

# A better, safer way to reopen

Sadly, having missed the early opportunity to contain the spread of the coronavirus scourge, we were forced to use the blunt instrument of shutting down our economy. But now, as Florida begins to reopen and the state universities plan to welcome students back to campus in the fall, we can use a less disruptive and more effective measure that has two prongs: quick tests to identify who has the coronavirus and — this is key — then rely on members of a community to locate those who might have had contact with the ones who test positive.



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This process can work in relatively closed communities such as universities that are less at risk. And this would allow us to preserve the highest protections for those with greatest chance of serious illness, the need of hospitalization and intensive care: our older generation, who have complicating conditions and often live in nursing homes and assisted living facilities. Indeed, as the *Tampa Bay Times* has reported, 83 percent of coronavirus deaths in Florida are people 65 and older, and at least 43 percent of deaths across the state can be attributed to long-term care facilities. They must be protected, period.

But our healthier and active elders also often live in retirement communities and are vulnerable as they travel and go on cruises leading active lives. Can we use more targeted and effec-



LYNNE SLADKY | Associated Press

**Nurse Maria Charri, left, wears personal protective equipment as she hugs Osmar Grave, 73, as they sing along to live music at a temporary quarantine and isolation facility for the homeless in North Miami.**

tive measures to keep them safe while avoiding the total shutdown we have experienced?

The first basic step is to promptly identify the earliest cases in any community, whether it's a retirement village or the University of South Florida. Once positive cases are identified, anyone who had contact with them must be immediately found and tested.

Then comes the hard part: Anyone who tests positive must be strictly quarantined for two to three weeks. In this way, the pain of isolation is inflicted only on those who are actually infected and not on the whole community and all its related activities such as we are now enduring, even as Florida is beginning to reopen.

Of particular concern is what happens come the fall, when the pandemic is likely to have a second wave. We don't want to curtail all activities again and shut down the economy a second time. And we also want to safely open up schools, colleges and religious activities. So, we need to start now to identify those com-

munities and organizations that can implement the rapid antigen test, a new diagnostic tool that detects the active coronavirus quickly. These tests should be given where people live, work or go to school, and they should learn the results in minutes — not days or weeks.

Here's the key. While the testing must be done by people with sufficient medical understanding and with protective gear, once someone tests positive, it is easier for *members of the community* to identify and track down the others with whom the contagious person may have had contact. Think of the University of Florida. If a student tests positive, it will be faster and easier for other students, not medical professionals, to identify and locate the other students with whom she has been in contact. With this strategy, there is no need to hire large numbers of outside contact tracers for effective implementation, although an experienced contact tracing leader will usually be needed.

Large events such as sports,

concerts and political gatherings don't work well under this targeted approach, but any person attending such large events returning to their local groups and neighborhoods will be screened, should they come down with symptoms following larger gatherings. They can then be identified and any contacts they may have had in their community groups rapidly tracked down.

To employ this proven strategy of controlling epidemics will require organized groups to plan with medical and public health authorities in their locations and to set up the capacity to test locally and ensure that results are available promptly. To accomplish these goals, work must start immediately at the local level to connect capable community and professional groups to those who can provide the testing capabilities.

It will be important for the local health authorities to be receptive and supportive of these proven epidemic control measures and help ease their implementation. This may not be possible in some instances but, where it is possible, those areas will avoid the total economic and social disruption. Such initiatives must start with the first and highest priority of protecting the most vulnerable population in our nursing homes, assisted living facilities and retirement communities.

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