

"I am justly killed with mine own treachery"

In the last editorial I referred to immunity passports and excess mortality measurements. I will discuss them briefly in relation to SARS-CoV-2.

IMMUNITY PASSPORTS ❌

Three words ... A terrible notion; but it seems that history truly tries to repeat itself. Back in the 19th century, immunity to yellow fever created a divide in New Orleans [US] between the 'acclimated' who had survived yellow fever and the 'unacclimated', who did not contract the disease. Any lack of immunity dictated where people could work, whom they could marry, and, for slaves, their worth.¹ The idea of immunity passports recently floated by various countries including the US, UK and Germany is that governments issue them to those who have recovered and tested positive for antibodies to SARS-CoV-2. This means that authorities would lift restrictions on those passports carriers, allowing them to socialize, travel and obviously return to work. Nonetheless, practical challenges as well as ethical ones make this concept a very bad idea since this attacks the very principle of social justice ... problems relate to issues stemming from unreliability of specific serological tests, still unanswered questions on SARS-CoV-2 immunity, unfair access to testing, public health threats [non-immune individuals may wilfully seek out infection to access any social and economic liberties given only to people who have recovered from COVID-19] and also, the fact that the volume of testing needed is unfeasible.

EXCESS MORTALITY MEASUREMENTS ✅

Excess mortality measurements can prove to be a superior tool to officially confirmed Covid-19 deaths since they measure the additional deaths in a given time period compared to the number usually expected, and does not depend on how Covid-19 deaths are recorded. This has been advocated by various public health specialists and medical statisticians worldwide to mitigate intentional or

unintentional under-reporting of Covid-related deaths especially in the elderly population residing in nursing homes. Obviously this measuring tool is mostly applicable to large countries and/or countries who have a failing healthcare system. In fact when official Covid-related deaths of specific cities and countries are compared with excess mortality measurements, gaps have been identified, at times abyssal ones. Let me give some examples. Between April and July 2020 Peru had 19,000 official Covid-related deaths, yet it had 55,000 excess deaths. And between March and July 2020 Spain had 28,000 official Covid-related deaths, yet it had 43,000 excess deaths. Many other European countries experienced such periods of excess mortality. One should also factor the indirect impact of the pandemic, such as non-Covid deaths related to delayed access to healthcare. In keeping with this, the pandemic has also accentuated the widening health divide of populations with the more deprived populations and ethnic minority communities suffering the brunt.

The balancing act between health and economics is a tricky business. Quite possibly, if policy makers were to look at the doughnut model of economics developed by the Oxford economist Kate Raworth, one could come up with measures to help mitigate some of the challenges which are inherent in this relationship. In Act 5, Scene 2 of Shakespeare's Hamlet, Laertes says to Osric "*I am justly killed with mine own treachery.*" My augur is that we do not end up quoting Laertes when we will be discussing our actions in relation to SARS-CoV-2 with future generations ... we were justly killed with our own treacheries ...

REFERENCE

1. Olivarius K. *Am. Hist. Rev.* 2019; 124(2):425-455.

Pan Ellus