

COVID-19 Update December 7, 2020

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The COVID-19 pandemic is surging

Act now to slow the spread and speed up economic recovery

The infographic consists of a grid of 13 icons on a dark teal background. A central yellow oval contains the text: "Lives saved", "Economy recovered", and "Community life restored".

- Wear Masks (Icon: face mask)
- Maintain Distance/ Limit Contacts (Icon: double-headed arrow with "6 ft")
- Avoid Gatherings (Icon: group of people)
- Identify & Isolate Cases (Icon: virus particle)
- Protect Health Care Workers (Icon: stethoscope)
- Protect High-Risk Groups (Icon: person with cane)
- Conduct Contact Tracing & Quarantine (Icon: telephone handset)
- Postpone Travel (Icon: airplane with a red prohibition sign)
- Wash Hands (Icon: hands being washed with soap bubbles)
- Vaccinate Widely (Icon: bandage)

bit.ly/MMWR12420

CDC Summary of
Guidance for
Public Health
Strategies to
Address High
Levels of
Community
Transmission of
SARS-CoV-2 and
Related Deaths,

MMWR
December,4 2020

COVID-19 Treatment Guidelines

- **All three guidelines** advise against the use of chloroquine, hydroxychloroquine, lopinavir/ritonavir, or azithromycin for the treatment of COVID-19 patients.
- **The IDSA and NIH guidelines** recommend 5 days of remdesivir for patients on supplemental oxygen, but not for those on mechanical ventilation or extracorporeal membrane oxygenation.
- **The NIH guideline** suggests coadministration of remdesivir and dexamethasone for patients with severe disease as well as for those on noninvasive ventilation and those who were recently intubated.

COVID-19 Treatment Guidelines

- **The WHO guideline** recommends against the use of remdesivir in any situation.
- **All three guidelines** agree that dexamethasone at a dose of 6 mg once daily (or an equivalent corticosteroid) should be administered to patients with moderate-to-severe COVID-19, and all advise against its use in those with mild disease.
- **The IDSA and NIH** guidelines do not recommend routine use of tocilizumab, bamlanivimab, or convalescent plasma.

The Burden of Influenza in the USA

www.cdc.gov/flu/resource-center/freeresources/graphics/flu-vaccine-protected-infographic.htm

2019-2020 Flu Season: Burden and Burden Averted by Vaccination

During the 2019-2020 season, CDC estimates flu caused:

38
million
flu illnesses

400,000
flu hospitalizations

22,000
flu deaths

It could have been even worse without flu vaccines.

Nearly 52% of the U.S. population 6 months and older got a flu vaccine during the 2019-2020 flu season, and this prevented an estimated:

7.5
million
flu illnesses



More than the combined
population of Kentucky and
Kansas

105,000
hospitalizations



Enough people to fill
Michigan Stadium at the
University of Michigan

6,300
deaths



Equivalent to saving about
17 lives per day over the
course of a year

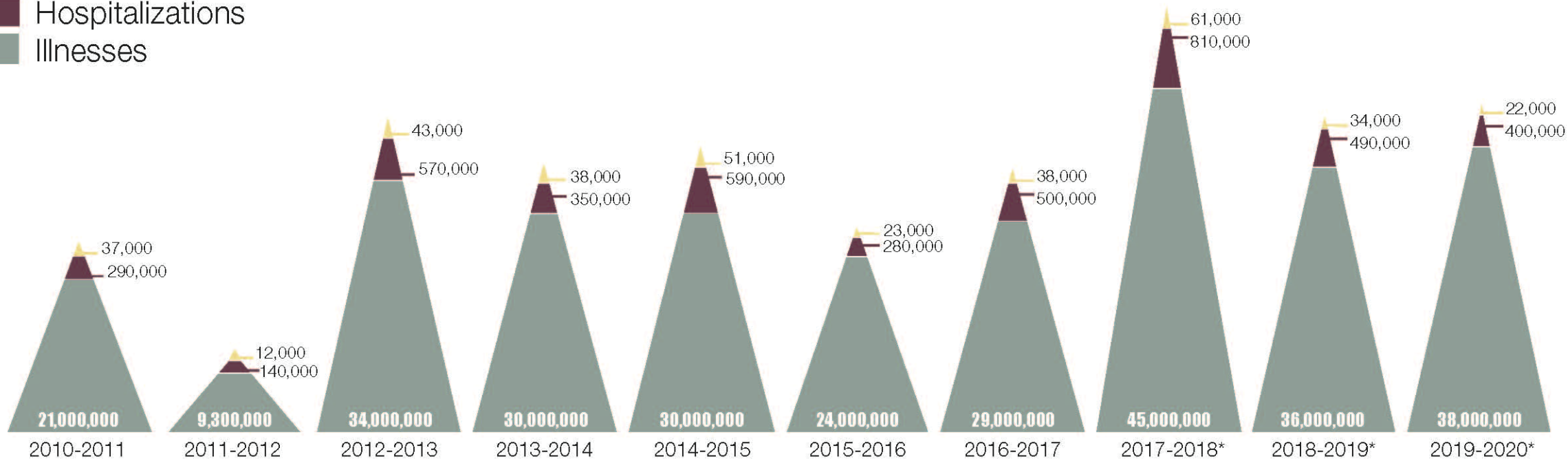
Imagine the impact if more Americans chose to get a flu vaccine. Many more flu illnesses, flu hospitalizations, and flu deaths could be prevented.

The estimates for the 2019-2020 influenza season are preliminary pending additional data from the season.

Estimated Influenza Disease Burden, by Season United States, 2010-11 through 2019-20 Influenza Seasons

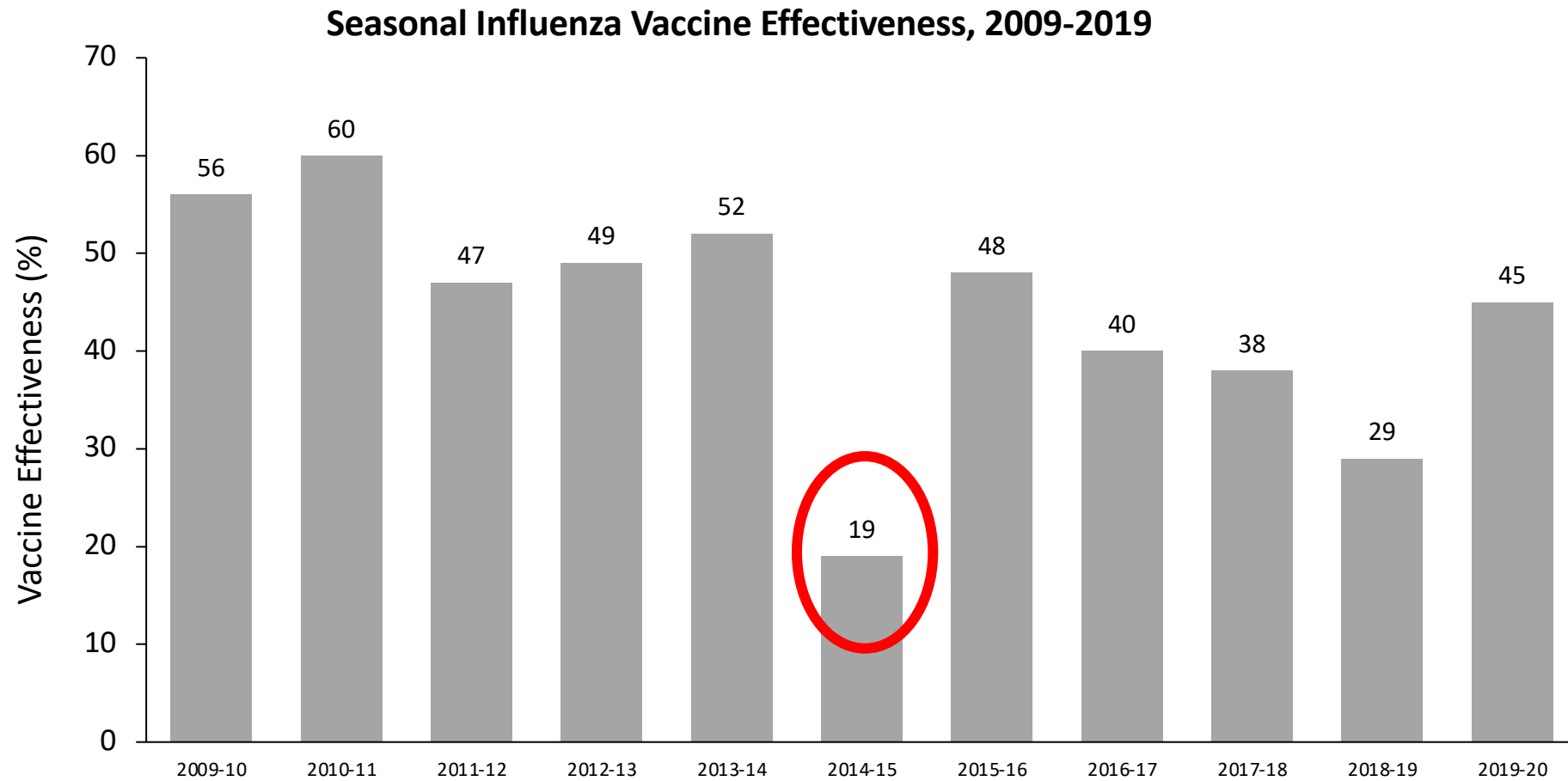
- Deaths
- Hospitalizations
- Illnesses

Estimated U.S. Influenza Burden, By Season (2010 - 2020)



*Estimates for these seasons are preliminary and may change as data are finalized.

Influenza Vaccination: 2009-2020

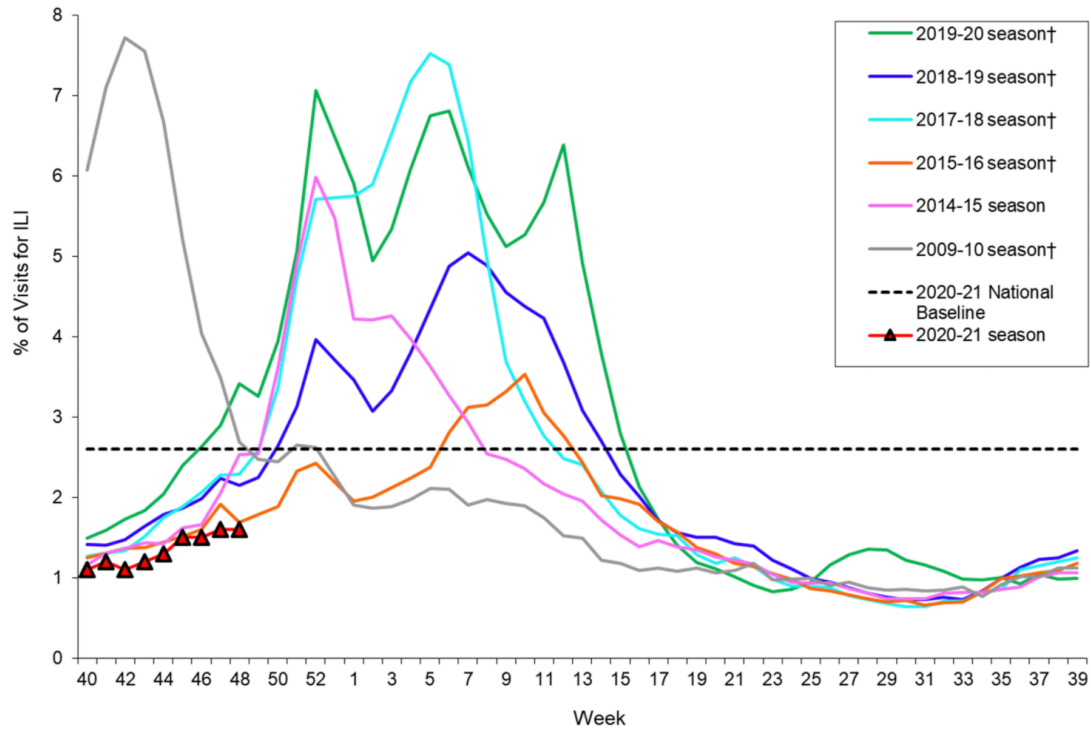


What are CDC's Sources to Generate Influenza Epidemiologic Estimates

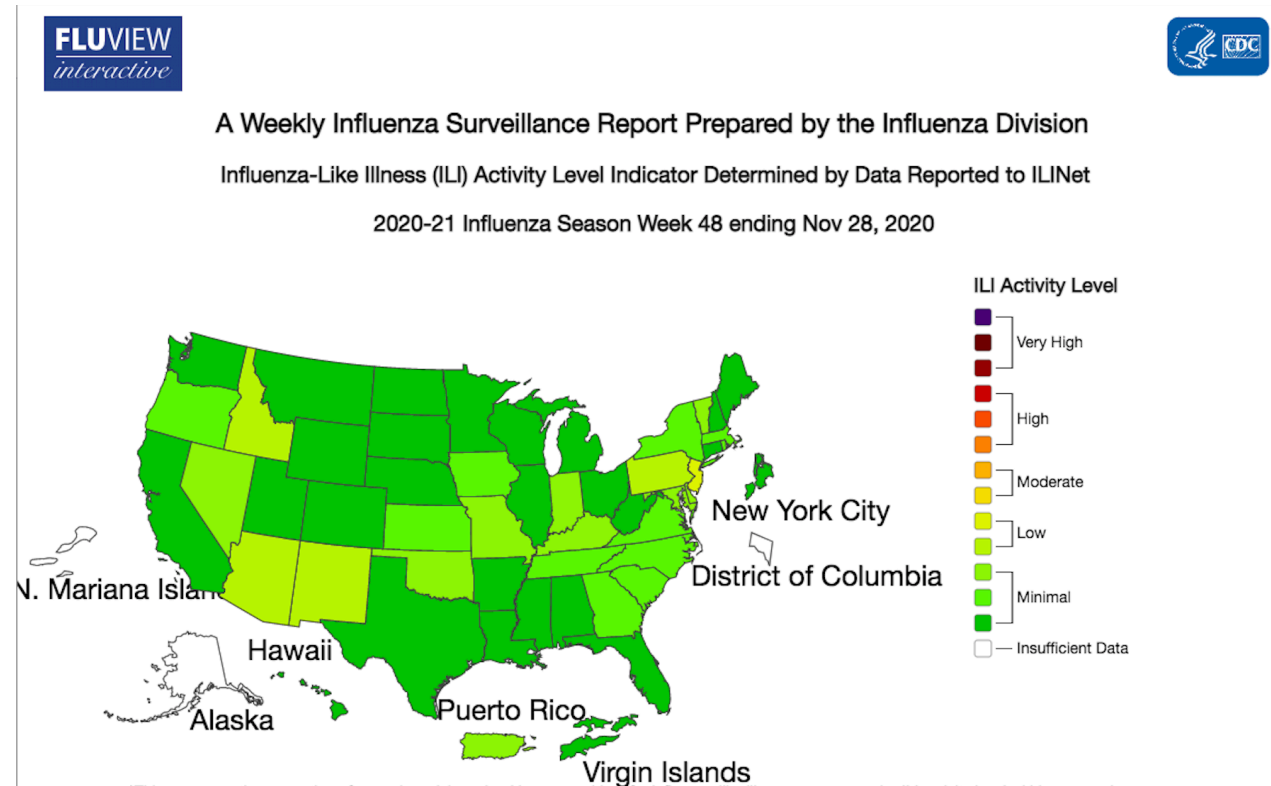
- Influenza like illness (ILI) reports
- Influenza positive tests
- Influenza public health labs positive tests
- Influenza pediatric mortality
- Other sources
 - Hospitalization due to Influenza
 - Death due to Influenza
 - Hospitalized Pneumonia due to influenza

Influenza Like Illness (ILI) Reports in the US

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2020-2021 and Selected Previous Seasons



†These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.



FLUVIEW
interactive



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet

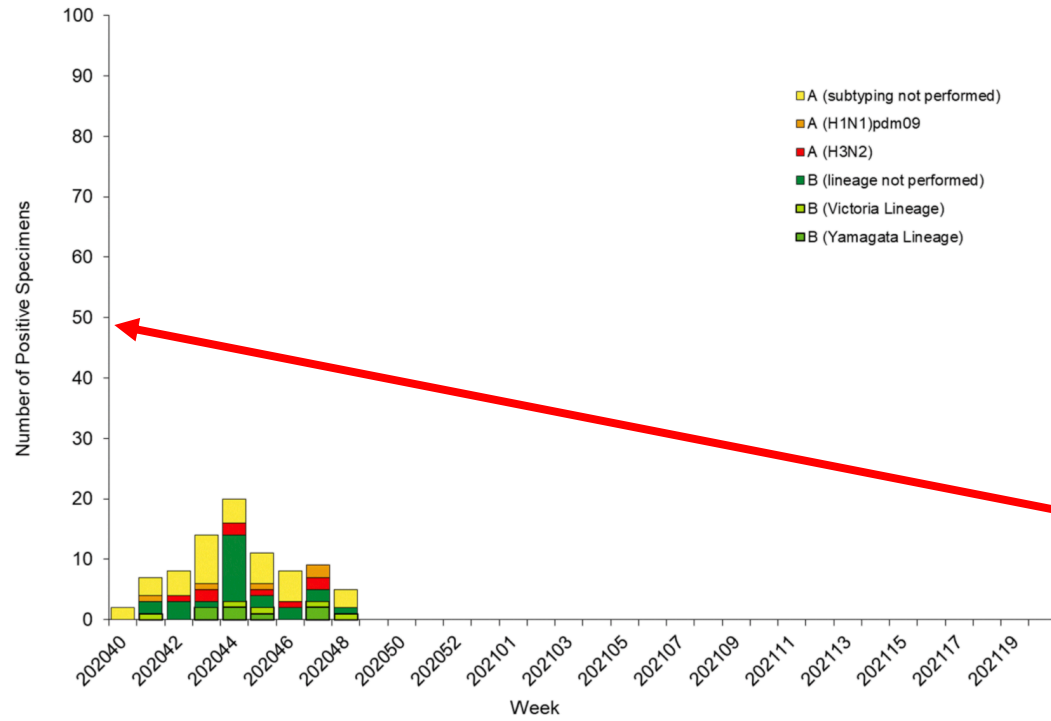
2020-21 Influenza Season Week 48 ending Nov 28, 2020

ILI Activity Level

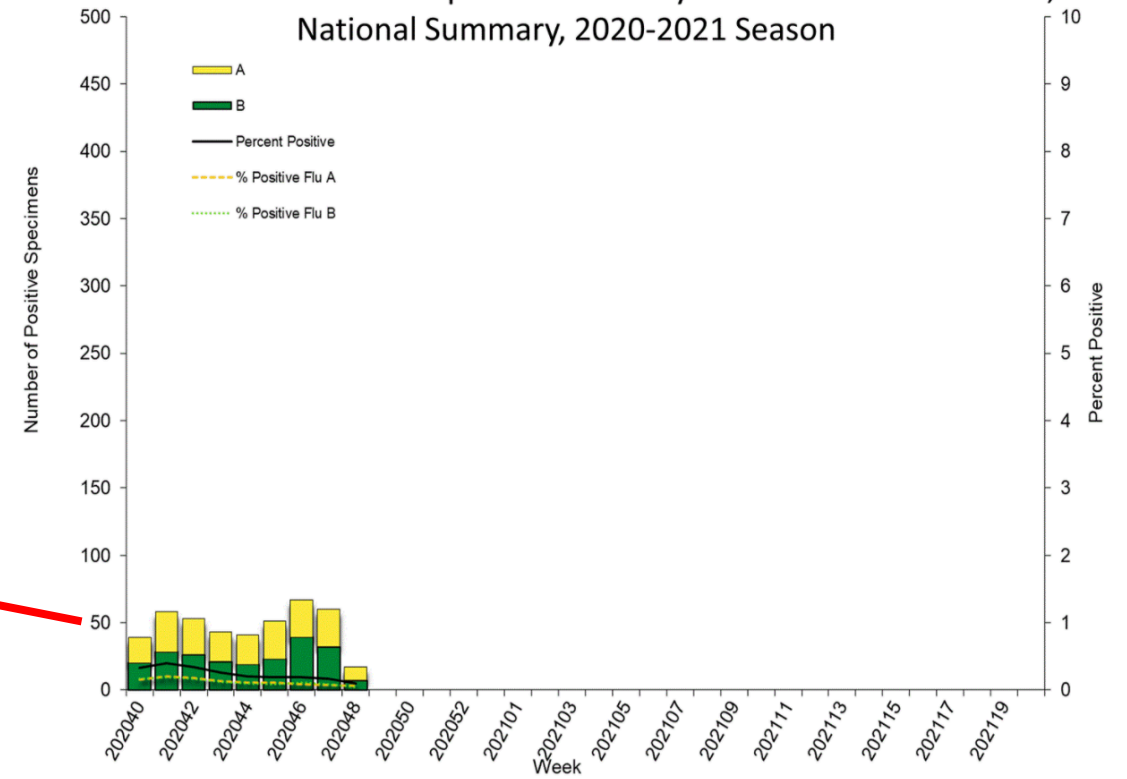
- Very High
- High
- Moderate
- Low
- Minimal
- Insufficient Data

Influenza Positive Tests Results

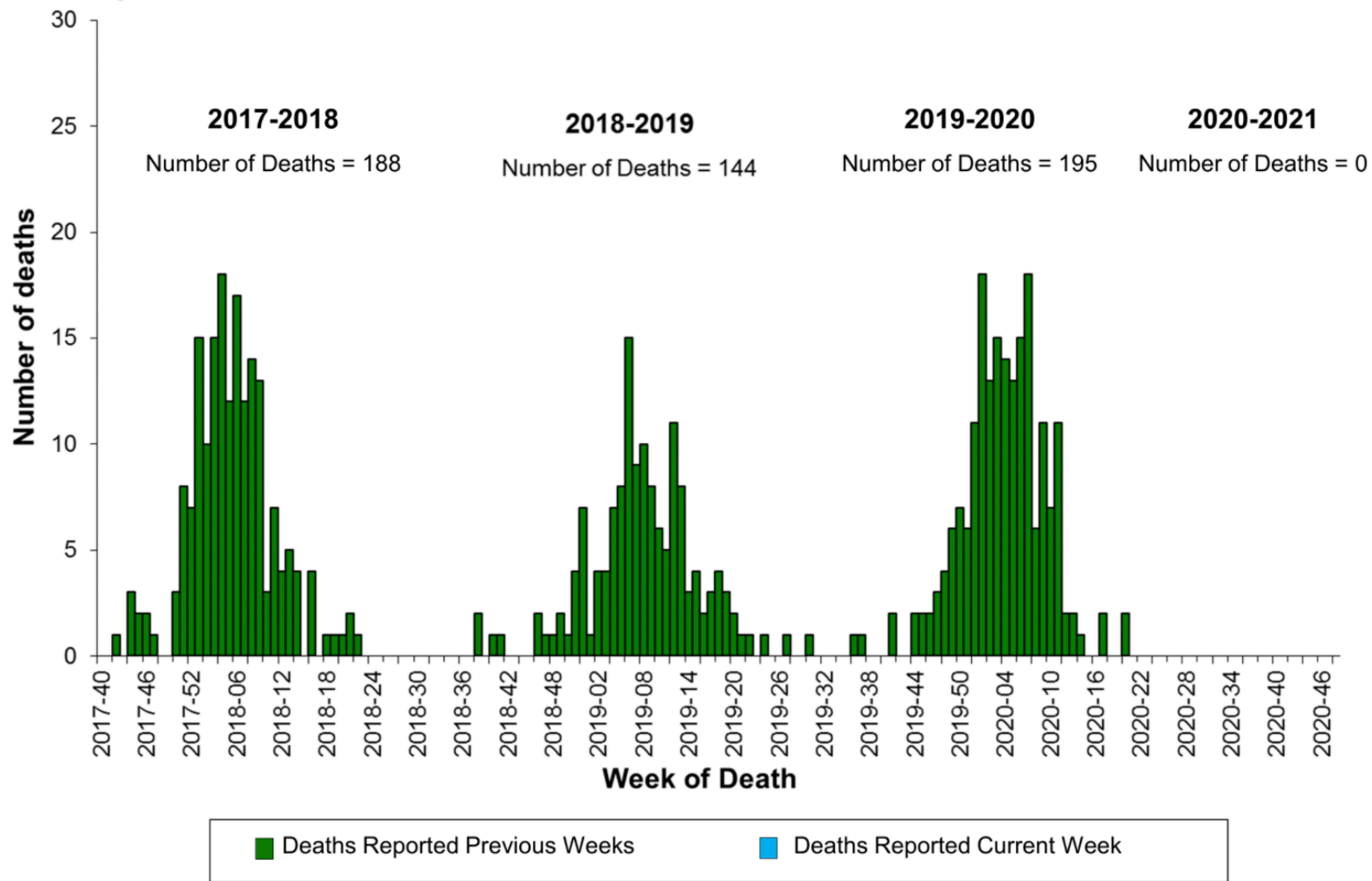
Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2020-2021 Season



Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2020-2021 Season



Influenza-Associated Pediatric Deaths by Week of Death, 2017-2018 season to 2020-2021 season



Influenza Vaccines: 2020-2021 Season

Standard dose

- For all individuals > 6 months of Age
 - Trivalent (2 A and 1 B strains)
 - Quadrivalent (2 A strains and 2 B strains)

High Dose and Adjuvant

- **For patients aged ≥ 65 years**

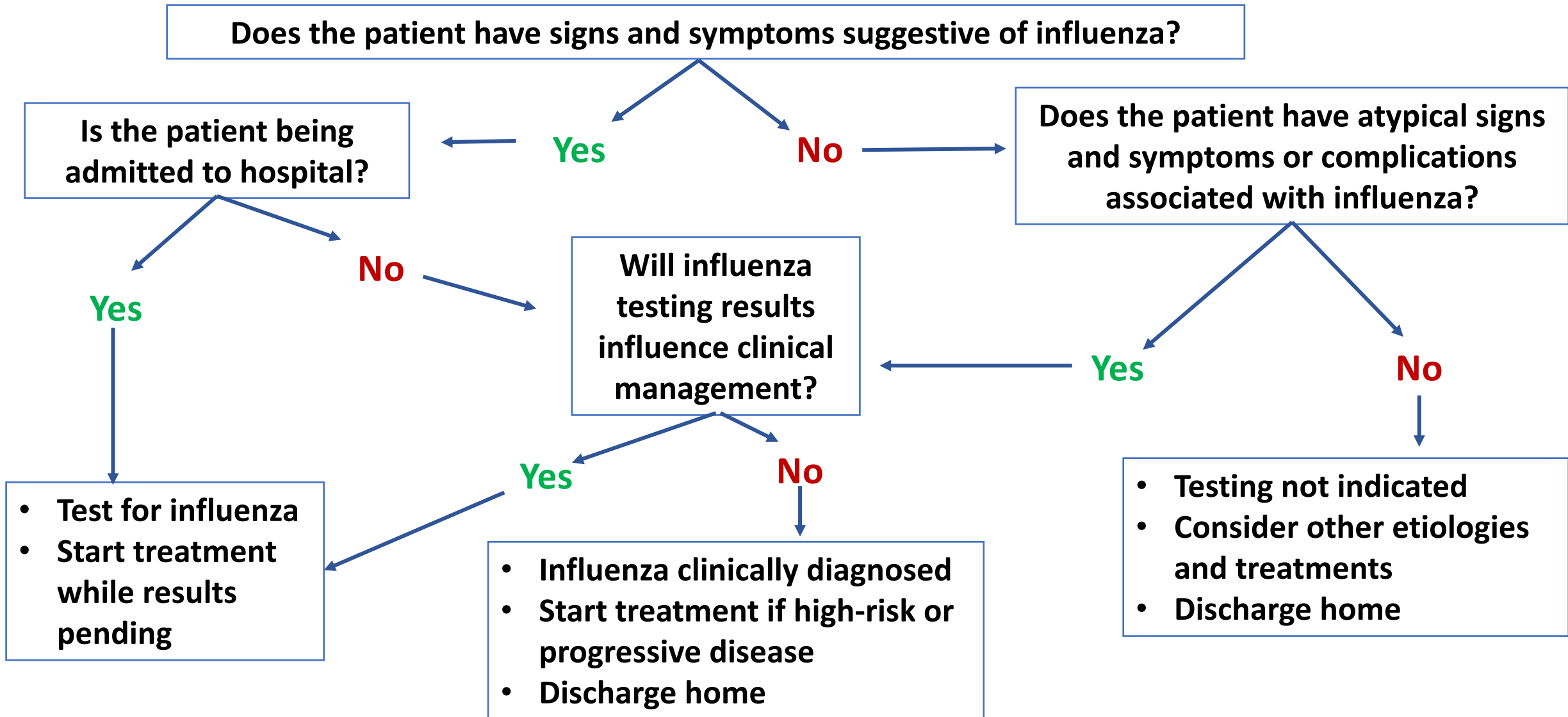
Cell-based and Recombinant Quadrivalent

History of egg allergy with severe reactions.

Live quadrivalent attenuated nasal spray

- For ages 2 to 49 years
- Contraindications: Children aged 2-4 years with asthma, immunocompromised individuals, pregnancy, asplenia, cochlear implant, CSF leak, recent receipt of antiviral medications

IDSA Decision Tree for Testing and Treatment of Influenza



Influenza Diagnostic Tests

Method	Testing Category	Detects	Distinguishes Influenza A Subtypes	Time to Results	Sensitivity	Specificity
Antigen Detection Assays	Rapid influenza diagnostic test	Influenza virus antigens	No	10-15 min	Low to moderate (↑ with analyzer)	High
Molecular Assays	Rapid molecular assay	Influenza viral RNA	No	15-30 min	High	High
	Conventional RT-PCR	Influenza viral RNA	Yes	1-8 h	High	High
	Multiplex molecular assays	Influenza and other viral/bacterial targets	Yes	1-2 h	High	High
Viral Culture	Rapid cell culture (shell vial and cell mixtures)	Influenza virus	Yes	1-3 days	High	High

RT-PCR = Reverse Transcription Polymerase Chain Reaction;

Adapted from Uyeki T, et al. *Clin Infect Dis*. 2019;68(6):895-902; CDC. CDC's diagnostic multiplex assay for flu and COVID-19 and supplies. <https://www.cdc.gov/coronavirus/2019-ncov/lab/multiplex.html>.

Indications for Treatment

Treatment should be provided:

- Hospitalization for influenza
- Severe or progressive illness
- High risk of complications
- Children < 2 years old
- Adults > 65 years old
- Pregnant women and those within 2 weeks post-partum

Treatment can be considered:

- Illness onset \leq 2 days before presentation
- Household contacts or healthcare providers for high-risk persons, particularly immunocompromised

Treatment should ideally start within 48 hours of symptom onset but there are exceptions

