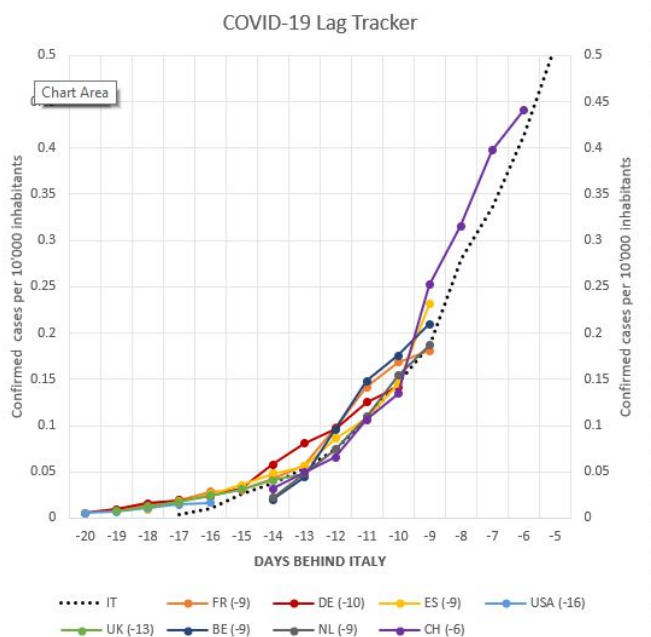


**This letter was written collectively by a concerned group of residents. It is addressed to UPMC and implores their leadership to cancel elective procedures and routine outpatient visits in order to prepare for and proactively protect patients, the community, and staff from the oncoming spike of infections related to COVID-19.**

With this open letter we would like to join the Department of Anesthesiology & Perioperative Medicine in sharing our concerns, and we ask for leadership in this impending and unprecedented challenge to our healthcare system and society that the COVID-19 pandemic represents.

We as physicians understand the Oath we took as well as the important role we play in a public health crisis of this magnitude, and will proudly continue to provide care for those in need. We also would like to simultaneously express our concerns regarding the steps taken in preparation for the difficult task ahead. In times of crisis, we must act responsibly toward society and our patients, taking direction from the Department of Health and various medical societies. *We should assist public health authorities in delaying the spread of COVID-19 by encouraging people, especially elders, to stay at home, postpone procedures that can be performed in the future, and prepare for the influx of patients that will urgently need our care in the coming weeks.*

Timelines from countries all over the world indicate that within the next 10 days, our hospitals and ICUs will be filled with patients requiring critical care, stretching the limits of our capabilities even at normal operating capacity.



The above graphic, collected from Johns Hopkins University, shows the trend of confirmed cases compared to Italy as of March 13th. Myriad sources of information are found around the world, especially from our Italian colleagues, who have been warning all of us regarding the importance of stepping forward early and taking immediate action. If we do not do this,

we face the possibility of shortages of ventilators, oxygen, personal protective equipment (PPE), and other resources that are life-saving for both patients and healthcare workers. If we do not do this, we face the possibility of confronting horrific triage scenarios in which we, the healthcare workers on the ground, must make difficult decisions regarding who gets treatment and who does not. With this in mind, we must be leaders and have the courage to be proactive, not merely react to the situation as problems arise.

Perhaps the most critical aspect of this issue is the continuation of scheduled elective surgeries and routine visits in the outpatient setting. While the rationale to continue forward with elective cases and visits at outpatient clinics is that there are very few positive cases in Allegheny County, the reality is that testing is limited, thus *the real number of total cases in our community is virtually unknown and likely to be rapidly increasing*. Additionally, it is well known by now that those affected, especially the young, can be shedding COVID-19 for several days before exhibiting any signs/symptoms such as fever, cough, or shortness of breath. According to a recent retrospective cohort study in *The Lancet* from patients in Wuhan, China, the median duration of viral shedding was *20 days* (IQR 17-24 days) in survivors, and the longest observed duration of viral shedding was *37 days*. This means that 1) patients who are coming into the hospital and undergoing elective surgery may be unknowingly spreading the virus to healthcare workers, and/or 2) healthcare workers who are asymptomatic may be unknowingly spreading the virus to patients undergoing elective surgery. In short, people cannot test positive for COVID-19 if they are not being tested in the first place.

