



The Corona Fest

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As the all encompassing economy destroying Corona Fest continues on its merry and not so merry way – depending upon whether or not you are in a vulnerable category, or know someone who was in a vulnerable category and succumbed to the Virus’s symptoms – the other yearly virus epidemic, Influenza, marches on – but to a somewhat slower beat this year.

Assuming, for the sake of argument, that the reporting of Covid-19 cases is not being mixed with Flu cases, one sees an interesting fact.

From CDC’s website which reports the number of 2019 – 2020 Influenza cases, we see the following numbers:

flu illnesses: 39,000,000 – 55,000,000

flu hospitalizations: 400,000 – 730,000

flu deaths: 24,000 – 63,000

Since the Flu season is not officially over, the numbers are projected estimations. Still, when comparing this season's estimated Flu cases requiring [hospitalizations](#) with previous end of season final tallies CDC says:

*“The number of hospitalizations estimated so far this season is **lower than end-of-season total hospitalization estimates for any season since CDC began making these estimates.**”*

Their site contains a [table](#) that summarizes all estimated influenza disease burden, by season, in the U.S. from 2010-11 through 2017-18.

As I [suggested several weeks ago](#), the approach to the Woohan Virus has been inappropriate. And, as we slowly but surely begin to see that [the estimates on the severity and fatality of the disease](#) were skewed to an astonishing degree severely upwards, there is a basis for a very real suspicion that politics was as much involved in the response as was medical necessity.

But, putting possible political interference aside, and staying with the medical situation, one has to wonder if the lower number of Flu cases this year suggests that a great many of those who contracted the Covid-19 Virus and required medical assistance and those that died from its complications, might just as well have been affected by and succumbed to a severe case of the Flu.

If the above supposition is true, an assumption might be made that the yearly death rate of those who will be severely impacted by a virus with respiratory implications represents some sort of constant – fluctuating only because of several different factors.

This assumption does not discount the fact that the Covid-19 Virus is a newly mutated strain of an existing formidable virus with serious health implications; and there is much less immunity to this virus than others that have been around longer. Still, the question that must be asked is – *“What might the appropriate response to Covid-19 have been if the larger problem is not the particular virus, but any virus's affect on particular groups of vulnerable people?”*

It has already been noted that upwards of 95% of those who [died from Covid-19](#) had underlying conditions, and are in a well defined targetable group. This group of people described as being

vulnerable to complications from an attack of Covid-19 coincides with those described as being vulnerable to [complications from the Flu](#).

So, we should ask, *“If we were to have focused on limiting the spread of the virus to the vulnerable population by use of traditional sanitary practices and measures less draconian than shutting down and destroying an entire economy, what might we have seen?”* – and, considering that viruses do spread, – *“Will we be better prepared to medically assist the vulnerable populations on the next go-round, without again destroying ourselves in the process?”*