CDC Private Sector Call – Update on the COVID-19 Response

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Transcript created by Western Growers

Moderator: Hello. My name is Sara, and I welcome you to the CDC partner and private sector call, an update on the COVID-19 response. We would like to thank you for doing all that you are to protect your employees and communities during this unprecedented time. This call will be recorded and later posted on the CDC COVID-19 website. This call is not intended for media, who can direct their questions to media@CDC.gov. I would like to remind all participants that CDC's website has the latest communications, guidance, and resources. Just since this call, last week, the last call, such updates that have been included are detailing ten ways health care systems can operate effectively during COVID-19, updated information for pediatric health care providers, and updated resources for community and faith-based leaders. That's just to name a few.

Today's call is a series of calls to help keep you informed about the COVID-19 response and to hear and respond to your questions. Thank you to those who sent questions in advanced. We batched the questions, looked for themes and common questions that were asked. Our plan today is to hear a situational update from a leader in our response, Dr. Jay Butler, and a broad overview of guidance for the food industry by Dr. Megin Nichols. We'll then have time for Q&A based on the questions received. I am so pleased to be joined by Dr. Butler and Dr. Nichols. Dr. Jay Butler oversees all of the CDC's COVID-19 response. In his day job, he is a deputy director for infectious diseases, he is board certified in pediatrics, nutrition and infectious diseases. Dr. Nichols leads the divisions of foodborne, water borne and other diseases. I'll turn it over to Dr. Butler to provide a situational update.

Dr. Butler: All right. Thank you very much, Sara, and I appreciate the comment about the press. I noticed my comments apparently last week on wastewater treatment made it into politico, with the comment that it was a very stayed and standard public health presentation up to that point. Hopefully we can make this week every bit as exciting. First of all, good afternoon, everyone. Thank you for taking time from your busy schedules to join us, to continue our conversation about the evolving COVID-19 pandemic. So, as we look at the situation across the United States now, we are entering a phase where we certainly have seen some flattening of the curve, and in a number of parts of the country, there are movements towards easing up on some of the mitigation efforts, as we have talked about for the past several weeks.

It's not a matter of suddenly turning a light switch. One of my state partners described their outreach to the public was hunker down, and now they are calling it ease up, which I actually think is a pretty good approach, that if we suddenly stop everything that we have been doing over the past five to six weeks and go back to life as it was BCE, before coronavirus entered, we could potentially see quite a rebound in the number of cases. So it really is an approach of ease up, and it's one that's going to be variable across the country, depending on what the level of activity with coronavirus is in that

area, as well as what's most appropriate for that given situation. We do continue to see a significant number of cases each day.

One thing that is a little bit of a shift is we see more and more cases occurring in outbreak settings, such as in long-term care facilities, as we have seen for a number of weeks, but more recently a significant number in jails and prisons and meat packing and poultry processing plants. And we continue to see some cases occurring in homeless shelters, although I think there's some good news in that a number of the homeless shelters have been able to take some very good steps to be able to provide housing for people who are experiencing homelessness, and also provide appropriate directions.

We are aware of over 6,000 long-term care facilities that have had potential outbreaks in 48 states around the country. Also, over 550 situations in correctional facilities, where at least one confirmed case has been identified among staff or among inmates. Also, a very significant number of outbreaks that have occurred in meat packing and poultry processing plants that have involved well over 9,000 people who work in those plants, and, unfortunately, with a case fatality rate of about one in every 200. And I won't get ahead of Dr. Nichols. She may have some updated numbers that she will want to provide, but I just wanted to set the stage with that. As we continue to look at what are we learning about how COVID-19 behaves, we continue to learn more about who is at greater risk and who is not.

CDC has been putting out new information and reports through the MMWR, usually three or four a week lately, including some of the reports on meat packing plants. We also had a chance to put together a fairly extensive analysis of people who were hospitalized with COVID-19 here in north Georgia. And we confirmed that as in some other areas, African-American people are overrepresented among those who are hospitalized. However, among those who were hospitalized, they were not at higher risk for severe infection or death, which I think is good news, and it most likely reflects a higher risk of infection, which may very well be related to greater exposure in workplace settings or in homes, particularly as may be related to socioeconomic settings and crowding within households.

Similarly, we have seen a significant outbreak on the Navajo nation in the four corners area, with rates of illness that have been comparable to what's been seen in some of the major metropolitan areas, such as Washington, DC. We have also learned more about the virus and the effect of various drugs on it. We have learned that there is a modest benefit with the antienvironmental drug Remdesivir, which I think we have talked about every week for about two months now, and we now have some more solid data that it may indeed provide some benefits.

Also, three different types of studies trying to assess the role of angiotensin converting enzyme inhibitors as well as angiotensin receptor blockers, usually used to treat congestive heart failure and other diseases, because of how it enters into the body, most likely through the respiratory tract. There has been concern about whether or not because those drugs -- (echo and feedback.) I'm hearing myself. Okay. Are we out of Echo Canyon? Okay. So there has been some speculation that these drugs might

potentially increase the risk of illness with COVID-19, and these were three studies that were very well done and very complementary that showed there is no risk of increased severity or risk of infection of COVID-19 for people on angiotensin converting enzyme inhibitors, drugs like Lisinopril, or blockers like Valsartan. This is two items of good news, in terms of a very likely mode of treatment, not one that is like a magic wand and just suddenly provides healing, but one that reduces the mortality risk by 3% and shortens the course of the illness by four days, from 15 days to 11 days.

So maybe I'll stop at this point and turn it back to you, Sara, and I'll look forward to the question and answer period, which is usually what gets me into trouble.

Moderator: Thank you, Dr. Butler. I'll turn things over to Dr. Nichols.

Dr. Nichols: Well, good afternoon, everyone. This is Megin Nichols, and as Dr. Butler and others have mentioned, my normal job is in the division of foodborne, waterborne, and environmental diseases. So our food supply is something that is near and dear to my heart and to my stomach. Now, saying that, I recognize that our food system is very complex. It involves many partners, who are involved in everything from the farm, and that involves our fruits, vegetables, and our food-producing animals, all the way through the distribution chain to the fork. It also involves many of our federal, state, and local partners, who are involved in ensuring a safe, healthy, and continuous food supply. The food industry and critical infrastructure workers are critical to ensuring our food supply continues to be maintained in this country, and

I know that there are a lot of questions from our partners in terms of things that have arisen in this very uncertain situation. I think one of the things that I know about our food industry and our partners there is that, oftentimes, when these really complex challenges face us, we rise to the challenge, and we rise to the occasion. I am looking forward to continuing to work with you in my role as the food systems work group lead during the COVID-19 response, to engage more and to hear about all of the unique types of innovations that are occurring continuously in the industry. I'm also looking forward to continuing the work with our federal partners, especially those with the Food and Drug Administration and the US Department of Agriculture, who continue to work with us on a daily basis to ensure that we are meeting the needs of partners, listening to my concerns that come up, and being responsive.

Thank you, Sara.

Moderator: Great. Thank you, Dr. Nichols. So we'll just go ahead and dive into these questions, and I'll let the two presenters decide who to take. So, the first one, just thinking about the plants that were mentioned earlier, the idea of these plants having outbreaks, would we consider the food, the produce, the meat, the poultry -- is that considered safe to eat?

Dr. Nichols: Sara, I'm really glad you brought up this question. It is something that we continue to see some concern about. I want to say that coronaviruses are generally thought to be spread through person to person transmission in respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 associated with food, but before

eating and preparing food, it's always important to wash your hands with soap and water for at least 20 seconds, and to practice good food safety, such as cooking your food thoroughly. Fortunately, there is really a low risk of spread of coronavirus from food products or packaging.

Moderator: Great. And what would your messaging be around buffets? Should people be at all concerned about going to a restaurant and eating from a buffet?

Dr. Nichols: One of the things that I will say is a lot of our state and local health departments are very actively engaged in food safety on a regular basis, especially when it comes to restaurants and places that we eat. One of the things that I would say, as we continue to learn more about how the virus may or may not be transmitted, but in general, in many of our food areas, the risk is generally quite low. Anytime you're out, it's still good to practice good social distancing and frequent hand washing, and that hand washing is always a good practice when you go out to eat.

Moderator: Great. Thank you. There are a lot of questions coming in around summer camps, everything from should children be wearing masks to can kids sing out in public. Is that going to be okay?

Dr. Butler: So the question that comes up is are summer camps essential services, and I think for parents who have had the kids home for the past couple of months, there would be a strong vote for yes, but we also know from experience with infectious diseases, like measles, summer camps can be a veritable hot bed for transmission of infectious diseases. So the level of concern is also quite valid. So, in terms of the guidelines for summer camps, those are still an ongoing process in development, but I think in general, the guidelines that are out so far have focused on being able to maintain social distancing as much as possible, and also reducing interstate travel, particularly travel that would be from an area with a high level of disease transmission to an area with a low level of transmission.

