



EUSEM

EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

Fourth WEBINAR COVID-19 Sharing experiences

Name: Luis Castrillo

Position: EUSEM President

Country: Spain

Great variability in policies

COVID-19 Testing Policies, May 21, 2020

COVID-19 testing policies are categories as follows:

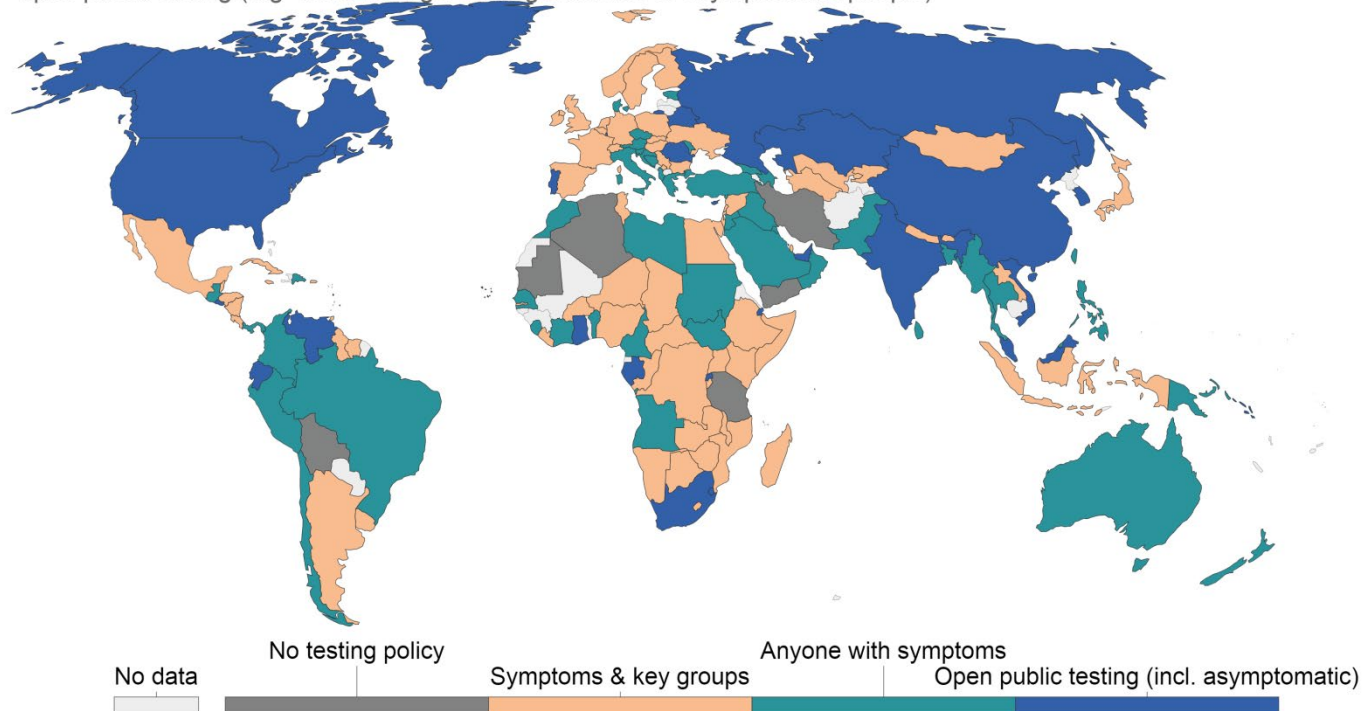
0 = No testing policy

1 = Only those who both (a) have symptoms AND (b) meet specific criteria (eg key workers, admitted to hospital, came into contact with a known case, returned from overseas)

2 = testing of anyone showing COVID-19 symptoms

3 = open public testing (e.g “drive through” testing available to asymptomatic people)

Our World
in Data



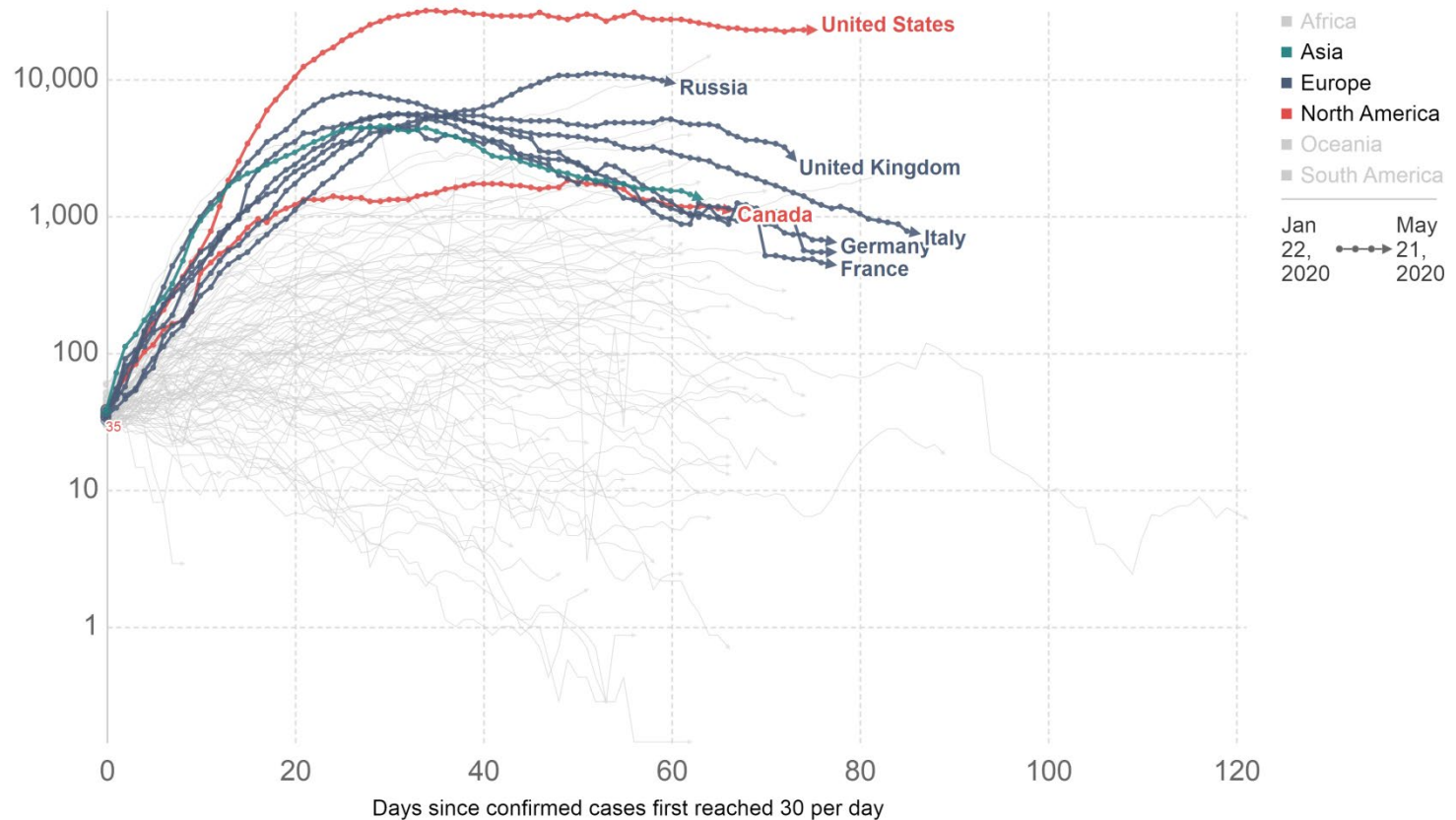
Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 21st May.
OurWorldInData.org/coronavirus • CC BY

Bending the Curve

Daily confirmed COVID-19 cases: are we bending the curve?

Because not everyone is tested the total number of cases is not known. Shown is the 7-day rolling average of confirmed cases.

Our World
in Data



Source: European CDC – Situation Update Worldwide – Last updated 21st May, 11:00 (London time)

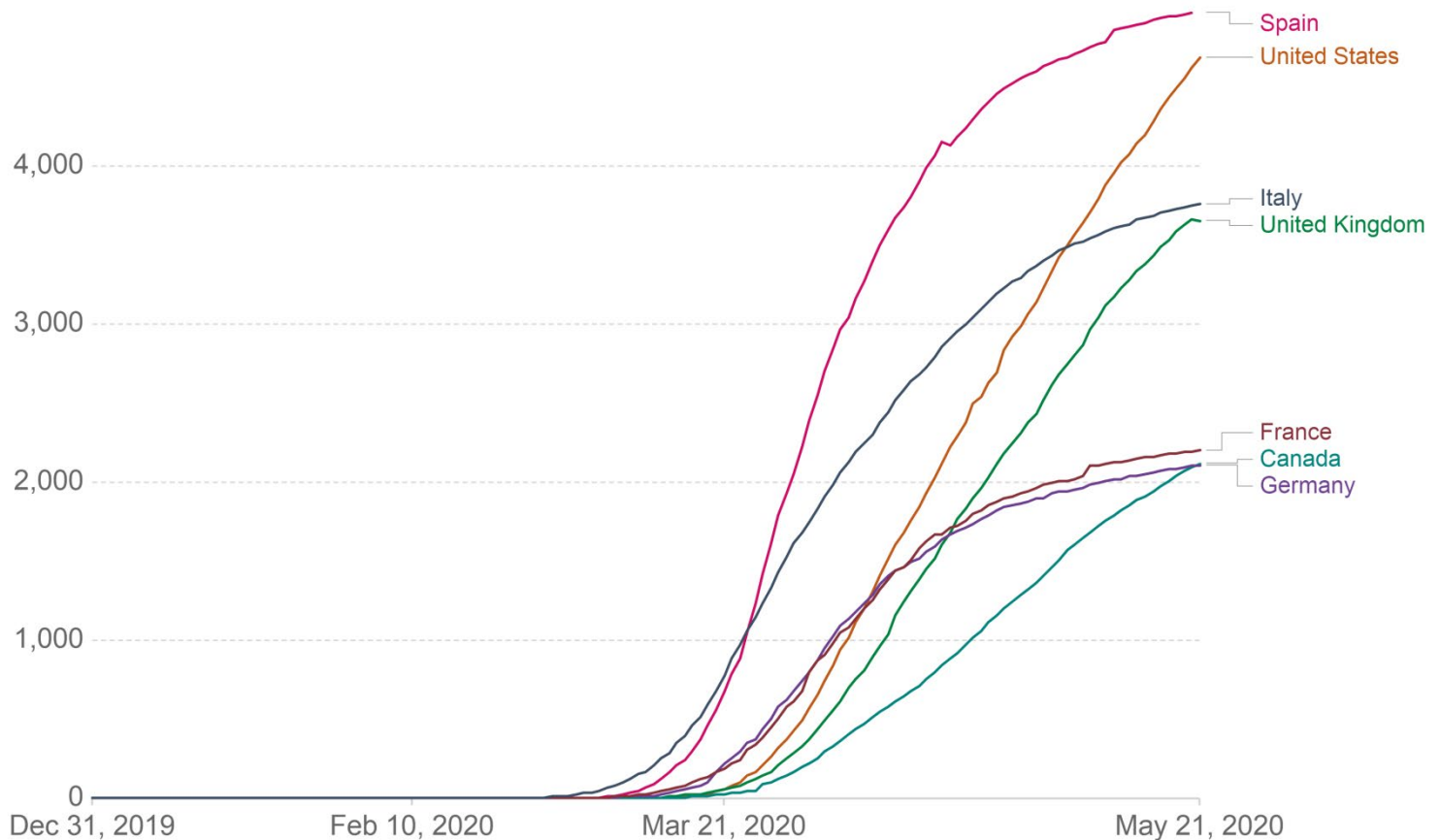
OurWorldInData.org/coronavirus • CC BY

Different Impact

Total confirmed COVID-19 cases per million people

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
in Data



Source: European CDC – Situation Update Worldwide - Data last updated 21st May, 11:48 (GMT+02:00)

