Many large states are receiving very small shares of US’s stock of therapeutics. Florida, for example, currently has just 26 available courses of either molnupiravir, sotrovimab and Paxlovid for every 100,000 people. In comparison, Pennsylvania and Iowa – states with similar Covid-19 cases levels to Florida – both have in excess of 180 available course per 100,000 people.   
  
Florida currently accounts for over 7% of all inpatient hospital beds taken up by Covid-19 patients in the US in the past seven days but only holds 1.3% of all available courses. The other states with a shortage of therapeutics relative to Covid-19 patients include New York, Ohio and Connecticut.

Even within Florida, there are significant inequalities in the levels of available therapeutics. There are currently no facilities in Jacksonville with available courses while centres in Orlando only have a short supply of Paxlovid available (32 courses per 100,000 people). But Miami has more than double that rate of available Paxlovid at 73 courses per 100,000.

At the other end of the scale, Iowa and Utah’s shares of all available courses (1.4% and 1.2% respectively) are double their shares of inpatients with Covid-19 (0.6% for each).  
  
Maine appears to be one of the states with the most plentiful stock of allocated courses. It currently has just two Covid-19 cases for each available antiviral course, In contrast, both Delaware and North Dakota have 100 Covid-19 cases for each available antiviral course. Unlike most US states, Maine did not a sharp increase in Covid-19 cases during the Omicron wave, and so it seems reasonable to wonder whether the state’s allocation could be better utilised by other states.

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