

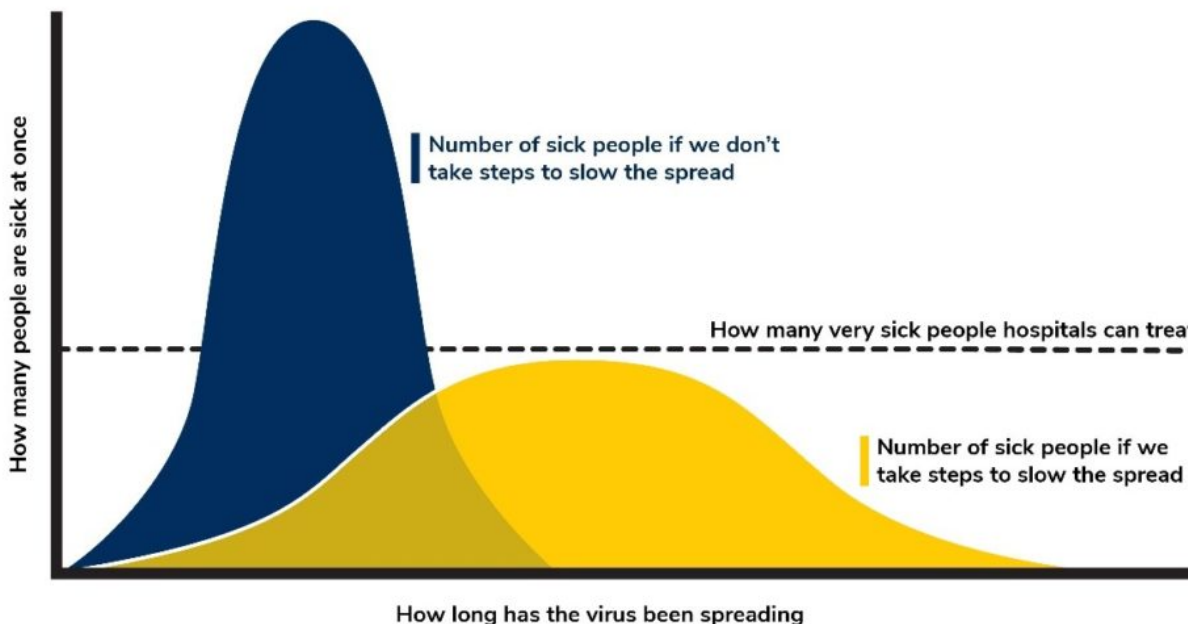


What history revealed about cities that socially distanced during a pandemic

Health Apr 20, 2020 4:34 PM EST

In 2005, in response to the threat of Avian influenza (or H5N1), a flurry of pandemic preparedness planning began in Washington and across the nation that would set the groundwork for what’s happening now. This work was notable for a goal that may be most resonant today: mitigating the spread of respiratory viruses in communities before too many people get ill. Back then, the community mitigation methods were seen as so socially and economically disruptive they would only be deployed in worst-case scenarios, such as that seen during the 1918-1919 influenza pandemic. Enter 2020.

The hypothesis behind these community mitigation strategies is now popularly known as “flattening the curve.”



Adapted from the CDC

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The idea is that by shifting the epidemic curve to the right with a series of non-pharmaceutical interventions (prevention measures like social distancing or hygiene when a vaccine isn’t available), one would hopefully see a delay in the outbreak’s peak; a decompression of the burden on hospitals and infrastructure; a diminution of overall cases and health impacts; and more time to develop new medical therapies and preventive vaccines.

And for an entire year — from 2006 to 2007 — a team of medical historians at the University of Michigan Center for the History of Medicine and the Centers for Disease Control and Prevention’s Division of Quarantine and Global Migration scrambled to prove this hypothesis. I was part of that history-making historical research, and was one of the authors of **the resulting paper**.