“Do you remember a winter without a cold?”

A few thoughts about the corona crisis and how to move on thereafter

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Introduction

In the context of the current overwhelming worldwide COVID-19 panic wave, this text has as goal to provide, on a differentiated scientific basis, a different view of the corona crisis than the one still dominantly presented in the mainstream media and used by many governments and their experts to maintain protection measures imposed on whole populations. Scientific data as well as propositions based on them will be presented, bringing together what many scientists, medical doctors, economists and lawyers have already claimed in the past months. The panic wave and the subsequent scaremongering have not allowed until today that these voices be heard sufficiently. The present specific contribution will concern the potentially deleterious and even fatal role of emotions in the context of the COVID-19 pandemic.

Dr. Joel Kettner[1], professor of Community Health Science at Manitoba University and Medical Director of the International Centre for Infectious Diseases declared in March 2020: “I have never seen anything like this… I am not talking about the pandemic, because I have seen 30 of them, one every year… But I have never seen this reaction, and I am trying to understand why...” Dr. David Jones[2] declared recently, concerning the corona crisis, in the New England Journal of Medicine: “History suggests that we are actually at much greater risk of exaggerated fears and misplaced priorities”.

Common cold viruses invade the planet every year causing multiple, dominantly benign yearly “pandemics” (using like Dr. Kettner the term pandemic to define a worldwide viral distribution, without consideration of its dangerousness). They produce indeed, in a high majority (up to 99.5%[3]) of their infections, no or mild symptoms like sore throat, runny/stuffy nose, cough, sneeze or headache. They represent the most common human infectious disease, adults having typically two to three infections per year, and children even more. Over 200 virus types are implicated, the main ones being rhino-, corona-, adeno- and

enteroviruses as well as influenza, parainfluenza, human respiratory syncytial and metapneumoviruses. They can become dangerous mainly for frail, sick and old individuals, and their lethality can go as high as 8% in nursing homes (Ioannidis[4]). Like the influenza virus, they mutate regularly to counteract the protection gained by the human population thanks to its immunization. Common cold and influenza viruses produce respiratory tract infections (RTI), which are fatal for 2.6 million human beings per year worldwide (Roussel[5]).

The COVID-19 Pandemic

Some common cold (and flu) viral epi- or pandemics are stronger than others. They last at least two months, rising, plateauing and receding spontaneously. The COVID-19 pandemic episode has as its source the SARS-CoV-2 virus, the last corona mutation. On many points, it obeys the typical characteristics of common cold infections. For example in Italy, **95%** of the fatalities happened for patients suffering from one up to three or more pre-existing morbidities, and the mean age of the deceased patients was **82**[6]. Such a mean fatality age is very close to the average life expectancy of developed, e.g. European countries (83.6 years for Switzerland). Many studies have recently indicated that at least **80%** of COVID-19 infections are indeed asymptomatic[7,8], leading to a final corrected infection fatality rate (IFR) between **0.1 and 0.2%** (Ioannidis[9], Mizumoto[10]). This is comparable to a flu pandemic.

Immunity and the "second wave"

Recently, the evidence has arisen that the immunological response of the human organism follows at least 4 mechanisms, three using antibodies and a fourth a lymphocyte type, the T cell. Boyman and collaborators[11] make an estimation that the published percentages of positive antibody presence in various populations can be multiplied by 5 (e.g. a 15% result would amount then to a 75% population infection and thus possible immunization). This goes well with the evidence presented above of a large number of infections with no or few symptoms, and represents a percentage able to provide a so-called **herd immunity**. Another evidence is also firmly accumulating that **cross immunizations** between different corona strains is frequent[12,13,14,15], so that human beings already infected earlier by another corona strain will be protected against the risk to get a severe form and might even remain asymptomatic. This

can explain the high amount of benign or even asymptomatic forms in children, who share their virus loads frequently and efficiently thanks to their close play and interaction behaviors.

