Corvid-19 Facts 01/23/2021 Check out new added web links see underline blue text and click on them

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	01/23/2021 WHO Began 1/21/2020	Source WHO Reports Alaska Alaska COVID19 Report past 24 Hours	WHO Alaska Report
USA	24,413,331	188,176	406,782
India	10,639,684	14,256	153,184
Brazil	8,697,368	59,119	214,147
Russia	3,698,273	20,921	68,971
Spain Irregular reports	2,456,675	17,423	55,041
Iran	1,360,825	6,305	57,225
UK (Britain) no change	3,583,911	40,261	95,981
Italy No change	2,441,854	13,633	84,674
Philippines	509,887	2,170	10,136
China Censored reporting	99,769	139	4,810
Sweden Irregular reports just over took Phillippines	547,166	4,209	11,005
Alaska 1,446,514 tests (190.3 (63.4%) of populous) 26392 tests in 24 hrs we are unlikely to have tested this high a percentage	Instate/out of state 51445 / 1705 7 day positivity rate last 3 days from 3.47% to 3.31% to 3.27%	Resident/Non-resident 241 / 8 past 24 hours	257 1 - 50-59 y/o 2 - 70-79 y/o 2 - >80 y/o
98,730 tests done 102.8% (34.3%) tested We are lagging behind the state & nation 1829 test in 24 hr see above note	Resident/Non-resident 5661 / 112 7 day positivity rate last 3 days from 4.69% to 4.62% to 4.39% Yeah!!! Fairbanks <5	Resident/Non-resident 27 / 0 Not reported are military bases which do not report to this data base. {Past 24 hrs)	25
World Wide	96,877,399	600,790	2,098,879

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? Which state is doing poorly? Are you required to get a test? Positivity Rate by state, Progress of vaccination ,

01/23/2021	Environmental Systems Research Institute, Inc. (Esri) GIS
World wide (est pop 7.8 Billion)	98,701,470
World wide Deaths	2,118,808
US Cases (est pop 331,272,237)	24,990,360
US Deaths 400,000+ deaths will we see 500,000 by 3/31/2021?	417,382

Impact of COVID-19 on the US Healthcare system

Estimated US Population 331.3 million 151% (50.3%) have been tested (499.8 million)
Estimated 5% of US population will test positive for Covid-19 16.56 million (currently 25 Million (7.55%) of population tested positive vs Alaska 6.77%) we have currently tested an est. 499.8 million based on 25 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 499.8 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 25 million positive tests run with 417382 with 5143 deaths in the past 24 hours, ave 2740/day. In AK, with 51,445 positive cases 6.77% of Alaska, 1160 hospitalizations, and 257 deaths. Hospitalization rate is 2.25% of those that test positive, Death Rate 0.5% overall or 21.15% of those hospitalized.
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 23.7 million positive 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 21.5million 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, we are 77.3% of the way there in 44 weeks.
World wide death rate of positive tests actually 2.15%. The US is at 412239 1.67% of those actually tested positive, that is 73% lower death rate than when we started in 3/2020 , started at 6%. There are 7.8 Billion people in the world 331 million live in the US (4.2% of the world's population) 7.55% have tested positive. The US deaths represents 19.69% of the world's death numbers and 25.32% 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 1.67% with COVID19. 151% (US), 190.3% (Alaska), & 102.8% (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 46.15 Million tests per month. At this rate to test everyone once it will take 7.11 months or over 0.6 years. To test 3 times it would take 21.33 months or 1.78 years
The Flu (Influenza kills approximately 1-2% of those infected, SARS killed 800 people total, COVID19 appears to kill 1.67% of those that test positive or 17% less deadly than the flu and seems to be more contagious. (Seems to spread more readily)
Alaska has 51445 so far, 5661 in Fairbanks or 1 of every 9 of Alaskans, and with 25 of 257 deaths 1 in 10, 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 5 Variants known, only 4 in the US (Europe's (china's)) Primary, plus an Ohio variant (COH.20G/501Y), and a UK (B.1.1.7), South African (1.351), and Brazil (P.1), only Europe's in Alaska so far.

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

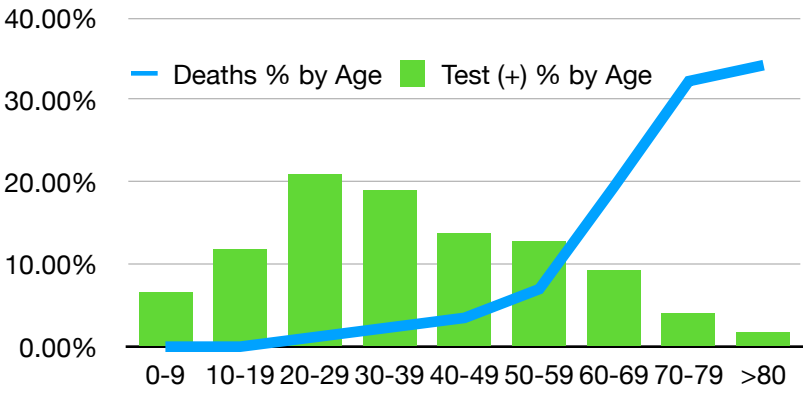
If you have been exposed self isolate for 2-4 weeks

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 2 weeks.

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.

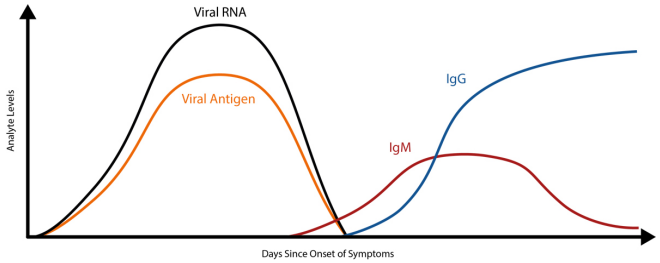
Project outward

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 190.3% (63.4%) of the Alaskan population and over little over 151% (50.3%) 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** over **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.

Magnitude of Death Comparison

Conflict	Combat Death	Past 24 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 01/23/2021	417,382	5,143

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

Group	Alaska COVID19 Vaccine plan 12/30/2020 update as of 1/23/2021	Who can get the vaccines? Availability
	Who is in this group	
Phase 1a Tier 1	Long Term care Facility - Staff & Residents Skilled care, Assisted living, Intermediate care with developmental disabilities, Residential Care facilities, State Veterans Homes. Front Line Hospital and Health care workers, beside personal, High Risk jobs (examples ICU, ER, Surgery, Physicans/prescribers, COVID units, Respiratory/OT/PT/ST Therapists, Lab Techs, Facility Security, House Keeping (Environmental services), Dietary)	Now, limited audience
Phase 1a Tier 2	Front Line EMS Fire Service providing medical services, Vaccine providers, (That their services are critical), Air and Ground EMS, Community health aides, Practitioners. Health care workers providing vaccines	Now, limited audience
Phase 1a Tier 3	Starting 1/4/2021 Healthcare workers who have contact with residents >65 y/o and provide regular healthcare services that can not be postponed without impacting short or long term outcomes, or cannot be provided remotely (Not regular populous yet), direct patient contact, in contact with infectious materials,	Starting 1/4/2021
Phase 1a Tier 4	Health care workers providing COVID19 vaccines to phase 1 populations	TBA
Phase 1b Tier 1 (Start of general population)	Age > 65 (General Public) register http://covidvax.alaska.gov/ starting 1/6/2021 for appts after 1/11/2021 (All appts filled within 24 hrs of initial openning, future appt pending vaccine availability)	1/11/2021by appt. Accepting appt statewide 1/6/21
Phase 1b Tier 2	Front Line Essential >50 y/o who's duties are performed with the public/co-workers < 6 feet apart. Emergency responders(troopers, firefighters, Office of children Services staff, Public health workers, teachers preK-12, staff, childcare workers and staff, indigenous language and culture educators, food and seafood workers, grocery store employees, public transit, essential air services, rural cab services, US Postal workers, mail planes, Utility & power (rural), Water and Waste water (Rural), Congregate living settings, acute psychiatric, correctional , group homes, homeless shelters, substance abuse shelters, transitional living homes.	TBA do not register yet
Phase 1b Tier 3	ages 55-64 y/o, >16 y/o living in **unserved** communities See 1b Tier 2 : Frontline essential workers 16-50 with >2 High risk health conditions working < 6 feet with public or co-workers, Pre-K-12 staff, indigenous language and culture First responders, Office of children services, grocery store workers, Public transit, US Postal workers, Utility workers, water and waste water workers.	TBA
Phase 1b Tier 4	Age > 50 y/o with 2 or more risk factors See Tier 1, 2, & 3 : Frontline workers 16-50 y/o not in Tier 1-3	TBA
Phase 1c	Ages 65-74, 16-64 with High Risk Medical Conditions, other essential workers to be defined	TBA
Phase 2	General population Vaccinations via pharmacies, Doctor's offices, Clinics Public Health sites (Mobile clinics, Federally Qualified Health Centers, Public Health Clinics, Other clinics	TBA (To Be announced) To be announced contingent on vaccine availability undergoing public comment period now

Group	Alaska COVID19 Vaccine plan 12/30/2020 update as of 1/23/2021	Who can get the vaccines? Availability
	Who is in this group	
Phase 3	Provide Vaccination services to the rest of the population, with equal access. Monitor coverage, to critical populations improve delivery to low vaccine areas Monitor cold chain supply transfers to minimize wastage.	TBA