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COVID-19 in the USA: why Easter might be the most important holiday this year

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On December 31, 2019 China alerted the World Health Organization about an unusual cases of pneumonia occurring over the preceding few weeks in Wuhan, and by January 7 they had identified the cause as being a new strain of coronavirus – COVID-19. The category *coronavirus* includes SARS, which is best remembered for its pandemic in 2002, but the common cold is also a type of coronavirus. The first case outside of China was reported on January 13 in Thailand. COVID-19 would make its way to the USA on January 21 when a man in Washington State was reported to be infected with the virus.

At first, the cases of COVID-19 in the US were not spreading rapidly. On February 24, President Donald Trump would tweet that “the Coronavirus is very much under control in the USA”¹, and for the time it was. The USA now has more cases of COVID-19 than any other country in the world. So how did the USA go from 24 confirmed cases, to over 580,000 cases in a little over a month and a half? For starters, many in the US underplayed the seriousness of the disease. Comparing it to the flu or even to the common cold, led many into a false sense of security. Even today, one does not have to look hard on Facebook or Instagram and see many people saying that the US government and media are exaggerating the dangerous nature of COVID-19. Second, a delayed response by the US government allowed the virus to spread rapidly before proper measures were implemented. These two events have led to experimenting with an anti-malaria medication in an effort to cure patients, but this too has many drawbacks. Finally, one of the biggest challenges facing the US will be a potential spike in new cases in the weeks following the Easter holiday weekend, when many people will be gathered for church services despite calls for social distancing.

Underplaying the seriousness of the illness

From the very beginning many have been doubting how serious and dangerous the COVID-19 virus is. During a press conference on February 27, President Trump compared COVID-19 to the flu, and when asked if he was concerned about the spreading of COVID-19 within the US he said “No, because we’re ready for it”². Just over a week later, President Trump would again compare COVID-19 to the flu on twitter saying “It (the flu) averages between 27,000 and 70,000 (deaths) per year. Nothing is shut down, life & economy go on.”³ This comparison is misleading, and dangerous. The fatality rate of the flu is 0.1%, and for COVID-19 estimates

¹ Trump, Donald (@realDonaldTrump)

<https://twitter.com/realDonaldTrump/status/1232058127740174339>

² The White House. “Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Conference” 2020 <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-conference/>

³ @realDonaldTrump <https://twitter.com/realDonaldTrump/status/1237027356314869761>

range from 0.66% to 2% fatality rate.⁴ In other words, COVID-19 is 6 to 20 times more deadly than the common flu.

What this comparison does is lull people into a false sense of security. They hear that it is no worse than a flu, and they do not take the necessary precautions to protect themselves and others in their community. To his credit, President Trump has come out and said that it is wrong to compare COVID-19 to the flu, but the damage was already done. He was also not alone in underplaying how serious the virus is, both Fox News and Elon Musk, among many others, have done the same. Rush Limbaugh, who hosts one of the most popular radio shows in the USA, said on February 24 “I want to tell you the truth about the coronavirus... I’m dead right on this. The coronavirus is the common cold, folks”⁵.

In a Harris Poll done before President Trump reversed his position and remarked how serious the disease is, 77% of adults over 65 and 67% of millennials believed they were not at risk of catching the disease, and 61% of all those surveyed believed the media is exaggerating the seriousness of COVID-19.⁶ This poll was conducted shortly before cases in the US began to rapidly expand.

The underplaying of the serious nature of the COVID-19 virus in the US, when the number of cases was relatively low, most certainly contributed to its rapid spread just a couple of weeks later. If the people are told that something is not serious, and that there is no cause for concern, of course they will not take proper precautions. The easiest time to slow a pandemic is at the beginning stages when the numbers are still low, but if the seriousness of the disease is underplayed then people will not be concerned with spreading it or contracting it themselves. They will instead view it as an inconvenience, like the common cold, rather than a serious illness that they need to protect themselves and their families from.

Delayed response

The response to combatting the COVID-19 pandemic was slow, and in 8 states there is still no stay-at-home order in place. On January 31st, President Trump restricted travel from China by not allowing foreigners who had recently been in China to enter the US and requiring American citizens to undergo a 14-day quarantine if they were returning from China. This restriction would be expanded to include Iran on February 29, and 28 European countries on March 20. By this time there was already over 17,000 confirmed cases, and the number of confirmed cases was increasing by several thousand every day.

