

April 18, 2020

## How Should We Reopen? – Part 2

In a certain segment of the entertainment industry, illness from one performer can have serious and even deadly impacts on others. If one performer has HIV/AIDS he or she can infect another via unsafe sex or sharing dirty needles. While HIV/AIDS is not the death sentence that it once was, it is life-altering and can be life-threatening.

Some members of this industry have registered in a third-party database to protect their privacy. The production company consults the database, finds out if an actor is cleared to work. (<https://www.avert.org/news/hiv-prevention-adult-film-industry-testing-alone-not-sufficient>). The article cited in the above hot link detailed the case of a 25-year old male performer (patient A). Patient A had an HIV-negative nucleic acid amplification test (NAAT), a highly sensitive test that can detect HIV from 10 to 15 days after infection, but 22 days later he tested positive for HIV, after condomless sex with 12 adult film actors and five non-work-related partners. Two of the man's partners, one actor, and one non-work partner were later diagnosed as HIV-positive.

The parallels to the COVID-19 “back to work” debate are immediate. How will we know when it is safe? How close should people be to each other? What do we do if someone becomes ill?

Your blogger grew up in the 1950s. Everyone had a scar on his or her arm from the “vaccination” for small pox – we knew we were safe. Polio vaccinations followed in the late 1950s and the early 1960s. Again (at least in most of the world), we became safe from polio. MMR (measles, mumps, rubella) followed, providing safety for at least the largest part of the population that has not fallen prey to the “anti-vaxxers”.

Without a vaccine, how will we reopen facilities where people come and go. For now, this suggests a national health ID card, with a chip, and a card reader that indicates whether the person has tested negative for COVID-19. Readers could be provided to restaurants, libraries, University lecture halls, even arenas and stadiums. Put your card in the slot, test negative, you get in. You don't want to get tested ... you don't get in.

Abridgement of freedom? Some. We require drivers to have drivers licenses which suggests that they know how to drive. We require travelers to have passports, because we need to know who they are. We have given away a lot of our freedom at TSA checkpoints that have thus far prevented another 9/11.

Perfect? Inexpensive? Absolutely not. A person who tests negative on Monday may be infected on Tuesday and may not be symptomatic or test positive until days after that. This kind of program would require some type of simple periodic retests, weekly perhaps.

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In addition, antibody tests are important to determine immune response to COVID-19. Jennifer Abbasi in *JAMA* (<https://jamanetwork.com/journals/jama/fullarticle/2764954>) writes that such tests are ramping up quickly.

Scientists said the tests will be critical in the weeks and months ahead, when they may be used for disease surveillance, therapeutics, return-to-work screenings, and more. But the tests must be deployed appropriately, they added, and with an acknowledgment of unanswered questions (Abbasi, April 17, 2020).

Who should run COVID-19 related tests? The federal government! There should be multiple safeguards and serious, very serious, data encryption.

Testing will be expensive, irrespective of who pays the bills. Employers? Health insurers? States? Feds? Institutions? Individuals? Not testing will be far more expensive with renewed waves of pandemic.

... and we should hope for a vaccine soon.

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