

CED Public Policy Watch

04.16.2021

1. UNEMPLOYMENT INSURANCE CLAIMS RESUME DECLINE

2. PANDEMIC NEWS

3. VACCINE NEWS

1. UNEMPLOYMENT CLAIMS PLUMMET TO THEIR LOWEST LEVELS SINCE THE START OF THE PANDEMIC

New weekly unemployment insurance claims dropped sharply in the week ending April 10, falling to new COVID-19-era lows. The headline seasonally adjusted number fell by 193,000 to 576,000 (and was revised higher for the previous week). The four-week moving average also fell to its lowest levels of the pandemic, returning to its downward trend that was suddenly interrupted last week.

Continuing claims for regular state programs increased marginally but overall remained relatively steady compared to the prior week, a reminder that the labor market recovery still has a long way to go. The total number of continued claims for combined state and pandemic-related federal programs continued to drop but remains elevated at 16.9 million.

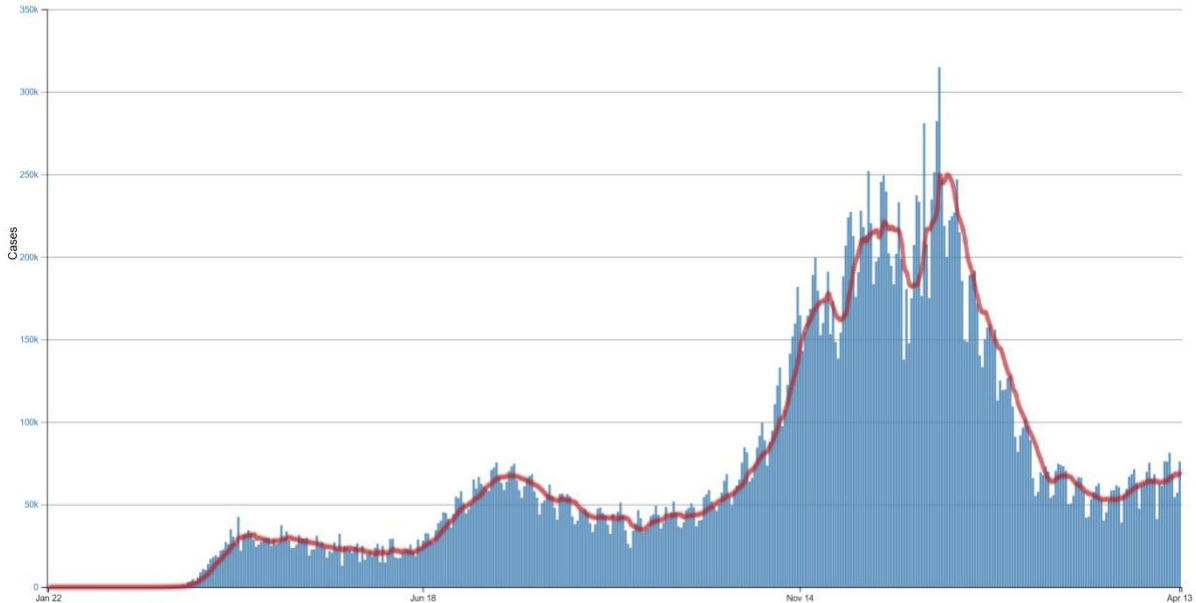
2. PANDEMIC NEWS

The coronavirus continues to spread in the United States. As yet the increase in the caseload has not accelerated into a full-scale fourth wave, though that may come. Hospitalizations also are growing, putting stress on health care systems in some parts of the country; as the following chart shows, the current number of those hospitalized is above the seven-day moving average, and the moving average itself has been increasing. But although deaths now may be growing as well, the rate of growth is somewhat restrained.

Select a state or territory: United States View: Cases Deaths Metric: Daily trends Total and rate Show: 7-Day moving average

Blue bars show daily cases. The red line is the sum of cases over the last 7 days, divided by 7. Averages are used to reduce reporting differences.

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



Prevalent Hospitalizations of Patients with Confirmed COVID-19, United States



August 1, 2020 – April 12, 2021

37,925

Hospitalized Patients
Apr 12, 2021

36,941

Current 7-Day Average
Apr 6, 2021 – Apr 12, 2021

34,752

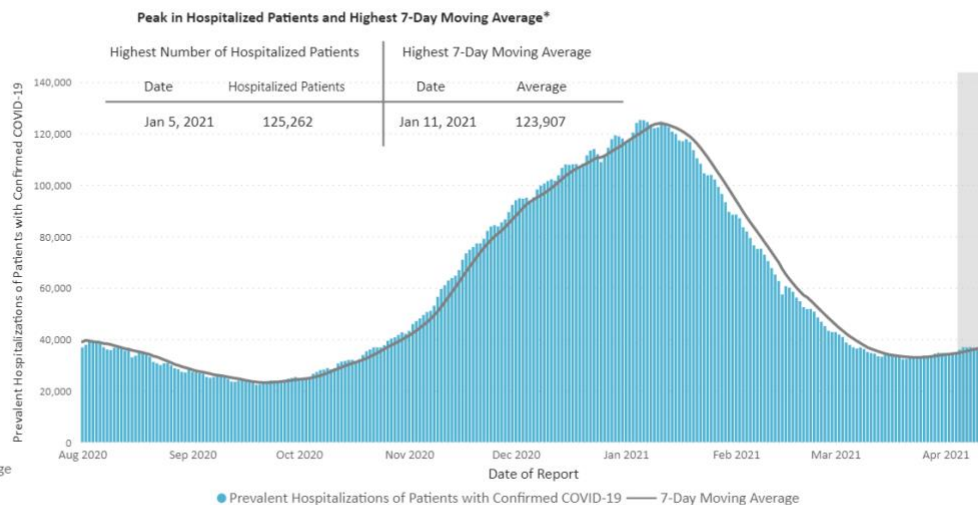
Prior 7-Day Average
Mar 30, 2021 – Apr 5, 2021

+6.3%

Change in 7-Day Average

-70.2%

Change Since Peak 7-Day Average

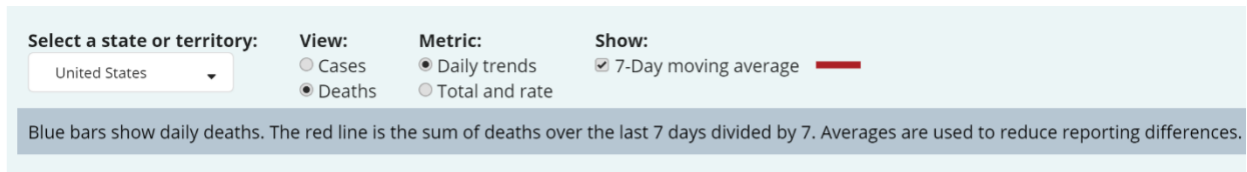


Based on reporting from all hospitals (N=5,255). Due to potential reporting delays, data reported in the most recent 7 days (as represented by the shaded bar) should be interpreted with caution.

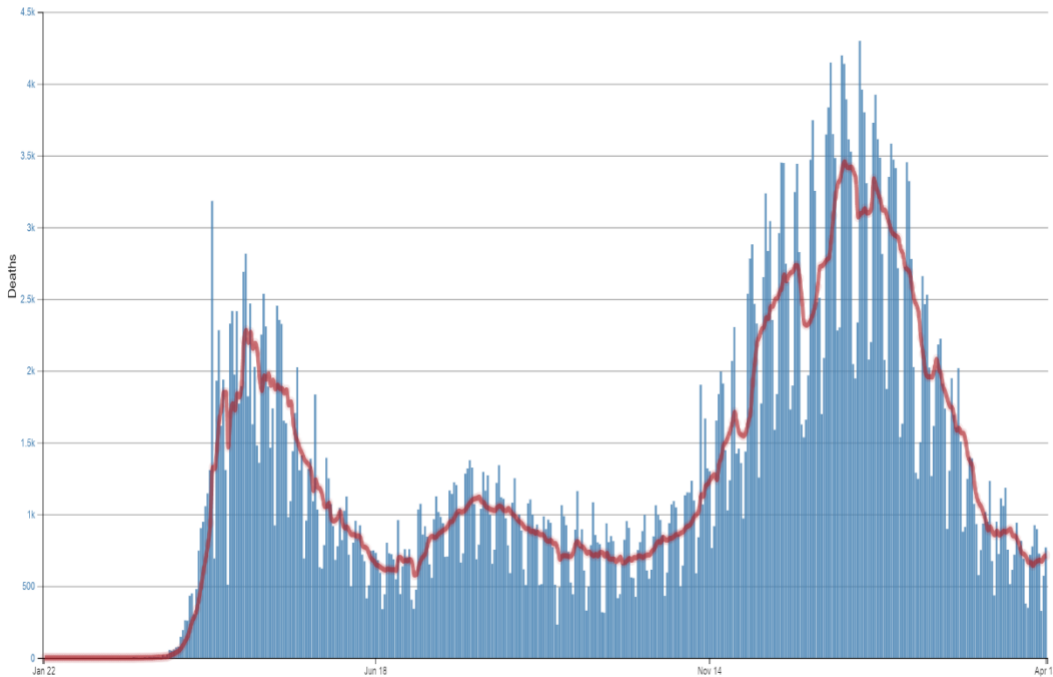
*Small shifts in historic data may occur due to changes in the CMS Provider of Services file, which is used to identify the cohort of included hospitals.

Last Updated: Apr 14, 2021.

Unified Hospital Dataset, White House COVID-19 Team, Data Strategy and Execution Workgroup



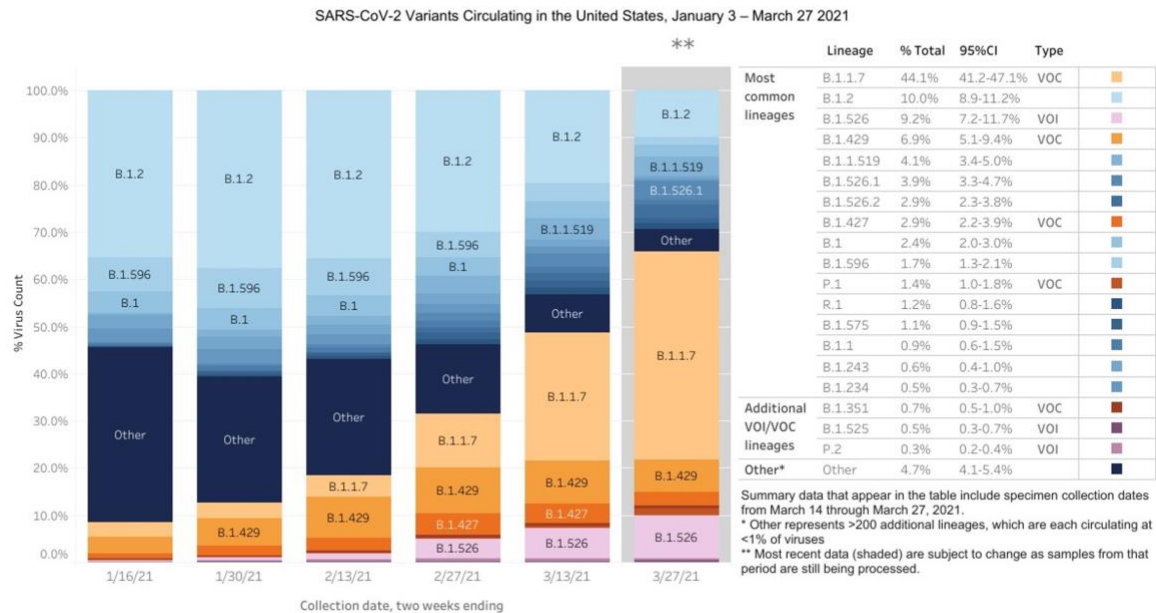
Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC



One theory for this salt-and-pepper combination of indicators is that the apparent lack of patience on the part of the general population, with people forsaking mask wearing and beginning to gather in large groups, has combined with the growing prevalence of more-transmissible variants (see below) to increase the number of infections. However, with a large percentage of the most vulnerable populations already vaccinated, the growing number of cases has not translated as directly or as strongly as might be expected into additional hospitalizations or fatalities. Needless to say, the danger of “long-hauler” symptoms for even younger persons who might avoid the worst outcomes argues for better behavior and more caution. And beyond that, the more infections that occur, the more chances that are taken in the mutation lottery, and therefore the greater the probability that the virus will become more transmissible, or more lethal, or both.

But there is some reassuring news on the mutation front. The book on the B.1.1.7 variant (the one first identified in the United Kingdom) was that it was approximately two-thirds more transmissible, and two-thirds more virulent. However, two new studies [suggest](#) that mortality under B.1.1.7 might be no greater than under other strains (including the original SARS-CoV-2), although it does seem clear that transmissibility is in fact greater. The transmissibility seems to follow from a typically higher viral load among the infected, meaning that they can spread more of the virus into the air around them. The virulence of the variant is more difficult to distinguish, because the samples in the different studies are drawn in different ways (through hospitalization versus mere reporting of symptom) and have different proportions of young persons without pre-existing conditions who might be less likely to become seriously ill. The jury on this question is still out, but at least these two new studies provide a sense of relief for now.

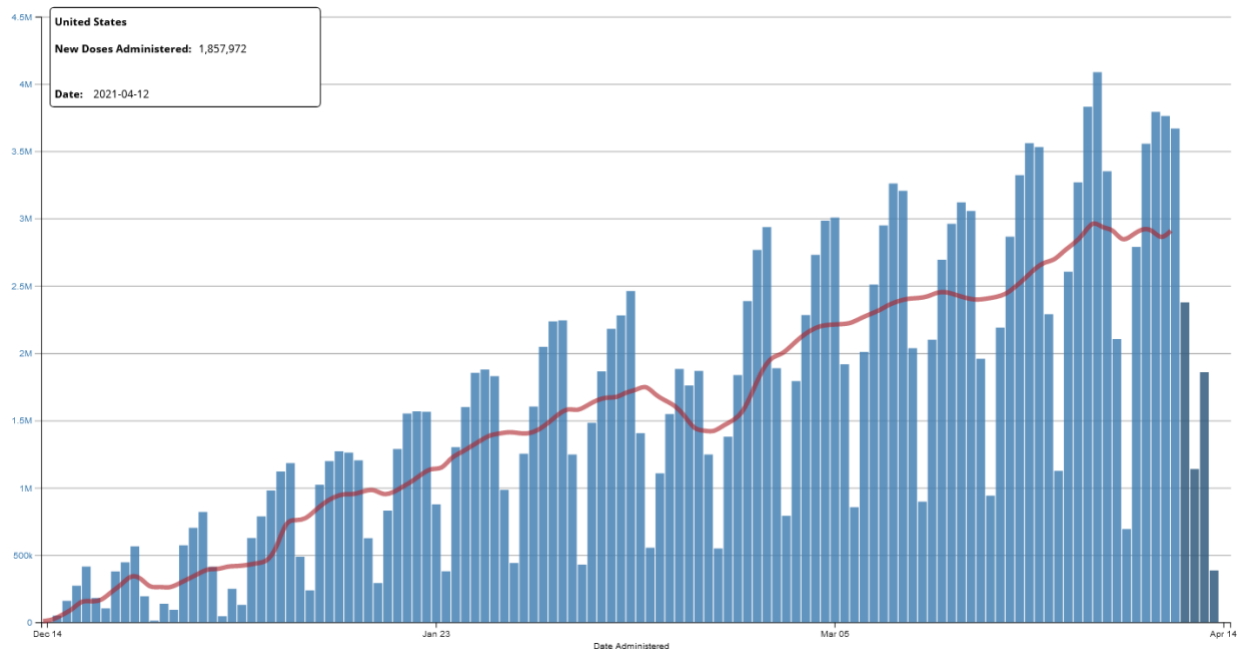
And B.1.1.7 continues to consolidate its dominant position in the United States. The following chart is not far from its every-two-weeks update, but the trend of B.1.1.7 in crowding out the other virus variants is very clear.



3. VACCINE NEWS

The US vaccination process continues in full swing. The seven-day moving average has topped off at close to three million injections, and one recent day exceeded four million. The nation remains on a pace to achieve “herd immunity” by July.

Daily Count of Total Doses Administered and Reported to the CDC by Date Administered, United States



At this point, almost 200 million doses have been administered. About three in eight of all Americans have received at least one dose, and almost a quarter are fully inoculated. For the elderly, the figures are almost 80 percent with one dose, and five in eight fully inoculated.

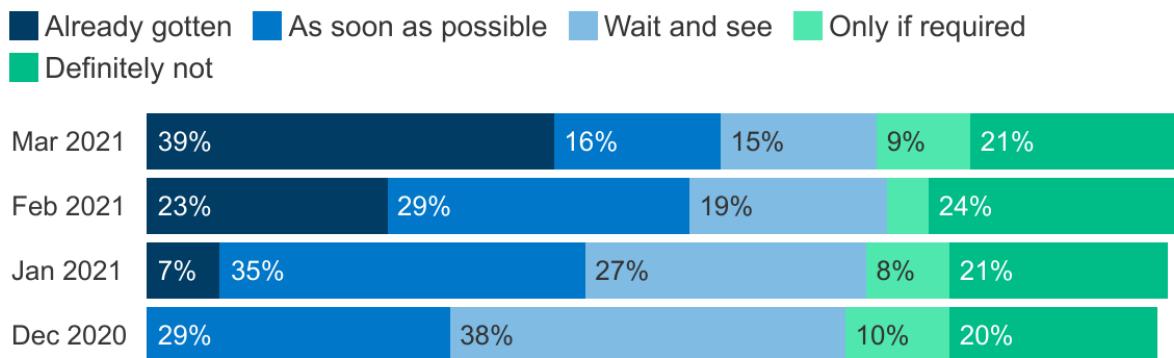
Total Vaccine Doses		People Vaccinated	
Delivered	250,998,265	At Least One Dose	Fully Vaccinated
Administered	194,791,836	Total	123,917,385
Learn more about the distribution of vaccines.		% of Total Population	37.3%
		Population ≥ 18 Years of Age	122,950,014
		% of Population ≥ 18 Years of Age	47.6%
		Population ≥ 65 Years of Age	43,533,422
		% of Population ≥ 65 Years of Age	79.6%
			76,681,252
			23.1%
			76,465,698
			29.6%
			34,455,460
			63%

The Kaiser Family Foundation has continued its research into vaccine hesitancy, and in its most recent [report](#) has focused on rural populations. They find that at this moment, the rural population is more thoroughly vaccinated (39 percent, see the chart below) than is the nation at large (32 percent by comparable survey methodology; see [here](#)).

Figure 1

Four In Ten Rural Residents Have Received At Least One Dose Of A COVID-19 Vaccine, One In Five Still Say They Won't Get Vaccinated

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?



NOTE: Among adults living in rural areas. December 2020 survey did not have an option for respondents to indicate they had already been vaccinated. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor: Rural America (March 15-29, 2021)

