

**BEFORE THE ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD
STATE OF ILLINOIS**

Chicago Teachers Union, Local No.1)	
IFT-AFT,)	
Charging Party,)	
)	
v.)	Case No. 2021-CA-0043-C
)	
Chicago Board of Education,)	
Respondent.)	

CTU’s Renewed Motion for Injunctive Relief under Section 16(d) of the Act

The Charging Party hereby renews its Motion for the IELRB to seek relief in this case under Section 16(d) of the Illinois Educational Labor Relations Act (“IELRA”), 115 ILCS 5/16(d). These are the reasons for the Motion:

1. A plague grips the United States, Illinois, and the City of Chicago. It spreads almost unnoticed and causes debilitating illness and death. It will shortly worsen and then worsen again – so much so that national public health officials have characterized it as a health crisis like no other in the nation’s history. Notwithstanding this pandemic, the Chicago Board of Education (“CBE”) has unilaterally ordered its teachers and its professional and paraprofessional staff to resume in person classes beginning on January 11, 2020. As stated by CBE CEO Janice Jackson in a citywide radio broadcast last week: “The question of whether students should be in school – we’re past that point. The mayor, the board, many of the leaders of CPS, many parents feel like we need to be back in school.”¹ The CBE’s authority to take such unilateral action rests upon a slender reed: the claim that the CBE’s right to determine “places of instruction” includes the right to unilaterally put its teachers and staff into danger without meaningful bargaining. Accordingly,

¹ CTU Exh. A, attached hereto.

the CTU renews its request that the IELRB seek injunctive relief so that the terms for resumption of in person classes can be determined by good faith collective bargaining instead of by executive fiat. The support for this conclusion is outlined in the following paragraphs and in the Supplemental Memorandum submitted this day as well.

2. As the IELRB knows, on October 16, 2020, the CBE announced a plan to resume in person learning for pre-kindergarten and students in special education clusters. This plan potentially covered 22,000 students and 5,000 teachers, professional staff, and other paraprofessional staff represented by the Chicago Teachers Union Local No. 1 (“CTU”). This decision was announced without notice to or bargaining with the Union. On October 23, 2020, the CTU filed the ULP charge in this case, along with a request that the IELRB seek relief under Section 16(d) of the Act. The IELRB issued a complaint on October 30, 2020 and the case is set for hearing on January 26 and 28, 2021.

2. On November 5, 2020, the IELRB heard arguments and denied the request to seek injunctive relief. The IELRB agreed with the Union’s assertion that the health and safety of employees was a mandatory subject of bargaining. It found, however, that “CBE has not made any movement in furtherance of its goal that would amount to a unilateral change.” *Chicago Board of Education*, ___ PERI ___, Case No. 2021-CA-0043-C, slip op. at 2-3 (November 19, 2020). It noted, however, that it would be open to reviewing its decision if CPS directed employees to return to work on a specific date. *Chicago Board of Education, supra*, slip op. at 3, n.1.

3. As set out in the Memorandum accompanying this Motion, the COVID-19 pandemic continues to rage. During the week prior to the filing of this Motion and the accompanying

Supplemental Memorandum, one million more Americans have become infected with this disease. During same period, Illinois led the nation in deaths due to the disease. While the State and the City have ordered mitigating actions, the impact of those actions remains to be seen. According to Dr. Anthony Fauci, there is a great likelihood of a “surge upon a surge” which will shatter records for infections, hospitalizations, and deaths. According to the White House Coronavirus Task Force briefing of November 29, 2020:

The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.

CTU Exh. B.

On December 2, 2020, the New York Times reported following statements by officials at the Centers for Disease Control:

The director of the Centers for Disease Control and Prevention warned on Wednesday that the nation is facing a devastating winter, predicting that total deaths from Covid-19 could reach “close to 450,00” by February unless a large percentage of Americans follow precautions like mask wearing. “The reality is, December and January and February are going to be rough times,” said Dr. Robert Redfield, the head of the C.D.C., in an address to the Chamber of Commerce Foundation. “I actually believe they’re going to be the most difficult time in the public health history of the nation.”

“The best thing for American to do during the holiday season is to stay at home and not travel.” said Dr. Henry Walke, who oversees day to day

management of pandemic response for the agency.

CTU Exh. C.

National coronavirus response coordinator, Dr. Deborah Birx, elaborated on December 6, 2020:

This is not just the worst public health event. This is the worst event that this country will face, not just from the public health side.

CTU Exh. D.

The former head of the Food and Drug Administration, Scott Gottlieb, said on November 30th that he believed that 30% of Americans may be infected with coronavirus by years end. CTU

Exh. E.

4. In the midst of this explosion of cases, illness, and death, the CBE has announced a schedule for returning to in person learning in its schools. On November 17, 2020, it set forth the following schedule for return to in-person learning at CPS:

- November 23, 2020: Intent to return form sent to K-8 staff
- December 7, 2020: Intent to return deadline for K-8 staff
- January 4, 2021: Return of Pre-K and cluster program staff
- January 11, 2021: Students in pre-K and cluster programs return
- January 25, 2021: Return of K-8 staff
- February 1, 2021: Return of K-8 students

CTU Exh. F.

5. CPS announced this decision without notice to the CTU and without bargaining about the decision with the CTU. CPS states that it will proceed with its plan unless coronavirus cases

are doubling within an 18 day period of time. It has not bargained about its decision to employ this metric for determining to proceed with its plan.

6. On December 2, 2020, the Chief Executive Officer of CPS, Janice Jackson amplified these points in a radio interview on WBEZ. Jackson stated:

All staff will be expected to return, with exception of people who have waivers to FMLA accommodations – we will most certainly respect those . . . We have to create a pathway back to in-person instruction that starts with our staff returning to schools, and we don't want to incentivize one model over another by giving that type of flexibility over staff. The first step is getting the adults back into the classroom and then also making sure we create a safe environment to bring kids back – an environment where we can educate them properly.

CTU Exh.A.

6. Since CPS has now set a specific schedule for employees to return to work, this case is now ripe for relief under Section 16(d) of the IELRA. As demonstrated in the Charging Party's initial motion and in the Supplemental Memorandum filed with this Motion, these actions create conditions that endanger the health and safety of the CTU's members. CBE had an obligation to bargain about its decision before it announced its decision to the public and to its employees. As the IELRB pointed in a recent case involving Western Illinois University, such a unilateral change violates Section 14(a)(5) of the Act because "the fact that the University already announced its decision on the matter being bargained requires the Union to bargain uphill to reverse a decision that was made and publicly announced unilaterally. Such action violates the central command of the duty to bargain, which requires bargaining at a meaningful time over mandatory subjects of bargaining." *Western Illinois University*, Case No. 2021-CA-0009-C (September 17, 2020).

6. Given the gravity of the danger to teachers and other staff, the IELRB should now proceed under Section 16(d) of the Act to obtain an injunction prohibiting CBE from requiring teachers and staff to report for in-person learning until they have bargained in good faith about the decision to do so.

Respectfully submitted,

/s/ Stephen A. Yokich

Dowd, Bloch, Bennett, Cervone
Auerbach & Yokich
8 S. Michigan, 19th Floor
Chicago, Illinois 60603
312-372-1361 (office)
312-286-6723 (cell phone)
syokich@laboradvocates.com

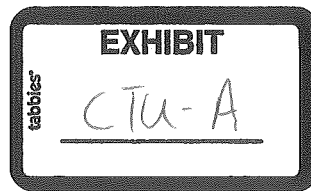
Certificate of Filing and Service

I, Stephen A. Yokich, hereby certify that I filed this CTU's Renewed Motion for Injunctive Relief under Section 16(d) of the Act by email at the web site of the IELRB on December 7, 2020 and that I served opposing counsel on that day by electronic means at:

Sally J. Scott
Nicki B. Bazer
Erin K. Walsh
Franzcek P.C.
300 South Wacker Drive, Suite 3400
Chicago, Illinois 60606

sjs@franzcek.com
nbb@franzcek.com
ekw@franzcek.com

/s/Stephen A. Yokich



CHICAGO PUBLIC SCHOOLS

CORONAVIRUS

REOPENING

Chicago plans to recall teachers and reopen schools, even if the majority of students stay home

By Cassie Walker Burke Dec 2, 2020, 6:58pm CST



A sign in a Chicago school hallway reminding students to keep 6 feet distance apart. | Stacey Rupolo/Chalkbeat

Chicago plans to reopen schools in January and February even if the majority of its students choose to continue learning virtually, the city's

school chief said Wednesday.

Teachers also will be asked to return unless they request formal leave for family or medical reasons.

“The way I look at it, we’re crafting a plan for 100% of wishes,” Chicago Public Schools CEO Janice Jackson told Chalkbeat in a wide-ranging interview about the city’s reopening plans. “Parents who want to continue with remote learning because their children are thriving will continue to have that option. But families who feel that in-person instruction is best, or families who don’t have a choice — parents who are essential workers deserve an option too — we will provide that.”

Chicago will soon get an updated barometer of its families’ wishes, with families of elementary and middle school students supposed to inform the district next week of their choice to continue learning virtually or return to campuses. But Jackson made clear that, while those numbers will help the city plan, they won’t affect its overall decision making — even as the teachers union says low opt-in rates from earlier surveys should have convinced the district to keep school doors closed.

“We have to shift from looking at just percentages,” Jackson continued, acknowledging that low opt-in percentages among Black and Latino families were cited as one of the reasons district leaders initially delayed a September reopening. “I know we focused on that in the summer, but at the end of day, even if it’s 40% or 20%, essentially we’re talking about tens of thousands of people in this city who want an option other than what we’re offering.”

Across the country, several school districts have decided to reopen schools even as the majority of parents choose remote learning. That presents a conundrum for districts and school leaders: How to deliver in-person instruction while addressing the quality of remote learning for the majority of students who choose to remain online. There's also the daunting task of how to convince teachers to sign on to return amid rising COVID-19 positivity rates and criticism from the union that represents them. Citywide, the positivity rate is around 12%, but in some low-income neighborhoods on the West Side, rates are hovering around 20%.

“There have been two surveys, one last summer, and one this fall, where parents said, ‘No thank you.’ What they have said, very clearly, is that they want remote learning,” said Stacy Davis Gates, the union’s vice president, in an interview Tuesday on WBEZ’s Reset. “We have to delve into the reasons why families are reluctant to return to school buildings and use that to build a plan for safe reopening. You can reopen a building — that doesn’t mean that families will follow.”

Families of children in kindergarten through eighth grade are supposed to inform the district next week of their choice: to continue learning virtually until at least April, or return to campuses by Jan. 11 for pre-kindergartners or special education students and Feb. 1 for kindergarten through eighth grade.

Anecdotally, some schools have reported that they haven’t heard yet from large numbers of parents. The district’s default position for families that don’t return surveys will be to continue with remote learning, and it will double down on outreach for surveys as the due date approaches.

There's no date set yet for high school students to return to campuses. Jackson said Wednesday that district leaders are convening a group of high school administrators to discuss options. Some high schools are under enrolled and would have capacity for social distancing and small class sizes. Other larger high schools might not have the same flexibility. (Middle school students who attend academic centers housed in high schools will be notified of plans in mid-January.)

Chicago is on its third reopening attempt. The district initially planned to reopen buildings under a hybrid model in September, but it delayed that plan late in the summer, citing concerns from families. The district's second reopening push, timed for November, ended up delayed among rising rates and pushback from the city's teachers union. October surveys showed that about 1 in 3 prekindergarten students and children with disabilities planned to return to campuses, with the majority opting to continue learning at home.

Chicago has since made some adjustments to its reopening plan. The latest iteration calls for most students to attend classes two days a week in small groups called "pods" and for teachers to provide simultaneous instruction to children in the classrooms and those at home.

Asked about logistics of trying to teach live and remotely at the same time — a question that has surfaced often among parents' groups and in conversations with teachers — Jackson said the model has emerged as the dominant one among districts, and local private and parochial schools, that her team has studied.

"I don't want people to think that I don't understand this will be a steep learning curve and that there won't be learning demands for our

teachers,” Jackson said. “The district will be providing professional development for our teachers and, like with remote learning, we expect thousands of them to take advantage of that. We’re also looking for schools to do professional development that is unique to their environment, things like scheduling and what the setup will look like in their classroom. We want to give our teachers tools and tips on how to make this work.”

As for whether schools will have the flexibility to keep some teachers working remotely — if, say, no students opt to return in a particular classroom — Jackson said teachers will still be expected to return to buildings if they have not filed a medical leave request under the federal Families and Medical Leave Act.

“All staff will be expected to return, with exception of people who have waivers to FMLA accommodations — we most certainly will respect those,” she said. “We have to create a pathway back to in-person instruction that starts with our staff returning to schools, and we don’t want to incentivize one model over the other by giving that type of flexibility over staffing. The first step is getting the adults back into classroom and then also making sure we create a safe environment to bring kids back — an environment where we can educate them properly.”

The city’s teachers union has repeatedly criticized the district for failing to hammer out a written agreement that could detail safety precautions and staffing guidelines and particulars of instruction in this unusual time.

“We do not have a reopening agreement with CPS. At this time, the mayor and Chicago Public Schools have decided to do this alone,”

Gates said this week.

Jackson said district leaders are in early conversations with the union about specifics around simultaneous instruction, but the time has passed to negotiate on the basic point of reopening buildings — something the union has challenged through a series of labor board grievances.

“The question of whether students should be in school — we’re past that point. The mayor, the board, many of the leaders of CPS, many parents feel like we need to be back in school,” Jackson said.

Lower-than-hoped opt-in rates have not deterred efforts to reopen campuses in other cities, but rising positivity rates have. In Detroit, only 1 in 4 students chose to return to school buildings this fall; in November, the district suspended in-person learning until January amid rising cases.

In New York, just under half of the city’s 1 million students chose to return to buildings when schools opened in October, though educators said anecdotally that some students who opted for in-person learning did not show up. Schools are set to reopen there next week for elementary students, while middle and high schoolers don’t yet have a return date.

Chalkbeat Chicago

Sign up for our newsletter

1/11/2021

Subscribe



PENNSYLVANIA

STATE REPORT

11.29.2020

Issue 24

SUMMARY

- Pennsylvania is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 25th highest rate in the country. Pennsylvania is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 24th highest rate in the country.
- Pennsylvania has seen an increase in new cases and stability in test positivity. 56 counties reported an increase in case rate and 39 counties reported an increase in test positivity. 51 counties reported test positivity rates over 10%.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Montgomery County. These counties represent 27.9% of new cases in Pennsylvania.
- 99% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow, orange, or red zones), with 75% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 27% of nursing homes had at least one new resident COVID-19 case, 49% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death. Dozens of outbreaks (>10 cases among staff and residents) were reported across the state.
- Pennsylvania had 374 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 50 to support operations activities from FEMA; 8 to support operations activities from ASPR; 7 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 549 patients with confirmed COVID-19 and 563 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The continued increase in transmission remains concerning, especially given local hospital shortages and further increases anticipated over the upcoming holidays. Recent restrictions are warranted and commendable.
- All media platforms (conventional and social) should be fully saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and organizations.
- Continue to expand the surveillance net through regular testing of at-risk workers; surveillance signals should direct testing campaigns.
- Recruit clinical personnel from local facilities to convey local messages and plead for adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey the importance of mitigation efforts.
- As mitigation restrictions fluctuate, actively monitor to ensure adherence to guidance; work closely with religious organizations and retail service providers to ensure maximal safety.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Continue to engage with the healthcare system to monitor hospitalization rates and staffing, PPE, or bed shortages. Identify clear triggers that would require support, especially need for any assistance from federal partners. Ensure all clinical facilities throughout the state, including mid-level and rural, have expansion plans, updated treatment protocols, telehealth and remote support capabilities, maximal access to medications, and access to platforms for efficient intra- and inter-state exchanges.
- If needed, contact tracing capacity should be expanded as previously described; consider using automated emails/texts that contain instructions to isolate and/or quarantine and mechanisms for reporting contact information.
- Continued and increasing outbreaks among the most vulnerable are a grave and persistent concern; prioritize total adherence to all CMS guidance and ensure regular testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not fully adherent should be fined and/or made public.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.



COVID-19



PENNSYLVANIA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	47,828 (374)	+16%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.8%	+0.3%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	439,636** (3,434**)	+9%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	544 (4.2)	+18%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+8%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	49%	+3%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+2%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,783 (24)	+18% (+18%)	15,696 (23)	135,904 (19)

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

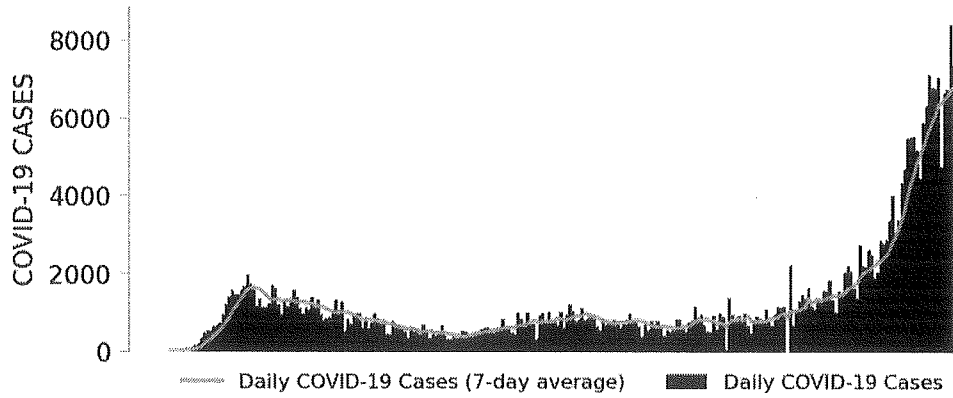
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.



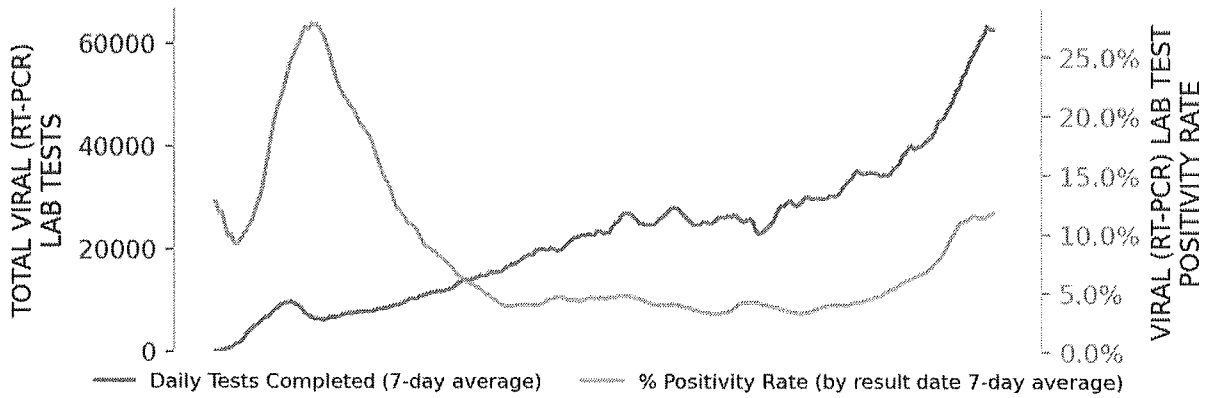
PENNSYLVANIA

STATE REPORT | 11.29.2020

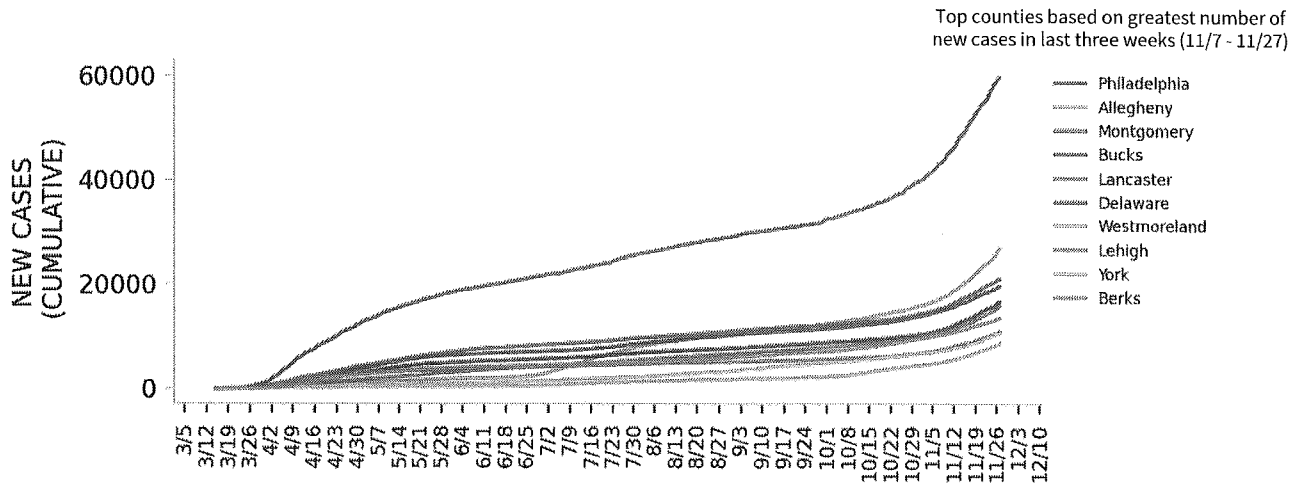
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

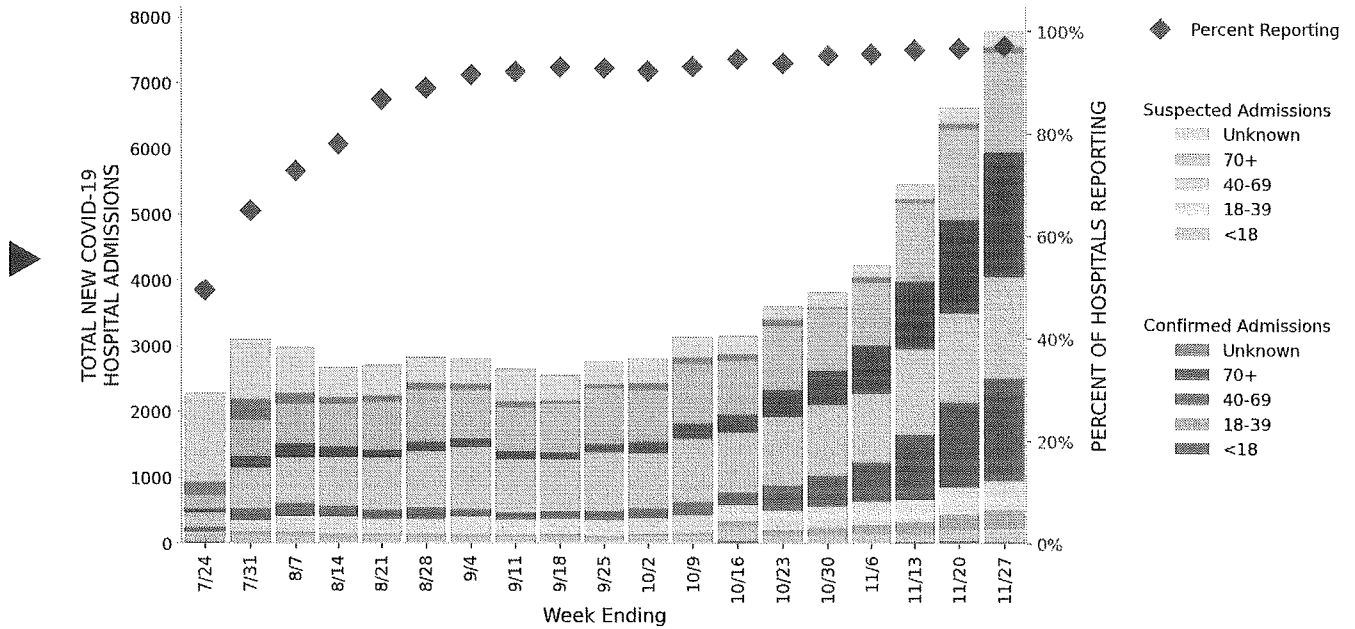


PENNSYLVANIA

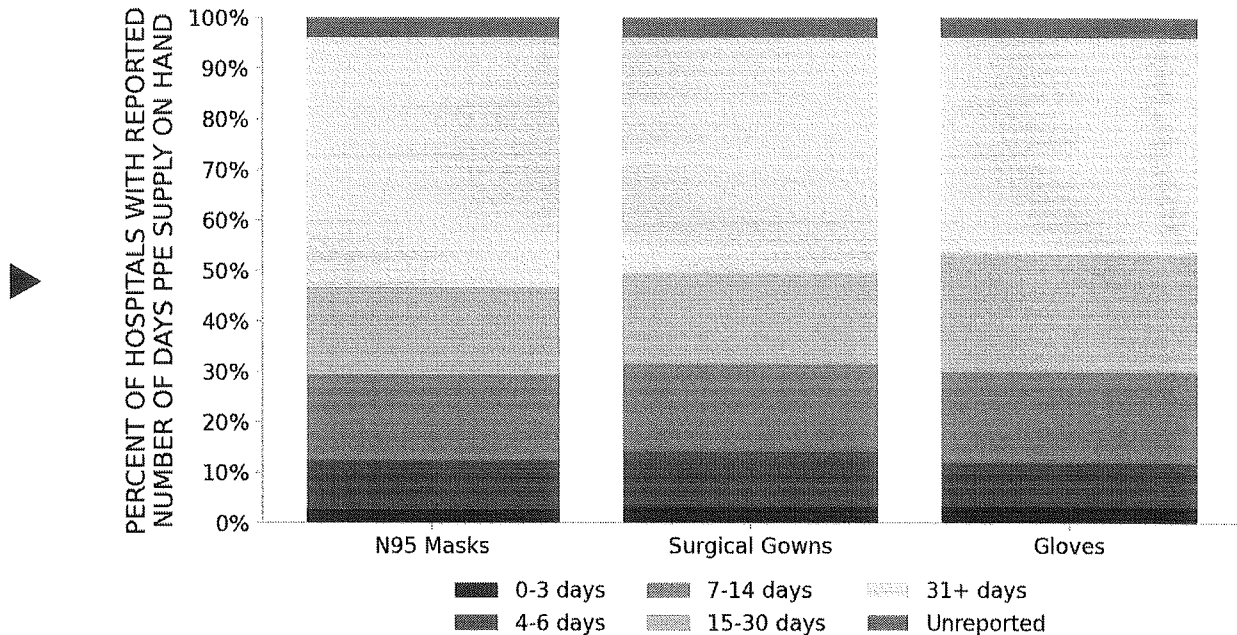
STATE REPORT | 11.29.2020

184 hospitals are expected to report in Pennsylvania

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.



PENNSYLVANIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA)

COUNTIES

**LOCALITIES
IN RED
ZONE**

30
▲ (+4)

Philadelphia-Camden-Wilmington
Pittsburgh
Allentown-Bethlehem-Easton
Lancaster
Scranton-Wilkes-Barre
Harrisburg-Carlisle
York-Hanover
Reading
Erie
Johnstown
Altoona
Chambersburg-Waynesboro

50
▲ (+5)

Philadelphia
Bucks
Lancaster
Delaware
Westmoreland
Lehigh
York
Berks
Luzerne
Northampton
Erie
Cambria

**LOCALITIES
IN ORANGE
ZONE**

5
■ (+0)

Sayre
Gettysburg
Oil City
Bloomsburg-Berwick
Bradford

10
▲ (+1)

Allegheny
Montgomery
Chester
Butler
Bradford
Adams
Venango
McKean
Wayne
Sullivan

**LOCALITIES
IN YELLOW
ZONE**

2
▼ (-3)

State College
New York-Newark-Jersey City

6
▼ (-3)

Centre
Lackawanna
Pike
Susquehanna
Montour
Forest

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

All Red CBSAs: Philadelphia-Camden-Wilmington, Pittsburgh, Allentown-Bethlehem-Easton, Lancaster, Scranton-Wilkes-Barre, Harrisburg-Carlisle, York-Hanover, Reading, Erie, Johnstown, Altoona, Chambersburg-Waynesboro, Lebanon, Pottsville, Youngstown-Warren-Boardman, Somerset, Lewistown, Meadville, Indiana, East Stroudsburg, Williamsport, DuBois, New Castle, Lewisburg, Sunbury, Huntingdon, Selinsgrove, Lock Haven, St. Marys, Warren
All Red Counties: Philadelphia, Bucks, Lancaster, Delaware, Westmoreland, Lehigh, York, Berks, Luzerne, Northampton, Erie, Cambria, Blair, Dauphin, Cumberland, Washington, Franklin, Lebanon, Schuylkill, Mercer, Beaver, Somerset, Mifflin, Crawford, Indiana, Monroe, Lycoming, Clearfield, Lawrence, Bedford, Fayette, Union, Armstrong, Northumberland, Tioga, Clarion, Carbon, Huntingdon, Juniata, Jefferson, Snyder, Greene, Clinton, Columbia, Elk, Perry, Wyoming, Warren, Fulton, Potter

