



COVID-19 research update

Thursday, June 25, 2020

COVID-19 and emergency department utilization

A [report on U.S. emergency departments visits from January through May 2020](#) (MMWR, June 22) found that in the 10 weeks following the declaration of the COVID-19 pandemic as a national emergency, ED visits fell 23% for heart attacks, 20% for strokes and 10% for uncontrolled high blood sugar, with overall ED visits declining by 42%. These findings suggest that patients with these acute, life-threatening conditions were either unable to access necessary critical care or chose to delay/completely forego medical care because of fear of contracting COVID-19. The authors write that this downward trend in ED visits might help explain the excess mortality not associated with COVID-19 over this time period.

Link:

Testing and other guidance for nursing homes

A [study of asymptomatic cases of COVID-19 in nursing homes](#) (CDC Emerging Infectious Diseases, June 23) found that 768 nursing home residents and 403 staff members tested positive for SARS-CoV-2 of 5,869 tested. Of these, 69.7% of residents and 55.8% of staff had asymptomatic cases. The authors reported a high prevalence of COVID-19 in nursing homes and attributed the prevalence to the abundance of shared spaces and common areas, staff rotations and limited implementation of prevention and control measures (e.g. isolation of infected residents and excluding infected staff from work). Based on the findings, the authors recommend test-based screening for COVID-19, notably in nursing homes, regardless of symptomatology. This change in screening procedure is the recommended best approach to better and more quickly implement prevention and control measures.

[Updated guidance on how to address COVID-19 outbreaks in nursing homes and long-term care facilities](#) (CDC, June 22) includes tiered recommendations for phases of response, a recommendation for having an individual for the facility's infection control program, guidance on reporting to the National Healthcare Safety Network and a recommendation for a plan for testing. Nursing homes in Ohio should have someone to manage their response and prepare for COVID-19, including creating individualized testing plans for residents and personnel.

Economic vulnerability of essential workers

A [study of essential workers in the U.S.](#) (JAMA, June 18) describes the economic vulnerability of their households using 2018 data from the American Community Survey (ACS). Essential workers were estimated to comprise 40% of the US adult population and 46% were female, 14% were Black, 17% were Hispanic, 11% were uninsured and 8% were 65 years or older. The authors defined three risk categories to estimate the economic vulnerability of essential workers' households: (1) low household income; (2) lack of health insurance coverage; and (3) presence of one or more persons aged 65 or older. The study's authors estimated that 48% of essential workers lived in a household with at least 1 risk factor and 13% of essential workers lived in households with two-plus risk factors. Essential workers, many of whom are economically vulnerable, often experience a higher risk of exposure to COVID-19. Policies such as stimulus payments, short-term health care coverage and prioritized testing may help mitigate this risk for essential workers and their households during the pandemic.