



CME Information

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Name of Faculty or Presenter	Reported Financial Relationship			
Paul G. Auwaerter, MD, MBA, FIDSA	JNJ: Ownership equity Scientific Consulting: Verily, EMD Serono DMSB: Humanigen			

Dr. Auwaerter has indicated that he will be referencing the unlabeled or unapproved use of agents currently being investigated in on-going studies and trials, including a remdesivir, baricitinib, and several vaccine platforms.

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Learning Objectives

- Discuss implications of the Delta variant
- Describe the COVID-19 clinical trial experience of ivermectin



This activity is supported by educational grants from Gilead Sciences, Inc., Regeneron Pharmaceuticals, and Eli Lilly and Company.

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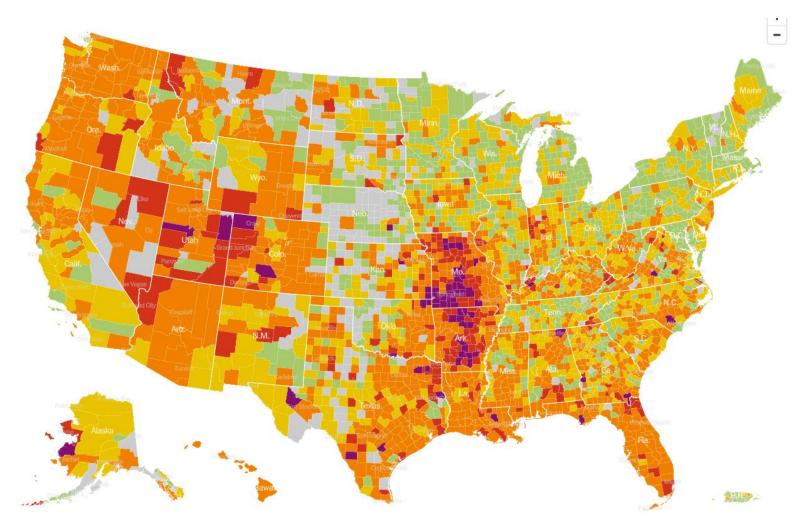


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US COVID-19 Risk Levels

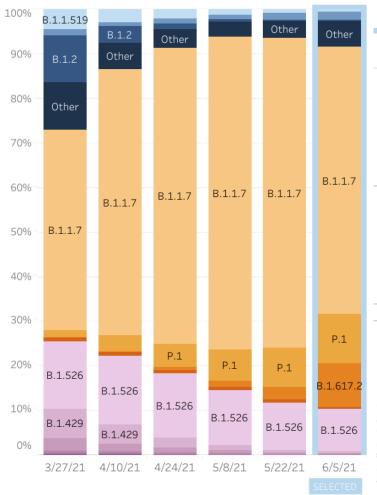


Risk levels

LOW MODERATE HIGH VERY HIGH EXTREMELY



Delta: Increasing Percentage of US Cases



	Lineage	Т	уре	%Total	95%CI
Most	B.1.1.7		VOC	60.0%	56.4-63.5%
common	P.1		VOC	11.0%	8.6-13.8%
lineages#	B.1.617.2		VOC	10.0%	7.2-13.6%
	B.1.526		VOI	9.5%	7.6-11.9%
	B.1			2.0%	1.3-3.2%
	B.1.1.519			0.5%	0.3-0.7%
	B.1.2	†		0.1%	0.0-0.2%
Additional	B.1.351		VOC	0.4%	0.2-0.8%
VOI/VOC	B.1.429		VOI	0.4%	0.2-0.7%
lineages#	B.1.427		VOI	0.3%	0.1-0.6%
	B.1.525		VOI	0.1%	0.0-0.3%
	B.1.617.1	†	VOI	0.0%	0.0-0.1%
	P.2	†	VOI	0.0%	0.0-0.1%
	B.1.617.3	†	VOI	0.0%	NA
Other*	Other			5.8%	4.6-7.4%

USA

^{*} Other represents >200 additional lineages, which are each circulating at <1% of viruses</p>

 $[\]ensuremath{\uparrow}$ $\ensuremath{\,\text{Fewer}}$ than 10 observations of this variant during the selected time/location context

[#] Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.1 and AY.2 are aggregated with B.1.617.2.

Collection date, two weeks ending



Delta Variant: Variant of Most Concern?

First described in India (B.1.651.2)

- 90% of infections in the UK
- 20% in the US

Increased transmissibility

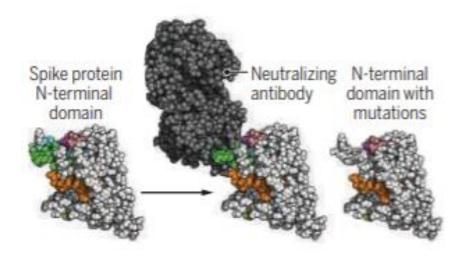
- 50-100% compared to alpha variant
- 2x increased risk of hospitalization?

Reduced protection

- If only 1 shot of mRNA vaccine or AstraZeneca
- Pfizer, AstraZeneca
 - Slightly less protection

Evasive maneuver

The spike protein's N-terminal domain (left) includes a "supersite" where powerful antibodies latch on to the virus (middle). Mutations there (right) can prevent them from binding.



Kupferschmidt, Wadman, Science 6/24/21



Why is Delta the Current Variant of Most Concern?

Nine mutations with potential

P681R

- Site adjacent to furin site cleavage
- Human enzyme affects ability of virus to enter cells

N-terminal domain supersite

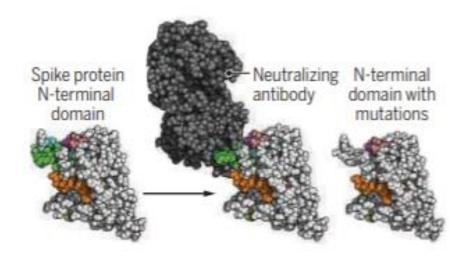
- Important site for antibody binding
- Amino acids 156 & 157 deleted
 - 158 AA change from arginine to glycine
- Elimination of antibody direct binding site

Other changes w/ potential

Much unknown

Evasive maneuver

The spike protein's N-terminal domain (left) includes a "supersite" where powerful antibodies latch on to the virus (middle). Mutations there (right) can prevent them from binding.



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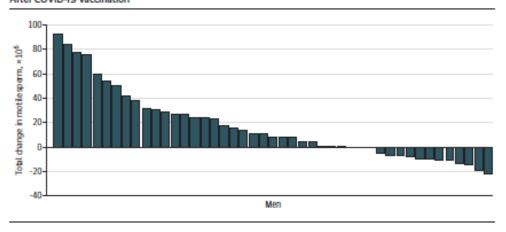
Does mRNA Immunization Affect Male Fertility?

Table. Change in Semen Analysis Para	neters Before and After COVID-19 Vaccination
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		Median (IQR)			
Parameter	Normal value	Baseline	Follow-up	Pvalue	
No. of participants		45	45		
Volume, mL	>1.5	2.2 (1.5-2.8)	2.7 (1.8-3.6)	.01	
Sperm concentration, million/mL	>15	26 (19.5-34)	30 (21.5-40.5)	.02	
Total motility, %	>40	58 (52.5-65)	65 (58-70)	.001	
TMSC, million	>9	36 (18-51)	44 (27.5-98)	.001	

Abbreviations: IQR, interquartile range; TMSC, total motile sperm count.

Figure. Waterfall Plot Showing Changes in Total Motile Sperm Count Parameters Within Participants Before and After COVID-19 Vaccination



Each bar represents an Individual participant.

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Is Ivermectin Effective for COVID-19?

10 RCTs, COVID-19, 5 vs. SOC, 5 vs. placebo

- Mild (8)
- Mild-moderate (1)
- Moderate (1)

All cause mortality: RR 0.37, 95%CI 0.12-1.13, very low QoE

LOS: median 0.72 days, 95%CI -0.86-2.29, very low QoE

No effect on viral clearance

Three trials suggesting mortality benefit, at high risk of bias

Conclusion: no impact on mortality, illness or viral clearance





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Are monoclonal antibodies still effective against the Delta variant?





What other antivirals are being looked at for treament of COVID-19?



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