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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Immunity to common coronaviruses is short-lived. Will SARS-CoV-2 be different?

Many are looking to the development of a safe and effective vaccine or herd immunity or as possible ways out of the covid-19 pandemic. Regardless of which strategy is pursued, a key question remains: does immunity confer lifelong protection? [Studies published](#) this year suggested the possibility of re-infection after less than 1 year with certain coronaviruses. A study released as a brief communication in [Nature Medicine](#) this week, shares results based on more than 205 years of continuous follow-up data. Dutch researchers followed 10 young adult patients over the course of more than 35 years each. Starting in 1985, healthy subjects from the Amsterdam Cohort Studies on HIV infection and AIDS were repeatedly assessed for antibodies to four species of seasonal coronavirus infections, each of which cause respiratory tract infections. Based on the large variation of these four variants, the authors suggest that they could be representative of all coronaviruses.

One of the main outcomes examined was the reinfection time period for these viruses. Reinfection time frames ranged from six to 105 months, with the most common time frame being 12 months. Based on this data, it is possible that SARS-CoV-2 could follow similar patterns and unfortunately any protective immunity would be short-lived, possibly necessitating the need for a yearly vaccine.

—Christopher Sampson, MD FACEP

POLICY BRIEFING

Federal relief tied to coronavirus diagnosis.

Going forward, patients transported to hospital emergency rooms for covid-19 care outside of their insurance network won't be hit with massive bills. The Coronavirus Aid, Relief, and Economic Security (CARES) Act is attempting to negate "balanced billing," a concept wherein patients treated outside of their network of healthcare providers covered by their insurance are charged any remaining expenses beyond a set reimbursement. Generally speaking, this can be problematic with care received in emergency departments, as patients often can't choose which hospital they are [transported](#) to via ambulance. The caveat to this, of course, is that patients will need to receive a coronavirus diagnosis to qualify for the relief funding.

In other policy news, the Centers for Medicare and Medicaid Services (CMS) has [expanded](#) the list of locations a patient suspected of having covid-19 may be transported by ambulance if it is deemed "medically necessary" for the duration of the Public Health Emergency. While expansion of ambulance accessibility is a step forward, CMS has also come under [fire](#) from hospitals for tying relief funds to a positive coronavirus test. Hospital administrators argue that given the inconsistencies in testing and the speed at which care is being delivered, such a requirement hinders care. CMS insists that it is a necessary step to prevent fraud and abuse of government funds. *Various.*

—Joshua Lesko, MD

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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 and public policy.