**KFF COVID-19
Vaccine Monitor**

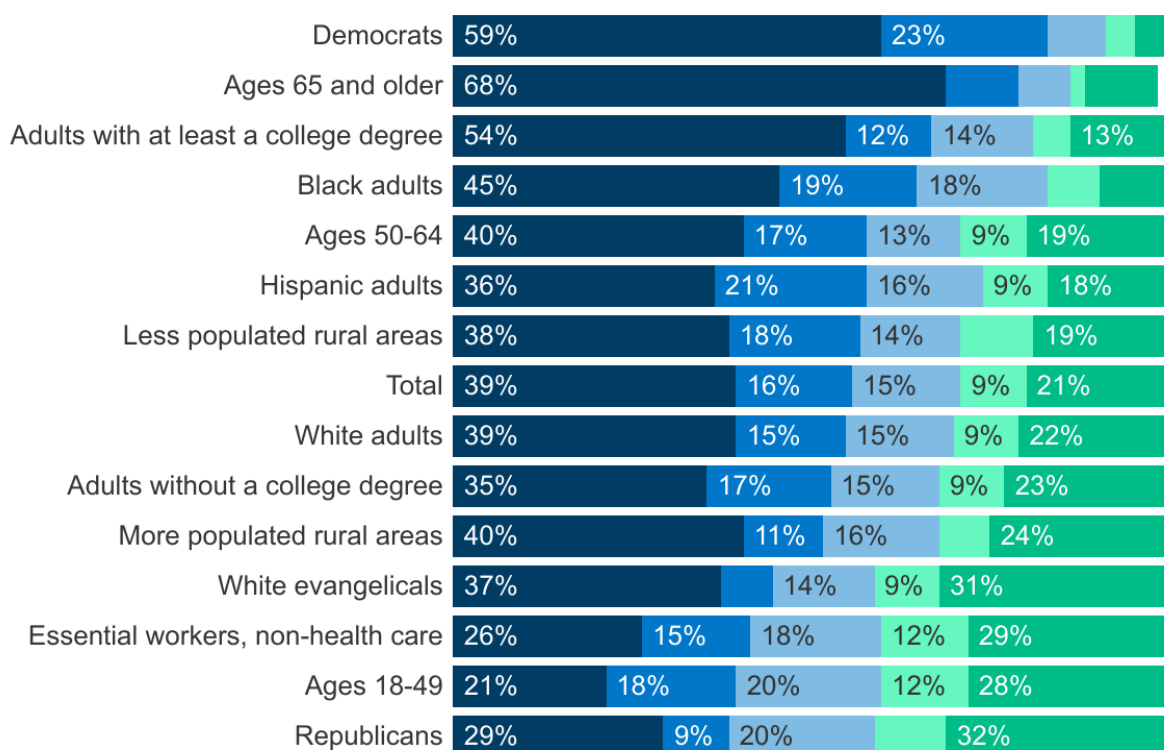
However, there is a concern in the public health community that the nation could soon need to answer the question of “What if we threw a vaccination party and nobody came?” There is progress in rural America (as in the nation as a whole) in convincing those who want to “wait and see” about the vaccine to make up their minds and get in line, as the chart above shows; and the rapid pace of inoculations is adding to the fully vaccinated group. However, there seems to be a nearly irreducible minimum of people who simply do not want to be vaccinated, and that is more true of the rural population than it is of the rest of the population. As the chart above shows, about 30 percent of those in rural areas either reject the idea of vaccination or will budge only so far as to do so if forced; for the nation as a whole, that irreducible minimum is about 20 percent. The chart below shows the characteristics of this hesitant (or resistant) group; political orientation, age (the younger being more negative on vaccination) and religious affiliation are among the strongest indicators.

Figure 3

Older Adults Most Likely To Say They've Been Vaccinated Among Rural Group; Three In Ten Republicans, Essential Workers, And Younger Adults Say They Will Definitely Not Get Vaccinated

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?

■ Already received at least one dose
 ■ Get vaccinated ASAP
 ■ Wait and see
 ■ Only if required
 ■ Definitely not



NOTE: Among adults living in rural areas. Party identification includes independents who lean partisan. See topline for full question wording. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor: Rural America (March 15-29, 2021)

**KFF COVID-19
Vaccine Monitor**

The Kaiser Family Foundation polling inquired for rural residents as to what information about vaccines would possibly change their minds about being vaccinated. Some messages were seen to potentially have meaningful influence on the “wait and see” population. However, the most vaccine resistant population is shown in the chart below to be virtually impervious to facts.

Figure 17

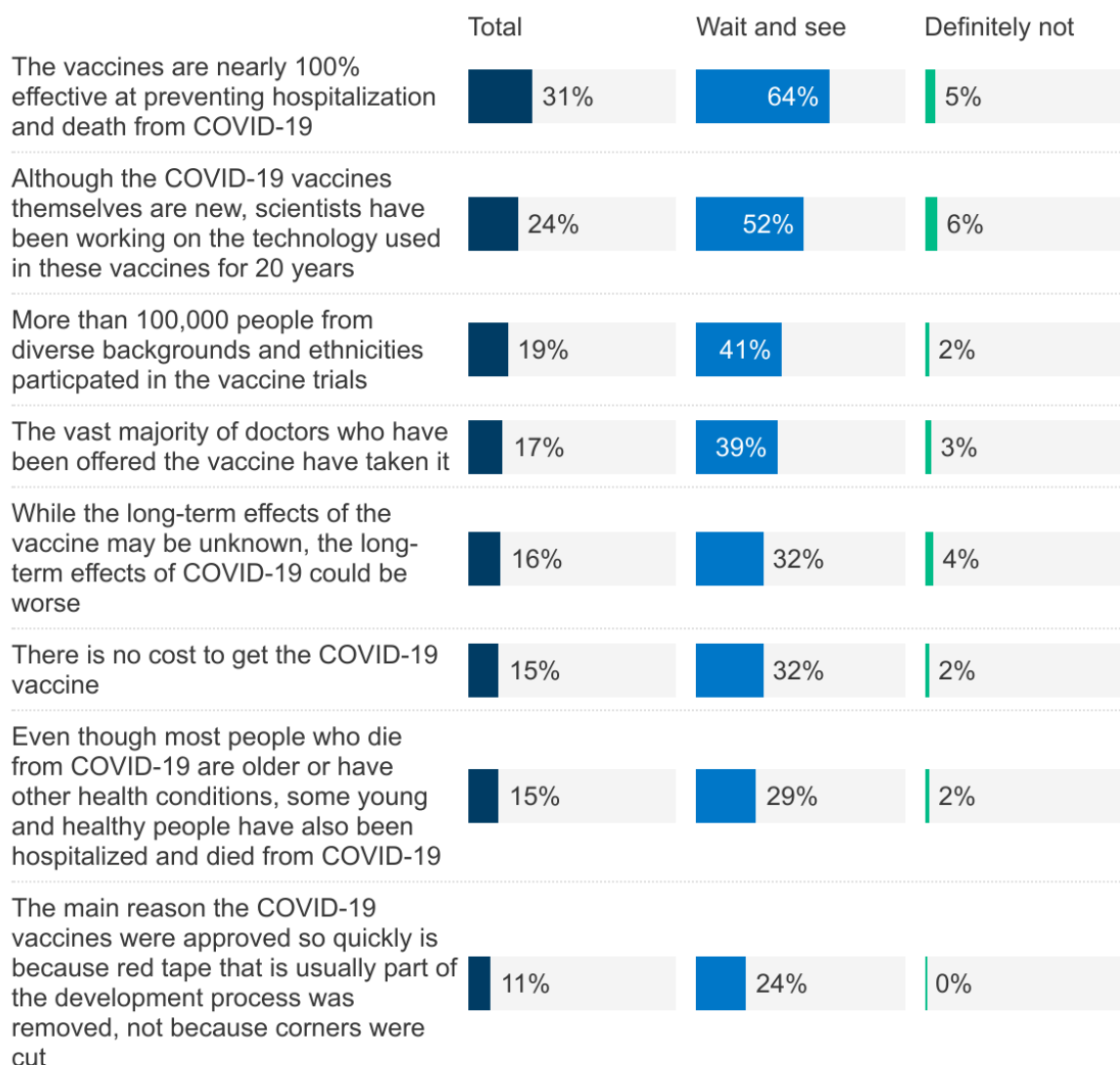
Some Messages, Information Make Rural Residents More Likely To Get Vaccinated

Click buttons to find which messages make rural residents more likely to get a COVID-19 vaccine:

Information about vaccines

Travel restrictions/Routine care

Percent of rural residents who say they are more likely to get the COVID-19 vaccine if they heard each of the following:



NOTE: Based on adults living in rural areas who have not been vaccinated for COVID-19 and do not want to get the vaccine "As soon as possible." Sample size for those who say they will get the vaccine "Only if required" too small for analysis. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor: Rural America (March 15-29, 2021)

**KFF COVID-19
Vaccine Monitor**

This negative attitude on vaccines potentially threatens the fight against COVID-19. If enough people refuse to be vaccinated, the nation might reach the nightmare scenario where we have ample vaccines but no more people willing to be inoculated. If at that point we remain short of “herd immunity” and the virus continues to circulate, mutating as it goes, it is within the realm of possibility that a new and even more dangerous variant will evolve, and the entire nation (and the entire world) could be sent all the way back to the beginning of the process of developing and testing a new vaccine. At that point, everyone in the United States, even the inoculated and the infected but recovered, could be vulnerable all over again. Just today, the CEO of Pfizer again raised the [possibility](#) that a third injection of vaccine may be necessary as protection against aggressive variants, and that annual re-vaccination may be needed on a long-term basis.

And given current circumstances, vaccine hesitancy is a live threat. In the United States, the CDC and the FDA have [recommended](#) a pause in the use of the Johnson & Johnson vaccine because of a very small number of occurrences of an unusual and dangerous blood clotting. More than seven million people have been injected with the J&J vaccine; at this point, the blood clots have been reported in six women and one man, or less than one in one million of the users. One person has died; all of the identified cases required hospitalization. The clotting appears to affect mostly comparatively young people, who are at the least risk of serious infections of the virus, which therefore makes the risk-reward calculation a closer balance for them. The pause continues because the public health authorities want to investigate in close detail whether there are more cases, and whether the clotting was in fact caused by the vaccine. Furthermore, such clots in persons who have been vaccinated require different treatment than the same types of clots in persons who have not, and so work must be done to provide sound guidance for the treatment of all patients with clotting.

This problem with the J&J vaccine (on top of the potential contamination of a large batch of its vaccine by Emergent BioSolutions in Baltimore) is nearly identical to the scare caused by blood clots in persons receiving the AstraZeneca/University of Oxford vaccine in Europe. The European Medicine Agency has expressed concern about the AstraZeneca vaccine, but has maintained that its benefits exceed its risks. The EMA has not offered definitive guidance, and so individual nations are reacting on their own. Denmark has just [suspended](#) the AstraZeneca vaccine from its program, saying that it was not because of concerns about safety, but at the same time expressing regret at the death of a 60-year-old Danish woman who had been given the vaccine. Other European nations are pausing the AstraZeneca vaccine, which has been the backbone of the still-lagging European vaccination program. So Italy, for example, is struggling under a new wave of the pandemic, while AstraZeneca supplies are sitting in storage.

The United States has relied exclusively on the vaccines by J&J, Pfizer and Moderna, but the AstraZeneca product has been counted upon by the developing world, as well as on its home ground in Europe. The AstraZeneca vaccine was also manufactured by the world’s largest producer of vaccines, located in India, and the concern over blood clotting therefore threatens the vaccination program of much of the world. While the Pfizer and Moderna vaccines require sophisticated cold storage and careful handling (Pfizer more so), the AstraZeneca and J&J vaccines are much easier to handle, and the J&J vaccine requires only one dose. Furthermore, the AstraZeneca (especially) and the J&J vaccines are reportedly cheaper. With the entire world at risk of renewed surges and possible subsequent mutations of the virus, further vaccine hesitancy would be tragic. And meanwhile, both China and Russia are producing and exporting their own vaccines under conditions that western authorities would describe as less safe, noting the eruption last week over Russian Sputnik V vaccine that allegedly did not meet the standards that were used to achieve its approval for emergency use.