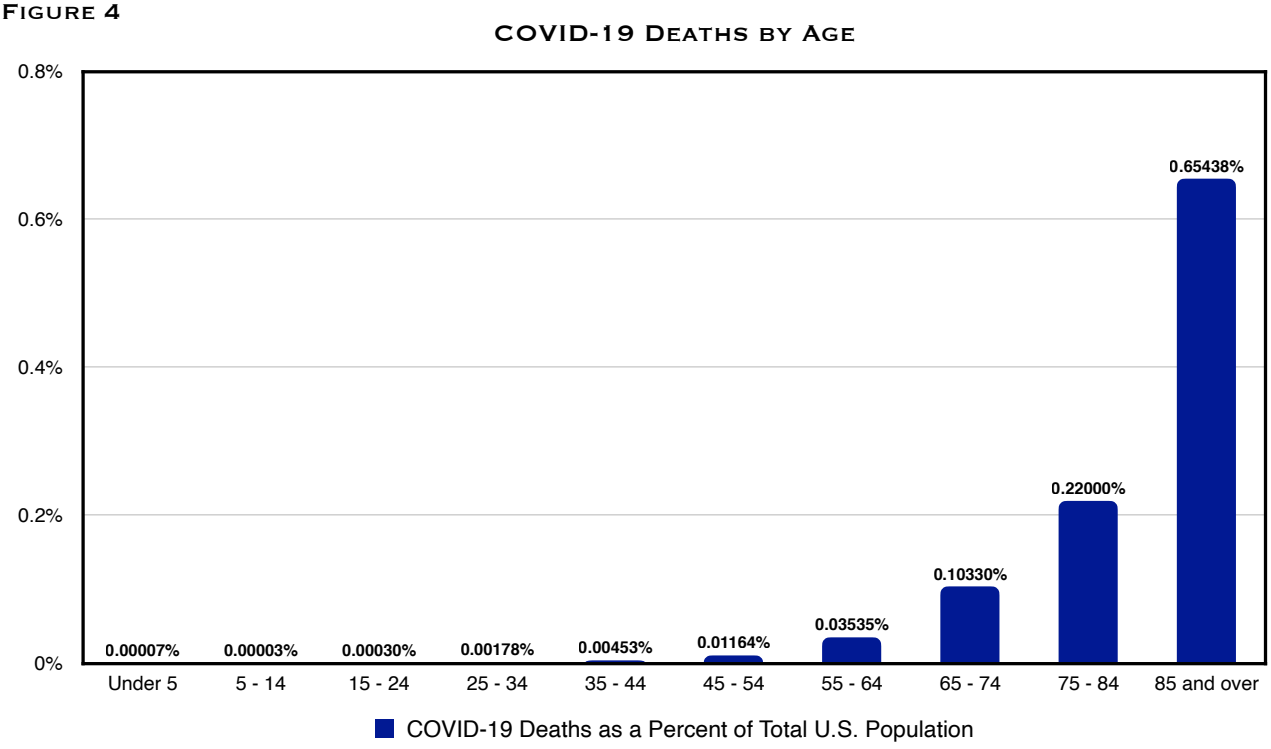
FIGURE 3



Source: https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

Figure 4 are the deaths as a percentage of that age group.

