

New excess death counts reveal more complete toll of coronavirus pandemic

Bryan Dyne**20 August 2020**

Newly reported data from the *Financial Times (FT)* on the number of excess deaths during the COVID-19 pandemic paints a chilling portrait of the true death toll caused by the novel coronavirus. As of mid-July, there were 178,500 excess deaths in just fifteen urban areas internationally, including New York City, Mexico City, Lima, Jakarta, Istanbul and Madrid.

The report was published the same day that the global reported case and death totals passed 22.5 million and 790,000, respectively. The world has averaged more than a quarter-million new cases and at least 5,500 deaths each day since July 25. The United States, India and Brazil remain the main epicenters of the pandemic. Yesterday was the second day since July 4 that the average number of new cases in the US fell below 50,000, although new deaths have stayed steady at more than 1,000 a day since July 29. There are nearly 5.7 million cases in the country, and more than 176,000 confirmed coronavirus deaths.

Excess deaths are defined as the number of deaths in a region that are beyond the historical averages and can be caused by, among other things, disease outbreaks, natural disasters and war. New York City, for example, has reported 23,600 deaths from the pandemic so far but 27,200 excess deaths, 15 percent more than those reported as having died from the pandemic and 208 percent above the city's historical average.

Other cities have similarly high excess death tolls. Lima, Peru, has suffered 23,200 excess fatalities, more than twice the 10,600 known coronavirus deaths. Authorities in Mexico City count 9,472 dead from the pandemic, while *FT* notes 22,800 excess deaths in the Mexican capital. In Jakarta, 1,014 people have officially died due to COVID-19, compared to 5,300 excess deaths. Similar death tolls have been found in Guayas province, Ecuador (1,666 coronavirus deaths,

14,600 excess deaths), London (6,885, 10,000), and Madrid (8,451, 16,200).

Death rates have also climbed well above their historical averages in many countries. Brazil, France, Netherlands, Sweden, Switzerland and the US have experienced at least a 20 percent increase in mortality since the start of the pandemic. The United Kingdom, Belgium, Chile, Italy and Spain suffered at least a 40 percent increase, while Peru and Ecuador have death rates more than double their historical averages.

Moreover, as the *FT* itself notes, the excess death counts are still incomplete and the real death tolls are likely even higher than what is currently known. It can take up to eight weeks for mortality data to filter through national databases maintained by institutions like the US Centers for Disease Control and Prevention, meaning that getting real-time data on deaths, especially when a pandemic creates a backlog in the system, is virtually impossible. In addition, not all countries have recent all-cause mortality data available, making global excess death analyses difficult.

It should be noted that excess deaths are not just unrecorded deaths caused directly by the disease. One reason that statistic is used is that it captures the broader societal damage caused by a catastrophe. Even before the pandemic, the resources for medical emergencies and life-saving procedures were stretched thin from decades of defunding. As numerous reports revealed in Wuhan, northern Italy and New York City during the first months of the pandemic, these resources had to be partly or wholly devoted to dealing with the contagion, leaving those with more mundane but no less deadly ailments, such as heart attacks or strokes, to fend for themselves. Evidence also emerged of people being afraid to go to hospitals even with serious conditions for fear of contracting the coronavirus, and

dying as a result.

Such conditions are threatening to emerge all across the world. India currently has the highest rate of new infections, currently above 62,000 a day, along with more than 900 daily deaths. While the *Financial Times* did not look at excess death data in India, it is widely acknowledged that the official counts in the country are far short of the true totals, which currently stand at 2.8 million cases and 53,800 deaths, thanks to the lack of widespread testing.

The trajectory of the pandemic in Brazil is even worse. The country has 3.8 million cases and 110,000 deaths, with more than 40,000 new cases and about 1,000 new deaths each day. Like India as well as the United States, the deficit in testing means that the reported numbers are an undercount of the true scope of the disease in the countries.

Other countries where the pandemic is still raging include Colombia (489,000 cases, 15,600 deaths), Russia (932,000 cases, 15,800 deaths), South Africa (592,000 cases, 12,200 deaths) and Mexico (525,000 cases, 57,000 deaths). Numerous countries in Europe have also seen a recent surge in new cases and deaths, including Spain, France and Germany, which all were reporting low case counts of the pandemic a month ago. Local health authorities are having difficulty locating the origin of the new outbreaks in these countries, indicated renewed community spread.

One hopeful development is the emergency authorization of a new and inexpensive saliva test for COVID-19 called SalivaDirect and developed by researchers at the Yale School of Public Health. The test is much less invasive than the current nasal swabs, and the chemical reagents to perform the test cost only \$5. The method returns results in three hours and is also easily scalable, according to the researchers.

It is not clear, however, whether the test will become widely available or how quickly. The disarray in testing in the United States has been heavily criticized by many public health agencies, including the World Health Organization, as being one of the main factors in allowing the disease to spread so far so fast. In theory, the new test provides a cheap, quick and accurate way to identify all those infected and trace their contacts. In practice, it remains to be seen whether or not the governments of the world will actually deploy such a desperately needed medical technique on a large scale.



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