

14 September 2020

BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Certain risk factors help predict which covid-19 patients will return to the ER. Early in the covid-19 pandemic, for those patients suffering from moderate symptoms, it was not clear who was safe to send home from the ER rather than admit to the hospital. A new study in [Academic Emergency Medicine](#) offers some guidelines for how to manage patients who fall in the gray zone. The authors wanted to know which patients returned to the ER after discharge, and which signs, symptoms and test results might predict a “bounce back” to the ER. The researchers retrospectively evaluated return admissions at 72 hours and one week among 1,419 adult patients discharged from five US EDs with confirmed covid-19. By 72 hours, 8.6 percent of such patients had returned to the ED and 5 percent were then admitted to the hospital. A total of 8 percent of patients were admitted to the hospital within 7 days of the initial ED discharge.

With regards to risk factors, patients aged 60 or older had over four times the odds of admission compared to 40-year-olds. Patients with fever, abnormal chest x-rays or oxygen saturations of 95 percent during the first ED visit also carried an increased risk of return to the hospital. At seven days, in addition to aforementioned variables, patients 40 and above, and those with a history of hypertension or obesity all had an increased risk of admission.

This study demonstrates that while most patients discharged from the ED do not need to come back to the hospital, a subset of patients are at a higher risk of returning. Particularly when hospitals were at maximum capacity during peak periods in various cities, thresholds for admitting patients were inconsistent. This study provides a helpful identification of risk factors to identify patients that require extra precautions, such as taking portable oxygen monitors home.

—Lauren Westafer, DO MPH MS

POLICY BRIEFING

Continued politicization of science. Since the early days of the covid-19 pandemic, there have been reports of the White House seeking to limit the role of the Centers for Disease Control and Prevention (CDC), such as reducing their communications in [May](#), redirecting hospital data away from the organization in [July](#), and pressuring them to change testing protocols in [August](#). The latest example of such interference by the White House was reported by a federal health official, who [claims](#) that communication personnel within the Department of Health and Human Services (HHS) regularly altered the CDC’s weekly coronavirus update to avoid contradicting statements made by the President. It should be noted that the source was unable to point to specific changes made in a given brief, but that there appeared to be a culture of modifications made for political means as opposed to scientific facts. Senior officials within HHS have defended their oversight of CDC-produced materials, as the organization does fall within the Department’s purview. *Various.*

—Joshua Lesko, MD

*Kimi Chernoby, MD, JD, Policy Section Editor. Joshua Niforatos, MD Research Section Editor
Frederick Milgrim, MD, Kate Taylor, Editors-at-Large. Kane Elfman PhD, Publishing and Design.
Jeremy Samuel Faust MD MS, Editor-in-Chief.*

<http://www.brief19.com/>

Twitter: [@brief_19](#)

submissions@brief19.com

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.