**Infection Rate**
- Rates & New Cases Decreasing
  - < 1% positive of tests conducted (daily)
  - Current estimate of < 1 case per 100,000 population per day
  - Continued decline in daily cases
  - < 3% positive of tests conducted (daily)
  - Current estimate of < 10 cases per 100,000 population per day
  - Sustained decline in daily cases for 21 consecutive days, as reflected in the 5-day rolling average
  - < 10% positive of tests conducted (daily)
  - Current estimate of < 25 cases per 100,000 population per day

**Diagnostic Testing & Surveillance**
- Rates & New Cases Increasing

**Case & Contact Investigations**

**Healthcare Readiness**

**Protecting At-Risk Populations**

**PHASES FOR RE-OPENING**

**Phase 1: Maximum social-distancing**
- Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

**Phase 2: Initial re-opening**
- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

**Phase 3: Economic recovery**
- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

**Phase 4: New normal**
- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

**Diagnostic & Surveillance**
- Infection Rate
- Healthcare Readiness
- Protecting At-Risk Populations

**COVID LOCAL**

**GEORGETOWN UNIVERSITY**
Georgetown University Medical Center
Center for Global Health Science and Security

**TALUS ANALYTICS**

**NTI**
Building a Safer World

**Center for Global Development**
All symptomatic people, all asymptomatic high-risk individuals or contacts, and anyone who requests a test/any physician who orders a test can access testing. Tests are readily available for all essential personnel. Majority of test results are returned within 24 hours. Sufficient number of tests per day.

### Phase 1: Maximum social-distancing

- Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system.

### Phase 2: Initial re-opening

- Limited number of critically important activities open.
- Continue to prohibit gatherings in enclosed spaces.
- Some outdoor activities with appropriate distancing.
- Telework should continue wherever feasible.

### Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed.
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation.
- Continue to prohibit large gatherings.
- Telework should continue wherever feasible.

### Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination.
- Community transmission is well monitored and virus flare-ups are contained rapidly.
- Most high-risk/low criticality functions can resume.

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**Diagnostic Testing & Surveillance**

- Faster & Widely Available
- Slower and Less Available

**Infection Rate**

**Case & Contact Investigations**

**Healthcare Readiness**

**Protecting At-Risk Populations**

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**COVID LOCAL**

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**Center for Global Development**

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**TALUS ANALYTICS**
95% of close contacts are elicited, located, tested within 24 hours
At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers
At least 90% of new cases from identified contacts

90% of close contacts are elicited, located, tested within 24 hours
At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers
At least 80% of new cases from identified contacts

75% of close contacts are elicited, located, tested within 24 hours
At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers
At least 60% of new cases from identified contacts

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Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

Phase 2: Initial re-opening
• Limited number of critically important activities open
• Continue to prohibit gatherings in enclosed spaces
• Some outdoor activities with appropriate distancing
• Telework should continue wherever feasible

Phase 3: Economic recovery
• Widely re-opening economic and social functions once transmission has declined and is suppressed
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• Community transmission is well monitored and virus flare-ups are contained rapidly
• Most high-risk/low criticality functions can resume

LOCKDOWN

More Contacts Managed

Fewer Contacts Managed
At least 30% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care.

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

PPE reserve of at least 90 days

At least 30% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care.

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

PPE reserve of at least 2-4 weeks

At least 15% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care.

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
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Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

LOCKDOWN

Diagnostic Testing & Surveillance

Case & Contact Investigations

Healthcare Readiness

Protecting At-Risk Populations
Sufficient testing, quarantine, and isolation in long-term care facilities

% of cases reported from long-term care facilities
<5% over last 28 days

Local rapid response teams are available to respond to outbreak hotspots within 24 hours with sufficient PPE

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

Phase 2: Initial re-opening

- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
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Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

Cases Decreasing

Cases Increasing

Phase 1

Phase 2

Phase 3

Phase 4

Local rapid response teams are available to respond to outbreak hotspots within 24 hours with sufficient PPE

Diagnostic Testing & Surveillance

Case & Contact Investigations

Healthcare Readiness

Protecting At-Risk Populations

Infection Rate