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Letter to the Editor

Review of the article on "The Rate of Underascertainment of Novel Coronavirus (2019-nCoV) Infection: Estimation Using Japanese Passergers Data On Evacuation Flights"

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According to the article "The Rate of Under ascertainment of Novel Coronavirus (2019-nCoV) Infection: Estimation Using Japanese Passengers Data on Evacuation Flights" on February 4, 2020, there are logical fallacies. In this article, many assumptions are based on author's own simple and optimistic view of the virus without any solid real world evidence. The first assumption is that "human migration on the epidemic dynamics of 2019-nCoV will be soon visually identifiable"; here, the author is basically quoting his previous article as the resource to support this statement without any case study or statistical facts to support this statement. The author did not explain "identifiable" in term of molecular structure. Again, the author has ignored the validity issue of under-reporting issue.

Second, the statistical estimation section, the author reapplied the evacuation sample size conducted by Japanese authorities with N=565, of which 63 were symptomatic. The detection window for this particular virus is ranged from 3.6 to 10-days. However, some cases reported with over 40-days of detection window. Thus, the estimation of the infection incidence rate is understated.

Finally, there is the issue of "information asymmetry from the Chinese government data when analyzing the confirmed case data". The author again assumed that about 9.2% of cases have been diagnosed and reported by the Chinese government. Nevertheless, it is a statistical reliability issue. The article concluded that the "actual risk of death is therefore 0.3 to 0.6% among all infected individuals.....which may be comparable to the Asian influenza pandemic of 1957-1958". The author did not mention that we do have vaccine for Asian influenza. Again, the conclusion is repetitive with the same fallacy. At this time, we do need additional verifiable information or possible link from China from its earliest outbreak, which might trace back as early as October of 2019 for further scientific investigation by independent third party agency.

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