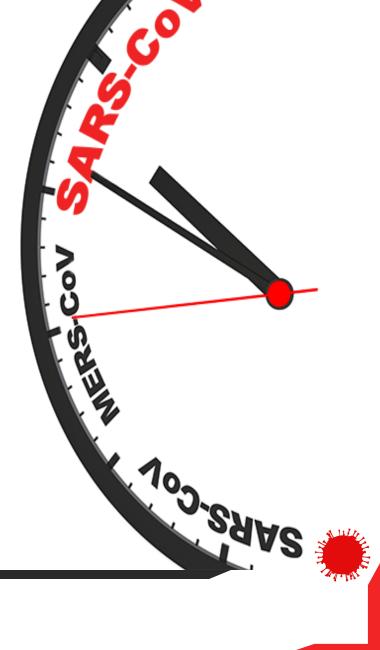
# COVID-19: KEEPING UP WITH A MOVING TARGET APRIL 8, 2020 UPDATE

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Jointly provided by Postgraduate Institute for Medicine, DKBmed, and the Institute for Johns Hopkins Nursing.

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# **Learning Objectives**

- Discuss symptoms and transmission of COVID-19.
- Discuss risks, management, and precautions associated with COVID-19.
- Describe natural history of COVID-19 illness.









This program is brought to you through the generous support of DKBmed, Postgraduate Institute for Medicine, and the Institute for Johns Hopkins Nursing.

Please see **COVID19.DKBmed.com** for additional resouces and educational activities

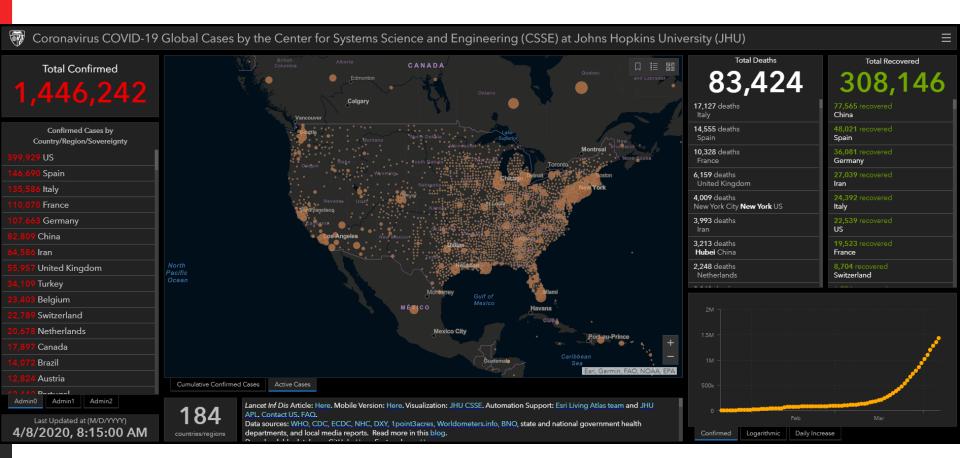








#### Active Cases: N. America (4/8/20)





coronavirus.jhu.edu/map.html







- Why rapid and global spread?
  - Droplet vs. aerosol
  - Asymptomatic shedding
    - Estimates 25-50% of infected (CDC/NIAID)?



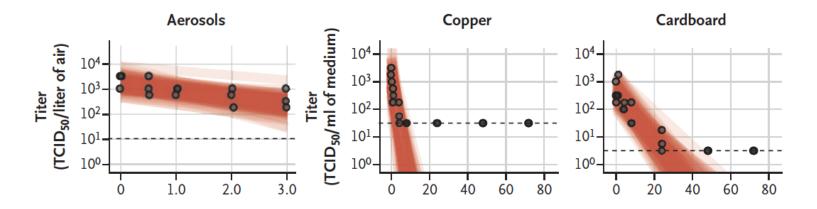


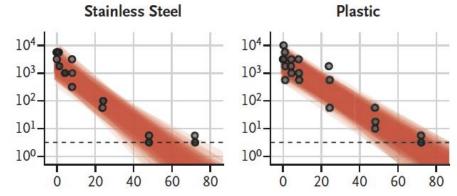


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### SARS-CoV-2

# PREDICTED DECAY OF LIVE VIRUS BY HOUR Caveat: Experimental Generation of Aerosols











Doremalen NEJM 2020



# Masks - CDC change



- Not N-95 or surgical masks
- Use in areas of community-spread, public settings
- Helpful for shedders (pre-symptomatic/asymptomatic)

