**Reopening: From flattening the curve to controlling COVID-19**

**May 27, 2020**

I am not a medical expert, but I am a concerned citizen looking for a rational approach to manage and survive this pandemic. Since I became aware of Covid-19 in January, I have followed day by day any news of this virus, from its symptoms, detection, rate of infection, percentages of contagion, recovery and deaths, as well as learning about the behavior of this virus in Japan and different countries around the world.

By the end of March, China entered a control phase of the virus in Wuhan after a harsh lockdown, which showed that in around two months China had managed to contain the virus in Wuhan, a city of around 10 million people. Yet, the coronavirus had already penetrated Europe, Iran, US and Latin America.

In view of the actions taken in China, and the increasing reaction to the pandemic in Asian and western countries, I estimated that Covid-19 would start subsiding in Asia by April-May, while Europe, US and Latin America by June-July, considering strict sanitary measures implemented by governments under state of emergency and/or lockdowns around the world.

So far, the results have been mixed, with countries like Germany, South Korea and China having achieved some level of control over the coronavirus; however, these countries after relaxing their restrictions, started again to experience some localized outbreaks.

In Japan, due to an increase of COVID-19 cases, the government initially declared the state of emergency from April 7 to May 6 to extend it later until the end of May. At the moment of preparing this report, the state of emergency has been lifted in the 47 prefectures of Japan, based on these three criteria: 1) the number of infected persons reaches 50 per week or less per 100,000 people; 2) the health care system remains stable, taking into account the number of available hospital beds and of patients with serious symptoms; and 3) the capacity to monitor the infection, including through testing.

It is important to point out that the government of Hokkaido, the northernmost island of the Japanese archipelago, had announced its own state of emergency on February 28, ahead of the central government, due to the increase of Covid-19 cases, and lifted on March 19. However, again on April 12, Hokkaido issued a new state of emergency due to resurgence of the disease, showing that there is no guarantee that restrictive measures will stop a new wave or outbreak of coronavirus after ending or relaxing the state of emergency.

Although confinement measures on the population have helped to reduce the spread of Covid-19 in this initial phase, the reality is that outbreaks of coronavirus will continue to emerge anytime and anywhere after loosening those restrictions. And, since a cure will take long time to develop, we will have to get used to live with Covid-19.

Furthermore, it has become clear that after almost two months of state of emergency and/or lockdowns, countries are experiencing a rapid deterioration of the economy. Japan is already in recession, and this is just the beginning, with economists estimating over than 3 million people without job by the end of fiscal year 2020. In the US, the stoppage of the economic activity has already left over 30 million people unemployed in one month and half, just two mention the dire situation faced by the first and third largest economies of the world.

Besides, these prolong confinements have also affected the mental health of many citizens across the world. We are also observing people desperately protesting against their governments in some places to lift the restrictive measures, triggering movements for the gradual reopening of the economies.

In a nutshell, the reopening wave is already in motion, and I believe that the mindset of policymakers must change from flattening the curve to monitoring and controlling the spread of the Covid-19.

At this point, instead of discussing about flattening the curve or setting numerical targets for reopening, policy makers, together with experts in various fields (not only medical field), need to set up plans to tackle any coronavirus outbreak without returning to general confinements measures or stopping economic and social life.

We have already observed that outbreaks will emerge at different locations at any time, and that for a while, there will not be a vaccine at sight. In this connection, policy makers efforts must be directed to put fires aside wherever they appear, that means, to tackle Covid-19 outbreaks based on location or geographic areas, implementing specific control measures to contain it. South Korea has provided a good example of a country functioning economically, and at the same time, controlling surges of coronavirus.

For that purpose, we have to keep reminding ourselves that coronavirus is not Ebola, but a more aggressive respiratory illness with the following characteristics: 1) It belongs to the corona family, affecting the respiratory system; 2) it has a longer incubation period, with symptoms appearing 2-14 days after exposure; 3) common symptoms are persistent cough, high fever, and shortness of breath (the three most common symptoms), loss of smell or taste, chest pain, headache, muscle aches, sore throat, diarrhea or other symptoms similar to cold or flu ; 4) an infected average person will have to go through 14 days in quarantine till recovery; 5) The rate of transmission is faster than other coronas; 6) according to the World Health Organization, 80 percent of infected people experience mild symptoms or are asymptomatic, 15% are gravely infected, requiring oxygen and 5% are critically infected, requiring ventilation.

Thus, governments should start implementing practical control policies for opening their economies and social life, such as a clear and sustained policy for testing, contact-tracing and isolating. PCR testing must be applied to every person regardless of having mild or severe symptoms. Fortunately, Japan recently changed the policy to provide treatment to people with mild symptoms as well.

Moreover, antibody tasting should be carried out at random in highly populated areas, and in the case of Japan, in the 47 prefectures. Antibody tasting, although not 100 percent accurate, will provide a general picture of the level of spread of the Covid-19 in the country, showing percentages of population with COVID-19 antibodies. This information will also bring some sort of relief to citizens.

As far as I understand, the government of Japan will start antibody tests next month, but these tests will be apply only in Tokyo, Osaka and Miyagi, with higher concentration of infected cases. However, the ideal thing would have been to apply the antibody tests nationwide, carrying out representative samples from the 47 prefectures to have a better understanding of the level of infection in the country at large. In addition, it is important to select antibody tests with sensitivity and specificity above 90 percent to reduce the number of false positives and false negatives.

For the next six months, there should be enough resources allocated to coronavirus-designated hospitals all over the country, so that health workers can safely take care of infected patients wherever there is a new surge of the disease. I hope by June there is no more news of health workers complaining of lack of masks, protective suit, ventilators or any other medical equipment necessary to effectively fight Covid-19. We are in a war, and our warriors (health workers) need weapons to fight, so the government must place a high priority on this matter.

Also, any reopening policy must place priority in the well-being of vulnerable people such as elderly adults or any other people with preexisting medical conditions as this segment will continue to be threatened by Covid-19. Governments should organize a media campaign to highlight the importance of protecting this segment of the population at home, at school, at work or at any social setting.

Furthermore, guidelines for operation in different business/institutions should already be in place. Last month, I recommended two manufacturing companies several guidelines, which have already been suggested by experts worldwide. Reopening guidelines must be adjusted to the specific characteristic of size and type of operation of each company or institution.

In addition to reopening guidelines, companies in the US and Europe are considering applying antibody tests (Rapid Diagnostics Tests-RDT) to their employees in order to determine how many of them are immune to COVID-19. As mentioned above, these tests must have sensitivity and specificity above 90 percent to reduce false positives and false negatives. These antibody tests will play an important and practical role in the formulation of government policy after lifting lockdowns or confinements in different countries.

I also want to highlight the contagion situation of three countries which are in the process of lifting confinement: Panama, Japan and Germany. Panama with a population of 4.5 million and 9,268 infected persons has 2.9 percent of death and 65 percent of recovered; Japan with a population of 126.5 million and 16,305 infected persons has 4.6 percent of death and 71 percent of recovered; and Germany with a population of 84 million and 176,551 infected persons has 4.5 percent of death and 88 percent of recovered (figures are as of May 18).

These countries are located in three different continents, but they have something in common: a low percentage of death and a high percentage of people recovered from Covid-19. And this trend will continue over time until Covid-19 become a normal illness among the population. Except Japan, Panama and Germany had initially applied extensive tests to detect COVID-19 among the population. Japan delayed massive testing, fearing that hospitals would be overloaded; yet, the reality has proven that testing contribute to keep hospital capacity at manageable level.

Actually, while carrying testing among the population, Panama built a new modular hospital with 100 beds, foreseeing an increase of coronavirus cases, but interestingly, this hospital has not yet received a single Covid-19 patient. Fortunately, now Japan is increasing testing capacity, which will better inform health authorities on controlling new surges of coronavirus.

As a final point, I wish to reiterate the Covid-19 is a respiratory illness, with symptoms similar to the cold or flu, however, it takes around 14 days to observe or feel the symptoms of Covid-19. According to John Hopkins University of Medicine, the Covid-19 symptoms include fatigue, headache, sore throat or fever. Some people experience a loss of smell or taste. Symptoms can be mild at first, and in some people, become more intense over five to seven days, with cough and shortness of breath worsening if pneumonia develops. But it is important to know that the type and severity of the first symptoms can vary widely from person to person.

I have a profound respect for all health workers who have devoted and risked their lives to treat people affected by coronavirus in Japan and the world. They are real heroes and humankind will remember their sacrifices to heal and save their brethren.

Now, it is a time for a turn. Let’s restart our lives. I reiterate that Covid-19 is not Ebola. It is just a more aggressive respiratory illness and we already know how much it can affect our health. So, let’s continue applying basic hygiene, wearing masks, keeping a prudent distance and washing our hands regularly at home, at school, at work or any other social space.

Our planet has never stopped in the millions of years of being spinning over its axis or the solar system. So, humankind must start moving again together with mother Earth. Let’s get rid of fear and collective hysteria in order to eradicate Covid-19.

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