





Covid-19: Trump says risk to Americans is "very low"

Janice Hopkins Tanne

New York, USA

President Donald Trump described the US response to the covid-19 outbreak as "a tremendous success" and asserted that the risk to Americans was "very low" during a rare nationally televised press conference on Wednesday 27 February.

He said that the 60 covid-19 patients in the US were mostly doing well, although one remained seriously ill.

To combat covid-19 he advocated screening people from infected areas, quarantining those at risk, and developing a vaccine, which was advancing "rapidly." He said the country was "very ready" and was the best prepared country in the world to deal with the outbreak.

Trump said he had asked Congress for \$2.5bn (£1.94bn; €2.29bn) to fight the virus (from the Ebola response budget), but Congressional Republicans had suggested \$4bn and Democrats had pushed for \$8.5bn. He indicated he would accept whatever Congress decided.

Shortly afterwards, the Centers for Disease Control and Prevention reported apparent local transmission of covid-19 to a person in northern California with no relevant travel history or exposure to a known infected patient. Two days earlier, San Francisco and Orange County in California declared local emergencies to prepare for the arrival of covid-19 in their communities. ²³

Meanwhile a preprint suggested that undetected "stealth" transmission of covid-19 in China was probably caused by mild infections, which led to rapid spread of the virus.

"The explosion of covid-19 cases in China was largely driven by people with mild, limited, or no symptoms who went undetected," said co-author Jeffrey Shaman, from the Columbia University Mailman School of Public Health in New York. The paper reported that 86% of all infections were undetected before the 23 January shutdown of Wuhan.

"These 'stealth' transmissions will continue to present a major challenge to the containment of this outbreak," and a radical increase in identifying and isolating currently undetected infections would be needed to fully control covid-19, he said.⁴⁵

Prepare for pandemic

Anne Schuchat, principal deputy director of the Centers for Disease Control and Prevention, said that the country could expect more cases and should prepare for a possible pandemic. She urged businesses, schools, and universities to review their pandemic plans to make sure they were ready and advised people to cover the nose and mouth if they were coughing or sneezing and to frequently wash their hands.

Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases, said that there were several vaccine candidates, but a vaccine for widespread use could not be available for 12 to 18 months—beyond the current infection cycle and not "rapidly," as the president had suggested. He said that an experimental antiviral agent, remdesivir, might prove useful

During an unusual question session, the president said there was strong control at US borders but it was not the right time to restrict travel from affected countries. "We'll see what happens," he said. "This is going to end." However, the US State Department has given various levels of warning about travel to China, South Korea, Japan, Italy, Iran, and Hong Kong and cautions about travel to Singapore, Thailand, Taiwan, and Vietnam.⁶

Trump defended his 80% cut to the pandemic response team and in answer to critics he said that the team "hadn't been used for years. We could bring them in tomorrow. We could build up quickly."

Medical bills

The medical bills of patients who do not have health insurance, are uninsured, or are undocumented immigrants was highlighted by a Florida man. Recently returned from a business trip to China he went to an emergency department in Miami with flu like symptoms. After testing, he was found not to have covid-19 but faced a \$3270 bill from his insurance company because he had a limited or "junk" insurance plan.⁷

Goleen Samari, assistant professor at the Mailman School of Public Health at Columbia University in New York, told *The BMJ*, "People who lack insurance are less likely to seek care. American public health is decentralised. It's up to the cities and states. Some states which have accepted Medicaid (health insurance for poorer people) expansion could use funds to provide care to the uninsured and undocumented."

The large state of Texas, for example, did not accept Medicaid expansion. Quarantine policies, she said, differ widely from state to state and haven't been updated in 50 years.

Trump did not tackle the matter of who will pay the medical bills of uninsured or under insured patients or whether they or undocumented residents might try to avoid medical care.

- CDC. CDC confirms possible instance of community spread of Covid-19 in US. 26 February 2020. www.cdc.gov/media/releases/2020/s0226-Covid-19-spread.html.
- 2 Hanna J. San Francisco declares state of emergency over coronavirus. Here's what that means. CNN. 26 February 2020. www.cnn.com/2020/02/26/health/san-franciscocoronavirus-emergency-declaration/index.html.

NEWS

- 3 De Nova J and ABC7.com staff. Orange County officials declare local health emergency amid coronavirus concerns. 27 February 2020. https://abc7.com/5969590.
- 4 Li R, Sen P, Bin C, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (COVID-19). 14 February 2020. www.medrxiv.org/ content/10.1101/2020.02.14.20023127v1.
- 5 Stealth transmission' fuels fast spread of coronavirus outbreak. Colombia Mailman School of Public Health. 26 February 2020. www.mailman.columbia.edu/public-health-now/news/ stealth-transmission-fuels-fast-spread-coronavirus-outbreak.
- 6 Colarossi N. The CDC is warning travellers about visiting five countries because of the coronavirus. Here's the US government's guidance for Americans. 25 February 2020.
- www.businessinsider.com/us-government-travel-warnings-for-coronavirus-outbreak-2020-2.
- 7 Conarck B. A Miami man who flew to China worried he might have coronavirus. He may owe thousands. Miami Herald. 24 February 2020. www.miamiherald.com/news/healthcare/article240476806.html.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions