

ED use down for MI, stroke, hyperglycemic crisis in COVID-19

24 June 2020



following the emergency declaration (March 15 to May 23, 2020), there were decreases of 23, 20, and 10 percent in emergency department visits for MI, stroke, and hyperglycemic crisis, respectively.

"There have been reports of excess mortality during the COVID-19 pandemic wherein deaths not associated with confirmed or probable COVID-19 might have been directly or indirectly attributed to the pandemic," the authors write. "The striking decline in [emergency department](#) visits for acute life-threatening conditions might partially explain observed excess mortality not associated with COVID-19."

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(HealthDay)—Following declaration of the COVID-19 pandemic as a national emergency, there was a decrease in visits to the emergency department for myocardial infarction (MI), stroke, and hyperglycemic crisis, according to research published in the June 22 early-release issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Samantha J. Lange, M.P.H., from the CDC in Atlanta, and colleagues described trends in emergency department visits for three acute life-threatening [health conditions](#) (MI, stroke, and hyperglycemic crisis), which always necessitate immediate emergency care, before and after the COVID-19 pandemic was declared as a [national emergency](#) (March 13, 2020). Data were obtained from the National Syndromic Surveillance Program.

The researchers found that compared with the 10-week period before the emergency declaration (Jan. 5 to March 14, 2020), in the 10 weeks

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