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Update 29 - COVID-19 – From Office of the Medical Director 19 JUN2020 1100

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

#### Key Content:

- **Educational Resource – The Osterholm Update – Episode 12**
- **A Sobering Graph – NY Times**
- **Another Graph (of Sorts) on Present Research Realities - ACEP**

*Most eyes are understandably focused on health and safety impacts of mass gatherings and related protests in Tulsa today and tomorrow. Like you, I'm hoping for the best and preparing for the worst, always working diligently to keep everyone involved as medically well as possible. If you are working during these times, remember what was taught in your earliest days of EMT school – you can't help others if you are hurt. Keep personal safety a priority. In times of multiple injuries, it can be easy to get visually distracted. Stay focused on the patient(s) in your direct care with an eye towards situational safety in that process. When we all do our part, we will figuratively and literally survive the weekend to continue providing excellent EMS care to our communities. I'll be on the receiving end of patients in the ED Saturday night and predictably will be watching downtown Tulsa events closely. If you are off work this weekend, spend it in mental and physical wellness. Please keep your work brothers and sisters in your thoughts, too.*

*This virus of our concern takes no breaks, so we best continue to learn what we need to stay healthy and safe in this way as well. Hence, my purposeful issuance of Update 29 on this Friday.*

#### Educational Resource – The Osterholm Update – Episode 12

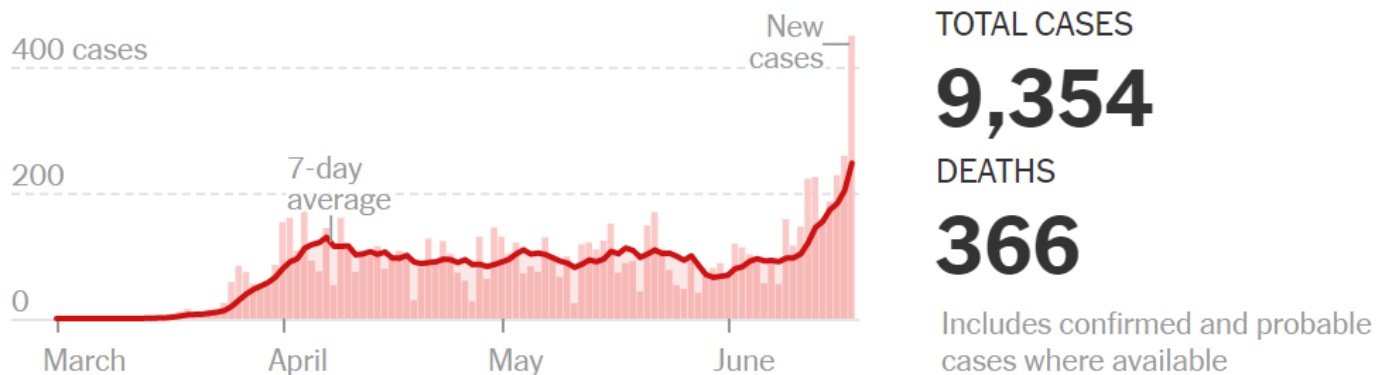
Dr. Osterholm's latest podcast, episode 12 of The Osterholm Update, A Tale of Two Countries, is posted on the CIDRAP website with release date 17 JUN. This is a thought-provoking discussion trying to make sense of the data we are seeing about new COVID-19 infections in "hot spots" like Arizona and Florida, while other states are still seeing decreasing numbers. Oklahoma is unfortunately rising on the "hot spots" list as you'll see below.

I appreciate Dr. Osterholm's ability to simply, factually state, "We don't know." Continue to be a smart consumer of viral pandemic information and when someone says, "I don't know, but..." Ignore all the stuff after but!

You can access it at this link: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-12> or The Osterholm Update is available on Spotify, Apple Podcasts, or Google Play.

# Oklahoma Coronavirus Map and Case Count

By The New York Times Updated June 19, 2020, 8:14 A.M. E.T.



