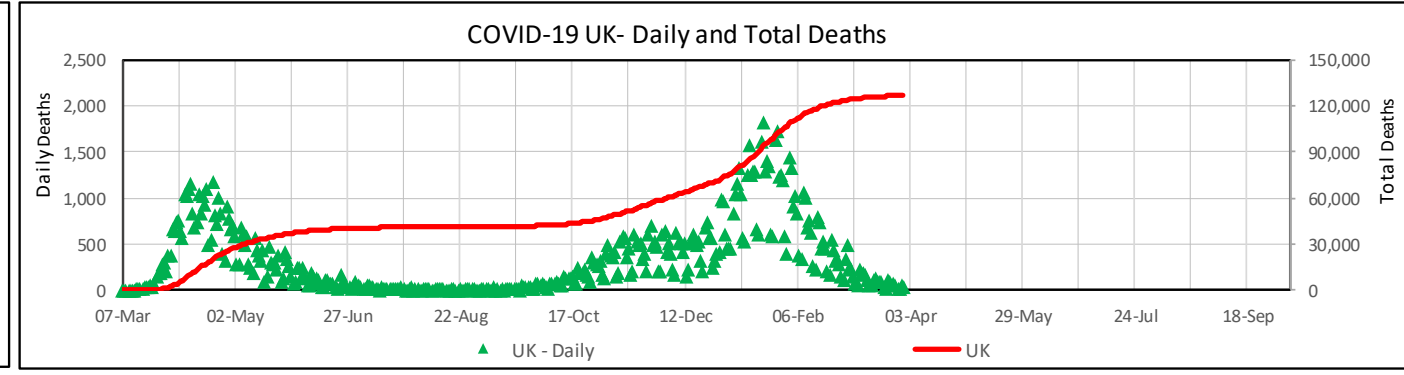
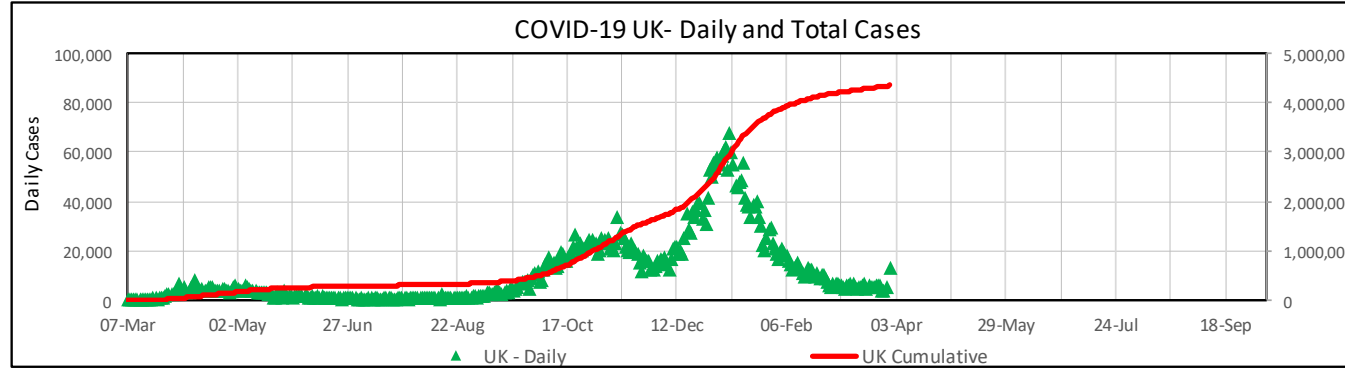
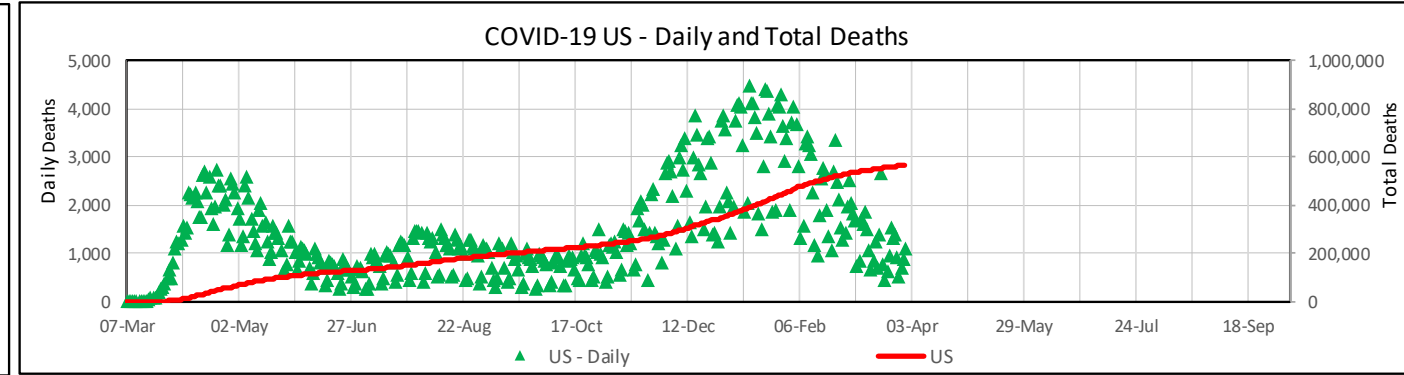
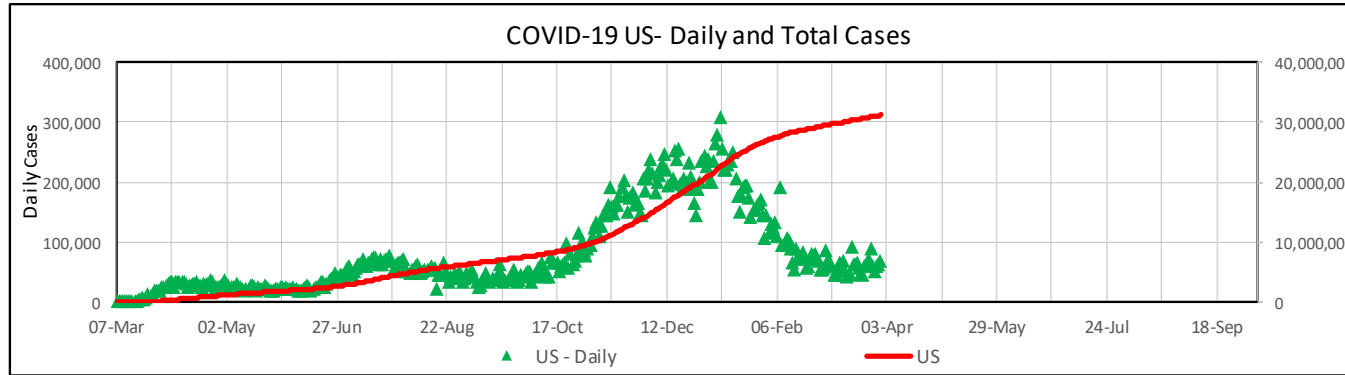
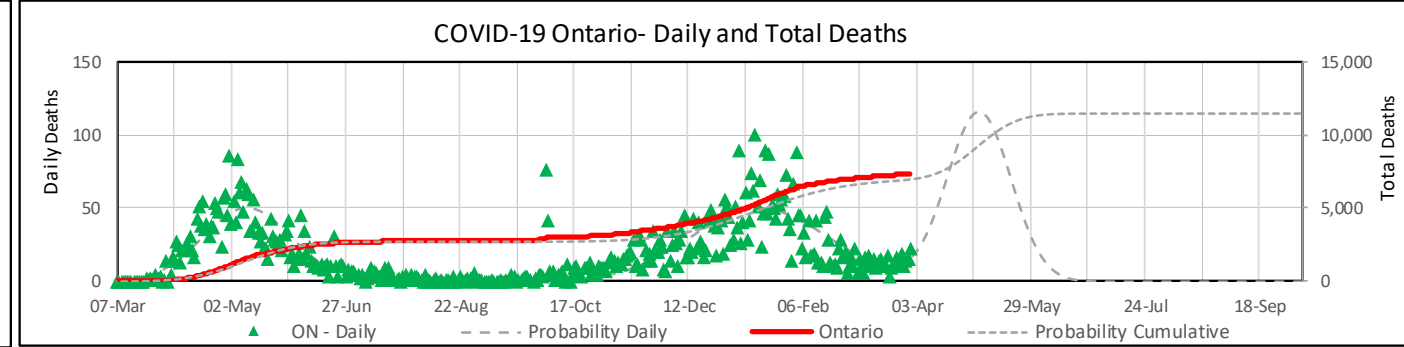
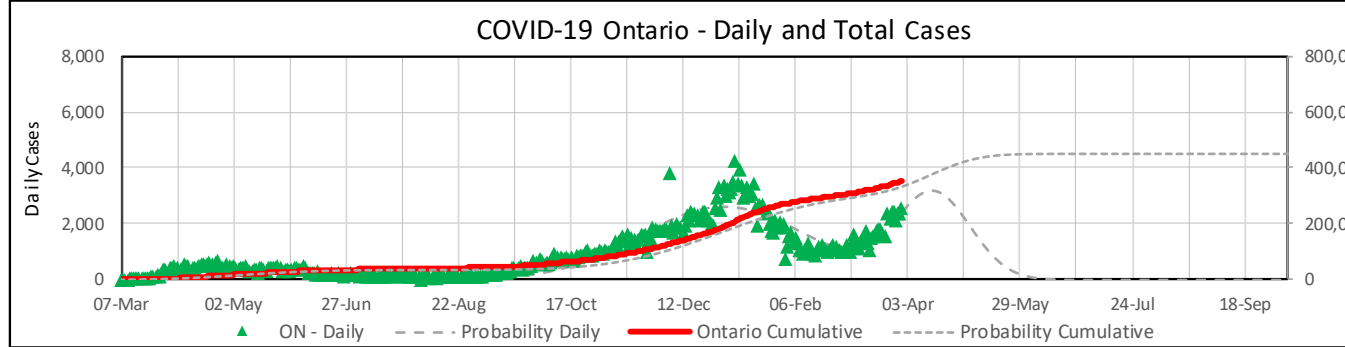
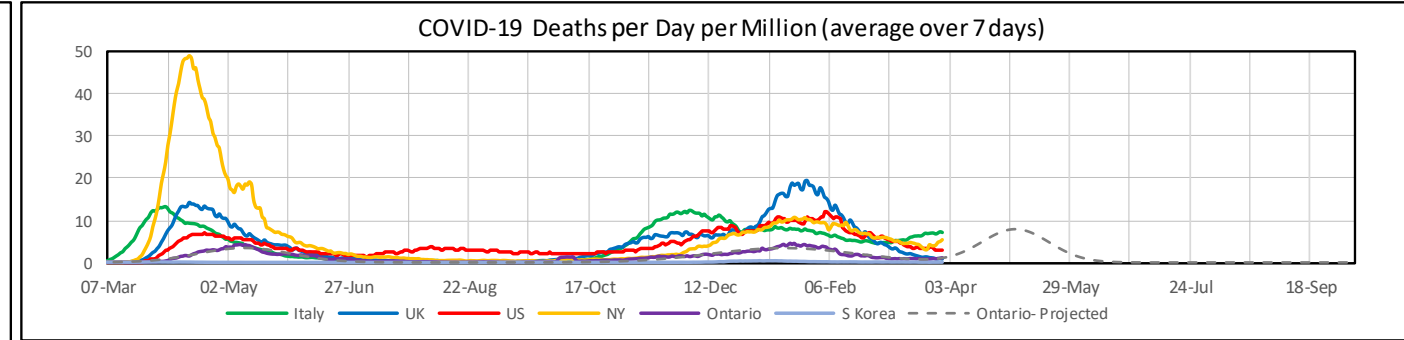
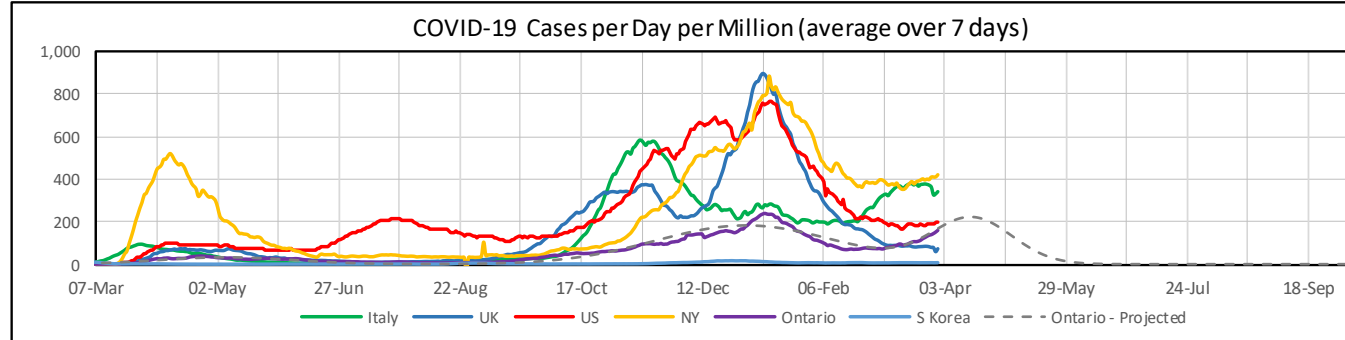
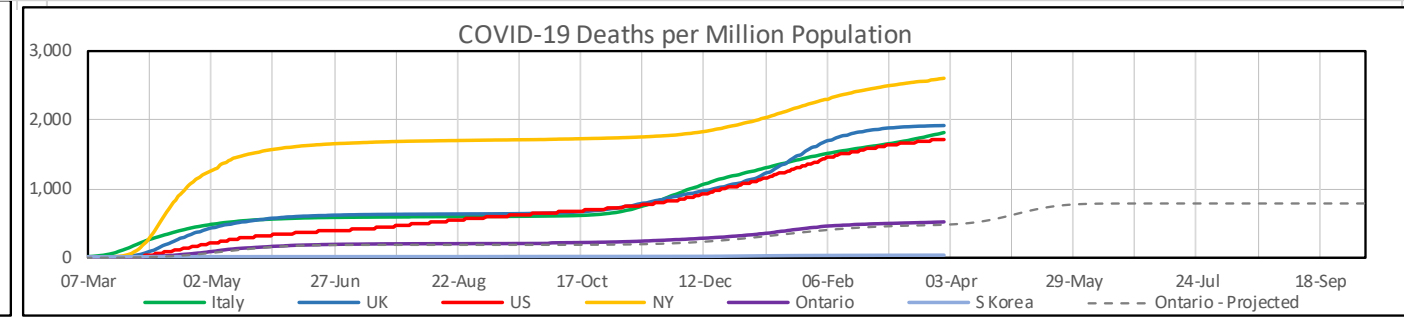
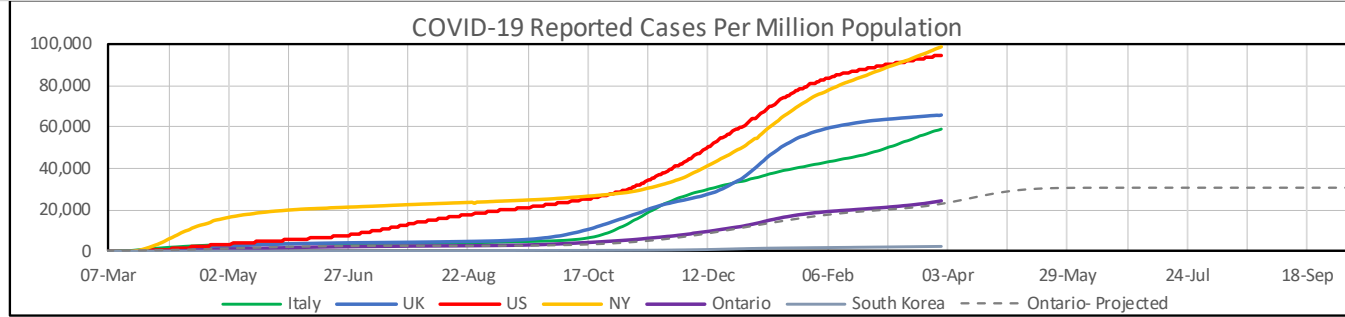


