



IDS

hivma

## Policy and Public Health Recommendations for Easing COVID-19 Distancing Restrictions

Version: 4/16/20

Everyone in the U.S. is eager to return to their way of life before the onset of the COVID-19 pandemic. Easing social distancing restrictions prematurely or without careful forethought and planning will negate the progress we are starting to see and cause unnecessary mortality. Decisions to ease COVID-19 distancing restrictions must be based on the best available scientific data. Easing restrictions too quickly can increase spread of infection and mortality, overwhelm health care facilities, and prolong economic suffering. This document focuses on the health care system and public health issues that must be addressed before any social distancing policies can be eased. There are additional important elements to be considered including guidance on resuming activities safely for educational systems and the business sector.

IDS and HIVMA have developed recommendations for incremental steps to easing physical distancing measures based on testing, public health and workforce capacity. This workforce will encompass not only those at traditional points of health care delivery, including hospitals and clinics, but also critical partners in public and community and rural health who will be essential to executing this plan on the ground. We emphasize that leadership from the Centers for Disease Control and Prevention will be critical for building the capacities necessary to safely and incrementally re-open the country, orchestrating the implementation of these plans and monitoring the need to adjust our strategy in response to disease activity. Our recommendations will be updated as additional information becomes available.

Easing strict social distancing rules should be done on a systematic, progressive basis. Changes should be guided by regional and community data from across the U.S. and must take into consideration local and regional preparedness levels as well as strong public messaging for maintaining individual personal hygiene and social distancing practices. Available published studies indicate that physical distancing combined with good hand and environmental hygiene can reduce transmission of respiratory viruses in both the workplace and home. A stepwise approach to reopening should reflect early diagnosis and enhanced surveillance for COVID-19 cases, linkage of cases to appropriate levels of care, isolation and/or quarantine, contact tracing, and data processing capabilities for state and local public health departments. The phases of this approach are outlined below.<sup>1</sup>

### **STEPS TO REOPENING**

- 1. Widespread Testing and Surveillance:** Widespread, sustained availability of accurate diagnostic testing, including validated nucleic acid amplification assays (NAAT) and anti-SARS-CoV-2 antibody detection with known performance characteristics, should enable comprehensive case surveillance, and ensure a reliable estimate of incidence and identify individuals who may be immune to reinfection.

---

<sup>1</sup> National Coronavirus Response: A Road Map to Reopening. Gottlieb et al. American Enterprise Institute. March 28, 2020. <https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/>.

***Continued physical distancing behaviors should be maintained until transmission is measurably slowed to a manageable “baseline” level ( $R_0 < 1$ ) such that cases are reduced to a level that allows resumption of comprehensive and rapid case identification and the ability to conduct thorough contact tracing. Contact tracing is the practice of identifying, testing and isolating persons who have had contact with individuals with COVID-19, which has been effective in controlling other respiratory infections like tuberculosis and was highly effective in controlling the outbreak of SARS in 2003, another coronavirus.***

- 2. Ability to Diagnose, Treat and Isolate:** Phase in the reopening of states and regions based on the ability to safely, successfully and rapidly diagnose, treat and isolate individuals with COVID-19 and individuals who have been in contact with them (including provision of appropriate isolation and quarantine locations and support services), with an emphasis on populations vulnerable to health inequality and adverse health outcomes.
- 3. Scale Up of Health Care Capacity and Supplies:** Ensure health infrastructure can be safely and rapidly scaled up to manage recurrent episodic outbreaks. Adequate supplies of personal protective equipment and critical care resources (e.g., ventilators, ECMO, dialysis) must be available to ensure health care system and first responder readiness.
- 4. Maintain Appropriate Physical Distancing:** Some degree of physical distancing measures will likely need to remain in place to prevent recurrent outbreaks (e.g., masks, face shields, limited gatherings, continued distancing for susceptible adults) and communities should be prepared for the potential need to significantly enhance distancing measures if cases begin to increase, health care system capacity is threatened, or case and contact tracing is not adequately interrupting transmission.
- 5. Effective Treatment and Prevention:** Fully lift physical distancing restrictions when safe and effective tools for mitigating the risk of COVID-19, including effective treatments and a protective vaccine, are available and can be deployed to key populations at risk.
- 6. Preparedness:** Rebuild enhanced U.S. pandemic preparedness with investment into R&D, infrastructure (including stockpiles of personal protective equipment and adequate manufacturing capabilities), workforce, and clear governance structures.

*In order to advance through the phases described above, rapid and full implementation of a number of administrative, policy and supply chain interventions will be necessary. Key recommendations are highlighted below.*

## **KEY RECOMMENDATIONS**

- 1. Nationwide scale-up of routine COVID-19 diagnostic testing to allow massive expansion of rapid diagnostic tests in every community, including:**
  - Broad access to tests (e.g. nucleic acid amplification, point-of-care) that have high clinical sensitivity and specificity;

- Information on immunologic (antibody) response to COVID-19 coupled with large-scale deployment of validated serologic tests in order to understand patterns of exposure and levels of protective immunity in local populations, including “asymptomatic” infection prevalence and transmission, in order to target public health responses based on local risk; and
  - An adequate supply of safe, short-term testing facilities that do not disrupt health care capacity (e.g. drive-through testing and pop-up sites) in areas considering lifting distancing restrictions.
2. Development of a testing pathway(s) that facilitates:
    - Identification of patients most susceptible to infection and severe illness;
    - Administration of tests;
    - Rapid analysis of test results;
    - Tracking of persons potentially exposed to individuals who test positive; and
    - Communication of test results to patients, health care providers and public health authorities.
  3. Massive investment in and expansion of the public health workforce to conduct testing, surveillance, contact tracing, coordination and support for the community and healthcare facilities.
  4. Rapid expansion of the availability of rapid diagnostic tests in every community and adoption of new technologies dedicated to case identification and contact tracing in each state.<sup>2</sup>
  5. A national strategy to ensure supply chains that are responsive to surge needs for specialized swabs, pipettes, reagents, and other essential testing materials, as well as personal protective equipment for persons conducting the testing and health care system preparedness.
  6. The creation of a national multi-agency public/private task force including members of the U.S. Department of Health and Human Services and the CDC as well as federal, academic and industry representatives and subject matter experts to inform the White House Coronavirus Task Force on an evidence-based process of easing social distancing measures over time. This task force would be charged with evaluating and ensuring sufficient test production capacity; tracking supply against need; assuring a clear and predictable pathway for test coverage and payment; and establishing preparedness standards.<sup>3</sup>
  7. Federal funding for the development of an effective COVID-19 surveillance program and requirements for testing to be covered by health insurers with resources to cover testing for the uninsured to ensure appropriate patient sampling.

---

<sup>2</sup> A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US. Johns Hopkins Center for Public Health Security/Association of State and Territorial Health Officials (ASTHO). [http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf).

<sup>3</sup> Managing the COVID-19 Epidemic – Beyond the Initial Response. Duke Margolis Center for Health Policy. March 26, 2020. [https://healthpolicy.duke.edu/sites/default/files/atoms/files/covid-19\\_testing\\_roadmap.pdf](https://healthpolicy.duke.edu/sites/default/files/atoms/files/covid-19_testing_roadmap.pdf).