This Is so Weird that I Can't Fathom It

Description

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As a doctor, I occasionally get confronted with difficult, inexplicable things, but this is a mystery I simply can't solve. What lies behind this unusual rise in deaths in an age group that isn't vulnerable to Covid-19?

It has been almost impossible to make any sense of the figures of Covid-19 deaths from around the world. They say that the first casualty of war is truth. However, the enemy, in this case, doesn't much care what anyone says, so there's no point in lying to it.

All it wants to do is move from one host to another and propagate itself. Why does it wish to do this? We don't really know – it just does. Covid-19 doesn't do interviews, but we can guess that its mission is to completely dominate the world.

Faced with the same implacable enemy, you would expect that every country would see similar patterns of infection and death. Or you might expect to see the same figures from countries that carried out the same actions – essentially, whether or not they imposed a nationwide lockdown.

However, if you try to compare lockdown vs no lockdown, the Covid-19 mortality figures appear incomprehensible. Belgium, for example, entered lockdown on March 18, while Belarus didn't lockdown at all. Belgium has a population of 11.5 million, while Belarus's is 9.5 million.

As of June 22, Belgium had suffered 9,696 coronavirus-related deaths, while, Belarus, as of the same date, had suffered 346. The death rate in Belgium, per million of population, on that date, was 847. In Belarus, it was 36.

That means the death rate in Belgium was over 23 times higher than in Belarus. Yes, two European countries sitting at approximately the same latitude, both starting with the letter 'B', have a vastly different rate of death.

What can we make of such statistics? The simple response would be not to believe the figures from Belarus. Alternatively, we could decide not to believe the figures from Belgium either, because it has the highest death rate from Covid-19, per million, in the entire world. Why? Who knows? However, I'd caution against dismissing figures we don't like or don't feel make sense.

After all, there are other countries that didn't lockdown to any extent, such as Japan, where there's been a death rate of seven per million, or one fifth that of Belarus. But I think it would take someone very bold to simply dismiss the Japanese figures.

In fact, the death rate in Japan is very nearly the same rate as the rate in New Zealand, which has had

only 22 deaths, and has been lauded for its aggressive lockdown policy and low rate of deaths. New Zealand's death rate is 4.9 per million.

In short, if you look around the world, there are no patterns to be seen, and the death rates between countries vary by more than a hundredfold. However, nowhere in the world have those figures been weirder, or more difficult to interpret, than in England, and – even more curiously – in younger people.

Around 10 days ago, someone pointed out to me an anomaly so strange, so unexpected, that I've since spent a considerable amount of time speaking to other doctors, and statisticians, to find an explanation – with no luck so far.

First, to provide some context. The most accurate figures to use, in studying the Covid-19 epidemic, are excess deaths – that is, deaths from all causes, over and above the average from the past few years. If, say, 10,000 people normally die in the first week in April, a figure of 15,000 deaths in the same week this year would represent 5,000 "excess" deaths.

This figure is of crucial importance, mainly because it can be fully relied on. From personal experience, I know that what's written on a death certificate is often no more than an educated guess. I also know there have been huge differences across countries in the way doctors have been instructed to record Covid-related deaths.

If an elderly person goes downhill rapidly and dies in a care home, and they hadn't had a test, did they die of Covid, yes or no? Probably, possibly? Doctors in the UK have been advised to record "yes," while, in other countries, they are more likely to record "no." On the other hand, there are tales of doctors in the US being coached to write "Covid" on almost all death certificates, because the hospital is paid more money if they do so.

That means relying purely on the statistics for Covid-recorded deaths may be highly misleading. However, you can absolutely rely on the diagnosis of death. It's a tricky clinical condition to miss.

So, if you want the outcome that's the most reliable indicator that something truly significant is going on, you need to look at excess-mortality rates. If they stay the same, you can be reassured nothing serious is happening. This is true, however much the diagnosis of a single condition rises.

To provide this data, in as close to real time as possible, the EuroMOMO hub was established to monitor European mortality activity. Currently, it tracks changes in overall mortality in 24 nations. England, Wales, Scotland and Northern Ireland are treated as separate countries, and this was to become significant.

EuroMOMO showed absolutely no change in mortality across all 24 countries until week 11 of this year – the second week in March. It then rose rapidly, topping out in week 14. By the end of May, everything had fallen back to normal, which means the Covid-19 mortality spike lasted 10 weeks from start to finish. Overall mortality rates are now lower than normal.

It's fascinating that some countries showed a sharp rise in mortality, and some showed none. For example, Austria, Denmark, Finland and Germany – nothing. France, Belgium, Spain, the Netherlands, England – major spikes. Half the countries didn't have a spike; the others did.

Then, and here we get to the really weird part, is the data that was tucked away in a sub-section. A massive rise in mortality that was seen in only one country out of the 24, and nowhere else. And a spike in the age group 15 to 44 – one of the age groups least vulnerable to Covid-19, and in England alone. Not in Scotland, Northern Ireland or Wales. It lasted five weeks and then disappeared.

Frustratingly, the figures on causes of death are not available – some types of death can take a long time to be recorded, such as those as the result of an accident or suicide. So, were all the excess deaths from Covid-19? It seems unlikely, as the total number of recorded deaths in this age group has been under 500 since the start of the epidemic, and that wouldn't have created such a spike.

Might lockdown, in some way, have caused it? Might the loneliness of lockdown have caused a rise in suicides? Or a surge in drug overdoses? Or other reckless behaviour?

I don't know… but if we are to truly understand what happened during the pandemic, we need to find out.