

LOCKDOWN DOES NOT WORK

There follows a condemnation of all that Boris and Hancock are dictating. There has been no overall benefit of lockdown. It is clearly stated by these eminent epidemiologists. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13484>

Lockdown Sceptics said on Sunday 10 January 2021

John P. A. Ioannidis, Professor of Medicine and Epidemiology, Professor Jay Bhattacharya, a founding signatory of the Great Barrington Declaration, and other colleagues at Stanford University, have published a new, fully [peer-reviewed study](#). Their objective was to assess the impact of the non-pharmaceutical interventions adopted by many countries in response to the outbreak of COVID-19.

The spread of COVID-19 has led to multiple policy responses that aim to reduce the transmission of the SARS-CoV-2. The principal goal of these so-called non-pharmaceutical interventions (NPIs) is to reduce transmission in the absence of pharmaceutical options in order to reduce resultant death, disease, and health system overload. Some of the most restrictive NPI policies include mandatory stay-at-home and business closure orders (“lockdowns”). The early adoption of these **more restrictive non-pharmaceutical** interventions (mrNPIs) in early 2020 was justified because of the rapid spread of the disease, overwhelmed health systems in some hard-hit places, and substantial uncertainty about the virus’s morbidity and mortality.

Because of the potential harmful health effects of mrNPI, including hunger, opioid-related overdoses, missed vaccinations, increase in non-COVID-19 diseases from missed health services, domestic abuse, mental health and suicidality as well as a host of economic consequences with health implications, it is increasingly recognized that their postulated benefits deserve careful study...

.....We propose an approach that balances the strengths of empirical analyses while taking into consideration underlying epidemic dynamics. We compare epidemic spread in places that implemented mrNPIs to counterfactuals that implemented only **less-restrictive NPIs** (lrNPIs). In this way, it may be possible to isolate the role of mrNPIs, net of lrNPIs and epidemic dynamics. Here, we use Sweden and South Korea as the counterfactuals to isolate the effects of mrNPIs in countries that implemented mrNPIs as well as lrNPIs.

Unlike most of its neighbours that implemented mandatory stay-at-home and business closures, Sweden’s approach in the early stages of the pandemic relied entirely on lrNPIs, including social distancing guidelines, discouraging of

international and domestic travel, and a ban on large gatherings. South Korea also did not implement mrNPIs. Its strategy relied on intensive investments in testing, contact tracing, and isolation of infected cases and close contacts.

They describe their methodology as follows:

We estimate the unique effects of mrNPIs on case growth rate during the northern hemispheric spring of 2020 in England, France, Germany, Iran, Italy, the Netherlands, Spain, and the United States by comparing the effect of NPIs in these countries to those in Sweden and South Korea (separately). The data we use builds on an analysis of NPI effects and consists of daily case numbers in subnational administrative regions of each country (e.g. regions in France, provinces in Iran, states in the US, and counties in Sweden), merged with the type and timing of policies in each administrative region...

It is important to note that because the true number of infections is not visible in any country, it is impossible to assess the impact of national policies on transmission of new infections. Instead, we follow other studies evaluating the effects of NPIs that use case numbers, implicitly assuming that their observed dynamics may represent a consistent shadow of the underlying infection dynamics.

Applying their method, they say:

In the framework of this analysis, there is no evidence that more restrictive non-pharmaceutical interventions (“lockdowns”) contributed substantially to bending the curve of new cases in England, France, Germany, Iran, Italy, the Netherlands, Spain, or the United States in early 2020.

By comparing the effectiveness of NPIs on case growth rates in countries that implemented more restrictive measures with those that implemented less restrictive measures, the evidence points away from indicating that mrNPIs provided additional meaningful benefit above and beyond lrNPIs. While modest decreases in daily growth (under 30%) cannot be excluded in a few countries, the possibility of large decreases in daily growth due to mrNPIs is incompatible with the accumulated data...

They then turn to the winter surge in case numbers.

During the northern hemisphere autumn and winter of 2020, many countries, especially in Europe and the US, experienced a large wave of COVID-19 morbidity and mortality. Those waves were met with new (or renewed) NPIs, including mrNPIs in some countries (e.g. England) and lrNPIs in others (e.g. Portugal) that had used mrNPIs in the first wave. The spread of infections in countries that were largely

spared in the spring (e.g. Austria and Greece) further highlight the challenges and limited ability of NPIs to control the spread of this highly transmissible respiratory virus.

Empirical data for the characteristics of fatalities in the later wave before mrNPIs were adopted as compared with the first wave (when mrNPIs had been used) shows that the proportion of COVID-19 deaths that occurred in nursing homes was often higher under mrNPIs rather than under less restrictive measures. This further suggests that restrictive measures do not clearly achieve protection of vulnerable populations. Some evidence also suggests that sometimes under more restrictive measures, infections may be more frequent in settings where vulnerable populations reside relative to the general population.

Finally, they conclude:

In summary, we fail to find strong evidence supporting a role for more restrictive NPIs in the control of COVID-19 in early 2020.

We do not question the role of all public health interventions, or of coordinated communications about the epidemic, but **we fail to find an additional benefit of stay-at-home orders and business closures.**

The data cannot fully exclude the possibility of some benefits. However, even if they exist, these benefits may not match the numerous harms of these aggressive measures.

More targeted public health interventions that more effectively reduce transmissions may be important for future epidemic control without the harms of highly restrictive measures.

It's quite technical, but worth taking the time to [read in full](#).

Stop Press: A new study in Sweden has found that [Schoolteachers were no more likely to catch COVID-19](#) than the rest of the population when Sweden remained open during the first lockdown