

Common steroid cuts COVID-19 deaths 35%; virus 12 times more deadly with underlying conditions — 6 updates

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Patients with underlying health issues are 12 times more likely to die from COVID-19, according to the CDC's Morbidity and Mortality Weekly [Report](#) released June 15.

The CDC examined data on more than 1.7 million COVID-19 cases and 103,700 related deaths reported by state and local health departments between Jan. 22 and May 30.

Hospitalizations were six times higher for people with underlying health conditions, the most common being heart disease, diabetes and chronic lung disease.

Five other COVID-19 updates:

1. A steroid drug [cut deaths](#) by 35 percent for COVID-19 patients on ventilators, according to a new study, [STAT](#) reports. The drug, dexamethasone, is widely available and is the first therapy shown to possibly improve survival odds for critically ill patients, though the complete study hasn't been published or peer-reviewed yet. In the study, 2,104 patients received dexamethasone daily, while 4,321 patients received usual care. For patients requiring oxygen but not ventilation, dexamethasone reduced death rates by 20 percent. There was no benefit for patients who didn't require oxygen. Former FDA Commissioner Scott Gottlieb, MD, [said](#) it was "a very positive finding" in a *CNBC* interview. "I think it needs to be validated, but it certainly suggests that this could be beneficial in this setting."

2. Few Minnesota protesters have tested positive for COVID-19, according to early data cited by the [St. Paul Pioneer Press](#). More than 3,300 Minnesotans who participated in demonstrations after the death of George Floyd were tested last week. Results were available for about 40 percent of tests done in St. Paul and Minneapolis, about 1.4 percent of which were positive. For reference, the state's seven-day rolling average of percent positivity was 3.6 percent as of June 14. Kristen Ehresmann, RN, the state health department's director of infectious

disease, said it is still too early to draw firm conclusions about how mass gatherings have affected Minnesota's COVID-19 outbreak.

3. The nation's five largest COVID-19 clusters are in correctional facilities, according to [data](#) compiled by *The New York Times*. Cases reported by prisons have doubled over the past month to more than 65,000 and COVID-19 deaths have risen by 73 percent since mid-May. Inconsistent testing and care is complicating the spread, and the reported numbers are likely largely underestimated. Inmates saying officials haven't done enough to protect them have rioted across the U.S. In response, some jails have discharged some inmates awaiting trials or serving time for nonviolent crimes. Recently, arrested demonstrators have often been put in crowded local jails.

4. The FDA [withdrew](#) its emergency use authorizations for the malaria drugs hydroxychloroquine and chloroquine June 15. The agency authorized use of the drugs as a treatment for COVID-19 patients March 28. However, the FDA has concluded the drugs should not be prescribed outside clinical trials because research has not proven they are an effective treatment for COVID-19.

5. The effects of tear gas used during protests could increase COVID-19 cases, [The New York Times](#) reports. Tear gas may damage the lungs and therefore increase the risk of contracting a respiratory illness. The substance can also incite coughing, which can spread the virus. "I'm really concerned that this might catalyze a new wave of COVID-19," said Sven-Eric Jordt, PhD, a researcher at Durham, N.C.-based Duke University who has studied tear gas effects.

COVID-19 data snapshot

U.S.

Cases: 2,114,026

Deaths: 116,127

Recovered: 576,334

Global

Cases: 8,056,492

Deaths: 437,412

Recovered: 3,892,757

Counts reflect [data](#) available as of 7:30 a.m. CDT June 16.

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