

"The WHO could declare a pandemic every year"

[Martina Frei](#) / 6.02.2023

The biggest mistake in the pandemic was the WHO's case definition, says the internationally recognized expert Franz Allerberger

The Austrian government announced last Wednesday that all corona rules are to be lifted by the summer. From June 30th, [Ab 30. Juni](#) "normal operations" will prevail everywhere in Austria again - time for a review with "Austria's top virus detective"

This is how Franz Allerberger was described in the media [Medien](#). In a four-part interview, the internationally recognized professor of infectiology, hygiene and microbiology takes stock after three years of the corona pandemic.

Allerberger headed the public health department of the state agency "[AGES](#)" until his retirement at the end of August 2021. In Austria, it is responsible for protecting the health of the population.

During the pandemic, she published an insightful overview of where people had contracted the coronavirus. Earlier than other authorities, AGES also presented a clear dashboard on the infection process

Professor Allerberger, you 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. What do you think was the biggest mistake in this pandemic?

That was the WHO's definition of what was to be considered a "confirmed corona case": Anyone who had a positive PCR test was counted as a Sars-CoV-2 case, regardless of whether symptoms of the disease were present or not. That was a completely new, nonsensical case definition, something like that never existed before.

What was "nonsensical" about it?

As physicians, we have learned that we should always treat the sick patient, not their lab sheet. But on December 16, 2020, the WHO changed the criteria for what is considered a "certain" Sars-CoV-2 case. Since then, the decisive factor has no longer been whether someone has symptoms of the disease, but the "positive test". This requirement was binding for the federal states. In Austria, for example, the definition that

Covid was diagnosed "on the basis of the positive test, regardless of the symptoms" still applied in April 2022. The crux of the matter is that we as physicians are obliged in this case to evaluate a positive laboratory finding without clinical symptoms as a case, as a reportable disease.

What were the consequences?

This made all the infection numbers and also the country comparisons outrageous. Because countries that could not afford PCR tests automatically had fewer cases of infection. Take the example of the poor Indian state of Bihar. He couldn't afford a lockdown, FFP2 masks or many tests - so there were hardly any Covid cases there either.

But weren't people there also suffering from Covid?

Bihar has over 100 million inhabitants. So far there have been around 851,000 Sars-CoV-2 infected people [851'000 Sars-CoV-2-Infizierte](#). In Vienna, a city with 1.9 million people, we have had over 1.3 million people [1,3 Millionen](#) who have tested positive so far - despite the lockdown, despite FFP2 masks, even now on public transport, despite restaurants that have been closed for a long time. Nobody can explain to me why the city of Vienna should have more corona cases than Bihar with over 100 million inhabitants. The crux of the matter is the PCR test: If you can't afford it, you don't have Covid - at least as long as the WHO sticks to its definition of "cases".

Up to and including the third quarter of 2022, taxpayers in Switzerland paid around CHF 2.5 billion for these PCR tests. Based on the results, measures such as compulsory masks or restrictions on freedom of movement were justified for a long time. What other criterion would have been more appropriate?

What would you advise?

We should focus on the sick, not the "PCR positives". Sequencing every virus isolate in order to identify new variants consumes enormous sums of money and does not bring any additional knowledge gains compared to, for example, the routine sequencing of a few sentinel isolates from intensive care patients or from sewage treatment plants. It's also about a lot of money that is ultimately missing elsewhere. There are many other pathogens that are in no way inferior to Sars-CoV-2.

Why did the WHO change the case definition?

This was based on a wrong decision in spring 2020 with the intention of eradicating the alleged "killer virus".

That also worked with Sars-CoV-1 and smallpox.

In the case of smallpox, however, it took almost two centuries. A total of 35,000 smallpox vaccinations were administered in various countries in 2003 for fear of biological weapons being used in the Iraq war. According to the package leaflet, one in a million people vaccinated with smallpox dies. In fact, however, there were three vaccination-related deaths, plus another, indirect death caused by infection of a family member. With every possible flare-up, we would have to accept this price. That makes sense with a disease as dangerous as smallpox, but with a disease like Covid, which poses no threat to large sections of the population, you have to weigh the benefits and risks.

And Sars-CoV-1?

So I rather suspect that it disappeared from the scene on its own, like many other diseases, for example "English sweat", of which we still don't know what caused this serious illness. We often have no explanation as to why some diseases suddenly cause fewer problems. Take the example of Archibald Cochrane, the father of evidence-based medicine.

The doctor after whom the well-known scientific Cochrane Association is named?

Exactly. During World War II, Cochrane was taken prisoner by the Germans. Diphtheria broke out in the prison camp on Crete. Cochrane considered diphtheria a highly dangerous disease because of his student days in England. He expected hundreds of prisoners in the camp to die from it. In fact, four died - three of them from gunshot wounds. The example shows how bad illnesses are and our ideas about them - 100 years later, this often no longer corresponds to the initial view.

Before 2005, the WHO described a pandemic as multiple simultaneous outbreaks worldwide with large numbers of deaths and serious illness in at least one population group. Later, when a pandemic was declared, it no longer mattered whether there were many serious illnesses.

What were the consequences of this change in definition?

Since 2005, every new virus can be declared a pandemic because the definition was chosen that way. The WHO defines a pandemic as a situation in which the entire world population is potentially exposed to a pathogen and there is a risk that "a part of it will become ill". But the general public understands a pandemic differently, namely that many people are dying. Such contradictions contribute to the Babylonian confusion of tongues.

So could the WHO use their definition to declare a pandemic every year?

Yes. WHO epidemiologist Maria van Kerkhove said in 2021: "We're working on it until it's over" - by that she meant this pandemic. And then she added: "And then, unfortunately, something else will probably come."

China recently declared that only people who die of typical Covid pneumonia are counted as "Covid dead". Is this how the country is glossing over its Covid statistics?

As long as the WHO definition applies, according to which the positive PCR test alone is sufficient as proof, it is difficult to say exactly what counts as a Covid death and what does not. What counts at the end of a pandemic is not the number of positive tests, but how many more people have died than usual.

Original text in German:

<https://www.infosperber.ch/gesundheit/die-who-koennte-jaehrlich-eine-pandemie-ausrufen-1/>