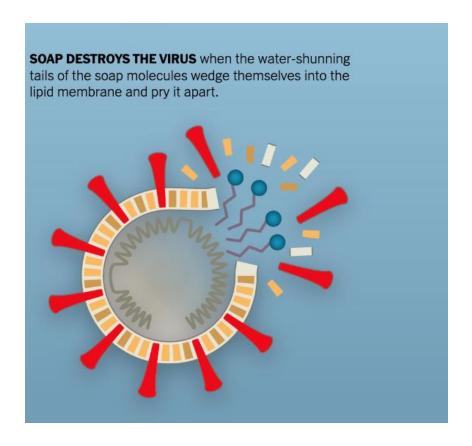






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# SARS-CoV-2 RNA Envelope is Sensitive to Soap, Heat, and Alcohol



PCR positive RNA ≠ Viral culture positive

Easy render virus non-infectious



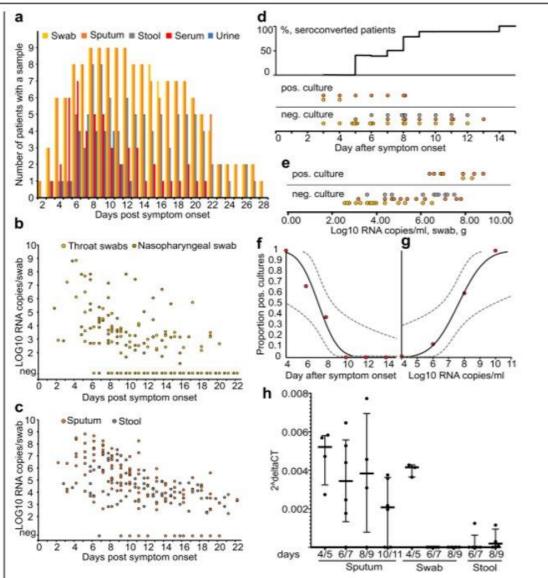




NYT 2020

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# **Virological Analysis**











- Often limitations in availability
- COVID NATs:
  - Sensitivity and Specificity not yet defined
  - Sensitivity likely < 90%</li>
- Serology: not ready for prime time
  - Available but unclear what role it should play
  - o High suspicion for COVID-19 and NAT (-) patients?









# What's New This Week in Therapeutics?

- Antivirals— All preprints, non-peer reviewed
  - Hydroxychloroquine (HCQ) OR Chloroquine (CG)
  - Additional caveats
    - HCQ, CQ known antipyretics
    - Usual care is the comparator arm for Chinese studies (receiving lpv/rtv, Chinese traditional medicines, antiinfluenza drugs)
    - No RCT data from Europe or US
  - Prior human RCTs for influenza, Ebola + 16 other viruses
    - No effect









#### CQ and HCQ: What's the Data?

Study	Type (n)	Drug(s)	Viral carriage reduction	Clinical effect
Gao	Series (100) Mentioned in report	CQ	"superior"	Inhibits pneumonia, ↓ duration
Chen J	RCT (30)	HCQ	86% (HCQ), 93% (control)	None
Chen Z	RCT (62)	HCQ	n/a	↓ fever x 1d, improved imaging
Gautret P	Non-RCT (36)	HCQ, HCQ+ AZ	Combination ↓ shedding (6 pts)	N/A
Gautret P	Non-RCT (90) mild dz	HCQ+ AZ	80% with negative PCR d8 (no comparator arm)	N/A
Molina J	Non-RCT (11)	HCQ + AZ	80% positive d5-6	1 death 1 QT prolonged









To submit your own question for Dr. Auwaerter, please email QA@dkbmed.com









What is your take on tocilizumab as therapy? Have they considered IL6 inhibitors at Hopkins?









What is the mortality rate for people with COVID-19 requiring mechanical ventilation?

Is it as high as 80% or 90%?









Do we know if patients already taking hydroxychloroquinefor lupus or RA have any "protection" from COVID-19 because they are already on this drug?











There have been reports from China about people who seemingly recovered from COVID-19, were discharged from the hospital, and then readmitted when they tested positive a second time.

Do we know if that is because of actual reinfection or a testing error?









### **Important Information**

#### To receive CME/CE credit:

- Complete the evaluation on at COVID19.DKBmed.com
- Upon registering and successfully completing the activity evaluation, you will have immediate access to your certificate.

#### To ask your own question to Dr. Auwaerter:

Email QA@dkbmed.com





