Week in Review: 25 – 29 January 2020

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

The US Capitol insurrection was a "superspreader" event.

As the United States continues to reckon with the political implications of the January 6 siege on the Capitol Building in Washington DC, it is increasingly evident that the demonstration and insurrection was also a covid-19 "superspreader event." While we do not know how many of the rioters contracted the virus, there have been 15 cases among members of Congress and their spouses since January 4.

As the 117th Congress commenced, two representatives—Kay Granger and Kevin Brady—tested positive shortly after swearing in on January 3. Both of these individuals received the first dose of the covid-19 vaccine in December, providing further anecdotal evidence that one dose does not provide full immunity. Between January 6 and January 10, four more representatives tested positive, two of whom were confirmed to not have been in the Capitol on January 6.

After rioters entered the Capitol building, many members of Congress were ushered to a lockdown room, where some were exposed to individuals with covid-19 for several hours, according to Congress' attending physician. A widely circulated video released by Punchbowl News from inside the room showed maskless Republican members of Congress refusing masks offered by Democratic representative Lisa Blunt Rochester.

The outbreak in Congress has now swelled to 15 cases since January 4, five of whom were confirmed to have been held in the same lockdown room as shown in the video. Two are spouses of Congressional members (illustrating ripple effects of transmission), while seven of the cases confirmed receipt of at least the first dose of the covid-19 vaccine—with one having received two doses.

Data from the Congressional covid-19 tracker that I run indicates that the incidence rate in Congress has been consistently higher than national, DC, Maryland and Virginia incidence rates for infection, with over 11 percent of Congress having tested positive since March. Among these, 68 percent of the cases have been among Republicans, despite making up only 49 percent of the total seats in Congress. The higher rate of coronavirus in Congress might be attributable to more accessible testing for members than available to the general public. However, as former Biden spokesperson Kendra Barkoff Lamy and Republican strategist Doug Heye pointed out in October, there is still no mandatory testing for lawmakers and staff. *28 January 2021*. —*Benjy Renton*

Behavior changes only work if you do them. New data shows we are slipping in our efforts.

Many behavioral modifications—known as "non-pharmacologic interventions", or NPIs—have been attempted in order to mitigate the spread of covid-19. Unfortunately, adherence to such measures has been hit-or-miss in some areas and at particular times. While data on some NPIs, like routine disinfectant use and the closing of primary and secondary schools, have led to equivocal results, others, like mask use, have "face validity," and have been seen to decrease spread (though some state and federal legislators continuing to refrain from wearing them for reasons that defy safety and, also, logic). Meanwhile, physical distancing has continuously been encouraged and supported by the US Centers for Disease Control and Prevention as a simple deterrent against further spread or SARS-CoV-2. But have we slipped up? Are our "pods too porous?" Increased apathy and resistance to NPIs is now frequently referred to as "pandemic fatigue."

The *Journal of the American Medical Association* recently released a study that reported on periodic self-reporting of sixteen NPIs from sixteen different "waves" between April and November of 2020. Of the 7,705 participants, the results showed that adherence with these NPIs, decreased with time regardless of geography. Behaviors that were reported to have decreased during the study period

included limited close contact with people who do not live together, limiting visitors in the home, avoiding restaurants, public spaces, and crowds. Even routine activities like washing of the hands with soap and the use of hand sanitizer was reported to have decreased somewhat—and it's possible that in this case, respondents to the survey over-estimated how well they adhered to the guidelines. The only NPI that was adhered to *more often* in November than April was mask wearing, doubling from around 40 percent to almost 80 percent of those surveyed.

With many such scientifically-backed factors to chose from and the stakes so high, one might assume that the logical thing would be for people to employ NPIs to the maximal extent possible in order to curtail this contagion. Unfortunately, from the earliest days of the virus, effective implementation has run into roadblocks. The first was the federal government's unwillingness to establish a national plan during the Trump administration, leaving it to individual states to set standards. In one particularly unfortunate example, the Governor of Wisconsin issued a stay-at-home order that was subsequently overturned by the State Supreme Court as unconstitutional, ultimately requiring a legislative remedy in order to proceed. Other states have had more legal success in enforcing mask mandates and curfews. But as these new data show, mandate or not, there is one thing that is crucial to success: individual adherence.

One proposed solution towards getting people to maintain NPIs is the notion of compromise. In December, the CDC shortened its quarantine timelines explicitly in an attempt to improve adherence. The thought was that people were more likely to complete a 7 or 10-day quarantine than a 14-day one. Whether that strategy has led to better adherence to 7-10 day quaratines or whether, alternatively people now just skimp on those shorter guidelines, is not yet known. *Various*. *27 January 2021*. *—Brief19 Policy Team*

Provider Relief Fund registration now open.

The Provider Relief Fund was established to compensate healthcare entities for lost revenue as part of the ongoing covid-19 pandemic. Renewed in three phases, the program to date has provided $178 billion to hospitals and healthcare providers to ensure the continuation of vital services. To avoid delays in payments, applicants for the allocated funding have not had to provide documentation or verification of claims until after receipt of disbursement, and so far, hard deadlines for any such requirements have not been established.

A recent policy from the US Department of Health and Human Services (HHS) requires any entity who received more than $10,000 to register via an online portal. While there is currently no deadline for registration or information submission, HHS is encouraging rapid adoption to allow participants to begin receiving updates and data requirements.

HHS has also issued a new document clarifying the steps required to calculate lost revenue in compliance with the Coronavirus Response and Relief Supplemental Appropriations Act of 2021.

The big takeaway here is that as the Provider Relief Fund has continued to expand—from what were initially more stringent rules requiring applicants to have received Phase I payments in order to be eligible for future disbursements and relying on net losses or prior years' data. There are now more methods to provide verification of revenue decline, opening the program to a larger group of healthcare-providing entities. *The Department of Health and Human Services*. *26 January 2021*.
–Brief19 Policy Team

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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.