

Barefoot Scientist solves the Coronavirus 'Death Mystery' model;

I am Kaalvoet¹ de la Harpe, on April 19, 2020, I had worked through every statistic and daily count of positive infections of the Coronavirus throughout the world.

My interim research results, indicate that South Africa, through following the Western European model, are following the wrong model, my focus moves away from the number of tests and positive cases, and I start to study the 'death trends'.

The Hidden Coronavirus Death Mystery,
Lessons from applying a 'Voice of Reason',
to why the
South Africa's Coronavirus Management Model is flawed
Kaalvoet: Working Paper No: 23432
First Draft; April 19 to April 27, 2020

What has happened to the world?

I went to bed one night in 2020, and the next morning I was considered ABSTRACT, it was a morning in February 2020^{ac2} the World had become ABSTRACT, and even I, a human with a Voice of Reason, was imprisoned with the ABSTRACT, our entire country, forced to follow the new ABSTRACT leadership;

The verb Abstract, 'definition' "*to abstract medical science from the historical context*" is exactly what the 'third-force'³ has achieved, we need to live in this new abstract world, to accept the human rights abuses that have been forced upon us.

¹ barefoot

² ac = after coronavirus

³ The Global Market Network, that controls the NYSE and IMF:

I am 73 years-old, in the next 27 years, influenza / pneumonia / Coronavirus will be an enemy that I will avoid, till then, to all of those who believe the abstract today, I will try and bring RATIONAL back into your life, a life where you will again live, according to logic and reason.

ABSTRACT:

Coronavirus in my opinion, *thanks to the fact that everything is ABSTRACT*, similar to RSV, would appear not to exist with seasonal influenza, during the past three months, it has replaced the Northern hemisphere seasonal flu.

No where in the Coronavirus Management structures, do one of the scientists even comment on the impact of seasonal flu, when discussing Covid-19.

The ‘third-force’ drives the WHO and Western Europe, using the FEAR factor as a tool that unites 90% of the world population as the Global Market is restructured, following the ‘Old-years Eve’ explosion of the pandemic in the China industrial area, that we today label as Coronavirus.

The medical scientists, without any research, has abstracted the historical medical science related to the flu / influenza, that has taken the world took many years to research, *claiming that the Coronavirus, does the same work that flu / pneumonia traditionally did, but that it is more dangerous, and that it would kill millions of humans.*

I am not an academic, but my knowledge of the medical research, indicates that this conclusion, is scientifically flawed.

“According to historical medical science, the Coronavirus death count, is fraudulent, however I accept that the abstract may apply”

One of the Countries that have not locked down, Belarus, has a President that still lives in the rational world, where the historical medical science was respected, declaring that not a single person died purely from the coronavirus, I quote;

The health ministry has reported 2,919 confirmed coronavirus cases and 29 deaths in Belarus. But Lukashenko said the fatalities were the result of underlying health conditions in the patients, such as heart disease and diabetes.

“Therefore, I say that not a single person died purely from the coronavirus.”

The MAJOR DIFFERENCE that gives the Coronavirus the FEAR factor, is the **DEATH count**, where the WHO.int who changes the ‘Causes of Death’ *from the accepted historical principle, where a person suffering from the following types of illnesses / diseases, when they died, the cause of death internationally, was recorded as a result of the underlying illnesses / diseases, that would eventually have resulted in their death, to be recorded as CORONAVIRUS/COVID-19 as cause of death?*

2020bc⁴ recorded as Cause of Death, notwithstanding influenza infection / pneumonia:

*Diabetes mellitus
Cerebrovascular diseases
Hypertensive diseases
Ischemic (Coronary) Heart diseases
Other forms of Heart diseases
Chronic lower respiratory diseases
Malignant neoplasms of digestive organs
Malignant neoplasms of digestive and thoracic organs
Tuberculosis*

During 2016, **91 842** South Africans, 65+ died and recorded one of the above causes of death, many of them would have

⁴bc, Before Coronavirus,

tested positive for some form of flu when admitted, under the 2020bc

With today's WHO abstract classification of Causes of Death, as many as 60 000 of the 2016 class, could have died with a touch of flu, and recorded as flu death, to be added to the 8272 elderly who did not have any of the above diseases, and died of Influenza and Pneumonia, bringing the total deaths by flu and pneumonia, to 68 272.

2020bc the world medical research spent billions, researching the various strains of flu, most research conducted over a period of five years, always looking for a new vaccine, always fighting the seasonal influenza. The medical scientists research was made extremely difficult, mainly due to the complicated extraction to remove the impact of influenza, as a contributor towards the number of deaths, as recorded traditionally.

(See 2020bc infra, and annexure 01, page 17)

Unless the medical scientists, can show any proof that their new abstract allocation to Coronavirus as the main Cause of Death, kills people that are not normally at risk, my Voice of Reason is that my opportunity to earn a living, plus having me imprisoned, is all based on a fraudulent concept that has no scientific, legal constitutional basis.

2020bc

Who can remember the 'good old days' when we still lived our lives as RATIONAL, where logic and reason was allowed.

In April 2018, the National Institute for Communicable Diseases, reports⁵ on the approaching Flu Season;

⁵ <https://www.nicd.ac.za/influenza-season-approaching/>

In South Africa, influenza (commonly known as flu) kills between 6000-11,000 people every year. About half of these deaths are in the elderly, and about 30% in HIV-infected people.

The highest rates of hospitalization are in the elderly (65 years and older), HIV-infected people and children less than 5 years old. Pregnant women are also at increased risk of hospitalization and death from flu infections.

People with chronic illnesses like diabetes, lung disease, tuberculosis and heart disease are also at increased risk of being hospitalized from the flu.

During the flu season in South Africa about 8-10% of patients hospitalized for pneumonia and 25% of patients with flu-like illness (fever and cough) will test positive for influenza.

Kaalvoet Comment:

The April 2018 report, very clearly confirms to us, that people with chronic illnesses like diabetes, lung diseases, tuberculosis and heart diseases, are at risk of being hospitalised from the flu, in 2020bc, these chronic illnesses and diseases, would have had the cause of action, attributed to the illness and disease.

Today, 2020ac, no longer will the chronic illnesses like diabetes, lung diseases, tuberculosis and heart diseases, be recorded as a Cause of Death in the elderly group, once the ‘third-force’ has killed the Coronavirus, medical researchers will be surprised that the chronic illnesses like diabetes, lung diseases, tuberculosis and heart diseases, have returned, and will be looking for solutions once again.

RATIONAL:

First Step to Recovery; published April 20, 2020

I quote the summary of the First Step to Recovery post:

This is my last comment on testing and the number of cases, from now I only discuss the deaths and death ratios, if it is lives we are saving, let us talk life and death.

Our "First Step to Recovery" is to scrutinise a few 'selected countries' and their death ratios on April 19, 2020, your comments on the death ratios is invited, should you wish me to add a specific country of interest to the table.

Please advise me on email.

I make no comment on my next move, death and death ratios, life and death statistics, will allow us to move forward.

Unseen in this war against Coronavirus, is the fact that the elderly human's life, has now been elevated to a new level of importance, above that of the Rhino.

Why would the entire world population, suddenly switch from saving the Black Rhino, to saving an elderly black couple in Soweto?

In the modern era, commencing 1880s, many wars were conducted on the pretext of Human Rights abuses, but whether the Anglo-Boer-War, or Libya, behind the 'war' and 'revolution', there was great wealth to be annexed.

In the past two hundred years, in all wars / revolutions, the aggressor was either protecting wealth, or attaching wealth, all in the interests of the aggressor's people, or, land or persons, that are relevant to securing the wealth that is to be protected or attached.

History will show that the aggressor, did not have any concern, for whether his own soldiers died in action, or how many died. History will show that the neither the aggressor, nor the defender, gave any consideration to the deaths of innocent people.

