Reliable Statistics: COVID-19 Infection Control or Alarm

Dear Editor,

The coronavirus disease (COVID-19) epidemic began in December 2019 and announced its global eruption in March 2020, affecting the whole world for more than two years, and now on February 25, 2022, according to reports from the World Health Organization (WHO) more than 430 million people have been diagnosed with the disease and more than 5 million have died worldwide.[1] This tsunami of death continues the growing trend of disease and death, and with the spread of the Omicron strain, the speed of this tsunami has multiplied.[2]

While the mortality and morbidity of COVID-19 and its various strains, especially Omicron, is increasing in the world, and the World Health Organization recommends the use of appropriate masks, avoiding being in crowded spaces and finally vaccination, there is still an unanswered question! What is the use of the statistics, charts and diagrams, confirmed cases, and mortality of COVID-19 in the world provided by the WHO and different countries according to their population? Is it just a statement of the situation that we can look at to see if the situation is dangerous or safe? Are the reported statistics used for fear and panic in the society that policymakers use to announce the state of danger and warn the society?

Should we not use these statistics and their analysis to effectively control, diagnose, and treat this disease? At the beginning of the COVID-19 outbreak, due to the confusion of the international community and its unknown, we could not understand what gender, age group, and races were most at risk and how to deal with the disease, but after more than two years have passed and with the recognition of the disease, the presence of extensive articles and various statistics, there is still considerable confusion in the control of this disease in communities, and every once in a while, only the status of the disease is reported by presenting statistics, and the use of extensive statistics on this disease has only taken on the aspect of warning. We now know that Europe and the Americas are the most affected with 174 and 145 million approved cases, respectively, and the United States, India, and Brazil were the most involved countries, with 77, 42, and 28 million confirmed, respectively.[1]

Also, while extensive age, sex, and race statistics are available to different countries by year, month, and week, such a situation and such estimates show that reliable and accurate statistics can guide policymakers in identifying at-risk as well as high-risk groups, and in addition to directing human and financial resources to help diagnose and treat patients, make it virtually possible to control infections in countries and eventually the world.

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