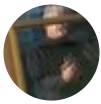


← Thread



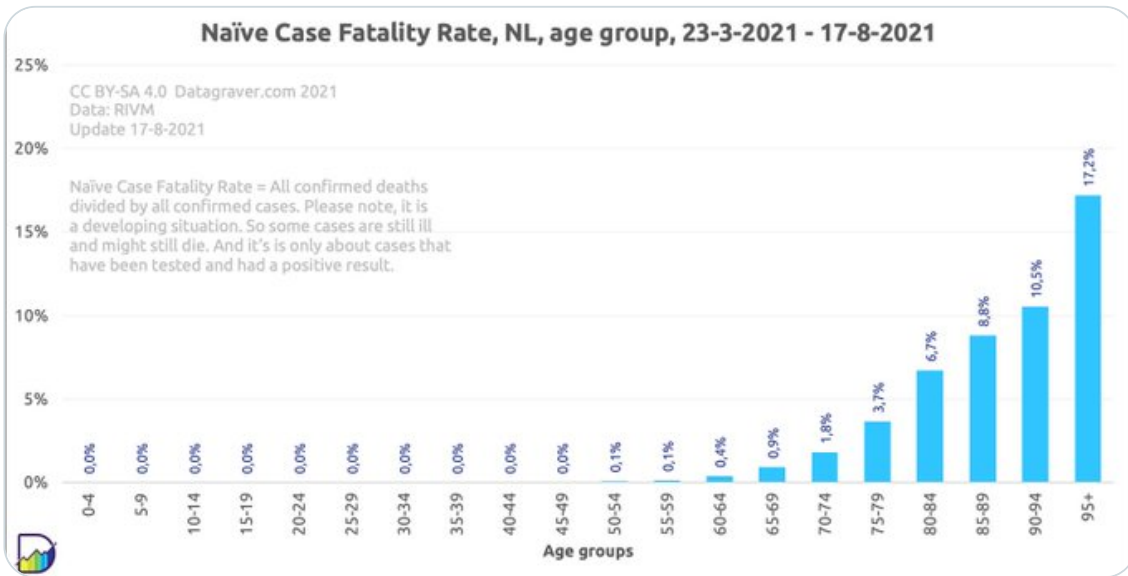
NoCovid 🇪🇺 Kano  
@false\_net



Descriptive analysis #Covid19 dynamics April-August 2021.

Total population analyses might distinguish between individual- and group risk of infection.

Data rivm sourced:



12:39 PM · Aug 30, 2021

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Tweet your reply

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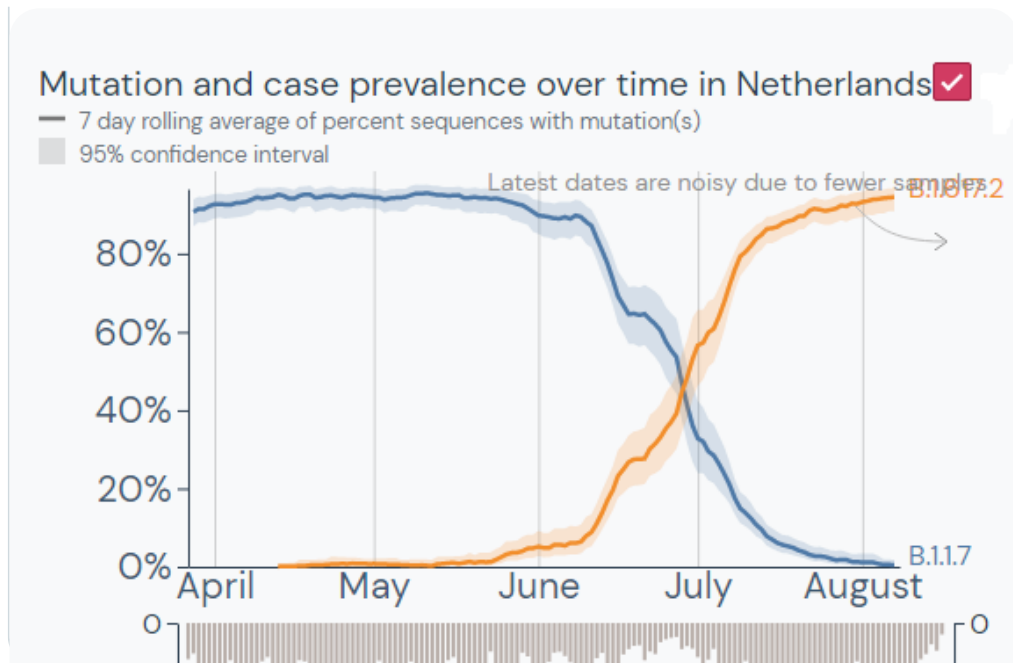
Replying to @false\_net

Summer 2021 allowed for easing #Nonpharmaceuticalinterventions.

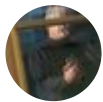
Vaccination effort was geared up.

Alpha was mostly the dominant VOC.

[outbreak.info/location-repor...](https://outbreak.info/location-repor...)



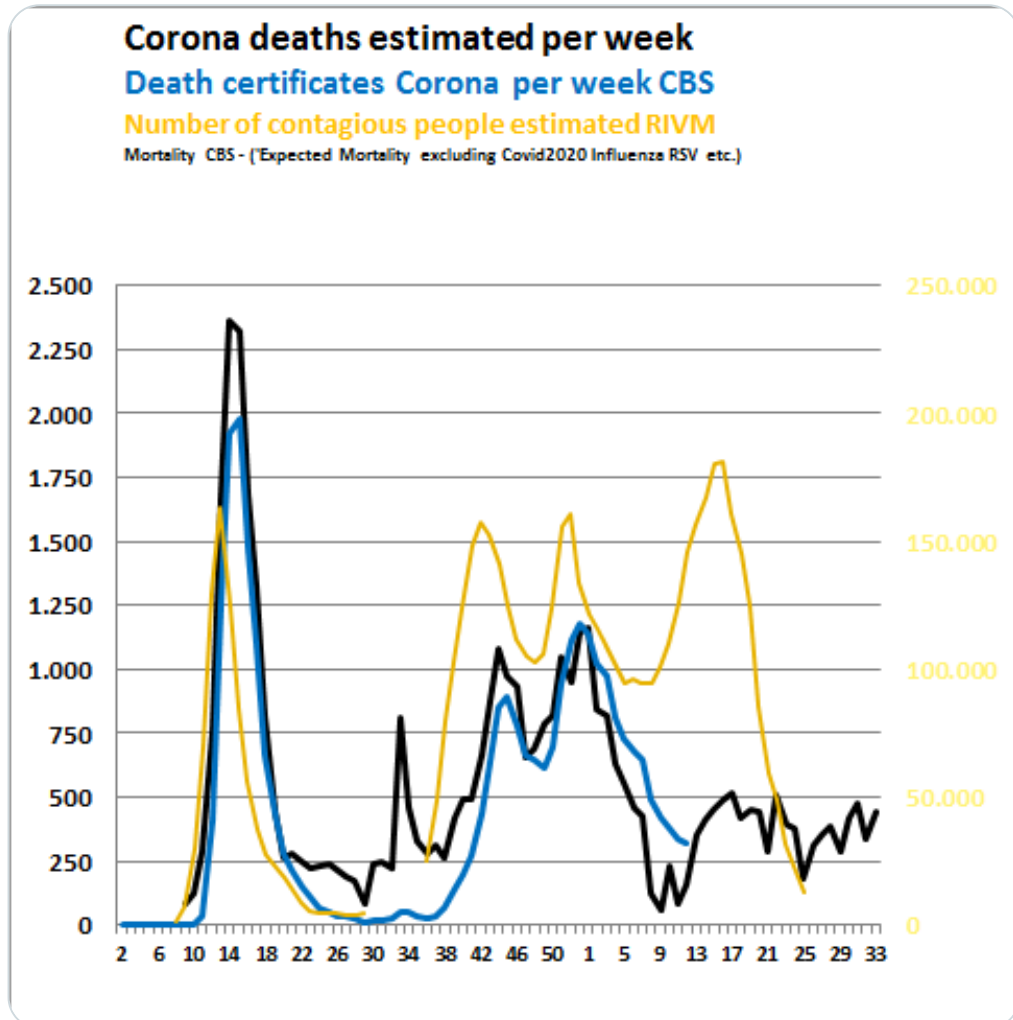
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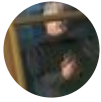


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...

