

## Corona - how real is the danger?

- Are we manipulated by misleading data?
- Are we part of a global Milgram experiment?<sup>1, 2</sup>

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### **Content:**

How often do influenza viruses occur?  
How many people fall ill with influenza every year?  
How many people die from flu infections?  
Which viruses cause influenza or flu-like infections?  
How reliable are the tests?  
The problem of misleading statistics  
The more tests the more confirmed cases  
References

### **Summary:**

Numerous reliable data and verifiable facts consistently indicate that we are at the end of a comparatively harmless, normal flu season. There is no indication for the spread of a dangerous virus or an increase in the number of sick people - on the contrary, both are declining sharply.

An increase in the number of Covid patients is only predicted on the basis of computer simulations.<sup>3</sup> However, these are based on false assumptions, therefore come to false conclusions and are even judged to be "unscientific" by experts.<sup>4</sup>

From a medical point of view, the massive restrictions on life and democratic and personal freedom are unfounded and in some cases even harmful, even if we assume there is an epidemic. For example, the probability of an infection is much higher indoors than outdoors. Consequently, all people should be encouraged to go outside as often as possible.

### **Conclusion:**

The restrictions, unprecedented since the end of monarchy 100 years ago, lead to catastrophic negative consequences in almost all areas of life, both on an individual level (existences are being destroyed) and on a social level (the social system, the health system and the economy are blown up). These enormous damages are disproportionate to the alleged dangers of a Corona epidemic, even if we had an epidemic. We therefore need to ask how long the restrictions will continue and how great the damage caused must be, until politics finally acts reasonably again.

Due to the dramatic development, the question also arises as to who bears responsibility for the deliberately caused catastrophic damage and who is liable for it. Will politicians be held responsible for their decisions?

Since there is no medical reason for the current hysteria caused by the Corona virus and therefore this cannot be used as justification for the current actions, the question arises as to why we are being led into a war, as the French President Macron put it very clearly: "Nous sommes en guerre".<sup>5</sup> Could it be that it is really not a virus, but a war rich against poor, as Warren Buffet, one of the richest persons in the world, put it clearly: "We are currently in a class struggle, my class, the rich, started the war and we are about to win".<sup>6</sup> This would fit in well with the fact that the self-employed and small businesses are being driven into bankruptcy in large numbers because of the current actions, while Amazon is hiring 100,000 new employees.<sup>7</sup>

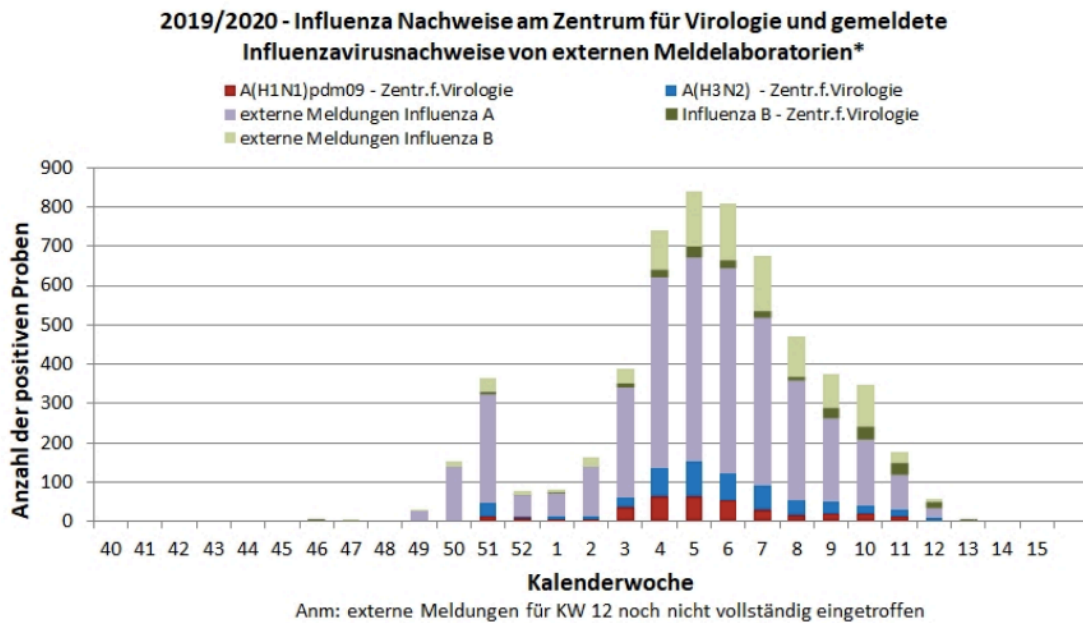
What is frightening is the willingness with which large sections of the population are subordinate to the law and have their basic rights and freedom taken away without any contradiction or even resistance. This brings back memories of the so-called Milgram experiment, which showed the extent to which people are willing to follow authoritarian instructions. (see footnote 1,2)

### **How often do influenza viruses occur?**

For many years, regular studies have been carried out to determine the frequency of viruses that can cause influenza and influenza-like respiratory infections. Based on these studies (Figs. 3 and 4), it is clear that corona viruses have always been responsible for 10-15% of the respiratory infections, although no specific diagnose has been carried out in many cases. As soon as it gets warmer in spring, their incidence decreases significantly (Fig. 1). In calendar week 11/2020, the Vienna Virological Institute writes about the current situation, in accordance with the season a "significant decrease" in the frequency of influenza causing viruses has been recorded, even though the flu season is not yet over.<sup>8</sup>

This annual decline in influenza causing viruses has occurred reliably every spring without the government restricting our democratic freedom by means of social distancing and without public life in Austria being "brought down to a minimum level" (quote from Federal Chancellor Kurz).<sup>9</sup>

Fig. 1: Frequency of flu viruses during the year



Source: Institute of Virology Vienna (see footnote 8)

### How many people get influenza or influenza-like infections every year?

Every year in winter there is an epidemic of viruses, which can cause influenza or influenza like infections. The number of people who fall ill is regularly recorded by the Austrian health agency AGES (Fig. 2).<sup>10</sup> And since the symptoms of an infection with the corona virus are the same as those of an influenza or influenza-like infection, corona sufferers are also included in these statistics.<sup>11, 12</sup> (Influenza or flu-like infections are caused by various viruses, including the corona virus, see below).

As every year, the peak in numbers of sick people was at the beginning of February. At the peak of this year's season (2019/2020), there were slightly more influenza patients in Austria than in previous years. However, there was a sharp decline afterwards, so that the number of sick people at the end of February was back to the long-term average. As every year there has been a further sharp decline in February so that we currently have only a third of sick people compared to the peak beginning of February.

This typical course of influenza patients is accompanied by the typical course of the frequency of virus diagnoses, as described above. In Germany, too, the course of the influenza season was in no way special this year, but comparable with previous years.<sup>13</sup>

At the end of February 2020, when the number of influenza patients had already fallen by 40%, the first case of the new corona virus was diagnosed in Austria.<sup>14</sup>

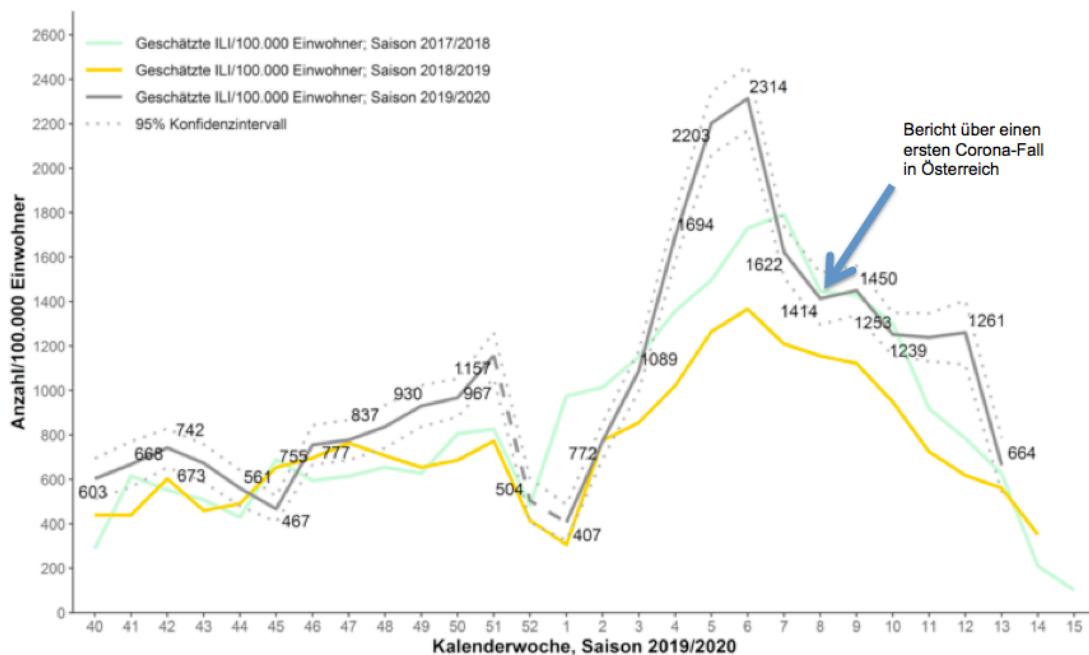
The first laboratory diagnosis of a corona virus in Austria occurred quite late in this year's influenza season, because a test for the new type of corona virus (SARS-CoV-2) was only available at that time. This means that it can be assumed that there were already people with a corona virus infection among the other patients this season, but they were not diagnosed as such. In any case, the actual corona virus patients represent only a small part of all influenza cases (Fig. 3 and 4). The relative harmlessness of the new corona

virus is also evident from the well-documented first case in Vienna. A 72-year-old seriously ill man had already spent 10 days in hospital, including intensive care, when the diagnosis of a corona infection was made. However, not a single one of the numerous hospital employees or relatives were infected: all remained healthy and the test was negative for all of them. The normal hygiene measures were apparently perfectly adequate.<sup>15, 16</sup>

However, as a result of the massive media coverage, more people with influenza symptoms see a doctor and are therefore reported, which would otherwise often be cured without a doctor and not reported. This change in reporting behaviour distorts the course of this year's flu statistics from March 2020 onwards and may lead to an apparent short-term increase or slower decrease of cases compared to previous years.<sup>17</sup>

The number of people who have fallen ill to date (week 14/2020) clearly shows that this year we have had an unusually mild influenza season, which is already in decline as expected. The data are in remarkable contrast to the numerous political statements and media reports.

Fig. 2: Number of influenza/ influenza-like illnesses per 100,000 inhabitants per calendar week, current and last 2 years, Austria



Source: Agency for Health and Food Safety (AGES)(see footnote 10)

### How many people die from influenza or influenza-like infections?

Most people recover relatively quickly after an influenza illness. But few people also die from it, especially the elderly and people who have suffered from other pre-existing health problems. The number of death cases varies from one year to another, sometimes within a huge range. In recent years mortality due to influenza has ranged between 259 and 4,436 cases in Austria

(Table 1). Thus, dramatic increases and decreases from year to year are normal. For example, from the influenza season 2015/2016 to the following season there was an almost twentyfold increase, an incredible 170%. But this did not result in any specific action of the government at the time. In the following years, mortality has also fallen sharply again, as we can see in the current season. This year there were relatively few deaths due to influenza or influenza-like infections. And since we are already at the end of the flu season (with a significant decrease in illnesses), it can be assumed that this number will not change significantly. These large normal variations must be taken into account when reading figures from Italy or other areas with a current high number, or a sharp increase in the number of infected people and death cases. In summary, the reliable mortality data from European countries do not show an extraordinary event, but a normal influenza season.<sup>18</sup>

It is also clear from the mortality data in Austria that we have had a relatively mild influenza season this year, with only 15% of deaths (Tab.1) compared to three years ago.

Table. 1: Number of deaths associated with influenza/flu-like

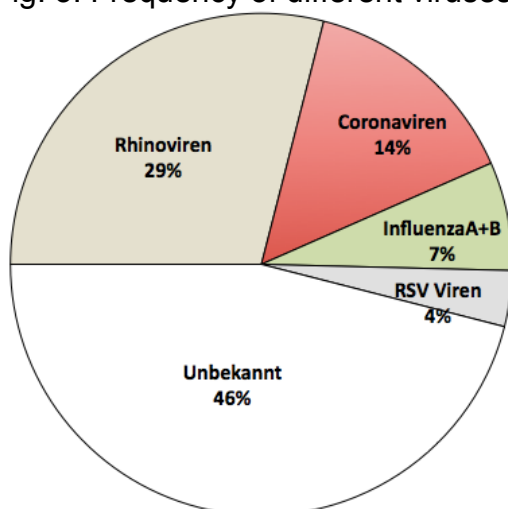
Season	Week	Estimated number of deaths associated with influenza
2015/2016	40-20	259
2016/2017	40-20	4.436
2017/2018	40-20	2.851
2018/2019	40-20	1.373
2019/2020	40-07	643

Source: Agentur für Gesundheit und Ernährungssicherheit (AGES)<sup>19</sup>

### Which viruses cause influenza or influenza-like infections?

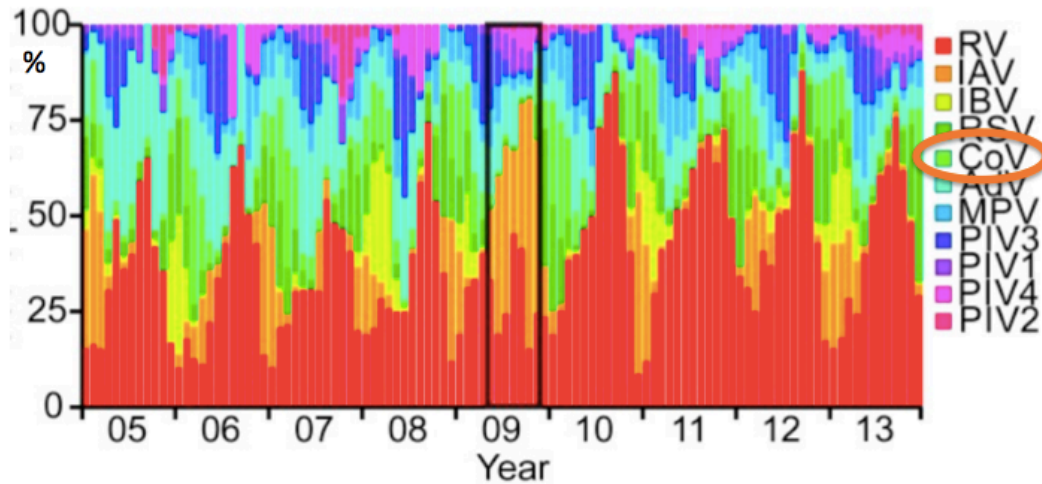
Influenza is caused by various viruses, which can also change from year to year. Among the 'normal' influenza viruses, corona viruses are also frequently found, as studies in recent years have shown (Fig. 3 and 4)

