Sweden's Covid-19 strategy has resulted in a conclusive disaster

Prof. Dr. Marcello Ferrada de Noli

The Indicter July 10, 2020
https://theindicter.com/swedens-covid-19-strategy-has-resulted-in-a-conclusive-disaster/

LATERCERA Viernes 10 de julio de 2020 21

MUNDO

CRISIS POR CORONAVIRUS

WORLD Coronavirus Interview

Marcello Ferrada de Noli, professor of epidemiology: "The Swedish strategy has resulted in a conclusive failure"

The Chilean-Swedish expert, also a doctor in psychiatry, tells La Tercera that "the virus has not mutated, it is as aggressive as it ever was." And he highlights that it will be exterminated in the same way as SARS was: "Only when the vaccine is discovered."

Fernando Fuentes 10 HOURS AGO

Swedes were recommended to maintain social dista

This is a translation of the extended, full version, of the interview in newspaper La Tercera, published (Spanish) July, 10, 2020.

Questions by journalist Fernando Fuentes, Diario La Tercera, Chile. Answers: Prof. Dr. Marcello Ferrada de Noli, professor emeritus of epidemiology in Sweden, former Research Fellow at Harvard Medical School, former associate professor of epidemiology at the Faculty of Medicine of the University of Chile.

1) Anders Tegnell, Sweden's state epidemiologist, reiterated that the country's fundamental strategy, based on herd immunity, "has worked well" in the fight against the coronavirus. In fact, he assured that "the world went crazy" by applying closures and locks since, in his opinion, the Covid-19 will not disappear in the short term, which means that severe closings will ultimately be ineffective. Do you share this Tegnell analysis? Do you think Sweden was wrong in its strategy?

The Swedish strategy on the Covid-19 has resulted in conclusive failure. Partly his defeat in the international epidemiological forum, on what strategy would be empirically correct or not in terms of safeguarding both public and economic health. Partly an ethical defeat due to the inhuman nature of a foreseeable mistake, causing thousands of unnecessary deaths. Sweden has surpassed the United States in per capita deaths from Covid-19, [1] and ranks fifth worldwide in per capita deaths among 213 countries and territories hit by the pandemic. [2] According to the European Center for Disease Control (ECDC), cited on June 26, [3] it would not yet have reached the "peak" of the pandemic.

Considering only the Nordic countries surrounding Sweden, Tegnell's "herd immunity" [4] has caused up to five times more fatalities in Sweden than in all its neighboring countries combined. The strategy of those countries, Denmark, Finland and Norway, was precisely that

of applying closings and locks (lockdown) that from the beginning was ridiculed by Tegnell. As a side effect, the entry of Swedish tourists into their neighboring countries is prohibited by them, based on the risk of contagion from Sweden. The New York Times summarizes in a recent headline: “Sweden’s new status: pariah state.” [5]

Swedish Foreign Minister Ann Linde has tried to deny the international press that this is a “herd immunity” strategy, [6] ensuring that her government acts according to the recommendations of its “experts”. But it is his own expert Anders Tegnell who declares: “Herd immunity is the only thing that will eventually attenuate the spread of the virus” [7]

The facts indicate that the Swedish government opted for Tegnell’s strategy due to the risk of economic losses that they thought would have represented the restrictive line followed by other countries. Tegnell himself said in an interview, “If we close schools in Sweden, we lose 20-25 percent of the workforce,” alluding to the fact that parents would have to stay home. [8] It was thought that the Swedish economy would be stronger in the balance sheet at the end of the pandemic, compared to countries that would have expected losses, caused by the lockdown. But already in May of this year the Swedish economy was suffering in the same terms compared to Nordic countries that, even applying much more severe public health measures, were not paying the high cost in human lives as in Sweden. [9] And a recent economic study reported in the New York Times, based on central bank predictions in Sweden and Denmark, reveals that the contraction of the Swedish economy (4.5%) will be greater than that of the Danish economy (4.1%). [10]

Third, the losses in international prestige and credibility, and that affect Sweden’s “registered trademark” of being a “humanitarian power”. This is due in part to deficits in hospital treatment delivered, or rather not delivered, to the elderly population. [11] [12] For example, while in Denmark 49 percent of patients older than 70 years affected by Covid-19 were admitted to intensive care units, in Sweden only 21 percent of patients older than 70 were admitted to that treatment years. [13] Or from another angle, due to the blame that the authorities began to attribute to the “ethnic” factor in the production of the high level of infections and deaths both in suburbs with an unfavorable socioeconomic situation [14] and in nursing homes. Authorities tried to explain the high level of contagion and death in hygiene matters and “lack of language skills of newly arrived immigrants”, those who worked as assistants in Swedish nursing homes. [15] That was definitely not the humanitarian Sweden of Olof Palme’s time.

2) Regarding the epidemiological evaluation of contagion in S. Giovanni Bianco, the director of the Microbiology Laboratory of the San Raffaele Hospital in Milan, Massimo Clementi, stated that “the viral load of SARS-CoV-2 today is up to 100 times less than in March”. Does this phenomenon occur worldwide or only in Europe? So can the virus be expected to be less aggressive in a second wave of infections?

It could be what in epidemiology is known as “confounding”. Dr Clementi refers to the fact that new patients infected with SARS-CoV-2, or have fewer symptoms, or are less intense, or that the viral concentration detected in the patient’s rhinopharynx, and that the nucleic acids of SARS-CoV show -2, would be less. [16] But this, in my opinion, would not have to do with the fact that the virus has been “weakened”, but rather that the immunological capacity of those new hosts of the virus would be superior to previously infected individuals. That immunological capacity at the same time could explain why those individuals were not

previously infected, but are the ones that are “available” after a large percentage of the population in Lombardy has already acquired antibodies.

A second source of confounding would be given by the so-called “Heisenberg indeterminacy principle”, which, although it comes from physics, could be applied to any problem of scientific observation. Here it would mean that the measurement instrument used in Milano to identify SARS-CoV-2 RNA in the rhinopharynx (not specified in press reports), or it would not be the same used in other studies, or it is of such a nature that introduces an alteration in the observable field.

In classical terms, the degree of contagion depends not only on the virus, but on the host, and on the environmental conditions in which the contact occurs, which can accelerate, decrease or inhibit that contact. One mistake, in my view, is that of theorizing about a future “reactivation” of the virus, as described by colleague Clementi, in the midst of an unsolved pandemic. This is because the virus is currently, and constantly, active. It is the crackdowns taken by governments smarter than others that have kept the virus in check.

The virus has not mutated, is as aggressive as it ever was, and will only be killed in the same way as its first cousin, Sars, was in the 2005 epidemic. That is, when the vaccine is discovered. Or if you like, it will become extinct in the same way as its ancestors in the pandemic lineage during the ignorant Middle Ages, after having exterminated, as they did in Europe between 1346-1351, half of the population – equivalent then to a figure between 75 and 200 million beings. [17] Furthermore, an article published in Lancet June 6, 2020, based on the experience of Spain, concludes that herd immunity will not be sufficient to totally eradicate SARS-CoV-2, and that it can be obtained, as I was saying, only with the help of an ad-hoc vaccine. [18]

Now, if SARS-CoV-2 appeared less aggressive in the second wave of infections, that would not be determined by its virological potential per se, but modified by factors such as relative collective immunity, in turn measured by the segment of the population that acquired antibodies and other variables.

The higher the proportion of individuals with antibodies in a local population, the less chance the virus can spread. And this can be estimated with serological tests, such as the pioneering program in Italy implemented in San Giovanni Bianco, province of Bergamo, at the initiative of Governor Marco Milesi. This test was offered, free of cost, to the entire adult population. In this case, 39 percent of those who performed the serological test were positive, that is, they had previously been infected by the virus, with or without symptoms. The test on the active presence of the virus was applied to them, which resulted in 0.7 percent. These days we are epidemiologically evaluating what these results could mean for virus prevention and combat programs at the international level. However, herd immunity varies markedly between regions and also between countries. For example, in Spain, the vast majority of serological tests were negative in the recent study cited by Lancet. [18] And in Sweden, where 20 percent herd immunity was expected in Stockholm for the month of April with no hard lockdown, only 7.3 percent was achieved. [19]

Another variable is the stability of public health and epidemiological surveillance programs in the affected regions. Those countries in which the authorities, either under pressure from an impatient public or for reasons of economic recovery programs, give way to preventive caution, can expect a relapse of the contagion relatively more severe than in countries whose

population shows greater civic awareness, and Its authorities have a better understanding of the epidemiology of viral diseases of this type.

In short, what is decisive for our collective survival is not in the hope of a possible weakening of the virus, of "getting it out of tiredness", but rather that it is our responsible governments that do not tire of explaining that the emerging public health measures are necessary for each of us who make up the collective of a nation. And demand that they be fulfilled in the case of those immune to good sense. In other words, the winning variable is represented by the ethics and intelligence of the public and its authorities.

3) In recent days, Spain has seen outbreaks that have forced the closure of regions in Galicia and Catalonia. Is this due to the reopening of economic activities? What is being done wrong to re-spread infections?

I think I already developed this topic in response to question 1).

4) The United States and Brazil lead globally in terms of the number of infections and deaths from Covid-19. What do you think of Presidents Donald Trump and Jair Bolsonaro's handling of the health crisis, two leaders who have minimized the risk of the pandemic and who have denied the use of quarantines and protective masks?

At the beginning of the dilemma between the countries of the world whether to follow the Swedish model (without lockdown, in pursuit of the so-called 'herd immunity'), or the Norwegian or Italian model (strict lockdown), Tegnell's voice was repeatedly heard in the mainstream media arguing that it was all a tabula rasa, that nothing existed in medical publications about what better strategy the new SARS-CoV-2 could deal with epidemiologically.

But the progenitor of epidemiology is not medicine but logic. When Dr. John Snow, the founder of modern epidemiology, discovered an effective treatment for cholera in London in the middle of the 19th century, there was no previous epidemiological publication on this or any other subject. Scientific epidemiology simply did not exist, but Snow's logical thinking existed. And there was the maxim "better safe than sorry" (better safe than sorry). By simple observation he marked on the map of London the places where the outbreak seemed most acute. He identified the clusters in an area of London (Golden Square) and from there reached the source of contamination. And then fix the problem.

The identification of clusters, their isolation, tests, etc., which I recommended early for Sweden, [20] is more than a principle in epidemiology, it is a reflex reaction. And it arises opposed to a bureaucratic reaction, to waiting for "evidence" from some publication. What in this case was not even necessary. Because scientific evidence related to COVID-19 type pandemics, contrary to what Trump, Bolsonaro, Löfven or Tegnel say, already existed published.

For example, the arguments provided by these administrations that there is no scientific evidence that fully justifies the use of quarantines or masks.

First of all, this is an argument lent to Trump / Bolsonaro by the Public Health Agency led by Johan Carlson, and of which Anders Tegnell is its main epidemiologist. Tegnell has even long denied the effectiveness of mask use by staff caring for the elderly, and this amid

statistics showing that 90 percent of Covid-19 deaths in Sweden correspond to people over the age of 70. years, of which half of the victims died in houses for octogenarians. [21]

Secondly, the fact that there is no scientific evidence on the benefits of the use of quarantines and masks during epidemics of this type and scale is not true. And if it were not a deliberate concealment directed at the public, it would be showing an effective lack of preparation on the part of the "experts". And the problem is not in that ignorance in itself, but in the power granted to experts who in fact decide on the life and death of our citizens. Anyone initiated in medical literature will find countless of these publications that contradict what is asserted by those authorities. I will illustrate only with a couple of examples.

As early as 2004 the work "The concept of quarantine in history: from plague to SARS" had been published in the Journal of Infection [22] The study concludes that "good quality evidence generally suggests that the basic concept of quarantine remains completely valid".

On the other hand, on the use of face masks, a study published in The Lancet ("Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis ") concludes that protective masks can result in a greatly reduced risk of infection. [23] Another study from the University of Bath, UK, concludes even more emphatically that "There is scientific evidence and rational arguments supporting the public use of facial masks… Scientific research, including experimental studies, studies of the epidemic SARS, COVID-19 hospital studies, and modeling studies suggest that masks may be helpful in controlling the pandemic. " [24] Note that these studies are meta-analyzes of a number of previous publications on the subject, the knowledge of which should be held by epidemiologists.

What should be investigated is why, in view of this evidence, the aforementioned authorities have deliberately chosen to ignore those recommendations. In my view, the closest explanation would be in the ideology of these rulers and experts. For them appears the safeguard of the economy, including their own investments, the issue to prioritize.

In the case of Sweden, highly dependent on exports, the economic march would not yet stop at the human cost described above. While millions went to multinational companies in "emergency financial aid packages" from the Covid-19 pandemic, in proportion, only minute amounts were spent on the purchase of protective equipment for medical and paramedical personnel. By exploiting the pandemic outbreak, Sweden had the lowest number of intensive care beds in Europe.

A political myopia does not consider that the cost of moral credit internationally considered, is much higher than the estimated gain seen from the stock market of large financial entities. And that drop in moral credit ends up affecting the balance of payments.

5) More than 200 scientists claimed that there is evidence that the new coronavirus can infect people through microparticles in the air and asked the WHO to review its recommendations. Do you share this concern? If this new route of infection is verified, can the situation worsen?

That there is this type of viral transmission, for me it is obvious. I learned it in Hong Kong in 2005, during the SARS epidemic. If I remember correctly, I reported this in an interview that

I had shortly afterwards with National Television of Chile, during a visit I made to the School of Medicine of the U of Chile. I therefore support that request to WHO, without reservation.

Now as that would make the situation more serious, I don't think so. On the one hand, it is not a new form of virus transport, and the one that is not born by virtue of having been discovered or recognized. This is how the virus has already been transported, among other resources. Therefore, identifying this means of virus transmission by international health authorities will not make the virus more dangerous. On the contrary, it could lead to more effective prevention and combat measures. Everything, of course, as long as the "experts" do not object, and in that stubbornness they also have the support of rulers and publics who do not want to understand, because it is not in their interest to understand from a selfish and personal perspective. And short of sight. Because in pandemics and epidemics, personal neglect is a boomerang.

