

Scientists fear COVID-19 death rate will rise

■ Daily death toll has dropped over the past two weeks, but the rate of new infections has increased during that period

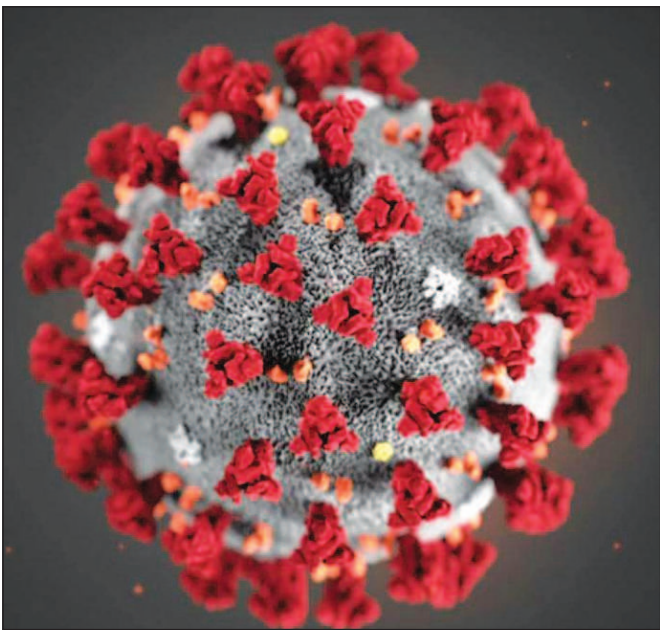
By **Carla K. Johnson and Nicky Forster**
Associated Press

The number of deaths per day from the coronavirus in the U.S. has fallen in recent weeks to the lowest level since late March, even as states increasingly reopen for business. But scientists are deeply afraid the trend may be about to reverse itself.

“For now, it’s too soon to be reassured that deaths are going down and everything’s OK,” said Dr. Cyrus Shahpar of Resolve to Save Lives, a nonprofit organization that works to prevent epidemics.

Deaths from COVID-19 across the country are down to about 680 a day, compared with around 960 two weeks ago, according to an Associated Press analysis of data compiled by Johns Hopkins University. The analysis looked at a seven-day rolling average of deaths through Wednesday.

A multitude of reasons are believed to be at play, including the advent of effective treatments and improved efforts at hospitals and nursing homes to prevent infections and save lives.



A COVID-19 particle.

But already there are warning signs.

For one thing, the number of newly confirmed cases per day has risen from about 21,400 two weeks ago to 23,200, the AP analysis found.

And in Florida, Georgia, Texas and Arizona — states that loosened their stay-at-home restrictions early — daily deaths have been quietly rising since early June, said Ali Mokdad, professor of

health metrics sciences at the University of Washington in Seattle.

“These are not numbers. These are human beings,” Mokdad said. “We’re going to see a rise in deaths in many places in the United States.”

The outbreak has killed about 118,000 people in the U.S. and nearly a half-million worldwide, according to Johns Hopkins’ count, though the real numbers are believed to

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— **Ali Mokdad, professor of health metrics sciences, University of Washington**

be higher. Potential vaccines are in early stages of testing, and it is unlikely any will be ready before early next year.

Experts note that a rise in deaths could take awhile to show up in the U.S. statistics. Stay-at-home orders imposed in March, combined with the use of face masks and other social-distancing measures, have been bringing down the daily death toll since mid-April, and the U.S. as a whole is still seeing the positive effects, even though people are starting to work, shop and eat out again.

Doctors watching for an uptick in deaths will be on the alert for certain signals to emerge in a specific order, Shahpar said.

First, cellphone data will show people moving around more. Next, doctors will report more flu-like illnesses, and the proportion of people testing positive for the virus

will rise. Hospitalizations will then go up and, finally, so will deaths.

Several factors are believed to be pushing the curves for deaths and cases in opposite directions.

Rising case numbers can partially be explained by the wider availability of testing. Mild cases, previously undetected because of limits on who could be tested, are now showing up in the numbers.

