



## A thread by Tom Inglesby

*Shared on Twitter on 2/6/2020*

This thread relates to a series of rising issues in the US and internationally in response to [#2019nCoV](#). (1/x)

Continued efforts are being made toward containing and ending the nCoV outbreak before it leads to widespread community transmission in countries around the world. However what we know about this virus /epidemic suggests this goal is likely not attainable: (2/x)

...extent of nCoV in China w/daily rise in numbers; high connectedness of China to rest of world; high r(0) of virus; spread of cases before containment started; cases in other countries that seem only explainable by community transmission – all suggest nCoV not containable. (3/x)

Important to make sure containment actions still being taken (e.g. travel bans, large scale quarantines) don't lower public trust in gov or get in way of efforts to respond to epidemic/pandemic spread of nCoV. We should respond now as if we are in start of pandemic. (4/x)

High level priorities for responding to nCoV pandemic include: global efforts to develop vax+ therapies; rapid scale-up of Dx tests; health care preparedness to care for pts, protect HCWs; pub health preparations to try to slow community spread; open, effective public comm. (5/x)

Within these larger goals, here are a series of questions/issues that need attention. First internationally... (6/x)

How many HCW infxns/deaths have there been in China related to nCoV and what is analysis of how they are happening? There've been no official reports on this, but is this tweet from promed correct saying 1101 suspect or confirmed HCW infxns? (7/x)

This became more urgent today after tragic death of Dr Li Wenliang who tried to sound warning but wasn't allowed. He got nCoV as he cared for pts and died today.

<https://www.nytimes.com/2020/02/06/world/asia/chinese-doctor-Li-Wenliang-coronavirus.html> (8/x)

Detailed info about HCW infxns could help prevent future HCW infxns and deaths. [@WHO](#) + other countries need to receive this info from China now (9/x)

What is plan to prevent shut-downs of flights around world as more countries are found to have community transmission? Likely that community transmission will be confirmed in number of other countries soon. (10/x)

The UK changed its guidance today to start screening pts from 9 countries in Asia after diagnosing nCoV in traveller from Singapore <https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public> (11/x)

Will some countries limit or cancel flights to those countries? Will trade be ensnared? Will it be like dominoes as more countries get transmission? Prolonged travel/ trade bans will produce own cascade of economic hardship that will compound sickness, suffering of nCoV.(12/x)

Needs to be international planning and coordination between major travel and trade companies, countries, WHO, WTO, IATA to plan how to navigate and avoid global harm. (13/x)

What institutions globally are closest to developing serology tests that can be used in population studies? They should be supported financially, urgently. This is the critical test to understand CFR, which will help guide [@WHO](#) + other gov responses around the world. (14/x)

Can a [@WHO](#) stockpile of PPE, dx tests, (& therapies and vaccines when available over time) be created to give lower income countries critical resources to deal with nCoV? Need to collaborate w/ pharma/bio companies and global logistics companies to make this happen (15/x)

What will criteria be for [@WHO](#) & national govts to move from containment goal to goal of mitigating impact of pandemic? Goals are not mutually exclusive per se, but major work going toward containment could be zero sum with preparing and responding in some ways (16/x)

Domestically -- Is there community transmission in US? Given the thousands of passengers arriving daily from China in last 2 months prior to the recent travel restrictions, and given how transmissible nCov is seems possible, if not likely, there is already US transmission (17/x)

Our surveillance strategy in the US should look for that possibility asap (18/x)

US CDC Diagnostic capacity in US is limited and now taken up by PUI dx, but soon diagnostics will be also given to the state health labs which will expand testing significantly [https://www.cdc.gov/media/releases/2020/p0206-coronavirus-diagnostic-test-kits.html?deliveryName=USCDC\\_1052%20DM19438](https://www.cdc.gov/media/releases/2020/p0206-coronavirus-diagnostic-test-kits.html?deliveryName=USCDC_1052%20DM19438) (19/x)

As soon as dx testing capacity allows, a surveillance strategy looking for ARDS pts et al and for mild cases in sentinel clinics should start. (20/x)

Is there anything that USG can do to rapidly accelerate the development of rapid PCR based assays by the major companies that make other viral assays? <http://www.centerforhealthsecurity.org/resources/2019-nCoV/200130-nCoV-diagnostics-factsheet.pdf> (21/x)

Need plan of action for ramping up preparedness of US hospitals to care for high numbers of ARDS patients. Training & protecting HCWs. Assessment and management of PPE supply. Understand vent supply in private sector and SNS. Screening and triage practices. (22/x)

Also for health care system: standard of care plans. Plans to expand capacity for non acutely ill nCoV pts. Plans to expand home care. et al <https://thehill.com/opinion/healthcare/481633-funding-is-needed-now-for-hospitals-to-prepare-for-the-coronavirus> (23/x)