

Many U.S. counties lack infectious disease specialists

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average ID physician densities, and 79.5 percent of counties did not have a single ID physician. Among the 785 counties with the highest quartile of COVID-19 disease burden, 18.7 percent had above-average ID physician densities, 14.9 percent had below-average ID physician densities, and 66.4 percent had no ID physician coverage. Among counties with the lowest COVID-19 burden, nearly 95 percent did not have a single ID physician.

"Data demonstrating the association between ID physician care and COVID-19 clinical outcomes have yet to emerge," the authors write. "However, for many other [infectious diseases](#), a robust evidence base supports the association between ID physician intervention and improved outcomes."

More information: [Abstract/Full Text](#)

(HealthDay)—The distribution of infectious disease (ID) physicians in the United States is geographically skewed, with 90 percent of U.S. counties having below-average ID physician density or no ID physicians at all, according to a research letter published online June 3 in the *Annals of Internal Medicine*.

Rochelle P. Walensky, M.D., from Massachusetts General Hospital in Boston, and colleagues examined the distribution of ID specialists compared to the needs of the COVID-19 pandemic across the United States. The 2017 Medicare Provider Utilization and Payment Data were used to identify county-level ID [physician](#) densities (the number of ID physicians per 100,000 persons).

The researchers found that in 2017, the national average [density](#) was 1.76 ID physicians per 100,000 persons, but the distribution was geographically skewed. Of the 3,142 U.S. counties, 10.5 percent had above-average ID physician densities, 9.9 percent had below-

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