

Do the math! 'Died with COVID-19' means 'died from COVID-19'

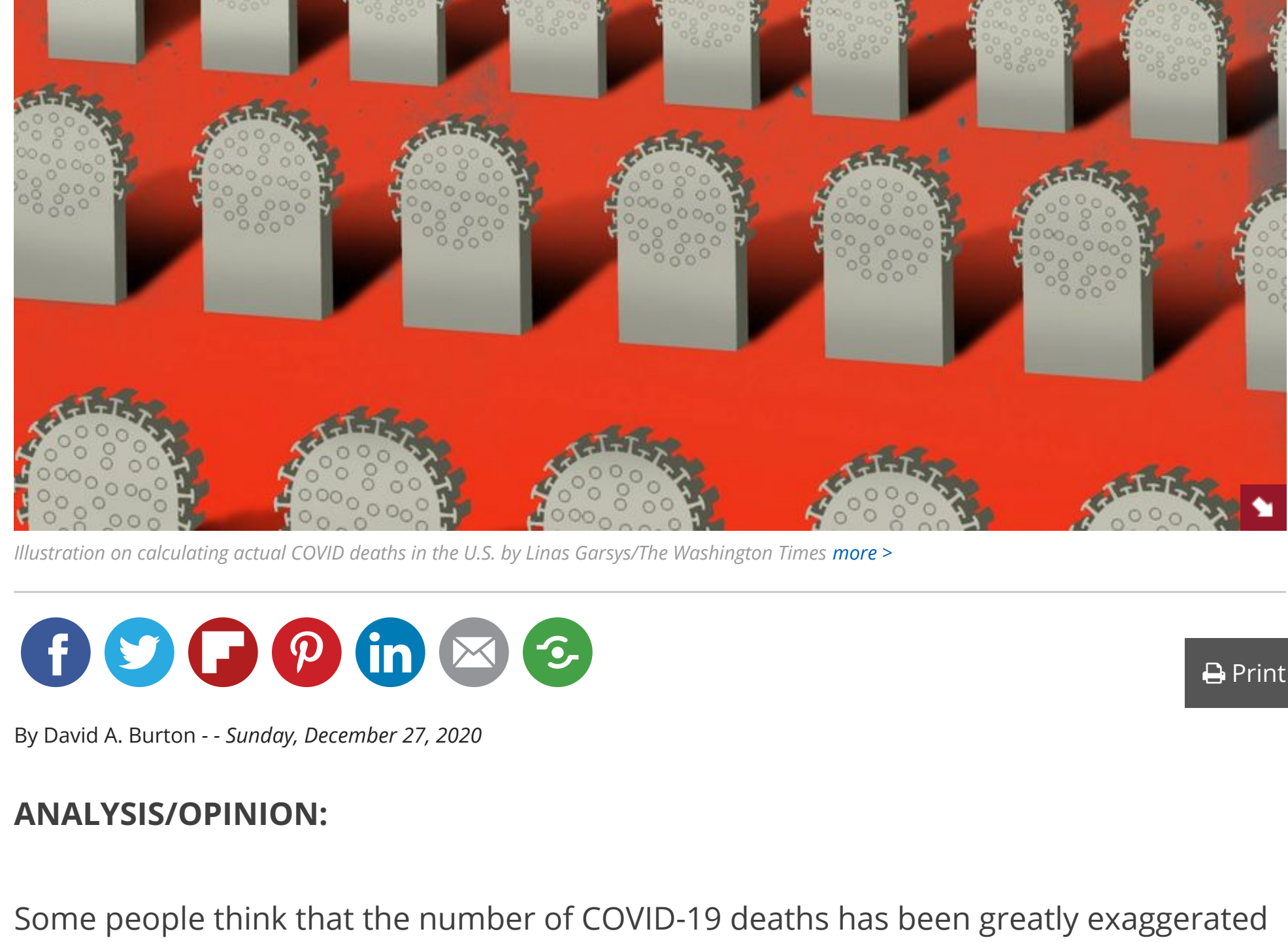
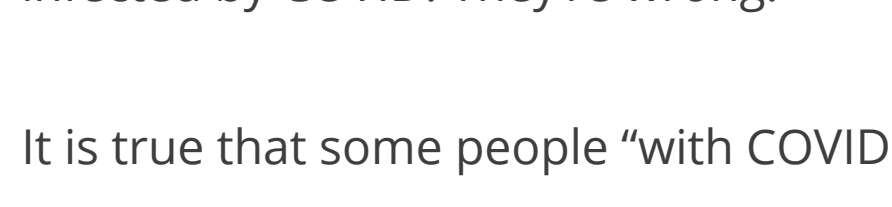


Illustration on calculating actual COVID deaths in the U.S. by Linas Garsys/The Washington Times [more >](#)



By David A. Burton - - Sunday, December 27, 2020

ANALYSIS/OPINION:

Some people think that the number of COVID-19 deaths has been greatly exaggerated by the mistaken inclusion of people who died from other causes, while coincidentally infected by COVID. They're wrong.

It is true that some people "with COVID-19" (who test positive), die from other causes, and some of those deaths could be mistakenly attributed to COVID-19. But it is simple to prove, with a bit of arithmetic, that such cases are a small percentage of the total reported COVID-19 deaths.

In normal times, the U.S. records an average of about 230,000 deaths per month, from a population of about 332 million. 230K/332M = 0.07% of the nation's population. In other words, an average U.S. resident already has about a 0.07% chance of dying within the next month, without a COVID-19 diagnosis.

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So, how does that compare to his chance of dying within the next month with a COVID-19 diagnosis?

Let's calculate that. Here are the latest U.S. figures (as of Dec. 23): 18,687,330 known cases, 330,841 deaths and 10,948,136 recoveries.

So the number of deaths as a percentage of known resolved cases (Case Fatality Rate, or "CFR") is 330,841 / (10,948,136 + 330,841 deaths) = 2.9%.

(Aside: It is likely that as many as half of all recoveries were mild cases which went undetected, so the true infection fatality rate ["IFR"] might be as little as half the calculated CFR, i.e., it might be as low as 1.5%. But that does not affect these calculations, and it is still more than 10 times as deadly as typical seasonal flu.)

Another way to estimate the CFR is just from recent cases, by comparing the average daily death rate (2736 per day, calculated over the week of Dec. 15-21) to the average daily number of new known cases (212,990 per day calculated over the preceding one to two weeks). 2736 / 212,990 = 1.3%. (The good news is that the CFR is declining, but the bad news is that it's still much worse than typical seasonal flu.)

About 88% of COVID-19 deaths occur within 28 days of diagnosis. So, multiplying the CFR by 0.88 yields the percentage of people who have a positive Covid diagnosis, who can be expected to die from COVID-19 within the next 28 days: That's 2.6% averaged over the entire epidemic, or 1.1% averaged over a single recent week.

Dividing 0.07% by 1.1% = 6.4%. In other words, if you have a positive COVID-19 diagnosis, you're 16 times more likely to die from COVID-19 in the next month than to die from something else.

Most coroners and medical examiners are competent, and so official causes of death are correct more often than not. But even if every case in which someone "with COVID-19" who died from a different cause were misattributed to COVID-19, it still would have only a small effect on the COVID-19 death statistics.

So, if someone tells you that the number of reported COVID-19 deaths is greatly exaggerated, due to misattributions of people who test positive for COVID-19, but who actually died from a different cause, they are wrong. They need to "do the math!"

• David A. Burton is a computer scientist in Cary, N.C. References for the statistics cited in this article can be found on his website, [sealevel.info](#).

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devo21 16 hours ago

Bad math, bad logic. If your premise is to cite overall non-illness specific monthly death rates, then you have to include COVID as a non-specific illness contributor to the same set of statistics. If you do that, as others have mentioned here, where COVID is not singled out as a specific contributor to monthly fatalities, it is not as dire as this article makes it seem. Lump COVID in with let's see...cancer, drugs and alcohol, suicide, automobile accidents, murders, influenza, etc, and it is not as statistically significant as this article would portend. Geez. Stop with the scare tactics. How about 'pure' COVID fatalities with no underlying conditions? That would be valuable information. Anything other than that is conflagration.

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BikerGuy2 > devo21 2 hours ago

"Conflagration"? Do you mean "conflation"? In any case, you're wrong. Let's say you are 65 years of age and have a heart condition, treated with medication you may easily live for another 20 years. You contract COVID and it kills you, as it can often affect the heart function. Did you die of the heart condition only? Did COVID take away those 20 years, therefore being the cause of death? Do you really object to that person being counted as a victim of COVID?

If you live to a certain age, you will have "underlying conditions". Some severe, some less so. Not counting those is simply ignoring the deadliness of the virus.

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GreenPlane > devo21 5 hours ago

Died with Covid19, does **NOT** mean died **FROM** Covid 19. Hospital Administrators want the Doctors to put COVID on the death certificate because they get reimbursed from the feds. While they may not yet have come up with a Universal Fee for Covid-19, the more they can put on that death certificate and chart the more money the hospital gets. The CDC is enabling this fraud and the DEMs are exploiting it to the max to eliminate civil liberties in lieu of campaigning against President Trump. This is all being funded by the taxpayer.

<https://www.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/>

Fact check: Hospitals get paid more if patients listed as COVID-19, on ventilators

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J vonNeumann 15 hours ago

I did the math the author is wrong and should stick to computer science. The problem with Burton's analysis is that it assumes there is almost no error in the Covid numbers. That simply isn't the case. For example Burton proudly displays confirmation bias stating, "Most coroners and medical examiners are competent, and so official causes of death are correct more often than not." Therefore the Covid deaths estimates of 330,841 are assumed to be accurate (they aren't, they're likely off by a lot). Because of the well known number of false positives of all the Covid tests, the number of recoveries reported by the CDC (10,948,136) is also fraught with error. Forming the ratio: (330,841 + Large error) / (10,948,136 + unknown error + 330,841 + Large error deaths) = an unknown%. != 2.9%

As of 12/23/2020 2,851,438 people have died from all causes (CDC) ==> 2,906,273 by year end = 242K/month

Now assume a population of 332M so the monthly death rate in 2020 is 242K/332M = **0.073%** of the nation's population. So a US resident does not have a statistically significant higher risk of dying in 2020 than they did in "normal" times when the monthly risk was **0.07%**. (Edited)

Reply 9

sealevel_info > J vonNeumann 8 hours ago

Dave Burton here.

1. "the well known number of false positives of all the Covid tests" is a myth. The great majority of positive Covid-19 test results aren't false positives. If they were false positives, someone would have noticed, because a lot of those diagnoses are confirmed with follow-up tests.

2. You are correct that most American deaths are still from causes other than Covid-19. Even now, with Covid-19 deaths surging to about 2500 per day, that's still only about 1/3 of the average number of daily American deaths, in normal times.

You are also correct (as I mentioned in the article!) that the number of Covid-19 recoveries is not known with precision. It's probably substantially underestimated (due to undiagnosed mild cases)...**See more**

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