



Update 34 - COVID-19 – From Office of the Medical Director 16 JUL2020 0800

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

Key Content:

- **By the Way, What's this COVID-19 Thing All About Again? – JAMA**
- **COVID in the US in 2020's First Five Months – CDC MMWR**
- **Whatever, Can I Just Get This COVID Thing and Be Done with It? – JAMA**
- **Any Advice about My Kids and Schools? – Science**
- **How's About a Summary on Vaccines? Sure! - NIH**

By the Way, What's this COVID-19 Thing All About Again? – JAMA

One of these past Updates, let's see... Update 13, and yes, I had a hunch but even I had to go back and check as who the heck can keep all of these Updates remembered off the top of their head... was essentially devoted to taking a "time out" from all the new news and reminding ourselves what exactly we are in the midst of these days and nights. Not a bad time to take another breather. Here's a great article – albeit one with some heavy scientific discussion content – from the *Journal of the American Medical Association (JAMA)* that gives us a great 30,000 foot above view of what can sometimes get lost in the shuffle. I hope it helps to keep some things in perspective. If it seems too long a read, the first page (the abstract or summary of the article) is a nice snapshot in and of itself. The graphics are also helpful. Here's the link:

<https://jamanetwork.com/journals/jama/fullarticle/2768391>

You may find it easier to read, as I often do, to download the PDF version so it appears just like it would in a standard magazine/journal.

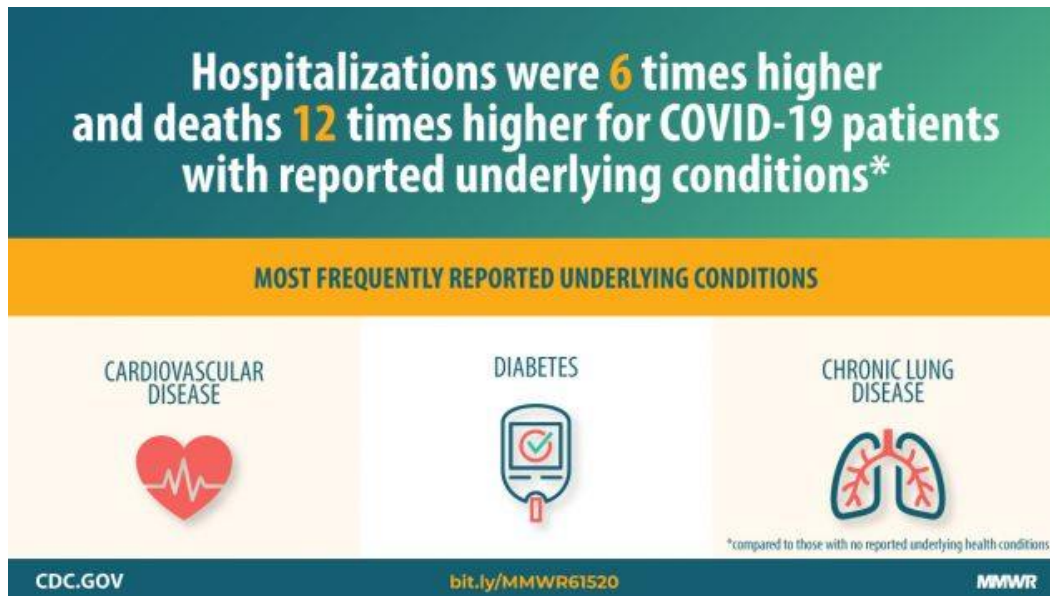
COVID in the US in 2020's First Five Months – CDC MMWR

You might be thinking, "I know the CDC stands for the Centers for Disease Control, but what is an MMWR?" *MMWR* stands for Morbidity (which is lasting illness/injury and its impacts) and Mortality (aka death) Weekly Report. This is an amazing publication issued by the CDC over the last several decades and is often the definitive information source for many physicians tracking outbreaks of infections or clusters of injuries. It started (obviously in a bit different form) in 1878 by Congress passing the National Quarantine Act, requiring weekly reporting of the sanitary conditions of vessels sailing to the US.

