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BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

Suicides and the covid-19 pandemic. Good news from three countries.

When it became clear that shelter-in-place policies would be necessary to flatten the curve of covid-19, many observers were concerned that such action could cause more harm than the virus ever would. The notion that “deaths of despair” would occur took hold though the contention was not based on any evidence.

Now there are several areas around the world where actual data is beginning to emerge. Recent data suggest that in [Japan](#) suicide rates during the lockdown declined, and in [British Columbia, Canada](#), suicide rates were either down or are stable from prior years. This week, findings by a team of scientists that I lead from Harvard Medical School and Yale Medical School were [published](#) on the preprint server medrxiv which showed that suicide rates during the lengthy stay-at-home advisory in Massachusetts from March through May, 2020 did not change from past years nor did they deviate from 2020 projections.

This goes against assumptions that many people made without evidence. While the pandemic is likely to be a psychological stressor, increases in anxiety, depression, and even suicidal thoughts do not necessarily mean suicide deaths will increase. It may still be that suicides go up in the future as the pandemic drags on. But it appears unlikely that the lockdowns themselves cause these deaths. Rather, economic woes and uncertainties may in fact drive suicides. Ironically, places the shutdown the longest and controlled the virus the best, may have faster economic recoveries which could lead to *fewer* suicides. But that data is not yet available and so this is only conjecture.

For now we can say that shelter-in-place policies are not likely to themselves cause an increase in suicide deaths, despite invented claims to the contrary made by President Trump and those who appear to be willing to say anything, regardless of any basis in fact, to convince Americans that the virus itself is not the serious threat that we know it to be.

—*Jeremy Samuel Faust, MD MS*

POLICY BRIEFING

Universities and coronavirus testing. An update from the ivory towers.

The University of Michigan [announced](#) the imposition of an immediate stay-at-home order for the campus amid a significant spike in cases on October 20. Michigan students account for over 60 percent of local cases, leaving questions as to how universities should best manage testing on campus. The particulars of the University of Michigan order have come under scrutiny because of its exemption of athletes, though athletes are being screened with far greater frequency than the broader university population, which has maintained a voluntary surveillance testing program in which just over 5,700 are [enrolled](#) (a small share of the university community, of 48,000 students, faculty, and staff). The University of Michigan is hardly unique in experiencing a COVID outbreak necessitating a stay-at-home order, with such universities as [Providence College](#), [San Diego State University](#), the [University of Arizona](#), and the [University of Colorado-Boulder](#) experiencing the similar woes in September.

Despite rising covid-19 cases nationwide, the federal government has not issued adequate nationwide guidance on testing in university settings, resulting in a patchwork system. While some universities such as the University of California system are enforcing across-the-board

testing for all students living on-campus, others are only conducting testing on a voluntary basis, which raises concerns about the extent to which students will choose to comply with recommendations. Indeed, the University of Tennessee [reported](#) on October 16 that voluntary participation in covid-19 testing fell from 65 percent to just 48 percent in one week, despite students living in residence halls signing agreements to participate in testing. A concern is that students are facing “testing fatigue” because of the frequency of voluntary covid-19 testing regimens. To counteract the low rates of voluntary testing, some universities such as the University of South Carolina are [offering](#) “freebies,” such as a university t-shirt and a raffle entry for larger prizes in exchange for participation in testing, with such incentives resulting in increased though still inadequate student testing.

It is vital that universities function during the pandemic, and with appropriate testing strategies, more in-person learning should be feasible. However, as the colder weather forces students indoors, voluntary testing strategies—even those with incentives—may not be enough. Absent meaningful national standards for testing and tracing in university settings, universities must step up before outbreaks are observed.

Universities have had to prioritize public health over individual liberty in the past. Most institutions typically compel measles, mumps, and rubella (MMR) and meningococcal vaccinations as a condition for attending school on campus, so as to avoid the spread of these diseases. Amid a deadly pandemic in which cases are rising across the nation and are expected to increase in the coming weeks, a failure to adopt a similarly strong stance in favor of mandatory testing puts university communities in grave danger and impedes student learning.

—*Miranda Yaver, PhD*

Politics trumps protections in vaccine development.

In a stunning revelation, there is a credible media report that Department of Health and Human Services (HHS) Secretary Alex Azar has expended serious effort over the last several weeks trying to have Stephen Hahn, the commissioner of the Food and Drug Administration (FDA), removed from his post.

Allies within HHS say that Azar has repeatedly discussed a White House-directed removal as Hahn, and even floated names of potential replacements. The boiling point appears to be the disconnect between the FDA’s mandated safety guidelines for any vaccine development and HHS’s desire to keep President Trump’s promise of a vaccine by election day.

After a long and divisive process, the FDA was finally able to [publish](#) its desired guidelines, which were hailed by many members of the the scientific community (*note: Brief19’s editor-in-chief signed a letter written to the FDA in support of the now-established longer period of safety data before a vaccine is authorized*) but this comes on the tail of months of infighting over Emergency Use Authorizations (EUAs) for various possible treatments for covid-19 (of varying quality), coronavirus testing standards, and even fundamental regulatory authority. Confounding this were moves and retractions largely seen as political in nature from both the FDA and HHS, creating what many fear to be an unbridgeable divide between the two organizations on vaccines and other crucial issues. *Politico*.

—*Joshua Lesko, MD*

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.