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Sent: Wednesday, April 22, 2020 8:47 AM
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Subject: Notes from call with Dr. Fauci

Hello - Thanks for all for a very informative and sobering discussion last night. I've provided bullets below to capture the main points. Please add or change as needed. I've kept this relatively short but can supply a full recording of the call if you want it.

We will have another call next Tuesday.

David

PPE supplies:

- while hospitals are in better shape than a few weeks ago, significant shortages remain at long-term care facilities, skilled nursing facilities, outpatient settings like doctors' offices and urgent care clinics, shelters, prisons. Gowns are the biggest problem, but gloves, masks and shields are also short. Doctors offices are closing for lack of PPE.
- each city is trying to solve these shortages in a short-term, piecemeal way. They need a longer-term solution to stabilize availability. Outpatient settings are looking to health departments to provide supplies, something HDs are not set up to do.
- testing in most places still requires PPE use (e.g. no availability of anterior nasal swabs) and the PPE shortages are severely limiting testing scale up.
- even at hospitals, supply limitations make re-opening elective surgeries and other procedures impossible at this stage.
- If considering re-opening businesses, this will drastically increase PPE needs to a whole new sector.

TESTING challenges:

- Each city reported that, despite improvements, a very limited number of tests are being performed compared to need.
- Supply shortages are the biggest challenge: swabs, PPE, sample kits, reagents are the biggest obstacles. Not clear where this is going to come from or who is responsible for addressing problems.
- Private labs limit number of sample kits distributed each week. In places where public labs are available, there is a push to get providers to use the public labs. But many places don't have public labs.
- There is no clear guidance on how to prioritize who gets tested first. So, in some places, that means that people at lower-risk are being tested but people at greater risk (due to symptoms,