Covid-19 Facts 04/19/2021 underline blue text are links and click on them to get more info Eligibility
For Interior Vaccination or Testing sites. See Flyers on MCPFairbanks.com

Country	Confirmed cases	New Cases	Deaths
Date These #'s are high It does not account for some getting tested more than 3 times. correction fact = 3	04/19/2021 WHO Began 1/21/2020	Source WHO Reports Alaska Alaska COVID19 Report past 24 Hours	WHO Alaska Report
USA	31,311,941	61,306	561,616
India	15,061,919	273,810	178,769
Brazil Huge Numbers	13,900,091	67,636	371,678
Russia	4,710,690	8,589	105,928
Spain Irregular reports	3,396,685	0	76,882
Iran	2,237,089	21,644	66,732
UK (Britain)	4,387,824	1,882	127,270
Italy	3,870,131	12,688	116,927
Philippines	936,133	10,098	15,960
China Censored reporting	103,315	42	4,856
Sweden Irregular reports	900,138	0	13,788
Alaska 2,025,146 tests tests (266.5% (88.8%) of populous) 15,495 tests in update 72 hrs we are unlikely to have tested this high a percentage	Instate/out of state 63,675 / 2695 7 day positivity rate last 3 days from 2.91% to 2.99% to 2.83%	Resident/Non-resident 430 / 19 past 72 hours	329
FNSB 140,521 tests done 146.4% (48.79%) tested We are lagging behind the state & nation 807 test in update 72 hr see above note	Resident/Non-resident 6,886 / 125 7 day positivity rate last 3 days from 5.31% to 5.49% to 5.62% Yeah !!! Fairbanks <5	Resident/Non-resident 51 / 7 Not reported are military bases which do not report to this data base.	35
SE Fairbanks Matsu Borough positivity rates	peak 33.33% 3/23/21 peak 18.1% on 12/1/20	4.41 - 4.72 - 4.92%today 7.49 - 7.44 - 7.22% today past 3 days	Positivity Rates (see vaccination rates below)
World Wide	141,057,106	724,720	3,015,043

If you go to our website MCPFairbanks.com under Health Information you can find Reference links URL: Alaska's current state , current AK , How are Deaths Reported , How we calculate COVID19 deaths , WHO Weekly summary or WHO daily Data Report , How is each state is doing? MAP of states, Which state is doing poorly? Are you required to get a test? Positivity Rate by state, Progress of vaccination , Eligibility, Battle against COVID

04/19/2021	Environmental Systems Research Institute, Inc. (Esri) GIS
World wide (est pop 7.8 Billion)	141,725,850
World wide Deaths	3,024,785
US Cases (est pop 331,272,237)	31,731,497
US Deaths 400,000+ deaths will we see 500,000 by 3/31/2021?	567,654

FDA has recommended a pause in the distribution of the Johnson and Johnson vaccine. Due to increase risks of blood thrombosis in young 18-48 y/o women.

Impact of COVID-19 on the US Healthcare system

Estimated US Population 331.3 million 191.7% (63.9%) have been tested (634.6 million)
Estimated 5% of US population will test positive for Covid-19 16.56 million (currently 317 Million (9.59%) of population tested positive vs Alaska (8.38%) we have currently tested an est. 634.6 million based on 31.7 mill that have tested positive discount some of these numbers by 67% to account for multiple testing of same person.
If 8% will require hospitalization of the 16.56 million positive cases, we would need 1.325 million beds. Estimated by the American Hospital Association there are 800,000 staffed beds available.
The US has 2.8 hospital beds per 1000 our needs could be 56, China had 4.3, Italy 3.2, South Korea 12.3

	The Needs
The USNS Mercy and Comfort added	2,000 staffed beds, not ICU
Of these estimated to be admitted to ICU	960,000. to ICU beds
The US has 16,000 ICU beds	we have 68,000-85,000 beds
US could need 299,000beds with ventilators	<16,000 ventilators

