

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

BREAKING NEWS: The Department of Health and Human Services and the Centers for Disease Control and Prevention launch the Covid-19 Community Corps.

As America and the nations around the globe navigate the hurdles of waxing and waning infection numbers, the race to herd immunity through mass vaccination campaigns has intensified. Now, health officials in the United States are looking for new and creative ways to get shots into arms. A new venture announced by the White House is called the “COVID-19 Community Corps.” The project is an initiative spearheaded jointly between the US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC).

The concept of this program is to enlist the help of trusted voices in both local and national communities to help disseminate science-based information directly to the public in a more approachable manner. Most importantly, the Biden administration hopes this will be a successful mechanism to encourage communities across the country to get vaccinated. The administration will be providing its community partners with weekly scientific updates, social media suggestions, infographics, and tools that will help people find ways to get vaccinated. Doctors, nurses, various healthcare workers, and other entities (including *Brief19*) are now being approached to become founding members of the Community Corps, in order to develop a strong group of trusted voices with the goal of building vaccine confidence and sharing up-to-date information with the public.

While this program is in its infancy, we hope that the program will cross political party lines and bridge information chasms to successfully share the scientific progress being made in the fight against covid-19 and help people all around the country get protection against SARS-CoV-2. [1 April 2021](#).

—Fred Milgrim, MD

US Food and Drug Administration further expands testing availability.

Since the start of the pandemic, the US Food and Drug Administration (FDA) has been [aggressive](#) in evaluating and expanding both covid-19 testing methodologies and device availability in an attempt to better understand and track the spread of SARS-CoV-2. While some of these efforts have been favorable, others (such as the decision to allow antibody tests that had not been vetted for accuracy) have been setbacks. A new FDA [press release](#) this week announced the green-lighting for multiple over-the-counter and point-of-care SARS-CoV-2 tests, meaning that a prescription will not be needed for these tests. The products covered are the Quidel QuickVue At-Home Over-the-Counter COVID-19 test (for at home screening); three versions of the Abbot BinaxNOW tests, approved for home serial screening (with one version approved for at-home screening with a telehealth proctor’s supervision), and; BD Veritor System (which still required a prescription).

Each of the home tests covered by the new policy had previously been approved by the FDA in one form or another. However, the FDA will now allow these devices to be used for testing of asymptomatic individuals when deployed as part of a serial monitoring program (the idea being that one test may not be enough, but when multiple tests are done, the data can be reliable enough for users to rely on, a concept discussed in a [previous posting](#) here on *Brief19*).

The goal behind this expansion goes beyond home testing. A major goal behind these new authorizations is to allow schools, community centers, and other high-traffic venues to establish screening protocols at the time of entry. Each of the authorized devices tests for SARS-CoV-2 “antigen” (rather than either the genetic material or the presence of antibodies). Antigen testing is seen as crucial because such tests identify whether the source of the test is likely to be contagious, regardless of symptoms at the time. Collectively, these tests should be available in stores in the coming weeks. Such tests, we believe, should have been made available many months ago, and would likely have decreased spread of covid-19 dramatically, according to a [recent study](#). *The Food and Drug Administration*. [2 April 2021](#).

With 100 million vaccine doses given, Biden announces goal to have “90/90” percent plan.

On Monday, President Biden [announced](#) an expansion to his national vaccine policy, [surpassing](#) the previous plan of one hundred million shots in the first one hundred days. This new plan calls for ninety percent of Americans to be eligible for vaccines by April, and ninety percent of Americans to have a vaccine center within five miles of their home. To achieve this, the administration is increasing the pool of participating pharmacies from seventeen thousand to forty thousand, adding a dozen mass vaccination centers to the existing pool, and pledging \$100 million to fund community transportation programs to help the elderly and disabled get to a site.

These efforts come as President Biden and Centers for Disease Control and Prevention Director Dr. Rochelle Walensky both [urged](#) state and local leaders to pause the lifting of non-pharmacologic protections in the face of a possible covid-19 surge this spring.

In recent days, the United States has seen a plateau in the number of new infections, following a period of drastic declines from the peak that occurred on January 8th, when over 300,000 new documented cases were recorded. The most recent nadir (i.e. the day with the lowest number of new cases) was March 21, when 34,000 new cases were reported. In the past, plateaus after decreases have prefigured a pending uptick. Data from recent days supports that pattern with daily cases once again frequently topping 70,000.

While vaccinations are becoming more and more widely available, administration leaders are asking for citizens to hold on just a while longer with respect to physical distancing, mask wearing, and avoiding densely population situations until more at-risk people have had the opportunity to receive the potentially life-saving vaccine. *Various.* [31 March 2021](#).

You’ve been vaccinated. Do you need a vaccine passport?

The global coronavirus vaccination campaign is in full swing, with the United States having [reached](#) 100 million vaccines ahead of schedule. The Biden administration has since doubled its target, with the goal of reaching herd immunity and a return to “normal.” But until that invisible line is crossed, the question remains, what does being vaccinated mean?

There’s no solid answer on that yet. But around the world, different solutions are being piloted. In the European Union, there is an effort to [create](#) a digital passport that would allow travel with fewer restrictions, similar to those launched in [China](#) and [Saudi Arabia](#). In the United States, New York has [launched](#) an app-based pilot program to validate identity and vaccination status to access businesses and venues. The federal government is investigating the [feasibility](#) of a national registry for similar purposes as part of President Biden’s coronavirus strategy. However, the use of any such passport needs to be considered carefully; in the United Kingdom there are [concerns](#) that negative incentivization could lead to further social division and exacerbation of societal divide. There is also the concern that passports could be forged.

While the ultimate utility of the vaccine verification remains nebulous, the US Centers for Disease Control and Prevention strongly [recommends](#) that individuals keep their vaccine verification cards and take steps, like making multiple copies, and keeping a digital record to prevent the loss of their proof of vaccination. To support this effort, both Staples and Home Depot are [offering](#) to laminate the now iconic cards for free, adding to the wave of businesses incentivizing vaccinations. *Various.* [29 March 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.