



July 15, 2020

To: Distribution

From: Pandemic Working Group

Re: **COVID-19: Feds on Air Travel ~ Cases v. Deaths ~ Face Coverings 2X**

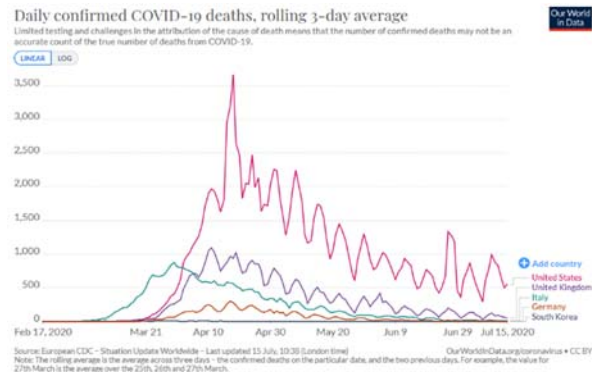
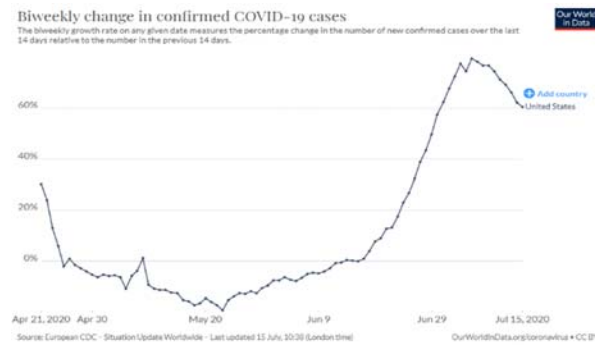
Fed Guidance on Air Travel. Courtesy of Arun Malik, three federal agencies (DoT, DHS and HHS) have jointly published “Runway to Recovery: The United States Framework for Airlines and Airports to Mitigate the Public Health Risks of Coronavirus” (at www.transportation.gov). This is a well-considered treatise on establishing a consistent set of protocols for airlines and airports to mitigate the spread of the pandemic and in the process restore public confidence in air travel. It appears to be a normative piece, as the agencies state, “the measures outlined in this document should be implemented as soon as possible,” as opposed to “must be” implemented. Recommendations run the range from social distancing at terminals to face coverings to temperature checks to sanitization. Of particular interest is the treatment of distancing onboard aircraft, about which the agencies recommend:



“Airlines should consider the feasibility of limiting seat availability to enable passengers to maintain social distance from each other during the flight. Maximum risk reduction results from maintaining a social distance of six feet between passengers unless seating a family/unit together. When social distancing can no longer be accommodated on a flight, passengers should be made immediately aware of the status and be offered alternative flight options, such as a flight change, without penalty. It is particularly important when physical distancing is not achieved on a flight, because of the passenger load, seat configuration, crew deadheading, or other operational constraints, that crew members actively ensure passengers on board an aircraft adhere, at all times, to all other preventive measures, including wearing of masks or cloth face coverings, strict hand hygiene, and respiratory etiquette.”

In short, while not requiring social distancing on aircraft, these agencies are edging toward a common standard. It remains to be seen whether and to what extent airlines will adopt these recommendations, but this is a good start.

Cases v. Fatalities. Courtesy of Eric Wintemute, via OurWorldinData.org, we show the bi-weekly daily coronavirus infections for the US over the past three months on the left as contrasted with the three-day rolling average fatalities in the US (based on European CDC data). See how, even while the rate of infections was rising sharply, the fatality rate has been trending downward. This likely arises from multiple factors: first, treatment protocols have improved since the peak days of April in New York; second, testing has increased (presumably) to include more people who present milder or no symptoms; and third, over the past 30 days, infections have increasingly



spread among younger age groups. While the current trend of the mortality rate is encouraging, it is important to remember that fatalities is a lagging indicator, particularly where transmission may run from younger people to older. Further, the growth of infections continues to be a source of concern, because hospital beds, ICUs and medical staffs are finite. In fact, as reported by CBSNews, hospitalization rates are rising in 22 states and, in certain states (as you will read below) ICU availability is presently at-risk. Thus, the prudent course of action is to do what most public health officials are doing – try to keep the contagion in check in order to preserve healthcare resources.

Breaking News for Alabamians. This just in, as reported in the Alabama Political Reporter today, Alabama Governor Kay Ivey issued a statewide mask order to take effect at 5:00 pm on Thursday, July 16 (that would be tomorrow) and continue through the end of July. Noting a rise in infections, deaths and positivity, the governor stated “I know with all my heart that the numbers and the data [are] trending in the wrong direction.” According to State Health Officer Dr. Scott Harris, the 30 hospitals statewide have limited ICU beds, and the number of coronavirus patients currently hospitalized is approaching 1,500. He added that the upward infection trend is not due to testing, as the number infections per total tests keeps rising. According to the order, face masks are to be worn when one is in public and within six feet of a person not from one’s household and while outside when around groups of ten or more, among others. There are exceptions for children six or under, those with certain medical conditions, while eating or drinking and socially distant exercising. Fines for refusal to wear a mask can reach \$500. The governor hastened to add that she would not return to shutdowns “unless there were absolutely no other options available.”

The Story Continues. I realize that you are probably sick to death of hearing about face coverings, but that’s never stopped me in the past, so check this out. As reported by the LATimes, while there is a common understanding that face coverings serve to protect others from getting your infection (by preventing the propagation of your own respiration), UC San Francisco’s Dr. Monica Gandhi is suggesting that wearing a mask can protect you from more severe disease as transmitted from another person. Consistent with the phenomenon of “dose sensitivity” (upon which we have reported in the past), the amount of virus that one inhales tends to correlate with the severity of the virus that may result. Breathing in small amounts of the virus may result in no

disease or a more-mild infection. Thus, wearing a face covering – even if it is not an N95 mask – may serve to mitigate the effect of catching the disease. Yet another reason to mask-up.

If you have any questions or comments on this advisory, please contact either kellyw@amvac.com or timd@amvac.com.