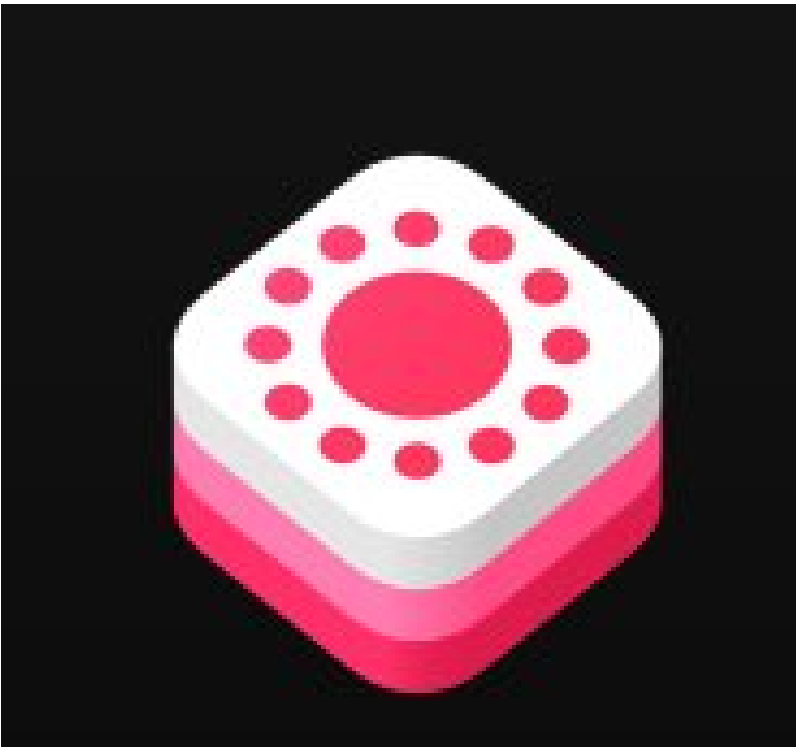




Myoung Cha @cha_myoung Fri Dec 24 08:16:57 +0000 2021

1/ With the omicron surge, I have had more friends send me screenshots of exposure notifications (EN) in the last week than I have in the last year. Here are some reflections based on the work I led at @Apple working with @Google and some thoughts on the road ahead. ■ <https://t.co/lw1jZdJNyE>



2/EN was one of the most exciting projects I have ever worked on with an unbelievable amount of technical talent at both companies deployed to deliver in a matter of months. (Recent gathering of a small subset of the crew below) <https://t.co/R2kdmdFFEW>



3/ As we worked on the effort, it became clear to me that public health agencies did not fully grasp the power of the technology as a way to massively augment more traditional NPIs.

4/ It was always a challenge to convince someone that it was “as good as” contact tracing, which was like asking whether an email is as good as a nice holiday card. Of course they’re not the same, but I can send a nice e-card instantly to 100 people to get mostly the same result. <https://t.co/IEu9Aa2Y>



5/ The biggest pushback we got was why we wouldn’t allow governments around the world to use the API to collect a ton of data about users who had opted in since traditional contact tracing provided more precise insights on who had been exposed to the index case.

6/ Our reply of course was to protect user privacy since the identity and whereabouts of all of your friends could be sucked up by a bad government actor with a more centralized design — to build a social graph of all users with the pandemic as the justification.

7/ “Trust us, we are the government” was often the pushback. But of course, this wasn’t a theoretical concern but something that actually happened in both Singapore and Australia with systems that did not adopt our privacy-preserving approach. <https://t.co/N6FooPpnCV>

8/ Surprisingly, the UK and Europe were the most progressive, coordinated, and aggressive in their use of the technology while most people we talked to in the US couldn’t be bothered as they stood up contact tracing call centers.

9/ The UK actually published data showing that the EN system worked to blunt the surge last winter: <https://t.co/HChEVSrP32>

10/ Eventually, a patchwork of US states adopted the EN technology through their own apps or EN Express. Unlike most countries, we lacked a federal approach which could ensure a uniform message and rollout. This was probably the single biggest detriment to adoption in the US.

11/ Reading Michael Lewis’s Premonition on the pandemic response was both a revelation and made total sense in retrospect — the cognitive bias was strong that the “experts” had all the answers early on and that EN was an “unproven” technology that no one had validated before. <https://t.co/VmELAc3oEO>

At some point Richard and Carter realized that they'd need to change the minds of everyone working in and around public health, and that this meant first changing people's minds inside the Centers for Disease Control. The CDC sat at the top of the country's system of public health; in some ways it sat at the top of the *world's* system of public health. Leaders everywhere looked to it for guidance. But there had been a reason Rajeev hadn't asked the CDC to join the team creating a new pandemic strategy. Whatever strategy the White House dreamed up would necessarily be original, he thought, and the people who already saw themselves as experts in the field would be least capable of original thought. They'd be constrained by their sense that they already knew everything worth knowing about disease control, and would be threatened by the possibility that in fact they did not. And that might have been true. But it created a tension between these two doctors who were making it up as they went along and the people who regarded themselves as the world's authorities on disease control.

As they finished the plan, Carter got the first whiff of the CDC's condescension. There'd been one final chapter to write, on how to keep big institutions, public and private, running during

12/ When the public health experts at the CDC and other agencies asked for papers that we had published or evidence that we had gathered showing the technology saved lives, I could only silently scream, "it was just invented a few months ago".

13/ Instead, the CDC and other agencies promulgated "evidence-based guidelines" on social distancing rules based on outdated research on 6 feet of distance and no more than 15 minutes of exposure, all of which we can throw out the window now. <https://t.co/g1Fbt7wGaF>

Is 6-foot distancing really required?

The CDC guidelines say that schools should try to keep kids 6 feet apart. This guidance, however, appears to be based on [decades-old research](#) on the travel distance of large respiratory droplets.

The insistence on 6 feet was controversial from the start. One of the early skeptics was physician Rochelle Walensky, who was recently appointed to lead the CDC. She [advised her local school district](#) last summer that "it is quite safe and much more practical to be at 3 feet" as long as everyone is masked. (Three feet of distancing is also [recommended](#) by the World Health Organization.)

When asked to explain this about-face during a [recent interview with CNN](#), Walensky argued that the larger distance in the CDC guidance was justified by new research published since last summer and the increase in case counts since then.

The newest evidence actually seems to argue *against* requiring strict adherence to a 6-foot rule, however. First, it is [increasingly clear](#) that transmission of Covid-19 is not explained by the droplet model — the idea that bigger drops of secretion fall in the first few feet around someone, as [was thought](#) when the [original social distancing guidelines](#) developed. Second, [a meta-analysis](#) on Covid-19 and other closely related coronaviruses showed that the benefits of increasing the distance from 3 to 6 feet is marginal in contexts where the risk of infection is low, as would be the case in a classroom with universal masking.

14/ With the Biden transition, we all had hope that a different dynamic would take hold, but the incoming administration was on a singular mission to launch the vaccines -- with deaf ears for massively scaling testing and re-launching a national EN app.

15/ The vaccines-as-silver-bullet approach was wrong last summer when the Biden administration declared COVID "independence", and it continues to be wrong today. <https://t.co/e3gEHhX7A6>

Is Biden Declaring 'Independence From the Virus' Too Soon?

Less than half the country is fully vaccinated against Covid-19, and the contagious Delta variant is spreading. Still, the White House has an "America's Back Together" celebration planned for July 4.



President Biden with service members at Langley Air Force Base in Virginia in May. He has invited 1,000 military personnel and essential workers to an Independence Day celebration on the South Lawn of the White House on Sunday. Kenny Holston for The New York Times

16/ There have been many "experts" who have declared that we are just around the corner from COVID finally being over. Almost all of these predictions have been wrong. Nobody knows for sure what will happen. <https://t.co/M50cG9UwzM>

October 5, 2021
12:25 AM PDT
Last Updated 2 months ago

Healthcare & Pharmaceuticals

Former FDA chief Gottlieb expects Delta to be last big pandemic wave in U.S.

2 minute read

By Julie Steenhuisen

17/ It is a psychological barrier for all of us to accept that we are probably in the early part of the decade of COVID versus hoping that it will go away in a matter of months.

18/ The sooner we can accept this reality, the more likely that we can act with the force of conviction and commitment required to bring the virus under control.

