



Update 32 - COVID-19 – From Office of the Medical Director 06 JUL2020 1100

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

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Key Content:

- **Where Are We in Identifying COVID-19 by Symptoms?**
- **Navigating Risks of COVID-19 for Self, Family & Friends**
- **Who’s “Super” in Superspreading? – The New York Times**
- **“Lingering” Debate – Aerosolization of SARS-CoV-2 – The New York Times**

Where Are We in Identifying COVID-19 by Symptoms?

Some days it’s hard to believe we are only about 4 months into our local journey of this viral pandemic. The relativity of time feels quite absolute. Although worldwide the journey of thousands of steps is still closer to its start, it helps to stop along the way and assess what we’ve learned so far. This is a helpful analysis of several studies (nearly 150) that shows among 24,000+ COVID-19 positive patients with symptoms that fever is the most common symptom (73%), followed by cough (57%) then fatigue (31%). Remember in a massive combination of studies (a meta-analysis as we’ve talked about in these Updates), that the overall results don’t have to apply to a specific individual, especially that individual that is presently your patient. Don’t forget about all the other symptoms – headaches, sore throats, runny noses, nausea, vomiting, diarrhea, etc. Here’s the link to the full report of this study: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7310678/>

Navigating Risks of COVID-19 for Self, Family & Friends

These are a couple of nice graphs to inform our activity choices in life, correlating them to the estimated relative risks of COVID-19. A close comparison of these graphs will show they are not in full agreement. That’s the point of sharing both, to point out that at least in our era of questions about SARS-CoV-2 still unanswered, no one graph is perfectly true. There are many variables in life activities that can’t be fully captured in a single listing or picture. The point is the relative relationship between choices more than the absolute of any single choice. I hope these can help in your decisions outside of work – for you, for your family, and for your friends. The first graph is from a working group representing Texas Medical Association – within Texas, this is the medical association affiliated closest with the American Medical Association. The second is from a group of individuals led by Ezekiel J. Emanuel, the Vice Provost for Global Initiatives and Professor at the University of Pennsylvania.



BE INFORMED:

Know Your Risk During COVID-19

On a scale of 1 to 10, how risky is...

Ranked by physicians from the TMA COVID-19 Task Force and the TMA Committee on Infectious Diseases



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COVID-19 Risk Index

Risk levels for exposure vary based on four main factors:



Enclosed space



Duration of interaction



Crowds

Density of people + challenges for social distancing



Forceful exhalation

Sneezing, yelling, singing, and coughing



Medium

Low

Staying at home
Alone or with members of your household

Walking outdoors
With or without pets

Running or biking
Alone or with another person

Picking up takeout food, coffee, or groceries from stores
Risks: Potential crowding

Outdoor picnic or dining
With or without household members

Risks: close contact or potential of crowding

Low / Medium

Playing "distanced" sports outside
Ex: Tennis or golf

Grocery shopping
Risks: Potential crowding of people, high touch surfaces

Retail shopping
Risks: indoor, close contact, potential crowding of people

Medium

ED emergency department
Risks: indoor, potential crowding of people

Medical office visit
Risks: indoor, close contact, high touch surfaces

Dentist appointment
Risks: indoor, close contact, potential crowding of people, wearing a mask

Taking a taxi or a ride-sharing service
Risks: Depending on frequency of cleaning, duration of ride, and number of passengers

Museum
Risks: indoor, close contact, potential crowding of people

Outdoor restaurant dining
Risks: close contact, potential crowding of people, wearing a mask during eating

Medium / High

Exercising at a gym
Risks: indoor, close contact, potential crowding of people, high touch surfaces, difficult to wear a mask, high respiratory rate

Hair/nail salon and barber shops
Risks: prolonged close contact, difficult to wear a mask

Working in an office
Risks: indoor, high touch surfaces, close contact, potential crowding of people

Indoor restaurant or coffee shop
Risks: indoor, potential close contact, potential crowding of people, difficult to wear mask while eating and drinking

High

Indoor party
Risks: indoor, prolonged close contact, potential crowding of people, additional risks: alcohol, loss of inhibition, shared beverage (coughing)

Bars and nightclubs
Risks: enclosed space, prolonged close contact, potential crowding of people, yelling/prolonged production of voice

Playing contact sports
Football, basketball, soccer, etc.
Risks: wearing of full contact gear, difficulty of people, high respiratory rate, unable to wear a mask

Public transportation
Subway or bus
Risks: enclosed space, prolonged close contact, potential crowding of people, and high touch surfaces

Religious Services
Risks: indoor, enclosed space, potential crowding of people, high touch surfaces, yelling/prolonged production of voice

Concert
Risks: enclosed space, potential crowding of people, high touch surfaces, yelling/prolonged production of voice

Air travel
Risks: enclosed space, prolonged close contact, potential crowding of people, and high touch surfaces

Movie theater or live theater
Risks: Enclosed space, prolonged close contact, potential crowding of people, high touch surfaces

Watching sports
Risks: prolonged close contact, potential crowding of people, yelling/prolonged production of voice, enclosed space (if indoor)

**REOPEN INTELLIGENTLY.
REOPEN SAFELY.**

Who's "Super" in Superspreading? – The New York Times

One size doesn't fit all in terms of the contagiousness from a SARS-CoV-2 virus infected person to the uninfected ones around them. While the exact formula for such remains elusive, this is a nice, quick read from The New York Times to help us understand the phenomenon of superspreading. Factoring the above graphs may further help any of us avoid circumstances making superspreading more likely. Here's this link:

<https://www.nytimes.com/2020/06/30/science/how-coronavirus-spreads.html>

"Lingering" Debate – Aerosolization of SARS-CoV-2 – The New York Times

One of the earliest comments I personally heard Dr. Michael Osterholm make was about how SARS-CoV-2 moves via droplet AND aerosol. This was back in mid-February and I was particularly struck how resolute his voice was about this. No doubt. No hesitation. Based upon years and years of study of how coronaviruses in general behave.

Now, that's not to say that one man is wiser than the world, but it is to say that I have believed and advised about aerosol concerns since that conversation with Dr. Osterholm. It seems a significant number of infectious disease experts are joining him and others in writing. From today's *The New York Times*, this article gives us a heads up about a communication to come in about a week and a helpful discussion about some of the deliberations within the World Health Organization (WHO). I'll surely share the more formal communication when it is released, though I think this read is helpful to us to establish some framework for it in advance. Here it is:

https://www.nytimes.com/2020/07/04/health/239-experts-with-one-big-claim-the-coronavirus-is-airborne.html?campaign_id=9&emc=edit_nn_20200706&instance_id=20044&nl=the-morning®i_id=89587519&segment_id=32688&te=1&user_id=b16417940cf5590c6c9354f5e39d522f

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe