

Re: which lethality rate did you use?

Comments and coloring added:
27 November 2020



From Paulo José da Silva e Silva
To joa
Cc Ricardo Miranda Martins
Date 2020-05-11 01:15

Same here.

Thanks for all the pointers. I will try to read them when I have time. Unfortunately I am working like crazy these last days. Right now I am preparing a presentation for tomorrow.

best,

Paulo

Em seg., 11 de mai. de 2020 às 01:14, joa <joa@math.uni-bielefeld.de> escreveu:

Dear Paulo,

there is no need to reach an agreement at all.
I enjoyed the discussion with you.

Thanks!
Joa

Why mention this? Any scientist does.

He responds in 14 MINUTES to my HUGE Email with so many arguments. That shows it all about the way he works.

On 2020-05-11 01:10, Paulo José da Silva e Silva wrote:

I am pretty sure we will not reach an agreement.

Just to point out Ars technica writers on science usually have a Ph.D. and point out their references, let it be actual papers or public discussions (that happened in this case) between the scientists that actually work on the matter.

If being a Stanford Professor is an authority argument, what is then to have a PhD?
An exponentially WEAK authority argument, I would say.

And yes I agree that Stanford has its reputation. But we are talking about science where reputation does not really matter. We have to look at the facts, and never use authority arguments. Actually, Science started demolishing authority arguments.

To make it to Stanford as a Professor indicates outstanding capacity and performance. He made a study and his values agreed pretty much with those of Streek in Germany. To my knowledge these were the only studies at the time. Governments world wide did NOT encourage studies if I remember correctly. Strange, given a 'new' disease.

You talk about fatality rates, but I will remind you again: the problem is not only the fatality rate, but the fast spreading that collapses the health care systems. Flu does not achieve that, so Flu is not a good comparison. If you run a SEIR model with $R_0 = 2.5$ (close to Covid-9), you will see a peak where 8% of the population is infected at the same time. If only 5% of those require hospitalization you have a major collapse in the health care system. Then the fatality rate will go to the roof. Again: Flu does not do that. An again, again: this is not theory, it already happened in Italy and Spain.

They said that back then over and over again. Never proved. Never happened – and never heard again since.. It served its goal in the beginning – get people to accept the inhuman and harmful measures mask and isolation.

Moreover, I highly doubt on the save the economy arguments. When the epidemic goes wild, as it did in Italy and Spain the economy will seem less important than avoiding the corpses on the streets. That will also cause much trauma and suffering, so this is not a simple "save the economy and let some old people die" versus "destroy the economy but save lives". You will have to balance.

best,

Paulo

Em seg., 11 de mai. de 2020 às 00:56, joa <joa@math.uni-bielefeld.de> escreveu:

Dear Paulo,

thanks a lot for
- pointing out my power 10 problem with your values and
- correcting the 0.3% value to 0.1%, the mortality rate of a 'standard' influenza (flu).
As I meanwhile found in a number of newspapers, heavy seasons can be 0.2%, see NZZ link much below, so influenza .1-.2 seems similar to COVID-19 in my opinion:

Stanford 0.17% paper right below

In Santa Clara Country !!

Bonn (Germany) 0.28-0.37% paper (much) further below

The following video of Ioannidis is WORTH EVERY MINUTE.
He explains his results and discusses many locations, including Italy,
he also discusses
negative consequences of lockdown (unemployment, misery, etc) - as a
serious scientist does.

===== STANFORD
=====

Dr. John Ioannidis on Results of Coronavirus Studies (20. April)
1h13min

<https://www.youtube.com/watch?v=cwPqmLoZA4s> NOTING BUT
IMPRESSIVE
- Stanford
(there is a list of highly interesting links)

Original Preprint v2 27 April 2020 (page 7 0.17% mortality rate)
<https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2>
===== STANFORD
=====

I would be extremely hesitating to call the study of any *Stanford
University* Professor flawed,
less so based on webpage information (even if arstechnica would have a
high reputation, I don't know).

