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BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

US testing in the early pandemic. Just how bad were we?

As was widely documented in the early days of the covid-19 pandemic, the US was sorely underprepared when it came to testing and tracing individuals who became infected with SARS-CoV-2. Even those with symptoms such as fevers had a hard time obtaining a test in those initial months, which led to an under-recognition of the true caseload. A recent study in *JAMA Network Open* sought to assess what kind of access to testing Americans had between April and October of 2020. Spoiler alert—it wasn't good.

Researchers gathered survey data from approximately 2,700 participants as part of the NIH funded COVID-19 Citizen Science Study. Subjects were asked about symptoms such as fevers and chills, access to testing, and how long it took to get results. Overall, among those who reported a fever (among other symptoms), only an estimated 20 percent had received a covid-19 test result within the following seven days. While that number slowly increased over time, the final figures were still paltry. At the outset, around 9 percent reported timely access to test results and the numbers crept up to just 25 percent by the end of the study.

Another unfortunate finding of this study was that Black participants were about half as likely to report having received a test result as compared to all other subjects (though statistical significance wasn't found, given the modeling strategy that the researchers used). Despite the lack of mathematical significance, this piece of data alone is further evidence that persons of color lacked access to care and testing in the US, along with the known disproportionate morbidity and mortality suffered by such communities.

We'll say it again: earlier efforts at testing and tracing of covid-19 could have saved thousands of lives. This is just one example of how poor that effort was. If there is a next time, we hope the lessons learned here will be applied so that fewer cases are missed, fewer transmissions occur, and fewer people suffer and die.

—Christopher Sampson, MD, FACEP

POLICY BRIEFING

Biden administration in favor of loosening patent protections for coronavirus vaccines.

In a reversal of decades of American policy positions, earlier this week the Biden administration said it now favors loosening intellectual property protections on covid-19 vaccines in an effort to speed the end of the pandemic. Pressure had been mounting on the United States and other advanced economies to share the knowledge and supplies for creating these vaccines in order to help other nations that continue to struggle with vaccinating their populations. Recent surges in cases in countries such as India and South Africa could have been prevented, or at least the effects lessened, if vaccine rollouts in those nations had been further along before the outbreaks occurred.

The decision came with mixed reviews from other world leaders. Chancellor Angela Merkel of Germany expressed significant concern regarding the relaxation of these IP rights, which are held by companies and in most instances honored internationally. However, officials from other regional partners, including in Italy and Australia, praised the move. Others commented that patent protections are not the most pressing hurdle being faced with respect to mass production and distribution of vaccines throughout the world.

Significant challenges remain in many countries, regardless of the Biden policy. Existing infrastructure will not suffice in most areas. That means finding or developing the infrastructure necessary to produce vaccines (*e.g.* standing up manufacturing facilities capable of the sophisticated processes required to make the physical product) is a priority. In addition, supply chain issues and shortages of raw ingredients owing to the pandemic have also made manufacturing considerably more difficult across the world. Meetings of the World Trade Organization are ongoing to further discuss the patent easing proposals, and these surrounding issues. *Various.*

—Jordan M. Warchol, MD, MPH

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