Twitter Thread by Elaine Doyle



Elaine Doyle
@laineydoyle

Everyone knows that the case numbers in Ireland aren't real, right? Or rather, that they're wildly undercounted?

That we've hit a ceiling of 1700 cases per day *because that's the max no. of cases that can be confirmed* by an over-subscribed public health system, right?

Right?

Officially, Ireland had 1,754 cases of coronavirus today.

But that's not the true picture of the state of covid infection.

There's a backlog of 9000 positive swabs awaiting verification. In @ShaneHastingsIE helpful graph, that's the bit under the red line, scribbled in yellow.

To be clear: those aren't people waiting to be tested.

They're *positive swabs*. Positive results. People who went in, got a swab, and had virus was detected.

People with covid.

To be fair: NPHET are very, very clear about this. They've been flagging this for days – there's been a backlog building since just before Christmas, and only getting bigger every day.

In today's release, @President_MU added an extra statement drawing attention to the disparity.

So why aren't they included in the numbers?

@marietcasey explains: you need to double-check for duplicates. Did one person get multiple swabs? Could this be a +ve from earlier illness, since resolved?

It requires a skilled professional and it takes time.

https://t.co/oXnmX6rLFq

> Reporting takes place in Regional Departments of Public Health.
> Surveillance scientists take the data from contact tracing and input it into CIDR surveillance system. Some of this is automated, much isn't. https://t.co/cFTZcLHMvL
>
> — Dr Marie Casey (@marietcasey) January 1, 2021

Problem is: our public health system is underfunded, undervalued and under-recruited.

People like @marietcasey, @NICU_doc_salone, @DrInaKelly1, @CarolineMasonM1, @DrInaKelly1 @mac_fionn @MaiMannix @AileenKitching and many others have been crying out about this for MONTHS.

.@CarolineMasonM1 describes it, in this thread, as '20 years of neglect'.

https://t.co/OohBe6aHz2

> 1/ 20 years of neglect of the Public Health Medicine service left Ire ill-prepared for COVID. PH has been phenomenal responding with such limited human & other resources. Sounded alarm since beginning yet still @roinnslainte won\u2019t talk to IMO despite strike due 14th Jan https://t.co/yzn76Z4a8R
>
> — Caroline Mason Mohan (@CarolineMasonM1) December 20, 2020

.@NICU_doc_salone moved from Ireland to Australia just over a year ago. The contrast is stark.

As a public health consultant in Australia, he has a team of 16. His Irish colleagues have 1 or 2 ppl 'to help', no team. And unthinkably more cases to assess.

https://t.co/nSp84fTe4X

> ...in Ireland because they get treated worse than other specialist doctors in Ireland. I get very few cases of civid to manage in Oz these days, yet I have a team of 16. My Irish colleagues are managing many many more cases then me, yet a doctor in an Irish PHU might have....
>
> — Niall Conroy (@NICU_doc_salone) October 21, 2020

Specifically, the IT situation in public health is untenable. @marietcasey has described colleagues recording outbreak notes on paper. PAPER.

There is no dedicated outbreak case management IT system in Ireland. Still. 10 months into a pandemic.

https://t.co/8zfVsGhIn0

> Yip, true. Everything about this pandemic has been sad, punishing hard work and demoralising for PH. We still have to fight to be counted yet whenever cases anywhere people want more and quicker PH dr involvement. Gment ensuring everyone much less access to us in 2021 @astaines https://t.co/hL9qmxToMD

— Abbey Collins (@abbeycollins202) November 28, 2020

Let that sink in.

As a commenter pointed out above, you couldn't run a shop or a pub in this day and age without an appropriate IT system.

Yet in 21st century Ireland, in a pandemic, we're groping in the dark for want of appropriate technology.

Instead, they have what @marietcasey has called a '20 year old' system which cannot give real-time info.

Our specialists WANT to give us this info, but are held back by out-of-date & not-fit-for-purpose systems. (In a PANDEMIC!)

https://t.co/TSV3jqK1y0

> We have a 20 year old disease surveillance system (CIDR) which is not real-time. We have no outbreak management data system yet (delayed procurement). These are key enablers to real time reporting, as well as staff to collect, input, quality assure.
>
> — Dr Marie Casey (@marietcasey) September 6, 2020

(I could fill half this thread by simply typing IN A PANDEMIC!!! in all caps and with too many exclamation points, but I digress)

In a pandemic, we need to know WHAT is happening, and WHERE; we need to move at lightning speed to get ahead of the virus.

Yet our public health specialists are working with one hand tied behind their backs.

Completely mystifyingly, our public health specialists aren't given the status of consultant.

Yet, as @CarolineMasonM1 points out, they are TRAINED to be consultants.

https://t.co/PZndPX8qqK

> You\u2019re going to need at least 70 consultant contracts @DonnellyStephen, not just the one. Current proposal not seen by @IMO_IRL so no agreement on it. All of us are trained to be consultants. https://t.co/ToM2TMfcex
>
> — Caroline Mason Mohan (@CarolineMasonM1) November 29, 2020

This isn't an academic point. As @marietcasey points out (across multiple threads below), lack of consultant status hobbles her ability to do her job.

She is seen as a 'participant' rather than a 'leader', unlike public health specialists in the UK.

We need at least 70 new consultants in public medicine.

Our Minister for Health, @DonnellyStephen, has promised one. ONE.

The contracts are so crap that we had no state epidemiologist (!) for 3 years (!!) because we were unable to recruit one. Qualified candidates simply withdrew.

This is the person who would represent us at the @WHO and @ECDC_EU.

We had noone in that position for 3 bloody years

Public health specialists are at their breaking point: over-worked, working impossible hours, and trying to hold an entire pandemic response together with string. For months.