During February, after the travel restriction on China was put in place, there were two important events that occurred that significantly hindered the response of the US to the COVID-19 outbreak. The first being the Center for Disease Control (CDC) test kits were flawed. These test kits were first sent out to various laboratories and hospitals on February 4th.⁷ As a

⁴ Azad Arman. “Coronavirus death rate is lower than previously reported, study says, but it’s still deadlier than the seasonal flu” CNN, 2020 <https://edition.cnn.com/2020/03/30/health/coronavirus-lower-death-rate/index.html>

⁵ The Rush Limbaugh Show. “Overhyped coronavirus weaponized against Trump” 2020 <https://www.rushlimbaugh.com/daily/2020/02/24/overhyped-coronavirus-weaponized-against-trump/>

⁶ Swant, Marty. “Harris Poll: U.S. Seniors Are Least Worried And Least Informed About COVID-19 But Most At Risk” The Harris Poll, 2020 <https://theharrispoll.com/harris-poll-u-s-seniors-are-least-worried-and-least-informed-about-covid-19-but-most-at-risk/>

⁷ Sandler, Rachel. “How the CDC Botched Its Initial Coronavirus Response With Faulty Tests” Forbes, 2020 <https://www.forbes.com/sites/rachelsandler/2020/03/02/how-the-cdc-botched-its-initial-coronavirus-response-with-faulty-tests/#4d7cecf670e>

result of these flawed test kits, if a hospital wanted to test a sample for COVID-19 it had to send the sample directly to a CDC lab. At the time, there were only 12 labs in the entire USA that had the capacity to test for COVID-19.⁸ This significantly delayed tracking down the source of outbreaks in various states.

The second significant cause of this delay came from the Food and Drug Administration (FDA). The FDA has several strict rules in place for how to conduct testing of diseases. It also does not allow tests made abroad to be used, meaning the tests developed by WHO could not be used. Initially, the FDA only approved the (flawed) CDC tests to be used, but private laboratories could request for an *emergency use authorization*.⁹ This authorization would allow them to test for COVID-19 without going through the usual several months long approval process. However, this authorization was not easy to obtain.

Dr. Alex Greninger Washington state, one of the most affected states and the location of the first case of COVID-19 in the USA, had developed a test and requested the *emergency use authorization* from the FDA. The requirements from the FDA to receive the authorization were a large hurdle for Dr. Greninger. He needed to fill out an online application, as well as mail a printed-out copy and a copy burned onto a CD. Four days after he sent his application, the FDA responded that he needed to run his test against MERS and SARS to confirm that his test did not give false positives. He did not have a sample of SARS, and so he contacted the CDC to request a sample. The CDC denied his request. He began his request for *emergency use authorization* on February 20th, and on February 28th the FDA removed its overly strict emergency authorization requirements.¹⁰

If the FDA had not removed the requirements on February 28th, it is unclear how much longer Dr. Greninger, and the many others like him, would have had to wait to receive *emergency use authorization*. This overly strict FDA requirements delayed COVID-19 testing by private labs by a month, if not more. During February, the US was only able to conduct around 100 tests per day¹¹ because of the overly bureaucratic nature of the FDA's *emergency use authorization* approval process. This led to significantly slower response, as the number of confirmed COVID-19 cases during this time was likely much lower than the actual number of cases, making it difficult to find potential hotspots of the disease.

