# Episode 33: A Thanksgiving Perspective

**Chris Dall:** [00:00:05] Hello and welcome to The Osterholm Update: covid-19, a weekly podcast on the covid-19 pandemic with Dr. Michael Osterholm. Dr. Osterholm is an internationally recognized medical detective and director of the Center for Infectious Disease Research and Policy, or CIDRAP, at the University of Minnesota. In this podcast, Dr. Osterholm will draw on more than 45 years of experience investigating infectious disease outbreaks to provide straight talk on the covid-19 pandemic. I'm Chris Dall, reporter for CIDRAP News, and I'm your host for these conversations.

**Chris Dall:** [00:00:42] It's the day before Thanksgiving, and if you thought we'd be taking a holiday break this week, guess again, we couldn't leave our listeners hanging, even if just for a week. Before we get started, while we know the covid-19 pandemic is forcing many of our listeners this year to celebrate the holiday in a very different fashion than in years past, all of us here at CIDRAP and The Osterholm Update want to wish you a happy Thanksgiving. Wherever you are, whatever you're doing, we hope your celebrations are safe and filled with love, joy and kindness. On this Thanksgiving episode of The Osterholm Update, we're going to take a look at the current state of the pandemic as the country enters the holiday season and the winter months and discuss what those months will look like as cases continue to rise and vaccines begin to enter the picture. Dr. Osterholm will also discuss what we might learn from the current lockdowns in Europe, answer listener emails, share our latest celebration of life and highlight an act of kindness from The Osterholm Update website. But first, we'll begin with Dr. Osterholm's welcome and dedication.

**Michael Osterholm:** [00:01:39] Thank you, Chris, and happy Thanksgiving week to all of you. Glad you could be with us again. We appreciate it. I know you'll be very busy for many of you, and I hope that it was time for you to fit this in. Let me just say, as I do each week, we so appreciate you being here with us, given all the choices you have for learning about the covid-19 pandemic and and what we can share with you. Having said that, I just want to start at the beginning and say thank you. Thank you. Thank you for the many, many kind, thoughtful notes, emails, letters that we get. I can't begin to tell you how much they mean to our group at CIDRAP. We as a group read them and they're very inspiring. They're very kind, and they give us all reason to be very thankful. So this week for Thanksgiving, for which I have much to be thankful for, I am a very, very, very fortunate man. I have an incredible family. I work with incredible people. And I have you, the podcast family. So on our behalf, all of us, I'm dedicating this to those who are alone, those who are lonely, those who are hungry, those who are scared, those who are depressed, those of other mental health challenges and those who are financially challenged right now. I dedicate this to you. There will be better days ahead. There's going to be. And so I just want us all to hang in there and where we can, when we can, how we can, if it's possible to support someone who's experiencing one of these unfortunate moments of life, I hope you will. I'm sure most of you will. But now is our time to do that and be thankful not for the fact that we did it, but that we had the opportunity to do it. And that's the time that Thanksgiving should be all about.

**Chris Dall:** [00:03:47] Mike, before we get into the current state of the pandemic, can you give our listeners a quick update on the work of President elect Joe Biden's covid-19 task force?

**Michael Osterholm:** [00:03:56] Well, thank you very much for asking about that. As you know, the the activities are at this point taking on new meaning, given that we have just learned that the administration has signed an ascertainment agreement, which means that the transition team can now actually begin to work with the administration. Our group is one that is still providing advisory information. And I just want to make that clear. Anything I say today on the podcast is my comments only and don't reflect necessarily anything from the Biden/Harris team. But it's been a real privilege to be part of this. It's been a real privilege. You know, it feels really good to be at a place where science drives the day. It feels really good to be at a place where there is such an emphasis on reaching out to so many people who have been severely hurt by this virus, whether it's death in their families, what it's done to their businesses, etc.. And I really sense that. And you know that I'm one of these guys that has been accused of wearing his heart on his sleeve. I'd tell you if it weren't true, but I am very impressed with what's happening right now. And I believe that come January 20th, the approach to covid-19 will take on a very new look and feel. It will, however, I need to say this, I think it's very important, it will include so many of the government scientists, the government program directors who have made so much of what we've done in a very good way possible. We have a lot of really talented and very dedicated people who work administration after administration after administration in our government, and they'll still be with us. They'll be there. And I think that that's a really important message to know that that continuity will be there. And it's a wonderful experience to continue to work with them.

**Chris Dall:** [00:05:58] So the troubling trend in the US that we've been discussing on the podcast in recent weeks continue. We're seeing new records every day for infections and hospitalizations and daily covid-19 deaths are hitting levels not seen since May. But is it possible that some states in the Midwest, which is essentially the epicenter of the epidemic right now, could they be seeing a peak in infections?

