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Update 38 - COVID-19 – From Office of the Medical Director 10 AUG2020 0800

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

Key Content:

- **Educational Resource – The Osterholm Update – Episode 19**
- **Are Sicker Patients More Dangerous to Us? Maybe Not! – CNN**
- **What is (or isn't) a Wave of the SARS-CoV-2 Pandemic – The Washington Post**
- **The Elephant of COVID-19. Literally! – The New York Times**

Educational Resource – The Osterholm Update – Episode 19

Dr. Osterholm shares his latest thoughts on what lies ahead and what we can do about it now to make that “ahead” better for our communities, our patients, our families, and us. He’s also sharing some wise advice on how to communicate with those that don’t feel this viral pandemic is a big deal or even real. Here’s the direct link to Episode 19, No Time to Rest: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-19> or this and all of his prior episodes may be found on [Apple Podcasts](#), [Spotify](#) and [Google Play](#).

Bonus information about The Osterholm Update. Episode 20 will be live! I’ll be working in the ED, but those of you able to be off work and interested, check out this link to register for Episode 20 on Tuesday, August 9th at 1900: <https://www.eventbrite.com/e/osterholm-update-covid-19-live-podcast-recording-tickets-114921934600> He’s taking live questions during this YouTube streaming, so this would be a perfect opportunity to pose yours directly to this highly experienced and respected public health servant leader. I can attest from direct conversations with him that he holds you as an EMS professional in particularly high regard.

Are Sicker Patients More Dangerous to Us? Maybe Not! - CNN

Some information is still needed to know for certain, as this is one study of younger adults, approximately 300 of them, from South Korea. The takeaway is that whether symptomatic or not, the viral load (in other words, the estimated amount of virus in the infected person and possibly able to be spread) appears to be very similar. Some further study is needed to make a firmer statement about this, though for now it might be a glass half full v half empty: While the sickest of the COVID-19 sick might not be any more dangerous to you as far as catching it, this may also mean we must be on high alert for those with little to no symptoms.

Some of you have asked about the Medical Priority Dispatch System Card 36 that the Communications Centers are using to flag "Pandemic - PPE Advised" on your mobile data terminals. The specific question is: “Can we be more specific so that we get fewer of these alerts?” In reality, we can't. COVID-19 continues to show up in a variety of symptoms or as this study shows, none at all.

We have essentially three strategies about PPE and alerts. Let me share some thoughts with you on each of the three:

1 - PPE for every call, meaning "MEGG" for every call. This technically seems the safest for the immediate moment until factoring that doing this will both exacerbate the PPE fatigue you already have AND accelerate our "burn rate" of PPE to the point that factoring available supplies, I see no way that we wouldn't run out of PPE, then leaving you defenseless against obvious/known COVID-19 patients in the fall/winter/spring months ahead. Not good for the long run.

2 - PPE for only the HIGHLY symptomatic/obvious/known COVID-19 patients. This is what the question I got was asking. We could do this. However, studies like this one clearly cause us pause when there is no clean correlation to the sicker the patient then the higher the infectiousness. We would decrease our use of PPE, decrease your hassles of putting the PPE on, AND sadly, increase the number of COVID-19 infections among EMS personnel, including a higher risk for YOU! Not good for the short or for the long run.

3 - PPE for MPDS 36 flags AND for patients when your clinical suspicion/red flags/alarm bells etc. go off. Essentially doing what we are doing. Update 37 shows at least through the first 6 1/2 months of 2020 that our number of infected EMTs, Paramedics, and Dispatchers remains low, 40 out of 4000+ to be exact. Low isn't zero and I will continue to do all I can until the new rate over time does equal zero. This strategy allows us all as much control at work as we can and it balances PPE supplies for the months ahead. Not perfect, though a carefully balanced choice to last beyond the short run and keep you safely supplied for the long run. When you don PPE for any particular patient, any symptom, any reason that set your alarm bells off, you will have my full support.

Hopefully, that discussion about these options helps all of us to keep the bigger PPE picture as we continue to treat patients daily and nightly. That was a great question I got this past week and I'm using that to welcome other questions you may have ahead.

Now, the link to the CNN report on that South Korea study: <https://www.cnn.com/2020/08/07/health/covid-asymptomatic-transmission-study-wellness/index.html> and the study itself if you are interested from *JAMA Internal Medicine*: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769235>

What is (or isn't) a Wave of the SARS-CoV-2 Pandemic – The Washington Post

Reproduced from a question as answered by *The Washington Post*:

“What exactly is a ‘wave’ and how does it occur?” — Alexis in New Mexico

A wave is a misleading analogy for a pandemic, even though it's the one most people associate with covid-19. You can see why it's so popular when you look at a graph of infections over time. The line rises faster and faster as the virus spreads exponentially, then appears to crest and level off like a wave on the ocean:



But that's pretty much where the similarities end. Real waves, whether they're made of water, light or the coffee sloshing around in your mug, are predictable. They rise, fall, then rise again according to the laws of physics. Back in the early weeks of the pandemic, some people assumed the outbreak's first "wave" would pass over the world in the summer, to be followed by weaker second and third waves some time later. That's not what's happened at all:



Instead, the "wave" rose for a while, leveled off and hovered a few feet above sea level for several months in defiance of gravity, then swelled even higher over the summer. It appears to be dipping back down now, but there's no guarantee it will keep doing so, because **it's not really a wave: it's a graph of a contagious disease and the efforts people make to suppress it.** "We are still in the first wave," Loren Lipworth, an epidemiologist at Vanderbilt University Medical Center [told The Post in the past week](#). "As we ease up on restrictions, there is always going to be a resurgence in cases. It's not that it's a new wave of the virus."

Left to its own devices, covid-19 would just keep spreading (cresting) until nearly the entire population was either immune or dead. The short-lived dip we saw in April wasn't a natural trough, but rather the effect of social distancing, shutdowns, quarantines and masks. The new surge in the summer wasn't a "second wave," but the consequence of millions of people abandoning those safety measures. If we're going to use the wave analogy, the World Health Organization [suggests we think of all the infections we've seen, and those we expect to see in coming weeks, as simply "one big wave."](#)

So, will there be a second wave? Maybe, assuming we get past the current one. In some previous pandemics, such as the flu outbreak of 1918, new infections actually dropped down to almost zero before a new strain of the virus began spreading later in the year, [according to the University of Oxford's Centre for Evidence-Based Medicine](#). Other pathogens are seasonal, naturally waxing and waning over the course of the year.

But the Oxford group notes that "'waves' implies a lack of viral circulation, which is probably an illusion. It is possible that some of the secondary 'waves' or phases [in other pandemics] were caused or favoured by co-circulation of other microorganisms."

In June, The Post asked National Institute of Allergy and Infectious Diseases director Anthony S. Fauci to explain all this wave business. Like other experts, [he spent more time talking about the difference between outbreaks and waves than their similarities.](#)

"You know, the way I explain it is that what you have is you have two forces," Fauci said. "You have a virus, [that] if left to its own devices will continue to rapidly go through the population. And then you have your attempt to do something to blunt that progression of virus through society."

Whether, once this is all finally over, a graph of coronavirus infections will resemble one big, irregular wave, several smaller waves or something else entirely is impossible to predict. Regardless, it won't be the result of inevitable forces of nature such as the wind and the tides; it will come down to what people do to save themselves from drowning.

The Elephant of COVID-19. Literally! – The New York Times

Amidst the strange feelings and stressors evoked by this pandemic, a story of happiness is often a welcomed respite. If you're an animal lover or just need a smile, I think you'll enjoy the ending of this story from yesterday's *The New York Times*: <https://www.nytimes.com/2020/08/09/science/coronavirus-elephants-wildlife-zoo.html>

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe