

Wrong death rates?

I am glad to see others and the media now picking up the obvious point that the UK death rate figures are likely to be overstatements of the true position.

I first raised this matter on 11 April in my proposal to the government that they "Review the data". In that posting I set out the various ways officials had been changing the basis of compiling the death figures, with each change designed to add numbers to the totals. I warned that it was probably leading to double counting, that death figures on any given day included deaths on previous days often stretching some way back, that anyone with Covid 19 symptoms could be put down as a Covid 19 death though they may have died of something else, and some were said to have CV 19 when there had been no test to prove that. A death certificate could cite CV 19 as part cause of death based on some CV 19 like symptoms with no test, whilst also citing another more likely cause of death as well. Without a test there is the possibility that people had misreported common colds, flu, catarrh or allergies as well as something serious that killed them.

On 1 June I took this up again in my blog discussion of Death rates. I said "There are differences in how the figures are compiled. The UK has gone out of its way to maximise deaths attributed to CV 19 by including care home and community deaths when other countries concentrated on hospital deaths. The U.K. has also recorded many care home and community deaths as CV 19 when no test was taken to see if the patient had it, and when it may have been other serious medical conditions they suffered from that killed them."

I urged the government to ask for more accurate and consistent data from the experts, as these figures were being used to determine policy on lock down and to help derive the transmission rate which officials thought so important. As we move into the era of local lock downs precise and locally specific information about infection and death rates from the virus become even more critical to policy making. I have been surprised at some of the public scientific advice based on wide spreads for the possible transmission rate, in turn related to death and infection figures based on different data collection and definitions over time.