That a sufficient and efficient amount of herd immunity could develop itself in the current human population fits well with the presence of completed daily death toll curves (number of deaths per day) of the COVID-19 epidemic episode in a large number of countries. Daily death toll curves have indeed started their regression since beginning of April in many countries worldwide. These curves manifest the typical dynamics of biological non-equilibrium self-organizing systems, developed in this case between the human population and a virus (Smolin[16]): the human population reacts by immunization against the virus, which for its next invasion develops a mutation allowing it to colonize again human organisms. To go on having new human hosts, it makes sense for the virus to be lethal for only a small proportion of them and to mutate to counteract human herd immunization. As mentioned in the Introduction, **common cold viruses are continuously present among us, with seasonal fluctuations**, and the positive tests collected today may well represent the amount of seasonal viral presence (see below). Viral mutations and propagations as well as human population immunization are parts of our planetary biological reality for as long as we know. The currently obtained immunity allows to ascertain that the SARS-CoV-2 corona mutation is now well known by the human population, thus eliminating the risk of a severe "second wave", profiled repeatedly these days. The fearful expectation of such a severe "second wave" rests on the history of the Spanish flu: there is no basis for an adequate comparison between then and today: at that time, there were no antibiotics, and the flu, worse than common cold viruses, kills mucosal cells, opening the pulmonary tissues to the aggression of bacterias, with estimations of up to 97% of deaths in 1918 caused by bacterial superinfections (Raoult[17]). To further question this "second wave" fear, there is evidence for the presence of another viral epidemic between the two world wars, causing a brain infection (von Economo's encephalitis[18]) and providing an additional explanation for the presence of more than one peak.

Positive Tests

The count of PCR positive tests, regularly presented in the media and used currently by politicians to reinstall measures, is not an appropriate marker for such a purpose. It should be used only for patient-based diagnostic contexts. As

described above, common cold viruses are present every year in the human population, with winter maxima. As they have until recently not received much attention from virologists and epidemiologists, we have no idea how they exactly distribute themselves and fluctuate along the whole year. We have thus no so-called baseline, or norm data on the usual situation to compare with the positive tests recorded now: **there is no way to claim normality or abnormality for the current data**. The scientific basis is thus lacking to introduce a mask obligation in different in- and outdoors activities, particularly at a moment when many countries present a completed daily death toll curve.

The number of positive tests, which depends directly on the number of tests being performed, should never be used, but only the percentage of positive tests. At the moment for example, the percentage of positive testing in Switzerland is 3.1%[19]. This small percentage will comprise, in addition to active infections, a number of PCR test false positives (wrongly positive test results), positive tests through reaction to residual non-infectious viral fragments, and additional ones due to cross-reaction with other corona strains.

As Prof. Gupta mentioned recently[20], **only death rate** (as given by daily death numbers and by population excess mortality), **is indeed relevant to monitor a pandemic situation**. Using positive tests to do this represents a scientifically unsound approach. An approach which maintains an on-going activation of threat and fear in the population.

Stress, panic and excess mortality

Like other viruses including the influenza virus, the infection by corona viruses can activate, in a small percentage of infected individuals, an inflammatory and immunological (auto-immune) overresponse, named "cytokine storm". This one may lead to transient up to life-threatening tissue damages in the lungs[21], and it is the mechanism at the source of different auto-immune disorders.

In animal experiments, stress has been shown to activate cell death in the limbic (behavioral/emotional) brain[22,23,24]. In humans, there is firm evidence that stress correlates with the appearance of many diseases[25,26,27,28], including auto-immune ones[29,30]. A stressed emotional human (paralimbic) brain can become overactive[31,32], disturb body tissues and cause cell death through its many output pathways. These may activate excitotoxic, oxidative, auto-immune,

inflammatory, endocrine and vegetative mechanisms. Thus, **human negative emotions like fear, sadness and anger are in position to jeopardize human health, up to a fatal level**[33]. This has been described in the field of anthropology through the description of the potentially fatal evolution after the chamanic practice of the kurdaitcha men called "pointing the bone"[34]. It consists in the pointing onto a victim of a ritual bone which activates a lethal "spear of thought" inducing death, without great suffering, over days to weeks. This ritual may have served kurdaitcha men along the millennia when a member of their community would become dangerous. The power of an idea and its related emotion, i.e. fear and the conviction of the necessity to die, is exemplified here in a most impressive way.

One may also cite, among many other stress-based diseases, the Takotsubo stress cardiomyopathy, or broken heart syndrome.

An integration of the psycho-emotional factor, so important in human medicine in general, becomes immensely relevant in the context of the corona crisis: dramatic up to fatal evolutions (see below) have to be considered as caused by social isolation and confinement measures leading to reduction/suppression of democratic freedom and basic human rights and activities. Three factors are proposed here to directly co-influence the amount of critical cases and deaths: 1) the baseline level of **anxiety** in a given human population, 2) the suppression of **freedom** by limitation of democratic human rights, and 3) the suppression of basic human interactions through **isolation** and confinement. The disruption of social bonds is a severe issue for all primate societies, and in non-human primates, isolation in itself can lead to death.