Given age-stratified #TestTracelolate population wide CaseFatalityRates (nCFR), estimates were compared to cbs reported excess mortality, adjusted for absence of Influenza etc, and compared to the rivm estimated prevalence of contagious people:





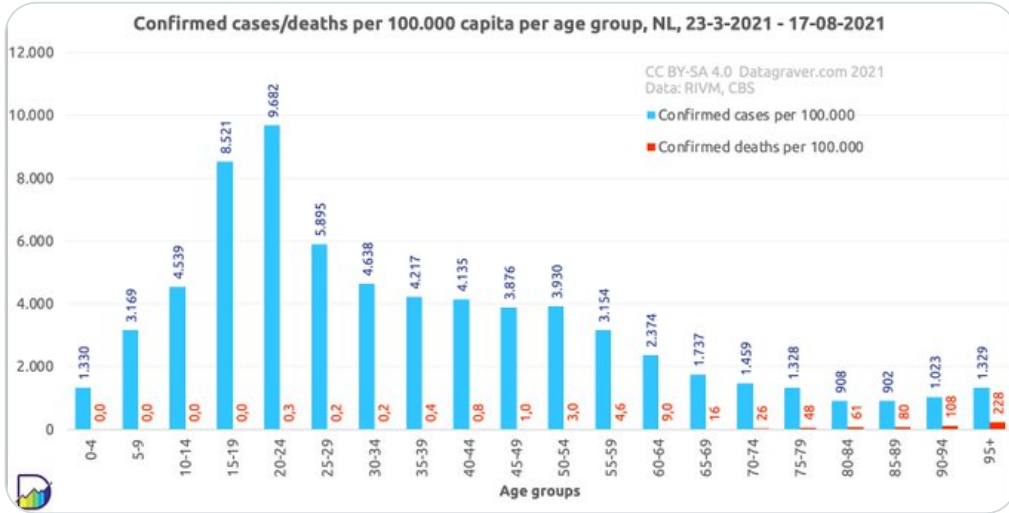
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Virus population prevalence, i.e. number of contagious people infecting R(0) contacts was generally higher for #B117 as compared to wildtype #SARSCoV2.

The virulence of #Alpha was generally higher than for previous variant(s).

Mortality #Covid19 was higher than reported:





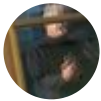
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Comparison of various @ rivm and cbs validated sources would infer a time weighted average virus prevalence during the summer 2021 of ~2,8%.

Info fully vaccinated, status per week and year of birth: [rivm.nl/covid-19-vacci...](http://rivm.nl/covid-19-vacci...)

	Confirmed † = 19%	'Real' est. †					Inferred Corona 'Prevalence'			2021	
			% nCFR	Population	Est.total †	Population%	Time weighted % vaxx'd	Tested/100.000	Total tested	%Pop.+	Death/100.000
30 - 35	0,0	1.076.906	-	0,0%	13	4.638	49.947	4,6%	0,2	2	
35 - 40	0,0	1.031.293	-	0,0%	16	4.217	43.490	4,2%	0,4	4	
40 - 45	0,0	1.025.388	-	0,0%	21	4.135	42.400	4,1%	0,8	8	
45 - 50	0,0	1.235.593	-	0,0%	23	3.876	47.892	3,9%	1,0	12	
50 - 55	0,1	1.276.720	725	0,1%	31	3.930	50.175	3,9%	3,0	38	
55 - 60	0,1	1.231.319	451	0,0%	34	3.154	38.836	3,2%	4,6	57	
60 - 65	0,4	1.096.433	909	0,1%	35	2.374	26.029	2,4%	9	99	
65-70	0,9	992.499	992	0,1%	43	1.737	17.240	1,7%	16	159	
70-75	1,8	912.384	1.286	0,1%	52	1.459	13.312	1,5%	26	237	
75-80	3,7	606.890	1.457	0,2%	62	1.328	8.059	1,3%	48	291	
80-85	6,7	418.878	851	0,2%	80	908	3.803	0,9%	61	256	
85-90	8,8	244.790	645	0,3%	85	902	2.208	0,9%	80	196	
90-95	10,5	96.180	389	0,4%	80	1.023	984	1,0%	108	104	
95+	17,2	23.364	261	1,1%	80	1.329	311	1,3%	228	53	
Total		17.262.263	7.966			3.991	689.019		8,8	1.522	
65+		3.294.985	5.881								
nCFR										0,2%	
nCFR65+										2,8%	



