30 Facts About Covid-19

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“The only means to fight the plague is honesty.” – Albert Camus, 1947

1. According to the latest immunological and serological studies, the overall lethality of Covid-19 (IFR) is about 0.1% and thus in the range of a strong seasonal influenza (flu).

2. In countries like the US, the UK, and also Sweden (without a lockdown), overall mortality since the beginning of the year is in the range of a strong influenza season; in countries like Germany, Austria and Switzerland, overall mortality is in the range of a mild influenza season.

3. Even in global “hotspots”, the risk of death for the general population of school and working age is typically in the range of a daily car ride to work. The risk was initially overestimated because many people with only mild or no symptoms were not taken into account.

4. Up to 80% of all test-positive persons remain symptom-free. Even among 70-79 year olds, about 60% remain symptom-free. Over 95% of all persons develop at most moderate symptoms.

5. Up to 60% of all persons may already have a certain cellular background immunity to Covid-19 due to contact with previous coronaviruses (i.e. common cold viruses). The initial assumption that there was no immunity against Covid-19 was not correct.

6. The median age of the deceased in most countries (including Italy) is over 80 years (e.g. 86 years in Sweden) and only about 4% of the deceased had no serious preconditions. The age and risk profile of deaths thus essentially corresponds to normal mortality.

7. In many countries, up to two thirds of all extra deaths occurred in nursing homes, which do not benefit from a general lockdown. Moreover, in many cases it is not clear whether these people really died from Covid19 or from weeks of extreme stress and isolation.

8. Up to 30% of all additional deaths may have been caused not by Covid19, but by the effects of the lockdown, panic and fear. For example, the treatment of heart attacks and strokes decreased by up to 60% because many patients no longer dared to go to hospital.

9. Even in so-called “Covid19 deaths” it is often not clear whether they died from or with coronavirus (i.e. from underlying diseases) or if they were counted as “presumed cases” and not tested at all. However, official figures usually do not reflect this distinction.

10. Many media reports of young and healthy people dying from Covid19 turned out to be false: many of these young people either did not die from Covid19, they had already been seriously ill(e.g. from undiagnosed leukaemia), or they were in fact 109 instead of 9 years old. The claimed increase in Kawasaki disease in children also turned out to be false.
11. Strong increases in regional mortality can occur if there is a collapse in the care of the elderly and sick as a result of infection or panic, or if there are additional risk factors such as severe air pollution. Questionable regulations for dealing with the deceased sometimes led to additional bottlenecks in funeral or cremation services.

12. In countries such as Italy and Spain, and to some extent the UK and the US, hospital overloads due to strong flu waves are not unusual. Moreover, this year up to 15% of health care workers were put into quarantine, even if they developed no symptoms.

13. The often shown exponential curves of “corona cases” are misleading, as the number of tests also increased exponentially. In most countries, the ratio of positive tests to tests overall (i.e. the positive rate) remained constant at 5% to 25% or increased only slightly. In many countries, the peak of the spread was already reached well before the lockdown.

14. Countries without lockdowns, such as Japan, South Korea, Belarus and Sweden, have not experienced a more negative course of events than many other countries. Sweden was even praised by the WHO and now benefits from higher immunity compared to lockdown countries. 75% of Swedish deaths happened in nursing facilities that weren’t protected fast enough.

15. The fear of a shortage of ventilators was unjustified. According to lung specialists, the invasive ventilation (intubation) of Covid19 patients, which is partly done out of fear of spreading the virus, is in fact often counterproductive and damaging to the lungs.

16. Various studies have shown that the main routes of transmission of the virus are neither long-range aerosols (i.e. tiny particles floating in the air) nor smear infections (i.e. on surfaces), but direct contact and droplets produced when coughing or sneezing.

17. The effectiveness of face masks in healthy and asymptomatic individuals remains questionable. Experts warn that such masks may interfere with normal breathing and may become “germ carriers”. Leading doctors called them a “media hype” and “ridiculous”.

18. Many clinics in Europe and the US remained strongly underutilized or almost empty during the Covid19 peak and in some cases had to send staff home. Millions of surgeries and therapies were cancelled, including many cancer screenings and organ transplants.

19. Several media were caught trying to dramatize the situation in hospitals, sometimes even with manipulative images and videos. In general, the unprofessional reporting of many media maximized fear and panic in the population.

20. The virus test kits used internationally are prone to errors and can produce false positive and false negative results. Moreover, the official virus test was not clinically validated due to time pressure and may sometimes react positive to other coronaviruses.

21. Numerous internationally renowned experts in the fields of virology, immunology and epidemiology consider the measures taken to be counterproductive and recommend rapid natural immunisation of the general population and protection of risk groups.
22. At no time was there a medical reason for the closure of schools, as the risk of disease and transmission in children is extremely low. There is also no medical reason for small classes, masks or ‘social distancing’ rules in schools.

23. The claim that only (severe) Covid-19 but not influenza may cause venous thrombosis and pulmonary (lung) embolism is not true, as it has been known for 50 years that severe influenza greatly increases the risk of thrombosis and embolism, too.

24. Several medical experts described express coronavirus vaccines as unnecessary or even dangerous. Indeed, the vaccine against the so-called swine flu of 2009, for example, led to sometimes severe neurological damage and lawsuits in the millions. In the testing of new coronavirus vaccines, too, serious complications and failures have already occurred.

25. A global respiratory disease pandemic can indeed extend over several seasons, but many studies of a “second wave” are based on very unrealistic assumptions, such as a constant risk of illness and death across all age groups.

26. In places like New York City, nurses described an oftentimes fatal medical mismanagement of Covid patients due to questionable financial incentives or inappropriate medical protocols. On the other hand, early treatment with zinc and HCQ turned out to be effective after all.

27. The number of people suffering from unemployment, depressions and domestic violence as a result of the measures has reached historic record values. Several experts predict that the measures will claim far more lives than the virus itself. According to the UN 1.6 billion people around the world are at immediate risk of losing their livelihood.

28. NSA whistleblower Edward Snowden warned that the “corona crisis” will be used for the permanent expansion of global surveillance. Renowned virologist Pablo Goldschmidt spoke of a “global media terror” and “totalitarian measures”. Leading British virologist Professor John Oxford spoke of a “media epidemic”.

29. More than 600 scientists have warned of an “unprecedented surveillance of society” through problematic apps for “contact tracing”. In some countries, such “contact tracing” is carried out directly by the secret service. In several parts of the world, the population is being monitored by drones and facing serious police overreach during lockdowns.

30. A 2019 WHO study on public health measures against pandemic influenza found that from a medical perspective, “contact tracing” is “not recommended in any circumstances”. Nevertheless, contact tracing apps have already become partially mandatory in several countries.

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