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

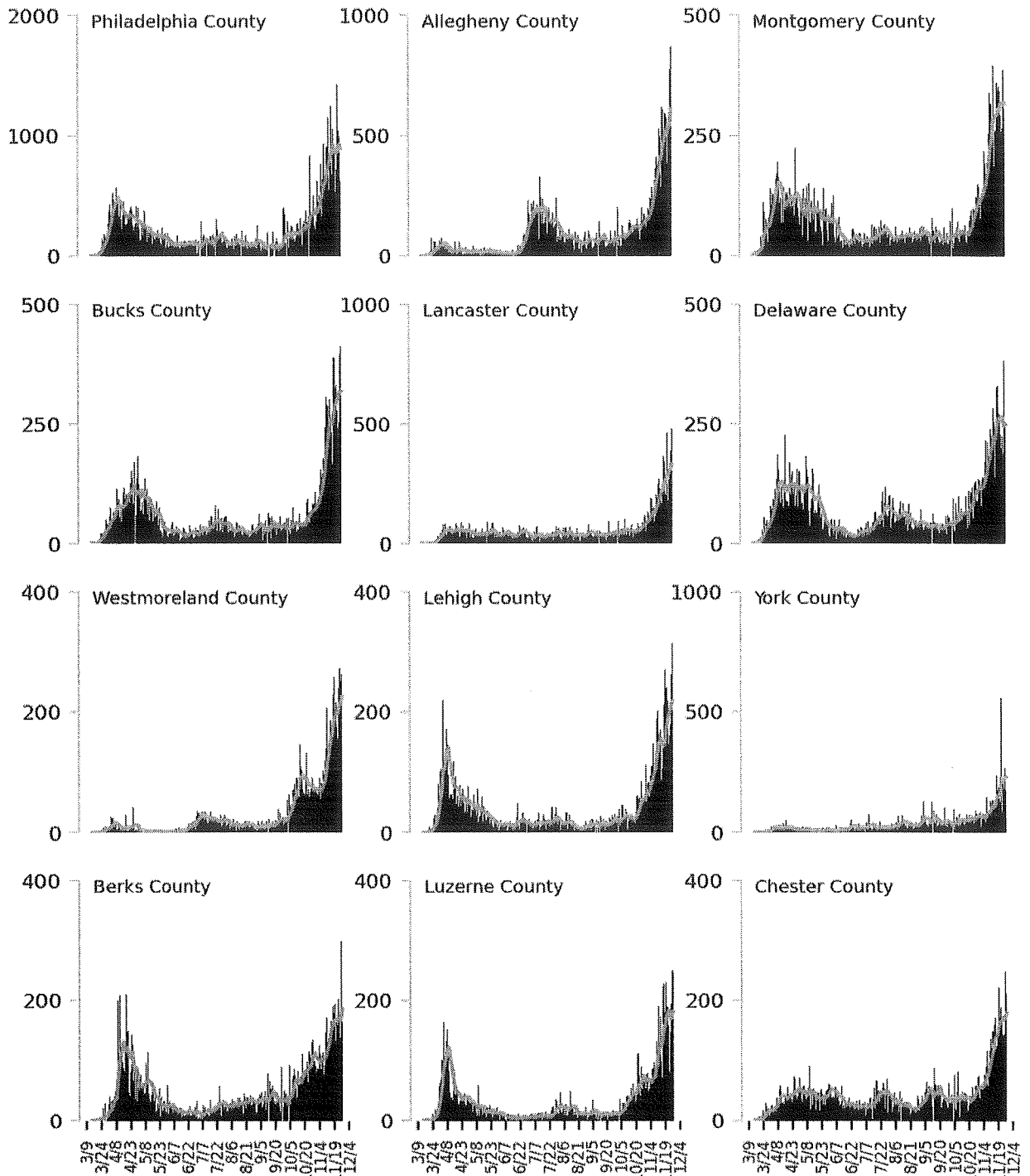
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.



Top 12 counties based on number of new cases in the last 3 weeks

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under **METHODS**

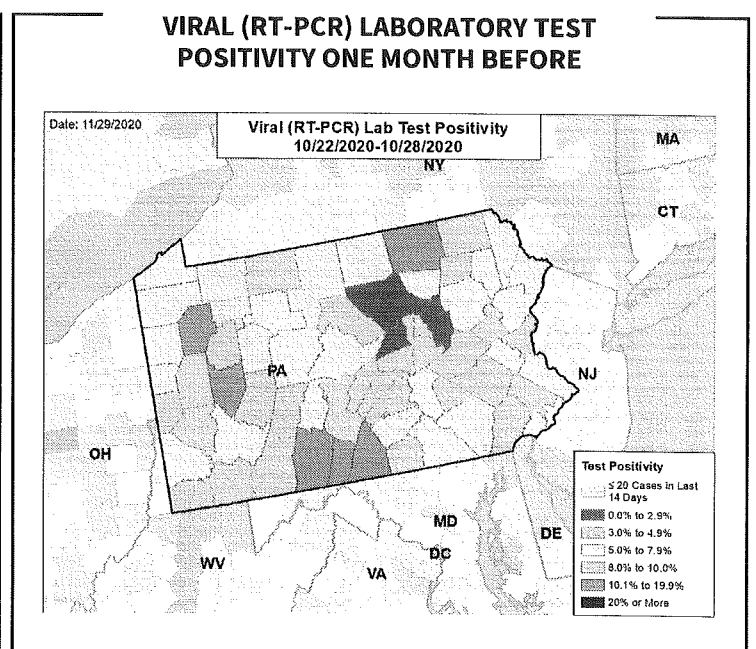
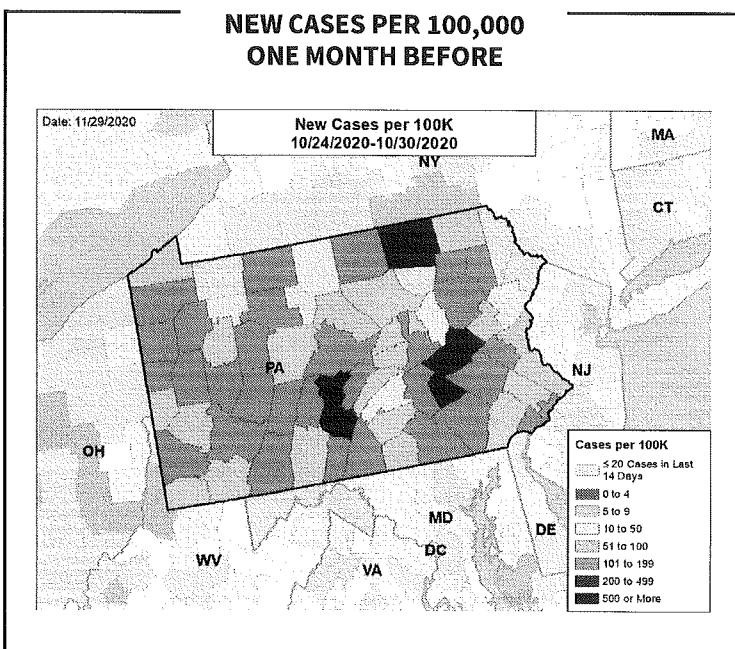
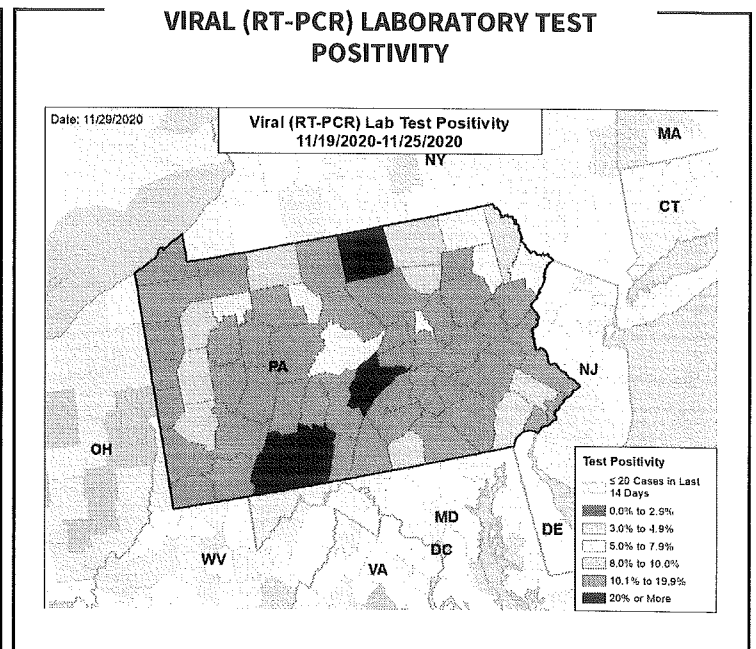
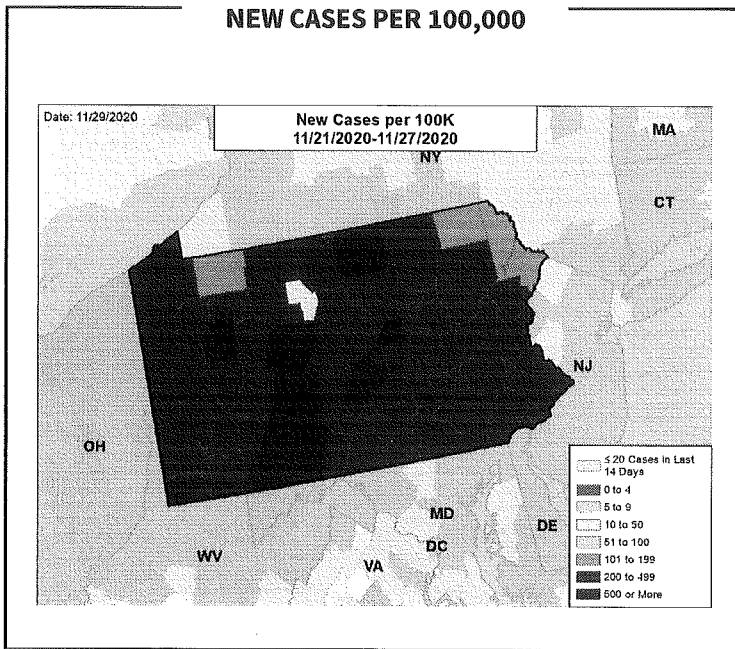
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.



PENNSYLVANIA

STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.

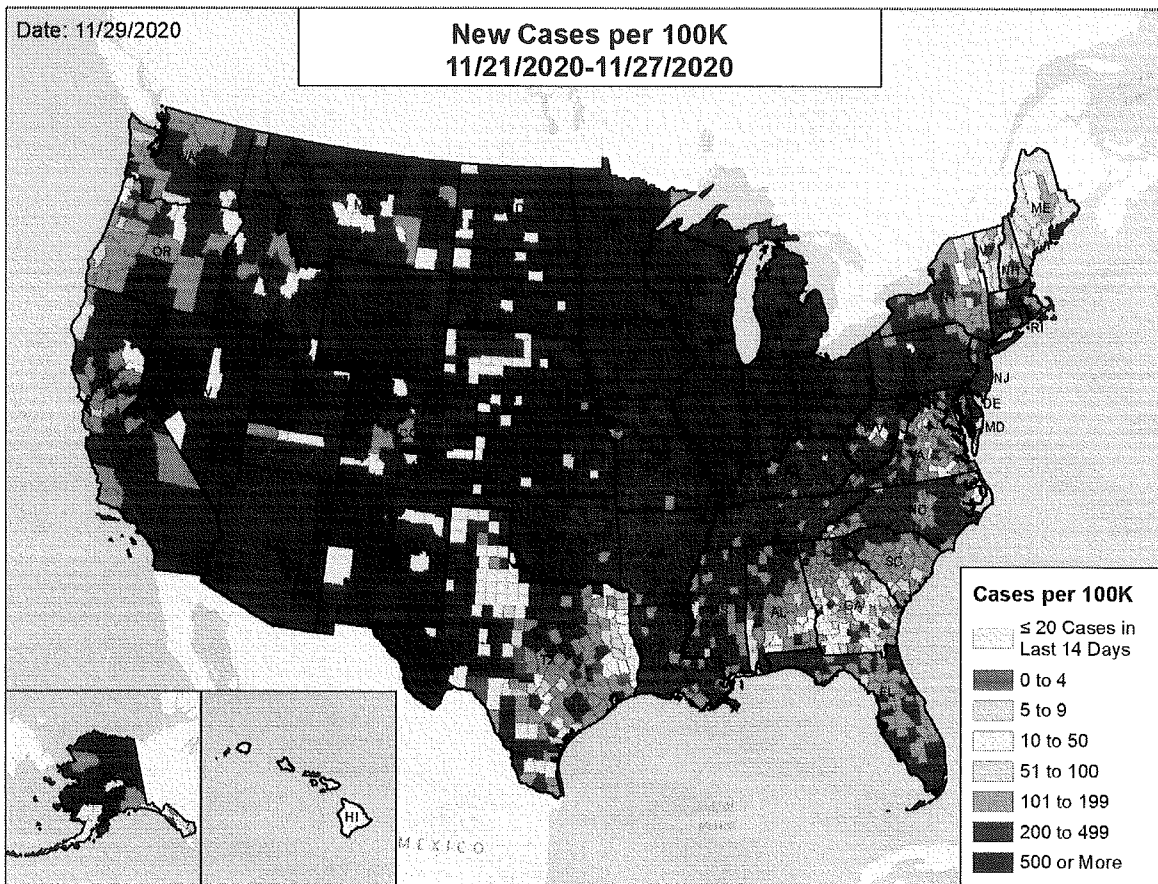
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.



National Picture

NEW CASES PER 100,000

NATIONAL RANKING OF NEW CASES PER 100,000



National Rank	State
1	ND
2	SD
3	WY
4	NM
5	MN
6	IA
7	NE
8	IN
9	KS
10	MT
11	UT
12	WI
13	AK
14	CO
15	RI
16	IL
17	OH
18	NV
19	OK
20	MI
21	ID
22	MO
23	KY
24	AR
25	PA
26	AZ
27	TN
28	WV
29	DE
30	NJ
31	CT
32	LA
33	MS
34	MA
35	MD
36	FL
37	WA
38	TX
39	CA
40	NC
41	NY
42	AL
43	OR
44	VA
45	SC
46	NH
47	DC
48	GA
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
 - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 11/27/2020.

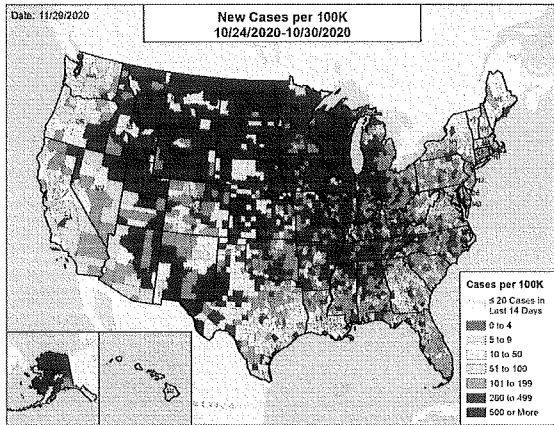
European community mitigation information sourced from European CDC — Situation Update Worldwide.



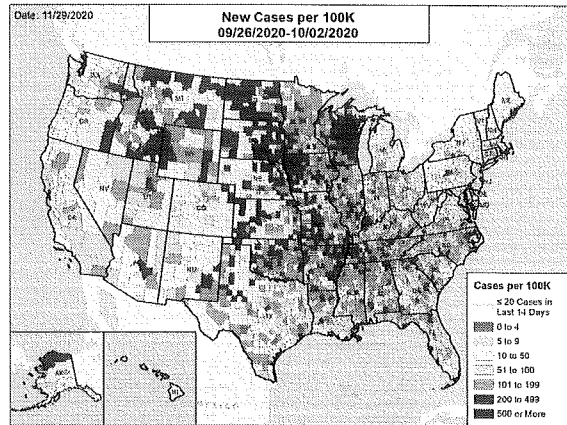
National Picture

NEW CASES PER 100,000 IN THE WEEK:

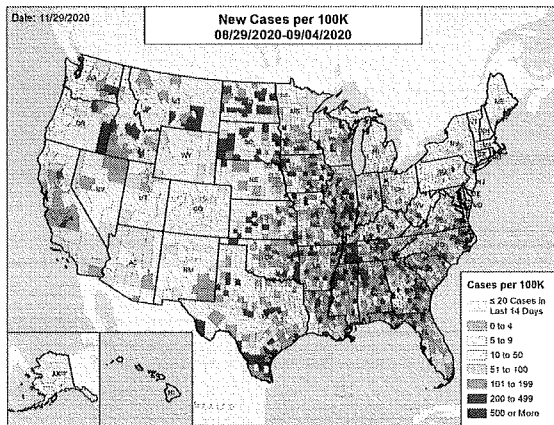
ONE MONTH BEFORE



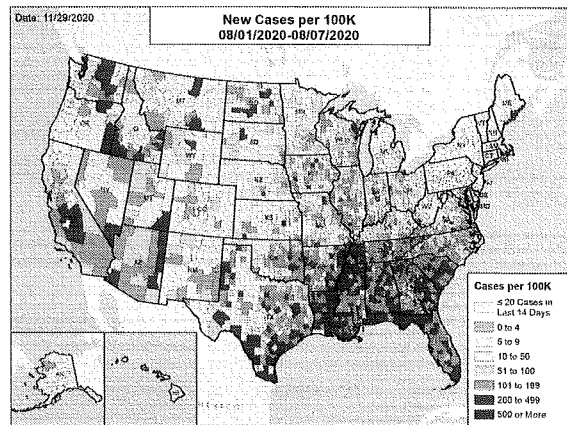
TWO MONTHS BEFORE



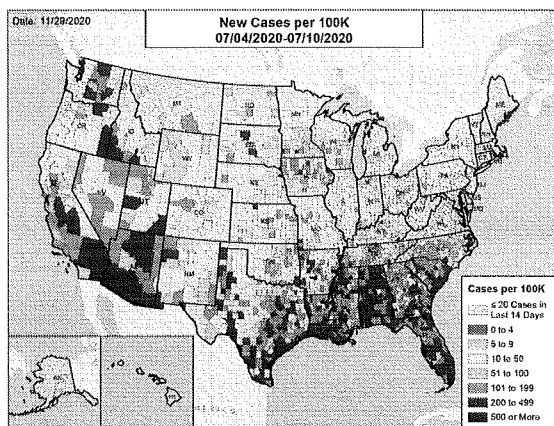
THREE MONTHS BEFORE



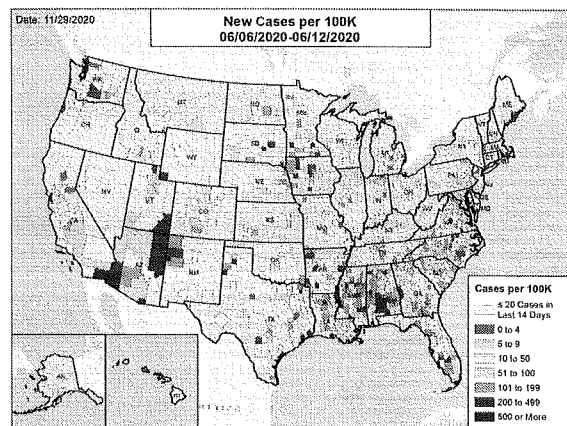
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



DATA SOURCES

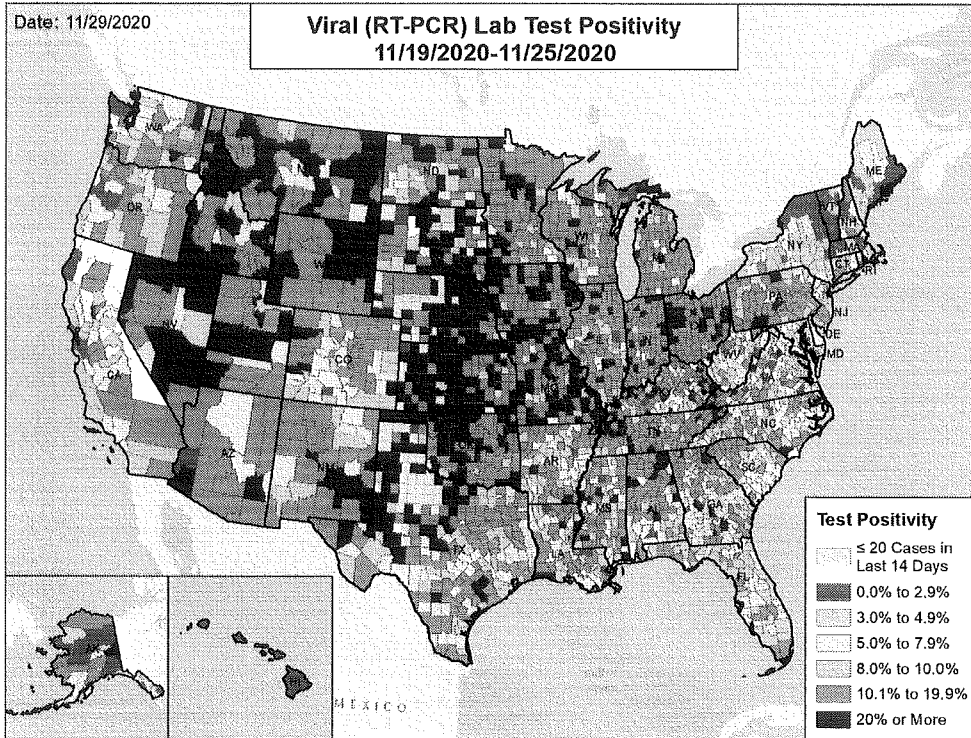
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4; the week four months before is 8/1 - 8/7; the week five months before is 7/4 - 7/10; the week six months before is 6/6 - 6/12.



National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

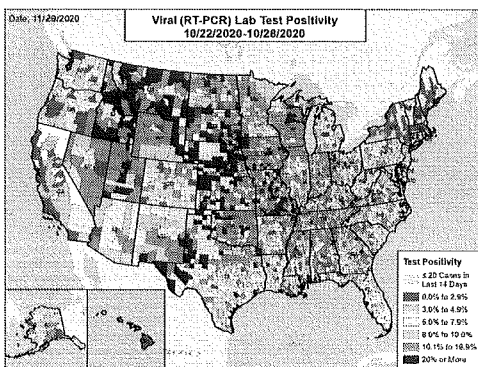


NATIONAL RANKING OF TEST POSITIVITY

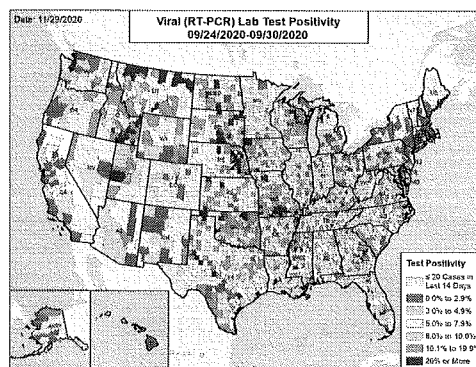
National Rank	State	National Rank	State
1	ID	27	TX
2	MT	28	OR
3	KS	29	NJ
4	OK	30	AR
5	MO	31	SC
6	UT	32	CT
7	IA	33	FL
8	NE	34	AK
9	NV	35	NH
10	IN	36	WA
11	NM	37	GA
12	SD	38	LA
13	OH	39	NC
14	WY	40	WV
15	MI	41	VA
16	KY	42	MD
17	TN	43	CA
18	ND	44	RI
19	AL	45	DE
20	MS	46	NY
21	IL	47	ME
22	MN	48	MA
23	WI	49	DC
24	PA	50	HI
25	AZ	51	VT
26	CO		

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

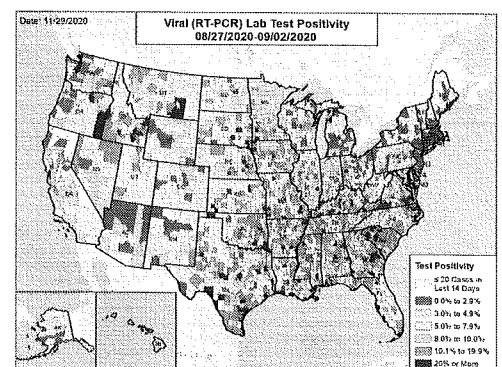
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

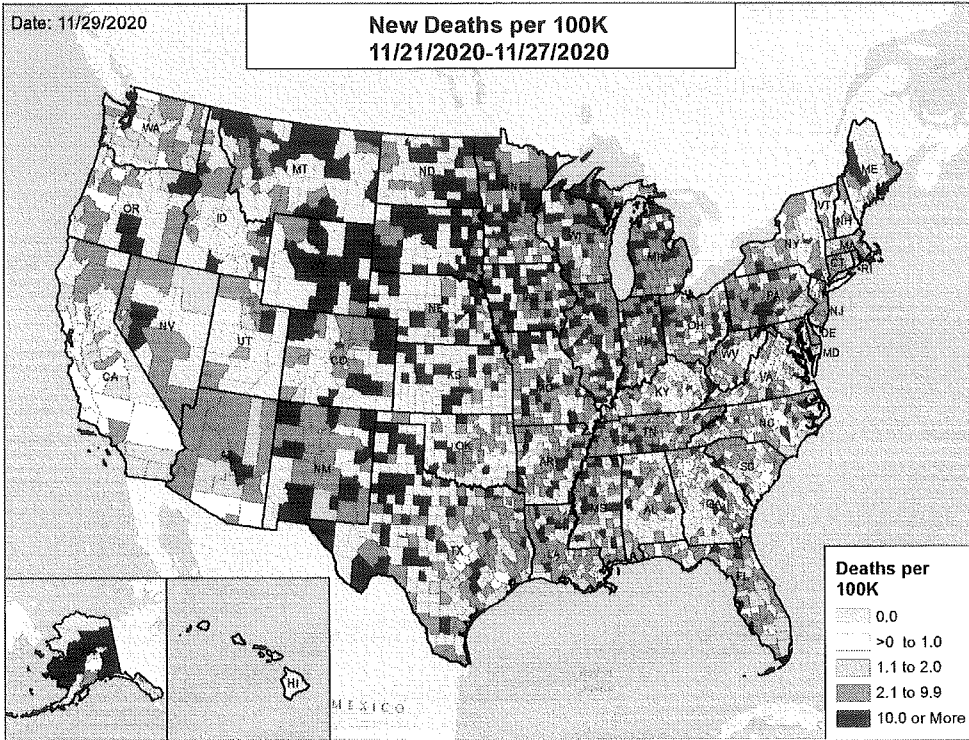
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28; the week two months before is 9/24 - 9/30; the week three months before is 8/27 - 9/2.



National Picture

NEW DEATHS PER 100,000

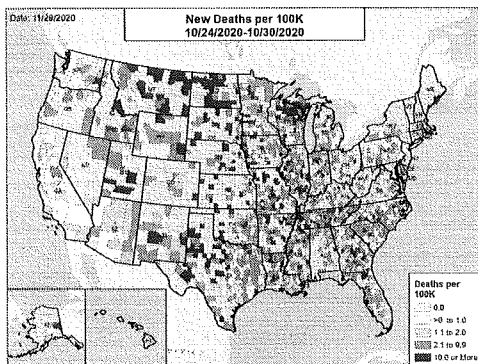
NATIONAL RANKING OF NEW DEATHS PER 100,000



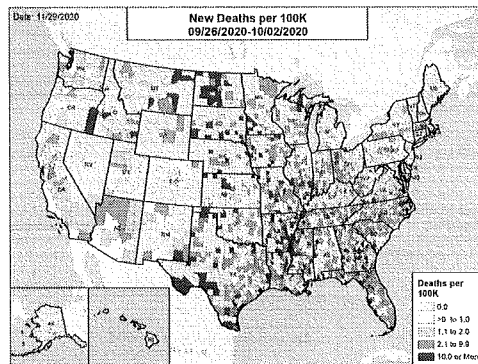
National Rank	State	National Rank	State
1	SD	27	TX
2	ND	28	MD
3	NM	29	NJ
4	MT	30	OK
5	WY	31	AL
6	IA	32	AK
7	MI	33	KY
8	MN	34	MA
9	IN	35	UT
10	IL	36	FL
11	WI	37	SC
12	NE	38	AZ
13	RI	39	NC
14	TN	40	NY
15	MO	41	OR
16	MS	42	DE
17	PA	43	VA
18	KS	44	GA
19	CO	45	ME
20	WV	46	CA
21	AR	47	WA
22	CT	48	DC
23	ID	49	HI
24	NV	50	VT
25	LA	51	NH
26	OH		

NEW DEATHS PER 100,000 IN THE WEEK:

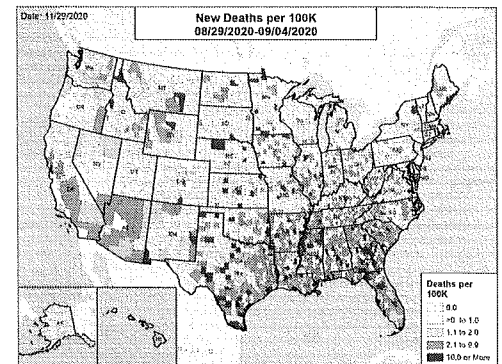
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Deaths: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4.

