A thread by **Tom Inglesby**  
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The new plan from the Administration called “Opening up America Again” has a number of good elements in it, but also elements that are missing or concerning. [https://context-cdn.washingtonpost.com/notes/prod/default/documents/f70115f7-a330-49d8-b0a9-ff6b3ce56ae1(note/8cb9b5df-b98d-4382-a7e8-9ca2fa6c9038](https://context-cdn.washingtonpost.com/notes/prod/default/documents/f70115f7-a330-49d8-b0a9-ff6b3ce56ae1(note/8cb9b5df-b98d-4382-a7e8-9ca2fa6c9038). 1/x

The plan says that states should use as gating criteria: 14 days of downward case numbers AND requirement to provide treatment without crisis care and ability to test all health care workers. These are good and necessary gating criteria. 2/x

But it doesn’t appear the plan has diagnostic testing capacity for all w/ COVID sx, or having contract tracing capacity in the state are gating criteria. Those capacities are listed on the page called “Core State Preparedness Responsibilities. 3/x

It should be made clear that same day diagnostic testing capacity for all pts with COVID symptoms and rapid and strong contact tracing capacity in a given state are also gating criteria for reopening. 4/x

While it’s good that syndromic surveillance is part of plan, actual specific COVID diagnosis of individuals is needed to get case numbers to know if trajectory is moving up or down and to allow rapid case identification and contact tracing. 5/x

You cannot do case identification and contact tracing on the basis of syndromic surveillance – you need the actual diagnosed person. Syndromic surveillance is a way to track trends, not individuals, and so it doesn’t help isolating and tracing contacts. 6/x

Syndromic surveillance map presented at Task Force meeting tonight showed how that approach is not enough to control COVID. Most of US was shown as green, implying COVID close to under control, but there were ~ 30,000 new cases yesterday, adding up to 664,000 cases overall. 7/x

Re employer guidelines in the plan: It’s good that employers are encouraged to continue to practice social distancing at work. But it also seems to say that employers should do isolation+contact tracing? That is not a fxn employers should bear - it’s a public health function. 8/x


Would be good to know WH plan for that. 9/x
Re: guidelines for individuals: agree w Rx to practice hand hygiene, stay home when sick. Cloth face mask guidance should be more clear -- the govt should advise people to wear them wherever any community transmission happening (not asking people to strongly consider it). 10/x

Agree w plan saying masks important on Mass transit, but it should also have emphasized importance of them in work places, groceries, pharmacies, gatherings, etc where not possible to keep 6 ft apart. Plan should continue to emphasize 6 ft distances. 11/x

At Task Force meeting tonight, it was announced that a big sentinel surveillance will be done around the country – will be important to understand how that will concretely work, which populations will be tested, how frequently, will it start in states before they reopen? 12/x

Phase 1 shouldn’t begin in states w/out wide availability of rapid diagnostics in place and ability for rapid case and contact identification. But if those capacities in place in a state and the other gating criteria are met, then here are comments on implementing Phase 1...13/x

Phase 1: Agree that vulnerable people should still shelter in place; that people should maximize distance in public; that people should not socialize in groups more than 10; that non-essential travel should be minimized; that employers should encourage telework. 14/x

Also agree in Phase 1 that schools and camps should stay closed; that visits to senior living should be restricted. Unclear if the guidance is saying in Phase 1 that major stadiums and large gatherings can resume at this point? If yes, that would be a mistake and high risk. 15/x

Agree that elective surgeries could resume as consistent w/ plans of a hospital (though hospitals again are going to need to have sufficient rapid testing in place to do this safely) 16/x

Unclear what recommended timing is for change from Phase 1 to Phase 2. If each phase is as little as 2 weeks long, then some of the changes being recommended to phase 2 are too fast. 17/x

Agree in Phase 2 that vuln individs should shelter in place; that in public people should keep social distancing; that employers should continue to encourage telework. Telework should be encouraged for all that can do it w/out major disruption until we have COVID vaccine. 18/x

If Phase 2 actions come 2 wks after Phase 1, that’s too fast to allow groups of 50; too soon to support non-essential travel or encourage schools & youth activities to resume normal activity. We wouldn’t have time to see consequences of Phase 1. Need enough time to monitor. 19/x

Unclear timing of Phase 2 to Phase 3. If Phase 3 can be as soon as 1 month from now, then not safe to recommend vulnerable individuals resume public interactions. Will not be safe then to normalize visits to senior care facilities. 20/x

At Task Force mtg it was announced that we should be driving toward the goal of filling stadiums soon. Example given of filling Alabama stadium with all 110,000 people. This would create major risks of transmission. Unlikely that will be safe before a vaccine is available. 21/x
At Task Force mtg tonight there were statements about guarding against a fall flare-up. But governors should be worried about monitoring for big flareups in the near term. There is no evidence yet for seasonal variation that would protect states until fall. 22/x

At TF mtg tonight, it was said that there is excess Dx capacity in US. But that’s not what hospitals and governors say. They don't have ability to test all w/ COVID sx. For testing they have, too many take too long. To rapidly respond to outbreaks requires same day testing. 23/x

Governors will need to consider many important questions before they reopen businesses, schools, settings - what numbers will they monitor and what happens if there is a rebound in cases - will they resume social distancing? 24/x

Governors need to know that even if they have low numbers now, it doesn't mean they are safe from a large rise in cases in wks or months ahead. COVID capable of transmitting widely in any state. Govs should be communicating that risk clearly to their public. 25/x

Governors should also not imply that these measures ensure people will be safe from the disease. There will continue to be cases at some level around the country, which will likely rise as social distancing is eased. 26/x

There will be some level of risk of disease spread around the country until there is a vaccine, so people should do what they can to practice social distancing whenever possible. Everyone can do their part to reduce the chances of transmission. 27/x

Most models show COVID-19, w/out serious social distancing measures in place, has a reproductive rate of between 2 and 3 (some models say it is higher). This means every person w COVID will spread it to 2 to 3 others, on average, and then they can spread it to 2 to 3 more. 28/x

To control epidemic spread, our collective societal efforts need to drive that number to as far below 1 as possible. 29/x

A vaccine can drive the reproductive rate below 1 when it becomes available. Meantime, some level of social distancing measures, combined with case-based interventions, are the key tools to maintain the reproductive rate below 1. 30/x

All states will need to actively diagnose, monitor and rapidly respond to COVID-19 cases with great vigilance for the entire duration of the pandemic until a safe and effective vaccine is widely available. 31/x