

#### COVID-19 Clinical Update

Jonathan Vilasier Iralu, MD, FACP
Indian Health Service Chief Clinical Consultant
for Infectious Diseases



- ❖ Variants of Interest: (markers that affect transmission, Dx, potentially Rx)
  - \*B.1.526/B1.525: New York
  - ❖ P2: Brazil (Contains spike E484K mutation)
- \* Variants of Concern (incr. transmission, severity, decr. neutralization by MAbs)
  - ❖ See next few slides
- Variants of High Consequence (Medical countermeasures don't work)
  - \*NONE SO FAR!

- **•** UK Variant. (B.1.1.7 or VOC 20212/01)
  - ❖ N501Y is one of many mutations
  - ❖ E484K mutation appeared on this variant in 2021 in England
  - ❖ 50% higher transmission rates noted: R<sub>T</sub>s 0.4-0.7 higher with higher social distancing
  - ❖ 30%-56% increased virulence
  - ❖ Increased mortality with HR 1.64 (Challen, BMJ, 2021)
  - Minimal impact on neutralization by EUA Monoclonal Antibodies
  - Minimal impact of neutralization by convalescent and post vaccine sera

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html

- ❖ S African Variant (B1.351)
  - \*Similar to B.1.1.7 but contains E484K and K417N
  - \*50% increased transmission
  - Moderate impact on neutralization by EUA Monoclonal Antibodies
  - ❖ Moderate reduction in neutralization by convalescent/post-vaccine sera
    - ❖ Moderna vaccine produces 85% immune response to this variant
    - \*Escapes the AstraZeneca-Oxford vaccine for mild-moderate disease

- Brazil Variant (P.1)
  - ❖ Contains N501Y, E484K, and K417T mutations
  - Seen in Brazil, Japan and the US
  - ❖ Moderate impact on neutralization by EUA monoclonal Abs
  - ❖ Moderate impact on neutralization by convalescent/post-vaccine sera

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html

- California Variant (B.1.427/429; CAL.20C)
  - \* Multiple S protein mutations including L452R, D614G, S13I, W152C
  - Circulating in California, Present in Four Corners States
  - \*20% increase in transmissibility
  - \*Impact of neutralization by some but not all EUA monoclonal Abs
    - ❖BAM monotherapy is 1020-fold less susceptible
    - **❖** BAM/Etesivimab is 7.4-fold less susceptible
  - Moderate reduction in neutralization by convalescent/post-vaccine sera

https://www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-revisions-fact-sheets-address-sars-cov-2-variants-monoclonal-antibody-products-under

### Mild-Moderate COVID-19 Treatment Bamlanivimab/Etesevimab

- ❖ More Blaze-1 data (Phase 3) 700 mg BAM/1400mg Etesivimab
  - \* 769 patients  $\geq$  12 yo enrolled with mild-moderate outpatient COVID-19
  - Looked at hospitalization or death as "events"
  - ❖ 4 events in treated vs 11 in control: 87%% Risk Reduction, p = 0.0001
  - Observed 4 deaths total, all in the placebo group

https://investor.lilly.com/node/44756/pdf

### Prevention AstraZeneca vaccine

- University of Oxford/Vaccitech
  - \* Replication deficient chimp adenovirus carrying SARS-CoV-2 spike protein
  - \* 32,449 participants at 88 sites in US, Peru and Chile enrolled age  $\geq$  18
  - ❖ 2 IM injections 4 weeks apart (vaccine to placebo ratio 2:1)
  - \*76% protection against symptomatic COVID
  - \*85% protection for those over age 65
  - ❖ 100% efficacy against hospitalization and severe/critical disease
    - ❖8 cases all in the placebo group

#### Prevention

#### CDC: Effectiveness of Pfizer/Moderna vaccine

- \* HEROES-RECOVER Network Study
  - Enrolled 3,950 HCPs, first responders & essential/frontline personnel
  - ❖ 2,479 got two doses and 477 got 1 dose and had PCRs weekly
  - ❖ Vaccinated vs not: 0.04 vs 1.38 infections/1000 person days noted
  - \* Estimated effectiveness 90% for two doses and 80% for one dose
- "mRNA COVID-19 vaccines are effective for <u>preventing</u> SARS CoV-2 infection regardless of symptom status among working age adults in real world conditions" https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm

# Infection Prevention New CDC Fully Vaccinated People guidance

- Fully vaccinated people can:
  - ❖ Visit with fully vaccinated people indoors without masks or distancing
  - ❖ Visit with unvaccinated people from a single household who are at low risk indoors without masks or distancing
  - \*Refrain from quarantine and testing following known exposure if asymptomatic
- Fully vaccinated people should continue to:
  - ❖ Wear masks and social distance
    - \* in public and with unvaccinated persons who are either at risk or from multiple households
  - \*Avoid medium and large in person gatherings

### More COVID-19 Training

- \*CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
- \*ACP Physician Handbook: https://www.acponline.org/clinical-information/clinical-resources-products/coronavirus-disease-2019-covid-19-information-for-internists
- \*UW Protocols: <a href="https://covid-19.uwmedicine.org/Pages/default.aspx">https://covid-19.uwmedicine.org/Pages/default.aspx</a>
- >UW IDEA Program: https://covid.idea.medicine.uw.edu/
- > NIH Guidelines: <a href="https://covid19treatmentguidelines.nih.gov/">https://covid19treatmentguidelines.nih.gov/</a>
- \*Brigham and Women's Hospital: covidprotocols.org

