

"Excess mortality is not solely due to the virus"

[Martina Frei](#) / 7.02.2023

People's reactions to the lockdowns have contributed to mortality during the pandemic, says Franz Allerberger

The first part of this interview with Franz Allerberger was about what he saw as the biggest mistake in the corona pandemic: the WHO's case definition. Allerberger is an internationally recognized specialist in infectious diseases, hygiene and microbiology. He belonged to the coronavirus task force of the Austrian Ministry of Health, to the Austrian "Traffic Light Commission", an inter-ministerial advisory body, and to the advisory board of the European health authority ECDC. Until his retirement at the end of August 2021, Allerberger headed the public health department of the state agency "[AGES](#)".

Professor Allerberger, long before Covid, you were instrumental in creating the "[Euromomo](#)" database in Europe to identify outbreaks of dangerous diseases.

Yes, after the anthrax attacks in the US, we wanted to have a tool that would help us to identify when somewhere in Europe more people were dying than usual. At that time we agreed that we would talk about excess mortality above a certain threshold. In the pandemic, "Euromomo" was worth its weight in gold.

What evaluation does this database allow?

You can use the "Euromomo" charts to see how countries that have imposed very different measures have gotten through the pandemic. Covid was a public health problem, as evidenced by the massive initial spike in deaths. But compare the graphs of Belgium, which was in lockdown in 2020, with Sweden, which was not in lockdown. Far more people have died in Belgium. This speaks against the fact that the lockdowns have achieved a lot. The excess mortality is certainly not due to the virus alone, but also to our reactions to it. After three years of the pandemic, much-criticized Sweden is no worse off than Belgium, for example, in terms of all-cause mortality.

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After three years of the pandemic, much-criticized Sweden is no worse off than Belgium, for example, in terms of all-cause mortality. © Euromomo

What do you mean?

I'll give you an example: In my family, an 86-year-old relative broke her pelvis and arm in an accident. She came to the hospital, a routine corona test was carried out - and she was positive. Although she felt completely healthy before. The surgeons did not dare to operate on her because of the positive test. The poor woman was in pain and didn't move for five days, just looking at the second hand of the watch all day long, until it was finally time to operate on her. Only after my repeated intervention - I teach at the same university and know my colleagues - was she finally operated on. Lying motionless in a hospital bed for five days is the best way for an old person to get pneumonia. That's the "collateral damage" you have to consider.

But do you already see a positive contribution from the lockdowns?

There is a nice overview from Johns Hopkins University. She concludes that lockdowns had little or no effect on Covid mortality. I may be biased because I was employed at that university myself. Nevertheless, I think: Such a finding must be taken seriously.

How do you explain this finding?

During the lockdown, for example, consultations in Vienna's emergency departments fell by 23 percent. There were 20 percent fewer hospitalizations in the city hospitals. This means, for example: not all people with heart attack symptoms went to the doctor at the time. It would be amazing if something like that didn't have an impact. We should really evaluate thoroughly which measures were how effective. During the lockdown, for example, consultations in Vienna's emergency departments fell by 23 percent. There were 20 percent fewer hospitalizations in the city hospitals. This means, for example: not all people with heart attack symptoms went to the doctor at the time. It would be amazing if something like that didn't have an impact. We should really evaluate thoroughly which measures were how effective.

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In March 2020 (medium gray curve) there was a drastic decrease in consultations in emergency departments. Graphic from the emergency room situation report of the German Robert Koch Institute. © Robert Koch Institute

From the beginning of the pandemic, AGES has tracked the places where people got infected. What was the result?

Canceling weddings or major events, small funerals, earlier curfews, washing hands, excessive ventilation - this has been proven to help curb the number of infections. The mouth and nose protection in public, on the other hand, had no measurable effect on us. For example, AGES examined the incidence of infection with and without mouth and nose protection in supermarkets and found no difference. The FFP2 mask, on the other hand, protects well and is also recommended for people who want to protect others.

A recent summary from the [Cochrane](#) Association found little evidence that wearing masks in public helps slow or stop the spread of the common cold virus. The authors of this review criticize that there are still no meaningful studies [fehlten weiterhin aussagekräftige Studien](#).

Yes. FFP2 masks also have little influence on the infection process in general. This is shown, for example, by the FFP2 obligation in Vienna's public transport: Despite this FFP2 mask obligation, Vienna was not in a better position compared to other European cities. The reason is that you don't usually get infected on the subway, at the supermarket checkout and certainly not outdoors.

Despite high vaccination coverage, more people over the age of 65 are dying in Europe than might be expected.

In the Euromomo graphic, the excess mortality among the over 65 year olds has been noticeable for a long time, although this age group is now the best vaccinated. What is this excess mortality due to?

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So far I have no plausible explanation for this.

To person

Professor MD Franz Allerberger (66) is an internationally recognized specialist in infectious diseases, hygiene and microbiology. From 2003 to 2021 he headed the public health department of the Austrian state health agency AGES. Allerberger was part of the advisory staff - the coronavirus task force - of the Austrian Ministry of Health. There he spoke out against school closures and warned of the associated consequences. From 2005 to 2021 he was a member of the advisory board of the European health authority ECDC. There he was one of the third of experts who came to the conclusion in February 2020 that Sars-CoV-2 was not as deadly as some modelers had predicted. The public health expert

teaches at the Medical University of Innsbruck and has also worked as a reviewer or co-editor of more than three dozen specialist journals. He had himself vaccinated against Covid six times because there were problems transferring his vaccination data to the app.

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