
**U.S. reaches record high number of daily COVID-19 infections**

TIME (10/25, Wilson) reports that the U.S. “has reached a new record high in the number of daily COVID-19 infections, surpassing the peak in mid-July during the second wave of the coronavirus pandemic’s domestic toll.” As of Oct. 23, “there was a weekly average of 21.2 infections per 100,000 residents, up from 20.5 on July 19 and ticking rapidly upward. The country also set a new single-day record on Oct. 23 with 83,757 new cases.” According to TIME, “We know now that the third wave will be worse than the second, which was far worse than the first, when cases peaked at 9.7 per 100,000 on April 7.”

According to the Los Angeles Times (10/24, Hennessy-Fiske), “Part of what’s driving the national increase in infections has been a surge in college towns where restrictions have eased since students returned this fall.” Texas has the highest number of college students with COVID-19 at 17,133, “according to a New York Times database.”

**Coronavirus deaths, cases continue to rise across much of the country**

The AP (10/26, Pane, Stobbe) reports deaths from coronavirus are increasing each day in the U.S. and overall cases are increasing in 47 states. The AP adds that “average deaths per day across the country are up 10% over the past two weeks, from 721 to nearly 794 as of Sunday, according to data from Johns Hopkins University.”
Bloomberg (10/26, Levin) reports the record spike in cases “started with young Americans,” but “is increasingly finding older communities at elevated risk of severe illness.” According to the latest CDC data, “counties with the largest 65-and-over populations are now recording on average 18.9 daily cases per 100,000 residents, 67% higher than a month ago.”

**Adults should start screening for colorectal cancer routinely at age 45, USPSTF draft recommendation statement says**

The New York Times (10/27, Rabin) reports, “Adults should start screening for colorectal cancer routinely at the age of 45, instead of waiting until 50,” the U.S. Preventive Services Task Force (USPSTF) “recommended on Tuesday, in a move that reflected the sharp rise in the number of colon and rectal cancers in young adults.”

The AP (10/27, Renault) reports that the USPSTF “is proposing that adults of average risk for colon cancer be screened from ages 45 to 75.” The AP adds, “How often the tests are done depends on the type of screening: a colonoscopy is usually every five to 10 years while stool-based tests are every year.”

The Hill (10/27, Sullivan) reports, “The task force especially recommended the earlier screening for Black patients, given higher rates of the disease among Black people.”

The Washington Post (10/27, Chiu) reports, “The draft statement will be available for public comment until Nov. 23, with final recommendations expected to be released ‘within a few months,’...said” Michael Barry, a member of the USPSTF. The Post adds, “The draft recommendation statement...marks a departure from its last update to the guidelines about five years ago.” The USPSTF “previously concluded that data on lowering the starting age was mixed and that beginning screenings before 50 would provide only a ‘modest’ benefit.”

**U.S. sets record for COVID-19 cases over seven days with more than 500,000 infections**

USA Today (10/28, Bacon) reports the U.S. “set a record this week for new coronavirus cases over a seven-day period with more than 500,000 infections.” Daily deaths “are also climbing – one of us is dying every 107 seconds, according to Johns Hopkins data.” And daily hospitalizations “have been rising steadily for more than a month, from 28,608 on Sept. 20 to more than 44,000 on Tuesday.”
Administration finalizes requirement for insurers to disclose actual prices to consumers

The AP (10/29, Alonso-Zaldivar) reports the administration “finalized a requirement for insurers to tell consumers up front the actual prices for common tests and procedures.”

The Hill (10/29, Weixel) reports under the new rule, “insurers will be required to publicly post, in advance, the price for the most common services and procedures” with the goal of increasing transparency in the health care sector.

STAT (10/29, Facher) reports the new rule also requires “insurers to disclose drug prices either negotiated directly with drug manufacturers or through pharmacy benefit managers.”

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