

## JHU Office of External Affairs | COVID-19: Johns Hopkins Experts Share Insights, Risks, and Data About States Reopening in the U.S.

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**STEPHANIE**

Welcome to this special broadcast from the Johns Hopkins Bloomberg School of Public Health. Thank you for joining us. I'm Stephanie Desmon, director of public relations and marketing for the Johns Hopkins Center for Communication Program and co-host of *Public Health On Call* podcast.

**DESMON:**

We're here to talk about the next phase in the outbreak of coronavirus and specifically how to get reopening right with some of the Johns Hopkins experts who have been at the forefront of the global response. We know this is a critical moment in the trajectory of this pandemic. The decisions that states, communities, businesses, and individuals make will determine the future impact of this virus, a virus that has already led to the loss of more than 329,000 lives worldwide and more than 93,000 in the US, a virus that has triggered dramatic unemployment and changed how we live, work, and interact.

Since the beginning of this epidemic, Johns Hopkins clinicians and researchers have been sharing the science and the evidence needed to advance the understanding of the virus and to determine the appropriate response. They've been advising the public, the health community, policymakers, businesses, and others on what to do now and how to prepare for what might come next. Our goal today is to bring their insights, recommendations, and cautions, based on the best available data and science, directly to you. This will include answering your questions submitted before the broadcast.

With that, let me introduce our panel-- Dr. Tom Inglesby leads the Center for Health Security at the Johns Hopkins Bloomberg School of Public Health. He has worked on pandemic preparedness and response issues for more than 20 years and has played a pivotal role in shaping the national conversation on COVID-19 response. He sounded early alarms in January and has briefed policymakers from the international to the local on public health measures needed to control the pandemic.

Dr. Crystal Watson is senior scholar with the Center for Health Security. She is the lead author on a report that has called for the urgent need to scale up the contact

tracing workforce and for funding to support that effort. She is also a co-author on an operational toolkit for businesses considering reopening and a report on guidance for governors considering phased reopening.

Beth Blauer is the executive director of the Johns Hopkins University Centers for Civic Impact. The center's primary focus is to help the public sector use data to improve lives. And as part of the Bloomberg Philanthropies What Works Cities Initiative, Civic Impact has worked with more than 150 cities, helping mayors and their teams build data resources to drive change. Beth is a key member of the team behind the Johns Hopkins University map dashboard and data center.

Now to our questions. I'd like to begin with you, Tom. We've all seen the recent images, crowded boardwalks and beaches and some cities restaurants packed as if there's no pandemic at all. Here in Baltimore, a police helicopter had to disperse crowds on the city waterfront. Some public health officials I've spoken to say it's too soon. People have clearly lost their patience. Tom, what's your assessment of this moment? What is the science telling us?

**TOM INGLESBY:** Stephanie, it certainly is concerning to see those images of people gathering in larger numbers, either in restaurants or beaches or other places. I do think that they are in the minority, and I think we're seeing, for the most part, people are acting appropriately around the country and are very cautious about reengaging and getting back into groups.

I think the science at the moment tells us that this virus is the same as it was when we first started seeing the pandemic appear. It's still a very transmissible virus and can cause very serious illness in a small percent of our population, especially elderly people and those with underlying conditions. And we know that places like group settings, like parties or large gatherings or even things like church gatherings and funerals, can cause outbreaks.

And so at this point, I think it's really important for people to remember that they have very serious individual responsibilities, which are in addition to all of the work that's going on around reopening. No matter where a state is in the reopening process, people should continue to physical distance by at least six feet, staying at least six feet from each other when they're outside of their home, by wearing cloth

masks when they're outside of their home in indoor spaces around other people, and by avoiding gatherings. We all should continue to telecommute if we can. These are all going to be very important activities until we have a vaccine.

And so at this point, I think states are beginning to reopen, and there are different stages of readiness for that around the country. I know we'll talk more about that in a moment. But as background for all this, we should continue to do our own individual work to prevent the transmission of this virus.

**STEPHANIE** The CDC this week posted a document with a three phase plan for reopening communities. What's your reaction to the latest guidance?

**DESMON:**

**TOM INGLESBY:** Well, first of all, I'm very happy to see that guidance, and I know they've been working on it for some time. I think they were close to having it ready in April. And I would have preferred to have it out a month ago, but I'm glad to see it now. And I think it's quite useful.

It covers issues of guidance around reopening schools and daycare and summer camp. It talks about issues of mass transportation. It also has a whole series of additional details around metrics or indicators that tell a state whether they can safely reopen their activities, their businesses, their public spaces. So it's really useful guidance, and I think it will help businesses who've been asking for these kinds of documents and these kinds of guidances so that they can measure themselves against that and they can reassure their employees and their customers that they're doing all that the federal government has advised in making their workplace or their organization safer.

**STEPHANIE** So if we start seeing spikes as a result of this, you know, an increase in the number of cases and places that had been on decline, will we need to reinstate stay-at-home orders? For example, just days after reopening its American assembly plants, Ford temporarily shut down two factories because employees tested positive for COVID-19.

**DESMON:**

**TOM INGLESBY:** It's possible. I think there are two different possibilities. First, there are institutional outbreaks that will probably continue to occur, hopefully at lower and lower levels. But that's where people are gathering, so I think they will continue to occur, unfortunately, probably all the way until we have a vaccine, but hopefully we'll get

better at this over time. And those institutions may need to be closed for a period of time while people are contact traced, diagnosed, taken care of.

But beyond that, there's obviously decisions about at the state level. And if there appears to be a broad surge in cases across the state and numbers are going up and hospital beds are being used increasingly to care for COVID patients and ventilators are, again, becoming in shorter supply, as we saw they were in New York City, for example, then I think governors would have a difficult choice to make and may need to reimpose some level of social distancing because we don't have other large interventions that we can use at this point.

And so I think what all of us should be doing is working as hard as we can to try and prevent that from having to happen. So unfortunately, I think it is a possibility. I hope it won't happen, but we have to measure things very carefully. We have to measure case rises, hospital beds, ICU usage, and other indicators to see how we're doing over the months ahead.

**STEPHANIE** So for now, overall, we're seeing downward trends in the number of cases in the US,  
**DESMON:** though not everywhere. What worries you about a so-called second wave?

**TOM INGLESBY:** Well, I think some people were talking about second wave in the fall, and I think that's important partly because there may be a lot of new activity in the fall, people going back to schools and universities. There will also be an overlap with the flu season beginning sometime in the fall. So those things are all worrisome.

But I think we shouldn't just look to the fall, but we should be thinking about what's going to be happening in the end of May, June, July, August. Because this disease, at this point, we don't have a lot of evidence that it will respect seasonal change. And it is quite possible that the patterns that we're seeing now won't be changed much by summertime. And what we'll need to do is continue to social distance and do what we've been doing before to try and prevent second waves or undulations, smaller waves from happening around the country over the course of the summertime.

So we have the idea of a larger wave in the fall, perhaps. And we need to worry about that. But in the meantime, we have to do what we can to prevent waves from occurring even now, even in June, July, August.

**STEPHANIE**

Beth, you work on the Johns Hopkins University map of the COVID-19 pandemic that is the widely-used source of confirmed cases and deaths around the world. Your focus is on the US-related statistics. Can you tell us a little about how the map was developed and how it could help decision-makers as they struggle with questions about reopening?

**DESMON:**

**BETH BLAUER:**

Yes, thank you. Thanks for having me. The global map, the global tracker, which many, many people and institutions rely on to track the spread of COVID-19 was developed by my colleague in the School of Engineering, Dr. Lauren Gardner. And I have a focus on data, and data is really experiencing quite a moment right now.

And I wanted to be able to equip local decision-makers at the state and county levels with information that would give them insights into their own decision making. And so we, using Dr. Lauren Gardner's examples, started to think about what a version of this would look like for the United States and used a lot of the same methodologies and for being able to do that.

So we developed the US map, and the US map is really meant to give users a real appreciation for how the disease is growing or retracting or receding across the United States. So where you see the density in colors, that's where places, adjusted by their populations, are experiencing a much more significant impact by the disease. You can also look at it at the raw confirmation numbers. You can also look at the disease based on the impact it's having in fatalities and really hone in on areas that are experiencing a disproportionality of impact.

And the real idea was for us to allow users to sort of zoom in and to really get that very local context. And so here, you can see we are looking at Cook County, Illinois, which is a jurisdiction that is experiencing an increase in their caseload. And we want to look at that in more detail. So we give you opportunity to use the same data to give you the demographic context of how the disease is impacting this particular geography. And also one of the key indicators that we're asking local leaders to look at is case growth and not just case growth over time, but day to day. And so you can see that in Cook County day to day, there is a significant increase.

In another place in the United States where we first initially felt the impact of

COVID-19, in the Seattle area, here's King County, Washington. You can see it's a significantly lower rate of disease spread that's being experienced in King County, and that's largely attributed to some of the policymaking that's been happening around the stay-at-home orders and the consistency with the population adhering to them.

**STEPHANIE**

So as you've shown us, the outbreak looks different depending on where you are.

**DESMON:**

The original benchmarks for reopening were supposed to be decreases in COVID cases, hospitalization, and death over the course of 14 days, and few localities met those criteria. And you've shared some great snapshots in sort of where the conditions are right reopening and those that may not. Tell us, are there other ways that you determine whether a county is well-poised to reopen with less risk?

**BETH BLAUER:**

One of the other sort of key indicators that we're looking at is the testing criteria, and we're following the WHO's recommendation of looking at thresholds of positivity. So of your population, those that have been tested, what percentage of those tests have come out to be positive? And the WHO is recommending at least 5% or below. So of all the tests that are being taken in your particular jurisdiction, you want to have the positive rate be below 5%.

And so here, this is a nice way to look at a state-by-state comparison that allows you to look at who is meeting that threshold and who is far exceeding that threshold. We're looking at testing capacity, particularly at the local level, as a real indicator of readiness to reopen. We want to make sure that people really understand the depths of the disease in their particular jurisdiction.

And without having the right capacity or getting information that testing can provide, it's going to really hamstring our ability to make those decisions. And so when we're working with mayors and city leaders, it's one of the areas, in addition to looking at the case data, looking at the capacity for other surveillance activities, but really thinking about testing as really a center for that work.

And so these are the different types of ways that we're using the data to help really frame and shape the way that decision-making is happening and provide that sort of local perspective that's going to really support some of those critical open-close. But even we open certain routes in our transportation systems, or are we going to

allow people to do housing inspections within their homes? These are all the types of decisions that cities are going to have to make as they start to continue to navigate these reopening decisions. And this data is really going to play a critical role in framing for them.

**STEPHANIE**

Very interesting. So how should the demographics of different areas, as well as documented health disparities-- we know, for example, that black and Hispanic people have far worse outcomes, as do older people-- how should that affect decision-making?

**DESMON:**

**BETH BLAUER:** Well, first, I think one of the most critical components is we need to see the data. We need to have the data around cases, around testing, around the capacity of cities to face these challenges up against the demographic breakdown of the data. Right now, the data is not consistently shared, and so we have some glimpses or snapshots of the impact that the disease is having in some of our most vulnerable populations. But really, the first phase of this is we need it down at least to the county level.

I would prefer to have it down to the zip code level so that we can really sort of dig into where we need to communicate the public health messaging differently, where we need to think about strategies to reach particular communities, and to make sure that we have testing in the places where we need it the most. And so the first part of it is we need to make sure that we're aligning the resources. And we will never know where those gaps are if we're not looking at this data very purposefully and with intention.

But we are seeing these disproportionate impacts, even in the early reads of that data. And so we have to start thinking about, what are the public health messages and what are the ways and strategies that we're going to make sure that we're targeting specific communities and geographies with the resources that they're going to need to not only navigate the decisions, but obviously, to combat the disease as well.

**STEPHANIE**

And I guess it sounds to me like really a one-size-fits-all sort of messaging strategy isn't going to work.

**DESMON:**

**BETH BLAUER:** That's right. We need to make sure the messaging is spoken in a language that

people can understand. That means that it has to be deeply connected to the community, it has to be reflective of the community, and it has to be shared with trusted partners in the community. And so really, these are the sort of components that we look for when we talk about pairing data with city leadership that really will drive the ability for local authorities to not only navigate the state-level decision-making, but also the very basic community-level decision-making that's going to, I think, be the central aspect of whether or not we are going to see a rising spike in deaths and confirmed cases and whether we can get some control over the disease.

**STEPHANIE**

Crystal, I know that all businesses are different, of course, but how should they think about reopening responsibly?

**DESMON:**

**CRYSTAL**

Yeah, thanks for having me. Businesses should start by looking at the risks they may face when they reopen. Will they have many people, either customers or employees, in close contact with one another? Do they operate only indoors? Do they have employees and customers that might travel a long distance and possibly spread the disease?