ECONOMY:

1st quarter 2020 jobs lost **130 MILLION**
2nd " 2020 jobs lost **305 MILLION**
How many small businesses will close forever.

How MANY SUICIDES will this cause, Paulo?
These people are worth being taken into consideration, as well, of
course.

Absurdely HUGE numbers?

https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_743146.pdf

RATIONAL APPROACH

As always has been done in history, as far as I know, one should
quarantine by law (no choice)
the SYMPTOMATIC (illness has outbroken -> only then they are
contagious
plus/minus a few days)
and one should **advice isolation** to the high risk groups
• **elderly >65**
<https://www.medrxiv.org/content/10.1101/2020.04.05.20054361v2>
• **people with serious illnesses**
by explaining to them the situation and offer them help doing their
shopping and other things.
Being infected is not the same as being symptomatic (hence
contagious).
Flu is contagious from about a day before being symptomatic until
about
5-7 days after the illness.

Everybody else is doing a normal life. Most don't even notice being
infected.
If 60% are infected the transfer breaks down and the wave ends.

<https://www.cdc.gov/flu/about/keyfacts.htm>
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza?gclid=EAIaIQobChMIiMHw4Oqq6QIVFAaRChlo8Qt_EAAYASAAEgKkPPD_BwE
they say that flu spreads much faster than COVID-19, the 3-4% I
don't
believe after Stanford and Bonn, but it can vary a lot depending on
hospital standards as I read in various places

I also see a general problem that people, particular the so-called
elite, don't even accept
death any more. Check out what disgusting things they do believing it
can extend their lives.
I believe in nature. No human messing with death - or birth in the

sense
of eugenics.
A human is born into a family and has **natural rights of freedom**, then there is the arc of life, in the middle there is a maximum and then it goes slowly down, in the end one departs from life loving children holding ones hand. Period.

The discussion made me learn a lot. Thanks for that, too!

Below are some thoughts concerning trying to **present as many sides of a topic as possible**, and also concerning trying to look at things from various distances. It is often like in maths - only a larger distance reveals key structures.

DEMOCRACY AT STAKE:

Please be aware that Germany is about 1 month ahead of Brasil, so I follow the German process much longer than what happens here in Brasil. There is a nasty political aspect showing up in Germany (an important country in terms of economy) - government is trying to strip people from certain constitutional rights using the virus to implement a "virus-law" which - for the sake of saving lifes (reminds me of your argumentation) - can override the constitution by just saying COVID-19, COVID-20, COVID-21 ... There are taking place mass protests and the police acts very violently on peaceful citizens just exercising the basic constitutional laws of freedom

<https://kenfm.de/ken-jebens-rede-anlaesslich-der-demonstration-fuer-grundrechte-auf-den-cannstatter-wasen-am-9-mai-2020/>

These basic constitutional laws have been called basic and declared unchangeable after the **experience with Hitler**. But now Merkel overrides them using the virus. The law will be passed in 5 days, May 15.

So, you see there is a lot behind the curtain. Internationally. I appreciate your enthusiasm. Keep going! Keep an open mind towards as many sides as possible.

Many regards,
Joa

cc Ricardo

PS Below a lot of considerations and thoughts.

By the way: I don't take the death of old people or people with comorbidities lightly.

In response to his nasty remark on page 7.

Why would someone say that?
There are always at least two sides, Paulo. Given your above statement, how heavily do you take the following?
Shouldn't one at least mention and discuss the following aspects, too?
For neutrality/balance?

