



THE WHITE HOUSE  
WASHINGTON

# COVID-19 Press Briefing

May 25, 2021



# Daily Change in COVID-19 Cases, United States

January 22, 2020 – May 23, 2021

TOTAL Cases Reported Since 1/22/20

32,947,548

NEW Cases Reported to CDC on 5/23/21

13,186

Change in 7-Day Case Average

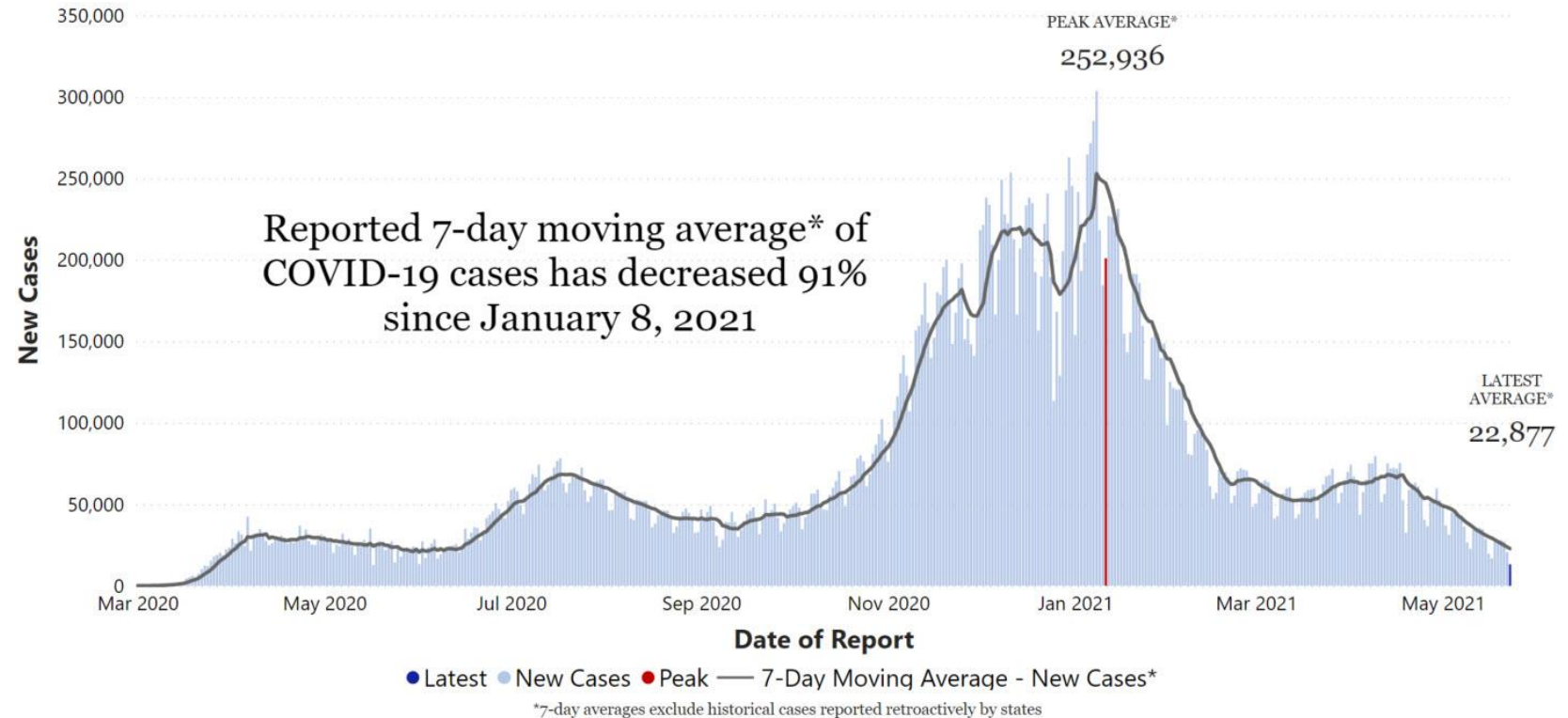
-24.0%

Current 7-Day Case Average (5/17/21 - 5/23/21)