CC BY

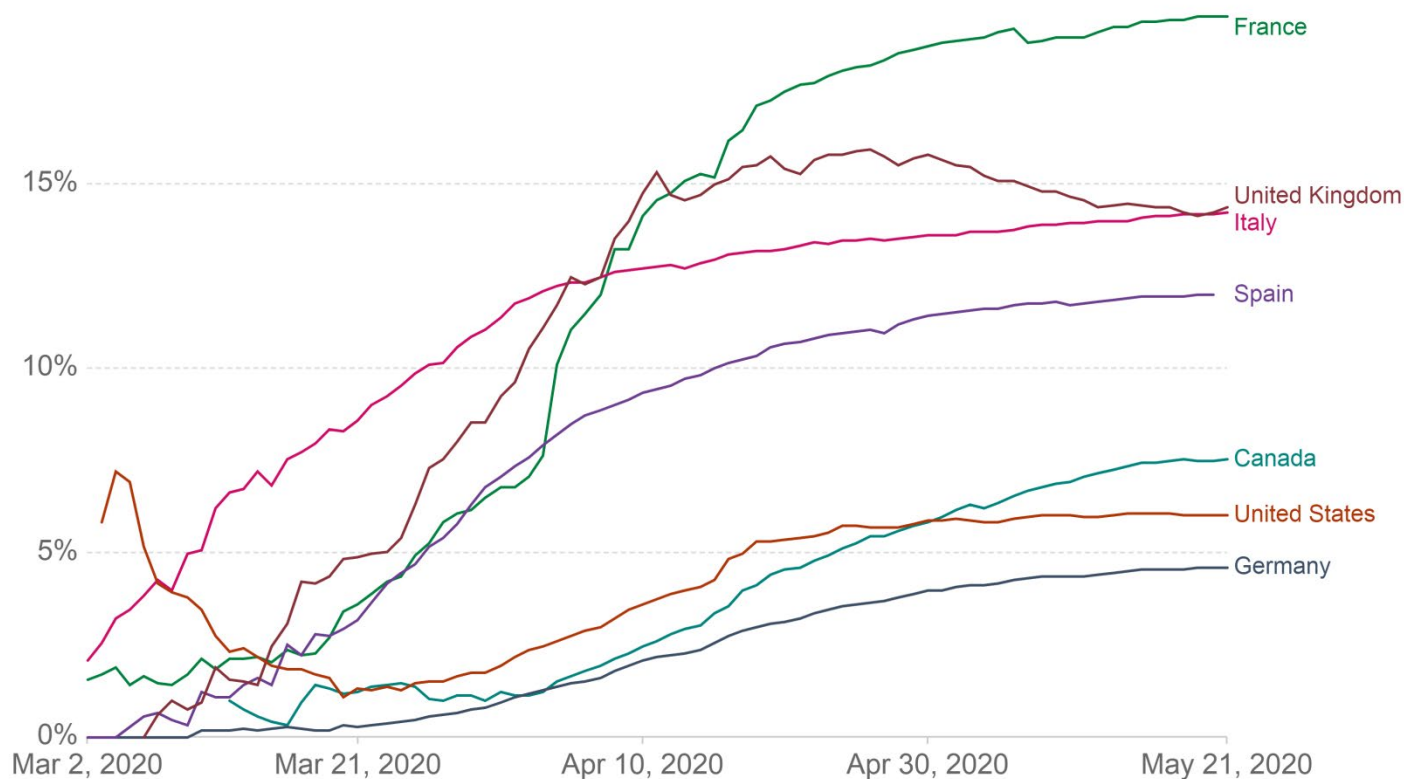
Different outcomes

Case fatality rate of the ongoing COVID-19 pandemic

The Case Fatality Rate (CFR) is the ratio between confirmed deaths and confirmed cases.

During an outbreak of a pandemic the CFR is a poor measure of the mortality risk of the disease. We explain this in detail at OurWorldInData.org/Coronavirus

Our World
in Data



Source: European CDC – Situation Update Worldwide – Last updated 21st May, 11:00 (London time)


Note: Only countries with more than 100 confirmed cases are included.

OurWorldInData.org/coronavirus • CC BY



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EUSEM COVID-19 Strategy Survey




EUSEM PRAGUE 2019
12-16 OCTOBER
THE EUROPEAN EMERGENCY MEDICINE CONGRESS

EUSEM
Pan-European
Emergency Medicine
database
feasibility project

Current engagement:
- 33 + countries

Site visits conducted:
14 +



A map of Europe showing the geographical scope of the EUSEM project. Most countries are colored green, indicating active engagement or site visits. Grey-colored countries include Iceland, Turkey, and several nations in Eastern Europe and the Balkans, such as Bulgaria, Romania, and Serbia.

Kelly Janssens (Ireland) EUSEM Research Committee

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Who is represented? 27 countries currently
(THANK YOU !!!)

What data we are looking for...

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1. Demographic (6)

2. Covid testing (4)

- *who, how, how long..*

3. Pre-hospital emergency medicine (6)

- *services in the field, services on the phone*

4. Triage and Patient streaming (6)

- *separate bulidings, separate zones, overlap...*

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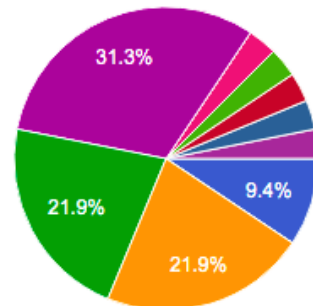
. Therapeutic strategies (16)

- *Interventions (drugs, oxygen delivery)*
- *Intubation (thresholds, strategy, who intubates and how)*
- *Ceiling of care*

. Covid assessment (8)

- *Presenting complaints that initiate covid response*
- *Assessment methods (clinical decision tools, scores, database)*
- *Investigations (imaging, blood tests, exercising)*

6.8 To your knowledge, has a database of covid patients been established in your region?
32 responses



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7. Personal protective equipment (5)

- *covid and “non-covid”*
- *“aerosol generating” procedures*
- *Negative pressure*

8. Health professionals infected (9)

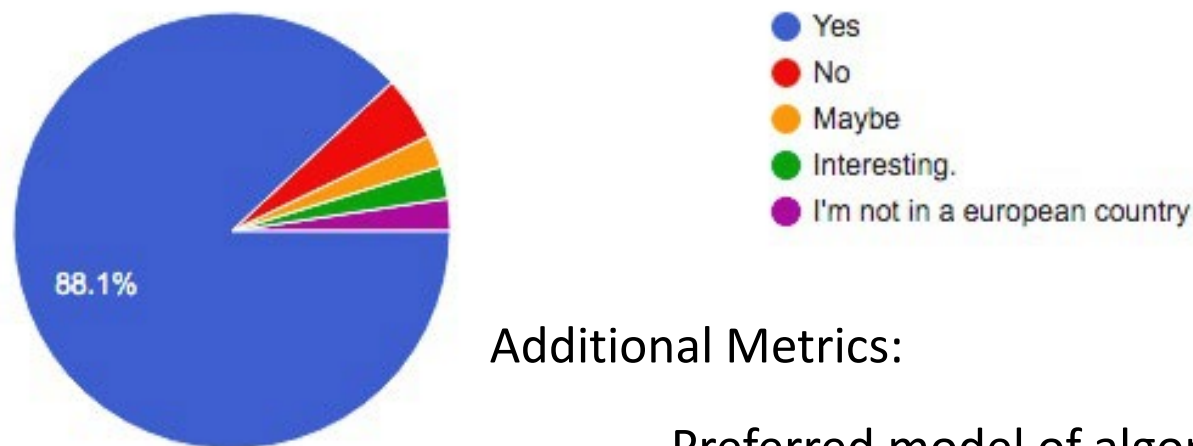
- *Morbidity, mortality*
- *Discipline, area of work,*
- *Nursing home deaths*

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EUSEM Support

10.1 Would you like to see European Covid ED protocol that can be adjusted for your local needs?

42 responses



Additional Metrics:

- Preferred model of algorithm
- Whether to include opportunities for documentation

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9. Lessons learned (1+)

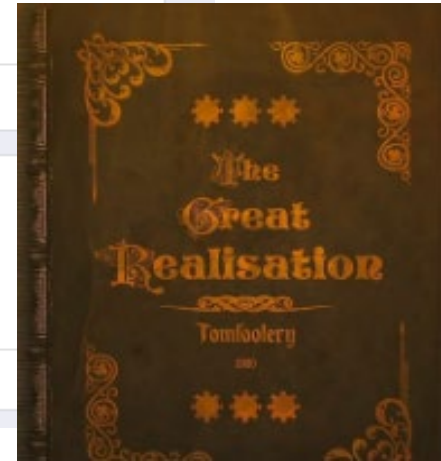
Covid lessons learned

9.1 Please tick any statements that apply to you and add any additional comment:

- ☐ Our local systems were relatively well prepared for this crisis
- ☐ Our local systems were not at all prepared for this crisis
- ☐ The covid crisis has enabled more people and resources to coordinate better and there will be positive improvements that will hopefully last beyond the crisis
- ☐ The covid crisis has highlighted significant weaknesses in our system and we will be recovering from these problems beyond the time of the crisis
- ☐ Other: _____

9.1 Any comments welcome

Your answer



Actual situation

- Cases declining. Most organisations were not overwhelmed and some had relatively small surges (more isolated regions)
- Some early efforts to lift lockdown
- NHS starting to plan recovery. Attendances increasing sharply with mental health, surgical pathology noticeable (anecdote). Concerns over how we will be able to deal with cancer surgery etc and long term capacity. Fragility in system highlighted.

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

How EDs have changed

- a) Triage: now include Infection Prevention and Control and streaming to COVID tracks
- b) Covid Tracks; Currently present in EDs but organisations starting to look at reclaiming real estate
- c) PPE: Steady state at present. All EDs using masks / goggles / aprons / gloves for all patients with upgrade for AGPs
- d) Tests: More widespread testing now in place
- e) Professional reinforcement: Starting to tail off
- f) New spaces: Too early to comment but clear we need them

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

Perspectives for EM in the post covid health situation.

- Capacity across urgent and emergency care reduced due to constraints in primary care, spacing of beds in hospital, better attention to infection control, PPE etc ...
- Some improvements likely to stick (e.g. increased telemedicine)
- Other deep seated cultural norms returning (e.g. speciality cultures, delays to care etc.)
- Concerns over return of crowding in a socially distanced world. RCEM position statement probably best summary please find link [here](#). Strong support for no return of crowding so far but practicalities are enormous



Fourth WEBINAR COVID-19: Sharing experiences of high COVID-19 impact countries.

Said LARIBI, MD, PhD
Chair EUSEM Research network and Head of
the Emergency Medicine Department, Tours
France

Countries in deescalate phase: France

Actual situation of the deescalating: France has been separated into a green zone and a red one.

With the following indicators for deescalating:

1. ED attendance for Covid-19
2. % of ICU capacity occupied by Covid-19 patients
3. Biological labs capacity to perform RT-PCR

Countries in deescalate phase: France

Actual situation of the deescalating.

General rules since May 11, 2020

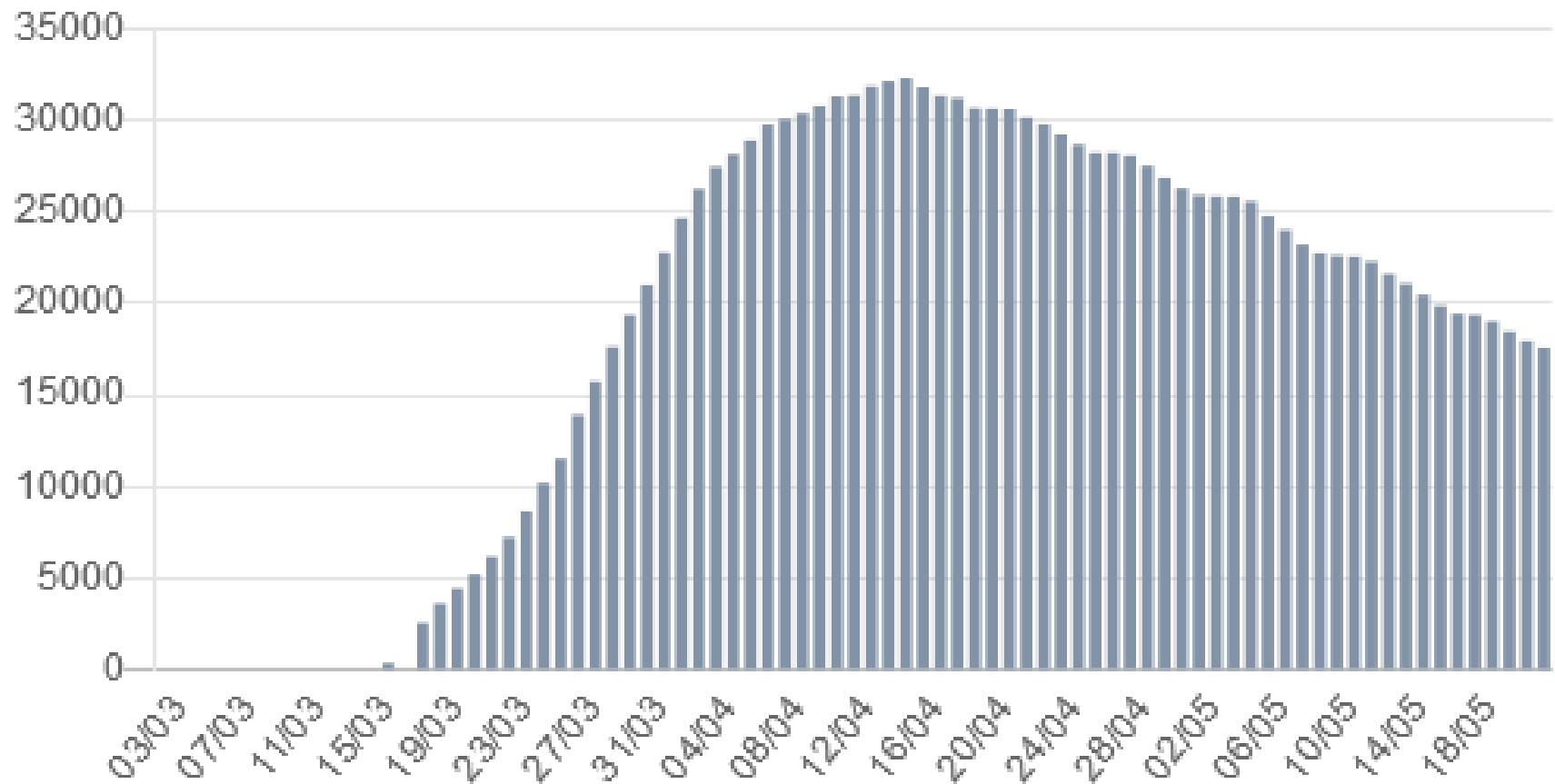
1. Keep social distance,
2. Wear a face mask in public transportation and in shops,
3. If symptomatic, visit your doctor and PCR test if needed,
4. Contact tracing
5. Elementary schools partially opened
6. Parks opened only in the green zone
7. Shops allowed to open
8. Not allowed to go more than 100 km from home

