New study: Lockdown harms 10 times greater than benefits

ANTHONY FUREY

Opinion

Dr. Ari Joffe is a specialist in pediatric infectious diseases at the Stollery Children's Hospital in Edmonton and a clinical professor in the Department of Pediatrics at University of Alberta. He has written a paper titled COVID-19: Rethinking the Lockdown Groupthink that finds the harms of lockdowns are 10 times greater than their benefits.

The below Q&A is a condensed version of an exchange between Joffe and Furey:

You were a strong proponent of lockdowns initially but have since changed your mind. Why is that?

First, initial data falsely suggested that the infection fatality rate was up to 2%-3%, that over 80% of the population would be infected, and modelling suggested repeated lockdowns would be necessary. But emerging data showed that the median infection fatality rate is 0.23%, that the median infection fatality rate in people under 70 years old is 0.05%, and that the high-risk group is older people especially those with severe co-morbidities. In addition, it is likely that in most situations only 20%-40% of the population would be infected before ongoing transmission is limited (i.e.,

herd immunity).

A formal cost-benefit analysis of different responses to the pandemic was not done by government or public health experts. Initially, I simply assumed that lockdowns to suppress the pandemic were the best approach. But policy decisions on public health should require a cost-benefit analysis. Since lockdowns are a public health intervention, aiming to improve the population's well-being, we must consider both benefits of lockdowns, and costs of lockdowns on the population's well-being. Once I became more informed, I realized that lockdowns cause far more harm than they prevent.

There has never been a full cost-benefit analysis of lockdowns done in Canada. What did you find when you did yours?

In the cost-benefit analysis I consider the benefits of lockdowns in preventing deaths from COVID-19, and the costs of lockdowns in terms of the effects of the recession, loneliness, and unemployment on population well-being and mortality. I did not consider all of the other so-called 'collateral damage' of lockdowns mentioned above. It turned out that the costs of lockdowns are at least 10 times higher than the benefits. That is, lockdowns cause far more harm to population well-being than COVID-19 can. It is important to note that I support a focused protection approach, where we aim to

protect those truly at high-risk of COVID-19 mortality, including older people, especially those with severe co-morbidities and those in nursing homes and hospitals.

You studied the role modelling played in shaping public opinion. Can you break that down for us?

JOFFE
Changed mind

I think that the initial modelling and forecasting were inaccurate. This led to a contagion of fear and policies across the world. Popular media focused on absolute numbers of COVID-19 cases and deaths independent of context. There has been a sheer one-sided focus on preventing infection numbers.

I found out that in Canada in 2018 there were over 23,000 deaths per month and over 775 deaths per day. In

the world in 2019 there were over 58 million deaths and about 160,000 deaths per day. This means that on Nov. 21 this year, COVID-19 accounted for 5.23% of deaths in Canada (2.42% in Alberta), and 3.06% of global deaths. Each day in non-pandemic years over 21,000 people die from tobacco use, 3,600 from pneumonia and diarrhea in children under five years old, and 4,110 from tuberculosis. We need to consider the tragic COVID-19 numbers in context.

Canada has already been going down the lockdown path for many months. What should be done now? How do we change course?

I believe that we need to take an "effortful pause" and reconsider the information available to us. We need to calibrate our response to the true risk, make rational cost-benefit analyses of the tradeoffs, and end the lockdown group think. Some considerations I have suggested elsewhere include the following:

■ We need to better educate ourselves on the risks and tradeoffs involved, and alleviate unreasonable fear with accurate information. We need to focus on cost-benefit analysis — repeated or prolonged lockdowns cannot be

based on COVID-19 numbers alone.

■ We should focus on protecting people at high risk: people hospitalized or in nursing homes (e.g., universal masking in hospitals reduced transmission markedly), in crowded conditions (e.g., homeless shelters, prisons, large gatherings), and 70 years and older (especially with severe comorbidities) — don't lock down everyone, regardless of their individual risk.

■ We need to keep schools open because children have very low morbidity and mortality from COVID-19, and (especially those 10 years and younger) are less likely to be infected by, and have a low likelihood to be the source of transmission of, SARS-CoV-2.

■ We should increase health-care surge capacity if forecasting, accurately calibrated repeatedly to real-time data (up to now, forecasting, even short-term, has repeatedly failed), suggests it is needed. With universal masking in hospitals, asymptomatic health care workers should be allowed to continue to work, even if infected, thus preserving the health-care workforce.

✉ afurey@postmedia.com

🐦 @anthonyfurey

> **"Since lockdowns are a public health intervention, aiming to improve the population's well-being, we must consider both benefits of lockdowns, and costs of lockdowns on the population's well-being. Once I became more informed, I realized that lockdowns cause far more harm than they prevent."**
>
> Dr. Ari Joffe