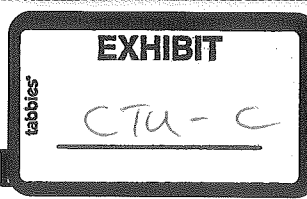


METHODS

STATE REPORT | 11.29.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 19.9%		≥20.0%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	250 – 499		≤249
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%			1% – 5%	≥6%		
Change in SNFs with at least one resident COVID-19 case, death	≤-2%			-1% – 1%	≥2%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 20	21 – 30		≥31
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 17:59 EST on 11/29/2020. State values are calculated by aggregating county-level data from USAFacts. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/19 to 11/25; previous week data are from 11/12 to 11/18; the week one month before data are from 10/22 to 10/28. HHS Protect data is recent as of 14:31 EST on 11/29/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/28/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:53 EST on 11/29/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 18:00 EST on 11/28/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/16-11/22, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **County and Metro Area Color Categorizations**
 - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
 - **Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
 - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”



Covid-19 Live Updates: C.D.C. Winter May Be 'Most Difficult Time' in U.S. Public Health History

C.D.C. officials also warned against holiday travel and outlined ways to shorten recommended quarantine times after possible exposure. The U.K. becomes the first country to approve Pfizer's vaccine, paving the way for mass inoculations. As hospitalizations and infections surge across the U.S., California officials warn of severe shortages of beds and staff.

RIGHT NOW [CVS will administer a Covid-19 treatment in patients' homes and in nursing facilities.](#)

Here's what you need to know:

- [Redfield warns this winter may be 'the most difficult time in the public health history' of the U.S.](#)
- [The C.D.C. warns Americans not to travel for the holidays and outlines ways to shorten quarantine times.](#)
- [Obama says he would take Covid-19 vaccine if Fauci deems it safe.](#) [New](#)
- [No, a doctor's selfie does not show a 'fake hospital' in Nevada.](#)
- [Moderna will soon begin testing its coronavirus vaccine in children.](#)
- [If authorized, vaccine doses for about 170,000 New Yorkers could arrive on Dec. 15, Cuomo says.](#)
- [Wondering when you can get a vaccine? Here are answers to some common questions about the rollout.](#)
- [A 'pandemic effect' is driving a rise in applications to medical schools.](#)

Redfield warns this winter may be 'the most difficult time in the public health history' of the U.S.

The director of the Centers for Disease Control and Prevention warned on Wednesday that the nation is facing a devastating winter, predicting that total deaths from Covid-19 could reach "close to 450,000" by February unless a large percentage of Americans follow precautions like mask-wearing.

"The reality is, December and January and February are going to be rough times," said Dr. Robert Redfield, the head of the C.D.C., in an address to the Chamber of Commerce Foundation. "I actually believe they're going to be the most difficult time in the public health history of this nation."

The C.D.C. has been posting aggregate forecast models of the potential for a mounting death toll as the pace of the coronavirus outbreaks in various states has accelerated.

"We're in that range potentially now, starting to see 1,500 to 2,000 to 2,500 deaths a day from this virus," Dr. Redfield said. "The mortality concerns are real, and I do think, unfortunately, before we see February, we could be close to 450,000 Americans" dead from the virus.

Dr. Redfield added that the death toll could be lessened if the public would embrace mitigation strategies, most importantly wearing masks.

"It's not a fait accompli," he said. "We're not defenseless. The truth is that mitigation works. But it's not going to work if half of us do what we need to do. Probably not even if three-quarters do."

The death toll in the United States is also approaching another set of dire milestones: The country has reported nearly 275,000 total deaths, and came closer on Tuesday to the single-day death record of 2,752, set in April.

Dr. Redfield's talk occurred on the same day that C.D.C. officials reiterated warnings against holiday travel. The agency also outlined two ways to shorten the recommended quarantine times for people who may have been exposed to the virus, especially those who may choose to travel anyway.

Dr. Redfield pointed to a recent C.D.C. report that found that sample counties with mask mandates had a six percent decrease in new cases, while those without mandates saw a 100 percent increase in new cases.

He also indirectly criticized President Trump and Scott Atlas, the president's most recently departed coronavirus adviser. Both mocked mask-wearing and often questioned the usefulness of mask protection against the virus. The C.D.C. was blocked from its plan to require masks on all public transportation, and Dr. Redfield was publicly skewered by the president after saying, at a congressional hearing, that masks might be as protective as a vaccine.

On Wednesday, Dr. Redfield alluded to the confusion caused by such mixed public pronouncements.

"When you really want to get everybody on board, you've got to have clear, unified, reinforced messaging," Dr. Redfield said on Wednesday. "The fact that we were still arguing in the summer about whether masks work," he said, "was a problem."

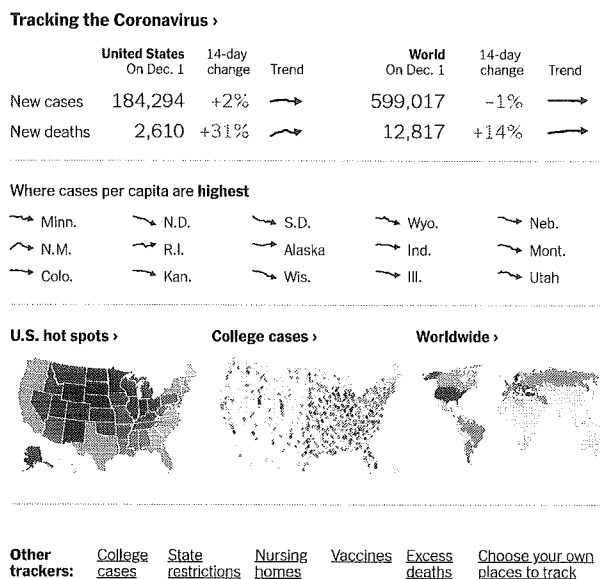
"The time for debating whether or not masks work or not is over. We clearly have scientific evidence," he said, pointing specifically to a C.D.C. study in Kansas that showed areas with mask mandates saw a decline in virus transmission, while those without a mandate saw a 100 percent increase.

The C.D.C. director also expressed frustration at states and local jurisdictions that have not adopted mask mandates. They are especially important, he said, to protect people over 40 from those under 40; younger patients may not display such Covid-19 symptoms as fever and coughing, even when they are infectious.

Dr. Redfield also recommended that more schools reopen, and said that the C.D.C. would issue guidelines later this week on routine Covid screening for teachers.

"I was very disappointed in New York when they closed schools," he said, adding that he had not seen evidence of clusters of infections from open schools. He said most teachers' infections can be traced to a spouse or community exposure.

— Sheila Kaplan



The C.D.C. warns Americans not to travel for the holidays and outlines ways to shorten quarantine times.

Citing the spiraling rise in coronavirus cases nationwide, the Centers for Disease Control and Prevention on Wednesday warned Americans not to travel over the holidays, and outlined two ways to shorten the recommended quarantine times for people who may have been exposed to the coronavirus, especially those who may choose to travel anyway.

"The best thing for Americans to do during the holiday season is to stay at home and not travel," said Dr. Henry Walke, who oversees day to day management of pandemic response for the agency.

The guidance came as the C.D.C. director, Dr. Robert Redfield, also warned on Wednesday that the nation faces a devastating winter, predicting that total deaths from Covid-19 could reach "close to 450,000" by February unless a large percentage of Americans follow precautions like mask-wearing.

"The reality is, December and January and February are going to be rough times," said Dr. Robert Redfield, the head of the C.D.C., in an address to the Chamber of Commerce Foundation. "I actually believe they're going to be the most difficult time in the public health history of this nation."

Previously, the C.D.C. had recommended a 14-day quarantine period following potential exposure, and officials said they still supported the longer period as the safest option. But officials also recommended two alternatives.

Those without symptoms may end quarantine after seven days, followed by a negative test for the virus, or after 10 days without a negative test, agency officials said at a news briefing. P.C.R. or rapid tests are acceptable, the agency said, and should be taken within 48 hours of the end of the quarantine period.

“We can safely reduce the length of quarantine, but accepting that there is a small residual risk that a person who is leaving quarantine early could transmit to someone else if they became infected,” said Dr. John Brooks, the C.D.C.’s chief medical officer for the Covid-19 response.

(Quarantine refers to people who are well but may become ill; isolation refers to those known to be ill.)

Agency officials also recommended that Americans who are traveling get tested for the infection one to three days before the trip and again three to five days after returning. Returnees should eliminate nonessential activities for seven days.

A shortened quarantine period may be more palatable to people, with reduced economic impact, and may improve compliance, officials said. But the more relaxed guidance may lead to some infections being missed.

Studies have found that the median incubation period for the virus is five days. But symptoms do not develop in a few patients until nearly two weeks after exposure.

C.D.C. officials also warned strongly against travel over the holidays.

Dr. Cindy Friedman, chief of the travelers health branch at the C.D.C., reiterated that with cases rising, “the safest thing to do is to postpone travel and stay home,” saying that even a small percentage of infected travelers could “translate into hundreds of thousands of additional infections.”

“Travel is a door-to-door experience that can spread the virus during the journey and into communities where travelers visit or live,” she said. “We know it’s a hard decision, and people need time to prepare and have discussions with family and friends and to make these decisions.”

“Our recommendations are trying to give them the tools they need to make these tough choices,” she said, adding that people should take the time before the holidays to “think about the safest option for them and their families.”

On Capitol Hill, Representative Steny H. Hoyer of Maryland, the majority leader, emphasized on Wednesday that he wanted lawmakers to leave by Dec. 11 — the same day government funding is set to expire — because of Congressional quarantine requirements ahead of the holidays, and the ongoing surge in coronavirus cases.

— *Roni Caryn Rabin*

ADVERTISEMENT

Britain approves a vaccine, the first nation in the West to do so.

Britain gave emergency authorization on Wednesday to Pfizer’s coronavirus vaccine, leaping ahead of the United States to become the first Western country to allow mass inoculations against a disease that has killed more than 1.4 million people worldwide.

The decision kicked off a vaccination campaign with little precedent in modern medicine, encompassing not only ultracold dry ice and trays of glass vials but also a crusade against anti-vaccine misinformation.

Britain beating the United States to authorization — on a vaccine codeveloped by the American pharmaceutical giant Pfizer, no less — may intensify pressure on U.S. regulators, who are already under fire from the White House for not moving faster to get doses to people. And it has stirred up a global debate about how to weigh the desperate need for a vaccine with the imperative of assuring people that it is safe.

“Help is on its way with this vaccine — and we can now say that with certainty, rather than with all the caveats,” the British health secretary, Matt Hancock, said on Wednesday, as the government exulted in the authorization.

While the go-ahead bodes well for Britain, it will have no effect on the distribution of the hundreds of millions of doses that other wealthy countries have procured in prepaid contracts.

It also offers little relief to poorer countries that could not afford to buy supplies in advance and may struggle to pay for both the vaccines and the exceptional demands of distributing them.

The Pfizer vaccine, developed with BioNTech, a smaller German firm, must be transported at South Pole-like temperatures, a requirement that could dictate who will be vaccinated first in Britain: Nursing-home residents were supposed to be the top priority under an advisory committee’s plans, but efforts to limit transportation of the vaccine and ensure it remains cold may mean that National Health Service staff will receive the shots first.

The government said on Wednesday that 800,000 doses would be available by next week for health workers to begin administering. For Britain, which has suffered one of Europe’s highest per capita death tolls from the virus, the decision by its drug regulator testified to a vaccination strategy that has been the most aggressive in the West.

After the government strengthened an old law that allows Britain to step out from under the European Union’s regulatory umbrella in public health emergencies, its Medicines and Healthcare Products Regulatory Agency fast-tracked a review of the Pfizer vaccine, which was 95 percent effective in a late-stage trial.

The White House, concerned that Britain would approve a vaccine first, summoned Dr. Stephen Hahn, the commissioner of the Food and Drug Administration, for a meeting on Tuesday. A panel of outside advisers to the F.D.A. is scheduled to meet on Dec. 10 to decide whether the agency should grant emergency authorization to the Pfizer vaccine.

American regulators pore over raw data from vaccine makers to validate their results, an approach they say ensures safety. Their counterparts in Britain and elsewhere in Europe lean more heavily on companies’ own analyses. However, British regulators seek opinions from a specialist committee, similar to the outside panel of experts the Food and Drug Administration uses to assess vaccine candidates. And while the F.D.A.’s panel is being convened on Dec. 10, Britain’s committee has met as it needed to about the Pfizer vaccine, for more than 40 hours, its chairman said on Wednesday.

The European Union is set to conduct its own review of the Pfizer and BioNTech vaccine, after the companies submitted their final application to the bloc’s health authorities on Tuesday.

The global race to develop a vaccine is poised to shatter records for time to market. Around the world, researchers are testing 57 vaccines in clinical trials, and nearly 100 others are being tested in animals or cells. China and Russia have approved vaccines without waiting for the results of late-stage trials, known as Phase 3, which experts say raises serious risks.

In Russia, President Vladimir V. Putin announced on Wednesday that mass vaccinations of the general public would begin by the end of next week. In televised remarks, Mr. Putin said that more than two million doses of the Sputnik V vaccine had been produced. The health minister, Mikhail Murashko, said that more than 100,000 people had already received the vaccine.

— *Benjamin Mueller and Ivan Nechepurenko*

Obama says he would take Covid-19 vaccine if Fauci deems it safe.

Former President Barack Obama said on Wednesday that he plans to take a coronavirus vaccine, going as far as to suggest he would get his vaccination on film to amplify public awareness.

“If Anthony Fauci tells me this vaccine is safe and can immunize you from getting Covid, absolutely I’ll take it,” Mr. Obama said during an interview with SiriusXM’s Joe Madison, set to air Thursday.

In November, Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, said Pfizer and Moderna’s success in creating vaccines that are over 90 percent effective based on the rate in vaccine trials, gave him hope. However, it would still take considerable time for the public to return to its pre-pandemic behaviors.

During the interview, Mr. Obama said he understood why some members of minority groups might be skeptical of being vaccinated, citing a history of medical abuse and mistrust among Black people that stems from events such as the 40-year-long Tuskegee study in which officials from the U.S. Public Health Service allowed Black men infected with syphilis to go untreated.

He also discussed the disproportionate number of coronavirus cases and deaths among Black, Hispanic and Native American people. Black and Latino residents are about three times as likely to be infected with the coronavirus and about twice as likely to die from it.