COVID-19 Observations – 1 April, 2021 – by Alex Harrington



In Canada, when elders could no longer contribute, or used too large a share of communal resources, we would set them adrift on ice floes (according to famed Canadian historian Richard Mercer). Climate change and political correctness have pretty much spelled the end of this practice, so we have looked for other means of senilicide. The covid pandemic has helped enormously, and the two-dose vaccination system has been a godsend. By refusing the second dose until months after the recommended time, we can allow the virus to continue dealing with our seniors, while giving the appearance of caring and protecting. Recent studies have reinforced the fact that delaying a second dose in seniors significantly reduces immunity levels. The fact that an entire first round of vaccinations could be wasted on a segment of the population is of little concern when the politicians' primary objective is to be able to boast about their vaccination successes. No other country has delayed the second vaccine dose, and no vaccine producer has approved it. Once again, public health takes a back seat to politics; this is why I keep saying take care of yourselves, because no one else will.

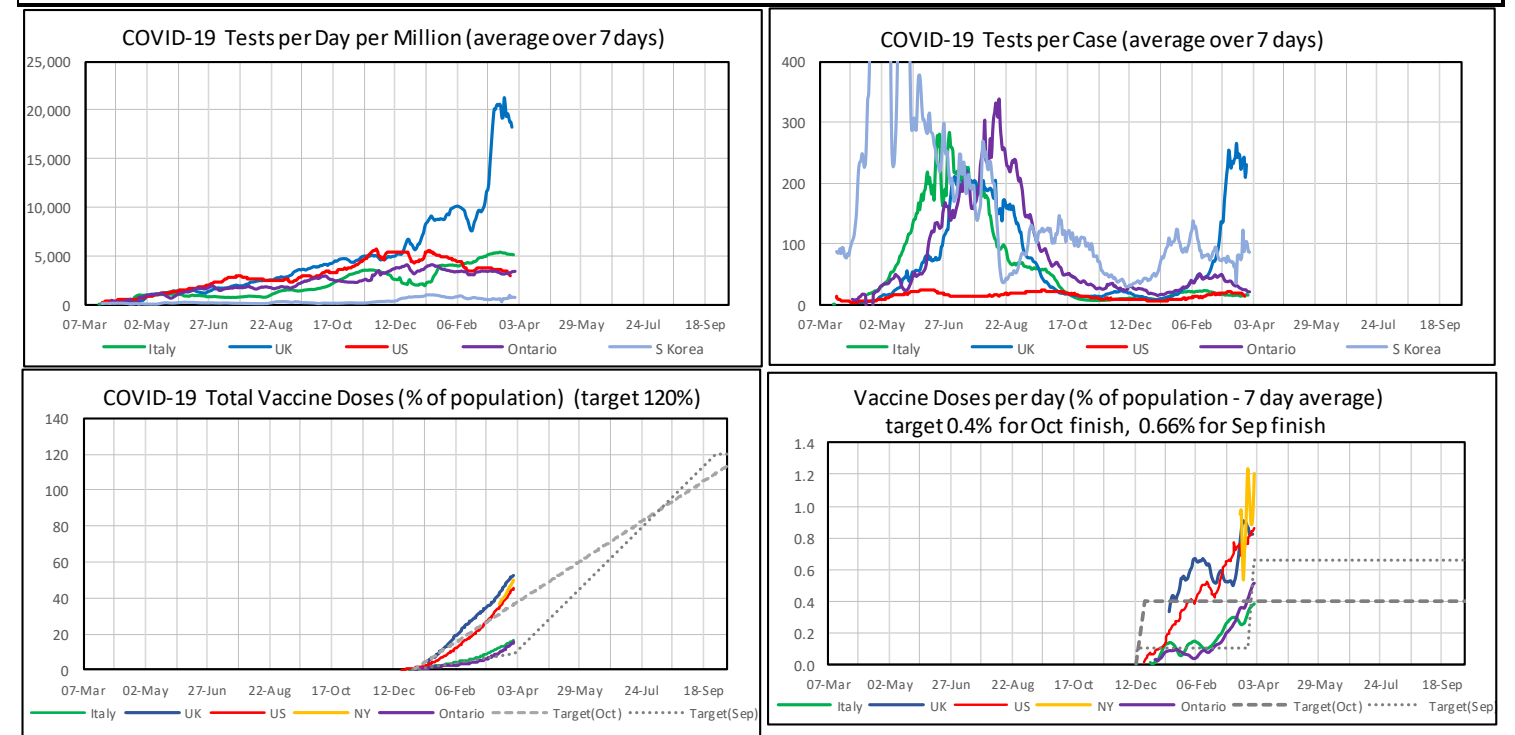
We could get this virus under control. It is relatively simple, and has not changed much from when the pandemic first started. We now have the additional benefit of an increasingly immunized population (albeit only half-immunized in most cases). As expected after more than a year of pandemic lockdowns and restrictions, people are understandably eager to enjoy the freedom they believe vaccination gives them. Cases and deaths are increasing every day, so we still need to remain vigilant in our personal practices. Quite simply, all that's needed is to mask and distance, in combination with identify and isolate. By now, everyone knows that masking and distancing help to minimize spread. Identify and isolate take the virus out of circulation. It only requires a good testing program.

