

5-7-2020

Covid-19 Clinical Update 5/7/2020

George Washington University

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Recommended Citation

George Washington University, "Covid-19 Clinical Update 5/7/2020" (2020). *GW Infectious Disease Updates*. Paper 9.

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1. EPIDEMIOLOGY

2. PUBLICATIONS

3. GW UPDATES

COVID-19 UPDATE

HANA AKSELROD, MD, MPH

GW DIVISION OF INFECTIOUS DISEASES

5/7/2020

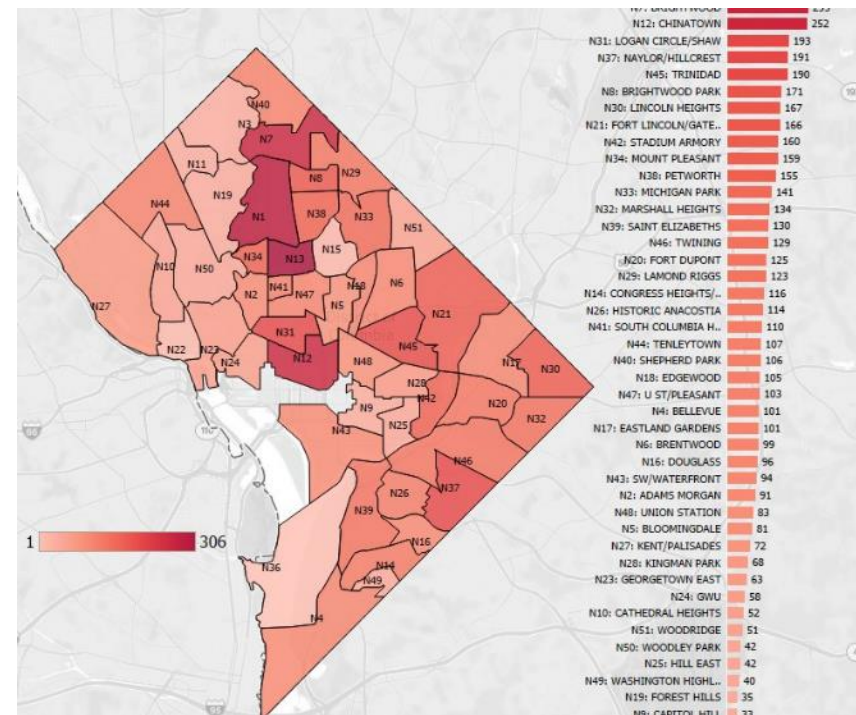
Known coronavirus deaths and cases in D.C., Maryland and Virginia

There are a total of **2,557 deaths** and **56,598 cases** confirmed in the region.

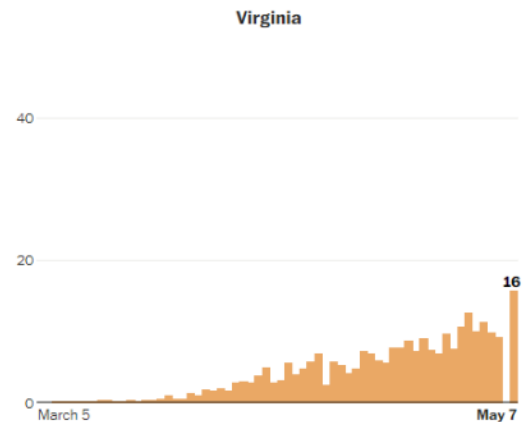
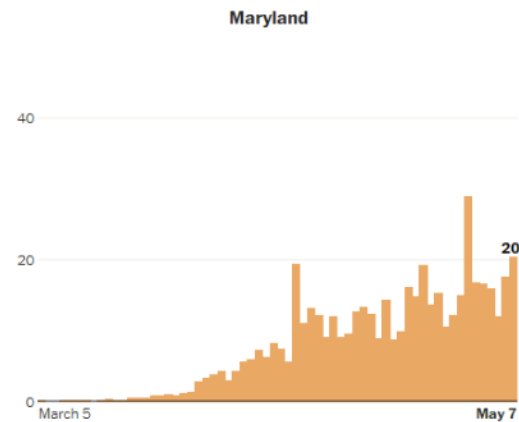
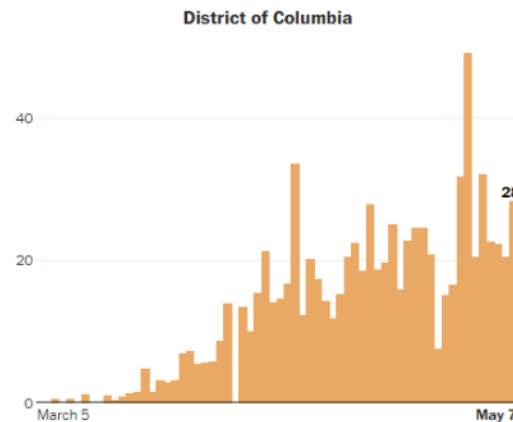


By **Rebecca Tan, Fenit Nirappil, Kevin Uhrmacher, Gabriel Florit and Danielle Rindler**

Updated May 7 at 11:19 a.m.



New daily cases per 100,000 residents



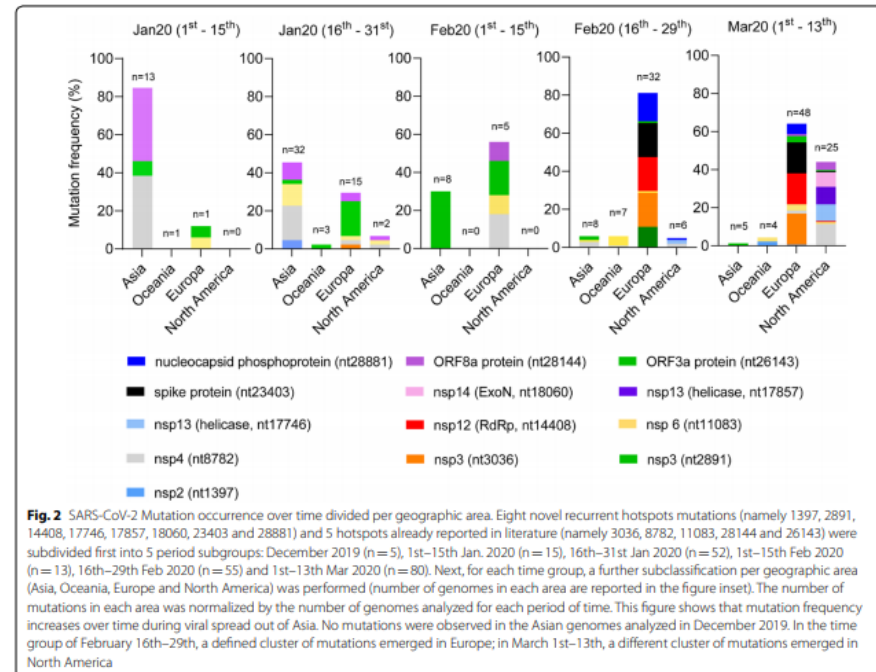
RESEARCH

Open Access



Emerging SARS-CoV-2 mutation hot spots include a novel RNA-dependent-RNA polymerase variant

Maria Pachetti^{1,2†}, Bruna Marini^{4†}, Francesca Benedetti⁵, Fabiola Giudici³, Elisabetta Mauro⁴, Paola Storici¹, Claudio Masciovecchio¹, Silvia Angeletti⁶, Massimo Ciccozzi⁶, Robert C. Gallo^{7,8}, Davide Zella^{5,9*} and Rudy Ippodrino^{4*}



Effect of Convalescent Plasma Therapy on Viral Shedding and Survival in COVID-19 Patients FREE

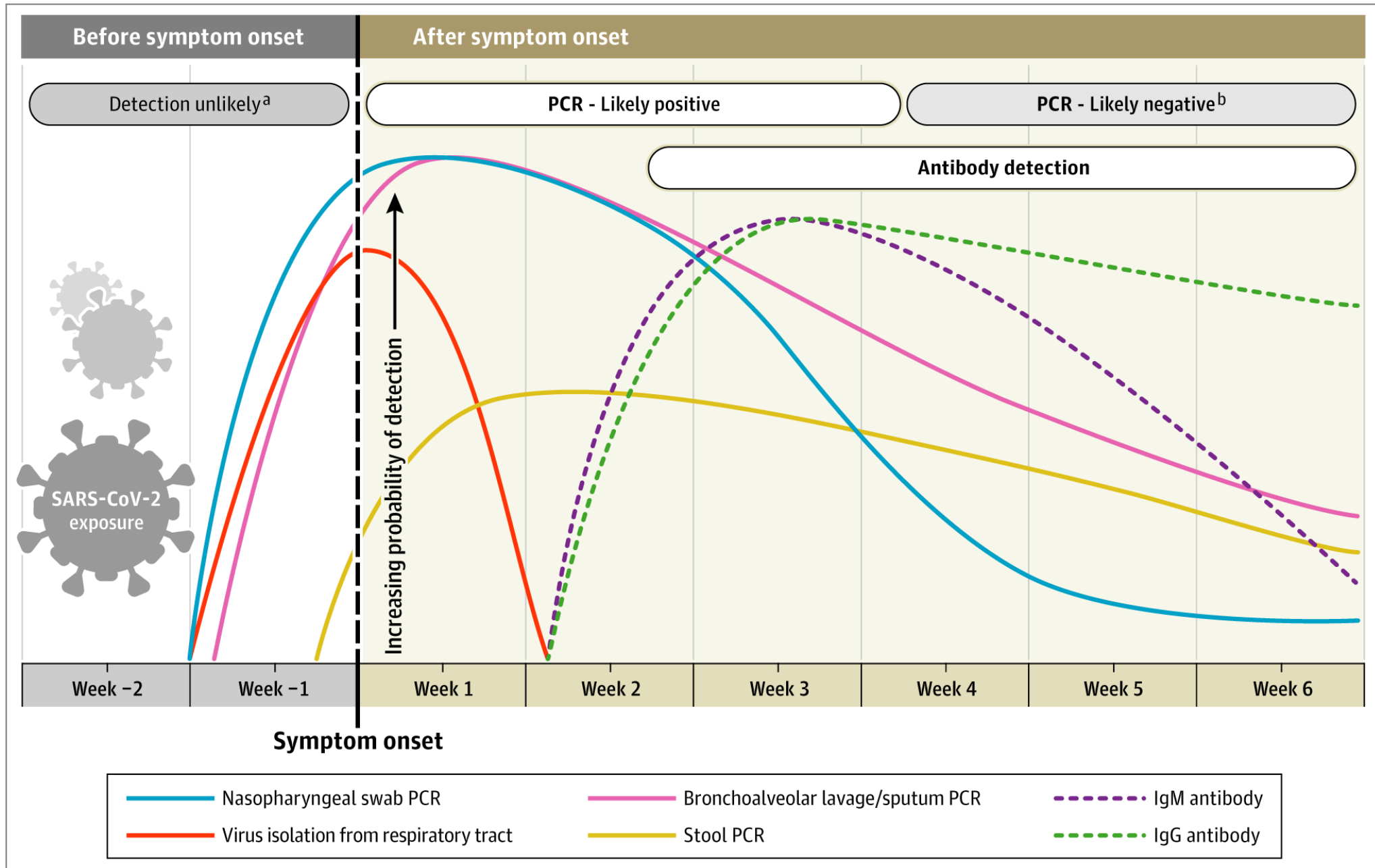
Qing-Lei Zeng ✉, Zu-Jiang Yu, Jian-Jun Gou, Guang-Ming Li, Shu-Huan Ma, Guo-Fan Zhang, Jiang-Hai Xu, Wan-Bao Lin, Guang-Lin Cui, Min-Min Zhang ... Show more

Author Notes

The Journal of Infectious Diseases, jiaa228, <https://doi.org/10.1093/infdis/jiaa228>

Published: 29 April 2020 **Article history** ▼

- 21 critically ill patients with COVID-19 respiratory failure
- 6 received convalescent plasma at a median of 21.5 days after first detection of viral shedding
 - All tested negative for SARS-CoV-2 RNA by 3 days after infusion (vs. 21% in comparison arm; $p = 0.005$)
 - In spite of viral clearance, 5 died (vs. 15/16 died in comparison arm; $p = 0.184$)
- Comparison arm: 15 pts who received standard of care without convalescent plasma
- Only one patient per arm survived
- “Convalescent plasma treatment can discontinue SARS-CoV-2 shedding but cannot reduce mortality in critically end-stage COVID-19 patients, and treatment should be initiated earlier.”
 - Earlier = viremic/seronegative stage, estimated to be day 1-14 of illness

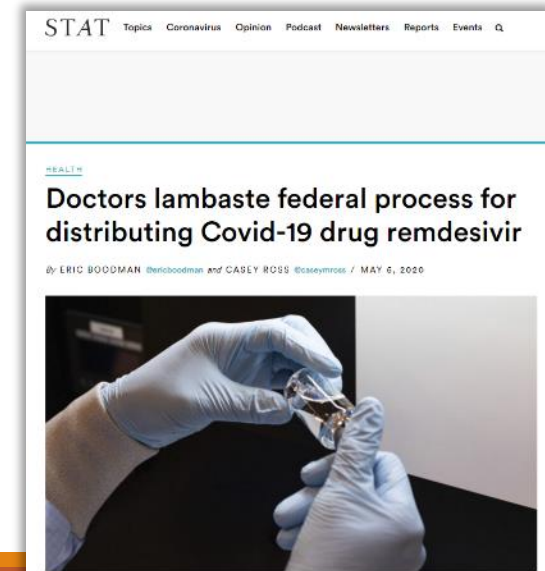


Remdesivir at GWUH



- Available from Gilead under Expanded Access (“Compassionate Use”) protocol
- Eligibility Criteria:
 - On ventilator support
 - Minimal vasopressor support
 - eGFR > 30
 - No multi-organ failure
 - Consent
- Unfortunately currently we do NOT have access to this drug under any other protocol including EUA
- Hoping for updates under federal distribution mechanism and increase in production

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Convalescent Plasma at GW



- Enrolling patients in American Red Cross / Mayo Clinic registry
- Facilitated by Blood Bank
- Matched from national program or directed donation
- Given 7 or 8 units to date
- Give earlier in disease course

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- Laboratory confirmed COVID-19
- Severe or immediately life-threatening COVID-19, for example,
 - Severe disease is defined as one or more of the following:
 - shortness of breath (dyspnea),
 - respiratory frequency ≥ 30 /min,
 - blood oxygen saturation $\leq 93\%$,
 - partial pressure of arterial oxygen to fraction of inspired oxygen ratio < 300 ,
 - lung infiltrates $> 50\%$ within 24 to 48 hours
 - Life-threatening disease is defined as one or more of the following:
 - respiratory failure,
 - septic shock,
 - multiple organ dysfunction or failure
- Informed consent provided by the patient or healthcare proxy.