The impending national shortage of personal protective equipment (PPE) must also be addressed. UPMC has reported that mask use is at more than 200% of normal usage. Current guidelines should include anesthesia in the exemption fit-testing suspension. It has also come to the attention of those involved in the operating rooms around the UPMC system that surgical gowns and blue towels are now in limited supply and should be used sparingly, adding to the stress on resource availability. *It is imperative that we limit the number of people moving through our healthcare system to preserve critical resources including hand sanitizer, soap, PPE including N95 masks, surgical gowns, and blue towels.*

The most appropriate response to these challenges is the *limitation of outpatient visits and surgical procedures to only those that are medically necessary*, as well as the limitation of consults in the outpatient setting where high risk and frail patients are being evaluated on a daily basis. This should of course include critical communication with our colleagues on the surgical side, as the perioperative setting should always be grounded in a teamwork-based discussion.

If it is truly impossible for UPMC to cancel elective surgeries, which we do not suspect is the case given the efforts of hospitals around the country, a special distinction should be made in cancelling elective cases requiring postoperative ICU care. This would lead to increased ICU

burden, contributing heavily to the limited ICU resources being consumed, when our efforts should center on clearing ICU space in preparation for COVID-19 cases.

At the urging of the Surgeon General of the United States and the American College of Surgeons, major hospital systems across the nation have already taken action to delay truly non-urgent outpatient appointments and elective surgeries.

Examples include:

- University of Pennsylvania
- Massachusetts General Hospital
- Beth Israel Deaconess Medical Center
- Kaiser Northern California
- Johns Hopkins University
- University of Chicago
- Akron Children's
- Emory University
- Children's Hospital of Philadelphia
- University of Texas - Houston
- Cleveland, OH VA hospital
- Metrohealth Cleveland
- West Virginia University
- University of Washington
- Allegheny Health Network
- Ohio State University
- Children's Hospital of Georgia
- Rush University Medical Center
- New York Presbyterian - Columbia and Cornell

Benefits include: the protection of patients, healthcare workers, and the families of both who they come into contact with, from avoidable transmission, as well as the conservation of PPE, ventilators, and other critical resources. We must retain the ability to reallocate staff to care for critically ill patients; however, that will become impossible if healthcare workers fall ill themselves - and that risk only increases by exposing them to patients undergoing elective surgery who may be asymptotically shedding the virus. While we understand the financial implications inherent in keeping patients at home, the benefits clearly outweigh these risks in the context of a global pandemic.

**This position is clearly supported by:**

the American College of Surgeons, as outlined in this statement from 3/13:

<https://www.facs.org/about-ac/s/covid-19/information-for-surgeons>

the Centers for Disease Control and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

Dr. Jerome Adams, Anesthesiologist and Surgeon General of the United States:

<https://www.dailywire.com/news/surgeon-general-calls-on-hospitals-to-consider-stopping-elective-surgeries>.

CMS and the United States government:

[https://www.cnn.com/world/live-news/coronavirus-outbreak-03-18-20-intl-hnk/h\\_66bbf534d3b14bcaf0966c5b628dc414](https://www.cnn.com/world/live-news/coronavirus-outbreak-03-18-20-intl-hnk/h_66bbf534d3b14bcaf0966c5b628dc414)

the American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation:

<https://www.asahq.org/about-asa/newsroom/news-releases/2020/03/asa-apsf-joint-statement-on-non-urgent-care-during-the-covid-19-outbreak>

UPMC has already made excellent strides in preparation and readiness for COVID-19; however, residents from a variety of specialties are very concerned that UPMC has not yet moved to cancel routine clinic visits and elective procedures, unnecessarily increasing risk of exposure and spread. As physicians, we believe that it is our duty to continue to provide essential care to our patients while doing no harm, and protecting our community to the best extent possible. We urge UPMC to act now, demonstrating leadership in a time of immense uncertainty.

Below we would like to outline our concerns:

**1) Not cancelling elective cases with the rationale that Pittsburgh and southwest Pennsylvania has a low case number as compared to other cities/areas.**

The current limitation on testing patients means we do not truly understand the burden of disease, and therefore cannot appropriately triage and treat our patients. Given this problem, the number of active cases is likely substantially higher than the actual cases reported. Using this logic to justify continuing with elective cases is therefore poorly-based.

**2) Many of the patients coming into the hospital for routine outpatient visits are  $\geq 65$  years old.**

The elderly are the most vulnerable and at risk for death. Many consults for surgery require prehabilitation due to the complexity of patients or surgeries themselves, requiring prolonged hospital stays and higher risks of ICU admission postoperatively. *With the exception of those patients that should urgently be seen, outpatient visits should be delayed until further notice in order to protect this patient population.*

**3) PPE should be prioritized and made more available for all providers managing the airway.**

We understand that COVID-19 is primarily transmitted via nasal and oropharyngeal exposure. This is even more pertinent given the unknown number of asymptomatic, or even symptomatic but non-tested, patients that we are routinely taking care of on a daily basis. *When able, proper PPE should be prioritized to airway providers, who are among the highest-risk healthcare workers of contracting COVID-19.*

Although we understand the need to conserve N95 masks for when they are needed in the future, *it is crucial to have as many anesthesia, critical care, and emergency medicine staff fitted as possible.* We are hands on providers handling the airway, therefore if anyone should have priority for fitting, it's us. *Failure to do so will lead to higher rates of exposure and spread, depleting our healthcare workforce and limiting our ability to care for the coming influx of COVID-19 patients.*

**4) Lack of testing is a major point of concern.**

We understand this is an ongoing issue nationally - not just at UPMC - but this must be addressed regardless. Airway providers are a population at high risk of contracting the virus, and in the future many of us will likely be on the front lines taking care of COVID-19 patients. The result of the test not only has an effect on whether or not someone should quarantine, but it also affects our families and other people we have been in contact with, risking further spread to the community. We do appreciate the support from the department and the ABA on letting residents self-quarantine with no effect on our performance; unfortunately the lack of testing once again may limit the availability of resources at times where they are more needed. If UPMC allows anesthesia/critical care/emergency medicine staff to be tested, it would allow better utilization and allocation of resources, *granting whoever has tested negative to come back to work and take care of patients.*

Current limitations on testing patients for COVID-19 mean we cannot appropriately triage and treat our patients. It means we are inefficiently and ineffectively using our limited PPE supply and increasing exposure for healthcare workers. *We must be able to identify and quarantine those who are mildly infected or have only minimal symptoms to prevent the spread of COVID-19 to high-risk populations, including the elderly and immunocompromised.*

We have also noticed, in recent cases among our residents, the lack of clarity and misinformation of the centers that we should be contacting in the case of having possible exposure/contact. *We understand this is a difficult time and everyone is figuring things out on the fly.* Although we are evaluating on a case-by-case basis, we remain concerned, for we have received ambiguous instructions when calling these departments on how to proceed in certain situations:

- a. Symptomatic or asymptomatic with a known exposure should put someone into isolation by default. The department has been supportive with this measure and we appreciate this effort. We know how contagious this virus is (2-3x more infectious than the regular flu).
- b. If you are symptomatic and have travelled nationally, due to the lack of test kits they are not testing people. The department should continue to back all residents in that situation.
- c. Currently the policy is to test only symptomatic patients that have travelled internationally. Everybody travelling to a known area of impact should be quarantined whether they are symptomatic or not.
- d. Clarification of how to proceed in other situations like symptomatic with unknown exposure, symptomatic family members with no test results (unknown) should also be provided.

**5) Access, distribution, and clear instructions about outpatient clinics, as well as OR anesthetic management and ED airway management protocols.**

Protocols should be sent to all anesthesia staff members (residents, fellows, CRNAs, anesthesiologists, nurses in the OR, etc.) so we can be informed and prepared for cases. *Daily education with small groups of 4-5 people regarding the protocol would benefit and prepare our team.*

**6) Travel screening should be updated daily to include cities with community-level spread.**

From our understanding, given the reported cases in Beaver, Westmoreland, and Washington counties, Pittsburgh does indeed have community spread. Our testing criteria should reflect that fact.

**7) UPMC must lead the way in protecting people/the public health.**

Despite the financial implications that will inevitably come, rather than be a contributor to the spread of this pandemic, we must take the reins of a truly dire situation and meet the needs of the people head-on. We are *leaders* in our community and as such the community *looks to us* for guidance.

**8) We ask our colleagues and co-workers to act in a professional and respectful manner to all those that voice their concerns regarding this crisis.**

We may have different opinions on how to approach this problem, but downplaying or minimizing risk of exposure and the effects that this virus can have in our community is not

appropriate. We have something on our side - information from other countries that are struggling to fight this pandemic - and we should act accordingly.

We finally would like to state that we appreciate the support received from the Department of Anesthesiology and the understanding of our concerns. As long as we are healthy, our place is with our patients, and we wish to be a part of the vital force our community desperately needs at this time. We have no interest in 1) endangering our patients, 2) endangering ourselves 3) endangering our families, and 4) utilizing PPE and surgical gowns on those that do not urgently need to be in the hospital. We strongly believe that the Department of Anesthesiology should work with UPMC and continue to lead on this issue by speaking up and doing what is in the best interest of our community in this unprecedented global pandemic.

With respect and urgency,

**3/16/2020**

1. George Karam, MD; CA-2 Resident
2. Alejandra Hernandez, MD; CA-2 Resident
3. Michelle Yanik, MD; CA-2 Resident
4. Francesca Jung, MD; CA-1 Resident
5. Sergio Hickey, MD; CA-2 Resident
6. Aamir Zariwala, MD; CA-1 Resident
7. Lilinete Polsunas, MD; CA-2 Resident

**3/17/2020**

8. Edgar Zamora, MD; CA-2 Resident
9. Vinh Nguyen, MD; CA-1 Resident
10. Tho Nguyen, MD; CBY Resident
11. Leath Abdullah, MD; CA-2 Resident
12. Stephanie Parry, MD; CA-1 Resident
13. Dustin Elswick, MD; CA-2 Resident
14. Christopher McNulty, MD; CA-2 Resident
15. Nehah Harinarayan, MD; CBY Resident
16. Claudia Mulock, MD; CA-3 Resident
17. Anusari M. Dewasurendra, MD; CA-3 Resident
18. Juan N. Rango, MD; CA-2 Resident
19. Neal Shah, MD; CA-2 Resident
20. Lindsay Hahn, MD; CA-3 Resident
21. Felicia Tulgestke, MD; CA-1 Resident
22. Kylie Muraski, MD; CA-2 Resident
23. David Wang, MD; CA-2 Resident

24. Daniel Huettner, MD; CA-2 Resident
25. Anthony Pannunzio, MD; CA-1 Resident
26. Thomas Pham, MD; CBY Resident
27. Christian M. Molzahn, MD; CA-2 Resident
28. Andrew McNicol, MD; CA-2 Resident
29. Semerjit Bains, MD; CA-1 Resident
30. Michael Gemma, MD; CA-3 Resident
31. Zachary Denham, MD; CA-1 Resident
32. Sam Atherton, MD; CA-1 Resident
33. Michael Sybert, DO; CA-3 Resident
34. Melissa Giraldo Duque, MD; CA-2 Resident
35. Samuel Goldstein, MD; CA-2 Resident
36. Holly Turula, MD; CA-1 Resident
37. Elizabeth Pickle, MD; CA-1 Resident
38. Jose Cabrera, MD; CA-2 Resident
39. Tyson Gillmen, DO; CA-1 Resident
40. Kevin Hansen, MD; CA-1 Resident
41. Mike Desciak, MD; CA-1 Resident
42. Kate Petty, MD; CA-3 Resident
43. Michael Morgan, MD; CBY Resident
44. Aisha Ullah, MD; CA-2 Resident
45. Zach Frabitore, MD; CA-1 Resident
46. Constantin Robles, MD; CA-2 Resident
47. Alex Chasse, DO; CBY Resident
48. Bryna Torre, MD; CBY Resident
49. Chelsea Cady, MD; CBY Resident
50. Michael Massey, MD; CBY Resident
51. Jacob Ludin, MD; CBY Resident
52. Kylie Grady, MD; CBY Resident
53. Mackenzie Noonan Haase, MD; CBY Resident
54. Matthew Yin, MD; CA-1 Resident
55. Paige Pribonic, MD; CBY Resident
56. Amanda Deis, MD; CA-1 Resident
57. Harold Burke, MD; CBY Resident
58. Kelsey Mitchell, MD; CA-3 Resident
59. Brian Reon, MD; CBY Resident
60. C. Tyler Smith, MD; CA-3 Resident

**3/18/2020**

61. Gabriel Wilner, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain Medicine
62. Phil Carullo, MD; PGY-5 Fellow, Pediatric Anesthesia
63. Chelsea Vitu, MD; PGY-5 Fellow, Pediatric Anesthesia
64. Preeti Anand, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain Medicine
65. Kevin Tran, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain Medicine
66. Areeb Siddiquie, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain Medicine



67. Michal Gomulka, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain Medicine
68. Ankur Patel, MD, MHA; PGY-5 Fellow, Interventional Chronic Pain
69. Manuel Torres, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain Medicine
70. Daniel Bintrim, MD; CA-3 Resident
71. Tram Duran, MD; Attending Anesthesiologist
72. Matthew R. Rosengart, MD; General Surgery
73. Lauren Brandes, MD; PGY-4 Neurology
74. Jafri Syed, MD; Clinical Assistant Professor, Attending Anesthesiologist, Pain Management
75. Tara Morgan, MD; Attending Urologist
76. Benjamin Zussman, MD; Chief Resident, Neurological Surgery
77. Anjali Rosario, MD; Attending Anesthesiologist, UPMC Mercy
78. Lee A. Hugar, MD; PGY-6 Resident, Urology
79. Alejandro Morales, MD; PGY-4 Resident, Orthopaedic Surgery
80. Sarah Hugar, MD; Clinical Instructor, Breast and Gyn Pathology
81. Nima Alan, MD; PGY-5 Resident, Neurological Surgery
82. Albert J. Carvelli, MD; Attending Anesthesiologist, UPMC St. Margaret
83. Edward Andrews, MD; PGY-4 Resident, Neurological Surgery
84. Enyinna Nwachuku, MD; PGY-5 Resident, Neurological Surgery
85. Ravi Vaswani, MD; PGY-4 Resident, Orthopaedic Surgery
86. Maria Pere, MD; PGY-3 Resident, Urology
87. Cailey Guercio, MD; PGY-2 Resident, Urology
88. Nathalia Velasquez, MD; PGY-4 Resident, Otolaryngology, Head and Neck Surgery
89. Zachary Gersey, MD, PGY-3 Resident, Neurological Surgery
90. Rahul Rao, MD; PGY-3 Resident, Neurology
91. Maylene Xie, MD; PGY-4 Fellow, Allergy & Immunology
92. Katherine Shapiro, MD; PGY-5 Resident, Urology
93. Maria Velez, MD; PGY-3 Resident, Internal Medicine
94. Bryce Bernard, MD; Attending Anesthesiologist, UPMC Mercy
95. Sarah Yousef, MD; PGY-2 Resident, Cardiothoracic Surgery
96. Aparna Phadke, MD; Attending Anesthesiologist, Children's Hospital of Pittsburgh
97. Li-Ming Zhang, MD; Attending Anesthesiologist, UPMC McKeesport
98. Arka Mallela, MD; PGY-2 Resident, Neurological Surgery
99. Michael Fox, MD; PGY-1 Resident, Orthopaedic Surgery
100. Ali Al-Attar, MD; PGY-1 Resident, Neurological Surgery
101. Rita Toshok, DO; Attending Anesthesiologist, UPMC Presbyterian

### **3/19/2020**

102. Katherine Hrebinko, MD; PGY-3 Resident, General Surgery
103. Yasmin Aziz, MD; PGY-4 Resident, Neurology
104. Emre Cakmak, DO; PGY-2 Resident, Neurology
105. Corinne Nulton, DO; PGY-3 Resident, Neurology
106. Ben Rothrauff, MD; PGY-1 Resident, Orthopaedic Surgery
107. Sumail Bhogal, MD; PGY-1 Resident, Orthopaedic Surgery
108. Stephen Chen, MD; PGY-1 Resident, Orthopedic Surgery
109. Richard Coyle, MD; Attending Anesthesiologist, UPMC St. Margaret

