

COVID-19 Update

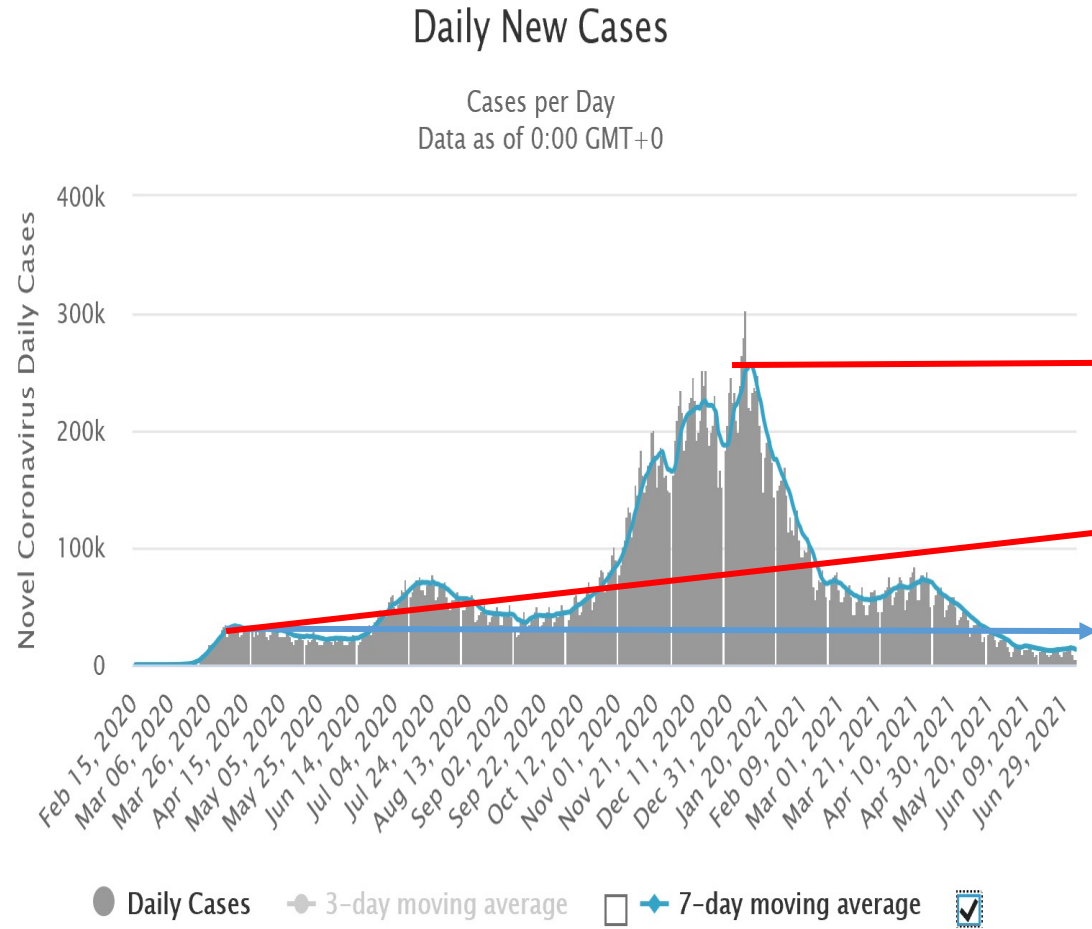
July 7, 2021



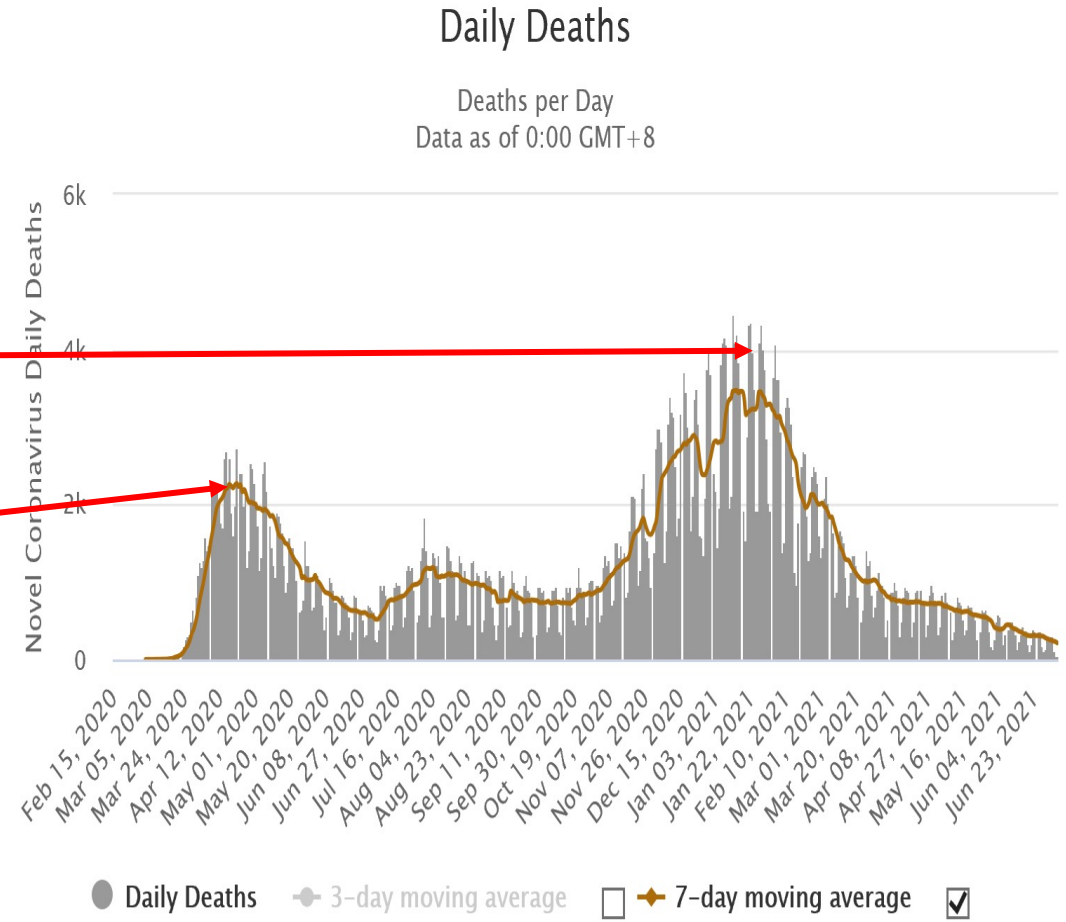
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Daily New Cases in the United States



Daily New Deaths in the United States



6,528 new cases and 49 new deaths as of July 6, 2021
~ March 23, 2020

COVID-19 Transmission

Inhalation of very small, fine respiratory droplets

Inhalation of aerosol particles

- Deposition of respiratory droplets and aerosol particles on exposed mucous membranes in the mouth nose or eyes

Transmission less common through contact with contaminated surfaces

Transmission risk increases in enclosed spaces with poor ventilation and behaviors that include

