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# COVID-19 STRATEGIC COMMENTARY

DATA DOUBTS – 27 APRIL 2020

By Professor Frank Gannon

Recently, I wrote a quite confident blog ([COVID 19-How are we doing](#)) that looked at COVID-19 trends in different countries. As I have lived in and have family and friends in different countries, I was following the various national announcements. Generally, the authorities were positive. Given the extent of self-interest in making such pronouncements; I was interested to compare how countries were doing in controlling the pandemic. As each region has reacted differently to the COVID-19 challenge, I was also interested to learn if sharp harsh restrictions were the best options, or whether a *laissez-faire* approach (think the UK, USA and Sweden) would achieve the same outcome. In response to my blog, Jorg Klug made a correct point that this is a global problem and, like the other major global problems (think of climate change), it would not be solved by countries individually but by a global perspective and response. That is true; however, this pandemic has been managed in a localised manner. The decisions are not uniform, and yet the effect on neighbouring countries or states is real and unavoidable. So local responses, up to the point of regional differences within countries, is what we have to consider.

## Comparing performance by country

Since my recent blog, there have been several publications ranking the performance of countries by different criteria. For what it is worth, the [Worldometer](#) site says that Spain, Italy, the UK, Belgium, Netherlands, Switzerland, Andorra, San Marino, Luxembourg, Ireland and Sweden all have more than 100 deaths per million. Others will join soon.

I prefaced some of the very useful Worldometer data with the phrase, “for what it is worth.” That is not a comment on Worldometer or other sites that collect data; it is a comment on the data itself. At a time when we all need to know the bad news and hope that it will transition with a downward curve to normality, there are two headline pieces of data of relevance; the number of cases and the number of deaths. Below that, are figures like the number of people in ICUs, the recovery rate, the clustering or otherwise, the average age of those that die etc. Some of this data is not available and certainly is not comparable internationally. However, every country has a daily update for its citizens on the number of new cases and the number of COVID-19-related deaths.

## Varied criteria for testing

In the past week, it has become clear that the data through which we look at the pandemic is inadequate, and that comparisons are not possible. I was skeptical about the case number data and said so in my earlier blog. I knew that the criteria for selecting those for testing in different countries were not standard. For instance, in Ireland, where I am located at present and am well informed about the subtleties beneath the headline news, there was a shift from testing those people who seemed to be possibly COVID-19 positive to those that had two confirmed symptoms. Even then, there is priority given to those in the healthcare sector or those with underlying symptoms. This does not give an accurate number of the total number of cases in the community. Then, there is the problem of a time



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lag between the collection of the sample and the test result. So, the daily case number is a strange mix of the outcome of different selection exclusions. Ireland is not special in this context. There is a world shortage of some of the reagents required for the test to detect the virus, so there must be a lag and inadequate levels of testing in many countries. Laboratory capacities vary depending on the investment made (or cut) over the past decade. Sometimes, a new resource allows the data to be presented more rapidly. That can appear to be a significant increase from the day before. It is not a real event, merely a catch up on historical data, but it can cause concern for the population.

### **The uncertainties of death data**

Death rates seemed more straightforward when I first looked at them. However, I have now realised that even death data have uncertainties. For example, some countries (and the UK for sure up to the present) report only those who die from COVID-19 in hospital. In some countries, the figure includes all those that are presumed to have COVID-19. In others, it includes only people with a positive COVID-19 test. Distinguishing between death from “underlying causes” and the Coronavirus trigger allows some more room for variation. Official records of deaths are not necessarily up to date. Many elderly people die in aged care homes. There are significant COVID-19 clusters in nursing homes. Separating the two causes is complex. Those people who were homeless before the pandemic are probably still outside the usual care situations and perhaps not included in statistics. So, we cannot be sure what the real death figure is in each country. Political expediency can get in the way of accurate objectivity, especially when there are so many fudge factors available. When we look at deaths compared to the number of cases, we are doubly confounded to the point of reaching meaningless conclusions as neither of the numbers is real.

### **When to ease restrictions**

In summary, we have very inadequate data on which to make any strong statements about most aspects of the pandemic. More significant is the question of how decisions are made by the relevant authorities about when it is safe to ease back on restrictions. People hear that Spain, Italy, Denmark, Austria, the Czech Republic, China and other countries are allowing schools and businesses to reopen. So, “why not do so here?” they ask. Clearly, if the data is not comparable, the decision of one country is not a guide to others. This points to a very clear need for greater international transparency and more explicit statements about what is being achieved, or not. There is an obvious void that could be filled by the European Union for many affected countries, such that the decision-makers act with the best information. Then we will get to the political challenge of balancing public health against economic and societal well-being costs. That is the topic that will dominate the next weeks. But the death toll, real or manipulated for a local spin, will be the true barometer of the decisions. The voters will know that and will speak when next they have a chance.