

Things Will Get Worse,' Fauci Warns, as U.S. Hits a New Daily Death Record

Last Updated Jan. 14, 2021

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As U.S. tops 4,000 deaths in a day, a record, Fauci warns that January will get harder.

Dr. Anthony S. Fauci, the top infectious disease expert in the United States, predicted on Thursday that the daily death toll from the coronavirus would continue to rise for weeks to come, and counseled patience with the vaccination program gearing up across the nation.

Hours later, officials across the United States reported yet another daily record for deaths, over 4,000. The total for the pandemic in the U.S. has surpassed 365,400.

In an interview with NPR, Dr. Fauci said the high toll was likely to continue, and was probably a reflection of increased travel and gatherings over the holidays.

"We believe things will get worse as we get into January," he said.

He stressed that it was still possible to "blunt that acceleration" by strictly adhering to public health measures like social distancing and mask wearing.

"Now's not the time to pull back on this," he warned.

The virus has exacted a punishing toll across the United States. In recent days, Wyoming and Arizona been among states that have recorded high per capita rates of virus deaths, according to a New York Times database. On Thursday, Florida reported more than 19,800 cases, the state's highest single-day total.

Dr. Fauci advised Americans to be patient with the snags and delays that have slowed the vaccination effort and provoked widespread frustration.

So far, at least 5.9 million people in the United States have received a dose of one of the two Covid-19 vaccines that have been authorized for use, according to the Centers for Disease Control and Prevention. That figure is far short of the goal federal officials had set to give at least 20 million people their first shots by the end of December.

Dr. Francis S. Collins, the head of the National Institutes of Health, said Wednesday he was "not totally surprised" that vaccine distribution had gotten off to a "rocky" start.

"We had this remarkable plan that Warp Speed had put in place to have doses ready to go the very next day after the F.D.A. approval, but that's a lot of logistics," he told The Washington Post, referring to Operation Warp Speed, the administration's vaccine development program. "So maybe we shouldn't be too shocked that it didn't go like clockwork."

He also echoed Dr. Fauci's warning, and said "the next couple of weeks are going to be really critical."

But the rollout is beginning to accelerate. More people were reported as having received their initial shots in the third week of the vaccine drive than in the first two weeks combined. The C.D.C.'s count rose by 470,000 between Tuesday and Wednesday, and then by another 612,000 between Wednesday and Thursday.

In a letter on Thursday to Alex M. Azar II, the secretary of health and human services, the American Hospital Association called on the federal government to do more to coordinate what is being done in different states and municipalities.

"Hospitals are committed to be a central part of the vaccination effort, but hospitals alone cannot do it, especially as we care for burgeoning numbers of critically ill Covid-19 patients, and struggle to maintain sufficient staffing work to have enough personal protective equipment and other resources," Richard J. Pollack, chief executive of the association, wrote in the letter.

Mr. Azar urged the states on Wednesday not to stick too rigidly to the C.D.C.'s guidelines on whom to vaccinate in what order.

"There is no reason that states need to complete, say, vaccinating all health care providers before opening up vaccinations to older Americans or other especially vulnerable populations," Mr. Azar said at a news conference. He added that, "It would be much better to move quickly and end up vaccinating some lower-priority people than to let vaccines sit around."

In the NPR interview, Dr. Fauci said that any program on so large a scale would have to overcome stumbling blocks, and that the timing of the rollout, which began around the December holidays, may have added to the delays.

"I think it would be fair to just observe what happens in the next couple of weeks," he said. "If we don't catch up on what the original goal was, then we really need to make some changes about what we're doing."

— *Karen Zraick and Rebecca Robbins*

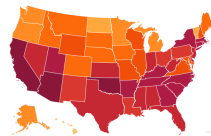
Tracking the Coronavirus >

United States >	On Jan. 13	14-day change
New cases	230,476	+34% ↗
New deaths	3,922	+45% ↗

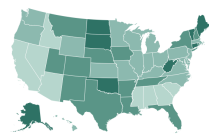
Where cases per capita are **highest**

- ↗ Ariz.
- ↗ Calif.
- ↗ Okla.
- ↗ Utah
- ↗ R.I.
- ↗ Mass.
- ↗ Ark.
- ↗ Ga.
- ↗ Tenn.
- ↗ S.C.
- ↗ Ky.
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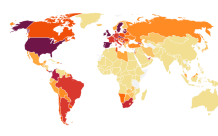
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Japan declares a state of emergency for the Tokyo area.

TOKYO — Japan declared a state of emergency in Tokyo and three surrounding prefectures on Thursday, after days of record coronavirus counts and a rapidly rising death toll. It was Japan's first emergency declaration because of the pandemic since April.

The announcement came five days after governors from the affected prefectures had pleaded with the central government to act. Prime Minister Yoshihide Suga, reluctant to hurt the economy, had hesitated to invoke the emergency measure, but he eventually bowed to the pressure.