Summation: Estimated needs could be 1.325 million hospitalized beds for just COVID-19 patients alone. If positives represents 5% of test run, then approximately 634.6 million have been tested, we have no idea how many tests have been run or how many multiple tests conducted on the same person, resulting in 31.7 million positive tests run with 567,654 with 1566 deaths in the past 72 hours, ave 2320/day. In AK, with 63,675 positive cases 8.38% of Alaska, 1,426 hospitalizations, and 329 deaths. Hospitalization rate is 2.24% of those that test positive, Death Rate 0.517% overall or 23.07% of those hospitalized. Those >60 y/o represent 15% of positive cases, yet represent 80% of deaths. 533,669 vaccines given equal approximately 239,930 (31.57%) completed series and 293,739 (38.65%) vaccinated once of population
Normal ICU stay 5-7 days, estimated ICU stay for COVID-19 2-3 weeks and they could tie up a ventilator for that length of time also, helping only 1/3 as many patients.
This is why we need to flatten the curve by social spacing and only essential travel.
Expected Death (these are just estimates based on other countries) if 5% of the US Population (16.56 million) test positive we are now at 29.137 million positive (8.8%) and if
1% die = 165,600 people
2% die = 311,200 people
3% die = 496,800 people
6% die = 993,600 people obviously we have passed the 1.325 million positive cases we are 29.137 million so if 5% of the US population (16.56 million) test positive and 6% of those die = 993,600 deaths if no vaccine, or if 3.09% (511,704) will die, but we are 104.8% of the way there in 52 weeks (1 year).
World wide death rate of positive tests actually 2.13%. The US is at 566,088 1.79% of those actually tested positive, that is 70% lower death rate than when we started in 3/2020 , started at 6%. But we are slipping Death % have gone from 1.67 to 1.82%. There are 7.8 Billion people in the world 331 million live in the US (4.2% of the world's population) 9.59% have tested positive. The US deaths represents 18.77% of the world's death numbers and 22.39% of worldwide confirmed cases.
In comparison to the flu in the US.
CDC Estimates. From 2010 to 2016, the flu-related death rate was between 12,000 and 56,000, with the highest season being 2012 to 2013 and the lowest being 2011 to 2012. Most deaths are caused by complications of the flu, including pneumonia or a secondary bacterial infection of the heart or brain. or 2,000 to 9,333 per year. In 2020 in the US has 19 million cases 180,000 hospitalized and 10,000 (0.052%) have died, typically it is 2% will die, compared to 1.79% with COVID19. 191.7% (US), 266.5% (Alaska), & 146.4% (Fbks) are still too few to protect us from future outbreaks. Experts feel that we need either need people to get infected with the virus and develop antibodies or get vaccinated to create immune antibodies to protect us, that we need >60% of the population to have positive antibody tests and preferably 70-90%, one expert felt they would not feel confident til >85% were positive, to give assurance (herd immunity) in order to go without masks and social distancing. NY City seems to have the highest number at 20%. Testing is so important. Currently we are testing at 45.83 Million tests per month. At this rate to test everyone once it will take 7.16 months or over 0.59 years. To test 3 times it would take 21.47 months or 1.77 years
The Flu (Influenza kills approximately 1-2% of those infected (1.6% positivity in Alaska zero deaths for flu), SARS killed 800 people total, COVID19 appears to kill 1.79% > 565,283 of those that test positive (9.59% of US COVID) or 0.19% less deadly than the flu and seems to be more contagious. (Seems to spread more readily) Flu rates dropped from 300 to single digits this year note the start of mask wearing impacted flu numbers.

Alaska has 63,675 so far, 6,886 in Fairbanks or 1 of every 9 of Alaskans, and with 35 of 329 deaths 1 in 9, the first case was transient foreign airline crew member. Interesting, the Source of Alaska's SARS-Cov2 virus originated not from East Asia by travelers or the west coast (Washington where it was first observed) , but came from the east coast of the US, and they were inoculated first from Europe, accordingly from New York's Governor and CDC. Currently 36 Variants known, only 6 of major concern in the US. (Europe's (china's)) Primary, plus an Ohio variant (COH.20G/501Y), California, UK (B.1.1.7), (7) South African (1.351), and (2) Brazil (P.1), we have seen 5, Europe's (China) variant, California, Brazil, UK, South Africa, in Alaska so far, the last 3 in particular as they have a 50% increase in transmissibility vs 20% in the others over the China variant.

