

## CITATION FOR USE:

Troisi, C. (2020, May 14). COVID-19: The Perfect Pandemic [Webinar]. *American College of Healthcare Executives - SouthEast Texas Online Presentation.*

Retrieved from: <https://youtu.be/XFZV1GCTTvE>

The background of the slide features a dark blue field populated with numerous spherical virus particles. Each particle is covered in small, protruding spikes, characteristic of coronaviruses. The particles are rendered in a semi-transparent, glowing style, with some appearing more prominent than others, creating a sense of depth and a microscopic environment.

# COVID-19: THE PERFECT PANDEMIC

Catherine Troisi, PhD

UTHealth School of Public Health

American Public Health Association Executive Board

14 MAY 2020

- ▶ Person to person spread through droplets, personal contact, environmental surfaces, maybe aerosol?
- ▶ Incubation period of 1-14 days, mean around 5 days
- ▶ About 14%-20% of cases are severe; 50% (?) of infections are asymptomatic
- ▶ About 2% of those infected die – range between 0.5% and 3.5%
  - ▶ Elderly, morbidly obese, those with co-morbid conditions at higher risk of dying
- ▶ People can shed virus early in the infection before symptoms appear
- ▶ People are infected but never have symptoms can shed virus
- ▶ Virus can affect many organs including heart, brain, kidneys, as well as lungs

## WHAT WE KNOW RIGHT NOW



- ▶ When a person is most infectious?
- ▶ What percent of the population has been infected?
- ▶ Case fatality rate/infection fatality rate
- ▶ Does everyone develop antibodies? How long does immune protection last? Does it depend on severity of infection?
- ▶ What is  $R_0$ ?
- ▶ Is there aerosol transmission and if so, how important is it in the epidemiology?
- ▶ Is high-dose transmission linked to severity?
- ▶ How long can virus can remain in environment – preliminary reports of up to 2-3 days under lab conditions
- ▶ Will virus disappear when warmer weather occurs? And if so, will it return next fall?
- ▶ Are children drivers of the infection?

**WHAT WE DON'T KNOW THAT WE WISH WE DID**

## ▶ The virus:

- ▶ New virus, no cross-reactivity with other coronaviruses, so no previous immunity in population
- ▶ Highly infectious
- ▶ Short incubation period
- ▶ Low death rate
- ▶ Infectious before symptoms occur
- ▶ Those infected without symptoms can transmit
- ▶ No vaccine, no (good) therapeutics
- ▶ ACE2 cell receptor – on many organs

# THE PERFECT PANDEMIC



## ► Society

- Global travel
- Social Media
- Lack of preparation
- Politicization of public health measures
- No national strategy

# THE PERFECT PANDEMIC



# Effect of Community Mitigation

7

**Earlier timing of interventions was associated with lower peak death rates**

**Interventions included:**

Closure of schools, churches, dance halls, and theaters

Bans on public gatherings

**Examples from Philadelphia and St Louis**

Philadelphia *delayed* implementation of interventions, allowed Liberty Loan Parade in September

St Louis implemented multiple measures *early* after first cases identified

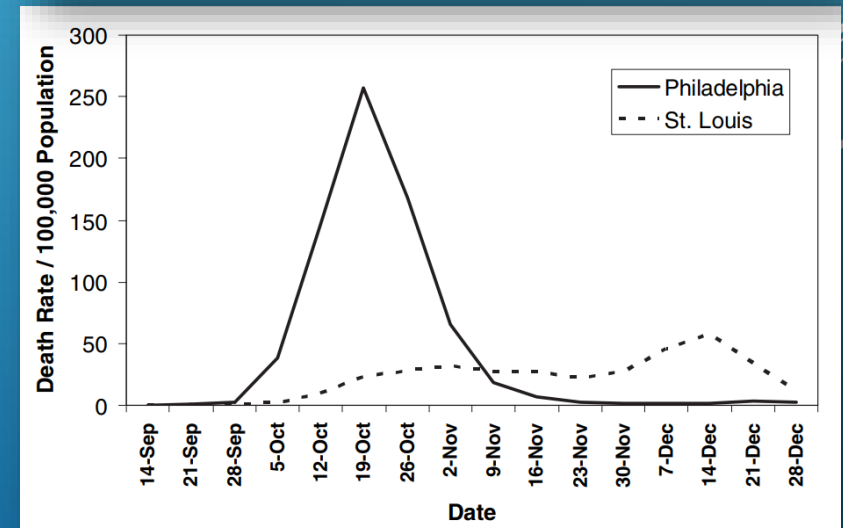
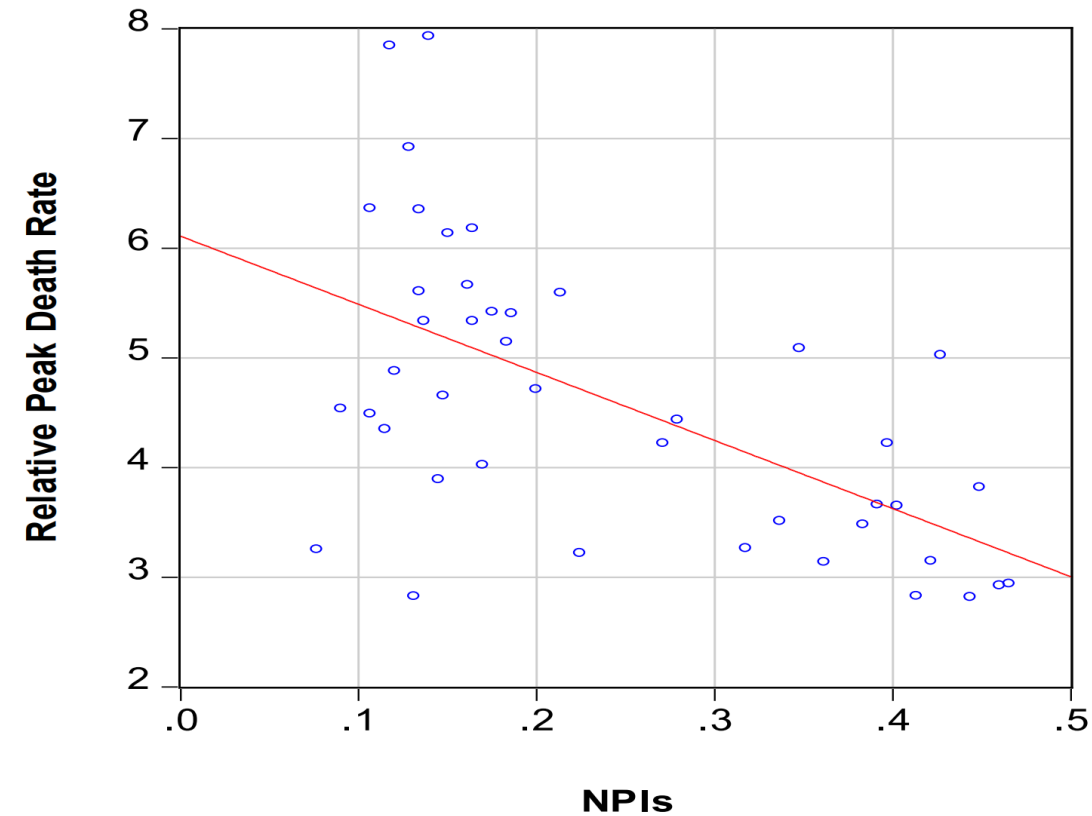


Figure 3

Relationship between NPIs and Relative Peak Death Rate



Note: NPIs is from Markel, et al. (2007, Table 1). The relative peak death rate, defined as the ratio of the peak weekly death rate to the average weekly death rate, is calculated from Collins, et al. (1930, Appendix, Table B).



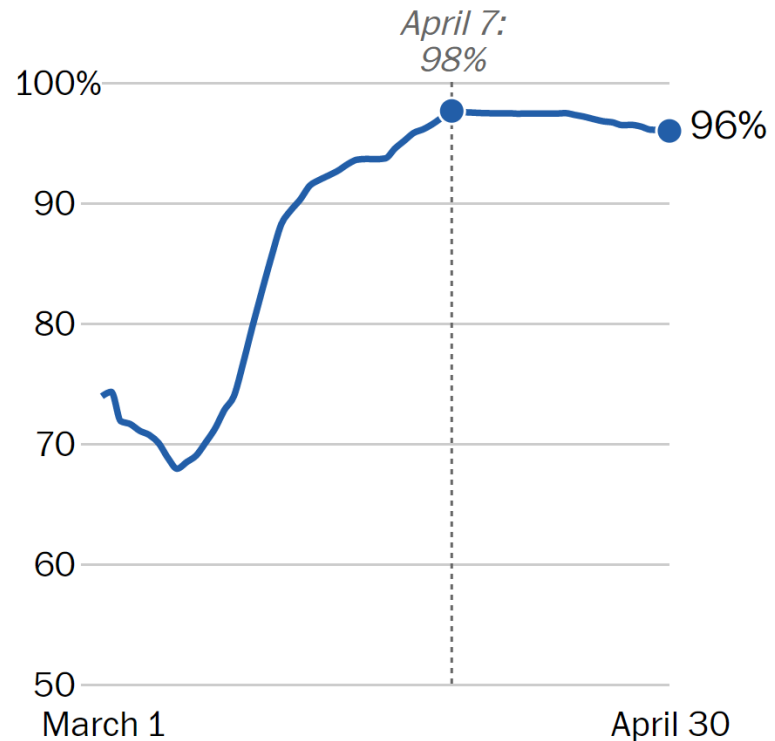
## Some states are starting to leave home more than others

Share of time spent at home, for the seven-day period ending on each date

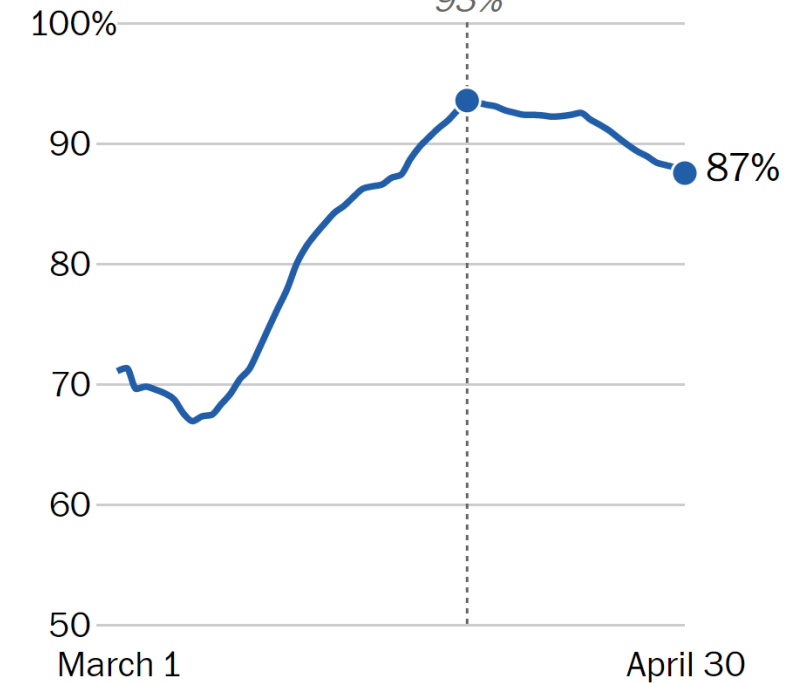
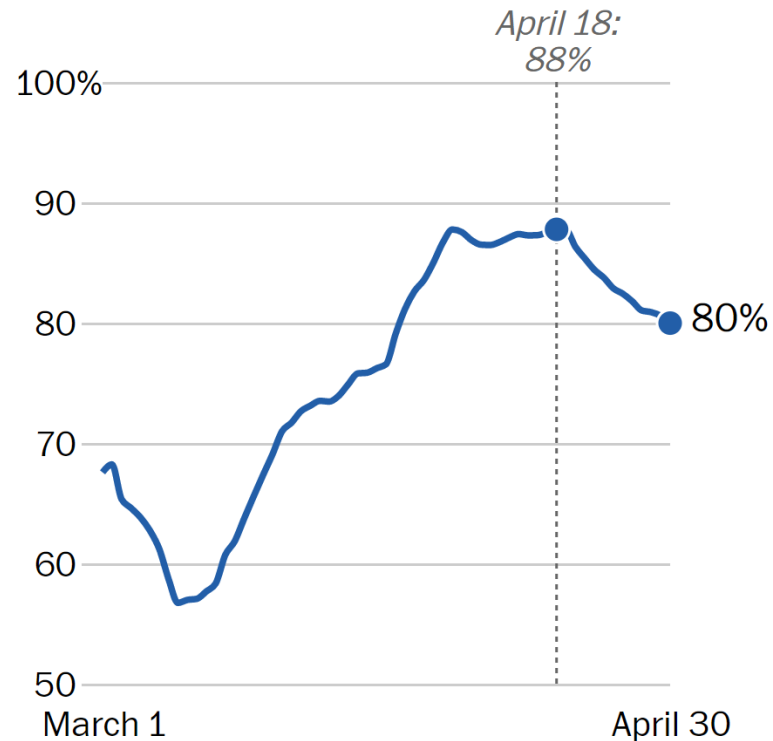
Select a state:

Texas

### New Jersey



### South Dakota



## Sheltering in states that reopened last week

STATE	NORMAL	PEAK	LAST WEEK	CHANGE
Indiana	22%	42%	33%	-9.0
Georgia	20	40	32	-8.5
Missouri	20	40	31	-8.4
Tennessee	20	38	29	-8.4
Texas	19	40	32	-8.1
Idaho	22	39	31	-8.1
Kansas	19	39	31	-7.7
Florida	21	43	35	-7.3
West Virginia	23	41	33	-7.2
South Carolina	20	37	30	-7.1

Note: Stay-at-home orders in these states lifted between May 1 and May 8.

[HTTPS://WWW.NYTIMES.COM/INTERACTIVE/2020/05/12/US/CORONAVIRUS-REOPENING-SHUTDOWN.HTML](https://www.nytimes.com/interactive/2020/05/12/us/coronavirus-reopening-shutdown.html)



BUT THAT WAS THEN...



## Coronavirus Polling [xkcd.com/2305/](https://xkcd.com/2305/) [m.xkcd.com/2305/](https://m.xkcd.com/2305/)

IT'S HARD TO GET PEOPLE TO AGREE ON *ANYTHING* IN POLLS.  
BUT WE AGREE ABOUT THE CORONAVIRUS.  
HERE'S HOW AMERICANS FEEL ABOUT COVID-19, ALONG WITH OTHER  
TOPICS THAT GET SIMILAR LEVELS OF AGREEMENT FOR COMPARISON.

COMPILED WITH HELP FROM HUFFPOST POLLING EDITOR  
ARIEL EDWARDS-LEVY. SOURCES: [XKCD.COM/2305/SOURCES](https://xkcd.com/2305/sources)

### RECENT CORONAVIRUS POLLS

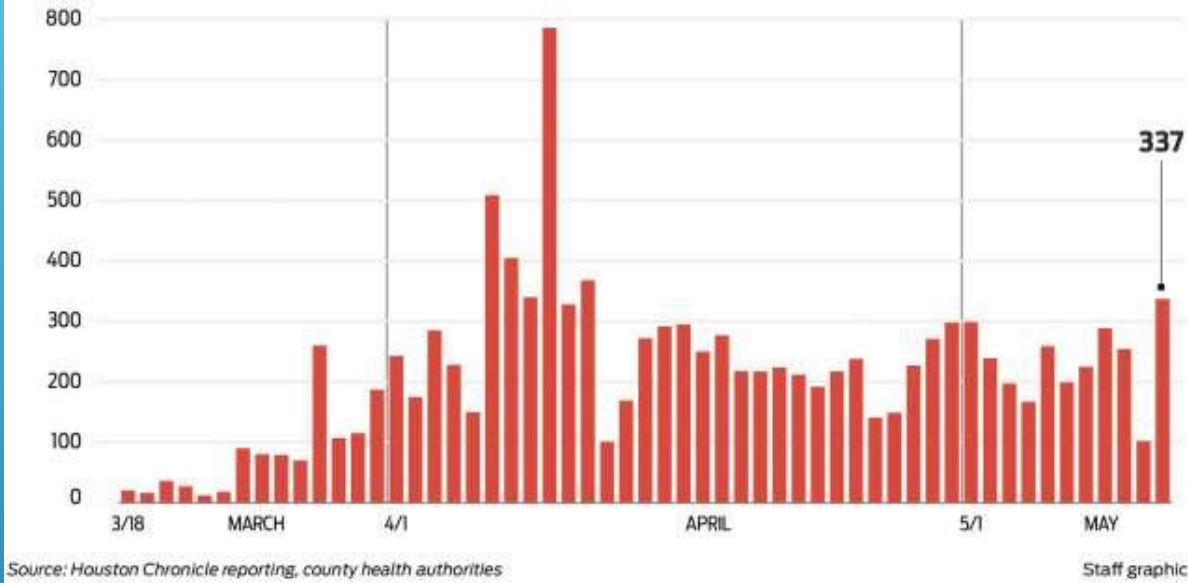
- 86% SAY "STAY-AT-HOME ORDERS ARE RESPONSIBLE GOVERNMENT POLICIES THAT ARE SAVING LIVES" RATHER THAN "AN OVER-REACTION" (ABC/IPSON)
- 85% OPPOSE REOPENING SCHOOLS (NPR/MRST)
- 91% OPPOSE RESUMING BIG SPORTING EVENTS (NPR/M)
- 85% TRUST LOCAL HEALTH OFFICIALS AND HEALTH CARE WORKERS (ANOS/IPSON)
- 93% ARE TRYING TO MAINTAIN 6-FOOT DISTANCES WHILE IN PUBLIC (ANOS/IPSON)
- 81% SAY AMERICANS SHOULD CONTINUE TO SOCIAL DISTANCE FOR AS LONG AS IS NEEDED TO STOP THE CORONAVIRUS EVEN IF IT MEANS CONTINUED DAMAGE TO THE ECONOMY (POLITICO/MORNING CONSULT)

### OTHER POLLS

- 81% ENJOY APPLE PIE (HUFFPOST/YOUGOV)
- 76% FEEL POSITIVELY ABOUT KITTENS (HUFFPOST/YOUGOV)
- 84% HAVE A FAVORABLE IMPRESSION OF TOM HANKS (IPSOS 2018)
- 89% SAY FAIR ELECTIONS ARE IMPORTANT TO DEMOCRACY (PEW)
- 86% FEEL POSITIVELY TOWARD BETTY WHITE (IPSOS 2018)
- 86% DO NOT TRUST KIM JONG-UN TO DO THE RIGHT THING (PEW 2019)
- 64% ARE CONCERNED ABOUT THE EMERGENCE OF "MURDER HORNETS" (YOUGOV)

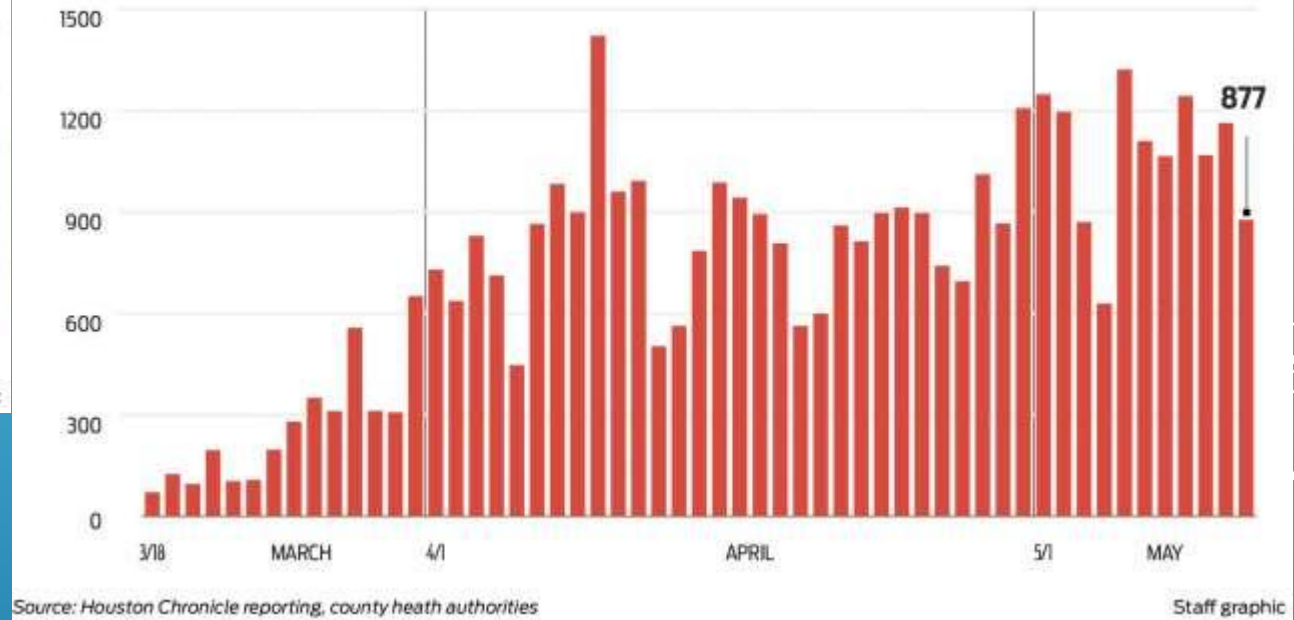
## New coronavirus cases in the Houston region by date

These are all the new cases, by date, for the eight counties that comprise the Houston region.



## New coronavirus cases in Texas by date

These are all the new cases, by date, in Texas since March 18. (Note: 134 cases prior to March 18.)





**Easy to predict, harder to be right**

**Wave has  
not crested  
everywhere**

**What  
happens in  
summer, fall?**

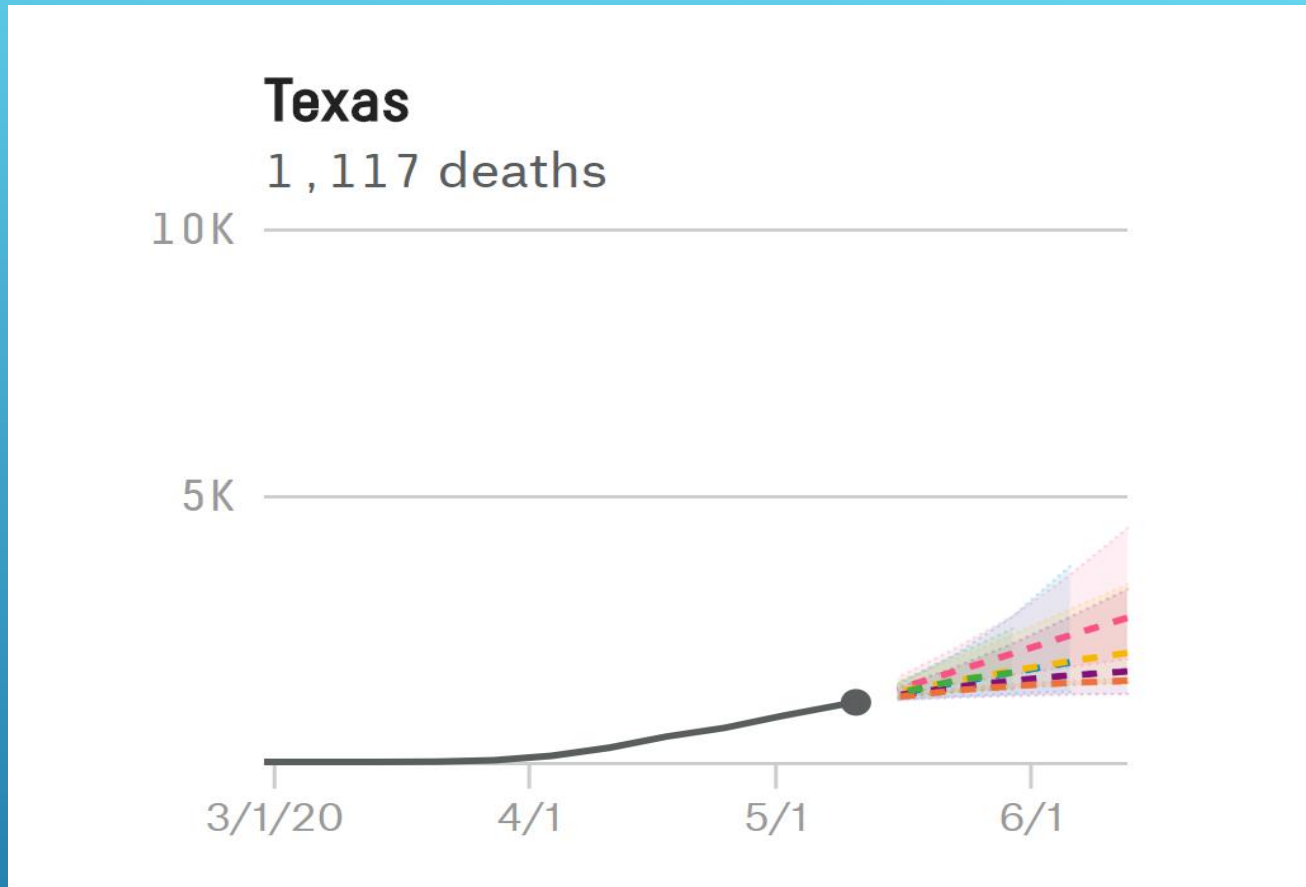
**How long physical  
distancing,  
community  
mitigation lasts**

**May eventually  
become endemic  
like some other  
respiratory viruses**



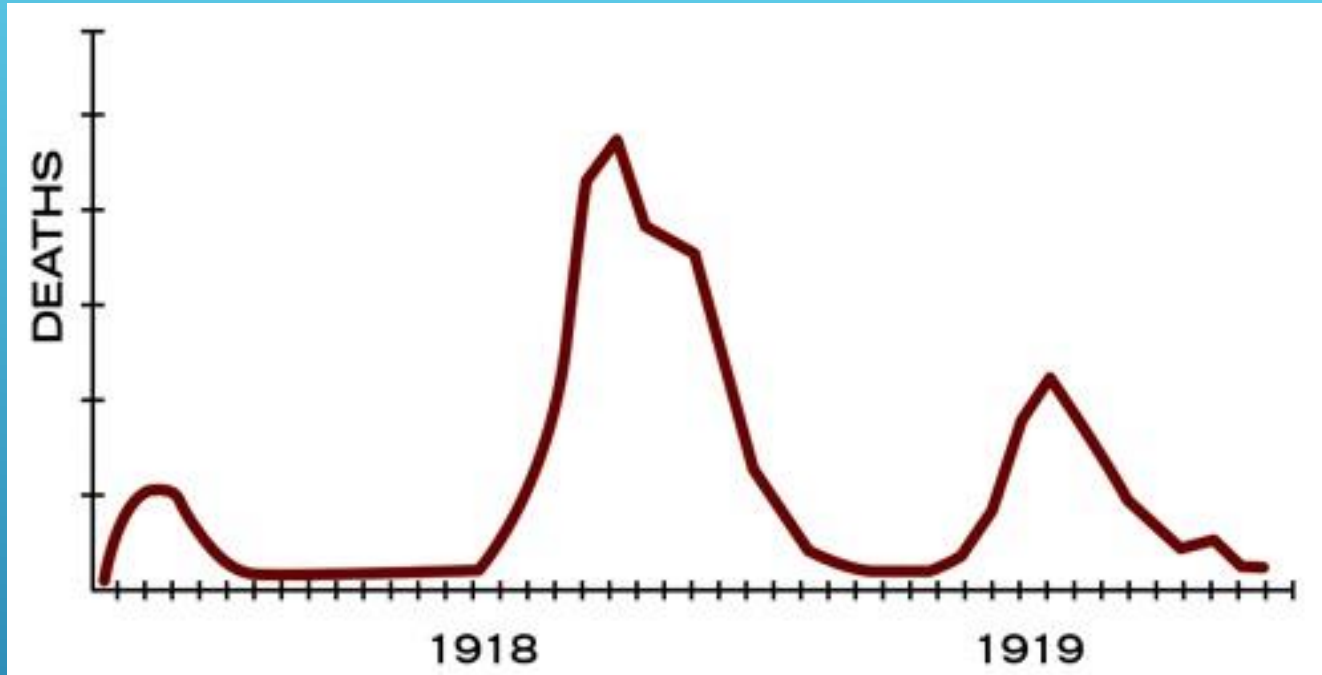
**Will depend on physical  
distancing, mask compliance,  
other NPIs plus characteristics of  
the virus**

**WHAT'S  
GOING TO  
HAPPEN?**



# PREDICTIONS FROM SIX MODELS

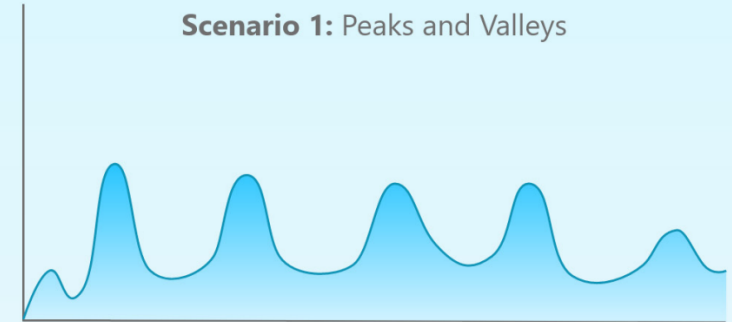
[https://projects.fivethirtyeight.com/covid-forecasts/?ex\\_cid=rrpromo&utm\\_campaign=wp\\_the\\_health\\_202&utm\\_medium=email&utm\\_source=newsletter&wpisrc=nl\\_health202](https://projects.fivethirtyeight.com/covid-forecasts/?ex_cid=rrpromo&utm_campaign=wp_the_health_202&utm_medium=email&utm_source=newsletter&wpisrc=nl_health202)



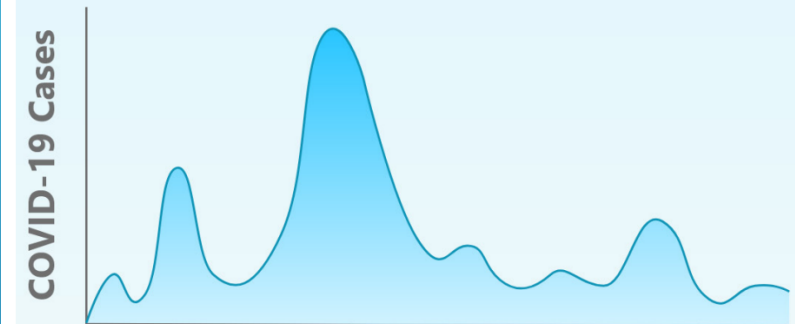
SECOND WAVE?

## Possible Pandemic Wave Scenarios for COVID-19

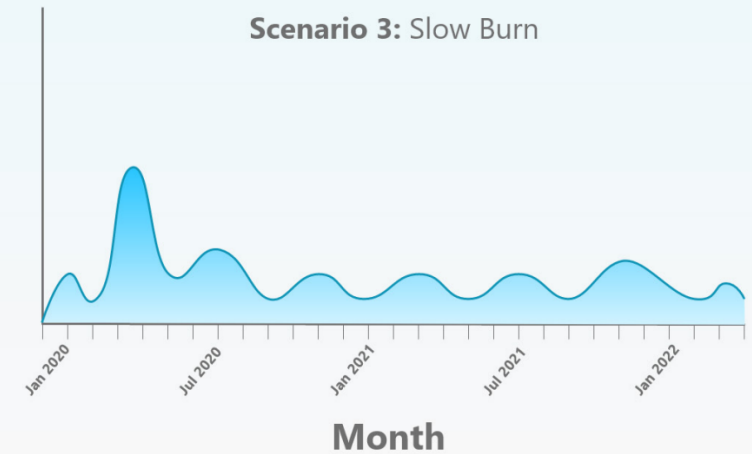
Scenario 1: Peaks and Valleys

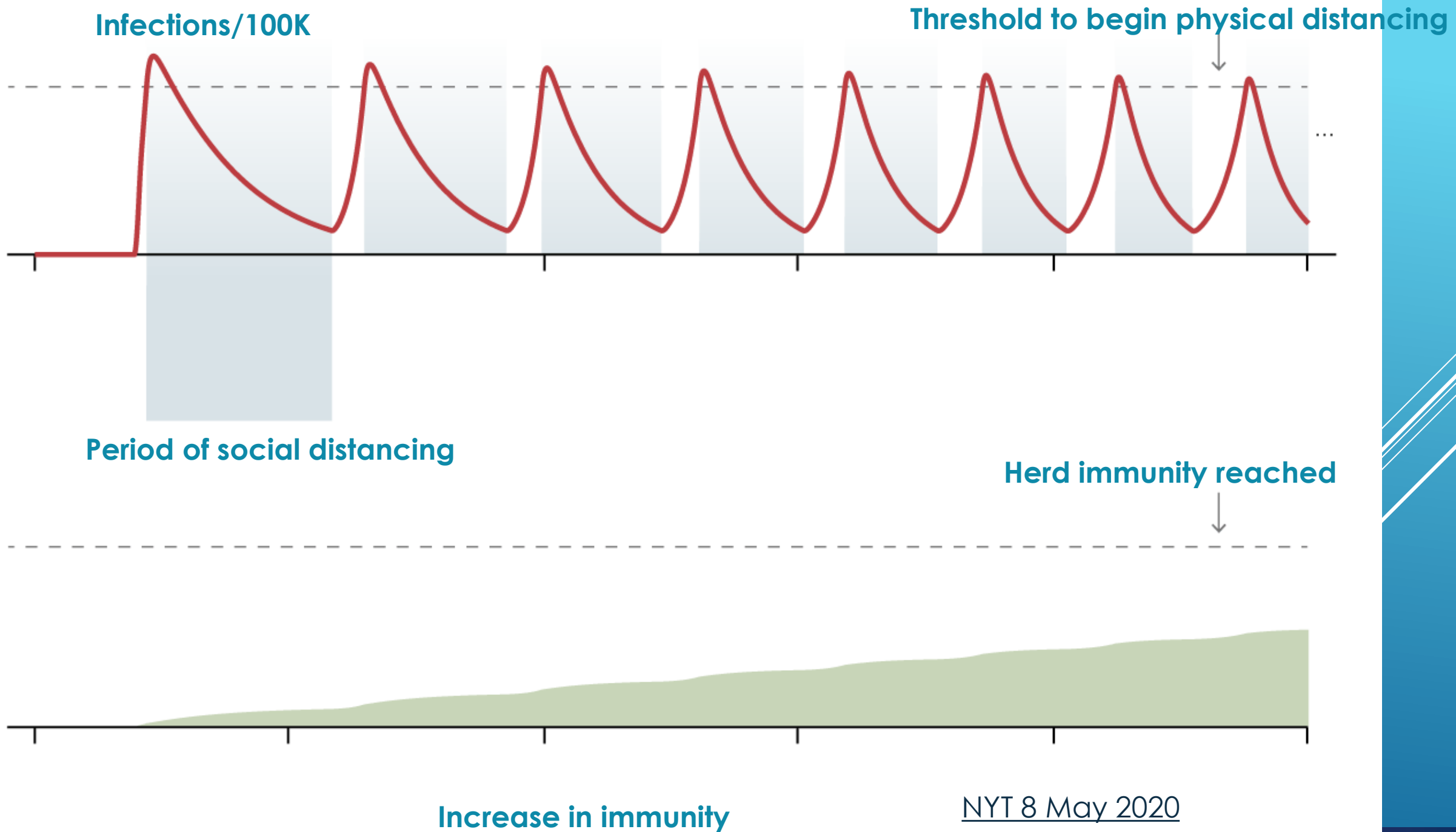


Scenario 2: Fall Peak



Scenario 3: Slow Burn







- ▶ How will we decide when/how to lift mitigation – need to be thinking about it now – may have “drug holiday”
- ▶ What should be in place
  - ▶ **Testing is key** – most cases are detected
  - ▶ We are on downside of the curve – 14 days of decreasing cases
  - ▶ Medical system has capacity to handle cases
  - ▶ Case numbers small enough that we can trace them all
  - ▶ Enough contact tracers
  - ▶ Procedures identified if cases start to rise
- ▶ Major caveat: importation

## OPENING UP





**SAVING LIVES**



**PRIVACY**

**ECONOMY**

**TRILEMMA – DIFFICULT DECISIONS NEEDED**



## Standard technique of public health – STI, HIV, TB, Ebola, other outbreaks

- Identify cases
- Identify contacts (models and data show about 50/case)
- Notify contacts to self-quarantine

## Human

- Time intensive
- Estimated 100K needed

# CONTACT TRACING

## **Apps – cell phone sends ping to other phones in area**

- **Would require ~60-80% to have app**
- **Privacy concerns**
- **Technological issues**
- **Issues of how long in contact, how close**

## **Caveats**

- **Testing availability**
- **Asymptomatic infections**
- **Still learning about infection**
- **Number of cases**
- **Funding environment/staffing**

# **CONTACT TRACING**

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

- ▶ Have been suggested to help control transmission
- ▶ Asymptomatic transmission an issue
- ▶ One study showed 30% of known cases were febrile at time of hospital admission
- ▶ Infrared gauges not accurate
- ▶ Privacy issues
- ▶ During SARS, airport temp checks did not identify any cases
- ▶ Screening at airports has not caught any cases during current pandemic
- ▶ Fever reducers



## TEMPERATURE CHECKS

- ▶ **Antivirals and other therapeutics**

- ▶ **New assays**

- ▶ Faster diagnostic testing
- ▶ Reliable antibody tests
- ▶ Antigen tests
- ▶ At home tests

- ▶ **Vaccine**

- ▶ Effective
- ▶ Safe
- ▶ Long-lasting
- ▶ Challenge experiments
- ▶ Will need to scale up production
- ▶ Price?
- ▶ Acceptability?

**MEASURES SCIENTISTS WORKING ON**



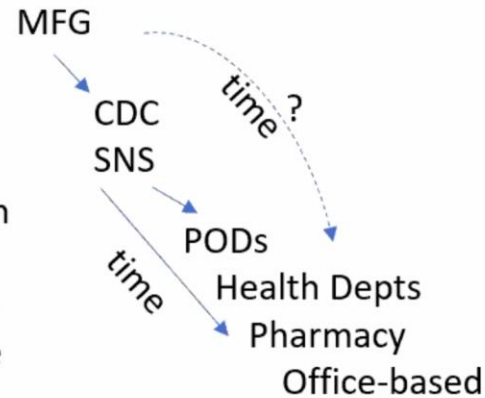
# COVID-19 US Vaccine Introduction Overview

## Initial Response

2020-2021

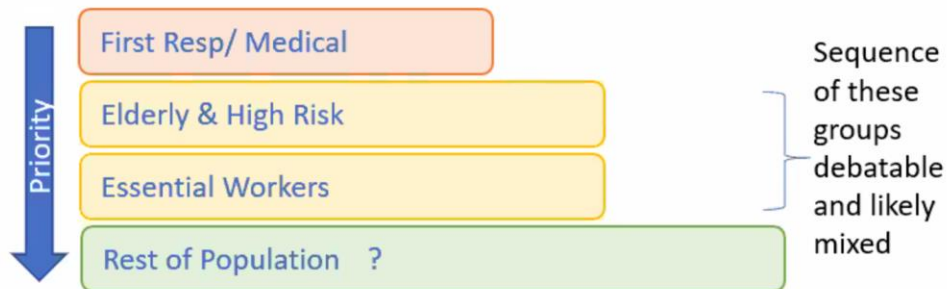
### Distribution

- Like H1N1, HHS will purchase doses and direct distribution from manufacturer to PODS (Point of Deliver System)
- Additional providers added with capacity and uptake
- Demand anticipate very high to start then likely wane over time



### Prioritization

Assumptions: Directed by CDC/ACIP; HHS/NVAC;  
Initially indicated for 18yrs +



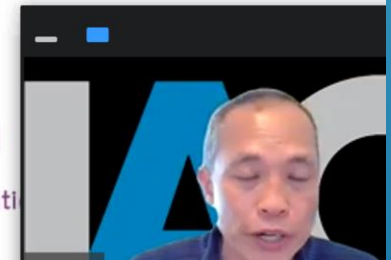
## Transition to Routine?

2022-? forward

Routine immunization based on ACIP guidance developed from Evidence to Recommendation (EtR) process using:

- Epidemiology
- Safety
- Efficacy
- Duration of Immunity – natural & conferred
- HEOR
- Consumer interest

With:  
Continued circulation & Sufficient supply



## Economic consequences

## Infodemic

- Role of social media
- Scams
- Lack of consistent information from leaders
- Lack of understanding of science in general
- Lack of understanding how science advances

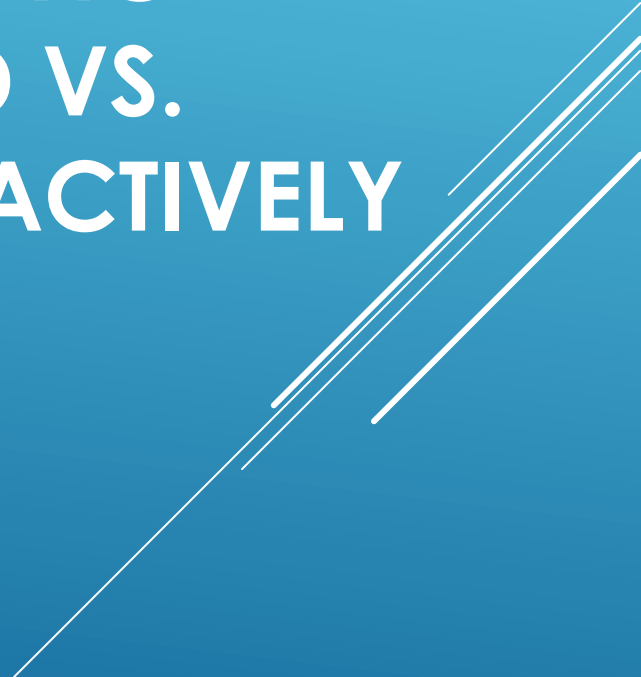
## Highlight on Inequities

- “Essential” workers
- Communities of Color
- Vulnerable populations – nursing homes, criminal justice system, detention camps

**NOT JUST A  
PANDEMIC...**

- ▶ We're in this together
- ▶ Importance of a national or at least state-wide strategy
- ▶ Medication shortages
- ▶ Ethical dilemmas – end of life, vaccine, immunity passports
- ▶ School openings
- ▶ Voting
- ▶ Healthcare models
- ▶ Society may be different after this experience – opportunities for social justice and public health

**NEED TO BE  
PLANNING  
AHEAD VS.  
RETROACTIVELY**

Several white lines of varying lengths and slopes are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.



- ▶ **Medical – incidence and death rates plummet**
- ▶ **Social – fear of disease wanes**
- ▶ **What will be lasting social, economic, psychologic effects?**
- ▶ **Opportunity to address some of the inequities that pandemic has revealed**
- ▶ **Public health funding increased?**
- ▶ **Will we be prepared the next time?**

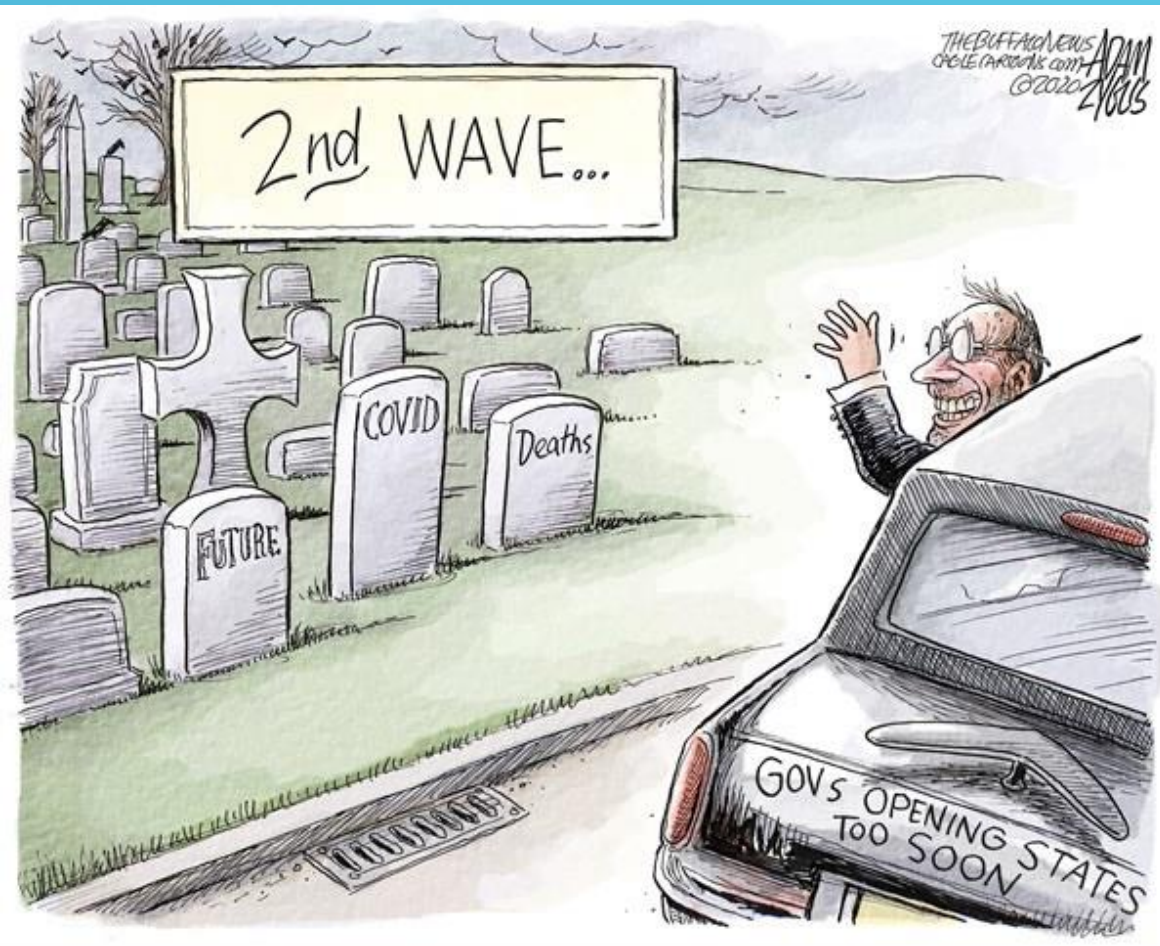
## **HOW DO PANDEMICS END?**



# Which is the greatest **THREAT** to America?



USAToday







*Questions*