1. UNEMPLOYMENT INSURANCE CLAIMS

New Unemployment Insurance claims for the week ending August 21 increased by 4,000. The previous week’s tally was revised upward by 1,000. With these four small increases, the four-week moving average of new claims continued to trend down, to the lowest levels since the initial impact of the coronavirus pandemic in March of 2020. (The actual number of new claims was down; the increase in the headline number was caused by seasonal adjustment.) The total number of claims for all programs, reported with a lag for the week of August 7, increased by more than 182,000. Claims under regular state programs were down by almost 42,000, but claims under the federal Pandemic Unemployment Assistance (PUA) program and the pre-pandemic Extended Benefits (EB) program, both of which provide more weeks of benefits (and the former provides the additional fixed-dollar benefit payment) were up by almost 105,000 and almost 174,000, respectively. Progress is slow, but steady over time.
2. HOUSE PASSES BUDGET RESOLUTION

This Tuesday, the House passed the fiscal year 2022 budget resolution, which already had passed the Senate. This opens the door to a budget reconciliation bill, which can spend (including tax cuts) up to $3.5 trillion over 10 years, if passed with a majority (50 plus the Vice President in the Senate) of only Democratic votes. However, the House leadership was forced to make a concession to a group of nine moderate Democratic Members who hold the balance of power in the chamber (as would any determined group of four Democrats). Speaker Pelosi agreed to allow a vote on the bipartisan infrastructure bill (which also already had passed the Senate) by September 27. This is almost certainly before the Democrats will have completed work on the reconciliation bill; the more progressive Members in the Democratic caucus had insisted on a reconciliation vote prior to one on the bipartisan bill. The progressives believe that the bipartisan infrastructure bill is not good (big) enough, and wanted to hold it hostage to getting their way on the reconciliation bill, which has not yet been written. The House moderates held a trump card, in that the bipartisan infrastructure bill contains a reauthorization of the highway program, which itself expires on September 30 (the end of the fiscal year) and therefore needs to be renewed. Speaker Pelosi is apparently using that fact as a justification for her concession.

3. PANDEMIC NEWS

Yelp is announcing a new feature that allows consumers to search for businesses with fully vaccinated workers or businesses that require proof of vaccination to enter the business.

This is another week when no news is bad news. The national upward trends of infections continue, and while the concentration in low-vaccination states drives the aggregates, cases in the highest-vaccination states are rising, too.
Health care systems continue to be burdened by rising hospitalizations. Depending on who is counting, current COVID hospitalizations may be over 100,000, and are approaching the peak of last winter. One expert observed that matching the peak caseloads of the winter surge—before there was wide access to a vaccine—in a country in which half of the population is vaccinated signals a truly dire condition, and a serious threat from the Delta variant. And again, there are parts of the country (like Florida) where the caseloads are even higher, and the threat is even more dire.
Fortunately, because of vaccinations and because of improving treatment protocols, the level of deaths is lower. But it is rising. And in Florida, daily deaths are approaching their previous peak (note that reporting lags make the last few days look like massive improvement, which they likely are not).

While the CDC is updating its data on hospitalizations and deaths, it continues to report that they are overwhelmingly unvaccinated people. A recent study in the New England Journal of Medicine found that two doses of the mRNA vaccines are 88 percent effective against symptomatic COVID-19 infection with the Delta variant.
Also, according to a new report from The Peterson Center on Healthcare and the Kaiser Family Foundation, unvaccinated Americans who were hospitalized with COVID-19 cost the U.S. health care system $2.3 billion in June and July— and that’s “likely an understatement,” the researchers wrote.

The number of childhood infections is rising exponentially. Delta again seems to be responsible, although the explanation may be nothing to do with childhood, merely Delta’s vicious transmissibility. The case rate among children from birth to four years old now exceeds 100 per 100,000; it is greater than that for persons 65 and over. (Seniors can be vaccinated; infants and toddlers cannot.) Pediatric
intensive care units are being overrun by COVID cases. And cases of MIS-C—multisystem inflammatory syndrome in children, an inflammation of the blood vessels—are on the rise as well. All of this while politicians and parents fight over the freedom to go without masks. As they have for some time, 18 to 29 year olds have the highest incidence of COVID; but 30-39 year olds are now in a clear second place.

Lucy van Pelt has pulled away the football once again, and Doctor Anthony Fauci has moved the goalposts at the same time. After independence was declared on July 4th of this year, Dr. Fauci now says that with much more complete vaccination, we could truly put the virus down by next Spring. From his mouth...

The intelligence community has delivered a classified report about the origins of the coronavirus outbreak to President Biden. An unclassified version is due in a few days. If the leaks are to be believed, the new report, even with the latest intelligence, cannot definitively identify the source of the virus as a natural occurrence as opposed to a Wuhan laboratory mistake.

Meanwhile, the Chinese government has launched a disinformation public relations campaign, arguing that the COVID-19 virus the coronavirus escaped from an American military lab.

The latest crank cure for COVID-19 is a bovine de-worming drug called ivermectin.

4. VACCINE NEWS

There is no real news on the vaccine rollout front either; and again, it is bad news. The number of vaccinations is climbing, but it is climbing very, very slowly.
Although this trend might appear to be mild good news, please note the following wrinkle in the data, which may be overinterpreting the available precision, but it does appear troubling. The rising trend in overall doses administered seems to be disproportionately the completion of two-shot treatment regimens. The number of prodigal sons and daughters coming home to get their first injections actually appears to be falling—which would be bad news for approaching herd immunity and a return to pre-pandemic normality.
In other vaccine news, the FDA has issued full approval for the Pfizer vaccine for persons aged 16 and over. Emergency use remains authorized for persons aged 12 to 15; trials are underway for ages 5 to 11, and 2 to 5. (Proper dosing is an important issue for people with smaller body mass, AKA children.) Opinion polls have indicated that some vaccine-hesitant persons have said that full FDA approval would induce them to receive the vaccine; given how firmly dug in such persons must be to still refuse a vaccine already taken by hundreds of millions of people around the world in the face of a pandemic of a dread disease, one can only wonder how much the FDA approval will influence voluntary vaccination. Another hope is that the full approval will stiffen the spines of some employers and even governments to require vaccination, or to impose greater inconveniences or prohibitions on those who continue to refuse the shot. (The military will require immediate vaccination.) Full approval will also give Pfizer the right to market their vaccine; but given that it is in the news constantly and is already available for free, one can only hope that their marketing is highly persuasive.

The FDA is also likely to approve a Covid-19 booster shot starting at least six months after the previous dose, rather than the eight months announced earlier.

Meanwhile, Moderna announced that it has completed its data submission to the FDA for full approval of its vaccine for persons age 18 and over; it already was in process for an emergency use authorization for youths age 12 through 17.

Johnson & Johnson has provided data to demonstrate that an additional injection of its vaccine produces a ninefold increase in antibodies. Antibody production is an indicator of protection, but there is some question as to whether it is necessary to indicate robust protection. There had been some concern that the first J&J injection would have produced resistance to a second injection, but J&J’s study demonstrates that this does not happen in practice.
A CDC study has indicated what we already had feared: that the Delta variant is more likely than its predecessors to work its way around the protection against infection that is provided by a vaccine. However, although this particular study did not address the issue, there is continuing evidence that persons who have been vaccinated appear to be just as fully protected against serious illness as they were before Delta took over.

The CDC has also indicated that there will be particular urgency to receive a regular annual influenza vaccine this year, because of complications that can be caused by the simultaneous spread of COVID.

5. SPOTLIGHT ON REOPENING: VACCINATIONS IN POOR COUNTRIES

The Biden administration announced last week that it would begin making available third doses of the Pfizer and Moderna vaccines beginning September 20 to people who are eight months past their second dose. Data released by the CDC stop short of proving that a third dose would be any more effective in preventing severe outcomes than the current two-dose series. It’s unclear whether a third dose would help people who did not produce a robust immune response to the first two doses, said Bill Hanage, an epidemiologist at the Harvard T.H. Chan School of Public Health. Still, officials said the plan, backed by heads of the CDC, NIH, and FDA, is designed as an offensive strategy against the virus in advance of the upcoming colder weather.

While the CDC study found no evidence that the third dose provides stronger protection against severe outcomes, a study by the Israeli Health Ministry found that a third dose of the Pfizer vaccine provides four times the protection against infection as two doses in people 60 and over. Israel approved booster
shots for this age group last month, and lowered the age of eligibility to 40 last week. Prime Minister Naftali Bennet, age 49, received his third dose of Pfizer last Friday. France, Germany, the US, and the UK all plan to eventually provide boosters. In the US, more than one million people have already managed to get an unauthorized third dose.

Vaccine boosters for wealthy nations, while the developing world has barely received first doses, has sparked outrage. On Monday, the head of WHO called for a two-month moratorium on the administration of boosters as a means of reducing global vaccine inequality and preventing the emergence of new variants. WHO Director-General Tedros Adhanom Ghebreyesus called on countries offering third doses “to share what can be used for boosters with other countries so they can increase their first and second vaccination coverage.” Tedros stated that of the 4.8 billion vaccine doses delivered to date globally, 75 percent have gone to only ten countries while vaccine coverage in Africa is at less than 2 percent. “Vaccine injustice and vaccine nationalism” increase the risk of more contagious variants emerging, Tedros said.

The first chart above suggests that there are upper-income countries, whose vaccination rates are high; middle-income countries, with vaccination rates that are lower but rising; and low-income countries, that are struggling to get their vaccination programs off the ground (or in this representation, off the horizontal axis). The chart below identifies many of the countries in the first chart, but also shows a broader representation which makes clear that vaccination is one of the things that money buys; there is a clear relationship between a country’s income level and its degree of vaccination.

The recent pandemic and vaccination news also make clear the critical relationship between the science and public policy decisions. With Delta infections rising in the United States, and well as over a third of the population simply refusing to be vaccinated, accounts from experience in Israel that the potency of past inoculations is waning alarm vaccinated Americans, who fear that they might become infected. Will those accounts prove accurate? But they also raise a public health concern, because even if Americans who are vaccinated are less likely to become seriously ill, they might contract the virus without symptoms and then spread it to the unvaccinated—including small children (although the likelihood of the vaccinated spreading the virus is not fully understood). There is no question that administering potential third doses instead to unvaccinated Americans as first doses would do more to protect the American population at large. But what if those unvaccinated Americans simply refuse? And it is also certain that vaccinating the unvaccinated anywhere else in the world would in the longer term protect Americans as well. We are prisoners of both bad behavior here in the United States and a global shortage of vaccine supply relative to the need—which of course is to vaccinate, as soon as possible, every living soul on earth.

Sources: KFF/Our World in Data/World Bank