

Twitter Thread by "Hand-Washin" Sam Whitehead



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THIS: It's a little late, but here is the final White House Coronavirus Task Force report from the Trump administration. It features some lessons learned from the federal officials on the panel, many that speak directly to the situation in

- Georgia is back to 6th in the country for new cases in the week leading up to 1.17 (not long ago we were doing better than nearly every other state)
- 5th in the country for test positivity
- 97 percent of all counties in the state in the "red zone"

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GEORGIA

STATE REPORT
01.17.2021
Issue 31

SUMMARY

- Georgia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 6th highest rate in the country. Georgia is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Georgia has seen some stability in new cases and a slight decrease in test positivity and new COVID hospital admissions. However, there is no evidence of containment of this resurgence.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Gwinnett County, 2. Fulton County, and 3. Cobb County. These counties represent 25.0% of new cases in Georgia.
- 97% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 95% having high levels of community transmission (red zone).
- During the week of Jan 4 - Jan 10, 38% of nursing homes had at least one new resident COVID-19 case, 63% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- Georgia had 605 new cases per 100,000 population, compared to a national average of 478 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 32 to support operations activities from FEMA; 9 to support operations activities from ASPR; 12 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Jan 9 - Jan 15, on average, 613 patients with confirmed COVID-19 and 136 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 73% of facilities reported each day during this time period. The change in the number of admissions may be incomplete.
- As of Jan 15, 1,011,200 vaccine doses have been distributed to Georgia. 204,301 individuals have received at least the first dose and 22,324 have received a full course.

It's the recommendations that are the most interesting (we know things are bad here).

"Mask mandates work," it reads. "Any indoor space where masks cannot be worn ... must be substantially curtailed or closed."

This rec has been here before, but not so bluntly.

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RECOMMENDATIONS

- This is the last state report from the team of Birx, Zaidi, Vitek, Cavanaugh, and Crabtree. Each state was assigned to an individual throughout, and they were responsible for reviewing weekly state-level data, local news reports, and news conferences and writing state-specific recommendations. In addition, we had an amazing data team, including Wickwire, Gastfriend, and the DSEW, who worked every weekend to ensure quality data for this report.
- I personally am grateful, along with Zaidi, to the Governors, Mayors, State Legislators, County Commissioners, Tribal Leaders, state and local health leadership, and hospital and community leaders from the 44 states that met with us during our travels. These direct on-the-ground learnings from you changed policy and programs. You showed us the barriers that needed to be addressed, and many of you provided us with solutions that we could feature in the weekly Governor's call from the White House. For example, Chicago has an excellent hospital dashboard where all hospitals transparently share available capacity to better serve residents; the Broad Institute which, even as a research institution, massively scaled testing for the state and for colleges in the Northeast.
- For this week's report, we wanted to summarize what we have learned from you over the past 11 months and the gaps we still see.
- **Overall, this fall and winter surge is more aggressive**, with more rapid community spread that will need to be continuously met with aggressive and escalating mitigation. We should not be reassured that we don't yet have significant spread from imported, more transmissible variants as early evidence may underestimate the current spread; we are likely to have our own, more transmissible variants, and our mitigation actions should reflect this potential reality. We should act as though we have more transmissible strains circulating. This surge has also been significantly longer (currently 3x as long as the spring and summer surge) in the time it's taking to reach a plateau and significantly more deadly. Although case fatality rates have declined for Americans identified with COVID-19 infections in those over 70, nearly 20% are hospitalized and nearly 10% succumb to this virus. We do see evidence of early stabilization of community spread, albeit at very high rates of transmission, and plateauing rates of new COVID-19 admissions in many parts of the United States. However, aggressive mitigation must continue to prevent a resurgence and to accelerate declines.
- This virus can be mitigated and community spread can be curtailed, but action needs to be taken before an increase in hospitalizations is seen; it needs to be more comprehensive and longer than the summer mitigation actions. Due to the significant asymptomatic contribution to community spread, the degree of underlying community infection is extensive by the time hospitalizations occur.
- **Granular data matters.** Use your data (test positivity, cases, hospitalizations, and deaths) in real-time for immediate action. Finding the specific areas of active community spread and intensifying actions (mitigation and testing) in those locations works.
- **Mask mandates work.** Ensuring effective behavioral change of masking requires constant reminders that can be continuously reinforced by working with retailers to require masking.
- During increased community spread, any indoor space where masks cannot be continuously worn must be substantially curtailed or closed; this includes bars, indoor dining, gyms, etc. as any unmasking indoors creates viral spreading events. We witnessed amazing, safe, "winterized" outdoor dining approaches in Philadelphia and other urban settings.
- **Personal gatherings** across families and friends indoors are key viral spreading events; continuous messaging of this risk to change behavior and of the importance of indoor masking is essential. Miami was unable to control the summer surge without changing this behavior. Messaging must constantly be updated and delivered through different platforms to ensure continuous behavior change and vigilance.
- **Proactive testing works** by finding the asymptomatic, silent infections. As learned from many colleges and universities, IHEs that proactively tested individuals independent of symptoms (requiring weekly or greater testing of the entire student body on and off campus) in addition to masking and physical distancing had the lowest rates of infections, often under 1% for the entire fall semester. Universities that tested the way we do in this country, focused on symptomatic testing and contact tracing as well as low-level voluntary surveillance testing, resulted in 8-14% of the student body infected. The difference resulted from finding and isolating asymptomatic individuals. The creation of young adult testing sites (for those under 40) that utilize antigen tests with immediate results will decrease community spread when added to current state and local testing approaches.
- **Proactive treatment works.** Americans with underlying conditions and those over 65 must know to test with any symptoms or known exposure to ensure rapid access to monoclonal antibodies which, when implemented, are associated with a significant decline in the rate of hospitalization and fatalities. Every hospital and physician must directly provide infusion clinics or know where to link patients. Increased PSAs and community awareness of this important therapy must be accelerated.
- **Proactive vaccination of those most vulnerable is critical.** Strict tiering and traditional models of vaccination are hindering access to and the impact of vaccination. Ensuring rapid and equitable immunization of those most vulnerable, creating mass vaccination sites, and ensuring specific access to rural and urban vulnerable populations are critical, as we have seen in West Virginia. Aggressive immunization of Tribal Nations and multigenerational households across the United States is essential.
- Georgia is still experiencing widespread community spread and needs to accelerate mitigation to prevent ongoing fatalities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

