



MEDICAL CONTROL BOARD

Chad Borin, DO, FACOEP, Chair
St. Anthony Hospital

Russell Anderson, DO, Vice Chair
Hillcrest Hospital South

David Smith, MD, Secretary
Baptist Medical Center

Roxie Albrecht, MD, FACS
OU Medical Center – Trauma

Barrett Bradt, MD
St. Francis Hospital

Jeffrey Dixon, MD, FACEP
Hillcrest Medical Center

David Gearhart, DO, FACOEP
OSU Medical Center

Karyn Koller, MD
OU Medical Center

John Nalagan, MD, FACEP
Mercy Health Center

Keri Smith, DO
Integris Southwest Hospital

Michael Smith, MD, FACEP
St. John Medical Center

OFFICE OF THE MEDICAL DIRECTOR

David Howerton, NRP
Division Chief – Medical Oversight - West

Duffy McAnallen, NRP
Division Chief – Medical Oversight - East

Matt Cox, NRP
Division Chief - Critical Care Analytics

Kimberly Hale
Administrative Assistant

Curtis Knoles, MD, FAAP
Associate Chief Medical Officer

Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS
Chief Medical Officer

Update 47 - COVID-19 – From Office of the Medical Director 09OCT2020 0900

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

Key Content:

- **Educational Resource – The Osterholm Update – Episode 26**
- **Answers Don't Always Hold Over Time – NBC & Clinical Infectious Diseases**
- **Survival of SARS-CoV-2 on Skin – Fox News & Clinical Infectious Diseases**
- **FAQs on Masks – The Washington Post**
- **Questions and Dr. G Answers**

It gets busy in the clinical care of patients, particularly the emergency clinical care of patients. As you know well, the level of necessary focus and commitment to “getting it right” when patients need us the most means that sometimes news events can come and go and not fully hit our radars. That’s part of the purpose of these Updates to help prioritize and summarize what I think are key educational items in helping you to keeping you, your family, your friends, and your patients safe in these challenging infectious disease times.

You might have recently heard several well-known federal government leaders, including the President, have confirmed COVID-19. I’m a big believer in these Updates that we best stick to the science and leave politics for discussion elsewhere. The “take home” point as I try to apply news to both my professional and personal lives is another reminder that the SARS-CoV-2 virus doesn’t check your ID to see what your political beliefs are, what you do for a living, or even how “good” of a person you are in deciding whether to infect you or give you a “pass.” Please stay mindful and be careful as we enter what is certain to be a rise in COVID-19 cases over the coming weeks through the Fall and Winter.

Educational Resource – The Osterholm Update – Episode 26

Here’s Dr. Osterholm in Episode 26, Planes, Trains, or Automobiles? But first, talk is cheaper than action, so I wanted to share an action (of decision) I made. If you’re reading super, super closely, I skipped over Episode 25, Ripple Effects. I thought it contained commentary that could be construed as less science and more opinion. No one person always gets its right, and while I respect Dr. Osterholm immensely, I’ll also respectfully take a pass on recommending his Episode 25 podcast to you.

In Episode 26, there is some helpful information for us when thinking about what is ahead for us in terms of prevalence of COVID-19 in our communities and some of the factors driving those dynamics. Also, many of us are thinking about family gatherings in the Fall and Winter, such as Thanksgiving, Hannukah, Christmas, and/or Kwanzaa. These traditional holidays will most likely be different for nearly all of us this year. Some advice from Dr. Osterholm regarding travel (or not) is included.

Here's the link for this podcast 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-26> or any episode, the current and his prior may be found on [Apple Podcasts](#), [Spotify](#) and [Google Play](#).

Answers Don't Always Hold Over Time – NBC & Clinical Infectious Diseases

Among the many frustrations in this COVID journey is thinking an answer has been found, particularly an answer that helps people survive and with better health, only to find in time that what we thought was a “deal” is actually a “dud.”