A) SUICIDES

Isolation increases suicides.
Unfortunately behind a paywall: Suicide increases in Australia

https://www.theaustralian.com.au/subscribe/news/1/?sourceCode=TAWEB_WRE170_a&dest=https%3A%2F%2Fwww.theaustralian.com.au%2Fnation%2Fsuicides-toll-far-higher-than-coronavirus%2Fnews-story%2F25a686904b67bdedbcd544b1cab7f96&mementype=anonymous&mode=premium

B) HEALTH DAMAGES middle/long term

Masks and staying in the house in spring (as in Germany) will weaken the immune system and next German winter influenza or other could take a higher toll than with a stronger body (6 months cold weather, almost no sun, so in spring summer it is crucial that Germans go outside).

C) LOSS OF MIDDLE CLASS

In Germany government supports businesses - but the paperwork is technical and there is a wait. Big corporations have professional lawyers, small businesses don't. There will be a loss of small businesses, including restaurants and shops. Things will concentrate even more on the multinationals which already since 20 years pay almost no tax in Germany - they simply put their headquarters to Ireland or other low tax places.

D) LOSS OF WORK PLACES - UNEMPLOYMENT

see beginning of this Email

E) EXTENSION not only of Nanny state - but INSTALLATION OF TOTAL CONTROL

German government tried silently to indirectly take away people's constitutionally guaranteed rights such as the right to gather or the right to decide over their own body. This will happen May 15. Upon discovery and protest they withdrew the obligatory immunisation proof identity card - but it leaked that this will be put in EU right soon. Nice try to cover up that they will AUTHORIZE GERMAN MILITARY to act INSIDE the country. After Hitler this was a big NoGo - until now. It also makes sense now that they cancelled the obligatory military service around 2010. Also that it was obligatory was made because of Hitler experience: Citizens in uniform would not so easily be made to act, if not shoot, their own brothers and sisters. Also a population fully trained in military has a better base to defend democracy. Meanwhile I understand the 2nd amendment in the US constitution.

Biggest mistake in German democratic system: NO RESTRICTION to 2 periods for chancellor. Merkel is in her fourth term - some 14 years in power - all judges, administration are her people meanwhile. NO ONE can stop her any more.

To summarize German situation, the multinationals (industry and business) get closer and closer to government, middle class (self supporting intelligent active people) fades away. At the same time Nanny state increases.

The limit is an old friend called socialism, not the 20th century mass killing one, but a China type one which is perfect for BigMoney, too, because the totalitarian component of socialism ensures full control. People don't get any more killed physically, but socially: The words have been provided and implanted in people's minds in the last 30 years: conspiracy theorist, xxx-phobic, xxx-gainsayer (heavy weapon in Germany because everyone there connects any xxx-gainsayer directly to Holocaust-gainsayer, so any critic gets related to the Holocaust and is thereby eliminated at once. Social death.)

We had two socialisms in Germany - brown (national) and red (international). The brown one costed many million lives, the red German one just some hundreds that were shot in their backs when

they tried to flee workers paradise nightly over the so-called 'anti-fascist protection wall' how they called the prison wall that they put themselves around their better world.
Man, I moved in 1985 to Berlin, that wall even dividing the city itself.

Ever since I am for freedom. Free humans. No to Nanny states. No to Neo-feudalism.

If somebody wants to throw himself in front of a bus, how to prevent that?

Some drink, others eat, themselves to death. Some? hundreds of thousands per year I would guess.

Put contagious ones in quarantine and every other adult decides for himself.

Nobody hinders someone to stay at home. I, probably most neighbours, would volunteer to help with shopping.

1.> And yes people show the age and other related data when they are available:

2.>

<https://arstechnica.com/science/2020/04/first-look-at-the-outcomes-of-covid-19-patients-in-ny-hospitals/>

3.> The median in NYC was 63, not 80.

1. There is a difference between sufficient and necessary condition.

What you gave is an example. Which I appreciate.