"This virus can be mitigated and community spread can be curtailed, but action needs to be taken before an increase in hospitalizations is seen," it continues. "it needs to be more comprehensive and longer than the summer mitigation actions."

4/n

Then, finally: "Georgia is still experiencing widespread community spread and needs to accelerate mitigation to prevent ongoing fatalities."

This final one is a message that we've seen before, too, though again, not in so direct terms.

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In Georgia, state officials have declined to put new orders in place to slow the spread for months, especially in advance of any rise in hospitalizations. Heck, we reached levels never seen before and all that was done was to ask people to follow public health rules.

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I get how there is only so much you can order people to do when it comes to public health, you need people to have buy in.

But these recommendations aren't coming from some group of amateurs, regardless of what you thought of the previous administration.

7/n

And the politics of it? Well, that's beyond me. It would seem that state leaders would have some political cover to take recommendations from people in their same party, but that's not my area.

8/n

What that portends for recommendations coming from the new administration, not of the same political persuasion, I can only imagine.

And we've seen in the recent weeks why all this matters: people are dying.

821 in the week leading up to 1.17 per the report.

9/n



GEORGIA

STATE REPORT | 01.17.2021

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES		
NEW COVID-19 CASES (RATE PER 100,000)	64,202 (605)	+8%	338,451 (506)	1,568,368 (478)		
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.4%	-1.7%*	14.4%	12.2%		
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	182,392** (1,718**)	1,021,000** (10,000**)	1,937,848** (2,896**)	10,993,342** (3,349**)		
COVID-19 DEATHS (RATE PER 100,000)	821 (7.7)	+127%	4,855 (7.3)	22,402 (6.8)		
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	+2%†	36%	29%		
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	63%	+5%*†	62%	50%		
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	+2%*†	16%	16%		
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	5,241 (27)	N/A (N/A)	34,887 (23)	156,174 (22)		
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	20 (14%)	+0% (+0%*)	161 (17%)	1,086 (21%)		
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	43 (31%)	+1% (+2%*)	208 (22%)	1,169 (23%)		
COVID-19 VACCINE SUMMARY	DOSES DISTRIBUTED		1ST DOSE ADMINISTERED		FULL COURSE ADMINISTERED	
	TOTAL	RATE PER 100,000	TOTAL	PERCENT OF ADULTS	TOTAL	PERCENT OF ADULTS
	1,011,200	9,523	204,301	2.5%	22,324	0.3%

Those are 821 Georgians with families and people who loved them. There is a solid chance you know someone who's died. I know I do.

I spend so much time looking at numbers, that its easy to forget that each one has a name and a story.

10/n

Reporters have asked state leaders about the recommendations in these reports SO MANY TIMES, but they don't have to hear about them from us. Leaders in Georgia and all the other states have been getting these directly for months.

11/n

It's not clear if the Biden administration will continue to issue them, but I hope they do, even better if they're widely shared.

We're far from out of the woods, and they've been good signposts for where we actually are in this whole mess of a situation.

12/end