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Update 45 - COVID-19 – From Office of the Medical Director 28SEP2020 1400

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

#### Key Content:

- **Educational Resource – The Osterholm Update – Episode 24**
- **Another Month of Experience – Our EMS System Data**
- **Vaccine Priority and You're at the Top! – Reuters**
- **Speaking of Vaccines – A Dr. G Experience & Encouragement**
- **Keep Those Radars Up to Date – Time Magazine**
- **Mask Maintenance - CDC**

Let's get right to Update 45's content...

#### Educational Resource – The Osterholm Update – Episodes 24

Here's Dr. Osterholm in Episode 24, Long-Haulers. Before I share my thoughts as I listened to this podcast, I want to share my thoughts about some of your thoughts about Dr. Osterholm. A braver voice amongst you mentioned to me that some of you are worried (or even upset) that I share these podcasts... because Joe Biden made some announcement about a possible position in his administration for Dr. Osterholm if he won this upcoming election. Interesting.

When you (or others) have doubt or concern, share it. Honest discussion is the only way to know. Here's what I know. I have no idea about any position for Dr. Osterholm in a presidential administration, either a Trump one or a Biden one. If either candidate mentioned anything about Dr. Osterholm, I wouldn't know it unless Dr. Osterholm or a scientific-focused publication announced it. I haven't even googled it. During this pandemic I choose to spend zero time listening to either presidential candidate. It's only by unintentional means if I hear any soundbites from either candidate. My focus is on keeping you, our EMS system, our patients, and our communities as healthy as we can stay during these challenging months.

I do take the privilege of democracy and voting seriously. I want you to do so too. Past generations, including some of my relatives, and our current generation have fought admirably, in literal life and death, for my right to vote. Shame on me if I do not, so I most certainly will continue to vote. BUT... my choice doesn't have a rightful place in these Updates. I hope you haven't a clue which presidential candidate will get my vote as that's a great indicator I'm writing appropriately.

In the deepest of truths, I'm sharing Dr. Osterholm's podcasts and other CIDRAP resources for two simple reasons – his commitment to scientific accuracy and his ability to take complex issues and explain them in plain speak that I can grasp, thinking the same will be helpful for you and your family. That's it – no hidden Trump or Biden angles. Fair?

In fact, you might be heartened to know in Episode 24 he spends far more time on Bruce Springsteen than anything about presidential politics. Oh, and there's his comment about leaving politics out and simply "calling balls and strikes." As a baseball fan, I like that. I also appreciate, and agree, with his comment about being skeptical, questioning anyone, including being sure to question him. Skepticism isn't cynicism, so be a healthy skeptic. It's good for your brain!

Here's the link for this latest "brain food" from Dr. Osterholm, and remember like all the other podcasts, the title is just one of many issues covered: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-24> or any episode, the current and his prior may be found on [Apple Podcasts](#), [Spotify](#) and [Google Play](#).

### **Another Month of Experience – Our EMS System Data**

This is the kind of experience we can gladly do without, but since we don't have that choice, let's make the best of it. My ongoing thanks to the OMD team and those leaders reporting the data in each organization that comprises the EMS System for Metropolitan Oklahoma City and Tulsa. Here's the latest 30-day report on our EMS system family that have been diagnosed with COVID-19 through a confirmed positive test:

|                         |                |
|-------------------------|----------------|
| Prior to June 10:       | 9 individuals  |
| June 10-July 15:        | 36 individuals |
| July-16-August 15:      | 44 individuals |
| August 16-September 15: | 29 individuals |

Those numbers aren't cumulative, so the 36 doesn't include the previous 9 and the 44 doesn't include the previous 36, etc. While the latest numbers are fortunately less, we are still entering a challenging time of the year, one that typically brings more respiratory illness, even before COVID-19 came on the scene. Please continue to carefully use the right PPE (MEGG) at work, and be careful in your non-work life, to reduce your risk of joining these colleagues in illness. I'm grateful we continue to have no fatalities to date and very, very few hospitalizations among these 118 individuals.

### **Vaccine Priority and You're at the Top! – Reuters**

Speaking about staying protected, let's talk about vaccines. There's been lots of political chitter chatter about vaccines in the past several weeks. I'm doing my best to avoid those time sinkholes to stay focused on do they work or not and their safety. I am encouraged to see the responsible language that the manufacturers are taking in committing to not releasing any SARS-CoV-2 vaccine until such time that safety data are validated. Again, let's talk skepticism versus cynicism. It's easy to be cynical and think these companies are all about the profit. To be fair, vaccine making is a business, employees deserve to be paid, and operational costs must be paid, too (that sounds like an EMS system as well, doesn't it?). However, selling a dangerous product is a great way to go out of business fast. I'm pleased to see a public letter of commitment by the heads of these companies developing vaccines. If you're interested, you can find the public statement I'm referencing here: <https://www.businesswire.com/news/home/20200908005282/en/>

The best part of my reading about the development of SARS-CoV-2 vaccines is the distribution planning because that planning recognizes the importance of you and your EMS career work. Read for yourself where you stand in line when a safe vaccine is available: <https://www.reuters.com/article/us-health-coronavirus-vaccine-allocation/u-s-panel-says-health-workers-first-responders-should-be-first-to-get-covid-19-vaccines-idUSKBN25S5OA>

### **Speaking of Vaccines – A Dr. G Encouragement**

I'm certain someone just asked me to share any new thoughts I have on flu. Oh, that was me talking to myself again. Well, let's take advantage of that!

It's influenza vaccination time. Or at least it's the start of influenza vaccination time. It's been available since mid-August in some clinics and pharmacies, but if you didn't already know, there is such a thing as too early to get your annual flu vaccination.

I predicted and was happily wrong ("happily wrong" means an opportunity to learn) that we would see a greater push for flu vaccinations in early September this year. Turns out there is a perfectly scientifically sound reason why we didn't. Annual flu vaccinations do bring us protection, but not everlasting protection. It brings protection for a few months. If we get it too early, we can lose the protection we are trying to get at the worse time to lose it – when flu is peaking in the Jan-Feb timeframe. So, now is about the earliest to start getting your flu vaccinations. Interestingly in Dr. Osterholm's podcast we just discussed, he lets us know he typically doesn't get his annual flu vaccination until mid-November. He tracks the flu case counts in Minneapolis and only gets his when he sees the rise occurring. That's a very diligent public health viewpoint.

For the rest of us though, especially those of us (you and me) taking care of influenza patients now and in the next few weeks, it makes sense we go ahead and get our vaccination.

Here's my own story about getting my vaccination this year. Sept 22 was a Tuesday and Tuesdays are slower days at Costco. I just happened to see a sign that they offered flu vaccination in their pharmacy and when I walked over that direction, exactly zero persons were lined up. That's a perfect Dr. G scenario. I filled out a quick screening form and they took my health insurance information. I was told "We'll be back with you in 15 minutes. We have to get the shot ready." That's pharmacy lingo (I think) for getting authorization from my health insurance first. It was nice that the \$19.95 cost was paid directly by my insurance and it was an absolutely no charge to me experience. Add another 6 minutes of me standing at the pharmacy, 15 seconds to walk into the "vaccination room." 60 seconds for the vaccination – note to others, ED RNs do give less painful vaccinations than pharmacists do, and 45 seconds to walk out rubbing my deltoid, and there's my 23 minutes of experience.

Now, that's not a complaint. Well, my arm was a bit sore, but more importantly, it's a note of some cautions:

1. Take advantage of any on the job vaccination and save yourself 23+ minutes of off work time.
2. Schedule vaccinations for your family so they can avoid any long lines of people doing the same. – Isn't it ironic to be standing in a big group of people for a shot to avoid getting sick from being around a big group of people this time of year?
3. 23 minutes was during a time exactly no one else was getting a vaccination at a public pharmacy. What's it going to be like when larger percentages of the public want a vaccination? Not good.

Bottom line – please get you and your family protected. You and they (and our patients, too!) deserve it. And for any of you working part-time in legal counsel for Costco, let the record show, yes, I do like Costco.

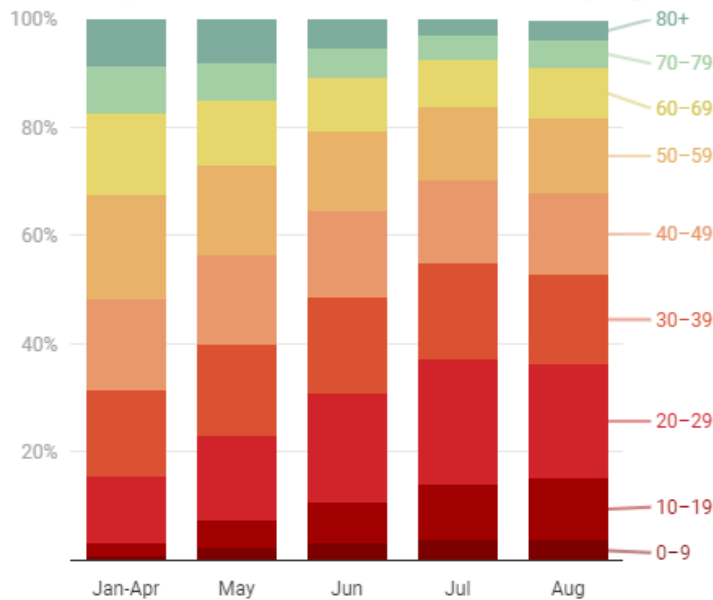
### **Keep Those Radars Up to Date – Time Magazine**

Which should you be more worried about – dispatch to a nursing home for a "sick call" or to an apartment for a 23-year-old with body aches? Hmm. How about "both" as your answer? Right answer for the time being.

In the earliest parts of our COVID-19 journey, we understandably put a lot of focus on the elderly and those with chronic illnesses as highest risk for contracting (and spreading) this viral disease. There's still truth in those concerns. Many of the COVID-19 positive patients I personally cared for in the ED this past weekend were 70 years of age or older. But not all were. Here's an "infectious disease radar adjusting" article from *Time* magazine on why we need to be careful with younger adults and teens, the faster growing segment of COVID-19 patients right now:

<https://time.com/5892670/coronavirus-age-breakdown-us/>

## Monthly share of COVID-19 cases by age



Case counts started on January 22. Cases prior to May are calculated from CDC data published on June 19 and September 23.

Chart: Emily Barone for TIME • Source: CDC • Get the data • Created with Datawrapper

### Mask Maintenance – CDC

If you're taking information from the US Centers for Disease Control a bit more skeptically these days, join the club. Again, science should be science, not political science. That said, I did come across this article that could help you help your family and friends with their non-medical mask maintenance, especially with cooler weeks ahead bringing more colds, coughs, and unfortunately COVID.

Here's this link and I hope it helps: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html> Here's my favorite graphic from this CDC advisement:



*Vigilance. Safety. Evidence-Based Service to Others.*

*Let's be careful out there.*

Dr. Goodloe

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