



THE WHITE HOUSE
WASHINGTON

COVID-19 Press Briefing

April 16, 2021



Daily Change in COVID-19 Cases, US

January 22, 2020 – April 14, 2021

TOTAL Cases Reported Since 1/22/20

31,231,869

NEW Cases Reported to CDC on 4/14/21

73,622

Change in 7-Day Case Average

+8.1%

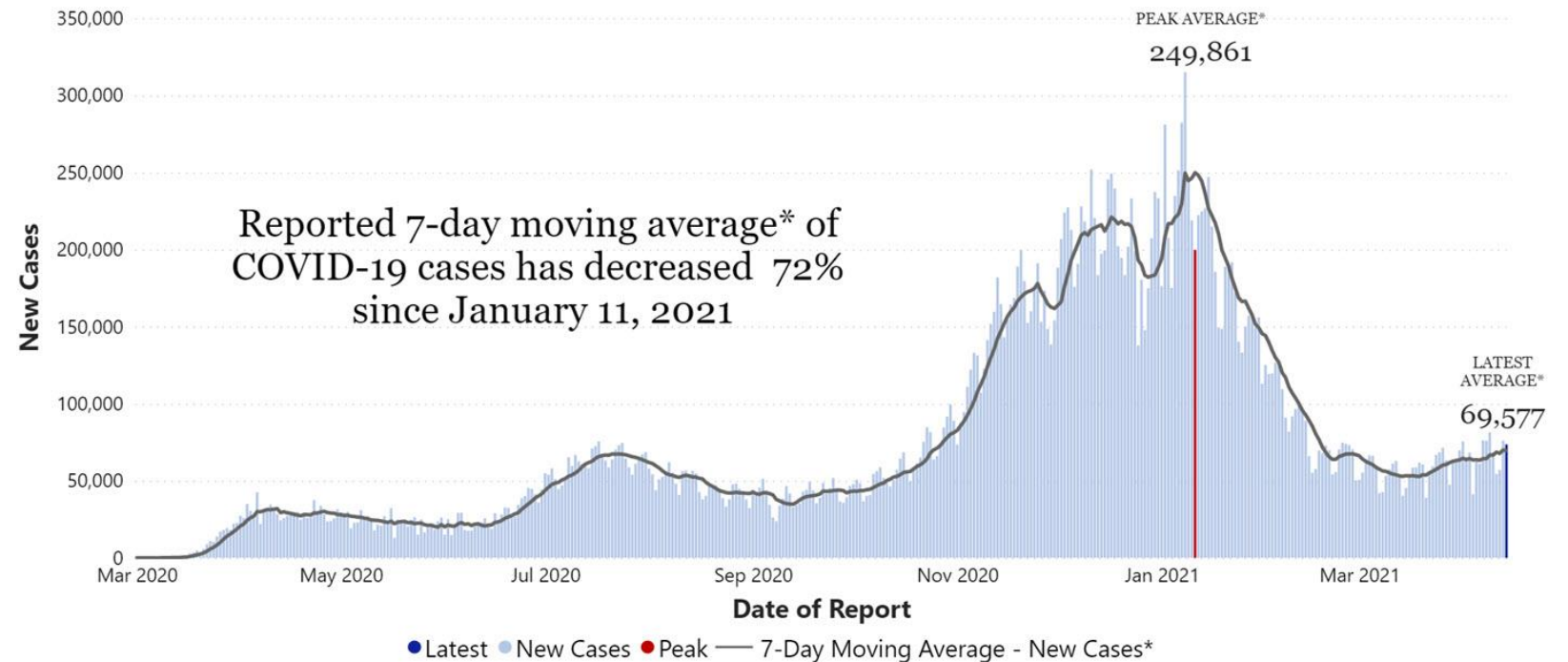
Current 7-Day Case Average (4/8/21 - 4/14/21)

69,577

Prior 7-Day Case Average (4/1/21 - 4/7/21)

64,340

Peaks in New Cases and Highest 7-Day Moving Average		
	Highest Daily Number of New Cases	Highest 7-Day Moving Average
Current	315,006 (1/8/21)	249,861 (1/11/21)
2nd Peak	75,534 (7/17/20)	67,390 (7/21/20)
1st Peak	42,533 (4/6/20)	31,944 (4/12/20)



