

# CORONAVIRUS PANDEMIC UPDATE

One year ago, the term “coronavirus” was rarely used outside of medical facilities. Although the virus we would soon learn to call COVID-19 was already spreading in China, it seemed to be a distant issue unlikely to affect Americans, including Mail Handlers. After twelve months, 28 million confirmed cases and over 500,000 deaths (including some 17 Mail Handlers), COVID-19 has undoubtedly changed life in the United States and in the Postal Service.

According to daily tracking data, provided to the NPMHU every day, COVID-19 has directly impacted many Mail Handlers and by extension their families and friends. During the month of January 2021, hospitalizations continued to rise due to coronavirus and many medical experts continued to predict that COVID-19 related deaths will undoubtedly increase another 40-50,000 by mid-spring 2021. In addition, the Centers for Disease Control and Prevention (CDC) have found that multiple variants of the virus causing COVID-19 have been documented in the United States during recent months.

The virus that causes COVID-19 is a type of coronavirus, a large family of viruses. Coronaviruses are named for the crown-like spikes on their surfaces. Scientists monitor changes in the virus, including changes to the spikes on the surface of the virus. These studies, including genetic analyses of the virus, are helping scientists to understand how changes to the virus might affect how it spreads and what happens to people who are infected with it.

According to the CDC, multiple COVID-19 variants are circulating globally and have been identified in at least 20 US States.

- In the United Kingdom (UK), a new variant called B.1.1.7 has emerged with an unusually large number of mutations. This variant spreads more easily and quickly, although currently there is no evidence that it causes more severe illness or increased risk of death. This variant was first detected in September 2020 and is now highly prevalent in London and southeast England. It has since been detected in numerous countries around the world, including the United States and Canada and continues to spread rapidly.
- In South Africa, another variant called 1.351 has emerged independently of the variant detected in the UK. This variant, originally detected in early October, shares some mutations with the variant

detected in the UK. There have been cases caused by this variant outside of South Africa and it recently has been detected in South Carolina.

- In Brazil, a variant called P.1 emerged and was identified in four travelers from Brazil, who were tested during routine screening at Haneda airport outside Tokyo, Japan. It also has been found in Minnesota. This variant contains a set of additional mutations that may affect its ability to be recognized by antibodies.

These variants seem to spread more easily and quickly, which may lead to more cases of COVID-19. Currently, there is no evidence that these variants cause more severe illness or increased risk of death. However, an increase in the number of cases will put more strain on health care resources, lead to more hospitalizations, and potentially more deaths. Rigorous and increased compliance with public health mitigation strategies, such as vaccination, physical distancing, use of masks, hand hygiene, and isolation and quarantine, will be essential to limiting the spread of COVID-19 and protecting public health.

According to data from Johns Hopkins University, there were more than 95,000 coronavirus fatalities recorded in January 2021, making it the deadliest month since the pandemic began (with a high of 4,300 deaths being recorded on January 12, 2021). January also saw an increase in hospitalizations due to COVID-19 complications, peaking at over 130,000.

While some experts believe that the U.S. is turning the corner on the pandemic, this certainly is not the time to let your guard down. The National Office urges all Mail Handlers to remain vigilant, cautious and continue to:

- Wear a mask over your nose and mouth
- Stay at least 6 feet away from others
- Avoid crowds
- Avoid poorly ventilated spaces
- Wash your hands often

Currently, as of this writing, there are three authorized vaccines for the coronavirus COVID-19 developed by Pfizer-BioNTech, Moderna and Johnson & Johnson. Two have an efficacy rate of over 90% and require two doses to achieve full protection. The third (single-shot vaccine), developed by J&J,

was recently approved by the Food and Drug Administration for Emergency Use Authorization (EUA).

However, as many states begin to open mega-sites for vaccinations, demand for COVID-19 vaccines is expected to continue exceeding supply during the first months of the national COVID-19 vaccination program. The FDA through its Advisory Committee on Immunization Practices (ACIP) advises CDC on population groups and circumstances for vaccine use. ACIP has recommended that:

1. health care personnel and residents of long-term care facilities be offered COVID-19 vaccination first, in Phase 1a of the vaccination program;
2. in Phase 1b, vaccines should be offered to persons aged  $\geq 75$  years and frontline essential workers (non-health care workers); and
3. In Phase 1c, persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and essential workers not recommended for vaccination in Phase 1b should be offered vaccines.

These recommendations for phased allocation provide guidance for federal, state, and local jurisdictions while vaccine supply is limited, although some states and localities have adjusted these guidelines.

Recently, a new forecast was released by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington's School of Medicine that incorporated the expected rollout of a COVID-19 vaccine for all countries. The projections show that, even with expected vaccine rollout, the United States will see 539,000 deaths by April 1. During this winter surge, continued vigilance to control the spread of the virus will be necessary for several months.

The forecasts now include scenarios for rapid vaccine rollout, expected rollout, and no vaccine. A rapid vaccine rollout is forecast to reduce the death toll to 528,000. The forecasts show that if mask-wearing increased to 95%, combined with expected vaccine rollout, approximately 66,000 lives could be saved, compared to a vaccine rollout scenario with current mask-wearing levels remaining the same. Even with a vaccine, if states do not act to bring current surges under control, the death toll could reach 770,000 by April 1.

In January 2021, President Joseph Biden released a 200-page report on the National Strategy for COVID-19 Response and Pandemic Preparedness. This report outlined 7 major goals that would be focused on during these traumatic and trying times. The National Strategy provides a roadmap to guide America out of the worst public health crisis since the H1N1 pandemic of 2009.

- Goal One — Restore trust in the American people.
- Goal Two — Mount a safe, effective equitable vaccination campaign.

- Goal Three — Mitigate spread through expanding masking, testing, data, treatment, workforce, and clear public health standards.
- Goal Four — Immediately expand emergency relief and exercise the Defense Production Act.
- Goal Five — Safely reopen schools, businesses, and travel while protecting workers.
- Goal Six — Protect those most at risk and advance equity, including across racial, ethnic, and rural/urban lines.
- Goal Seven — Restore US leadership globally, advance health security, and build better preparedness for future threats.

Finally, it is important to note President Biden has issued many executive orders since being sworn into office, and to date many of these orders directly respond to the COVID-19 crisis.

By invoking the Defense Production Act of 1950, the President has clearly signaled a commitment and willingness to accelerate vaccinations and the production of protective equipment. The Executive Orders are:

- EO 13987: Organizing and Mobilizing the United States Government to Provide a Unified and Effective Response to Combat COVID-19 and To Provide United States Leadership on Global Health and Security;
- EO 13991: Protecting the Federal Workforce and Requiring Mask-Wearing;
- EO 13994: Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats;
- EO 13995: Ensuring an Equitable Pandemic Response and Recovery;
- EO 13996: Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats;
- EO 13997: Improving and Expanding Access to Care and Treatments for COVID-19;
- EO 13998: Promoting COVID-19 Safety in Domestic and International Travel;
- EO 14001: A Sustainable Public Health Supply Chain; and,
- EO 14002: Economic Relief Related to the COVID-19 Pandemic.

The NPMHU supports many of these executive orders. At the same time, we continue to mourn the many lives lost during this pandemic and express our deepest sympathy to the family, friends, and loved ones impacted. The NPMHU's home page has a link that contains all names of our fallen Mail Handler sisters and brothers.