

(English version)

**Question for written answer E-000205/26
to the Commission
Gerald Hauser (PSE)
(20 January 2026)**

Subject: Officially ordered falsification of COVID-19 mortality statistics

The letter with protocol number 0039342-B was officially sent by the South Tyrol Health Authority on 22 March 2020 to all general practitioners in South Tyrol. In the letter, the doctors were officially instructed to automatically classify as COVID-19-related mortalities all home mortalities occurring during the COVID-19 pandemic as a result of flu symptoms and bronchopulmonary diseases.

This constituted a de facto instruction to the doctors in South Tyrol to falsify medical diagnoses of deceased patients. This led to deliberate manipulation and artificial inflation of statistics on the COVID-19 cases in South Tyrol — and thus in Italy. The letter was also sent to the senior management of the local health unit, as well as to the regional emergency dispatch centre.

1. Did the Commission issue identical or similar instructions, recommendations or agreements to Italy or other Member States?
2. What measures does the Commission intend to take to investigate, punish and correct the uncovered officially ordered falsification of medical diagnoses and the resulting manipulation of the COVID-19 mortality statistics in Italy, and consequently in the EU?
3. What does the Commission intend to do, now that the officially ordered falsification of diagnoses and medical statistics has been exposed, to prevent future reoccurrence of such scandals in Italy and other Member States, given that this directly affects the European Health Data Space (EHDS)?

Submitted: 20.1.2026

**Answer given by Mr Várhelyi on behalf of the European Commission
(7 April 2026)**

1. The Commission did not issue guidance about the use of ICD-10 codes, — the International Classification of Diseases, Tenth Revision, Clinical Modification ⁽¹⁾ — for classifying deaths as due to COVID-19. The European Centre for Disease Prevention and Control (ECDC), in order to facilitate surveillance of the disease at EU-level, issued COVID-19 surveillance guidance ⁽²⁾. EU-level reporting to the ECDC was carried out by collecting data on the basis of definitions established at national level.
2. The investigation, and correction of doubtful medical diagnoses and statistics in a specific Member State falls within the competence of that Member State.
3. As regards secondary use of personal electronic health data, the European Health Data Space Regulation ⁽³⁾ focuses on making existing data available cross-border, and on making data quality transparent. It does not regulate the collection of data at source.

⁽¹⁾ <https://www.cdc.gov/nchs/icd/icd-10-cm/index.html>.

⁽²⁾ <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-surveillance-guidance.pdf>.

⁽³⁾ Regulation (EU) 2025/327 of the European Parliament and of the Council of 11 February 2025 on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847, OJ L, 2025/327, 5.3.2025, ELI: <http://data.europa.eu/eli/reg/2025/327/oj>.