

Arizona reactivates hospital emergency plans as COVID-19 infections rise in 19 states

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Arizona's state health director, Dr. Cara Christ, sent an urgent letter to Arizona hospitals, asking them to activate their COVID-19 emergency plans. The Arizona Department of Health Services tweeted Tuesday night, "We know COVID-19 is still in our community, and we expect to see increased cases."

The Arizona DHS reported Wednesday that the rising number of hospitalizations for coronavirus infection had raised the occupancy rate for the state's hospitals to 83 percent, up from 76 percent Monday, past the 80 percent figure that triggers a halt in elective surgeries.

The state reported 1,556 cases on Wednesday, a new daily high, bringing total cases statewide to nearly 30,000, half of them in Maricopa County (Phoenix), with 1,095 deaths.

Dr. Marjorie Bessel, the chief clinical officer for Banner Health, told azcentral.com, "I definitely think we are seeing an increase in community prevalence and spread. What the proximal cause is, it is hard for me to state what that is, but certainly a number of activities that have happened since the executive stay-at-home order expired" on May 15.

According to Marcy Flanagan, executive director of the Maricopa County Department of Public Health, the county has seen nearly 500 new cases daily in each of the last four days, compared to 200 new cases per day previously before.

With over 2 million total cases, persistent daily cases over 20,000+ on a seven-day average, and 112,629 deaths in the United States, according to the database of the *New York Times*, the outbreak is currently spreading in the southern and western states as government restrictions have been eased and back-to-work orders carried out.

California has had more than 2,000 daily cases since May 25. Missouri, Washington, and North Carolina are seeing a new surge of cases. Florida has now consistently over 1,000 cases each day, with Saturday's total of 1,426

positive cases the most since early April. Coronavirus hospitalizations in North Carolina have hit a new high of 774.

Arizona is only one of 19 states where the COVID-19 infection rate is rising, according to data from Johns Hopkins University. These include Alaska, Arizona, Arkansas, Florida, Georgia, Hawaii, Kentucky, Michigan, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Vermont and Washington.

Four other states have increased COVID-19 hospitalizations since the Memorial Day weekend (May 24-26), which is widely regarded as an inflection point in the development of the pandemic. These include the two most populous states, California and Texas, as well as Mississippi and Montana.

In Houston, Texas, COVID-19 hospitalizations hit their low point in mid-May with just under 400 patients. On Tuesday, this number had risen to 622 patients. "Pretty much all the numbers are moving in the wrong direction at this point," said Dr. David Persse, director of Houston's Health Department.

Dr. Anthony Fauci, the head of the US National Institute of Allergy and Infectious Diseases, who has repeatedly warned that the pandemic still had a long way to go, explained that public health measures alone would not bring an end to the outbreak until a vaccine is developed and "billions and billions of doses" are available. Speaking at a conference of biotechnology executives, he said, "Now we have something [COVID-19] that turns out indeed to be my worst nightmare. In a period of four months, it has devastated the world; 110,000 deaths in the US. There's millions and millions of infections worldwide. And it isn't over yet."

Worldwide, the number of COVID-19 cases continues to climb unabated, now at 7.4 million, with almost 420,000 deaths. Daily new cases continue to exceed

100,000, while the daily fatality rates range between 3,000 and 5,000 cases.

As of June 9, COVID-19 data tracked by “Our World in Data,” shows a remarkable correlation between the intensity of testing and a low rate of infections. Every nation that has performed more than 100 tests for every detected infection has seen daily case rates held below 100 per day over a seven-day average.

Iceland, Latvia, Tunisia, Luxembourg, Thailand, Australia, South Korea, Norway, and Ireland are only a selection of the countries whose case rates are down-trending or have remained flat because of high rates of testing. It is, of course, not the testing by itself that results in lower rates, but the accompanying health care measures, including contact tracing and isolating those who are infected or exposed.

Countries that have been performing less than 20 tests per detected case are in a far worse position. On average, they are reporting rates close to 1,000 new cases per day or more with rates remaining flat or climbing. Among these are Panama, Iran, Argentina, Indonesia, South Africa, Qatar, Pakistan, Mexico, Saudi Arabia, India, Chile, and Colombia.

The United States is near the bottom, with 2 million infections and 22 million tests, for a rate of 11 tests per detected case. Worst of all is Brazil, which has less than one million tests and nearly 800,000 cases, for a rate of just over 1 test per detected case—effectively, no testing at all.

Trump claimed that the US has the most confirmed COVID-19 cases because it tests more, stupidly suggesting that if there was less testing, incidence of the deadly disease would go down: as though closing one’s eyes to the problem would make it go away.

The claim was made in the first weeks of the lockdown in the US, in the notorious phrase of Thomas Friedman of the *New York Times*, that “the cure was worse than the disease.” and the state policy shifted to the three-pronged approach of insisting on herd immunity, demanding the reopening of the economy, and attempting to manipulate the numbers of cases being reported.

By any measures, the Trump administration and the US political establishment have succeeded through these efforts in reigniting the coronavirus pandemic, as seen in the resurgence in the south and west.

It is worth highlighting, in this context, two recent papers published in the journal *Nature*, in which the authors attempt to quantify the effects of the massive global lockdowns on the COVID-19 pandemic. According

to the first paper by Solomon Hsiang, et al., “We estimate that there would be roughly 465x the observed number of confirmed cases in China, 17x in Italy, and 14x in the US by the end of our sample if large-scale anti-contagion policies had not been deployed.”

The benefit of lockdowns varied from country to country depending on their time to initiating measures as well as scale of that response. Even small delays produced significantly different health outcomes. For the US, the effect of the lockdown by April 6 resulted in 4.8 million fewer estimated cases. Global lockdowns may have averted 530 million total infections. In the second paper, authors Seth Flaxman et al. write, “We find that across 11 countries, since the beginning of the epidemic, 3.1 million [2.8 to 3.5 million range] deaths have been averted due to interventions.”

Such models cannot account for all dynamic variables that affect the math of pandemics. Still, it certainly does highlight the magnitude of the health crisis averted on the populations of the globe through these lifesaving interventions.

These figures are not cause for celebration, however, but a warning. As the lockdowns are ended, workers go back to work, and various forms of social and mass activity are resumed, the figures presented in *Nature* can work in reverse. The 530 million infections averted in March, April and May can become 530 million infections that take place in July, August and September because social distancing was ended and people were told, against all scientific evidence, that it was safe to resume normal activities. With an estimated 1 percent mortality rate, that would mean the death of 5.3 million people worldwide whose lives could otherwise have been saved.



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