- Exercise
- Singing
- Prolonged indoor exposure

COVID-19: Prevention

Vaccination

Wearing of masks/cloth face coverings

Maintain physical distance 6 feet

Avoid crowds and congregate settings

Outdoors better than indoors

Frequent handwashing

COVID-19 Transmission

Around 1/3 of patients never develop symptoms

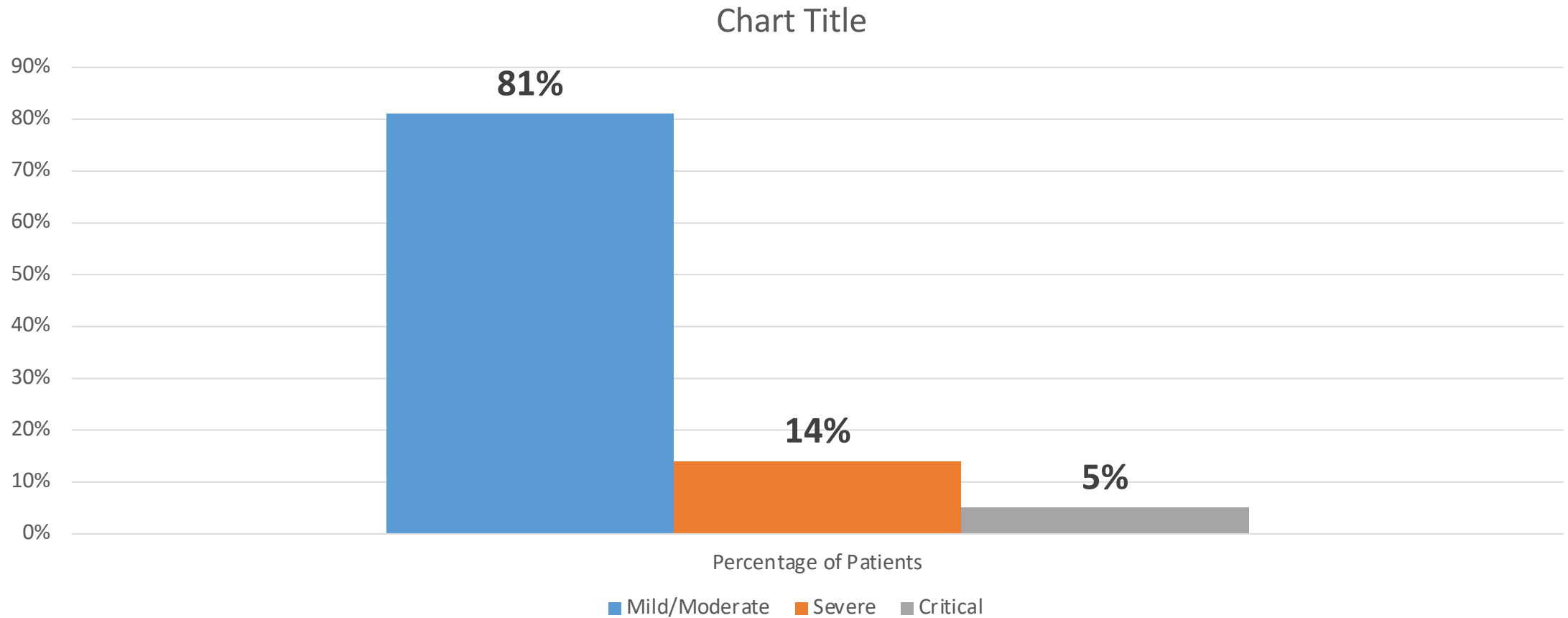
Of individuals tested with a PCR test for SARS-COV-2,

- 75% of individuals with a positive test who are asymptomatic at the time of testing will remain asymptomatic

59% of SARS-COV-2 results from asymptomatic infection

- 35% from pre-symptomatic individuals
- 24% from individuals who never develop symptoms

Spectrum of Disease Among 44,672 Individual with confirmed COVID-19 in China



Z Wu & JM McCoogan, JANA 323:1239, 2020

COVID-19: Risk Factors for Progression to Severe Disease

Age

Comorbid conditions

COVID-19: Risk Factors for Progression to Severe Disease

- Diabetes
- CVC disease
- HTN
- Obesity
- Chronic Kidney Disease
- Chronic Liver Disease
- Cancer
- Chronic lung diseases, including COPD and asthma, if it's moderate to severe
- HIV infection
- Immunocompromised state (weakened immune system)
- Overweight and obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorders
- Dementia or other neurological conditions
- Down syndrome

