

Arizona COVID-19 cases

The Arizona Department of Health Services has reported 43,443 positive COVID-19 cases and 23,880 cases in Maricopa County as of June 18, 2020. Out of the 527,666 COVID-19 tests completed to date in Arizona, 7.5% have tested positive for the virus. Percent positive is the number of people with a positive test result, out of all the people COVID-19 tested completed in Arizona.

In Maricopa County, 2,072 patients (9%) have been admitted to a hospital and 473 (2%) admitted to an ICU since the county began collecting data on Jan. 22. People aged 65 or older or those who have at least one chronic health condition make up 70% of those who have been hospitalized and 93% of deaths for COVID-19. Nearly 60% of all COVID-19 infections reported have been among those under 45 years old.

Medical Update from Dr. William Ellert, Chief Medical Officer

Over the past several days we have seen an increase in the COVID-19 hospitalizations within our hospitals in Arizona. That increase is most notable in our Phoenix hospitals, although there has been a slight increase in our Tucson Hospitals as well.

During this week we have seen an increase of approximately 16 COVID-19 positive or PUI in-patients per day in our Abrazo Hospitals and an increase of approximately 4 COVID-19 positive or PUI in-patients per day in our Tucson/Nogales Hospitals. Our physicians, staff and administration have managed the increasing community needs well – balancing both the need for ongoing medical care for our community while managing the increased needs from the pandemic.

Despite the rather disappointing news regarding the increase in overall numbers, there was a recent news release that came from the United Kingdom regarding using low-dose dexamethasone that offered a ray of hope with this infection.

In a trial conducted in 175 NHS hospitals in the UK, patients received dexamethasone IV or PO 6 mg daily for 10 days. Benefit was seen in the patients who either required mechanical ventilation or supplemental oxygen. Those on mechanical ventilation saw the highest mortality benefit (RR=0.65; p=0.0003) with benefit also seen by those receiving oxygen therapy (RR=0.80; p=0.0021).

It should be noted that there was no benefit seen for patients who did not require respiratory support so not all patients should receive this therapy. While this study has yet to be peer-reviewed or published, the initial data looks promising.

The use of corticosteroids in COVID-19 patients has undergone some evolution over time. Initially, due to the negative data about the use of steroids in SARS in the early 2000s there was some hesitation to use them in COVID-19 patients. Ultimately, corticosteroids have been used more frequently in more severe patients and those who have elevated inflammatory markers. This new information further supports the potential benefit of this therapy. For your convenience, I have attached the Oxford University News Release which provides additional information about the study.

Arizona Department of Health Services on June 17 released updated guidance allowing local governments to implement mask and face-covering policies and determine enforcement measures. The guidance allows local authorities to tailor mitigation efforts specific to the local public health need.

Gov. Doug Ducey also announced an expanded education campaign to make Arizonans aware of public health guidelines. All Arizonans should continue to stay physically distant, stay home when sick and wear face masks. Several municipalities have already enacted policies for wearing face coverings in public to help slow the spread of COVID-19.

401(k) match update

Tenet has announced the annual 401(k) match for the 2019 calendar year will be funded on Monday, June 22. Eligible plan participants will receive a transaction confirmation from Fidelity and will be able to view their balances on Tuesday, June 23.

If you have any questions about your 401(k) account, or any of the recently adopted CARES Act withdrawal or loan provisions, please contact a My Financial Benefits representative at 800-372-4015.

Resources to help with stress/anxiety

It's important to take practical measures to protect ourselves physically but also emotionally during this outbreak. Attached is a helpful worksheet with some insight and tips for those of us who might be experiencing feelings of stress and anxiety.

There are a few basics that may help: Make room in your schedule for some quiet time each day. Practice good communication; sharing your feelings with a trusted confidant can help decrease feelings of anxiety. Get regular exercise and sufficient sleep.

If you are experiencing overwhelming feelings of stress or anxiety, please contact our Beacon Wellbeing (EAP) hotline (866) 335-2340. Beacon Wellbeing is an employee assistance program (EAP) that provides guidance and support to help improve overall health and wellness. Confidential, expert support is available 24/7 at no cost to you.