3. That reference seems not to speak about NYC, neither did I, I spoke about Italy in the beginning, median about 80.

Italian politician: <https://vimeo.com/412447555>

Recently I made a little research, not representative or exhausting, about Campinas cases

<https://www.acidadeon.com/campinas/cotidiano/coronavirus/>

and I found the following ages

quase sempre: sem idade

com idade: 78 76, 79 88 23suspeito?! 58m sem outras doenças, 69,

88 58f com outras doenças 63f, 68f

If you look at the age risk diagram of influenza you see precisely that

age group showing up

<https://de.wikipedia.org/wiki/Influenza#Todesfälle>

How about the largest point in my previous Email - the deception of people with the red curve? Any opinion on that?

===== BONN

Prof. Streek (Universität Bonn) made this study (0.36% fatality rate)

https://www.ukbonn.de/C12582D3002FD21D/vwLookupDownloads/Streck_et_al_Infection_fatality_rate_of_SARS_CoV...

Concerning contagious, notice the last sentence on page 2:

"The unexpectedly low secondary infection risk among persons living in the same household has important implications for measures installed

to contain the SARS-CoV-2 virus pandemic."

Discussion:

<https://www.uni-bonn.de/news/111-2020>

===== BONN

In Germany the RKI (national virus health institute) advised all hospitals/doctors

- NOT to do autopsy

Seems strange to me as a layman, since for a new virus I would expect to

be interested in

as much information one can get and see how it looks inside.

Prof. Püschel (director of autopsy in Hamburg Hospital) ignored it:

In about 140 autopsies that were marked death *with* Corona the following number died *from* Corona

0 ZERO

(I hope I remember correctly by memory.)

THANKS FOR CORRECTING the 0.3% that I had put! I checked where I took

it
from and there was no source cited.
I contacted them meanwhile asking them to put a correct value with
source.
Searching now I didn't find other sources than newspapers, seems 0.1%
is
indeed attributed to
'the standard' flu season, occasionally it is heavier: Influenza
Pandemie 1957 and 1968: 0.2%

<https://www.nzz.ch/wissenschaft/die-grippe-im-schatten-des-neuen-coronavirus-ld.1542390>
NZZ is a serious swiss newspaper.

===== KEY POINT - WHICH SIDE ONE CHOOSES
=====

Paulo, I am following this for a while. There are two groups - and
each
one has their
webpages with their data. So one can always find one low and one high
value, one Pro Professor and one Con,
just selecting one of the two groups. The groups however differ
significantly:

Group 1: Governments together with BigPharma that donates millions
to institutes and mainstream media (I have numbers for
Germany).
Even the WHO is largely financed by private money often
coming
in through a multitude of foundations.

Group 2: A few Professors and medical doctors
that speak out another opinion and get quickly discredited
by mainstream media and sponsored webpages.
These people are usually all retired (Germany). So they are
old, in other words experienced.
Why only old ones? Well, I believe the others fear for their
jobs.
Some alternative Journalists starting out in mainstream
media
but declining to bow at some point. End of career.
In Germany social media: facebook, whatsapp, and youtube are
highly censored - undesired texts and videos disappear quickly.
An uncensored "whatsapp" is: Telegram. How come? Find out
yourself.

One group has my sympathy and respect - the other one the opposite.
All
my life I always chose David.
BigPharma is driven by profits in my opinion. But what is the
motivation
of group 2 for getting defamed?
They are driven by their inner sense of justice. Much stronger than
money.

=====
Anyway, I don't want other people, even less politicians, decide over
my
freedom or body.
Anybody can stay at home and isolate himself. So he is safe.

Did you ever ask yourself why the supermarket cashiers never ever get
infected?
Hundreds, probably thousands of people passing them in 50cm distance (I
doubt that plexiglass in Pague Menos does much).

On 2020-05-10 01:03, Paulo José da Silva e Silva wrote:

Sorry Joa,

But my figure is close to the original Germany one. Maybe you misread it? The Brazilian figure I got is

0.02297185255483395

That is 2.30%. Much higher than a natural flu.

