



Update 41 - COVID-19 – From Office of the Medical Director 24AUG2020 0800

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

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Key Content:

- **Educational Resource – The Osterholm Update – Episode 20**
- **The Uncertain Length of Long for Long Haulers – The Atlantic**
- **Sad “Hidden” Costs of the Pandemic and the EMS Role in Helping - The Los Angeles Times & The Washington Post**
- **Encouraging News About the Protection of Antibodies – The New York Times**
- **A Seven-Month Mirror - STAT**

Educational Resource – The Osterholm Update – Episode 20

Well, if you're reading closely, I numbered the Special Live Edition podcast as Episode 20. But here's the real Episode 20 from Dr. Osterholm, appropriately titled to reflect frustrations we are having with mixed messages about COVID-19... "Message Chaos." Here's the link to it at <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-20> or all episodes, the current and his prior may be found on [Apple Podcasts](#), [Spotify](#) and [Google Play](#). Please listen to the end as he has specific comments about the influenza vaccine for this upcoming flu season that you'll want to know for you and your family.

The Uncertain Length of Long for Long Haulers – The Atlantic

I always prefer to share the happier news when able. This is a sobering read, but important to have awareness of it as some of our current and future patients will be carrying both the physiologic and psychologic load of a longer form of COVID-19 symptoms. Recall that much is still to be defined, so keeping an open mind and just being a part of a patient's friendlier than they expected health care encounter could go a long way to providing that patient a ray of hope. While I hope that none of you find your health in long hauler land, reading this reminds me to stay vigilant and keep my mask where it works best (over my nose and mouth) and continue to physical distance and hand wash when my brain wants to inject "Haven't you done enough of that already? Take a break!"

Here's this read from *The Atlantic* that follows our discussion about lingering symptoms in an Italian group of patients in Update 34:
<https://www.theatlantic.com/health/archive/2020/08/long-haulers-covid-19-recognition-support-groups-symptoms/615382/>

Sad “Hidden” Costs of the Pandemic and the EMS Role in Helping - The Los Angeles Times & The Washington Post

Among the most troubling impacts of COVID-19 worldwide are the estimated increases in domestic violence – both towards adults AND children. Sadly, Oklahoma was and is one of the worst states in the US for child abuse and neglect (sources include: <https://oklahomawatch.org/2019/09/19/the-good-the-bad-and-the-puzzling-in-child-maltreatment-counts/>; <https://www.cnn.com/2018/06/27/health/child-well-being-state-rankings-study/index.html>; and <https://www.statista.com/statistics/203841/number-of-child-abuse-cases-in-the-us-by-state/>) before this pandemic has made the toll even higher. Here are two very sad reports from my research this past week: <https://www.latimes.com/science/story/2020-08-18/intimate-partner-violence-spiked-80-after-pandemic-lockdown-began> and <https://www.washingtonpost.com/dc-md-va/2020/08/19/child-abuse-victims-plunge-pandemic/>

There’s no “good news” part to spin about these stories. One reality is that you (as in YOU) can see what is hidden otherwise during the privilege of taking care of people and their families in their homes. You may be the one person that a victim of abuse and/or domestic violence sees as their safety advocate. Please be on guard for helping adults and children that need your assessment skills. Please be willing to report to hospital emergency department staff your concerns and to report directly to the Oklahoma Department of Human Services Abuse and Neglect Hotline (Calls Answered 24 Hours a Day/7 Days a Week) at 1-800-522-3511.

Here is also a link to our longstanding protocol that supports your advocacy in keeping patients (and others you encounter) safe from this violence:

http://oktulomd.com/assets/front/ems_protocol/9M_Suspected_Abuse_Neglect_Adult_Pediatric2.pdf

Anytime you report in good intent your concerns of abuse, you will have the full support of MCB/OMD.

Encouraging News About the Protection of Antibodies – The New York Times

Okay, time for some better news! I was asked the following question this past week and here’s my reply to share with each of you:

“If I got COVID-19 and then in the future I was to be re-exposed, what in your opinion would likely be the outcome (e.g. not as severe or severe)?”

Great question! This is particularly of interest to those in our EMS system family that have been diagnosed with COVID-19 through a confirmed positive test. Here’s the latest update on that, with some new data on COVID-19 cases among our EMS system family too:

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

Those numbers aren’t cumulative, so the 36 doesn’t include the previous 9 and the 44 doesn’t include the previous 36. While the numbers are rising, we are still far below the estimates of the general population in the US with COVID-19. When factoring our increased risks of COVID-19 when caring for people acutely ill, these numbers to me still confirm that the right PPE (MEGG) worn the right way works. It’s nearly impossible to know for certain whether a member of our EMS system family contracted COVID-19 at or away from work and it shouldn’t be a “who’s to blame” dynamic anyway. I’m sorry to see any of our EMS system family infected. I’m grateful we have no fatalities to date and very, very few hospitalizations among those 89 individuals.

So, for all of you, the few that have had or are having COVID-19 and the many more of you that fortunately to date do not have COVID-19, here’s my answer to that question:

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“I don’t know. Again, part of the frustration of learning as we go with a new disease. There are several folks that hypothesize that with a prior infection, and hopefully antibody production against it, that your immune system would be stronger against SARS-CoV-2 ahead. There are different strains of SARS-CoV-2, for instance the form from Wuhan, China is not the exact same from Italy. That said, it seems so far that antibodies we make are effective against all known strains identified. I think the hopeful hypothesis is just that – hopeful and theory. We just don’t know because of the timing of the disease only being in months so far. We don’t know how long the antibodies we make, as well as a part of our immune system call T-cell lymphocytes (a form of white blood cell) stay “on guard” for SARS-CoV-2. Could it be permanent immunity? Possibly. Could it only last for weeks to months? Yes. Still to be determined.”

Now that may not sound super, super positive, but I believe it’s truthful based upon what is known and not known yet. I’ll gladly take news like this though: <https://www.nytimes.com/2020/08/19/health/coronavirus-fishing-boat.html> that reports what sure looks like antibody protection against re-infection, at least in the short term.

A Seven-Month Mirror – STAT

Lots still in the “inbox” of good intel on SARS-CoV-2, COVID-19, and the pandemic. That said, it’s about time to take a breath and refresh our daily knowledge of all this stuff. Here’s a great recap of many things we’ve all learned over 2020 so far, courtesy of STAT news: <https://www.statnews.com/2020/08/17/what-we-now-know-about-covid19-and-what-questions-remain-to-be-answered/>

That’s plenty to chew on for Update 41. The inbox is more than full already for Update 42, so full that before I even get 41 to press, I’m at work on 42. I’ll space it out to give you a few days to digest 41. Be on the lookout for 42 before week’s end. The volume of research resources is picking up right now and that’s a good thing, but it requires a careful eye to make sure you continue to get credible, accurate information. I have a feeling 43’s content will be stacking up before 42 gets to press, too. Brain digestible bites at a time, though.

Vigilance. Safety. Evidence-Based Service to Others.

Let’s be careful out there.

Dr. Goodloe