

## COVID-19 Letter


**COVID-19 Numbers in Massachusetts and Changes Implemented at Beth Israel Deaconess Medical Center Department of Pain Medicine**

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Since December 2019, the coronavirus (COVID-19, SARS-CoV-2) infection has caused many challenges globally with its rapid human-to-human transmission and a multitude of presenting clinical features. The variety of positive cases has ranged from individuals with no symptoms to individuals with fever, cough, shortness of breath, diarrhea, myalgia, rash, and headaches. The first case of pneumonia caused by COVID-19 was identified in Wuhan, China. China notified the World Health Organization (WHO) about the outbreak on December 31, 2019 (1-4). Once the outbreak was reported, many countries started to evacuate their citizens from Wuhan and implement different measures to try and contain the spread of the virus. In just one month as many as 21 countries reported a total of roughly 10,000 positive coronavirus patients (by nasopharyngeal and oropharyngeal swab tests) worldwide with the United States having its first confirmed case on January 20, 2020 (4-6).

New York is a highly populated state with a population of roughly 19,440,469 residents according to the 2020 US Census. In this regard, New York City has approximately 11 million residents. This state was named the epicenter of the coronavirus in the United States. Until recently, it previously had the largest number of confirmed coronavirus cases in the country. The first case was reported on March 1, 2020, and currently has 328,599 confirmed positive patients and 26,697 deaths as of May 10, 2020 (6-7). Almost all states implemented social distancing around March 16, 2020. Within weeks of social distancing, New York saw a surge in the number of confirmed cases. Those cases continued to rise tremendously despite the statewide stay at home order placed on March 22, 2020. New York saw the largest number of new cases weekly during the month of April with daily numbers of new cases ranging from 6,000 to 11,000. During the month of May, New York has seen less reported cases daily compared to the previous month. However, even though the number of new cases daily is declining, New York continues to face more positive cases and deaths daily with an increased spread of the virus to neighboring states (8-9).

With the close proximity to New York and similar dependence on closed quartered subway system, Massachusetts has also been experiencing an increased number of positive cases as well as deaths related to coronavirus. Massachusetts reported its first presumptive positive case on March 2, 2020, according to the Massachusetts State Public Health Laboratory. Since the beginning of March, the number of positive cases steadily increased and social distancing was encouraged to the residents of Massachusetts around the middle of March. On March 24, 2020, the stay at home order was placed and the total number of confirmed positive cases was 1,159. Massachusetts also started to see a surge in the number of positive cases in the beginning of April. On April 24, 2020, there were a total of 4,494 new cases in one day, which was the record high of new cases in Massachusetts. As of May 10, 2020, the

Table 1. COVID related practice changes at Beth Israel Deaconess Medical Center Department of Pain Medicine

Suspension of all elective procedures as of March 16, 2020
Utilization of telemedicine visits for initial and follow-up evaluations
For evaluations that require an in-office visit, patients must be asymptomatic for COVID-19 and both patient and provider must wear masks at all times in the clinic
Implementing social distancing by providers to 6 feet as much as possible
Limiting the number of patients in the waiting rooms to less than 10 patients
Encouraging family members who are not being evaluated or treated to wait in their vehicles instead of in the waiting room
Urgent and emergent pain procedures considered on case-by-case basis after discussing risks/benefits with the patient, and determining that the procedure would keep the patient from going to the emergency department or hospital
Instituting informed verbal consent only. Suspension of written consent to avoid transmission through writing utensils and paper
Avoidance of steroids and immunosuppressive agents as much as possible

total number of confirmed cases was 77,793 with 4,979 deaths and 1,050 new cases on May 10 alone (10). Massachusetts began to surpass the total daily number of new positive cases per 100,000 population basis compared to New York by the end of April and is soon on its way to becoming the new epicenter of coronavirus in the United States.

There have been varied responses to COVID-19 between state officials and hospital systems. At the Beth Israel Deaconess Medical Center (BIDMC) pain clinics the following changes have been implemented to slow the spread of COVID-19 and to protect our patient population (Table 1).

Each practice must consider the unique challenges COVID-19 poses to their patient population. Special consideration should be given with regards to treating patients with steroids as well as putting the patient at risk of COVID-19 infection by traveling to the pain clinic itself. However, the risk of a patient seeking an emergency room visit for pain control should also be considered, particularly when the emergency room may be treating patients with active COVID-19 symptoms. These are some of the changes we have implemented in our practice which may be beneficial to other practices around the nation.

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