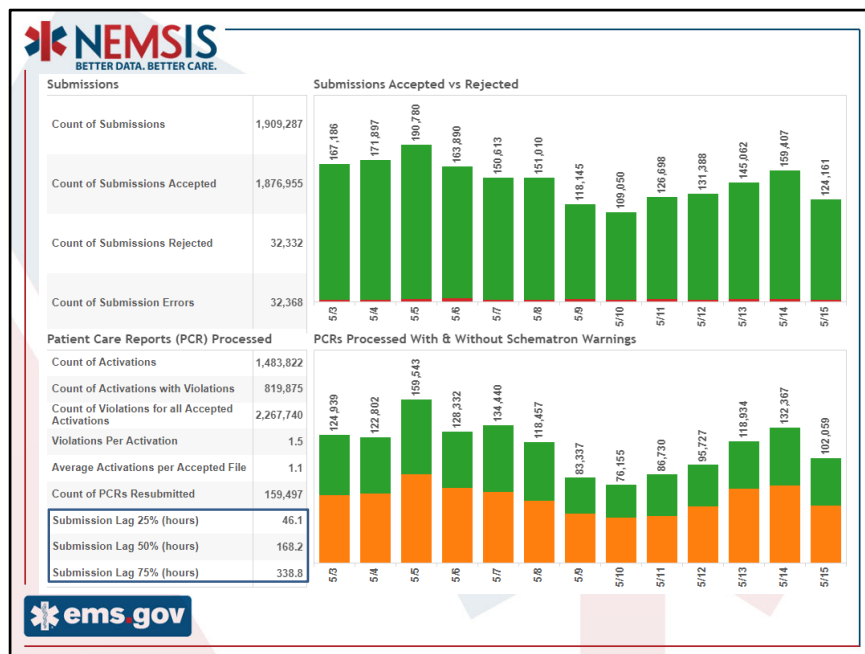


This document is provided by NHTSA in an effort to help State EMS Officials track particular EMS activations occurring during the COVID-19 pandemic. This document will be updated periodically to provide current information regarding temporal variations in the type and characteristics of EMS activations occurring in the U.S. during the COVID-19 outbreak.




When assessing data contained in the National EMS Repository, it is important to recognize that there can be a lag in the submission of patient care reports to the Repository. Looking in the lower left-hand corner, the definition of “Submission Lag” is the date/time difference (in hours) between the completion of an EMS activation (eTimes.13 - Unit Back in Service Date/Time) and the arrival date/time of the record in the National EMS Repository.

46 hours ~ less than 2 days

168 hours ~ 7 days


339 hours ~ 14 days ~ 2 weeks

Thus, the generalizability of a “count” or “rate” associated with any week or day should be assessed in light of the completeness of data for that date.



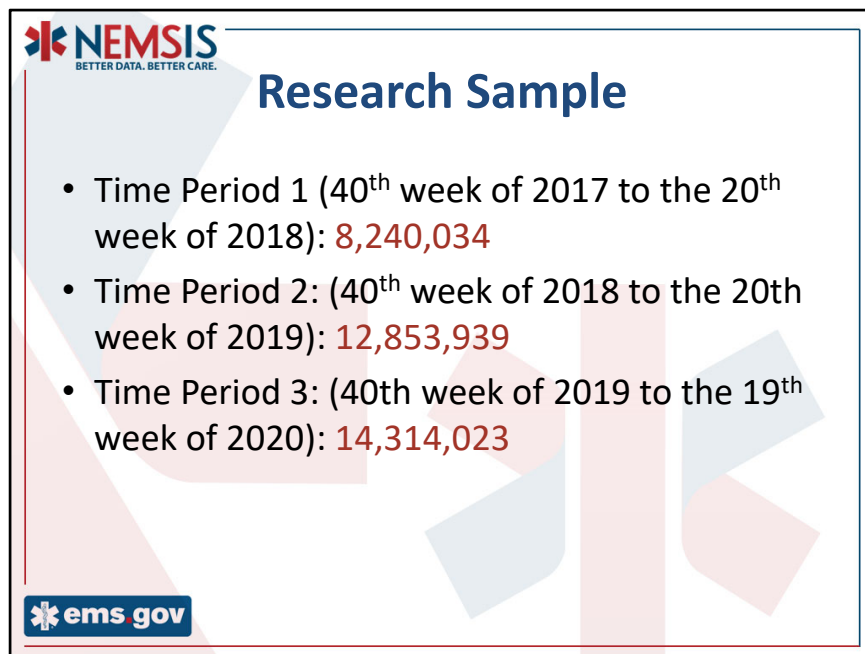
## Identification of ILI

- EMS Primary and Secondary Impression
  - B79 codes: SARS and other coronavirus
  - J09 codes: Influenza
  - J15 codes: Pneumonia
- Patient Primary and Associated Symptoms
  - R05 codes: Cough
  - R06 codes: Shortness of Breath
  - R50 codes: Fever
  - J02 codes: Pharyngitis



The definition of Influenza-Like Illness (ILI) is based on the record inclusion criteria provided in the User Guide for the National NEMSIS ILI Surveillance Dashboard. The ILI Surveillance Dashboard User Guide can be found at:  
<https://wiki.utahdcc.org/confluence/x/BAKXAg>.


Provided in this slide are examples of the two types of ICD-10-CM codes included in the ILI criteria.

The slide features the NEMSIS logo in the top left corner, which includes a stylized red and blue star icon and the text "NEMSIS" in blue, with the tagline "BETTER DATA. BETTER CARE." in smaller blue text below it. The title "Research Sample" is displayed in a large, bold, blue font. A bulleted list contains three items, each describing a time period and its corresponding number of activations in red text. The background of the slide is white with faint, abstract geometric shapes in light blue and pink. In the bottom left corner, there is a blue rectangular button with a white star icon and the text "ems.gov" in white.

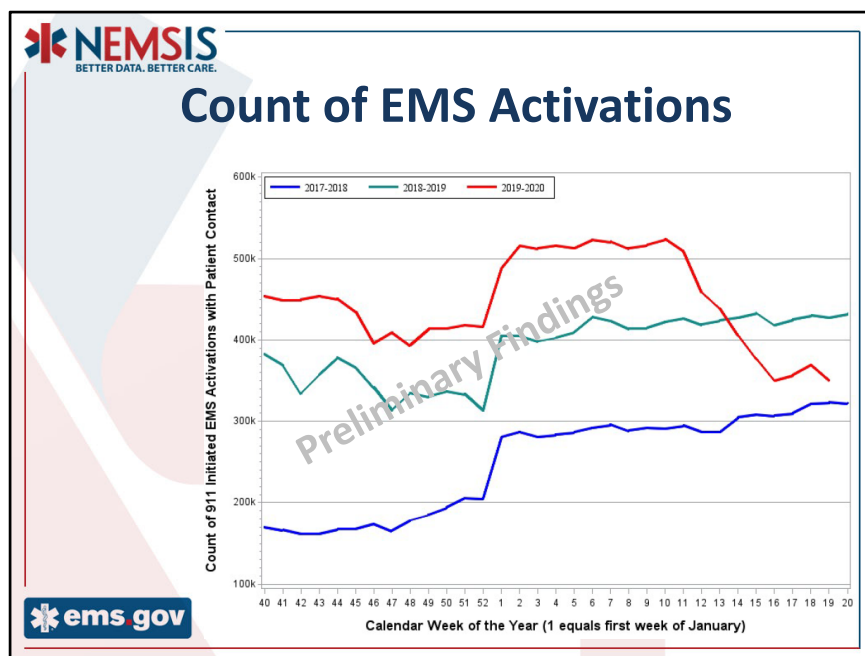
**NEMSIS**  
BETTER DATA. BETTER CARE.

## Research Sample

- Time Period 1 (40<sup>th</sup> week of 2017 to the 20<sup>th</sup> week of 2018): **8,240,034**
- Time Period 2: (40<sup>th</sup> week of 2018 to the 20<sup>th</sup> week of 2019): **12,853,939**
- Time Period 3: (40<sup>th</sup> week of 2019 to the 19<sup>th</sup> week of 2020): **14,314,023**

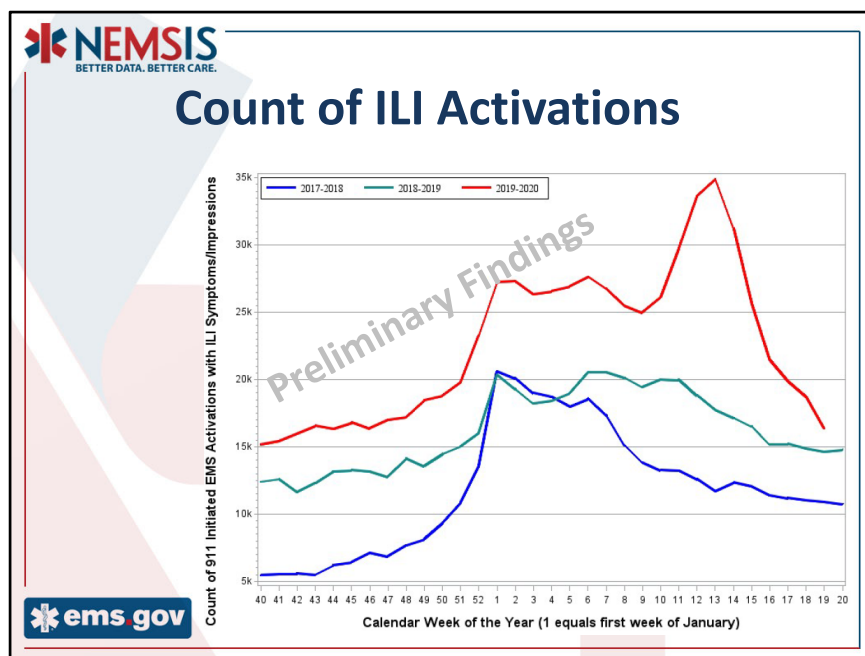
 **ems.gov**

Three date/time samples of EMS activations are included in this assessment of the COVID-19 pandemic. Two date/time periods (from the 40<sup>th</sup> week [late September] of the previous year to the 20 week [mid May] of the next year) are included to provide reference comparison to the third time period of interest (the 40<sup>th</sup> week of 2019 through the 19 week of 2020). The total sample includes 35,407,996 9-1-1 initiated EMS activations resulting in patient contact.

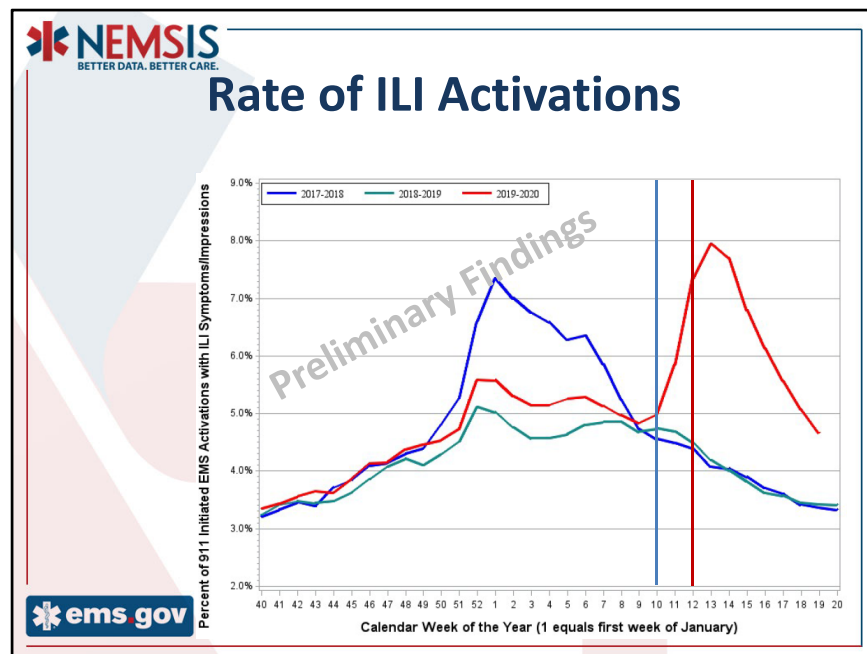


The number of States submitting to the National EMS repository increased over the study period (2017 – 32 States, 2018 – 40 States, 2019 – 44 States). The District of Columbia submitted PCRs in each time period. States enrolling in the National EMS repository commonly begin submitting PCRs at the beginning of the calendar year. No state has stopped submitting PCRs once enrolled.

