Biotechnology | North America

COVID-19: Reopening Tracker

countries which are re-opening. As we have highlighted, open

We provide tracking metrics for US States and Ex-US

States have a flat or increasing number of new cases

compared with closed States and European countries.

Aggregate plots are below while individual State/Country

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#### Biotechnology

North America IndustryView

In-Line

# Reopening regions and how are their metrics tracking

#### **United States**

plots are inside.

Below we provide the list of which states are open or closed. We acknowledge that some judgement is required, but generally speaking states where the stay-at-home order has expired or been replaced with a "stay safer" order, we have noted as open. We have noticed a particular uptick in the number of non-essential businesses switching from 'Partially open with limits' (yellow) to 'Open with few restrictions' (green), and continued opening of bars and restaurants with occupancy limits (yellow green). We also note the extension of the State of Emergency order does not necessarily mean a state is closed.

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**UPDATE** 

Exhibit 1: U.S. State-level Reopening Status Tracker

Jurisdiction	Open/Closed	Schools	Public Gatherings	Non-Essential Businesses	Parks/Public Facilities	Bars and Restaurants	Expiry of Mos Recent Order
Alabama	Open						7/3/2020
Alaska	Open						Indefinitely
Arizona	Open						Indefinitely
Arkansas	Open				*		Indefinitely
Colorado	Open						6/1/2020
Connecticut	Open		1				Indefinitely
Florida	Open						Indefinitely
Georgia	Open						6/12/2020
Hawaii	Open						5/31/2020
Idaho	Open			2			Indefinitely
Indiana	Open				7		6/13/2020
lowa	Open						6/25/2020
Kansas	Open						6/10/2020
Kentucky	Open				8 8		Indefinitely
Maryland	Open						Indefinitely
Minnesota	Open				0		Indefinitely
Missouri	Open						6/15/2020
Montana	Open			0	8 -		Indefinitely
Nebraska	Open						5/31/2020
Nevada	Open				8		5/30/2020
New Hampshire	Open						5/31/2020
North Carolina	Open				8		6/26/2020
North Dakota	Open						Indefinitely
Ohio				0	0 1		5/29/2020
Oklahoma	Open	<u> </u>					5/30/2020
	Open						5/31/2020
Rhode Island South Carolina	Open						
	Open						Indefinitely
South Dakota	Open						5/31/2020
Tennessee	Open						6/30/2020
Texas	Open						6/3/2020
Utah	Open						6/5/2020
Vermont	Open						6/15/2020
Virginia	Open						6/10/2020
West Virginia	Open						Indefinitely
Wisconsin	Open						Invalidated
Wyoming	Open						5/31/2020
California	Closed						Indefinitely
Delaware	Closed						6/1/2020
District of Columbia	Closed						6/8/2020
Illinois	Closed						5/30/2020
Louisiana	Closed						6/5/2020
Maine	Closed						5/31/2020
Massachusetts	Closed						Indefinitely
Michigan	Closed				1		6/12/2020
Mississippi	Closed						6/1/2020
New Jersey	Closed						Indefinitely
New Mexico	Closed						5/31/2020
New York	Closed						5/28/2020
Oregon	Closed						7/6/2020
Pennsylvania	Closed						6/4/2020
Washington	Closed						5/31/2020

Open with few Restrictions
Partially Open with Limits
Closed
Open with Occupancy Limit

Source: Morgan Stanley Research

Daily cases, testing positivity rate, and volume of tests: By comparing the opened states vs. closed states in the US, daily new cases appear to be in plateau in opened states, while a clear decreasing trend is observed among the closed states. This remains a concern as we noted previously (see here). Although the daily testing positivity rate among both opened and close States is close to the ideal level of ~5%, the volume of tests has decreased over the course of this week, and the decrease is more dramatic in the opened States. The daily testing positivity rate in the opened States is now above 5% again. We note that there are still a number of States reporting increasing daily new cases over the past 7 days (see States in red Exhibit 30). Importantly, most of the reopened States have experienced another bump or a prolonged flat period in daily cases after initial reopening date. We note that 4-6 weeks after the reopening is needed to fully assess any trends. We provide regional plots for each US state in the Individual plots for each region section.



**Exhibit 2:** Daily cases and testing positivity rate of the US opened states vs. closed states (aggregated)

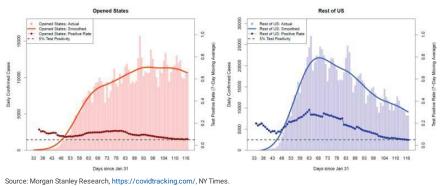
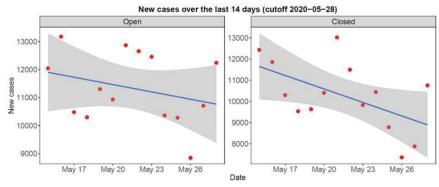


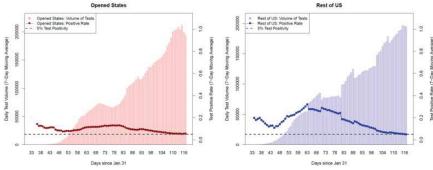
Exhibit 3: Number of new cases for open (left) versus closed (right) US states. The

red dots represent the real data, while the blue line reflects a smoothing line through the data and the gray area shows the confidence intervals.



Source: Morgan Stanley, The COVID Tracking Project

**Exhibit 4:** Volume of tests and testing positivity rate of the US opened states vs. closed states (aggregated)

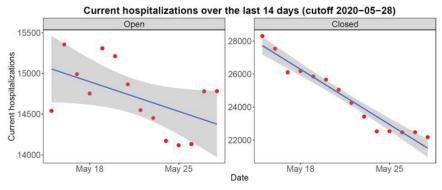


Source: Morgan Stanley Research, https://covidtracking.com/.

**Number of current hospitalizations:** The number of current hospitalizations in open states (left) is declining slower compared to closed states (right). Recall that the current hospitalization of closed states was exhibiting an upward trend last week (our note here). We highlight that states with an increasing trend in the number of hospitalized patients over the past 7 days include AR, AZ, KY, ME, MN, NC, ND, NM, OK, SD, VT, WA, WI, and WY (see plots inside). Note that some states do not make hospitalization data available.



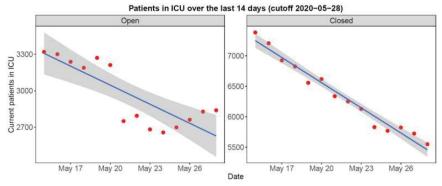
**Exhibit 5:** Number of current hospitalizations for open (left) versus closed (right) US states. The red dots represent the real data, while the blue line reflects a smoothing line through the data and the gray area shows the confidence intervals.



Source: Morgan Stanley, The COVID Tracking Project

**Number of patients in ICU:** In open states, the number of ICU patients appears lower that 14 days ago, although it has remained nearly unchanged over the last 8 days. On the other hand, in the closed states the number of ICU patients is declining rapidly and the variability around the data is low. We highlight that states with an increasing trend in the number of ICU patients over the past 7 days include AZ, CA, ME, MN, OK, and WI (see plots inside). Note that most of the states do not make ICU data available.

**Exhibit 6:** Number of patients in ICU for open (left) versus closed (right) US states. The red dots represent the real data, while the blue line reflects a smoothing line through the data and the gray area is the confidence interval.

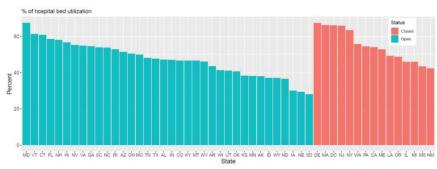


Source: Morgan Stanley, The COVID Tracking Project

**Percentage of hospital bed utilization:** Overall, opened States demonstrate a lower level of hospital bed utilization compared to closed States. While only 3 opened States, MD, VT and CT have more than 60% hospital bed utilization, 5 closed States, DE, MA, DC, NJ and NY have more than 60% hospital bed utilization.



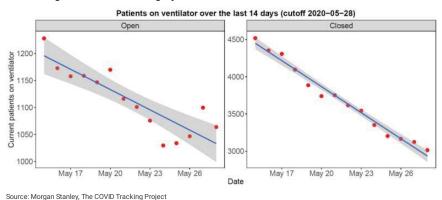
**Exhibit 7:** Percentage of hospital bed utilization for open (left) versus closed (right) US States.



Source: Morgan Stanley Research, AlphaWise, University of Maryland COVID-19 Impact Analysis Platform.

**Number of patients on ventilator:** The number of patients on ventilator in Exhibit 8 appears to be decreasing in both the open and closed states, although we note that the rate of decrease in closed states is faster (and less variable) than the open states. We underscore that states with an increasing trend in the number of patients on ventilator over the past 7 days include AR, AZ, ME, and OR (see plots inside). Recall that most of the states do not make ventilator data available.

**Exhibit 8:** Number of patients on ventilator for open (left) versus closed (right) US states. The red dots represent the real data, while the blue line reflects a smoothing line through the data and the gray area is the confidence interval.



