

Coronavirus Epidemic in America? Can We Trust the Data? How Much Does it Cost to Get a COVID-19 Test?

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Region: [USA](#)

Theme: [Science and Medicine](#)

*So much discussion among virologists regarding the number of COVID-19 “confirmed cases” in the USA. The fact of the matter, is that the existing data base under the helm of the CDC is totally unreliable. Why? Because people across America **cannot afford to pay for the corona virus test**. Which means that millions of Americans who might have the COVID-19 virus are simply not accounted for.*

[The latest figures from the CDC \(March 27, 2020\)](#) suggest that at least **85,356 people** are “known to have been infected” with the coronavirus. There are at the time of writing more than 1,246 recorded deaths in the US attributed to the coronavirus. (ie. more cases than in China or Italy).

COVID-19: U.S. at a Glance*

- Total cases: 85,356
- Total deaths: 1,246
- Jurisdictions reporting cases: 54 (50 states, District of Columbia, Puerto Rico, Guam, and US Virgin Islands)

* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

Where and How do they collect the data?

The CDC refers to “Reported Cases”: It lumps “presumptive cases” with “confirmed cases” of COVID-19. It is an absolute mess with regard to categorization and integration of local, State and federal data collection.

The presumptive positive data does not confirm coronavirus infection: Presumptive testing involves “chemical analysis of a **sample** that establishes **the possibility that a substance is present**”(emphasis added). But it does not confirm coronavirus infection. Yet the CDC adds it to the “confirmed cases” category.

The presumptive test must then be sent for confirmation to an accredited government health lab.

A confirmatory testing implies “identification of the specific substance [coronavirus] through further chemical analysis.”

It is worth noting that the WHO does not tabulate presumptive data, which means that the CDC data is totally at odds with the criteria of the WHO. It is what we might call sloppy statistics.

Millions of Americans simply cannot afford to pay for the test, which means that the official data is totally unreliable. And if they are infected, they cannot afford followup medical treatment.

The richest country on planet earth does not have a public health system. **It follows that there are many COVID-19 tested (positive) cases which then go untreated, thereby contributing to the relentless transmission of the virus.**

Coronavirus Testing

In an essentially private healthcare system, can I afford to get the test? And if I get the test, will I be treated and can I afford the treatment.

And assuming you are able to afford the test, will this be followed by treatment, and will it help in deterring the spread of the virus.

In Florida, the going rate for a COVID-19 test in early February (at the outset of the WHO public health emergency) in a private clinic was of the order of \$3000 and it was not always covered by your insurance company.

Since then the price has gone down. The price of the COVID-19 virus test is according to reports between \$100 and \$250 for uninsured persons in California.

More recently, the US Congress has promised that it will cover the costs of the tests, but you could still “face high bills” for medical services.

The Harvard Business Review says we need a “cheap way” to diagnose the coronavirus. But is a “cheap test” a “reliable test”? And does it ensure the patient with immediate followup treatment.

For people who are under lockdown and who have been out of a job for the last month, and who have to pay their mortgages and buy food, what is left over for emergency medical expenses?

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