

OPINION

Boston infectious disease experts: Don't reopen Massachusetts too quickly

The coronavirus crisis is not over. Discussions of reopening should, by necessity, be part of a unified strategy that also includes plans to reclose.

By **Boston Infectious Disease Specialists** Updated May 11, 2020, 1:00 p.m.



State Representative Chynah Tyler hands out face masks at Nubian Station in the Roxbury neighborhood of Boston on April 29. CRAIG F. WALKER/GLOBE STAFF

As the number of new [COVID-19 cases in Massachusetts gradually declines](#), our eagerness to return to normal rapidly increases. But it must be a new kind of normal, one with less illness, death, fear, and restriction; one that allows us to go outside and breathe in fresh air; one in which we can plan for a bright and full future. We look forward to reopening businesses, returning to social gatherings, attending religious services, and walking our children to school.

But, as local infectious disease physicians who care deeply about our patients and the community, we feel an obligation to dispel any misconception that the coronavirus crisis is over. We speak out strongly against calls for and plans to move ahead too quickly.

The disappointing truth is that we anticipate that COVID-19 will be an omnipresent risk in our lives, at least for the next couple of years. Whether that threat [manifests itself as another large surge](#) — perhaps worse than the one we have just endured — or a series of smaller surges is largely up to us. Discussions of reopening should, by necessity, be part of a unified strategy that also includes plans to reclose. Careful action now, however, will help forestall the future need to head back inside and close down our lives and the economy.

Any next peak would have the potential to be as devastating as the one we just scaled for several reasons. There is likely a large proportion of the population who have not been exposed and are not COVID-19 immune. Early antibody testing shows that as much as one-third of residents in some communities have COVID-19 antibodies, while in other communities the rate is 10 percent or lower. These estimates suggest that more than 70 percent of people are still at risk for infection.

Second, [overlapping surges of COVID-19 and the influenza season](#) — both likely to start in the fall and peak in January and February — could overwhelm a health care system already stretched dangerously thin, given the potential need to provide testing, hospital beds, and ventilators for patients with influenza and/or COVID-19.

Finally, health care systems will be starting to address the backlog of patients who have delayed care for their chronic conditions, preventive health screenings, and elective surgeries. Many of those patients can no longer wait for care, and deferring treatments further could be disastrous.

But there is some good news. The science surrounding COVID-19 is moving forward at a stunning pace. We have learned so much in the past few months. With science on our side, coupled with single-minded purpose and commitment, we can stave off a return to stringent restrictions, avoid overwhelming the capacity of our hospitals, and test and screen patients more effectively.

Here's a snapshot of what those in health care must do:

- We must closely monitor any uptick in influenza-like illness in office and emergency department visits and hospital admissions.
- We must have clear criteria for when to reinstate restrictive measures for worrisome trends so we can act swiftly and decisively.
- We must expand testing and track new infections, following up with an aggressive public health response of contact tracing, testing, and, where appropriate, quarantine.
- We must secure adequate supplies of personal protective equipment, ventilators, and dialysis machines, assess the workforce and capacity at our health care facilities, and study how to protect our most vulnerable communities, including those in nursing homes and other congregate facilities.

- We should continue to build on the successful expansion of telehealth visits, and not require patients to come to the doctor's office for an appointment unless necessary.

As the health care sector does its part, difficult work lies ahead for all residents. COVID-19 has resulted in enormous hardships for many: lost income and jobs, struggles to pay rent and buy food, emotional isolation, and lost occasions to mark important milestones. We cannot, however, counter this loss by rebelling against or defying the limitations and behaviors that are necessary if we are to avoid a resurgence. Small, carefully thought-out steps forward will be much better — and much safer — than an aggressive relaxation of restrictions.

Consider what our new normal should look like — at least for a while. Our tomorrows will be in face masks, with initial activities happening in small groups with appropriate physical distancing and continued frequent handwashing. Those who can easily work from home should continue to do so, allowing others who must physically report to their jobs to get there on less crowded public transportation and work in less crowded places. Employers must allow those with even the most minor symptoms to test, stay home, and recover. We must all follow [guidance from Governor Charlie Baker and public health officials](#) as we slowly increase social gathering, shopping, attending events, dining out. And if infections happen to increase, we must be willing to comply immediately with restrictions and, if asked, we must head back inside and quarantine.

We, the infectious diseases leaders in Boston, are here for you. We can and will get through this, working together cooperatively and patiently — physically distant but inextricably linked.

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