The number of EMS activations decreased by approximately 34% between Week 10 (March 2nd to March 8<sup>th</sup>) and the 17<sup>th</sup> Week (April 20<sup>th</sup> through April 26<sup>th</sup>) of 2020.



The count of EMS activations related to ILI symptoms, greatly increased beginning in Week 10 through Week 14, with an equally dramatic precipitous drop thereafter through Week 19. Because of the variation in the count of EMS activations through time, rates were calculated to remove difference due solely the count of submitted records.



Using the count of 9-1-1 initiated EMS activations with patient contact as the denominator, the rate of ILI activations is presented. This rate will increase with the introduction of the change to the ILI inclusion criteria discussed earlier. The rate of ILI-related EMS activations demonstrates the expected increase during the traditional “flu season”, but higher than expected rates beginning in Week 10 and beginning to drop-off dramatically in Week 14. To provide some context to the timing of these rate fluctuations, “headline events” are listed for Week 10 and Week 12.

#### Week 9-10:

Feb. 26: CDC reports community spread; Vice President Pence to lead task force

Feb. 29: FDA begins to open up testing

#### **March 3: U.S. surpasses 100 cases**

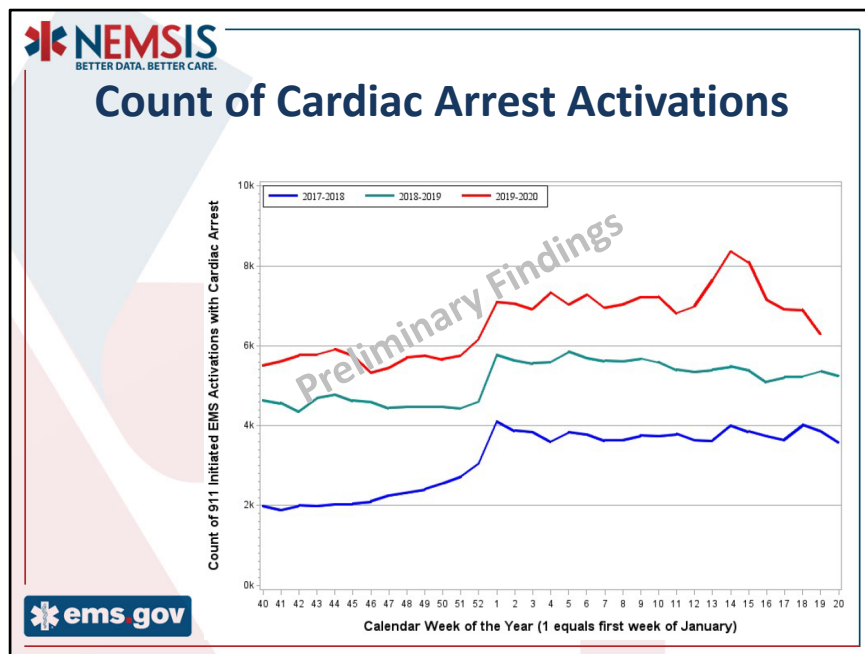
#### Week 12:

March 13: President Trump declares national public health emergency

March 16: 15 days to slow the spread

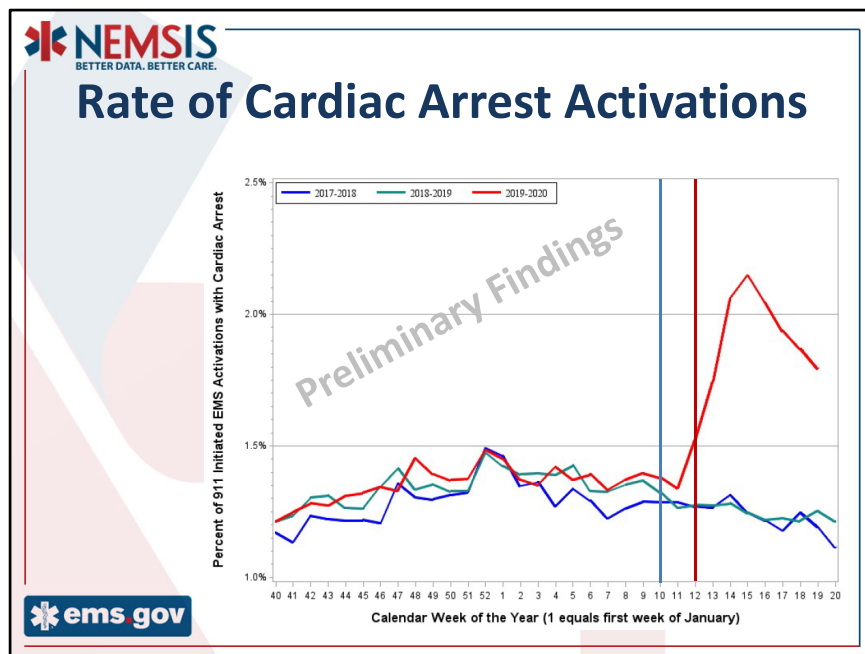
Trump issued guidelines that called for Americans to avoid social gatherings of more than 10 people for the next 15 days and to limit discretionary travel, among other guidelines.

