

COVID-19 Clinical Update

June 17, 2020

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Topics for follow up from last meeting

- Restrictions for men who have sex with men (MSM) donating plasma after COVID-19 recovery
- Recommendations for COVID-19 positive patients discharged from inpatient unit returning/going to high elevation area
- Data on multisystem inflammatory MIS-C in AI/AN children
- Information about re-infections
- HCV viral load correlation with increased risk of complications with COVID-19

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MSM Plasma Donation

- As of April 2020: Defer for 3 months from the most recent sexual contact
 - Prior to April 2020: Deferment period was 12 months
- All U.S. blood collection organizations must follow this federal requirement
- Red Cross: “Blood donation eligibility should not be determined by methods that are based upon sexual orientation”
 - Their website states that they are committed to working toward removing this barrier

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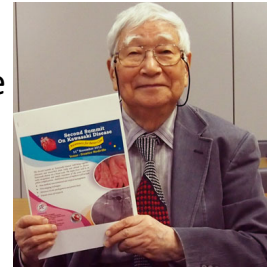
COVID-19 positive patient going to area of high elevation

- Scenario: Patient with COVID-19 gets discharged from the hospital at an area of low elevation and is traveling to an area of high elevation – any recommendations for clinical care?
 - Factors to consider: history of acclimation, “high altitude” typically considered 2500 m above sea level, O2 requirements at discharge
 - If ANY concerns, would send with portable O2 and arrange for medical evaluation when the patient reaches the destination

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MIS-C in AI/AN Children

- No data specific to AI/AN
- Clinical guidance for MIS-C now robust from CDC:
 - <https://www.cdc.gov/mis-c/>
- Only 2% of COVID-19 cases in the US are in persons <18
 - And of those 2%, MIS-C is very rare
- In the beginning we called this a Kawasaki-like syndrome
 - Dr. Kawasaki died on June 5, 2020 at the age of 95 in Japan



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Re-infections of COVID-19

- No documented cases
- Immunity is unknown, but possible, but for what time frame?
 - Months? Years?
 - Ongoing studies
- CDC investigating potential re-infection cases
 - Adults aged ≥ 18 years who meet the following criteria:
 - Laboratory-confirmed COVID-19 (SARS-CoV-2 PCR positive) disease with clinical recovery for approximately 10 days after symptom onset or diagnosis (if asymptomatic) AND, subsequently had **any one of the following**:
 - Two documented negative PCR tests results followed by a positive result;
 - Recurrence of symptoms with positive PCR results; or
 - Positive PCR results for ≥ 30 days (without any recurrence of symptoms).
- To report a potential re-infection:
 - [Form: Clinically Suspected SARS-CoV-2 Reinfection among COVID-19 Cases](#)

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HCV Viral Load and COVID-19

- No known correlation between high HCV viral load and increased risk for complications of COVID-19 – nothing published
- There is a correlation between high viral load of SARS-CoV-2 and severity of COVID-19 disease.

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Corticosteroids for COVID-19

- This information is according to a statement by trial investigators at the University of Oxford - results have not yet been published
- Dexamethasone is associated with reduced mortality risk among patients with severe COVID-19, making it the first drug to show such an effect
- Over 6000 hospitalized patients were randomized to receive either dexamethasone (6 mg daily oral or IV for 10 days) or usual care for 10 days
- Dexamethasone was associated with significantly lower risk for death among ventilated patients (rate ratio, 0.65) and other patients receiving oxygen (RR, 0.80), compared with those given usual care
- Patients who didn't require respiratory support did not see a benefit.
- The investigators estimate that eight ventilated patients or 25 patients requiring only oxygen would need to be treated with dexamethasone to prevent one death
- Overall dexamethasone reduced the 28-day mortality rate by 17% (0.83 [0.74 to 0.92]; P=0.0007) with a highly significant trend showing greatest benefit among those patients requiring ventilation (test for trend $p < 0.001$)
- No evidence of benefit for patients who did not require oxygen and they did not study patients outside the hospital setting
- Follow-up is complete for over 94% of participants.

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