

16 December 2020

## **BRIEF19**

*A daily review of covid-19 research and policy*

### **RESEARCH BRIEFING**

#### **Female physicians less likely to be interviewed by cable news for covid-19 related content.**

While women represent a growing proportion of physicians and medical school faculty (41 percent currently), it seems that cable news networks have missed the memo. An article published this week in [JAMA Internal Medicine](#) found that female physicians were less likely to be interviewed on Fox News, CNN and MSNBC related to the covid-19 pandemic. The study assessed patterns during “primetime.”

The investigators obtained data from 220 guest speakers discussing covid-19. Only 30 percent of those speakers were women and they were allocated just a quarter of the total speaking time. Fox News was much less likely to have women speak on covid-19 compared to CNN and MSNBC. With respect to physicians, Fox News had *zero* experts speaking during primetime during the five-week inclusion period between May and June but did interview some women PhDs and a nurse.

More specifically, of the 220 speakers, 47 were physicians, of which only 12 were women. The women were allocated only 15.5 percent of primetime programming time. In the non-physician PhD group, only 6 percent of speakers were women and were allocated only 15.1 percent of primetime programming time.

The results of this study are informative and disappointing. During the peak of the pandemic, cable news networks were less likely to interview females regarding information related to covid-19. In addition, this study did not assess racial or ethnic differences, the results of which would likely be sobering as well. There really is no reason for this other than bias, or other related factors related to sexism in the workforce. Better female physician representation is needed and going forward. The television networks should address this.

—Joshua Niforatos, MD MTS

#### **Covid-19 deaths among young adults in some areas temporarily rivalled or exceeded opioid deaths in parts of the US this year.**

In research published [today](#) in *JAMA*, my colleagues and I report that among US adults ages 25-44, nearly 12 thousand more deaths occurred between March 1<sup>st</sup> and July 31<sup>st</sup> than were projected based on prior trends. All-cause mortality was around 120% of normal in this group. Covid-19 deaths in regions like New York/New Jersey as well as parts of the South and West, appear to have matched or exceeded unintentional opioid deaths during a similar timeframe in 2018, which is the most recent year for which national overdose data are available. Normally, unintentional overdoses are the leading cause of death among adults in this age group. Whether covid-19 or unintentional

overdoses are the leading cause of death in many regions currently is unknown. But the shocking truth is that in many areas, it's a close call.

This goes against our previous assumptions that covid-19 is relatively harmless to young adults. While in comparison to adults over 65 years of age, covid-19 has caused a far lower number of deaths, work previously published by the US Centers for Disease Control and Prevention (and our work) shows that the age group with largest increase in all-cause mortality above baseline expectations is in fact adults ages 25-44. In fact, more Americans under the age of 40 have died of covid-19 than died among the U.S. Military during Operation Iraqi Freedom.

In addition, adults in the ages we studied are among the lowest on the vaccine priority list. Policies that decrease spread among young adults in the coming months will save thousands of young adult lives.

—Jeremy Samuel Faust, MD MS

## **POLICY BRIEFING**

### **Growing divide in vaccine allocation.**

Amidst the flood of data emerging from the covid-19 pandemic, one resoundingly clear piece of information is that minority and members of poorer socioeconomic communities have felt a greater effect. This has led to an ongoing ethical discussion as to whether those at highest risk from catching or dying from the virus should receive the vaccine first.

This discussion was outlined in the [\*Journal of the American Medical Association\*](#) in October. Previous [recommendations](#) from the National Academies of Sciences, Engineering, and Mathematics placed healthcare workers just ahead of those with significant comorbidities in terms of vaccination priority.

While such thought to tiering should apply globally, contract [data](#) collected from Duke University in partnership with UNICEF's vaccine supply [dashboard](#) shows that wealthy nations have reserved the vast majority of potential vaccines, in some cases on the order of six times the size of a nation's population. Given the early uncertainties around vaccine candidate success rates and unpredictable rollout timelines, nations with the ability to do so finalized contracts with multiple vendors in anticipation of production. For some impoverished nations—in many cases, those whose populations have worse covid-19-related morbidity and mortality—this means the ability to only cover a fraction of their population. Even with pledges from nations to donate their extra supplies, some experts believe an adequate global supply may not be available until 2024. *Various.*

—Brief19 Policy Team

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