So I think maybe on the call last week, we brought this up, and we went through in a very high-level way what the recommendations are, and I have asked, well, can I send my kids to British Columbia this summer, and the answer was no for a number of reasons, but in part because that degree of international travel is probably something that is not going to be a very prudent thing to do this coming summer. So I think the bottom line will be local summer camps will likely be able to operate, but they will need to be able to address the issues surrounding appropriate infection control and hygiene. Face coverings are entirely appropriate and maintaining the social distancing. And we can get back with some more details and recommendations as we get a little further into May.

Moderator: Great, another topic that came up last week, Dr. Butler, was the difference between viral and serotype testing. Can you take a little bit more about that?

Dr. Butler: When talking about viral testing, we generally talk about nucleic acids, which is the viral RNA that can be detected by polymerase chain reactions or PCR. The Abbot ID now

detects for an acid using a self-contained cartridge, which gives a result in less than an hour, so it's really quite slick, assuming the supply of cartridges in the supply chain continues to hold up. The virologic testing is a way of determining whether or not someone is acutely infected. So that is the primary way of testing for SARS-COVID-2, the cause of COVID-19. It tests for antibodies that the immune system produces in response to an infection, and specifically those for SARS-coronavirus-2. The antibodies for the virus itself appear to begin to be detectable during the second week of illness, and it isn't until about the third week after someone becomes ill that they are fairly consistently detected.

So the antibody tests are not useful to diagnose an acute infection. There's other unknowns as well. There's ongoing research to determine whether or not these detectable antibodies really translate into immunity. Sometimes early after an infection, the antibodies are not as functional as after some time has passed, so at this point in time, the science is not adequate to say that because someone has a positive antibody test, they are immune. We desperately need that data, though, so we want to be able to determine who is immune and who is not. But at this point in time, we don't have a test that does that. Another disadvantage of the antibody test is there is a whole slew of different tests out there on the market. Some are better than others, and particularly we are concerned about false positive reactions.

So there is a large collaborative work going on between CDC, NIH, FDA, and a group known as BARDA, that is evaluating these tests so that we can provide some guidance to the producers, regarding the sensitivity and specificity; that is, the accuracy, of their tests. But they are very useful in terms of understanding the epidemiology of the pandemic. Part of the -- what makes this a global pandemic is COVID-19 has all three of the ingredients that are required in the recipe for a pandemic, that we know from influenza, that it be a new virus, to which the human population has no pre-existing immunity, which may be measured by antibodies; and that it can be readily transmitted from person to person.

So when the antibodies are assessed in a population, it can give us a measure of what proportion of the population has been exposed, and the data so far, it's been useful in terms of providing some evidence that, in some parts of the country, the amount of SARS-CoV-2 transmission has been quite significant, and in other areas not so much, which is providing us, slowly by sure, a picture of when did the virus come into the United States. So, that is work that is ongoing. There was also a nice early report of the data to date in the MMWR this past Friday that assessed just when the virus began to show up in the United States. So the serology can be a very powerful tool for public health, but at this point in time, it is not useful for diagnosis, and it is not prove immunity.

Moderator: Great. Thank you, Dr. Butler. Should folks be considering or changing up their ventilation system in the workplace?

Dr. Nichols: Thanks, Sara. This is Megin. This is a question that we do get. What we know to date is the risk of coronavirus being caused through ventilation systems has not been studied,

but the risk is likely low. Routine HVAC maintenance is recommended, and although never the first line of prevention, you can consider general adjustments in your workplace such as increasing the amount of ventilation and increasing the use of outdoor air in the system. It is also important to maintain comfortable levels of humidity and temperature for the occupants.

Moderator: Speaking of the workplace, is temperature screening seen as effective?

Dr. Nichols: A positive test for a fever, and the way we are defining a fever is a temperature over 100 degrees Fahrenheit, or 38 Celsius, is just one way to potentially identify a symptomatic employee. Verbal screening is also potentially very useful, including asking somebody about cough and shortness of breath. At that point, if somebody has those symptoms, then they should be excluded from the workplace and follow up with appropriate health care providers and with state or local health authorities. There have been some reports of people who other symptoms or no symptoms at all, and this is an aspect of the disease that can make it really difficult to control or to monitor. It's something that we are actively looking at, at the CDC, and hope to have more information on soon.

Moderator: Great. Thank you. How is CDC providing guidance to states and plants?

Dr. Butler: Just about two hours ago, I got off a call with about 1200 state, city, and tribal county health leaders, so that's a part of what we have been doing, is through frequent conference calls, also over the past two weeks, there has been outreach to all 50 states, the District of Columbia, and Puerto Rico, to be able to assess how the federal government can best support the states in their response to COVID-19.

Also, there is a specific part of the CDC website, CDC.gov/COVID-19, that is specifically providing additional information for state, tribal, local and territorial health departments. Also, CDC has been able to provide funding through some of the recent appropriations from Congress to be able to support the state and local agencies. As a former state health official myself, I know one of the challenges with the whole public health response has been the funding and the downsizing of the public health workforce over the past decade or so, and so this has helped provide some of the resources that are needed, to be able to amp up, to be able to respond more appropriately to the COVID-19 pandemic and also be ready for any additional increases in the amount of transmissions that might occur after mitigation is reduced, or if we see a so-called second wave that could potentially occur during the fall or this next winter.

Moderator: Excellent. So, switching gears a little bit, thinking about a scenario, how to handle a scenario, what if two people were together, hanging out; they were both wearing face coverings, and one person tested positive a few days later? Should the other person be concerned? Should they quarantine even if they were hanging out with an individual wearing a mask, as they were as well?

Dr. Butler: Sure, I'll take the first stab at that. So, while face coverings reduce the risk of transmission, there is nothing that's 100%, other than not being exposed at all. The idea of the cloth face mask is going to be to protect the other person, but in this scenario,

both people were wearing face masks, so that would reduce the amount of transmission between the two individuals. And the other variable there is just how much contact there really was, and if there's no magic that happens after ten minutes, but in general, we become more concerned if someone has been within six feet of someone known to be infected with SARS-CoV2 for more than about 10-30 minutes. So it's certainly a reason to be concerned, and particularly if that exposure was for longer than ten minutes. I think self-quarantine is entirely appropriate, as well as monitoring for symptoms.

And this is an important component of the movement towards beginning to reopen America, as it's called, that we would be able to, as the number of new cases declines, when we identify new cases, we could identify people who were potentially exposed through contact tracing, which is an old-school practice in public health that public health agencies are familiar with -- -- and be able to advise on being able to quarantine, to self-monitor for symptoms, and to be tested in certain circumstances, such as if symptoms develop.

Moderator: Excellent. And speaking of symptoms, are there some symptoms that employers should consider more serious than others to keep an eye out for?

Dr. Butler: So the things that are, of course, going to be most worrisome are not necessarily specific to COVID-19. We talk about COVID-19 is for the vast majority of people a fairly mild illness. I have talked to people who have covered who said they certainly wouldn't wish this on anyone, but they do recover. I have talked to some people who said, yeah, they had a couple of days of fever, muscle ache and headache but actually had no respiratory symptoms at all. Unfortunately, there are a significant proportion of people who develop pneumonia. I have a friend that I have not been in the presence of, but I have been staying in close touch with him, and he was hospitalized last night because he found that he was really getting short of breath when walking to the bathroom.

The things that are really most concerning and the reason to potentially call 911, instead of just having someone go home, would be chest pain, severe shortness of breath, or any kind of respiratory distress, which could be COVID-19. There's other things that cause that, but we would certainly, in those cases, recommend that someone be evaluated as quickly as possible in a medical setting.

Moderator: Great. Thank you. What should an employer do if an employee comes to work and is displaying symptoms?

Dr. Nichols: This is something where it's really important for employers to plan ahead. Number one, I think the best thing that you can possibly do is to make sure that you have a plan well in advance of this, so that you can educate your employees, you can conduct trainings in languages they are most familiar with, and you can ensure that everybody in the workforce is aware and familiar with that plan. That way, if somebody does come to work and they are sick, you can appropriately address that. So that would be things like encouraging the employee to go home and to isolate, ensuring that they seek medical care as needed, and this may include testing, and that they follow up with a state or

local health authorities as needed. So all of these things could be incorporated into a plan, and it's something really important to ensure is available. We have some great resources available on the website, in terms of specific workplaces, but I think a lot of other workplaces could potentially use as they formulate their plans, and one of these is the recent guidelines that came out for meat and poultry processing workers and employers, and we also have some information on there on what grocery and food retail workers need to know about COVID-19. I think that's a great place to start. And, again, those in the industry know their workers and employees, so I think it's important to work through that process and develop a plan early.

Moderator: Excellent. Thank you. Are there any risks being seen from pets transmitting this to humans?

Dr. Butler: That's a great question. It gets back to -- maybe I should let Dr. Nichols address that one, as the veterinarian and zoonotic disease expert in the room. But we know that the whole family of coronaviruses infect a wide variety of species, and SARS-COV-2 is the 7th that's been identified as infecting human. Certainly, the three causing severe infections are the SARS coronavirus, SARS-coronavirus-2 and the Middle East respiratory syndrome. There is strong evidence that they have adapted recently through mutation to infect human beings. It certainly is plausible that the virus could be transmitted back to animals and then potentially to humans again. I think our first real evidence of that was Nadia the Tiger in the Bronx zoo, about a month ago now, that developed symptoms, and I'll defer to my veterinary colleague about how you do an MP swab on a tiger. But, ultimately, there were cases identified among both tigers and lions at the zoo, no bears, oh my.

And subsequent to that, there have been further studies looking at the ability in the laboratory to infect a variety of species. Cats seem to be more susceptible than dogs, but we are receiving some reports of dogs that have had positive PCR tests also. So, maybe I'll stop at that point, but Dr. Nichols, if you want to add any updates on that -- I actually don't know if the dogs were symptomatic or if there's any more general advice for pet owners that you might want to add.

Dr. Nichols: Absolutely. So, I think in addition to some of the animal species you mentioned, we have a group here that has been very engaged on the issue of pets, and we also know that ferrets and potentially minks can also be infected with this particular coronavirus. In terms of interaction with your pets, one of the things we always recommend is that you're washing your hands and staying safe around the pets. We don't necessarily have evidence at this point to indicate that pets would potentially be a risk to people, and so that's something that we want people to know, that it's a really great, beneficial thing for people to own pets in their homes. However, if you are sick, that's one of the situations where we'd recommend you potentially recognize another caregiver for your bet, just to be on the safe side.

Moderator: Great, thank you. Thinking about high-touch areas, like water fountains, for example, do you have any recommendations for how to deal with those areas?

Dr. Butler: Yeah, so, any high-touch area should be cleaned with appropriate disinfectant. The frequency of cleaning is going to be driven somewhat by the frequency of touching, but, in general, at least daily seems appropriate in any kind of public setting, and more frequently in an area that sees a lot of traffic. In terms of specific transmission from water fountains, I'm not aware of any evidence to suggest that, but certainly, if we are talking about a water fountain with a button, that's going to be touched. So that would be a point of disinfection during routine cleaning. And given your water health background, Dr. Nichols, anything to add to that?

Dr. Nichols: Absolutely. I think you were right, Dr. Butler, in terms of cleaning and disinfection, this is something that my colleagues in the water group that focuses also a lot on sanitation and hygiene, have really been looking at. And they do want to make sure, if the surfaces are dirty, they are cleaned with detergent or soap and water and then disinfected, and we want to make sure the disinfectant is used according to manufacturing labels and is on there a certain amount of time to make sure that germs are called. These water fountains in workplaces are critical access points to ensure that people working in certain environments do not get deteriorated, so, again, we want to make sure those workers stay safe and healthy, and that includes access to clean drinking water. So cleaning and disinfecting appropriately of the water fountain, making sure employees have access, and making sure they are able to social distancing while accessing that water is really critical.

Moderator: Excellent, thank you. Dr. Nichols, I think you may have touched on this a little bit earlier, but can you share a little bit more about washing groceries, especially produce?

Dr. Nichols: Thank you. Yeah, that's a good question. I know many folks have been to the grocery store lately and maybe concerned that these people are doing many what many of us are doing, examining the produce. I think in these situations, we don't necessarily recommend putting a particular type of disinfectant on your produce. We always recommend washing fruits and vegetables before preparing food and cooking it to be safe, but there are no specific recommendations at this point in time. In terms of the packaging that groceries come in, that's something that you could potentially wipe down if concerned, but we don't currently have any evidence to indicate that this virus will survive for long periods of time on the packaging. So it's something that I appreciate questions on and know that folks want to be really safe and healthy with their food.

