

When Brexit went through at the beginning of the year, I expressed relief that it was over and expressed my hope that I would be able to write about other things on this blog. If I had known what was coming, I might well have thought otherwise.

The coronavirus has changed within the course of a few weeks from a tale of chinese mismanagement to a catastrophe engulfing the entire western world.

The website <https://www.worldometers.info/coronavirus/> tracks the number of infections, deaths and recoveries worldwide.

If you scroll down, you will find a table listing Confirmed Cases and Deaths in all the countries of the world. By clicking on each individual column you can arrange the data as you wish.

The statistics are reset every day at 00:00 GMT or 01:00 Central European Time. The number of new cases is therefore set at zero at the start of each day until the government reports new statistics. I am recording these figures at 13:00 CET on Tuesday the 17th of March 2020.

March 16

Country	New Cases	% of Total Identified Cases
Austria	114	16%
Spain	1235	11%
Iran	1178	7%
S. Korea	84	1%
USA	80	1.5%
China	21	0.02%

Many countries have not yet declared new cases for today. For these countries the statistics for the previous day can be found by clicking on the country's name.

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Italy	3233	11%
UK	152	10%

It will be important to keep an eye on these statistics. Government policy with regard to Coronavirus appears to be guided by such statistics, so changes in these values will presumably lead to changes in government policy.

However as we all know statistics need to be viewed with a degree of scepticism and placed in a context before they can be considered useful information.

1. The statistics would appear to show that South Korea and China now have the virus under control. The veracity of China's statistics is continually being questioned. While the Chinese Communist Party may very well be systematically falsifying statistics, it seems unlikely that the same can be true of the government in South Korea.

2. Something that should not be overlooked is the fact that there is no base line (*Nenner*) for these statistics. We know that in Austria 114 people were tested positive for Coronavirus yesterday. But we also know that the telephone hotline in Austria cannot cope with the demand for testing. The number of people who have Corona Virus but have not been tested is unknown. An increase in the the number of tests that can be done every day might, indeed

perhaps should, lead to an increase in the number of confirmed cases irrespective of the rate at which the virus is truly spreading.

In other words, if the rate of testing is increased this should of itself lead in the short and medium term lead to a rapid increase in the number of confirmed infections per day, as more resources are made available to test for Covid 19. The politicians on the other hand are anxious to see a reduction in the number of new cases per day within the next two weeks.

This raises another question: when in fact will the health authorities have a clear picture of how many people are infected a given point in time and how fast the virus spreading beyond this group? There seems to be no clear answer to this question.

This presents the politicians with a short term policy problem. Surely, it is the case that we will only have a useful statistical understanding of the extent of the problem when the ability to test exceeds the demand for testing. It may take more than two weeks to reach that point. The politicians have to evaluate their effectiveness of their policies at the end of next week.

Austria's high rate of new infections and the USA's apparently low rate may in fact be more a consequence of the high priority the efficient Austrian Health Service gives to testing for Corona Virus than evidence that there are more infected Austrians than there are infected Americans. But by the same terms, we can expect Austria to get on top of the statistical problem more quickly than those countries whose health service have not or cannot give Covid 19 testing a high priority.

3. The third statistic which needs to be questioned is that recording the number of deaths attributed to Covid 19. There is no doubt that Covid 19 can lead to a particularly unpleasant and often fatal form of pneumonia. Nor is there any doubt that we have too little specialized equipment in our hospitals to deal with large numbers of people suffering from this new and often fatal form of pneumonia. We are surely all agreed that we need to prevent a situation like the one in China or Italy occurring, where the health system is overcome by demand and the ill cannot be treated.

But are all the deaths recorded as being caused by Covid 19 truly the **direct** result of this particular Coronavirus induced pneumonia? Covid 19 exacerbates and exploits pre-existing conditions, one of which is old age, another of which is pre-existing weakness of lung and heart. As far as I can tell, there is no clear distinction made in the statistics between deaths inevitably caused by Covid 19 infection, those deaths to which Covid 19 was a contributing factor and deaths of people carrying Covid 19 which resulted primarily from other causes.

Doubtless that is a difficult distinction to draw. Different countries may have different methodologies and there may still be too little information available to let us draw any reliable conclusions. However it seems to me that when evaluating the threat to our societies, a clear picture of what proportion of the infected will require intensive care and what pre-conditions will lead to a need for hospitalization is essential if governments are to formulate policies which will quickly take positive effect.

Let us not forget, this is a threat which threatens not only our physical but also our economic well-being,

To state this in terms of numbers, the website www.worldometers.info/coronavirus informs us that of 88000 cases across the world which have had an outcome, 7.5% ended in death. This global average is the same as the percentage of deaths to total cases in Iran and in Italy.

In China, the ratio of deaths to total cases is apparently only 4%, in Hong Kong 2.5%, in South Korea 1%, in Taiwan there has been 1 death out of 77 infected persons, in Singapore 0 dead out of a total of 277 infected.

What can account for these discrepancies? Is the high rate in Iran a result of poverty, in Italy the result of mismanagement? What did South Korea and Taiwan and Singapore do right?

It should be possible for western countries to avoid the fate of Italy and reduce fatalities to China's 4% or less. But even then, in order to formulate a policy which can be sustainable over the medium and long term, we need to know whether we are talking about a group of 4% spread across all age groups, 4% of pensioners aged 70 or above, or 4% of people aged 50 plus, many of whom are working in positions of social responsibility requiring daily interaction with others.

In a crisis and particularly in a democracy it is also important that the public understands and approves of government policy. Governments must be asking themselves how long the public will support measures which undermine the economy. Long term solutions need to be found by Easter 2020 at the latest.

I am not arguing against statistics. On the contrary, if we are to master this crisis we need more and better differentiated statistics.

One last observation. It is clear that the Coronavirus crisis has shown the European Union to be incapable of formulating a European response. The member states of the Union have automatically, perhaps instinctively, adopted a national approach to solving their problems. The EU's passivity in the face of the migration crisis 2015 severely damaged its credibility. It has now been completely sidelined. Closed borders and [export controls](#), which the EU claimed during the Brexit negotiations to be non-negotiable, have overnight become standard practice. European solidarity with the country worst affected, Italy, is practically non-existent, a shameful development.

Each country is formulating its own national policy response to the coronavirus crisis. This is determined by national psychology, relative economic strength and the differing legal and constitutional options available to the various governments. The Coronavirus crisis is strengthening a feeling of national identity and emphasizing national characteristics.

It will be interesting to see which approaches will be most successful in dealing with the problems caused by the Corona Virus.

In future posts I will try to examine this last matter more closely.