Deaths from the virus in Japan have doubled in less than two months, passing 3,700, and Tokyo's governor has warned that the medical system is under stress. Polls have shown widespread dissatisfaction with Mr. Suga's four-month-old administration and its handling of the pandemic.

The emergency declaration, which will last one month, relies mostly on voluntary compliance, and health experts warned that it might not be enough to turn the tide.

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The government is asking restaurants to close by 8 p.m., employers to encourage staff members to work from home, and residents to refrain from going out for all but the most essential tasks — also after 8 p.m. Schools, museums, cinemas, gyms and shops will stay open.

Japan has reported a total of 258,393 cases, far fewer than many Western countries. After it emerged in May from its previous, brief state of emergency, it held up what it called the “Japan model”: an intense focus on contact tracing and cluster busting, widespread mask wearing and as few restrictions on the economy as possible.

But as Japan has experienced several record-setting days for new infections since late last month — Tokyo reported over 2,000 cases on Thursday, and the country a record 5,953 — its coronavirus-fighting model has come under strain. Japan is not expected to start inoculating the public until at least the end of February, a process that will take months.

“We are having too many cases to trace right now, and the state of emergency is coming too late,” said Fumie Sakamoto, an infection control manager at St. Luke’s International Hospital in Tokyo. She said the hospital’s intensive care beds and general wards were full.

— *Motoko Rich and Makiko Inoue*

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France vows to speed up vaccinations as it warns that restrictions will remain in place for now.

French officials vowed to speed up their vaccination campaign on Thursday, but warned that restrictions and curfews would remain in place in order to halt a rise in infections and hospitalizations.

“2021 will be the year of hope,” Jean Castex, the prime minister, said at a news conference, citing the vaccine, which has been administered to about 45,000 people in France so far.

But he added: “It is out of the question that we drop our guard in the coming weeks.”

Mr. Castex said that the number of new daily infections was still high — hovering around 20,000 — and pressure on hospitals was still acute, with nearly 25,000 Covid-19 patients hospitalized around the country.

Mr. Castex announced that cultural establishments that are currently closed, like museums, movie theaters and music halls, would remain shuttered until the end of January at least, and that bars and restaurants would not reopen before mid-February at the earliest — dashing the hopes of the service industry, which was still hoping to reopen on Jan. 20, as previously scheduled.

An 8 p.m. to 6 a.m. curfew will also remain in place for the time being, Mr. Castex said. In 15 areas of France, that curfew has already been tightened to 6 p.m., and could be similarly restricted in the coming days in 10 new areas. Mr. Castex said he could not rule out new nationwide restrictions, but he added that schools would only close again if the situation became particularly dire.

Mr. Castex also addressed a barrage of criticism over the government’s sluggish vaccination rollout, acknowledging that it had started slower than in other countries but attributing the delay to France’s initial focus on retirement and nursing homes.

Still, the government vowed to speed things up, promising that at least 1 million people would be vaccinated by the end of the month and announcing that all people older than 75 would be eligible for vaccinations starting Jan. 18.

“We are doing everything to enable you to get vaccinated in good conditions,” Olivier Véran, the health minister, said at the news conference, adding that vaccination centers would soon open around the country and that people would be able to go through a simplified sign-up procedure to get their shots.

Mr. Véran also announced that French health authorities had approved administering the second Pfizer vaccine shot up to six weeks after the first shot, instead of the recommended three-week interval.

France also announced on Thursday evening that health authorities had detected two clusters of the new, more transmissible variant of the virus that was first identified in Britain. The clusters were in the Ile-de-France region, where Paris is, and in Brittany. Overall, French health authorities have reported 19 cases of the variant in France, and three cases of a different one first detected in South Africa.

"We want to avoid the spread of this variant in France at all costs," Mr. Véran said of the British variant, adding that health authorities were closely monitoring it.

— *Aurelien Breeden*

Top officials in New York clash over where police personnel stand in the vaccine line.

Only a sliver of Police Department employees will be eligible for vaccination in New York City, Mayor Bill de Blasio said on Thursday, despite pledging earlier to vaccinate 10,000 members by the end of the week.

The change came after Mr. de Blasio said Wednesday that the state approved vaccines for some home care workers, Department of Corrections employees and other city staff members in emergency response or medical roles — including 25,000 police personnel.

"Yesterday I told you about the new state rules that have come out that we interpreted very clearly, very appropriately and very legally to mean we could vaccinate our corrections officers and that we could vaccinate our police officers," Mr. de Blasio said Thursday. "We were told by the state they would not allow that."

Under the state's direction, the mayor said, only several thousand New York City medical corp. officers are currently eligible to be inoculated. Mr. de Blasio has urged Gov. Andrew M. Cuomo to expand the pool of people eligible for vaccines so that it could include seniors over the age of 75 as the city's vaccine rollout remains sluggish.

The governor defended the state's approach on Thursday, arguing that the state did not yet have enough supply to move to the next priority group and that police officers did not qualify as health care workers simply for being trained in C.P.R.

