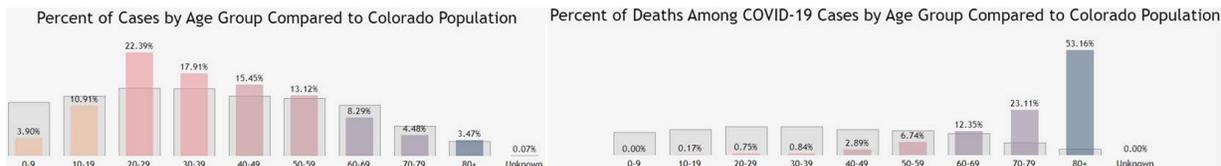


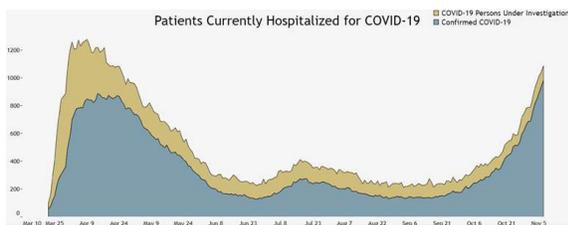
From: [Schwartz, David](#)
Cc: [Austin, Gregory](#); [Beck, James](#); [Carmichael, Corena](#); [Flores, Sonia](#); [Ho, Michael](#); [Keyser, Hollis](#); [Musani, Ali](#); [Albert, Richard](#); [Allen, Larry](#); [Barnes, Kathleen](#); [Borges, Virginia](#); [Burden, Marisha](#); [Buttrick, Peter](#); [Chonchol, Michel](#); [Colgan, Sean](#); [Earnest, Mark](#); [Edmundowicz, Steven](#); [Fontenot, Andrew](#); [Freed, Curt](#); [Gritz, Mark](#); [Haugen, Bryan](#); [Holers, Michael](#); [Jordan, Craig](#); [Messersmith, Wells](#); [Moss, Marc](#); [Poeschia, Eric Jr](#); [Schwartz, Robert](#); [Stenmark, Kurt](#)
Subject: DOM Covid Communication
Date: Sunday, November 8, 2020 5:17:35 PM
Attachments: [image007.png](#)
[Science Magazine.pdf](#)
[image008.png](#)

Dear Friends and Colleagues.

I hope you, your family, and your friends are remaining well. We're seeing a rapid rise in the spread of Covid-19 in the Denver/Aurora community and across the state. The state positivity rate is 11% and while the age of onset in our community is lower than last spring, those that get hospitalized are on average the same age as last spring and increased morbidity and mortality from Covid are observed among older adults (see below graphs). We continue to see a disproportionate share of Hispanic and other minority populations with Covid.



State-wide we're seeing a marked increase in the number of hospitalizations for Covid-19 (see below graph) and we will soon reach and may likely exceed the number of hospitalized patients we experienced last spring. At UCH, we currently have 94 patients hospitalized with Covid-19 (65 floor patients, 29 ICU patients of whom 16 are ventilated). At the end of April, our highest number of Covid+ patients at UCH was 145 (87 floor patients, 58 ICU patients of whom 42 were ventilated). The VA, DH, and NJH are experiencing a similar increase in the number of Covid patients. Thus, of the patients hospitalized during this second surge, a lower proportion are going to the ICU (31% vs 40%) and of those that go to the ICU a lower proportion require mechanical ventilation (55% vs 72%). Since the mean age of those hospitalized is the same as last spring, the lower severity of respiratory failure during this second surge is undoubtedly due to dexamethasone, remdesivir, and more experience taking care of patients with Covid-19.



There are a few additional issues I'd like to highlight:

- **Interdisciplinary Collaboration:** we need to continue to work together across our disciplines to succeed. Our ICU and floor teams include anesthesiologists, pulmonologists, emergency room physicians, hospitalists, family medicine docs, subspecialists, physician assistants, nurse practitioners, and trainees from many disciplines. Given the rapid increase in hospitalized patients, we need more volunteers to care for hospitalized patients; please sign up: <https://www.signupgenius.com/go/10COD4FAFA72BA0FBC25-phase>.
- **Alignment:** During this second surge, alignment will be critical to our success. There are numerous issues to consider as we make decisions about patient care and allocation of resources. While I want to hear all of your concerns, the DOM will endeavor to make decisions in collaboration with leaders at UCH, CU Medicine, and the Command Center. So please let me know about your ideas and concerns so that I can discuss them with those that are aware of the numerous considerations and implications of these decisions.
- **Stay healthy:** attached is a terrific article that discusses the way SARS-CoV-2 spreads in communities and across regions. Avoid gatherings involving food or drink, don't go to restaurants, restrict travel even for Thanksgiving, avoid gatherings with those outside your household, wear a mask, and stay home if you're sick. We need you, your family, and your friends to remain healthy.

We've had a number of recent Covid-19 presentations in the DOM which were exceptional and are available on our website (DOM COVID-19 Resource Web Page: <https://medschool.cuanschutz.edu/medicine/faculty-affairs/covid-19>) and through the specific links below:

DOM Recent COVID-19 Grand Rounds:

Sept 30, 2020: [The Triumph of Despair: Health Inequities and Structural Racism](#)

Oct 14, 2020: [Impact of COVID-19 on Family Members and Providers](#)

Oct 21, 2020: [Effect of HIV-1 and SARS-CoV-2 on innate lymphoid cells](#)

Oct 28, 2020: [The Neutralizing Antibody Response to SARS-CoV-2 Infection](#)

DOM Recent COVID-19 Town Halls:

Oct 28, 2020: [COVID-19: What's Next?](#)

Nov 5, 2020: [Fighting Stigma: Facing Barriers to Mental Health for Faculty and Staff](#)

We have two upcoming town halls, one on treatment updates and the other on vaccine development:

Nov 12, 2020 from 7-8pm: What's Known and What's in the Pipeline? (zoom link: <https://ucdenver.zoom.us/j/92532756293>)

Steven Johnson, MD, professor and associate division head for clinical affairs, Division of Infectious Diseases

Adit Ginde, MD, professor and director of research, Department of Emergency Medicine

Nov 19, 2020 from 7-8pm: Vaccine Development, Trials, and Distribution

Thomas Campbell, MD, professor, Division of Infectious Diseases

John Douglas Jr., MD, executive director, Tri-County Health Department

So I'll close by asking you to get involved. Let me know what we can do for you and let me know how we can better address your concerns. I have no doubt in your expertise, your dedication, and your ability to work collaboratively to get through this next crisis. Please send me your thoughts and concerns. Stay well and stay connected. My very best wishes. David

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