

## **COVID-19 Crisis Exit Phases**

## Press release of the French National Academy of Medicine

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The National Academy of Medicine has analyzed the possible exits from the Covid-19 crisis and distinguished four phases: the current Phase I to slow the epidemic, Phase II of partial decontainment, Phase III of protection, and possibly of immunization, allowing to remove the constraints on the society, and Phase IV of management of the pandemic aftermath and preparation for a future pandemic.

The Academy considers that for Phase I, slowing down the epidemic by confinement was the only applicable strategy once the epidemic had reached a level that could no longer be contained by selective isolation of the detected patients and investigations-action around the cases. Exit from confinement, an imperative for the society, must follow precise criteria in order to avoid the resumption of the epidemic. Four criteria should be met in order to move to Phase II of partial containment, the difficulties of logistical application of which the Academy is aware:

## PHASE 1:

Slowing down the epidemic

## The four criteria for moving from Phase I to Phase II

A sustained reduction in the number of cases for 15 days

The ability of public hospitals to safely treat all patients requiring hospitalization without resorting to crisis care standards

The country's ability to test all people with symptoms of COVID-19

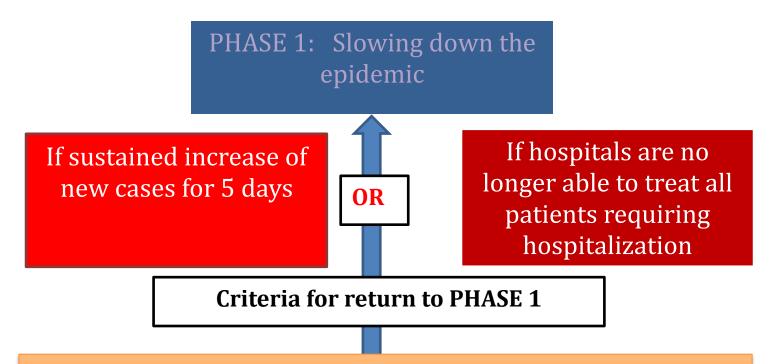
The ability to actively monitor all confirmed cases and their contacts



PHASE 2: Partial deconfinement (Region by Region, Country)

The objectives of Phase II are to allow, in a concerted and prudent manner, the vast majority of businesses and schools to reopen while keeping the transmission of the virus low, so as not to return to Phase I. Such maintenance is based on barrier measures (physical distancing, obligation to wear general public masks), the systematic practice of RT-PCR tests in all symptomatic people and in their contacts and the ability to offer individual containment for detected cases. During Phase II, special attention should be paid to the most vulnerable populations in order to obtain their cooperation. This phase will be used to mobilize and coordinate research, develop therapeutics and make widespread use of digital tracing tools. The unpredictable duration of this Phase II will require the cooperation of all citizens and the utmost vigilance of the political authorities in order to maintain the application of protective measures.

A return to Phase I could unfortunately be indispensable in the event of an uncontrolled resumption of the epidemic. Like the deconfinement measures, the measures for a possible return to Phase 1 should be implemented locally (by region, department or territory) according to each particular situation. The criteria for a return to Phase I are summarized below:



Phase 2: Partial deconfinement (Region by Region, Country)

In Phase III, the physical distancing constraints and other Phase II measures can be lifted when safe and effective controls to mitigate the risk of recurrence of COVID-19 are available. The criteria for achieving this are based on an active surveillance for an immediate detection of new cases, tracing and isolation of contacts, provision of treatment to avoid complications in those most at risk, and, in an optimistic scenario, availability of a safe and effective vaccine or evidence of an unlikely protective immunity acquired by a major part of the population.

Phase IV will consist of treating the post-traumatic physical and psychological sequelae of the epidemic and, after analysis the events, identifying and correcting the organizational flaws that allowed the pandemic to spread. The resources will be based in particular on the increase of our research and innovation capacities with efficient governance, a hospital organisation based on the flexibility of its structures and the implementation of a genuine European strategy to respond to health challenges.