**Michael Osterholm:** [00:06:21] Well, let me just start out by saying that there are many moments right now where I am reminded of the famous quote by Lewis Carroll. "If you don't know where you're going, any road will get you there". And some days I don't know where I'm going. So I'm sure any road will get you there. What do I mean by that? I'm not sure what's going on in some cases. It's clear we are in the most dangerous public health moment that we've experienced since 1918. What we're seeing happen with the increasing number of cases, with us approaching two hundred thousand new cases a day, with the deaths rising between one thousand and fourteen hundred deaths a day, that we are literally hitting a point where our health care systems are going to start to no longer just bend but collapse. And there are many health care workers out there who might be listening to this that know exactly what I'm talking about. I wish the rest of the world could. So let me just put some meat to the bones here and what we're seeing right now. First of all, on Tuesday of this week, we had one hundred seventy nine thousand new cases, one thousand thirty two deaths. That is a Tuesday result surely will be one of the lower ones this week as the numbers go up. They typically do. Even with the holiday. What we see is a forty nine percent increase in cases over the last 14 days. Sixty two percent increase the number of deaths over the last 14 days. That's a bad, dangerous trend. That's the kind where the line is going up much more straight up than at an angle. We have over eighty seven thousand individuals hospitalized today with covid, and that is what is really stretching and almost breaking our health care system. So what is the trend going forward? What's happening? Well, the White House Task Force Report to the governors and senior state officials for this week basically lays out a very dangerous trend as we prepare to gather our relatives for Thanksgiving. In a document that was obtained by the Center for Public Integrity, a nonprofit newsroom and shared with us, which is the White House report, noted that today forty nine other states are considered to be in the red zone for new coronavirus cases this week. They did note that states with aggressive mitigation efforts are beginning to see an impact even as the weather cools. If you look at the upper Midwest and look at those states, you'll see that, in fact, we do have what appears to be almost a flattening of the curve. The question will be, what is it going to be like next week? And I think that will give us the data to say, at least in the upper Midwest, we're starting to see this downward trend. It does not, of course, include what might happen with the surge of cases that could occur 10 to 14 days after Thanksgiving, which I worry a great deal about. But one of the reasons I find this a challenge is because I can't explain why these cases might be going down. Even if we look at the mitigation strategies, all the data we have supports that participation has been at best limited. And more recently, only in the last days have bars and restaurants been closed, which might play some role in that so it wouldn't be showing up yet as cases. If we look at where we're at right now in terms of what our mitigation should be, if our goal is not to overwhelm health care systems then maybe closing bars, restricting restaurant capacity, mandating masks and capping gatherings might appear to do that. Maybe that will work. And I'll talk more about that with Europe in a second. However, states with a notable level of ongoing activity, I'm not sure how much that's going to actually flatten that curve, it's a start. So I just want to be clear. We have to define what we're trying to do at the community level. Is it just leveling cases for keeping our health care systems in operating shape and we have health care workers to be there? Or are we trying to really drive down transmission? Now, having said all that, I don't want to confuse anyone with what we can do as individuals and families there. We do know a lot. If we don't swap air, we don't transmit this virus. Simple as that. Stop swapping air. What many of you have done for Thanksgiving is an example of taking personal responsibility at your own level, at your family level, and making certain that you don't facilitate transmission. You're not going to that wedding that everyone else is peer pressured into going to. So I want to be really clear that we can do so much individually, but we don't know at the community level what we're doing. Now I commend the governors, the mayors who are attempting to do this. They are trying to thread the semi through the needle and it's painful. I'm watching them. They understand the economic issues. They understand the challenges that people have about feeling restrained if a restaurant or a bar is not open. They understand the cost in everyday human suffering for families that can't even find enough money to put food on the table or keep a roof over their head. So I want to be really clear about I am so sensitive to what we're trying to do at the community level, but it would be really helpful if we had a national goal, if we had a national program. So when I talk about nationalizing these activities, I'm not saying that the national government or someone there comes in each and every community and oversees us, but wouldn't it be helpful if we knew what we were trying to do? So to me, this is the important issue and I will talk about this more when we talk about Europe, because Europe has been struggling with what government intervention at the community level should be done to turn the tide there. And there has been more mixed results. So I hope this is helpful in understanding the community level mitigation or what is being done in that terrible term lockdown, which I again, hate. I feel like I'm eating barbed wire when I say that term. A pause, a circuit breaker, whatever, whatever you're trying to do, let's define it by what we're doing, for what reason, how we're doing it, and then also distinguish that from the personal or family related responsibilities that we can take control in our own lives to make certain that we put ourselves at the least amount of risk and those we love.

**Chris Dall:** [00:13:14] Turning now to Europe, Mike, do we have any sense of whether the current lockdowns on the continent are having any impact on transmission there? And could they hold any lessons for the US?

**Michael Osterholm:** [00:13:25] We have looked carefully at what's happening in the European countries, and as you know, they have basically been, in a sense, a house on fire and it's been a real challenge for a number of these countries. Let me just summarize the fact that right now Eastern Europe is largely out of control. Western Europe appears to be gaining more control over this transmission that has been going on now for almost six to eight weeks. So they're, in a sense, even a little ahead of us relative to our peak that started coming up. Germany, for example, saw surging cases over the past month and implemented what they call light lockdown from November 2nd to the 30th where they restricted gatherings, closed non-essential businesses like bars and restaurants. They did have takeout available. They closed gyms. They did decide to leave schools open. Hair salons were open, places of worship were open. Well, they're now three weeks into that and the cases have plateaued. But there's no drop whatsoever at this point. Very high. Still a large number of cases after three weeks. France, on the other hand, issued a nationwide lockdown on October 30th-December 1st. That's what they called it, a nationwide lockdown. They closed bars and restaurants, places of worship. They restricted movement outside of the homes. They banned gatherings. They did leave schools and essential businesses open. Now, they have seen cases starting to drop throughout the last two weeks of November. The UK saw cases take off in September and October, roughly the same time we did. They implemented a handful of lighter restrictions in September, including capping gatherings, limiting business hours. But cases just kept growing. Around twenty five percent of the UK population was under some form of localised lockdowns by October 2nd, and after local officials were granted the authority to impose them over the summer. In mid-October, the country put more restrictions in place. They based them on regional trends, not national, but regional trends. However, they eventually moved to impose a national lockdown November 5th to December 2nd, closing non-essential businesses, restricting movement, capping large gatherings, schools and child care remained open. But at that time, cases stabilised over that period and are now just starting to fall. And the concern is on December 2nd, when they pull back on this, what's going to happen? And David Nabarro, a senior WHO official just this past week, actually raised that question. What will happen? Will this be, as we've seen in other areas where we tamp something down, or get it to turn, and then let up and away it goes? Belgium has had a large spike in cases this fall, reporting the highest infection rate in Europe on October 30th. Prior to the surge, Belgium had implemented a mask mandate on July twenty fifth. It was well in place almost three months before their peak cases. They restricted gatherings to small pods of five on July twenty ninth. In mid-October, they implemented a curfew and closed bars, restaurants and cafes. Finally, on November 2nd, they issued a nationwide lockdown until at least mid-December, closing non-essential businesses, restricting gatherings in a maximum of four people and only allowing one household member to shop for essentials at any time. From what we can see right now, it appears the schools remained open. Cases peaked in early November and now have started to continually drop since then. But look what they had to do. And again, that challenge is going to be as they start to let those restrictions off, what's going to happen? Spain, which actually because of the very high number of cases, almost ten thousand a day in March and April, enacted the most stringent lockdown and they kept that in place till late June. They enjoyed a very rapid reopening over the summer. And at that point, people felt as if somehow I think it was done and over with. They reopened pretty much all their economy. They began to welcome back tourists. They reopened their nightlife and all that kind of going back to quote unquote, normal. It has since struggled to contain a vast second wave of infection. Now, case numbers numbering into the twenty two thousand per day, more than two times what it had been in their worst previous situation. They've had more regionalized responses where different regions of the country have done all kinds of state of emergency determinations. And they have a whole number of activities they put in place. For example, they banned residents from traveling to other parts of the country. They imposed curfews. They added just many different restrictions. And it all varied by region, which made it so hard to understand. Their cases now are starting to come down since a peak in early November, again, as they take the opportunity to release these restrictions, we're not sure what'll happen. Italy, as you may recall, was a house on fire back in March and April relative to what was happening in the Lombardy region. Cases there were getting to in the neighborhood of six to 7000 per day. They were the first country to implement a national lockdown, one that successfully reduced the spread of the virus and literally brought the country to a level of normalcy throughout the summer. Both southern and northern Italy were basically kind of back to business as usual. A new spike of infections occurred in October that prompted the government to adopt a whole new set of restrictions. On November 4th, the Italian government imposed a 10 p.m. curfew around the country and sealed off several Italian regions. They banned residents from crossing borders except for work, and they closed gyms, swimming pools, theaters, cinemas, concert halls, and they allowed restaurants and bars to operate only until 6:00 p.m.. They also reinstated a ban on school trips and parties. They made mask wearing compulsory in all public indoor spaces, as well as outdoor spaces where social distancing could not be maintained. The prime minister announced that the state of emergency that the country has been working under will be extended now until the end of January. Why? Because they are now peeking out at thirty five to forty thousand cases a day, more than five to eight times higher than it was in the spring. And yet they have these, all of these, types of mitigation strategies in place, and so you can see why they extended through the end of January, at least from their perspective. So I just share this with you, and I know this is a lot of information to cover about countries, but you can see if you look at Europe, it's still very hard to understand what are the key elements of containing this virus? What is it going to take? And so I hope that over the course of the next several weeks to several months, several weeks unfortunately I think will be the case, we as a country here need to ask ourselves one, what are we trying to do with reducing cases? Is it just to help save our health care systems? If that's the case, that gives us one standard. Is it really to limit the number of cases and deaths to a certain level? That will give us another potential target to shoot for. And then what we have to do is pair up the mitigation strategies that we're recommending. And as I've said many, many times on this broadcast, the one piece we're really missing right now is the economic and financial support. You know, I was on a Zoom meeting recently looking at testing and outbreak response. And one of the leaders of the Australian response was on this call, very thoughtful, and talked about how they covered the cost of testing, what they paid people to get tested in the outbreak in Australia, what they did to help support people who had to be quarantined and couldn't work. And that made it possible for people to want to cooperate potentially with these outbreak investigations, shutting down the transmission. You know, at this point, we are not supporting small businesses. We're not supporting that waitress who just got let go, who has two small children as a single mom living in an apartment. And she's just trying to keep a roof over their head and food on the table. So I hope that if nothing else, the leadership of Washington can hear this and say we do need to get immediate support out here. I worry very much about city and state governments, county governments. We're going to start seeing layoffs of police, fire, essential workers across the board soon just based on their budgets. And so it's going to be hard for us to really put forward a comprehensive package of mitigation strategies, even when it's done on a state by state, governor by governor basis and really know what our outcomes are going to be. Wouldn't it be nice to know if I knew I took this pill this is the outcome? Right now, I don't have a public health pill to tell people to take that that's what will make the difference. And that's been a challenge. I do believe closing bars and restaurants is kind of an alternative of opening schools or not, and to keep them open. And that may seem like a crude analysis. In many ways it is, but it's almost indicative of what a community is willing to do to keep the rest of it going. And for those out there that believe any mitigation strategy is just wrong, you know, I don't care how many horrible emails you send me or how many threats you make, I wish all of you can just spend one thirty minute period in an intensive care unit and see what's happening right now. If you could do that, I think you might change your mind. Maybe not, but I hope you would. It's a tragedy. And, you know, we're so close, we're getting close to the vaccines. And that's what we need to get to. We've got to get to these vaccines and spare as many people the pain and suffering of this disease to get there. So I'll conclude this by saying, again, my mantra. I want every one of you to keep repeating this. Watch people look at you, think you're really weird and you say: stop swapping air.

**Chris Dall:** [00:23:54] As I noted in the intro, for many Americans this year, Thanksgiving is going to be different. Many are likely forgoing travel and big gatherings, but others aren't. So, Mike, how concerned are you that Thanksgiving gatherings and air travel are going to exacerbate the current nationwide surge in cases?

**Michael Osterholm:** [00:24:12] This has been a primary point that I've been making for a number of weeks on this podcast leading up to this week. Obviously, it's too late right now to impact what's going to happen with Thanksgiving. I'm already working on Christmas and New Year's trying to help minimize what might happen there. I'm glad that the CDC came about with their new recommendation I wish had been a few weeks earlier. It made it harder for people who already made plans. And I don't think that that probably influenced them much once they had already made plans to go somewhere and travel. This is where we in public health have to do a good job of anticipating four to six weeks down the road what might be coming and start concentrating on that. Now, as I've said, I am convinced that the Thanksgiving time period is going to lead to a surge in transmission. We are going to see an increased number of cases, we will see an increased number of deaths and we will see an increased number of tragedies. I just know of far too many family settings, particularly where young adults come into a home, having not lived there for some time, having been to college wherever, unknowingly bringing the virus in to mom and dad or grandpa and grandma. Transmission occurs. Seven of nine people become infected and two and a half to three weeks later, grandma or grandpa are dead. The pain of that is so, so, so tough relative to losing a loved one, but then the fact that someone in that family was the reason why that virus entered that house. And you can say, you know, they just had no way of knowing. Well, we've got to make it clear to people that that's not OK. And for the many of you who have contacted us and said you have made changes to your plans, please know, I know how tough that is. It's tough for me this year. This will be the first Thanksgiving in my adult life that I've not been with my kids. I can't tell you how tough that is. I can't tell you. And, you know, it's one thing to miss your kids and I, surely if they hear this podcast, they'll probably "dad". I miss my grandkids every bit as much, if not more. And so I think that, you know, virtual Thanksgivings are going to be the norm to this year, they'll be great. I mean, that's good. I'm glad we have that. But not having Thanksgiving together will be tough. But I can't say it enough that this is the Thanksgiving to love your family by not being there, and so all I can say for those who are on this podcast listening and did go, please do the next thing. If someone becomes ill in the days after Thanksgiving with a possible covid like picture, please quickly get tested and find out because then you can stop it going to a second or a third or fourth level of transmission by quarantining people, helping them isolate themselves away from people that they might transmit to. That's the other thing we've seen. You know, we've had far too many outbreaks where a family event was the first level. Then those people who got infected, then infected, the next level who then they infected the next level. And so if any of you do become ill, if you have participated in these Thanksgiving events or for that matter, any time, but particularly these, please quickly respond to that. Let me just say one more thing on travel. I had a lot of questions about travel, what's the safest way, what might be done? And there were those who actually did comply with, you know, we're bubbling for 14 days my wife and I. And my daughter is bubbled for 14 days, she can work from home. Thank God you know, that was possible. For many essential workers it's not. And so they're going to get together and, you know, they decided to drive twenty two hours as opposed to fly just because, again, it was a level of safety. You know, I surely don't want to be responsible for shutting down the airline industry, but I have been very concerned that we have over stated the safety of air flight relative to transmission. In the entire experience from getting to the airport through the terminal, on the plane, on the flight, off the plane, baggage, whatever, and then back out again. And there was another report published this past week highlighting, in fact, another outbreak that occurred in a very unusual situation. In this case, it was a flight that went from Dubai to New Zealand in September, and it was a flight where everyone was required to be tested for the coronavirus with PCR within 48 hours of flight. And in this case, an individual was, but it turned out was pre-symptomatic, but infectious. And they infected at least four other passengers and maybe as many as seven that were linked to this flight. Eighty six people on board. And these seven cases were found to be seated all within four rows of each other during the approximate 18 hour flight. And I think recent studies have presented conflicting findings of the risk associated in flight transmission. So I just really at this point want to say I don't think, you know, it's a given, it's an automatic. But here they were testing everyone and they still had a challenge, where there was transmission. And so I know this is a longer flight and that may have facilitated more transmission. But again, these are the kinds of things people have to be mindful of. And just because one study comes out and says when we looked at it, the air quality was such that, you know, it basically blew all the aerosols away on everyday plane flights, just like this one you just saw, I think that there are challenges that way. And I think, frankly, there's a number of these flights that were there, cases and transmission occurs that no one ever detects. So I think everyone just needs to keep in mind that public spaces right now are particular challenges given the level of virus that's there. And just keep in mind, if you're thinking about additional holiday traveling, that I can't imagine that the level of virus activity in our communities is going to be any less over the course of the next four to six weeks. And I hope that now begins to inform the next holiday planning.