The analysis of the mortality of a population with the goal to check if there is a so-called excess mortality, allows to document if a given epidemic is particularly dangerous and thus causes an unusual rate of deaths. In some countries or regions, excess mortality peaks have been indeed recorded, which have completely receded since mid May[35]. We have to integrate that a percentage of the secondary excess mortality related to the COVID-19 will be due 1) to stress, mainly fear and panic, associated with the pandemic threat, but also 2) to the consequences of the applied general lockdown and isolation measures. Just to mention a few: psychosocial and economic destabilization with increases of violence, anxio-depressive states and suicides, decompensation of health frailty due to social isolation, destabilization of psychiatric and demented individuals, reduction of medical care to the whole population (mainly in the domains of

cancer care and cardiovascular disorders), and reduced quality of care in homes and hospitals. After having overloaded hospitals and medical practices, people shied away from them and became reluctant to visit them, staying home and risking dangerous evolutions and death away from proper therapeutic interventions. In addition, governments blocked elective treatments and interventions in hospitals, with a risk of increased morbidity and mortality. Recent studies indicate a higher mortality of the intubation technique, which was initially promulgated widely by Chinese doctors, as compared with the much less drastic delivery of oxygen by mask or nose tube[36]. The general lockdown prevented also an optimization of the protection of nursing homes, where, as expected, most fatalities happened. The excess mortality as consequence of general lockdown measures can be expected, already today, to be in the range of the 100 thousands[37,38,39,40,41] worldwide (e.g. among many others, 10'000 additional non-COVID deaths from dementia in UK[42]).

Two last comments must be done concerning the COVID-19 lethality/excess mortality: 1) different questionable up to fully inadequate certification methods (e.g. COVID-19 death certificates based on suspicion, without tests nor autopsies) have been implemented in many countries, leading to inappropriately high lethality values, and 2) an Italian analysis has shown that **88%** of all deaths attributed to the SARS-CoV-2 virus happened in fact in the presence of, but not due to it, hence the expressions to die **from** or to die **with** the virus[43,44]. A multicausal context leading to a fatal issue has to be integrated here, the virus being the drop of water that makes the vase overflow[45] for frail, sick and old individuals, due to premorbid conditions, viral combinations[46] and bacterial superinfections[17].

Lockdown, distancing and isolation

General confinement/lockdown and isolation measures have led to the worldwide distribution by media of frightening images and situations, e.g. Chinese families being locked (with bolt and screw!) in their apartments, Wuhan dead streets swept with desinfectants, patients surrounded by alien-looking fully masked and dressed-up doctors and nurses, police control maintaining the full closure of north italian villages, etc. Any human being taken to the intensive care unit and realizing that he/she is now no longer free to leave this whole nightmare, to get back home to his family, experienced without any doubt the worst possible emotional stress: being trapped helpless in a life-threatening situation. Fear not

to survive, desperate loneliness and panic invade the emotional brain, defense mechanisms fall down and may open the way to a full-blown, potentially life-threatening viral infection[47]. Confinement may increase in addition the vulnerability of the human organism to new pathogens, as it might have been the case with the war confinement at the end of the first world war during the development of the 1918 flu pandemic[20].

An evidence of the very partial relevance and efficiency of general confinement measures is provided by the absence of a higher death toll experienced by Sweden, which has an even lower death rate than countries like UK and Spain, where these measures were largely applied.

The application of general distancing and confinement measures leads unavoidably to a huge amount of questionable or even unmanageable decisions. The subject of the adoption of more or less strict measures creates unavoidably fractures inside social groups. Even worse, different measures, which make minimal or even no sense, have been imposed by states and pushed by fearful individuals and groups, encroaching on democratic freedom and basic human rights. It is clearly not desirable for the people to be limited, controlled or threatened by the government it has itself chosen.

An example of questionable lockdown measure is the school stop. This measure is not evidence-based, i.e. there is no available scientific study demonstrating its efficiency, it has been introduced from country to country because another country had done it before. Leaving children interact at school and playground (and leaving active adults work and also interact) can be seen as the best way to advance herd immunity, which should develop as fast as possible to reduce the exposition time for old, frail and sick individuals. By chance and so importantly, children and healthy active adults have an absolutely minimal risk to be endangered by the SARS-CoV-2[48]. There are thus sound reasons to doubt the usefulness of the introduction of this measure and even to consider it as counterproductive.

Locking people inside and closing public and natural spaces, particularly parks in cities, are meaningless measures: the contact with nature and fresh air and movements are as essential as going to work, they are of utmost importance for the health of all, optimizing body defenses against aggressions. People have been demanded to keep distance in the streets, but were not trusted to do the same in parks or on beaches, where there was more place to keep distance. Locking people inside has been a meaningless and deleterious measure, and one may

wonder how inhabitants of large cities could cope with it at all. One has heard of the experiences of older people locked in their rooms in nursing homes, receiving their food in front of their closed door in absence of the provider, and visits by families resembling a visit in jail…

The suppression/limitation of the access to the medical and spiritual domains was fully inappropriate, deleterious and inhumane. It did not respect the basic human rights for care of body, mind and soul. Not only COVID-19 patients but also all the other patients hospitalized for other reasons could not get their visits. In general, but particularly in the middle of a crisis, the support by dear ones fulfills the social and spiritual needs which should never be touched or withdrawn, taking the risk to alienate human beings from their vital psychosocial and spiritual environment. Why couldn't a close visiting family member apply the same safety precautions in the hospital as the medical staff? And religious services could have been performed with the same distance recommendations as for other civil sessions, which have been maintained because they were deemed indispensable.

General confinement measures, because of their psychosocial dangerousness, should be kept only in the context of exceptionally high epidemic lethality. Now that it is clear, to the contrary of what has been propagated by the WHO, that we are not facing a killer virus with a 3.4% fatality rate and thus 30 times more deadly than the flu, these imposed measures should be abandoned completely. Obviously, isolation of sick people and usual measures of precaution or isolation to reduce viral transmission around old, sick and frail individuals remain relevant as always.

Seen at the ethical level, the corona crisis highlights the fact that any considered limitation of the right for self-determination, freedom and basic human rights would have to be based on a sound, profound, open and balanced multidisciplinary analysis, with a clearly positive risk/benefit ratio. It would have to be presented to the people and voted upon. With the corona crisis, we have cumulated in the absence of such an analysis severe collateral damages, with measures applied against a threat which did not justify them.

Contact Tracing

Tracking infected people can be questioned from both ethics and efficiency points of view. First, population control in itself represents an **unacceptable**

breach into the private sphere of citizens, and every human group should defend itself against any attempt to limit its democratic freedom. Second, the rapidity with which European countries for example lost track of the chain from "patients 1" onward underlines a well-known extremely fast and efficient viral propagation, questioning the possibility to stop it by tracking virus and carriers in the human population. This happened in northern Italy in a matter of a day or two and in spite of very fast and extensive confinement measures. Many additional examples have been mentioned[9] where no explanations for viral transmission could be found. Like for confinement measures (see above), such tracing would have only to be considered in the case of high dangerousness, absent for COVID-19. Finally, the WHO does not recommend contact tracing in the management of flu epidemics[49].

Science, Politics and Media

In the intensive and extensive, worldwide field of the corona crisis, an open, deep, careful, multidimensional and thus unbiased study of the whole situation with presentation of pros and cons and risk/benefit balance analyses is fundamental. This was not provided, and no open dialogues between different views of the situation have been provided. Scientific and medical experts, mainly microbiologists and epidemiologists, are the ones to provide relevant informations to politicians. They will have to realize that they have held in their hands the power to modulate the state of mind of the whole human planet, activating a worldwide powerful chain reaction of fear and panic. The media have and still relay a heavily dominant amount of panic-activating informations maintaining fear in the whole human population. The corona facts are continuously distorted, numbers taken out of the usual epidemiological context to induce fear.

The threat has been maintained until today about the impending possibility of imposed reinstallations of protection, isolation and confinement measures and thoroughly relayed by mainstream media, consolidating a state of fearful expectation and of long-term threat and doom. **The people should now be left in peace, and they should find again their self-determination**. There has been much too rare discussions on the theme of ethics concerning the limitations of freedom, self-determination and basic human rights. Recently, for example in Germany and in our country, popular and political movements have begun to rise against the insidious risk for democracy of a **state-imposed health dictature**.

