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Update 20 - COVID-19 – From Office of the Medical Director 11 MAY2020 1000

To: All EMS Personnel in the EMS System for Metropolitan Oklahoma City & Tulsa

Key Content:

- **The Mental Health Impact of COVID-19...and this is still early**
- **Already an Update on Pediatric Multisystem Inflammatory Syndrome**
- **Some ?Good News about Antibody Testing**
- **Some Good (I Hope They are Serious) News about Antibody Testing**
- **A Gem of an Explanation of Viral Transmission & Risk**

Some additional resources for our journey in discovering answers to COVID-19, with my commentary on them and what they can mean for us:

The Mental Health Impact of COVID-19...and this is still early

Stress. From personal illness or contemplating the risks of getting COVID-19? Tragically, from the serious illness or death from COVID-19 affecting a relative or friend? From finances – hours trimmed (like mine in the ED since several weeks ago) or from a spouse’s job loss? From too many hours at home with too many people in the house for too many of those same hours? Or just the uncertainty of all the above and many other factors too?

This is new for all of us. We haven’t seen this before. The “textbook of right answers” is going through its writing, editing, deleting in real time...and it’s not easy on any of us – physically, mentally, certainly socially, and even spiritually for many. We are in this together – but “this” can and does impact each of us in our unique ways.

If you are feeling stressed – whether you want to admit it or not – you aren’t alone. If you’re reading this, and I hope you are, then you can’t be alone if I’m writing this for you. At least one other person on Earth (me) is doing something, trying to be helpful for YOU. And I’m not alone in that, either.

Sometimes in the darker hours of mental stress, make that distress, it can help to know we aren’t abnormal. Here’s a recent study on the mental health impacts, already – just weeks into this infectious disease marathon, of COVID-19. *Time Magazine* composed a nice summary, with graphs that I think will get your attention quickly, of the study from University of California San Diego and Florida State University. Here’s the link: <https://time.com/5833619/mental-health-coronavirus/>

Be on the lookout for worsening mental health in your patients, in your colleagues, in your family AND.... please, please, please...in you. Help isn’t out there nebulously, it’s here, remarkably close, and available 24/7. You can phone a friend, or a family member or a work family member or an on-duty supervisor or me. Remember that

any of the above isn't a professionally trained counselor, BUT we sincerely care and we can be the bridge to someone with the right training if you need and deserve more than "just needing to vent to someone that will actually listen for a few minutes."

There's no accident why this is the first topic of this Update. It's critically important. And the stress we all feel is going to mount as we all come to varying grips with the simple, yet horribly unfortunate fact that this virus isn't leaving us anytime soon. Undoubtedly, some of the stress you and I will feel, at least temporarily, will be the stress in our patients.

We sadly, but realistically, need to be prepared for more suicide attempts, acts of violence to others, an increase in substance abuse – alcohol, prescription medications, street drugs. And not just in folks that we might traditionally associate with these illnesses or injuries. I don't want to be a downer. I want to be a realist and if I can share what's on my "radar" for calls/patients ahead, then as we've said...knowledge is power. If I can anticipate, I may not be able to stop the event from an EMS physician/emergency physician standpoint, but I can be at my ready best to intervene, knowing what is more likely than ever to come with the call to 911 and your arrival to the emergency department. So, I want to help you anticipate as well. That can paradoxically reduce stress in you and me by removing the "surprise" of these events in our work.

Already an Update on Pediatric Multisystem Inflammatory Syndrome

Not the kind of update I like to share. Just 3 days ago, I discussed a pediatric COVID-19 effect that looks like Kawasaki's Disease. At the time Update 19 was published, there were no known fatality reports among US children with this multisystem inflammatory syndrome linked to SARS-Cov-2 infection. Sadly, and this is likely the dynamic of the closer we look for things, more often we find them...there were case reports of related pediatric deaths in national media outlets and on credible source social media posts later Friday and over the weekend.

This doesn't change my advisements in Update 19, but I am committed to sharing with you the most accurate information I can bring together in these Updates. When I find something new of importance, you'll get that content summarized and often with helpful links to what I'm reading about it. Dr. Curtis Knoles informs me of at least one case of concern for pediatric multisystem inflammatory syndrome locally, though not a fatality. His comments underscore the importance of looking for the symptoms of this in children. Please see Update 19 on this subject if you haven't read it yet.

Some ?Good News about Antibody Testing

Time for something cheerier. As much as the world of testing in COVID-19 remains less than settled, here's a report from China that at least brings us some hopeful news. And while hope alone isn't a strategy, we best find some rays of sunshine on a cloudy vista when we can.

This study is in contradiction to the one we discussed in Update 14 from South Korea that called into question whether patients with COVID-19 will reliably make antibodies to the SARS-CoV-2 virus, at least theoretically AND hopefully giving that patient protection against a future COVID-19 infection. Researchers from Chongqing Medical University are reporting in *Nature Medicine* their findings that 100% of a group of 285 patients with a severe COVID-19 illness do produce antibodies that are detected after they recover. One note, all the patients in this study were hospitalized due to the severity of their illness. We can't make the leap to say these findings automatically apply to everyone with any degree, including the asymptomatic degree, of COVID-19 illness. Here's the link to a nice summary of the findings as reported in *The Hill*: <https://thehill.com/policy/healthcare/public-global-health/496660-new-covid-study-raises-immunity-hopes-for-recovered>

Some Good (I Hope They are Serious) News about Antibody Testing

We've talked about the "Wild West" of antibody testing in previous Updates. That's been a topic of concern for many on a global scale. Now the Food & Drug Administration (FDA) appears to be tightening the reins a bit. If you're interested in what is happening with antibody testing regulations and expectations, you'll find this information, released from the FDA itself on 04 May, useful: <https://www.fda.gov/news-events/fda-voices/insight-fdas-revised-policy-antibody-tests-prioritizing-access-and-accuracy>

A Gem of an Explanation of Viral Transmission & Risk

I hope you're still reading to this point. Here's a fantastic explanation, with credible references that can be accessed by clicking the green print in this blog commentary from Dr. Erin Bromage, Associate Professor of Biology at the University of Massachusetts Dartmouth. I got wind of this (no pun intended as you'll see when you read this post) just a couple of hours ago through a daily briefing email from *The New York Times*. I found this explanation of respiratory viral risk amazingly educational – sobering when thinking about the risks we face in our workplaces – fire stations, ambulances, training classrooms, hospital emergency departments, AND more reassuring than anticipated when thinking about the risks we face shopping in a grocery store or home improvement store, especially if timed to avoid peak crowds.

I believe you'll find this a captivating read for you and for your family. You'll want your colleagues to know what's in this if you share workspace with them. Although we now know the dynamics of SARS-CoV-2 certainly includes contagiousness when asymptomatic, you'll want your colleagues to stay home when ill after reading this. You'll want your family to know what's in this, especially if you have relatives working in restaurants or in shared offices such as in call centers. Here's the link to Dr. Bromage's blog post: <https://www.erinbromage.com/post/the-risks-know-them-avoid-them>

The importance of workplace safety in EMS & emergency medicine during this pandemic is already fostering formal scientific study on strategies to help us stay safe. Particularly factoring waves of COVID-19 in the months ahead, the more we can learn about what does and doesn't work in PPE and related practices, the safer we can be – for ourselves and for our families - while we medically care for others. Here's news of a promising study over the weeks ahead: <https://www.news-medical.net/news/20200429/COVERED-study-aims-to-reduce-risk-of-COVID-19-among-emergency-department-staff.aspx>

Onward we go. And as you ponder the actions (or inactions) of many we've served in these first several days of May, and will continue to serve in the months ahead, remember PPE and handwashing is more important than ever.

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe