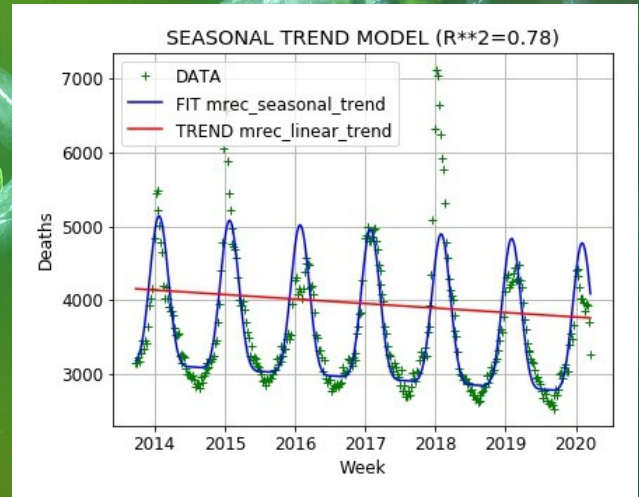


Undercounted COVID Deaths? The CDC's Contradictory Pneumonia and Influenza Death Numbers

April 14, 2020



Undercounted COVID Deaths? The CDCs
Contradictory Pneumonia and Influenza Death
Numbers

A video version is available at:

Video URL: https://youtu.be/eyjwi_DdHOs

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Overview

- CDCs weekly pneumonia and influenza death numbers for 2020 are less than comparable weeks last year (2019) as of March 28, 2020 (numbers posted Friday, April 10, 2020)
 - Absolutely no sign of COVID-19 until March 14, 2020
 - Increase in last two weeks but still less than last years numbers

Where are the misidentified or *untested* COVID-19 deaths?
- Weekly numbers show over 180,000 people die from pneumonia and influenza each year, over THREE TIMES the widely cited 55,000 number from the leading causes of death.

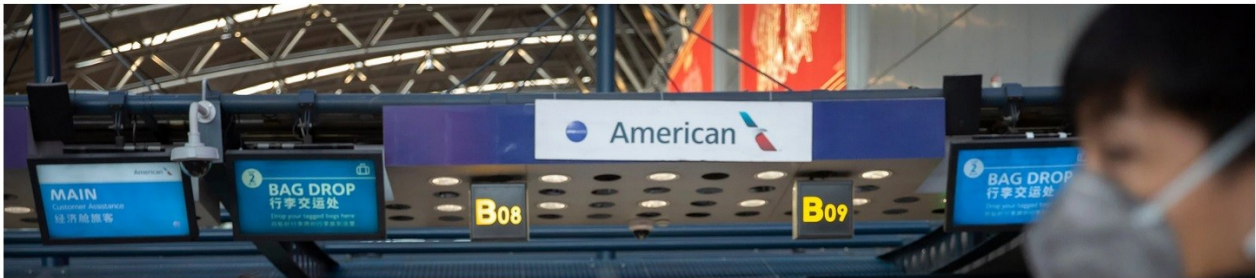
Seeming Chinese Coverup of Some Sort in December 2019



China seemingly engaged in a coverup of the coronavirus outbreak in December, denying any problem, and punishing those who reported a problem. Presumably they allowed the outbreak to proceed unimpeded for several weeks.

430,000 People Have Traveled From China to U.S. Since Coronavirus Surfaced

There were 1,300 direct flights to 17 cities before President Trump's travel restrictions. Since then, nearly 40,000 Americans and other authorized travelers have made the trip, some this past week and many with spotty screening.



430,000 people have traveled from China to the United States since the coronavirus surfaced. In Santa Clara County, California we have extensive ties to China with many residents/workers from China. Many many products are manufactured at factories in China, including Wuhan.

Remarkably, so far, supposedly only 54 coronavirus deaths in the county with almost two million residents. ***Too good to be true?***



The United States CDC badly bungled the coronavirus testing, turning down a working coronavirus test from Germany recommended by the WHO. This is test used in South Korea and Germany for example.

CDC opted to make its own test taking several weeks. The test failed.

Thus US has had limited testing compared to other countries like South Korea and Germany that seem to have contained the pandemic, and notably have tested many more asymptomatic people. They seem to see a much lower mortality rate – no surprise.

Coronavirus outbreak

This article is more than 1 month old

Coronavirus: asymptomatic Wuhan woman shows why outbreak 'will be hard to stop'

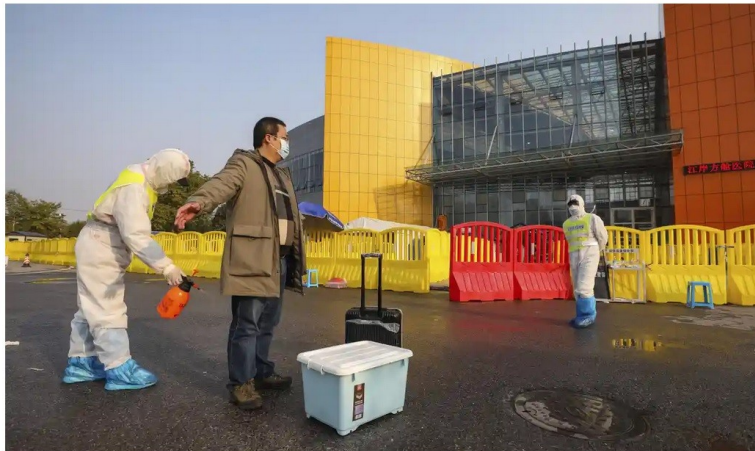
Case study of 20-year-old who infected relatives despite not showing signs of illness - and testing negative - stokes global pandemic fears

Martin Farrer and agencies

Sat 22 Feb 2020
05:20 EST



1365



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Study estimates 86 percent of cases in China undetected.

<https://science.sciencemag.org/content/early/2020/03/24/science.abb3221>

Research Article

Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2)

Ruiyun Li^{1,*}, Sen Pei^{2,*},[†], Bin Chen^{3,*}, Yimeng Song⁴, Tao Zhang⁵, Wan Yang⁶, Jeffrey Shaman²,[†]

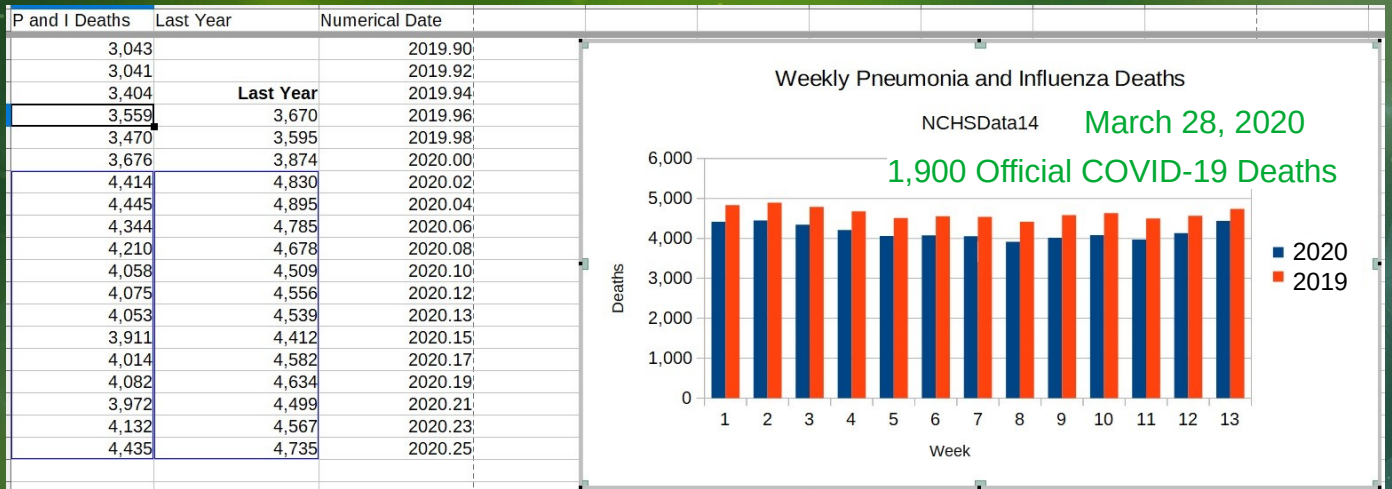
See all authors and affiliations

Science 16 Mar 2020:

eabb3221

DOI: 10.1126/science.abb3221

More Deaths in Comparable Weeks Last Year



Information for selected week and previous two weeks, national summary, all ages

Week	Number of Influenza Deaths	Number of Pneumonia Deaths	Total Deaths	Percent Complete
Selected Week (week 13)	300	4,135	44,402	93.3%
Week 12	435	3,697	48,488	> 100%
Week 11	527	3,445	50,785	> 100%

