

No effect of Lockdown and Social Distancing on Covid 19 mortality

Mikael Nordfors MD, co-founder of the World Freedom Alliance, Peoples Court and World

Doctor Alliance

Summary: There are numerous publications with very varying results regarding the efficacy of Social Distancing and Lockdown and other Non-Pharmacological Interventions (NPI:s) on transmission and mortality of Covid 19. Generally speaking, the papers stating a positive effect of NPI:s are based on statistical models, or data not taking into account the natural fluctuations of Covid 19 transmission. They have also not taken into account the effect of false positive PCR tests and incorrect death certificates.

Moreover, there seems to be a trend that although NPI:s can have a slight effect on the transmission of the disease, this does not have to influence the overall mortality, ie a rapid spread among school children can lead to more immunity among the young, and a lesser risk that they will spread the disease to the elderly, who are mostly at risk.

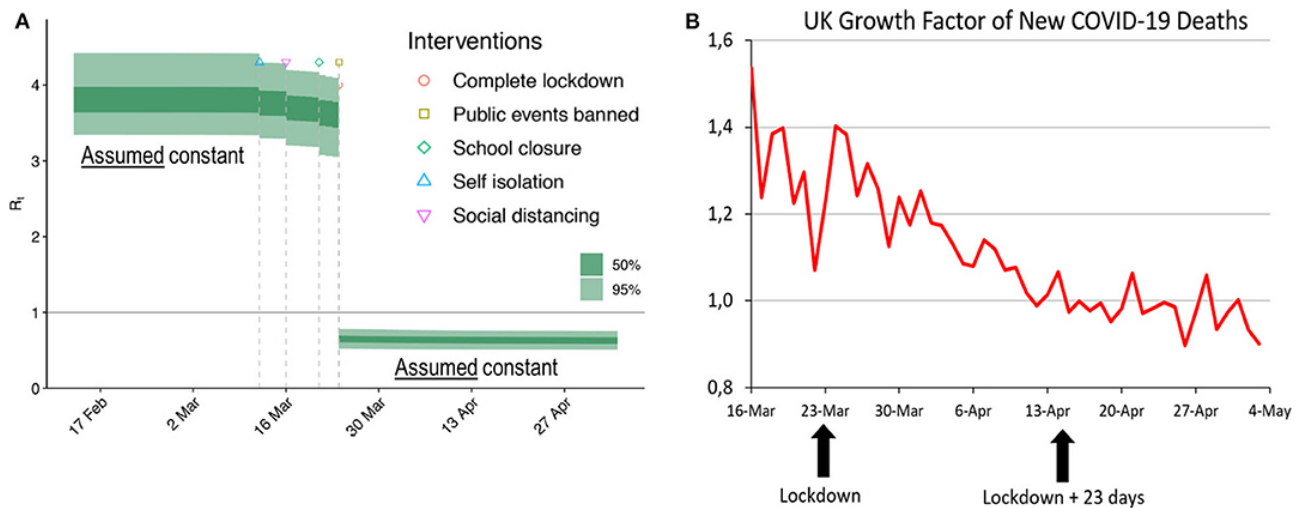
Taken into account the enormous costs of Lockdown, it does not seem to be a very clever prioritization of resources to spend 45 million USD on hypothetically prolonging the life of the sick and elderly with a maximum of a couple of years, or maybe not at all.

On the other hand, it is likely that millions of people, often at a very young age will die because of poverty, other untreated diseases, and suicide due to economic breakdown because of unessential NPI:s. We, therefore, recommend an immediate cancellation of all NPI:s severely burdening economy and mental health. As previous influenza vaccinations have shown to increase mortality in Covid 19 by 40%, all influenza vaccination programs shall be stopped immediately.

Lockdown and disease transmission

[A publication in Nature by Flaxman et al](#) (1) from the Imperial College in London claimed to show a clear effect on reducing the transmission of Covid 19 by the use of Non-Pharmacological Interventions (NPIs), including school closure, workplace closure, public events ban, ban on gatherings of more than ten people, requirements to stay at home, and internal movement limit.

This study was [criticized by Christof Kuhbandner et al](#) (2) because it did not take into account the natural flattening of the curve because of seasonal variations and increased immunity in the population. When this is done, the effects of NPI:s become non-significant, see fig 1.



A study from Germany published by Dehning et. al. (3) compared different NPI measures with the projected forecasted scenarios and found an effect size of around 40% reduction on the spread of Covid 19 disease by NPI:s. These findings have provided some of the ground for policy-maker decisions on the timing of introducing and lifting different NPIs.

This study was later also criticized by Kuhbander et al (4), who found fundamental methodological issues that cast serious doubt on the conclusions drawn by Dehning et al. Accounting for these issues suggests that the opposite of their principal inference is actually correct: neither of the governmental interventions could have had any effect on the spread of the virus because the number of new infections declined much earlier than estimated in their study. Furthermore, the authors ignore direct empirical evidence that such countermeasures had very low or even no effects. In simple words, this means that the spread of the infection was diminishing naturally anyway and that the flawed results came about comparing the actual data with projected infection spread, instead of data from other countries without a lockdown, whose data did not differ significantly from countries with a Lockdown. There were also many flaws in the collecting of data, like different time intervals between symptom debut and the reporting of data.