Best practice protection is good personal Hygiene do not touch eyes, nose, mouth, wash hands frequently for at least 20-30 seconds, before you touch your face, and observe personal spacing of 6-18 feet. Remove your shoes in your house, frequently clean surface areas, let the cleaner sit 15-20 sec before wiping off. **We are recommending to wear any kind of mask.**

Drug treatment is being researched, but as yet not been verified, only suggested. Best to isolate those sick and isolate those most susceptible (old and preconditioned with risk factors)

Risk factors: Cardiovascular disease (56.6%), Obesity (41.7%), Diabetes (33.8%), age >60, respiratory problems, especially smokers or those who vape, High Blood Pressure

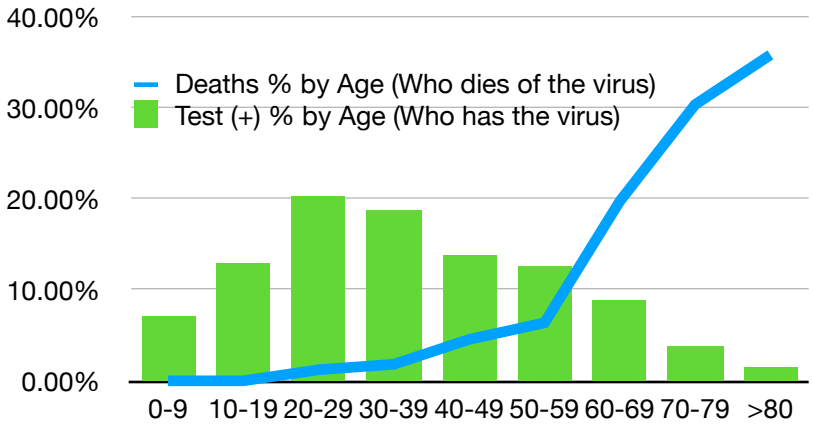
If you have been exposed self isolate for 2-4 weeks

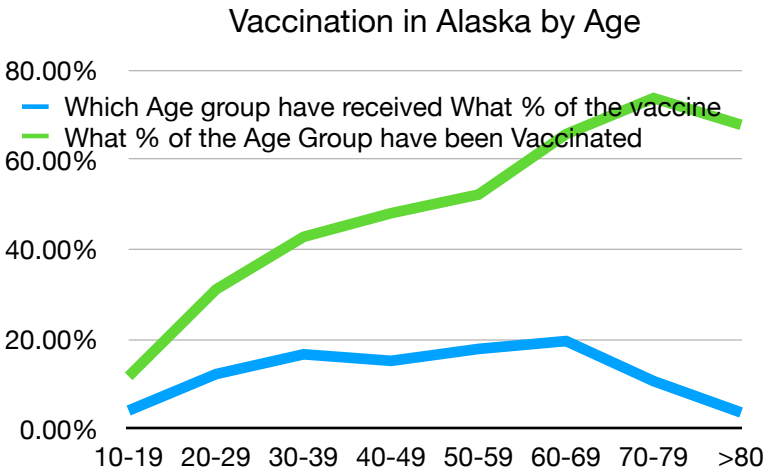
One episode in China, a man tested negative for 27 days before showing symptoms. So Isolation may want to be considered up to 4 weeks not just 10-14 days.

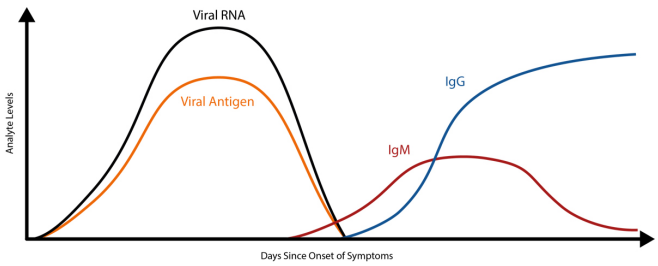
Italy 1 in 10 positive cases admitted to ICU due to Hypoxic failure requiring mechanical ventilation. In NY it was 1 in 7 that required hospitalization, of the 5700 hospitalized 2634 were discharged (79% (2081)) or added (21%(553)), 9 in 10 put on a ventilator died.

Public policy development and education is important. **How Long does Covid-19 stay on objects**

Air (droplets in air, sneeze/cough)	up to 3 hours	
Copper	4 hrs	
skin (SARS-COV2)	9.04 hrs	(Influenza virus 1.82 Hrs)
droplets on skin (sneeze)	11 hours	
Cardboard (Amazon Box)	24 hrs	
Plastic surfaces/Stainless Steel	72 hours	







Updated graph numbers.

