

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

Two major organizations release an election safety guideline. Yes, it can be done.

The United States presidential election is on November 3rd. Is in-person voting safe during the covid-19 pandemic? A new guideline released August 12th by the Infectious Disease Society of America (IDSA, the nation's governing body on infectious disease medicine) and the Brennan Center for Justice at the New York University School of Law says *yes*. That is, if properly planned and carefully carried out. Their guidance adds to an [earlier document](#) released by the U.S. Centers for Disease Control and Prevention and anticipates specific problems and provides workable solutions. The document covers four major topics: General guidance; polling place location considerations; information on keeping polling sites healthy (i.e. decreasing any spread of SARS-CoV-2), and; information on properly selecting and protecting poll workers. Some highlights of the document caught our eye and are worth discussing.

-Many polling places are in buildings that normally serve seniors and other at-risk persons. These polling sites should be relocated. Favored sites include those with ample space and ventilation and filtration systems (e.g. school gymnasiums or large parking lots where possible). Meanwhile, seniors who normally would not have to commute in order to vote must not be forgotten; plans should be made to encourage and allow these citizens to vote.

-Polling places should provide masks for those who do not arrive wearing one.

-Curbside voting should be available to those for whom entering the building may be a risk either to themselves or others.

-Officials should design the flow of voter movement so that crowding is minimized. This includes separate entrance and exits. Other interventions such as placing of plexiglass barriers between voters and poll workers are advised.

-For voting itself, the guidelines emphasize safe distances between booths, frequent cleanings, and other interventions to minimize contamination from one voter to the next such as the use cotton swabs instead of fingers to press buttons (or other appropriate finger covers for buttons or screens). Disposable pens and pencils are also suggested.

-Shared surfaces like door handles, voting booths, and restrooms will need full cleanings on a frequent basis. Full restroom cleanings are suggested every four hours.

-Planners should prioritize adequate PPE for poll workers and recruit a surplus of workers in the event of unplanned illness or concerns regarding contamination. Some poll workers who normally would be fit to work may have to sit this year out (e.g. some retired people). Poll workers will need PPE training as well.

All of these interventions and others strike us necessary, reasonable, and achievable. With adequate planning and care, in-person voting appears to remain a safe and viable option. [12 August 2020](#).

—Jeremy Samuel Faust, MD MS

New Zealand Responds to the Return of Covid-19.

As *Brief19* [reported](#) on Wednesday, New Zealand recently announced its first coronavirus infection in 102 days. The country has been widely regarded as one of the best in its initial response to the pandemic, becoming the only nation to eliminate the disease entirely. However, after the emergence of four new cases within the same family, Prime Minister Jacinda Ardern has [reimposed](#) strict guidelines in the city of Auckland. With 1.5 million people, Auckland is New Zealand's largest city, and is now in the second most restrictive category of the country's four-tiered coronavirus

containment strategy. Residents were advised to stay home and nonessential businesses, including restaurants, were closed for 3 days. No long-term closures or other restrictions have as of yet been announced. It is not known how the new cases of covid-19 were transmitted as the family had not traveled outside of New Zealand. Contact tracing is now being used to attempt to identify and quarantine any persons who may have contracted the virus from the infected family. Other parts of the country have also ramped up protective measures against spread of the novel coronavirus, though those restrictions are less severe than in Auckland. *WSJ*. [14 August 2020](#).

—Jordan M. Warchol, MD, MPH

The FDA says it won't cut corners in the race for a coronavirus vaccine. Russia will. While anxieties created by the covid-19 pandemic have led to hasty journal publications and a public outcry for a vaccine in the near future, the U.S. Food and Drug Administration will not sacrifice their rigorous safety standards. In an [article](#) recently published in the *Journal of the American Medical Association*, FDA leadership resoundingly stated that any vaccine candidates will be subject to the same legal and regulatory standards required of all potential medical products. Their piece goes on to enumerate a number of considerations for the vaccine process. First, all vaccines will be manufactured in accordance with the FDA's quality standards and have their safety and efficacy confirmed prior to distribution. Additionally, to achieve herd immunity, the vaccine will need to be widely distributed. Furthermore, extensive planning will be required before any vaccine can be released in order to establish surveillance and patient follow up. Finally, the authors require that all manufacturing candidates be evaluated by an outside advisory committee. This statement comes with important underlying context, as Russia recently [announced](#) that they have licensed and begun distribution on a vaccine before undergoing Phase III testing, stating, "Russian science is more advanced in this [area] than many other nations." While the adenovirus-based vaccine being proposed has been reportedly tested for safety in previous trials for vaccines like MERS, there is no proof that this particular vaccine works in humans for preventing SARS-CoV-2 infection. *Various*. [13 August 2020](#).

—Joshua Lesko, MD

Reimbursement for coronavirus counseling. In order to encourage healthcare providers to counsel patients regarding social distancing, quarantining and other methods of limiting the spread of coronavirus, the Center for Medicare and Medicaid Services (CMS) and the U.S. Centers for Disease Control and Prevention (CDC) has [announced](#) a modification in reimbursement methods. Using existing evaluation and management (E/M) codes, healthcare providers will be able to bill for these specific educational sessions to encourage wider adoption of safe practices. This policy was announced as part of a broader Fee-For-Service update published by CMS covering various billing changes during the Public Health Emergency (PHE), including broader telehealth, waiving of certain copays and various other changes. *The Center for Medicare and Medicaid Services (CMS)*. [13 August 2020](#).

—Joshua Lesko, MD

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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.