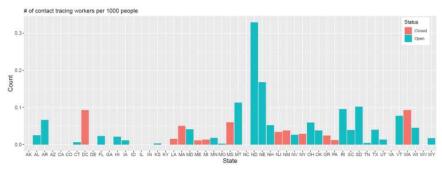
**Number of contact tracing workers per 1,000 people:** Overall, opened States appear to have a higher number of contact tracing workers per capita compared

to closed States. However, we highlight the large heterogeneity observed across the States and the un-availability of data for 13 States.

5



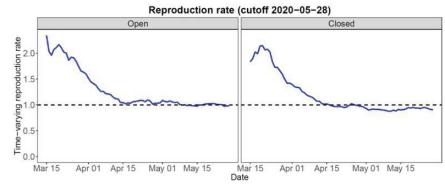
**Exhibit 9:** Number of contact tracing workers per 1,000 people for closed (orange) versus open (cyan) US states. Blank indicates the data is not available for the corresponding States.



Source: Morgan Stanley Research, AlphaWise, University of Maryland COVID-19 Impact Analysis Platform.

**Time-varying reproduction rate:** The R value of the open states is ~1, suggesting that the spread is at the threshold of containment, while the R value of the closed states is <1 which reflects containment of the spread. Note that the current R value for the entire US is ~0.94. For states with an increasing trend in R over the past 5 days see Exhibit 28 (curves in red). We will be monitoring changes in the R trend across all states to identify signals of a second wave of infections. As a note our prior calculation of R included a smoothing to account for differences in testing and reporting which we no longer feel is necessary.

**Exhibit 10:** Time varying reproduction rate for open (left) versus closed (right) US states.

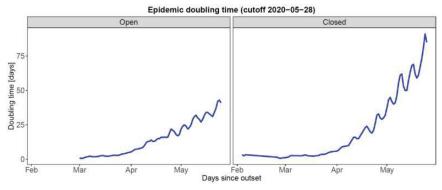


Source: Morgan Stanley, The COVID Tracking Project

**Epidemic doubling time:** The epidemic doubling time of the closed states is nearly double (~80 days) compared to the open states (~40 days), hinting to an overall slower increase in cases in the closed states than in open states. Recall that the higher the doubling time, the better is the containment of the spread as the cases need longer time to double. The current epidemic doubling time for the entire US is ~60 days and we highlight (Exhibit 29, red color) the states with a decreasing trend in doubling time over the past 10 days. We underline that the epidemic doubling time is characterized by high variability and it should, therefore, be used with other metrics.



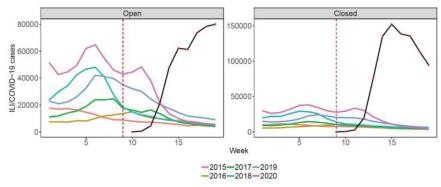
Exhibit 11: Epidemic doubling time for open (left) versus closed (right) US states.



Source: Morgan Stanley, The COVID Tracking Project

Cases of Influenza-like illness (ILI) and COVID-19 cases: Exhibit 12 illustrates weekly ILI data in the US during 2015-2020 and COVID cases in open vs closed states. We note that the ILI dynamics of both the open and the closed states have been similar, and specifically the number of ILI cases has been declining from week 11 to week 19 in all states. We will be monitoring the number of ILI cases as they could provide early signals of a potential second wave of infections. For state-level ILI plots as well as for ILI/CLI emergency department visits data see inside.

**Exhibit 12:** ILI cases from 2015-2020 (different colors) vs COVID-19 cases (black color) in closed (left) and open (right) states. The red dashed line (vertical) represents the timing of the COVID-19 outbreak.

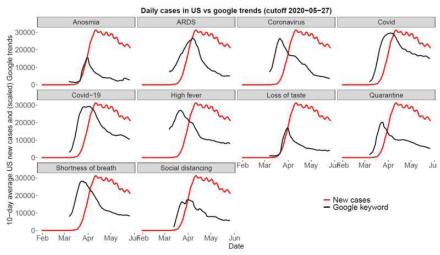


Source: Morgan Stanley, COVIDView, ILINet, Johns Hopkins CSSE.

**Google trends:** Exhibit 13 provides the overlap between google trends key words and the number of new cases in the US. Overall, we underscore that (1) The rate at which COVID-19 keywords are searched on Google recapitulates the trend of new cases in the US, and especially the keyword "Covid"; and (2) The Google trends constitute a leading factor of the new cases. Taken together, we believe that Google trends can be leveraged toward potentially seeing an early signal of a second wave of infections.



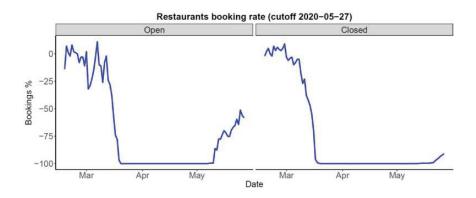
**Exhibit 13:** Google trends for keywords related to COVID-19 and new COVID-19 cases in the US.



Source: Google, Johns Hopkins CSSE.

**Restaurant reservations trends:** Restaurant reservation rates can be employed as a means to gauge the extent of reopening in a state. We have retrieved restaurant reservations data from OpenTable to assess the rate at which reservations are made in reopening states. We observe two key trends: (1) The reservation rate dropped by ~100% over the past ~2 months due to the pandemic and the lockdown rules in most of the states; and (2) Interestingly, in open states there is a ~50% raise in bookings, suggestive that the bookings rate is now nearly half of the pre-pandemic season, while in closed states we see only a slight increase in bookings of ~10-15%. This trend reflects the rise in the various activities that are ongoing in states that are progressively reopening. For statelevel plots see inside.

**Exhibit 14:** Restaurant reservations rate in open (left) vs closed (right) states based on data from ~20,000 restaurants.



#### Exhibit 15:

Source: Morgan Stanley Research, OpenTable

**Mobility indices:** We work with AlphaWise to track two sets of metrics from Google and Apple for the level of social activities in each of the US States and also in other key countries. The scores measure change in overall mobility with respect to the pre-outbreak level from various aspects. Comparing with the rest



of US, we note that opened States clearly demonstrate higher levels of recent outdoor activities in virtually all categories except for the residential activity. See the interactive panel below or Individual plots for each region for Google and Apple mobility indices for specific regions of interest.

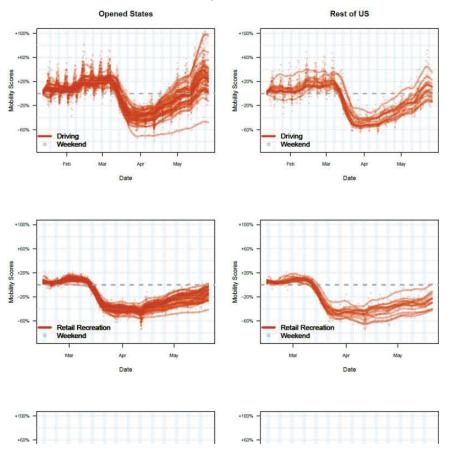
# Interactive panel for regional mobility data (red vertical line in an individual US state indicates its initial reopening date):

AlphaWise COVID-19 Dashboard

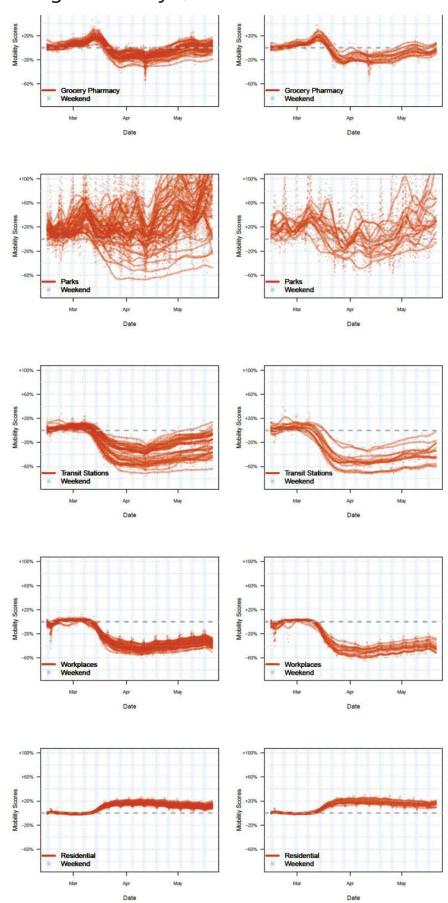


 $Alpha Wise, Google\ LLC\ "Google\ COVID-19\ Community\ Mobility\ Reports.", Apple\ Mobility\ Data, Morgan\ Stanley\ Research$ 

Exhibit 16: Social activities of the US open States vs. closed States





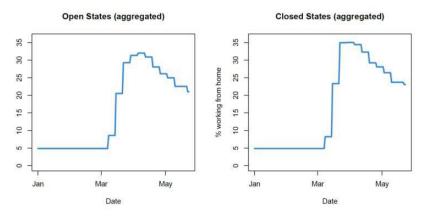


Source: Morgan Stanley Research, https://www.google.com/covid19/mobility/, https://www.apple.com/covid19/mobility.



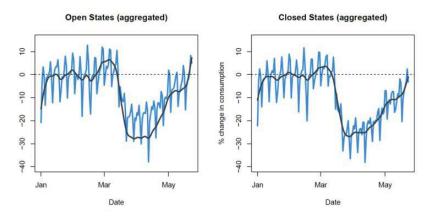
**Economic indicators:** We track University of Maryland COVID-19 Impact Analysis Platform for percent working from home and percent change in consumption in each of the US States, which are indicative of changes in economic activities over time. Although the working from home was more prevalent in closed States, the current percentages are similar between open and closed States. In terms of consumption level, the open States were slightly less impacted and appear to recover faster than the closed States.

**Exhibit 17:** Percent working from home for open (left) versus closed (right) US states. Data are aggregated across States and weighed by population.



Source: Morgan Stanley Research, AlphaWise, University of Maryland COVID-19 Impact Analysis Platform.

**Exhibit 18:** Percent change in consumption for open (left) versus closed (right) US states. Dark grey lines indicate the trend after smoothing. Data are aggregated across States and weighed by population.



 $Source: Morgan\ Stanley\ Research,\ AlphaWise,\ University\ of\ Maryland\ COVID-19\ Impact\ Analysis\ Platform.$ 

### **Outside the United States**

We have provided a similar, though abridged, heatmap for select ex-U.S. locations below. The same color-coding applies.

**UPDATE** 

Exhibit 19: Ex-U.S. Reopening Status Tracker

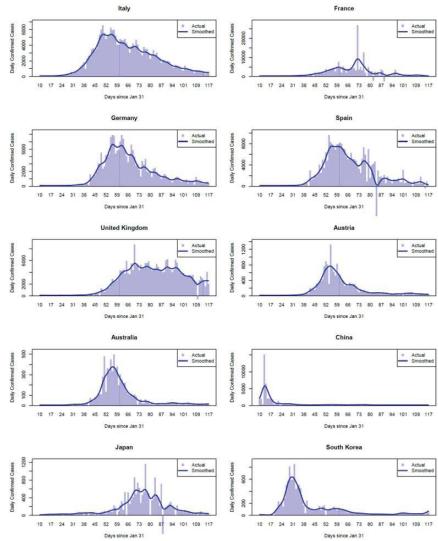
Country	Start of National Lockdown	Non-Essential Production	Non-Essential Shops/Retail	Restaurants / Cafes	Schools
China	1/23/2020				
Italy	3/10/2020				
Spain	3/16/2020				
Austria	3/16/2020				
France	3/17/2020				
Belgium	3/18/2020				
Portugal	3/20/2020				
Germany	3/22/2020				
Netherlands	3/23/2020				
Greece	3/23/2020				
New Zealand	3/23/2020				
Australia	3/23/2020				
UK	3/24/2020				
Ireland	3/27/2020				
Singapore	4/3/2020				
Japan	4/7/2020 (SOE)				
South Korea	N/A				

Open with few Restrictions
Partially Open with Limits
Closed

Source: Morgan Stanley Research

**Daily cases:** For most key EU and Asia/Pacific countries currently open or about to reopen, the daily case numbers have dropped to a remarkably low level. We highlight the UK and South Korea, where the UK started to plateau during the past week and South Korea reported a new clusters of cases again.

Exhibit 20: Actual daily cases of the key countries in reopening.

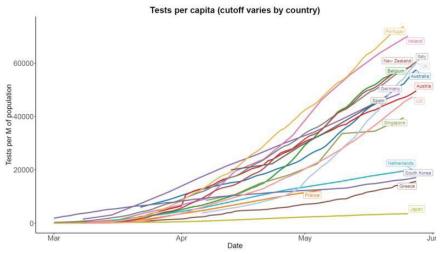


Source: Morgan Stanley Research, https://www.apple.com/covid19/mobility.



**Number of cumulative tests per capita**: Note that the data presented here stems from different sources, which may be incomplete (may only capture data from public and not private labs), but we believe that the overall trend is representative of each country's capacity for testing. We highlight that countries with a high number of tests per capita include Portugal, Ireland, Italy and New Zealand, while countries with relatively low number of tests per capita include Japan, Greece, and France. We note that US has performed ~46K tests per million people to date.

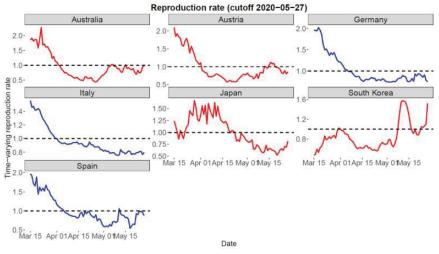
**Exhibit 21:** Number of tests per million people for various countries.



Source: Morgan Stanley, The COVID Tracking Project, Johns Hopkins CSSE, The World in Numbers, Wikipedia.

**Time-varying reproduction rate**: A positive slope in R is indicative of an R value that is overall trending upward implying acceleration of the spread and potentially a second wave of infections. Australia, Austria, Japan and S. Korea exhibited an overall increasing trend in R over the past 5 days (red curve), while other countries with an increasing R over the past 5 days include China, Greece, Ireland, Portugal, Singapore, and UK (Exhibit 37). However, we note that the aforementioned countries, except from S. Korea, currently have an R value less or around 1, which reflects containment of the spread.

**Exhibit 22:** Time-varying effective reproduction number. The black dashed line represents R=1.

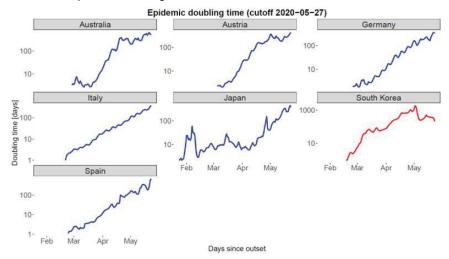


Source: Morgan Stanley Research, JHU CSSE, NY Times Github.



**Epidemic doubling time:** Among the countries shown below, S. Korea has a negative slope in doubling time over the past 10 days, suggesting acceleration of the new cases, while other countries include China, and Netherlands (Exhibit 38). We note that the doubling time is highly variable and, therefore, should be used in combination with other metrics.

Exhibit 23: Epidemic doubling time for various countries.



Source: Morgan Stanley, The COVID Tracking Project, Johns Hopkins CSSE.

#### Recent COVID-19 research

- Biotechnology: COVID-19: US Plateau In New Cases Raises Concern As Reopening Starts (8 May 2020)
- Biotechnology: COVID-19: When Do US States Meet Criteria For Phase One Reopening And What Are The Risks (23 Apr 2020)
- Biotechnology: COVID-19: Weekly Update To US State-Level Outbreak Models and Epidemiological Variables (17 Apr 2020)
- Biotechnology: COVID-19: US State-Level Modeling Confirms Long Tail,
   ~1.4M Total Cases (13 Apr 2020)
- Biotechnology: COVID-19: Detailed US State Level Epidemiological Variables and Comparison With Key Countries (13 Apr 2020)
- Biotechnology: COVID-19: A Prescription To Get The US Back To Work (3 Apr 2020)
- Biotechnology: Overview of Potential COVID-19 Therapies in Development (2 Apr 2020)
- Biotechnology: COVID-19: Updating US Forecast For Greater Spread,
   Potentially Worse Trajectory Than Italy (30 Mar 2020)
- Biotechnology: COVID-19 Cases Growing Faster Than Tests As US Capacity Is Still Too Low (29 Mar 2020)



- Biotechnology: COVID-19: New Detailed Italy Model Calls For Sustainable Decline In New Case Growth In ~10 Days (25 Mar 2020)
- Biotechnology: What's The Most Complete COVID-19 Dataset? (20 Mar 2020)
- Biotechnology: Introducing Two Key Epidemiologic Variables in Our COVID-19 Reports (17 Mar 2020)
- Gilead Sciences Inc.: Is Remdesivir A Market Catalyst? (17 March 2020)
- Moderna Inc: First Patient Dosed in COVID-19 Vaccine Trial (16 March 2020)
- Biotechnology: Potential U.S. COVID-19 Outbreak Dynamics (15 March 2020)
- Biotechnology: COVID-19 Outbreak Dynamics An Update On Actuals Vs Our Model + New EU Countries (9 Mar 2020)
- Biotechnology: Current Status of COVID-19 Diagnostics (5 Mar 2020)
- Moderna Inc: COVID-19 Vaccine Patient Dosing Expected Soon (4 Mar 2020)
- Biotechnology: Key Takeaways From COVID-19 Expert Call (3 Mar 2020)
- Biotechnology: COVID-19 Potential Outbreak Dynamics Using China As A Model (2 Mar 2020)
- Moderna Inc: Next Steps For COVID-19 Vaccine Development (1 Mar 2020)
- Biotechnology: COVID-19 Potential Therapeutic Options from Ongoing Clinical Trials (28 Feb 2020)



# Individual plots for each region

**Mobility and economic indicators:** We provide panel plots for each state in the US and each country that we are tracking below.

Alabama Alaska Arizona Arkansas California

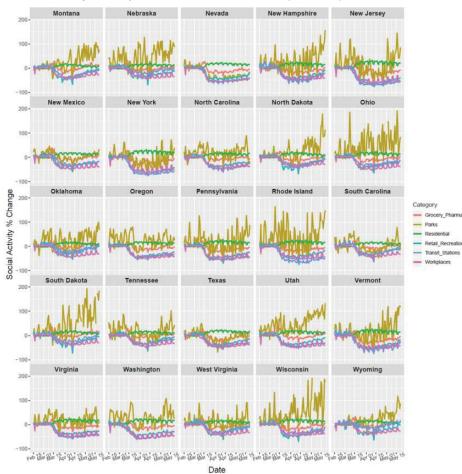
1002010031004100510060100701007010070100701007010070100701007010070100701007010071

Exhibit 24: Google mobility data for each of the US States - (Part 1 of 2)

Source: Morgan Stanley Research, https://www.google.com/covid19/mobility/.



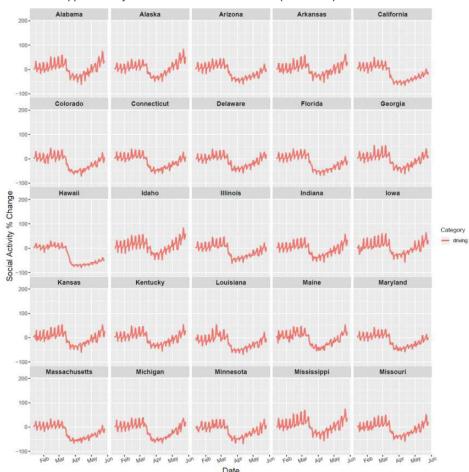
Exhibit 25: Google mobility data for each of the US states - (Part 2 of 2)



Source: Morgan Stanley Research, https://www.google.com/covid19/mobility/.



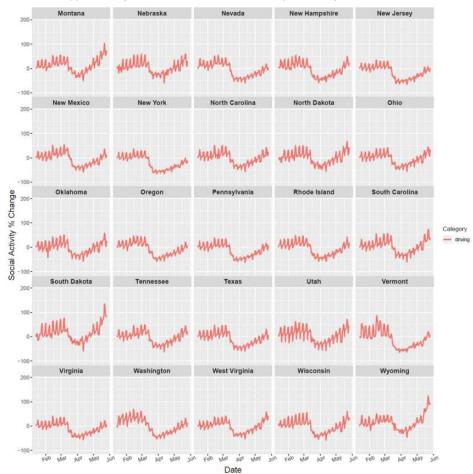
Exhibit 26: Apple mobility data for each of the US states - (Part 1 of 2)



Source: Morgan Stanley Research, https://www.apple.com/covid19/mobility.



Exhibit 27: Apple mobility data for each of the US states - (Part 2 of 2)

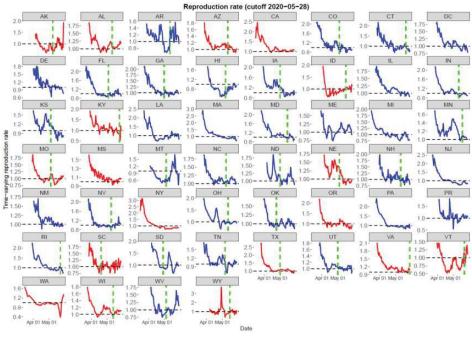


Source: Morgan Stanley Research, https://www.apple.com/covid19/mobility.

**Time-varying reproduction rate:** In blue are the states wherein R follows a downward trend, while in red we illustrate the states wherein the slope of R over the past 5 days is positive. A positive slope in R is indicative of an R value that is overall trending upward implying acceleration of the spread and potentially a second wave of infections. The green vertical line reflects the opening date of the state.



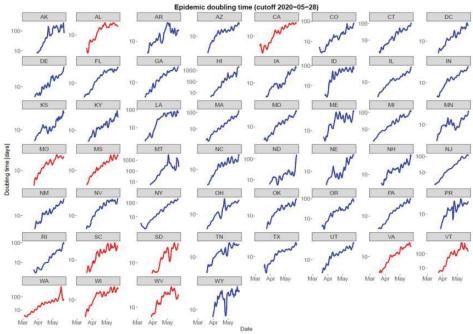
**Exhibit 28:** Time varying reproduction rate for the US states. The dashed black line represents R value equal to 1 (containment of the spread).



Source: Morgan Stanley, The COVID Tracking Project

**Epidemic doubling time:** In blue are states wherein the doubling time follows an upward trend, while in red we illustrate the states wherein the slope of the doubling time over the past 10 days has been negative. A negative slope in doubling time is indicative of a doubling time value that is overall trending downward suggesting acceleration of the spread (number of cases doubles faster) and potentially a second wave of infections. Note that the epidemic doubling time is characterized by high variability and it should, therefore, be used with other metrics.

Exhibit 29: Epidemic doubling time for the US states.



Source: Morgan Stanley, The COVID Tracking Project



**New cases:** In blue are the states wherein the number of new cases follows a downward trend, while in red we illustrate the states wherein the slope of the new cases over the past 7 days has been positive. A positive slope in new cases is indicative of spread acceleration and potentially a second wave of infections. The green vertical line reflects the opening date of the state.

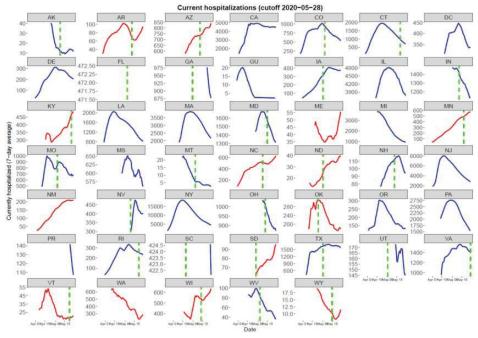
Exhibit 30: Number of new cases for all US states.

Source: Morgan Stanley, The COVID Tracking Project

**Number of current hospitalizations:** In blue are the states wherein the number of hospitalized patients follows a downward trend, while in red we illustrate the states wherein the slope of the hospitalized patients over the past 7 days has been positive. A positive slope in hospitalized patients may be indicative of spread acceleration and potentially a second wave of infections. The green vertical line reflects the opening date of the state.



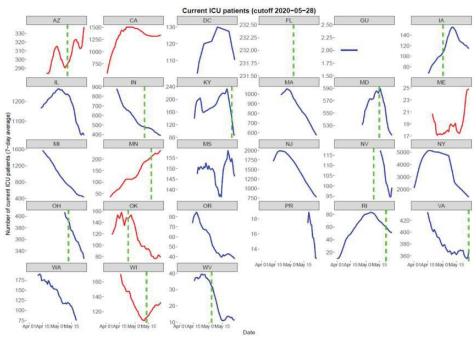
Exhibit 31: Number of current hospitalizations for certain US states.



Source: Morgan Stanley, The COVID Tracking Project

**Number of patients in ICU:** In red we show states with increasing number of ICU patients over the past 7 days. The green vertical line reflects the opening date of the state.

Exhibit 32: Number of patients in ICU for certain US states.

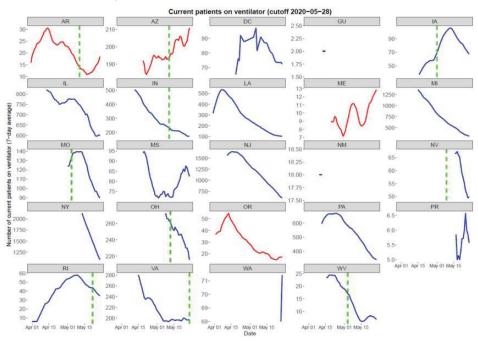


Source: Morgan Stanley, The COVID Tracking Project

**Number of patients on ventilator:** In red we show states with increasing number of patients on ventilator over the past 7 days. The green vertical line reflects the opening date of the state.



Exhibit 33: Number of patients on ventilator for certain US states.

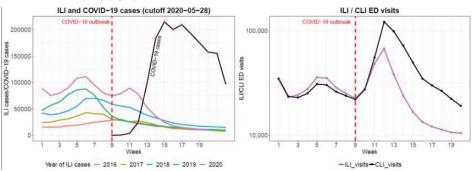


Source: Morgan Stanley, The COVID Tracking Project

### Cases of Influenza-like illness (ILI), COVID-19-like illness (CLI) and pertinent ED visits:

Exhibit 12 illustrates weekly ILI data in the US during 2016-2020 (left panel) and ED visits related to ILI or COVID-like illness (CLI, right panel). We highlight 3 main observations: (1) Unlike all previous 4 past years (2016-2019), wherein the number of ILI cases following week 9 decline, in 2020 (pink line left panel) we observe an increase in the number of ILI cases at week 9 that continues until week 11 and is attenuated at week 12 onward to reach very low levels at week 17 (lower than 2019); (2) At week 11 (two weeks after the number of ILI cases began to raise), the number of COVID-19 cases started to ramp up (black line, left panel) while the trajectory of the ILI cases initiated a trend downwards; (3) For the past 7 weeks shown here (right panel), the number of ILI and CLI ED visits has been decreasing. Taken together, this data suggests that the trajectory of the ILI cases may have been a leading indicator of COVID prior to the availability of large testing capacity, and that the overall infection rate has been trending downward. We will continue to monitor the ILI and CLI cases throughout the pandemic. For the ILI-COVID19 data in each state see inside.

**Exhibit 34:** ILI cases vs COVID-19 cases (left) and Emergency Department visits related to ILI and Covid-like illness (CLI) (right) in the US.

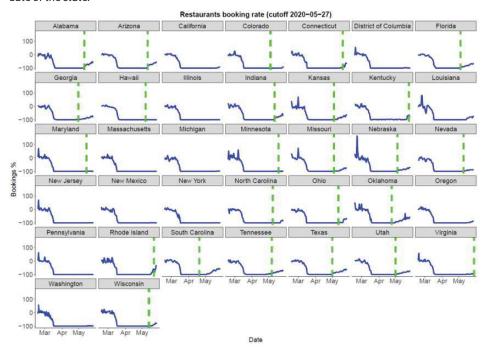


Source: Morgan Stanley, COVIDView, ILINet, Johns Hopkins CSSE.



**Restaurant reservation rates:** Broadly, unlike the closed states (plots without a green vertical line), in open states we see an overall increasing trend in the bookings rates which reflects the activity of the reopening.

**Exhibit 35:** Restaurant reservation rates in each state. The green vertical line reflects the opening date of the state.

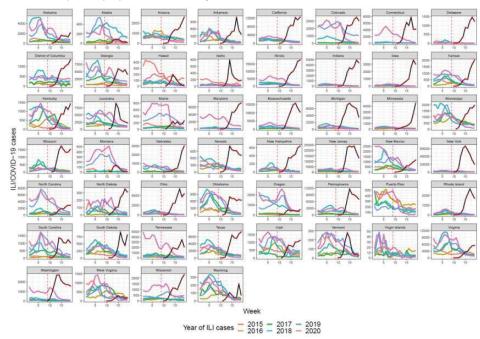


Source: Morgan Stanley Research, OpenTable.

**State-level ILI data:** Broadly, unlike the closed states (plots without a green vertical line), in open states we see an overall increasing trend in the bookings rates which reflects the activity of the reopening.



**Exhibit 36:** ILI cases from 2015-2020 (different colors) vs COVID-19 cases (black color). The red dashed line (vertical) represents the timing of the COVID-19 outbreak.



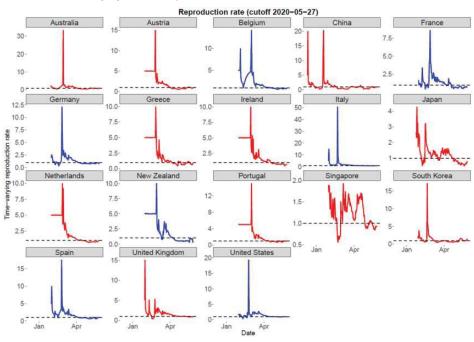
Source: Morgan Stanley, COVIDView, ILINet, Johns Hopkins CSSE.

### Data from Outside the US

**Time-varying reproduction rate**: In blue are the countries wherein R follows a downward trend, while in red we illustrate the countries wherein the slope of R over the past 5 days has been positive. A positive slope in R is indicative of an R value that is overall trending upward implying acceleration of the spread and potentially a second wave of infections.



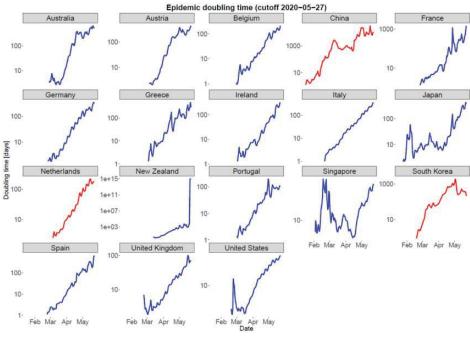
Exhibit 37: Time-varying effective reproduction number.



Source: Morgan Stanley Research, JHU CSSE, NY Times Github.

**Epidemic doubling time:** Countries shown in red represent countries wherein the doubling time has a decreasing trend (i.e. rate of increase in cases is raising) over the past 10 days. We note that the doubling time is highly variable and, therefore, should be used in combination with other metrics.

Exhibit 38: Epidemic doubling time for various countries.

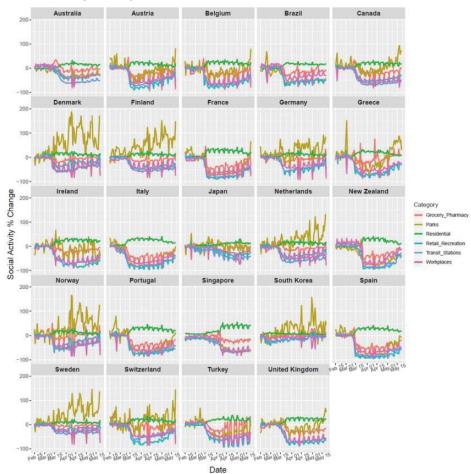


Source: Morgan Stanley, The COVID Tracking Project, Johns Hopkins CSSE.

Apple and Google Mobility Data



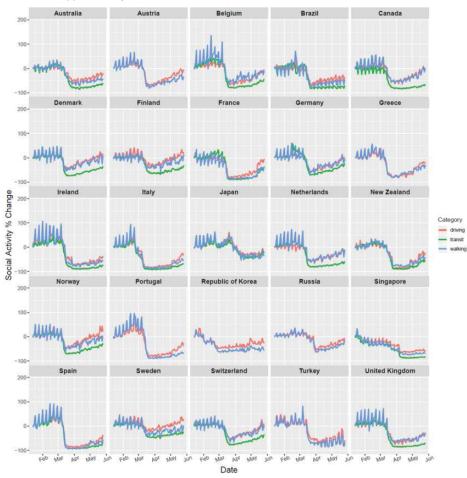
Exhibit 39: Google mobility data for other countries



 $Source: Morgan\ Stanley\ Research,\ https://www.google.com/covid19/mobility/.$ 



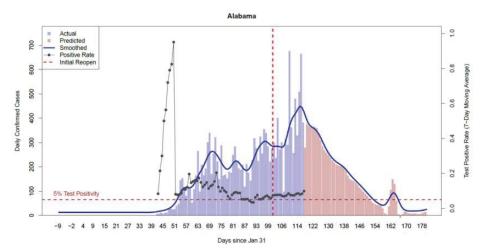
Exhibit 40: Apple mobility data for other countries



Source: Morgan Stanley Research, https://www.apple.com/covid19/mobility.

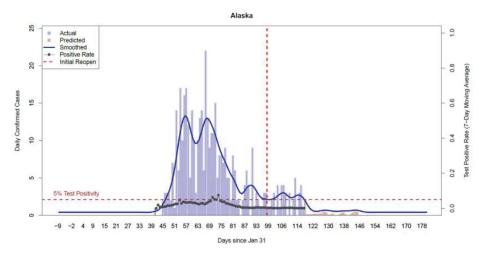
### Actual and predicted daily cases from US state-level models:

### Exhibit 41:



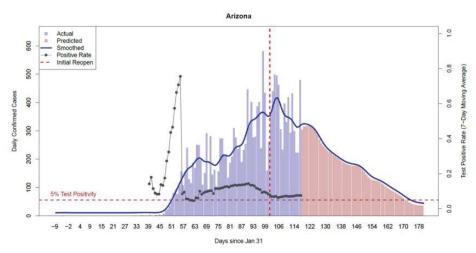


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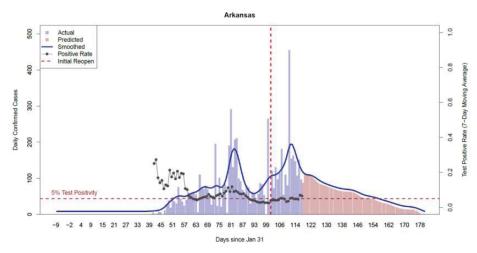
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

#### Exhibit 43:



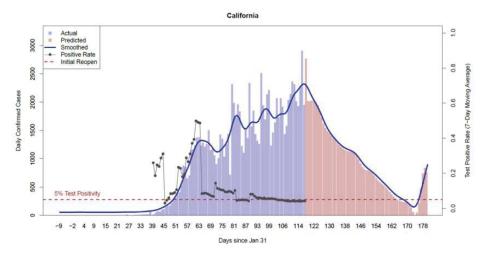
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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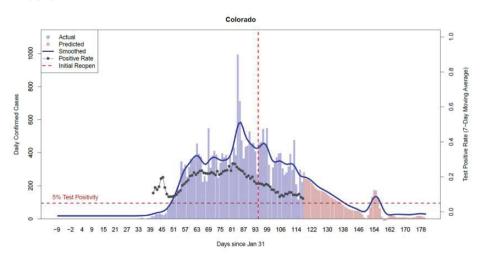


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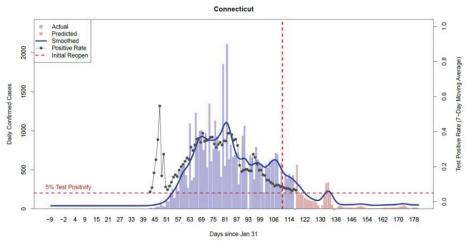
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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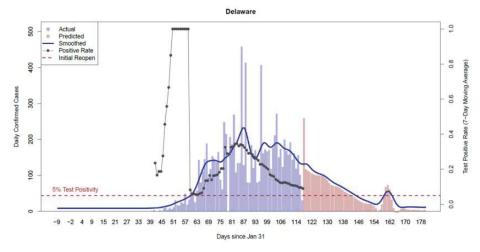


Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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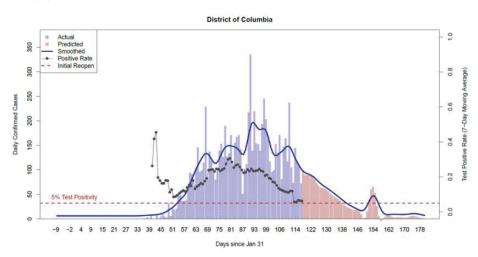


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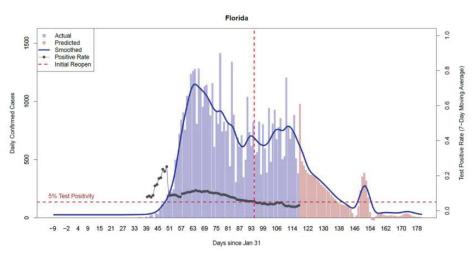
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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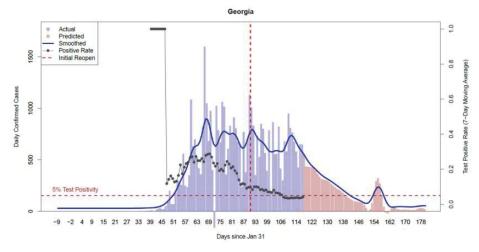
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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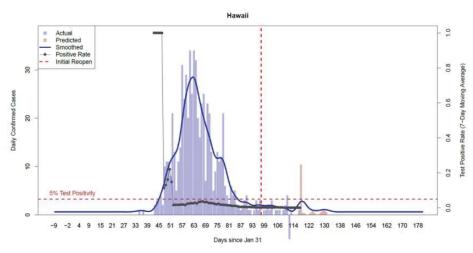


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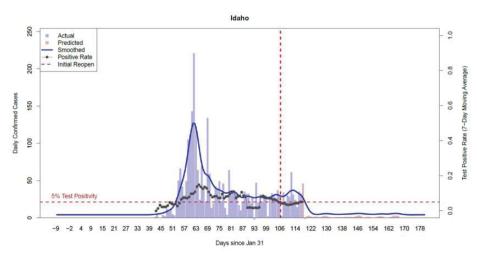
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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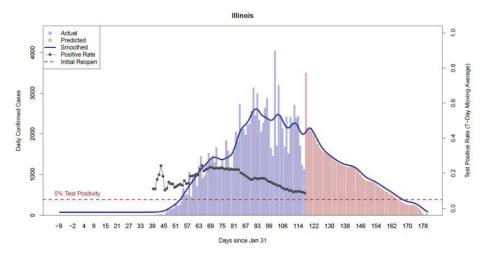
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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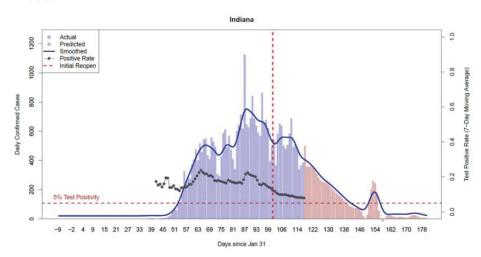


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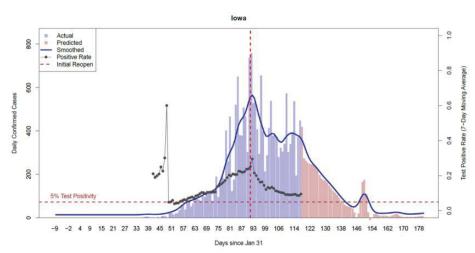
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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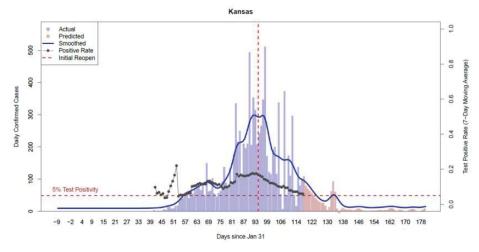
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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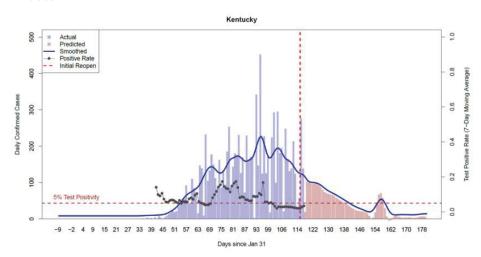


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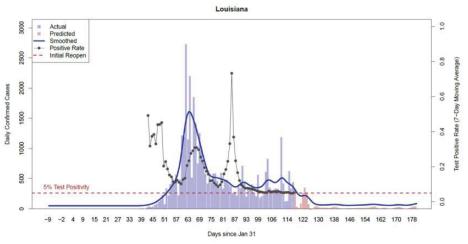
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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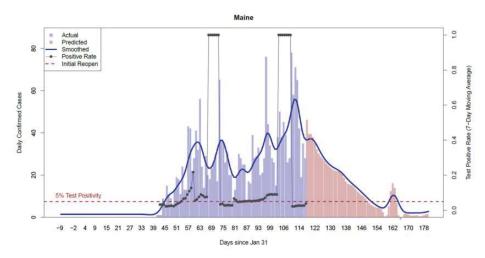
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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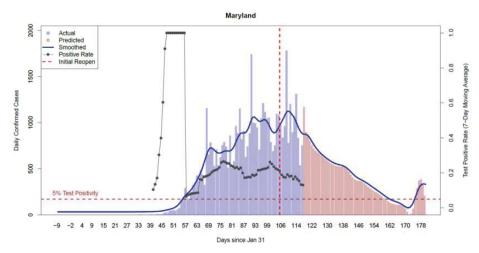


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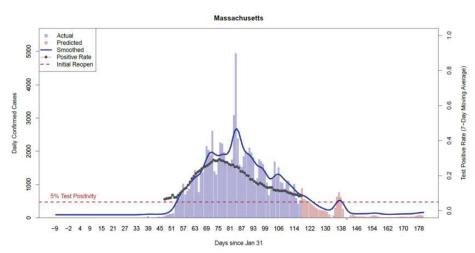
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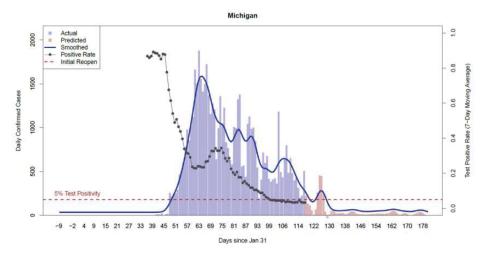
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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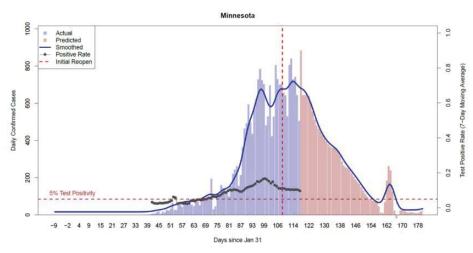


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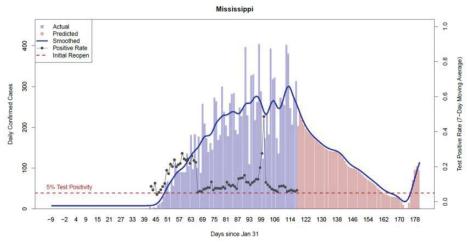
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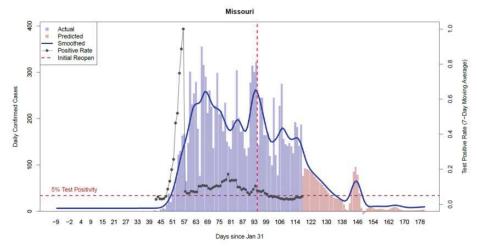
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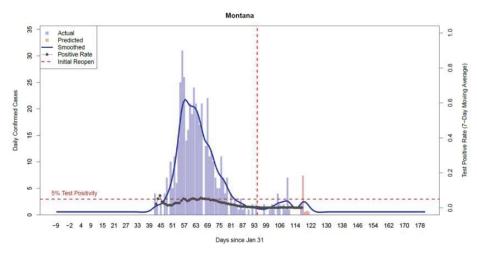


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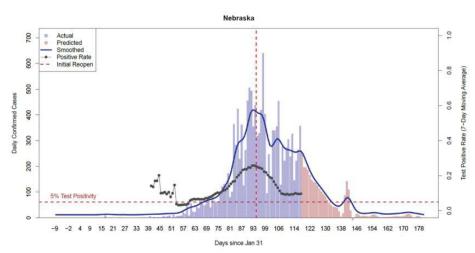
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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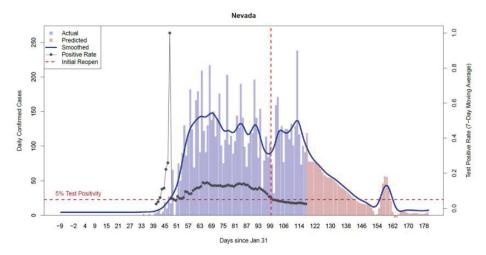
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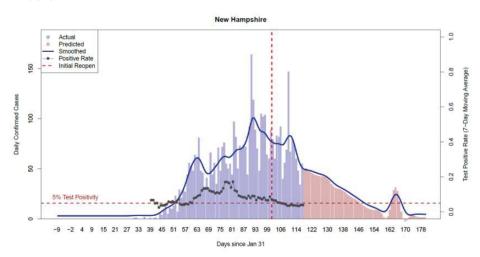


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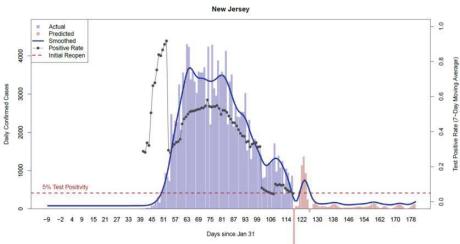
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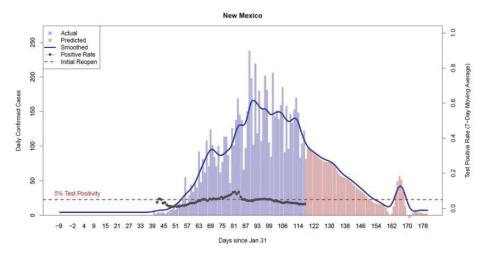
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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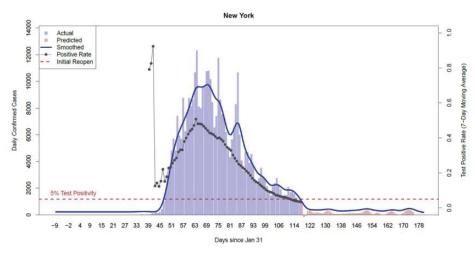


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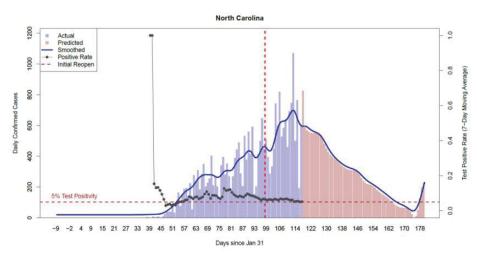
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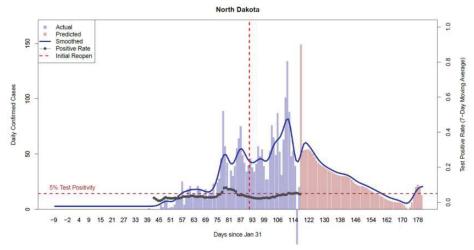
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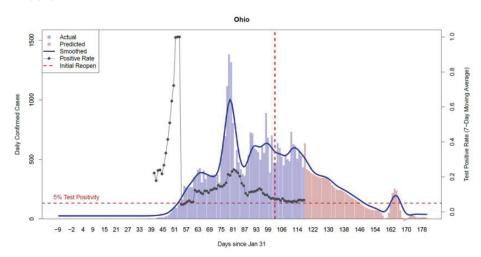


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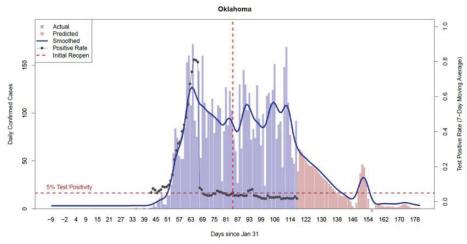
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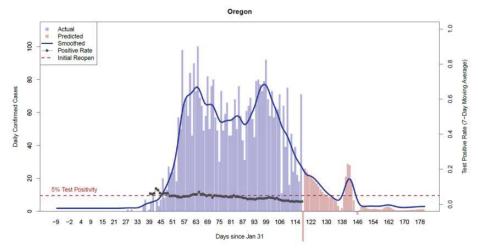
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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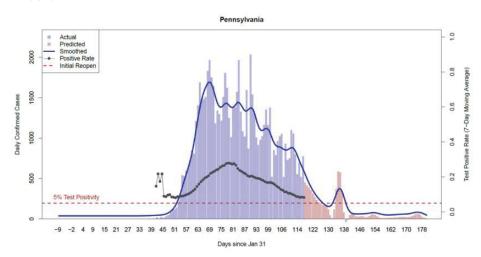


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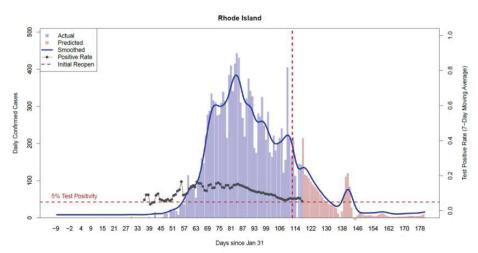
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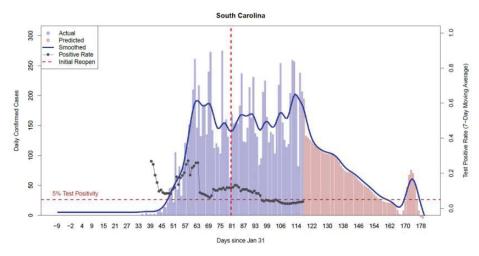
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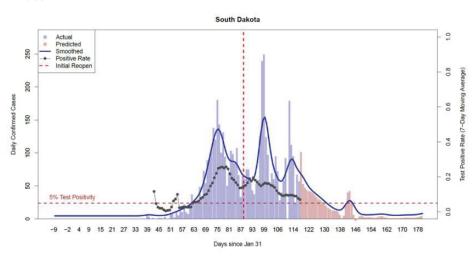


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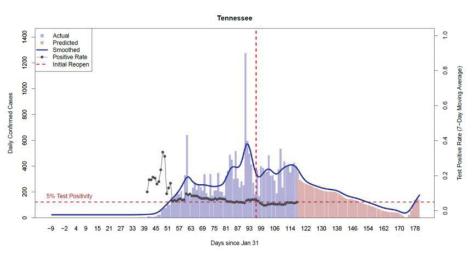
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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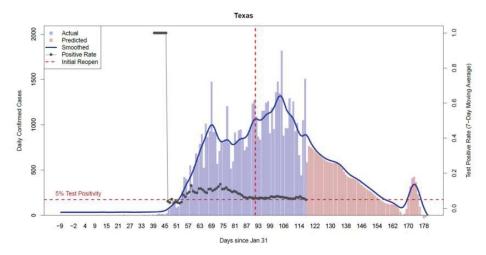
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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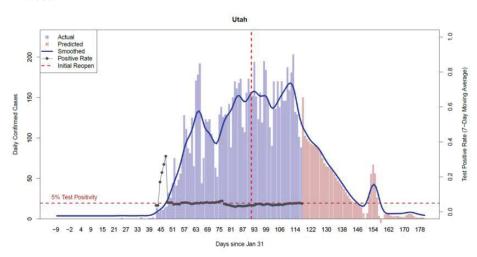


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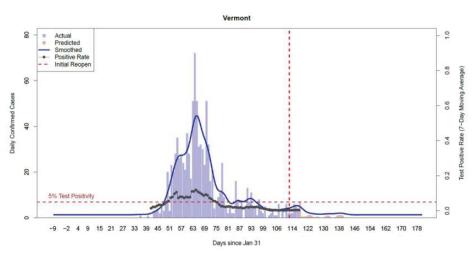
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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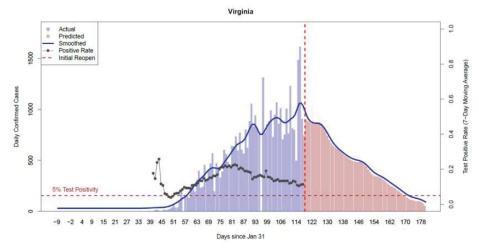


Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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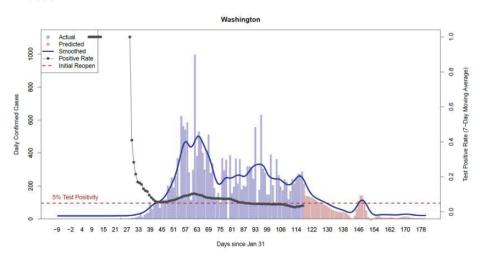


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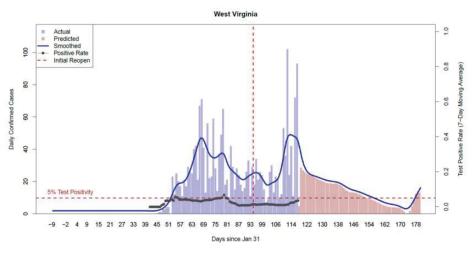
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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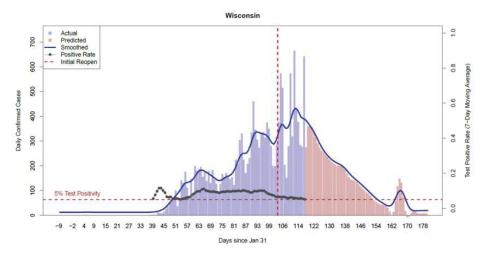
Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

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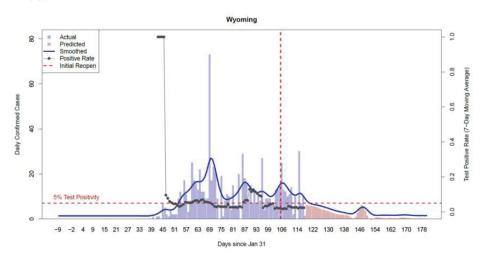


## Exhibit 90:



Source: Morgan Stanley, NY Times, The COVID Tracking Project, Johns Hopkins CSSE.

### Exhibit 91:





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The following analysts hereby certify that their views about the companies and their securities discussed in this report are accurately expressed and that they have not received and will not receive direct or indirect compensation in exchange for expressing specific recommendations or views in this report: Matthew Harrison.

Unless otherwise stated, the individuals listed on the cover page of this report are research analysts.

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(as of April 30, 2020)

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	COVERAGE UNIVERSE INVESTMENT BANKING CLIENTS (IBC)		ENTS (IBC)	OTHER MATERIAL INVESTMENT SERVICES			
						CLIENTS (	MISC)
STOCK RATING	COUNT	% OF	COUNT	% OF	% OF	COUNT	% OF
CATEGORY		TOTAL		TOTAL IBC	RATING		TOTAL
				(	CATEGORY		OTHER
							MISC
Overweight/Buy	1216	38%	300	42%	25%	533	37%
Equal-weight/Hold	1432	45%	325	46%	23%	698	48%
Not-Rated/Hold	3	0%	1	0%	33%	3	0%
Underweight/Sell	553	17%	81	11%	15%	220	15%
TOTAL	3,204		707			1454	

Data include common stock and ADRs currently assigned ratings. Investment Banking Clients are companies from whom Morgan Stanley received investment banking compensation in the last 12 months. Due to rounding off of decimals, the percentages provided in the "% of total" column may not add up to exactly 100 percent.

## **Analyst Stock Ratings**

Overweight (O). The stock's total return is expected to exceed the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.

Equal-weight (E). The stock's total return is expected to be in line with the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.

Not-Rated (NR). Currently the analyst does not have adequate conviction about the stock's total return relative to the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.

Underweight (U). The stock's total return is expected to be below the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.

Unless otherwise specified, the time frame for price targets included in Morgan Stanley Research is 12 to 18 months.

## **Analyst Industry Views**

Attractive (A): The analyst expects the performance of his or her industry coverage universe over the next 12-18 months to be attractive vs. the relevant broad market benchmark, as indicated below.

In-Line (I): The analyst expects the performance of his or her industry coverage universe over the next 12-18 months to be in line with the relevant broad market benchmark, as indicated below.

Cautious (C): The analyst views the performance of his or her industry coverage universe over the next 12-18 months with caution vs. the relevant broad market benchmark, as indicated below.

Benchmarks for each region are as follows: North America - S&P 500; Latin America - relevant MSCI country index or MSCI Latin America Index; Europe - MSCI Europe; Japan - TOPIX, Asia - relevant MSCI country index or MSCI sub-regional index or MSCI AC Asia Pacific ex Japan Index.

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#### Therapeutics Inc.

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#### INDUSTRY COVERAGE: Biotechnology

COMPANY (TICKER)	RATING (AS OF)	PRICE* (05/28/2020)
David N Lebowitz, CFA, MPH		
Akebia Therapeutics Inc (AKBAO) Alnylam Pharmaceuticals Inc (ALNY.O) Ascendis Pharma A/S (ASND.O) AWROBIO Inc (AWRO.O) Blueprint Medicines Corporation (BPMC.O) Epizyme Inc (EPZM.O) Ionis Pharmaceuticals Inc (IONS.O) Ironwood Pharmaceuticals, Inc. (IRWD.O) MacroGenics Inc (MGNX.O) Nabriva Therapeutics PLC (NBRV.O) Rhythm Pharmaceuticals Inc (RYTM.O) Schrodinger Inc. (SDGR.O) Syndax Pharmaceuticals Inc (SNDX.O) Y-mABs Therapeutics Inc. (YMAB.O) Zealand Pharma A/S (ZEAL.O)	E (09/07/2018) O (03/05/2019) O (10/11/2019) O (07/16/2018) O (04/03/2019) O (12/05/2019) U (11/07/2019) E (03/27/2019) U (11/21/2019) E (03/7/2020) O (09/07/2018) E (03/02/2020) E (10/29/2018) E (04/29/2020) O (09/12/2018)	\$11.51 \$133.10 \$146.79 \$19.18 \$66.99 \$18.41 \$56.44 \$9.76 \$23.00 \$0.85 \$19.84 \$62.24 \$16.05 \$37.66
Jeffrey Hung Acceleron Pharma Inc (XLRN.O)	O (02/03/2020)	\$99.02
Aprea Therapeutics Inc (APRE.O) Cytokinetics Inc (CYTK.O) Exelixis Inc. (EXEL.O) MyoKardia Inc (MYOK.O) Neurocrine Biosciences Inc (NBIX.O) NextCure Inc. (NXTC.O) Prevail Therapeutics Inc (PRVL.O) Ultragenyx Pharmaceutical Inc (RARE.O) Viela Bio (ME.O) Voyager Therapeutics Inc (VYGR.O)	G (02/03/2019) G (04/09/2020) E (03/18/2019) G (09/10/2018) G (09/10/2018) G (06/03/2019) G (07/15/2019) G (03/27/2019) G (10/28/2019) G (09/10/2018)	\$26.38 \$20.72 \$24.33 \$100.15 \$120.22 \$33.20 \$16.89 \$68.59 \$45.62 \$12.07

Matthew Harrison

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Alector Inc (ALEC.O) Alexion Pharmaceuticals (ALXN.O) Amgen Inc. (AWGN.O) argenx SE (ARGXO) BeiGene Ltd (6160.HK) BeiGene Ltd (6180.E.O) Biogen Inc (BIIB.O) Biohaven Pharmaceutical Holding Company (BHVN.N) Biomarin Pharmaceutical Inc (BMRN.O) Biuebird Bio Inc (BLUE.O) Cabaletta Bio Inc (CABAO) Denali Therapeutics Inc (DNLI.O) Evelo Biosciences Inc (EVLO.O) Fulcrum Therapeutics Inc (FULC.O) Galapagos NV (GLPG.O) Genmab A/S (GWAB.CO) Genmab A/S (GWAB.O) Gilead Sciences Inc. (GILD.O) Global Blood Therapeutics Inc (GBT.O) Immunomedics Inc (IMMJ.O) Innoviva Inc (INVAO) Insmed Inc (INSMO) Kaleido Biosciences Inc. (KLDO.O) Kodiak Sciences Inc. (KOD.O) Moderna Inc (MRNAO) Regeneron Pharmaceuticals Inc. (REGN.O) Regensbio Inc (RONXO) Raibius Therapeutics Inc (SAGE.O) Sarepta Therapeutics Inc (SAGE.O) Sarepta Therapeutics Inc. (SPPT.O) Seattle Genetics Inc. (GSN.O) Unity Biotechnology Inc. (UBXO) Vertex Pharmaceuticals Inc. (ZNTL.O)	O (03/04/2019) E (12/17/2019) O (12/17/2019) O (01/04/2019) O (01/04/2019) O (01/17/2020) U (03/22/2019) E (04/09/2019) O (02/07/2017) E (11/03/2017) O (11/19/2019) O (01/02/2018) E (02/29/2016) E (05/21/2020) O (08/12/2019) E (12/17/2019) O (08/12/2019) E (10/01/2015) E (03/21/2018) O (04/06/2020) E (01/22/2019) U (08/14/2014) O (03/21/2018) O (04/06/2020) E (01/22/2019) U (08/14/2014) O (03/21/2018) O (01/02/2018) O (01/02/2019) E (10/01/2015) O (11/09/2017) E (03/13/2020) O (10/29/2018) O (01/22/2018) O (01/22/2019) E (10/01/2015) O (11/09/2017) E (03/13/2020) O (02/26/2018) O (08/01/2018) E (12/10/2019) O (05/29/2018) O (05/29/2018) O (01/01/2015) O (04/28/2020)	\$31.47 \$114.42 \$224.13 \$211.68 HK\$97.00 \$162.36 \$300.50 \$57.80 \$105.60 \$60.81 \$8.32 \$27.42 \$27.29 \$4.47 \$19.17 \$201.47 DKr 2,073.00 \$30.97 \$75.32 \$68.75 \$32.96 \$33.30 \$14.36 \$24.95 \$7.71 \$62.71 \$578.21 \$39.84 \$6.29 \$37.38 \$153.00 \$151.55 \$7.85 \$277.38
Vikram Purohit	F (40/00/0047)	04.07
DBVTechnologies SA(DBVT.O) Incyte Corp (INCY.O) Portola Pharmaceuticals Inc (PTLAO) Radius Health Inc (RDUS.O)	E (10/23/2017) E (04/29/2020) E (09/05/2019) E (05/13/2020)	\$4.87 \$100.55 \$17.85 \$13.33

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