

Are influenza cases in Australia recorded as COVID-19?

By Brian Jones, via the Editor cairnsnews, 9 August 2020

Editor's note: Given so many independent experts have explained why they are very dubious about the CV19 test, including explaining the technical reasons for their concerns, together with the question of why we have heard almost nothing about 'ordinary' flu this year, perhaps this article explains the reason: ie that cases of flu have been recorded as CPVID-19? If this is the case, this year has been far lighter in numbers of virus cases and deaths than most years, and the extreme measures for the general population were unnecessary. Focus should have been on the at-risk areas such as the elderly in rest homes, where the majority of deaths have occurred, although co-morbidity has mostly not been measured.

Government lies, damn lies and statistics

- Victorian Population – 6,359,000
- COVID tests conducted – 1,633,900
- COVID cases – 11,557
- Positive cases to Victorian population – 0.18%
- Positive Case to Test Conducted Percentage – 0.70%
- COVID Deaths – 123
- Positive COVID Case Death rate – 1.06%
- COVID deaths to tests conducted – 0.0075% (read that again...)
- COVID deaths to total Victorian population: 0.0019% (read that again...)
- Median Age of COVID deaths: 82
- Australia's life expectancy at 2017 – 82.50

There is a highly unusual occurrence in the 2020 influenza data. Based on the included charts, you will see there was a steadily increasing number of influenza cases at the start of 2020 that was almost in lockstep with the 2019 (record-breaking) influenza season. This was until March – at week 11 (when lockdown started), the influenza numbers across the country suddenly dropped off to almost zero at the same time as COVID numbers increased. The flu has remained at almost zero since (nearly 20 weeks later). Now, of course with lockdowns, increased sanitisation and social distancing, this would always reduce the spread of the flu in roughly equal proportion to the spread of COVID.

However (and here is where it gets mysterious), if the trigger for a large number of tests being conducted is people with “flu-like symptoms”, and 1.6 million COVID tests have been conducted with only 11.5k (0.7%) positive COVID cases, then by extension a reasonable portion of the 1.6 million tests should actually be the flu. Right?

Even if we took a rather conservative estimate of only 10% of tests conducted being the actual flu, this would still equate to a bit over 160,000 flu cases (or roughly half of last year's national flu cases) – that is a lot. It is almost as if the existence of COVID and the flu are mutually exclusive. How is this possible?

Why is it that lab-confirmed influenza reporting has virtually stopped (not entirely but as close to stopped as you can get)?

Influenza has been an increasingly growing concern for the government and health departments over the past 3 or so years (with a record ~300,000 lab-confirmed influenza cases last year – nationally). It killed 902 people around the country, it appears to hit the vulnerable communities in just the same way COVID does.

So questions to be asked that the flu and COVID data raises

1. How did influenza numbers almost immediately stop at lockdown and have virtually remain flatlined since – even mid-way into peak season and even during a COVID second wave?
2. Why does it look as though COVID numbers have directly replaced flu numbers, yet the positive case to test ratio is still so low (0.70%)
3. If COVID remained contagious despite the implemented controls, why has the flu's contagion rate almost completely fallen to zero?
4. Of all the people who showed "flu-like" symptoms but tested negative, why do they not show up on the flu data? If they had flu-like symptoms but not COVID, then what did they have?
5. Why has flu reporting stopped, and what are the implications of not having continuity in flu reporting, long term healthcare planning and management?
6. Who stands to gain by not reporting the flu during COVID?
7. What agendas are playing out on the absence of flu data as a reasonable and reliable baseline?
8. If COVID cases are still occurring (second wave), should there not be an equal/corresponding spike in regular flu cases (in line with the symptomatic but negative COVID tests) from people moving around?
9. If the flu has almost completely disappeared and has for the most part been replaced by COVID, will we ever be free of COVID? And further, if this is now the case, what is the acceptable target of COVID cases in circulation before we can get "back to normal"?
10. If contact tracing and tracking the spread of a new virus that symptomatically looks like the flu is important, why would the flu not be tested at the same time as covid to map how the flu is transmitting and behaving alongside COVID?
11. Is testing for flu not equally as important and responsible so people who test negative to covid but positive to the flu still operate safely in public?

Flu Data References

2020 Jan to Jul – https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm?fbclid=IwAR3yGuMtEjjH1xyCdY_W0M2en2ShnNJrmOwho5UYN3PIdxG0JSDAfzD50PU

2019 Data – https://www.worldometers.info/coronavirus/us-data/?fbclid=IwAR1myF727emKxZWc3yFi7gWfW_ILvToDV4sx2Gg3pQ1Aam0QzIQxhfbvFCw

We also need to know...

- 1 How many people who tested positive for Covid had had the flu injection ?
2. How many people who tested negative for Covid had had the flu injection?

*from Brian Jones,
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