My bad – did I say testing again? It continues its downward trend, becoming less and less useful as a new wave of cases takes off. Officials are justifiably worried, as new strains dominate, and infections and hospitalizations affect younger groups. Although it is yet to be confirmed, I fully expect the death rate from this round will be significantly higher than the last. Apparently, despite having a year of experience with the situation, our politicians seem bewildered that they must impose yet another lockdown, and are struggling to find a way to protect small business from further damage. It can only be attributed to the incompetence of political and medical advisors that they cannot see the importance of testing, and how ineffective our current testing program is. Perhaps they think that if they hold their breath long enough, this will be over. That won't work – we have a long way to go yet. I haven't even mentioned that we're only about 0.5% of the world's population. This is a pandemic – worldwide. It won't end until the world is under control, and our 0.5%, while important to us, is a drop in the bucket, almost meaningless to worldwide control of the virus. We can't even describe our population without decimal places – that's how insignificant we are.

There is some good news. Our vaccination rates are climbing steadily. As long as the supply holds out, we should be on track to have people fully vaccinated, possibly by September. The supply is a problem. Johnson & Johnson have just halted shipments as millions of doses were ruined by manufacturing errors. AstraZeneca is getting such bad publicity that no one wants to take it. No word yet on Europe withholding vaccines to Canada.

COVID-19 Summary Data										
	Tests per Million Total to Date	Tests per Day Average over Last 7 days		Tests per Reported Case Total Last 7 days		Cases per Million Total to date Average per day		Deaths per Million Total to date Average per day		Deaths Per Case Total to date (%)
		Total	Per Million	Total	Last 7 days	Total to date	Average per day Last 7 days	Total to date	Average per day Last 7 days	
South Korea	148,083	40,680	794	74	86	2,012	8.9	34	0.066	1.7%
Italy	813,376	312,841	5,167	14	15	59,206	341	1,806	7.2	3.1%
UK	1,822,274	1,209,889	18,210	28	229	65,409	72	1,907	0.8	2.9%
US	1,120,864	963,413	2,928	12	15	94,712	201	1,718	3.2	1.8%
Ontario	857,953	50,719	3,481	35	21	24,191	161	507	1.1	2.1%

South Korea and Canada report people tested. The others report total tests. Total tests can be 10-50% higher than people tested



Vaccination charts assume half the people require 2 shots and half require 1 shot, so 1.5 doses per person on average. Assume 80% of population needs vaccination for it to be effective, 80% of 1.5 = 1.2 doses per person on average, so total doses = 120% of population. Assume vaccination program completed in October - 300 days from January, so 1.2 / 300 or 0.004 doses per day, or dosing rate = 0.4% of population per day. To start on Apr 1 and finish by Sep 30 (180 days), dosing rate = 1.2 / 180 or 0.0066 doses per day, or dosing rate = 0.66% of population per day

And we are about to start another month-long lockdown, with some slight tweaks to the rules. Despite no evidence or justification, we will once again go without hair cuts. This alone will be enough to keep some indoors, and may inadvertently be one of the more effective covid control measures.

I may take a week off, depending on how things go and how much I feel like ranting.

Take care of yourselves and don't endanger others.