Countries in deescalate phase: France

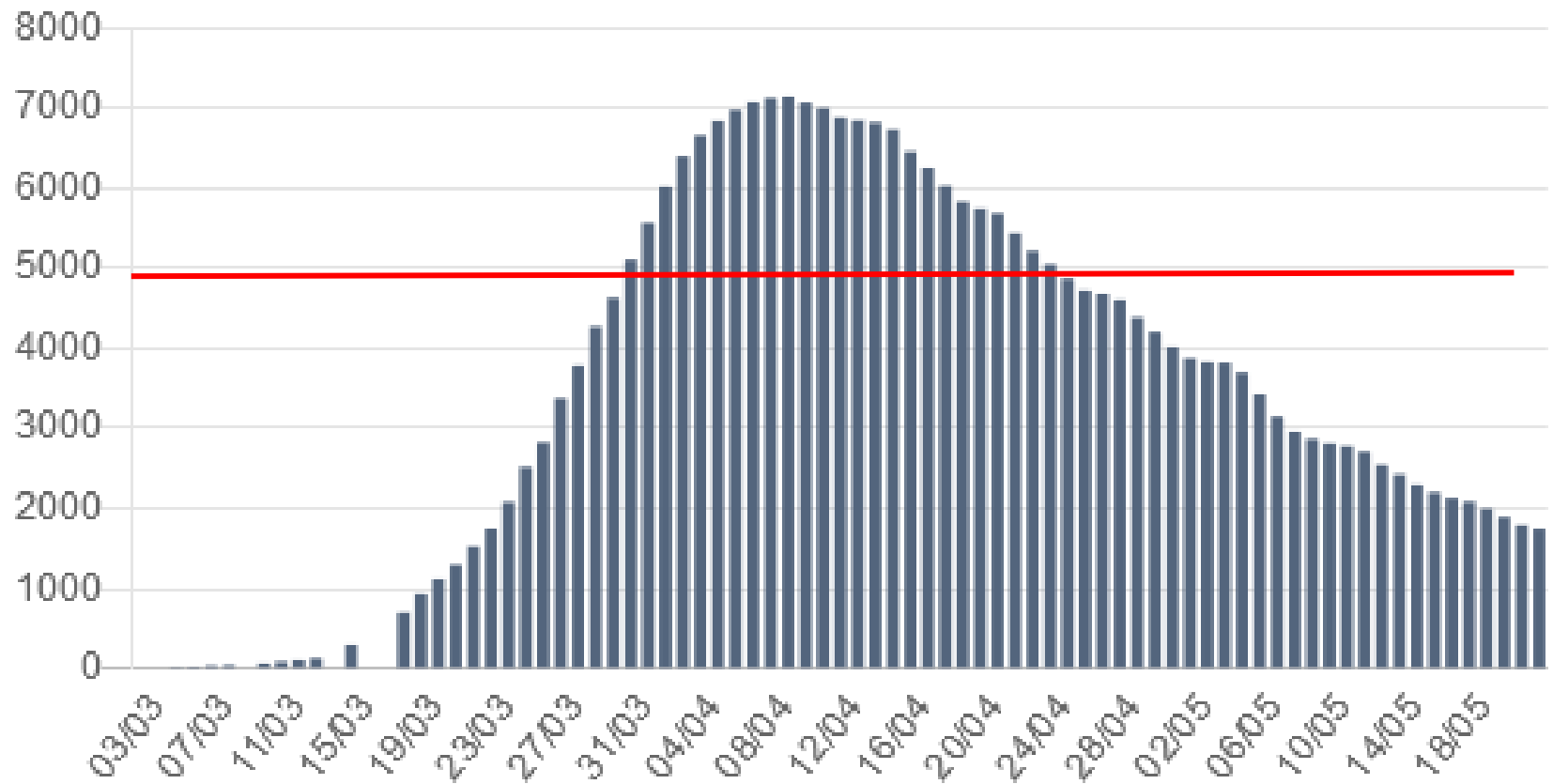
Figures of the epidemic and actual ED demand

1. Decrease in the overall number of patients hospitalized for Covid-19
2. Great decrease of ICU patients with Covid-19
3. Less patients attending EDs for suspected Covid-19

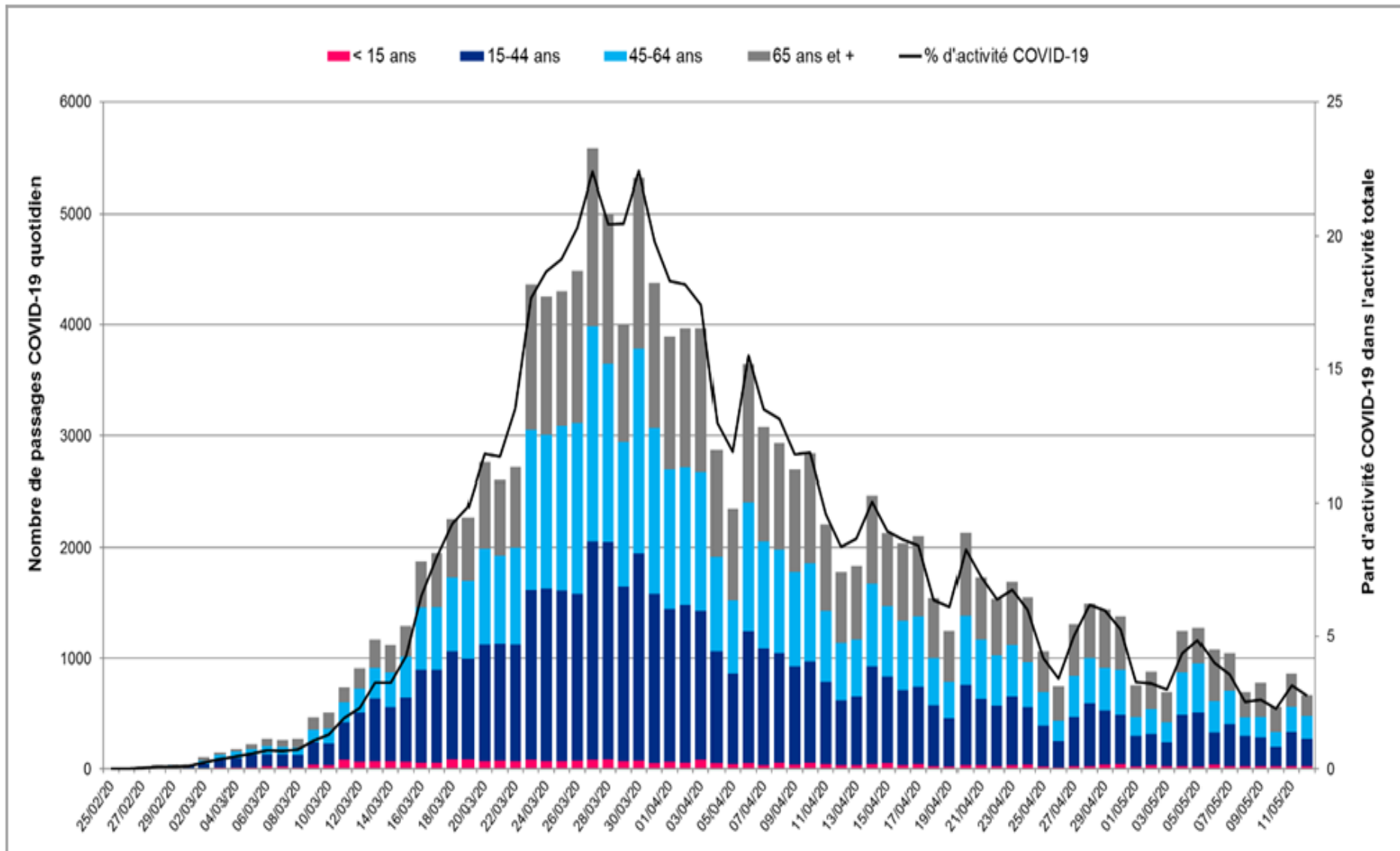
France: Hospitalisation trend



France: ICU patients trend



France: ED attendance trend



Countries in deescalate phase: France

Covid implementations on the EDs actual status

- a) Covid Tracks
- b) PPE
- c) Tests: RT-PCR mostly, ongoing discussion on serum tests
- d) Professionals reinforcement: mainly in ICU, not anymore in EDs

Countries in deescalate phase: France

Perspectives for EM in the post Covid health situation.

1. EM physicians and nurses more aware of contamination risks in EDs and protection procedures
2. Important impact on ED architecture: isolated boxes, waiting areas...
3. We will need to continue our discussions with authorities to avoid bed shortage and overcrowding



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WEBINAR COVID-19: Sharing experiences of high COVID-19 impact countries.

Name: Paolo Groff

Position: Director ED, Perugia H; SIMEU
representative in EUSEM

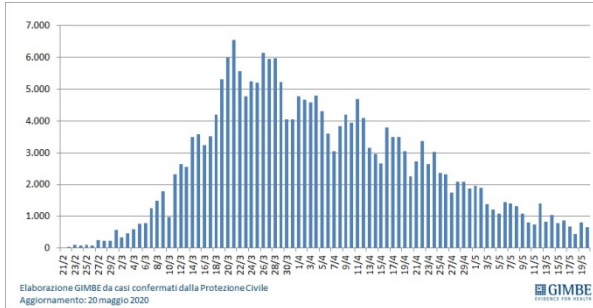
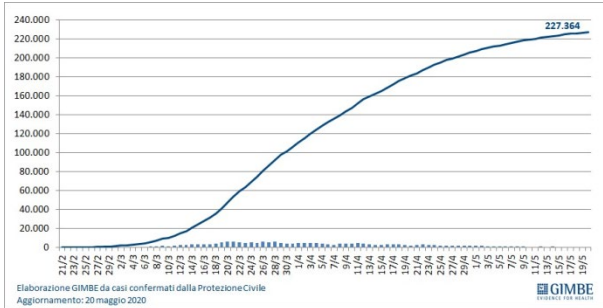
Country: Italy

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

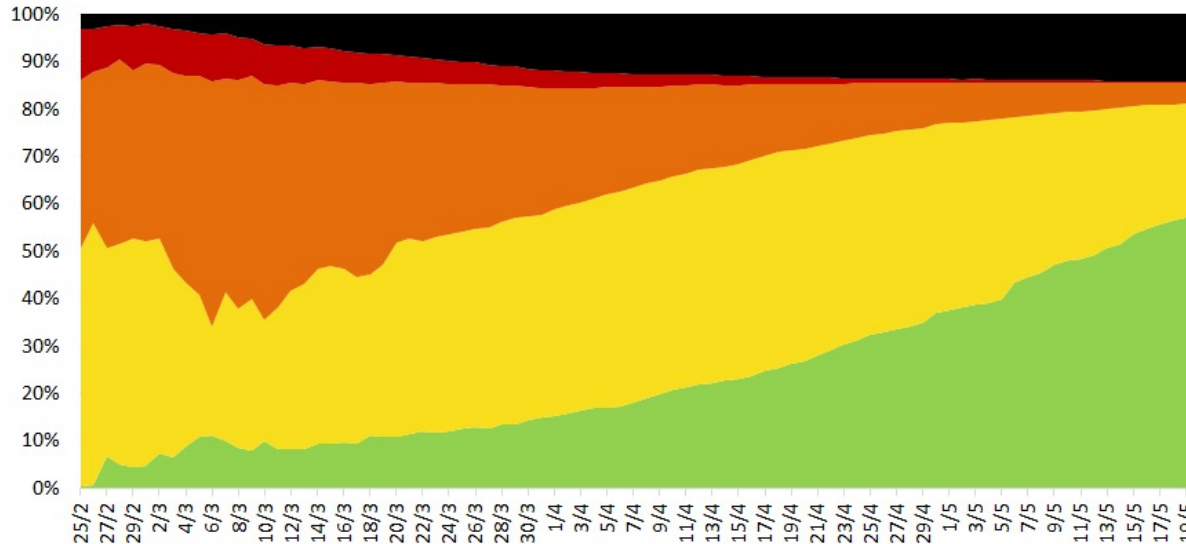
1. Actual situation of the deescalating.

- Economic and trading activities: re-opened
- Social distancing: maintained (shops, restaurants, parks, churches, sporting and leisure time centers...)
- Travelling inside a region: allowed
- Travelling across different regions: forbidden until june
- Social events: inhibited
- Schools, Universities: in remote only
- Mask: mandatory in closed environments, otherwise recommended

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)



■ Dimessi/Guariti (58,2%) ■ Isolamento domiciliare (23,1%) ■ Ricoverati con sintomi (4,2%) ■ Terapia intensiva (0,3%) ■ Deceduti (14,2%)



ED demand: increasing

ED census (Perugia):

2019: 160/day

03/2020: 40/day

05/2020: 120/day

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

Re-opening maintained if...

Monitoring capability	Process Indicators	Result Indicators	Hospital Preparedness
> 60% of new symptomatic pts improving	Decrease of positive swabs/total	No increase of positive cases reported to the Ntl Authority	< 30% of ICU beds used for Covid + pts
> 60% of new pts admitted to infectious d. wards improving	< 3 days delay from symptoms to diagnosis	$R_0 < 1$	< 40% of Infectious Diseases and Pneumology wards beds used for Covid + pts
> 60% of nw pts. Admitted to ICUs improving	Adequate staff for making swabs	No increase in new positive cases per day and per week	
> 60% of new pts in a given municipality improving	Adequate staff for contact tracing	No increase in new cases unconnected to known contact chains	
Situation improving in > 50% of nursing homes	Adequate contact tracing of positive cases per region	Covid + pts not increasing in > 50% of EDs	
Critical issues in < 30% of nursing homes			

Regions at (low/intermediate/high) risk

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

4. Covid implementations on the EDs actual status
 - a) Triage: pre-triage outside the ED
 - b) Covid Tracks: separated inside the ED and the Hospital
 - c) PPE: generally available (shortage at the beginning of the crisis)
 - d) Tests: symptomatic pts; all pts admitted from the ED; screening on HCW started; monitoring of different working categories planned after the re-opening
 - e) Professionals reinforcement: a critical issue. Planned by the “re-start decree”; low number of EP available...
 - f) New spaces: a critical issue. Planned by the “re-start decree”

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

5. Perspectives for EM in the post covid health situation.

Need (opportunity?) to revise the general organization of EDs, the layouts, the tracks, the staffing...Let's not go back to the past.



Countries in Deescalate Phase- Turkey

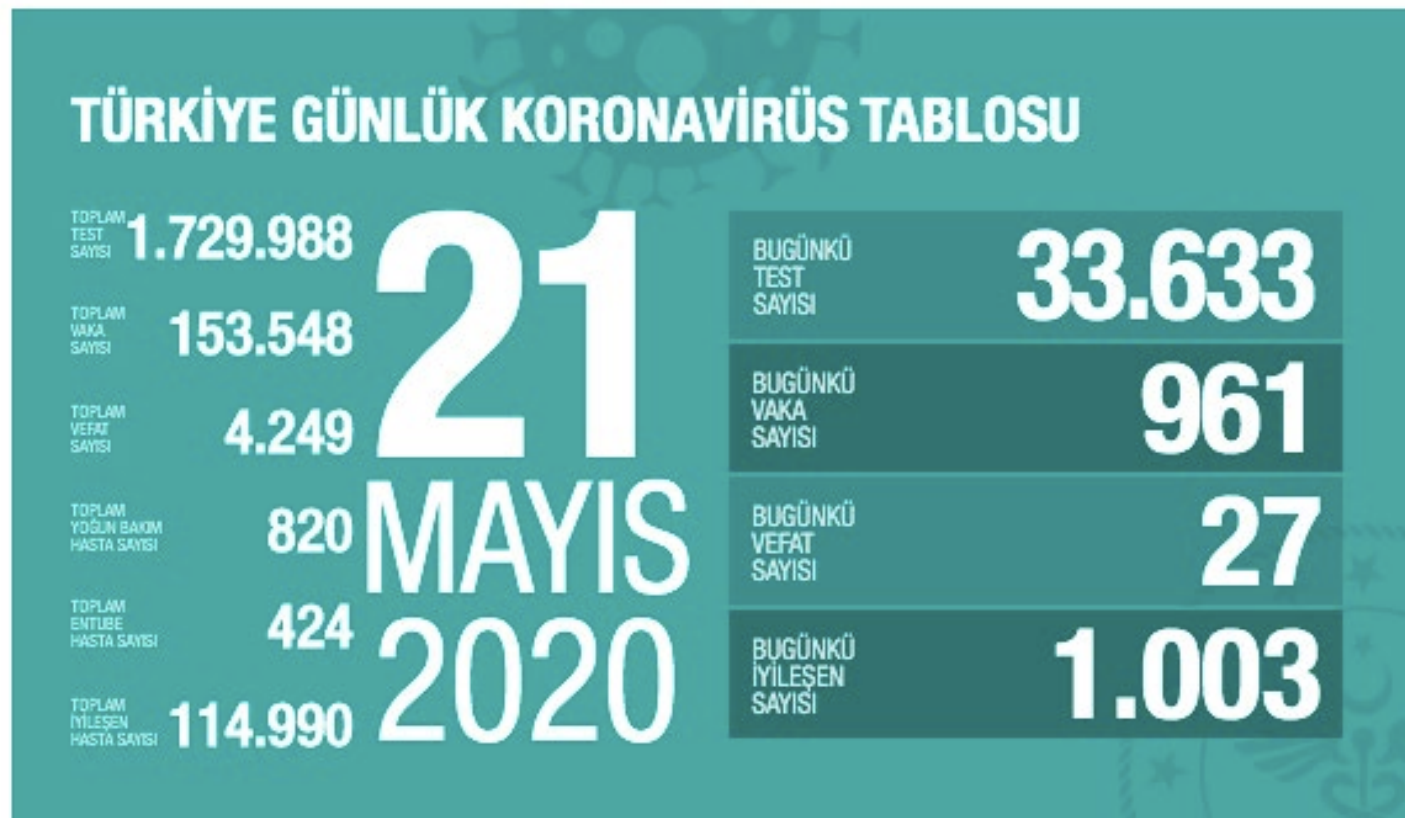
Orhan Cinar,MD

Prof. of Emergency Medicine

Vice President of EMAT

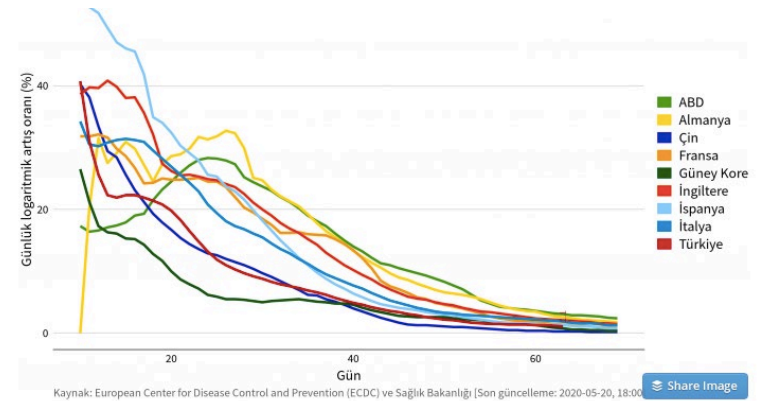
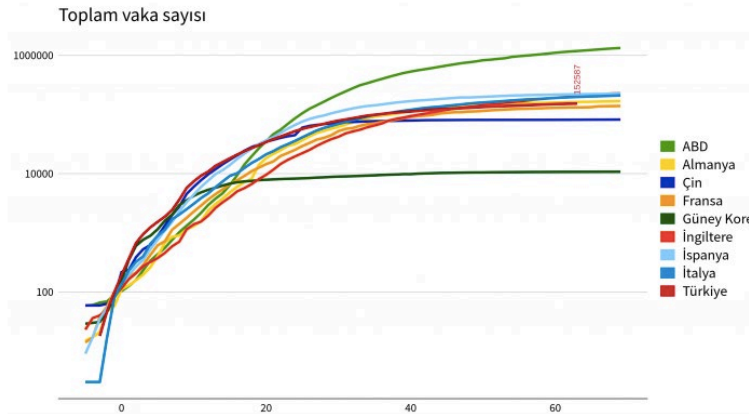
Countries in deescalate phase-Turkey

1. Actual situation of the deescalating.



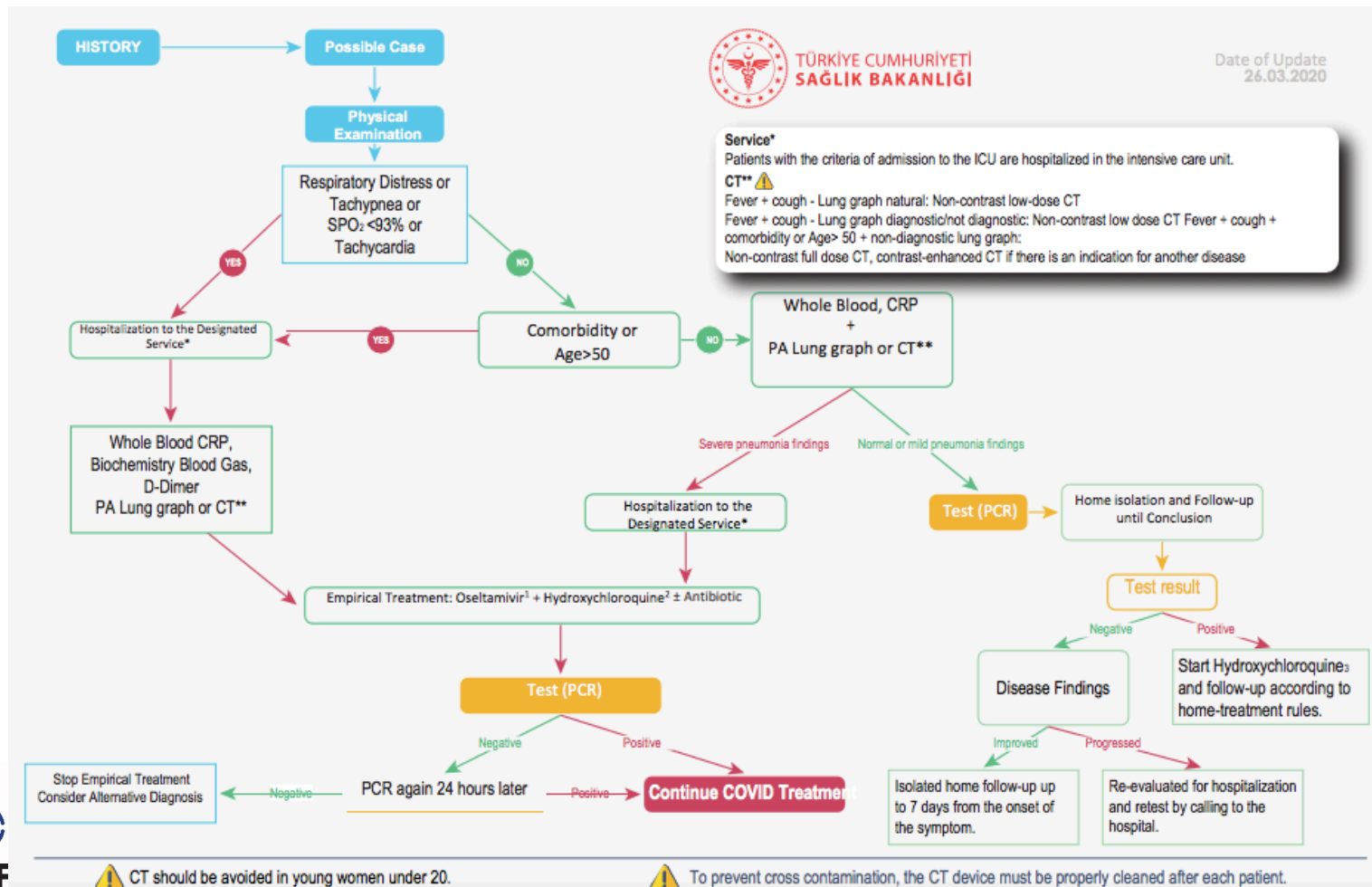
Countries in deescalate phase-Turkey

2. Figures of the epidemic and actual ED demand



Countries in deescalate phase-Turkey

3. Current Algorithm



TÜRKİYE CUMHURİYETİ
SAĞLIK BAKANLIĞI

Date of Update
26.03.2020

Service*

Patients with the criteria of admission to the ICU are hospitalized in the intensive care unit.

CT**

Fever + cough - Lung graph natural: Non-contrast low-dose CT

Fever + cough - Lung graph diagnostic/not diagnostic: Non-contrast low dose CT Fever + cough + comorbidity or Age > 50 + non-diagnostic lung graph:

Non-contrast full dose CT, contrast-enhanced CT if there is an indication for another disease

⚠ CT should be avoided in young women under 20.

⚠ To prevent cross contamination, the CT device must be properly cleaned after each patient.

Countries in deescalate phase-Turkey

- We have less ED patient
- Length of ED stay is very short
- Usually EDs/EPs have a key role in pandemic management
- No shortage of ICU Beds, Ventilators

Countries in deescalate phase-Turkey



EMAT has published a guideline for normalization period.

Normalization?

- EDs should keep their current position until the COVID ends.
- We should keep **COVID tracks**
- We should keep **Front Triage System**
- We should keep **PPE regulations**
- We should keep **ED Fast Track** units closed
- We should keep **Hot/Warm/Cold Zones**

ED Overcrowding/Tele-triage

- 130 M / year ED visits
- EDs are potential areas for contamination
- Tele-triage system before ED visit
- Primary care support

Others

- Routine COVID screening for ED staff.
- Routine screening for resuscitated patients.
- All physicians should keep their support for COVID patients care.



WEBINAR COVID-19:
Sharing experiences of high COVID-19 impact countries.

Name: José Luis Ruiz
Position: SEMES Council
Country: Spain



Sociedad Española de
Medicina de Urgencias
y Emergencias

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

Actual situation of the deescalating.

- 4 Phases
- Asymmetric through the Country
- Depending on the fulfillment of the indicators
- The use of masks is mandatory in public áreas where you can't keep security distance

Time slots at the outings for walking and sports



Municipios con población igual o inferior a 5.000 habitantes: sin franjas. El horario para estas actividades es de 06:00 a 23:00 horas.



