

COVID-19 deaths - government data manipulation 06Aug2021

In the report below, there is a section on data from Office of National Statistics (ONS) where the data on respiratory deaths made no sense. The first change started on the 08Jan2021 with a significant rise in weekly respiratory deaths from 678 on the 01Jan2021 to 7,025 per week on the 08Jan2021, considering the average respiratory deaths from 2010-2019 was just 1,372, this was a nonsensical major change.

As of 06Aug2021 the ONS have made another significant change to the data as seen in figure 1 opposite.

They have added two caveats “deaths involving respiratory disease (any mention on the death certificate)” – the published data from 08Jan2021.

There is now a new caveat “deaths due to respiratory disease (underlying cause)” – the changed data. This is more in line with the 10-year average of respiratory deaths, actually below the average of 2010-2019.

They now have the same two caveats for COVID-19. These caveats have never been published previously; the new data makes a little more sense for respiratory deaths, but questionable for being too low.

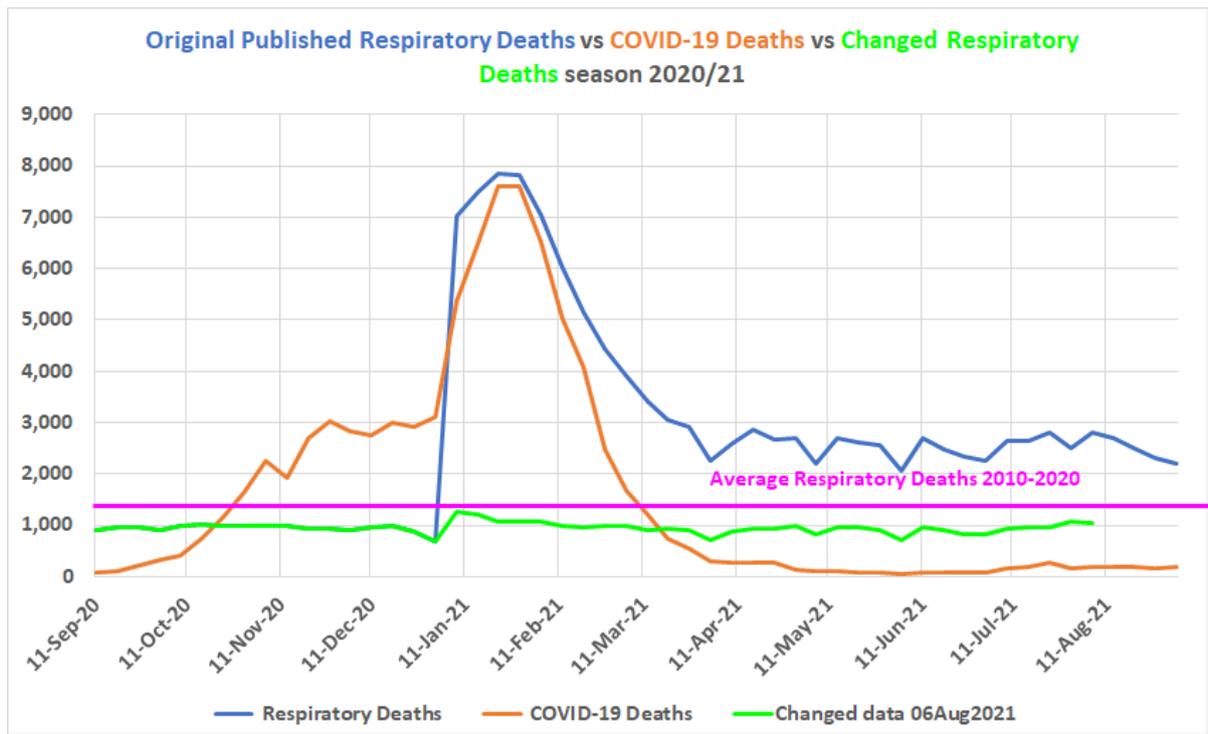


Fig 1 shows the difference in data changes made to respiratory deaths 06Aug2021

However, the daily data for COVID-19 has this caveat: <https://coronavirus.data.gov.uk/>

Example:

“Deaths within 28 days of positive test

Latest data provided on 22 August 2021

Daily

49

Last 7 days

687

52 (8.2%)

Rate per 100,000 people: **0.9**”

How is it possible to know if a patient tested 28 days prior to death did not recover from COVID-19 and died from another prime condition. Surely when a patient dies, the medics should put the prime reason for death on the certificate.

The difference between weekly reporting from ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

and <https://coronavirus.data.gov.uk/> is interesting.

Plotting weekly COVID-19 deaths from ONS and daily (7-day countback) from coronavirus data gov.uk shows some large discrepancies. Which of these data is correct?

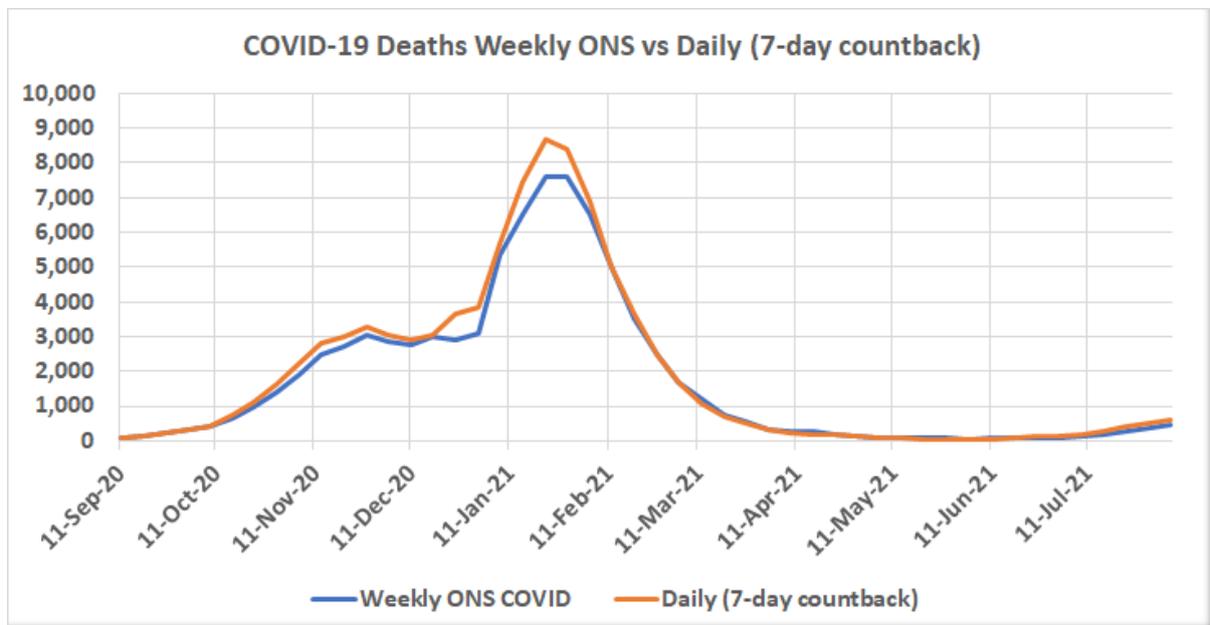


Fig 2 COVID-19 deaths: weekly ONS compared to daily (7-day countback)

The scale is deceptive as both data sets appear to be very similar. It is only when actual differences are plotted that and the total added for each do the large discrepancies appear, particularly at the peak of 2020/21 season.