*7-day averages exclude historical cases reported retroactively by states



New Admissions of Patients with Confirmed COVID-19

August 1, 2020 – April 13, 2021

Patients Currently Hospitalized with COVID on 4/13/21

37,962

New Admissions on 4/13/21

5,788

Peak in New Admissions (1/5/21)

17,988

Change in 7-Day Average of New Admissions

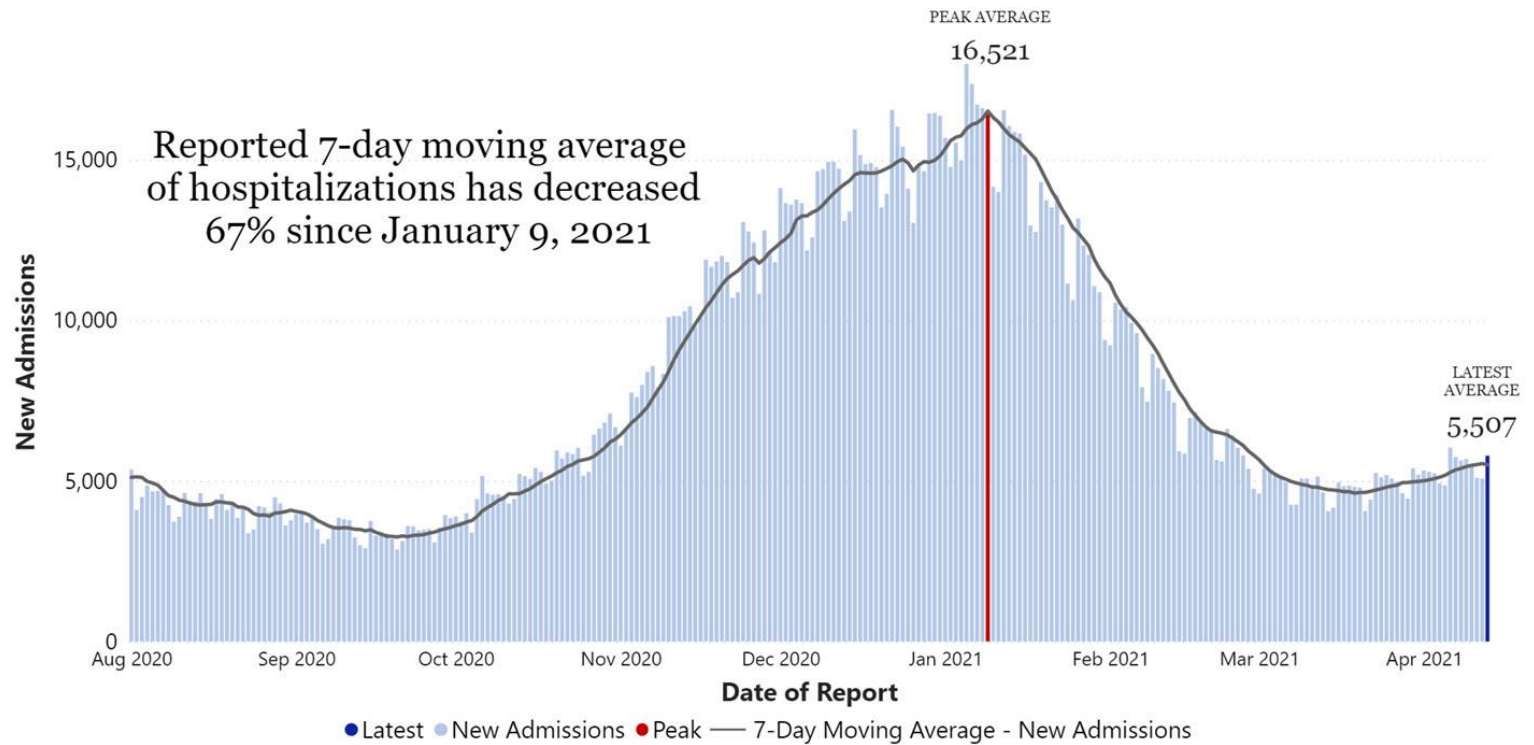
+4.5%

Current 7-Day Average of New Admissions (4/7/21 - 4/13/21)

5,507

Prior 7-Day Average of New Admissions (3/31/21 - 4/6/21)

5,269



Daily Change in COVID-19 Deaths, United States

January 22, 2020 – April 14, 2021

TOTAL Deaths Reported Since 1/22/2020

561,356

NEW Deaths Reported to CDC on 4/14/21

831

Change in 7-Day Death Average

+10.8%

Current 7-Day Death Average (4/8/21 - 4/14/21)

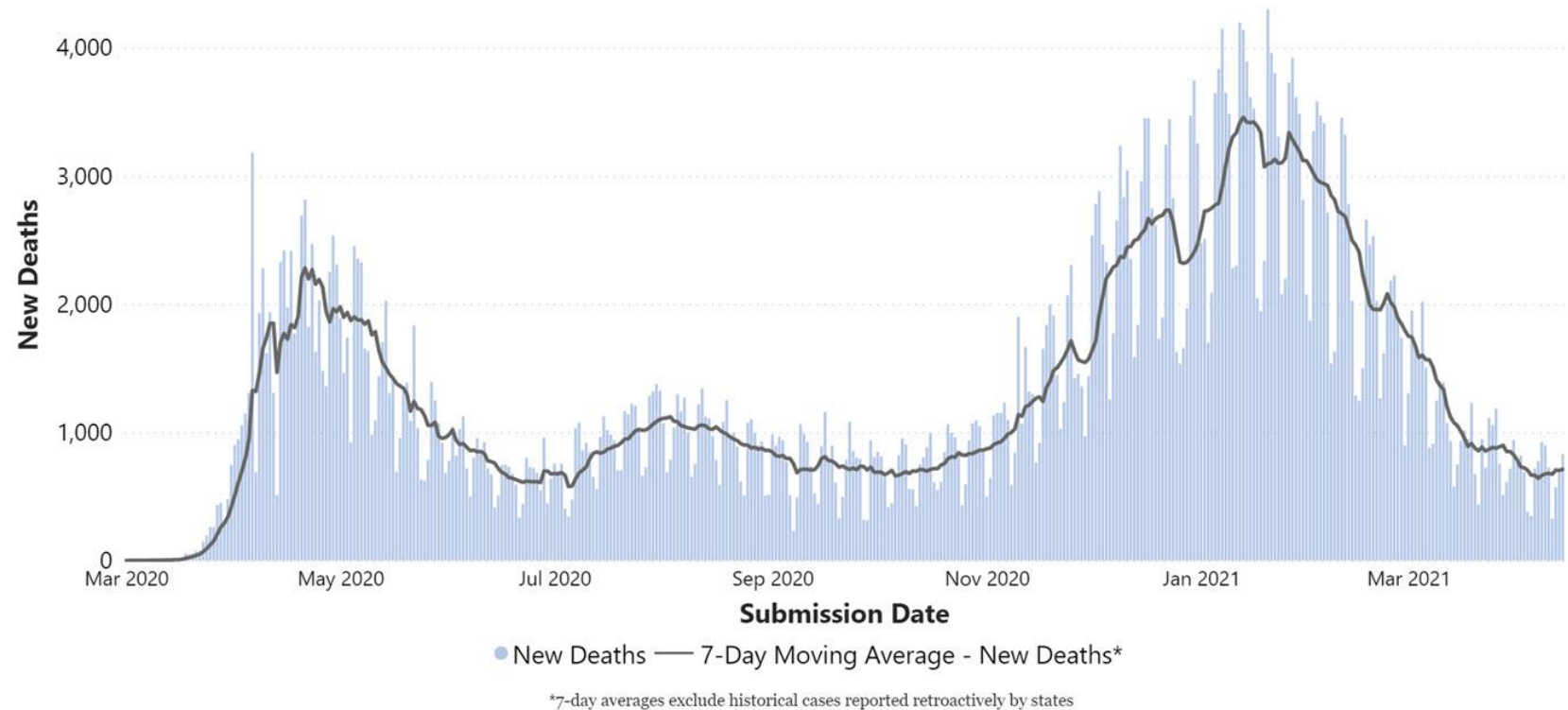
712

Prior 7-Day Death Average (4/1/21 - 4/7/21)

643

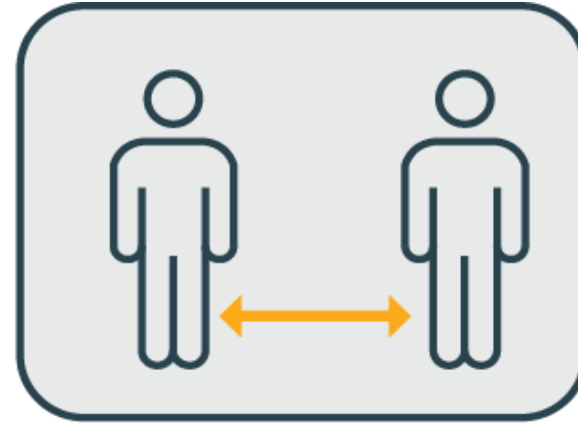
Forecasted Total Deaths by 5/8/21

574,000 to 598,000





WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS



AVOID TRAVEL

A microscopic image showing several spherical coronavirus particles. The particles are covered in a dense layer of red and orange spikes, with a blue outer shell. They are set against a dark blue background.

Coronavirus Disease 2019 (COVID-19) Treatment Guidelines

<https://www.covid19treatmentguidelines.nih.gov>

Credit NIAID-RML



NIH COVID-19 Treatment Guideline Panel Members

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Federal Agencies and Professional Societies Represented on the Panel Include:

- American Association of Critical-Care Nurses
- American Association for Respiratory Care
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Obstetricians and Gynecologists
- American Society of Hematology
- American Thoracic Society
- Biomedical Advanced Research and Development Authority
- Centers for Disease Control and Prevention
- Department of Defense
- Department of Veterans Affairs
- Food and Drug Administration
- Infectious Diseases Society of America
- National Institutes of Health
- Pediatric Infectious Diseases Society
- Society of Critical Care Medicine
- Society of Infectious Diseases Pharmacists



NIH COVID-19 Treatment Guidelines – Website Activity from 4/21/20–4/12/21

■ Total Users

- US: 3,784,221**
- International: 2,643,447**

■ Pageviews

- 14,084,081**

■ Since site launch on 4/21/20, there have been 23 updates to the Treatment Guidelines



Recommendation Rating Scheme

Strength of Recommendation

Quality of Evidence for Recommendation

A: Strong recommendation for the statement

I: One or more randomized trials without major limitations

B: Moderate recommendation for the statement

Ila: Other randomized trials or subgroup analyses of randomized trials

C: Optional recommendation for the statement

Ilb: Nonrandomized trials or observational cohort studies

III: Expert opinion



April 8, 2021: Updated Recommendations on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies

- **The Panel recommends using one of the following combination anti-SARS-CoV-2 monoclonal antibodies to treat outpatients with mild to moderate COVID-19 at high risk of clinical progression, as defined by the EUA criteria:**
 - Bamlanivimab 700 mg + etesevimab 1,400 mg (Alla); or
 - Casirivimab 1,200 mg + imdevimab 1,200 mg (Alla)
- **Treatment should be started as soon as possible after positive result on a SARS-CoV-2 antigen or nucleic acid amplification test and within 10 days of symptom onset**



April 8, 2021: Updated Recommendations on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies

- Because clinical outcome data are limited and there are concerns regarding decreased susceptibility of variants, the Panel **recommends against** the use of **bamlanivimab monotherapy (AIII)**.
- The Panel **recommends against** the use of **anti-SARS-CoV-2 monoclonal antibodies** for patients who are hospitalized because of COVID-19, except in a clinical trial (**AIIa**). However, their use should be considered for persons with mild to moderate COVID-19 who are hospitalized for a reason other than COVID-19 but who otherwise meet the EUA criteria.



COMBATCOVID

Contact the Combat COVID Monoclonal
Antibodies Call Center:

1-877-332-6585

<https://combatcovid.hhs.gov>





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