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Real time epi data allow for descriptive analyses. Given population stratified, weighted data for age, testing, vaccination and mortality risk as indepent variables, a regression model can generate hypotheses: Fatality% = -108.9 + 9.7 InfectionRisk% - 0.5 %Vaxx'd + 1.8 Age:

Overall regression: right-tailed,  $F_{(3,7)} = 21.3$ ,  $p\text{-value} = 0.0007$ . Since  $p\text{-value} < \alpha (0.10)$ , we reject the  $H_0$ .  
 The linear regression model,  $Y = b_0 + b_1X_1 + \dots + b_pX_p$ , provides a better fit than the model without the independent variables resulting in,  $Y = b_0$ .

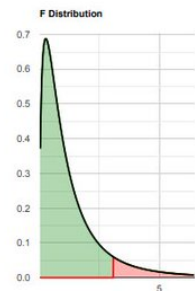
All the independent variables ( $X_i$ ) are significant.

The Y-intercept ( $b$ ): two-tailed,  $T = -5.8$ ,  $p\text{-value} = 0.0006$ . Hence  $b$  is significantly different from zero.

**Validation**

Residual normality

linear regression assumes normality for residual errors. Shapiro Wilk p-value equals 0.4. It is assumed that the data is normally distrit



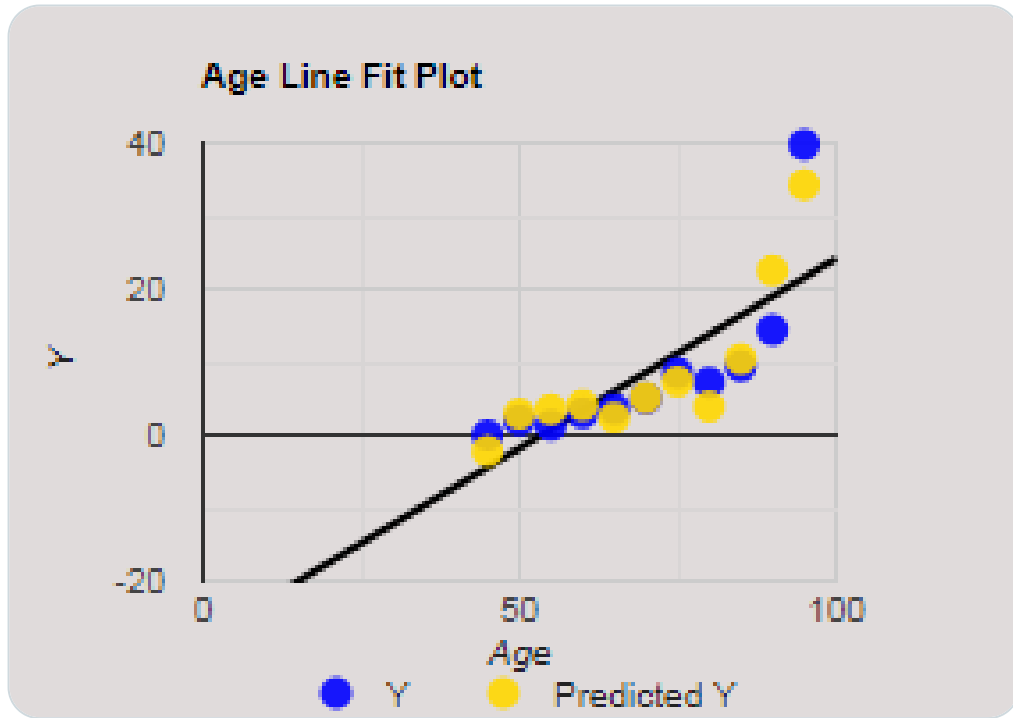
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During the observed period a 1% risk of infection in the entire population increases population fatality risk by 10% independent of vaccination

status and age.

However: Fatality risk dependent on age given a certain level of infection risk and vaccination is not linear related:



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Vaccines prevent death and serious disease for the study population included in clinical trials as approved by health regulatory agencies.

Table of predicted group fatality risks at ~ 1% infection risk.