The 'system' has made it very clear, that nearly every country in the world, has become allies in the war against Coronavirus, Coronavirus, is the aggressor in this war, it is the it is the silent killer, and the ever escalating positive tests, a symbol of the aggressors success, the trigger of fear, in the trenches.

As defenders, our battle plans are very clearly defined, a small percentage of us are on the front-line, the rest of us, must avoid any contact action by hiding in our bunkers, and protecting the aged, those with compromised immune systems, as defenders, our leaders have adopted the position that, should we keep the total anticipated death rate, below an undefined figure, we will have successfully obeyed our leader?

The view from our bunkers, is one similar to the scorched earth policy, only rather than burning the enemies crops and properties, we are asked to burn our own assets, in order to defeat the aggressor.

In South Africa, virtually all of the Coronavirus victims, would appear to have been elderly, with underlying immune system issues.

In South Africa, those who died as a result of police action, were not important, they were ‘just black’, the voices echo; *“They did not want to listen, they must learn.”*

My philosophy is that no man or woman should ever be denied the opportunity to earn sufficient to feed and accommodate their children, to educate their children, should this opportunity not exist, dignity is impossible, if dignity is lost, so violence and crime escalates.

It is no longer an Economic Solution, no charity food packs will restore dignity, but first, we need to understand why we should not fear Coronavirus, and allow our politicians to join us in moving forward.

DEATH STATISTICS TELL THE STORY

I have always linked Coronavirus to seasonal flu / pneumonia deaths, of the opinion that the level of deaths in Western Europe and the USA, escalated as the Coronavirus had attached itself to the space and environment, where the seasonal flu was operating, and the decreasing deaths per day, that we are presently observing in the Northern Hemisphere, is typical of the seasonal flu going into hibernation, from week 14 of the calendar year

South Africa's March to April death toll has reached 90, if the Western European management model of Coronavirus had not been adopted, these deaths would have gone unnoticed, recorded as their RATIONAL causes of death, today's Government announcement I include, to wake the world up to the flaws:

Reported Deaths

We regret to report a further three deaths: two from the Western Cape and one from KZN.

This brings the total cumulative COVID-19 related deaths to 90. The cases were:

- *A 79 year old male who presented with shortness of breath and chest pain. His co-morbidities included diabetes, hypertension, chronic kidney disease and cardiac disease (WC)*
- *A 58 year old male who presented with imminent cardiovascular arrest. He was a person living with HIV and had obesity. (WC)*
- *A 54 year old male who presented with respiratory distress. He had underlying diabetes*

When Coronavirus was brought into our Country from Europe and the USA, South Africa's seasonal flu had not yet arrived, and had our Government not adopted the Western Europe population model, we would not have needed to lockdown, but few South Africans would believe me.

My dear wife, had often attacked me with the statement, *“But why should you be the one person in the world, that believes what you believe.”*

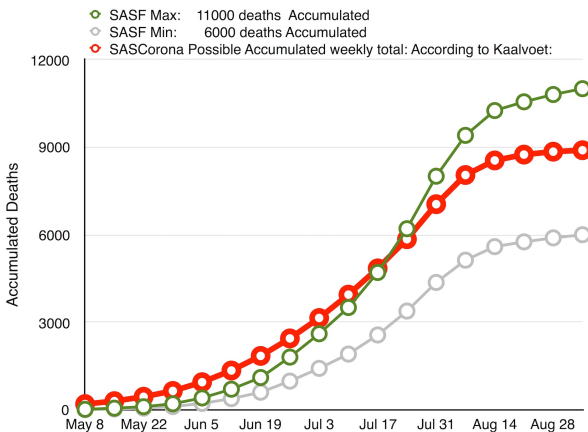
My answer is;

“Belarus and Sweden have not closed their economy, that gives me 20 million supporters for the philosophy that we should not have locked down”

The Kaalvoet theories initial prediction for deaths in South Africa by the end of the flu season, September 2020, included in the *Seasonal Flu / Pneumonia / Coronavirus*, bracket was 8 875, the red accumulative curve, @ 15,10 deaths per 100000 population.

The level of preparedness of the medical industry, and the population mindset, should move our projected target to 6 000, @ 10,21 deaths per 100000 population.

The maximum seasonal influenza / pneumonia deaths is 11 000, @ 18,72 deaths per 100000 population.



Warning, this graph is presented by a non-academic, it is not intended to be accepted by the academic, it is intended to be questioned by the academic, it is intended to be questioned by every person who believes that lockdown has saved lives, in my opinion, lockdown has cost many lives, and in this hidden war, it will cost many more.
I am 73 years-old, and I hate what is being done, to save my life, Cedric de la Harpe

I first publish *Table 1*, (pg. 11) reflecting the death rate, (April 18) per 100000 on April 19, 2020, see column, (4). During the past week, as I am exposed to comments and trends around the world, I add few countries.

Sweden is added, due to the very limited restrictions imposed on the citizens, Hungary is added when I listened to a BBC TV journalist question a Hungarian politician, asking why Hungary was failing to follow EU Coronavirus protocol.

Belgium is added, as it the most affected country in Europe.

On April 26, I fill in the April 25, deaths, column (5), calculate the death rate per 100000, column (6) the I first go though an elaborate percentage increase in death rates per 100000,

I then do a ‘death rate’ ascending sort, it confirms my original perceptions that South Africa has followed the wrong model, we should not have followed the Western European Model, Africa, Asia, Oceania, and Eastern Europe, all have lower death rates per 100000.

Note, Africa, the continent that the Western World projected the pandemic would decimate is the least damaged.

Sweden, who has not ‘totally locked down’, keeping their economy alive, has a death rate of 21,43 per 100000 population, lower than many countries that have lost their economies.

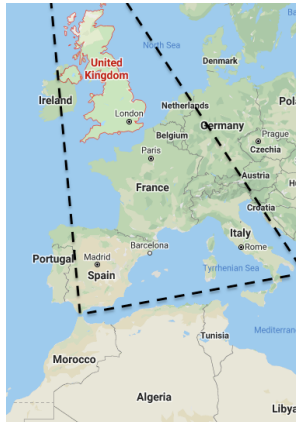
Belarus, who has not ‘totally locked down’, keeping their economy alive, has a death rate of 0,71 per 100000 population, lower than Western European countries that have lost their economies.

Country	Population	Deaths	Death Rate 100000 Apr 18	Deaths	Death Rate 100000 Apr 25
Nigeria	196 000 000	19	0,0097	35	0,0179
AFRICA TOTAL	1 216 000 000	1 057	0,0869	1 379	0,1134
South Africa	58 778 022	54	0,0919	86	0,1463
Japan	126 500 000	161	0,1273	360	0,2846
Egypt	98 420 000	224	0,2276	307	0,3119
New Zealand	5 000 000	12	0,2400	16	0,3200
China	1 400 000 000	4 636	0,3311	4 642	0,3316
Australia	25 000 000	69	0,2760	83	0,3320
Russia	144 000 000	313	0,2174	681	0,4729
Blearus	9 500 000	40	0,4211	67	0,7053
Hungary	9 773 000	199	2,0362	262	2,6809
Romania	19 500 000	417	2,1385	601	3,0821
Germany	83 020 000	4 642	5,5914	5 877	7,0790
Portugal	10 280 000	714	6,9455	880	8,5603
USA	382 200 000	38 910	10,1805	54 265	14,1981
Sweden	10 230 000	1 540	15,0538	2 192	21,4272
Netherlands	17 280 000	3 684	21,3194	4 409	25,5150
United Kingdom	66 650 000	15 464	23,2018	20 319	30,4861
France	67 000 000	19 323	28,8403	22 614	33,7522
Italy	60 360 000	23 227	38,4808	26 384	43,7111
Spain	46 940 000	20 043	42,6992	22 902	48,7899
Belgium	11 589 000	5 683	49,0379	6 917	59,6859

Table 1

The Covid-19 Triangle:

My research on Google Maps, shows six of the selected countries that are at the bottom of the table, are all virtual neighbours.