It could take until May or June, according to federal officials, for a vaccine to become more widely available to the general public beyond those who are most at-risk and certain priority groups such as health care workers.

“I promise you that when it’s been made for people who are less at risk, I will be taking it,” Mr. Obama said. “I may end up taking it on T.V. or having it filmed, just so that people know that I trust this science, and what I don’t trust is getting Covid.”

— *Allyson Waller*

No, a doctor’s selfie does not show a ‘fake hospital’ in Nevada.

In the latest example of misinformation about the coronavirus ricocheting across social media, a Nevada doctor’s selfie has been used to spread false claims that downplay the severity of the pandemic.

In the picture posted to Twitter on Sunday, the doctor, Jacob Keeperman, is standing at the Renown Regional Medical Center’s alternate care site in Reno, Nev. In the background, empty hospital beds covered in plastic stand in a vacant parking area. The photo was taken on Nov. 12, the day the site opened, so patients had not yet arrived, Renown Health said.

“I want to thank all the incredible staff who are Fighting the Good Fight to help all those suffering from COVID-19,” Dr. Keeperman, the medical director for Renown’s Transfer and Operations Center, wrote. “With 5 deaths in the last 32 hours, everyone is struggling to keep their head up. Stay strong.”

His photograph was then used by the account @Networkinvegas to erroneously claim that it showed a “fake hospital” that had “never seen a single patient.”

On Tuesday, President Trump brought that falsehood to a wider audience, retweeting the @Networkinvegas post with the comment: “Fake election results in Nevada, also!” Twitter flagged the president’s tweet, noting that the claim about election fraud was “disputed.”

In fact, the alternate care site in Reno has cared for a total of 219 Covid patients in the three weeks it has been open. And across Nevada, hospitalizations have risen 43 percent in the last 14 days, with a 55 percent increase in deaths, according to a New York Times database.

Dr. Keeperman said in an interview on Wednesday that he was “sad and disappointed” to see the attacks surrounding his post on social media. “I sent that tweet to recognize and to thank all of our health care teammates that often go unrecognized,” he said. “My greatest wish is that I never have to tell another family that their loved one won’t be coming home.”

He has received an outpouring of support from local, state and national leaders, from health care colleagues, and from many in the general public — but he has also received some “less than savory messages,” he said. “I have chosen to ignore those and to keep hope.”

In response to the president’s tweet, Gov. Steve Sisolak of Nevada, a Democrat, said, “His consistent misleading rhetoric on Covid-19 is dangerous and reckless, and today’s implication that Renown’s alternate care site is a ‘fake hospital’ is among the worst examples we’ve seen.”

Addressing those who maintain that the pandemic is some kind of hoax, Dr. Keeperman said in the interview: “Covid is real. I sure hope that you don’t get sick, but when you do, we’re going to be here to care for you. And we’re going to have a bed for you, and we’re going to do our best. And then you’ll know just how real it is.”

— *Giulia McDonnell Nieto del Rio*

CVS will administer a Covid-19 treatment in patients' homes and in nursing facilities.

The pharmacy chain CVS has reached a deal with the federal government to give out a Covid-19 antibody treatment in patients' homes and in long-term care facilities, the company announced on Wednesday, providing a new way for certain high-risk patients to get a drug that aims to keep them out of the hospital.

The intravenous treatment, called bamlanivimab and developed by Eli Lilly, has been administered mainly at hospitals since it received emergency authorization from the Food and Drug Administration less than a month ago. Since then, the federal government has distributed to state health departments nearly 170,000 doses of the treatment — over half its supply for the rest of this year.

The deal with CVS involves just 1,000 doses of the treatment, enough to treat 1,000 Covid-19 patients over a three-month pilot period. The program will be limited for now to seven metropolitan areas — Boston, Chicago, Cleveland, Los Angeles, Milwaukee, Minneapolis and Tampa. It is not clear how much impact that will have as the virus is spreading rapidly and demand for treatments is surging.

“Even with this partnership, we’re talking about a very limited resource,” said Dr. Robert Goldstein, an infectious disease physician at Massachusetts General Hospital. “We still don’t have a way to deliver it equitably, and I’m not sure that the CVS partnership is necessarily going to improve equity in distribution.”

Still, giving the treatment in residential settings could help avoid the logistical challenges involved in infusing it at hospitals.

“We believe that this is a much more patient-friendly way to treat, in the comfort of someone’s own home or without having to be transferred,” said Dr. Sree Chaguturu, the CVS executive who is helping to lead the planning for the pilot.

— *Rebecca Robbins*

Moderna will soon begin testing its coronavirus vaccine in children.

The drugmaker Moderna said on Wednesday that it would soon begin testing its coronavirus vaccine in children aged 12 to 17. The study, listed Wednesday on the website clinicaltrials.gov, will include 3,000 children, with half receiving two shots of vaccine four weeks apart, and half getting placebo shots of salt water.

But the posting says the study is “not yet recruiting,” and Colleen Hussey, a spokeswoman for Moderna, said the company was not certain when the testing sites would be listed or start accepting volunteers. A link on the website to test centers is not yet working and may not become active until Monday, Ms. Hussey said.

Moderna announced on Monday that data from its study in 30,000 adults had found its vaccine to be 94.1 percent effective, and that it had applied to the Food and Drug Administration for emergency authorization to begin vaccinating adults. If approval is granted, certain groups of high-risk adults, including people in nursing homes, could receive shots in late December.

But no vaccine can be widely given to children until it has been tested in them. Vaccines meant for both adults and children are generally tested first in adults to help make sure they are safe for pediatric trials.

Moderna’s vaccine has not yet been studied in children or pregnant women. In the new clinical trial in adolescents, girls past puberty will be tested before each injection to make sure they are not pregnant.

Dr. William Schaffner, an infectious disease specialist at Vanderbilt University and an adviser on vaccines to the Centers for Disease Control and Prevention, said, “Everyone anticipates that when we test this first in adolescents, then older children, then the real small kids, that the Covid vaccine will work.”

But children have more active immune systems than adults and may have stronger reactions, including more fever, fatigue and muscle and joint aches, Dr. Schaffner said.

“They may be more out of sorts than adults for a day or two,” he said. “You really do want to know, if it’s given in adolescents, what can parents expect? You really want to be able to tell them clearly how you might feel for 24 or 48 hours after you receive the vaccine. And, obviously, we really want to be able to tell parents it works.”

If a child had intense side effects and parents were not prepared for it, they might be reluctant to go back for the second shot, Dr. Schaffner said.

Dr. Paul A. Offit, a vaccine expert at Children's Hospital of Philadelphia, said that vaccines "for the most part" work equally well in children and adults. Occasionally, as with the Hepatitis B vaccine, different doses are required, he said. Moderna will study the same dose in children that it has tested in adults.

Pfizer began testing its coronavirus vaccine in children as young as 12 in October. A large clinical trial found its vaccine to be 95 percent effective in adults, and the company has requested emergency authorization from the F.D.A. Britain approved the Pfizer vaccine for adults on Monday, becoming the first country to do so.

AstraZeneca has also tested its vaccine in children, but not in the United States.

As vaccine studies have moved forward, rumors have spread on social media, particularly among people who oppose vaccines in general, that President-elect Joseph R. Biden Jr. plans to require vaccination for everyone, including children. His team has denied those claims, and Mr. Biden has said that he will rely on scientists' advice for the best way to end the pandemic.

— *Denise Grady*

If authorized, vaccine doses for about 170,000 New Yorkers could arrive on Dec. 15, Cuomo says.

If authorized by federal regulators, the first batch of Pfizer's Covid-19 vaccine is expected to arrive in New York on Dec. 15 and contain enough doses for 170,000 people, Gov. Andrew M. Cuomo said on Wednesday. He outlined how quickly the state could work to vaccinate vulnerable people, including nursing home residents and health care workers.

The Food and Drug Administration must first approve Pfizer's application to authorize its vaccine for emergency use before the doses can be administered. Mr. Cuomo's announcement came as he warned this week about the dangers hospitals are facing across the state, and as he and other officials, including those from the Centers for Disease Control and Prevention on Tuesday, warn against holiday travel.

"The vaccination program is really the end game here," Mr. Cuomo said.

Pfizer's vaccine requires two doses taken three weeks apart, and Mr. Cuomo said he expects the second set of doses to be available on time.

He said the state is also expecting another batch of vaccines from Moderna, which has also submitted an application to the F.D.A., although it was not immediately clear when that would arrive or how many people it could cover.

To grant emergency approval, the F.D.A. will review the data for a vaccine and share it with its advisory committee. The committee will meet publicly — in the case of the Pfizer vaccine, on Dec. 10, and Moderna, on Dec. 17 — and make a recommendation to the agency. The F.D.A. will then decide whether to approve a vaccine for emergency use.

After the initial shipments from Pfizer and Moderna, vaccine doses would then continue arriving in the state on a rolling basis, Mr. Cuomo said. Between them, there should be more than enough doses to cover people prioritized by the state to receive the vaccine first: approximately 210,000 individuals living and working in nursing homes. The overflow will go to the most at-risk health care workers.

"If you are an I.C.U. worker, emergency room worker, you're at the top of the health care queue," he said.

The state's priorities essentially mirror those put forth by a panel of independent experts advising the C.D.C., which voted Tuesday to recommend that health care workers most at risk of contracting Covid-19 and residents of nursing homes and other long-term care facilities be the first Americans to receive the vaccinations.

A disproportionate number of U.S. deaths — about 39 percent nationwide — have occurred in nursing homes and other long-term care facilities, according to an analysis by The New York Times. In New York, about 20 percent of deaths have been linked to long-term care facilities.

Mr. Cuomo said he expects some people to be skeptical and initially resist taking the vaccine. But he said the state has its own panel that will be reviewing the F.D.A.'s approval of the vaccine "to help build confidence and to counter that existing cynicism" about a vaccine. Mr. Cuomo has said that the review will not delay the vaccine's distribution.

The governor's announcement comes against a troubling backdrop in New York and across the country. Hospitalizations across the state continue to rise, with 3,924 reported on Wednesday, up from 3,774 reported the day before, and Mr. Cuomo called this week for hospitals to prepare for worsening conditions. He has said many new infections were being traced to small gatherings and households.

Also on Wednesday, New York City reported a seven-day average positive test rate of 4.8 percent, its highest rate since May 29, when testing was less widespread and nonessential businesses in the city were shut down.

"These numbers have changed a lot, very rapidly," Mayor Bill de Blasio said at a news conference.

The numbers would likely continue to worsen through at least January, Mr. Cuomo said, adding that he would start next week holding regular news briefings three times a week.

— *Mihir Zaveri*

ADVERTISEMENT

Delaware, the new locus of U.S. politics, sees a surge in virus cases.

The pandemic is accelerating in Delaware, the state newly thrust into the limelight as President-elect Joseph R. Biden Jr. builds his administration from his home in Wilmington. Daily reports of new Covid-19 cases in Delaware are up 50 percent from two weeks ago, according to a New York Times database.

The state saw relatively few cases through much of the year, but that has changed in the last month.

Delaware had 682 new cases on Tuesday, a record, said Jennifer Horney, the founding director of the epidemiology program at the University of Delaware. The state has averaged about 500 cases a day over the last week, more than triple the average in late October, according to the Times database.

“I think it is sort of like everywhere — people are fatigued and letting down their guard,” Dr. Horney said. “There is more community transmission among people of all ages.”

The number of Covid-19 patients in the state’s hospitals has doubled since the end of October, she said, and the state is bracing for even more patients once the lag time for infections over Thanksgiving has passed.

As of Wednesday morning, there had been at least 36,343 cases in Delaware and 777 deaths since the beginning of the pandemic, according to the Times database.

The state has been fairly consistent from the beginning of the pandemic in asking its residents to follow mitigation methods, including face masks and social distancing. Some of its regulations were tightened right before Thanksgiving, including capping gatherings in homes at 10 people, limiting indoor dining at restaurants to 30 percent of capacity and banning youth sports teams from leaving the state or playing opponents from out of state.

Given Delaware’s small size, residents often travel to the surrounding states — Maryland, Pennsylvania and New Jersey — all of which are seeing increasing cases. Still, the infection rates in the Mid-Atlantic states, relative to population, are still far below those in the upper Midwest.

In Delaware, previous outbreaks had been concentrated among the state’s large chicken farms and around the beach resorts in the southern part of the state. But these days, current cases are less linked to specific clusters and are spread more generally among people in the more populous north, Dr. Horney said.

— *Neil MacFarquhar*

Wondering when you can get a vaccine? Here are answers to some common questions about the rollout.

A Centers for Disease Control and Prevention committee met Tuesday and voted on guidance about who should get the vaccine first. Their recommendation: Health care workers should receive the first doses, along with residents of nursing homes and of long-term care facilities. The C.D.C. director will decide by Wednesday whether to accept the recommendation.

But the agency does not have the final say. The distribution of the vaccine is up to individual states, and they don’t have to follow C.D.C. advice (as we’ve seen with masks or travel restrictions). Still, experts say that most states probably will.

For insight into the vaccine rollout, and when you might get the vaccine, Jonathan Wolfe, who writes our Coronavirus Briefing newsletter, did a quick interview with Carl Zimmer, a science writer for The Times.

We now know who the C.D.C. says should get the vaccine first, but who's next in line?

We won't know until the advisory committee votes again later this month. But it's likely that the next group in line will be essential workers — firefighters, police and so on. And then after that, it may be people over 65, and people with comorbidities like diabetes, obesity, cancer that put them at high risk of death or severe disease.

When should the general public expect a vaccine?

Nobody should be marking their calendar with "Vaccine Day." But I think it would be reasonable to expect that the general public would be getting vaccines in May or June.

Is that the time frame without other vaccines entering the market?

It will definitely take longer to vaccinate the U.S. with just Pfizer and Moderna than with Pfizer, Moderna, Johnson & Johnson and AstraZeneca. But there are also two other vaccines that are going to go into late-stage clinical trials probably this month. One is from Sanofi, one is from Novavax. If their results come through quickly, and if everything looks good to the F.D.A., they could be also adding their vaccines to the supply, that would speed things up as well.

So after I'm vaccinated, can I just return to normal life?

No. Sorry. You can't. First of all, you're going to need two shots. After your first shot, you're not fully vaccinated. Second of all, after your second shot it's going to take awhile for you to get maximum immunity. Third of all, we don't know yet if these vaccines simply prevent people from getting the symptoms of Covid or actually stop the spread of the virus from one person to the next. They might, but we don't know. So you do not want to be walking around feeling fine and breathing viruses all over people who haven't gotten vaccinated yet, or people who can't get vaccinated.

Any thoughts, then, on when normal life will return?

