

Facebook fact checkers CENSURED me when I said Covid infection fatality rate was around 0.1%. But what do the latest studies say?



By **Malcolm Kendrick**, doctor and author who works as a GP in the National Health Service in England. His blog can be read [here](#) and his book, 'Doctoring Data – How to Sort Out Medical Advice from Medical Nonsense,' is available [here](#).

The world's top scientists can't yet be certain how deadly Covid-19 is, so why are Facebook's censorial police consistently flagging stories saying this is 'misinformation' & claiming the rate is NINE times worse than my estimate?

Covid-19 has impacted the world with massive force, a pandemic beyond anything seen in living memory. There has been an unprecedented reaction – some would say an unprecedented over-reaction. But what are the real figures, what is the true risk from the virus?

It is very difficult to know. At the start of any pandemic, no one knows how many people have been infected. As the World Health Organization [states](#):

"Under-detection of cases may be exacerbated during an epidemic, when testing capacity may be limited and restricted to people with severe cases

and priority risk groups (such as frontline healthcare workers, elderly people and people with comorbidities)."

As a general rule, the fatality rate starts by being significantly [overestimated](#), and then falls, as more and more people are tested, and those with mild or asymptomatic infections are identified. With swine flu, the lowest estimated infection fatality rate – the total number of people who die after being infected, whether or not they suffer any symptoms – 10 weeks into the pandemic was one in a thousand. It ended up at two in ten thousand. Five times lower.

[Your chances of dying from Covid-19? If you're healthy & under 65, a 40-mile daily commute by car is more likely to kill you](#)

A few weeks ago, I suggested that the final infection rate from Covid-19 could be as low as 0.1%. By which I mean that out of every one thousand people infected, one would die.

This created something of a storm, and various self-appointed fact checking 'authorities' decreed that this figure was completely wrong. Under the heading 'What is the real death rate' it was [stated](#) that:

"By looking at English data, it is clear that the death rate in this country must be much higher than 0.1%. The researchers who conducted the REACT-2 survey produced a more detailed analysis, which estimated an overall death rate that is nine times higher, at about 0.9%."

Of course, this is important to get right. If the infection fatality rate is 0.1%, then the total number of deaths in the UK will top out at around 67,000. If it is 0.9%, the final death toll could be over 500,000, which means we have (potentially) another 450,000 deaths to go. Indeed, it is the fear of the '450,000' figure that is driving the renewed lockdowns.

So, where do we stand now? The figures are still all over place, with some

perhaps more reliable than others. Interestingly, the WHO (perhaps inadvertently) estimated the rate at far lower than 0.9%

Around two weeks ago, Dr. Mike Ryan, the executive director of the WHO's health emergencies programme, stated the WHO [estimated](#) that 750 million people have been infected worldwide:

"An estimated 750 million, or 10 per cent of the world's population, have been infected by Covid-19, World Health Organisation (WHO) official Dr Mike Ryan has said."

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At the time of his statement, there had been just over one million deaths [recorded](#) worldwide (1,034,068 to be fully accurate). Using these two figures, the IFR can be easily calculated. It is $1,034,068/750,000,000 = 0.138\%$. How accurate is this figure? Well, who knows for certain? It is probably as accurate as most other current estimates.

Yet even using these WHO-endorsed figures is apparently verboten in the eyes of the Facebook 'fact checkers'. Another site that reported these numbers also found its story flagged as "*misinformation*" by Facebook, and has subsequently [accused](#) the social media giant of "*selling falsehoods and re-writing history.*"

[Shut up, spoilt Londoners! The Covid lockdown should be stricter still, so stop complaining and get on with it](#)

One wide-ranging piece of work, a review of 61 studies of Covid-19 deaths covering 51 countries, was done recently by John Ioannidis, a professor of epidemiology at Stanford University, and a man [described](#) as

"a lion of medical science." The article, peer-reviewed and [published](#) by the WHO, concluded that the infection fatality rate currently stands at 0.23%, and suggested it would fall further, warning: *"The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic."*

Who would one rather believe on this matter? A Harvard-trained infectious disease specialist, author of some of the most [cited](#) articles in medical history, and a man who the Atlantic has called *"one of the most [influential](#) scientists alive"*? Or some 'fact checkers' who, I'm confidently guessing, don't have quite such a track record or expertise?

It is true the fatality rates currently differ widely from country to country, influenced by other factors such as age and health. In Singapore, there have been nearly 60,000 'cases' recorded, with 28 deaths. This represents a case fatality [rate](#) of 0.02%.

As for Iceland, which was (proportionately) the most tested population in the world, and used as a benchmark in the early days of the pandemic, things have moved on. As of late October, they have had just over 4,000 'cases' of Covid-19 and 11 deaths.

This represents a case fatality rate of 0.26%. You may have noticed my switch to 'case fatality rate'. Case fatality rate means (or used to mean) those with symptoms of the disease, not just those infected. So, the case fatality rate will always be higher than the infection fatality rate, as the infection fatality rate includes those with no symptoms. Many of whom will be untested and undetected.

Another paper by Prof. Ioannidis looking at the global Infection Fatality Rate came to the [conclusion](#) that it stood, as of October 7, at 0.15-0.20%.

Of course, this figure is for the entire population, including the elderly, and those at higher risk because they have other serious medical conditions.

His latest [estimate](#) of the IFR in the population aged under 70 is 0.04%. Which is four in 10,000, and this figure includes people with serious underlying medical conditions.

What would it be for healthy people under 70? Almost certainly a lot less, but I have seen no good figures on this.

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As you can see, the figures have not yet settled down, and different countries have very different estimates. One constant thing though, as with previous pandemics, is the high fatality figures found at the start are steadily falling. The Centre for Evidence Based Medicine in Oxford has been looking at the declining case fatality rates over time, and [says](#):

"Crude estimates of the CFR over time show that for people aged 80 and over the average CFR was 29% up to week 18, fell to 17% in weeks 19 to 27, and for mid-July onwards the CFR was 11% – a decrease of 61%.

"A larger decrease is seen in the ages 60-79 with average CFR ~ 9% in March/April falling to 2% in July August."

Of course, it is up to the individual to decide which figures they believe to be the most accurate. This is an area where the science is clearly not yet settled. Different authorities are claiming very different fatality rates. But – despite what Facebook's 'fact checkers' maintain – very few researchers currently appear to believe that the infection fatality rate of Covid-19 is anywhere near 0.9%.

What about those who believe that they can determine what the infection fatality rate for Covid-19 really is, and will be, and also believe that they can act as judge and jury in determining who is right, and who is wrong,

on this issue? Well, at the risk of being damned again, I politely suggest a bit of humility would be appropriate. Attempting to shut down debate in science used to be the role of the Spanish Inquisition. I thought we had moved on. Debate is the lifeblood of science.

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