110. Malcolm Dombrowski, MD; PGY-4 Resident, Orthopaedic Surgery
111. Iris Lin, MD; PGY-2 Resident, Neurology
112. Nyaluma Wagala, MD; PGY-1 Resident, Orthopaedic Surgery
113. Joshua Adjei, MD; PGY-1 Resident, Orthopedic Surgery
114. Sharad Khetarpal, MD; Attending Anesthesiologist, UPMC Shadyside
115. Brandon Staub, MD; PGY-5 Fellow, Pain Medicine
116. Daniel E. Pickle, MD; Attending Anesthesiologist, UPMC St. Margaret
117. Matthew Pease, MD; PGY-5 Resident, Neurological Surgery
118. Systemic Director of AIPPS
119. Alexandra Buffie, MD; PGY-2 Resident, OBGYN
120. Jason Conger, MD; PGY-2 Resident, OBGYN
121. Neeraj Sriram, MD; Fellow, Pain Medicine
122. Alison Zeccola, MD; PGY-2 Resident, OBGYN
123. Michelle Masnovi, MD; PGY-5 Fellow, Regional Anesthesiology and Acute Pain  
Medicine
124. Katie Turgeon, MD; PGY-4 Resident, OBGYN
125. Maria Munsch, MD; PGY-1 Resident, Orthopaedic Surgery
126. Elizabeth Moroni, MD, MHA; PGY-2 Resident, Plastic Surgery
127. Isabela C. Angelelli, MD; Pediatrician/CHP Pediatric Sedation Service, Director  
of Clinical Operations
128. Sarwat Ahmad, MD
129. Anthony Silipo, DO; UPMC Attending Anesthesiologist
130. Alexandria Sadasivan, MD; PGY-3 Resident, Neurology
131. Marissa Pavlinich, MD; Fellow, Chronic Pain Medicine
132. Eesha Dave, MD; PGY-2 Resident, OBGYN
133. Caroline Vloka, MD; PGY-2 Resident, Ophthalmology
134. Julia Kuhn, MD; PGY-4 Resident, Ophthalmology
135. Peter Mortensen, MD; PGY-4 Resident, Ophthalmology
136. Jamie Odden, MD; PGY-3 Resident, Ophthalmology
137. Ricardo Couso, MD; PGY-2 Resident, Ophthalmology
138. Priyanka Basak, MD Pediatrics
139. Vivek Ashok, PGY1 Internal Medicine - Pediatrics
140. Dan Loeb, MD. Pediatric Resident
141. Michael Freedman, MD. MPhil; PGY3 Pediatric Resident
142. Patrick J. Polsunas, MD; PGY3 PM&R Resident
143. Kristen Ehrenberger, MD PhD; PGY4 Internal Medicine-Pediatrics Resident
144. Leiren Pantages PA-C; Gynecologic Oncology
145. Valentina Grajales, MD; PGY4 Urology Resident
146. Jared Weed, MD; PGY3 Ophthalmology Resident
147. Anne Ward, DO; UPMC Attending Anesthesiology
148. Matthew Sherrier, MD; PGY3 PM&R Resident
149. Jean Kimberly Rongo, DO; PGY 4 Radiology Resident
150. Anisha Prabakaran, PA-C
151. Shantanu Warhadpande, MD; Radiology
152. Rikki Enzor, MD, PhD; PGY4 Ophthalmology Resident
153. Sabrina Mukhtar, MD; PGY3 Ophthalmology Resident
154. Anita Chandra, MD; PGY4 Geriatric Medicine Fellow
155. Patrick Commiskey, MD.; PGY2, Ophthalmology Resident

156. Julia Shatten, MD; MEd; PGY2 Ophthalmology Resident
157. Shelley Mo, MD; PGY3 Ophthalmology Resident
158. Alisa Brennan, MD; PGY3 - Pediatric Resident
159. Jennifer Olsen, MD; PGY-3 PM&R Resident
160. Gregory Williamson, MD.; PGY1 Resident Anesthesiology
161. Andrew McCoy, MD; PGY-3 PM&R Resident
162. Angelica Commiskey, MD; PGY2 Pediatrics Resident
163. Jeffrey Smith, MD; PGY2 PM&R Resident
164. Joseph P. Staszal, MD; PGY3 PM&R Resident
165. Avinash Maganty, MD; PGY5 Urology Resident
166. Nora Sherry, MD; PGY3 Pediatric Resident
167. Adam Sharbaugh, MD; PGY3 Urology Resident
168. Anup Shah, MD.; PGY-5 urology Resident
169. Jesse Day, MD; PGY-3 PM&R Resident
170. David Miller, PGY-3 Urology Resident
171. Kristen Harris, MD; PGY2 PM&R Resident
172. Benjamin Smith MD; PGY4 Critical Care Medicine fellow
173. Adriana Phillips, MD; PGY1 Pediatrics Resident
174. Lucas Brane MD.; PGY2 Resident
175. Colton Hickman, DO; PGY3 PM&R Resident
176. Joelle Gabet; PGY4 PM&R Resident
177. Austin Davis, MD; PGY3 PM&R Resident
178. Elise Lu, MD, PhD; PGY5 Pediatric Hospital Medicine Fellow
179. Laura Navarro, MD; PGY6 Pediatric Cardiology Fellow
180. Martha Matsumoto, MD; PGY-3 Dermatology Resident
181. Caroline Elbaum, MD MPH; PGY-2 OBGYN Resident
182. Caitlin Burk, MD; PGY3 Pediatrics Resident
183. Amanda Krauss, MD; PGY1 Internal Medicine-Pediatrics Resident
184. David Silver, MD MPH; PGY1 General Surgery Resident
185. Caitlin McNamara, MD; PGY-3 Pediatrics Resident
186. Katie Connor, MD.; PGY2 Pediatrics Resident
187. Alyssa Vigliotti, MD; PGY1 Pediatric Resident
188. Alexandra Lawler, MD; PGY1 Emergency Medicine Resident
189. Miriam Weiss, MD; PGY1 Pediatric Resident
190. Richard Bruehlman, MD.; UPMC Family Medicine Attending
191. Amanda Ford, CRNA; Anesthesia Department
192. Dana Norman, DO; PGY-1 Pediatric Resident
193. Sophia Kunkle, MD; Family Medicine Resident
194. Anna Catalano, DO PGY3 Family Medicine Resident
195. Gorka Murga, MD; PGY3 Family Medicine Resident
196. Connor McKittrick, MD; PGY2 Family Medicine Resident
197. Elizabeth Pace MD; PGY3 General Surgery
198. Kayley Swope, MD; PGY1 Family Medicine Resident
199. Olivia Ruth, MD; PGY-3 Pediatrics Resident
200. Sarahjean Kerolle, MD; PGY2 Pediatrics Resident
201. James Ross, MD; PGY4 OBGYN Resident
202. Lauren Andrews, MD; PGY2 Psychiatry Resident
203. Chandler Fountain, MD; PGY3 Radiology

204. Nina Ross, MD; Psychiatry Chief Resident for Education
205. Stephen Wallace, DO; PGY2 Diagnostic Radiology Resident
206. C. Haley Walker, MD; PGY1 Psychiatry Resident
207. Cindy Chou, MD PhD, PGY3, Psychiatry Resident
208. Amy Rasmussen, MD; PGY3 Psychiatry resident
209. Thy Vo; PGY3 Psychiatry Resident
210. Brandon Hage, MD, PGY-3 Psychiatry Resident
211. Lauren Alessi, MD; PGY5 Pediatric Critical Care Medicine
212. Rafael Tamargo, MD, MBA; PGY2 Psychiatry Resident
213. Laura Navarro, MD; PGY6 Pediatric Cardiology Fellow
214. Camille Tastenhoye, MD; PGY2 Psychiatry Resident
215. Adam Barron, MD; PGY4 Neurology Resident
216. Sina Houshmand, MD; PGY4 Radiology Resident
217. Molly Lewen, MD; PGY4 Pediatric Critical Care Medicine Fellow
218. Hey Chong MD PhD; Pediatric Allergy and Immunology
219. Emily Smith, MD; PGY3 Psychiatry Resident
220. Lori Schoenbrun, MD; Radiology Resident
221. Tony Davis-Maxwell, MD; PGY3 Internal Medicine Resident
222. Stephanie Hucko, MD.; UPMC Family Medicine Attending
223. Michael Zhang; PGY2 Pediatrics Resident
224. Andrea Pollack, DO; PGY2 Pediatrics Resident
225. Stephen Folmsbee, MD, PhD; PGY2 Psychiatry Resident
226. Ryan Anderson, PGY-4 Radiology Resident
227. Aaron Smuckler, MD; Family Medicine Resident
228. Mark Asher Schusterman II, MD; PGY6 Plastic Surgery Resident
229. Daniel Salahuddin, MD, MPH; PGY3 Combined Family Medicine/Psychiatry Resident
230. Isaac James, MD; PGY-4 Plastic Surgery Resident
231. Wendy Chen, MD, MS; PGY-7 Plastic Surgery
232. Naomi Gorfinkle, PGY2 Peds/Psych/Child Psych Resident
233. Chelsey Coulter, MD; PGY2 Psychiatry Resident
234. Jacob Brent, MD; Triple Board Resident
235. Chelsea Minsinger, PA-C, Gynecological Oncology
236. Justin McCloskey, MD; PGY-5 Chief Radiology Resident
237. Elyse Watson, MD; PGY4 Psychiatry Resident
238. Daniel Marker, MD/PhD; Neuropathology Fellow
239. Lauren Sibeck, MD; PGY1 Resident, Family Medicine
240. Anna Lee, MD.; PGY1 Internal Medicine
241. Michael Marallo, MD; PGY-1, Plastic Surgery
242. Sarah Lim, MD; PGY2 Psychiatry Resident
243. Hillary Goldstein, MD; PGY2 Family Medicine Resident
244. Karalyn Hillebrecht, DO; PGY2 General Surgery Resident
245. Lauren Rosenblum, MD PhD; PGY1 General Surgery Resident
246. Alison Althans, MD; PGY1 General Surgery
247. Thiagu Meyyappan, MD; PGY1 General Surgery Resident
248. Michael Hu, MD, MPH, MS; R2 Plastic Surgery Resident
249. Andrew Sayce, MD DPhil; PGY1 General Surgery
250. Edward Oh, MD; PGY1 Vascular Surgery

- 251. Jennifer Rodriguez, MD; PGY2
- 252. Kelly M. Donahue, RN
- 253. Rebecca Levine, MD
- 254. Dedeepya Konuthula, MD; PGY2 Internal Medicine-Pediatrics Resident
- 255. Bowen Xie, MD; PGY2 Surgery Resident
- 256. Bailey Sparks, MD; PGY2 Internal Medicine Resident

**3/20/2020**

- 257. Jacqueline Kreutzer MD
- 258. Natalie Losko, RN
- 259. Nicole Barthel, RN; General Medicine
- 260. Mustafa Yousif, MD; PGY5 Pathology Clinical instructor
- 261. Nazeeha Jawahir, MD; PGY4 Pediatrics/Psychiatry/Child Psychiatry Resident
- 262. Nick Downs, DO; PGY2 Family Medicine UPMC Shadyside
- 263. Amanda Bernardi, MD; Fellow, Cardiothoracic Anesthesia
- 264. Christopher Lacomis, MD; CBY Anesthesiology Resident
- 265. Sara Trucco, MD; Pediatric Cardiologist
- 266. Samantha Smith, BSN, RN Transplant ICU
- 267. Elizabeth Hovis, MD; PGY3 Psychiatry Resident
- 268. Brenda Mendizabal, MD, Attending Physician
- 269. Vivek Allada, MD, Executive Director, UPMC CHP Heart Institute
- 270. Madeleine Lepore, BSN RN
- 271. Tyler Harris, Asst Professor, Peds Cardiology
- 272. Linda M Russo, MD, Attending Pediatric Cardiology
- 273. Heather Hoops, MD surgical CCM fellow
- 274. Ryen Birkinbine, DDS; PGY-2 Dental Anesthesiology
- 275. Katelyn Snyder MD PGY 5 Cardiology Fellow
- 276. Nithin Ravi, MD
- 277. Mousumi Moulik, MD, Attending, Pediatric Cardiology
- 278. Allison Black, MD PGY6 Cardiology Fellow
- 279. Matt Bochkoris, MD Attending Physician Pediatric Critical Care Medicine,  
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- 280. Mallory Bugel MD Attending Anesthesiologist
- 281. Kristen Eckstrand, MD, PhD Department of Psychiatry
- 282. Evonne Morell, MD; Attending Pediatrics
- 283. Melita Viegas, MD; Pediatric Cardiothoracic Surgeon; Director, Pediatric  
Mechanical Support
- 284. Michelle Yu, MD; PGY7 Fellow, Urologic oncology
- 285. Daniel Pelzman, MD; PGY-3 Urology Resident
- 286. George Cater MD PGY-7 - Cardiology
- 287. Zerina Hodzic, MD; PGY 3 Internal Medicine Resident
- 288. Rami Kafa, MD; Interventional Cardiology Fellow
- 289. Kristina Gaietto, MD; PGY4 Pediatric Pulmonology Fellow
- 290. Jessica Berger, MD Gynecologic Oncology Attending
- 291. Amudan J. Srinivasan, MD; PGY-2 Resident, General Surgery

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