**Chris Dall:** [00:31:01] So now to some good news, and we got that good news this week from AstraZeneca and Oxford University who announced that they're covid-19 vaccine showed a 70 percent efficacy rate in a phase two trial. Now, there were some quirks in that data. Mike, what can you tell our listeners about these results? And what advantages could this vaccine have over the vaccines from Pfizer and Moderna?

**Michael Osterholm:** [00:31:22] The AstraZeneca vaccine is different than the Moderna and Pfizer vaccines in how it's made. And it actually lends itself to more routine product management in terms of delivery of the vaccine, how it needs to be held for temperature and so forth, much like we do other vaccines. So that would be a real advantage. What was challenging about this study is that the data didn't quite add up. And what I mean by that is that the numbers didn't, but actually, in the end maybe biologically it did. There were one hundred and thirty one cases in this study involving eleven thousand three hundred sixty three participants. The findings were challenging in that the two full dose regimen of the vaccine, meaning dose one dose two, just like the other two vaccine trials were done, appeared to be only 62 percent effective at preventing disease, while an accident or unintentional half dose was administered in one part of the study as opposed to a full dose. And when that half dose was followed by a full dose, the protection was about 90 percent effective. Now, this later analysis only was really conducted in a small subset of the study participants. About two thousand seven hundred forty one participants of the data set is very small. So which is it? Is it 62 percent or is it 90 percent? Now at this time, Operation Warp Speed is actually conducting a two full dose regimen study in the United States, which will have more data for to understand that. And hopefully that will give us more information about how effective this vaccine is. A couple of points about this vaccine. Number one, it could be that the half dose is right, that, in fact, we have had some concerns about dosing in the sense of what is the best way to prime or get a much more robust second response from the second dose. And in some cases, more is not better. And we know that. And actually, the discussion was maybe this was a fortuitous mistake that actually gives us more data to say, gosh, give less, get this initial prime in such a way that it actually maximizes the second dose response. And so I wouldn't rule this out as having been a quirk that doesn't have biologic plausibility. But we've got to figure that out and to make it more complicated if for one day we are to approve a vaccine where the first immunization was one dose and the second was a second dose. And that would be difficult. And so that we're going to have to figure out and I do believe that we will get more information on that. But in the meantime, we're left with I don't know how to interpret the data. If, in fact, you combine these data, the vaccine efficacy was right around 70 percent. That's a far cry from the ninety five percent efficacy, as we saw with both the Pfizer and Moderna vaccines. And I think that this would make this a more challenging situation with this vaccine. But what is really important is we're getting data now. We're getting information on these vaccines and the fact that we even get 70 percent across the board and maybe as high as 90 percent with this vaccine just is continued good news. I keep coming back to the message over and over again. When people are struggling, what are we going to do? How bad things are? What's going to happen? There is light at the end of the tunnel. We just have to hold out to get there. Stop swapping air and let's get those vaccines. That's going to be really important. So I think this is really the good news piece. There is one piece, however, that I'm still feeling a bit challenged by, and that is, in fact, making sure that we can get people vaccinated. And, you know, at this point, Operation Warp Speed has been a major success from a product development standpoint. And I don't think anyone could deny that fact. But I'm very concerned about that last mile. We don't have an active program right now to help educate health care workers or anyone else that will be getting this vaccine as to why they should take it. What are the issues that we have before us on safety and how effective is it? Helping people understand what we know about these vaccines, and just because they were made under this new approach called Operation Warp Speed doesn't mean that they're not safe. They are. And so I think that that's going to be a really big challenge that we haven't taken on yet. And particularly when you look at those groups that are most impacted by this disease, the racial disparities we've been talking about. This is where we see some of the highest levels of resistance to actually being vaccinated. So as I've said over and over again, a vaccine is just a vaccine. It doesn't become significant until it's a vaccination. And we've got to understand that if we don't get these people vaccinated, it's like building the most expensive bridge in the world, only to find out that we were still 40 feet short on the other side. And every semi is going to have to make a run for it and try to cross that 40 foot gap. What a crazy, crazy, crazy idea.