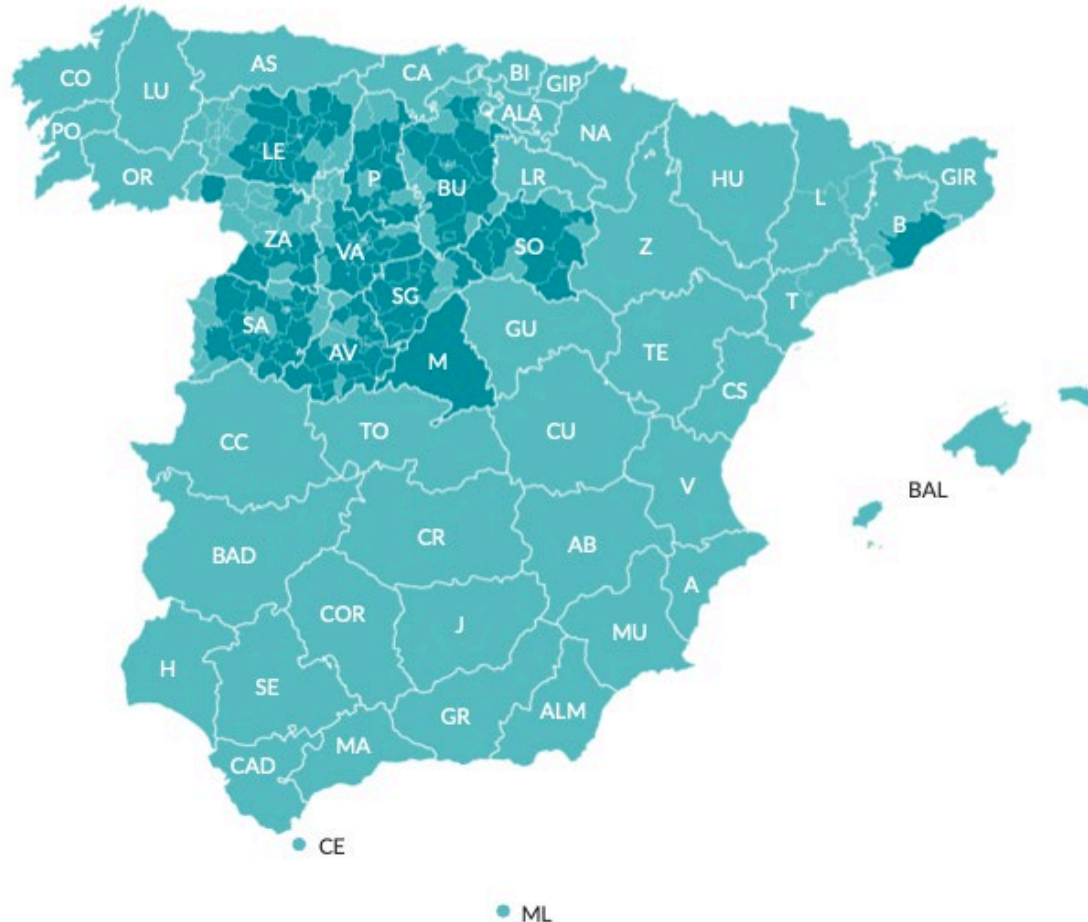
Deporte: debe ser individual, sin contacto con otros, 1 vez al día y dentro del municipio.

Paseos: se pueden realizar con 1 persona conviviente. Las personas que tengan que salir acompañadas podrán hacerlo también con 1 cuidador. 1 vez al día y a no más de 1 kilómetro.

Siempre debe mantenerse la distancia de seguridad. Se excluyen las personas con síntomas o en cuarentena.

Entrada en vigor a partir del lunes 18 de mayo de 2020.
La fase 0 incluirá algunas medidas de alivio.

Fase 0 **Fase I** **Fase II** Fase III



PHASE O

- Once the contagion curve has been broken
- Allows mobility outside the home with restrictions
- Private sphere
- some economic essential activities with capacity control are permitted

PHASE I

- Partial opening of activities
 - small shops by appointment or counter service
 - restaurants and cafes with delivery to take away
 - restaurants and cafes with terrace tables
 - sports activities professionals
 - tourist accommodation without the use of common areas

PHASE II

- Partial opening of activities that remain restricted with capacity limitations
 - Restaurants with table service and terraces with a reduce (50%)capacity
 - Common areas of tourist accommodation,
 - Large shopping áreas will open

PHASE III

- The opening of all activities is foreseen
- Maintaining the appropriate security and distance measures

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

2. Figures of the epidemic and actual ED demand

The evolution of clinical indicators is being favorable

Countries in deescalate phase (France, Spain, Italy, Turkey)

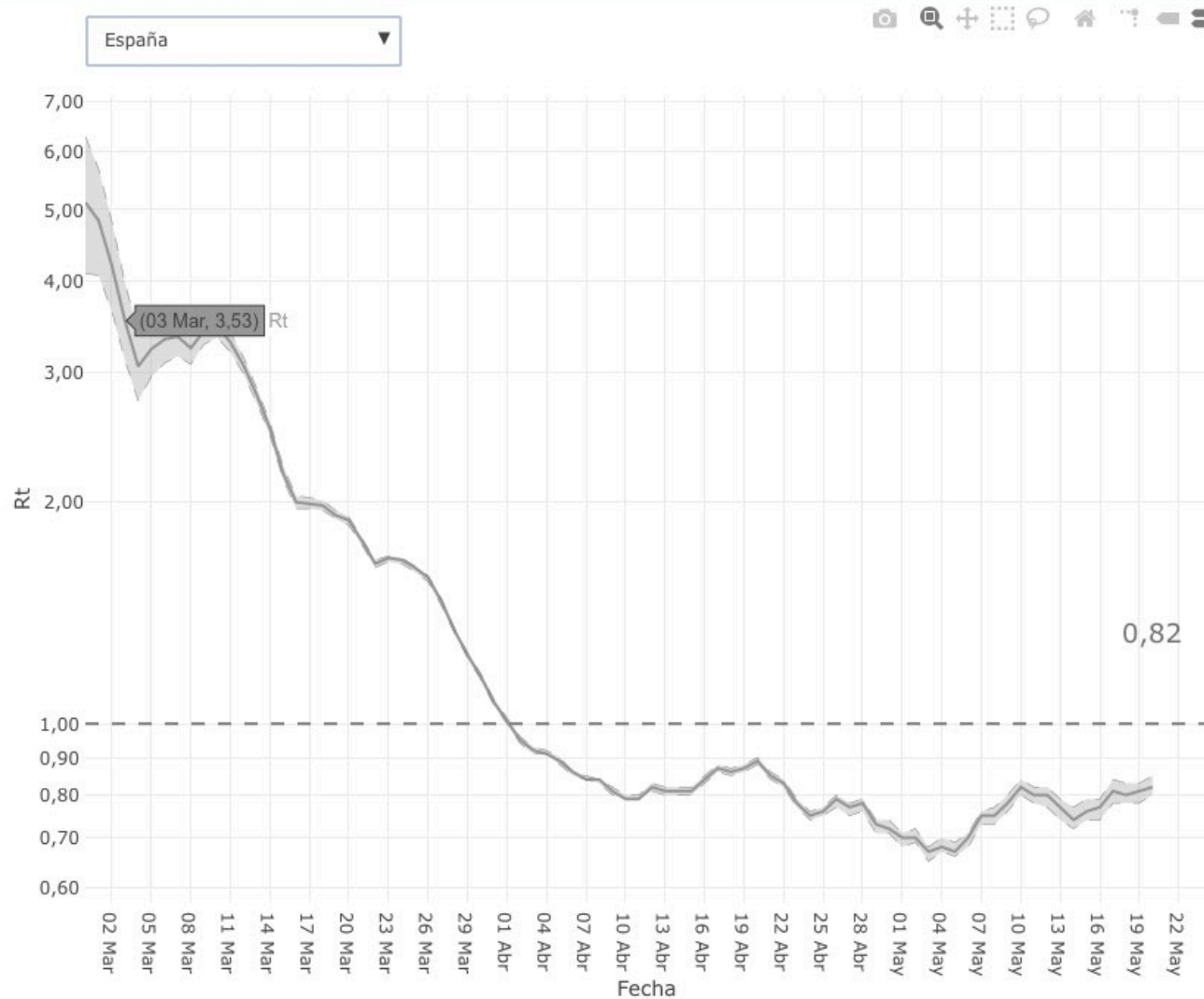


21 de mayo 00:00
Fecha de actualización

			Confirmados por PCR	
CCAA	Total	Nuevos	Incremento confirmados	IA (14 d.)
Andalucía*	12.547	45	0,36%	3,86
Aragón	5.588	37	0,67%	25,01
Asturias	2.374	0	0,00%	4,30
Baleares	2.024	8	0,40%	8,61
Canarias	2.307	7	0,30%	3,34
Cantabria	2.279	2	0,09%	10,15
Castilla La Mancha	16.789	50	0,30%	29,76
Castilla y León	18.627	41	0,22%	41,76
Cataluña**	55.888	-	-	-
Ceuta	119	0	0,00%	11,80
C. Valenciana	10.987	38	0,35%	5,86
Extremadura	3.042	2	0,07%	7,12
Galicia	9.077	10	0,11%	5,85
Madrid***	67.049	82	0,12%	29,35
Melilla	121	0	0,00%	2,31
Murcia****	1.570	10	0,64%	4,62
Navarra	5.195	3	0,06%	32,41
País Vasco	13.421	9	0,07%	16,62
La Rioja	4.033	0	0,00%	14,84
ESPAÑA	233.037	344	0,15%	16,63

LAST 24 Hours	TOTAL CASES (PCR +)	233.037
	Cases (PCR +)	344
	Admitted to the Hospital	140
	Admitted to the UCI	20
	Deaths	48

Número reproductivo básico instantáneo (Rt)



El número de reproducción básico instantáneo (Rt) es el número promedio de casos secundarios que cada sujeto infectado puede llegar a infectar en una etapa de tiempo (t). Estimaciones realizadas con los datos acumulados notificados por las CCAA al Ministerio de Sanidad. Consultar "Limitaciones" en la entrada "Documentación".

Tabla 2. Casos de COVID-19 que han precisado hospitalización, ingreso en UCI y fallecidos por Comunidades Autónomas en España, 21.05.2020 (datos consolidados a las 00:00 horas del 21.05.2020).

CCAA	Casos que han precisado hospitalización		Casos que han ingresado en UCI		Fallecidos	
	Total	Nuevos	Total	Nuevos	Total	Nuevos
Andalucía	6.210	14	766	2	1.375	4
Aragón	2.442	8	256	1	848	1
Asturias	1.089	0	121	0	307	3
Baleares	1.144	2	169	1	221	0
Canarias	944	1	179	0	155	0
Cantabria	1.036	0	79	0	209	0
Castilla La Mancha	9.138	16	639	0	2.919	6
Castilla y León	8.735	1	561	6	1.960	0
Cataluña**	29.497	-	2.969	-	6.021	-
Ceuta	11	0	4	0	4	0
C. Valenciana	5.747	5	730	3	1.383	5
Extremadura	1.780	0	110	0	505	1
Galicia	2.943	4	334	0	608	1
Madrid	42.497	75	3.617	7	8.931	19
Melilla	44	0	3	0	2	0
Murcia	680	1	112	0	149	1
Navarra	2.048	0	136	0	506	3
País Vasco	7.032	8	578	0	1.483	3
La Rioja	1.504	5	91	0	354	1
ESPAÑA	124.521	140	11.454	20	27.940	48

COVID-19 Distribución geográfica **Niveles de gravedad** Grupos de población Evolución pandemia ▾

21 de mayo 00:00

Fecha de actualización

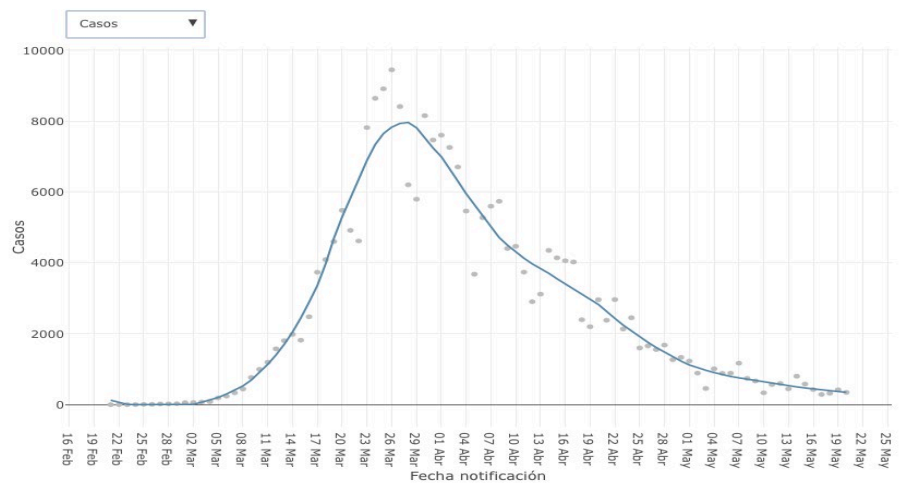
344

Casos PCR+ últ. 24h

1

Hospitaliz

Evolución diaria según nivel de gravedad (datos agregados Min. Sanidad)



Punto: casos diarios; línea: tendencia estimada con regresión local (loess) con $\alpha=0.3$ (parámetro de suavizado) y $\lambda=2$ (grado polinomio local). Se excluyen los datos de hospitalizados y UCI del día 26 de abril por incluir un cambio en el criterio de notificación.

