

Coronavirus kills at more than 20 times the rate of seasonal flu

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The World Health Organization (WHO) announced on Tuesday that the mortality rate for reported cases of COVID-19 has risen to 3.4 percent, based on the ratio of the current number of deaths caused by the virus to the confirmed infections. At the time of the announcement, those figures stood at 3,254 and 95,184, respectively.

The coronavirus fatality rate is more than 20 times the death rate of the seasonal flu, according to data from the US Centers for Disease Control and Prevention (CDC)—a stark measure of the dangers the novel coronavirus poses to the world's population.

This number is an increase over early estimates of the mortality rate by the WHO at just above 2 percent. It reflects the spread of the coronavirus to 83 countries and territories outside of China. The fatality ratio has stayed relatively constant since February 25, even as new cases and new deaths have been confirmed. It is unclear whether the current mortality rate will hold or change in the coming days.

One of the many causes of the spread of COVID-19 is the fact that workers are unable to take sick days, even when exhibiting symptoms of the infection. Chipotle workers in New York City yesterday held a protest against the fast food chain demanding that the company stop forcing workers to work while sick, especially in light of the spread of the coronavirus in the state. They exposed retaliation by the company against workers who stayed home to recover and prevent the spread of the disease in spite of orders by management.

Questions are also being raised as to whether a vaccine will reduce the impact of the disease, especially if it is not distributed freely. Asked at a congressional hearing last week to guarantee that once a vaccine against the virus is developed it will be available to all,

US Health and Human Services Secretary Alex Azar, a former pharmaceutical executive, refused. "We would want to ensure that we worked to make it affordable," he said, "but we can't control that price because we need the private sector to invest. Price controls won't get us there."

As the spread of the coronavirus continues, the WHO is very concerned that the medical supplies necessary to combat the disease could run out. A statement issued by the organization on March 3 warned that "supplies are rapidly depleting." It said the medical industry had to increase manufacturing by 40 percent if the demands placed upon the world's health care infrastructure by the pandemic were to be met.

In raw numbers, the world needs 89 million medical masks, 76 million examination gloves, 30 million gowns, 1.6 million goggles and 2.9 million liters of hand sanitizer *each month* until the pandemic is contained. The WHO has also called for "the rational and appropriate use of personal protective equipment in healthcare settings, and the effective management of supply chains," after prices for gowns doubled, respirators tripled and surgical masks increased six-fold.

This shortage is especially dangerous in regions with a higher fatality ratio or where coronavirus cases have been surging. While the number of new cases in China dropped to 119 yesterday, South Korea, Italy and Iran reported 435, 587 and 586 new cases, respectively. Those countries also reported 3, 28 and 15 new deaths, raising concerns that COVID-19, given its two week incubation period, has already infected large swaths of those countries.

There are also worries that the virus is much more widespread than currently reported in the United States. To date, 11 out of the 154 known cases have resulted in

the patient's death. Assuming that the average mortality rate of 3.4 percent holds true, the 11 confirmed deaths predict that there are actually 324 cases of the coronavirus in the country, and that 170 of them have gone unreported.

While there are many reasons that an infection of COVID-19 might be missed, the most prominent is the enormous cost for Americans to visit a doctor. Costs for those who have been tested for the coronavirus have reportedly been as high as \$3,200.

Moreover, the response by federal, state and local governments to the crisis has been improvised and disorganized at best. The CDC has been unable to provide testing kits on a mass scale for hospitals around the country. Thus far, only 472 tests for COVID-19 have been carried out in the US, as compared to 23,345 in Italy, 109,591 in South Korea and tens of millions in China. The CDC insists that hospitals and laboratories in the US use its testing procedure and equipment, rather than those of the World Health Organization. This has essentially crippled the ability of medical professionals in the US to detect the coronavirus and protect their patients and themselves.

Typical of commentaries on US social media, Twitter user Matt Stoller wrote: "Just spoke with ER doc who say[s] he's seeing cases he's 99 percent sure are #coronavirus. Negative for flu, recent travel, work in airports. Not allowed to test. Patients return to work because they can't take time off w/out a firm diagnosis. Other ER docs seeing the same thing."

In addition to spreading, there is now evidence that it has developed into different types. A study published Tuesday in the *National Science Review* found genetic markers indicating that a subset of the virus in Wuhan evolved from a less aggressive S-cov to a more transmittable and deadly L-cov, but that the spread of L-cov was largely curbed by the quarantine of Hubei province.

This is little comfort. Mutations that happen once can happen again. Given the spread of the coronavirus around the world, a version that is more aggressive and lethal has the potential to kill hundreds of thousands and infect tens of millions.

The world's resources must be mobilized at once against this pandemic to contain the disease, treat the sick and save lives.



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