

Coronavirus Local Response Initiative FAQ – Session #1 (3/19/20)

The following questions were answered by faculty in the first session of the Coronavirus Local Response Initiative. The questions are categorized, and answers given in the session are edited here for clarity. Initials at the end of each answer indicate which faculty member answered the question.

Session #1 faculty:

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CORONAVIRUS FACTS

Is it correct that if someone in your home is ill than you should also be staying at home?

Yes. If people in the home are coughing, have fevers or other symptoms of the coronavirus, this is good advice. As testing scales up, advice may change. (JS)

When people are asymptomatic, can they spread the virus?

Yes. This virus has been very hard to control, which suggests asymptomatic transmission, and there have been a number of studies documenting asymptomatic transmission. That's one reason why you should stay home if someone in your household may have coronavirus infection. (JS)

What is known about young children and whether they are carriers and can transmit the virus?

Young children can be carriers—this has been established by data from China. The data suggests that in some cases they can get quite ill—particularly infants. In general, children are not falling ill the way adults are, but the virus absolutely affects children. (JS)

What is known about how this virus responds to warmer weather?

It is too early to say how the virus will respond to warmer weather in the summer. A virologist I spoke to said we might hope that the transmission will be reduced, but we should not plan for it to be. We will be able to assess over the next few months. (JS)

CORONAVIRUS MITIGATION

What would you say to mayors who are getting messages from people saying that this is a hoax?

The coronavirus is not a hoax. You have allies in countering these myths who have credibility—not just you, but doctors, faith leaders, and public health officials. They can help convey this message. (JS)

How should we think about shelter-in-place orders? Should we issue them now?

Issue shelter-in-place orders before you obviously need them. Think about the problem you're going to have in two weeks, because the virus always has a two-week silent head start. Prepare people for the possibility of increased restrictions now. Do not issue a draconian order without foreshadowing and explaining it, because people won't believe it's necessary or legitimate. Build its legitimacy before you have to issue it. (DL)

Is there a model city that we can look to for best practices for testing or social distancing?

People often cite Singapore. In the Asian countries that had a major experience with SARS in 2003, citizens really understand the importance of social distancing. When older adults were told they should stay home, they stayed home. We hope that with a number of steps being taken our path will look more like Singapore, Taiwan, and South Korea, and less like Italy, France, and Spain, but there is now evidence that our experience may be more like Europe. The urgency of a strong response is very high. (JS)

How long should social distancing last?

We don't know. Right now we're bracing for the potential flooding of patients into the health care system—and hoping to avert it. We will know if we've been successful, in parts of the country, very soon. In the next four to six weeks, we'll understand much better where we stand. If we stay in exponential growth, I would expect the restrictions will remain in place and extend to additional areas. (JS)

Public health officials expect it will take at least 18 months to achieve widespread access to an effective vaccine. But we won't go straight from "social distancing" to "vaccine." I'm not a doctor, but I think two weeks is an unrealistic expectation, so the answer to the question is, "I don't know," or "Here are some possible scenarios," or "In other countries, we've seen them get ahead of the curve in four to six weeks—if they're lucky." (JK)

AT-RISK POPULATIONS

Is there advice for educators and schools on how to safely set up childcare to meet the needs of our families, especially for those who are first responders or childcare providers?

The [CDC has clear guidance for infection control in different settings, including day care](#); I refer you there. (JS)

What should we do to support high-risk populations like seniors, those in nursing homes, and the homeless?

Areas of high concern include homeless shelters as well as jails and prisons. Consider a moratorium on detaining people for low-level crimes or releasing older non-threatening prisoners to reduce the burden and allow more social distancing. For homeless people, work to find them housing or temporary shelter as quickly as possible to decompress shelters. Infection control procedures need to be put in place for these settings—but the best thing is to have as few people as possible in them. (JS)

Young people—teenagers and twenty-somethings—can pose a risk to themselves and others. It's a myth that they're not getting sick, and even those who don't may be carriers. Whatever you are telling others not to do applies to you and your kids too. Model safe behavior. (JK)

Is it a good idea for grocery stores to be opening early for seniors? Are there other options for supporting seniors who don't have online access for getting groceries delivered?

Look for ways to identify at-risk people and get groceries delivered to their homes. If they have to go out, they should be social distancing in the grocery store and remembering hygiene. The bars on shopping carts, for example, are potentially a source of infection even if the store is empty. (JS)

This is a great question for a small task force to figure out with grocers and senior citizens. Whenever you come up with a good idea, make sure it gets circulated to your fellow mayors so everyone else can see whether it might work for them. (DL)

COMMUNICATION AND ADAPTATION

As we move into this significant period of isolation, how do we address the psychological needs that people will be facing?

Physical distance doesn't have to mean social and emotional distance. It's a natural reaction to be anxious and to withdraw. Figuring out how to step up socially and check on isolated people, by electronic or other means, is really important. (JS)

This is an example of something we haven't had to think about before. You can see this problem coming ... so you have a gift of time to think about it in advance. Get a team together and get your problem-solving process started soon. (DL)

Are there models out there for temporarily inward-facing economies so that we can think about our food supply and meeting our needs for those who are the most food insecure? Something that could help us get through the next two or three months?

I think some economies will naturally turn more inward, at least temporarily, as it becomes more difficult to cross borders (or as the spread of disease reduces production in areas that generally supply us). But we should get critical resources (including food) from wherever they are available (whether here or elsewhere) — and the markets will generally figure that out for us. We should put faith in the ingenuity of people in the supply chain to resolve supply issues. When you can see an acute problem in your area— for example, some farms needing a particular resource that they are having trouble getting—maybe there's a process through which you can help them. I would put my faith in the decentralized, intelligent ability of thousands of businesspeople and others. (DL)

It's important to remind the public, who are worrying about so much already, that there are some things they don't need to worry about. This is not a hurricane. Electricity, water, and the supply chain for food are all running. Lowering the temperature counts for a lot. We are more resilient than we think, and you can take some problems off your plate. (JK)

How should we design and announce a municipal relief package?

It's a process. Begin preparing the ground for it. Explain what you know and the basis of your knowledge, say what you're doing, and tell people what they should do. If you have a relief package coming, build it through a thoughtful process with the right people and prepare the public for what to expect. (DL)

I recommend transparency. The state will start to divvy up relief for municipalities. Work on setting up a process with other mayors and other actors, depending on the governance structure in your state. What can you figure out with other mayors now? (JK)

For mayors in cities without a county health department, how can we communicate and make sense of the numbers? What does it mean to double capacity of ICU beds? What would it mean to re-open a hospital that recently closed? How can we contextualize these numbers?

Establish a steady drumbeat for you and your team. Communicate with the public at the same time of day, using the same process. Think about what you would want to hear as a human being: How many people are sick, tested, deceased? What's closed, what's open, what do I anticipate being closed or open? Set the drumbeat for them as a new normal—find a battle rhythm. (JK)

Surge planning is a fundamental responsibility of the state, with support from the federal government. Mayors need to communicate plans for what they will do to prepare for things getting worse. The stress on healthcare workers, from custodial workers to CEOs, is enormous. Whatever you can do to support healthcare workers will be very appreciated. (JS)

That also applies to you and your team. The importance of self-care cannot be underestimated. Don't wear yourselves out on the first lap. (DL)