Covid-19 Triangle

The common dominator that these countries have, is they are wealthy, their population has had exposure to the world’s best medical and services, and all these countries ‘life expectancy’, has increased drastically over the past ten years, life expectancy ages increasing from the early 70s, to the early 80s, in ten years.

Italy, the country that will live in our minds as the most devastated of all the countries, had the following elderly population expansion between 2007 and 2017:

65 years and above: 90 years and above: 100 years>

2007	11 700 000	466 700	10 386
2017	13 500 000	727 000	17 000
% Increase:	13,3%	55,77%	38,72%

With Belgium at highest ‘death rate’ per capita in Europe, 59,69 deaths per 100000 population, I Google Search Belgium, and the Belgian Prime Minister, starts to unveil the Belgium plan to lift lockdown, when the weekly death toll rises from 5683 to 6917, an increase of 21,71%.

Coronavirus: Belgium unveils plans to lift lockdown

25 April 2020

Belgian Prime Minister Sophie Wilmès has announced a detailed plan to gradually lift the country's coronavirus restrictions.

But Ms Wilmès cautioned that "nothing is set in stone".

More than 45,000 people have tested positive for the virus in Belgium.

More than 6,900 deaths have been recorded in the nation of 11.4 million - the highest rate per capita in Europe.

More than half the fatalities have been in care homes, and the number of deaths in hospitals has been falling.

KAALVOET RATIONAL CONCLUSION

The wealth and their aged population in Western Europe, is a factor that does not relate to other parts of the world, and therefore South Africa should never have followed the Western European scientists into the 'fire'.

The common denominator among Africa, Eastern Europe, Asia, Oceania, is that our Countries do not possess the opulent wealth of Western Europe, and this group's elders are mostly accommodated in the community, not in care facilities.

Africa should be encouraged to follow the Sweden and Belarus examples, mass gatherings should be restricted, all other protocols should be followed, but the economy and life, should not be restricted.

Coronavirus will never be a pandemic in Africa, if we treat it as a 'type' of influenza, ***and the families / communities, are free to***

live a normal life, and look after their grand-parents, and other members of the community, who have compromised immune systems.

HEALTH ISSUES:

My wife and I, cared for my aged mother for many years, she had no health issues, other than dementia, mom required 24 hour care, and it was taking a toll on my wife, so we moved her to a relatively small care centre.

We visited twice weekly, mom was one of the few patients that received any visitors. Over the three years that mom was in the care facility, patients died regularly.

Mom falls, she breaks her hip, she is taken to a hospital and they operate on her, she does not recover from the operation.

Other than the dementia, mom was never ill for one day.

Mom was 93 years-old, do we start looking for the cause, was it a procedure fault, or was it a virus?

When I was a twenty year-old, I had a poster on my wall, “*Shit Happens*”, no matter what you would like to call it, “It Happens”.

When your parent lives ten years or more, above their life expectancy, and they are hospitalised, there is possibility that they will die, and you can’t blame the hospital or the medical staff, at that the stage, your parents mindsets, and general physical body structures have weakened, this contributes to their demise.

I could continue about my mom, and our experiences for pages, I rather use a 2019 [BMC Public Health post](#), and extract the

Introduction and Conclusion, that tells the story, for all of you who have lost elderly love ones, and those who just fear the virus:

August 30, 2019

Abstract

Background

By 2030, 30% of the European population will be aged 60 or over and those aged 80 and above will be the fastest growing cohort. An increasing number of people will die at an advanced age with multiple chronic diseases. In Europe at present, between 12 and 38% of the oldest people die in a long-term care facility. The lack of nationally representative empirical data, either demographic or clinical, about people who die in long-term care facilities makes appropriate policy responses more difficult. Additionally, there is a lack of comparable cross-country data; the opportunity to compare and contrast data internationally would allow for a better understanding of both common issues and country-specific challenges and could help generate hypotheses about different options regarding policy, health care organization and provision. The objectives of this study are to describe the demographic, facility stay and clinical characteristics of residents dying in long-term care facilities and the differences between countries.