References, notes:

[1] University of Virginia, July 6, 2020. "Lack of COVID-19 Lockdown Increased Deaths in Sweden, Analysis Concludes" .

[2] Eureporter, June 30, 2020. "Sweden, not the US, is the #COVID-19 disaster. It says: "They (Sweden) are now fifth in the world with COVID-19 deaths".

[3] Magazin Latino, Stockholm, June 26, 2020. " "Canciller sueca: "Hemos aplanado la curva".

[4] The architects of this strategy are, in addition to Tegnell, John Giesecke (Tegnell's main adviser, and who was formerly the state epidemiologist), and Johan Carlson, director of the Swedish Public Health Agency.

[5] The New York Times, June 25, 2020. "El nuevo estatus de Suecia: estado paria".

[6] France 24, May 4, 2020. "Covid-19: 'We don't have a strategy of herd immunity,' Swedish FM tells FRANCE 24".

[7] The Indicter Channel, July 5, 2020. "What anti-lockdown advocates don't tell about Sweden's failed COVID-19 experiment". YouTube video.

[8] Tegnell: "If we close down the schools in Sweden we lose 20 to 25 percent of the work force". Quoted in M Ferrada de Noli, "Sweden's 'herd immunity' strategy reaches world's highest death-toll rate. Same economy losses than 'lockdown' neighbour countries". The Indicter magazine, 19 mayo 2020.

[9] Id. Comparisons between indices in the Swedish and Finnish and Danish economies, around May 2020.

[10] NYT, July 7, 2020. "Sweden Has Become the World's Cautionary Tale".

[11] M Ferrada de Noli, RT, April 10, 2020. "Sweden's flawed coronavirus battle plan hits the poor & elderly, resulting in worst death count among Nordic countries".

[12] M Ferrada de Noli, RT, May 19, 2020. "Shameful treatment of the elderly is further proof Sweden got its Covid-19 strategy all wrong".

[13] Svenska dagbladet (Svd), May 30, 2020. “Okända kurvan visar hur äldre prioriteras bort”. Graphic translated into English in ”Inhuman treatment of the elderly amidst Sweden’s failed Covid-19 experiment”.

[14] At a press conference on April 6, 2020, the Swedish Public Health Agency presented a graph showing the proportion of Somali immigrants with Covid-19. It was the first time in Sweden that public statistics were released, denoting the ethnic factor in contexts of causing deaths or crimes. Publicly attributing the ethnic factor in these contexts was hitherto considered a “taboo” in Sweden, due to its direct association with racist approaches.

[15] Unherd.com, video interview, April 17, 2020. “Swedish expert: why lockdowns are the wrong policy”. At 17 minutes in the video, Tegnell’s counselor at the Swedish Public Health Agency, Johan Giesecke, He says the problems with standards of protection and hygiene that the elderly don’t follow are largely due to the fact that a high proportion of those who work there are newly arrived immigrants. Due to a lack of language skills, they may have difficulty accessing oral and written information.

[16] Infobae, July 7, 2020. “Un experto italiano asegura que la carga viral del coronavirus es 100 veces menor que en marzo: “Es como si hubiese envejecido”. [“An Italian expert assures that the coronavirus viral load is 100 times lower than in March:” It is as if he had aged.”].

[17] Washington Post, February 6, 2020. “Why treating the coronavirus like the Black Death is so dangerous”.

[18] The Lancet, June 6, 2020: Mentioned in conclusions: “The majority of the Spanish population is seronegative to SARS-CoV-2 infection”. “Prevalence of SARS-CoV-2 in Spain (ENE-COVID): a nationwide, population-based seroepidemiological study“.

[19] CNN, May 21, 2020. “Sweden is still nowhere near ‘herd immunity,’ even though it didn’t go into lockdown“.

[20] M Ferrada de Noli, RT interview, April 2, 2020. “On Sweden’s dangerous management of coronavirus crisis. Interview”.

[21] M Ferrada de Noli, RT, May 19, 2020. “Shameful treatment of the elderly is further proof Sweden got its Covid-19 strategy all wrong“.

[22] J of Infect., 2004 Nov; 49 (4): 257–261. “The concept of quarantine in history: from plague to SARS”.

[23] The Lancet, June 1, 2020. “Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis”.

[24] University of Baath, Dept of Biology and Neurochemistry, April 2020. “Public use of face masks to control the coronavirus(SARS-Cov-2) pandemic: a review of theory and evidence”. Published online, not yet per-reviewed.