COVID-19 cases reach 15 million worldwide with 4 million in the US alone

Benjamin Mateus
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The number of COVID-19 infections worldwide surpassed 15 million yesterday. In less than five days, another million cases have been added. More than 618,000 people have died in little more than seven months since the virus took its first victim. There are also six million active cases globally, which provides only a very indirect measure of the burden being carried by health care workers facing shortages of PPE, medical supplies and stamina. Ten percent of all cases occur among health care workers.

More than 25 countries have posted over 1,000 new daily cases. These include some of the poorest nations such as Indonesia, the Philippines, Bangladesh, Kyrgyzstan, Kazakhstan, Pakistan and Ecuador. The poorest and most vulnerable people are at risk.

Lack of political representation and economic access make indigenous people, numbering 500 million on the planet, among the most vulnerable populations. Specifically, the World Health Organization has raised concerns about the impact of COVID-19 on indigenous people of the Americas, such as in the Peruvian Amazon. In the Americas, 70,000 indigenous people have been infected and more than 2,000 have died.

However, one of the wealthiest nations on the planet, with the highest number of ultra-high net worth individuals, those with more than $50 million, continues to lead every other country in cases of COVID-19. Yesterday, the United States registered another million-case milestone, with the total number of infections passing four million. There were another 67,140 cases of COVID-19 and 1,122 new fatalities in one day, the highest number of deaths since June 9.

The rise in fatality figures comes on the heels of rising infections over the past month, as states such as Florida, Texas, Arizona and California moved quickly to reopen. California, with 10,278 new cases Tuesday, registered 120 fatalities. With 410,176 total COVID-19 cases, it is poised to pass New York state by week’s end. Hispanic communities, with many workers deemed essential and frequently living in impoverished multigenerational households, have been hit the hardest.

Texas has seen 357,127 cases of COVID-19, half of these just during July. Yesterday, the state reported 118 new fatalities, pushing the total to 4,299. Statewide, on Tuesday hospitalizations rose to the highest level since the pandemic, with 10,848 patients admitted to overcrowded hospitals. According to the *Houston Chronicle*, this marked 12 straight days with more than 10,000 hospitalized patients.

The Texas-Mexico border area has been ravaged. Hispanics make up 90 percent of the population and suffer from significant chronic morbidities. Hidalgo County, with a population of 870,000, has reached a death rate of 33 per 100,000. Public health officials believe the reported number of deaths is lagging and expect that the worst has yet to come. Funeral homes and crematories are running out of space.

Arizona logged 3,500 new cases and 134 deaths, with bed occupancy and ventilator use staying steady, which the health department attributes to increased use of face masks.

Florida, with 9,440 new cases, logged 132 fatalities. It also saw 517 new hospitalizations on Tuesday, a one-day high for the state. The health department stated that positive test rates stand at 17.4 percent. Given the insistence by Governor Ron DeSantis on reopening the schools in the face of the state's health catastrophe, Florida's largest teacher’s union has been forced to bring a suit against DeSantis and Education Commissioner Richard Corcoran.

Not surprisingly, the Centers for Disease Control and Prevention has reported that the number of people infected in the United States may be two to 13 times higher than presently cited. Many of these are people who may not have had symptoms or did not seek medical attention. The information comes from a seroprevalence survey conducted using de-identified serum samples from patients across a large geographic area, which includes several states, such as Louisiana, Utah and Minnesota, and cities such as New York and Philadelphia.

Using patient blood samples that were drawn for other reasons than COVID-19 analysis, antibody tests were conducted. New York City had the highest seroprevalence,

with an estimate of 23.2 percent. All other sites ranged from 2 to 9 percent. The CDC plans to increase testing sites and update its findings every 3 to 4 weeks. As it notes, the nation remains far from the threshold of herd immunity.

Despite 50 million tests having been conducted across the US, the virus continues to run rampant through communities. In a report published online in *Preventive Epidemics* on July 21, the authors write: "The use of accurate, real-time data to inform decision-making is essential for infectious disease control. Unlike many other countries [Germany, Senegal, South Korea, and Uganda], the United States does not have a standard, national data on COVID-19. The US also lacks standards for state-, county-, and city-level public reporting of this life and death information."

Some of the key findings are listed below:

1. Though all states have a COVID-19 dashboard, developed independently, no two have identical information presented, usability or look. These create differences in functionality and capacity to drill down to necessary granular data, which results in substantial variations in geographic and demographic stratification of data, making them difficult to "inform current risk, readiness, and the effectiveness of response efforts."

2. Many dashboards are overly complex to navigate and unorganized, making it difficult to find critical information, such as the number of cases for a given day. They use counts instead of rates, which confounds comparisons between localities. Multiple dashboards used by a state are not linked. Twenty percent of the state dashboards do not report data by 5:00 p.m. local time, while two states display information from previous days. Kansas updates its dashboards only three times per week.

3. After highlighting 15 essential indicators—cases, deaths, rates, tests (and time to results), positivity rate, hospitalization, bed utilization, etc.—that should be reported daily or as soon as possible for an effective COVID-19 response, the authors note that only two percent of dashboards meet these requirements. Sixty percent of state dashboards do not report the essential indicators. The report states, "The majority of data missing is related to testing and contact tracing. Right now, not a single state reports PCR test turnaround time."

4. Two syndromic surveillance indicators—influenza-like illness (fevers, coughs, sore throats) and COVID-like illness (fever, shortness of breath, difficulty breathing)—can provide early warnings that the coronavirus is spreading through a community. But only 18 percent of states report influenza data and 37 percent report on COVID-like data in their dashboards. The authors urge that all states report these as "a leading signal of potential COVID-19 spread."

5. The authors also mention the need to track excess deaths compared to historical averages for the same period in order to determine the number of deaths that may have occurred as a byproduct of the pandemic.

The report also addressed the dire need for states to report their findings from their critical contact tracing programs, where infected individuals are quickly identified and quarantined to stop community transmission of the coronavirus. Regardless of treatments, vaccines and therapeutics, contact tracing remains the bedrock of public health measures and the most effective mechanism to prevent morbidity and death within the population as well as the inundation of health care infrastructures. Only eight states are presently reporting data on the source of exposures for COVID-19 cases.

On the other hand, data on financial market indices are tracked every second by large supercomputers, which are used to provide shareholders information on when to buy or sell stocks or how to shift investments to more lucrative arenas or safe havens. A massive industry is in place just for the analysis of the financial data used to guide policymakers, bankers, financial heads and hedge fund managers to support the acquisition of more and more wealth for the very affluent.

That a report is required to highlight the deficiencies in the United States' woeful capacity to track critical metrics to respond to the pandemic is the height of irony. This further confirms the malign neglect that is ubiquitous in the political leadership's response—Democratic and Republican—to the growing health crisis, which has worn thin the temper of the population. For the ruling elites, the pandemic makes it imperative to prepare more authoritarian forms of rule.