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Editorial

DoH must disclose more info on PH Covid-testing system



By The Manila Times

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THE recent report by the Department of Health (DoH) about a new daily record high in new Covid infections (or cases) would not be so unsettling if, as a matter of policy, the Health department and the IATF-EID (Inter-Agency Task Force for the Management of Emerging Infectious Diseases) were more forthright in disclosing to the public and the media significant and important information about the testing system and the test results.

“THE DREADFUL INADEQUACY OF THE COUNTRY’S COVIDTESTING SYSTEM SHOWS UP IN BOLD RELIEF WHEN COMPARED WITH THAT OF SOUTH KOREA’S, WHERE A TRANSPARENT INFORMATION DISCLOSURE SYSTEM MAKES THE PUBLIC AWARE OF OUTBREAKS AND POTENTIAL SPREAD, DISCLOSING THE AGE, GENDER, MOVEMENT, NEIGHBORHOOD AND, EVEN SOMETIMES, THE NAME AND OCCUPATION OF NEW, CONFIRMED CASES”

As the daily media briefing of Health Undersecretary Maria Rosario Vergeire is now being conducted, the case count and particulars are just being poured on people’s heads with little context and perspective to enable better and meaningful understanding of the numbers.

Ms. Vergerie contents herself with just reciting the figures on the following: confirmed cases recoveries, new cases or infections and deaths.

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She provides no information on the new cases, which by implication means citizens or residents who have tested positive for SARS-CoV-2 during the latest testing round. There is no breakdown about the 15,310 new cases, with respect to age grouping and provenance.

With respect to deaths, again, there is no breakdown to indicate who have died or have been dying, in which age groups they belong and which age groups are luckily being bypassed, so far, by the pandemic.

No information is also offered on the testing method used. Presumably, the only test used is the the reverse transcription polymerase chain reaction (RT-PCR) test, which is regarded as the gold standard in testing but is also the subject of international controversy today.

There is no information on the subjects tested, whether they were symptomatic or asymptomatic (meaning they had no symptoms of the disease) prior to being tested.

The dreadful inadequacy of the country's testing system shows up in bold relief when we contrast it with the Covid-testing system in South Korea. Korean health officials use a transparent information disclosure system to make the public aware of outbreaks and potential spread. New confirmed cases are announced with the individual's age, gender, movement, neighborhood and, even sometimes, their last name and occupation. COVID-19 following the confirmation of the first

Belatedly, there is an attempt today by the DoH and IATF-EID to explain away the dramatic surge in cases as being the result of a time lag in the effect of the first-week enhanced community quarantine (ECQ) in Metro Manila and surrounding provinces. A medical adviser of the National Task Force Against Covid-19, Dr. Ted Herbosa, declared in a TV interview that the surge in cases is not real-time. Those who tested positive on Saturday got infected before the ECQ was enforced. Presumably, a new round of harsh controls will correct the situation.

Further, Herbosa said, the intent of the ECQ is not merely to control the pandemic, but also to protect the country's health system and prevent hospitals from running into overcapacity.

This explains nothing and is unsatisfactory. It does not address the lack of information disclosure on the country's testing system and the lack of a breakdown of the daily test results.

It also troubles us that up to now the Health undersecretary and the testing czar of the IATF-EID have not heeded our call for them to disclose how many false positives have been uncovered by our testing system. It is now the belief of many medical professionals and scientists that the RT-PCR test will ordinarily produce a good number of false positives.

There is no hiding from this reality.

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