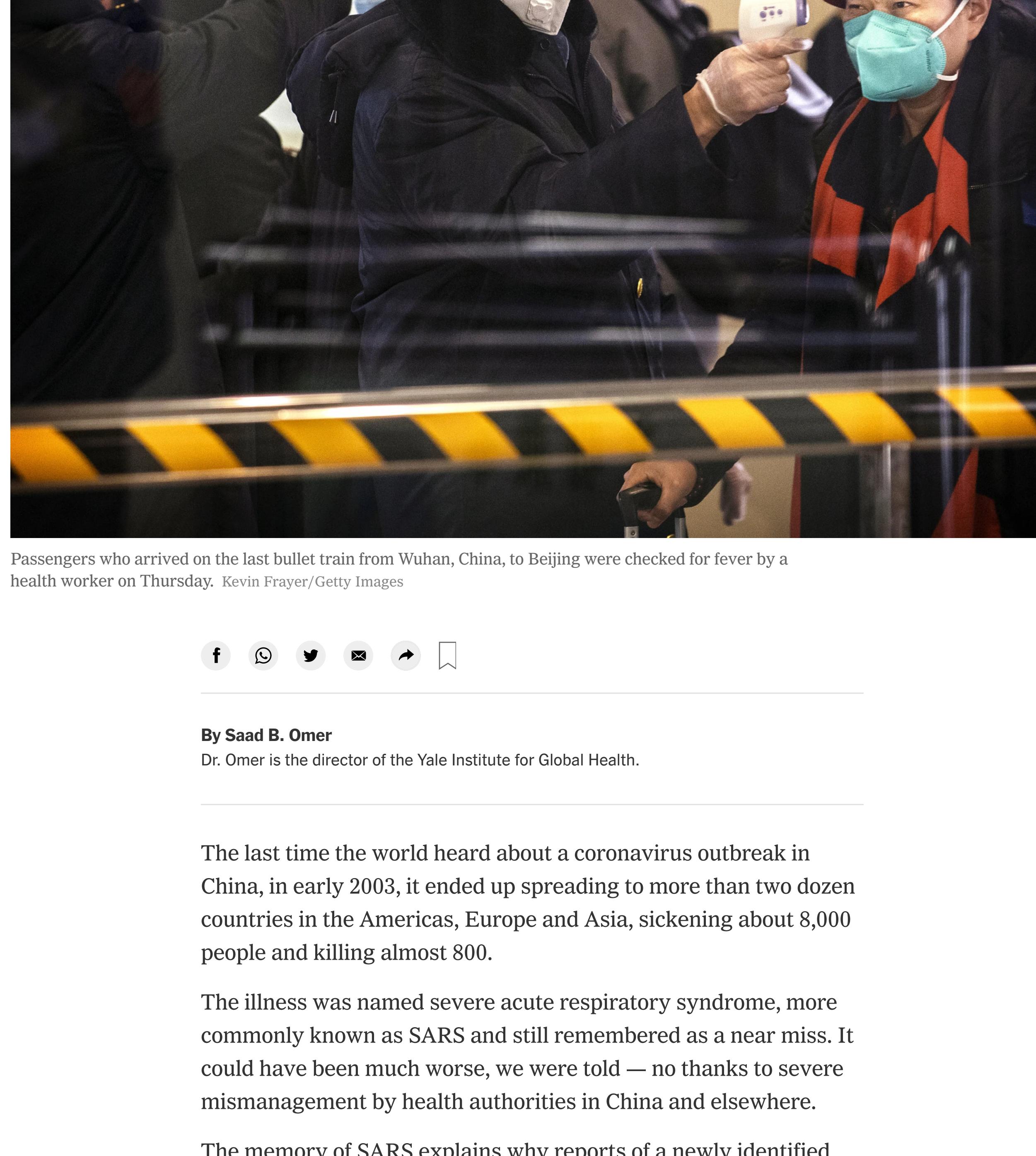


OPINION

Is America Ready for Another Outbreak?

No. But there are clear steps the government needs to take.

