Now That We Are Socially Distancing, When Can We Socially Mingle?

By Chuck Dinerstein, MD, MBA — March 30, 2020

As we get used to sheltering in place, speculation turns to an exit strategy. Especially impatient are those most concerned with the economy. If you follow COVID-19 coverage, there are any number of possible approaches going forward.

Rather than throw another prediction into the pile, I thought it might be a more instructive moment to consider the factors to be considered. What follows is an incomplete, inconclusive list.

The first question to be answered is, what will the coronavirus do? The hopeful believe it will go dormant, locked in one or two less concerning locales, like Ebola. Hope is nice, but we thought the same of Zika, and containment was ineffective. More to the point, Covid-19 is everywhere. So, we might put that aside. Nor can it be eradicated or extinguished. Many of the diseases that plague us, including the common cold, Covid-19s cousin, have been around forever; and we do not have a vaccine to use in the fight. It took roughly 22 years to eradicate polio in the US, as of October of 2019, it is still found on the planet. Eradication is also a distant possibility. The remaining option is to find détente, a means of keeping it in check – learning at least in the short run, to live with Covid-19.

We live in equipoise with many viruses, based on a combination of herd immunity and vaccinations. A vaccine is at least 12 months away, so in the interim, our goal would be to develop
a herd immunity that protects many of us, reducing the number of individuals at risk, the ones currently overwhelming our health systems. I have seen various estimates of how many of us need to be exposed to Covid-19 to create that herd immunity, ranging from 50-80% - the number is not crucial at this point. The pressing matter is how to inoculate the herd. That requires us to do an about-face and turn from social distancing to social mingling.

Before we turn to social mingling, we need to assure ourselves that the tsunami overwhelming our health systems has receded. What many of the various comparisons of Covid-19 to other public health emergencies get wrong is the time compression. Seasonal flu may infect more people and take more lives over six months, but Covid-19 is compressing that time frame to weeks, we cannot handle the surge. We need to see that hospitalizations are beginning to decline consistently. We also need to have enough testing available to identify new outbreaks and the ability to identify their contacts and re-isolate all of them rapidly.

One of the important concerns moving forward is the wide range of human responses to Covid-19, it's heterogenicity. The global reports are all over the place, literally and figuratively. It is unclear whether other variable risk factors are involved or that the information is so incomplete that it provides a false picture. Without a significantly higher degree of testing, not just of the essential or the symptomatic, we have little real data on to what degree this is like “the flu,” or not.

The reports on the medical side, show that respiratory issues can be overwhelming and prolonged. But we just do not know how long the surge will last. It is going to take time to gather that data.

With these checks and balances in place, we can then proceed with reintegrating our society and economy. Of course, who should go first? There remains a tradeoff in terms of health and economic risk. From a practical view, we might do well to identify those who meet two criteria, most essential and least vulnerable. The number of vulnerable and what constitutes essential is very much based on location. With these guidelines, each locality can determine who meets their needs, an equation that will change over time as more and more of us return to the “new normal.” NY’s Department of Health guidance on returning to work is as follows:

---

**Essential personnel who have been exposed to a confirmed case of COVID-19 can be permitted to work in the required workplace setting if all of the following conditions are met:**

1. Working from home would not be feasible for job duties;
2. Personnel are asymptomatic;
3. Personnel quarantine themselves when not at work;
4. Personnel undergo temperature monitoring and symptom checks upon arrival to work

---
and at least every 12 hours while at work, and self-monitor (i.e. take temperature, assess for symptoms) twice a day when at home;

5. Personnel required to interact with individuals within 6 feet should wear a facemask while working for 14 days following the last exposure;

6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;

7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and

8. Testing will be arranged for any personnel with symptoms.

Essential personnel with confirmed or suspected COVID-19 can be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;

2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms
first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;

3. Personnel who are recovering from COVID-19, according to the above condition, must wear a facemask for 14 days following onset of illness.

A facemask is defined as a well-secured mask, that doesn’t require fitting. That means it is not an N95 mask, it is the mask we normally associate with surgery, meant to protect us from you.

I do not want to minimize the thank-you of food, hospitals, like armies, have always run on meals; or the videos or other means we have found to show support to the first-responders and our communities. But we need to do our part in the war effort, wash our hands, maintain physical distancing, and be patient – don’t become a patient. That will go much further than thanking people “for their service.”

COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

Source URL: https://www.acsh.org/news/2020/03/30/now-we-are-socially-distancing-when-can-we-socially-mingle-14673
Links