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MEDIA RELEASE
INFLUENZA MORTALITY COMPARED TO COVID 19

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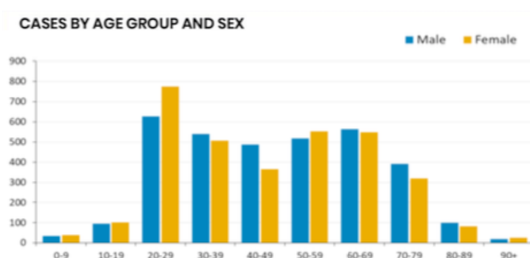
PCS recognises the global infection and mortality rates directly and indirectly related to COVID-19 are both disturbing and distressing. Sensible hygiene and distancing remains sound advice, both in relation to the COVID-19 virus, SARS-CoV-2, and also other contagious diseases, such as influenza.

However, PCS strongly recommends that governments and the public develop an improved level of context in regard to the nature and impact of the current pandemic.

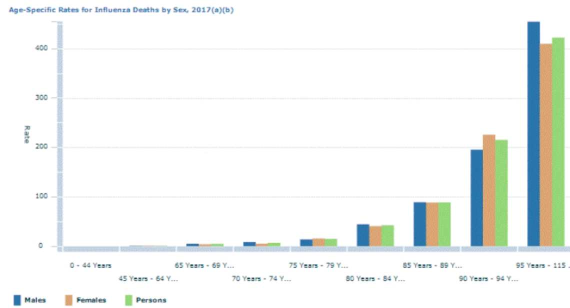
To date, there have been approximately 3 million recorded infections of SARS-CoV-2 and over 206,000 deaths attributed to COVID-19, although many of these patients actually died of another primary disease. This data relates from the earliest date of publicised infections and deaths in China to today (approximately four months during the peak of global infections).

In 2012, WHO estimated that each year, approximately 5–10% of adults and 20–30% of children are infected with influenza, resulting in 3–5 million cases of severe disease (plus many millions of mild cases) and approximately 1 million deaths worldwide. More recent studies where improved differential diagnosis has been applied still estimate that up to 650,000 global deaths are directly related to influenza. This level of influenza mortality continues today. For example, the CDC initial estimates for the 2017 influenza season in the USA are 29 million influenza infections, 500,000 hospitalisations and 38,000 deaths. The 2018 and 2019 results are not yet finalised. Up to October 2019, Australia suffered 812 influenza deaths. Approximately half of these patients were vaccinated for influenza.

Symptomatic testing for SARS-CoV-2 will only confirm infection within a fraction of the population who have been exposed to this virus and where their immune system allowed notable symptoms to develop. The much larger group of those exposed present with no, or negligible symptoms, because their immune system effectively dealt with the virus and have therefore not been tested. The Australian infections by age and sex in Graph 1 clearly demonstrates that the vast majority of positive infections were found in the low-risk, social and highly mobile group. It is highly likely, given the infectious nature of this virus, that many thousands of young and middle aged Australians have already been exposed but not tested. This effectively reduces the actual COVID-19 mortality. New data now demonstrates that the actual mortality rate associated with COVID-19 is similar to seasonal influenza, also impacting the elderly as shown in Graph 2.



Graph 1: Australian Covid-19 infections by age and sex (source: Department of Health Dashboard-26 April 2020)



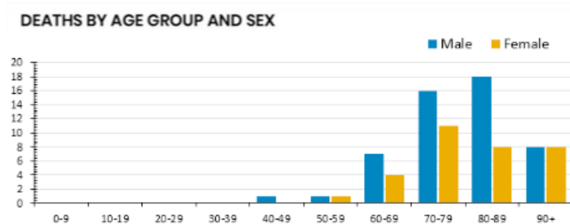
Graph 2: Australian influenza deaths by age and sex (source: ABS)

PCS strongly recommends that media and government officials watch the video of Dr Dan Erickson and colleague where current global data and statistics specific to the COVID-19 pandemic are discussed by specialist health professionals on the front lines that deal with infectious diseases. The conclusion is very clear. While any death of family, neighbour and friend is always distressing, COVID-19 disease mortality and the demographic it most affects, is similar to the mortality rates associated with seasonal influenza.
https://thewallwillfall.org/2020/04/24/covid19-millions-of-cases-small-amount-of-death-dr-erickson-california/

The PCS role is to encourage, fund and analyse research or data so that all parties can make decisions based on science, thereby removing unwarranted fear and emotion from our behaviour, decision making and actions. The initial public reactions and restrictions were understandable, and the governments and their health workers are to be applauded for their dedication and efforts to date.

However, there is no longer scientific justification for continuation of the high level of restrictions to be applied to the low-risk population group that makes up the vast majority of the nations workforce and young people in various stages of their education. The controlled easing of restrictions should now be initiated.

Unfortunately, the current restrictions, including sensible isolation, social distancing and hygiene **must be maintained for some months** with the high-risk group that includes people over 65 years of age (demonstrated by the mortality Graph 3), and those with associated disease risks to COVID-19, such as cancer, diabetes, heart & lung disease, asthma, obesity, etc, as nominated by that individuals health practitioner. PCS also strongly recommends that designated hours for shopping and clinic visits are specified and reserved specifically for the high-risk group. The times specified for the high-risk group are preferably first thing in the morning so that many viral traces may have naturally expired overnight or the premises has been suitably disinfected.



Graph 3: Australian Covid-19 mortality by age and sex representing the high-risk group (source: Department of Health Dashboard-26 April 2020)

If the authorities continue to justify the current level of restrictions, logically, Australia must move into severe lockdown and economic destruction each year with seasonal influenza, as its mortality divided by infection rate is obviously similar.

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