HR teams are available

Hospital HR teams are now holding regular office hours. You can continue to receive services remotely if you wish by using Employee Self-Service on the eTenet portal, or scanning/emailing documents to us. Please let your hospital HR reps know if you have any questions about accessing services onsite.

Employee Health hotline

A reminder to please notify your hospital's Employee Health office if you go home sick. Employee Health staff will stay in touch daily before you return to work.

The Abrazo Employee Health hotline for COVID-19 questions is available Monday through Friday from 7 a.m. – 7 p.m., and Saturday-Sunday from 7 a.m. – 5 p.m. The hotline is for Abrazo employees only and may be reached at 602-246-5597.

If you need to visit Employee Health, please call ahead so staff can plan for your arrival.

Incident Command email

Do you have a suggestion or feedback related to the hospital's pandemic response? Please email questions or suggestions to IncidentCommand@abrazohealth.com. Your message will be routed to the appropriate person to evaluate and respond.

Tips for Dealing with Anxiety



What is anxiety?

Anxiety causes people to feel excessively frightened, distressed, or uneasy during situations in which most other people would not experience these same feelings. Anxiety can negatively affect one's personal relationships, ability to work, study, and perform daily activities.

What are anxiety symptoms?

- Feelings of terror
- Fear of dying
- Chest pain
- Exaggerated worrying
- Heart palpitations
- Irrational fears
- Upset stomach
- Panic attacks
- Headaches
- Insomnia
- Feeling disconnected
- Feeling tense or jumpy

Remedies to help with anxiety

- Eating a well balanced diet
- Avoid fried foods, caffeine and sugars
- Regular exercise
- Participate in activities that bring you joy (e.g, Spending time outdoors, bike riding, long walks)
- Ensure that you are getting enough sleep
- Unplug from social media and the news
- Seek out support and resources
- Herbal remedies (e.g. Lavender essential oil, tea)

Additional Resources:

1. Reach out to your colleagues, Manager, and / or Director.
2. Beacon Wellbeing hotline: ☎ (866) 335-2340 📄 tenet.mybeaconwellbeing.com
3. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>
4. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
5. <https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-home>

Oxford University News Release

EMBARGOED UNTIL 16 June 2020, 13:00 (UK Time)

Low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19

In March 2020, the RECOVERY (Randomised Evaluation of COVid-19 thERapY) trial was established as a randomised clinical trial to test a range of potential treatments for COVID-19, including low-dose dexamethasone (a steroid treatment). Over 11,500 patients have been enrolled from over 175 NHS hospitals in the UK.

On 8 June, recruitment to the dexamethasone arm was halted since, in the view of the trial Steering Committee, sufficient patients had been enrolled to establish whether or not the drug had a meaningful benefit.

A total of 2104 patients were randomised to receive dexamethasone 6 mg once per day (either by mouth or by intravenous injection) for ten days and were compared with 4321 patients randomised to usual care alone. Among the patients who received usual care alone, 28-day mortality was highest in those who required ventilation (41%), intermediate in those patients who required oxygen only (25%), and lowest among those who did not require any respiratory intervention (13%).

Dexamethasone reduced deaths by one-third in ventilated patients (rate ratio 0.65 [95% confidence interval 0.48 to 0.88]; $p=0.0003$) and by one fifth in other patients receiving oxygen only (0.80 [0.67 to 0.96]; $p=0.0021$). There was no benefit among those patients who did not require respiratory support (1.22 [0.86 to 1.75]; $p=0.14$).

Based on these results, 1 death would be prevented by treatment of around 8 ventilated patients or around 25 patients requiring oxygen alone.

Given the public health importance of these results, we are now working to publish the full details as soon as possible.

Peter Horby, Professor of Emerging Infectious Diseases in the Nuffield Department of Medicine, University of Oxford, and one of the Chief Investigators for the trial, said: 'Dexamethasone is the first drug to be shown to improve survival in COVID-19. This is an extremely welcome result. The survival benefit is clear and large in those patients who are sick enough to require oxygen treatment, so dexamethasone should now become standard of care in these patients. Dexamethasone is inexpensive, on the shelf, and can be used immediately to save lives worldwide.'

Martin Landray, Professor of Medicine and Epidemiology at the Nuffield Department of Population Health, University of Oxford, one of the Chief Investigators, said: 'Since the appearance of COVID-19 six months ago, the search has been on for treatments that can improve survival, particularly in the sickest patients. These preliminary results from the RECOVERY trial are very clear – dexamethasone reduces the risk of death among patients with severe respiratory complications. COVID-19 is a global disease – it is fantastic that the first treatment demonstrated to reduce mortality is one that is instantly available and affordable worldwide.'

The UK Government's Chief Scientific Adviser, Sir Patrick Vallance, said: 'This is tremendous news today from the Recovery trial showing that dexamethasone is the first drug to reduce mortality from COVID-19. It is particularly exciting as this is an inexpensive widely available medicine.'

'This is a ground-breaking development in our fight against the disease, and the speed at which researchers have progressed finding an effective treatment is truly remarkable. It shows the importance of doing high quality clinical trials and basing decisions on the results of those trials.'

ENDS

Notes to editors:

For interview requests, please contact: Genevieve Juillet, Media Relations Manager (Research and Innovation), University of Oxford, gen.juillet@admin.ox.ac.uk.

Full details of the study protocol and related materials are available at www.recoverytrial.net.

A range of potential treatments have been suggested for COVID-19 but it has been unclear whether any of them will turn out to be more effective in improving survival than the usual standard of hospital care which all patients will receive.

About the RECOVERY trial

The RECOVERY trial is a large, randomised controlled trial of possible treatments for patients admitted to hospital with COVID-19. Over 11,500 patients have been randomised to the following treatment arms, or no additional treatment:

- Lopinavir-Ritonavir (commonly used to treat HIV)
- Low-dose Dexamethasone (a type of steroid, which typically used to reduce inflammation)
- Hydroxychloroquine (which has now been stopped due to lack of efficacy)
- Azithromycin (a commonly used antibiotic)
- Tocilizumab (an anti-inflammatory treatment given by injection)
- Convalescent plasma (collected from donors who have recovered from COVID-19 and contains antibodies against the SARS-CoV-2 virus).

Overall dexamethasone reduced the 28-day mortality rate by 17% (0.83 [0.74 to 0.92]; $P=0.0007$) with a highly significant trend showing greatest benefit among those patients requiring ventilation (test for trend $p<0.001$). But it is important to recognise that we found no evidence of benefit for patients who did not require oxygen and we did not study patients outside the hospital setting. Follow-up is complete for over 94% of participants.

The RECOVERY trial is conducted by the registered clinical trials units with the Nuffield Department of Population Health in partnership with the Nuffield Department of Medicine. The trial is supported by a grant to the University of Oxford from [UK Research and Innovation/National Institute for Health Research \(NIHR\)](#) and by core funding provided by [NIHR Oxford Biomedical Research Centre](#), [Wellcome](#), the [Bill and Melinda Gates Foundation](#), the [Department for International Development](#), [Health Data Research UK](#), the [Medical Research Council Population Health Research Unit](#), and [NIHR Clinical Trials Unit Support Funding](#).

The RECOVERY trial involves many thousands of doctors, nurses, pharmacists, and research administrators at over 175 hospitals across the whole of the UK, supported by staff at the NIHR Clinical Research Network, NHS DigiTrials, Public Health England, Public Health Scotland, Department of Health & Social Care, and the NHS in England, Scotland, Wales and Northern Ireland.

About Oxford University

Oxford University has been placed number 1 in the Times Higher Education World University Rankings for the third year running, and at the heart of this success is our ground-breaking research and innovation. Oxford is world-famous for research excellence and home to some of the most talented people from across the globe. Our work helps the lives of millions, solving real-world problems through a huge network of partnerships and collaborations. The breadth and interdisciplinary nature of our research sparks imaginative and inventive insights and solutions. Through its research commercialisation arm, Oxford University Innovation, Oxford is the highest university patent filer in the UK and is ranked first in the UK for university spinouts, having created more than 170 new companies since 1988. Over a third of these companies have been created in the past three years.