

COVID-19 Clinical Care

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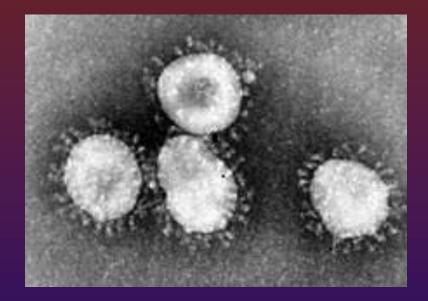
Virology

Coronavirus family

- Four common cold coronaviruses
- ✤ SARS CoV-1
- ✤ MERS
- ✤ SARS CoV-2

Structure:

- Single stranded (+) sense RNA virus
- Host derived nuclear membrane
- Helical nucleocapsid
- ✤ Glycoprotein spikes on the cell surface form the corona







- Zoonotic origin
 - ✤ Bat: Rhinolopus
 - Pangolin??

History:

* First appeared in a seafood market in Wuhan, Hubei Province, China at the very end of 2019

Rapid spread worldwide

 $\boldsymbol{\ast}$ Now reported in all AZ, NM, CO and UT

✤ No reported cases on Navajo





Transmission

- * Droplet is predominant mode of spread
- Contact is secondary

Incubation Period (Lauer et all, Ann Intern Med, 2020)
5.1 days from infection to symptoms [2-14 day range]
97.5% acquire their symptoms within 11.5 days
101 out of 10,000 cases will develop symptoms after 14 days of quarantine



Clinical Manifestations (Zhou et al, Lancet, 2020)

Symptoms:	Frequency
✤ Fever (≥37.3 C)	94%
Cough	79%
Sputum	23%
Myalgia	15%
Fatigue	23%
Diarrhea	4%



(Zhou et al, Lancet, 2020)

 Lab findings 	Frequency
Leukopenia	17%
Leukocytosis	21%
 Lymphopenia 	40%
 Thrombocytopenia 	7%
✤ ALT > 40	31%
Radiology	
 Ground glass opacity on CT 	71%
 Consolidation 	59%
 Bilateral Infiltrates 	75%



Complications: (Zhou et al, Lancet, 2020)

* Sepsis	59%
 Respiratory failure 	54%
* ARDS	31%
 Heart Failure 	23%
* AKI	15%

ARDS predictors:

✤ age >65, hi LDH, hi D-dimer, neutrophilia (Wu et al., JAMA Int Med 3/13/2020)



(Zhou et al, Lancet, 2020)

Predictors of Mortality on admission

Older Age: Odds Ratio of 1.1 per year increase
High SOFA Score: 1 in survivors, 4.5 in non survivors, OR of 5.65

* D Dimer: > 1 mcg/L

Time Course:

- Illness onset to discharge
- ✤ Illness onset to death
- Illness onset to intubation
- Viral Shedding

22 days
18.5 days
14.5 days
22 days (8-37 days range)



Community cases: 80% are mild

Asymptomatic transmission happens
 Clinical report of transmission from minimally symptomatic persons
 Serial Interval between cases is 4.6 days

Viral load spikes at the onset of symptoms



COVID-19: Who to test?

- Hospitalized patient with illness consistent with COVID-19 for infection control purposes
- Symptomatic elders, persons with chronic illnesses or immunocompromised state: (DM, CHF, CKD, COPD, immunosuppressive drug recipients)
- Contact within 14 days of a lab confirmed case of COVID-19 or travel within 14 days to a high risk geographic regions



COVID-19 Diagnosis

State Lab/CDC testing

Nasopharyngeal PCR in viral transport medium alone preferred by CDC
Oropharyngeal PCR in viral transport medium

Sputum specimen (after rinse) in sputum cup

Labcorp/Quest

Nasopharygeal swab for PCR in viral transport medium frozen



COVID-19 Precautions

Airborne and contact isolation for aerosol generating procedures

N95 mask, gloves, gowns and goggles or face shield for:

- Nasal/Oral Suction
- Sputum induction
- Nebulized medications
- Intubation

* Airborne Isolation room required

Non aerosol generating procedures

- * Surgical masks, gloves, gowns and goggles or face shield.
- Single room with door shut is OK if not generating aerosols
- ✤ Use N95 ask when more widely available



COVID-19 Treatment

- No FDA approved drugs available
- Section 2 Constrained Areas Areas
 - Remdesivir (NIH trial, University of Nebraska)
 - Chloroquine
 - ✤ Lopinavir/ritonavir
- Supportive Care
 - Mechanical ventilation
 - ✤ ECMO
 - Home care for mild cases: Public Health Nurses phone call or home visit (with PPE)
- Methylprednisolone beneficial in ARDS (Wu et al., JAMA Int Med 3/13/2020)



More COVID-19 Training

CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
 Watch COVID-19 Ebola Center video
 Do ACP Physician Handbook course
 U of Washington: https://covid-19.uwmedicine.org/Pages/default.aspx

