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MEDIA RELEASE

COVID 19 MORTALITY IN LOW-RISK GROUP MINIMAL

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- **RECENT OVERSEAS SARS-CoV-2 SERUM ANTIBODY SAMPLING OF PEOPLE UNDER 69 YEARS OF AGE SHOWS OVERALL COVID-19 CASE FATALITY RATE (CFR) MAY BE SIMILAR TO INFLUENZA;**
- **SIX INITIAL SERUM ANTIBODY STUDIES CONFIRM POSSIBLE TREND FOR SIGNIFICANTLY LOWER COVID-19 CFR THAN BEING REPORTED, PARTICULARLY IN LOWER RISK POPULATION AGE GROUPS;**
- **THE SERUM ANTIBODY STUDIES INDICATE A POSSIBLE COVID-19 CFR FOR THE ENTIRE POPULATION OF BETWEEN 0.1% AND 0.3%;**
- **THESE FINDINGS SUPPORT THE IMMEDIATE RETURN TO EDUCATION FOR ALL STUDENTS AND WORK FOR LOW-RISK PEOPLE UNDER 65 YEARS OF AGE;**
- **AUSTRALIAN COVID-19 CFR FOR PEOPLE OVER 70 YEARS OF AGE THAT FORM MOST OF THE HIGH-RISK GROUP IS APPROXIMATELY 5%;**
- **THE 5% CFR CONFIRMS THAT HIGH-RISK GROUPS MUST REMAIN ISOLATED AND PROTECTED FOR AN EXTENDED PERIOD OF TIME.**

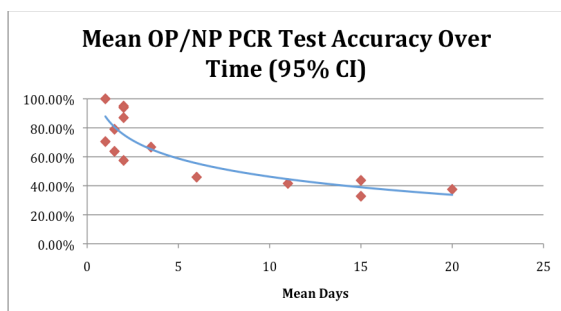
Influenza is a disease where the mortality primarily impacts those over 70 years of age, similar to Covid-19. In 2019, Australia suffered 902 influenza deaths. The total influenza associated deaths since 2014 is over 3,300, as shown in Graph 1. Case fatality rate (CFR) ranges from 0.2% to 0.5%.

	1 January to 31 December						
	2014	2015	2016	2017	2018	5 year average	2019*
Notifications**	67,670	100,556	90,858	251,151	58,858	113,819	307,907
Deaths [§]	189	222	273	1181	148	403	902
Case Fatality Rate	0.28%	0.22%	0.30%	0.47%	0.25%	0.35%	0.29%

Graph 1: Australian influenza associated deaths. (Source: NNDSS reported influenza associated deaths in Australia; 2014-2019) *preliminary data.

Symptomatic polymerase chain reaction (PCR) testing for SARS-CoV-2 (COVID-19), like the PCR oro/nasopharyngeal swab testing methods used in Australia, is presently only confirming infection within a fraction of the population who have been exposed to this virus and their weakened immune system allowed notable symptoms to develop. COVID-19 IgG and IgM rapid serum antibody testing identifies people previously infected with SARS-CoV-2 that have recovered or may have been asymptomatic, but still produced antibodies. This latter group is not counted in the current CFR statistics.

The PCR oro/nasopharyngeal swab testing is not 100% accurate and tends to miss many positive findings, particularly when testing occurs beyond five to seven days after actual infection, shown in Graph 2. Such missed positive findings would also effectively inflate the CFR for Covid-19.



Graph 2: PCR swab test accuracy trend line over time, where day 1 is presentation for health care (Source: 9 studies by Yang, Wolfel, Lieberman, Li, Hernes, Spencer, Irving, Kim, De la Tabla).

The larger group of those exposed to SARS-CoV-2 fall into the younger, more mobile, low-risk group, usually presenting with no, or negligible symptoms. This group is also likely to spread the virus more widely. The low-risk group, if infected, rapidly forms antibodies to the virus, efficiently resolving the infection with minimal impact to their health, and are therefore often not tested. At this time, the actual number of this previously infected group can only be effectively identified and estimated by serum antibody testing. Subsequent broader PCR testing for this group being proposed by some State governments cannot provide credible data and is a waste of resources.

Broad based, random serum testing for SARS-CoV-2 antibodies, was the approach utilised by the following recent overseas studies: Erickson-AUC, Bakersfield (5,213 subjects), Bendavid-Stanford University Santa Clara (3,330 subjects), Sood-University of Southern California LA County (863 subjects), the Streeck-University of Bonn (Gangelt) study (500 subjects; 4% of town population), Dissel-RIVM-Netherlands and Erikstrup-University Hospital, Aarhus Denmark. The Netherlands & Danish studies tested larger general population cohorts of ~17,000 blood donors for Covid-19 antibodies. While the results are preliminary and yet to be peer reviewed, as time is of the essence, each of these studies provided consistent evidence of many more SARS-CoV-2 infections in the general population than currently recorded in the Covid-19 disease data and CFR calculations.

A number of rapid result antibody tests have been developed, and while improvement in the sensitivity and specificity for both serum antibody and PCR tests would be beneficial, these tests are all we have at this point. The veracity of the research noted above is enhanced by the relative reliability of the COVID-19 IgG and IgM antibody rapid tests to confirm the presence of SARS-CoV-2 serum antibodies, which indicates exposure to the virus and recovery. The rapid serum antibody tests utilised by the various studies noted in this document have been found to rarely generate false positive findings, but did generate some false negatives. Hence, any reduction to the Covid-19 CFR may still be understated by these studies.

These multiple study findings and initial conclusions must be carefully considered by the health authorities, Government and its advisors. This new data needs to be seen in a positive light, as it possibly indicates more reassuring news for the management and recovery of the social impact of this pandemic. Such data should help guide the mechanisms and structure for a return to more normal Australian life and economic recovery, initially for those classified as low-risk.

PCS feels it is unacceptable for parties to openly and prematurely attack the consistent pattern of findings provided by these six unrelated studies. The public, and many credible research organisations, can only speculate on the motives of such attacks. PCS expects the findings of these random serum antibody studies would initiate immediate similar research and testing in the Australian setting.

However, it is clear the high-risk group remains at risk for severe SARS-CoV-2 infection, Covid-19 disease and unacceptable mortality.

This high-risk group includes people over 65 years of age, and those who have weaker immune systems often associated with other disease risks to COVID-19, such as cancer, diabetes, heart & lung disease, hypertension and asthma, as nominated by that individual's health practitioner. Aboriginal and Torres Strait Islander people over the age of 50 also fall into this high-risk group.

PCS strongly recommends that the current restrictions, including sensible isolation, social distancing and hygiene must be maintained for many months with the high-risk group.

PCS also strongly recommends that designated hours for all food shopping and clinic health care visits are established and reserved specifically for the high-risk group to ensure adequate separation from low-risk people that may be infected but asymptomatic. PCS believes the activity times specified for the high risk group are preferably first thing in the morning so that many viral traces may have naturally expired overnight and operators of premises have sufficient time to suitably disinfect. Any person classified as high-risk that fails to adhere to these guidelines cannot reasonably assign blame to any party if they become infected and sick with Covid-19.

Given the low illness and Covid-19 mortality rates in the low-risk group, PCS recommends that this group of the population should immediately return to more normal duties and activity.

Further delays will most likely increase instances of fiscal hardship, mental health issues, suicide, various forms of abuse and lead to a fall in educational standards. Any State or the Federal government that persists with unnecessary delays for a return to more normal activity for the low-risk group, must accept that by their inaction they assume direct responsibility for many health problems, instances of abuse or self harm and mortality, as well as greater economic destruction that occurs from this point forward.

Additionally, PCS believes that the Governments of Australia must maintain or strongly encourage the current level of restrictions for the high-risk groups until suitable herd immunity develops, or safe treatments are approved. Once again, any Government or advisory body that fails in this regard must assume direct and personal responsibility for many of the future Covid-19 deaths in this group that are more likely to occur during any second wave, if such restrictions are prematurely relaxed.



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