Introduction

A very straightforward analysis of Weekly Death Statistics published by the UK Office of National Statistics (ONS) provides unequivocal, compelling evidence that Covid-19 poses a serious risk of death only to an identifiable 20% of the population. As at week 39 of 2021, since the onset of the pandemic, a total of 148,832 people have died in the UK from Covid-19. Among these victims of the disease 139,807 were over the age of 65. This age group constitutes only 19% of the UK population yet they suffered **88% of all Covid-19 deaths**. Public policy addressing Covid-19 as a severe and pernicious threat to the general population has been radically misguided resulting in drastic consequences, possibly more severe than the virus itself. On the one hand an obsession with the Whole Population strategy has been catastrophic both socially and economically while on the other hand a failure to isolate and protect the vulnerable had lethal consequences for over 139,000 elderly citizens to whom the government and society have a legal and moral obligation to protect.

The ONS Statistics

The Weekly Death Statistics in the UK are collected and published by the Office of National Statistics (ONS) and are available for download in spreadsheet format from their website at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales
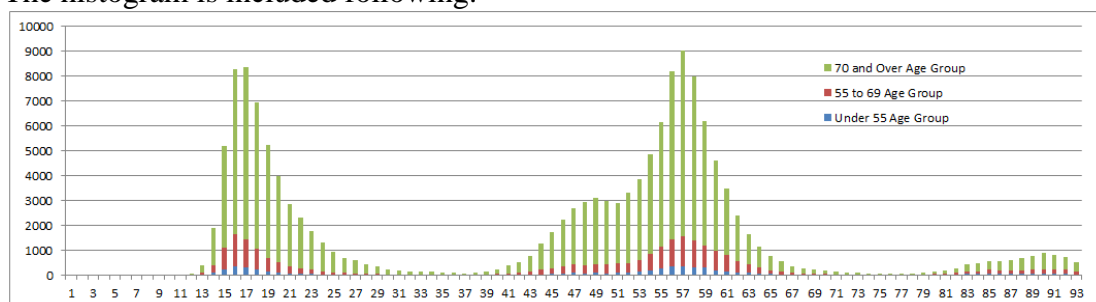The analysis discussed here derives directly from that spreadsheet as published at week 39 (end of September) of 2021 and is available for download at:
http://www.rightofchoice.com/ons/Analysis_Week392021.xlsx

An initial examination of the age group distribution of these statistics shows the total number of "*Deaths involving COVID-19*"[*] for each week in columns of a histogram, which are subdivided and colour-coded by age group:

- **GREEN** 70 and Over
- **PINK** 55 to 69
- **BLUE** Under 55.
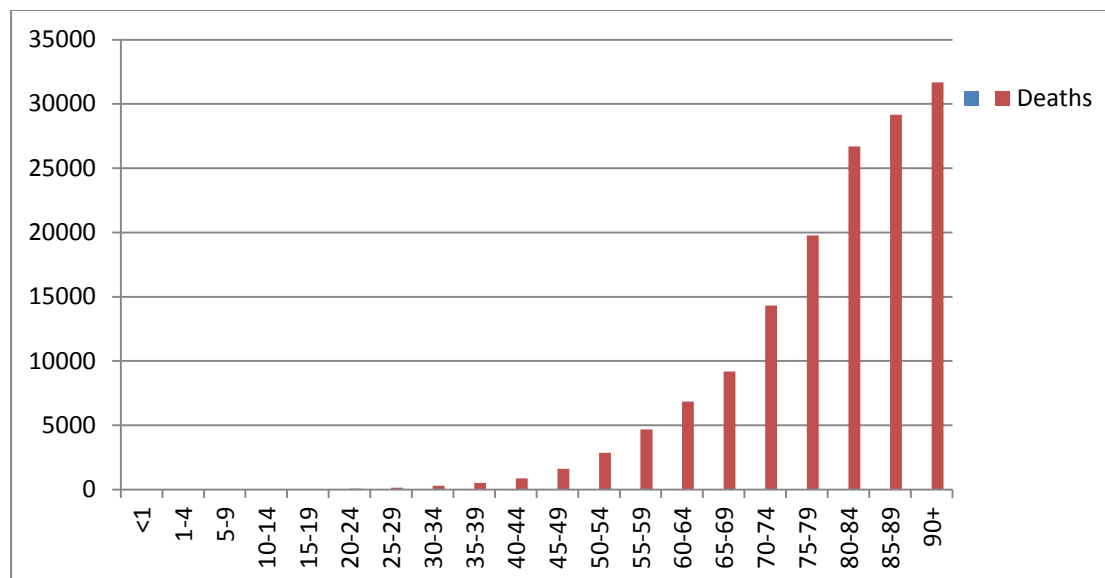
The histogram is included following:

Histogram: Weekly "Deaths involving COVID-19" during 2020/2021
Note that these relations are consistent, week on week throughout the period analysed.

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[*] Many have argued that "*Deaths involving COVID-19*" is a substantially inflated figure. However, that is not the subject of this document and, if any factors that inflate these figures are consistent across the age groups then for the purposes of the argument discussed here it probably has little relevance.

Risk Distribution and the 80/20 Rule

For most problem situations 80% of the problem exists in only 20% of the problem space. The histogram below shows the distribution of "Deaths involving COVID-19" according to age group and highlights a stark division at the age 55 threshold. This age group accounts for 96% of all "Deaths involving COVID-19" and there is an almost exponential, age-dependent rise in the death rate above age 55.

Histogram: Total "Deaths involving COVID-19" by age group during 2020/2021

To properly appreciate the significance of these statistics they must be viewed in the context of age group distribution as a proportion of the total UK population. The UK Population Data is published online at:
https://www.statista.com/statistics/281174/uk-population-by-age/.
According to these statistics people aged 55 and over constitute 31% of the UK population. In other words, an identifiable 31% of the UK population account for 96% of all "Deaths involving COVID-19". The implications of population distribution of risk of death from Covid-19 are profound and easier to appreciate when the near exponential growth of risk with age is set in this context, as in the table below:

Age group	Percentage of Population	Percentage of Covid-19 Deaths
55 and Over	31%	96%
65 and Over	19%	89%
70 and Over	13%	84%

Table: Age group % population distribution and % "Deaths involving COVID-19"

People aged 65 and over, just 19% of the population, account for 89% of all "*Deaths involving COVID-19*"; a classic expression of the 80/20 Rule. In any soundly-run, commercial organisation, any problem that so clearly conformed to the 80/20 rule would be addressed efficiently by focusing attention on the identifiable 20% of the problem space in which the problem occurs. For example, if 80% of occurrences of a production fault were found among the output of one of five production lines then all output testing and problem investigation would be applied to this production line.

These statistics are objective facts drawn from coroner's reports, accumulated by competent statisticians, collected and published in a process governed by law and analysed here by simple, spreadsheet processing into a graphic representation. They "plead like angels, trumpet-tongued" against the madness of whole population measures and they speak earnestly for isolation and protection of the vulnerable because they show conclusively that **Covid19 is lethal almost exclusively (89% of "Deaths involving COVID-19") to the most elderly 20% of the population.**

Isolation and Protection Strategy

In addition to making it abundantly clear that the Covid-19 situation calls for selective isolation and protection as strategy, rather than whole population measures, these statistics also point to an organisational framework for implementation of the strategy that offers many advantages. This framework is discussed in detail in another document but outlined here in summary as follows:

- Rigorous but *humane* provisions for the protection of the over 400,000 UK citizens who reside in Care Homes.
- Direct letter-notification to all citizens over the age of 50 describing the risk, risk-age-group distribution and isolation requirements and provisions.
- Advice to employers of requirement for people over the age of 50 to offer either work from home, if possible or government furlough provisions.
- Specify isolation requirements for people who self-isolate at home.
- Provide isolation centres available to people who cannot self-isolate at home (e.g. Purchase Travelodge – cost £2bn, 570 hotels throughout the UK).
- Provide services to people self-isolating at home or in isolation centres.
- Monitor and ensure the maximum success of isolation and protection.

