People are avoiding the ER during COVID-19 crisis at their peril: study

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(HealthDay)—Visits to U.S. emergency departments are down by 42% compared to the same time last year, and that's not good news, researchers report.

Fears of contracting the new coronavirus while visiting the ER are keeping people away, experts say.

But hesitating to seek help can be a fatal mistake.

So, "wider access is needed to health messages that reinforce the importance of immediately seeking care for serious conditions for which emergency department visits cannot be avoided," including heart attacks, urged researchers led by Kathleen Hartnett. She's a member of the COVID-19 Response Team at the U.S. Centers for Disease Control and Prevention.

In the study, the CDC investigators compared data on the number of emergency department visits by Americans nationwide. They looked at numbers for roughly the first three weeks of April in both 2019 and 2020.

In 2019, 2.1 million people visited their local ER each week during that time period, compared to just 1.2 million per week a year later.

Drops were most dramatic for kids under 15, women and people living in the Northeast (where the COVID-19 crisis was most severe), Hartnett's group reported.

Of course, ER visits for illnesses with respiratory symptoms that might indicate COVID-19 did rise substantially during the 2020 study period. But visits for a myriad of other reasons—kids' ear infections, abdominal complaints, COPD and asthma, joint/muscle pain (except low back pain), UTIs, minor injuries, nausea/vomiting, and sprain and strains—declined markedly, the researchers found.

Most worrying, ER visits for heart attacks also showed a distinct decline, according to the study.

Dr. Robert Glatter is an emergency physician at Lenox Hill Hospital in New York City. Reading over the new findings, he said they reflect what he's already observed. And he said many of the fears Americans might have of contracting the coronavirus in an ER are groundless.

"Emergency departments adhere to strict infection protocols, and take precautions to separate patients who may be COVID-19-positive or those who may be at risk," Glatter said. "It's vital that the public not delay care in the setting of life-threatening symptoms—including chest pain, dizziness and other stroke-like symptoms—for fear of contracting COVID-19. The end result may be deadly."

The CDC research team added that staying away from the ER may impact poorer, underinsured

American families the most.

"Persons who use the emergency department as a safety net because they lack access to [primary care](#) and telemedicine might be disproportionately affected if they avoid seeking care because of concerns about the infection risk," the researchers explained.

Telemedicine—where health care personnel care for the ill or injured remotely via smartphones or computers—may come to the rescue for some.

"The use of telehealth or virtual visits combined with telephone triage is quite useful in evaluating patients who require emergent treatment in the emergency department, or who can be followed up in an office setting after appropriate 'virtual' evaluation," Glatter said.

The new findings were published June 3 in the CDC journal *Morbidity and Mortality Weekly Report*.

More information: The U.S. Centers for Disease Control and Prevention has more on the [new coronavirus](#).