COVID-19 EUA Treatment Guidelines

Antivirals

- Remdesivir
- Anti SARS-COV-2 Monoclonal antibodies
 - Casirivimab + Imdevimab (RegCOV), Bamlanivimab + estesevimab, Sotrovimab
- Convalescent plasma

Immune Modulators

- Dexamethasone
- Tocilizumab (with dexamethasone)
- Baricitinib (with remdesivir)

Treatment of concomitant conditions

- Thromboembolic disease
- Bacterial and fungal coinfections

COVID-19 Vaccines

Clinical Trials

- Pfizer/BioNTech Vaccine: 95% efficacy (~ 44,000 participants)
- Moderna: 94.1% (~30,000 participants)
- Johnson & Johnson: 72% efficacy in the US and 85% efficacy vs severe disease

Still highly effective against most circulating variants

Real world effectiveness comparable to clinical trials

- Estimated Adjusted effectiveness, >7 days after the second dose, Jan 24 to April 3, 2021

SARS-CoV-2 Infection	95.3%
Asymptomatic SARS-CoV-2 Infection	91.5%
Symptomatic COVID-19	97.0%
COVID-19 related hospitalizations	97.2%
Severe or critical COVID-19 related hospitalization	97.5%
COVID-19 related death	96.7%

Post-COVID-19

Residual organ system dysfunction directly explainable by organ system damage

- ARDS, AKI, CHF etc

Complications that prolong after acute COVID-19 or start immediately after Acute COVID-19

- Pulmonary embolism / Organizing pneumoniaBacterial / fungal pneumonia
- Persistent taste and smell abnormalities
- Fatigue

Signs and symptoms not completely explainable by readily apparent pathogenic processes

- Fatigue
- Unexplained dyspnea or chest pain
- Neuropsychiatric symptoms (Depression, Anxiety, sleep disorders, “brain fog”)
- “Autoimmune manifestations”
- Dysautonomia (bradycardia/tachycardia syndrome, temperature dysregulation)

COVID-19 Variants

These variants seem to spread more easily and quickly, which may lead to:

- More cases of COVID-19
- More hospitalizations and potentially more deaths
- More strain on healthcare resources

Studies suggest that the current authorized vaccines work on the circulating variants

They are classified as:

- Variants of interest
- Variants of concern
- Variants of high consequence

Variants of Concern in the United States

B.1.1.7 (Alpha): This variant was first detected in the United States in Dec 2020. It was initially detected in the United Kingdom.

- ~50% increased transmission
- Potential increased severity based on hospitalizations and case fatality rates
- No impact on susceptibility to EUA monoclonal antibody treatments
- Minimal impact on neutralization by convalescent and post-vaccination sera

B.1.351 (Beta): This variant was first detected in the United States at the end of Jan 2021. It was initially detected in South Africa in Dec 2020.

- 50% increased transmission
- Significantly reduced susceptibility to the combination of bamlanivimab and etesevimab treatment but other EUA monoclonal antibody treatments are available
- Reduced neutralization by convalescent and post-vaccination sera

Variants of Concern in the United States

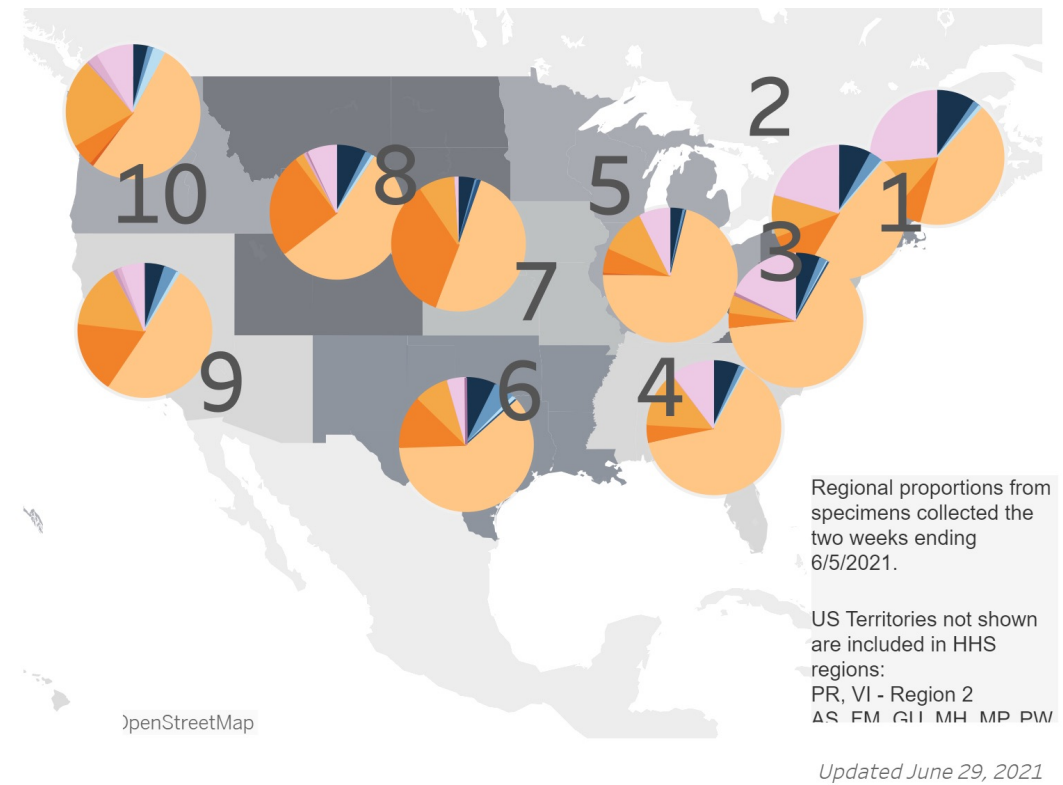
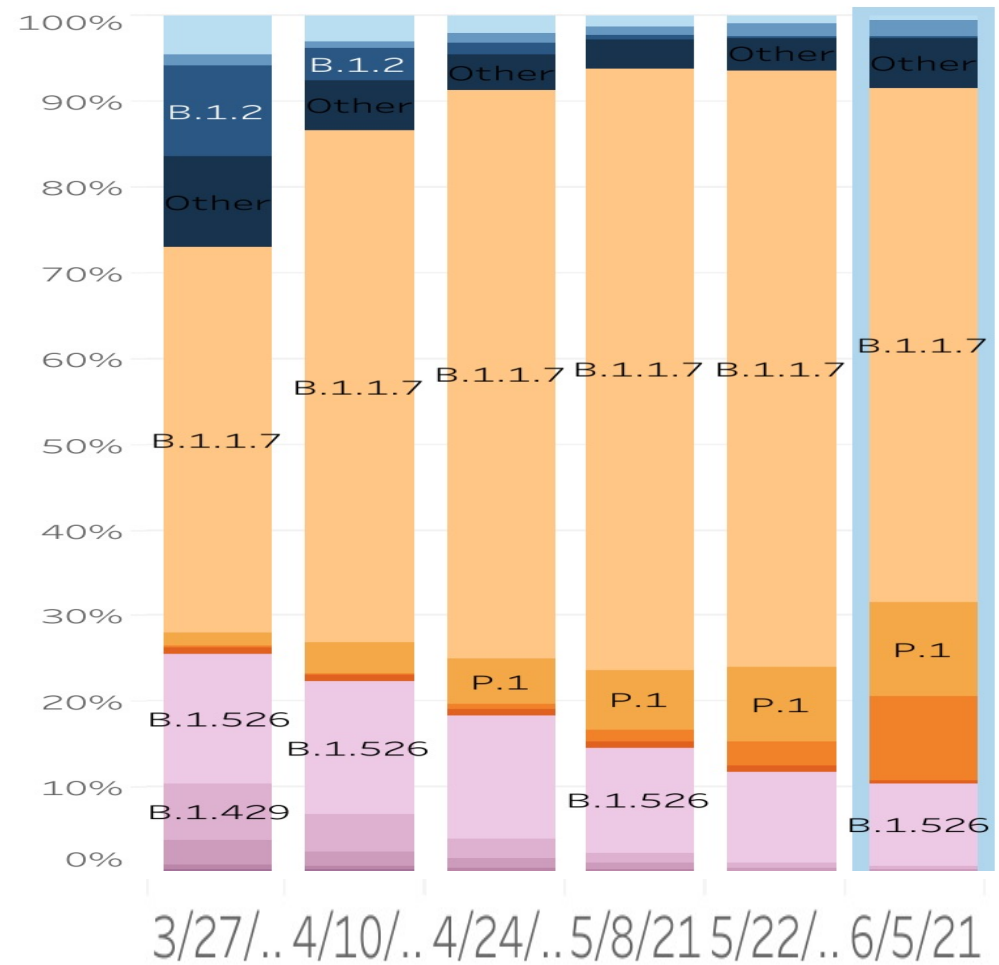
P.1 (Gamma): This variant was first detected in the United States in Jan 2021. P.1 was initially identified in travelers from Brazil, who were tested during routine screening at an airport in Japan.

- Significantly reduced susceptibility to the combination of bamlanivimab and etesevimab but other EUA monoclonal antibody treatments are available
- Reduced neutralization by convalescent and post-vaccination sera

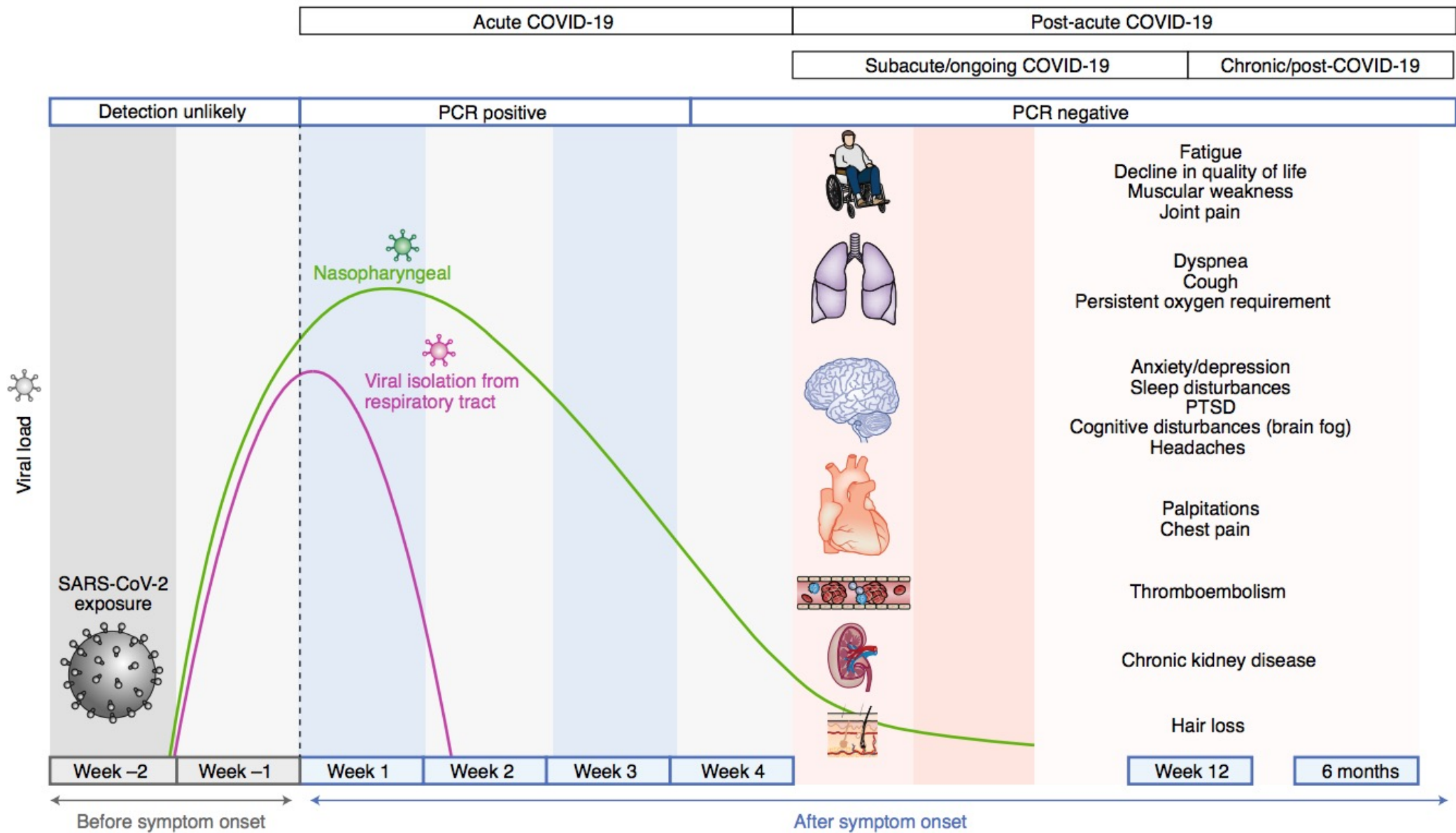
B.1.617.2 (Delta): This variant was first detected in the United States in Mar 2021. It was initially identified in India in Dec 2020.