There has been a recent study that was able to get a very nice estimate in New York City where roughly 25% of the city was exposed and if you divide the number of deaths by this figure you get close to 0.6-0.7%. Sorry I can't find the reference now. If you count the number of other deaths that are not typical during the period the number goes up. If you have time see this nice video, the numbers are cited.

<https://www.youtube.com/watch?v=gs-HlvC5iJc>

The typical flu mortality rate is quite lower, around 0.1% (<https://www.livescience.com/new-coronavirus-compare-with-flu.html>). Maybe you are talking about H1N1 that has a higher mortality rate.

Also remember that Covid-19 without mitigations (social distancing, lockdowns, etc.) spreads much faster than regular flu, collapsing the health care system (this was seen in Italy, Spain and NYC was very close). Once the healthcare system is in collapse, you get a much higher mortality rate than the 0.7% figure I quoted above.

Moreover those studies you quote seem flawed:

<https://arstechnica.com/science/2020/04/experts-demolish-studies-suggesting-covid-19-is-no-worse-than-flu/>

And yes people show the age and other related data when they are available:

<https://arstechnica.com/science/2020/04/first-look-at-the-outcomes-of-covid-19-patients-in-ny-hospitals/>

The median in NYC was 63, not 80.

So this is a disease to be taken very seriously and if we are not really careful death is coming.

Paulo

By the way: I don't take the death of old people or people with comorbidities lightly.

Bergamo ↓

|| ←

Em dom., 10 de mai. de 2020 às 00:38, joa <joa@math.uni-bielefeld.de> escreveu:

Very interesting, Paulo,

because your values fit very much those found meanwhile in germany 0.28-0.37 % stanford CAL 0.12-0.2 % done by (government) independent researchers investigating a region/country (not the whole countries).

Flu has mortality rate 0.3%. X

the german government mongered fear from the beginning early march calling out 3.7%

"It is TEN TIMES the flu citizens! Death is coming!" and only weeks later when the independent guys could not be silenced any more they agreed to the MUCH lower values (1/10) - without big announcement to the people.

By then they had already achieved their goal to isolate people now focusing on another numerical value to keep fear up, when that value faded away they had to release people from strict isolation but then they invented the obligatory mask - a concept that in the beginning government laughed

about.
the mask in the roads keeps the threat alive. but what for?

never every in history the healthy non-risk groups, have been isolated.
one always quarantined the infected and isolated the high risk groups
-
very old people in our case.

the virus has only two risk groups: very old people and people with other serious illnesses.
they never publish deaths ordered by age groups.
the many deaths in italy in the beginning - weeks later it came out: median age about 80 years.
well, the life expectancy is lower I believe.

absolute numbers are wrong, they scare people (so they are used), and one cannot compare to the past or other countries.

anyway, here is how they manipulated (no lies needed, you'll see) the public,
look at page 10

<https://docs.google.com/presentation/d/1M-tz2rxnxv8vCMmX5NwuxeYnNBdfg3l0dZ3Z-rTWlu0/present?slide=id.p1>

the red curve are the numbers of positive tests in that week (each yellow columns represents one week).
how did they GENERATE that exponential increase? Yes, I say generate:

Numbers just for illustration, page 10 has real numbers:

Government tested at
week 1, 1000 persons, found 100 positives
week 2, 1500 persons, found 150 positives
week 3, 3000 persons, found 300 positives

they published:
week 1: 100 positives
week 2: 150 positives
week 3: 300 positives
=====

exponential increase QED

the general public does not think that one must know the number of tested people each time.
a huge fear came over germany and after week 3 government introduced social distancing
and the people kissed their hands and popularity of government grew A LOT.

have a look at page 10:
- the constructed exponential decay is the red curve
 between columns 2 and 3 (KW11 and KW12, KW =(k)calender week)
- the blue curve on page 10 are the *relative* values (number infected per 100'000 tests)
 that curve has no increasing growth rate at all between KW11 and KW12,
let alone exponential

anyway, why are governments doing these deceptions to their people?
what
is worth the millions of unemployed to come?
we will see when it is time for us to be shown.

best and thanks again for the information,
joa

cc Ricardo

Hi,

Joa, I try to avoid giving too much information on the page because this is not really a research project, but more an extension project to give information to the general public.

Also bear in mind that I only use *official* data and I don't try to correct it. Moreover the mortality rate I compute is different from the usual mortality rate that is usually computed. I compute the daily mortality rate with respect to the daily output to the model estimate for the R variable. Usually people compute $(\text{total deaths}) / (\text{total sick reported})$. With all these in mind I get

0.02297185255483395 (Brazil)	2.3	%
0.024742133986495243 (São Paulo state)	2.5	::
0.03380199617101332 (Rio de Janeiro state)	3.4	::

IFR 2,3%

Those are much lower than the naive value for Brazil which is close to 7%. They are probably closer to reality but still too high because the official data does not get close to see all the sick people.

best,

Paulo

Em sáb., 9 de mai. de 2020 às 22:05, joa <joa@math.uni-bielefeld.de> escreveu:

Dear Paulo,

thanks for quick reply.

Sorry I actually had forgotten to write cc Ricardo below my signature.

Ok, but what is a typical mortality rate in you figures? Could you give me a typical numerical value or a range of values, whatever?

Just to have an idea and for comparison with official/unofficial rates in the various countries.

Would it be possibly to add the dynamical mortality rate in your diagrams?

This is a key quantity, in particular since it has been highly disputed, at least in Germany and the US, the countries which I follow. I don't know much about the figures here in Brasil. That is why I ask.

Many thanks again,
Joa

cc Ricardo

On 2020-05-09 21:48, Paulo José da Silva e Silva wrote:

Dear Joa,

We estimate the full SEIR trajectory not only I. In this case the mortality it is more natural to compute the deaths from R's daily variation and that is what we do. We start by estimating the mortality rate that would explain (from the computed trajectory) the death toll in the last two weeks. We then apply this mortality rate to do our forecast. By doing this we can dynamically update the mortality rate as it changes due to a collapse in the health care system, for example.

best,

Paulo

Em sáb., 9 de mai. de 2020 às 21:36, joa <joa@math.uni-bielefeld.de> escreveu:

Dear Paulo,

I just received the message of Ricardo and had a look at the page

http://www.ime.unicamp.br/~pjssilva/vidas_salvas.html

How did you get the figures in "Estimativa de óbitos" ? See e.g. attached jpeg.

I mean you have the number of active cases for each day (blue and brown curves)
and then you multiplied by lethality rate, I would guess, right?

If so, which lethality rate did you use?

I couldn't identify it on your page. Probably I overlooked, because this is an essential piece for understanding.

Many thanks!
Joa Weber
DM IMECC

On 2020-05-09 20:27, Ricardo Miranda Martins wrote:

Caros colegas,

Gostaria de compartilhar com vocês a reportagem feita pelo site da Unicamp e repercutido por vários órgãos de imprensa, sobre a plataforma criada pelos nossos colegas, Paulo Silva e Claudia Sagastizábal.

<https://www.unicamp.br/unicamp/coronavirus/vidas-salvas-pelo-isolamento-social>

A plataforma indica o número de vidas salvas a cada dia, considerando as medidas de isolamento social, mostrando mais uma vez a importância destas medidas. Parabéns ao Paulo e à Claudia pela iniciativa. O link para acesso direto ao estudo é:

http://www.ime.unicamp.br/~pjssilva/vidas_salvas.html

Observo ainda que estamos coletando iniciativas como esta para disponibilizar em nosso site (<https://www.ime.unicamp.br/central-informacoes-durante-paralisacao-atividades>), se souberem de algo, por favor me avisem.

Abraços.

--

Ricardo M. Martins
Diretor Associado - IMECC/Unicamp
<http://rmiranda99.github.io>
<http://www.ime.unicamp.br/~rmiranda>