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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Excess deaths associated with covid-19.

A new study appearing in [JAMA Internal Medicine](#) published yesterday indicates that excess deaths between March and May of this year were significantly greater than those directly attributed to covid-19, implying that the burden of disease is far higher than previously thought. The authors of this study attempted to quantify one aspect of the covid-19 disease burden by comparing the excess number of all-cause mortality over these few months as compared to previous years' data, and the known figures for Covid-19 related mortality over that time. All-cause mortality counts the number of total deaths in a particular area, without regard for the specific cause of death,

The study looked at the number of deaths in the United States from March 1 to May 30, 2020 with those from previous years. The researchers found that there were approximately 122,000 excess deaths during the study period. This number is 28 percent higher than the official tally of 95,000 covid-19-related deaths in that time span. In New York City alone, the authors estimated 25,000 excess all-cause deaths occurred during this period versus the reported 18,000 that were attributed to covid-19.

While the authors acknowledge the gap between all-cause deaths and covid-19 related deaths could be related to a variety of factors, they conclude that this large increase in all-cause mortality indicates a greater burden of disease due to the pandemic. They emphasize that monitoring excess mortality is a useful tool in evaluating the ongoing effects of the pandemic.

The authors state that further work is needed to elucidate the relative influence of the varying possible factors on the detected excess mortality, such as deaths directly due to covid-19 versus secondary bacterial infections, as well as those attributable to avoidance of the health care system.

–Michael Chary, MD PhD

POLICY BRIEFING

The State of Tracing and Testing.

Amidst a renewed surge of covid-19 cases, contact tracer programs are [finding themselves overwhelmed and undermanned](#). One immense challenge the efforts face are a lack of trust and compliance on the part of infected patients. In some cases, individuals who test positive wait

multiple days before responding to calls from their local health department, while others believe that they and their contacts are low risk, negating the need for tracing in the first place. Amidst this, a new wave of asymptomatic infections in younger patients who tend to avoid care, further challenges and stretches the capabilities of contact tracing programs. Despite the increased need, many parts of the country do not have adequate funding to supplement their existing tracer force, with some enlisting the National Guard to pick up the slack. In other countries, contact tracers were recruited and trained well in advance.

Conversely, testing capabilities continue to increase, as the Department of Health and Human Services has [announced](#) a partnership with a group of private retailers. In association with CVS Health, Rite Aid, Walgreens Boots Alliance, Kroger and Walmart, DHS will increase ambulatory testing capabilities by over six hundred sites nationally. *Various*

–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 policy, and public policy.