Harvard epidemiologist: Beware COVID-19’s second wave this fall

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Will sunshine and warm weather bring an end to face masks, physical distancing and other pandemic mitigation tactics? Several states may be easing stay-at-home orders, but the joy of the release of COVID-19 restrictions may be short-lived.

Summer may slow the spread of the coronavirus a bit, but it will back by fall with a second wave that looks a lot like the first wave, said a leading epidemiology researcher. And the immunity that will bring a real end to the pandemic may be a long time coming.

Marc Lipsitch, DPhil, is professor of epidemiology at the Harvard T.H. Chan School of Public Health and director of the Center for Communicable Disease Dynamics. He discussed the prospects for mitigating a second wave of the COVID-19 pandemic and the potential approaches to faster development of a vaccine, with JAMA Editor-in-Chief Howard Bauchner, MD, on Dr. Bauchner’s podcast, “Conversations with Dr. Bauchner.”

“Almost every government is talking about lifting control measures. Not every government, but many, because of the economic burdens. Given the fairly high caseloads that we have in the United States, that's a really risky thing to do right now,” Lipsitch said.

“I hope that the summer weather will help,” he added, but his research indicates that the warmer weather will only reduce transmission rates by about 20%. “That's only enough to slow it down, but not enough to stop it.”

Jurisdictions may learn more about which tactics work best in mitigating transmission during this period and may learn whether some mitigation tactics such as school closings are valuable.

“But the downside,” Lipsitch warned, “is that many jurisdictions will have a plan to open up but not a plan to reclose, leading to more situations like New York, New Orleans and Detroit where there’s extreme strains on the health care.”
Serological studies

Testing will be important, Lipsitch said, and medical researchers need to learn more about infection rates. Preliminary research indicates that rates may vary widely around the country and a real understanding may have to wait until comprehensive serological testing, he explained.

Local leaders will need to understand more about who gets infected before they can make good decisions about openings and staying open. Sociological factors such as poverty and transportation maybe important determinants in understanding infection and serological surveys may help in understanding who gets infected and which intervention and mitigation tactics are most valuable.

Fall will be difficult

Lipsitch said that despite hopes that summer will bring continued relief from the spread of the virus, “fall will be very much like the spring,” and the usual pattern of coronaviruses is likely continue with new transmission peaking in November and cases peaking in December.

“We will have a harder time controlling coronavirus in the fall ... and we will all be very tired of social distancing and other tactics. The hard thing will be to keep enough of it to protect our ICUs and keep the number of cases from flaring up,” he said.

Controlling the virus may call for a return to the tactics that have worked in spring and a continued focus on maintaining resources such as personal protective equipment and increasing viral testing.

Lipsitch also pointed to the social stresses of COVID-19 mitigation and said he would put more resources to mitigating the social effects of these countermeasures. In addition to improving testing
and medical surveillance, he would put additional resources to “making sure people have enough to
eat, making sure education can continue” and mitigating the mental health issues created by the strain
of changing lifestyles to fight COVID-19. Learn more with the AMA about managing mental health
during COVID-19.

Subscribe to the “Conversations with Dr. Bauchner” podcast. Each week, he interviews leading
researchers and thinkers in health care about their recent JAMA articles. Go beyond an article recap,
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Learn more about Dr. Bauchner in this AMA Moving Medicine Magazine profile, “Digital designs for the
age of evidence.”