

In the name of God

**Dear Dr. Tedros Adhanom Ghebreyesus**  
Director-General of the World Health Organization

**Dear Mr. Jeffrey Preston Bezos**  
Chief executive officer, and president of Amazon

**Dear Mr. Bradford Lee Smith**  
President of Microsoft

**Dear Mr. Pichai Sundararajan**  
Chief executive officer of Google

**Dear Mr. Timothy Donald Cook**  
Chief executive officer of Apple Inc.

According to the newly announced COVID19 pandemic, the Iranian Scientific Association of Community Medicine (IACM) would like to share its ideas and recommendations as to the global solutions for this worldwide life-threatening health problem:

- 1- Using smart web-based risk assessment systems and mobile software for individual infection assessment is necessary. Unfortunately, the designed systems are not appropriate to control the epidemic so far.
- 2- The smart system should re-assess the low-risk people, with an emphasis on the COVID-19's changing risk from one day to another and the probability of being a carrier or a mildly infected person. A daily recall to update the assessment is essential. This feature is not currently available in the designed health systems.
- 3- For symptomatic individuals, further evaluation should be conducted, followed by a system-based follow-up. Also, the system should ask about determinants such as the history of contact, the current location of residence, and symptoms that determine the severity of the disease.

Geolocation features are essential in the systems at this stage. For assessment of the severity of symptoms over time, it is necessary to follow-up through daily assessments. Sending text messages containing advice would be beneficial for at-home prevention contagion to others.

- 4- For patients with more severe symptoms who need a consultation with a physician, the first step should be remotely consultation with the volunteer physicians that are registered in the system. Thus, the system should be able to do online registration and approve physicians, and other health care volunteers. Patients with a serious condition should contact the nearest physician to receive the necessary online consultation and Active Tracking.
- 5- The system should allow an in-person appointment, either at the nearest service provider or through the volunteer mobile service providing teams to take the necessary lab samples. Taking Samples and delivery of medications should be provided as soon as possible either at home or by making an appointment without delay in the clinic or hospital setting. This approach may control hospital exposure which is one of the most important transmission sites.



- 6- Service provision through the volunteer non-governmental groups including physicians, health care facilities, laboratories, and the private sector should be considered in the process. Insurance agencies have to contract the above groups and pay them at least until the end of the pandemic every week.
- 7- Distribution of personal protection equipment (PPE) might be considered as an encouraging strategy for referring to the system. The priority should be given to the physicians and health care workers, patients, caregivers. Non-infected individuals also may receive the PPE after registration in the system.
- 8- The system should be able to provide automated statistical reports and draw the geographical distribution maps to determine the trend and course of disease transmission. These reports must be publicly available online.
- 9- Compulsory quarantine of all infected and symptomatic individuals, as well as the separation of healthy family members, should be carried out with strict regulations and, if necessary, with enforcement under the law.
- 10- Either thermometric assessment or evaluation of the symptoms of the disease should be carried out during the day in any public place and compulsory quarantine should be considered for the affected persons.
- 11- Common virus transmission routes should be broadcasted through mass media, especially TV, all the time. These recommendations should be specific to the main problems of society and not only the usual recommendations.
- 12- The state of emergency should be considered in all countries and continue until the pandemic control.
- 13- The minimal basis for addressing the dimensions of this global problem might be daily meetings with the aim of careful monitoring of the real extent of the epidemic. The highest executive director of the country may be in charge of the meetings. In this regard, the key solution is using all sources of information and providing realistic and transparent statistics to clarify the main course of action. It is the responsibility of the officials to be open to the advice and recommendations from the scientific community and not to minimize the issue.
- 14- Quarantine of discharged people after hospitalization and the use of special places such as hotels, clubs, shelters, and other public places could be considered for separation after discharge and make the hospital beds free.
- 15- A serious commitment to investment in emergent preparation and delivery of rapid laboratory tests at the international level should also be considered for accurate population assessment.

The IACM is ready to work along with international partners regarding the above suggestions and beyond.

Iranian Scientific Association of Community Medicine

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