NCHSData14

Week 13 is week ending March 28, 2020

CBS Reports 1900 Coronavirus Deaths on march 28, 2020

<https://www.cbsnews.com/live-updates/coronavirus-cases-update-news-latest-covid-19-2020-03-28/>

Santa Clara County

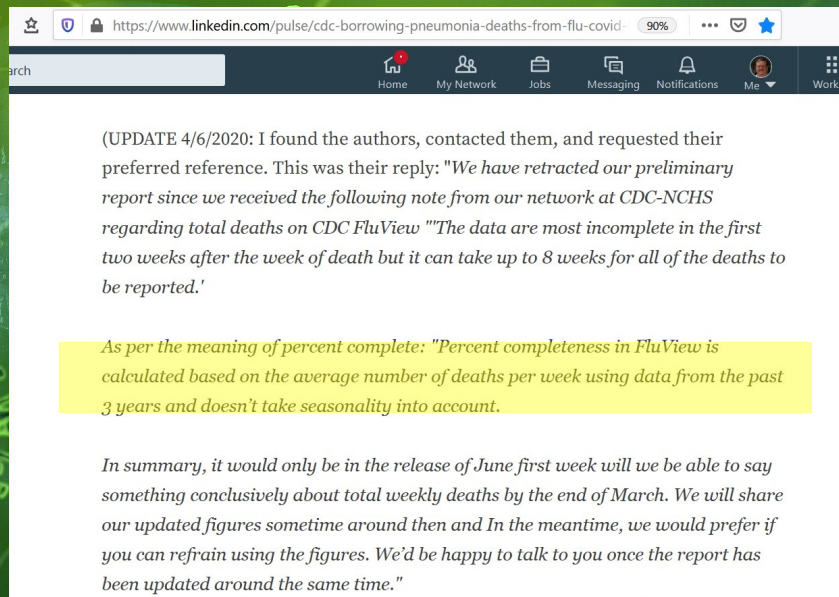
54 deaths as of Sunday, April 12, 2020

County of almost two million with close contact with

China

Really?

What Does *Percent Complete* Mean?



The meaning of percent complete on the FluView CDC web site is unclear.

A third hand source quotes the following explanation from a CDC affiliated researcher:

<https://www.linkedin.com/pulse/cdc-borrowing-pneumonia-deaths-from-flu-covid-19-james-lyons-weiler/>

As per the meaning of percent complete: "Percent completeness in FluView is calculated based on the average number of deaths per week using data from the past 3 years and doesn't take seasonality into account.

If true, **percent complete** is some sort of average completion rate based on data before the crisis, not an up to date real time tabulation of death certificates received now.

Possible Reasons

- Despite coverup, testing fiasco, large number of visitors from China, and asymptomatic carriers US has been remarkably effective in finding nearly all COVID-19 fatalities up to March 28, 2020.
- Actual mortality rate of COVID-19 is much lower than popular numbers (e.g. WHO 3.4 %) : Iceland, South Korean, Denmark and German data suggest about 0.5 percent mortality rate – which still could be higher than real rate
- Many COVID-19 deaths are due to aggressive treatment of the disease, e.g. intubation, rather than the disease alone.
- CDC weekly pneumonia and influenza death numbers are under counting for some reason (e.g. unusual delays due to crisis, blame New York City?)
- Compensating drop in non-COVID pneumonia and influenza deaths due to shelter-in-place, taking it easy during crisis, etc.
- Something else
- Some combination of some or all of the above!

The Contradictory Numbers

- Summing weekly pneumonia and influenza death numbers shows 180,151 people died from pneumonia in 2017!
- Only 8,135 died from influenza in 2017!

National Vital Statistics Reports



Volume 68, Number 9

June 24, 2019

Deaths: Final Data for 2017

by Kenneth D. Kochanek, M.A., Sherry L. Murphy, B.S., Jaquan Xu, M.D., and Elizabeth Arias, Ph.D.,
Division of Vital Statistics

Abstract

Objectives—This report presents final 2017 data on U.S. deaths, death rates, life expectancy, infant mortality, and trends, by selected characteristics such as age, sex, Hispanic origin and race, state of residence, and cause of death.