**WATSON:**

These and other operational realities can pose significant risks in a time of COVID-19, but there are measures that businesses can take to reduce that risk. So they need to look at what modifications they could make to their business operations and what mitigation measures that their employees and their customers could take, like wearing personal protective equipment, for example, or hand hygiene. There are a lot of steps that can be taken to reduce risk.

And so our organization, the Center for Health Security, has released recently an operational toolkit for businesses to help conduct a risk assessment for themselves to understand their baseline risk and then what steps they might take to reduce that risk. So hopefully, that's helpful to businesses.

**STEPHANIE**

Well, I've seen talk of some businesses saying they will install major cleaning efforts. I saw McDonald's is going to clean the bathrooms every 30 minutes, I think it was, and take temperatures before allowing workers to come back. Do you think those sorts of things work, or do they just make us feel better?

**DESMON:**

**CRYSTAL**

Yeah, I mean, there's evidence that we do need to maintain hygiene. We need to clean these surfaces that are high touch, that may harbor the virus. Taking a

**WATSON:**



temperature, that can be hit or miss because not everyone has a fever with this disease, and they may still get sick and have a fever later on in the day. So you may miss a fever with temperature taking.

But I think these are layered approaches. They all can help to some extent to reduce the spread of the disease. So layering these different things like cleaning and temperature taking and modification of actual business operations and wearing personal protective equipment, these can all be combined together to reduce our risk.

**STEPHANIE  
DESMON:** And we're hearing a lot about testing, mostly that there isn't enough of it. If we had more rigorous testing, would that help in the reopening process?

**CRYSTAL  
WATSON:** Yeah, I think it would. Testing capacity is expanding, but there are still bottlenecks around the country. We need testing to know who's infected. And we need that because both on a personal level, we need to provide people with appropriate care, make sure they know what's happening with them, with their disease, and provide access to health care, as well as at the population level.

We need to know where this virus is moving, and we need to take appropriate steps to try and reduce transmission. So having more ubiquitous testing in our communities can help with identifying cases. It can help in these institutions, as Dr. Inglesby said, where there might be more transmission of this virus to try and understand what's going on and to cut it off and reduce transmission.

**STEPHANIE  
DESMON:** So could you tell us a little bit about contact tracing and the role that it plays?

**CRYSTAL  
WATSON:** Yeah, contact tracing is exceptionally important. It really starts with a positive case. When someone is notified that they have COVID-19, public health authorities contact that person, ask how they're doing, see if they need health care, but then also ask them where they were during the time that they were infectious, so during the time they had symptoms and about two days before they developed symptoms.

That'll tell us who might have been in close contact and had significant contact with a person who's been sick. Authorities can then reach out to those people, notify them that they may have been exposed, and ask them to quarantine for 14 days,

which is kind of the upper bound of the incubation period of the virus.

Once we do that, what this does is if those people are, indeed, infected, those contacts, they're not out in the community spreading the disease to others. And so we can break chains of transmission there and start to slow transmission at a population level, even using these case-by-case methods.

**STEPHANIE**

**DESMON:**

So with schools closed, many parents simply aren't going to be able to return to their jobs. So what criteria need to be met before we can reopen schools this fall? I also read that France reopened their schools recently. And within days, they saw 70 cases related to schools, which they promptly close. Is this your fear if we reopen too soon?

**CRYSTAL**

**WATSON:**

Right, so reopening schools is a really tough question. There is a lot we don't know about how children are infected, if they transmit to the same level as adults. But we know that there is going to be some risk to children and to their caretakers and to their families when we reopen schools. I think it's going to be hard to avoid that. So the best thing that we can do is to reduce transmission overall during the summer, to use these methods, including testing and contact tracing, to lower transmission. And that will make it less risky for kids to come back together in the fall when we may open up schools.

But I do think that there is inherent risk in bringing people together in congregate settings, particularly indoors and with children who are not very good at social distancing. So it's going to have to be something where we weigh the risks and benefits of reopening schools. But we won't be able to make it perfectly safe.

**STEPHANIE**

**DESMON:**

And the summer, I guess, is the time, really, when these kids are all together. They're outdoors, but they're spending a lot of time together, typically. I guess we're going to have to be really vigilant keeping them apart again for the rest of the summer.

**CRYSTAL**

**WATSON:**

Yeah, it's really important to talk to your kids, if they're able to understand what's going on, to kind of reinforce the need to take these physical distancing measures and to have more activities outdoors where you can stay six feet apart or more because being outdoors is good for our health and it can allow us to do that distancing more effectively. So we need to be vigilant, but I think we can still

undertake activities, particularly outside.

**STEPHANIE**

That's good to know. Do we know enough, by the way, about the risk that children

**DESMON:**

play in spreading the disease to their more vulnerable parents and grandparents, or is more research needed?

**CRYSTAL**

More research is needed. We don't really know the transmission dynamics between kids and adults, but we have seen evidence that children do spread the disease.

**WATSON:**

And so especially if they're in a home with an older relative or someone who's vulnerable because of underlying health conditions, then it's important to try and maintain that physical distancing and separation between kids and their relatives. That's really tough, and it may weigh into the decisions about returning to school in the fall because kids that go to school may bring the disease back to their homes. So it's a tough situation, but we need to be very careful about having that happen because we do know kids spread the disease to some extent.

**STEPHANIE**

Yeah. So Tom, even if we're able to, quote unquote, "open again," will we be back to normal? For example, I haven't seen my parents since Thanksgiving. We did a socially distanced visit with my elderly in-laws over the weekend, and we literally had to back away from my mother-in-law because she wanted to hug us so badly. It breaks my heart, but we've also seen so many deaths in the older age groups. Will these older people be the last to be able to return to life unfettered?

**DESMON:**

**TOM INGLESBY:** Well, one unfortunate part of this of this virus, of this pandemic is that people who are older, especially people in their late 60s, their 70s, and particularly in their 80s do have a much more serious clinical course on the whole. The mortality is much higher in older people. And so they will be at higher risk than people who are younger. Also people with underlying conditions will be at higher risk, and there's really not anything we can do to change that risk.

But as Dr. Watson was saying, the outdoors environment is a much safer option than having interactions in an indoor space outside their home. So I think older people should certainly, when they're able and when they want to, go outside in a safe way, not around other people. That isn't going to be higher risk for them, as long as they're not around other people.

And there are places in this country where there is very little disease and there is very good testing, and so we have confidence at this point in time that there isn't disease spreading at high levels. And so those places would be safer than other places. There isn't a way just for us to say it is safe for someone at higher risk to go to an indoor environment they used to go to.

So we are going to have to live with a level of risk until we have a vaccine that protects people. But there are ways to gauge risk, and I think the kind of data that Beth was talking about earlier will help people and local communities decide what the risks are and hopefully make good choices and choices that their families are comfortable with.

**STEPHANIE** There are a lot of people who are saying, look, this hasn't been as bad as predicted  
**DESMON:** in my hometown, so why did we have to have all these lockdowns in the first place. What do you say to them?

**TOM INGLESBY:** What I would say is that when this was beginning to rise really in March in many places around the country, we really didn't have any idea where this disease was. Our diagnostic testing was so poor that we had very little confidence in knowing where the disease was, how fast it was spreading, how fast it was rising. We didn't know how quickly our hospitals were going to be filled with COVID patients or ventilators. And so it's really important for us to get a national approach that helped us get control of this epidemic.

And we have seen the results of that. We've seen a leveling off of cases and now the gradual reduction of cases in most states around the country, not all. Unfortunately, some states still have rising numbers of cases. In many, cases have plateaued and haven't gone down yet. But overall, moving in the right direction generally.

Now, in many places, we have better diagnostic testing, not all still. It's not perfectly distributed around the country. There are still counties where we may not have full confidence in the testing. It's also true that in some places, small towns and rural communities, even in a few cases could really be more than that community could handle. And so it's just important for people to understand the risks, to be able to have data to make their own good decisions.

Now states are better informed. States have better capabilities to do contact

tracing, to take care of sick patients. So we're in a different place than we were two months ago, but it's still important for people to recognize, things can change quickly with this virus. A little than two months ago, we had 100 cases in this country, 100 cases recognized, And now we have more than 1.5 million. So things change quickly, and people they need to pay attention to that and know that while this virus may be down in a given place, it's not out, necessarily, and could come back.

**STEPHANIE  
DESMON:**

Yeah. Crystal, the website Slate did an unscientific survey of more than 6,000 of its readers on a whole host of topics, and I found a lot of the answers really interesting. 73% said they would not eat indoors at a restaurant, even with reduced seating. 91% said they would not see a movie in the theater. 70% said they would not fly on a commercial airplane. This tells me that many people don't have the confidence in a full reopening. What does that say to you?

**CRYSTAL  
WATSON:**

What it says to me is that people really have their own judgments and their own level of risk that they're assessing here. And what we've seen on the news in some places with people really clamoring to go out, that may be a very vocal minority and that a majority of people, at least from this survey, are taking extra precautions still and perceive the risk to be high. And I think that is appropriate, and it gives me confidence that people are doing the right thing and taking appropriate measures to reduce their own personal risk and also to do the best thing for their communities by staying at home and staying as safe as they can.

I think that regardless of the pressures to reopen, people will do what they think is right. And this may be why we're not seeing some of the big spikes that could have occurred if we fully reopened and everyone went out all together. So I think it gives me optimism here.

**STEPHANIE  
DESMON:**

That's good. Now let's answer a few additional questions from our audience. Tom, how does our reopening response compare with what other countries are doing?

**TOM INGLESBY:**

I think there's a wide range of responses happening around the world. There are something on the order of almost 70 countries that still continue to have a pretty sharp rise, or at least some level rise of cases on a daily basis. They have not plateaued. There are other countries in the world which have plateaued and then had decreasing numbers of cases quite some time ago.

So there are countries like New Zealand and Iceland and Singapore, there are places like Taiwan and South Korea that have really had really good control of their outbreaks comparatively to the rest of the world. They have used contact tracing and very substantial diagnostic testing to really help them get control of their outbreaks. They also really manage individual cases very well.

They have really good data systems and a really good collective buy-in from their population. They all understand what they need to do, or at least that's what surveys show and the popular press kind of describes that. And that's really helped them.

So I think we're trying to move in those directions. We still have substantially more daily cases than any of those countries, but we're hopefully going to learn from them. Probably we'll learn from each other. Within the United States, we do have some states that are the size of Singapore and doing extremely well with very low numbers of cases and other states which still have a long way to go, in terms of getting control. So we'll probably learn from each other, and we'll learn from other countries.

**STEPHANIE**

**DESMON:**

This next question I'm seeing is similar to that. What do other countries take into account when they make these decisions to reopen, and what have we seen so far in the data from the countries that have started to reopen?

**TOM INGLESBY:** What we've seen so far is that some countries have been able to do quite well over time. So New Zealand is doing consistently very well. They've been able to drive down the number of cases that come from unknown sources down to 2%, which is in comparison to in the US, in many states, that number maybe 50%, 60%, 70% where we don't know where the case came from and we haven't been able to track it back to its origin.

So we're going to have to move in that direction. We're going to have to get better and better at breaking chains of transmission, understanding where cases came from, and be able to manage it much more efficiently for us to get to that situation.

**STEPHANIE**

**DESMON:**

Thank you. Crystal, just because an area is reopening, it doesn't mean that it's safe to resume activities. Where should people get their information to guide their

personal choices?

**CRYSTAL** I think there's a lot of good information on the Johns Hopkins site, the COVID site.

**WATSON:** The CDC also is putting out more and more guidance on this, so that is encouraging. Also the World Health Organization, WHO, has put out a lot of good guidance on this for countries all over the world. So I think those are the best sources to start with.

There's also a lot of good other data sources that are being published routinely, and those are good go-tos as well. But I would start with the Johns Hopkins site. We have a lot of great information, and a lot of it comes from Dr. Blauer.

**STEPHANIE  
DESMON:** So we have this other question for you, Crystal. What sort of PPE recommendations do you have for large companies as they prepare to reopen?

**CRYSTAL  
WATSON:** Yeah, it really will depend on the setting and the type of business that we're talking about. I think it makes sense for if people are operating indoors, if they're able to maintain social distancing, physical distancing, then to wear those cloth face coverings, as the CDC recommends. There may be other settings where more PPE is appropriate, but that kind of has to be assessed on a case-by-case basis. And that's why it's really important for businesses to look at their own risk, look at their own operations, and determine for them what makes the most sense to protect their employees.

**STEPHANIE  
DESMON:** It also seems to me, and I think I heard this from the governor of Maryland, for now, that people should continue to work from home, if at all possible.

