



Summary:

The following organizations adapted a public health strategy to transition from a lockdown to reopening the economy while limiting the epidemic spread of COVID-19. Each organization conditioned any phased approach based on a community's ability to safely diagnose, trace, and isolate cases and their contacts. Some physical distancing measures and limitations need to remain in place to prevent mass transmission and a “risk-adjusted” strategy in order to protect vulnerable populations (e.g. continue to limit gatherings in the community). In every pandemic, there has been a decrease in cases after the initial peak. Within months, however, a second outbreak, often larger than the first occurs. The only way to prevent this second wave and a resulting lockdown is to build a robust public health system to enhance containment through testing, tracing and isolating exposed and infected individuals. Public infrastructure and community surveillance will be essential to responding to a resurgence during the traditional season of respiratory viruses this fall.

I. White House: [Opening Up America Again](#)

This report provides a proposed phased approach for navigating through the current COVID-19 pandemic in the US. To mitigate the risk of resurgence and protect the most vulnerable, it outlines gating criteria that should be satisfied before proceeding through the phased directions for individuals and employers, which are implementable on statewide or county-by-county basis at governors' discretion. The report also outlines core state preparedness responsibilities.

II. World Health Organization: [COVID-19 Strategy Update](#)

This strategy provides guidance about preparing for a phased transition from widespread transmission to a steady state of low-level or no transmission. As COVID-19 transmission has advanced globally, the primary focus of most countries has been the rapid identification, testing and treatment of patients with serious and severe COVID-19, and the sheltering of individuals at the highest risk of poor outcomes. Countries must do everything they can to stop cases from becoming clusters and clusters from becoming explosive outbreaks. They must put in place the capacities for testing and diagnosis, isolation, contact tracing and quarantine; they must engage everyone in the response.

III. American Enterprise Institute: [National Coronavirus Response: A Road Map to Reopening](#)

This report provides a road map for navigating through the current COVID-19 pandemic in the US. It outlines specific directions for adapting our approach away from sweeping mitigation strategies as we limit the epidemic spread. They also suggest measurable milestones for identifying when we can make these transitions and start reopening for businesses and families.



Population Health Advisory Committee

Source: The White House

[**Title: Guidelines: Opening Up America Again**](#)

[**Date: April 16, 2020**](#)

This report provides a proposed phased approach for navigating through the current COVID-19 pandemic in the US. To mitigate the risk of resurgence and protect the most vulnerable, it outlines gating criteria that should be satisfied before proceeding through the phased directions for individuals and employers, which are implementable on statewide or county-by-county basis at governors' discretion. The report also outlines core state preparedness responsibilities.

Core State Preparedness Responsibilities

- Testing and contact tracing:
 - Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
 - Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
 - Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)
- Healthcare system capacity:
 - Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
 - Ability to surge ICU capacity
- Plans:
 - Protect the health and safety of workers in critical industries
 - Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
 - Protect employees and users of mass transit
 - Advise citizens regarding protocols for social distancing and face coverings
 - Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity

Proposed State or Regional Gating Criteria:

- Symptoms: Downward trajectory of influenza-like illnesses reported within a 14-day period and downward trajectory of COVID-like syndromic causes reported within a 14-day period.
- Cases: Downward trajectory of documented cases within a 14-day period or downward trajectory of positive tests as a percent of total tests within a 14-day period.
- Hospitals: Treat all patients without crisis care and robust testing program in place for at-risk healthcare workers, including emerging antibody testing.



Phase I: For States and Regions that Satisfy the Gating Criteria

1. Individuals

- All vulnerable individuals should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
- All individuals, when in public (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- Avoid socializing in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)
- Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel.

2. Employers

- Continue to encourage telework, whenever possible and feasible with business operations.
- If possible, return to work in phases.
- Close common areas where personnel are likely to congregate and interact, or enforce strict social distancing protocols.
- Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel.
- Strongly consider special accommodations for personnel who are members of a vulnerable population

3. Specific Types of Employers

- Schools and organized youth activities (e.g., daycare, camp) that are currently closed should remain closed.
- Visits to senior living facilities and hospitals should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.
- Large venues (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.
- Elective surgeries can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.
- Gyms can open if they adhere to strict physical distancing and sanitation protocols.
- Bars should remain closed.



Phase II: For States and Regions with No Evidence of a Rebound and that Satisfy the Gating Criteria a Second Time

1 Individuals

- All vulnerable individuals should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
- All individuals, when in public (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- Non-essential travel can resume.

2 Employers

- Continue to encourage telework, whenever possible and feasible with business operations.
- Close common areas where personnel are likely to congregate and interact, or enforce moderate social distancing protocols. Non-essential travel can resume.
- Strongly consider special accommodations for personnel who are members of a vulnerable population.

3 Specific Types of Employers

- Schools and organized youth activities (e.g., daycare, camp) can reopen.
- Visits to senior living facilities and hospitals should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.
- Large venues (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.
- Elective surgeries can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.
- Gyms can remain open if they adhere to strict physical distancing and sanitation protocols.
- Bars may operate with diminished standing-room occupancy, where applicable and appropriate.



Phase III: For States and Regions with No Evidence of a Rebound and that Satisfy the Gating Criteria a Third Time

1 Individuals

- All vulnerable individuals can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.
- Low-risk populations should consider minimizing time spent in crowded environments.

2. Employers

- Resume unrestricted staffing of worksites.

3. Specific Types of Employers

- Visits to senior living facilities and hospitals can resume. Those who interact with residents and patients must be diligent regarding hygiene.
- Large venues (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.
- Gyms can remain open if they adhere to standard sanitation protocols.
- Bars may operate with increased standing room occupancy, where applicable.



COVID-19 Strategy Update

April 14, 2014

World Health Organization

Summary: This strategy provides guidance about preparing for a phased transition from widespread transmission to a steady state of low-level or no transmission. As COVID-19 transmission has advanced globally, the primary focus of most countries has been the rapid identification, testing and treatment of patients with serious and severe COVID-19, and the sheltering of individuals at the highest risk of poor outcomes. Countries must do everything they can to stop cases from becoming clusters and clusters from becoming explosive outbreaks. They must put in place the capacities for testing and diagnosis, isolation, contact tracing and quarantine; they must engage everyone in the response.

Strategic objectives

- **Mobilize** all sectors and communities in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing
- **Control** sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, and tracing, quarantining, and supporting all contacts
- **Suppress** community transmission through appropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel
- **Reduce** mortality by providing appropriate clinical care, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations
- **Develop** safe and effective vaccines and therapeutics that can be delivered at scale and accessible based on need

Individuals must protect themselves and others by washing hands, avoiding touching face, practicing good respiratory etiquette, isolating if they are sick, identifying themselves as a contact of a confirmed case when appropriate, and cooperating with physical distancing measures and movement restrictions.

Communities must assist with community education, protecting vulnerable groups, supporting health workers, case finding, contact tracing, and cooperation with physical distancing measures.

Governments must rapidly scale up the public health system to find and test, isolate, and care for confirmed cases (whether at home or in a facility), and identify, trace, quarantine and support contacts. Governments may have to implement blanket physical distancing measures and movement restrictions proportionate to the health risks faced by the community.

Private companies must ensure the continuity of essential services such as the food chain, public utilities, and the manufacture of medical supplies.

Find, test, isolate and care for cases and quarantine contacts to control transmission

Stopping the spread of COVID-19 requires finding and testing all suspected cases so that confirmed cases are promptly and effectively isolated and receive appropriate care, and the close contacts of all confirmed cases are rapidly identified so that they can be quarantined and medically monitored for the 14-day

incubation period. To achieve this, communities must **fundamentally increase their capacity to identify suspected cases of COVID-19 in the general population** quickly based on the onset of signs or symptoms. This will require a shift from reliance on existing surveillance networks to **system of rapid, population-level active surveillance.**

Once suspected cases are identified they should be tested immediately to confirm or rule out infection with COVID-19. Confirmed cases – whether confirmed through testing or on the basis of symptoms or signs – should be safely, effectively, and rapidly isolated to prevent onward transmission in the community. Ideally, confirmed cases should be isolated in dedicated facilities to minimize the potential for onward transmission and maximize the provision of any support necessary. It is also essential to identify and trace the close contacts of every confirmed or probable case, and quarantine and monitor them for 14 days. This ensures that even pre-symptomatic cases (and potentially asymptomatic cases) that arise as a result of contact with a confirmed case do not mix with the general population.

Transitioning to and maintaining a steady state of low-level or no transmission based on six key criteria:

1. COVID-19 transmission is controlled to a level of sporadic cases and clusters of cases, all from known contacts or importations and the incidence of new cases should be maintained at a level that the health system can manage with substantial clinical care capacity in reserve.
2. Sufficient health system and public health capacities are in place to:
 - Detection: suspect cases should be detected quickly after symptom onset through active case finding, self-reporting, entry screening, and other approaches;
 - Testing: all suspected cases should have test results within 24 hours of identification and sampling, and there would be sufficient capacity to verify the virus-free status of patients who have recovered;
 - Isolation: all confirmed cases could be effectively isolated (in hospitals and/or designated housing for mild and moderate cases, or at home with sufficient support if designated housing is not available) immediately and until they are no longer infectious;
 - Quarantine: all close contacts could be traced, quarantined and monitored for 14 days, whether in specialized accommodation or self-quarantine. Monitoring and support can be done through a combination of visits by community volunteers, phone calls, or messaging
3. Outbreak risks in high-vulnerability settings are minimized
4. Workplace preventive measures are established to reduce risk, including physical distancing, hand washing, respiratory etiquette and, potentially, temperature monitoring.
5. Risk of imported cases managed through an analysis of the likely origin and routes of importations, and measures would be in place to rapidly detect and manage suspected cases among travelers (including the capacity to quarantine individuals arriving from areas with community transmission).
6. Communities are fully engaged and understand that the transition entails a major shift, from detecting and treating only serious cases to **detecting and isolating all cases.**

Risk communication and community engagement

Unfortunately, the global public health response to the COVID-19 pandemic has been accompanied by an infodemic, which is an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it. This misinformation hampers public health responses to epidemics and prevents people from taking adequate measures to effectively prevent disease transmission. The COVID-19 pandemic continues to evolve rapidly. This heightens the need for accurate, trusted information adapted to changing scenarios. Trusted channels of communication and information through EPI-WIN play a critical role in meeting information needs.

Source: American Enterprise Institute

[Title: National Coronavirus Response: A Road Map to Reopening](#)

[Date: March 28, 2020](#)

This report provides a road map for navigating through the current COVID-19 pandemic in the US. It outlines specific directions for adapting away from sweeping mitigation strategies as we limit the epidemic spread. They also suggest measurable milestones for identifying when we can make these transitions and start reopening.

Phase I: Slow the Spread

Goals of Phase I

- Slow the transmission by reducing the effective reproduction number of infections
- Increase testing capacity to test everyone with symptoms and their close contacts
- Ensure the health care system has the capacity to safely treat COVID-19 patients and others requiring care

Steps required in Phase I

1. Maintain Physical Distancing

- Close community gathering spaces where people congregate indoors; cancel meetings and mass gatherings
- Promote telework for nonessential employees
- Urge the public to limit unnecessary domestic or international travel
- Shut dining areas but encourage restaurants to provide takeout and delivery services
- Issue stay-at-home advisories in hot spots where transmission is particularly intense
- Monitor community adherence to physical distancing and stay-at-home advisories
- Encourage the public to wear masks

2. Increase Diagnostic Testing Capacity and Build Data Infrastructure for Rapid Sharing of Results

- Same-day, point-of-care testing to identify cases, including those with asymptomatic and mild infections
- Testing capacity should be sufficient to test:
 - Hospitalized patients (rapid diagnostics are needed for this population)
 - Health care workers and workers in essential roles
 - Close contacts of confirmed cases
 - Outpatients with symptoms in doctors' offices

3. Ensure Functioning of the Health Care System

- Ensure hospitals can expand capacity to 5–7 critical care beds per 10,000 adults with adequate staffing
- Expand access to 5–7 ventilators per 10,000 adults with adequate staffing
- Maintain access to acute-care hospital beds of at least 30 per 10,000 adults
- Facilities should have a plan for how the beds would be flexed with oxygen and other medical supplies
- N95 respirators for hospital staff expected to have direct contact with COVID-19 patients
- Disposable procedural or surgical masks for all other clinical personnel in any health care setting

4. Massively Scale Contact Tracing and Isolation and Quarantine.

- Current CDC guidelines recommend seven days of isolation
- Surge the existing public-health workforce to conduct case finding and contact tracing
- Enable rapid reporting to health authorities
- Develop and field a technological approach to enable rapid data entry, reporting, and support for isolation, quarantine, and treatment of affected individuals
- Offer Voluntary Local Isolation and Quarantine

How do you move from Phase I to Phase II?

A city/county can safely proceed to Phase II when:

- A sustained reduction in cases for at least 14 days (i.e., one incubation period)
- Hospitals are safely able to treat all patients requiring hospitalization without resorting to crisis standards
- The city/county is able to test all people with COVID-19 symptoms, *and*
- The city/county is able to conduct active monitoring of confirmed cases and their contacts.

Phase II: Reopen

Goals of Phase II

- Lift strict physical distancing measures in a concerted and careful fashion
- Allow the vast majority of businesses and schools to open
- Continue to control transmission so we do not revert back to Phase I

Steps required in Phase II

1. Implement individual interventions

- Every confirmed case should be isolated either at home, in a hospital, or (voluntarily) in an isolation facility
- People awaiting test results should be advised to quarantine until their results are returned
- Close contacts of confirmed cases should be traced and placed under home or central quarantine
- Diagnostic tests should be immediately administered to any close contacts who develop symptoms

2. Begin to relax physical distancing measures

- Physical distancing measures and limitations on gatherings will still need to be in place
- Public hygiene will be sharply improved, and deep cleanings on shared spaces should become more routine.
- Shared surfaces will be more frequently sanitized, among other measures.
- Continue to actively identify and isolate people with the disease and their contacts
- Public will initially be asked to limit gatherings to fewer than 50 people wherever possible
- People will initially be asked to wear fabric nonmedical face masks while in the community
- Majority of schools, universities, and businesses can reopen
- Teleworking should continue where convenient
- As children return to school and daycare (i.e., high-contact settings) and people return to high-density workplaces, leaders should continue to review and implement physical distancing measures

3. Special care for vulnerable populations

- For older adults (those over age 60), those with underlying health conditions, and other populations at heightened risk from COVID-19, continuing to limit time in the community will be important
- Long-term-care facilities and nursing homes will need to maintain infection prevention and control efforts and limit visitors to prevent outbreaks
- If treatment becomes available, high-risk and vulnerable populations should be prioritized to receive it, to both protect and reduce an increase in severe illnesses and patient surge in hospital intensive care units

4. Identify those who are immune

- Serology is a method used to identify evidence of immunity in someone who has recovered from infection. We can identify people who are immune and therefore no longer vulnerable to infection.
- People who are immune could:
 - 1) Return to work,
 - 2) Serve in high-risk roles such as those at the front lines of the health care system
 - 3) Serve in roles that support community functioning for people who are still distancing