50% more from the day before. From 66, it was expected 99. It was 101. The likely rate of 101/30,000 is about the same 0.34% that has been measured in Victoria for a long time.

The community intrusion with unsafe over-testing and over-control did not permit to immediately dramatically increase the percentage of the positive over the tested. There is no immediate change in this percentage despite the focus on the most disadvantaged sectors. However, the over-testing and over-control of large sectors of the population resulted in larger opportunities for community spreading of the virus. While somebody infected by Covid19 self-isolating at home is not a vehicle for spreading the virus, the same person forced out of the house to get tested in an unsafe, mass procedure becomes a spreader.

Over-testing and over-controlling and increased infectivity rate as per July 25, 2020

In early June 2020, the number of Covid19 infected cases in Victoria was extremely low, despite reinfection from improper management of overseas returning travelers, plus the fact that Covid19 was still hiding in the community. Roughly, the number of positive tests over the number of tests performed in early June was 0.1%, i.e. 1 positive case of Covid19 infection over 1,000 people tested.

Then, on the 14th of June 2020, the government of Victoria, Australia got rocketed by a corruption scandal. Immediately, the number of tests performed per day was increased dramatically, with also an increasing focus on the most disadvantaged suburbs of Melbourne.

While the best epidemiological science suggests that anyone suspected of being infected should self-isolate at home, not only the government of Victoria requested people feeling unwell to travel to the hospital and get tested, with huge risks to spread the disease during travel, while waiting for the test in the hospital, during the test, and returning home.

The government of Victoria also organized the mass testing, that if unsafely conducted, may only produce more infection. The best epidemiological science does not suggest of having mass tested for the potentially infected people one after the other, waiting together, by direct contact with healthcare officials dressing inadequate protective gear. Mass testing was straightaway performed for all the occupants of public homes, forced inside their buildings for days. Similarly, tests were also performed moving door-to-door of homes in the most disadvantaged areas, without the necessary equipment to perform the test in full safety.

As shown in Fig.2.a, the number of tests increased from well below 5,000 a day in the first half of June to almost 20,000 a day in the second half of June. Then, it has further increased in July to about 30,000 a day.

As shown in Fig. 2.b and 2.c, the number of infected over-tested was initially about the same, with minimal increments due to testing of more disadvantaged households, where the government of Victoria was aiming at finding higher percentages of Covid19 infection.

Then, with a lag of two weeks, the results of the infection spreading procedures started to manifest end of June, with the percentage of infected over-tested suddenly rising above 0.2%, and then continuing to grow up to the present values exceeding 1.5%, roughly 10 times what they were at the time the Covid19 scare campaign was orchestrated.

Phased with the discovery of more cases, then the government introduced more testing, then more restrictions.

From July 8, people living in the 5 million people metropolitan Melbourne and the Mitchell Shire, must stay at home and can only leave home for one of the four reasons – shopping for food and supplies, care and caregiving, exercise, and study and work, if they can't do it from home. This translated in roadblocks not only to exit, but also to entry Melbourne from supposed to be Covid19 free areas, requiring 4 hours to pass through, with unnecessary contacts between potentially infected people and police officers, and indirect contacts in between every driver in the queue. From July, 22 people living in metropolitan Melbourne and the Mitchell Shire must wear a mask when leaving home for one of the four reasons.

As per today (July 24, 2020) people having symptoms of coronavirus (COVID-19) are still requested by the government to get tested. Getting tested for coronavirus (COVID-19) is considered medical treatment and it is one of the four reasons people can leave home. Many exemptions apply. Law enforcement officials conduct a large number of checks. This unsafe practice is dramatically reducing basic freedom of many without providing any protection to the community in general, and the elderly in nurses homes in particular that start to be affected by an increasing number of fatalities.

As here shown, in the beginning, the percentage of positive over-tested was about constant, despite the number of tests was increased. The focus on the most disadvantaged suburbs of Melbourne was not a reason for a drastic increment of the infectivity rate.