Dr. Butler: Probably the bigger risk in the store is not going to be the food but the other shoppers. So, again, I think having a face covering is a way to protect others, and I know a number of stores actually have started one-way aisles so that people are less likely to be passing one another face to face. I mean, measures like this are being assessed, but they seem rational in terms of ways without undo imposition of inconvenience to potentially reduce the risk of exposure to respiratory droplets.

Moderator: And if an employer has a positive case in their business, an employee, do you recommend they report that in any fashion to their local health department?

Dr. Butler: Well, cases should always be reported to the local health department, and then the health department, particularly as we move into a time of diagnosis and contact tracing, would be following up regarding how to best make sure that people who were exposed are aware of their exposure and able to reduce the risk of any subsequent transmission, if indeed they become infected.

Moderator: And do we know how long someone can be asymptomatic and be a carrier, without having symptoms?

Dr. Butler: You know, one of the biggest challenges that we have had with COVID-19 is the fact that people become asymptomatically infected. We believe that people who are asymptomatically infected are capable of transmitting infection, but we don't know what proportion of all cases are required from asymptomatic infections. We also know that people can have significant amount of virus in their nose and throats before developing symptoms. So, we consider an exposure to be as long as two days before the onset of symptoms. It's possible that it could be even longer, but, you know, just looking at what the dynamics of the virus is in people who have been tested before onset and then after onset, that seems like a reasonable rule of thumb to use.

And, of course, if someone becomes -- never develops symptoms, is asymptomatic, it's hard to answer the question how long are they infectious, but presumably it's going to be similar to someone who does develop symptoms. And among those people who develop symptoms, we have not been able to recover virus by culture. Meaning, virus that we believe is infectious and is intact, more than nine days after the beginning of illness. It doesn't mean it can't occur longer but based on the data that we have right now, that has been the maximum amount. The PCR may be positive for a longer period of time, which is also a challenge. But as we have discussed before, a PCR in someone who has just become ill is very likely to indicate infectiousness, but in someone who has recovered, it may very well just represent shreds of RNA that are industrial present in the respiratory secretions but don't represent whole viral particles that could result in infection.

Moderator: Excellent. And how should testing and screening be deployed for field workers?

Dr. Nichols: Sara, that's a really good question.

Dr. Butler: I'm glad you got that one.

Moderator: [Laughter].

Dr. Nichols: You know, I think that's something that many of our industry partners are thinking very carefully about, and we have been talking closely with partners at the FDA and the USDA Department of Agriculture about this to really think through what are some of the challenges that might arrive for workers in one of these types of situations. And we recognize that these folks are critical infrastructure workers, so it will be important for them to take some of this up, as you would find in our other guidance. For example, an employer should try to measure the employee's temperature and assess for symptoms prior to them starting work. We should have regular monitoring. As long as an employee

doesn't have symptoms or fever, they should self-monitor, and if they were to develop symptoms, report those to the employer.

They should also wear a fair cover, in the event that they cannot social distance, but in many environments, they will be in a location more than six feet away from colleagues. We know in many agricultural settings, there may be people driving or car-pooling together or even housed in congregant settings. And that's something we are working with state, local, and other partners to address, because we recognize while many of the challenges are a challenge in a workplace, they are also a challenge in the community, and we recognize how critical it is to have that interaction and that collaborative collaboration between our food industry partners and their communities to try and make sure that our workers stay safe not only at the workplace but also when they go home.

Moderator: Excellent. Thank you. Well, that concludes our time today. Dr. Butler, do you have any additional thoughts or closing remarks?

Dr. Butler: Yeah, I want to thank everybody for joining us. Be sure to continue and send your questions. You know, this is not over yet. While we are entering a new phase, someone has said it's the end of the beginning of the pandemic, as we begun to ease up in many parts of the country on the community mitigation efforts. Recognize that there is the possibility that some of the restrictions might actually have to become more restrictive down the road, depending on what happens with this. Another colleague has said that it's only the second inning, if you remember baseball, a game that I think once again we'll be able to see on TV fairly soon. And another colleague commented, yeah, but it might be a double-header, so there's a long way to go as we learn to live with this virus, adapt to it, and hopefully, eventually, eradicate it or at least control it, so that life will become more like what it was back in December. But that will be a long, long time coming, I believe.

Moderator: Well, thank you for joining us today, everyone. We hope that you'll be with us next Monday as well. Have a good afternoon. Bye-bye.