

Opinion We are overcounting covid deaths and hospitalizations. That's a problem.



By [Leana S. Wen](#)

Contributing columnist

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Author narrated



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According to the Centers for Disease Control and Prevention, the United States is experiencing around 400 covid deaths every day. At that rate, there would be nearly 150,000 deaths a year.

But are these Americans dying *from* covid or *with* covid?

Understanding this distinction is crucial to putting the continuing toll of the coronavirus into perspective. Determining how likely it is an infection will result in hospitalization or death helps people weigh their own risk. It also enables health officials to assess when vaccine effectiveness wanes and future rounds of boosters are needed.

Two infectious-disease experts I spoke with believe that the number of deaths attributed to covid is far greater than the actual number of people dying from covid. [Robin Dretler](#), an attending physician at Emory Decatur Hospital and the former president of Georgia's chapter of Infectious Diseases Society of America, estimates that at his hospital, 90 percent of patients diagnosed with covid are actually in the hospital for some other illness.

"Since every hospitalized patient gets tested for covid, many are incidentally positive," he said. A gunshot victim or someone who had a heart attack, for example, could test positive for the virus, but the infection has no bearing on why they sought medical care.

Dretler also sees patients with multiple concurrent infections. “People who have very low white blood cell counts from chemotherapy might be admitted because of bacterial pneumonia or foot gangrene. They may also have covid, but covid is not the main reason why they’re so sick.”

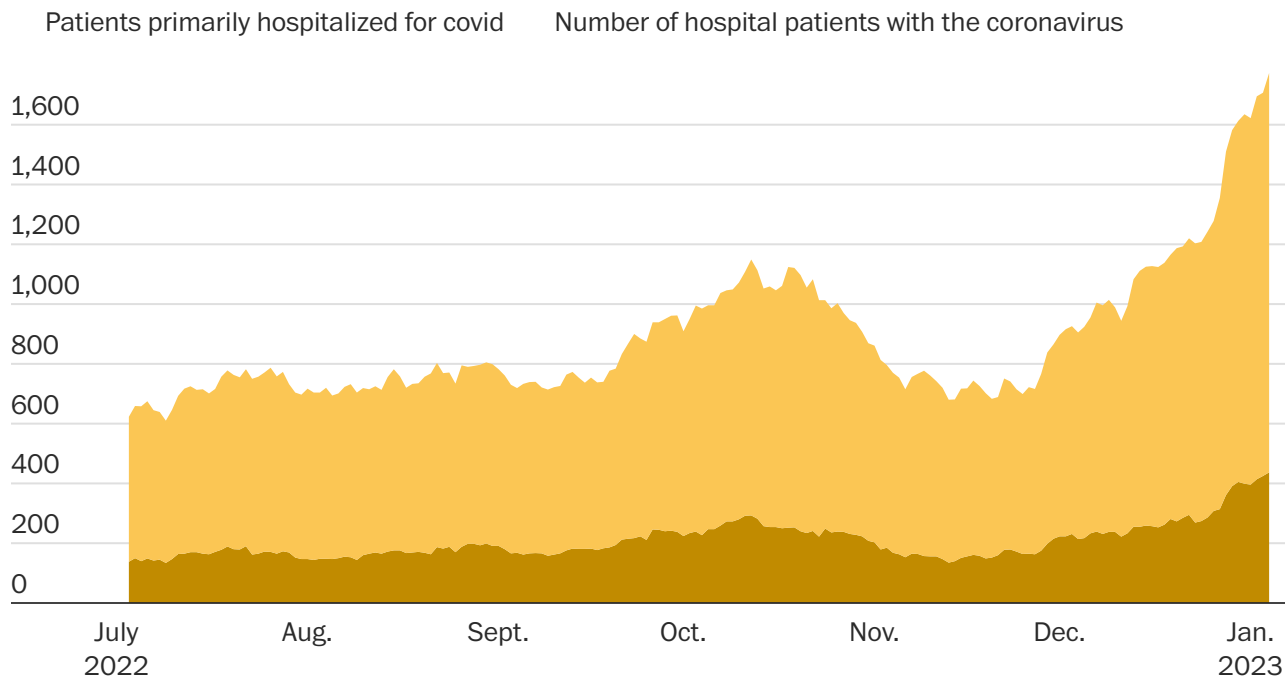
If these patients die, covid might get added to their death certificate along with the other diagnoses. But the coronavirus was not the primary contributor to their death and often played no role at all.

Dretler is quick to add that the imprecise reporting is not because of bad intent. There is no truth to the conspiracy theory that hospitals are trying to exaggerate coronavirus numbers for some nefarious purpose. But, he said, “inadvertently overstating risk can make the anxious more anxious and the skeptical more skeptical.”

Another infectious-disease physician, Shira Doron, has been researching how to more accurately attribute severe illness due to covid. After evaluating medical records of covid patients, she and her colleagues found that use of the steroid dexamethasone, a standard treatment for covid patients with low oxygen levels, was a good proxy measure for hospitalizations due to the coronavirus. If someone who tested positive didn’t receive dexamethasone during their inpatient stay, they were probably in the hospital for a different cause.

Doron’s work was instrumental to Massachusetts changing its hospitalization reporting a year ago to include both total hospitalizations with covid and those that received dexamethasone. In recent months, only about 30 percent of total hospitalizations with covid were primarily attributed to the virus.

Massachusetts is tracking not only how many people are hospitalized with covid, but also for covid



Source: [Massachusetts Department of Public Health](#)

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This tracks with Doron's experience at her hospital, Tufts Medical Center, where she also serves as hospital epidemiologist. Earlier in the pandemic, a large proportion of covid-positive hospitalizations were due to covid. But as more people developed some immunity through vaccination or infection, fewer patients were hospitalized because of it. During some days, she said, the proportion of those hospitalized because of covid were as low as *10 percent* of the total number reported.

Determining the true number of hospitalizations from covid has immediate, practical purposes. "It allows for better forecasting of hospital capacity," Doron told me. "If our hospital beds are full and we attribute it to covid, we might think that we'll get the beds back when the wave of infections is over. But if people are sick from other causes, the beds could stay full."

Doron acknowledges that there is a gray zone in the data in which covid might not be the primary cause of death but could have contributed to it. For instance, covid infection could push someone with chronic kidney disease into kidney failure. She and her colleagues are collecting data on this as well.

Both Dretler and Doron have faced criticism from people who say they are minimizing covid. That is not at all their aim. They have taken care of covid patients throughout the pandemic and have seen the evolution of the disease. Earlier on, covid pneumonia often killed otherwise healthy people. Today, most patients in their hospitals carrying the coronavirus are there for another reason. They want the public to see what they're seeing, because, as Doron says, "overcounting covid deaths undermines people's sense of security and the efficacy of vaccines."

To be clear, if the covid death count turns out to be 30 percent of what's currently reported, that's still unacceptably high. But that knowledge could help people better gauge the risks of traveling, indoor dining and activities they have yet to resume.

Most importantly, knowing who exactly is dying from covid can help us identify who is truly vulnerable. These are the patients we need to protect through better vaccines and treatments.