00:00

Alright Donna Stratton Stratton Tip says I've read about the maker of the PCR test has stated it's about 50% wrong and wasn't designed for what we're using it for. Is that true? And then this.

00:13

I actually asked for this to come up because I know there's a lot of folks often when I check out the Facebook comments, there's a lot of this stuff about PCR, so PCR is the standard test for COVID-19 in Canada and Alberta and around the world.

00:30

It's it's true that. Based on how many cycles the PCR test is does on the sample that that it can generate in many cases does generate a false positive…

00:51

…defined as a sample of an individual who may have what are called viral fragments but who is not infectious or symptomatic.

01:01

So there are, I'll call them covid skeptics, who are claiming that all of the restrictive policies are being wrongly informed by exaggerated Covid case counts because of false positives through PCR testing.

01:18

So I'm not going to get into the Super technical aspects of PCR except to say that there is a reason why epidemiologists, scientists, public health experts across the world, including Doctor Fauci in the United States who has spoken about the issue of false positives. But they all recognize this as the best. Available technology for testing COVID-19.

01:44

That's not a political choice. That is a overwhelming scientific consensus.

01:50

That's .1. .2.

01:53

In a sense, I mean, who really cares about the false positives?

01:57

That they don't acknowledge when we report our daily case count in Alberta. The cases, are not all cases or that many of them are not actually people who are symptomatic or infectious?

02:15

And and so all right, that they still should take. They should still take responsible precautions and follow our self isolation requirements and monitor their symptoms and and avoid being in close contact with other people. That's just common sense.

02:28

But folks that the data points the metrics that really drive at least Alberta's policy response. Is not testing results.

02:39

It's it has nothing to do with false positives. It's real people in real hospital beds.

02:48

They're not false positives.

02:50

That is nothing to do with PCR testing.

02:52

Somebody has to go in the hospital because they cannot breathe.

02:57

Somebody who who's been so kind of knocked out by this disease that they that they can. They can barely function.

03:08

Somebody who has to be intubated in an intensive care unit.

03:12

To avoid basically being unable to breathe.

03:20

These are these are real people in real dire circumstances that require real medical care that consume real healthcare resources. And that displace other patients. Scheduled surgeries non urgent care.

03:37

If you know somebody. Whose surgery has been postponed this year in Alberta. That's not well.

03:44

It's granted in the spring. We did open up a lot of ex. A lot of dedicated covid beds, partly through postponement of surgeries.

03:56

Frankly, preparing for a worst case scenario that thankfully did not arrive.

04:02

But right now these 900 plus people who are in hospital with Covid.

04:10

These aren't fake PCR tests or false positives. They're real people.

04:15

And if we look at that, look at that line and how it went up between October, November and December.

04:21

If we did not take measures, take impose additional restrictions.

04:27

Forget about the testing.

04:29

We would end up with.

04:31

Going from nearly 1000 to 2000 to 3000, people in hospital and those all that those stories you heard about. Overflow emergency ambulatory tent hospitals. We would actually have to use those.

04:45

So please understand for those of you, but I think there are absolutely legitimate grounds work for critiquing how some of the data has been presented throughout Covid.

05:00

I do think that that using daily case numbers as defined by positive PCR tests as the core metric is is is not. I think that's a mistake.

05:14

Because there are a lot of people who are, you know, that's not the most important data. Point is what I'm trying to say.

05:20

Most important data set point is how many end up with hospital, more particularly in ICU, and that's what's driven our concern. Um?

05:28

And I guess I guess I should back up one step and say this where the PCR testing.

05:35

Is I think most useful for us.

05:39

Is this? It's an indication of where things are going because there's about a three week lag.

05:45

Between somebody becoming infected and possibly being hospitalized and this is very interesting.

05:51

While the infection fatality rate. Has come down quite significantly since last spring. Which is a good thing. More effective medical interventions and a lot of other reasons for that. That's good, but the case hospitalization rate has not come down.

06:13

So that is to say the ratio of positive PCR tests to the number of people who end up in hospitals has stayed consistent, meaning that for planning purposes and policy purposes we can draw pretty reasonable inferences about where the pressure in the healthcare system is going two or three weeks

from now, based on how many people are testing positive today, so it actually still is useful in that respect.