Fig. 3: Frequency of different viruses causing respiratory infections



Source: after Nicholson et al.<sup>20</sup>  
RSV = Respiratory syncytial virus

Fig. 4: Frequency of different viruses in respiratory infections



Source: after Nickbakhsh et al.<sup>21</sup>  
RV = rhinoviruses; IAV = influenza A virus (H1N1 and H3N2); IBV = influenza B virus; RSV = respiratory syncytial virus; CoV = human coronaviruses; AdV = human adenoviruses; MPV = human metapneumovirus; PIV3 = parainfluenza 3 virus; PIV1 = parainfluenza 1 virus; PIV4 = parainfluenza 4 virus; PIV2 = parainfluenza 2 virus.

If the influenza causing viruses were the same every year, most people would have developed antibodies against them and would be protected against another illness. However, since these viruses often change slightly and can therefore not be recognized by the antibodies against other (older) viruses, they can reinfect people every year. This is a major difference to other diseases, such as measles or mumps, whose disease-causing viruses do not change, which is why people develop lifelong immunity after a single infection.

### How reliable are the tests?

There are numerous tests for viruses that cause influenza or influenza-like disease. However, the tests for the new corona virus (SARS-CoV-2) have only been developed in recent months. Care has been taken to ensure that the tests in the laboratory can reliably distinguish the new virus from other viruses.<sup>22</sup>

However, due to the short development time, the tests have not yet been sufficiently tested for diagnosis in humans. For this reason, no one currently knows how often a test result is false positive or false negative.<sup>23</sup>

If a test is falsely positive in a person with influenza symptoms, this is less important because the patient has symptoms anyway and is treated accordingly. The situation is quite different for healthy people, those without symptoms. If they are tested and have a false positive result, actions are taken that are based solely on the (potentially false positive) test result. Recently a first study from China was published, which showed that about half of all tests in healthy people are false positive.<sup>24</sup>

This not only means a serious malpractice for the people concerned, but also that the current statistics about corona infected people are unreliable and thus not useful for health policy.

As the reliability of the various tests used in Austria is unknown, they are also not approved for the diagnosis of corona infections. The manufacturers therefore clearly and repeatedly point this out in the product information: "For study purposes only! Not to be used for diagnosis." Another manufacturer clearly states that a positive test result must necessarily be confirmed by other method. (Fig. 5 and 6)

Fig. 5: Warning of a manufacturer about the PCR test<sup>25</sup>

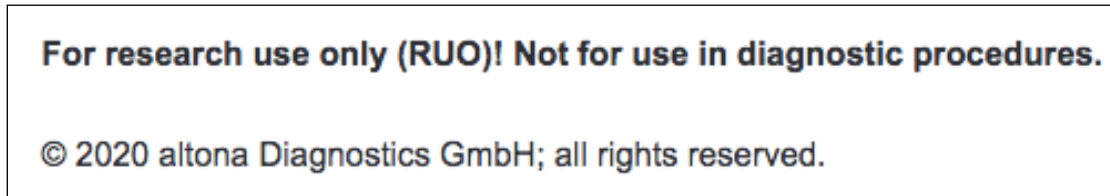


Fig. 6: Warning of a manufacturer about the PCR test<sup>26</sup>

"For research purposes only" - "Positive results must always be examined with a different test method and additional examination in a different laboratory."

Despite the unknown reliability and despite the lack of approval, these tests are used for the diagnosis of corona infections and without, as recommended by the manufacturer, confirmation by another method. On the contrary, even the official definition of the Ministry of Health is based exclusively on this unreliable and unapproved laboratory diagnosis, regardless of symptoms (Fig. 7).