Project outward

Exhalation can spray spittle (droplets)	1.5 m (4.9 ft)
Coughing	2 m (6.6 ft)
Sneeze	6 m (19.7 ft)

Development of immune response

Early viral testing tests to see if you currently have the virus.

Later antibody testing tells us if you have been exposed and survived.

But does not tells us if you have immunities to the virus. We will need to have both tests done in order to open the community..

Viral Antigen and Viral RNA tells us you have the disease and can spread the disease and can or are currently sick.

IgM (short term) and IgG (long term antibodies) tells us you have experienced the virus or had the vaccine, and got over it. You may be resistant if your antibody levels are high enough. Current View of antibodies/immunity. We have tested currently 266.5% (88.8%) of the Alaskan population and over little over 191.7% (63.9%) of the US population, discount these numbers by 67% to reflect multiple testing of the same person. To be safe, we need at least 25% to see if we are making progress, 60% to barely qualify to be safe, and 70-90% to be assured we will not see a second wave of sickness. Some experts will not feel safe til we are at 85%.

Three types of clinical laboratory COVID-19 or SARS-CoV-2 tests are being developed:
Molecular Gene sequencing (current method), Viral antigen (testing parts of the virus), Host antibody tests (serology). They detect the virus in different ways.

Mask & Mask Usage: N95 filter out 95% of the particles in the air 3 microns in size or larger.

Mold sizes are about 10-12 microns in size. Bacteria are larger, so is dust
Gas molecules and viruses are smaller. PM2.5 are 2.5 microns in size.
Viruses can be 1 micron in size, 0.3 micron in size, or 0.1 microns in size, so they **will pass right through**. **We recommend wearing any mask, the mask may provide up to 5 times the protection** ver **wearing no mask at all**. It still **does not protect** the wearer from contracting the infection, it **can inhibit** the spreading, something is **better than nothing at all**.

Remember there is a clean side (the side towards you) and a dirty side, the side to the contaminated air is dirty. If you are COVID positive then this is reversed. When handling the mask, do not touch the dirty side and then touch your face, Wash properly your hands first after touching the dirty side before touching your face. If you are infected the dirty side is the inside surface of the mask.

Wash your homemade mask in hot water wash >133F (for at least 10 minutes) and rinse to sanitize with high heat >133F Plus and a weak bleach or peroxide (not Both) the mask. Daily if possible. If you are a frontline health care provider with a homemade fabric mask 2 hours. Do not touch the dirty side.

Alcohol solutions should be 60-80% alcohol **70%** is optimal. **Keep wet and rub 30 seconds**, or Happy Birthday song sung 3 times. **Hydrogen peroxide diluted to 2%** or 4 teaspoonful per quart of water (20ml per 946ml) Bleach the same ratio **Vinegar and ammonia are good cleaning agents, but not disinfectants**.
Do not mix any of these agents together, toxic fumes can result. **Disinfectants, in order to be effective**, should remain on the applied surface, to be cleaned moist **(wet) for 30 seconds to 4 minutes** depending on material. Caution may dissolve glue or adhesives or bleach and discolor items, check with manufacturers. Do not let it get inside electronic devices. UV (10 minutes), UV light only kills where it can see.