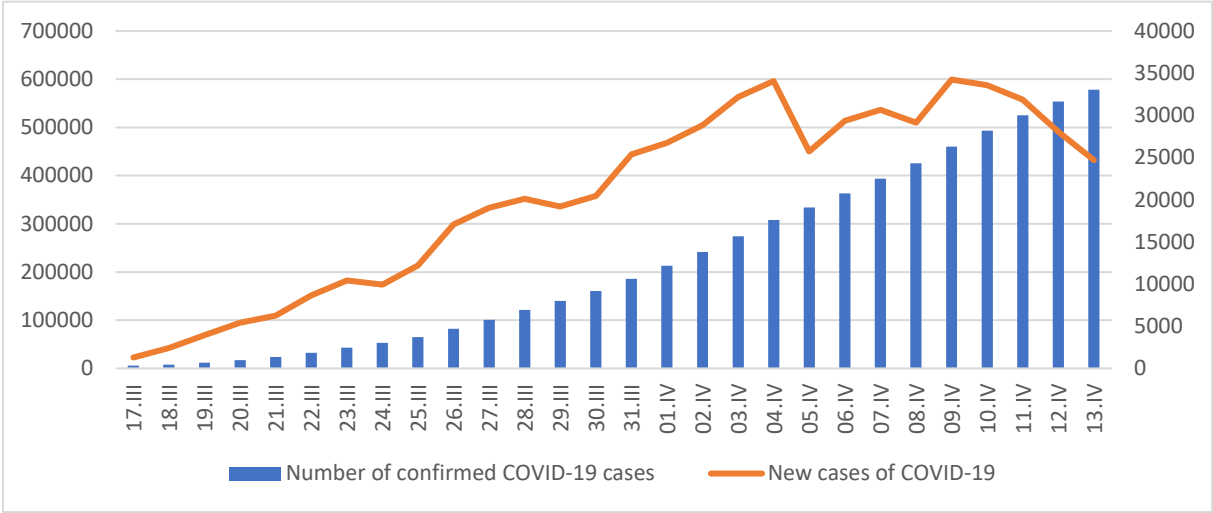
⁸ Resnick, Brian and Dylan Scott. "The CDC's rocky effort to get Americans tested for coronavirus, explained" Vox, 2020 <https://www.vox.com/science-and-health/2020/3/6/21168087/cdc-coronavirus-test-kits-covid-19>

⁹ Fink, Sheri; Goodnough, Abby; Shear, Michael D; Thomas, Katie and Noah Weiland "The Lost Month: How a Failure to Test Blinded the U.S. to COVID-19" New York Times, 2020 <https://www.nytimes.com/2020/03/28/us/testing-coronavirus-pandemic.html>

¹⁰ Ioffe, Julia. "The Infuriating Story of How the Government Stalled Coronavirus testing" GW, 2020 <https://www.gq.com/story/inside-americas-coronavirus-testing-crisis>

¹¹ Fink et al

Figure 1: Number of confirmed COVID-19 cases and number of new confirmed COVID-19 cases by day since March 10th



Source: John Hopkins University¹²

The final thing causing a delayed response to the COVID-19 pandemic is trying to save the economy. There is no doubt that COVID-19 is extremely damaging to the economy, and it will likely take years to recover from the loss. President Trump’s delayed response to implement efficient measures has been attributed to trying desperately to prevent an economic crash. An official from the White House told TIME magazine that the President is heavily influenced by Director of the National Economic Council Larry Kudlow, and the Secretary of the Treasury Steven Mnuchin. This official said “they are so worried about markets, understandably, they are worried about depressing economic activity”¹³. President Trump’s concern for the economy is evident in one of his tweets from March 23rd, “WE CANNOT LET THE CURE BE WORSE THAN THE PROBLEM ITSELF”¹⁴. The President is also considering starting a second Coronavirus Task Force that is focused on opening the economy.¹⁵ At a press briefing on April 4th the President reiterated the above tweet, “I had an expression, the cure can’t be worse than the problem itself... We got to get our country open”¹⁶. The desire to save the economy is perhaps best shown through Texas Lieutenant Governor Dan Patrick, who said that he, and many other older people, are willing to die in order to save the economy¹⁷

The delay in responding to the COVID-19 pandemic is a large reason the US exploded in cases in March. The cause of this delay was threefold: flawed tests caused a delay in discovering outbreak hotspots, bureaucracy delaying effective tests being deployed even further delayed

¹² John Hopkins University. “Coronavirus COVID-19 Cases y the Center for Systems Science and Engineering” 2020 <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
¹³ Edwards, Haley Sweetland. “The Trump Administration Fumbled Its Initial Response to Coronavirus. Is There Enough Time to Fix It?” TIME, 2020 <https://time.com/5805683/trump-administration-coronavirus/>
¹⁴ @realDonaldTrump <https://twitter.com/realdonaldtrump/status/1241935285916782593>
¹⁵ Hoffman, Jason and Kelly Mena “Trump considering second task force on reopening economy” CNN, 2020 <https://edition.cnn.com/2020/04/04/politics/trump-economy-task-force-coronavirus/index.html>
¹⁶ ibid
¹⁷ Murphy, Mike. “Texas Lt. Gov. Dan Patrick says grandparents are willing to die to save economy for their grandkids” MarketWatch, 2020 <https://www.marketwatch.com/story/texas-lt-gov-dan-patrick-says-grandparents-are-willing-to-die-to-save-economy-for-their-grandkids-2020-03-23>

discovering hotspots, and desperately trying to avoid an economic downturn even at the risk of losing lives delayed implementing an effective response to the pandemic.

A possible cure?

The current estimate from the White House is 100,000 to 240,000 deaths in the US from COVID-19. That is with social distancing, without social distancing the estimate is up to 2.2 million.¹⁸ President Trump, New York Governor Andrew Cuomo, and Fox News among others have been promoting the use of hydroxychloroquine as a treatment for COVID-19. While the evidence that hydroxychloroquine, an anti-malaria drug also used to treat lupus, is effective against COVID-19 is inconclusive it does provide some hope. A French study of 40 COVID-19 patients who were given hydroxychloroquine showed that half of them began having clearer airways in under a week. However, a recent study in China showed no correlation to increased recovery rates, and one patient in the Chinese study had worsening symptoms.¹⁹ Governor Cuomo reports anecdotal success in New York hospitals and as a result he has pushed for further use of hydroxychloroquine, but he admits there is no official study supporting his position.²⁰

One of the biggest problems with using hydroxychloroquine to treat COVID-19 is causing a shortage of the medicine for people who need it for other illnesses, mainly lupus and rheumatoid arthritis. For lupus, it is widely considered to be the first line of treatment. In the US alone there are estimated to be over 300,000 people with lupus (potentially up to 1.5 million)²¹, and the number of prescriptions for hydroxychloroquine in the US is over 5.5 million.²² The FDA has approved the drug for emergency use, and it is now described as “currently in shortage” on the FDA’s drug database.²³ While the effect of this shortage is yet to be seen, if people with lupus are unable to fill out their prescriptions of hydroxychloroquine due to a shortage it could lead to many needlessly dying because they could not get their medicine.

What’s next?

There is one last large, and potentially devastating, hurdle the US needs to conquer: Easter. Many states have granted religious gatherings an exemption and allowed them to continue, some even without limitations. Still, in states where this exemption has not been granted, religious institutions ignore the rule and continue to hold services. Many believe that closing religious institutions is against the constitution, and that churches should be considered

¹⁸ Smith, Saphora. “White House issues stark coronavirus death toll estimate” NBC, 2020 <https://www.nbcnews.com/news/world/white-house-issues-stark-coronavirus-death-toll-estimate-n1173716>

¹⁹ Milman, Oliver. “Trump touts hydroxychloroquine as cure for COVID-19. Don’t believe the hype” The Guardian, 2020 <https://www.theguardian.com/science/2020/apr/06/coronavirus-cure-fact-check-hydroxychloroquine-trump>

²⁰ Budryk, Zack. “Cuomo: use of antimalarial drug in New York hospitals ‘anecdotally’ positive” The Hill, 2020 <https://thehill.com/homenews/state-watch/491358-cuomo-use-of-antimalarial-drug-in-new-york-hospitals-anecdotally>