Then, thanks to the wrong measures, that made possible the spreading of the virus from people being tested to other people being tested, as well as the general population and health workers, the infectivity rate started to climb.

It has not been the infectivity rate to climb first, but the number of tests. This proves as the number of tests, due to the conditions in which they were performed, was the driving force for the outbreak to progress.

Additional to forcing potentially infected people to get in touch with other people to get them tested, rather than protect them and the community from the spreading of the virus, it must be noticed as the enforcement of the full lockdown by police is also a cause for spreading, as officials controlling documents of people one after the other can also be a vehicle of the virus spreading.

The correlation between the increased number of cases and the start of massive testing often forcing people to undertake tests, and the introduction of more restrictive measures also enforced without consideration of the opportunity of further transmission is the clear reason Victoria is now experiencing the most serious outbreak within Australia.

The problem is not the number of tests, it is the way they get done, without paying any attention to avoid the

spreading of the virus. Same of the police checks done to enforce rules not always reasonable. The numbers of infected healthcare workers and police officers are increasing the same as the general public. Unfortunately, also the number of fatalities in the nurses' homes that were supposed to be protected but are not, is increasing. The focus should be made on protecting the vulnerable, not over-testing, and over-limiting the movements of the healthy population. Those in between the healthy population that get infected, are very likely only asymptomatic or mild and must self-isolate themselves at home, not moving around to spread out the virus to satisfy brainless accountancy exercises.

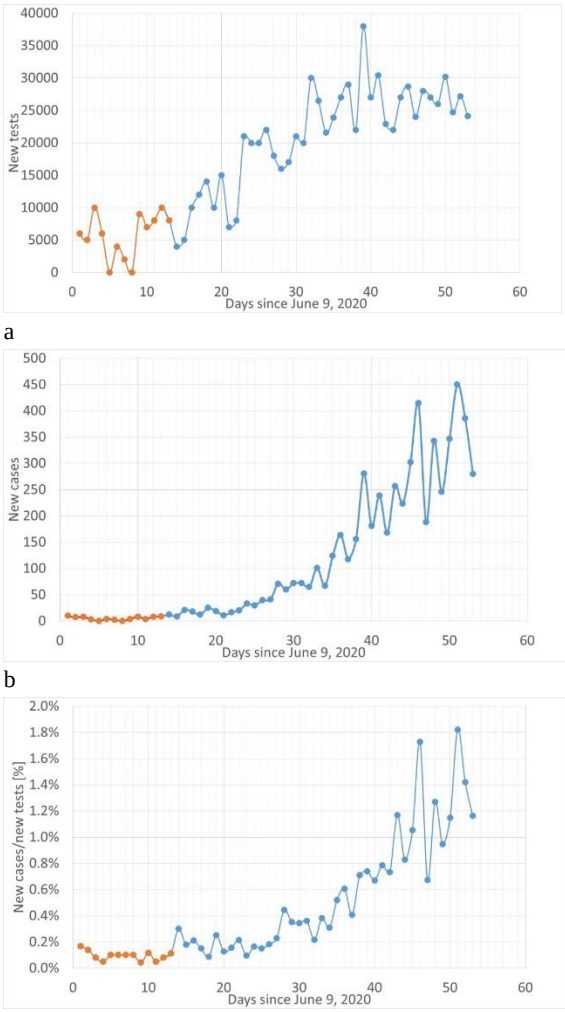

Fig. 2 – Number of tests performed, positive Covid19 cases, and the ratio of positive cases to tests performed in Victoria. Data from www.dhhs.vic.gov.au. Red is the situation before the Victorian government scandal. Blue is the situation since the day mass testing was started to deviate the public opinion from the problem. While the number of tests performed is not reported for June 6 and 7, the number reported for June 8 is likely wrong. Thus, the infectivity rate of these 3 days is taken as the average infectivity rate of June 5 to June 9.

DISCUSSION

While the world is planning to reopen businesses, one of the states (Victoria) of one of the less affected countries of the world (Australia) decided to go back to a lockdown never enforced before, based on flawed epidemiologic science that does not consider the number of tests performed to obtain positive results, as well as does not account for the changes in the testing rules and the focus on specific sectors of the population.

To be noted, opposite to other states, such for example New South Wales, Victoria did not require a negative day 10 swap test as a condition to leave the designated quarantine facilities for returning overseas travelers. However, Victoria promoted home testing of citizens living in their predefined "hot spots" of Covid19 infection before testing the returning travelers. The practically compulsory day 10 swap test for returning overseas travelers has been established the same day all the international flights have been diverted to other states.

It is not this sort of mismanagement and misrepresentation of an outbreak that may permit us to understand the way out of the Covid19 pandemic. If the objective infectivity and lethality of Covid19 are dramatically reducing, why Victoria and Australia still enforce harsh containment measures after more than 4 months since the outbreak? Is mass vaccination for Covid19 what many countries are after as the only way to return to normality?

From the Orwellian dystopia experienced so far, apart from local issues in Victoria, it is not that difficult to forecast that Australia will be one of the first countries to enforce mass vaccination for Covid19, no matter which are the epidemiologic data of the pandemic at the time the vaccine will be available in the market.

The facts of Covid19 infection should be used to plan a return-to-near-normality the sooner the better. However, these arguments are not welcomed by those supporting mass vaccination as the solution to a problem pictured much worse than what it is.

There is objectively no need for a vaccine of questionable utility, safety, and efficacy, but there are many that may get advantages in terms of power and money from the opposite conclusion. Herd immunity through mass vaccination is not needed, and it is anyway unlikely to work. The time frame to properly develop a vaccine is long, and the result is uncertain. Past experiences for SARS and MERS, close relatives of Covid19, have been unsuccessful. Animals vaccinated using spike protein-based vaccines against SARS and MERS had worse outcomes when challenged with the viruses. The SARS outbreak ended before the vaccines were ready. After 5 years from the SARS outbreak, in 2008, efficacy and safety evaluation in humans were still to be started [37]. Veterinary vaccines against coronaviruses do not work very well. As optimistically reported in [38], vaccinated animals still display significant disease upon challenge. Similarly, the MERS coronavirus outbreak is ongoing since 2012. At the end of 2019, no vaccine (or specific treatment) for MERS is currently available, [39]. Covid19 vaccines are not expected to work very well, and they are not expected to be safe either. Express coronavirus vaccines are unnecessary or even dangerous [40]. The immune system of high-risk groups no longer reacts adequately to the vaccine. Thus, the vulnerable benefits the least from vaccination.

The vaccine against the swine flu of 2009, led to sometimes severe neurological damage [41],[42]. In the testing of new coronavirus vaccines, serious complications, and failures [43],[44] have already occurred. The global vaccine program (and digital ID) being promoted for Covid19 is thus difficult to be implemented with success and acceptable risk. Regarding the use of unproven vaccines in Africa, it must be recalled the recent experience of the Diphtheria-Tetanus-Pertussis (DTP) vaccine in Africa [45]. Before the campaign, nobody performed the randomized, double-blind placebo-controlled studies necessary to ascertain if the DTP vaccine yields benefits. Among 3–5-month-old children, having received DTP (± OPV, Oral Polio Vaccine) was associated with a mortality hazard ratio (HR) of 5 compared with not-yet-DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP-only and no OPV (HR = 10). All-cause infant mortality after 3 months of age increased after the introduction of these vaccines (HR = 2.12) [45].

Similar issues have been experienced also in Europe, for example with the HPV vaccine [46],[47],[48],[49],[50]. Safety is a major issue in many vaccines [46]. Majority of vaccines that were designed to prevent diseases caused more death and diseases than public exposures to infective agents [47],[48] questions the efficacy of the HPV vaccine. the trials themselves generated significant uncertainties undermining claims of efficacy. It is still uncertain whether human papillomavirus (HPV) vaccination prevents cervical cancer as trials were not designed to detect this outcome, which takes decades to develop. The trials used to test the vaccine may have overestimated the efficacy of the vaccine. [49] reviewed HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. HPV vaccine clinical trial design, and data interpretation of both efficacy and safety outcomes, were largely inadequate. selective reporting of results from clinical trials. significant misinterpretation of available data. [50] reports of serious adverse events after HPV vaccination: a critical review of randomized and post-marketing case series.

There is no need for a Covid19 vaccine, that may only deliver more damage than benefit, same as the indiscriminate restrictions to societal function imposed for no medical reason. Covid19 is not a health emergency, it is a political and economic emergency.

The World Health Organization and the GAVI Vaccine Alliance have the same top contributor, the Bill and Melinda Gates Foundation [51],[52]. The direct and indirect (through GAVI) contribution to the WHO is the world's largest, well above the US or the UK[51]. The contribution to GAVI has been USD 4.1 billion total to-date, 1.6 billion for the latest period 2016-2020 [52]. GAVI and Microsoft are in between the major partner of the ID2020 digital ID alliance [53]. The director-general of the World Health Organization was formerly a GAVI board member [54]. This is an indication of an unacceptable conflict of interest, that may promote a solution welcomed by a few individuals and corporations to apply to everybody.

Finally, it must be noticed that there are no reliable tests for the novel coronavirus Covid19 virus, and the PCR test is everything except than the "gold standard" in testing for Covid19, as it does not make any difference in between new and old coronaviruses, and does not provide any indication of the severity of the infection. The PCR test is a sample of cells that amplifies any DNA to look for "viral sequences". Taking a very tiny amount of DNA and growing exponentially until the analysis is possible suffers from contaminations in the sample that are also amplified. Additionally, looking for partial viral sequences, not whole genomes, identification of a single pathogen is troublesome. Thus, this test may only tell if the viral sequence is related to the huge family of coronaviruses. The other major issue of the PCR is that this test does not give any indication of the viral load. The viral load is the most relevant aspect, as having only a few viruses, usually will not cause illness, or make spreading likely. Opposite, having many viruses, may sicken dramatically, and increase the risk of spreading exponentially. Coronaviruses are incredibly common and there are coronaviruses of many different strains.

CONCLUSIONS

No country knows the total number of Covid19 infection. We only know the infection status of those who have been tested. The counts of confirmed cases depend on how much a country tests. Without testing, there is no infection. The recent "hot spots" of Covid19 infection in Melbourne, Victoria, Australia were not an indication of more infectivity of Covid19, only an artifact of the largest number of tests performed, and the change of rules for the testing also focusing on the more disadvantaged suburbs of Melbourne.

It is important not to over-test and over-control, but to adopt measures that reduce rather than increase the risk of spreading. Unsafe over-testing and over-controlling is the reason why Victoria has moved from percentages of infected over those tested of 0.1-0.2% to values approaching 2%. The curve of the infected over the tested, the only indication significant for an epidemiologist, is trailing the novel measures introduced by the Victoria governments by almost 14 days, as a clear indication these measures are responsible for the growing percentages of infected.

Corruption is the open secret of global health. While there may certainly be somebody interested in shifting the focus from one issue to another, or enforce mass vaccination for Covid19, this should not happen. Epidemiological science should be based on the scientific method. Due to the overall low lethality and the already declining spread, a Covid19 vaccine does not seem needed, as the cons largely exceed the pros. While mainstream media and some interested parties are overrating the present status of the Covid19 outbreak, it should be clear as the health and well-being of people, political goals, and large corporate profits have nothing in common.

COMPETING INTERESTS

The author received no funding and has no conflict of interest to declare.

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