

2 April 2020

BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Chronic disease and covid-19 outcomes.

A [paper](#) on covid-19 just published by the Centers for Disease Control and Prevention presents preliminary data on risk factors for severe disease in the United States. As expected, older age, diabetes, chronic lung disease, and heart disease are all risk factors for severe covid-19 disease. Patients with these chronic diseases had far higher rates of hospitalization. This is important information for healthcare providers tasked with deciding which ER patients should be hospitalized for monitoring and treatment, and which sent home.

Initial observations of covid-19 patients in critical care in three cities.

In a [paper](#) published in *Anesthesia & Analgesia*, a group of intensive care doctors from Seattle, New York City, and Chicago report on their experiences with the covid-19 epidemic to-date. As of March 23, 2020, over 14,000 cases of covid-19 had been reported in these three cities. While reports from China and Italy described the initial presenting symptoms of covid-19 as a influenza-like illness, the authors report that the general presentation of patients admitted to the ICU had complaints that were more vague including “chest pain, headaches, altered mental status” and gastrointestinal symptoms such as “nausea, abdominal pain, vomiting and diarrhea.” Patients with severe and critical disease were often older than 60 years of age, and had chronic medical problems such as high blood pressure, diabetes, and heart disease. In Seattle, New York City, and Chicago, personal protective equipment (PPE) is now in short supply. The combination of PPE shortages in areas higher rates of endotracheal intubation—the procedure in which breathing tubes are placed in patients’ throats for mechanical ventilation—suggests that healthcare workers might be at unacceptably high risk in the coming days and weeks.

--Joshua Niforatos, MD

POLICY BRIEFING

Stimulus checks may not be as automatic as advertised.

Part of the \$2 trillion stimulus package passed last week by Congress and signed into law by President Trump included a plan to send \$1,200 to every American earning less than \$75,000 per year. After initially saying this money would be sent as physical checks, Treasury Secretary Steven Mnuchin revised this saying the money would be deposited into the checking accounts of individual taxpayers that the IRS already has information on, for based on previous tax returns. Many Americans, however, do not file tax returns, including seniors on fixed Social Security incomes or persons in low-income households. In order to [receive](#) their share of the stimulus money, submitting separate forms stating their income and number of dependents will be required. Only after filing the extra paperwork will checks be sent.

--Jordan M. Warchol, MD, MPH

FDA develops accelerated treatment pathway.

On Tuesday the US Food and Drug Administration (FDA) announced a [new program](#) to expedite the research and development of treatments for covid-19. The intent is to respond to requests

from developers within one day and complete clinical trial protocol reviews within twenty-four hours. Commissioner Stephen Hahn said, “We want to help patients by expediting promising treatments and are committed to maximizing our regulatory flexibility.” The FDA reports that there are currently ten treatments in clinical trials and fifteen more in the planning stages. To support these changes, staff from other departments in the agency have been reallocated to programs focused on coronavirus. Additionally, the FDA is working to review “expanded access requests” which allow individual patients to apply for permission to receive experimental drugs that have not yet been approved for wide use. Requests are being handled within three hours.

--Joshua Lesko, MD

US intelligence report suspects China lied about covid-19 infections.

There are concerns among national leaders and scientists that the rate of spread and severity of covid-19 throughout the world does not match initial figures reported from China where the outbreak began. The US intelligence community now reports that China intentionally [concealed](#) both the total number of cases and the mortality rate. Members of the US Coronavirus Task Force have lamented that China’s public reporting influenced decisions throughout the world on preparations for spread of the coronavirus, and that skewed numbers may have worsened the effects of the outbreak in other nations. Several other countries are also suspected of providing inaccurate reports of cases and deaths, including Iran, Russia, Indonesia, North Korea, Egypt, and Saudi Arabia.

--Jordan M. Warchol, MD, MPH, Guest section editor.

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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.