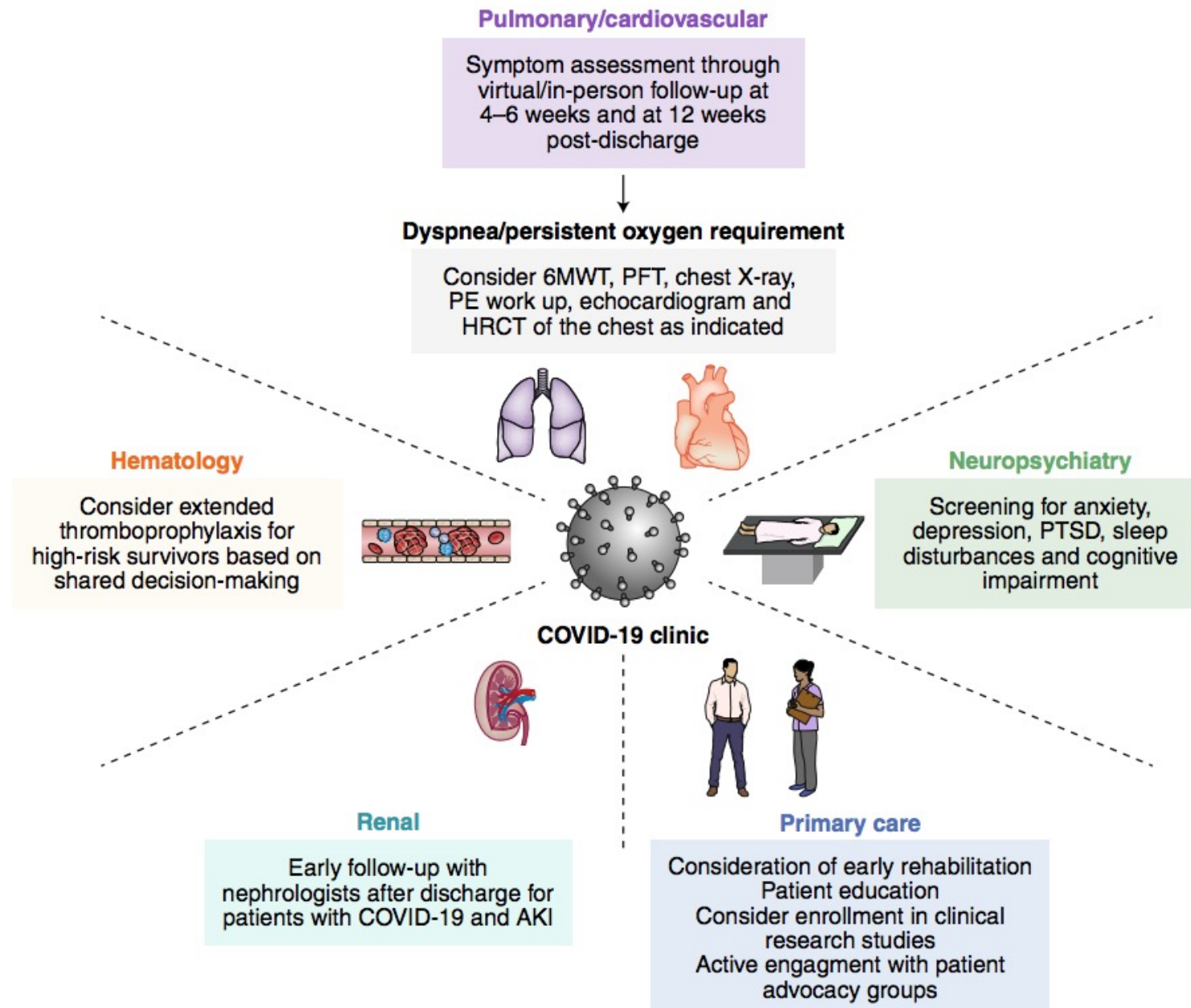
- Increased transmissibility
- Potential reduction in neutralization by some EUA monoclonal antibody treatments
- Potential reduction in neutralization by post-vaccination sera

