A bit of biology and context

SARS-CoV-2 as causative agent of COVID19
Coronavirus like the one causing SARS and MERS
How COVID19 is spread

Droplets: coughing, sneezing
*Possibly* airborne

Thus prevention = frequent hand washing (soap & water or alcohol-based cleanser) ; coughing in the crook of elbow; avoiding sick contacts; if sick oneself, avoiding others
Current* scope of the problem

Worldwide cases: 118,000
Worldwide deaths: 4264
Worldwide recovered: 65,000+
US cases: 761
US deaths: 27
US tests: only ~1600 to date

*2 pm EDT, March 10, 2020
The influenza perspective

US:
19 million estimated influenza cases in this season (2019-20)
10,000 deaths, 180,000 hospitalizations
Transmissibility and case fatality of COVID19 is thought to be higher than influenza
“Spread to all continents except Antarctica”

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<th>Country, Other</th>
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<th>New Cases</th>
<th>Total Deaths</th>
<th>New Deaths</th>
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</table>
Responses to date

Testing
Contact tracing: individuals & cluster ID
Quarantine
Mandatory distancing
Social Distancing
Personal prevention practices
Responses to date

Risk Assessment Level for COVID-19

- Widespread sustained (ongoing) transmission and restrictions on entry to the United States
- Widespread sustained (ongoing) transmission
- Sustained (ongoing) community transmission
- Risk of limited community transmission

China & Iran (level 3 travel notice)
South Korea & Italy (level 3 travel notice)
Japan (level 2 travel notice)
Hong Kong (level 1 travel notice)

Warning - Level 3, Avoid Nonessential Travel
Alert - Level 2, Practice Enhanced Precautions
Watch - Level 1, Practice Usual Precautions
What is likely to happen

Plateauing in early countries: China & S. Korea
Rising in others: US, Europe
Late Detection in the US likely to cause further disruption: school closures, travel restrictions, public concern
Economic impacts and recovery

Stock market drop, free flow of people, goods and trade affected
Confidence affected
Governments and finance institutions need to be prepared
Local planning

Protection & avoidance at the personal and institutional levels

Follow CDC and local health dept. guidance
Role of academic health institutions

Education of the public: combat misinformation, prejudice & conspiracy

Safety of students, staff, health personnel

Reconsidering meetings & travel: reorganize, be creative, enlist the broadest communities and coalitions

Avoid siege mentality & lockdown mode: be attentive to personal and institutional stress

Balancing safety with service
Role of academic institutions

CDC
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Interim Guidance for Administrators of US Institutions of Higher Education

Next steps

- Getting back to a feeling of normal is important and will happen
- Preparedness might be part of the new normal
- The world is not ending (yet)
- This is an opportunity to be smart, compassionate, and be our best public health selves
Important resources

- https://www.thelancet.com/coronavirus
- www.cugh.org
Thank you:

- Our global health workers worldwide who work in extraordinarily difficult conditions for the good of humanity.
- Our frontline health workers who see patients and put themselves at personal risk.
- Conversations with experts in this and other fields which have helped inform and educate my personal and professional perspective. Particular thanks to Dr. Uzma Khan of IRD for her insights and constructive feedback on an earlier draft of this presentation.
The COVID-19 Pandemic

Q & A

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