And they're about to break.

https://t.co/fPlUiiHRIz

> Things ARE appalling work-wise. There is no OOH cover for PH in parts of the country. Not alone can we not recruit to fill current positions, it\u2019s doubtful we will retain all current SPHM past Christmas - everyone has an exit strategy. What would you do?
>
> — Aileen Kitching (@AileenKitching) November 30, 2020

And so, in the middle of a PANDEMIC(!!), we may be facing a public health strike this month.

After decades of neglect, pushed beyond the brink, they've simply crumbled.

It is painful & difficult, but they are doing this FOR US, in 'a last-ditch effort to stabilise the service'.

COMPLETELY coincidentally (this has nothing to do with it, right?), public health specialists in Ireland are 80% women.

https://t.co/VM2r5a3Eng

> Yes-the \u2018public health officials\u2019 you keep hearing about are SPHMs & DPHs & they\u2019re 80% women, whatever you see on TV daily. Our work is underestimated & unseen. Hope @roinnslainte haven\u2019t underestimated our determination for next generation to get recognition we\u2019ve never have https://t.co/irdfA4pwEv
>
> — Caroline Mason Mohan (@CarolineMasonM1) December 24, 2020

Back to those numbers.

In Dec, cases of covid in Ireland began to rise steeply. Meanwhile, our public health specialists - the people charged with investigating these outbreaks & making linkages between them - work with 'silos of data with a patchwork quilt of ad hoc solutions'.

Although some aspects are automated, large amounts of data has to be *manually transferred* from one database into another.

It is slow, it is painstaking, and it is limited by the number of cases that qualified people can process in a day.

And so, for the last few days, we've been announcing an eerily similar number of cases.

30 Dec: 1718
31 Dec: 1620
1 Jan: 1754

1,754 wasn't the number of cases of covid in Ireland today. It was simply the cap on the number of cases our system could confirm.

It isn't our case number.
It's our system limit.

We have had 5,573 positive swabs in the last 24 hours.

Allowing that Quality Assurance will eventually discard about 5-10% as duplicates or otherwise invalid, that's about 5,000 new cases of covid in Ireland today.

5000 cases.
Not 1,754.

https://t.co/MoQhMgkLGW

This matters.

It matters, because @CMOIreland and @President_MU and every person connected with our pandemic response is trying to communicate the urgency of this moment.

That we NEED to stay home.
That we NEED to respond quickly beyond our current restrictions.

But how can we communicate this urgency, how can we respond with urgency, if we can't even name what is happening?

Take this excellent article from @IrishTimes, for example. The article highlights the 9000 case backlog; the headline figure is still 1,745.

This is what the front page of the Irish Times looks like.
Lots of people don't look beyond the headline.

https://t.co/yv4WCYnvf5

Can you imagine the shock value alone if the headline figure were 5000 cases today?

The conversations that would take place across the radio, tv, internet? In homes across Ireland?

And, as @andrewflood has pointed out, this number is only going to rise. GP referrals are x 10 times higher than they were at the start of December.

(Please read his entire thread)

https://t.co/3744a0Vldd

> GP referral data from @gpbuddy tells us to expect at least another day of massive positive swabs. GPs are seeing almost 10 times the number of clinically likely Covid19 cases as they were at the start of December pic.twitter.com/781rByGAhf
>
> — Andrew Flood \U0001f468\U0001f3fb\u200d\U0001f4bb\U0001f4dd\U0001f57a (@andrewflood) January 1, 2021

So where do we go from here?

1. When reporting on our daily cases, can we approximate the true number of cases while we're waiting for a backlog to clear? Can we at least say that the est. no. of cases for today was 5000, even if the true official number is yet to be confirmed?

2. Can we please throw resources at @marietcasey and her colleagues? Now, please?

We shouldn't need to strike.
GIVE THEM WHAT THEY NEED.

We owe them so much, and they are doing incredible work. Imagine what they could do if they were resourced properly!

3. Make funding our public health units an election issue. Email your representatives. Let's get noisy.

Make it so that it's not politically possible for our governments to starve our public health units, as they have done to date.

https://t.co/N4Dpt5DUjA

> Irish people need to make the public health unit system a political issue during elections, like cath labs and emergency departments. You wouldn\u2019t believe how successive governments have neglected public health units over the years because they knew they\u2019d get away with it https://t.co/9npukk8EO8
>
> — Niall Conroy (@NICU_doc_salone) January 1, 2021

Make it so that our ministers *know what public health units are* and what they do.

(And yes, that was an issue with a Minister interviewed just one month ago)

https://t.co/VxIgcDkz03

> There's a minister on the radio at the moment, in the middle of a pandemic, talking about a vaccination programme, who is mixing up the discipline of Public Health with the provision of healthcare to the public.
>
> That's....worrying.
>
> — Anthony O'Connor (@Antcon7062) December 12, 2020

Let's listen to our incredibly talented, internationally respected public health specialists & give them everything they need.

They are our line of defence before pandemics. And, as @marietcasey pointed out, pandemics are only increasing in frequency.

https://t.co/umcS0MDtFk

> What's striking is the increasing frequency of pandemics.
> Risk increasing. Public Health infrastructure not increasing in capacity or responsiveness.@vonderleyen pic.twitter.com/BGd72VmCjk
>
> — Dr Marie Casey (@marietcasey) December 29, 2020

Grim though it is to consider, Mike Ryan pointed out this week that this pandemic may not, in fact, be the big one.

If this is the planet's wake-up call, let it be Ireland's national wake-up call also.

https://t.co/jzrYQ1RZ7a

Let us invest in our public health systems.

Let us invest in our talented, over-worked, brilliant public health specialists.

Let them never be stranded like this ever again.