

Intensive care services during a pandemic: who should be driving the messaging?

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TO THE EDITOR: The coronavirus disease 2019 (COVID-19) pandemic has resulted in about 2 million infections and more than 100 000 deaths worldwide to date. It has also placed an unprecedented demand on health care systems around the world and, in some countries, the surges in infection rates have overwhelmed the capacity of health care services. The admission rates to intensive care units (ICUs) — as a proportion of patients with confirmed infection — have ranged from a little over 1% in Australia to 5% in China to 16% in Italy. Death rates have also varied from less than 0.5% in Australia to as high as 10% in some countries. These rates are also influenced by the testing criteria for infection, which differ in each country.

The ease of transmissibility, the rapidity of global spread, and a high number of deaths in the older population and in people with comorbidities have, understandably, generated much concern and anxiety among members of the public, health care workers and administrators about the appropriate way to manage the pandemic.

An area of focus has been the availability and the capacity of intensive care services in Australia. Based on a range of models from overseas and predictions of the numbers of ICU cases, several media outlets have raised the possibility of inadequate numbers of beds, equipment and staffing to look after patients in ICUs. The two peak intensive care bodies, the Australian and New Zealand Intensive Care Society (ANZICS) in collaboration with the College of Intensive Care Medicine of Australia and New Zealand (CICM), have developed guidelines for the management of patients with COVID-19.¹ In addition, they have assessed the current ICU capacity and surge capability in three domains — beds, equipment and staffing — across Australian public and private hospitals in a remarkably rapid time frame.² The results indicate clear preparedness of staff and availability of more than 2000 beds immediately and an ability to surge by another 4000 beds if required. At the time of writing, there have been less than 100 admissions to the ICU in Australia since the first case was reported on 25 January 2020.

However, despite signs of “flattening of the curve”,³ newspapers and television networks continue to highlight the prospect of ICU bed shortages across the country. A

recent report of the number of ICU admissions to New South Wales hospitals concluded that the number of ICU admissions, using two different models, could range anywhere between 5000 and 7000.⁴ A news report on 3 April 2020 highlighted the concerns of a regional Victorian hospital in Wimmera that they might receive ten to 30 cases per day, outnumbering available ICU beds by a factor of ten to one.⁵

While planning and preparation for a range of scenarios is essential, it is fundamental that any reporting is done in the context of “on the ground data”. With high rates of testing in Australia, our ICU admission rate is a real reflection of the need for ICUs. It is important to take this into consideration to provide realistic assessment and projections and also allay concerns in the community. Therefore, it is critical that the peak intensive care bodies are the ones at the forefront of these discussions and updates. An appropriate media management plan with a spokesperson from ANZICS and from CICM is essential to be at the front of this debate, to provide regular updates to the media and news outlets, and to ensure accurate and appropriate dissemination of information to members of the public.

Competing interests

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