A negative number would indicate #zeroCovid risk, 0, niks, nada, nil 😊

**Infection Fatality% = -108.9 + 9.7 Infection Risk% - 0.5 %Vaxx'd + 1.8 Age**

Population Age Group	Not vaxx'd Fatality%	50% group vaxx'd Fatality%	100% Vaxx'd Fatality%
45	45 - 50	-18	-43
50	50 - 55	-9	-34
55	55 - 60	0	-25
60	60 - 65	9	-16
65	65-70	18	-7
70	70-75	27	2
75	75-80	36	11
80	80-85	45	20
85	85-90	54	29
90	90-95	63	38
95	95+	72	47



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Disclaimer:

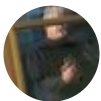
Dependent on data, sources and rounding errors.

h/t @datagraver for age stratified graphs.

h/t [statskingdom.com/410multi\\_linea...](https://statskingdom.com/410multi_linea...) for regression calculator.



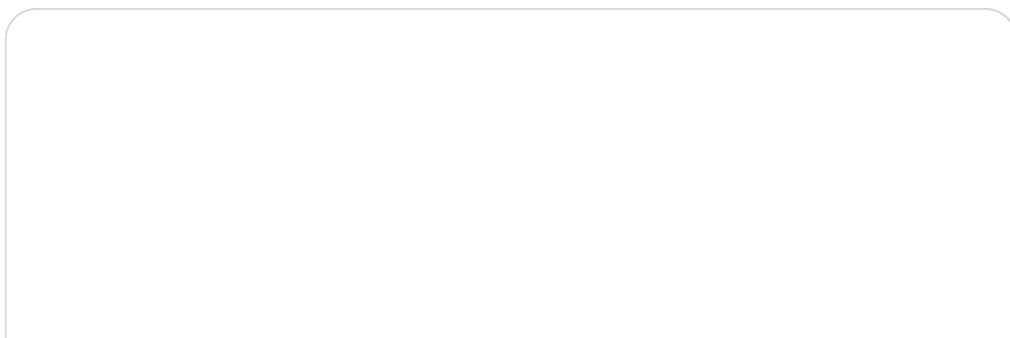
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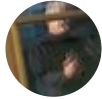
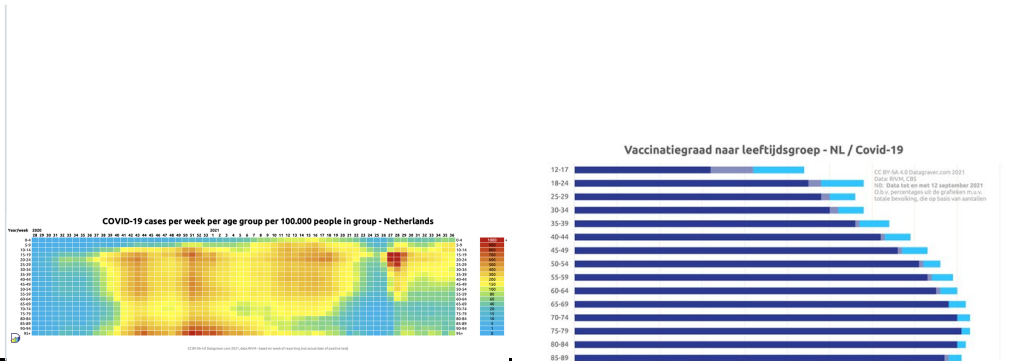


**NoCovid** 🇪🇺 **Kano** @falsel\_net · Sep 15, 2021



Applying a multiple regression analysis to the current epidemiological situation, assuming infection risk and vaxx status will remain at the same level upcoming winter, an estimate of expected excess- and Covid19 population mortality could be generated.





**NoCovid** 🇪🇺 **Kano** @falsel\_net · Sep 15, 2021

Real time epi data allow for descriptive analyses. Given population stratified, weighted data for age, testing, vaccination and mortality risk as indepent variables, a regression model can generate hypotheses:  
 Fatality% = -108.9 + 9.7 Inf.Risk% - 0.5 %Vax'd + 1.8 Age:

