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

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CME Information

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

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|-----------------------------------|---|
| Paul G. Auwaerter, MD, MBA, FIDSA | Scientific Advisor: DiaSorin, Shionogi Inc. JNJ: Ownership equity |

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. These include hydroxychloroquine/chloroquine, hydroxychloroquine/chloroquine in combination with azithromycin, lopinavir plus ritonavir, tocilizumab, corticosteroids, and COVID-19 convalescent plasma.

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CME Information

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Learning Objectives

- Discuss the current trends in new cases and deaths of COVID-19
- Describe data from the recently published report of HCQ
- Discuss the current status of vaccine development







Thank You

This activity is supported by an educational grant from Pfizer, Inc. and in-kind support by DKBmed, LLC.

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Please see COVID19.DKBmed.com for additional resources and educational activities



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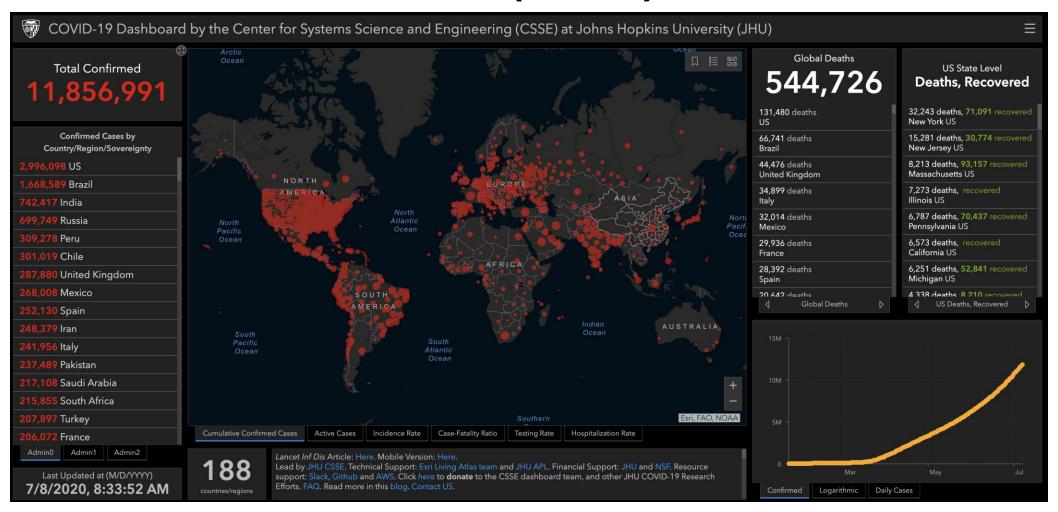
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Total Global Cases (7/8/20)



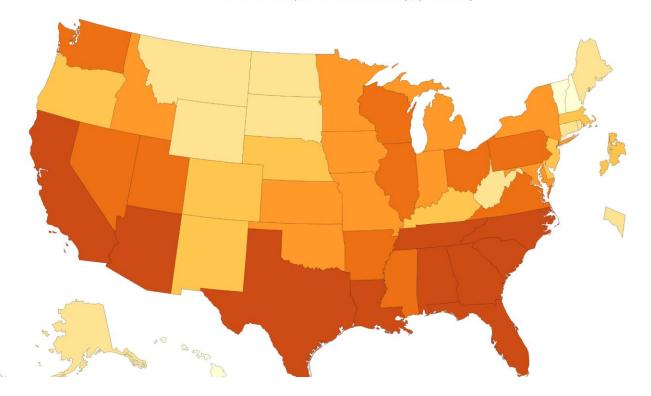
coronavirus.jhu.edu/map.html











United States 2,932,596 cases 130,133 deaths

- Trends:
 - o Younger
 - Declining deaths (but lag x weeks)

https://www.cdc.gov/covid-data-tracker/#cases





Clinical Updates







Recurring COVID-19

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

J Infect. 2020 Jun 30 PMCID: PMC7326402 PMID: 32619697

doi: 10.1016/j.jinf.2020.06.073 [Epub ahead of print]

Clinical recurrences of COVID-19 symptoms after recovery: viral relapse, reinfection or inflammatory rebound?

Dominique Batisse, MD, Assistance, a,1 Nicolas Benech, MD, b,1 Elisabeth Botelho-Nevers, MD, c,d,1 Kevin Bouiller, MD, e,f,1 Rocco Collarino, MD,g,1 Anne Conrad, MD,h,1 Laure Gallay, MD,i,1 François Goehringer, MD,i,1,** Marie Gousseff, MD, k,1,∗ Dr Cédric Joseph, MD, l,1 Adrien Lemaignen, MD, PhD, m,1 François-Xavier Lescure, MD, n,o,1 Bruno Levy, MD, PhD,P,1 Matthieu Mahevas, MD, PhD,q,1 Pauline Penot, MD,r,1 Bruno Pozzetto, MD, PhD, s,1 Dominique Salmon, MD, PhD, t,1 Dorsaf SLAMA, t,1 Nicolas Vignier, MD, PhD, u,1 and Benjamin Wyplosz v,1

- 11 virologically confirmed patients
 - Second clinically and virologically confirmed episode > 21 d after first and symptom-free interval

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326402/







Recurrence v. Reactivation

- Long duration of symptoms, first episode
 - Median 18 d [13-41]
- All had chest CT scan evidence of disease (or worsening)
 - One with PE
 - No evidence of secondary infections
- Serostatus at second episode
 - 5 positive
 - 1 borderline
 - 3 negative
- One of 2 patients w/viral culture = yielded virus









Recurrence v. Reactivation

- Re-infection?
 - O Younger, healthier group with mild disease?
- Recurrence?
 - More vulnerable group, co-morbidities, more ill
 - 3 cases fatal
 - o Insufficient control of infection?
 - Some received corticosteroids or recent chemotherapy or rituximab
 - o Inflammatory rebound?
- Conclusions: limited study, may not be just one possibility

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326402/





Therapeutics and Prevention





HCQ + AZ

INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES



FULL LENGTH ARTICLE | ARTICLES IN PRESS

Treatment with Hydroxychloroquine, Azithromycin, and Combination in Patients Hospitalized with COVID-19

Samia Arshad • Paul Kilgore • Zohra S. Chaudhry • ... William O'Neill • Marcus Zervos ス 🗷 • Henry Ford COVID-19 Task Force ¹ • Show all authors • Show footnotes

Open Access • Published: July 01, 2020 • DOI: https://doi.org/10.1016/j.ijid.2020.06.099

Multi-center, retrospective, observational study, 2,541 patients Consecutive patients

| | <u>Mortality</u> (overall 18%) | P <u>atients</u> |
|--------------|--------------------------------|------------------|
| 1. HCQ alone | 13.5% [95% CI: 11.6-15.5%] | 162/1202 |
| 2. HCQ + AZ | 20.1% [95% CI: 17.3-23%] | 157/783 |
| 3. AZ alone | 22.4% [95% CI: 16-30.1%] | 33/147 |
| 4. Neither | 26.4% [95% CI: 22.2-31%] | 108/409 |

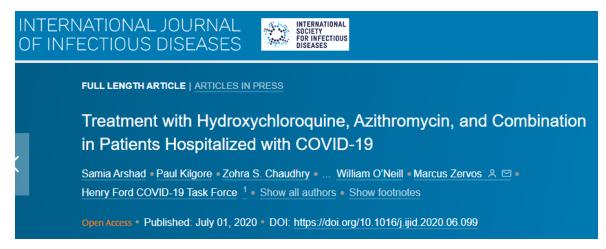
Mortality (overall 18%)

https://www.iiidonline.com/article/S1201-9712(20)30534-8/fulltext





HCQ + AZ



Authors conclude: HCQ or HCQ + AZ reduce mortality

Caveats and Confounders

- 1. Retrospective, observational
- 2. 64% in the Neither group > 65 yrs vs < 50% in other groups
- 3. Patients who were advanced, got neither? Died soon? Drug withheld for other reasons?
- 4. Many factors not adjusted in analysis (frailty, disease severity, DNR status, steroid use)