Some epidemiologists enjoying power positions as state advisers have repeatedly profiled catastrophic death prognoses, basing them on digital models and falling fortunately largely beyond biological reality. In our country, prognoses were indeed produced with death tolls between 22'000 and 60'000[50] with peak in June or July, whereas until today the swiss death toll stands between 1'700 and 1'800. Obviously, questionable and even wrong model postulates have been applied, but these experts do not seem to be ready to recognize their errors, with their devastating worldwide consequences.

A worrying episode has developed in different countries concerning the treatment of COVID-19 by the drug **hydroxychloroquine** (HCQ), well-known for years in the treatment of malaria. It is very interesting and probably directly relevant that this molecule has been recognized since years as efficient also against autoimmune diseases (see above). Early on, Chinese[51], French[52,53], German[54] and American[55,56] colleagues have treated COVID patients with HCQ, and published their positive results. Evidence that the treatment with HCQ can reduce the hospital fatality rate is indeed growing steadily[57], posing a central question on the resistance or even interdiction to use this medication option in some countries. For example, a European government and its experts, insisting on the necessity to wait for solid evidence-based studies but not considering the urgency of the situation, forbade the prescription of HCQ by doctors. This was supported by a study in the Lancet, claiming not only an absence of benefit with the HCQ intake but in addition increased cardiac complications and an increased mortality[58]. Soon, the evidence was brought up that this publication was fraudulous, and it had to be retracted. Two most worrying observations are to be made here: 1) the publication ethics by medical and scientific groups claiming the highest level of scientific quality is questioned, and 2) governments, by forbidding the prescription of HCQ, have blocked the **ethically fundamental and untouchable patient-doctor relationship**. Politics and medical experts have presented themselves here under the worst possible light. It must also be highlighted that the current availability of an inexpensive medication against SARS-CoV-2 allows to see the whole vaccination issue in a different light, leaving time to perform proper research toward a safe and efficient vaccination for frail, sick and old individuals, just as for the flu. Indeed, the lethality of COVID-19 does not imply any requirement for a large-range vaccination.

It is not folly to wonder about a possible SARS-CoV-2 outbreak out of a laboratory, as laboratory manipulations or containment errors have been

considered possible for the swine flu[59] or even affirmed for the bird flu and the first SARS corona mutation[60]. It is the role of scientific experts and politicians to uncover and suppress any research on viruses which may give rise to potentially dangerous new strains, and the WHO should enforce such control worldwide. In addition, reflections on worldwide animal care and maintenance are most relevant.

Propositions for today and tomorrow

Fear and panic about COVID-19, kindled by inaccurate scientific communications spread over the whole planet like a bushfire, causing the chaos we observe every day on the news. The corona crisis has brought to light that **the human planet has currently a high anxiety level and must be treated gently**, just like a human patient in a sensitive phase of her life!

On the basis of the data mentioned above, it may be claimed that the COVID-19 pandemic should have been dealt from the beginning as a usual flu pandemic, with protection focused on the frail, sick and old, who would have demanded and received appropriate protection measures for themselves, but without counterproductive obligations and limitation of their activities and freedom. Weakened and old people may anytime demand voluntary isolation measures toward their familial, social and nursing environment. Nursing homes should have masks and hand disinfection at disposition for staff and families, if protection is wished by residents. Staff members should not work in more than one home. Residents should be induced to go out and walk (e.g. in city parks kept open!). **Imposed freedom restriction and isolation is inhumane, counterproductive up to lethal for old and weakened residents**. In Germany, a petition[61] was issued by German citizens between 64 and 78 years old to Mrs. Merkel, demanding self-determination and choice in end-of-life issues, and claiming their preference for **a worthy death in the midst of their beloved ones rather than an isolated and heartless state-imposed passing**.

The proposition here is not to extend reproaches about the measures taken abruptly and under enormous pressure by governments during the first two or three months of the pandemic development. With the data available today and in fact conclusive at least since May, it has to be however realized that general confinement, isolation, distancing and tracing measures should be stopped in all the countries where the daily death toll peak has been passed. General lockdown

measures against COVID-19 have already contributed to excess mortality experienced in different countries and discussed above. Maintaining them would be useless and deleterious. Children and working adults have to interact so that the human population gets as early as possible a sufficient herd immunity, thus protecting the old and frail. **The progressive exit out of the lockdown is an emotional trap**: rejoicing that things get more normal again is constantly opposed by the anxious expectation that the unlocking would go too fast, in spite of the reassuring scientific evidence mentioned above.

Media should relay informations from all possible environments and tendencies. They have however provided the world population with an avalanche of homogeneously biased informations maintaining the dominant panic-activating message about a purportedly high dangerousness of COVID-19. They hopefully will soon get the message not to exert pressures on politicians in the future, and to be deeply aware that they can contribute to the worldwide activation of powerful anxiogenic mechanisms, if they do not provide **balanced informations from controlled sources.**

A "new normality" for our future can only make sense if it is centered on a deeper understanding of the integrative dynamics between us and viruses. As viruses need us to exist, and as life processes always seem to make sense, we may consider that the nightmare of the global planetary killer virus will stay the subject of interest for film producers and amateurs of strong emotions. There is indeed no way for us to conceive life without viruses. They are everywhere, around 50% of our own genome is of viral origin, and they may well be "more friends than foes"[60]. **Our main foe is fear activated by a biased and heartless science, by propagandist media, and by fearful politicians**. Older pandemics, which are at the source of deep atavic plague memories, were in most cases due to bacterias and related closely to precarious human life conditions. The only catastrophic viral pandemic was the 1918 H1N1 flu, which killed millions, but developed in the chaotic and unhealthy aftermath of the first world war. Panic is no appropriate, even no feasible way to integrate our life with viruses. It would bring a future filled with fear for the next pandemic and destabilization of the worldwide human psychological and economic environment. A deep and definitive change of attitude has now to be kindled in proper scientific and sociopolitical contexts, to avoid such a bleak and undesirable future.

Take home messages

1) Corona viruses are one of the viral agents of the common cold, which, just like the flu, invade the whole planet every year. They cause largely **widespread, mostly benign, yearly pandemics of respiratory tract infections.**

2) COVID-19, the infection caused by SARS-CoV-2, the current corona mutation, is not more lethal than the flu, with a **0.1-0.2% infection fatality rate.**

3) An immense majority (**95%**) of fatal evolutions happen in old and frail individuals with premorbidities, with an average age of death at or above **80** years old.

4) Antibody studies, cross immunization with other corona strains and the completion of the death toll curve in many countries are strong evidence that the human population is developing **herd immunity** against SARS-CoV-2. In this context, a **severe "second wave" for SARS-CoV-2 is improbable**. We may rather expect a new cold episode from it just like every year, but of regular or even weak intensity thanks to the gained herd immunity.

5) **PCR testing of SARS-CoV-2 presence does not give any reliable prognostic evidence of its infectious power and lethality. The monitoring of the pandemic state and evolution is given only by the daily evolution of fatalities**. In Switzerland as in many other countries, there is no longer any excess mortality attributable to the COVID-19 pandemic. Positive test rate is low (around 3%), and tests have as always a technical false positive rate and react to inactive viral fragments or to other corona strains.

6) Only in a small percentage of COVID-19 patients, the SARS-CoV-2 virus may, like the flu virus, activate an **immunological and inflammatory overresponse**, causing at worst fatal pulmonary organ failure.

   Stress and emotions like fear, anger and sadness may 1) stimulate this overresponse, 2) cause **cell death** in the emotional brain and 3) trigger therein **deleterious overactivities, with resulting cell damages in body tissues**.

General isolation, distancing and lockdown measures, by limiting social contacts, freedom and basic human rights, add to the death toll through an upsurge of psychosocial and economic destabilization, worsening of psychiatric and demented individuals and reduction of medical care to the whole population. We have thus a combined causality for an **excess mortality of COVID-19, a significant part of it being not due to the SARS-CoV-2 virus itself** but to the worldwide COVID-19 panic wave and the imposed introduction of drastic and inhumane measures.

7) We are not facing the feared planetary killer virus, in spite of the inappropriate initial message of the WHO and different experts. The presented data speak for an **urgent stop of all general lockdown, distancing and isolation measures.** The world should revert back to the appropriate, routinely applied approach to respiratory viruses: to keep optimal protection measures for the old, frail and sick, as we have all learned to do year after year against the flu.

8) Common cold (and flu) viruses are ubiquitous in space (on the whole planet) and time (year after year). They are thus **unavoidable, but cause fortunately mostly benign infections.** We just need **to protect specifically the populations at risk** when a viral wave gets stronger than usual.

Daniel Jeanmonod MD, Professor Emeritus of Neurosurgery at Zürich University and Physiology & Neuroscience at New York University

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