Jan. 23, 2020



Passengers who arrived on the last bullet train from Wuhan, China, to Beijing were checked for fever by a health worker on Thursday. Kevin Frayer/Getty Images

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By Saad B. Omer

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The last time the world heard about a coronavirus outbreak in China, in early 2003, it ended up spreading to more than two dozen countries in the Americas, Europe and Asia, sickening about 8,000 people and killing almost 800.

The illness was named severe acute respiratory syndrome, more commonly known as SARS and still remembered as a near miss. It could have been much worse, we were told — no thanks to severe mismanagement by health authorities in China and elsewhere.

The memory of SARS explains why reports of a newly identified coronavirus originating in China are concerning. The outbreak, originating in the city of Wuhan, has resulted in at least 25 deaths and rapidly spread to several countries, including, in one case, the United States. The World Health Organization has convened an emergency meeting and has been considering declaring the outbreak a “public health emergency of international concern.”

Responses to emerging viral threats such as SARS and, later, Ebola have been controversial. During the SARS outbreak, many political leaders were caught unprepared. The mayor of Toronto, a city disproportionately affected by SARS, [publicly acknowledged](#) his unfamiliarity with basic infection control measures — he didn’t even know what the World Health Organization was.

In 2015, Donald Trump heavily criticized the Obama administration’s response to the Ebola crisis. Mr. Trump, then a presidential candidate, urged [maximalist measures](#), such as not allowing Ebola-infected American aid workers back into the country. While there’s little chance that such an extreme step will be required this time, there’s also little evidence that Mr. Trump is taking the potential threat from the virus seriously enough.

Fortunately, there are clear lessons to be applied from both the SARS and Ebola experiences.

First, be ready for anything, and leave it to the experts. A measured, evidence-based response to this novel coronavirus would involve a series of rapid decisions requiring technical expertise. As the outbreak emerges, new — often contradictory — information will have to be incorporated into outbreak control measures. Fortunately, such expertise exists within the government.

The major public health and biomedical agencies, such as the National Institutes of Health and its constituent institutes, the Centers for Disease Control and Prevention and the Food and Drug Administration, are led by well-respected scientists and public health professionals.

The American response should be led by these agencies, rather than politicians. Decisions such as border screenings, travel restrictions and potential quarantine have major public health consequences, and they should be driven by science and emerging biological and epidemiological evidence.

During the Ebola outbreak, the C.D.C. took several useful measures, including providing guidance to domestic health care providers and sending Ebola response teams out to work with local health authorities in different parts of the country. The C.D.C.’s efforts were credited with preventing further spread of Ebola within the United States.

Members of the Infection Control Team for the Ebola Response, a part of the Centers for Disease Control and Prevention, demonstrated proper techniques during an Ebola education session for health care workers in 2014. Timothy A. Clary/Agence France-Presse — Getty Images

Second, public health authorities should be candid with the public about the uncertainty that inevitably surrounds a new virus. At this point, we know very little about this new coronavirus, including its source, mortality rate and potential to spread. In order to avoid public panic, health authorities often end up providing false assurances in the face of genuine uncertainty. This “[panic about panic](#)” can lead public health authorities to unduly play down the risks associated with an outbreak, which can undermine public trust.

Instead, public health officials should recognize that some level of concern is [within the range of normal and expected human responses](#) to emerging threats; they should clearly convey what is known, what is unknown and what is unknowable.

Third, the spread of rumors through social media during public health emergencies is, by now, a well-recognized concern. What is appreciated to a lesser extent is the push within the scientific community to rapidly share study results during emergencies by posting them online. Even for the current coronavirus outbreak, several analyses have been posted online by scientific teams around the world.

While this is a positive trend that can make critical information available in a timely manner, direct sharing of scientific results bypasses the peer review process essential for ensuring the quality of scientific evidence. Interim and sometimes half-baked results can be rapidly amplified through social media.

We know from experience that initial scientific insights often end up being incomplete and, in some cases, outright incorrect. One option for quality control of scientific output in a public health emergency is a rapid peer review entity — perhaps co-managed by major research institutes and funded by global health funding entities such as the Wellcome Trust and the Bill and Melinda Gates Foundation. We need such rapid information and insight, but even more important, we need it to be right.

We are once again faced with the outbreak of an emerging pathogen with potentially global implications. We don’t know how bad it will get. But there is no excuse for not getting ready for the worst. We already know the consequences of inaction.

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