The chief advantage of this approach is that participation in provisions for isolation and protection can be entirely a matter of choice at the discretion of vulnerable individuals provided the government has met its responsibility to properly inform and provide for the isolation and protection needs of the vulnerable. If properly informed, it is in the interests of individuals to assess the risk for themselves and make their own choices. The essential factor is that options and provisions are uniformly available.

Benefits of Isolation and Protection

It is clear from the undulating peaks of death statistics represented in the pink and green segments of the weekly Covid-19 deaths histogram that a fully effective strategy for isolation and protection of the elderly and vulnerable might have reduced the UK pandemic to that part of the histogram shown in blue; the under 55 age group. This ideal outcome would have avoidied over 139,000 unnecessary deaths.

Clearly, 100% success is unlikely but even if only 50% effective, such a strategy would have deflated these peaks, saving some 70,000 lives and if we further consider that for every death represented in these segments of the histogram there were perhaps two other patients hospitalised who survived, and from this we can deduce that the load on the NHS might have been reduced by around 210,000 patients. Isolation and protection of the elderly and vulnerable provides the best means to "*Protect the NHS*".

During this same period there were 6,482 deaths among the age group under 55, who constitute 70% of the UK population. It is reasonable to suggest that the chances of survival of these victims might well have been dramatically improved had the NHS had 210,000 less elderly patients to deal with and we should also consider the masked statistics of "Deaths NOT involving COVID-19" that attribute to the lack of available NHS resources. Even so, many people under the age of 55 could self-identify as specifically vulnerable due to obesity, diabetes, respiratory conditions and so on.

Among the youngest of this age group, the children, 14 and under there were a total of 25 deaths. The annual death rate due to asthma among this age group is much higher. Yet the Whole Population Strategy has resulted in school closures, cancellation of exams, wearing of masks and relentless testing that have been a major setback to a generation both educationally and socially with impairment to personal development and mental health.

Clearly, the measures taken to address the pandemic in terms of distribution among the UK population age groups relative to the age group distribution of risk have been highly incongruous and they amount to questionable ethics of our society as a whole.

Costs of the Whole Population Strategy

The economic and social costs of the Whole Population strategy have been discussed to the point of obsession and are obvious to everyone. However, the most profound costs in terms of dealing with the pandemic itself have been ignored.

Had a strategy of isolation and protection been adopted at least 70%, perhaps as many as 80% of the population could have been able to get on with their lives and for the most part, as we do with the Flu epidemic every year, get the disease and get over it. Indeed, it has been found that one third of infected individuals are asymptomatic. This would mean that the wave of infection could have passed uninhibited and quickly through the majority of the community to impart the very best protection available; natural immunity. Contrary to any benefit, mask-wearing, isolation and seclusion have impaired the general health and immune system of the community at large.

Achieving "herd immunity" as quickly as possible would have minimised the opportunity for the virus to acquire and test new mutational variations and prevented us entering a cycle of repeating panic attacks due to new waves of infection.

Conclusion

The misguided disregard for the true, age-dependent risk distribution of Covid-19 resulting in the adoption of Whole Population measures has blinded society, the health care system and the government to the need to differentially address the problem in two distinct segments of the population.
Directly isolating and protecting the 20% of the population who are vulnerable would have avoided the fear and irrationality resulting in a state of national hysteria and allowed the virus to quickly pass through 80% of the population to achieve widespread natural immunity. The need for this more realistic and practical strategy is made blindingly obvious in our own National Statistics that have been telling us this every week throughout the pandemic with the total disregard of SAGE and the ONS.