Another study by Campbell (5) et al published in The Lancet of Infectious Diseases on October 22 found that "Individual NPIs, including school closure, workplace closure, public events ban, ban on gatherings of more than ten people, requirements to stay at home, and internal movement limits, are associated with the reduced transmission of SARS-CoV-2, but the effect of introducing and lifting these NPIs is delayed by 1–3 weeks, with this delay being longer when lifting NPIs. These findings provide additional evidence that can inform policy-maker decisions on the timing of introducing and lifting different NPIs, although R should be interpreted in the context of its known limitations".

This study is representative of dozens of similar studies. All of them with a common trait that they base their conclusions on Mathematical modeling rather than actual data, comparing different time periods in the same country instead of the same time period between different countries. As mentioned before this does not take into account normal fluctuations in the disease pattern.

Effect on Mortality

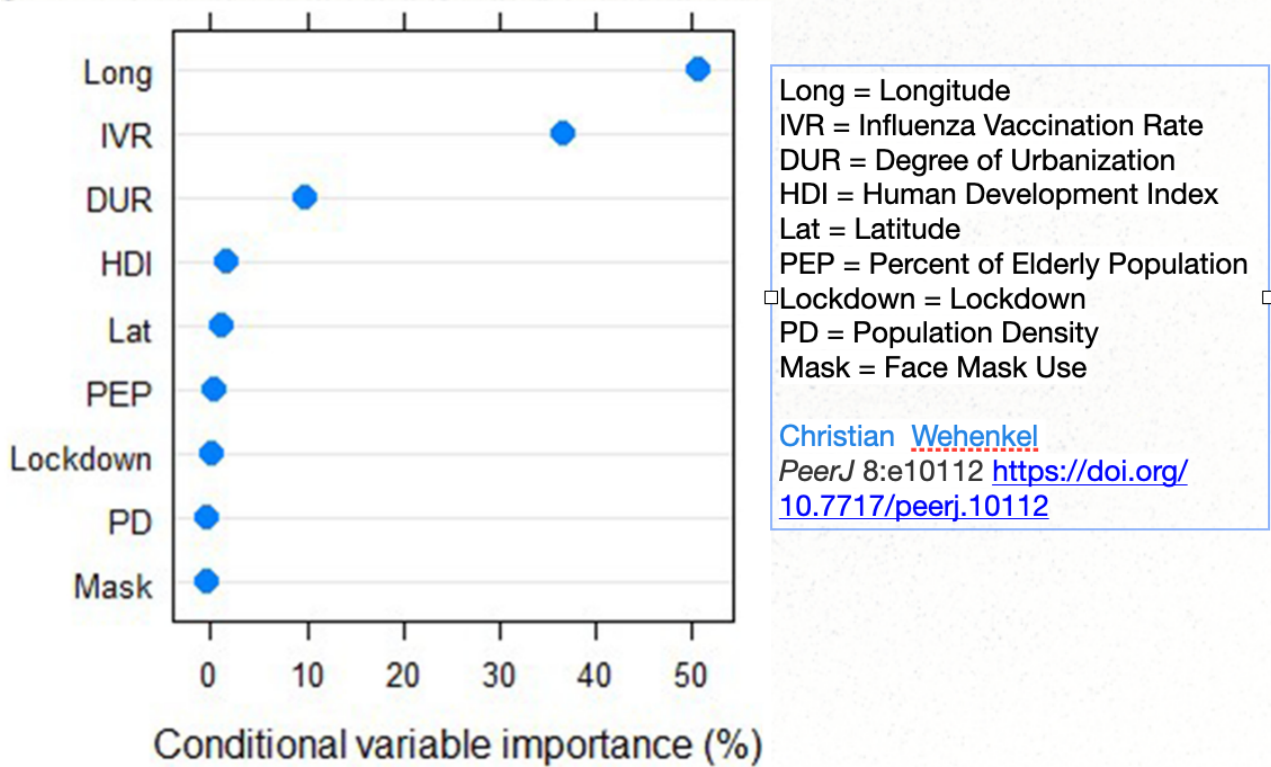
Many independent publications have shown no effect of NPI:s on mortality in Covid 19. [A study published in the Lancet in August 2020](#) (6) analyzing the policies of 50 countries found that "increased mortality per million was significantly associated with higher obesity prevalence (RR=1.12; 95%CI: 1.061.19) and per capita gross domestic product (GDP) (RR=1.03; 95%CI: 1.001.06). Reduced income dispersion reduced mortality (RR=0.88; 95%CI: 0.830.93) and the number of critical cases (RR=0.92; 95% CI: 0.870.97). Rapid border closures, full lockdowns, and wide-spread testing were **not associated with COVID-19 mortality per million people**".

