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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Do blood thinners help covid-19 patients?

Researchers at Mount Sinai Hospital in New York City performed a retrospective study of hospitalized patients with covid-19 between March 14 and April 11th in order to assess whether giving blood thinning medications at doses designed to treat blood clots (“therapeutic anticoagulation”) might decrease the number of patients that die. The findings are available as a [preprint](#), but will be published in the *Journal of the American College of Cardiology*. The study screened 2,773 patients, of whom 28 percent received these blood thinning medications. The authors report that 22.5 percent of the patients who received blood thinners died during their hospitalization, compared with 22.8 percent among patients who did not. In the subset of patients who required mechanical ventilation, however, the authors report a mortality rate of 29 percent mortality in the blood thinner patients versus 63% in those who did not. Unfortunately, the report does not provide adequate data regarding the features of these patients, including important demographic information and specifics regarding any underlying medical problems. We are told, however, that the patients who received blood thinners were, on average, sicker. Specifically, they were more likely to be on mechanical ventilators. Nevertheless, the authors claim a survival benefit among patients receiving the blood thinners. The survival curves (known as “Kaplan-Meier curves) presented in the paper appear to show that patients receiving blood thinners lived approximately seven days longer than those who did not. **Analysis:** This study was an uncontrolled study. In such studies, “selection bias” often muddies the results. Because physicians simply chose which patients would receive blood thinners and which would not (instead of the randomization that occurs in a true clinical trial), it is possible that the results reflect more about the patients’ underlying condition and medical problems and less about the strategy of using blood thinners itself. For example, physicians are unlikely to give blood thinners to patients with a known history of internal bleeding, and such patients are often vulnerable to many complications from critical illness. Even so, physicians who are impressed by these findings would have difficulty implementing it. The authors provided no information about dosing. Such information would certainly appear in a randomized controlled trial that would be far more likely to provide answers on whether blood thinners save lives in covid-19 patients.

–Lauren Westafer, DO, MPH

POLICY BRIEFING

US military on the front lines

After spending more than four weeks docked in Guam because of a coronavirus outbreak, the aircraft carrier *USS Theodore Roosevelt* is preparing to [return to sea](#), albeit with some significant crew changes. In addition to a new Commanding Officer, Capt. Carlos Sardiello—replacing [Capt. Brett Crozier](#), who was fired for raising alarms about the outbreak—one thousand members still testing positive for SARS-CoV-2 will remain on shore. Separately, SEALs training [resumed](#) after a seven week hiatus over concerns about potential infection of applicants. To combat future spread, instructors will be masked and gloved whenever practical, and students

will be tested daily. Finally, Iowa Senator Joni Ernst has [proposed](#) a hazardous duty stipend for all service members caring for coronavirus patients. The stipend, which would be retroactive to an individual's date of deployment or activation, would affect roughly 63,000 individuals across the armed services and National Guard. *Military.com*.

–Joshua Lesko, MD

White House and CDC clash over reopening guidance

The New York Times yesterday [obtained](#) detailed guidance for reopening drafted by the Centers for Disease Control and Prevention. The document contains targeted guidance for everything from restaurants to daycares to religious institutions. The White House had rejected the recommendations as too prescriptive, with the guidance for churches being a particular sticking point. A CDC spokesman told the Times that the guidance was still under discussion with the White House. The administration continues to wrestle with how to weigh President Trump's desire to open the economy against public health concerns. Many experts fear that if we reopen too soon, we will find ourselves back in a surge, necessitating the reinstatement of stay-at-home orders. *New York Times*.

Reopening society, but at whose risk?

As states reopen, the people most at risk will be workers who don't have the ability to work from home. Consumers can elect not to visit newly opened stores and businesses, but many employees will need to report to work as they will no longer be eligible for unemployment. Eager to encourage businesses to reopen, Senator Mitch McConnell is pushing a bill that would protect employers from liability if their employees contract SARS-CoV-2 at work. Some worry this could put workers at greater risk by emboldening businesses to reopen even when conditions are unsafe. However, even if the bill passes in the GOP-controlled Senate, it is unlikely to pass in the Democrat-controlled House. *MSN*.

–Kimi Chernoby, MD, JD, Policy 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.