COVID-19 Distribución geográfica **Niveles de gravedad** Grupos de población Evolución pandemia ▾

21 de mayo 00:00

Fecha de actualización

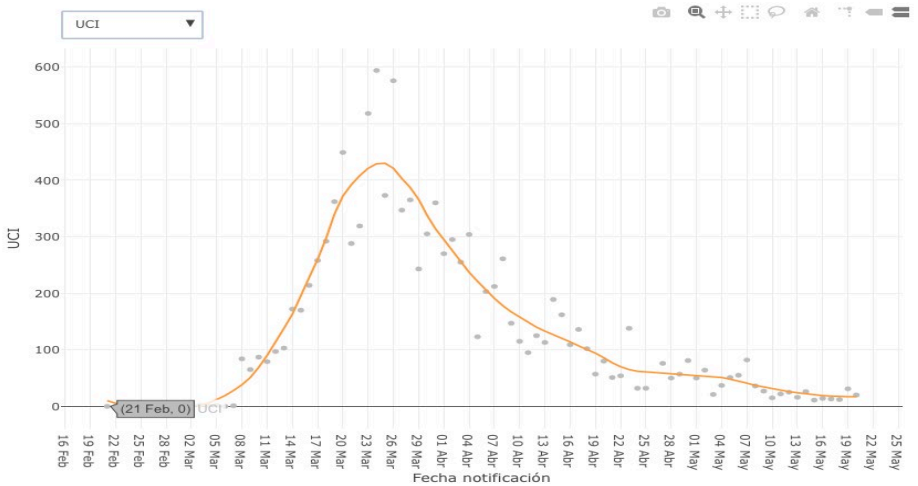
20

UCI últ. 24h

1

Hospitaliz

Evolución diaria según nivel de gravedad (datos agregados Min. Sanidad)



Punto: casos diarios; línea: tendencia estimada con regresión local (loess) con $\alpha=0.3$ (parámetro de suavizado) y $\lambda=2$ (grado polinomio local). Se excluyen los datos de hospitalizados y UCI del día 26 de abril por incluir un cambio en el criterio de notificación.

COVID-19 Distribución geográfica **Niveles de gravedad** Grupos de población Evolución pandemia ▾

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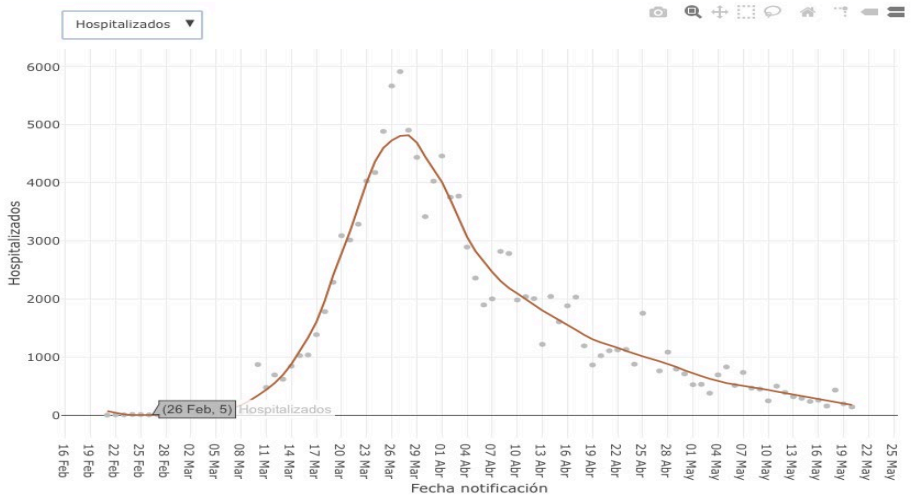
140

Hospitalizados últ. 24h

1

Hospitaliz

Evolución diaria según nivel de gravedad (datos agregados Min. Sanidad)



Punto: casos diarios; línea: tendencia estimada con regresión local (loess) con $\alpha=0.3$ (parámetro de suavizado) y $\lambda=2$ (grado polinomio local). Se excluyen los datos de hospitalizados y UCI del día 26 de abril por incluir un cambio en el criterio de notificación.

COVID-19 Distribución geográfica **Niveles de gravedad** Grupos de población Evolución pandemia ▾

21 de mayo 00:00

Fecha de actualización

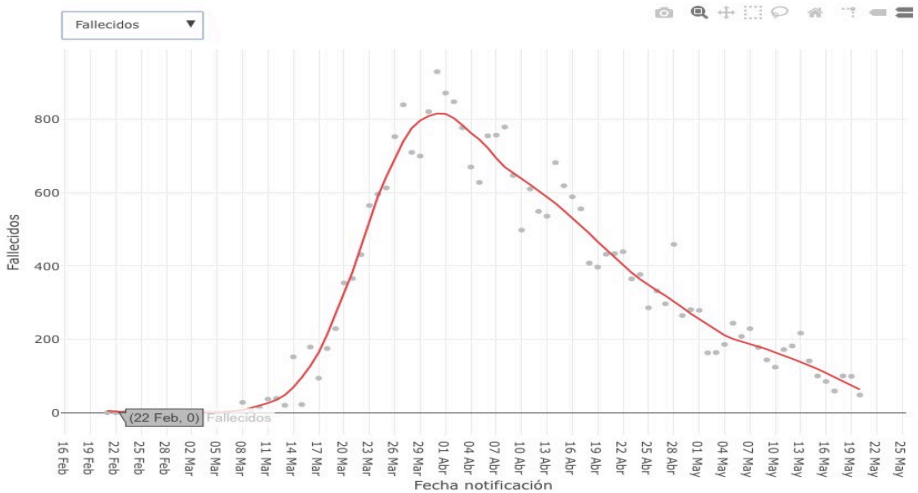
48

Fallecidos últ. 24h

1

Hospitali

Evolución diaria según nivel de gravedad (datos agregados Min. Sanidad)



Punto: casos diarios; línea: tendencia estimada con regresión local (loess) con $\alpha=0.3$ (parámetro de suavizado) y $\lambda=2$ (grado polinomio local). Se excluyen los datos de hospitalizados y UCI del día 26 de abril por incluir un cambio en el criterio de notificación.

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

3. Indicators consider for deescalating

- General Indicators
- Indicators on the capacity of public health services
- Specific indicators
- CAPACITY INDICATORS OF THE SANITARY SYSTEM

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

3. Indicators consider for deescalating

– General Indicators

1. Number of cases with symptoms compatible with covid- 19 (information from primary care, attention telephones, Apps, etc.)
2. Number of laboratory confirmed cases.
 1. - Number of non-hospitalized cases-
 2. Number of hospitalized cases-
 3. Number of cases admitted to the ICU-
 4. Number of deceased cases-
 5. Number of cases and deaths in nursing homes-
 6. Number of cases in health and socio-health professionals
3. Number of PCRs performed and results.

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

3. Indicators consider for deescalating

- Indicators on the capacity of public health services
 1. Number of professionals in the surveillance services epidemiologists dedicated to the COVID-19 response in relation to the number of daily cases detected

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

- Specific indicators

- Assessment of early detection

- 1. Percentage of cases with compatible symptoms of COVID-19 in which a diagnostic test has been performed.
- 2. Time between date of onset of symptoms and date of consultation in confirmed cases.
- 3. Time between date of onset of symptoms and date of diagnosis in confirmed cases.
- 4. Percentage of new cases that are not contact of known confirmed cases.

- Evaluation of the early isolation of cases confirmed

- 1. Time between symptom onset date and isolation date. 2. Time between the date of first consultation and the date of isolation.

- Evaluation of the control of the contacts of the confirmed cases

- 1. Number of close contacts identified per case. 2. Percentage of close contacts that develop symptoms during follow-up and are confirmed.

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

3. Indicators consider for deescalating

– CAPACITY INDICATORS OF THE SANITARY SYSTEM

- 1. Occupation of ICUs COVID-19 / no COVID-19
- 2. Occupancy of acute beds COVID-19 / non-COVID-19.
Material in stock (EPIs, PCR, swabs, containers, critical medication, hydro-alcoholic solutions, etc.)
- 3. Reserve respirators
- 4. Diagnostic capacity of laboratories
- 5. Non-health centers willing to medicalize

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

3. Indicators consider for deescalating

- CAPACITY INDICATORS OF THE SANITARY SYSTEM
- From SEMES, we miss indicators related to urgent care, which would be earlier than the proposed occupancy of ICU beds.
 - Number of calls to the Emergency Centers
 - Number of emergencies attended related to COVID

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

4. Covid implementations on the EDs actual status

- a) Triage
- b) Covid Tracks
- c) PPE
- d) Tests
- e) Professionals reinforcement
- f) New spaces

Countries in deescalate phase (France, Spain, Italy, Turkey)

4. Covid implementations on the EDs actual status

- Most Hospital Emergency departments will maintain the double track for several months.
- Most of the Out of Hospital Emergency Services, maintain PPE, although the COVID-19 pathologies demand is decreasing

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

4. Covid implementations on the EDs actual status

- a) Triage
- b) Covid Tracks
- c) PPE
- d) Tests
- e) Professionals reinforcement
- f) New spaces

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

5. Perspectives for EM in the post covid health situation.

Main challenge: face the double circuit, summer vacation, etc.. with the **shortage of emergency professionals**

Countries in deescalate phase (France, Spain, Italy, Turkey, UK, Germany)

5. Perspectives for EM in the post covid health situation.

A Light....

The minister of health announced last Wednesday in the Spanish Parliament, **the creation of the Emergency Specialty** before the end of 2020, in Spain



A nighttime photograph of the Toronto skyline across the water. The CN Tower is the most prominent feature on the left, illuminated with green and blue lights. To its left is the Rogers Centre, a large stadium with a blue, illuminated, retractable roof. The rest of the skyline consists of various skyscrapers with their windows glowing with warm yellow and orange lights. The sky is a deep blue, and the city lights are reflected in the calm water in the foreground.

COVID-19 FROM CANADA

@davidcarr333

82,000 CASES
26,000 ONTARIO
6200 DEATHS



Ontario: New daily cases of COVID-19

The blue line is the five-day rolling average of new cases per day, which smooths daily spikes. Ontario wants a consistent two-to-four week decrease in new cases daily before easing restrictions.





A photograph of a person with curly hair, seen from behind, sitting in a black wheelchair. They are wearing a pink patterned top and are positioned in a bedroom, looking out a window with white curtains. The room features a wooden floor, a white wardrobe, a bedside table with a lamp, and a bed with a patterned blanket. The text "81% DEATHS FROM LTC" is overlaid in the center-right of the image.

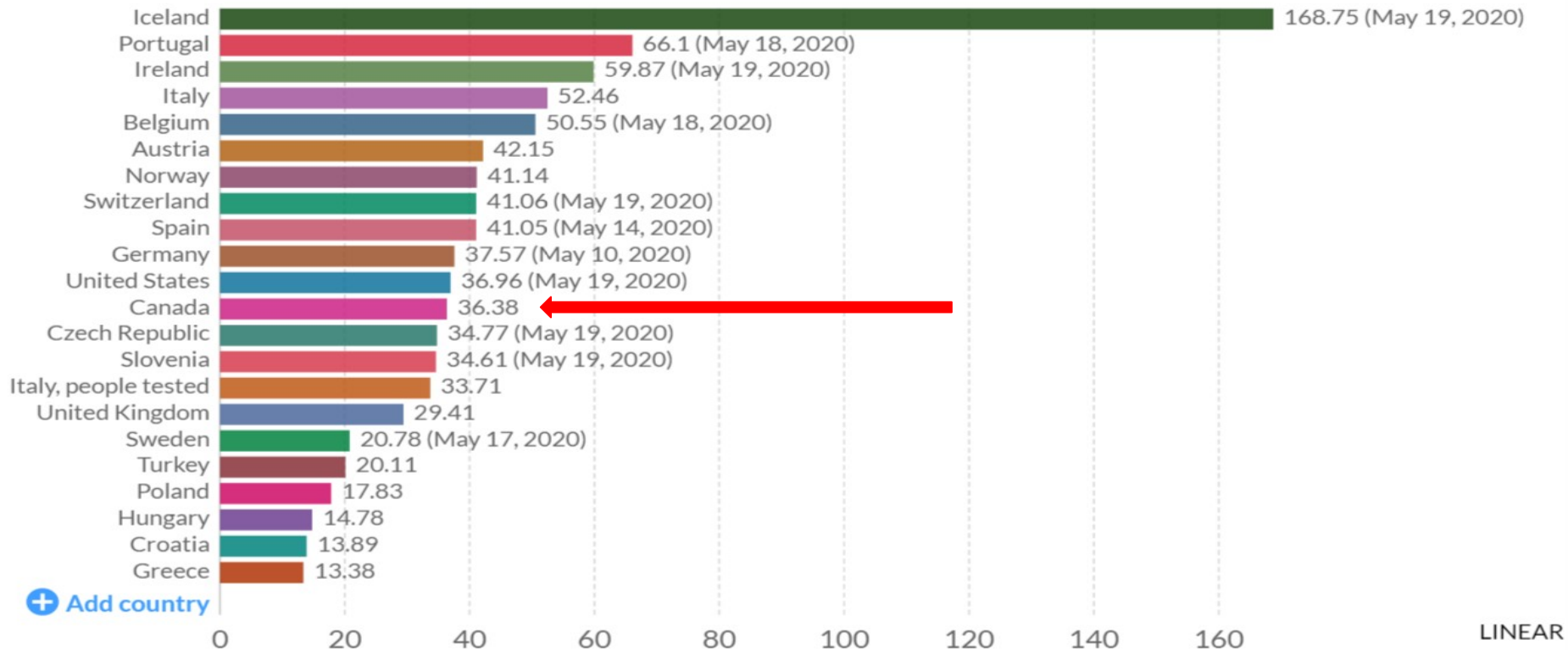
81% DEATHS FROM LTC



>40% ASYMPTOMATIC WHEN SPREADING

Total COVID-19 tests per 1,000 people, May 20, 2020

The most recent figures for selection of countries is shown (you can change the selection using '+ Add country'). Only data relating to the the last 10 days are included.



