

Twitter Thread by John

John

@udarnik



I am bookmarking this.

For all the stupid motherfuckers out there arguing that (and I quote this figure from some stupid motherfucker arguing with me) 99.97% of people will be fine.

\U0001f9f5For months, healthcare professionals have been hanging on to the guardrails of the top deck of the Titanic.

We have been screaming at the top of our lungs that there is an iceberg dead ahead and begging the captain to turn the wheel.

We have had other passengers who are

— Kari Jerge, MD, FACS (she/her) (@kari_jerge) November 29, 2020

First of all: your math is wrong. The 10:1 assumption on symptomatic to asymptomatic cases is just that: an assumption. Maybe true in NY and NJ, likely not elsewhere ... yet.

Second, just sticking to cases, and not stopping tom punch holes in the "a quarter of Americans have had it, so HERD IMMUNITY, YAY!!!" complete and utter horse shit you're peddling, we we had 143K new cases yesterday, and that's *without* the Thanksgiving surge in 5-7 days hence.

Let's be really generous and unrealistic and say that 2% of COVID *cases* end up in the ICU.

We currently have about 65K COVID cases hospitalized and 17K of those are in the ICU.

Confidence intervals of median ICU stay in the best studies we have are 5 - 19 days. One study showed 25% of patients needing over 30 days.

<https://t.co/1Szt7A6anp>

At the unrealistic 2% number, we are currently adding 3000 future ICU patients per *day* and discharging about that many per week to two weeks.

At the more realistic 5% number, we're adding 7500 ICU patients per day.

The Thanksgiving surge is going to push us well over 200K cases / day. That is somewhere between 4000 and 10,000 future ICU cases *per day* from the 4 days this holiday.

We will have ~25,000 of our ICU beds filled, already. Probably more. There are ~85,000 ICU beds in the US. We can surge maybe another 50% - but, and I can not stress this enough, an ICU bed is FUCKING USELESS WITHOUT STAFF.

The more cases we have, the more staff will get sick.

So, now, instead of holding steady at ~150K cases per day and 3K-7.5K future ICU cases, we are going to surge to over 200K cases per day, yielding 4K - 10K ICU admissions, for the next 2 weeks because people just had to fucking kill grandma.

I mean *see* grandma.

Yeah.

The baseline was bad enough. But now we are going to add, let's use the middle figure of 7K cases per day for 2 weeks, most of whom won't be out of the hospital for over 2 weeks, with 25% of the ICU *already* taken by COVID patients.

(Broken thread, rejoining): That puts us at 98K cases. Plus my (low) estimate of 25K already in there: 123K cases.

And 150% of 85K available beds is... ~127K.

Not even getting into the fact I'm assuming uniform case distribution, and we all *know* this shit clusters...

This is just back-of-the-envelope, simple arithmetic available to all the fucking mouth-breathers arguing with people like me. It doesn't involve Bayesian stats or differential equations (though it wouldn't hurt if you knew DE, this is a salt tank problem...).

So just from the Thanksgiving surge, at the *bare* fucking minimum, we are going to saturate our ICU capacity with COVID.

And if you have some other condition requiring the ICU, too fucking bad. We had COVID fatigue, you see.

Take one for the team, dude.

I am SO goddamned sick of people cherry picking, misrepresenting and plain old making up statistics.

It's part of a pattern in modern American life that is alienating scientists like me from the general population.

We are looking at y'all in fucking horror at the best of times.

But now? Now when you're telling health care workers to their (Twitter) faces that they are lying to you? Telling experts like me we are over-blowing simple, inexorable arithmetic you can do, yourselves?

This isn't Flat Eartherism or Creationism. Lives are at stake.