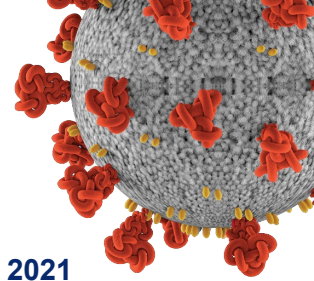


The COVID-19 Pandemic: Preparing for Second (and Third) Waves

Sept. 10, 2021



The COVID-19 (coronavirus) pandemic was caused by the worldwide spread of the SARS-CoV-2 virus. SARS-CoV-2 belongs to a family of betacoronavirus and is similar in structure to SARS-CoV, which caused the 2002-03 SARS (Severe Acute Respiratory Syndrome) epidemic in localized areas and the MERS (Middle East Respiratory Syndrome) epidemic in 2012. SARS-CoV-2 was a newly discovered virus, and little was initially known about its characteristics (infectivity, means of spread and length of time from infection to symptoms). As such, it has been difficult to predict how widespread the initial stage of this pandemic will last.

COVID-19 cases began emerging in the United States in early 2020. The early lack of understanding of the lag time between exposure to the virus and the onset of symptoms and the ability of the virus to spread during this latent period by infected, asymptomatic and pre-symptomatic carriers led to a rapid increase in cases. Initially, disease spread was identified in specific regions (California, Louisiana, New York and Washington) with a significant number of deaths, particularly in those older than 60. The disease spread through different states at various rates – some states had few cases while others had extremely large numbers.

This initial increase in the spread of COVID-19 is called the First Wave or the initial penetration of the disease within the population. Initial reactions to this disease led to national recommendations on closing of non-essential businesses (restaurants, malls, theme parks, salons, etc.), elimination of non-emergency surgeries, recommendations to self-isolate at home except for going out for food and medicine as well as national and international travel bans. The idea of “social distancing” (maintaining a six-foot physical distance from another individual) also was introduced. The wearing of face coverings was recommended and/or mandated. These tactics have collectively become known as strategies to mitigate or decrease the rate and extent of the spread of the virus. These procedures over a few months began to decrease the number of cases and, as states began to reopen or

allow the progressive opening of businesses, the numbers of virus infections began to increase with certain areas (Arizona, California, Florida and Texas) affected significantly. This increase in infections should be considered a secondary peak of the First Wave, a resurgence or simply an extension of the First Wave. The references to peaks and waves are a description of the character of the graphic illustration of new cases discovered over time.

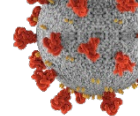
Some questions that have been asked are:

Is the First Wave still occurring?

Yes, the First Wave began in February in the United States with different areas affected throughout the country in different ways and different times. Some cities experienced severe outbreaks early and seem to be receding while other places – which had few cases early – are now seeing a significant increase. This is considered a secondary peak of the First Wave and a result from communities reopening without maintaining certain mitigation practices (social distancing, mask use, hand washing or gathering in large groups). The end of the First Wave will occur only when the number of new cases approaches zero in most areas. It was thought the warm weather of summer might slow down the spread as what happens with colds and influenza. To this point, this decrease in cases has not been observed. If and when there is a significant decrease in cases (approaching zero) and the cold weather brings another resurgence, that will be the beginning of the Second Wave. Whether a Second (or Third) Wave will occur is not known. Some of the past pandemics/epidemics have had a Second or Third Wave.

What could a Second Wave look like?

Without a vaccine, there is concern a Second Wave in the fall/winter of 2020 could occur simultaneously with the usual seasonal influenza cases that normally account for numerous hospitalizations and deaths annually. In the United States, the 2019-20 flu season

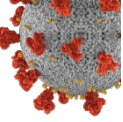


reported more than 40 million cases and over 30,000 deaths. A Second Wave of COVID-19 concurrent with seasonal influenza could overwhelm the healthcare system. Historically, the 1918 flu pandemic recorded more deaths during the Second Wave vs. the First and Third Waves. The 2009 H1N1 flu epidemic had a Second Wave.

What should OMSs do to prepare their offices for a potential Second/Third Wave?

1. Continue practicing current COVID-19 precautions per AAOMS guidance:
 - a. Consider utilizing telehealth as a way to minimize the number of in-office interactions.
 - b. Continue to use verbal and written questionnaires for all patients and accompanying individuals.
 - c. Minimize the number of those accompanying patients.
 - d. Measure and record patient's and accompanying individual's temperature.
 - e. Schedule in-office visits with consideration of physical or social distancing. (Consider closing the waiting room or reception area.)
 - f. Erect barriers to protect administrative staff from direct contact with patients or accompanying individuals.
 - g. Practice proper handwashing techniques.
 - h. Meticulously utilize PPE.
 - i. Continue to use recommended office sanitizing procedures (CDC guidelines).
 - j. Keep up-to-date on the latest COVID research (Department of Homeland Security Master Question List).
 - k. Keep up-to-date with the latest information at AAOMS.org, ADA.org and CDC.gov.
2. Postpone any visit if there are any positive answers on patient questionnaires or a recorded temperature higher than 100.4° F.
3. Refer for testing any patient with COVID-19 symptoms or known exposure to the virus.
4. Request patients to contact the office if any COVID-19 symptoms occur within seven days* of their office visit. If a patient develops COVID-19 symptoms or tests positive within seven days, follow AAOMS/ADA guidelines for notifying and/or testing all office personnel who may have been exposed to that patient's respiratory droplets or aerosols and contact local health authorities to implement contact tracing.
5. Implement ongoing COVID-19 questionnaires for staff, and monitor and record staff temperatures daily. Refer a staff member for testing if there is any exposure, positive answers to the questionnaire or a temperature higher than 100.4° F.
6. Monitor federal, state and local public health information regarding COVID-19 case numbers, hospitalizations and deaths.
7. Monitor scientific literature for new therapeutic treatments, the use of convalescent plasma and development of vaccines.
8. Procure and maintain sufficient stock of PPE (N95 respirators, cover masks, gowns, face shields, goggles, gloves, hair coverings, shoe covers, patient drapes, equipment covers, sanitizing materials, etc.) for entire office staff of at least a 30-day supply per practitioner in a practice.
9. Consider 2020 influenza inoculation and, if available, COVID-19 vaccine.
10. Maintain a practice cash reserve of at least 60 days to cover office expenses, salaries, etc.
11. Monitor and utilize AAOMS, ADA, CDC and OSAP information and recommendations for safe practice.

*The AAOMS Special Committee on Recovery and Response to the Pandemic time recommendation is not consistent with the current CDC guidance of two days. However, the CDC shortened its time recommendation to meet perceived needs in the public health community with limited resources. In order for the OMS office to better safeguard its personnel and patients, the provided seven-day recommendation would allow for additional notifications in a timely manner.

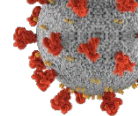


What should be done to prepare for a potential Second/Third Wave?

The following are recommendations based on the consensus opinion of the AAOMS Special Committee on Recovery and Response to the Pandemic. All AAOMS members have the right and responsibility to prepare and act in the fashion they deem most appropriate for their situation in accordance with applicable law. The Special Committee's only intention is to promote the safety and well-being of AAOMS members, their patients, staff, families and friends. OMSs must all remain diligent in their ultimate goal to promote life, health and prosperity while keeping in mind they are all in this together.

1. Continue to practice current COVID-19 precautions – physical or social distancing, wearing of face masks/coverings, hand washing and minimizing large group gatherings in closed areas.
2. Monitor federal, state and local public health information regarding COVID-19 case numbers and trends, including new daily cases, test positivity rate, new daily hospitalizations and deaths, ICU capacity and percent contact tracing ([COVIDActNow.org](https://www.COVIDActNow.org))
3. If you or a family member has symptoms or if a temperature reaches 100.4° F, seek testing immediately and self-quarantine until test results return as negative.
4. Maintain at least a six-week supply of food, water, prescription medications and supplies for personal use. (When shortages occur, stores may implement rationing, potentially resulting in more frequent shopping.)
5. Prepare for additional public health-directed, government-mandated restrictions on commerce and transportation.

The COVID-19 pandemic has presented a significant global challenge to society, and its effects will be long-lasting. How OMSs recover and build their future will depend on their response not only to the disease but also how they maintain their values to their patients and society as a whole.



Bibliography

1. Harvard epidemiologist: Beware COVID-19's second wave this fall. L. Strazewski. American Medical Association. May 8, 2020.
2. Doomsday Scene: COVID-19, Flu, Measles, & Winter. Here's Our Plan. A. L. Caplan. Medscape. June 26, 2020.
3. Investigation of the second wave (phase 2) of severe acute respiratory syndrome (SARS) in Toronto, Canada. What happened? M. Ofner-Agostini, T. Wallington, B. Henry, et al. Canadian Communicable Disease Report. February 2008; 34(2):1-11.
4. SARS: Lessons from Toronto. D.E. Low. NCBI Bookshelf. 2004.
5. We've Had a Lot of Pandemics Lately. Have We Learned Anything From Them? R. Onion. Slate. Jan. 30, 2020.
6. Is A Second Wave Of Coronavirus Coming? L. Jacobson. Kaiser Health Network. June 23, 2020.
7. What a 'second wave' of COVID-19 could look like and how to prevent it. C. Steig. CNBC. June 28-29, 2020.
8. What a Second Wave of Coronavirus in the Fall Could Look Like. H. Grey. Healthline. May 20, 2020.
9. The US is not in a second wave of coronavirus – the first wave never ended. M. Hawkins. The Conversation. June 20, 2020.
10. Not yet a pandemic. 2019-nCoV has echoes of MERS, SARS, flu. A. Breindl. Bioworld. Feb. 5, 2020.
11. Could America face a second – or third – wave of COVID-19? Advisory Board. April 21, 2020.
12. Covid 19 – Epidemic 'Waves'. T. Jefferson, C. Heneghan. Center for Evidence Based Medicine. April 30, 2020.
13. Will There Be a Second Wave of Coronavirus – and How Bad Could It Be? Here's What Doctors Say. C. Gillespie. Health. April 23, 2020.
14. What's ahead on COVID-19? Expert offers forecast for summer, fall. L. Strazewski. American Medical Association. April 6, 2020.
15. CDC director warns second wave of coronavirus is likely to be even more devastating. L. Sun. Washington Post. April 21, 2020.
16. Why a Second Wave of Covid-19 Is Already a Worry. J. Lauerman. Bloomberg Press. April 24, 2020.
17. Beware of the second wave of COVID-19. S. Xu. The Lancet. April 8, 2020.
18. History of SARS, flu a guide to whether coronavirus will have a second wave. C. Browder. WRAL news. April 23, 2020.
19. New Study warns of second wave of coronavirus. J. Guzman. The Hill. April 28, 2020.
20. First and Second Waves of Coronavirus. L. Maragakis. Hopkins Medicine. July 13, 2020.
21. The Covid-19 Pandemic Has Only Begun. R. Britt. Elemental. April 4, 2020.
22. Master Question List for COVID-19 (caused by SARS-CoV-2). Homeland Security Weekly Report. July 28, 2020.
23. Three potential futures of Covid-19: recurring small outbreaks, a monster wave, or a persistent crisis. S. Begley. StatNews. May 1, 2020.
24. AAOMS COVID-19 webpage at [AAOMS.org/COVID](https://www.aaoms.org/COVID)
25. ADA Return to Work Interim Guidance Toolkit at [ADA.org](https://www.ada.org)
26. CDC website at [CDC.gov](https://www.cdc.gov)