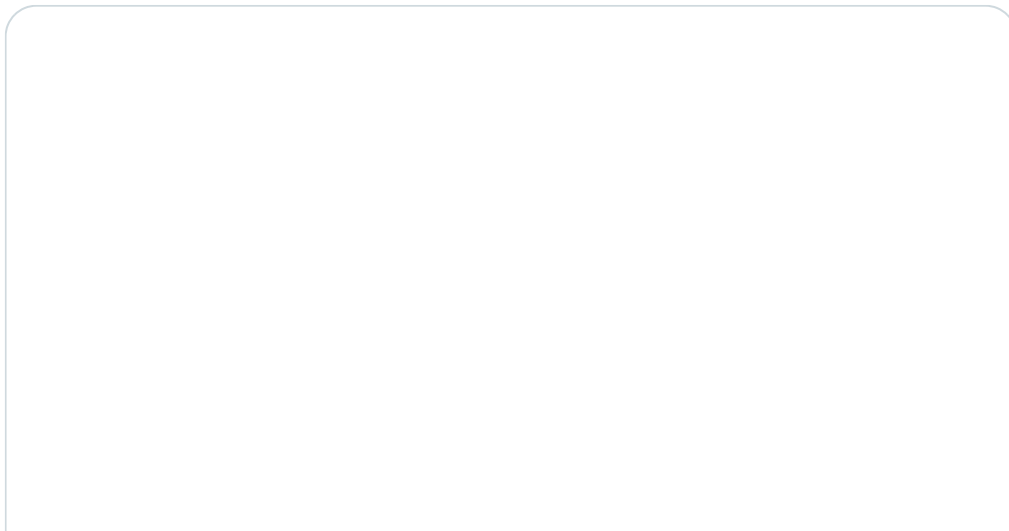
Population		%Pop.Test +	% vaxx'd	Fatality%		
Age Group						
45	1.235.593	0,11%	76	45 - 50	-66	
50	1.276.720	0,11%	81	50 - 55	-59	
55	1.231.319	0,06%	83	55 - 60	-51	
60	1.096.433	0,08%	85	60 - 65	-43	
65	992.499	0,04%	87	65-70	-35	
70	912.384	0,03%	90	70-75	-28	
75	606.890	0,03%	91	75-80	-19	
80	418.878	0,04%	90	80-85	-10	
85	244.790	0,06%	87	85-90	1	1.483
90	96.180	0,06%	81	90-95	13	12.124
95	23.364	0,08%	81	95+	22	5.049
						18.656

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**NoCovid** 🇪🇺 **Kano** @falsel\_net · Sep 15, 2021

Assuming infection risk and vax status will remain at the same level next 26 weeks; relatively high virus prevalence may lead to > 18.000 elderly #Covid19 preventable deaths (~20% of expected all cause cbs mortality), which is consistent with a continuous 10% excess mortality.



### Excess mortality: Deaths from all causes compared to average over previous years, by age



Shown is how the number of weekly or monthly deaths in 2020–2021 — broken down by age group — differs as a percentage from the average number of deaths in the same period over the years 2015–2019. The reported number of deaths might not count all deaths that occurred due to incomplete coverage and delays in death reporting.

■ Netherlands ■ Switzerland



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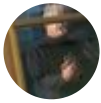


Disclaimer: Comparative data different sources is provided for generating hypotheses only, is not intended to be precise nor reliable. Rounding errors occur, data varies over time, new virus variants may pop-up again and population behaviour may change.



**NoCovid** 🇪🇺 **Kano** @falsel\_net · Jul 2, 2021

"CBS will switch from monthly to quarterly reports on causes of death. Figures for Q2 will be published in mid-October."  
[cbs.nl/en-gb/news/202...](https://cbs.nl/en-gb/news/202...)



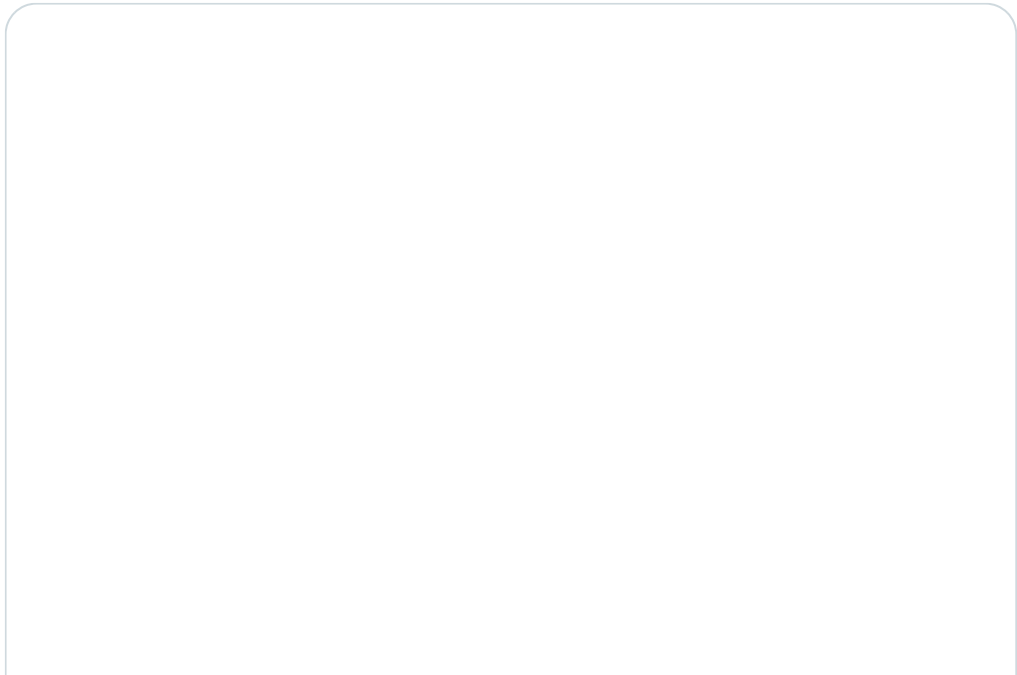
**NoCovid** 🇪🇺 **Kano** @falsel\_net · Sep 18, 2021



📖 Whereas the model described 📈 simply provides for a rational #zeroCovid policy, the model described 📉 proves, according to same logic, reducing community transmission #SARSCoV2 should be the ultimate goal of public health policies.

[bmj.com/content/374/bm...](https://bmj.com/content/374/bm...)

h/t @JuliaHCox





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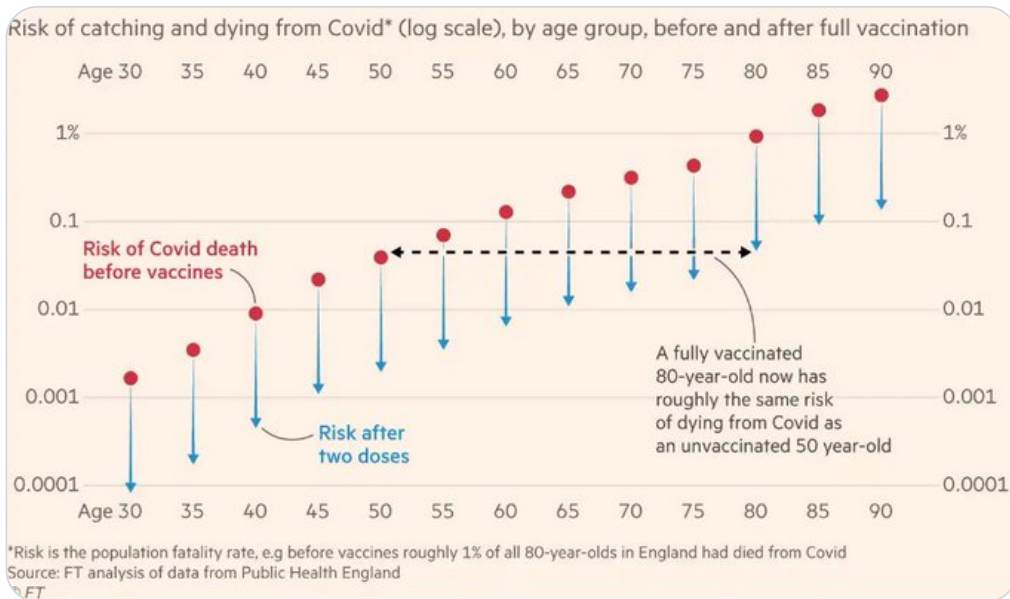
**NoCovid** 🇪🇺 **Kano** @falsel\_net · Oct 9, 2021

...

Indeed, @FT seems to derive at the same conclusion:  
Mortality is closely linked to age. Unfortunately, even among the vaccinated, the age gradient remains.

There is no alternative to #zeroCovid public health.

[ft.com/content/Of11b2...](https://ft.com/content/Of11b2...)



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