COVID-19 Variants in the United States



Source: CDC





TERMINOLOGY AND STAGES OF RECOVERY

Acute COVID-19:

- Symptoms of COVID-19 for up to 4 weeks following the onset of illness

Ongoing symptomatic COVID-19:

- Symptoms of COVID-19 from 4 to 12 weeks following the onset of illness

Post-COVID-19:

- Symptoms that develop during or after COVID-19, continue for ≥ 12 weeks, not explained by an alternative diagnosis
- These stages reflect symptomatic recovery and are **not** related to active viral infection and infectivity.

Ongoing symptomatic COVID-19

(From diagnosis or hospital discharge until week 12)

Identify early the most serious and potentially life-limiting complications

- Organizing Pneumonia
- Pulmonary fibrosis
- Pulmonary thromboembolism
- Pulmonary Hypertension
- Bacterial/fungal Infectious complications (Pneumonia)

Tests

- Chest CT w or wo contrast
- Pulmonary function tests
- 6 min walk or similar
- EKG/Echocardiogram

What are you looking for in the Chest CT?

- Organizing Pneumonia
- Pulmonary fibrosis
- Pulmonary thromboembolism
- Bacterial/fungal Infectious complications (Pneumonia)



Post COVID-19 (> 12 weeks) Patient Workup by Primary Care

Fatigue

- Rule out secondary causes such as hypo/hyperthyroidism, CHF, OSA, myopathy
 - Thyroid panel , BNP, sleep study, total CK
- Consider physical therapy

Dyspnea

- Comprehensive physical exam, Chest X ray, EKG, BNP, D-dimer

Evaluate depression and anxiety

Do not perform autoimmune workup without a clinical diagnosis in mind

Evaluate for diagnosed or undiagnosed premorbid conditions

Support the patient in this journey

THANK YOU

Questions?