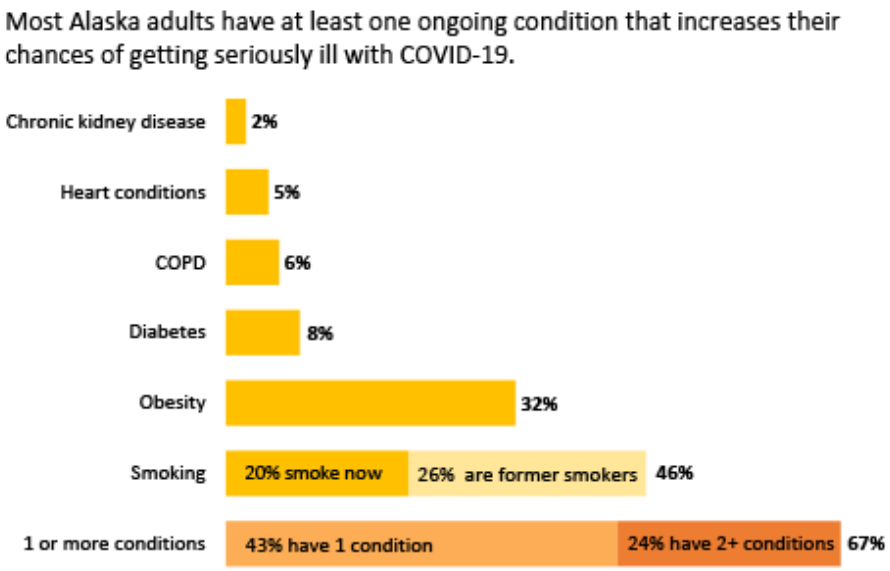
Myths

Taking hot baths, using colloidal silver, eating garlic soup, gargling with bleach are not proven to be effective. We have already seen using chloroquine taking the wrong form in the wrong dose can be fatal, one death and one critically injured. (see Arizona couple after listening to the president)

We have heard of all kinds of cures. To date there is no curative or preventative treatments, only supportive therapy. At this point there is **no proof** that Quinine, zinc, Hydroxychloroquine, Chloroquine, or Vitamin C works. As they say wives-tale at best, irresponsible reporting most likely. We have seen no information that they work, ineffective dosing issues, over-dosing issues, permanently killing the senses of smell or taste, inappropriate usage, cardiac arrhythmias, and death from the usage of these agents have been reported.

The virus may die out with heat of summer, or cold weather, this is a myth, There are a couple of studies at show the virus can withstand 98F. We know the body tries to use up to 104F to potentiate our immune system, to kill viruses. Taking NSAID, Aspirin, Ach-Inhibitors, Arb's and you get the COVID-19 infection are not contraindicated and no clinical evidence that says you should stop any of these classes of medications. It would be misguided and ill advised if you did so In other words, Unless your doctor makes changes, keep taking your medications unless told to do otherwise.

As of 12/21/20, DHSS is aware of 11 reports regarding possible allergic reactions from Alaska's hospitals to CDC: Bartlett Regional Hospital (8), Providence Alaska (2) and Fairbanks Memorial Hospital (1). Two were identified as anaphylaxis and one of those resulted in hospitalization for ongoing monitoring. In the other three cases, symptoms were mild and not considered anaphylaxis. Symptoms have resolved in all cases and the hospitalized patient has been discharged and is doing well. The CDC said there appears to be no obvious geographic clustering of these reactions, nor was a specific production lot involved. People who experience anaphylaxis after the first dose should not receive a second dose, according to CDC recommendations.



Conflict	Combat Death	Past 72 hours
Revolutionary War	8,000	
Civil War	214,938	
World War I	53,402	
World War II	291,557	
Korean Conflict	33,686	
Vietnam	47,424	
Gulf War	149	
Afghanistan	1,833	
Iraq	3,836	
1918 Flu	675,000	
9/11 deaths	2,977	
COVID19 deaths from 1/20/2020 to 04/19/2021	567,654	1,566

Check our website www.MCPFairbanks.com for the 13 testing sites in the interior of Alaska.

Alaska is in Phase 2, Where everyone over the age of 16 years old qualify to receive the vaccination. Those under the age of 16 will be announced at a later time, pending research results from The companies producing the vaccines and the FDA approval process. Be sure to keep and save your proof of vaccination cards as you may need it for travel purposes in the future.

Gao Fu, the director of the China Centers for Disease Control, admitted on 4/10/2021 that the country's vaccines don't exactly give Covid-19 a knockout blow. One study from Brazil found that the vaccine from the Chinese company Sinovac was 50.4% effective, compared to Pfizer's 97%. Fu said the government is looking for ways to boost effectiveness.