So with that bit of history, let's fast forward 142 years to the *MMWR* released on June 15 at:

https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w

This looks at multiple statistics from confirmed COVID-19 cases in the US from January 22 – May 30. Among the most interesting findings is this graph:



Whatever, Can I Just Get This COVID Thing and Be Done with It? – JAMA

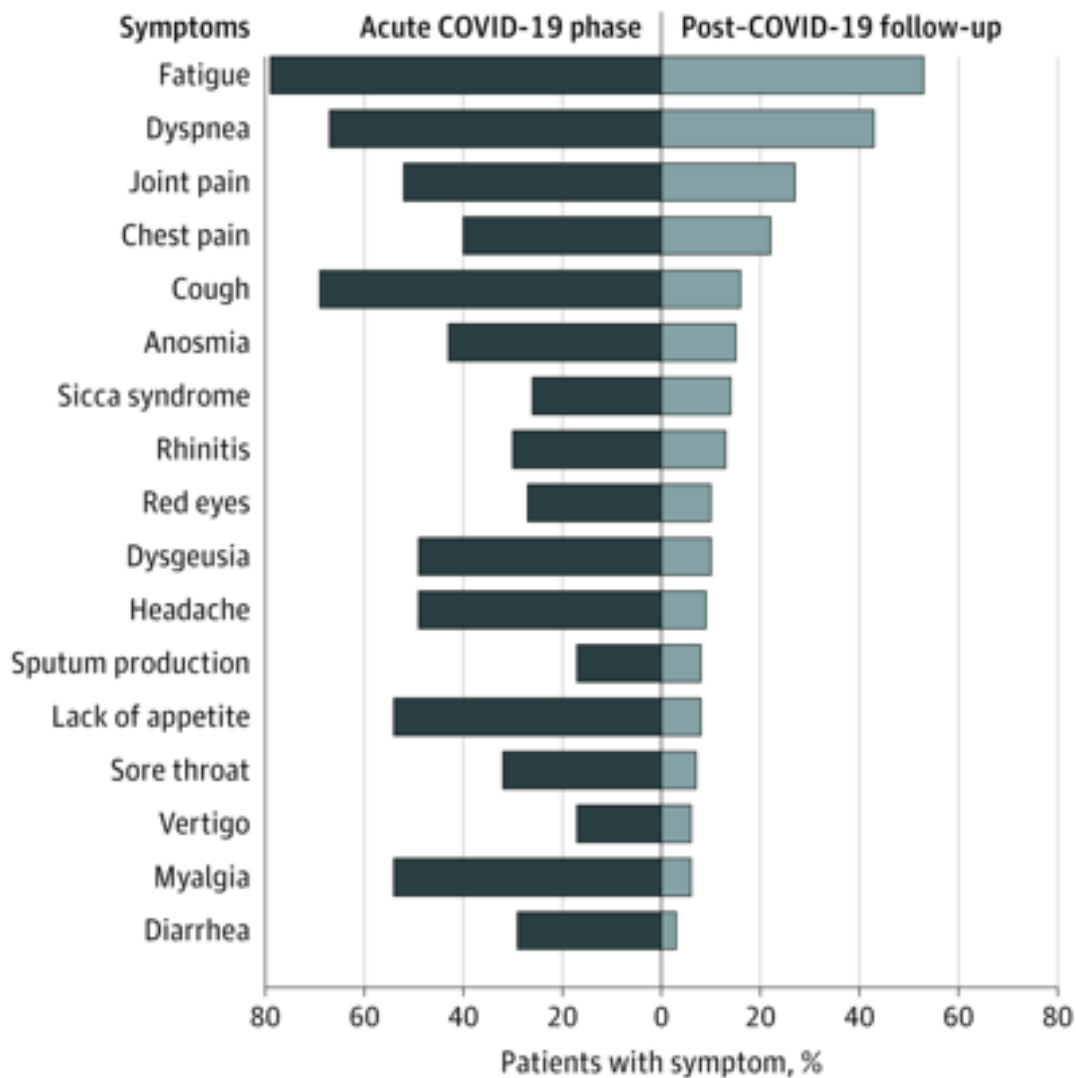
Well, yes and worryingly, no. Yes, you can certainly acquire COVID-19 in the US. But can you be over and done with it? Not so sure. Not at all so sure. Remember we are only months, although it feels like years, into this journey and we honestly don't yet know the lasting effects of this viral illness. A recent publication of what has been observed so far causes us pause. Even if we survived the initial infection – and yes, the odds of survival for most of us are encouragingly quite high – that's not a guarantee against any chronic symptoms. Here's the low-down on that from a group of 143 patients treated in hospital in Rome, Italy and then followed up post discharge for symptoms. The timing of follow-up averaged 60 days from hospital discharge. This is the letter to *JAMA* from the researchers involved:

https://jamanetwork.com/journals/jama/fullarticle/2768351?guestAccessKey=692a5e20-fdc4-45b2-bdd4-b78dfc4dcd5f&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=070920

Over 50% fatigue and over 40% dyspnea 2 months out isn't the most encouraging news I can think of sharing. Some caveats, though: 1) this was a yes/no symptom check, not a severity of symptom check; 2) this involved all hospitalized patients, indicating a more severe degree of acute or active COVID-19, so we can't apply these results to everyone with COVID-19; 3) this was a study of 143 adults. If this were replicated in a thousand or more similar adults, we don't yet know that the results would be the same. Almost every study has some limitation(s). That doesn't mean it's a bad study. It does mean we just have to be careful with how we accept and interpret the results shared.

At least for me, I'd prefer to avoid any of those chronic symptoms and so I'll keep using PPE, including masks, and exercise physical distancing and hand washing whenever I can.

Here's the graph showing the percentages for the symptoms both during active COVID-19 illness and then at again an average of 60 days after hospital discharge:



Any Advice about My Kids and Schools? - Science

I'm not a PhD in a public health discipline like epidemiology or a DrPH (that's a Doctor of Public Health) or a degreed education specialist or a school superintendent, but I do work with a bunch of good people (that would be YOU!) that have children and are curious about this viral pandemic and schools.

This is a balanced article from *Science* that admittedly doesn't have "the answer" for Oklahoma schools, though it shows us many factors and possible solutions that require careful consideration. It also reminds us we aren't alone in the US as these decisions are faced worldwide. Here's the story: <https://www.sciencemag.org/news/2020/07/school-openings-across-globe-suggest-ways-keep-coronavirus-bay-despite-outbreaks>

Part of what caught my attention about this article is a social media endorsement of it by Dr. Anne Zink. Dr. Zink is one of my colleagues within the American College of Emergency Physicians and serves as the Chief Medical Officer for the Alaska Department of Health and Social Sciences. She rightly has been commended many times in these past few months for her active role in working to minimize COVID-19 illness in Alaska – a state that poses more geographic challenges than our own. My hat tip to Dr. Zink for this resource and her ongoing work.

I'm obviously very curious what Dr. Osterholm will have to say about schools and COVID-19 in his podcast this week, too.

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How's About a Summary on Vaccines? Sure! - NIH

From the "NIH Director's Blog" ... and yes, I'd be surprised too if Dr. Frances Collins wrote every word himself. That said, if the blog is going to be attributed to him, I do bet he reads it very, very closely for accuracy. This was recommended by another of my ACEP colleagues, Dr. Megan Ranney from Brown University's Alpert School of Medicine in Rhode Island. Dr. Ranney is a frequent guest on CNN these days. If you don't like CNN, that's perfectly fine. To be honest, I don't watch much of CNN or Fox or MSNBC or any of them. I'd rather read what I'm reading because I know most of it must pass a peer-review panel to even be published. All that said, Dr. Ranney has proven to be an enthusiastic advocate for healthcare professionals, creating the #GetUsPPE movement, and for our patients.

Here's the link to blog about vaccine production: <https://directorsblog.nih.gov/2020/07/09/meet-the-researcher-leading-nihs-covid-19-vaccine-development-efforts/>

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe