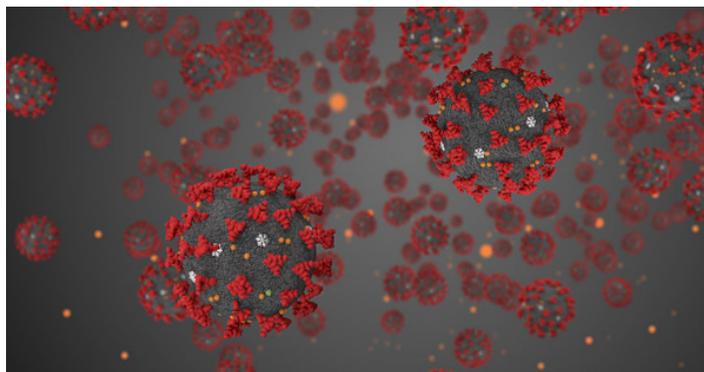


# Coronavirus Death Rate Lower Than Thought

Posted on: Friday, March 20th 2020 at 4:15 pm

Written By: [GreenMedInfo Research Group](#)



***While media reports have put the COVID-19 death rate as high as 4.5%, a study at the disease's epicenter in Wuhan found it's actually much lower. The fatality rate of people who develop symptoms of COVID-19 is about 1.4%, and even lower among certain age groups***

Fewer people may die from [coronavirus](#) than was previously thought, according to new research from a team of infectious disease experts.<sup>[i]</sup> The death rate from novel coronavirus, COVID-19, in Wuhan, China, where the virus is said to have originated, is about 1.4% -- far lower than the 3.4% death rate reported by the World Health Organization in early March 2020.<sup>[ii]</sup>

While fatality risk is often calculated on the proportion of deaths out of the total number of reported cases, the study took into account estimations of unreported cases, which were thought to be significant in number. "Specifically, delineating the proportion of infections that are clinically unobserved under different circumstances is critical ...," the researchers noted.<sup>[iii]</sup>

Using a range of publically available and recently published data sources, the study built a picture of the full number of COVID-19 cases and deaths by age group, including some early cases that may have initially been missed.

## **Coronavirus Death Rate 1.4% After Developing Symptoms**

While the media has reported a COVID-19 death rate as high as 4.5%,<sup>[iv]</sup> the study, published in *Nature Medicine*, found the fatality rate of people who develop symptoms of [COVID-19](#) is about 1.4%.

This varied according to age, with those above 59 years being 5.1 times more likely to die after developing symptoms compared to those aged 30 to 59, while those under 30 were even less likely to die than 30- to 59-year-olds. The researchers noted:

***" ... [W]e estimate that the overall symptomatic case fatality risk (the probability of dying after developing symptoms) of COVID-19 in Wuhan was 1.4% (0.9-2.1%), which is substantially lower than both the corresponding crude or naïve confirmed case fatality risk."***<sup>[v]</sup>

The risk of developing symptoms increased with age at a rate of approximately 4% per year among those aged 30 to 60 years. When broken down by age group, the fatality rates were as follows:<sup>[vi]</sup>

- 15 to 44 years: 0.5% (with a potential range of 0.1% to 1.3%)
- 45 to 64 years: 0.5% (with a potential range of 0.2% to 1.1%)
- Over 64 years: 2.7% (with a potential range of 1.5% to 4.7%)

Among younger people, "The chance of serious illness from coronavirus infection ... was so low, the scientists estimate a fatality rate of zero," *Stat News* reported.<sup>[vii]</sup> These fatality rates may be even lower in areas outside of Wuhan, the researchers noted, in part because their health systems were not as overwhelmed.

In fact, as of February 29, 2020, they found that the crude case fatality risk outside of Hubei province ([Wuhan](#) is the capital of Hubei) "was 0.85%, which is ~23-41% lower than our sCFR [symptomatic case fatality risk] estimates of 1.2-1.4% for Wuhan."<sup>[viii]</sup>

Another unknown factor is the number of asymptomatic or very mild cases. If these cases were included, the overall infection fatality risk would be even lower than the 1.4% for symptomatic cases, echoing other reports that [COVID-19 death rates may have been overestimated](#).

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## References

[i] [Nature Medicine March 19, 2020](#)

[ii] [World Health Organization March 3, 2020](#)

[iii] [Nature Medicine March 19, 2020](#)

[iv] [Business Insider March 19, 2020](#)

[v] [Nature Medicine March 19, 2020](#)

[vi] [STAT News March 16, 2020](#)

[vii] [STAT News March 16, 2020](#)

[viii] [Nature Medicine March 19, 2020](#)

Italian Government Study: 99% of their Coronavirus Fatalities Were Already Sick; Half Diagnosed with 3 or More Diseases

Posted on: Thursday, March 19th 2020 at 9:15 am

Written By: [GreenMedInfo Research Group](#)

World

### 99% of Those Who Died From Virus Had Other Illness, Italy Says

By Tommaso Ebhardt, Chiara Remondini, and Marco Bertacche  
March 18, 2020, 8:56 AM EDT



Italians Rally in Coronavirus Lockdown

*Serious doubts about the accuracy of COVID-19 testing methods, results, mortality rates, and the supposedly unique and extreme lethality of this virus are starting to emerge, even within mainstream media and government reporting. A recent [study released](#) by Italy's national health authority found that nearly everyone who was pronounced dead from COVID-19 was already struggling with serious chronic disease(s).*

A recent article in Bloomberg titled, "[99% of Those Who Died From Virus Had Other Illness, Italy Says](#)," illustrates an overlooked point in the corona-panic taking the world by storm: **the status of one's immune system and overall health determines morbidity and mortality**, and likely your susceptibility to infection in the first place.

The study found that,

*"More than 99% of Italy's coronavirus fatalities were people who suffered from previous medical conditions, according to a [study](#) by the country's national health authority."*

Moreover,

*"The Rome-based institute has examined medical records of about 18% of the country's coronavirus fatalities, finding that just three victims, or 0.8% of the total, had no previous pathology. Almost half of the victims suffered from at least three prior illnesses and about a fourth had either one or two previous conditions. More than 75% had high blood pressure, about 35% had diabetes and a third suffered from heart disease."*

The Bloomberg article also pointed out that the primary threat is to the elderly (the average age of someone who died was 79.5) and that the fatality rate may have been significantly overblown: **instead of 8%, the fatality rate may, in fact, be closer to the global average of about 2%.**

***“The median age of the infected is 63 but most of those who die are older.***

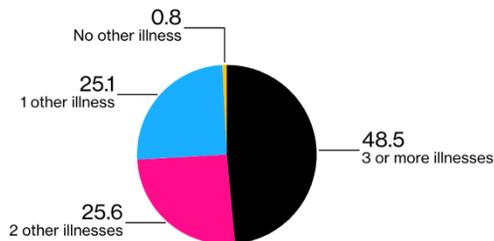
***The average age of those who’ve died from the virus in Italy is 79.5. As of March 17, 17 people under 50 had died from the disease. All of Italy’s victims under 40 have been males with serious existing medical conditions.***

***While data released Tuesday points to a slowdown in the increase of cases, with a 12.6% rise, a separate study shows Italy could be underestimating the real number of cases by testing only patients presenting symptoms.***

***According to the GIMBE Foundation, about 100,000 Italians have contracted the virus, daily Il Sole 24 Ore reported. That would bring back the country’s death rate closer to the global average of about 2%.”***

**This new report challenges much of the global reporting on the topic** which presents a unilateral narrative that *simply being exposed* (within six feet) to someone who may have tested positive for the virus is life-threatening, independent of one’s health status and other precautions one might take, such as supporting one’s immune system. Elderly people, already experiencing polypharmacy for multiple life-threatening diagnoses for chronic diseases, are highly susceptible to opportunistic infections due to their chronic conditions, the adverse effects of pharmaceuticals, and subsequently weakened immune systems.

**Italy Coronavirus Deaths**  
By prior illnesses (%)



Source: ISS Italy National Health Institute, March 17 sample

**Blaming a single virus for causing their deaths is not evidence-based**, nor does it fulfill the basic postulates established by 19th-century German physician Robert Koch to ascertain whether a singular virus can cause a singular disease. There are a wide range of viruses that can cause the symptoms associated with COVID-19 infection, which include the several hundred different influenza viruses known to play a role in seasonal flu. It's also known that the Coronavirus family of viruses contain over a

hundred different strains, seven of which cause the common cold. Some of these viruses exist naturally within the human virome, and never express themselves pathogenically, but will potentially cause false positives through the many different COVID-19 testing methods being used today.



Indeed, assuming the original source point of this supposedly novel form of infection came from Wuhan, it doesn't appear that the claimed singular causative agent -- COVID-19 -- was ever properly identified, purified, and characterized in multiple humans suffering from the disease (nor was its absence determined in healthy humans). This would be required, as we pointed out recently in [Dr. Wodarg's testimony](#), in order to fulfill step one of Koch's four postulates, which would demonstrate scientifically that a singular microorganism like a bacteria or virus

is the causative agent behind a disease (the most basic tenet of germ theory). Based on the [testimony of Dr. Wodarg](#), the gold standard would have required the purification of the virus and characterizing it via electron microscope technology, as well as establishing an effective and independently verified virus testing method (which would have required using PCR-reverse transcriptase testing within multiple cases of those suffering from the identical disease) -- two things, it appears, were never done; or at least

not reproduced and therefore validated independently through other laboratories and medical institutions. Nor were any of the remaining three Koch postulates fulfilled:

1. The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in pure [culture](#).
3. The cultured microorganism should cause disease when introduced into a healthy organism.
4. The microorganism must be reisolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

Until an original singular causative agent can be identified through multiple cases, and that agent can be purified and proven to cause the same disease in animals, and then re-purified to establish it is indeed the cause in humans, much of what we are hearing are "confirmed cases" and "COVID-19 fatalities" may be inaccurate, and further fanning the flames of fear, panic, and global instability.

**For more information on the problem of false positives and inaccurately inflated numbers of both "confirmed cases" and fatalities, read the following:**

- [Op-Ed: Does the 2019 Coronavirus Exist?](#)
- [Medical Testimony by Dr. Wodarg on the "Corona Panic"](#)
- [OP-ED: Coronavirus: How a Rational CDC Scientist Would Think, if One Existed](#)