

Dr. Delgado COVID-19 Update 4-17-20

TREATMENT UPDATE

A recent report published in the New England Journal of Medicine details some benefits with the use of remdesivir. I mentioned the preliminary results of this antiviral medication trial were upcoming last week.

This study was based on "compassionate use" and was limited to severely ill patients in the ICU needing respiratory support. Remdesivir appeared to lead to improved clinical status, less reliance on ventilatory assistance and ultimately reduced mortality when compared to other medication combinations in the study. The trial was not large enough to directly attribute causation of remdesivir to the benefits noted, but appears promising and further studies will proceed.

Stat News reported yesterday even more promising results as to remdesivir in several additional clinical trials, but until finalized we must not attempt to draw any firm conclusions. Gilead Sciences, the manufacturer of the drug, expects results from some trials by the end of the month. A glimmer of hope toward improved treatment options.

Conversely, a recent double blind study with chloroquine was shut down after only 6 days. This was due to the fact that up to one quarter of the patients on the medication developed potentially deadly electrical disturbances of their heart conduction. This is a known side effect of chloroquine, but the rate was deemed too elevated to justify continuing the study.

Trials regarding chloroquine and

hydroxychloroquine's benefit continue on an inpatient basis and only with careful cardiac monitoring. Increasingly though, more stringent guidelines are being recommended leading hospital systems and providers to discontinue outpatient use.

MORE ON CONTACT TRACING

It may be technically possible to use phone data to identify possible exposures, but that doesn't mean it will improve the identification of cases and result in better containment. Other countries have moved forward in this regard, but it's not yet clear whether the promise these digital surveillance methods offer, in theory, truly help to control the spread of infection. Any information as to its impact, to this point, remains elusive.

Digital contact tracing involves a level of surveillance that could make a lot of people uncomfortable; especially given the potential involvement of large technology companies and their loose interpretation and protection of their users privacy in the past.

Tracking of exposures and close contacts is only the preamble to successful contact tracing. Once individuals are identified and recommended for resumption of social isolation, the human aspect of this order needs to be managed. Ensuring food supplies are sufficient, offering remuneration of potential income loss and delicately navigating the removal of those in the household that may be at risk is only the beginning. It's complex, personal and could easily be considered punitive in nature. If it becomes more frequent in specific low income or ethnic communities, then it would likely enter an entire other realm of challenges and societal perception.

SEROLOGIC TESTING 5.0

The US clearly missed its opportunity to initiate and rapidly expand its testing at the onset of this pandemic. A growing consensus is forming that testing on a formidable scale is crucial to any resumption of activity.

How much testing is required? Currently, commercial labs and health departments are testing about 140,000 people a day. As of this time, only slightly more than 3 million Americans have been tested. This simply will not suffice.

We can likely increase capacity significantly, but unless we can coordinate both the production and formulation of a network to screen millions a day, we will fall far short. Delegating this to the states and absolving the federal government, with its financial, organizational and legal might, is a ruinous path.

So, it's left up to the private sector to fill the void. The current price point of the tests are workable, but volume and the question of accuracy need to be balanced. How that occurs with a disparate number of private suppliers all competing for market share across 50 states creates a disjointed approach that is likely to fail.

One federal plan, executed nationally with the appropriate scale, could synthesize the needed numbers, coordination and resulting that would be needed for a nation of more than 300 million people.

It seems premature to consider any modification to the current restrictions in place unless these aforementioned issues are thoroughly addressed. While calls are growing to ease restrictions and move toward a resumption of our lives, a sudden resurgence in cases and deaths is likely inevitable if premature and will refocus the need to proceed more judiciously.

FINAL THOUGHTS

As we await the arrival of the serologic tests, it should not precipitate any additional anxiety. Too much remains unknown. While a positive test may offer a form of hope toward individual normalcy, it will still require all of our vigilance, communally, both in our behaviors and actions to inch forward. Likewise, a negative result does not imply an indefinite moratorium on all that our previous lives offered. The needle continues to move forward and with that comes hope.

A society needs to remain cohesive and avoid splintering along lines such as someone's infection status. We can't marginalize, but must elevate and support those that remain at risk. Their sense of isolation, fear and frustration needs to be acknowledged and shared as a society.

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