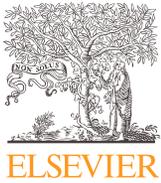




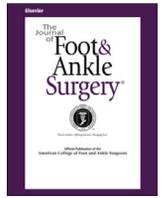
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Editorial

COVID-19, Pandemic, and Social Distancing

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This week, as COVID-19 spreads around the world and governments place restrictions on social gatherings of greater than 10 people, health systems restrict everything but urgent and emergent visits, and elective reconstructive surgeries get postponed, I am impressed by the response of individuals at work and in the community where I live. In general, thus far, there is an aura of support and optimism, despite the obvious health risks and financial burden brought on by this particular coronavirus. While 2019-SARS-CoV-2, the virus responsible for COVID-19, is not only effective at causing bronchial and pulmonary congestion, it appears to be indirectly effective at clearing traffic congestion in our streets (Fig. 1), and clearing shelf space in our grocery stores (Fig. 2), none of which are desirable effects. Since 2002, when severe acute respiratory syndrome (SARS) was first identified, and then in 2012 with identification of the Middle East respiratory syndrome (MERS), and now with 2019-SARS-CoV-2, the world has experienced three coronavirus outbreaks associated not only with mild to severe pneumonia, but also other health and economic consequences.

Like many diseases, the severity of pneumonia caused by coronaviruses varies with the host's comorbidities. The striking transmissibility of 2019-SARS-CoV-2 makes it particularly difficult to contain (1). At the time of this writing (1730 hours, March 17, 2020), the United States Centers for Disease Control was reporting a total of 4,226 confirmed cases of COVID-19 in 53 jurisdictions (49 states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands), and a total of 75

documented deaths attributable to the virus (2). In the hospital where I work, moreover, we currently have five patients in negative pressure isolation rooms undergoing treatment for COVID-19 pneumonia. Just in my neighborhood, in Center City Philadelphia, store owners and suppliers are working hard to maintain items on their shelves, while administrative authorities are taking unprecedented actions to prevent the spread of the virus. Local colleges and universities have extended spring breaks, elementary and secondary schools have closed, and the Penn Relays, which have been contested without interruption for 125 years, have been cancelled for the first time since 1895. Similar social distancing measures are taking place across the country and around the world, and we have seen how these interventions can markedly inhibit widespread dissemination of the virus, with Hubei province, China, probably being the best example of just how effective rigorous social distancing



Fig. 1. Market Street at 31st Street, Philadelphia, Pennsylvania, rush hour, March 16, 2020.



Fig. 2. Center City Philadelphia grocery store A) aisle shelves, B) freezer shelves, March 16, 2020.

can be at impeding propagation of 2019-SARS-CoV-2. Just how long we will have to maintain these precautions is not precisely known, although it appears that it will likely be several months, and it looks like we will still be in for episodic cluster outbreaks until effective therapies that impede transmission of the virus become available on a widespread basis. Unfortunately, we currently do not have a specific vaccine for 2019-SARS-CoV-2, and there is no known effective treatment, although antiviral drug trials are underway. For now, we have to pull together by staying apart, support one another by applying scientific methodology to impede the spread of COVID-19, and remain thoughtful of our patients and our neighbors as we work to impede the spread of the coronavirus and its ability to make us sick and to disrupt our economies. Like smallpox, yellow fever, measles, Spanish flu, polio,

and HIV in the past, virologists and clinician scientists the world over are working hard to develop medications and a vaccine to treat the coronavirus. In the meantime, hygienic precautions and social distancing will have to do.

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