Mr. Cuomo said that the 900,000 or so doses the state had received so far were not enough to inoculate the estimated 2.1 million health care workers statewide who he said are part of the highest priority group, known as Phase 1A.

The governor said the state has administered 430,000 vaccines to date and had ramped up the pace of vaccinations this week, from 30,000 doses administered on Monday to about 50,000 doses expected to be administered on Thursday.

State officials said New York City had administered only 144,000 doses out of the 304,000 it has received since December — less than 50 percent — even though state officials said 917,000 city health care workers could receive the vaccine under Phase 1A.

On Thursday, Mitchell Katz, the head of the city's public hospital system, NYC Health and Hospitals, said that workers in the hospital system who want to be vaccinated had been reached and that it was time to move on to other eligible groups.

"As the days moved on, we found that the demand, after all the people who most wanted it passed, the demand began to decrease," Mr. Katz said. "We now have appointments available and we don't have arms to give that injection to."

Thousands of appointments to receive a vaccine were available, the city's health commissioner, Dr. Dave A. Chokshi, said Thursday. On Saturday, eligible health care workers can begin booking appointments at the two massive vaccination sites opening on Sunday. These sites, one in Brooklyn and the other in the Bronx, will operate seven days a week, day and night.

"Everyone agrees on one thing, we want the maximum number of high priority people vaccinated," Mr. de Blasio said. "Sometimes the federal government and the state government need to stand back and let the local government do what it knows how to do best."

The governor and the mayor's quarrel on vaccines was on full display on Thursday as each official blamed the other this week and aides to both leaders squabbling on Twitter over how to most efficiently distribute the vaccine.

The mayor's plea has come as some federal officials have urged states not to stick rigidly to Centers for Disease Control and Prevention guidelines about whom to vaccinate first.

"There is no reason that states need to complete, say, vaccinating all health care providers before opening up vaccinations to older Americans or other especially vulnerable populations," Mr. Azar said at a news conference on Wednesday. He added that, "it would be much better to move quickly and end up vaccinating some lower-priority people than to let vaccines sit around."

— *Juliana Kim, Luis Ferré-Sadurní and Rebecca Robbins*

Rapid virus testing will ramp up in the U.S., as F.D.A. approved three new at-home kits.

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Amid surging coronavirus cases, the top U.S. testing official on Thursday announced another scale-up in the country's diagnostic efforts, touting the importance of tests that can run from start to finish outside the lab.

The government will allocate an additional \$550 million to community-based testing programs across all 50 states, said Adm. Brett Giroir, the assistant secretary for health. The government will also put \$300 million toward 60 million kits for federal distribution to nursing homes and other vulnerable communities.

Dr. Giroir projected that the country's capacity for non-laboratory testing could more than double by June.

In a video livestream, Dr. Giroir held up three new at-home testing kits, designed by Ellume, Abbott and Lucira Health, that recently received emergency green lights from the Food and Drug Administration. All can deliver results in a matter of minutes after a quick nasal swab, though only Ellume's product can be purchased without a prescription.

The Abbott and Ellume tests search for bits of coronavirus proteins called antigens. Lucira's test, like most laboratory-based tests, hunts for genetic material.

Dr. Giroir, who will depart his position on Jan. 19 as part of the transition to the Biden administration, praised the tests as "sophisticated" but cautioned that none were yet in widespread use. Production ramp-ups are in progress, he noted, but might not alter the market for a few months.

Ellume's test, for example, while it will be sold over the counter in a few weeks, will still be available in only very limited quantities.

Experts have repeatedly cautioned that rapid tests are not as accurate or consistent as tests that route people's samples through a laboratory, where they are typically processed with a technique called polymerase chain reaction, or P.C.R.

Rapid tests, which can run from start to finish in a matter of minutes, may also falter more often when used on people without symptoms. Even so, they are often used — as a way to frequently screen some populations like nursing home residents and schoolchildren.

But rapid tests typically have cost and convenience on their side — benefits that Dr. Giroir repeatedly underscored in a call with reporters. He noted the slow and bumpy rollout of testing in the United States, where speedy tests results are still a relative rarity.

Dr. Giroir said it was "not yet obvious" whether widespread at-home testing would be successful.

Susan Butler-Wu, a clinical microbiologist at the University of Southern California's Keck School of Medicine, said at-home testing might streamline the testing process. People who feel sick could test themselves and determine whether they need to isolate or seek treatment in a matter of minutes.

But outsourcing testing to the general public also carries risks.

Incorrect results, for example, could be tougher to catch, interpret and act on when people test themselves at home. False negatives might embolden people to mingle with others, hastening the spread of the virus, while false positives could unnecessarily keep people out of work or school.

And both types of errors could erode public trust in testing.

Dr. Butler-Wu also noted that rapid test results might not make it to the right care providers and to public health officials when collected at home.

If results aren't properly reported, she said, "you're flying blind — you don't know the prevalence in your community."

— *Katherine J. Wu*

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