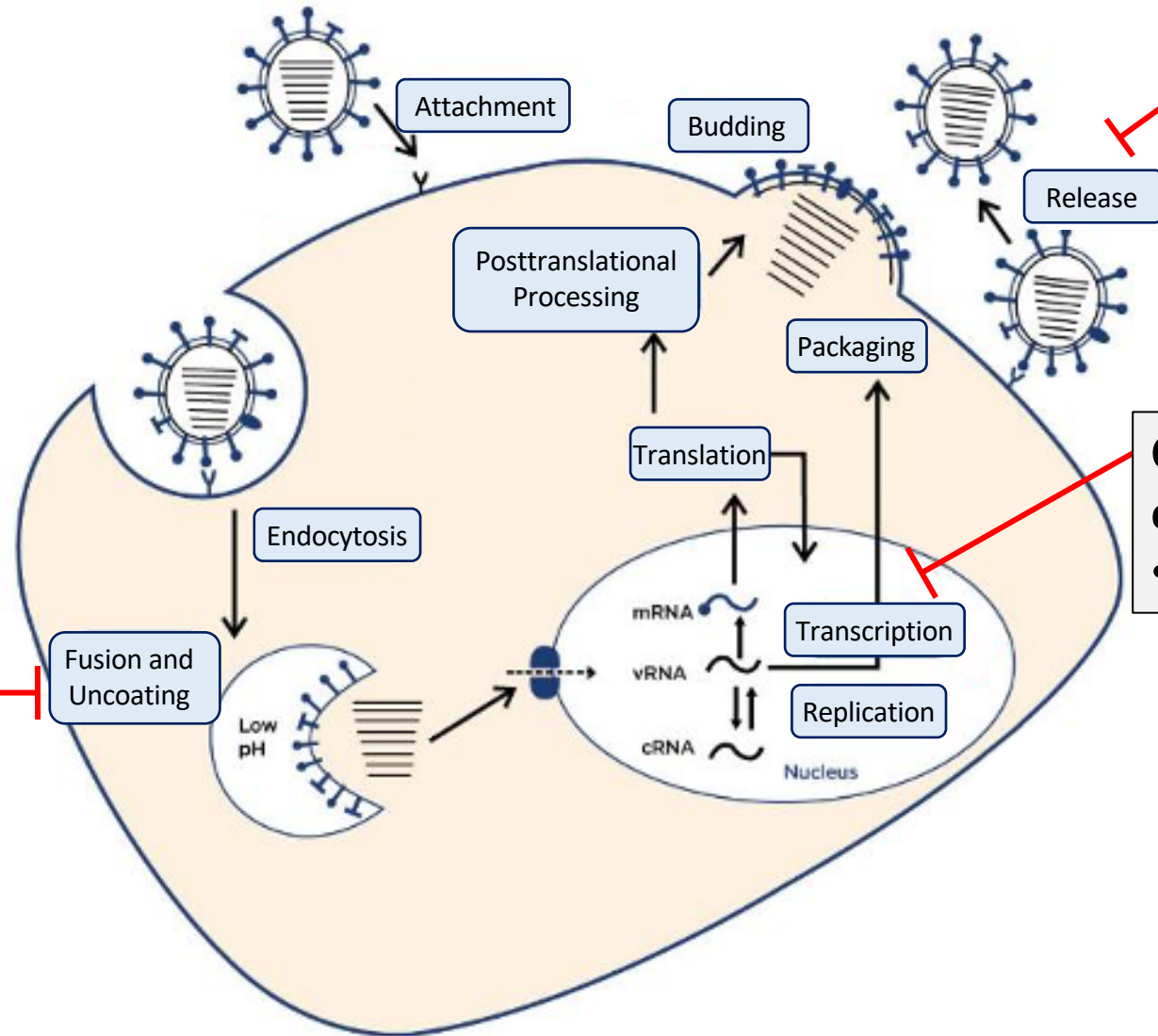
Ideally treatment should start within 6 hours

Treatment should not depend on laboratory confirmation

Individuals at High Risk of Complications from Influenza

- Children aged < 5 years, especially < 2 years
- Adults aged ≥ 65 years
- Immunosuppression
- Pregnancy & within 2 weeks postpartum
- Children and adolescents taking aspirin or other salicylates
- American Indian/Alaskan Native people
- Extreme obesity (BMI $\geq 40\text{kg/m}^2$)
- Long-term care/nursing home residents
- **Chronic conditions:**
 - Pulmonary (including asthma)
 - Cardiovascular (excluding isolated hypertension)
 - Renal disorders
 - Hepatic disorders
 - Hematological (including sickle cell disease)
 - Intellectual disability/developmental delay
 - Metabolic disorders (including diabetes mellitus)
 - Neurological/neurodevelopmental conditions

Antivirals for Influenza



Neuraminidase inhibitors

- Oseltamivir
- Zanamivir
- Peramivir

Cap-dependent endonuclease inhibitor

- Baloxavir

M2 ion channel inhibitors

- Amantadine
- Rimantadine
 - No clinical role due to widespread resistance

Antivirals for the Treatment of Acute Uncomplicated Influenza

Antiviral	Administration	Approved age for pediatric use	Use in patients at high risk for complications		Prophylaxis
			FDA approved	CDC recommended	
Baloxavir marboxil	Oral Single dose	≥ 12 years*	Yes	No	Yes
Oseltamivir	Oral BID x 5 days	≥ 2 weeks	No	Yes	Yes (once daily)
Peramivir	Intravenous Single dose	≥ 2 years	No	No	No
Zanamivir	Inhaled BID x 5 days	≥ 7 years	No	No	Yes ≥ 5 years (once Daily)

*NDA submitted for 1-12 years

Factors Influencing Treatment Selection

- **Comorbidities and risk of complications**
- **Disease severity**
- **Drug susceptibility of circulating virus**
- **Pregnancy**
- **Adherence issues**
- **Convenience of regimen**

Influenza Complications

More Frequent in Pediatrics

- *Ear Nose and Throat*
 - Otitis
 - Sinusitis
- *Muscular*
 - Myositis
 - Rhabdomyolysis

More Frequent in Adults

- *Cardiac*
 - Myocarditis/Pericarditis
 - Acute Coronary Syndrome
- *Pulmonary*
 - Viral Pneumonia
 - Bacterial Pneumonia
 - ARDS
- *Neurologic*
 - Aseptic Meningitis/Encephalitis
 - Transverse myelitis
 - Guillain Barre Syndrome