Methods—Information reported on death certificates is

Highlights

Mortality experience in 2017

- In 2017, a total of 2,813,503 resident deaths were registered in the United States, yielding a crude death rate of 863.8 per 100,000 population.

The yearly number of pneumonia and influenza deaths from summing the weekly numbers is over **THREE TIMES** the commonly cited number of about 55,000 variously described as flu deaths, flu associated deaths, and apparently “influenza and pneumonia.”

“Influenza and pneumonia” is listed as the 8th leading cause of death in 2017, latest year with a final deaths report listing leading causes of death, with about 55,000 deaths, whereas the sum of weekly pneumonia and influenza deaths is over 188,000

Table B. Number of deaths, percentage of total deaths, death rates, and age-adjusted death rates for 2017, percent change in age-adjusted death rates in 2017 from 2016, and ratio of age-adjusted death rates by sex and by race and Hispanic origin for the 15 leading causes of death for the total population in 2017: United States

[Crude death rates are on an annual basis per 100,000 population; age-adjusted rates are per 100,000 U.S. standard population; see Technical Notes in this report. Asterisks (*) preceding cause-of-death codes indicate they are not part of the *International Classification of Diseases, 10th Revision (ICD-10)*; see Technical Notes. Race and Hispanic-origin categories are consistent with 1977 Office of Management and Budget (OMB) standards]

Rank ¹	Cause of death (ICD-10)	Number	Percent of total deaths, 2017	Crude death rate, 2017	Age-adjusted death rate				
					2017	Percent change	Ratio		
							2016 to 2017	Male to female	Non-Hispanic black ² to non-Hispanic white ²
...	All causes	2,813,503	100.0	863.8	731.9	0.4	1.4	1.2	1.4
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	647,457	23.0	198.8	165.0	-0.3	1.6	1.2	1.5
2	Malignant neoplasms (C00-C97)	599,108	21.3	183.9	152.5	-2.1	1.4	1.1	1.5
3	Accidents (unintentional injuries) (V01-X59,Y85-Y96)	169,936	6.0	52.2	49.4	4.2	2.1	0.8	1.7
4	Chronic lower respiratory diseases (J40-J47)	160,201	5.7	49.2	40.9	0.7	1.2	0.7	2.7
5	Cerebrovascular diseases (I60-I69)	146,383	5.2	44.9	37.6	0.8	1.0	1.4	1.1
6	Alzheimer disease (G30)	121,404	4.3	37.3	31.0	2.3	0.7	0.9	1.3
7	Diabetes mellitus (E10-E14)	83,564	3.0	25.7	21.5	2.4	1.6	2.1	0.7
8	Influenza and pneumonia (J09-J18)	55,672	2.0	17.1	14.3	5.9	1.3	1.1	1.3
9	Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19,N25-N27)	50,633	1.8	15.5	13.0	-0.8	1.4	2.2	1.0
10	Intentional self-harm (suicide) (*U03.X60-X84,Y87.0)	47,173	1.7	14.5	14.0	3.7	3.7	0.4	2.6
11	Chronic liver disease and cirrhosis (K70,K73-K74)	41,743	1.5	12.8	10.9	1.9	1.9	0.7	0.8
12	Septicemia (A40-A41)	40,922	1.5	12.6	10.6	-0.9	1.2	1.7	1.3
13	Essential hypertension and hypertensive renal disease (I10,I12,I15)	35,316	1.3	10.8	9.0	4.7	1.1	2.1	1.0
14	Parkinson disease (G20-G21)	31,963	1.1	9.8	8.4	5.0	2.3	0.5	1.5
15	Pneumonitis due to solids and liquids (J69)	20,108	0.7	6.2	5.1	-1.9	1.9	1.0	1.7
...	All other causes (residual)	561,920	20.0	172.5

... Category not applicable.

¹Rank based on number of deaths; see Technical Notes.

²Multiple-race data reported according to 1997 OMB standards were bridged to the single-race categories of 1977 OMB standards. For more information on areas reporting multiple race, see Technical Notes.

SOURCE: NCHS, National Vital Statistics System, Mortality.

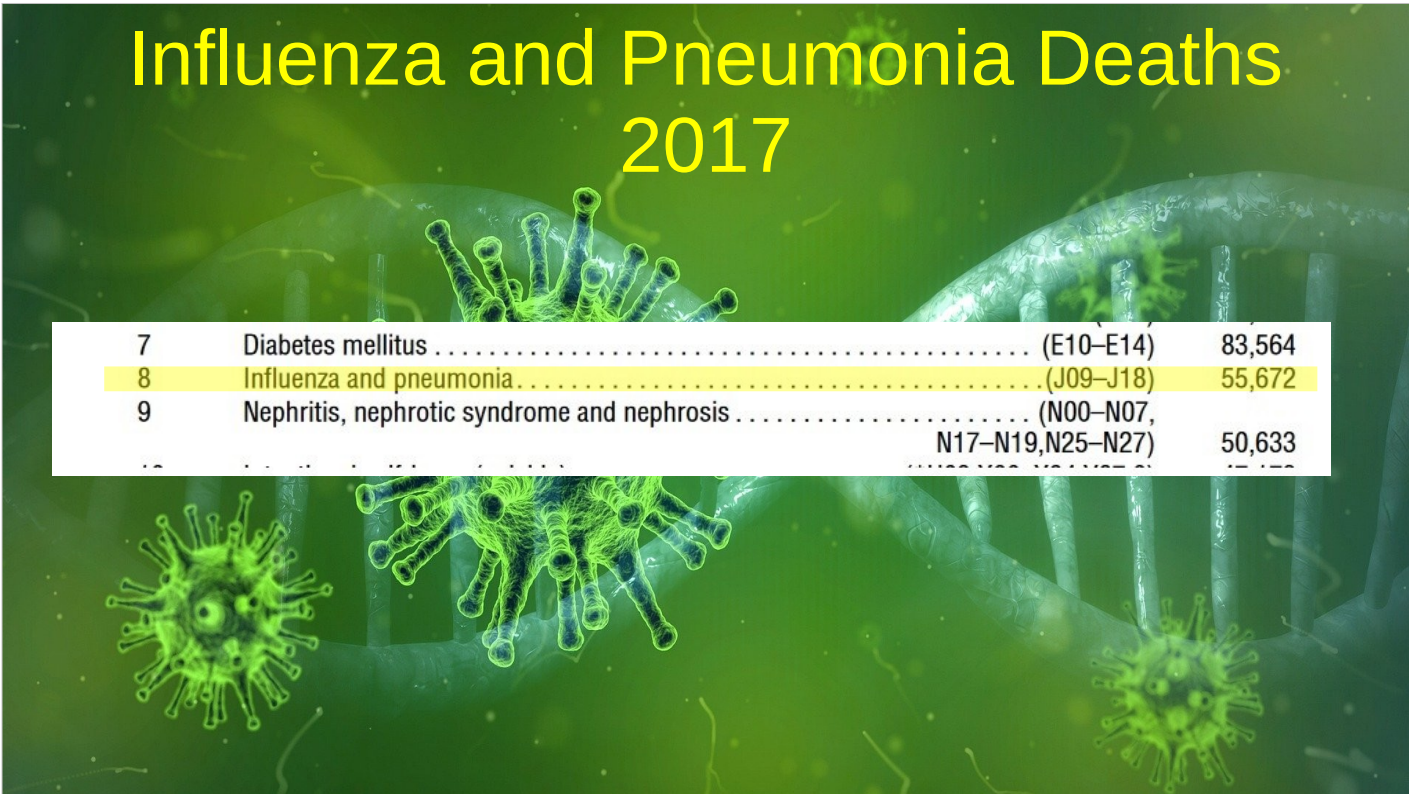
In 2017, on average 640,000/365 or 1753 people per day died of a heart attack

188,000/365 or 515 people per day died of pneumonia and influenza based on weekly P and I numbers

However, the National Vital Statistics final report for deaths in 2017 lists about 55,000 deaths from “influenza and pneumonia” in 2017. Also note about 160,000 deaths from chronic lower respiratory disease (4th leading cause of death)

The weekly P and I data is over THREE TIMES THE annual leading cause number. How is this possible?

