Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

COVID-19—a very visible pandemic

Johan Giesecke's[1] many claims lead to two concepts. First, that lockdowns were bad, with the Swedish way being the best approach to the pandemic; and second, that everyone in the world would get COVID-19 in a thinly veiled argument that herd immunity was the only way that the virus would be controlled.

During April and May, 2020, Giesecke became somewhat of a celebrity in the UK and elsewhere, giving interviews that promoted these arguments. Giesecke's letter specifically stated that PCR tests and assumptions had shown that 20–25% of Stockholm was infected already, that serology tests were already supporting this conclusion, and that 98–99% of people infected did not know it. These ideas, espoused by Giesecke and his colleagues at the Public Health Agency of Sweden have sparked protests around the world where many raise signs calling for an approach like Sweden's and no lock-ins.

In fact, when representative testing was published in Stockholm, the results indicated only a 7·3% infection rate,[2] although the health authority continues to debate this. This number is, however, consistent with infection rates of about 5% reported across Spain at the time,[3] and those reported in the news for France and Belgium.

Importantly, despite the low infection rate, the death rates in Sweden are considerably higher than those of its neighbouring countries and approximately 30 countries around the world that enforced lockdown rapidly and now are making use of testing, tracing, isolation, and masks to control the disease. The Swedish experiment has failed, but what is the cost? The death rate is much higher in countries (1) that delayed lockdown, (2) where posters calling for an approach like Sweden's arguably led to people in these countries (eg, Brazil and the USA) attempting to follow the Swedish approach to the pandemic, and (3) that were released from lockdown early by their government. It is indeed difficult to calculate, but the increased death toll from following advice from Giesecke and the Public Health Agency of Sweden is going to be substantial around the world. The attempt to reach herd immunity, and the public promotion of herd immunity to others, has cost many lives.

Giesecke[1] stated that "our most important task is not to stop spread, which is all but futile, but to concentrate on giving the unfortunate victims optimal care". He also declared no competing interests. Is it important that he has some serious conflicts of interest that might or might not drive his ideas? Although he reports his affiliation as a professor at the Karolinska Institute, he was (and still is) a paid consultant of the Swedish health agency supporting the COVID-19 response.[4]

I declare no competing interests.

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This online publication has been corrected. The corrected version first appeared at thelancet.com on August 10, 2020