As for the drop in deaths, “it is probably several things happening at once,” said Dr. Shmuel Shoham, a professor of medicine at Johns Hopkins University School of Medicine. Lessons learned from the “awful early days” are now benefiting the severely sick and people in nursing homes, Shoham said.

It looks that way in Washington state’s King County, where the first nursing home outbreak in the U.S. killed 45 people at the Life Care Center in suburban Seattle. County data shows deaths in similar facilities declining over the past two months. And no single facility in the county has come close to the death toll at Life Care, which was

struck unaware.

While it is unclear how much specific treatments may have contributed to the decline in deaths, doctors are trying antivirals such as remdesivir; plasma donated from people who have recovered from the virus and steroids such as dexamethasone, which grabbed attention this week with reports confirming it can save the lives of many of the sickest patients.

While all viruses mutate, scientists say the coronavirus so far is not changing in a way that has made it less deadly.

The decline in deaths this spring might well be tied in part to warmer weather as people spend more time outdoors where circulating air disperses the virus. But that does not bode well for the U.S. come this fall and winter.

Mokdad noted that deaths are on the rise in the Southern Hemisphere, where it’s now winter.

“This virus is going to have a second wave. It’s going to follow the pattern of pneumonia,” he said. “What we’re seeing in the Southern Hemisphere will be happening here.”

Worst thing about masks? Not wearing them, experts say

By **Stacey Burling**
The Philadelphia Inquirer

In a widely circulated video clip from a hearing last week on mandatory mask wearing in Orange County, California, an angry woman told officials she feared that masks made her re-breathe her own carbon dioxide, a waste product when we exhale.

“You’re telling me that I have to breathe in CO² when God gave this body the ability to extract that from my body, and now you want me to put it back in my body,” she said.

After the hearing, the county changed the requirement to a recommendation. Then the state on Thursday required masks in most settings outside the home.

Donna Lea Merritt, a Pennsylvania woman who attended several

protests against that state’s coronavirus lockdown earlier this spring, also worries about CO² and masks. She wears a mask only when she has to and even then “forces the issue.”

Initially seen as a nonpartisan way to fight the coronavirus, masks are now part of this country’s culture wars, a focal point in battles over the balance among safety, personal freedom and economic well-being. The president resists wearing them and so do some Republican lawmakers. House Speaker Nancy Pelosi on Wednesday required that masks be worn during committee meetings after some Republicans refused to do so.

Henry Fraimow, an infectious disease doctor at Cooper University Hospital, said he heard of health

care workers who were worried in March and April about breathing problems from mask use. “It’s picked up a life of its own,” he said.

Russell Blaylock, a retired Mississippi neurosurgeon who now does nutrition research and edits the Blaylock Wellness Report, has written that masks can affect intake of both oxygen and carbon dioxide as well as immune functioning.

Infectious disease experts said masks are an imperfect defense against the coronavirus but evidence has mounted that, when combined with social distancing, eye protection, and frequent hand washing, they can slow its spread. Their primary benefit is not to an individual wearer, but to others. When a mask wearer coughs, sneezes, or simply breathes, the

mask acts as a barrier that blocks the flight of virus-laden droplets.

“A lot of the droplets never make it out, and then the ones that do don’t go very far,” Fraimow said.

This is especially important in a disease where people without symptoms can spread the virus. Without symptoms, there’s no way to know when to stay away from others, so, the thinking goes, we should all assume we might be sick and wear a mask.

As for oxygen and CO², infectious disease specialists said there’s no evidence to support the idea that cloth and surgical masks — the blue rectangular masks typically worn by nurses and doctors — lead to breathing problems. They don’t fit tightly enough to impede air flow or trap carbon dioxide.

“We don’t have ERs full of people who wore a mask and became sick because they were wearing a mask,” said William Schaffner, an infectious diseases specialist at Vanderbilt University Medical Center.

N95 masks are more complicated. They are better at filtering tiny viruses than the other masks and fit tightly against the face. There is some evidence that N95s can lead to changes in oxygen and carbon dioxide levels when used for long periods, especially by people who are obese or have chronic lung issues.

Schaffner said CO² is not the big issue with masks.

“The big issue with masks,” he said, “is that people aren’t wearing them.”

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