**Many States initiate Stay-at-Home orders with orders beginning to phase-out in Week 19.**

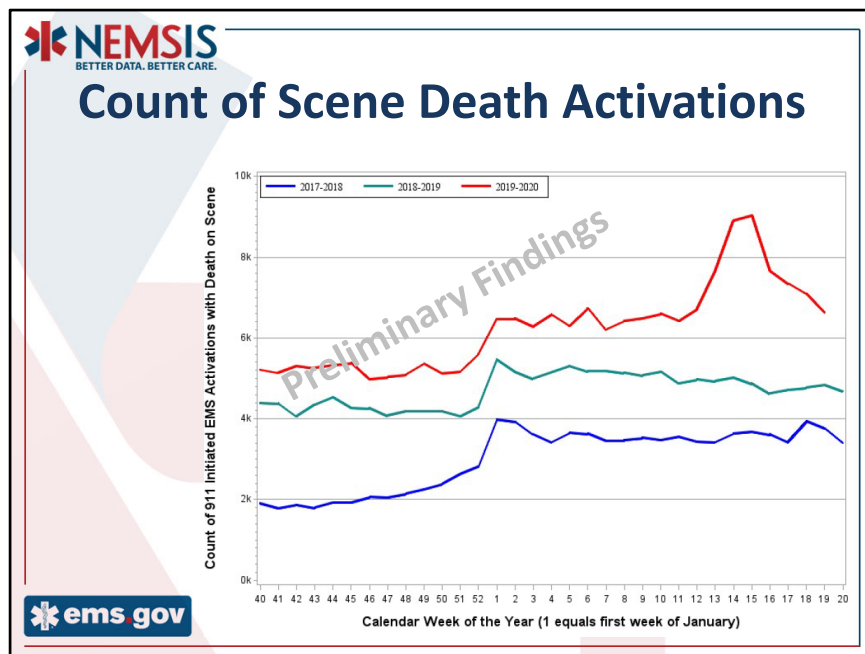


The count of cardiac arrest is created by summing the NEMSIS element eArrest.01 - Cardiac Arrest: Yes, Prior to EMS Arrival AND Yes, After EMS Arrival. The increased number of EMS attended cardiac arrests from week 10 through week 15 represent approximately 1,000 additional cardiac arrests.

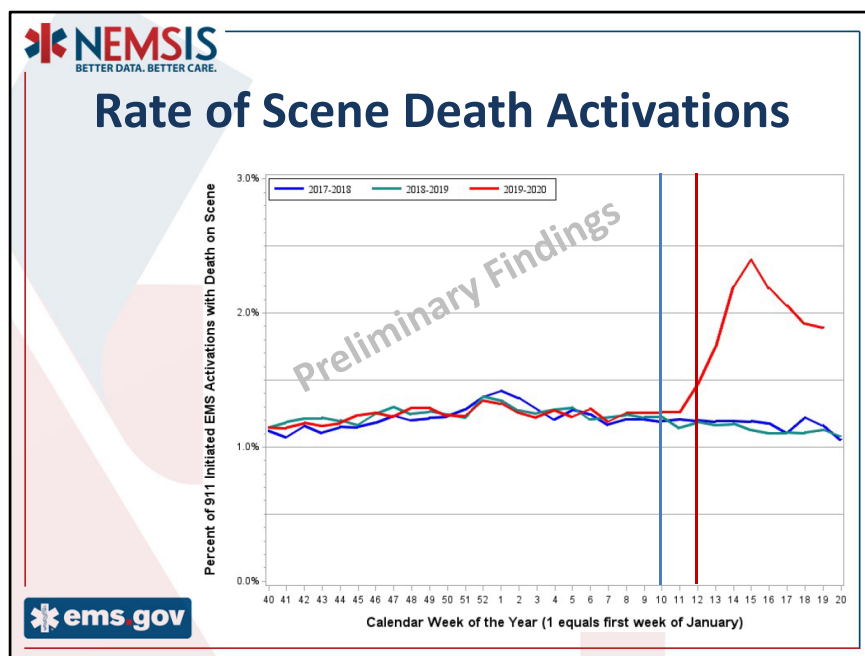




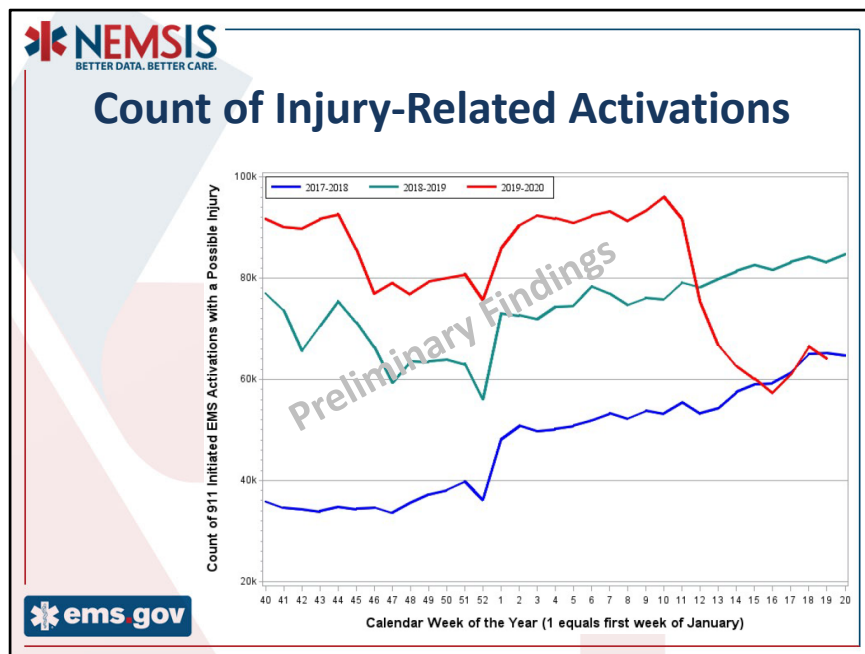
The rate of EMS attended cardiac arrest traditionally increases slightly during the winter months, probably due to additional witnessed arrests. Similar date stamps are superimposed across the dramatic shifts in rate of EMS attended cardiac arrests.



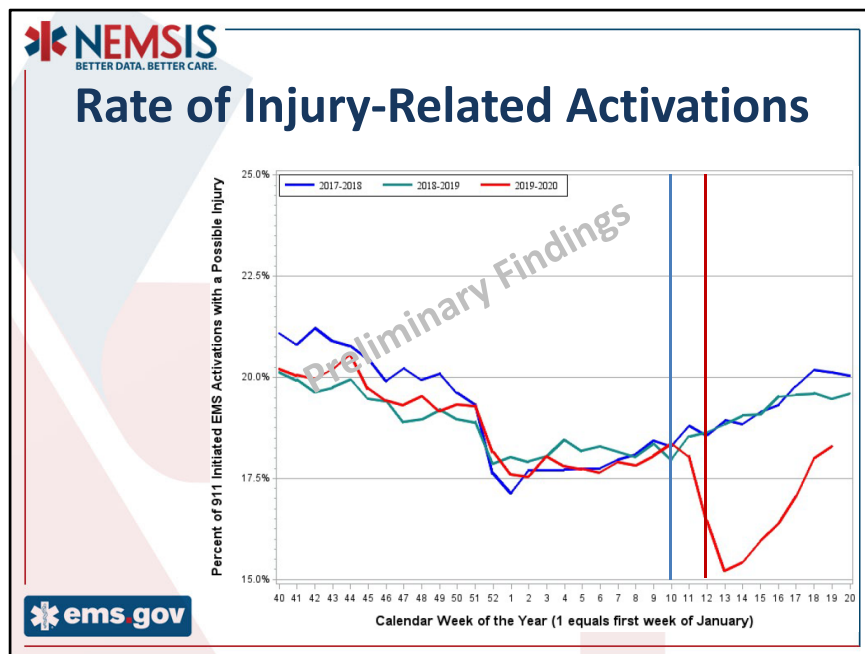
The count of EMS attended scene deaths results from summing the NEMSIS element eDisposition.12 - Incident/Patient Disposition: Patient Dead at Scene - With (or Without) Resuscitation Attempted and With (or Without) Transport.



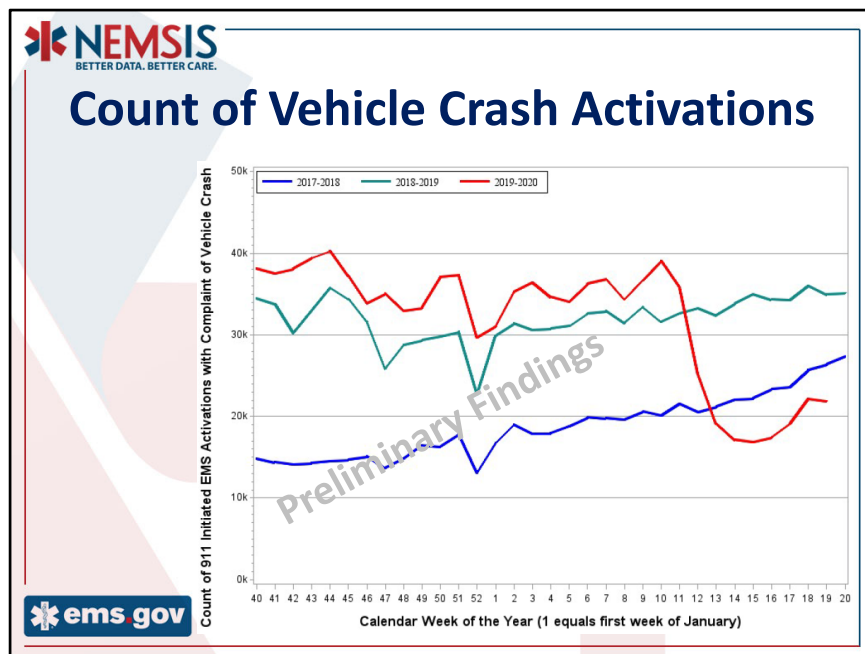
Similar date stamps are superimposed across the dramatic shifts in rate of EMS attended scene deaths.



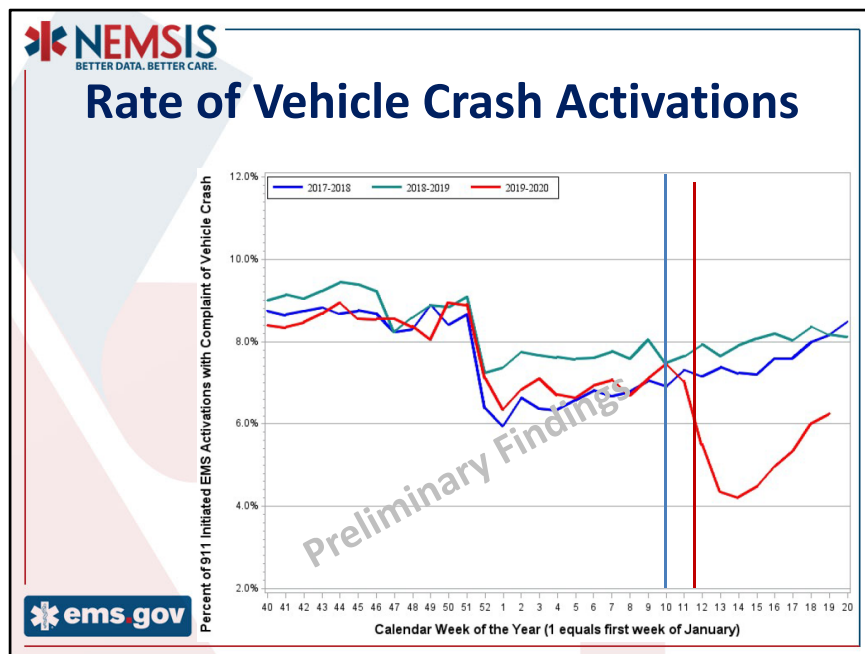
Lets look at an EMS activation trend, one would hypothesize, might decrease with the “Stay-at-Home” orders in place. The count of “injury related” EMS activations was acquired by summing Situation.02 - Possible Injury: “Yes.”



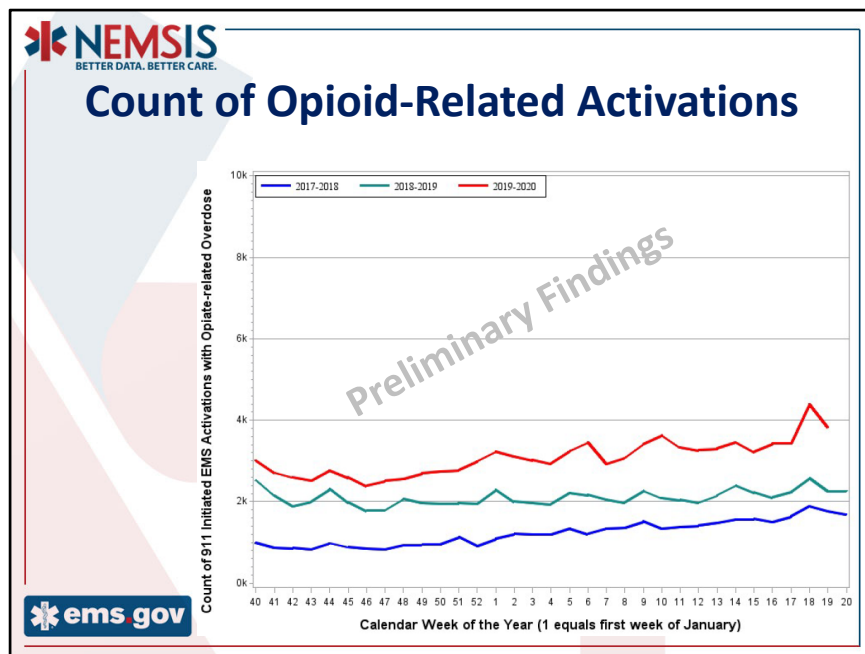
The rate of possible injury-related EMS activations demonstrates the expected increase during warmer months, but lower than expected rates beginning in Week 10 and beginning to increase in Week 13. Similar date stamps are superimposed across the dramatic shifts in rate of EMS activations reporting a possible injury.



The count of EMS activations related to vehicle crashes results from summing the NEMSIS element eDispatch.01 - Complaint Reported by Dispatch: Traffic/Transportation Incident.



Similar date stamps are superimposed across the dramatic shifts in rate of EMS activations associated with a Traffic/Transportation Incident.



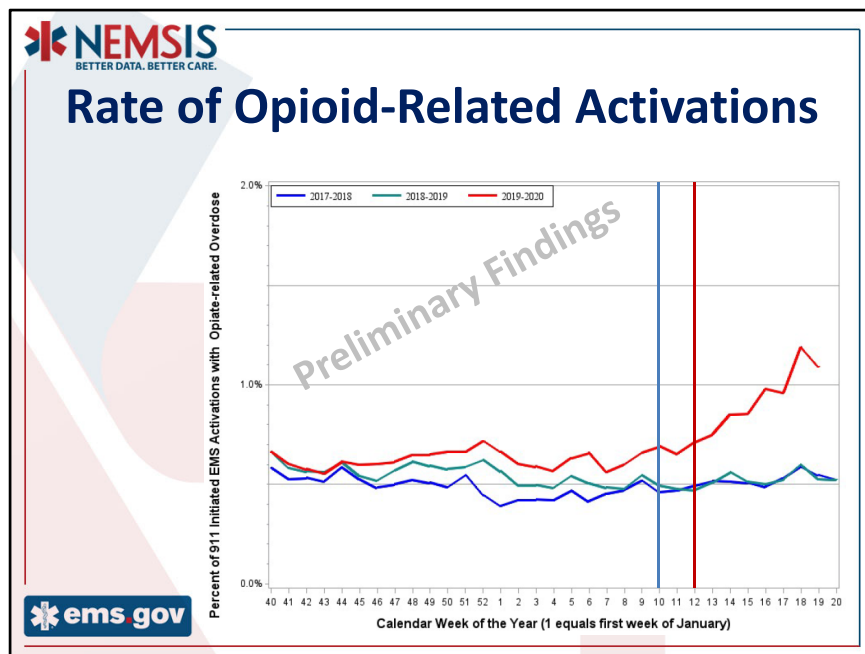
The count of Opioid-Related EMS activations results from summing the NEMSIS elements: eSituation.11 - Provider's Primary Impression, AND eSituation.12 - Provider's Secondary Impressions, AND eSituation.09 - Primary Symptom, AND eSituation.10 - Other Associated Symptoms with any of the following ICD-10-CM codes:

Codes

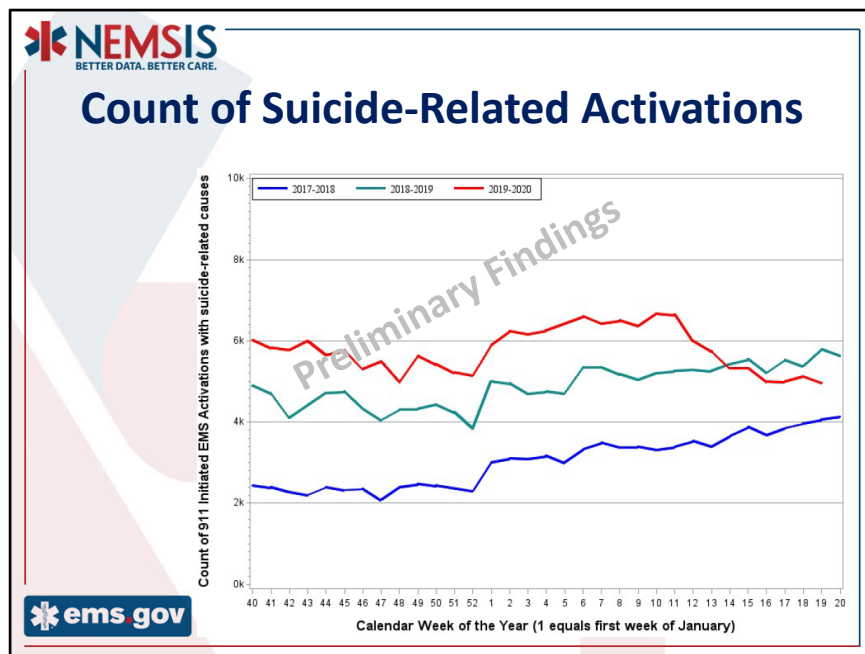
F11 codes - Opioid related disorders

T40 codes - Poisoning by (and Adverse Effects of) opioid-related drugs





Similar date stamps are superimposed across shifts in the rate of EMS activations documenting Opioid-Related issues.



The count of EMS activations related to Suicide/Self-Harm results from summing the NEMSIS elements: eSituation.11 - Provider's Primary Impression, AND eSituation.12 - Provider's Secondary Impressions, AND eSituation.09 - Primary Symptom, AND eSituation.10 - Other Associated Symptoms with any of the following ICD-10-CM codes:

R45 codes - Suicidal ideations

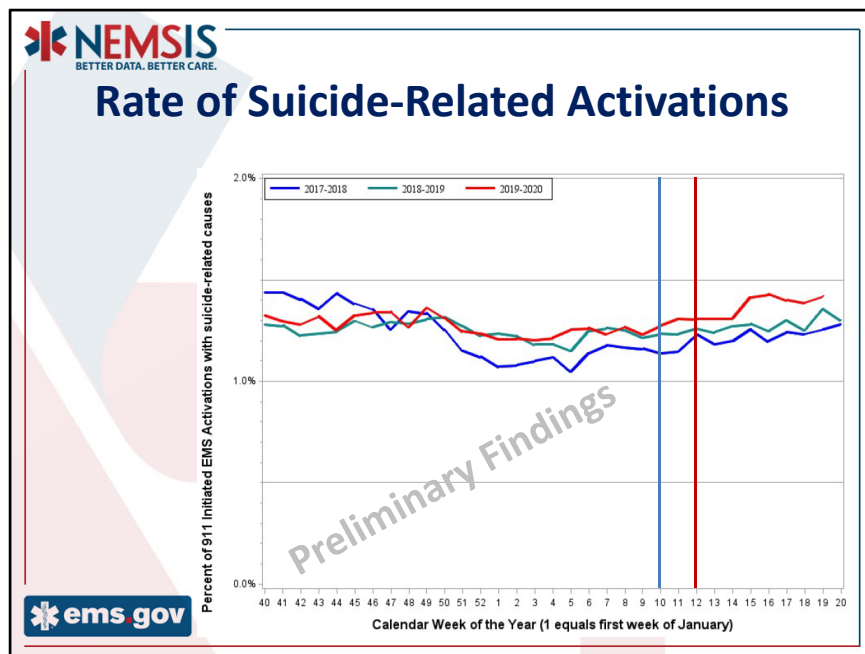
T14.91 - Suicide attempt

T40 codes - Poisoning by medicaments, intentional self-harm

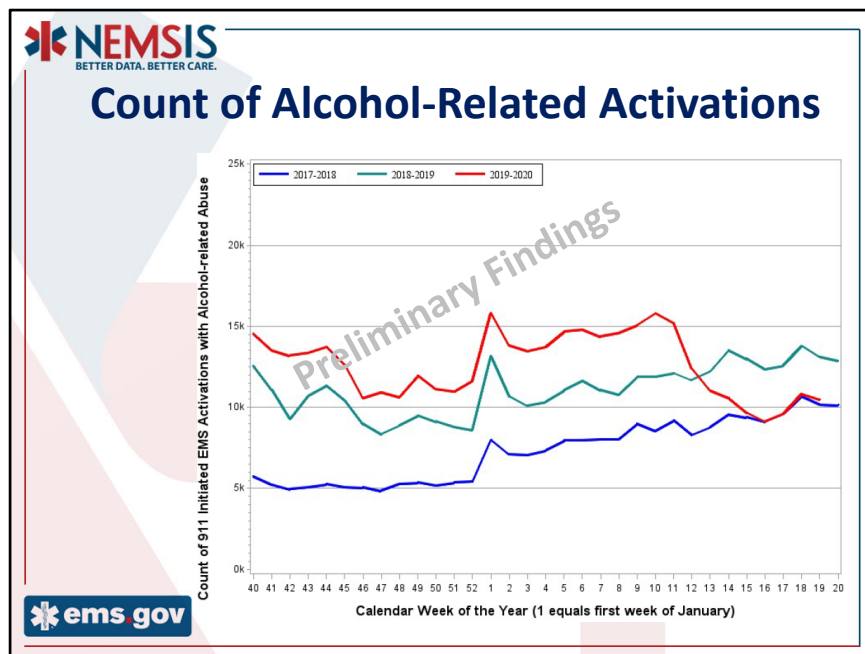
T50 codes - Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm

T65 codes - Toxic effect of specified and unspecified substances, intentional self-harm

X71 through X83 - Intentional self-harm by specified and unspecified means

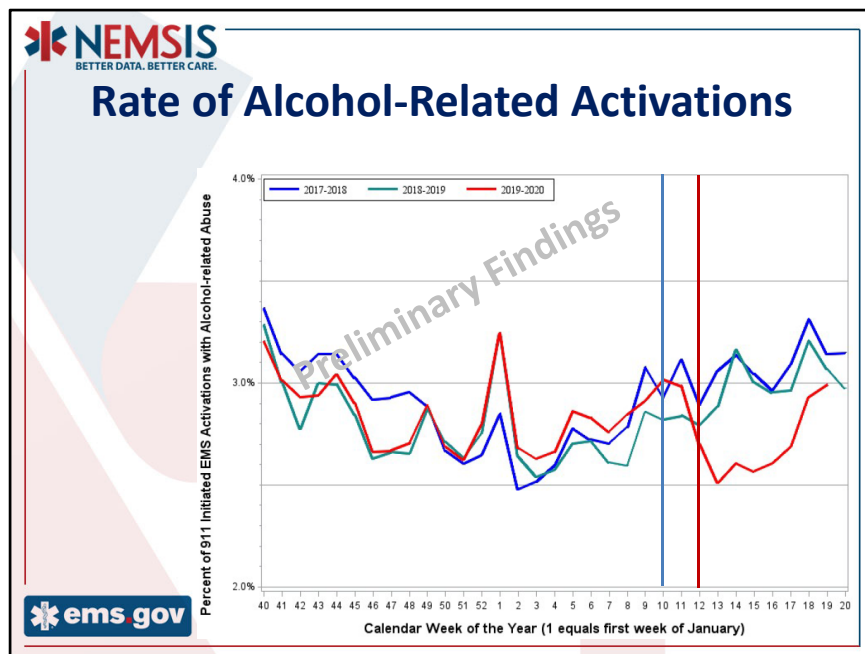


Similar date stamps are superimposed across shifts in the rate of EMS activations documenting Suicide/Self Harm issues.

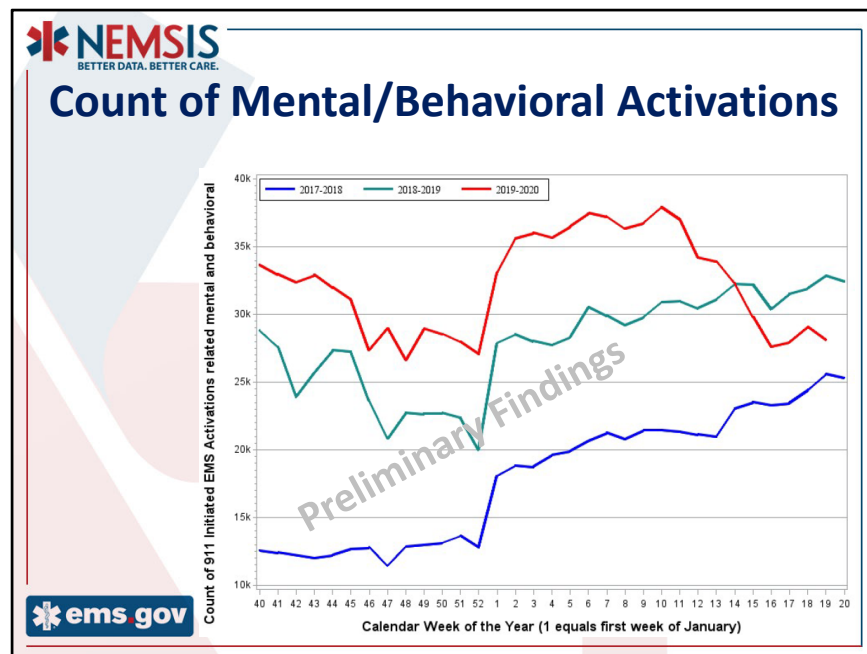


The count of EMS activations documenting alcohol-related issues as an impression or symptom results from summing the NEMSIS elements: eSituation.11 - Provider's Primary Impression, AND eSituation.12 - Provider's Secondary Impressions, AND eSituation.09 - Primary Symptom, AND eSituation.10 - Other Associated Symptoms with any of the following ICD-10-CM codes:

F10 codes - Alcohol related disorders

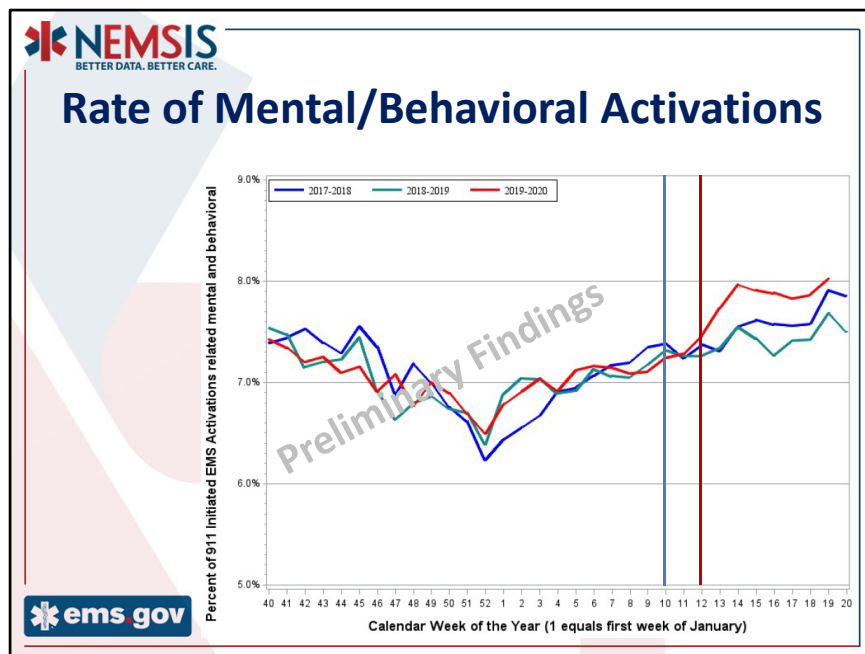


Similar date stamps are superimposed across shifts in the rate of EMS activations documenting alcohol-related issues as an impression or symptom.



The count of EMS activations related to Mental/Behavioral issues results from summing the NEMSIS elements: eSituation.11 - Provider's Primary Impression, AND eSituation.12 - Provider's Secondary Impressions, AND eSituation.09 - Primary Symptom, AND eSituation.10 - Other Associated Symptoms with any of the following ICD-10-CM codes:

- F41.9 - Anxiety NOS
- F41.1 - Anxiety reaction
- R41.82 - Change in mental status NOS
- F32.9 - Major depression NOS
- F99 - Mental illness NOS
- R45.89 - Other symptoms and signs involving emotional state
- R45.7 - State of emotional shock and stress, unspecified
- R46.2 - Strange and inexplicable behavior
- R46 - Symptoms and signs involving appearance and behavior
- R45.82 - Worries



Similar date stamps are superimposed across shifts in the rate of EMS activations associated with Mental/Behavioral issues.



Please contact the NEMESIS Technical Assistance Center for updates to this document.  
Contact N. Clay Mann at [clay.mann@hsc.utah.edu](mailto:clay.mann@hsc.utah.edu).