**CRYSTAL  
WATSON:** Yeah. Obviously, there are many people in this country who can't do that. But the people who are able to work from home, this is the best option to protect yourselves and your loved ones, as well as your community, to reduce the spread, reduce crowding in transportation hubs, for example, so that those people who do need to go to work can do so in a safer way as well.

**STEPHANIE  
DESMON:** So we also asked for questions from the media. So Tom, this one's for you from Kevin Lauria at *Consumer Reports*. What sorts of social distancing guidelines might experts suggest the public follow, as stricter lockdowns are lifted?

**TOM INGLESBY:** I think it's some of the things that we've talked about in the first half hour. I think it's continued physical distancing. We know that the science says that the majority of

spread is at close range, and so staying apart from each other, at least six feet, is very important. We also think it's quite important to continue to wear cloth masks when you're outside the home in indoor spaces. So if you're going to the grocery store, wear a mask. If you're going to the bank, wear a mask. Some retail has begun to open around the country, as the reopening process started, wear a mask.

It's also important to avoid gatherings. I know there's been some reopening guidance that allows gatherings to start again. My advice would be to avoid them for now, unless you're living in a place where you have very high confidence that there's very low spread because we have seen over and over again that those indoor settings, those gatherings are places where outbreaks really occur.

So those are the key tenants of social distancing, physical distancing. They're at an individual level, which are happening at the same time that we're talking about organizational reopening. And the individual responsibilities we have really don't change.

**STEPHANIE** Thank you. So Crystal, this one is for you from Emma Court at *Bloomberg News*.

**DESMON:** What more is needed for reopening infrastructure, like mass testing, contact tracing, and surveillance?

**CRYSTAL**  
**WATSON:** Yeah, so we need to make sure that we have ubiquitous surveillance. We need to be at least at baseline testing anyone with COVID-19 symptoms. Ideally, we should also be testing the contacts of those cases, as well as having routine testing or facilities that may be at higher risk, so long-term care facilities, nursing homes, workplace settings, like we've seen in meat processing facilities where there have been large outbreaks. Those are the types of places where more testing may be beneficial, so we need to scale up until we get to that.

We also need to scale up our contact tracing workforce. We think we need on the order of 100,000 contact tracers around the country to do this work. And so I know states and localities have begun this around the country. Some states are more advanced than others, but we need to work towards that capacity to be able to break chains of transmission and bring this under control. Those are the two big capacities that we need to build up.



**STEPHANIE** And Beth, I wanted to ask, do states need more money to do that sort of work, and  
**DESMON:** are there states that are particularly behind on this that you know of?

**BETH BLAUER:** So I think that the CARES Act, the relief that's coming from the federal government, is hopefully going to help bring some relief to state budgets that are going to be incredibly stretched, based on a lot of the austerity that we're seeing coming in through the budgeting process at the local level. So while they are going to be looking for resources, they're also hopefully going to get some of that relief from the federal relief act.

I also think that there are philanthropic partners that are coming in. So we know that Bloomberg Philanthropies has been working with Johns Hopkins on some of the capacity building so that we have a whole team of contact tracers that are ready to be deployed when states are starting to grow these workforces. And so thinking about, what are the skills that are going to be required, where the populations of people that are going to be ripe to be connected to those learning opportunities is a place where I know that philanthropy is playing a role.

But I think that certainly, we're going to be in an unprecedented time when it comes to budgets across all levels of government, and that's going to be particularly difficult for public health agencies that are trying to actually ramp up capacity that's been less valued over the last decade or so. And so we've got to make sure that we're protecting those budgets and that they are being developed in a way that will meet the increasing need that these resources are going to prove for our communities.

**STEPHANIE** Terrific. Thank you. With that, I want to thank our experts for joining us today and all  
**DESMON:** of you for watching. This webcast is just one of the many ways Johns Hopkins University experts are sharing their knowledge on the COVID-19 pandemic. You can find expertise from across our university at [Coronavirus.JHU.edu](https://coronavirus.jhu.edu), including our recently enhanced map dashboard and data center.

We at the Johns Hopkins Bloomberg School of Public Health also have the daily podcast, *Public Health On Call*, where we are having conversations with experts every day. Subscribe where you get your podcasts, or visit [JHSPH.edu/COVID19](https://JHSPH.edu/COVID19). You can also sign up for COVID-19 daily roundup email to stay up to date with all of our

latest content and to be notified about future broadcasts. Thank you so much for joining us.