If you are interested in following this graph over time, the link is:

<https://www.nytimes.com/interactive/2020/us/oklahoma-coronavirus-cases.html>

This webpage has further data about COVID-19 cases in Oklahoma and discusses the data sources used by *The New York Times*. The “7-day average” line depicted above simply means the total of that day’s new cases plus the previous 6 days’ new cases then that summation divided by 7. That might or might not be obvious, though when discussing data points, it is always relevant to make sure everyone is operating with the same definition of what the data represents.

The implications of the graph are obvious. Please stay healthy. Of direct interest to you, as of last week, there were 9 members of our 4,000+ member EMS system that have confirmed tested positive for COVID-19. Fortunately, none of those affected required hospitalization, particularly ICU/ventilator care. No question that many of you have treated COVID-19 patients – some you suspected and others you didn’t. The takeaway from this experience to date is that our own system-specific infection numbers indicate that PPE when worn as instructed works. Slightly over half of the 9 indicate they believe they were infected in activities away from work. Be cautious when not in work PPE, too.

## Another Graph (of Sorts) on Present Research Realities – ACEP

As a member of the American College of Emergency Physicians (ACEP), I receive a morning briefing every Monday-Friday that highlights a few news items of particular interest to emergency physicians. On Saturdays, there is a weekend review that sometimes pulls in the most interesting of the week and features other news source items as well. This has proven a useful resource for these Updates. Here’s a screen shot below of the key news items – in this case, research findings – from this morning. Today’s report struck me as an unfortunate, but great representation of many of the research reports I scan and others I read in depth to then bring you what matters most to you and our practice of EMS medicine.

We are still early in the experience of COVID-19, both locally and worldwide. Truly, there are no “experts” in COVID-19 as in my view it’s impossible to be an expert in something that didn’t even exist to the world’s knowledge a year ago. Understandably then, it’s not surprising that many of the studies now being released are less than conclusive. That’s also the central point in evaluating their findings. I work to avoid as many of those as possible and instead bring us more

definitive studies that we can then use to make decisions about safety – for you and your patients. You will notice some marks I've placed for emphasis:

## Leading the News



### Daily Deaths From Coronavirus In US Decline, But Scientists Worry Trend Will Reverse Soon

The [AP](#) (6/18, Johnson, Forster) reports daily deaths from coronavirus in the US have “fallen in recent weeks to the lowest level since late March, even as states increasingly reopen for business.” However, “scientists are deeply afraid the trend may be about to reverse itself.”

### Antibodies To SARS-CoV-2 May Only Last A Few Months After Infection, Study Suggests

The [New York Times](#) (6/18, Mandavilli) reports researchers found antibodies to SARS-CoV-2 “may last only two to three months, especially in people who never

showed symptoms while they were infected.” However, experts warn that the lack of antibodies doesn't necessarily mean people can be infected by the virus again. The [findings](#) were published in Nature Medicine.

### Diabetic Ketoacidosis May Be Common And Potentially Fatal Complication In Patients Hospitalized With COVID-19, Study Indicates

[Endocrine News](#) (6/18, Horvath) reports researchers found “diabetic ketoacidosis is a common and potentially fatal complication in hospitalized patients with COVID-19.” The [findings](#) were published in the Journal of Clinical Endocrinology & Metabolism.

### Convalescent Plasma May Be A Safe Treatment For People Hospitalized With COVID-19, Study Suggests

The [Washington Post](#) (6/18, Johnson) reports a [study](#) involving 20,000 people hospitalized with COVID-19 suggests that receiving “transfusions of blood plasma from people who recovered” from the disease is a safe treatment. The study's results suggest that giving the treatment, known as convalescent plasma, to people hospitalized with COVID-19 may be beneficial. The study was published in Mayo Clinic Proceedings.

It's an uncertain world to be certain. Keep the faith. We'll navigate it together.

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

*Let's be careful out there.*

Dr. Goodloe