

Review of: "SARS-CoV-2 Virion: A Humane Debacle - An Analytical Approach"

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The purpose of the Author of the present article was to “predict disease spread abnormalities and high recovery rates in humans”.

The Author state that one critical aspect of COVID 19 pandemic is the lack of specific clinical detection, medications and treatments. He also claims that ‘results have shown that controlling the spread of infection is crucial, but the vaccination strategy for specific population groups has not been described or evaluated, assuming that the number of vaccines is sufficient’. However these assumptions must be regarded as his personal opinions, because none of them was never investigated neither by the governments nor by vaccine manufacturers, and there are no clinical studies in the scientific literature showing protective effects of fatmacologic and non-farmacologic strategies. On the contrary, UK and Australian National Offices of Statistics have released an updated data set ‘Deaths by Vaccination Status’ showing that “95.03% deaths occurring during 2023 were vaccinated people, and all causes of death are overexpressed in vaccinated people”. Therefore the vaccine strategy has fallen.

The Author recognizes some of the limitations of his study. First, “due to limited testing, the number of confirmed cases is lower than the true number of infections. Moreover, comparison across Countries are affected by differences in testing policies and reporting methods. Further limitation is the lack of uniform methodology in terms of preventive measures, diagnosis, treatment and data collection in diverse Countries. Despite these limitations, he applied seven machine learning classification techniques to evaluate the dataset. He reached the conclusion that one of the tested algorithms, namely ‘J48 model’, demonstated the best classification accuracy, and therefore can be effectively used to predict mortality risk of COVID19 in the future.

According to Einstein, not everything that counts can be counted, and not everything that can be counted counts!

In the case of this article, it must be observed that the statistical measurement has been applied on data collected worldwide without any clinical epidemiologic criterion, on the base of a fallacious sanitary strategy. The assumptions underlying the article derived from mainstream opinions lacking scientific value. Although “virion variants do emerge globally”, the grade of their trasmissibility and immune evasion capability has never been investigated by means of randomised double blind clinical-epidemiologic studies. These opinions merely reflect the moiod of people disoriented by opinion-makers not free from conflicts of interest.

Similarly, the Author quoted an article stating that an infected individual carries 100 billions virions, and that the immunity

of an individual infected with SARS-CoV-2 could be estimated when the disease symptoms are known 'to some extent' (1). Logical consequence of this statement on a scientific level is that any measurement directly or indirectly dealing with the immune response of infected people must be preceded by an accurate clinical selection of the patients, in order to avoid mixing up individuals with different immune response. Neonates, pregnant women, childrens, healthy or sick young or elderly people, all have different response to the viral action. Moreover, each of these categories show a different immune response to the injection of the so called vaccine. Indeed, all vaccines act by causing inflammation aimed at the production of antibodies, the extension of which varies from individual to individual, and can be salvific for some, deadly for others.

The Author also conveniently mentions the collapse of the sanitary system of several Countries as a result of the so called pandemic. It is useful to analyze some of the reasons for this collapse. In some Countries the medical class was heavily conditioned by statements without clinical scientific value, apparently derived from supra-national organizations and spread by mass media. Among these the absurd opinion that the viral pneumonia should not be treated with the clinical methods already known in the past, because the new virus was unknown. The only officially approved drug was the weak antiinflammatory paracetamol. On the contrary, the COVID19 pathogenic mechanism, like previous SARS, and in general any other viral pneumonia, is well known: it is an inflammation by definition triggering thrombosis and favoring a bacterial over-infection. Therefore, it requires adequate vigorous anti-inflammatory cortison and NSADs therapy, anti-coagulants and antibiotics. Due to the enormous pressure exerted by mass media, and a coercive limitation in the free exercise of the medical profession, never happened before in the history of Democracy, family doctors felt authorized to suggest their patients simply take paracetamol. Thus, late admission to intensive care units, medical therapy and ventilatory assistance were useless, due to the now irreversible pulmonary thrombosis. Compared to other Countries, Italy recorded a higher incidence of mortality in those few Regions where the observance of the incorrect measures was the most absolute. These may be some among the good reasons for collapse of the sanitary sistem.

How many human lives would the correct therapy, already known previously and confirmed throughout the course of pandemic, have saved?

How many human lives have those family doctors saved who consistently refused to obey the absurd therapy of 'paracetamol and waiting'?

Since the Autor of the present article is not expert in the field of epidemiology, nor in the clinical management of viral pneumonia, he is not to blame for the incorrect strategies of health systems around the world. Nevertheless, it must be kept clear in mind that misunderstandings in the interpretation of the clinical results by statisticians unaware of the rules of medical science, becomes the cause of a drift of Medicine towards an extremely dangerous direction for the survival of human beings.

1. Sender, R et al. The total number and mass of SARS-CoV-2 virions. Proceedings of the National Academy of Sciences of th United States of America, 118(25)
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