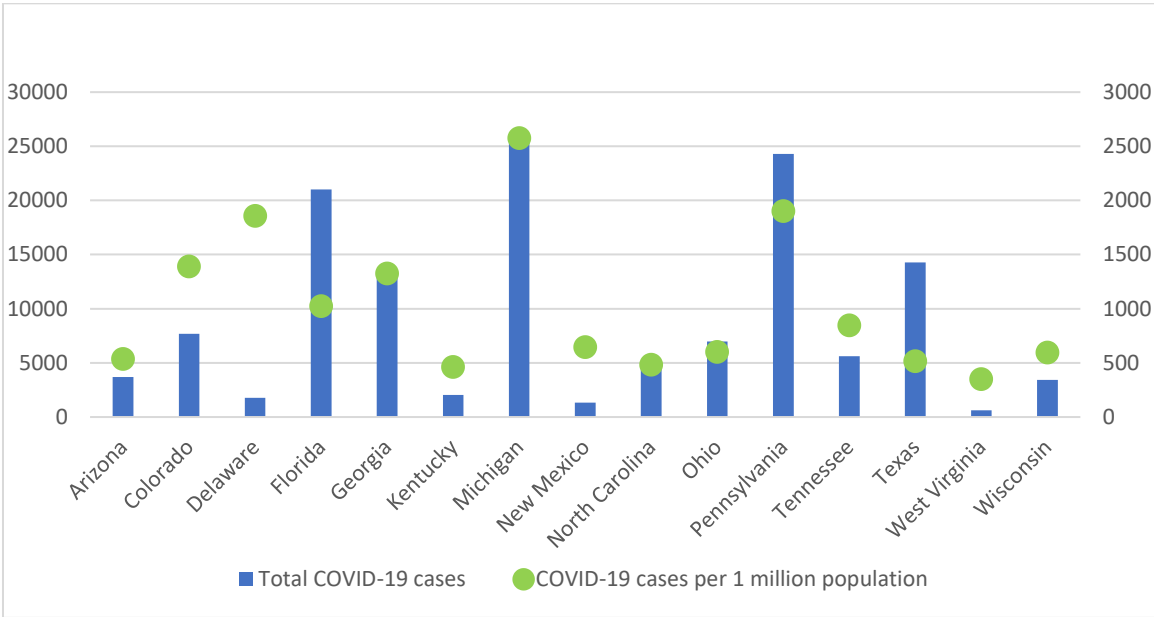
²¹ Alemao, Eve, Gandhi, Kunal, Hillson, Jan L and Hugh Kawabata. “Prevalence of Systemic Lupus Erythematosus and Lupus Nephritis In the United States: Analysis of Commercial and Public Insurance Billing Data” American College of Rheumatology, 2013 <https://acrabstracts.org/abstract/prevalence-of-systemic-lupus-erythematosus-and-lupus-nephritis-in-the-united-states-analysis-of-commercial-and-public-insurance-billing-data/>

²² Clinic Calc. “Top 300 of 2020” <https://clincalc.com/DrugStats/Top300Drugs.aspx>

²³ FDA “Drug Shortages” 2020 https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Hydroxychloroquine%20Sulfate%20Tablets&st=c&tab=tabs-1

essential.²⁴ This leads us to Easter (April 12th) and Palm Sunday (April 5th), two of the largest days of worship in the US.

Figure 2: Number of confirmed COVID-19 cases and confirmed cases per million population in states that exempt religious institutions from stay-at-home orders



Source: Center for Disease Control²⁵

While the majority of churches will be closed, some will remain open and it is likely that thousands of people will congregate together throughout the country to attend Easter sermons – the exact opposite of social distancing. Pastor Kelly Burton from Lone Star, Texas, says, “Satan’s trying to keep us apart, he’s trying to keep us from worshipping together. But we’re not going to let him win”²⁶. Burton provided service on Palm Sunday, as did Pastor Tony Spell from Louisiana (Louisiana does not have an exemption for religious gatherings, Texas does). Spell has been already charged with six counts of violating Louisiana’s ban on large gatherings. The next couple of weeks after Palm Sunday and Easter will be an important time for the US in combatting COVID-19, and it will be interesting to see if the new cases in areas with exemptions for religious gatherings, or where the laws are blatantly ignored, increase significantly. In the meantime, hopefully the remaining few states begin to implement stay at home orders, social distancing continues and increases, and

Recommendations

- Do not allow for large public gatherings, even religious ones. Despite what is being spread on social media from popular conservative influencers, being physically present in church is not an essential service. Many churches have moved to livestreaming

²⁴ Luscombe, Richard. “The US churches and pastors ignoring ‘stay-at-home’ orders” The Guardian, 2020 <https://www.theguardian.com/world/2020/apr/05/coronavirus-churches-florida-social-distancing>

²⁵ CDC, COVID-19 cases in the US <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

²⁶ Reuters. “The Americans defying Palm Sunday Quarantines: ‘Satan’s trying to keep us apart’”, 2020 <https://www.nytimes.com/reuters/2020/04/04/us/04reuters-health-coronavirus-usa-palmsunday.html>

services online. Social distancing is perhaps the single most effective method an ordinary citizen can do to prevent COVID-19 from spreading

- Do not treat every COVID-19 patient with hydroxychloroquine. Those who are likely to recover without it do not need it. It is not yet proven to work, and the risk of it worsening the case of someone who would otherwise recover is not worth it. Keep it as a last-ditch effort to try and save the most extreme cases. This will help to minimise the shortage, allowing people who need for other reasons to continue using it and ensuring there is some on-hand at hospitals to use in a worst-case scenario.



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