Conclusion

Although there are important country differences, the population currently living and dying in long-term care facilities is very complex, displaying multiple diseases with considerable cognitive and functional impairment and high levels of dementia. Given the complex care needs of long-term care facility residents, palliative care is the most appropriate care approach for this population and education of nursing staff should include learning skills to meet these needs. Since many residents also suffer from advanced dementia at the time of death, we recommend that policies addressing this sector highlight the need for the integration of high-quality palliative care together with high-quality dementia care. This study is an excellent starting point for monitoring populations of people who die in long-term care facilities. The current challenges of dying in such facilities need adequate policy and practice responses as soon as possible.

This study published in August 2019, just four months prior to the Coronavirus, call for: - ***the current challenges of dying in such***

facilities need adequate policy and practice responses as soon as possible.

I must assume, that the lack of information on the numbers of deaths originating in the care-facilities, is an indication that policies and practice responses have not been addressed.

The world would have reacted to the balance between saving lives, and the material losses differently, if we had only counted the deaths, and separated the categories to those in their families care, those living alone, and those living in care facilities.

If an elder has suffered from diabetes, or heart problems, and dies from influenza / pneumonia, the treating doctor, 2020bc would issued a death certificate, identifying the cause of death according to what the elder was being treated for, prior to the flu infection.

The Coronavirus WHO management system, now overrides the 2020bc historical medical norms, the RATIONAL Voice of Reason, will now ask how this new medical norm, will impact on life insurance, future applications will no longer be concerned with Chronic Diseases, rather whether I have Coronavirus antibodies.

My rational mind, has long questioned the Global Market's manipulation of the world population, in the interest of the wealthy, my challenge to all those who support 'total lockdown' as the 'new norm' to protect life of those who could die today, or next year, study Sweden, study Belarus, study China, Study Japan, study Taiwan, and ask yourself, whether what happened to you during lockdown, what you and the majority supported, is how you wish to live the rest of your life.

Cedric de la Harpe
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Annexure 01/.

ITALY SEASONAL FLU CONSIDERATIONS

Italy was one of the first models that drove fear into the South African population, and therefore, I use it as part of my analysis.

Italy News report dated Jan 23, 2020⁶ I quote:

Almost three million cases of flu have been reported in Italy since the start of the winter season, and the number of confirmed cases is rising.

Since the start of flu season in October 2019, 2,768,000 cases across the country have been confirmed by laboratory tests, according to data from InluNet published on January 19.

A total of 488,000 cases were reported last week alone, signalling that flu season is hitting its peak in January as predicted.

240 deaths have so far been reported, slightly lower than the expected 258. Most of the fatal cases are elderly patients who suffered complications after contracting the virus.

Influenza, commonly called the flu, is a viral infection that attacks your respiratory system.

Flu symptoms typically include the sudden onset of high fever, cough and muscle pain, according to the Health Ministry's website. Other common symptoms include headache, chills, loss of appetite, fatigue and sore throat.

Most people recover from flu within a week or ten days, but some people are at a greater risk of more serious complications or worsening of their underlying condition.

Those at risk from contracting the virus have been urged to get vaccinated.

⁶ <https://www.thelocal.it/20200123/flu-outbreak-in-italy-half-a-million-people-struck-down-in-a-week>

I have scrutinised a report on Italy flu, published by the International Journal of Infectious Diseases, August 08, 2019⁷ and provide information that interests me, please open the link and assure yourself of my assessment:

We estimated excess deaths of 7,027, 20,259, 15,801 and 24,981 attributable to influenza epidemics in the 2013/14, 2014/15, 2015/16 and 2016/17, respectively, using the Goldstein index. The average annual mortality excess rate per 100,000 ranged from 11.6 to 41.2 with most of the influenza-associated deaths per year registered among the elderly.

