

(English version)

**Question for written answer E-000367/26
to the Commission
Gerald Hauser (PSE)
(29 January 2026)**

Subject: Low COVID-19 mortality rates in Finland and Estonia

The article ‘Hydrothermotherapy in prevention and treatment of mild to moderate cases of COVID-19’ ⁽¹⁾ puts forward the hypothesis that regular heat treatments such as saunas or hot baths stimulate the body’s own immune response and could have contributed to the significantly lower COVID-19 mortality rates in Finland and Estonia in comparison to the rest of Europe. According to data provided by the European Centre for Disease Prevention and Control on 11 June 2020, the European average at that time was 226.7 cases per 100 000 inhabitants, with a standard deviation (SD) of 186. Countries with low COVID-19 mortality rates (Finland and Estonia) were then excluded from the statistics, bringing the average up to 232.9 cases per 100 000 (SD: 191). Finland and Estonia’s COVID-19 mortality rates were significantly lower than the European average (per 100 000: Finland 5.9, Estonia 5.2, the rest of Europe 18.3).

1. What COVID mortality statistics did the Commission use and were all countries accounted for in the official statistics?
2. Why did the Commission not publicly promote regular sauna and hydrothermotherapy treatments, which seem to have contributed to lower mortality rates, instead concealing information on low COVID-19 mortality rates in some countries?
3. Why were experimental vaccines prioritised and promoted over natural prevention and healing methods?

Submitted: 29.1.2026

**Answer given by Mr Várhelyi on behalf of the European Commission
(31 March 2026)**

Data on COVID-19 mortality were updated and publicly reported by the European Centre for Disease Prevention and Control (ECDC) on a daily basis at the beginning of the pandemic. Those data reflected the rapid data collected by ECDC from the individual Member States. All countries that made these data available were included in the statistics at any time.

The vaccines used during the COVID-19 pandemic ⁽¹⁾ went through rigorous testing in clinical trials to prove their safety and efficacy and have been authorised on the basis of a positive risk/benefit balance. The approval process used in the EU is described on the European Medicines Agency (EMA) website ⁽²⁾.

It is estimated that COVID-19 vaccination prevented 2.5 million deaths during the pandemic globally ⁽³⁾ and 1.6 million in Europe ⁽⁴⁾, mostly among older adults.

The Commission would like to note that the article on ‘Hydrothermotherapy’ referenced in the question is described by the authors as a hypothesis report and not a study of cause and effect ⁽⁵⁾.

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC7668174/>

⁽¹⁾ <https://www.ema.europa.eu/en/human-regulatory-overview/public-health-threats/coronavirus-disease-covid-19/covid-19-medicines/covid-19-vaccines-key-facts>.

⁽²⁾ <https://www.ema.europa.eu/en/human-regulatory-overview/public-health-threats/coronavirus-disease-covid-19/covid-19-public-health-emergency-international-concern-2020-23/covid-19-vaccines-development-evaluation-approval-monitoring>.

⁽³⁾ <https://jamanetwork.com/journals/jama/fullarticle/2837831#250554726>.

⁽⁴⁾ <https://pubmed.ncbi.nlm.nih.gov/39127051/>.

⁽⁵⁾ <https://pmc.ncbi.nlm.nih.gov/articles/PMC7668174/>.