19/ The testing mess we are in right now is the result of anchoring bias around the vaccines with so many missed opportunities over the last year to prepare for the current surge. I can only image the hemming and hawing about why anyone would care about testing anymore. <https://t.co/c9mVwwspqF>

This struck us as a strange response from the president. For a year, he has been promising to fix the lack of testing capacity in the U.S. Here's a short history of his testing promises:

Jan. 22: Biden promises "a war footing to aggressively speed up our Covid-19 response, especially on vaccines and testing and reopening our schools."

Feb. 17: Biden announces "a series of new actions to expand Covid-19 testing, improve the availability of tests, and better prepare for the threat of variants."

March 11: Biden says, "We continue to work on making at-home testing available."

July 6: Biden says, "We're going to deploy things like testing to expand detection of the virus."

Sept. 8: In a major speech, Biden says, "From the start, America has failed to do enough Covid-19 testing." He promises to: 1) "use the Defense Production Act to increase production of rapid tests, including those that you can use at home," 2) ensure that retailers such as Walmart, Amazon and Kroger "sell at-home rapid test kits at cost for the next three months," and 3) "purchase nearly 300 million rapid tests for distribution ... so that every American, no matter their income, can access free and convenient tests."

(So while he may have told Muir that he wished he "had thought about ordering" 500 million at-home tests "two months ago," Biden already promised 300 million tests three months ago.)

Dec. 2: In a major speech, Biden says, "This winter, we are going to make free at-home tests more available to Americans than ever before," principally by mandating that "health insurers must cover the cost of at-home testing."

Dec. 6: In a White House press briefing, a reporter asks press secretary JEN PSAKI whether the Biden reimbursement plan is needlessly cumbersome: "Why not just make them free and give them out to — and have them available everywhere?" Psaki mocks the question, responding, "Should we just send one to every American?"

Dec. 21: In a major speech, Biden admits his attempts to expand testing haven't been adequate. "Because Omicron spreads easily, especially among the unvaccinated, it's critically important that we know who's infected," he says. "That means we need more testing. And on that score, we are [not] where we should be." He announces a new plan for the federal government to buy 500 million at-home rapid tests and send them to Americans for free.

20/ While one should always hope for the best, it is a collective failure of imagination to not be prepared for the worst. Our current situation in the U.S. strikes me as "prepare for the best" and "surprised by the worst".

21/ There are people like @larrybrilliant who have consistently warned about the need to prepare for the worst. <https://t.co/wHRNgInNvZ>

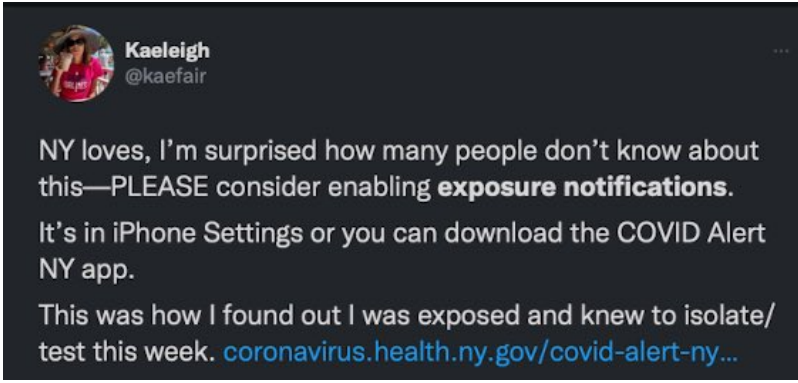
The world is nowhere near the end of the Covid pandemic, says famed epidemiologist Larry Brilliant

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22/ It is time to bring 21st century tools and technology to a 21st century virus. The vaccines are a piece of the puzzle, but we should be deploying every tool in our toolkit — N95 masks, boosters, rapid and ubiquitous testing, and yes, even EN.

23/ Technology brings 3 things to help balance the equation vs. COVID: speed, scale, and decentralization. EN can notify exposed individuals near instantly and provide rapid guidance about what to do, all without the government or "big tech" privity to your personal information.

24/The trifecta of mass rapid testing, EN, and oral therapies could be the killer combination against omicron and future variants. Anyone who gets an EN should get tested immediately, isolate/quarantine to break transmission, and get rapid access to a therapy if positive. <https://t.co/K28oQbEN70>



25/ My holiday wish is for everyone to stay safe and healthy and for us to ready ourselves for the potential variants to come. <https://t.co/oC5sed0TTb>