22,877

Prior 7-Day Case Average (5/10/21 - 5/16/21)

30,116



# New Admissions of Patients with Confirmed COVID-19

August 1, 2020 – May 22, 2021

Patients Currently Hospitalized with COVID on 5/22/21

16,943

New Admissions on 5/22/21

2,573

Peak in New Admissions (1/5/21)

18,167

Change in 7-Day Average of New Admissions

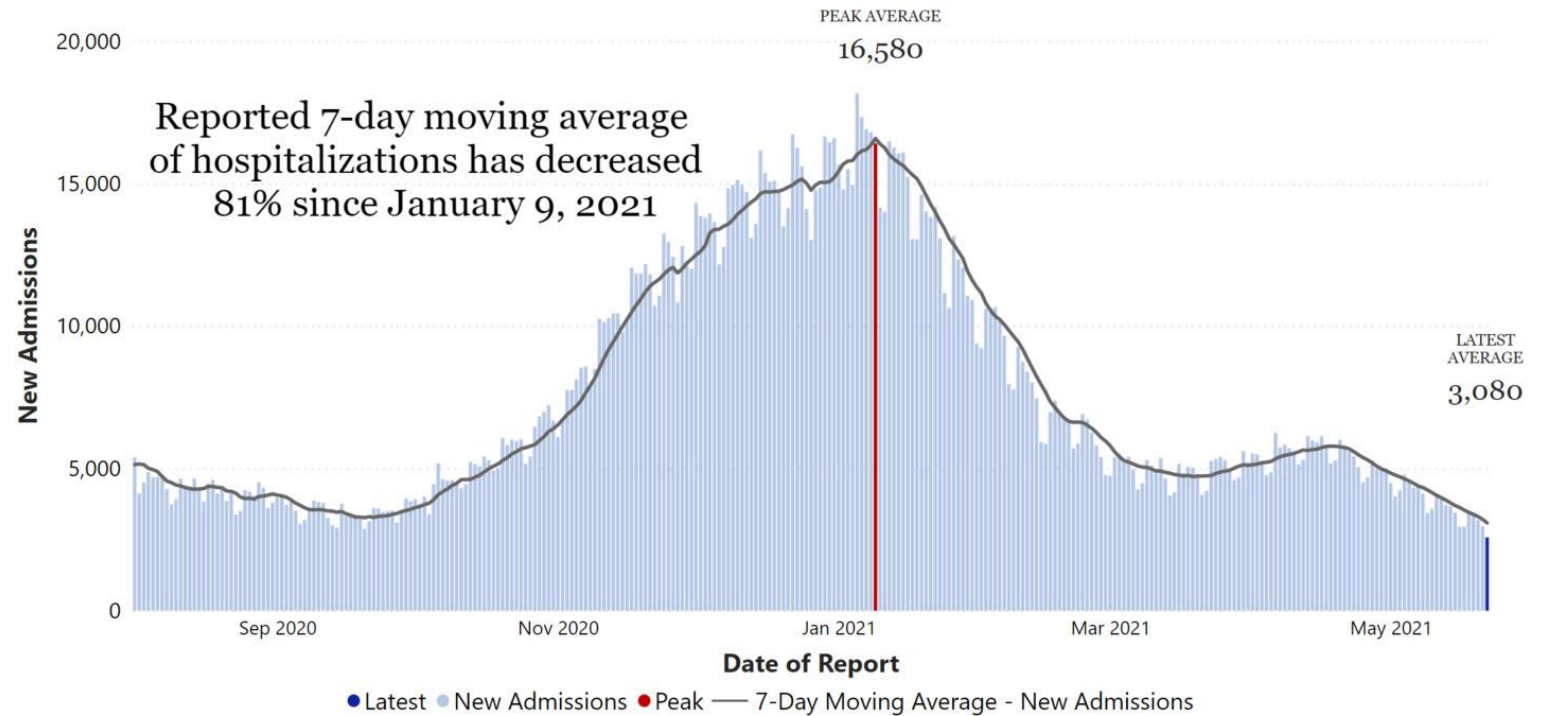
-16.6%

Current 7-Day Average of New Admissions (5/16/21 - 5/22/21)