Fresh in my research inbox this morning, are these two articles summarized:

The first is from NBC News, reporting on a research study published in the *New England Journal of Medicine* that contributes further data showing hydroxychloroquine does not help patients with the SARS-CoV-2 virus. There might even be worse side effects associated with taking hydroxychloroquine. Here's the NBC reporting link:

<https://www.nbcnews.com/health/health-news/evidence-clear-hydroxychloroquine-doesn-t-help-covid-19-patients-n1242652> and the link to the study itself in the *NEJM*:

https://www.nejm.org/doi/full/10.1056/NEJMoa2022926?query=featured_home

The second is from *Clinical Infectious Diseases* and is brief communication that blood type alone might not be the risk factor than many have come to believe it is. In short, some thought provoking studies over the past few months have reported that blood type A is associated with higher likelihood of COVID-19 and blood type O is associated with lower likelihood of COVID-19. As a blood type O person, I'd like to believe that's true... but I better put my beliefs on hold and see what science over time proves. This link will take you to a very short manuscript (click on the PDF format link within this link) that conveys in a study of over 7700 persons in Northern Italy that there was no association of blood type to antibodies against the SARS-CoV-2 environment. They bring up a good point that depending on the population tested (very sick, hospitalized in ICU care at one extreme or seemingly healthy blood donors at the other extreme) the results could vary widely. Here's the link: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1495/5913429>

Answers that hold true take multiple studies, by multiple researchers, in multiple populations, in multiple locations. And that... takes time. We don't have to like that it takes time to find reliable answers, but we do have to accept it before we unknowingly treat patients, each other, and ourselves in ways that won't help and that could hurt. Today's inbox is a helpful reminder to me that we must stay the course and seek answers that are accurately validated first.

Survival of SARS-CoV-2 on Skin – Fox News & Clinical Infectious Diseases

9 hours! Well, maybe. More than anything, I like this study, reported by Fox News and found in *Clinical Infectious Diseases*, because it reminds me that what I think isn't risky could be. And that reminds me to stay cautious. And that then helps me see that high alcohol content hand sanitizer is even better than I thought it was before I read this study (because it inactivated the SARS-CoV-2 virus within 15 seconds) and its summary. See what you think on your way to buying more 70%+ alcohol content hand sanitizer. Here's the Fox News item:

<https://www.foxnews.com/health/coronavirus-can-survive-skin-hours-study> and the actual study:

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1517/5917611>

FAQs on Masks – The Washington Post

Anyone reading this has now thought about facial masks in 2020 more than they thought they would in a lifetime. Even for medical experts (that's you, EMS lifesavers!) a review about masks can still yield a new insight or two. I found this FAQs resource compiled by *The Washington Post* helpful to me. I hope it is to you and your family, too. We still have months of masks ahead:

<https://www.washingtonpost.com/lifestyle/2020/09/30/mask-guidelines-covid-faq/?arc404=true>

1111 Classen Drive • Oklahoma City, OK 73103-2616 • 1417 N. Lansing • Tulsa, OK 74106
(405) 297-7173 Telephone • (405) 297-7199 Fax • www.okctulsaomd.com

Questions and Dr. G Answers

Let's close out Update 47 with two questions I recently received and my answers to them. If you have one (or more), feel free to ask and I'll do my best to find the correct answer(s).

"I tested positive for COVID. But after several days, even after 2 weeks, the PCR test is picking something up in my body that is saying I am still positive. Is that a different kind of positive?"

The PCR tests you are taking after 2 weeks of being first diagnosed with COVID-19, based on available science, are picking up fragments of the SARS-CoV-2 virus, but not whole virus. Whole virus is infectious virus, fragments are not. Like a wasp flying around can sting you (whole virus) v a wing broken off a wasp – still part of a wasp, but not dangerous and capable of stinging. The PCR tests are designed to look for RNA sequences unique to SARS-CoV-2. In the first few days of infection, the sequences are signifying live, infectious virus but that changes after 2 weeks based on available studies to date. If I were to see you today, I would have no hesitation elbow bumping you and telling you I don't consider you infectious based upon my understanding of all these studies.

"I had COVID and I feel well again, but I have some tests still showing I am positive. If what is showing up is dead virus, can dead virus become active again?"

Based on available studies, there is no evidence to date of fragments "reactivating" to full virus capable of being infectious and causing you or others COVID-19.

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe