

# COVID-19 response and communications must be directed by public health officials

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This scanning electron microscope image shows SARS-CoV-2 (yellow)—also known as 2019-nCoV, the virus that causes COVID-19—isolated from a patient, emerging from the surface of cells (blue/pink) cultured in the lab. Credit: NIAID-RML

In the United States today, healthcare providers seem appropriately

confused about present and future issues concerning coronavirus disease 2019 (COVID-19). In a [commentary](#) in *The American Journal of Medicine*, internationally recognized public health experts say that the current, incomplete totality of evidence provides cause for serious concerns, but more importantly it creates an urgent need for public health leadership that can direct the country's response with neither reassurance nor alarm.

"Based on the existing incomplete totality of evidence, it appears that [coronavirus](#) is comparable in communicability to influenza but with perhaps a 10 fold higher case fatality rate," said lead author Charles H. Hennekens, MD, DrPH, First Sir Richard Doll Professor & Senior Academic Advisor to the Dean at Florida Atlantic University, Charles E. Schmidt College of Medicine, Boca Raton, FL, USA.

In the flu season from 2018 to 2019, about 42.9 million Americans were clinical cases, of which 647,000 were hospitalized and about 61,200 died. If the epidemic continues to propagate in the US in a similar fashion, there may be 612,000 deaths and perhaps millions of hospitalizations. This staggering estimate of number of hospitalizations could paralyze the US healthcare delivery system.

Professor Dennis Maki, MD, Professor of Medicine, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA, and senior author stated further, "Public [health](#) considerations should govern everything we do during this pandemic, not political expediency."

From influenza to smallpox, the authors write, the systematic collection, consolidation, and dissemination of data to all who need to know, along with robust surveillance systems, were critical factors in the control of pandemics. They cite the example of the collaboration between Alexander D. Langmuir, MD, who directed epidemiologic programs at the Centers for Disease Control and Prevention (CDC), and Donald A.

Henderson, who was the chief of Virus Disease Control at CDC. Over just slightly more than a decade, and during the tenures of four Presidents—Kennedy, Johnson, Nixon, and Ford—these [public health experts](#) led both American and worldwide efforts that resulted in smallpox being the first human disease ever eradicated from earth. Both Dr. Hennekens and Dr. Maki trained under Dr. Langmuir and Dr. Henderson as Lieutenant Commanders in the United States Public Health Service Commissioned Corps (USPHS) serving as Epidemic Intelligence Service (EIS) Officers with the CDC.

The authors emphasized that collegial and collaborative multifactorial preventive and therapeutic measures in the US and throughout the world are warranted to control the COVID-19 pandemic. As to who should lead this effort, the authors have a recommendation. "We believe Anthony S. Fauci, MD, Director of the United States National Institute of Allergy and Disease, is the Babe Ruth of virology in general and influenza in particular. His proven capacity and capability for collaborative expert leadership to guide the US and the world through this pandemic and to ensure our preparedness for the challenges ahead would be beneficial to all."

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