Sarilumab (anti-IL6) Monoclonal Antibody

- Failed phase 3 trial
 - Sarilumab for COVID-19 patients needing mechanical ventilation
 - Did not reach primary or key secondary endpoints
 - 400 mg dose and 800 mg dose
 - Serious adverse events: sarilumab (6%), placebo (5%)
 - Trial terminated
- Separate international trial remains underway with a different dosing regimen for severe and critical COVID-19.

Conclusion: targeted therapy (IL-6) may be less useful than broader anti-inflammatories (dexamethasone/RECOVERY trial)

https://www.sanofi.com/en/media-room/press-releases/2020/2020-07-02-22-30-00







Operation Warp Speed Update

- Only partial list of companies/products known
 - BARDA-backed vaccines: Merck, JNJ, Pfizer, Astra-Zeneca, Novavax
- Concept: at-risk manufacturing→ 100 Million doses
 - Five vaccines (three known)
 - Astra-Zeneca (adenovirus-based)
 - Moderna (RNA)
 - Novavax
 - Largest deal to date: \$1.6 billion
 - ❖ Prefusion protein made using its proprietary nanoparticle technology and includes Novavax' proprietary Matrix-M™ adjuvant.
 - > A Phase 1/2 clinical trial of NVX-CoV2373 in 130 healthy participants began in May
 - Monoclonal antibodies
 - Regeneron REGN-COV2 (double mAb cocktail)

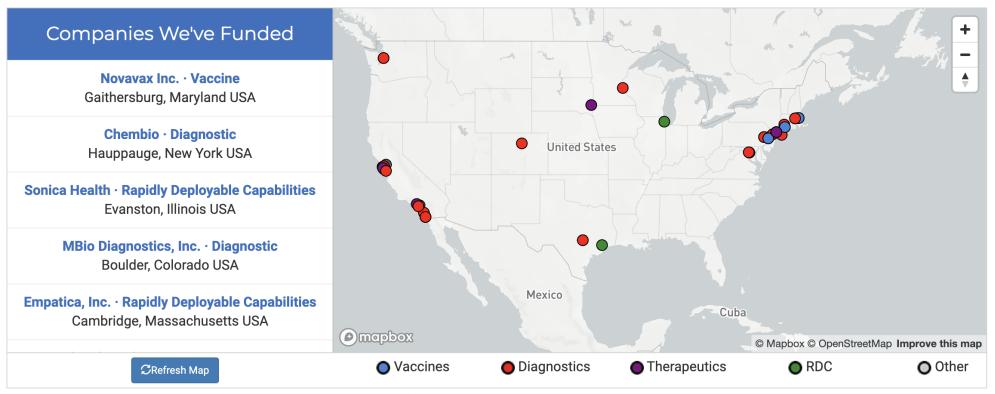
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BARDA Portfolio: 35+ Products/Companies



Do you have a product for COVID-19 that should be added to the BARDA Portfolio? <u>Submit a request today</u> so BARDA can learn about your product.







US Government Responses

- Positive:
 - o Products available for the public without lag if shown to be effective
- Uncertainty:
 - Product selection process unclear
 - o Often small studies (e.g., 30-50 participants) used to back major efforts
 - Novel approaches backed more than "tried and true"









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







Some states, for example California, have a lower mortality rate than other states. To what can this be attributed?







Are the saliva tests as accurate as the nasopharyngeal tests?







If nasal swab is not performed deep as instructed and only in the local nasal cavity, would that test be accurate? What are your thoughts on why so many tests are coming back negative and patients are showing symptoms?





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To ask your own question, email:

QA@dkbmed.com

