

Coronavirus testing remains at reduced levels in the US

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Coronavirus testing in the United States has remained at reduced levels even as schools reopen and cases continue to climb. The average number of tests on a given day is currently 14 percent lower than its high on July 29, despite the total number of known cases rising 26 percent—1.2 million infections—over that same period.

It is estimated that, to fully map the spread of the pandemic, one of the critical pieces of information to actually contain the disease, the US would need to perform 6–10 million tests per day. It currently does about 700,000.

Just over seven months have now passed since the first case of COVID-19 was identified in the US. At the time, there were 580 known cases worldwide, most of them confined to Wuhan, China, and 41 confirmed deaths. In the interim, more than 23 million people have been infected and 801,000 human lives have been lost. The lion's share, nearly 5.8 million cases and more than 179,000 dead, have occurred in the US.

The start of the decline in testing came in the weeks after US President Donald Trump declared, “With smaller testing we would show fewer cases!” While top US health officials sought to downplay Trump's comments, there has been no explanation for the decline in testing since the end of July. Brett Giroir, assistant secretary of the Department of Health and Human Services and head of the Trump administration's testing strategy, instead claimed last week that the amount of testing is “appropriate” for the spread of the virus in the country.

Giroir and those who support the Trump administration's position are largely basing themselves on the overall decline in the positivity rate—the number of tests returned that confirm a case of the coronavirus compared to the total number of tests performed. This

was at about 9 percent in July and has fallen to just above 6 percent now.

What Giroir papers over, however, is that 6 percent is still too high to claim that the virus is contained. The World Health Organization has issued guidance stating that the positivity rate should remain below 5 percent for 14 days as one of the major criteria for stopping the spread of the disease. Moreover, the state-by-state breakdown of the positivity rate reveals that the national average is being weighed down by multiple states in the northeast that were able to suppress the virus early on.

New York, once the world epicenter of the virus, now has a positivity rate of 0.8 percent, indicating that the majority of cases are being detected, allowing for adequate contact tracing and quarantine measures to hunt down the virus and stop its spread. Similar scenarios exist in other states including Vermont, Connecticut, Massachusetts and New Hampshire.

In contrast, Mississippi has a positivity rate of nearly 20 percent, indicating that the pandemic is currently spreading in that state well beyond the ability of local health authorities to track. Every day, there are several hundred recorded cases in the state, and there have been an average of more than 20 deaths per day since July 26.

The situation is similar in Nevada, which has a coronavirus positive test rate of 17.2 percent, and has suffered more than 700 new cases a day since July 3 and more than 10 deaths a day since July 22. This is particularly concerning since the state is home to the popular Las Vegas casinos and resorts which have been reopened for business and are being visited by tourists from all across the country.

All told, 12 states, mostly in the south and west, currently have a positivity rate higher than 10 percent,

and a further 21 states stand at 5 percent or higher, indicating that the pandemic is spreading largely out of control in the majority of the country.

Even if the positivity rate was decreasing uniformly across the nation, it would still not yet be a time to celebrate. Nearly 50,000 new cases and more than 1,000 new deaths are recorded each day. Three states—California, Texas and Florida—all currently count more than 500,000 total infections since March. Twenty-eight states report more than 500 cases each day, and 24 report at least 10 daily deaths.

While the Trump administration has raised the cost of mass testing as an impediment, it was reported yesterday by the *Wall Street Journal* that there are billions of dollars that have already been allocated that could be used for this purpose. In April, \$25 billion was allocated for COVID-19 testing, according to the Department of Health and Human Services, of which at most 15 percent has been used. This suggests that testing across the country, especially where it is needed most, could vastly increase without incurring further expenses.

One of the other issues in testing is that the chemical reagents needed to perform the more common type of tests in the country are in short supply. There has never been a coordinated national plan to combat the virus, and as such local, state and federal agencies and governments are in constant competition to acquire the necessary tools to determine whether a given sample from a patient is positive or negative.

Compounding the problem, the current free tests can often take a week or more to be processed. While there are more expensive and quicker tests, they can cost in the range of \$100 and are not generally covered by health insurance companies. As a result, workers are faced with two choices: pay a large out-of-pocket expense to get results quickly or wait and possibly be spreading a deadly disease unknowingly for days.

There may, however, be some relief regarding the dismal US testing situation. Last week, the Food and Drug Administration issued an emergency authorization for a new, inexpensive and quick saliva test developed by researchers at the Yale School of Public Health. The tools and chemicals needed to perform the test are much more readily available, cost about \$5 per test, and return results in about three hours. The method is largely considered very scalable.

It remains to be seen if such a technique will actually be deployed in practice.



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