



## A thread by [Tom Inglesby](#)

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It was useful and important for [@CDCgov](#) to say today that it is no longer a question of whether coronavirus will spread in US, only a matter of when. This kind of direct statement was necessary to motivate pragmatic preparedness action around the country. 1/x

[.@CDCgov](#) rightly talked about need to prepare hosps. [This should include plans to augment critical care; infxn control thru engineering+PPE to prevent HCW infxn or spread in hosps; triage to keep non-sick coronavirus pts home; wide availability of diagnostic tests et al] 2/x

[.@CDCgov](#) also usefully talked about potential need for communities to cancel mass gatherings, telecommute, telehealth in time ahead. [These could be sensible measures to decrease social interaction in communities in places and periods when coronavirus is spreading.] 3/x

Closing schools would have more potential negative consequences. Substantial numbers of US kids get one or more meals a day at school + many parents would need to stay home from work. 4/x

How long would closures last? Would sports, camps, etc all be stopped? Does science show kids at high risk?[So far it doesn't] Are schools drivers of coronavirus spread? Local leaders will need to decide if science/pub health info shows benefits worth the consequences 5/x

Unfortunately, over course of day other conflicting statements from USG confused things, including WH Nat Econ Council saying: "officials have contained this." Conflicting messages will slow preparedness, erode confidence that government will be able to lead through this. 6/x

US has moved to phase of responding to coronavirus in which top USG health officials should do daily briefing to convey to public/press the latest info, what is known, what's not known, what's being done to get answers. This was done by [@CDCgov](#) in 2009H1N1 very effectively. 7/x

Another priority is rapid expansion of coronavirus dx testing. FDA should let qualified state/city pub health labs use their tests for COVID, in pts w/ ARDS of unknown cause, pts w history of relevant international travel, through surveillance of pts w coronavirus sx. 8/x

Surveillance for coronavirus in US cities should not be anonymized as is done with flu surveillance. If cases are found through surveillance at this stage of epidemic, health agencies need to know who they are so they can be informed, safely isolated, and cared for. 9/x

Information reported out from the international pub health mission to China today was both encouraging [cases seem to be going down in China] but also difficult to interpret in terms of the implications for pub health decisions around the world. 10/x

The briefing seemed to imply all countries should try to emulate the full range of actions taken by China. It would be one thing for countries to work to prepare hospitals, to cancel big gatherings, isolate sick people, to increase social distancing, to encourage telework 11/x

But few if any countries could logistically lock down cities as China has done. And even if other countries could use security to lock down cities, what do we know about the consequences to the Chinese people of these interventions? & what would consequences be elsewhere? 12/x

Lockdowns would run the risk of cutting families off from each other, interrupting delivery of medicines to people, disrupting delivery of basic food+supplies. They may block movement of doctors/nurses/med supplies to hospitals, as has been reported in China 13/x

In days ahead, cases will appear, perhaps in large numbers, when countries begin to do dx testing more broadly. Leaders should anticipate and prepare for that. US and other countries should make clear what actions they will and won't take to slow the spread of coronavirus. 14/x

Leaders will need to decide wisely on how to blunt impact of this epidemic (not stop it, which is not possible), based on what will actually work, what is feasible in real world conditions, what societal consequences will be, what will preserve trust in government response. 15/x