3,080

Prior 7-Day Average of New Admissions (5/9/21 - 5/15/21)

3,692



# Daily Change in COVID-19 Deaths, United States

January 22, 2020 – May 23, 2021

TOTAL Deaths Reported Since 1/22/2020

587,342

NEW Deaths Reported to CDC on 5/23/21

220

Change in 7-Day Death Average

-4.3%

Current 7-Day Death Average (5/17/21 - 5/23/21)

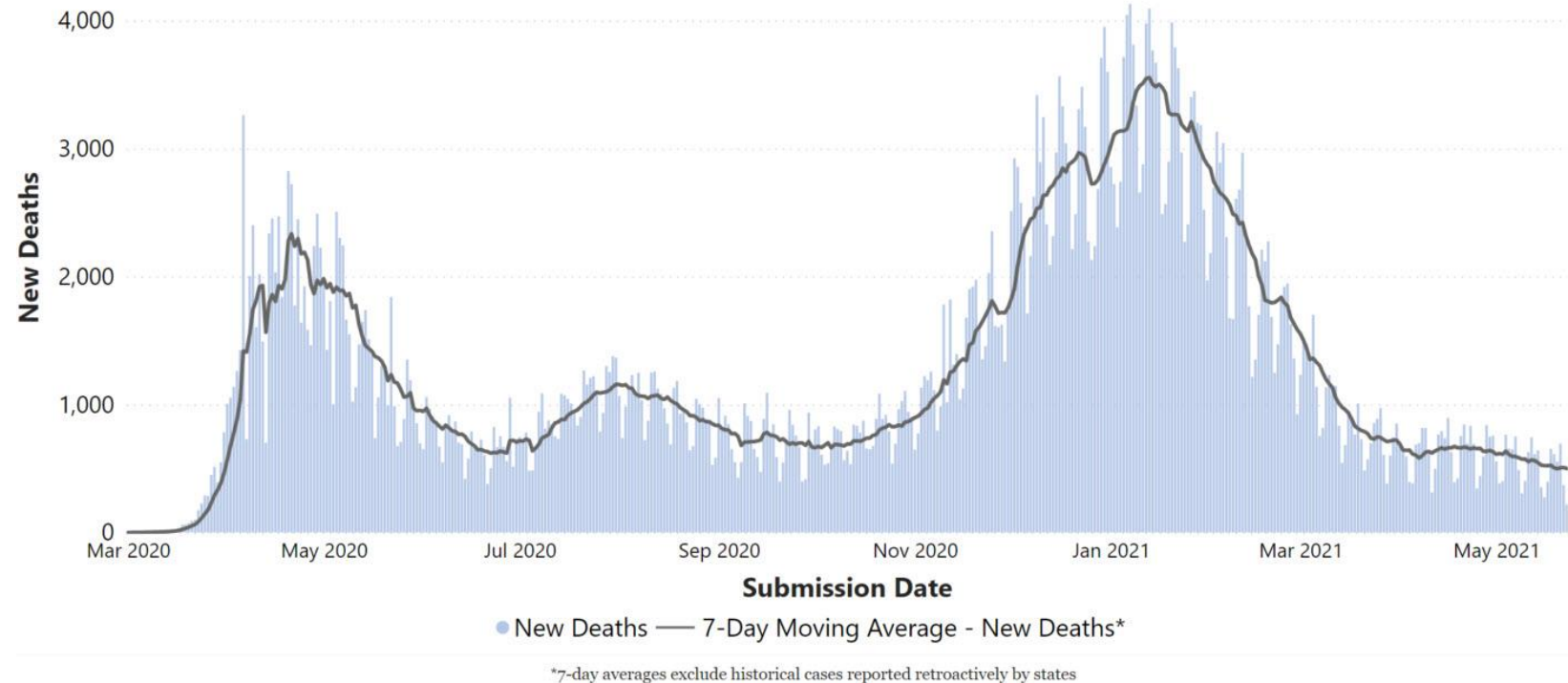
501

Prior 7-Day Death Average (5/10/21 - 5/16/21)

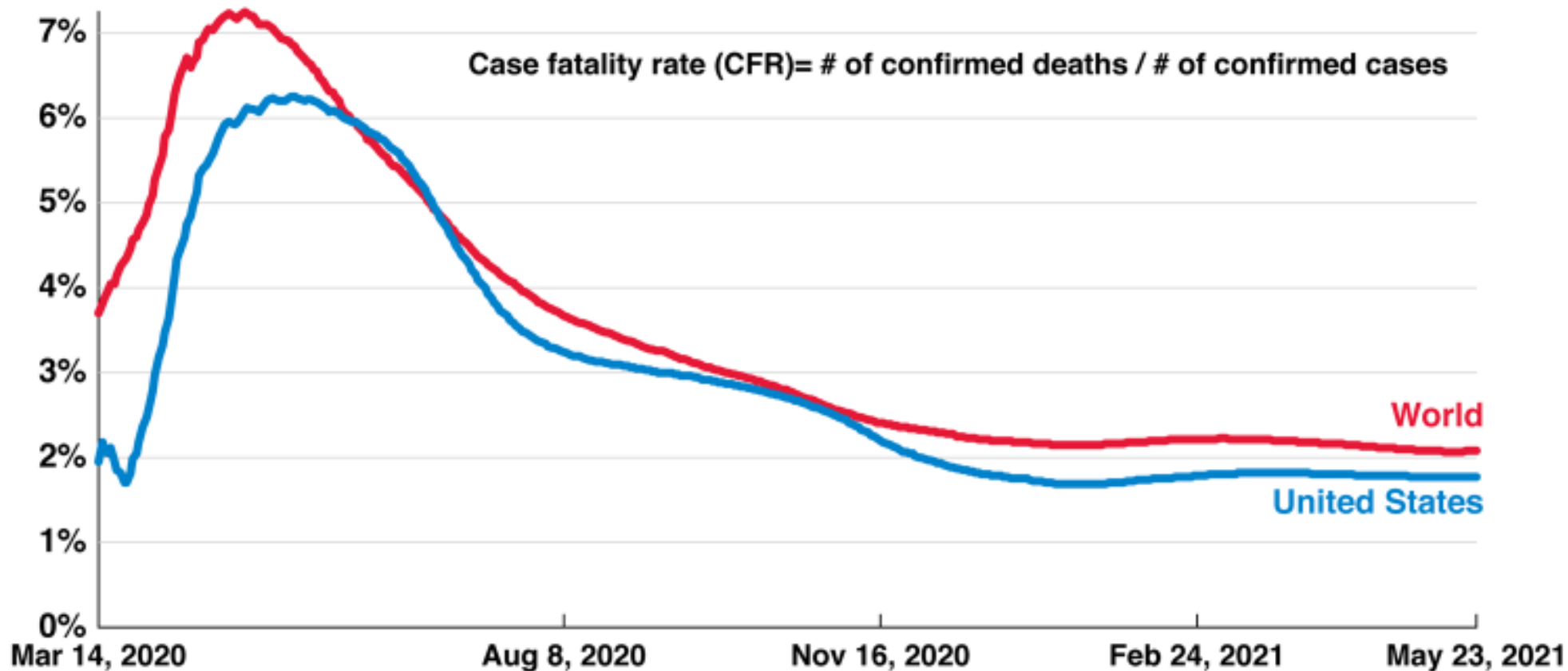
523

Forecasted Total Deaths by 6/12/21

594,000 to 604,000



# Case Fatality Rate of the Ongoing COVID-19 Pandemic



Source: Our World in Data/JHU CSSE



# Pharmacologic Management of Patients with COVID-19

[www.covid19treatmentguidelines.nih.gov](http://www.covid19treatmentguidelines.nih.gov)

Updated April 21, 2021

## DISEASE SEVERITY

## PANEL'S RECOMMENDATIONS

Not Hospitalized,  
Mild to Moderate COVID-19

For patients who are not at high risk for disease progression, provide supportive care and symptomatic management (AIII).  
For patients who are at high risk of disease progression (as defined by the FDA EUA criteria for treatment with anti-SARS-CoV-2 monoclonal antibodies), use one of the following combinations:  
• **Bamlanivimab plus etesevimab (AIIa)**  
• **Casirivimab plus imdevimab (AIIa)**

Hospitalized but Does Not Require Supplemental Oxygen

There are insufficient data to recommend either for or against the routine use of remdesivir. For patients at high risk of disease progression, the use of remdesivir may be appropriate.

Hospitalized and Requires Supplemental Oxygen

Use one of the following options:  
• **Remdesivir<sup>2b</sup>** (e.g., for patients who require minimal supplemental oxygen) (BIIa)  
• **Dexamethasone<sup>2c</sup> plus remdesivir<sup>2b</sup>** (e.g., for patients who require increasing amounts of supplemental oxygen) (BIII)<sup>2a</sup>  
• **Dexamethasone<sup>2c</sup>** (e.g., when combination therapy with remdesivir cannot be used or is not available) (BI)

Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation

Use one of the following options:  
• **Dexamethasone<sup>2c</sup> (AI)<sup>2a</sup>**  
• **Dexamethasone<sup>2c</sup> plus remdesivir<sup>2b</sup> (BIII)<sup>2a</sup>**  
For patients who were recently hospitalized<sup>1</sup> with rapidly increasing oxygen needs and systemic inflammation:  
• Add **tocilizumab<sup>2d</sup>** to one of the two options above (BIIa)

Hospitalized and Requires Invasive Mechanical Ventilation or ECMO

• **Dexamethasone<sup>2c</sup> (AI)<sup>2a</sup>**  
For patients who are within 24 hours of admission to the ICU:  
• **Dexamethasone<sup>2c</sup> plus tocilizumab<sup>2d</sup> (BIIa)**

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion



# **REGEN-COV Antibody Cocktail Clinical Outcomes Study in COVID-19 Outpatients**

D Weinrich et al.

- Phase 3 randomized trial; n= 4,057 COVID-19 outpatients with one or more risk factors for severe disease, followed for 28 days
- REGEN-COV antibody cocktail (casirivimab with imdevimab) rapidly reduced viral load and was well-tolerated
- REGEN-COV 2400mg and 1200mg significantly reduced COVID-19-related hospitalization or all-cause death compared to placebo -- 71.3% reduction and 70.4% reduction, respectively



# **Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) Public-Private Partnership**

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- **April 17, 2020: NIH announced the ACTIV public-private partnership to develop a coordinated research strategy for prioritizing and speeding development of the most promising treatments and vaccines**
  - Brings NIH together with government partners, representatives from academia, pharmaceutical companies, and other organizations
- **ACTIV has evaluated hundreds of potential therapeutic agents, prioritized the most promising candidates to test in clinical trials**
- **Master protocols allow coordinated and efficient evaluation of multiple investigational agents as they become available, across multiple study sites**





# **ACTIV: Therapeutics Trials**

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- **ACTIV-1: Immune modulators**
- **ACTIV-2: Outpatient monoclonal antibodies and other therapies**
- **ACTIV-3: Inpatient monoclonal antibodies and other therapies**
- **ACTIV-4: Antithrombotics**
- **ACTIV-5: “Big-effect trial”; aims to identify promising COVID-19 treatments for larger clinical trials**
- **ACTIV-6: Outpatient repurposed drugs**





# Vaccines Highly Effective Against B.1.617.2 Variant after 2 Doses

From April 4 to to May 16, 2021,

- 2 weeks after the second dose, Pfizer-BioNTech vaccine was 88% effective against symptomatic disease from B.1.617.2 variant and 93% effective against B.1.1.7 variant
- 2 doses of AstraZeneca vaccine were 60% effective against B.1.617.2 and 66% effective against B.1.1.7
- 3 weeks after first dose, both vaccines were 33% effective against symptomatic disease from B.1.617.2 and ~50% effective against B.1.1.7





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