Fig. 7: Case definition of the Ministry of Health, Vienna<sup>27</sup>

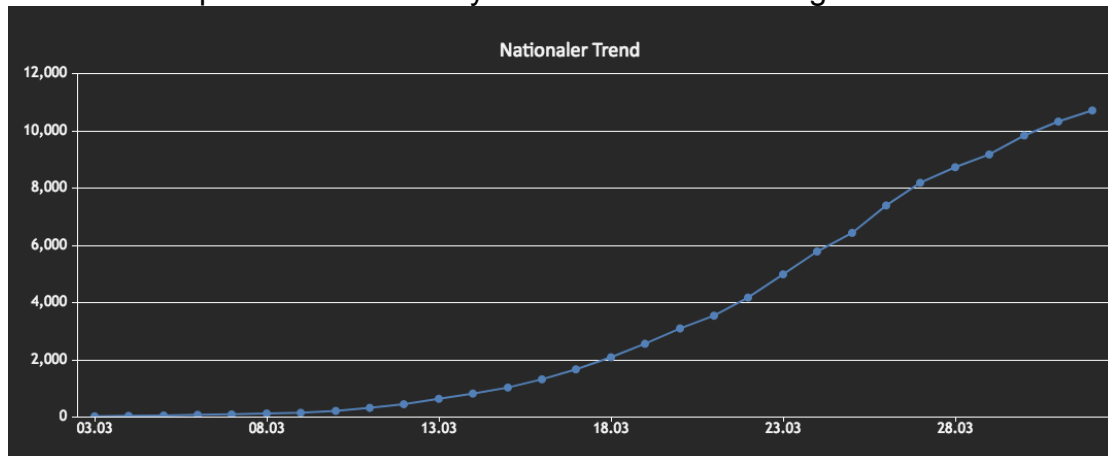
**Bestätigter Fall:** Person mit labordiagnostischem Nachweis von SARS-CoV-2, unabhängig von der Symptomatik.

From a medical point of view, such a procedure is not only nonsensical and malpractice but also results in misleading statistics.

### The problem of misleading statistics

With regard to official statements about tests and 'confirmed cases', it should be noted that the numbers are often misleadingly presented by adding up everything that has happened so far. This would make about as much sense as adding up all car accidents since the invention of the automobile. For good reason this kind of cumulative presentation is not used in science, unless you want to represent a non-existent increase in something. This is exemplified by the current figures on the homepage of the Ministry of Health<sup>28</sup>, as well as by the graphics displayed on the so-called "dashboard" (Fig. 8).<sup>29</sup>

Fig. 8: Misleading cumulative presentation of 'confirmed cases' of infection, rather than a presentation of daily new infections as in Fig. 9



Source: Ministry of Health Vienna, Official Dashboard COVID1929

### The more tests, the more confirmed cases

The problem of testing and the foreseeable increase in (partly false) positive results is already apparent when looking at the official figures (Fig. 9). (see footnote 28)

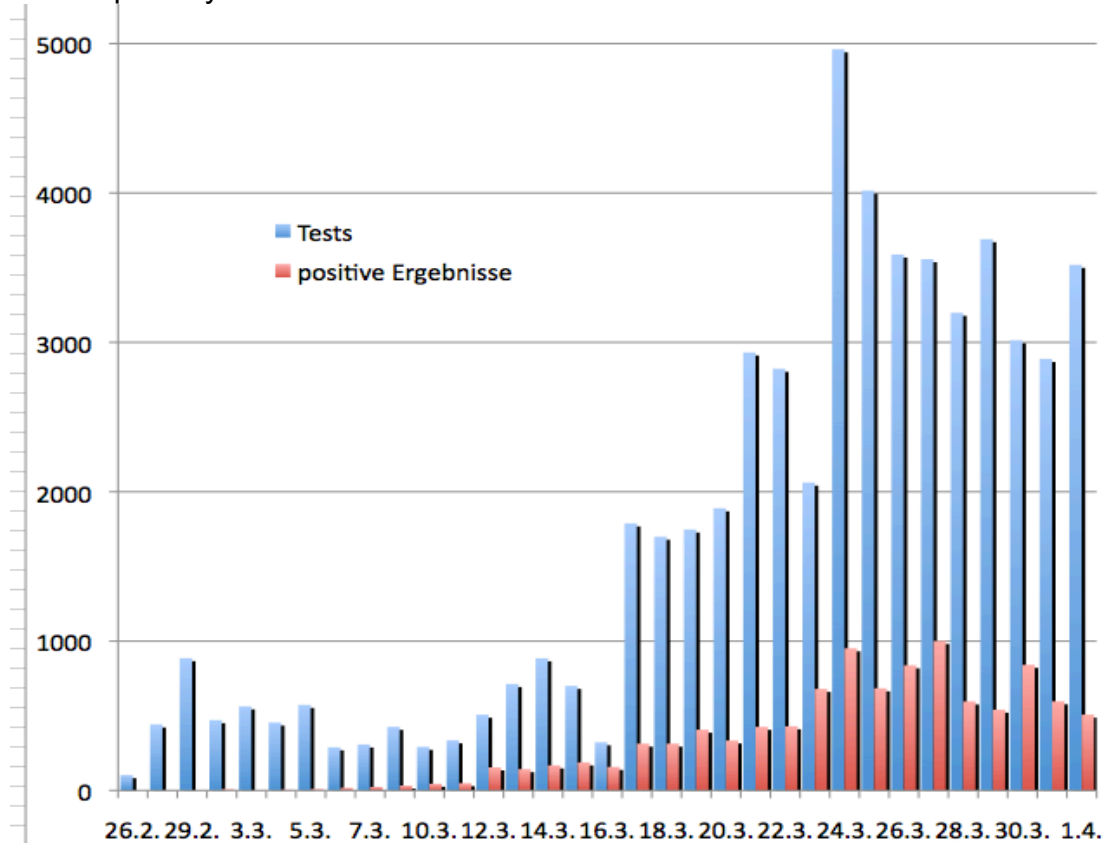
There has been a strong increase in the number of tests carried out and a comparable increase in positive results. In contrast, however, the number of actual influenza patients in Austria has continued to decrease, as it does every year at the end of the influenza season (see Fig. 2). (see footnote 28)

Due to the apparently frequent false positive results among healthy people, it is obvious that the more tests are done, the more apparently 'positive' results there are. In particular, it is not appropriate to test healthy people. Especially in view of the medically nonsensical definition of a "confirmed corona case" by the Ministry of Health, which also declares healthy people with a positive test to be a "confirmed case". (see footnote 27)

In this respect, the current government policy of massively increasing the number of tests is a self-fulfilling prophecy. This procedure will predictably lead to more apparently 'positive' corona 'cases' in the short term. However, the number of tests will have to be massively increased every day, because only a continued massive increase in testing will lead to a further increase in positive results. As soon as the number of tests does not increase any longer, the positive results will also stagnate or even decrease, as we have seen in the development since March 24th (Fig. 9).



Fig. 9: Number of tests carried out for the new corona virus and positive results per day



Source: according to data of the Ministry of Health, Vienna (see footnote 28)

If, instead of the misleading cumulative statistics, one chooses the serious and otherwise always used scientific presentation and shows the figures per day or per week, it becomes immediately clear that the current spread of the corona virus is absolutely harmless and corresponds to what one would expect at the end of a flu season.

Moreover, the data only show the frequently claimed "exponential increase" by experts if the misleading cumulative presentation is used.<sup>30</sup> If a serious presentation of the daily new infections is made, it is clear that the numbers of those tested positive are at a very low level and depend on the number of tests done (Fig. 9).

The problem that the large number of tests lead to a large number of positive results becomes also clear when comparing different regions within Austria. In Tyrol, for example, 36 percent of all Austria-wide tests were carried out, although only about 8.5 percent of the population lives there. In the two provinces with the largest populations, Lower Austria and Vienna, significantly fewer tests have been carried out to date. The extraordinarily high number of tests carried out and consequently frequent (sometimes false positive) results have led to Tyrol being incorrectly considered a "hotspot" for the corona virus and being quarantined.

This means that in Tyrol, these drastic measures were not taken because there are so many people who are actually ill or die, but exclusively because

an inaccurate and unauthorised test was used more frequently - and predictably, often produced a (false) positive result.

Günter Weiss, Director of the Innsbruck University Clinic for Internal Medicine II, confirmed that the tests are done in Tyrol more frequently than elsewhere in Austria. The high number of “confirmed” cases in Tyrol and the high number of tests are mutually dependent on each other: "With broader testing, the numbers naturally go up as well".<sup>31</sup>

In view of these data, it is incomprehensible that the government and the Austrian health agency AGES still want to carry out more tests.

## Conclusion

All available data show that we are at the end of a normal harmless flu season. There is no sign of an epidemic of sick people. Only the results of an unreliable and unapproved test can lead to this (wrong) impression if the statistics are presented in a misleading way. Consequently, there is no medical justification for the massive restrictions imposed by the government. However, the question arises as to the responsibility for the massive damage that has been caused as a result.

## References

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<sup>1</sup> In dem Milgram-Experiment wurde die Bereitschaft durchschnittlicher Personen getestet, autoritären Anweisungen Folge zu leisten.

<https://de.wikipedia.org/wiki/Milgram-Experiment>

<sup>2</sup> Milgram-Experiment: Gehorsam bis zum bitteren Ende, Kurier, 20.03.2017, <https://kurier.at/wissen/wiederholung-des-milgram-experiments-gehorsam-bis-zum-bitteren-ende/252.589.054>

<sup>3</sup> TU Wien, „mit Computermodellen gegen COVID19“, 11.3.2020, [www.tuwien.at/tuwien/aktuelles/news/news/solidaritaet-statt-panik-mit-computermodellen-gegen-covid19](http://www.tuwien.at/tuwien/aktuelles/news/news/solidaritaet-statt-panik-mit-computermodellen-gegen-covid19)

<sup>4</sup> Direktor des Wolfgang-Pauli-Instituts in Wien am 26.3.2020, [www.derstandard.at/story/2000116189812/wiener-forscher-weitere-massnahmen-verschaerfung-nicht-sinnvoll](http://www.derstandard.at/story/2000116189812/wiener-forscher-weitere-massnahmen-verschaerfung-nicht-sinnvoll)

<sup>5</sup> « Nous sommes en guerre » : le verbatim du discours d’Emmanuel Macron, Le Monde, 16.3.2020, [www.lemonde.fr/politique/article/2020/03/16/nous-sommes-en-guerre-retrouvez-le-discours-de-macron-pour-lutter-contre-le-coronavirus\\_6033314\\_823448.html](http://www.lemonde.fr/politique/article/2020/03/16/nous-sommes-en-guerre-retrouvez-le-discours-de-macron-pour-lutter-contre-le-coronavirus_6033314_823448.html)

<sup>6</sup> Warren Buffet: „There’s class warfare, all right, but it’s my class, the rich class, that’s making war, and we’re winning.” – New York Times, 26. Nov. 2006, [www.nytimes.com/2006/11/26/business/yourmoney/26every.html](http://www.nytimes.com/2006/11/26/business/yourmoney/26every.html)

<sup>7</sup> The Amazon blog, 16.3.2020, „Amazon ramps hiring, opening 100,000 new roles to support people relying on Amazon’s service in this stressful time“, abgerufen unter: <https://blog.aboutamazon.com/operations/amazon-opening-100000-new-roles>

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<sup>8</sup> „Es konnten nur noch in 28% der eingesendeten Sentinelproben Influenzaviren nachgewiesen werden. Dies zeigt einerseits den deutlichen Rückgang der Influenzavirusaktivität in Österreich, andererseits zeigt dies auch, dass Influenzaviren nach wie vor in Österreich zirkulieren.“,

[www.virologie.meduniwien.ac.at/wissenschaft-forschung/virus-epidemiologie/influenza-projekt-diagnostisches-influenzanezwerk-oesterreich-dinoe/aktuelle-saison-20192020](http://www.virologie.meduniwien.ac.at/wissenschaft-forschung/virus-epidemiologie/influenza-projekt-diagnostisches-influenzanezwerk-oesterreich-dinoe/aktuelle-saison-20192020)

<sup>9</sup> Bundeskanzler Kurz am 10. März, <https://orf.at/stories/3157771>

<sup>10</sup> Influenza-Surveillance-System, Agentur für Gesundheit und Ernährungssicherheit (AGES), Wien, [www.ages.at/themen/krankheitserreger/grippe/saison-201920](http://www.ages.at/themen/krankheitserreger/grippe/saison-201920)

<sup>11</sup> Falldefinition SARS-CoV-2, Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, Wien,

[www.sozialministerium.at/Themen/Gesundheit/Uebertragbare-Krankheiten/Infektionskrankheiten-A-Z/Neuartiges-Coronavirus.html](http://www.sozialministerium.at/Themen/Gesundheit/Uebertragbare-Krankheiten/Infektionskrankheiten-A-Z/Neuartiges-Coronavirus.html)

<sup>12</sup> „akute respiratorische Symptome jeder Schwere“, Robert Koch Institut, Berlin, [www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Falldefinition.pdf?\\_\\_blob=publicationFile](http://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Falldefinition.pdf?__blob=publicationFile)

<sup>13</sup> Influenza-Wochenbericht des Robert Koch Instituts, Berlin, [https://influenza.rki.de/Wochenberichte/2019\\_2020/2020-12.pdf](https://influenza.rki.de/Wochenberichte/2019_2020/2020-12.pdf)

<sup>14</sup> Erster Coronavirus-Fall, ORF, 25. Februar 2020,

<https://tirol.orf.at/stories/3036250>

<sup>15</sup> Erster bestätigter COVID-19-Fall in der Krankenanstalt Rudolfstiftung, KAV, Wien, [www.wienkav.at/kav/gd/ZeigeAktuell.asp?ID=26818](http://www.wienkav.at/kav/gd/ZeigeAktuell.asp?ID=26818)

<sup>16</sup> Coronavirus: Alle getesteten Mitarbeiter negativ, 28.2.2020, Krone, [www.krone.at/2107174](http://www.krone.at/2107174)

<sup>17</sup> Influenza-Wochenbericht Kalenderwoche10/2020, Robert Koch Institut, Berlin, „Insbesondere in Nordrhein-Westfalen zeigte sich in der 10. KW 2020 ein Anstieg der ARE-Aktivität und der Influenzameldungen, der mit der erhöhten Aufmerksamkeit wegen COVID-19 zusammenhängen könnte.“,

[https://influenza.rki.de/Wochenberichte/2019\\_2020/2020-10.pdf](https://influenza.rki.de/Wochenberichte/2019_2020/2020-10.pdf)

<sup>18</sup> European Mortality Monitoring

[www.euromomo.eu/outputs/zscore\\_country\\_total.html](http://www.euromomo.eu/outputs/zscore_country_total.html)

<sup>19</sup> Geschätzte Anzahl der Todesfälle, assoziiert mit der saisonalen Influenza, Agentur für Gesundheit und Ernährungssicherheit (AGES), Wien,

[www.ages.at/themen/krankheitserreger/grippe/mortalitaet](http://www.ages.at/themen/krankheitserreger/grippe/mortalitaet)

<sup>20</sup> Nicholson et al. Acute viral infections of upper respiratory tract, BMJ 1997;315:1060–4

<sup>21</sup> Nickbakhsh et al. Temporal patterns of viral respiratory infections detected among patients in Glasgow, United Kingdom, 2005 to 2013. PNAS December 26, 2019 116 (52) 27142-27150; [www.pnas.org/content/116/52/27142.long](http://www.pnas.org/content/116/52/27142.long)

<sup>22</sup> „Cross-reactivity with other respiratory viruses was tested with specimens known to be positive for a panel of respiratory viruses“, [www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6\\_2](http://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2)

<sup>23</sup> Jeder Test hat eine begrenzte Zuverlässigkeit und gibt deshalb eine gewisse Anzahl an fälschlicherweise positiven oder fälschlicherweise negativen Ergebnissen. Um die Zuverlässigkeit eines Tests beurteilen zu können, müssen diese Daten bekannt sein. Im vorliegenden Fall des Corona-Tests sind diese beiden Werte jedoch unbekannt,

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bzw. werden teilweise erst jetzt publiziert. Siehe die folgende Referenz: See: footnote 24

<sup>24</sup> „Conclusions: In the close contacts of COVID-19 patients, nearly half or even more of the 'asymptomatic infected individuals' reported in the active nucleic acid test screening might be false positives.“

[https://pubmed.ncbi.nlm.nih.gov/32133832/?fbclid=IwAR3LHLplRtmPZED3jt\\_Hjf2ZKysmDcXMU5LgVgNPcqNAtb9EzcQBKMtCIoI](https://pubmed.ncbi.nlm.nih.gov/32133832/?fbclid=IwAR3LHLplRtmPZED3jt_Hjf2ZKysmDcXMU5LgVgNPcqNAtb9EzcQBKMtCIoI)

<sup>25</sup> Altona Diagnostics, Hamburg, Instructions for Use: RealStar® SARS-CoV-2 RT-PCR Kit 1.0, 03/2020

[https://altona-diagnostics.com/files/public/Content%20Homepage/-%202002%20RealStar/INS%20-%20RUO%20-%20EN/RealStar%20SARS-CoV-2%20RT-PCR%20Kit%201.0\\_WEB\\_RUO\\_EN-S02.pdf](https://altona-diagnostics.com/files/public/Content%20Homepage/-%202002%20RealStar/INS%20-%20RUO%20-%20EN/RealStar%20SARS-CoV-2%20RT-PCR%20Kit%201.0_WEB_RUO_EN-S02.pdf)

<sup>26</sup> „for research use only“ - „Samples tested positive should always be confirmed through complementary methods and additional analysis in an independent laboratory.“ - Procomcure Biotech GmbH, Thalgau, Produktinformation zu PhoenixDx®2019-nCoV

<https://shop.procomcure.com/wp-content/uploads/2020/02/Manual-PhoenixDx-2019-nCoV.pdf>

<sup>27</sup> Definition des Gesundheitsministeriums für einen bestätigten Fall einer Infektion mit SARS-CoV-2: [www.sozialministerium.at/Themen/Gesundheit/Uebertragbare-Krankheiten/Infektionskrankheiten-A-Z/Neuartiges-Coronavirus.html](http://www.sozialministerium.at/Themen/Gesundheit/Uebertragbare-Krankheiten/Infektionskrankheiten-A-Z/Neuartiges-Coronavirus.html)

<sup>28</sup> Information zum Coronavirus, Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, Wien, [www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-\(2019-nCov\).html](http://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-(2019-nCov).html)

<sup>29</sup> Amtliches Dashboard COVID19, Gesundheitsministerium, Wien, <https://info.gesundheitsministerium.at>

<sup>30</sup> Agentur für Gesundheit und Ernährungssicherheit (AGES), „Die Zahl der Covid-Fälle erhöht sich derzeit exponentiell.“, [https://science.apa.at/site/medizin\\_und\\_biotech/detail?key=SCI\\_20200319\\_SCI45011703453801960](https://science.apa.at/site/medizin_und_biotech/detail?key=SCI_20200319_SCI45011703453801960)

<sup>31</sup> Günter Weiss, Direktor der Innsbrucker Universitätsklinik für Innere Medizin II am 20.3.2020 im ORF, <https://tirol.orf.at/stories/3040144/>