**Chris Dall:** [00:36:57] So also this week, the CDC's Advisory Committee on Immunization Practice published a paper outlining its thinking on who should get the vaccine first and the ethical principles underlying those decisions. What's your take away from that paper, Mike?

**Michael Osterholm:** [00:37:12] We were very fortunate this summer at the National Academy of Medicine convened an expert work group to actually look at and really make some tough decisions about how to prioritize who should get this vaccine first. Here we are in the face of this major pandemic. This is not just a matter of convenience, of getting the vaccine. This is about saving lives. And they came up with prioritization of basically health care workers and those who are older who had underlying health conditions most likely to have serious outcomes if, in fact, they were to become infected as the priority. Well, the ACIP includes 15 voting members responsible for making vaccine recommendations. 14 of the members have expertise in vaccinology, immunology, pediatrics, internal medicine, nursing, family medicine, virology, public health, infectious diseases, etc. And then they, in addition to the 15 voting members, actually have eight ex-official members who represent other federal agencies responsible for immunizations. This is a group that has worked very hard to make the kind of recommendations that every day practicing doctors and nurses can implement based on all the information we know about that vaccine and the disease it's preventing. Well, the ACIP brought together a special committee to look at this issue, and they came up with recommendations different than the Academy of Medicine. And I applaud them. I frankly thought that the Academy of Medicine did a great job. But I think this document, which was published on November twenty third, really is just outstanding. And my hat is off to this group for what they did. And what they did is it came up basically with principles, ethical principles in formulating their recommendations for the allocation of the vaccine. And what they did is they determined that covid-19 vaccine supplies, while limited, based on what scientific data we had and implementation feasibility should, number one, maximize benefits and minimize harm. Two, should promote justice. Three, should mitigate health inequalities, and four, promote transparencies. And believing in it, based on that type of foundational framework, it could aid state, tribal, local and territorial public health authorities as they try to develop vaccine implementation strategies in each of our communities and states throughout the country. One of the issues that they hit on heavy is the allocation of the covid-19 vaccine should maximize the benefits of vaccination to both individual recipients and the population overall. And I urge you to look at this document if you hadn't. I think it will become a foundational document over time. When they looked at maximizing benefits and minimizing harms, they asked questions like what groups are at highest risk for sars-cov-2 infection, hospitalization and even death? What groups are essential to the covid-19 response, such as health care workers? What groups are essential to maintaining critical functions of our society? They have to go to work. They can't stay home like some of us and work from our computers. What are the important characteristics of these groups in terms of magnitude of benefit based on the amount of vaccine available or its characteristics? In terms of promoting justice they looked at, does the allocation plan result in fair and equitable access to the vaccine to all groups? How do characteristics of the vaccine and logistical considerations affect fair access for all persons? Does allocation planning include input from groups who are disproportionately affected by covid-19 or face health inequalities resulting from social determinants of health such as income and health care access? When they looked at the mitigate the health inequalities, they ask, does the plan identify and address barriers to vaccination among any groups who are disproportionately affected by covid-19 or who face health inequities resulting from social determinants of health such as income and health care access? Again, very important points about who it is that is suffering the most from this disease. And then when they get into promoting transparency, how does the development of the allocation plan include diverse input and a possible public engagement? I believe that at this point this document represents the best of who we are as a society. And, you know, we will surely have debates about who should get it first. As I mentioned in a previous podcast, if we look at essential workers, there are about 87 million people in jobs designated as essential services in this country, but when you look at them, the people from racial and ethnic minorities make up about 40 percent of the US population, only 40 percent. They still account for 60 percent of the covid cases and 50 percent of the covid deaths. The data show that black people make up about 38 percent of essential workers, compared to twenty seven percent for both white and Hispanic people. Black people also more commonly work in jobs that expose them to sars-cov-2, and that by itself is a reason for looking at this issue as the CDC advisory committee has done. So I fully support it. I commend it. I think it's really a major step forward in public health. Now, the challenge we're going to have is, again, getting people vaccinated, as I said. And right now we have a lot more work to do that way. In terms of what the timing is going to be, the FDA has already announced that they're going to hold their advisory committee of the Vaccine and Related Biological Products Advisory Committee, or often known as VRBPAC, on December 10th to evaluate and make decisions about the Pfizer vaccine. On December 17th, FDA will have a VRBPAC meeting to address the Moderna vaccine. I expect and surely it could change, but I expect that in each of those meetings there will be a strong vote of support to move forward with these vaccines. And I think clearly, even before Christmas, these vaccines will be moving out into our communities. Low volumes at first, but I think they'll be moving out. So at this point, where does the AstraZeneca vaccine fit? I don't know. And we're going to need to get more data on that. But I think in the meantime, we now have the kind of data that is necessary for approving this vaccine, however it will be approved, what the classification of the approval will be. And we also now have recommendations from the CDC, in a sense, how to prioritize at the state and local level. And we also have a timeline now for the FDA evaluation. And all I can say is this just can't come soon enough.