Source: Official sources collated by Our World in Data

Note: For testing figures, there are substantial differences across countries in terms of the units, whether or not all labs are included, the extent to which negative and pending tests are included and other aspects. Details for each country can be found at the linked page.

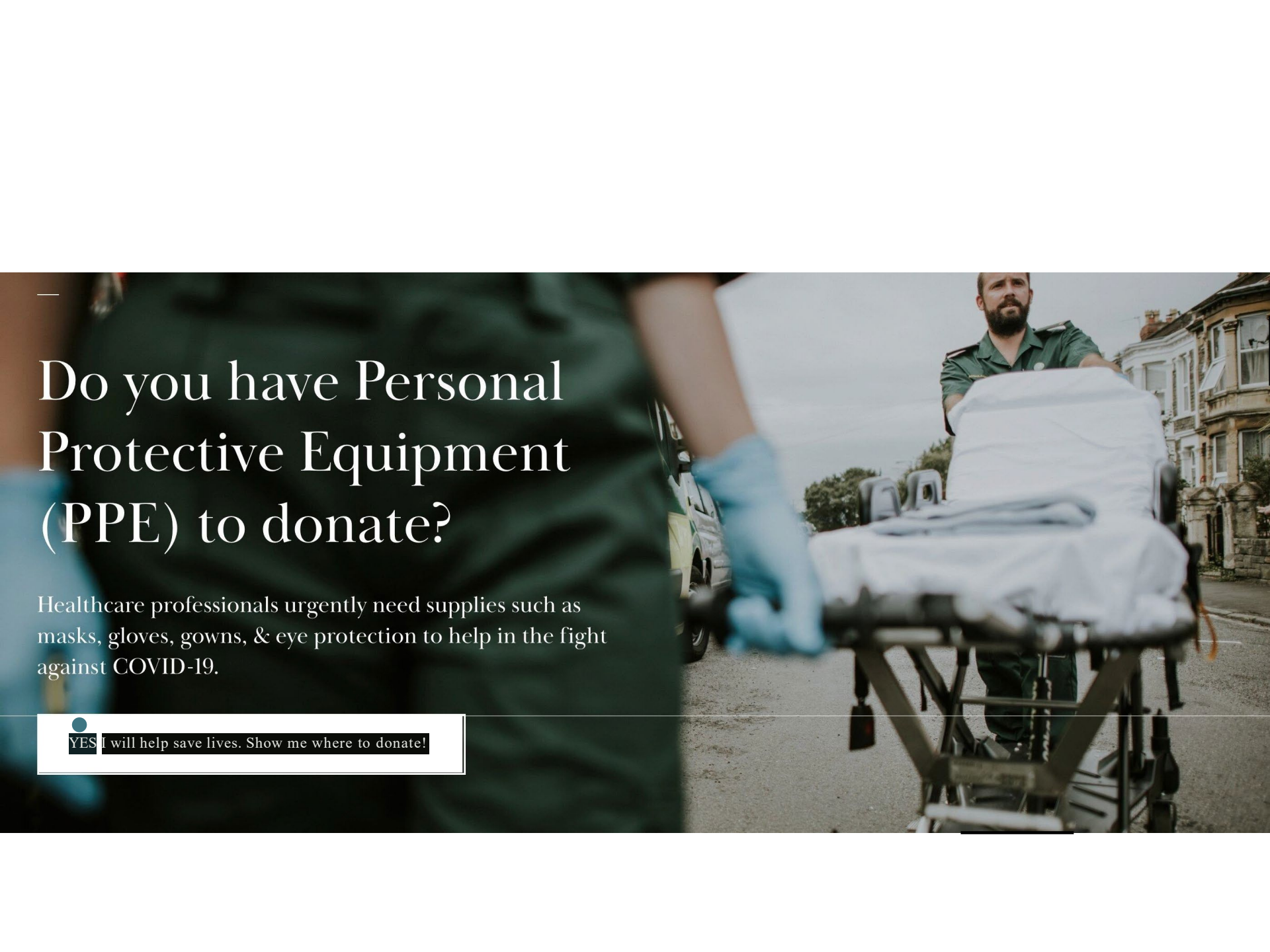












Do you have Personal Protective Equipment (PPE) to donate?

Healthcare professionals urgently need supplies such as masks, gloves, gowns, & eye protection to help in the fight against COVID-19.

☒ YES I will help save lives. Show me where to donate!

NEW DOORS WITH WINDOWS!



SUBACUTE 1



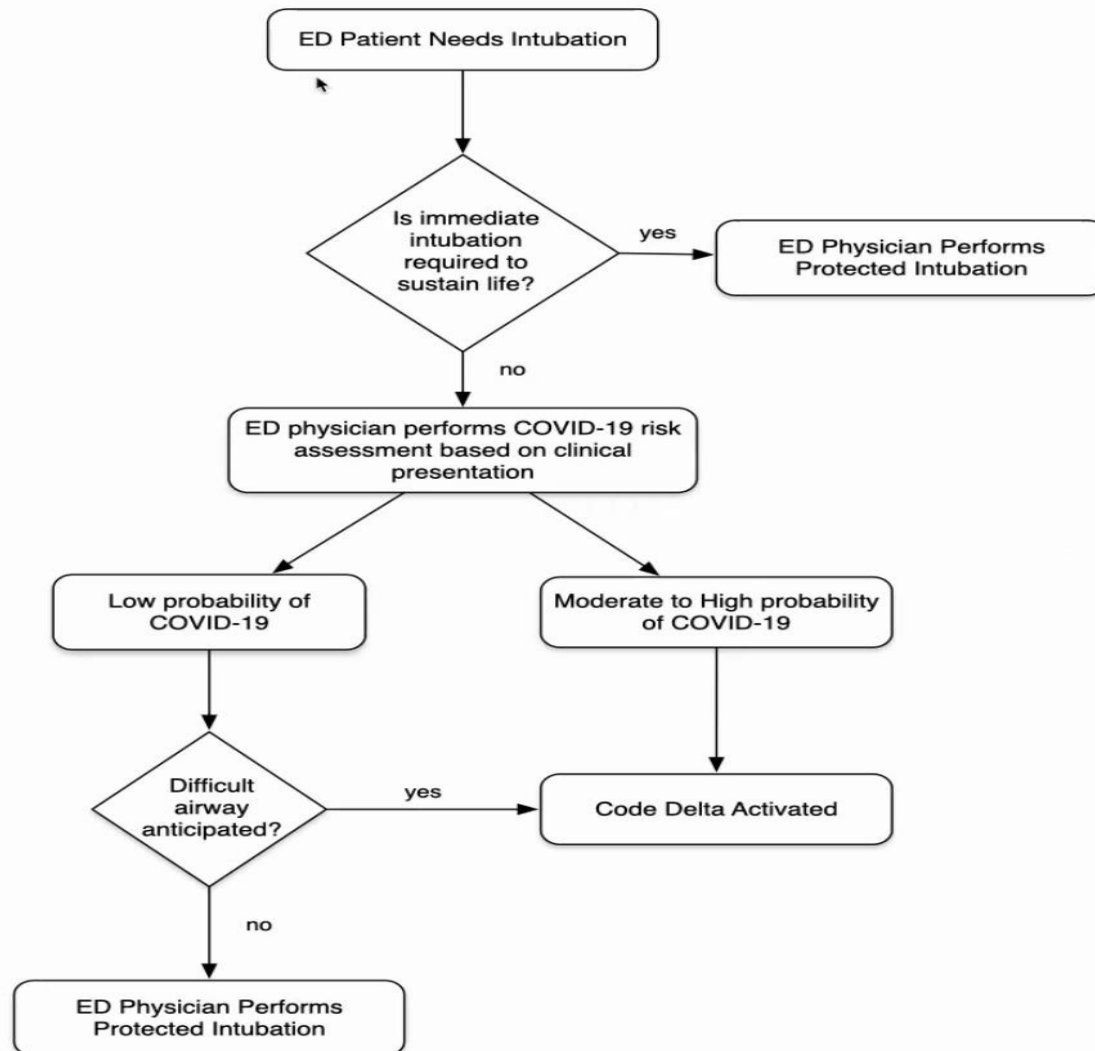
RESUSC ROOM



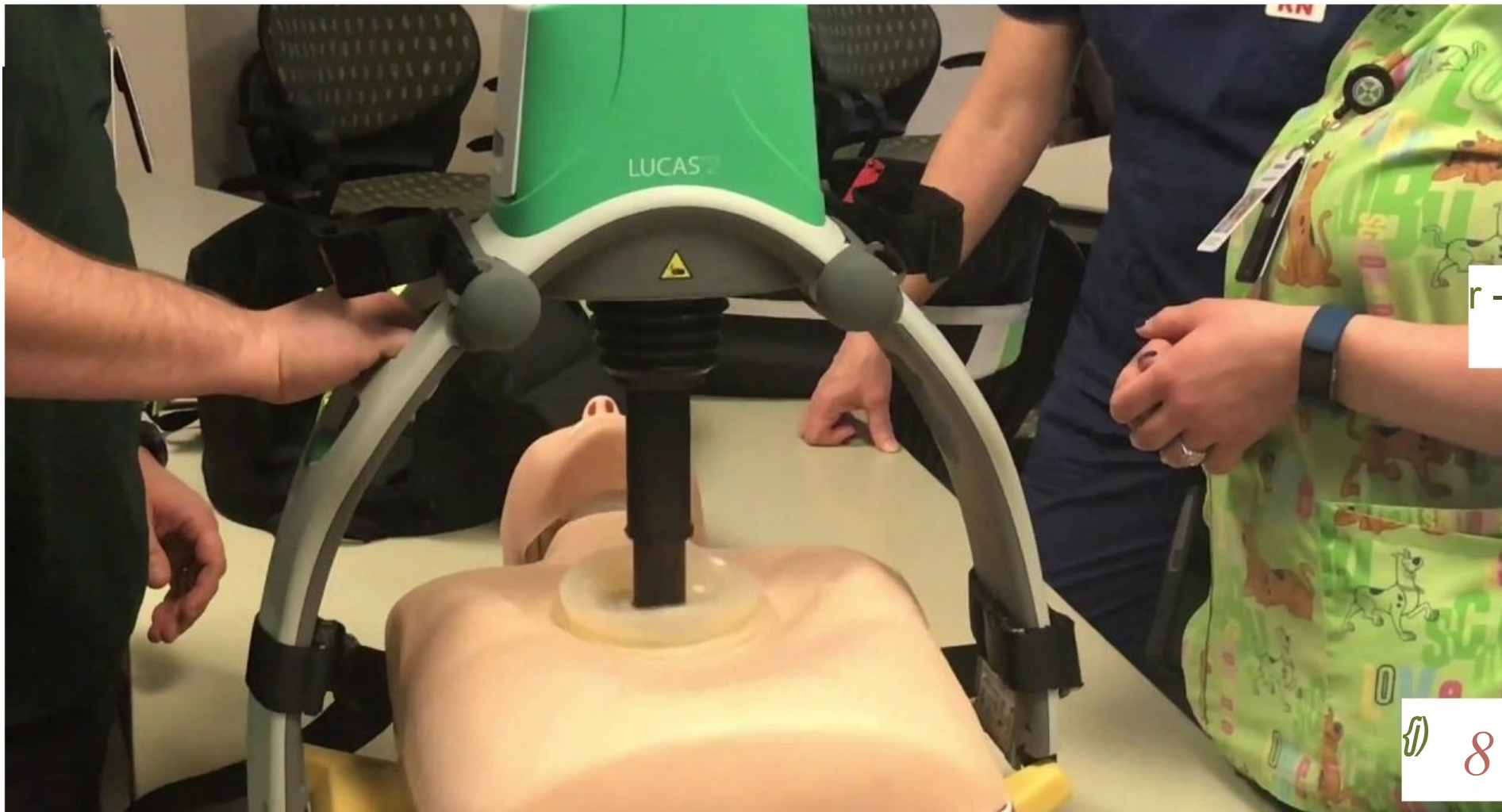


COVID-19: Protected Code Blue









r -

f) 8





The background is a dark blue gradient with a subtle pattern of white dots. Overlaid on this are several white circular elements: concentric circles, dashed circles, and a large circular scale with tick marks and numbers ranging from 150 to 260. Some of these circles have arrows indicating a clockwise direction.

