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CASE REPORT

Some Doubt the Covid19 Containment Measures on the Generally Healthy Population Made Any Difference for Italy : Covid19 Fatalities Much Larger in Europe, United States and Canada than elsewhere

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ABSTRACT
There is a clear indication from the number of fatalities in similar countries that adopted different lockdown strategies, for example, Belgium, Spain, the United Kingdom or Italy, and others, that the more strict measures applied to the healthy population did not pay. There is also a clear indication that the compartmental model predictions of March were wrong, overrating peak fatalities of more than one order of magnitude. It is an unfortunate circumstance that the mainstream media in the west, as well as the "high impact" peer review, ignore the real-world pattern of Covid19 infection. Here we examine one of the examples of biased literature.

KEYWORDS: Covid19 ; Italy ; Compartmental Models.

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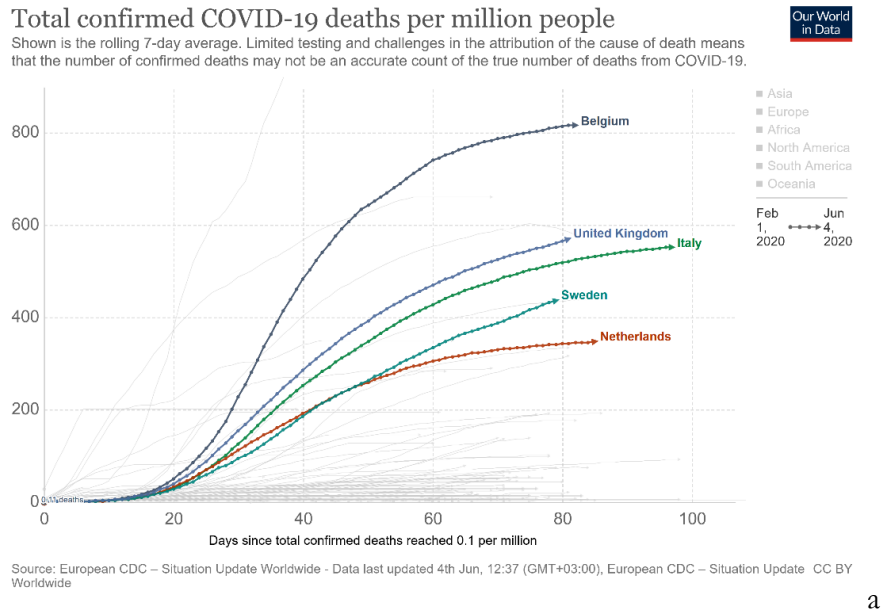
COVID19 OUTBREAK IN ITALY

[1] discusses the drastic measures for transmission containment adopted to control the spread of Covid19 in Italy. The effects are analyzed through a Susceptible–Exposed–Infected–Recovered (SEIR)-like transmission model accounting for a network of connected 107 provinces. The model covers the period February-21 to March-25. Their results suggest the restrictions to mobility and human-to-human interactions reduced transmission by 42 to 49% and conclude verifiable evidence exists to support the emergency measures.

The method and conclusion are questionable. While there are some doubts about the number of Covid19 deaths in Italy, there is no doubt that the number of confirmed cases is unreliable. During the study period, the number of tests conducted was inadequate, and not even all the Covid19 medium-to-severe-cases patients were tested. The testing kits based on a swab of the back of the throat and nose of the time were unreliable, with an equally large percentage of false-positive or false-negative. Seroprevalence tests were not common. The vast majority of the infected, that is mild or asymptomatic cases, about 80% of the total as also acknowledged by the WHO already in early March [2] are missing from the official record. This is confirmed by seroprevalence tests in the supposed-to-be unaffected population performed somewhere else [3]. An active Covid19 infection could have been detected by a spike in the IgM if tests were performed. Past infections could also have been detected through the IgG. Seroprevalence tests were not performed in Italy.

While the comparison of the reported number of cases across different countries is not particularly meaningful reflecting the number and type of tests performed, a similar pattern of the outbreak has been recorded in neighboring European countries despite dissimilar containment measures. By looking at data for Belgium, Spain, United Kingdom, or Italy, that are countries were more severe measures were implemented, or Netherlands or Sweden, with more relaxed

measures, there is no evidence the different measures made any difference. **Figure 1** (from ourworldindata.org) presents the total number of fatalities and a daily number of fatalities per million for Covid19. Belgium had a daily peak of almost 30p.m., Italy and the United Kingdom had almost 14 p.m., and Sweden or the Netherlands less than 10 p.m. Belgium has a total fatality above 800 p.m., Italy and the United Kingdom above 500 p.m., Sweden above 400 p.m., and the Netherlands about 300 p.m. As the fatality of Covid19 is almost entirely in the risk categories for age or comorbidities, as also recognized for Italy [4], the more or less restrictive measures on the generally healthy population have not made any difference.



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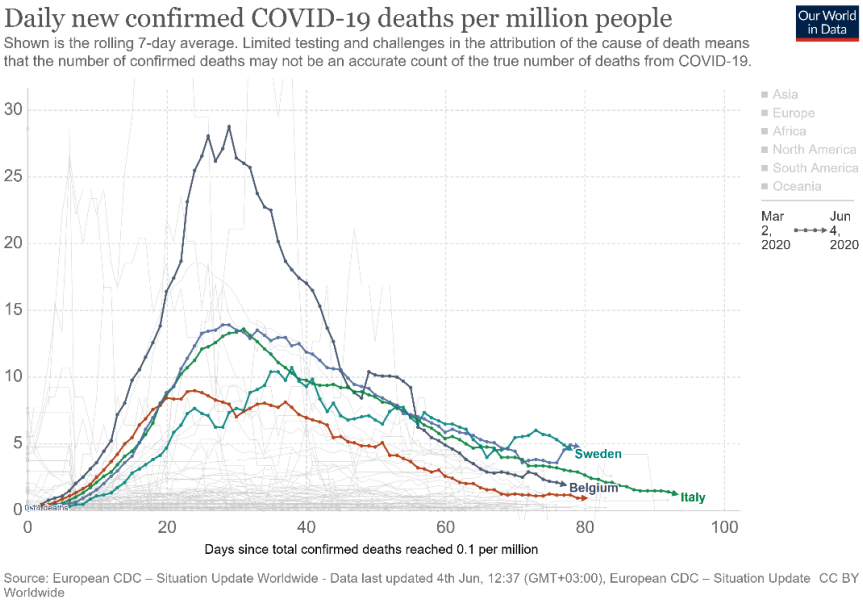

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Figure 1 – Total number of fatalities and daily number of fatalities for Covid19. Data from the European CDC. 7-days rolling averages. Update June 7, 2020. Graphs from ourworldindata.org. CC-BY.

Also the author of the other compartmental model study [5] that predicted a peak daily fatality rate for the United Kingdom of 210 p.m. after two months (the maximum measured value was 13.54 p.m. after one month, much larger than the values of Sweden or the Netherlands), now admits [6] that the measures made little difference. It is essential to protect the vulnerable rather than lockdown everybody. The extra deaths of Belgium, the United Kingdom or Italy, are mostly in the nursing homes where the vulnerable were not protected as they should have been. Models have not been very helpful so far for Covid19 infection.

Worth discussing is also the ratio between recovered and deaths of people ending up in hospitals for Covid19 infection. As shown by the data proposed by worldometers.info, **Table 1**, the percentage of fatalities in between the closed cases is extremely large for some countries of Europe and North America. This number, that is practically the fatality rate in between the infected requiring medical attention (the mild or asymptomatic cases are generally excluded), has never been commented so far by mainstream media or the "high impact" peer review. The data is proposed for "similar" countries, all the European

countries, plus countries such as Australia or South Korea, Singapore or Taiwan, Hong Kong or Macau, New Zealand, and the Gulf Cooperation Countries. Why Italy or Belgium, France, or Hungary, but also the United States or Canada, have one order of magnitude larger percentage of fatalities in between the closed cases is something that should deserve an explanation.

Table 1 – Total number of fatalities and recovered. Data from worldometers.info. Update June 19, 2020.

Country	Total Deaths	Total Recovered	Deaths /1M pop	Tests/ 1M pop	Population	% deaths/closed cases
USA	119,941	918,796	362	79,302	330,933,464	11.55%
Russia	7,478	304,342	51	107,445	145,932,404	2.40%
UK	42,153	N/A	621	104,930	67,873,411	N/A
Spain	27,136	N/A	580	103,232	46,754,183	N/A
Italy	34,448	179,455	570	78,945	60,464,665	16.10%
Germany	8,927	173,600	107	60,038	83,774,757	4.89%
France	29,575	73,667	453	21,214	65,268,631	28.65%
Saudi Arabia	1,091	91,662	31	33,564	34,791,801	1.18%
Canada	8,254	62,017	219	59,753	37,729,863	11.75%
Qatar	82	62,172	29	108,555	2,807,805	0.13%
Belgium	9,675	16,684	835	91,136	11,587,864	36.70%
Sweden	5,041	N/A	499	32,188	10,097,008	N/A
Netherlands	6,074	N/A	355	28,271	17,133,591	N/A
UAE	295	29,537	30	303,467	9,885,757	0.99%
Singapore	26	31,938	4	98,516	5,848,655	0.08%
Portugal	1,523	23,580	149	98,706	10,197,637	6.07%
Kuwait	306	28,896	72	80,371	4,268,026	1.05%
Switzerland	1,956	28,900	226	54,924	8,652,319	6.34%
Poland	1,286	14,921	34	32,950	37,847,943	7.93%
Oman	116	11,797	23	29,107	5,100,647	0.97%
Ireland	1,710	22,698	346	78,322	4,935,669	7.01%
Romania	1,451	16,117	75	30,421	19,241,459	8.26%
Bahrain	49	14,185	29	262,383	1,698,543	0.34%
Austria	687	16,099	76	60,038	9,004,570	4.09%
Serbia	257	11,511	29	36,572	8,738,450	2.18%
Denmark	598	11,185	103	145,165	5,791,499	5.08%
Czechia	333	7,399	31	47,185	10,708,313	4.31%
Norway	243	8,138	45	54,042	5,419,687	2.90%
Australia	102	6,868	4	74,863	25,488,459	1.46%
Finland	326	6,200	59	40,502	5,540,432	5.00%
North Macedonia	210	1,803	101	22,293	2,083,377	10.43%
Luxembourg	110	3,935	176	198,336	625,560	2.72%
Hungary	567	2,547	59	25,063	9,661,121	18.21%
Bulgaria	184	1,880	26	15,882	6,949,959	8.91%
Greece	187	1,374	18	25,414	10,424,594	11.98%
Bosnia and Herzegovina	168	2,197	51	24,099	3,281,423	7.10%
Croatia	107	2,141	26	17,222	4,106,017	4.76%
Estonia	69	1,743	52	74,632	1,326,506	3.81%
Iceland	10	1,797	29	190,821	341,163	0.55%
Lithuania	76	1,447	28	137,912	2,723,271	4.99%
Albania	38	1,077	13	6,694	2,877,898	3.41%
Slovakia	28	1,437	5	36,410	5,459,555	1.91%
New Zealand	22	1,482	4	64,210	5,002,100	1.46%
Slovenia	109	1,359	52	43,541	2,078,929	7.43%
Hong Kong	4	1,071	0.5	36,731	7,494,743	0.37%
Latvia	30	875	16	69,773	1,886,766	3.31%
Cyprus	18	816	15	119,401	1,207,039	2.16%
Georgia	14	731	4	19,591	3,989,410	1.88%
Andorra	52	791	673	48,537	77,261	6.17%
San Marino	42	591	1,238	160,129	33,929	6.64%
Malta	9	610	20	192,443	441,503	1.45%
Channel Islands	48	512	276	59,004	173,803	8.57%
Taiwan	7	434	0.3	3,137	23,815,327	1.59%
Isle of Man	24	312	282	67,351	85,017	7.14%
Gibraltar		176		309,519	33,691	0.00%
Monaco	4	94	102	412,928	39,232	4.08%
Liechtenstein	1	55	26	23,607	38,124	1.79%
Macao		45			648,984	0.00%
Greenland		13		47,968	56,767	0.00%
Vatican City		12			801	0.00%

CONCLUSIONS

A model of wrong parameters, with overrated infectivity and lethality, should not have been the basis of a paper published on 23 April 2020, supporting questionable containment measures for the generally healthy population that were openly less effective than the claimed. If the fatalities caused by the Covid19 measures promoted in London, Bruxelles, or Rome have been larger than the fatalities experienced in countries with less severe measures is a fact that should not be ignored by mainstream media and "high impact" peer review. Same as management of debt of developing countries, or promotion of renewable energy, and now management of the Covid19 pandemic, the problem is a sick patient in the hands of the wrong, very expensive doctor that he/she cannot afford [7]. The patient goes to the doctor for treatment. The doctor prescribes a very expensive controversial treatment. The patient consents to the treatment, knowing he/she cannot afford it. The patient develops terrible side effects also discovering the original problem has worsened. The poor patient is sicker and more desperate in need of even more help from the wrong, very expensive doctor [7]. There is the impression mainstream media and "high impact" peer review are supporting the very expensive wrong doctor also for the Covid19 pandemic.

COMPETING INTERESTS

The author received no funding and has no conflict of interest to declare.

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