

10 April 2020

BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

What do we know about doctors who have died from covid-19? In a preprint [paper](#) in the online archive *medRxiv*, researchers searched the internet for information related to physicians who had died from covid-19. They found 198 physician deaths. Most physicians who died were male and over the age of 65. Emergency and general practice physicians accounted for most deaths. Lack of personal protective equipment was cited as a common contributing factor in these deaths. The reliability of the quality of information in this study may be limited because the data were not drawn from official sources. There may be reporting bias; more female physicians may have died but their deaths may not have been reported as frequently. Any deaths of physicians and other healthcare workers should be considered a “never” event. PPE is key to protecting the frontline. Please visit our [partner](#) at GetUsPPE.org.

What happens to children who get covid-19 in the United States? A new [report](#) from the CDC describes pediatric outcomes of covid-19 in the United States. Most previous data on this topic came primarily from China and Spain. At the time of this report (through 2 April 2020), two percent of 149,760 laboratory-confirmed U.S. SARS-CoV-2 cases were diagnosed in children. The majority of pediatric cases were detected in New York City and New York State (55 percent). While fever and cough are common in children with covid-19, these symptoms are not as common as they were in adults with covid-19. Children with covid-19 were found to be more likely to have sore throat, headache, and muscle aches, than shortness of breath which was more common in adults. Consistent with data from China and Spain, children with covid-19 generally do not become severely ill. Although the data was limited, the CDC estimates that only 5.7 to 20 percent of cases required hospitalization, though this figure may be an overestimate due to reporting bias. Less than 2 percent of children with covid-19 required intensive care units. To-date, three children have died with covid-19, though the CDC states that investigations are ongoing to determine whether the SARS-Cov-2 virus was the culprit.

--Joshua Niforatos, MD, Research Section Editor

POLICY BRIEFING

Cessation of federal support. In a one-two punch, the federal government announced the depletion of the Strategic National Stockpile and the cancellation of funding for drive-through coronavirus testing. In a [statement](#) to a House panel, officials from the Department of Health and Human Services (HHS) relayed that the final shipments of supplies had been sent to every state, with the remaining 10% of the Stockpile being held in reserve for federal workers. States have not been given formal guidance regarding procurement of further PPE, adding more players to the chaotic marketplace. A separate spokesman from HHS and the Federal Emergency Management Agency (FEMA) [announced](#) the termination of federal funding for the Community-Based Testing Sites (CBTS) effective April 10. Stating that the program was only meant to support the opening of centers with subsequent transition to state-based funding, the move was described as allowing localities the flexibility to better tailor their testing programs. While many of the sites have secured alternative funding, the fate of others remains unknown as the country heads into the predicted peak of the pandemic. *The Hill, NPR.*

--Joshua Lesko, MD

Rural America is not spared. Coronavirus, once viewed as an urban health problem, is now affecting two-thirds of rural [counties](#); one in ten counties reports at least one death. There were no confirmed cases of covid-19 in rural communities until over a month after the first American was diagnosed. Despite this delayed arrival, by March 26, Blaine County, Idaho had the highest per capita infection rate in the nation. Communities initially hoped that their isolation from urban epicenters and the natural social distancing of rural communities would protect them. However, doctors and elected officials are now warning that a late-arriving wave of illness could overwhelm rural communities that are older, poorer, and sicker. Additionally, rural communities have fewer hospital beds, ventilators, and medical staffs. Worse still, more than 120 rural hospitals have closed in the last decade. The cancellation of non-emergent care, including elective procedures, represents a financial hit that could lead to more closures. Ski towns in particular have high infection rates and are discouraging visitors and secondary homeowners from returning. Indian reservations, which already struggle with higher poverty and inadequate medical services, are now seeing widespread cases. The spread of coronavirus to Rural America is just another example of how the pandemic highlights health disparities in our country. *New York Times*. --Annie Gensel, BA

Cases in correctional facilities on the rise. Cook County Jail in Chicago is now the largest-known [source](#) of coronavirus infections in the United States. As of Wednesday, April 8, the Cook County Sheriff's office reported that 238 inmates and 115 staff members had tested positive. Corrections officers and inmates complained about the jail's lax response, prompting a protest adjacent to the jail this week. Prison employee unions cite failure to provide protective equipment among factors contributing to the spread. Meanwhile, officials have started the process of releasing qualifying inmates early, while looking to lower bonds on a case-by-case basis. Social distancing in correctional facilities have proven nearly impossible to achieve. Detainees are also more likely to have chronic medical illnesses, which is a strong risk factor for severe courses of illness. The US Bureau of Prisons has suspended all social and legal visits for the 122 facilities it oversees in the wake of the virus. All states and the District of Columbia have enacted similar rules. Advocates continue to call for early release for those incarcerated for nonviolent crimes, and those being held on bond. While decreasing the number of inmates is one strategy, physicians and public health experts are also calling for more to be done. Proposals includes increased screening for all persons entering and exiting correctional facilities, monitoring for temperature and exposures. *Various*. --Rebekah Roll

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.