



A thread by <u>Tom Inglesby</u>

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There have been a number of concerning <u>#COVID19</u> developments over the last few days. This thread summarizes some of them and says what this means for health care system planning. 1/x

Cases are appearing in greater numbers in countries outside China and a number aren't linked to travelers. For example, dramatic increase in cases in Rep of Korea today – 433 cases diagnosed, thousands more getting tested. <u>apple.news/AENW3sEMBQeGANncoY1DJUA</u> 2/x

Cases also in # of places in Iran, + new cluster in Italy, w/ other countries already w cases unexplained by travel. Public health authorities call this "community transmission". So concerning because it means COVID spreading in ways that not likely to be stopped 3/x

For most part countries still not testing widely for community transmission, focusing predominantly on returned travelers from China. So we do not have clear sense where COVID is circulating. Can't say w/ confidence that any given country has no community transmission. 4/x

S. Korea has announced an extensive policy to test everyone w/ symptoms consistent with COVID, whether they have travel history or not.

<u>https://reddit.com/r/Coronavirus/comments/f6l2ig/korea to test every single individual s</u> <u>howing/...</u> All countries should be moving in that direction, though lab testing limits will not yet allow it in most places. 5/x

Singapore study raised # of key issues borne out of experience inc: higher viral loads at start of infxn, critical need for POC Dxs, need to ID better prognostic markers, premium on effective pub comms +attentiveness to HCWs, urgent need for vax <u>https://jamanetwork.com/journals/jama/fullarticle/2761890...</u> 6/x

In US, we have ~ 200,000 ARDS case per yr. Good portion have some clear etiology but for those recent cases that don't have an explanation, we should be testing them for COVID. That should be in combo with sentinel surveillance approach announced recently. 7/x

In US we need to move now to putting in place ASAP clinical diagnostics around the country. We have moved to phase in global epidemic that this is now crucial. 8/x

New article describes presumed asymptomatic transmission.

<u>https://jamanetwork.com/journals/jama/fullarticle/2762028...</u> if this is common phenomenon with this disease, it clearly makes pub health containment and mitigation measures less effective because usual trigger of fever or clinical signs aren't present 9/x

Given the developments and trends of last few days, it's clear governments need to be working intently w/ hospitals and health care systems to prepare to take care of COVID pts, possibly in high numbers. Based on China's experience with this disease, that should include: 10/x

Preparing for substantial increase in # of pts who need oxygen Rx and mechanical ventilation; getting people with sx of COVID19 diagnosed rapidly+correctly; establishing highest possible infection control procedures; ensuring HCWs have PPE to keep them from being infected 11/x

Preparing to give those with COVID who are not sick enough to be in the hospital, instructions for home isolation and self care so they do not pose risks to hospitalized pts 12/x

Evaluating whether there are pub health interventions at community level that, might slow COVID spread in the community in order to create less numbers of very sick people all being in hospital at the same time 13/x

Those interventions are called non pharmaceutical interventions, e.g. cancellation of mass gatherings 14/x

Also priorities: protecting senior care facilities with best possible infection control given the high risk of this disease for the elderly; dealing w the regulatory and payment changes that may be necessary for good hospital functioning in an epidemic. 15/x

In sum, many countries likely be dealing w COVID epidemic soon. They should be quickly preparing to deal, to do best they can w pt medical care, work to blunt overall impact, protect HCWs and keep health care system functioning safely, communicate clearly to public et al. 16/x