

Some crucial COVID-19 data are tallied almost two months late—and it's hurting our cause

ANCX

Infectious diseases and clinical pharmacology expert Dr. Benjamin Co has been thankfully breaking down coronavirus [numbers in his personal blog](#) since the outbreak started. The perspective he provides is informative, and comforting in those who are craving for a clear picture of how we are faring against the virus. Dr. Co will share daily updates and analysis of the Department of Health reported numbers with ANCX.

--

Refer to the link [DOH.gov.ph](#) or up-to-date data or to [COVID19.gov.ph](#). (The latter is not a secure site.) The new site for the Department of Health is user friendly, provides more information where a COVID19 tracker is seen. Readers can check their official site where Data Drop for raw data can be found.

One useful site is [COVID19stats](#), where one can see most of the DoH data in graph format.

Transparency and sharing of vital information is important as part of good governance. After all, these data are used as prediction models and scales in order to serve as platforms for planning in the business sector. The uncertainties are quantified and qualified so that a country is more prepared for a pandemic of this magnitude.

You may also like:

- [How not to party during the ECQ](#)
- [Latest COVID-19 figures show a lack of testing and tracing, or a poor healthcare system](#)
- [What the COVID-19 budget tracker tells us about government spending so far](#)
- [While 8,000+ tests led to a jump in new cases overnight, recoveries are up](#)

If there is no reliable and timely information provided by the health department, one cannot help but question where they are obtaining the data from and the quality of data are being shared to the public as part of public information. Selective data announcement is never encouraged because it creates disinformation when delivering news about the real situation of the outbreak in the country. Is it a deliberate concealment of data, or is it a reflection of the competency (or lack of it) of the respective agencies?

One cannot overemphasize that the only way we will beat this pandemic is if we do a more aggressive and intensive contact tracing, testing and isolation, and quarantine of those found to be positive for the virus in the community.

The DoH reported 264 new cases, 107 new recoveries and 25 new deaths. Compared to the global confirmed cases, the Philippines contributes to 0.27 percent of the cases and 0.26

percent of the deaths from COVID-19 in the world.

Two things to remember with the daily data analytics:

(1) These three parameters (new confirmed cases, new recoveries, new deaths) are not real-time data. The data provided by the Department of Health is the date of public announcement. In reality it's very, very late.

(2) Depending on where testing is done, RT-PCR test results take an average of one to two days to process. Barring any delays, all tests done should ideally be released by at least 48 hours (the earlier the better). However, the test results released from government facilities range from three to 14 days, probably due to an overwhelming number of tests being conducted when compared to private hospitals where fewer number of tests done.

The announced new cases, recoveries and deaths are the tally of reported cases of the day.



Comparison of daily new daily cases, deaths and recoveries. [There are now 2,857 closed cases.](#)

The case fatality is up at 6.64 percent (vs 6.73 percent world average vs 2.44 percent ASEAN average) and the recovery rate up at 19.4 percent (vs 37 percent world average vs 30 percent ASEAN average) for the day.

The case fatality rate of the Philippines will soon meet the world average fatality rate. (Note that a few weeks ago the CFR of the world was at 7.75 percent. With more global testing and tracing, there are now less deaths and more asymptomatic cases recorded. Even within the ASEAN region, the average death rate is lower compared to ours and the average recovery rate is higher than the Philippines). Which means only one of two things: we are not doing enough testing and tracing and/or our healthcare system is really bad. No matter how authorities try to provide excuses for the data, it keeps going back to the quality of data available.

Doubling time lets us know the number of days it takes for the confirmed cases (or death rates) to double and can be determined linearly or exponentially. A logarithmic scale is the ideal graph to use. The figure below shows that the doubling time in death rates is around 8.3 days. The growth rate of cases is now up at 2.29 percent (based on the 7-day average).

DOH Reporting

More than half (399) are posthumous results. This is the number of people who have passed away before they were declared positive for SARS-CoV-2.

One follower who was also tracking the data with me had noticed an even bigger problem with the data coming in.

Of the 114 deaths announced the past week (May 6 to 12), actual date of deaths are 21 days

ago on (the) average! Many are 30+, 40+ and even up to 52 days ago. (Thirty-seven of the 114 don't have a "Date Died" entry.)

Whereas the average latency was nine days back last month, it is getting much worse now.

07 05 to 09	Male	4/8/2020	12/3/2020 (Dead)	4/20/2020	Yes	NCR
08 00+	Male	4/8/2020	12/3/2020 (Dead)	4/20/2020	Yes	NCR
08 00 to 04	Female	4/10/2020			Yes	NCR
22 20 to 24	Female	4/21/2020			Yes	NCR
20 20 to 29	Male	3/11/2020			Yes	NCR
07 00+	Male	3/7/2020	12/3/2020 (Dead)	4/20/2020	Yes	NCR
07 00 to 09	Female	3/7/2020	12/3/2020 (Dead)	4/20/2020	Yes	NCR
21 20 to 24	Male	4/9/2020			Yes	NCR

Reporting of deaths on Data Drop of the Department of Health.

The figure above shows a snapshot of so much error being inputted. For example the first date for C129601 shows the date when he tested positive (report confirmed) on April 8, 2020. The next column shows the date of death. Is this really March 4, 2020 or was it entered wrongly? Because if he died March 4, 2020, The last column shows that it was publicly reported on April 20, 2020! The delay from death to confirmation to reporting is astounding! For patient C130591, she was lab positive on March 7, 2020. But died 12/3/2020 (would that mean that the entry was wrong and that it should have probably been 3/12/2020?). And was reported on the same day presuming that it was a wrong entry.

One snapshot with two cases as an example. If you pore through all the fields in the data drop, I'd say they just drop this altogether and probably make a secret file of their own instead of having us trying to make sense of their bungling data entry and reporting system

I cannot even understand how anyone there can even possibly make heads or tails of these reports they churn out and use it as the basis for the President or the IATF in making recommendations for lockdowns. The way the reports come out, it's like Russian roulette. We don't know when the lone bullet in the loaded gun is going to be fatal to us.

One cannot overemphasize on the need for a more timely reporting of all the data coming in. This includes all testing, deaths and recoveries. Latent reports are useless because they do not reflect the true status of the pandemic in the country and whether or not policies like the ECQ or MCQ or GCQ are actually working at all. What's happening is that we're just "guessing" that with the mitigation strategy of a lockdown, we have slowed down the number of cases in the country.

This theory is partially flawed because when the ECQ was declared, measures at how to address must have been planned and implemented immediately. In short, the government should have already plan B. While it is working toward more testing and arguably this morning the government had announced that they were not doing enough contact tracing, would now exert efforts at this, we are actually 60 days late from a plan. It makes you wonder when would be an actual date when all the data would be real time. Because as long as latent data is the basis for policy making, these policies based on poor data quality will always be flawed.

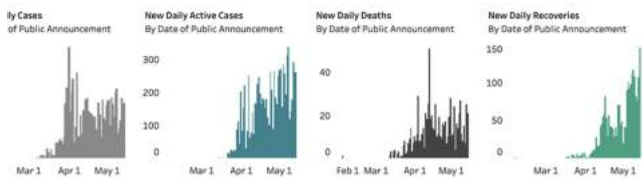
New cases per day

Of the 268 new cases announced today, all had tagged with their residence information. One hundred sixty-five (61 percent) were from the NCR, 58 (22 percent) from Region VII and 45 (17 percent) from other areas. Region-level data is accurate but cases by city are reported only for those that could be verified. There were quite a handful still for validation as of this report.

In the NCR, the breakdown is as follows: Quezon City (27), Manila (5), Parañaque (12), Makati, Muntinlupa and Malabon (2 each), Mandaluyong, Las Piñas, Valenzuela and Pateros (1 apiece), Marikina (3), Pasay (8), Taguig (11), Pasig (6), Caloocan and Marikina (3 each). There were 80 cases still for validation.

Region VII reported 46 cases in Cebu City, 5 in Cebu province, 1 in Mandaue and 6 in Lapu Lapu City.

Other areas with reports include: Oriental Mindoro (1), Zamboanga City (17), Baguio (1), Ifugao (1), Rizal (4), Laguna (5), Cavite (2), Batangas (4), Lucena (2), Cagayan de Oro (1), and Cotabato (1). The remaining are for validation.



New daily cases, death and recoveries

The DoH website update shows the bar graph (Figure 4) for daily cases, active cases, daily deaths and daily recoveries. While there has been a decline in the past 3 days on the new daily cases, there is a stable number of new cases today. The only predictable good news is the continued surge in daily recoveries. Deaths, however, remain the major indicator in how the country is able to address the outbreak considering that the Philippines is a country with a very young median age of 27.8 years.

Testing

There were no reports for tests since May 10. Today, they released the number of tests done and added that 15,373 tests were done over a two-day period.

TESTING CAPACITY											
CUMULATIVE TESTS As of May 12, 2020											
	Unique Individuals Tested	Positive Individuals	% positive / unique individuals	Negative Individuals	% negative / unique individuals	Equivocal	% equivocal / unique individuals	Invalid	% invalid / unique individuals	Total Tests Conducted	Remaining Available Tests
total	172,238	15,779	9.2%	155,829	90.5%	225	0.1%	420	0.2%	188,725	883,860

Testing Capacity in terms of number of tests done

Of the total 188,725 tests conducted so far in 172,238 persons, at least 9.2 percent (15,799) yielded positive results, with 90.5 percent negative. The remaining were equivocal or invalid and not included as part of the count. Remember, positive results is not tantamount to the number of new confirmed cases because positive cases will need to get retested until they revert to two negative results.

No matter how many tests we do per day, it is not the volume alone that matters. It is the timely release of test results. If the Philippines boasts that it can do 30,000 tests a day, let us hope that those 30,000 are released in a timely manner. The essence of testing is to do contact tracing and treat or isolate patients who are positive.

To get in touch with the Department of Health, the COVID hotline is (02)894-COVID loc 1555.

Global statistics

[Update as of 9PM 13 May 2020 \(Wednesday\)](#)

TOTAL CONFIRMED CASES: 4,355,456

TOTAL DEATHS: 293,090 (case fatality rate: 6.73 percent)

TOTAL RECOVERED: 1,610,421 (case recovery rate: 37 percent)

Total cases worldwide

Note that every reference has its own cut-off time for reporting. For the global data, [WorldOMeters](#) is used as its reference.

The total confirmed cases has passed the 4M mark as previously predicted. The average trend in the past week has averaged 100,000 new confirmed cases daily with more testing being done worldwide. At the current growth rate at least 1M new confirmed cases may be registered every 10 days. This means there is a high probability that the 5M mark will be reached on or before May 19, 2020.

Total number of recoveries has passed the 1.5M mark with significantly greater recoveries than deaths.

The United States of America continue to lead globally in the number of total confirmed cases at 1,408,636 with a case fatality rate (CFR) of 5.92 percent with 83,425 total deaths recorded. The recovery rate for the US is up at 21.1 percent. Among the states, New York leads almost 348,655 total confirmed cases and 27,175 total deaths with a CFR stable at 7.8 percent. The growth rate of new cases and deaths has slowed down significantly in New York. Almost 10 million tests have been done as of yesterday (30,017/M population).

While the United States may have the highest number of cases and number of deaths in the world, Belgium (16.29 percent), Yemen (15.69 percent), and France (14.9 percent) have the highest case fatality rates. 9 countries with more than > 50 cases AND zero (0) fatalities reported from COVID-19 are: Vietnam, Cambodia, Uganda, South Sudan, Rwanda, Madagascar, Mozambique, Central African Republic and Nepal for more than two weeks.

Iceland now has the highest case recovery rate with 98.45 percent recovered (1773 recoveries, 10 deaths in 1801 total confirmed cases). Cambodia's recovery rate remains at 98.36 percent (120 of 122 cases) with no deaths reported since their first case of COVID-19. Cambodia has had no new case since April 13, 2020.

The median average of case fatality rates worldwide is still at 6.73 percent. From the current data for the past 2-3 months, around 80-90 percent of patients are either asymptomatic or recover unremarkably. Depending on the healthcare system of the country and the risk age group (older or younger populations), the fatality rate is anywhere between 5-15 percent on the average. Recoveries far outnumber the deaths with a ratio of approximately 5.5:1.