Many Alaskans live with underlying health concerns

You can not change your age but you can affect change with other risk factors. Nov. 17, 2020 for more information check out Alaska DHSS Insights

Epidemiologists within the Section of Chronic Disease Prevention and Health Promotion analyzed reports from about 8,500 randomly-selected Alaska adults who participated in the annual Behavioral Risk Factor Surveillance System (BRFSS) telephone survey between 2016 and 2018. About 67% of Alaska adults — two out of three — have at least one of the following ongoing health concerns that have been shown to increase chances for serious illness from COVID-19:

- 46% of Alaska adults are current or former smokers
- 32% have obesity BMI >30.0
- 8% have type 1 or type 2 diabetes
- 6% have chronic obstructive pulmonary disease (COPD)
- 5% have heart disease or have had a heart attack
- 2% have chronic kidney disease

Older age and other health concerns can lead to COVID-19 complications

The CDC lists other factors that increase chances for serious illness from COVID-19 infection. Age is one of them. Even in the absence of any other risk factors, older age increases someone's chances of serious health problems related to COVID-19. In Alaska, about 15% of adults are ages 65 years or older. If you consider older age and underlying health conditions, 71% of Alaska adults are at increased risk for serious illness from COVID-19.

This estimate is likely an undercount, given that strong evidence links other known health concerns with severe COVID-19 illness. Those health concerns include currently having cancer and sickle cell disease, as well as having had an organ transplant. The BRFSS survey does not measure the number of Alaska adults with those conditions.

There is some evidence that other conditions also may increase chances of serious COVID-19 illness. Two of those problems include high blood pressure and asthma. Those conditions affect a significant number of Alaska adults. Almost 1 out of 3 Alaska adults (31%) has ever had high blood pressure, according to recent BRFSS data. About 9% of Alaska adults have current asthma.

Please keep these tips in mind when scheduling:

- COVID-19 vaccine is still limited in supply. Please confirm you are eligible BEFORE you contact a provider. Scheduling an appointment before you're eligible may result in a cancelled appointment. More importantly, it creates a time burden for the provider cancelling the appointment and may delay vaccination for those who are currently eligible. Who, currently is eligible?
- Please schedule an appointment in your home community. Allocations are made based on population.
- To find a COVID-19 vaccine provider visit covidvax.alaska.gov or call 1-907-646-3322 or for questions covid19vaccine@alaska.gov . Our call center is now staffed to receive calls as they come in 9 am – 6:30 pm Monday - Friday and 9 am-4:30 pm Saturday and Sunday. You may be put on hold, but you will not need to leave a message for a return phone call if you call within business hours.
- Please note that the "find a COVID-19 vaccine provider" webpage on covidvax.alaska.gov now provides a tool (Option B) that shows available COVID-19 vaccine appointments from some vaccine providers.
- If you know a senior or Elder who is eligible, please offer to help them schedule an appointment. We continue to make improvements to our website and scheduling system, but we know it is still not easy to navigate for some. Please help others if you can.

Who is eligible now?

Alaskans who are now eligible to receive vaccine under the state's phased distribution plan include:

- People age 65 and above (Phase 1b, Tier 1)
- Those previously eligible which includes many health care workers, long-term care facility and staff and frontline EMS and fire service personnel who provide medical care (Phase 1a).

For details about eligibility visit covidvax.alaska.gov. for vaccination sites see www.MCPFairbanks.com

Vaccine Coverage Ranked State by state **Highest to Lowest 4/19/21**

Petersburg Borough: 73.06%
Skagway Municipality: 72.97%
Nome Census Area: 71.62%
Yukon-Koyukuk Census Area: 71.16%
Yakutat plus Hoonah-Angoon: 70.77%
Sitka City and Borough: 68.59%
Bethel Census Area: 68.22%
Juneau City and Borough: 68.18%
Kusilvak Census Area: 66.46%
Haines Borough 65.79%
Bristol Bay plus Lake and Peninsula: 64.04%
Kodiak Island Borough: 59.98%
Aleutians East Borough: 56.81%
Wrangell City and Borough: 56.18%
Northwest Arctic Borough: 55.39%
Ketchikan Gateway Borough: 53.96%
Aleutians West Census Area: 53.66%
Denali Borough: 53.13%
Anchorage Municipality: 50.97%
Dillingham Census Area: 49.44%
Chugach-Copper River Census Area: 49.17%
Prince of Wales-Hyder Census Area: 45.63%
Kenai Peninsula Borough: 40.39%
Fairbanks North Star Borough: 38.56%
North Slope Borough: 34.2%
Matanuska-Susitna Borough: 31.46%
Southeast Fairbanks Census Area: 28.14%
Alaska Pop Ave: 31.57%
South Dakota:31.1%
Missouri: 23.1%
US Population: 25.2%