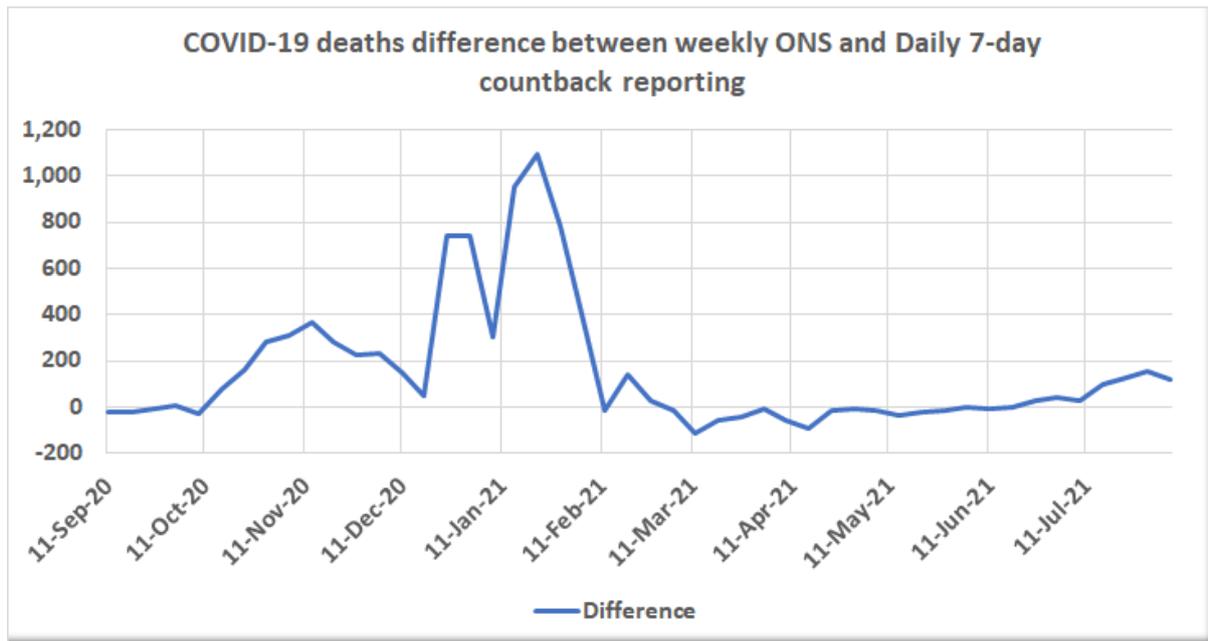


Fig 3 differences between weekly ONS and weekly (7-day countback) reporting

Figure 3 shows some large differences, 1,100 at the peak of the epidemic, between the two government reporting sites, weekly ONS and daily <https://coronavirus.data.gov.uk/>.

The totals for the period 11Sep2020 to 06Aug2021 are 81,046 from ONS and 88,338 from the coronavirus government site, an 8.3% difference. Which one is correct?

	All Causes Deaths	Excess All Causes Death Deaths	Respiratory Deaths	Excess Respiratory	COVID-19	Respiratory + COVID-19	Excess-Resp+CoV
Reference 2017/18	565474		80152				
2019/20	597763	32289	69571	-10581	40583	110154	30002
2020/21	582920	17446	49537	-30621	83990	133527	53375

Table 1 shows seasons, using the new data, 2019/20 and 2020/21 in comparison with reference period 2017/18 season

Figures in red are forecast from 06Aug2021 to end of season 31Aug2021

In table 1 there is little difference in all causes of deaths 5.7% increase in 2019/20 season and just 3% increase in 2020/21 against the reference season of 2017/18, which, accounting for a 2% population increase, the difference are 3.7% and 1% respectively. The reason 2017/18 was selected; it was the highest respiratory and all causes of deaths data from 2010-2019, without lockdown or other restrictions and the NHS coped.

It can be argued season 2019/20 had an excess of deaths of 30,000 respiratory/COVID-19 deaths but COVID-19 deaths for 2020/21 season look over exaggerated considering all causes of deaths and the

new and unlikely respiratory deaths. Perhaps this is a key case of died with, and not prime cause of death.

Conclusions:

If ONS can make such major changes with respiratory deaths, is it possible COVID-19 deaths have been over exaggerated containing many instances of deaths which were “died with COVID-19 and not as a prime cause of death. Which would make COVID-19 data considerably lower than has been published, particularly in the 2020/21 season.

The 2020/21 season data is nonsensical, with little change to all causes of deaths and now, a major decrease in respiratory deaths in comparison to both 2017/18 and 2019/20 seasons, but far larger increase in COVID-19 deaths.

Counting deaths of COVID-19, where an unreliable positive test has occurred within 28 days of death, is a bizarre metric to use. All it does is inflate COVID-19 deaths. How difficult is it for a medic to know the prime cause of death?

What would make more sense is, bearing in mind COVID-19 is a respiratory disease, that there was 30,000 more respiratory deaths and 30,000 less COVID deaths in the 2020/21 season and 10,000 more respiratory deaths and 10,000 less COVID-19 deaths in the 2019/20 season. This would have meant 30,583 COVID-19 deaths in 2019/20 and 53,990 in 2020/21 giving a total of 84,573 much lower than the 131,854 being reported.

The totals of respiratory and COVID-19 added together are considerably higher than the 2017/18 season respiratory figures, 30,002 more in 2019/20 and 53,375 in 2020/21 which obviously put a great strain on the NHS

Considering all the above data manipulation, all causes of death for both seasons (2019/20 and 2020/21) added together gives an increase of just 49,735 over the 2017/18 season.

Given the effect of the enforced regulations has had on the nation both economically and psychologically, based on greatly exaggerated COVID-19 deaths, shows how badly the whole escapade has unravelled.

For the future all respiratory viruses such as SARS-CoV-2, an airborne respiratory virus, should be treated as such in terms of data and added to respiratory deaths and not as a stand-alone entity where the prime cause of death is not properly recorded.