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Columnists

FUREY: Ontario reveals deaths caused by COVID much lower than previously reported

Anthony Furey

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Ontario has quietly revealed that the number of persons in the province whose death was caused by COVID-19 is much lower than the story the previous statistics told.

Dr. Kieran Moore didn't even mention it at his morning news conference. None of the reporters participating in the press conference asked about it — they were too busy stressing out over the fact masks will soon be optional. But the numbers were right there in the government's newly released documents.

What the data reveals is that, depending on the wave, the number of reported deaths where COVID-19 was actually the underlying cause of death ranged from about 75% to just under 60% of the previously disclosed numbers.

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“Data from other jurisdictions suggested that with the very high Omicron case counts, some people with COVID-19 infection were dying from causes unrelated to their COVID-19 infection,” reads the explainer document released by the Ministry of Health. “This necessitated a review of the pandemic, including whether COVID-19 was causing or contributing to the death of individuals.”

The percentage of reported COVID deaths in Ontario that are actually totally unrelated to COVID is 4.2%, a number that surged to 8% during the Omicron wave.

However, there is a category between COVID being the cause of death and having nothing to do with it. Between 10-20% of Ontario’s deaths (depending on the wave) are classified as “deaths due to chronic or other pre-existing conditions that were exacerbated by COVID-19.”

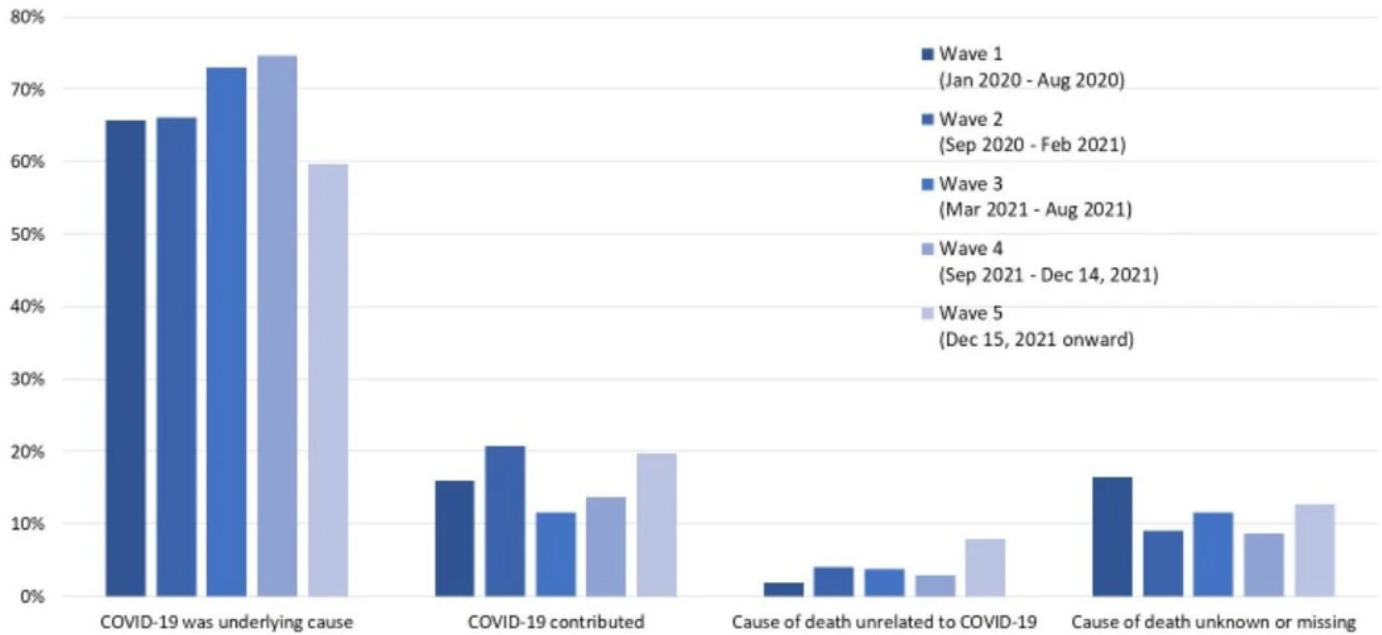
These are people who did not die of COVID, but their health was worsened by having had the virus.

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A higher proportion of Wave 5 deaths were reported as non-COVID-19-related than in previous waves

Deaths due to causes unrelated to COVID made up 8% of all deaths in Wave 5, significantly higher than in previous waves



That category has never before been publicly reported. The data also reveals around 10% of COVID deaths are in fact “cause of death unknown or missing”.

Dr. Neil Rau, an infectious diseases physician in the GTA who has treated COVID patients in hospital since the beginning of the pandemic, explains that it can be a challenge to tease out

the role that COVID plays in the health of those with severe underlying conditions. Dr. Rau refers to them as those who are “living at the edge of the cliff”, where COVID or any other illness would be enough to push them over.

“In some cases they may have died because their severe lung disease was getting worse and then you added covid to the picture,” Dr. Rau explains.



The flipside is this is believed to also apply to many of those who died with COVID as the confirmed cause of death. While Ontario doesn't divulge comorbidity data, Alberta Health Sciences reports that three quarters of Albertans who died of COVID did so while suffering from three or more underlying health conditions. Only 4% of deaths were in persons who suffered from no conditions.

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The further breakdown of COVID data is something physicians and researchers have been requesting for a while.

“It is very helpful to have accurate information regarding mortality data,” says Dr. Martha Fulford, a pediatric infectious diseases physician who has treated COVID patients and is an associate professor at McMaster University. “It is also important to have this data broken down by age as this is one of the most important risk factors for a poor outcome.”

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Dr. Fulford would like to see more granular data in Ontario such as Alberta provides: “As we move forward, we should also continue to document other risk factors that are associated with a poorer outcome, such as obesity or poorly controlled diabetes.”

It was only earlier this year that Ontario revised their hospitalization data to reveal that over half of the people supposedly in hospital due to COVID were in fact admitted to hospital for other reasons and just happened to test positive for the virus.

It’s disappointing that all of this data is only now being confirmed. It could have gone a long way in helping us agree to a more targeted response to the virus rather than the blunt, one-size-fits-all approach used the past two years.



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