

# America's Inadequate Public Health Response to the COVID-19 Pandemic

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June 22, Corner 2nd Ave and 49th Street

# Epidemiology

- On August 30 America had among the **highest COVID-19 infection rate (186 cases/100,000) and mortality rate (5.64 deaths/100,000)** in the developed world despite its high per capita income
- In the United States of America, the **infection rate** of COVID-19 is six times greater than the world average and the **death rate** is five times greater
- If you lived in China, your **chance of being infected** with COVID-19 would be 300 times less than in the United States and your **chance of dying** would be more than 200 times less

# Epidemiology

- The United States federal government, state governments and municipalities have failed to effectively inform and direct the American population towards behavior that would prevent COVID-19 infections and thereby limit the spread of infection and death
- As long as COVID-19 is prevalent anywhere in the country, significant epidemic surges are likely to occur
- Second and third waves can be prevented by **heightened disease surveillance, strategic testing, meaningful contact tracing**, secondary prevention and **effective isolation** and **quarantine**

# Testing

- Testing strategies have often been **politicized**
- Federal dollars earmarked for testing were often directed to outside non-governmental entities without involving community physicians and local health centers
- Some elected officials favored less testing while others favored more random excessive testing. **Less testing underestimates the disease rate, while random excessive testing lower the positivity rate**

# Testing

**Delays in testing results** have made most testing useless for diagnosis, treatment and contact tracing

Our group recommends a **medically directed strategic testing** program based on disease prevalence and surveillance data

- Testing should occur in the **appropriate medical facility**
- Testing should be **linked to clinical care**
- **Pop-up testing sights** should be avoided

# Contact Tracing

- Testing strategies have often been [politicized](#). Contact tracing failed initially due to our **flawed testing strategy**, and because **we had not prepared a corps of contact tracers** in the pre-pandemic phase
- The role of contact tracing in the United States today should be to prevent second waves and to prevent initial waves in areas that are pre-pandemic
- When our disease surveillance system demonstrates a surge of COVID-19 cases, **contact tracing should begin within hours**, careful field investigation should follow, and effective quarantine should be mandated

# Prevention and Treatment

- The World Health Organization (WHO) and the US Center for Disease Control (CDC) state that there **is no drug or vaccine approved for the treatment or prevention of Novel Coronavirus 2019 (COVID-19)**
- Vaccine development for COVID-19 has been occurring with an unprecedented accelerated and truncated timeline
- We agree with the WHO that widespread COVID-19 vaccination will not occur before mid 2021, contrary to the claims of some US officials.

# Prevention

1

Primary prevention

- **community education,**
- **public service announcements,**
- **pamphlets,** and
- regularly scheduled briefings by elected officials and disease expert professionals

2

Secondary prevention

- **testing** asymptomatic people in areas of high disease prevalence
- effective **contact tracing** when cases are identified

3

Preventive measures

- **physical distancing,**
- **wearing the appropriate mask,**
- **effective handwashing and**
- **disinfection of surfaces and fomites**



# Treatment

## The treatment is **supportive care**

- This might include **oxygen therapy, nutritional support and rest.** Infected people should be isolated with respiratory and contact precautions for their caregivers.
- Remdesivir, dexamethasone and convalescent plasma have received Emergency Use Authorization (EUA) from the US FDA

# Conclusion: Findings

**The inadequate public health response of the United States governments and public health agencies lead to the following:**

- **failure to protect** health care workers and the population by not providing adequate personal protective equipment (PPE);
- **failure to prevent** unnecessary COVID-19 infection due to an uncoordinated, poorly managed testing strategy;
- **failure to implement** effective primary and secondary preventive public health strategies due to political polarization; and
- **failure to lead** by modeling behavior as previously done by the some presidents.

# Conclusion: Recommendations

- **Suppression** of new cases of COVID-19 and **prevention of epidemic disease and death** in the future will require both **structural and process changes** to our public health and medical care delivery systems
- Our group recommends a **medically directed strategic testing program** based on disease prevalence and surveillance data
- Testing should occur in the **appropriate facility**, be **linked to clinical care** and **pop-up testing sights should be avoided**

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