Update 32 - COVID-19 – From Office of the Medical Director 06 JUL2020 1100

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

Key Content:

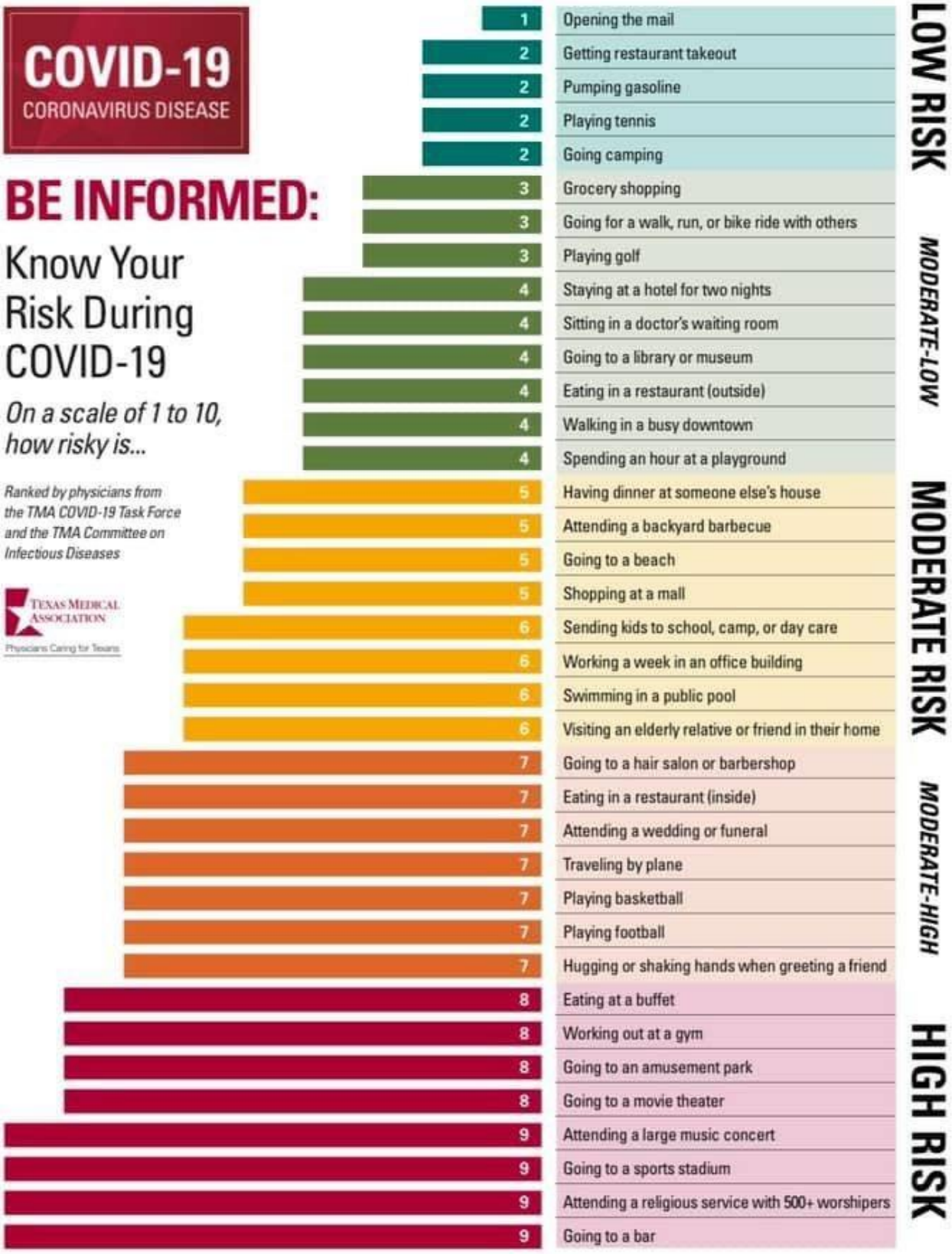
- **Where Are We in Identifying COVID-19 by Symptoms?**
- **Navigating Risks of COVID-19 for Self, Family & Friends**
- **Who's "Super" in Superspreading? – The New York Times**
- **"Lingering" Debate – Aerosolization of SARS-CoV-2 – The New York Times**

Where Are We in Identifying COVID-19 by Symptoms?