This is an experience that none of us has gone through before, so we're not going to get the kind of precise timetable that we might want. But Tony Fauci has talked about life getting back to normal by late 2021. But that comes with a big asterisk — that timetable will depend on at least 75 percent of the country getting vaccinated promptly.

A 'pandemic effect' is driving a rise in applications to medical schools.

As the coronavirus gripped the globe, doctors and other health care workers have been hailed as heroes, cheered nightly with songs and pot-banging in cities across the world.

That enthusiasm appears to be reflected now in a surge of applications to American medical schools, which are up 18 percent over last year. Experts are calling it the "pandemic effect."

"The pandemic has really motivated folks to pursue medicine," said Geoffrey Young, senior director for student affairs and programs at the Association of American Medical Colleges.

"For this generation, this might be their 9/11," Dr. Young said, comparing the interest in medicine now to the rush by some young people to join the military after the 2001 terror attacks.

Other pandemic-related factors may also be playing a role, admissions officers said. In an uncertain job market, people often look for refuge in stable professions like medicine. And the lockdowns gave students more time to reflect on their futures — and to fill out medical school applications.

Some medical schools have made it easier to apply. They extended their application deadlines, shifted to virtual interviews and waived the usual standardized test requirement for portions of their admissions review. They also waived application fees for more students.

At New York University, applications to the Grossman School of Medicine are up 4 percent this year, to about 9,600 applications for 102 spots, said Dr. Rafael Rivera, the associate dean for admission and financial aid.

"The pandemic has clearly put health care in a positive spotlight," Dr. Rivera said. "Medicine has always been a calling for people, and that call has grown stronger this year."

At Weill Cornell Medicine, applications are up 10 percent, according to the dean, Dr. Augustine M.K. Choi. He attributed the rise in part to the debt-free policy for financial aid students that the school introduced last year. But he said that Covid-19 also played a role.

“For decades, there has been a correlation between the number of medical school applicants and how well the economy is doing,” Dr. Choi said, meaning a negative correlation — that applications tend to go up when the economy goes down.

Tulane University School of Medicine has seen one of the sharpest rises, with applications up by 35 percent. Along with the “call of service,” Mike Woodson, director of admissions, also connects the increase to an awareness that Black communities were hit hard by the virus. He credits a Black medical student at Tulane, Russell Ledet, for helping boost interest in the school among young Black people: A year ago, he organized a photo of himself and 14 Black classmates in their white coats in front of the slave quarters of a former plantation, to demonstrate progress, unity and resiliency.

“In Louisiana, we don’t like perfect storms,” Mr. Woodson said, “but if you want to call it a perfect storm, it all kind of snowballed into this.”

— *Anemona Hartocollis*

ADVERTISEMENT

Brazil will prioritize Indigenous people and the elderly in its vaccine rollout.

Brazil’s Health Ministry said Tuesday that it would give Indigenous people and the elderly priority when a vaccine for the coronavirus becomes available, but it remains unclear how soon the first Brazilians will be immunized.

The ministry presented its preliminary vaccination plan after weeks of pressure from critics who say the government of President Jair Bolsonaro has led a reckless, haphazard response to the crisis, which made Brazil one of the epicenters of the epidemic.

When the first doses of a vaccine become available, the government intends to vaccinate people who are 75 or older, elderly people in nursing homes and other long-term care facilities and Indigenous people.

The next groups who will have preferential access to the vaccine include people who are 60 or older, people with certain chronic conditions, teachers, security forces, penitentiary workers and prisoners.

The government expects to cover those vulnerable groups with the roughly 109 million doses of vaccine it has negotiated access to. Brazil expects to get its first doses of the vaccine from AstraZeneca, a pharmaceutical company that developed a vaccine in partnership with the University of Oxford and has conducted trials in Brazil.

Health Minister Eduardo Pazuello said Wednesday that he expects Brazil will receive the first 15 million doses of a vaccine during the early months of 2021. Yet Anvisa, the country’s health regulator, has yet to authorize the use of any vaccine. Mr. Pazuello said he hopes Brazil will have 100 million doses in hand during the first six months of the year.

— *Ernesto Londoño*

GLOBAL ROUNDUP

Eight Pakistani cricket players test positive in New Zealand, and other news from around the world.

When Pakistan’s 53-member national cricket squad arrived last week in New Zealand, where strict controls have helped make the country one of the world’s biggest coronavirus success stories, they were hoping to receive an exemption from the country’s 14-day quarantine requirement to train.

Instead, six players tested positive shortly after arrival, even though they had tested negative before leaving Lahore. And an eighth member of the cricket squad tested positive for the coronavirus while in an isolation facility in Christchurch, health officials said on Wednesday, making him the day's only new case in the nation.

The team has not only been unable to train ahead of their scheduled matches, set to begin in late December, but their behavior led to an official warning from New Zealand's Ministry of Health after C.C.T.V. footage revealed the squad breached quarantine requirements.

"Rather than being in their own rooms, which is a requirement for the first three days, until that first test comes back, there was some mingling in the hallways, chatting, sharing food, and not wearing masks," Dr. Ashley Bloomfield, the country's Director-General of Health, told Radio New Zealand last week.

The decision to warn the players has sparked anger from many in Pakistan, who felt New Zealand officials had disrespected the players and nation. But the team's chief executive, Wasim Khan, took a more measured approach, urging the players to follow the rules.

"They have told me straight away that one more breach and they will send the whole team back," Mr. Khan said in a recorded WhatsApp message to players last week, according to a report from The Associated Press.

While New Zealand has been among the countries least affected by the pandemic, with a total of 2,059 cases and 42 deaths, according to a New York Times database, Pakistan has experienced more than 400,000 cases, with 8,166 lives lost.

Here's what else is happening across the world:

- An Olympic committee in **Japan** unveiled a preliminary coronavirus safety plan for the Tokyo 2020 games, which were postponed to July 2021, that would allow overseas spectators without requiring two-week quarantines upon arrival. Specific countermeasures for visitors, which could include negative tests before arrival and the use of tracking smartphone apps, will be determined by the spring as the plan solidifies. The guidelines call for athletes to comply with a range of safety measures, including testing every four to five days.
- Disagreements over how to deal with Europe's ski season amid the pandemic have left the continent divided, with some countries like **Austria** and **Switzerland** choosing to open while others, like **Italy**, **Germany** and **France** have either vowed to remain shut or have put in place significant restrictions. Ski resorts played a major role in the first wave of pandemic cases, experts said.
- New South Wales, the **Australian** state that includes Sydney, will ease capacity limits as of Monday after going nearly four weeks without a local infection. The new guidelines will lift caps on weddings, funerals and religious services, and allow up to 50 people in gyms and on dance floors, provided they are spaced two square meters apart. Up to 5,000 people will be permitted at ticketed outdoor events.
- The International Federation of **Red Cross and Red Crescent** Societies reported that hundreds of thousands of new volunteers around the world have signed up to help support Covid-19 relief efforts. The American Red Cross saw 78,000 new sign-ups this year; Italy saw 60,000 new volunteers, and Kenya gained 35,000. Even the small Pacific island nation of Tuvalu, which has no reported coronavirus cases, welcomed 130 new volunteers.

— *Natasha Frost and Daniel Victor*

Women and low-income workers have taken the biggest earnings hit in Europe as a result of the pandemic.

Women and the lowest-paid workers in Europe have taken the biggest hit in earnings as a result of the Covid-19 pandemic, the United Nations labor organization said on Wednesday, urging governments to keep in place measures to protect jobs and wages.

Unlike 2009, when the impact of the financial crisis was felt across all sectors of employment, the pandemic has struck hardest at the lowest end of the job market, the International Labour Organization found in an analysis of data for the first half of 2020, mostly from European countries.

"The growth in inequality created by the Covid-19 crisis threatens a legacy of poverty and social and economic instability that would be devastating," Guy Ryder, the organization's director general, said in a statement.

Without a significant injection of funds in government job furlough and wage protection schemes, earnings by the lowest half of the work force would have dropped by 17 percent in the first half of the year, Mr. Ryder said.

Those plans absorbed much of the loss of earnings, he said. But in the second quarter of the year, women had still lost a little over 8 percent of their earnings, compared with around 5.4 percent for men.

Mr. Ryder warned against an early exit from wage subsidy and employment protection plans, in which governments have invested an estimated \$11 trillion to \$12 trillion. As these programs came to an end there would be further downward pressure on wages, he said.

The looming availability of Covid-19 vaccines would provide conditions for people to work with greater confidence, Mr. Ryder said, but it would “not solve the economic and social condition we are in.”

— Nick Cumming-Bruce

ADVERTISEMENT

New data show some children aren't falling as far behind as predicted.

A new examination of how millions of students have fared academically since the coronavirus shut schools down in March shows that students may not have yet suffered as much learning loss as educators and researchers had feared.

New data released this week by NWEA, the Northwest Evaluation Association, a nonprofit research group that provides assessments used by thousands of school districts to measure student growth and proficiency, shows that students lost modest ground in math but held steady in reading on assessments administered this fall.

The analysis, based on the scores of 4.4 million students in grades three through eight in 46 states was on the whole encouraging, but it came with concerning caveats.

“While there’s some good news here, we want to stress that not all students are represented in the data, especially from our most marginalized communities,” Beth Tarasawa, executive vice president of research at NWEA, said in a statement. “This increases the urgency to better connect to students and families who may be weathering the Covid storm very differently.”

Still, the NWEA analysis is the most reliable national data sample to date illustrating the toll the coronavirus has taken on student learning, and is especially valuable now that Education Secretary Betsy DeVos has called for a one-year delay of the National Assessment of Educational Progress, a rigorous exam administered by the research arm of the Education Department. That test’s results are what is known as the “Nation’s Report Card.”

The NWEA study includes both in-school and remote learners who took its trademark MAP Growth test this fall. Students’ average math scores were between 5 and 10 percentile points lower than scores recorded for the same grade levels in the fall of 2019, with the most pronounced losses among students in grades three through five. Reading scores barely budged.

The new data bucked the organization’s own “Covid-19 slide” projections from the spring, which estimated that students could return to school having lost 50 percent of a year, or 9 to 20 percentile points, in math, and 30 percent of a year in reading, which would equate to 6 to 8 points.

“Due to the hard work of teachers, we haven’t seen the loss that we could have,” said Chris Minnich, the chief executive officer of NWEA.

Since the pandemic closed schools in March, the majority of students in all grades made learning gains in both subjects, though math gains were lower than in a typical year, researchers found.

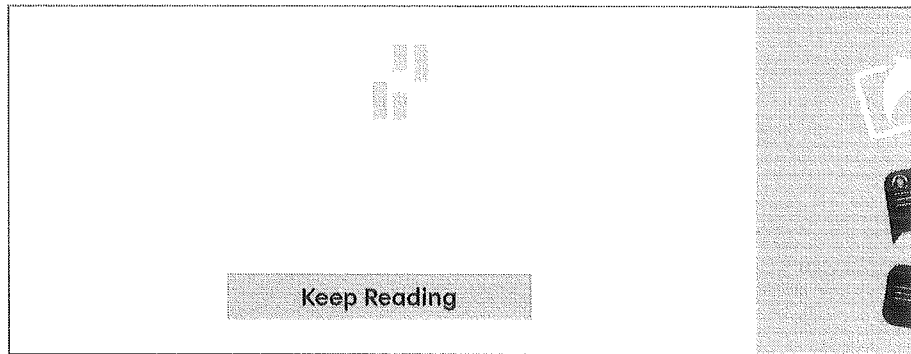
But the organization’s examination of scores of the same cohorts of students who took exams in the winter, January through early March, produced concerning findings. While the majority of students were considered “maintainers” in their math score rankings, double the proportion of students, called “sliders,” moved down in the assessments’ rankings compared to a typical year.

Researchers also found they did not have scores for about 25 percent of students who were in schools that tested in both 2019 and 2020, and those students were disproportionately minority students and lower-achieving students, and attended schools serving high concentrations of students living in poverty.

Megan Kuhfeld, senior research scientist at NWEA, called the count a “high, alarming number,” though researchers could not say whether it represented students who unenrolled from school, or simply weren’t tested for a variety of reasons.

“We do worry both about the missing students and whether they’re disengaging,” Ms. Kuhfeld said, “but as well about the findings — that we could be potentially underestimating both the overall impact as well as the inequalities in the impact.”


— *Erica L. Green*



POLITICS

Winter Covid surge is the 'worst event that this country will face,' White House health advisor Birx says

PUBLISHED SUN, DEC 6 2020-10:20 AM EST | UPDATED SUN, DEC 6 2020-12:45 PM EST

 **Tucker Higgins**
@IN/TUCKER-HIGGINS-50162295/
@TUCKERHIGGINS

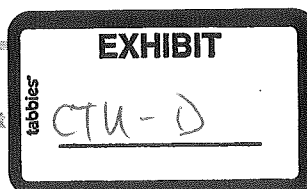
SHARE    

KEY POINTS

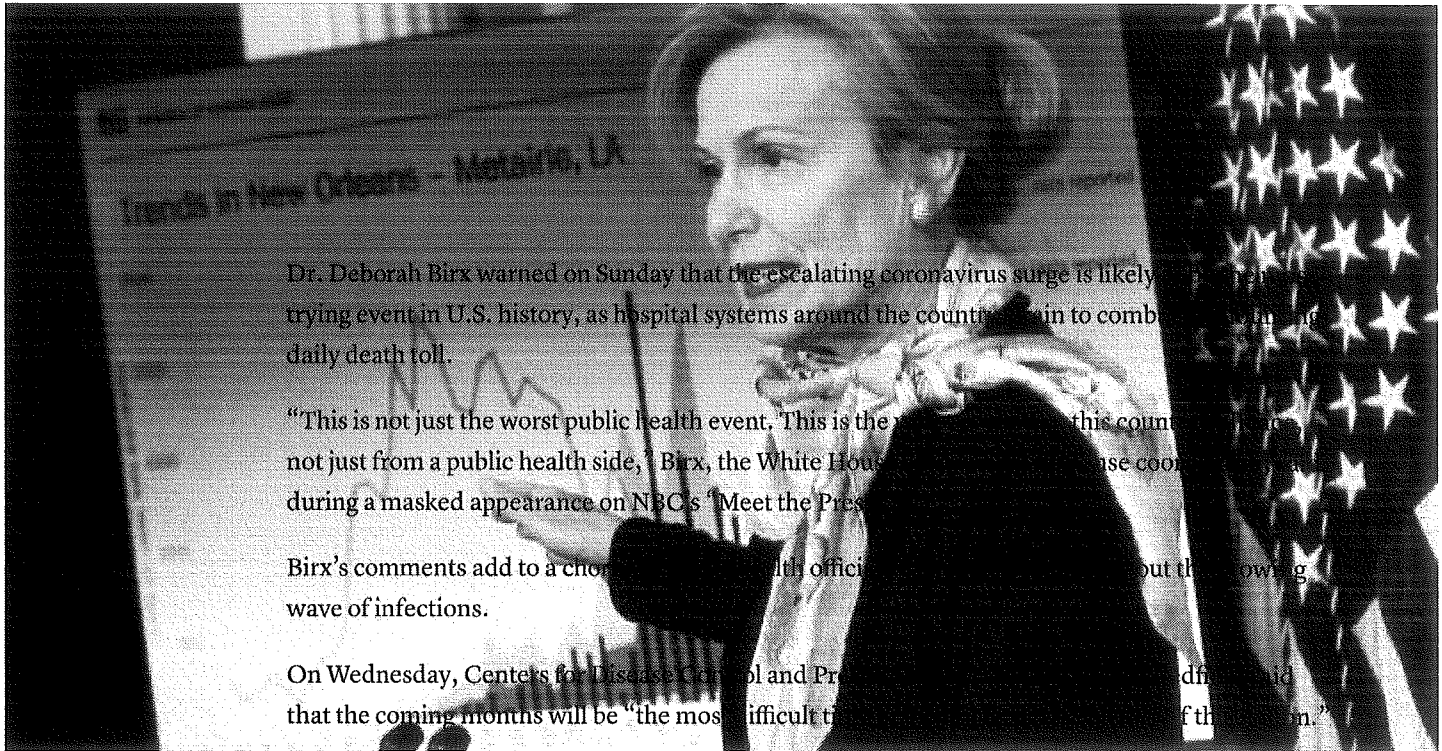
Dr. Deborah Birx warned on Sunday that the escalating coronavirus surge is likely to be the most trying event in U.S. history, as hospital systems around the country strain to combat its mounting daily death toll.

"This is not just the worst public health event. This is the worst event that this country will face, not just from a public health side," Birx, the White House coronavirus response coordinator, said during a masked appearance on NBC's "Meet the Press."

Get 0% interest



COMPARE CARDS



Dr. Deborah Birx warned on Sunday that the escalating coronavirus surge is likely to become the most trying event in U.S. history, as hospital systems around the country strain to combat a rising and daily death toll.

“This is not just the worst public health event. This is the worst public health event this country has ever seen, not just from a public health side,” Birx, the White House coronavirus coordinator, said during a masked appearance on NBC’s “Meet the Press.”

Birx’s comments add to a chorus of health officials’ warnings about the possibility of a second, and more severe, wave of infections.

On Wednesday, Centers for Disease Control and Prevention director Robert Redfield said that the coming months will be “the most difficult time we’ve ever had in the history of this nation.”

“This fall/winter surge is combining everything that we saw in the spring with everything we saw in the summer — plus the fall surge going into a winter surge. I think that’s why Dr. Redfield made this absolute appeal to the American people,” Birx said.

The Covid-19 pandemic is killing record numbers of Americans on a daily basis, and the numbers are expected to worsen as a result of gatherings held for the Thanksgiving holiday.

More than 2,000 people in the U.S. are dying from Covid-19 on a daily basis, according to data compiled by Johns Hopkins University. On Thursday, more than 2,800 deaths from the disease were recorded, a new high.

Much of the concern related to the new surge in cases has to do with hospitals around the country filling up with patients. More than 100,000 in the U.S. were currently hospitalized with Covid-19 as of Saturday, according to the Covid Tracking Project, at The Atlantic.

James Linder, the CEO of the Nebraska Medicine Health System, said on CBS’s “Face The Nation” on Sunday that many hospitals are at the “breaking point.”

“Some may have broken,” he said.

Birx called on Americans to change their behavior ahead of the winter holidays. Despite her dire warning, she said that at this point “we know what behaviors spread the virus and we know how to change those behaviors.”

“We cannot go into the holiday season, Christmas, Hanukkah, Kwanza, with the same kind of attitude, that those gatherings don’t apply to me,” Birx said. “They apply to everybody.”

“If you do not want to lose your grandparents, your aunts, let’s be clear: If you’re over 70, 20 percent of those over 70 who contract Covid are hospitalized, and still, 10 percent of them are lost,” Birx added.



clinical trials, but she said, those won't be available for the most vulnerable Americans until February.

"So we need to do this now. Yes, the nursing homes will be vaccinated, but there are 100 million Americans that have these comorbidities that put them at substantial risk," Birx said, referring to underlying medical conditions that can make people more vulnerable to the virus.

Health and Human Services Secretary Alex Azar said on ABC's "This Week" on Sunday that "more general vaccination" could be available around February or March, and that there would be enough vaccines for every American seeking one by the second quarter.

The frustration and alarm from a senior member of the White House's effort to combat the virus stands in contrast to the relative silence from the president himself.

President Donald Trump, who will leave office next month, has avoided mentioning the death toll from the disease. He has instead remained focused on personal grievances since losing the November election to President-elect Joe Biden.

Biden's team began formally coordinating with the current administration's Covid-19 response officials last week, after a delay caused by the White House's efforts to delay the formal transition.

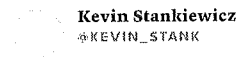
Dr. Anthony Fauci, the longtime director of the National Institute of Allergy and Infectious Diseases, said on Thursday that he agreed to serve as Biden's chief medical advisor. He was scheduled to brief Biden's team the same day.



HEALTH AND SCIENCE

Up to 30% of Americans may be infected with coronavirus by year-end, Dr. Scott Gottlieb says

PUBLISHED MON, NOV 30 2020 9:36 AM EST | UPDATED 3 HOURS AGO



Kevin Stankiewicz
@KEVIN_STANK

SHARE

KEY POINTS

"We're going to probably have by the end of this year, 30% of the U.S. population infected," Dr. Scott Gottlieb told CNBC on Monday.

The former FDA chief said that high numbers of prior cases and vaccinations could lessen the intensity of the outbreak in 2021.

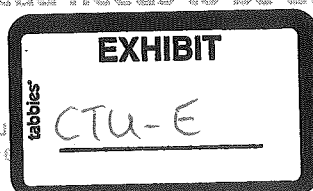
"You're getting to levels where this virus is not going to circulate as readily," Gottlieb said.



VIDEO 04:02

Vaccine's ability to slow spread needs to be demonstrated: Dr. Scott Gottlieb

Morgan Stanley says bu
haven't caught up to the



GET ACCESS

PRO



“We’re going to probably have by the end of this year, 30% of the U.S. population infected,” Gottlieb said on [“Squawk Box.”](#) The country has roughly 330 million people. “You look at states like North Dakota and South Dakota, it’s probably 30%, 35%. Maybe as high as 50%,” he added.

There are roughly 13.4 million confirmed coronavirus infections in America so far this year, according to [data compiled by Johns Hopkins University](#). New daily U.S. cases recently reached single-day records around 200,000.

However, Gottlieb has stressed throughout the pandemic that the [actual number of infections is likely higher than that](#) because not everyone who contracts the virus is tested and ultimately diagnosed. In early November, for example, when the country’s daily cases were around 121,000, Gottlieb suggested the actual case number was much higher.

“We’re probably, at best, diagnosing 1 in 5 cases right now, maybe a little bit less than that, so this is at least half a million cases a day, probably more in terms of actual numbers of infection,” Gottlieb said Nov. 6.

The nation’s Covid-19 outbreak has intensified since those remarks. The U.S. seven-day average of new coronavirus cases is nearly 162,400, according to a CNBC analysis of Johns Hopkins data. While that’s down almost 5% compared with a week ago, inconsistent data reporting due to the Thanksgiving holiday makes the numbers challenging to interpret.

Nonetheless, Gottlieb said the scale of the coronavirus outbreak over the course of 2020 could help limit the spread of the virus early next year if vaccinations begin. Gottlieb is a board member of Pfizer, which was the [first company to apply for emergency use authorization](#) with the FDA for its Covid-19 vaccine. His remarks came before [Moderna announced its intentions](#) to apply for the same authorization Monday after it announced new data that confirmed its vaccine was more than 94% effective and safe.

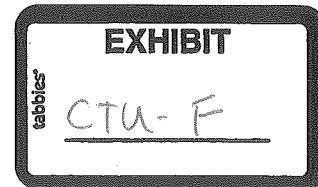
“You combine a lot of infection around the country with vaccinating 20% of the population [and] you’re getting to levels where this virus is not going to circulate as readily, once you get to those levels of prior immunity,” Gottlieb said.

To get to so-called herd immunity, however, health experts estimate [between 60% to 80% of a population](#) must be vaccinated or have natural antibodies, allowing them to fight off the virus and significantly curtail its spread in a population.

[Earlier this month](#), Gottlieb urged Americans to take seriously coronavirus precautions around the holiday season, saying the country was facing “really one last surge of infection” and “I do believe 2021 is going to be better.” He added, “We have to get through the next two or three months, and so this is going to be, really, a temporary pain.”

— CNBC’s [Nate Rattner](#) contributed to this report.





----- Forwarded message -----

From: **Communications, Internal** <intcommunications@cps.edu>
Date: Tue, Nov 17, 2020 at 4:18 PM
Subject: Our plan to safely welcome students and staff back in 2021
To:

Dear CPS Staff,

We know that the best place for our students to learn is in the classroom, and we have been working tirelessly to prepare our buildings to welcome students and staff back to school. Following the guidance of our public health officials, we are planning to open our school buildings to staff who support students in pre-k and moderate and intensive cluster programs on Monday, Jan. 4, 2021, and K-8 staff on Monday, Feb. 1. High school students who learn in general education settings will continue learning at home, and we will continue to evaluate options for a return to in-person learning for those students in 2021.

To prepare for the safe return to school buildings, we will re-engage staff later this month to better understand the support you need to return to school.

Tentative timeline for returning to school based on public health conditions and guidance

Week	Staff	Families
November 23, 2020	Intent-to-return form sent to K-8 staff	Opt-in form sent to all families of students in Pre-K-8 and cluster programs. Please note that families who responded to the survey in October do not need to re-submit if their preference has not changed.
December 7, 2020	Intent-to-return deadline for K-8 staff	Opt-in form submission deadline
January 4, 2021	Pre-K and cluster program	

staff
return

January 11, 2021 Students in pre-k and cluster programs return

January 25, 2021 K-8 staff
return

February 1, 2021 K-8 students return

According to public health data, schools can be open safely

While COVID-19 remains an incredibly serious threat to our community, the public health data in Chicago and across the nation show that schools are rarely a source of COVID-19 transmission. With this new understanding of COVID-19, we must challenge the assumption that school buildings must stay closed and do everything we can to bring students back to school.

Although COVID-19 cases are rising in many areas, numerous states in the U.S. and countries in Europe are keeping schools open because mitigation strategies have proven to be successful. Today, Governor Pritzker moved Illinois to Tier 3 of the Restore Illinois Mitigation Plan beginning this Friday, Nov. 20, in order to slow the spread of COVID-19. While our schools can continue to operate because they play an essential role in the lives of students and families and are not a significant source of viral transmission, high school sports including practices and competitions will be paused until further notice.

Getting children into schools at an early age is arguably the most consequential intervention in our toolbox to boost their long-term academic success, career prospects, and lifetime earnings. This year, however, enrollment in pre-k plummeted 44 percent among Black students and 29 percent among Latinx students. As a matter of equity, this is simply unacceptable.

And pre-k students are far from the only ones who need our help. Due to the immense burden placed on parents to support home-based learning, we have also seen attendance plummet among our students with significant needs. In a recent survey, more than five thousand families told us they wanted to come back to school because online learning was simply not working for their child.

CDC 5 Key Mitigation Strategies for COVID-19 Transmission

- 1) Consistent and correct use of masks
- 2) Social distancing to the largest extent possible
- 3) Hand hygiene and respiratory etiquette
- 4) Cleaning and disinfection
- 5) Contact tracing in collaboration with local health department



School buildings will look different

Schools will look and feel very different when teachers and students return. To support the Centers for Disease Control and Prevention's five key strategies for mitigating COVID-19 transmission, schools will take the following safety measures:

1. Anyone entering a school building for more than 10 minutes will be required to complete a health screener before coming to school to ensure they are free of COVID-19 symptoms and to support the Chicago Department of Public Health's contact tracing efforts.
 - Students and staff who are symptomatic or have had close contact with someone who tested positive will not be allowed to enter the building and will be provided access to free COVID-19 tests through either established primary care providers or city partners.
2. Anyone entering a school building will also have their temperature checked and be required to wear a face covering, which the district will provide for every student and staff member.
3. Signs have been installed throughout the building to help students socially distance.
4. Hand sanitizer stations are placed throughout the building to help everyone practice good hand hygiene.
5. Classrooms have been cleaned from top to bottom and facilities staff members will implement an enhanced cleaning routine.

To help prevent the spread of COVID-19, desks and classroom furniture will be spaced further apart, and out of an abundance of caution, every classroom will have a HEPA air purifier that will remove 99.99% of airborne mold, bacteria, and viruses. By placing a HEPA air purifier directly in the classroom near students and staff, we can better capture particles, clean the air, and reduce the risk of indoor transmission of viruses and bacteria.

We also hired independent state-certified environmental specialists to test schools for indoor air quality, and classrooms have been checked to ensure they are properly ventilated and meet ASHRAE's standards. Families can check the status of their child's classroom by visiting cps.edu/airquality.

Help flatten the curve this holiday season so schools can reopen in the new year

We hope that we will be able to welcome back students beginning in January, but we must continue taking all necessary steps to mitigate the spread of COVID-19, especially during the holiday season. We urge everyone to follow Chicago's stay-at-home advisory, avoid travel, and limit holiday gatherings to only those in your households. The sooner we flatten the curve, the sooner all students will be able to return to school.

While the science is clear that school can proceed safely with mitigations like the ones we have implemented, CDPH is closely watching the citywide growth in cases — as determined by the amount of time it takes for case counts to double — because case growth can disrupt educational activities as more staff and students need to isolate due to exposure outside of school. For that reason, CDPH has determined that in order for schools to reopen, the length of time over which cases double will need to extend by at least a 50 percent, which will indicate that community spread is stabilizing and the curve is flattening. In Chicago, that will mean moving from the city's current doubling rate of 12 days to at least 18 days by the time classes begin.

We thank you for your patience while we monitor the public health situation in Chicago and work closely with public health officials to reopen schools safely. We wish you a happy, healthy holiday season and will continue communicating regularly about our plan to reopen Chicago's schools in early 2021.

Sincerely,

Janice K. Jackson, EdD
Tanya D. McDade
Chief Executive Officer Chief Education Officer

Chicago Public Schools Chicago Public Schools

