

New reports say COVID-19 deaths have been undercounted

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As public health officials around the world reshape policy in reaction to COVID-19, it is clear that those moves need to be based on a more accurate accounting of the pandemic's toll, says Neil Maniar, professor

of the practice and director of the Master of Public Health program at Northeastern.

"It's certainly important in terms of our understanding of the nature and the trajectory of the pandemic," Maniar says. "We need to have a good handle on where we are with respect to new cases, hospitalizations, and deaths as we start to think about how we can emerge from this pandemic."

New data has helped epidemiologists recognize that the impact of the pandemic is far more severe than previously believed.

As many as [8 million people](#) may have died from COVID-19 or its effects, according to the World Health Organization—an estimate that belies its own [official tally](#) of 3.4 million deaths from the pandemic.

Estimates by [The Economist](#) signal an even worse outcome of 10 million deaths globally. In the United States, the official [death](#) toll is 590,000, although *The Economist* estimates that the casualties could be 40,000 higher.

"These new numbers really give us insight into the true severity of illness, across different populations and they really should provide that incentive for folks to get vaccinated," says Maniar. "We need to build out our surveillance and monitoring infrastructure around the world. There's a lot that we have learned and that we will continue to learn from this current pandemic that will enable us to prevent the next pandemic, or to emerge more quickly and in a much better way."

The Economist model is based on known data from 121 variables, including "excess deaths" that surpass the number of deaths that would have been expected if not for the pandemic. Its study finds that COVID-19 has been harder on [poor people](#) than was previously thought.

The overwhelming majority of the estimated 6.6 million uncounted deaths are from countries where COVID-19 testing was not robust, *The Economist* finds. In Egypt, the estimated death toll is 13 times the official count, and 14 times higher in Sub-Saharan Africa; in the United States, where testing has been far more prevalent for SARS-CoV-2, the [coronavirus](#) that causes COVID-19, the difference is a relatively low 7.1 percent.

The higher number of casualties is alarming and yet not surprising, says Brook Baker, a professor of law at Northeastern who studies access to medicine and community health.

"We've heard quite a bit that the pandemic has been much worse in the U.S. and in Europe, and in rich countries in general—and that Africa and Asia were largely spared," Baker says. "What this study shows is that they weren't spared as much as we thought, and that the prevalence of COVID-19 and morbidity and mortality has been much greater than recorded."

Testing inequities have been crucial to the undercount. A death is attributed to COVID-19 only if the person underwent a test for the coronavirus.

Baker says the new data should create pressure to share vaccines with the people who need them most.

"It may very well turn out that there's been many more people infected and killed in developing countries—particularly Africa, but other regions as well—than we've known about," Baker says. "And these excess deaths could have been prevented if these other populations would have had earlier access to vaccines."

A more accurate accounting may offset misinformation from

governments, whether deaths are being undercounted on purpose or because public health infrastructure can't keep up.

"That creates a dangerous situation, because then you start to develop policies based on those inaccurate numbers," Maniar says. "That can lead to more devastating consequences down the road, and that's what we're seeing unfortunately in some areas of the world right now."

The Economist projected that as many as 12.7 million may have died, based on its modeling.

A more complete understanding of the [pandemic](#) may help governments deal with the long-term effects that continue to be suffered by people who have survived COVID-19.

"We're now hearing more and more about something called long COVID—people who survive acute illness, but then have lingering effects in multiple body systems and psychiatric conditions as well," Baker says. "COVID-19 has had a much bigger footprint than we have estimated so far."

Provided by Northeastern University

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