[A Danish study](#) (7) explored the association between the severity of lockdown policies in the first half of 2020 and mortality rates. Using two indices from the Blavatnik Centre's Covid 19 policy measures and comparing weekly mortality rates from 24 European countries in the first halves of 2017-2020, and addressing policy endogeneity in two different ways, There was no clear association between lockdown policies and mortality development.

[A study from the UK](#) (8) showed no certain differences between the UK who did lockdown and Sweden who did a lesser degree of Lockdown. They also estimated that the possibly spared living years from Lockdown would be outweighed many times by lost life years because of the Lockdown.

[In another study from the UK](#), (9) the number of deaths due to the disruption of cancer services is likely to outweigh the number of deaths from the coronavirus itself.

[A study from Mexico](#) (10) showed no effect of Lockdown and face masks on Covid 19 mortality, but interestingly increased mortality of 40% if the patient previously had received an Influenza vaccination. This result should imply that we immediately stop all influenza vaccinations, as the effect on mortality of Influenza vaccinations is not statistically significant, according to [a Cochrane Review](#) from 2017(11). Therefore, the negative effects of influenza vaccination will most likely by far outperform the positive effects vaccinating against.



Thomas Meunier from the US (12) did also not find any evidence for a positive effect of Lockdown on Covid 19 mortality.

An article in the BMJ (13) discussing the effect of school closures on mortality from coronavirus disease 2019: concludes "The findings of this study suggest that prompt interventions were shown to be highly effective at reducing peak demand for intensive care unit (ICU) beds but also prolong the epidemic, in some cases resulting in more deaths long term. This happens because covid-19 related mortality is highly skewed towards older age groups."

Trevor Nell, Ian McGorian, and Nick Hudson (14) found that "Countries that already experienced stagnation or regression of life expectancy, with high income and NCD rates, had the highest price to pay. This burden was not alleviated by more stringent public decisions. Inherent factors have predetermined the Covid-19 mortality: understanding them may improve prevention strategies by increasing population resilience through better physical fitness and immunity

According to a study from Israel (15), a nationwide lockdown is expected to save on average 274 (median 124, interquartile range (IQR): 71-221) lives compared to the "testing, tracing, and isolation" approach in Israel. However, the cost will be on average \$45,104,156 (median \$ 49.6 million, IQR: 22.7-220.1) to prevent one case of death.

In a study from UK (16), Living with children aged 12-18 years was associated with a small increased risk of recorded SARS-CoV-2 infection (HR 1.08, 95%CI 1.03-1.13), but not associated with other COVID-19 outcomes. Living with children of any age was also associated with a **lower** risk of dying from non-COVID-19 causes. Among 2,567,671 adults >65 years there was no association between living with children and outcomes related to SARS-CoV-2. We observed no consistent changes in risk following school closure. This means, that for adults living with children there is no evidence of an increased risk of severe COVID-19 outcomes. There is therefore no reason to Lockdown any schools.

There has also been a massive increase in mental health problems among children according to a study from the UK (17), although not a single otherwise healthy child had died from the disease in the UK by the summer of 2020.

According to Corman and Drosten, there are also many flaws with the PCR tests for Covid 19. This means that it is quite easy to fabricate an increase in Covid 19 transmission by increasing the testing, thus creating many false-positive test results, creating an increase in infection rates that do not exist.

There are also many reports on false diagnosis on death certificates, making the numbers of people dying with Covid but not from Covid show up as Covid 19 caused deaths.

The list of all the detrimental effects of Lockdown on the economy and General Health is very long, and not the subject of this article.

Taken into account the enormous costs of Lockdown, it does not seem to be a very clever prioritization of resources to spend 45 million USD on hypothetically prolonging the life of the sick and elderly with a maximum of a couple of years, or maybe not at all.

On the other hand, it is likely that millions of people, often at a very young age will die because of poverty, other untreated diseases, and suicide due to economic breakdown because of unessential NPI:s. We therefore recommend an immediate cancellation of all NPI:s that most likely will do more harm than good. As previous influenza vaccinations have shown to increase mortality in Covid 19 by 40%, all influenza vaccination programs shall be stopped immediately.

References:

1. <https://www.medicdebate.org/node/1327>
2. <https://www.medicdebate.org/node/1321>

3. <https://www.medicdebate.org/node/1264>
4. <https://www.medicdebate.org/node/1263>
5. <https://www.medicdebate.org/node/1290>
6. <https://www.medicdebate.org/node/1078>
7. <https://www.medicdebate.org/node/1287>
8. <https://www.medicdebate.org/node/1261>
9. <https://www.medicdebate.org/node/1312>
10. <https://www.medicdebate.org/node/1131>
11. <https://www.medicdebate.org/node/1328>
12. <https://www.medicdebate.org/node/1279>
13. <https://www.medicdebate.org/node/1277>
14. <https://www.medicdebate.org/node/1282>
15. <https://www.medicdebate.org/node/1276>
16. <https://www.medicdebate.org/node/1284>
17. <https://www.medicdebate.org/node/1294>
18. <https://www.medicdebate.org/node/1183>