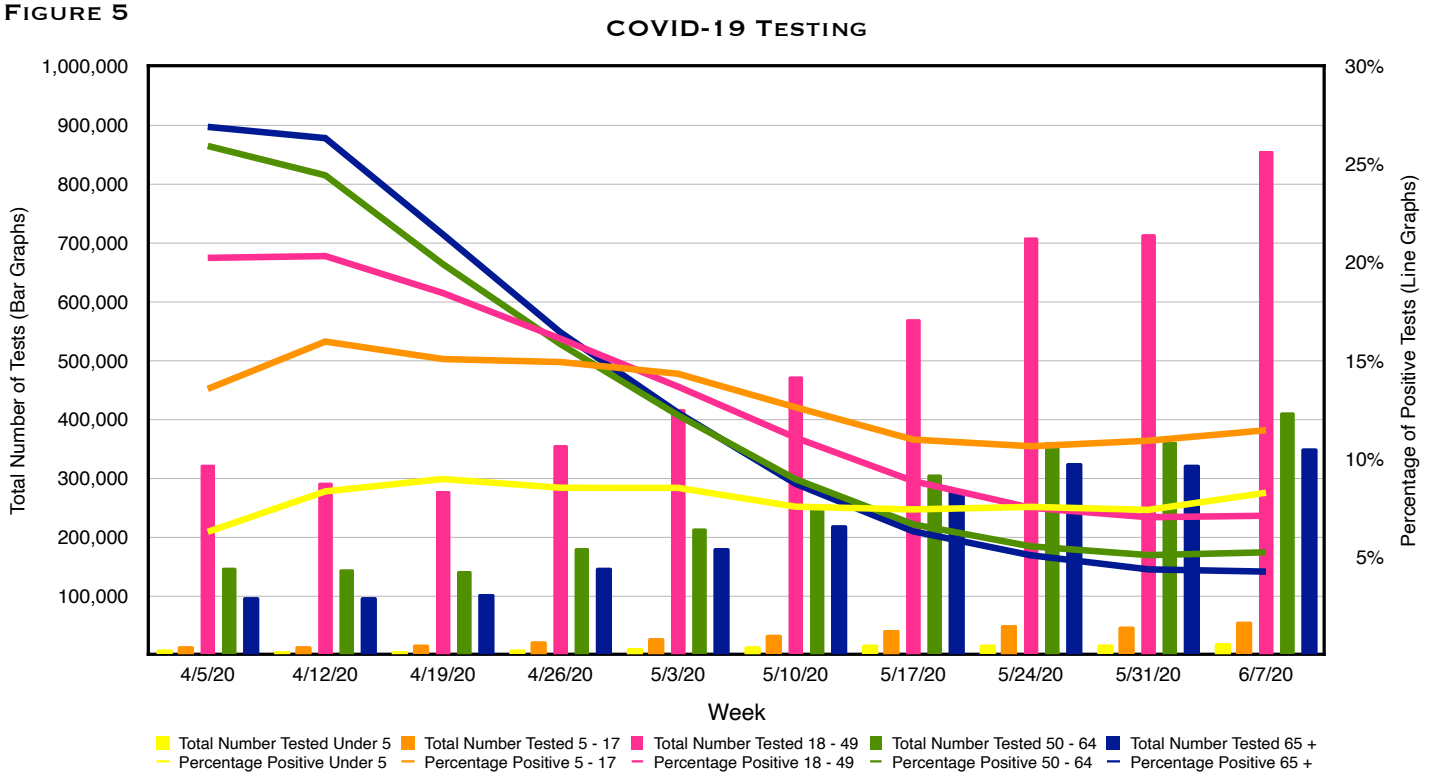
FIGURE 4



Source: https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

So why are we still acting like this is 100% fatal Ebola virus? It is time for the country to get back to the previous normal, not the "new normal." The concept of "flattening the curve" was to keep intensive care units (ICU) at hospitals from becoming overrun. Even in New York City, which was hit the hardest of any metropolitan area, the ICUs were not overrun. The temporary hospital in Central Park was never used. The military hospital ship Hope in New York Harbor was never used.

FIGURE 5



Source: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

The proportion of the age groups that have been tested has not changed. The relative height of the bar graph portion of Figure 5 does not change with time. In April the elderly had the highest percentage of positive tests. By June the lines in Figure 5 are almost completely inverted. Now the youngest have the highest percentage of positive tests, but they are the population with the highest survival percentage. Very few of the young die from COVID-19. So why is government so concerned with the number of positive cases, when the death rate is dropping? The goal is to prolong the hysteria in order to control the citizens. So why the government edict to always wear a mask?

The following is part of a guest editorial published in the Journal of American Physicians and Surgeons.[9]

> "Masks According to Dr. Trisha Greenhalgh, professor of primary care at the University of Oxford, COVID-19 could be the "nemesis of evidence-based medicine." Advice to wear a mask is not based on unequivocal evidence, but rather invokes the precautionary principle. One experiment showed that only one-36th as many droplets from a cough were caught 8 inches

away if the person wore a mask with two layers of cloth. Thus, there was potential benefit and presumably little harm.

Models predict that if 80 percent of the population wore masks that were 60 percent effective, the R0 would drop below one, enough to stop the spread of disease. Although there are many other variables, case and death rates have reportedly been reduced within weeks in regions that have adopted widespread mask wearing. A cloth mask helps protect others from the wearer. An N-95 mask helps protect the wearer from others, but it does not filter exhaled air passing through the exhaust valve.

Mask wearing is not completely safe. N95 masks may induce an initial hypoxia and hypercapnia. This increased CO^2 overstimulates respiratory drive, creating shallow hyperventilation (of which the person may be unaware) resulting in decreased CO^2 and compensatory increase of chloride. This leads to the picture of overcompensated respiratory alkalosis by mild metabolic acidosis with normal anion gap (increased chloride, decreased CO^2).

A position paper by Mediziner und Wissenschaftler für Gesundheit, Freiheit und Demokratie (MWGFD, Physicians and Scientists for Health, Freedom, and Democracy) states: “From a medical point of view, the general obligation to wear mouth protection in public places that is still being introduced cannot be justified at all. Even the WHO points out that there is no scientific evidence to justify wearing a mouthguard in public without acute respiratory syndromes. Wearing a mask also endangers the health and life of people with severe lung diseases (cancer, COPD, asthma), heart diseases, hypertension, as well as mentally unstable people and children [Google translate].”

If the virus lands on the conjunctiva, tears will wash it into the nasopharynx. Without eye protection, mask-wearing may be mostly ritual as far as protecting the wearer.”

To put this man-made economic disaster behind us we need to achieve herd immunity as a nation. An excellent article previously published on the Association of American Physicians and Surgeons website describes herd immunity.[10] We need to get back to the real normal, get rid of the masks and the social distancing, let all of the workers get back to work, and let the kids go back to school. The medical experts initial prediction was 2.2 million deaths in the United States. The actual deaths will be about 20 times lower. So much for the “experts.” The media has daily reports of locations of someone that tested positive. This tactic is nothing but fear mongering and the media needs to cease that practice immediately. It’s time for good citizens to start pushing back. We need to reclaim our country.

Sources:

[1] https://corona.help/country/united-states

[2] https://www.researchgate.net/publication/339893491_Estimating_the_asymptomatic_proportion_of_coronavirus_disease_2019_COVID-19_cases_on_board_the_Diamond_Princess_cruise_ship_Yokohama_Japan_2020

[3] https://academic.oup.com/jtm/article/27/2/taaa020/5735321?searchresult=1

[4] https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf

[5] https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf

[6] https://www.realclearpolitics.com/articles/2020/05/29/us_covid-19_death_toll_is_inflated.html

[7] https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

[8] https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/06192020/public-health-lab.html and https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/06192020/clinical-labs.html and https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/06192020/commercial-labs.html

[9] https://aapsonline.org

[10] https://aapsonline.org/coronavirus-covid-19-public-health-apocalypse-or-anti-american/