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## **BRIEF19**

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

### **BREAKING NEWS RESEARCH BRIEFING**

#### **Excess deaths from covid-19 in the United States.**

As we learned last summer, the United States experienced an approximately 20 percent increase in excess deaths during the first few months of the covid-19 pandemic. Now, a new paper published in [JAMA](#) provides data for the remainder of 2020. The findings are similarly bleak. The results indicate that 22.9 percent more deaths occurred than expected between March 2020 and January 2021. Typically, the annual increase in mortality is only 2.5 percent.

The data were collected from the National Center for Health Statistics (at the US Centers for Disease Control and Prevention) and the US Census Bureau. Mortality data from 2014 to 2019 was used to model anticipated mortality in the U.S. for 2020, and to compare the predicted trend to actual mortality data. Over the ten months included in the study period, there were 2.8 million deaths in the US, which was 522,368 more deaths than expected. Rates were significantly higher among the Black population. Furthermore, excess deaths from heart disease, dementia and diabetes also increased throughout the study period, though there was no attempt to control for whether some of these deaths were actually uncoded covid-19 deaths (which seems to be possible, given that many of these deaths occurred early in the pandemic, and coincided with covid-19 spikes). The authors also found that “the 10 states with the highest per capita rate of excess deaths were Mississippi, New Jersey, New York, Arizona, Alabama, Louisiana, South Dakota, New Mexico, North Dakota and Ohio.”

While the data are limited by their provisional nature (the CDC won't finalize the 2020 data until later this year), by death certificate accuracy, and by the inherent incomplete understandings around the circumstances of each death, the results are important nonetheless. First, the signal in the literature is incredibly clear that minoritized populations suffered disproportionately during the pandemic in the United States. Second, some of the states with high excess deaths rates during the pandemic were those that either did not embrace or actively discouraged pandemic control measures. In other words, political proclivities can have a significant impact on public health and mortality. Finally, more work needs to be done to look into the causes of excess deaths in the US during the pandemic, many of which may be preventable, whether caused by covid-19 directly or otherwise.

—Joshua Niforatos, MD MTS

### **POLICY BRIEFING**

#### **CDC updates guidance on cleaning surfaces to prevent SARS-CoV-2 infection. Will “hygiene theater” stop?**

A year ago, most of the United States was under shelter-in-place orders. Everything from indoor restaurants to parks were closed to the public. Such widespread policies made sense at the time. After all, we knew very little about how SARS-CoV-2, the virus that causes covid-19, spreads. Worse, what we *thought* we knew about transmission was in some ways incorrect. The prevailing theory, initially, was that the novel coronavirus spread mostly via touch and surfaces. The thought was that if we could keep everything clean, we could stop the virus. (To this point, my own initial support for mask wearing was less about any conclusion about how “airborne” the virus might be and more that having *any* barrier that would limit the frequent contact between

our hands and our mouths and noses would help decrease exposure to the virus). Of course, now we know that droplets are the main route for transmission.

Despite our improving knowledge of how covid-19 spreads, “[hygiene theatre](#)” has been a hard habit to shake. Public accommodations, from schools to sports arenas to restaurants, still make a big show of frequent deep cleanings. While these efforts are well-intentioned, they likely achieve much less than droplet-related measures, like masks and good ventilation.

With that in mind, the US Centers for Disease Control and Prevention (CDC) has issued [updated guidance](#) on disinfecting community spaces. For most public facilities, the new guidance says that once-per-day surface cleaning should suffice, unless there are high rates of local transmission, low mask wearing adherence, infrequent hand hygiene, or the people using the space are at particularly increased risk of severe disease from covid-19.

That being said, more frequent cleaning remains advised for surfaces with high turnover (i.e. high frequency touching), as well as areas used by children or other persons who might not wear masks, or adequately cover their coughs or sneezes.

The CDC also now says that after 24 hours, a space that was previously inhabited by a known covid-19 patient would actually pose [little threat](#), and that after just a few hours, the use of masks and adequate ventilation are likely enough to eliminate most of the risk of infection from an environmental (as opposed to person-to-person) exposure. In fact, after 72 hours, cleaning of surfaces that may harbor the virus (“fomites”) may not even be necessary, the CDC now says.

Of note, the newly published guidance applies to general community buildings, but not to settings including healthcare, food and agriculture production areas, manufacturing settings, or food preparation and service facilities. In those areas, more frequent cleanings may still be necessary.

—*Jeremy Samuel Faust, MD MS*

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