US HAS THE MOST COVID-19 CASES

PAUL KIVELA, MD, MBA, FACEP

PAST PRESIDENT, AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS

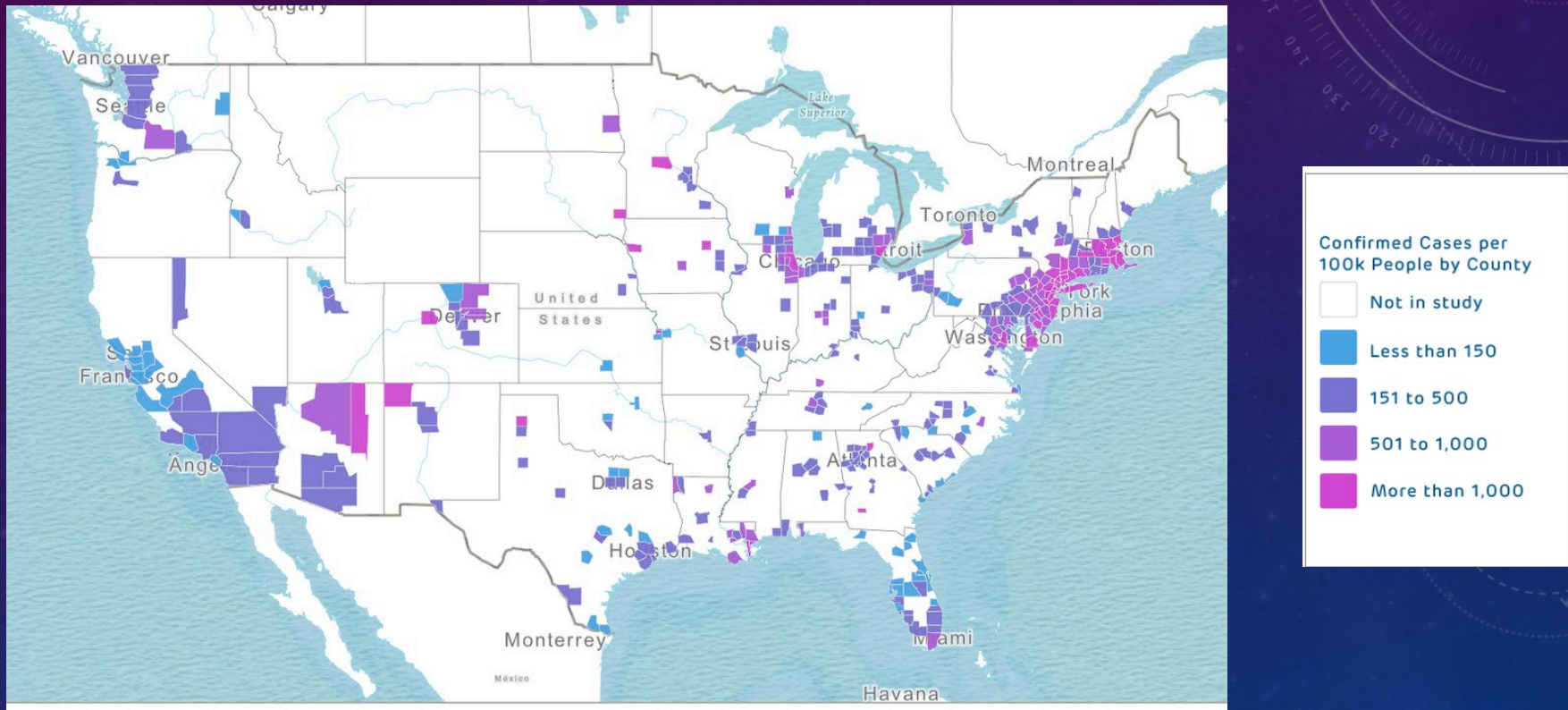
US RESPONSE: STEEP CURVE AND FLATTENED



HOT SPOTS BECAUSE OF DELAYS

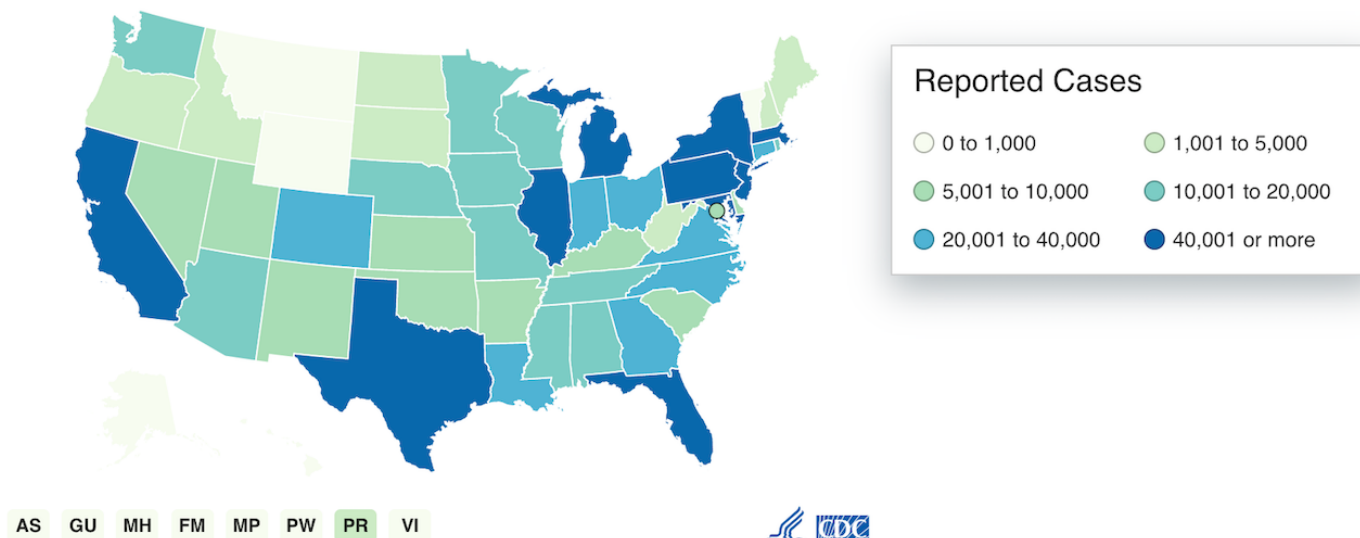
- Travelers from China/other hotspots
- Major cities NYC/Detroit/Chicago
- Nursing homes
- Mardi Gras (holiday celebration)
- Conferences
- Spring Break (college movement to beaches in Florida)
- Inconsistent and lack of uniform response
- Political fear of shutting down economy
- Lack of effective public health system
- Inadequate testing/surveillance

SURVEILLANCE AND INCIDENCE

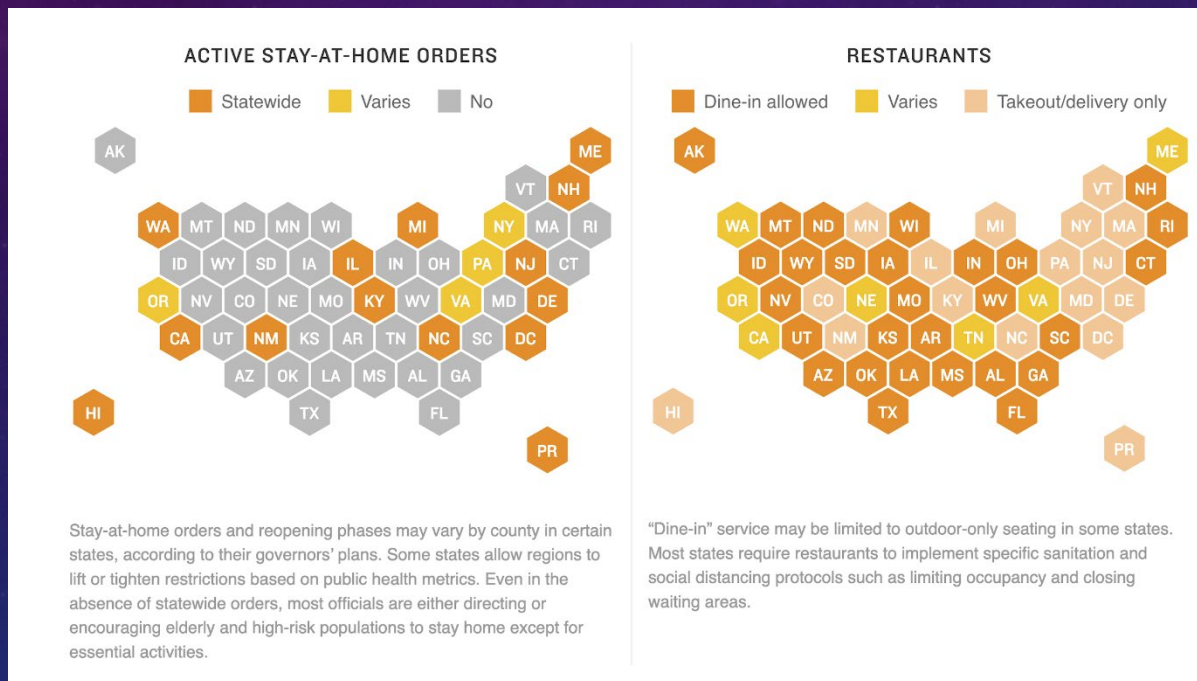


NUMBER OF CASES BY STATE

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



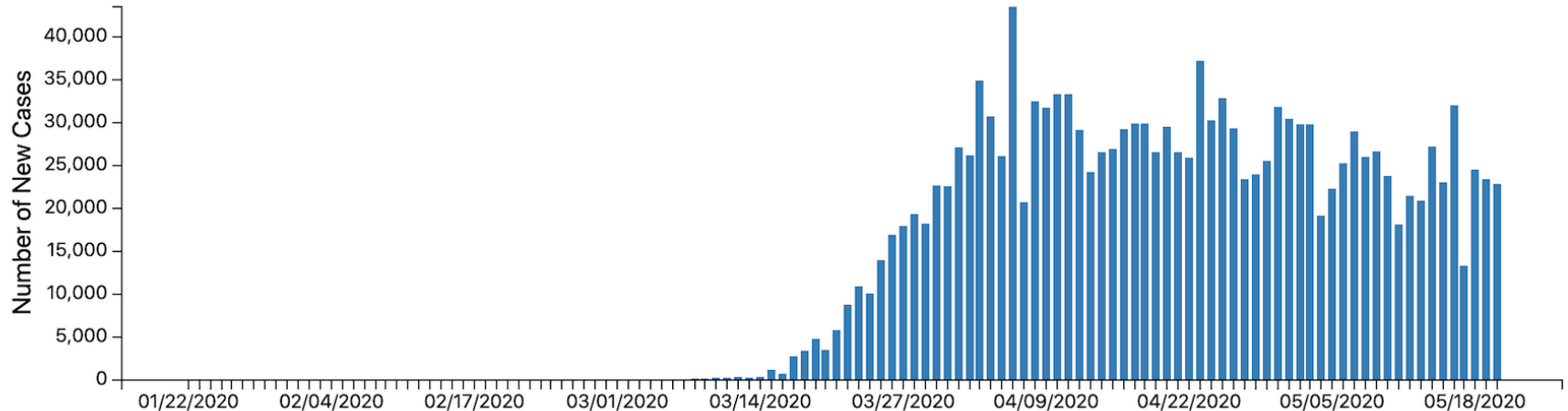
INCONSISTENT STATE TO STATE RESPONSE



THE NEXT PEAK WILL BE STARTING SHORTLY

New Cases by Day

The following chart shows the number of new cases of COVID-19 reported by day in the U.S. since the beginning of the outbreak.



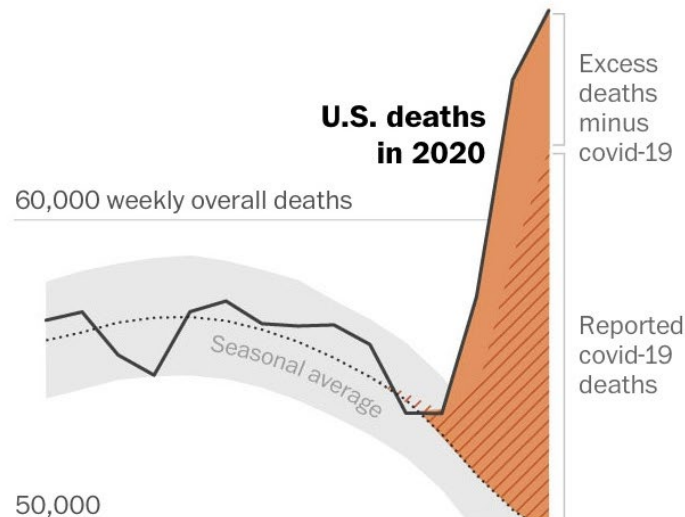
LIKELY FURTHER PEAKS AND PANDEMICS

- Problems from Quarantine
 - Death rate from other causes
 - Economic fallout
 - Substance abuse issues
 - Domestic violence
 - Psychiatric issues
 - Health care financing/collapse
 - Political division
 - Worsening Economic Disparities of Health
 - Lack of organized & centralized public health response
- Questions
 - Is the cure worse than the disease?
 - Where is the end?
 - How do we protect healthcare workers?
 - What is proper PPE?
 - Is there a viral load component?
 - How do we prepare for next wave(s)?
 - What is the new normal?
 - How do we identify and protect high risk people?
 - How does EM better work together?

Excess U.S. deaths hit estimated 37,100 in pandemic's early days, far more than previously known

By **Emma Brown**, **Andrew Ba Tran** and **Reis Thebault**

May 2



Washington Post