

28 April 2020

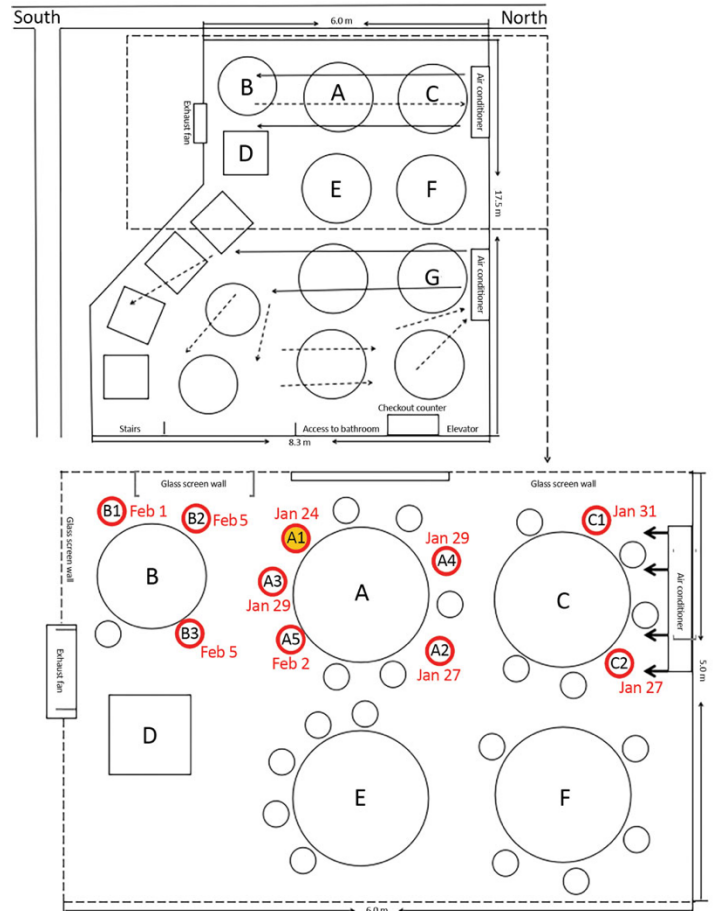
BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

SARS-CoV-2 spread in an air-conditioned restaurant in China.

As the nation continues to discuss relaxing social distancing rules and reopening restaurants, a new [report](#) from China should serve as a cautionary tale. The authors of the paper report on ten people from three separate families were infected in a restaurant. As seen in the figure below, Family A traveled from Wuhan and arrived in Guangzhou on January 23, 2020. The next day, Patient A1 ate lunch with three other family members. Families B and C were located next to Patient A1. Later that day Patient A1 became symptomatic with fever and cough and went to the hospital. Within 12 days (February 5th), nine other people who were at the restaurant had become ill from covid-19; four from Family A, three from Family B, and two from Family C. Using contact tracing, the researchers determined that the only source of exposure for Families A, B, and C was exposure to Patient A1 at the restaurant. Patient A1 had therefore infected, at the minimum, one person each from Families B and C with possible intra-family transmission for the others who became infected. The restaurant where this transmission occurred had certain features worth noting. It is an air-conditioned windowless space on the fifth story of a building. It is 145 square meters in area. Air-conditioning air flow is shown in the figure. Each table was approximately one meter apart. Families A and B were seated for 53 minutes of overlap, while Families A and C overlapped for 73 minutes. The air-conditioner of the restaurant was tested for SARS-CoV-2, and all six viral tests were negative for the virus. All of the restaurant staff and all of the other patrons of the restaurant were quarantined without symptom development. The authors suggest that infection with SARS-CoV-2 might have occurred through droplet transmission, assisted by the flow of air conditioning. To prevent spread of the virus in restaurants, the authors recommend temperature monitoring surveillance, increased distance between tables, and improving ventilation strategies. How possible it is for restaurants to implement these and other suggestions in the United States remains to be seen.



—Christopher Sampson, MD, FACEP @sampx

POLICY BRIEFING

Secretive group channeling ideas to the White House.

A group of a dozen scientists, led by a physician-turned-venture-capitalist and backed by billionaires and industry executives, is [advising](#) cabinet members and Vice President Mike Pence about how to fight the coronavirus pandemic. The group, whose members say they have nothing financially to gain from any portion of their proposal, has used backchannel, old-school politics to get their confidential 17-page report in front of top members of the administration. Among the ideas they favor: treating patients with drugs previously used against Ebola, but in much higher doses than has been used in the past. Among the ideas they dismiss: treating coronavirus patients with hydroxychloroquine, and using antibody tests to decide who can go back to work. *Wall Street Journal*.

–Jordan M. Warchol, MD, MPH

Administration embraces telehealth.

To support the expansion of telehealth on a national scale, the Federal Communications Commission (FCC) has [released](#) the details of its \$200 million incentive program, created as part of the CARES Act. This package provides funding for the purchase of telehealth-related services and devices. A new online application details the steps, requirements and restrictions to apply. Money will be distributed on a rolling basis until the funds are exhausted or the pandemic has ended. Separately, the Department of Health and Human Services (HHS) has [launched](#) a telehealth website for patients and providers. The patient portal provides education about the basics of telehealth and different ways to connect, while the provider side focuses on changes to billing, policy, and legal considerations associated with telehealth use. *Various*.

– [Joshua Lesko, MD](#)

–Kimi Chernoby, MD, JD, Policy Section Editor.

–Joshua Niforatos, MD, Research Section Editor

Kane Elfman PhD, Publishing and Design.

Kate Taylor, Editor-at-Large.

Jeremy Samuel Faust MD MS, Editor-in-Chief.

<http://www.brief19.com/>

Twitter: [@brief_19](#)

submissions@brief19.com

Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.