However children less than 5 years old also reported a relevant influenza attributable excess death rate in the 2014/15 and 2016/17 seasons (1.05/100,000 and 1.54/100,000 respectively).

Kaalvoet Rational Conclusions

Over 68,000 deaths were attributable to influenza epidemics in the study period. The observed excess of deaths is not completely unexpected, given the high number of fragile very old subjects living in Italy. In conclusion, the unpredictability of the influenza virus continues to present a major challenge to health professionals and policy makers.

The 68 000 deaths in Italy, take place take place over four seasons, 7,027 in 2013/14, 20,259 in 2014/15, 15,801 in 2015/16 and 24,981 in 2016/17, all attributable to influenza epidemics.

On average, the annual seasonal death rate attributed to influenza epidemics over the four year period, is 17 000.

⁷ [https://www.ijidonline.com/article/S1201-9712\(19\)30328-5/fulltext](https://www.ijidonline.com/article/S1201-9712(19)30328-5/fulltext)

This wording of the research material, the uses of ‘attributed to’ makes be look deeper, and I find a publication on MORTALITY DUE TO FLU⁸, I quote the entire article dated 24 February 2020, and reporting on the 2019-2020 flu season:

Influenza

Flu mortality

2/24/2020 - Mortality due to flu

21/2/2020 - Influenza: a first balance for the 2019-2020 season

The FluNews-Italy weekly bulletin - integrated flu surveillance report - reports the data of various surveillance systems that outline the impact of the flu season on the Italian population.

*In particular, with regard to mortality, the sources referred to are two surveillance. The first is the daily mortality surveillance system (SISMG) which is based on 19 Italian sample cities that collect daily the number of deaths in the over 65 years of age for all causes (**not only due to flu**). This number is compared with the expected number of deaths recorded in the previous five years.*

Influenza causes excess mortality each year. If, in fact, we observe the trend of total mortality (i.e. for all causes) over a period of time, we notice a sinusoidal trend with peaks in correspondence of the winter months and depressions in the summer periods and the peaks are observed mainly among people elderly. Therefore, the rationale for monitoring daily mortality (SISMG) is to highlight increases in the number of observed deaths that exceed the expected number in the presence of a particularly aggressive flu season.

The surveillance system takes into account the number of deaths from all causes because flu death data is not available in real time . In fact, every year Istat encodes all

⁸ <https://www.epicentro.iss.it/influenza/sorveglianza-mortalita-influenza>

death certificates, including influenza, and attributes the root cause, a process that requires an average of two years to make mortality data for specific causes available on average.

The second surveillance system is that of severe and complicated forms of laboratory-confirmed flu in ICU patients. This system monitors the number of deaths attributable to influenza that are observed in the patient population that has a very serious clinical picture.

For the reasons described above, neither monitoring system provides the total number of deaths that seasonal flu causes in Italy each year. For the latter, it is also necessary to underline an additional element to keep in mind.

If we analyze the specific mortality data due to flu that Istat provides every year in Italy, the deaths due to flu are a few hundred.

The main reason is that the flu virus often aggravates the already compromised conditions of patients suffering from other pathologies (for example respiratory or cardiovascular) up to causing their death.

In these cases, the flu virus is often not identified either because it is not sought or because death is attributed to general pneumonia.

For this reason, several published studies use different statistical methods for estimating flu mortality and its complications. It is thanks to these methodologies that we get to attribute on average 8000 deaths from flu and its complications every year in Italy.

Kaalvoet Rational Comment on Coronavirus deaths:

May I take the liberty of updating the 2020bc wording;

The main reason is that the Coronavirus often aggravates the already compromised conditions of patients suffering from other pathologies (for example respiratory or cardiovascular) up to causing their death.