Influenza and Pneumonia Deaths 2017



7	Diabetes mellitus	(E10–E14)	83,564
8	Influenza and pneumonia	(J09–J18)	55,672
9	Nephritis, nephrotic syndrome and nephrosis	(N00–N07, N17–N19,N25–N27)	50,633

https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf

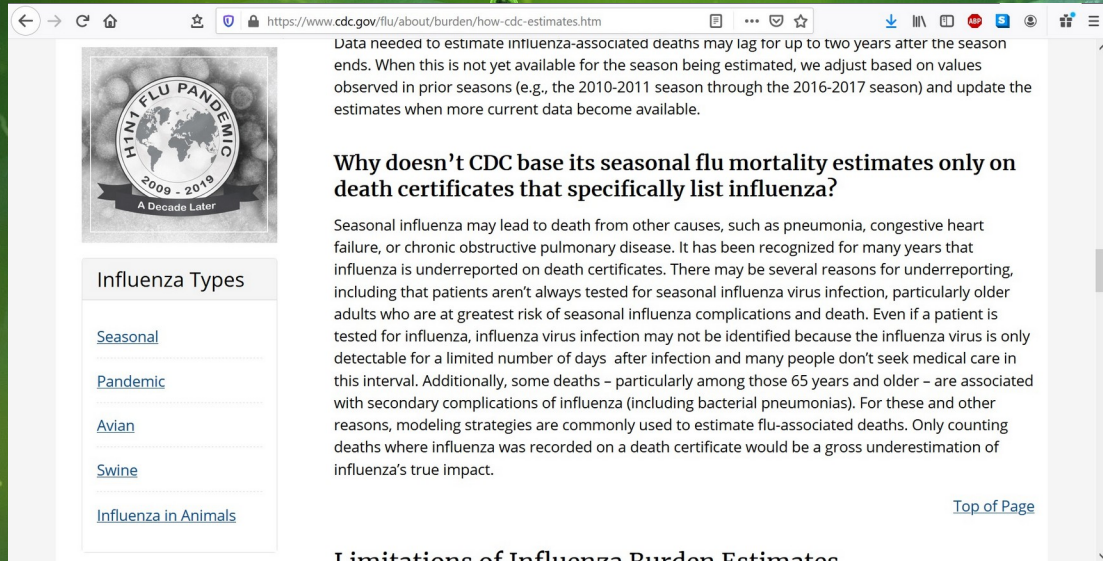
See Table B on page six (6) for the list of leading causes of death in 2017

8 “Influenza and pneumonia” is listed as causing 55,672 deaths in 2017

Possibly relevant is the 4th leading cause of death:

4 “Chronic lower respiratory diseases” with 160,201 deaths. Many of the weekly “pneumonia and influenza” deaths may have been assigned to this category. (If so, why?)

CDC Uses a Model to “Estimate” Flu “Associated” Deaths



CDC Web site and report does not explain contradictory numbers in any obvious way. Obscure footnote?

BUT, the CDC uses a model to “Estimate” Flu “associated” deaths rather than using the cause of death on death certificates, which the weekly numbers appear to be based on.

This is an explanation on the CDC web site, citing numerous alleged reasons for using a model instead of the raw death certificate numbers. For example, remarkably claiming doctors do not run influenza tests on high risk elderly patients, one of many excuses the CDC has been using since at least 2005 (fifteen years ago).

Journal List > BMJ > v.331(7529); 2005 Dec 10 > PMC1309667

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BMJ. 2005 Dec 10; 331(7529): 1412. PMID: PMC1309667
Press

Are US flu death figures more PR than science?

Peter Doshi, graduate student

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US data on influenza deaths are a mess. The Centers for Disease Control and Prevention (CDC) acknowledges a difference between flu death and flu associated death yet uses the terms interchangeably. Additionally, there are significant statistical incompatibilities between official estimates and national vital statistics data. Compounding these problems is a marketing of fear—a CDC communications strategy in which medical experts “predict dire outcomes” during flu seasons.

The CDC website states what has become commonly accepted and widely reported in the lay and scientific press: annually “about 36 000 [Americans] die from flu” (www.cdc.gov/flu/about/disease.htm) and “influenza/pneumonia” is the seventh leading cause of death in the United States (www.cdc.gov/nchs/fastats/lcod.htm). But why are flu and pneumonia bundled together? Is the relationship so strong or unique to warrant characterising them as a single cause of death?

David Rosenthal, director of Harvard University Health Services, said, “People don’t necessarily die, per se, of the [flu] virus—the viraemia. What they die of is a secondary pneumonia. So many of these

The CDC has been criticized for the use of this mysterious model for at least fifteen years. This is an article published in the British Medical Journal in 2005.

Are US flu death numbers more PR than science? By Peter Doshi, an associate editor at BMJ and now an assistant or associate professor at Johns Hopkins.

Peter Doshi BMJ Article (2005) on Influenza and pneumonia deaths

CDC states that the historic 1968-9 “Hong Kong flu” pandemic killed 34 000 Americans. At the same time, CDC claims 36 000 Americans annually die from flu. What is going on?

Meanwhile, according to the CDC’s National Center for Health Statistics (NCHS), “influenza and pneumonia” took 62 034 lives in 2001—61 777 of which were attributed to pneumonia and 257 to flu, and in only 18 cases was flu virus positively identified. Between 1979 and 2002, NCHS data show an average 1348 flu deaths per year (range 257 to 3006).

The NCHS data would be compatible with CDC mortality estimates if about half of the deaths classed by the NCHS as pneumonia were actually flu initiated secondary pneumonias. But the NCHS criteria indicate otherwise: “Cause-of-death statistics are based solely on the underlying cause of death... defined by WHO as ‘the disease or injury which initiated the train of events leading directly to death.’”

In a written statement, CDC media relations responded to the diverse statistics: “Typically, influenza causes death when the infection leads to severe medical complications.” And as most such cases “are never tested for virus infection...CDC considers these [NCHS] figures to be a very substantial undercounting of the true number of deaths from influenza. Therefore, the CDC uses indirect modelling methods to estimate the number of deaths associated with influenza.”

CDC’s model calculated an average annual 36 155 deaths from influenza associated underlying respiratory and circulatory causes (JAMA 2003;289: 179-86 [\[PubMed\]](#) [\[Google Scholar\]](#)). Less than a quarter of these (8097) were described as flu or flu associated underlying pneumonia deaths. Thus the much publicised figure of 36 000 is not an estimate of yearly flu deaths, as widely reported in both the lay and scientific press, but an estimate—generated by a model—of flu-associated death.

Here is most relevant part of his criticism in 2005.

Because colds and flu share many symptoms, it can be difficult (or even impossible) to tell the difference between them based on symptoms alone. Special tests that usually must be done within the first few days of illness can tell if a person has the flu.

IS IT A COLD OR FLU?

SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU



Text claims flu and “common cold” hard to tell apart although flu is far more dangerous, right next to comparison chart that seems to show many differences.

What does common cold refer to on this “Cold vs flu” page?

<https://www.cdc.gov/flu/symptoms/coldflu.htm>

Does common cold mean rhinovirus? Or wide range of different viruses etc. other than influenza (A, B...)?

Common cold viruses include coronaviruses (not SARS-COV-2) which can be quite deadly especially to elderly according to other sources. Ioannidis for example.

Marketing Flu Vaccine?

- Confirmed Deaths due to Influenza Viruses are only about 8,000 per year
- Only about $\frac{1}{4}$ of tests of samples from patients who die from respiratory illnesses (e.g. pneumonia) show Influenza virus present
- General public frequently thinks flu is synonymous with “common cold”
- Flu Vaccine is at best only effective for actual Influenza Viruses which appear rare
- Estimate Makes “Flu” a leading cause of death with about 55,000 fatalities per year. Even so, “non-Flu” kills over 2 X as many people each year. “Other” Chronic lower respiratory disease (about 140K deaths)?

Much of the confusing language, numbers, and implicit calculations on the CDC web site and reports makes sense if the primary goal is to market the flu vaccine.

Confirmed Deaths due to Influenza Viruses are only about 8,000 per year

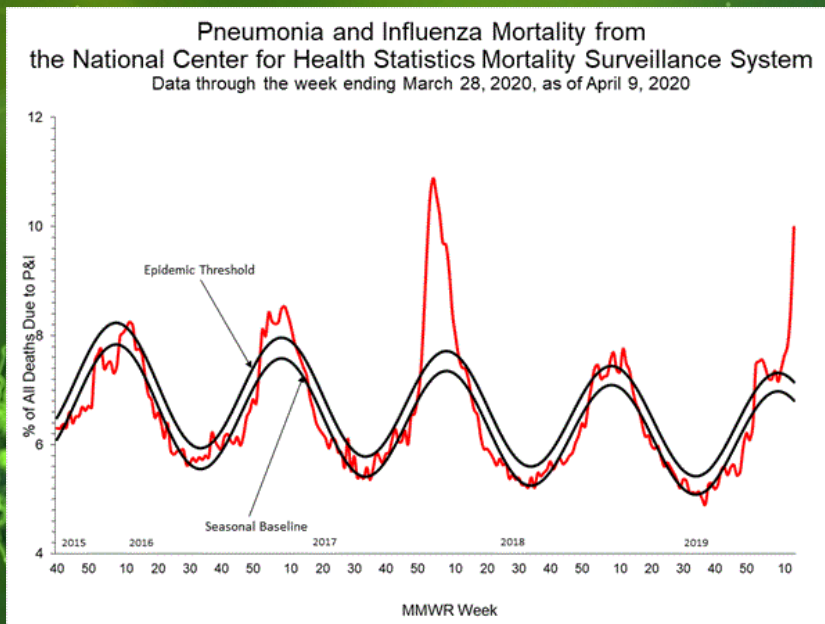
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Marketing Flu Vaccine?

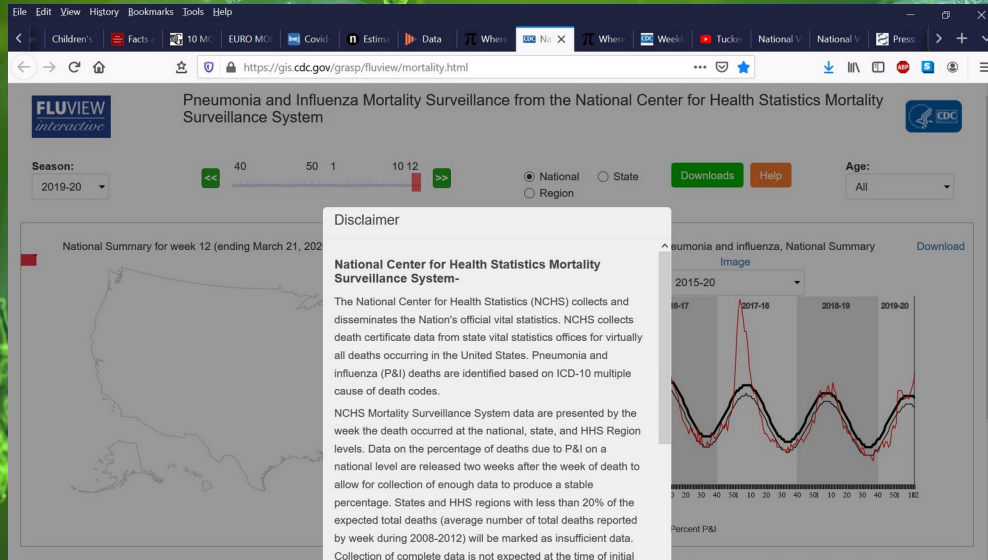


Most visitors to the weekly death numbers web site see a frightening graphic showing the percent of weekly deaths attributed to pneumonia and influenza. This is the same graphic displayed on the FluView section of the web site, FluView seemingly referring to the “Flu,” which you might think means influenza.

However, the CDC does not use its flu associated death model here, where about 55,000 deaths per year estimate would give a percent of weekly deaths of only 2-3 percent instead of the scarier 6-10 percent shown in this plot by combining ALL pneumonia and influenza deaths.

Probably few visitors have looked at the raw death numbers in the linked CSV file. The coronavirus pandemic has created a strong incentive to look at the actual number of deaths, **NOT THE PERCENT OF DEATHS.**

These Numbers Raise Troubling Questions about CDC



These contradictory annual and weekly pneumonia and influenza death numbers raise troubling questions about the CDC.

The CDC recently added a prominent pop-up to its FluView web site. This is the first thing a visitor encounters, must scroll down through the lengthy legal disclaimer, and click ok.

The disclaimer essentially says the numbers are subject to indefinite change, are never guaranteed to be complete, raising some question why the CDC publishes them each week.

Life and Death Questions

- Is the CDC undercounting COVID-19 deaths classified as pneumonia and influenza?
 - Underestimating Mortality Rate of Disease?
 - Overstating effectiveness of shelter in place?
- If not, is the mortality rate of the disease overstated?
 - Are aggressive treatments such as intubation contributing to deaths?

Proper counting of pneumonia and influenza deaths in real-time or as close to real time as possible is critical in the COVID-19 pandemic as well as to detect and respond to any new unusually deadly respiratory disease or a possible biological weapons attack.

In many other scenarios, China and the WHO would not notify the United States about the unknown disease which would appear as a surge in diagnosed pneumonia and influenza deaths.