**Chris Dall:** [00:44:31] Now to our e-mail questions. This week, we have a holiday related question from Laura, who writes, "The past couple of years we've gone caroling around our neighborhood. A handful of neighbors have joined us and we simply sing out of tune to whomever answers the door. It's good fun. But this year with covid, should we? I suspect that if we limit it to just our family of four and stay well back 10 feet from people's doors, we can do it safely. Is there any chance if a handful of neighbors joined us and we all spread out across the sidewalk or yard that that could even be safe-ish?"

**Michael Osterholm:** [00:45:03] Well, first of all, a family unit out caroling to me is magical. Oh, please do it, please. Stand back from the door, but take that opportunity. First of all, for your neighbors, but imagine as a family to be able to do something like that, I think that's wonderful. In terms of engaging other neighbors, you know, just as long as you maintain that distance, remember singing is going to potentially exhale more virus out if you're infected and don't know it. But if you maintain that 10 feet, I like to say, people say, how do you say ten feet? Well I say how do you say six feet? You know, at least ten feet just to be careful, then I think you could go out. As long as you are careful to keep that distance. I think that it can easily be done and it can be a wonderful, wonderful experience. So, yeah, these are the kinds of creative things right now that people need to think about. How to beat the virus. That's your game right now. You know, we're going to, as I said last week in my closing, spit in the eye of the devil, you know, go ahead and do these things that are safe, safer, and that can bring you and your family joy.

**Chris Dall:** [00:46:23] Mike, as you've often mentioned, we get a lot of great emails from our listeners and we try to read all of them and we've gotten a lot of great celebrations of life. Who is our latest celebration of life honoring?

**Michael Osterholm:** [00:46:35] First of all, I want to thank Dylan for submitting this to us. Very thoughtful. And he writes, "My celebration of life is for Idris Bay, a front frontline medical worker who lost his battle with covid-19 in April. Bay was an emergency medical technician in the city of New York and taught incoming firefighters and EMTs in the art of prehospital medicine. He served the city of New York as an EMT for twenty seven years. Instructor Bay was born and raised in Brooklyn, New York, enlisted and served as a lance corporal in the United States Marine Corps and after serving his country, became an EMT and gave back to the city he loved. On 9/11, Instructor Bay responded to the attacks on the World Trade Center, assisting in the evacuation of the Twin Towers and the rescue effort soon afterwards. Next year, he became an instructor at the EMS Academy. Idris Bay's impact on his city wasn't just felt by the families of the patients he cared for. During his career as an instructor, he helped train thousands in skills required for providing prehospital care. When someone calls 911 one for a medical emergency in New York City, there are more than likely to be treated by someone who was taught by Instructor Bay. As an instructor, he was kind, patient, outgoing and had a great sense of humor. He lit up every room he walked into with his charisma and charm. Instructor Bay contracted covid-19 while serving the city of New York, and his sacrifice was felt throughout the city. What made it even harder was an inability to give this hero of the city the memorial service he deserved. He is one of eight members of the New York City Fire Department to die from covid-19". Thank you, Dylan, for sharing this. Idris Bay obviously was a very special man and and touched so many lives, we're very honored today to be able to highlight the contributions he made and the relationship that obviously you and he had. I'm sorry for your loss and thank you so much for sharing a piece of the life of such a wonderful individual.

**Chris Dall:** [00:48:48] And just a reminder to our listeners that if you want to share some memories or thoughts about a loved one, friend, neighbor or co-worker who died from covid-19, please email us at osterholmupdate@umn.edu. So, Mike, we've also been getting some great submissions to our Acts of Kindness page on the Osterholm Update website. We're going to try to highlight one each week on the podcast. What have you picked for us this week, Mike?

**Michael Osterholm:** [00:49:13] Well, this one's from Sonya and thank you very much. And she wrote, "I've been thinking a lot lately about all those standing in lines for food banks and feeling uncertainty about their jobs. I also saw a social media post from a friend whose son saved his summer earnings to buy food for their local food bank. I felt inspired. This morning, I contacted the elementary school in my neighborhood where my daughter used to be a student and asked if they still needed items for their annual Thanksgiving meals for families in need. I'm grateful to be able to donate several items to help local family members have a slightly better holiday. I hope that this and other acts of kindness posted on this Web page will inspire others to do what they can for others in their community. Thank you, Sonya". Thank you, Sonya, for this wonderful act of kindness. I've always said that kindness and love are those two things that defy logic and gravity. That's one of those things where the more you give away, the more you have. And it's clear that you've done just that. So thank you. And everyone keep these acts of kindness coming. Our pandemic of kindness is going to overtake that pandemic of virus.

**Chris Dall:** [00:50:29] Last week, we told listeners about the new Front Line Families Fund for the children of health care workers who've been lost to covid-19. Any updates on that fund that you can provide for the listeners?

**Michael Osterholm:** [00:50:39] Well, I'm happy to report that this fund is actually developing quite a bit of traction. This past week, it was tweeted out by Gloria Estefan, Clive Davis and Rita Wilson of notable individuals. We're now up to over four hundred and fifteen thousand dollars this past week. And we have several larger donors that are in the process of contributing. Every dollar counts, however. So anyone out there that as an act of kindness, if you can support this, this money all goes to these children of health care workers who have died and some of them are really in need. So anything you can do to help, we will gladly take 50 cents, a dollar, whatever you have. And I promise you that the family members of these health care workers who have died at covid will be better off for it. So thank you.

**Chris Dall:** [00:51:37] And your closing thoughts today, Mike, on this Thanksgiving week episode?

**Michael Osterholm:** [00:51:42] Well, thank you again for being with us today. You know, I thought a lot about this dedication. You know, this is a challenging year. Oh, my God, this is a challenging year. And I've thought about my Thanksgivings of the past and what they meant and how they unfolded. One of the things that I thought about were Sundays around Thanksgiving when I was a young boy. And every year would come a very, very special day when The Wizard of Oz was on. It would be played once a year on Sunday night on TV. And Sundays for me were always kind of a reprieve, get out of jail card. It was a situation where, as some of you know, my father was a very violent and troubled alcoholic. And any night of the week was fair game for his drinking and his violence except Sunday nights. And that's because the bars were closed in Iowa on Sunday. And I always felt like Sunday night was my free night out. I never had to worry about what was going to happen that night. And then when you combine that with a once a year Wizard of Oz, it was like that was my heaven. I lived for that. That was my moment of satisfaction and gratification in a life that at the time was a bit tough. And so I found such wonderful peace and excitement as a young kid watching The Wizard of Oz. So today I couldn't help but at this Thanksgiving time, go back to then and try to remember what it was like to deal with all the difficult issues and where I found reward within that life of difficult issues. And so I picked over the rainbow or some of, you know, Somewhere Over the Rainbow, recorded in nineteen thirty nine by Judy Garland is part of the movie The Wizard of Oz. Harold Arlen was the composer. Yip Harburg wrote the lyrics and Judy Garland as Dorothy Gale sang that on The Wizard of Oz. It actually won the Academy Award for the best original song in nineteen thirty nine. And it to me represents everything about on a bad, bad time, it's OK. There's that moment and we'll get through those. So here it is, over the rainbow. "Somewhere over the rainbow, way up high, there's a land that I heard of once in a lullaby. Somewhere over the rainbow, skies are blue, and the dreams that you dare to dream really do come true. Someday I'll wish upon a star and wake up where the clouds are far behind me, where troubles melt like lemon drops away above the chimney tops. That's where you'll find me. Somewhere over the rainbow, bluebirds fly. Birds fly over the rainbow, why then, oh, why can't I? If happy little bluebirds fly beyond the rainbow, why, oh, why can't I?" I want to wish all of you a very happy Thanksgiving. I hope you find that place to fly with those bluebirds. And thank you for being with us again. We're going to be here week after week, taking this damn virus on and week after week we appreciate you being with us. Again I want to just thank all of you for your participation and kindness with our work here and just know that this pandemic of kindness is making a difference. Be safe. Be kind. And thank you.

**Chris Dall:** [00:55:32] Thanks for listening to this week's episode of The Osterholm Update. If you're enjoying the podcast, please subscribe, rate and review and be sure to keep up with the latest covid-19 news by visiting our website CIDRAP.umn.edu. The Osterholm Update is produced by Maya Peters, Corey Anderson and Angela Ulrich.