Some days it's hard to believe we are only about 4 months into our local journey of this viral pandemic. The relativity of time feels quite absolute. Although worldwide the journey of thousands of steps is still closer to its start, it helps to stop along the way and assess what we've learned so far. This is a helpful analysis of several studies (nearly 150) that shows among 24,000+ COVID-19 positive patients with symptoms that fever is the most common symptom (73%), followed by cough (57%) then fatigue (31%). Remember in a massive combination of studies (a meta-analysis as we've talked about in these Updates), that the overall results don't have to apply to a specific individual, especially that individual that is presently your patient. Don't forget about all the other symptoms – headaches, sore throats, runny noses, nausea, vomiting, diarrhea, etc. Here's the link to the full report of this study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7310678/

Navigating Risks of COVID-19 for Self, Family & Friends

These are a couple of nice graphs to inform our activity choices in life, correlating them to the estimated relative risks of COVID-19. A close comparison of these graphs will show they are not in full agreement. That's the point of sharing both, to point out that at least in our era of questions about SARS-CoV-2 still unanswered, no one graph is perfectly true. There are many variables in life activities that can't be fully captured in a single listing or picture. The point is the relative relationship between choices more than the absolute of any single choice. I hope these can help in your decisions outside of work – for you, for your family, and for your friends. The first graph is from a working group representing Texas Medical Association – within Texas, this is the medical association affiliated closest with the American Medical Association. The second is from a group of individuals led by Ezekiel J. Emanuel, the Vice Provost for Global Initiatives and Professor at the University of Pennsylvania.


COVID-19
CORONAVIRUS DISEASE
BE INFORMED:
Know Your Risk During COVID-19
On a scale of 1 to 10, how risky is...
Ranked by physicians from the TMA COVID-19 Task Force and the TMA Committee on Infectious Diseases
Texas Medical Association
Physicians Caring for Texans
1 Opening the mail
2 Getting restaurant takeout
2 Pumping gasoline
2 Playing tennis
2 Going camping
3 Grocery shopping
3 Going for a walk, run, or bike ride with others
3 Playing golf
4 Staying at a hotel for two nights
4 Sitting in a doctor's waiting room
4 Going to a library or museum
4 Eating in a restaurant (outside)
4 Walking in a busy downtown
4 Spending an hour at a playground
5 Having dinner at someone else's house
5 Attending a backyard barbecue
5 Going to a beach
5 Shopping at a mall
6 Sending kids to school, camp, or day care
6 Working a week in an office building
6 Swimming in a public pool
6 Visiting an elderly relative or friend in their home
7 Going to a hair salon or barbershop
7 Eating in a restaurant (inside)
7 Attending a wedding or funeral
7 Traveling by plane
7 Playing basketball
7 Playing football
7 Hugging or shaking hands when greeting a friend
8 Eating at a buffet
8 Working out at a gym
8 Going to an amusement park
8 Going to a movie theater
9 Attending a large music concert
9 Going to a sports stadium
9 Attending a religious service with 500+ worshipers
9 Going to a bar
LOW RISK
MODERATE-LOW
MODERATE RISK
MODERATE-HIGH
HIGH RISK
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Who's "Super" in Superspreading? – The New York Times

One size doesn't fit all in terms of the contagiousness from a SARS-CoV-2 virus infected person to the uninfected ones around them. While the exact formula for such remains elusive, this is a nice, quick read from The New York Times to help us understand the phenomenon of superspreading. Factoring the above graphs may further help any of us avoid circumstances making superspreading more likely. Here's this link:
https://www.nytimes.com/2020/06/30/science/how-coronavirus-spreads.html

"Lingering" Debate – Aerosolization of SARS-CoV-2 – The New York Times

One of the earliest comments I personally heard Dr. Michael Osterholm make was about how SARS-CoV-2 moves via droplet AND aerosol. This was back in mid-February and I was particularly struck how resolute his voice was about this. No doubt. No hesitation. Based upon years and years of study of how coronaviruses in general behave.

Now, that's not to say that one man is wiser than the world, but it is to say that I have believed and advised about aerosol concerns since that conversation with Dr. Osterholm. It seems a significant number of infectious disease experts are joining him and others in writing. From today's *The New York Times*, this article gives us a heads up about a communication to come in about a week and a helpful discussion about some of the deliberations within the World Health Organization (WHO). I'll surely share the more formal communication when it is released, though I think this read is helpful to us to establish some framework for it in advance. Here it is:
https://www.nytimes.com/2020/07/04/health/239-experts-with-one-big-claim-the-coronavirus-is-airborne.html?campaign_id=9&emc=edit_nn_20200706&instance_id=20044&nl=the-morning&regi_id=89587519&segment_id=32688&te=1&user_id=b16417940cf5590c6c9354f5e39d522f

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe