The U.S. Has Followed the Trajectory of Other Heavily Impacted Countries

More cases in U.S. per day than any country. More cases reported per day in U.S. than at peak of Chinese epidemic.

Source: CSSE COVID Dashboard, Johns Hopkins
What’s New This Week

New York
There has been a major surge of seriously ill patients in New York City.

For Mayors
Even if a slower rise than in New York, other cities could follow a similar path. Strong control measures remain necessary.
Therapeutics

Rising demand for chloroquine – despite no high-quality studies demonstrating effectiveness – has created shortages for patients who need these medications for other conditions.

For Mayors

Instead of chasing after unproven therapies, mayors should support the gathering of high-quality evidence to find out what works.
Many biotech companies are investing in COVID-19 vaccines
What’s New This Week

Serology Tests
FDA has cleared the first serology tests, which measures the antibody response to the virus.

For Mayors
This is an example of a tool that will help inform local efforts over time and help with strategic decisions on opening the economy. We are not stuck in this period of uncertainty forever.
Focus:
When is it appropriate to end extreme social distancing?

Dr. Tom Frieden

- President and CEO, Resolve to Save Lives
- Former Director, U.S. Centers for Disease Control and Prevention
- Former Health Commissioner, New York City
COVID-19 is more severe for older people and those with underlying health conditions.

Likely severity of COVID-19, based on what is known about spread and severity compared to historic seasonal and pandemic influenza.
### Adaptive Response

#### Disease Control
- Early detection (lab testing, alert clinical systems) and case isolation (home, hospital, other facilities)
- Extensive testing
- Contact tracing

#### Non-Pharmaceutical Interventions (NPI)
- Health care infection prevention and control
- Appropriate clinical care including staff surge when needed
- Community engagement with clear communication, assessment of community acceptance leading to adjustment of approach
- Everyday personal NPIs (wash hands, cover coughs, stay home if ill)
- Environmental NPIs (clean surfaces, increase ventilation)
- Personal NPIs (household quarantine, mask in community if ill)
- Community NPIs (high-risk group social distancing and closing schools)
- Community NPIs (general social distancing [SD] and closing schools [CS])

#### Supporting society
- Address ongoing health care needs including supply chain management and increased telemedicine
- Support continued social and economic activity including learning, emergency services, essential activities

#### Pharmaceutical interventions
- Treatments
- Vaccines

### Version 2.0, 20 March 2020

### Containment | Mitigation | Suppression | Prevention
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TWO Reasons for Sheltering-in-Place

1. Flatten the Curve
   So health care facilities are not overwhelmed, especially with patients who need intensive care for viral pneumonia

2. Strengthen health care and public health

   Health care

   Public health
   Capacity for testing, contact tracing, isolation of ill people, quarantine of contacts
DRAFT CRITICAL PERFORMANCE TARGETS

1. Empowered incident manager aligned with political leaders

2. Can test every patient with pneumonia, every symptomatic person, capacity for drive-through (or equivalent) testing

3. Can start contact tracing within hours of case identification, obtain contacts for >95% of cases, track >95% of contacts, test 100% of symptomatic contacts, monitor >95% of quarantined contacts for 14 days

4. Daily briefing with accurate numbers on infected, ill, deaths, and updated guidance by credible spokesperson

5. Health care workers adequately protected with policies, training, and sufficient personal protective equipment
Health care systems able surge safely to care for large numbers of mildly ill patients, a large increase in patients needing intensive care, and for patients needing ongoing, non-coronavirus-related care.

System in place to resume targeted or general social distancing measures rapidly if needed.

Capacity to support nutrition, learning, physical and mental wellbeing, and social needs during sheltering-in-place.

Community engagement with assessment of community perceptions and behaviors and effectiveness of messaging.

Rapid and smooth coordination with state, federal, and county governments and health departments.
THREE Considerations for When It’s Safe to Come Out Again

1. Cases no longer spreading widely
   Fewer unlinked cases, falling case rates, contact tracing keeping up with case reports

2. Stronger health care system
   Able to withstand blip of cases without risking health care worker and patient lives

3. Public health capacity
   Test patients and trace contacts immediately, isolate the ill, quarantine contacts
THREE Considerations for How to Safely Loosen the Faucet on Sheltering-in-Place

1. Medically vulnerable continue to shelter
   Potentially, those with prior illness will be protected – but we don’t know this yet

2. Prioritize societal benefit
   Day care, maybe schools (protecting the vulnerable), infrastructure, partial safe re-opening, sanitizer/temp checks

3. Prepare to tighten the faucet if cases spike
   Test patients and trace contacts immediately, isolate the ill, and quarantine contacts effectively