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GW Covid-19 Intelligence Reports: June 22, 2020

George Washington University

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Updates for the District of Columbia:

- Phase Two of the District's reopening has begun, as of Monday, June 22. As a necessary precondition, the District has experienced two weeks of sustained decrease in community spread of COVID-19.
- As of June 21, the District's overall positive case total was 10,058 with 535 deaths. Death demographics: 74% African American, 13% Latinx, 11% White, 1% Asian; 58% male, 42% female.
- As of June 21, hospital occupancy is 74 % in DC; the proportion of occupancy due to COVID-19 is low (155 of 1,848 total) and ventilator utilization remains below 50%.

Preventing transmission of COVID-19:

- As more states and locales are opening, comprehensive guidance is available for employers on how to prevent transmission of COVID-19 in the workplace. Suggested public health measures include use of PPE, reducing the density/segmenting the workforce, environmental controls and testing.
- The Centers for Disease Control and Prevention has released guidance for businesses, as well as considerations and guidance for institutions of higher learning.

Key updates in treatment for COVID-19:

- One RCT study found that among patients with severe or life-threatening COVID-19, convalescent plasma therapy added to standard treatment did not significantly improve the time to clinical improvement within 28 days. However, the study authors noted that the trial was terminated early and may have been underpowered to detect a clinically important difference.
- Hydroxychloroquine sulfate (HCQ) and chloroquine phosphate (CQ) are no longer authorized by FDA to treat COVID-19. Further, FDA is warning health care providers that co-administration of remdesivir and chloroquine phosphate or hydroxychloroquine sulfate is not recommended as it may result in reduced antiviral activity of remdesivir.
- Massachusetts General Hospital published a new comprehensive resource for treatment of patients with COVID-19.
- Researchers are beginning to learn why some patients with COVID-19 fare worse, identifying a genetic susceptibility locus and involvement of the ABO blood-group system. (Blood group A appears to lead to higher risk and blood group O may have a protective effect.)
- Emerging evidence:
    - Preliminary results for an open label randomized controlled trial (RCT) in the United Kingdom found that dexamethasone can reduce mortality by one-third for ventilated patients and one-fifth for patients requiring only oxygen; there was no mortality benefit in patients on room air. These findings have not been peer-reviewed and were described pre-print in a press release.
    - Two studies have been released that suggest Anakinra may be a potential treatment: In one small, uncontrolled study using Anakinra 100mg every 8 hours the authors found rapid clinical improvement and a clinical trial is now underway. A second retrospective cohort study of non-ventilated patients with COVID-19 and ARDS found treatment with high-dose Anakinra (5 mg/kg IV BID) was safe and associated with clinical improvement in 72 percent of patients. At 21 days, survival was 90% in the high-dose Anakinra group and 56% in the standard treatment group.
    - One study in 100 patients, Tocilizumab infusion resulted in improved or stabilized clinical improvement at 10 days in 77 patients, of whom 61 showed a significant clearing of diffuse bilateral opacities on chest X-ray and 15 were discharged from the hospital. Respiratory

condition worsened in 23 patients, of whom 20 died.

Care for patients with autoimmune disease and COVID-19:

- The COVID-19 Global Rheumatology Alliance Physician-Reported Registry found that glucocorticoid exposure of ≥10 mg/day is associated with a higher odds of hospitalization and anti-tumor necrosis factor with a decreased odds of hospitalization in patients with rheumatic disease. Exposure to non-biologic disease modifying anti-rheumatic drugs or non-steroidal anti-inflammatory drugs were not associated with increased odds of hospitalization.
- Patients with lupus—even if they are using an antimalarial such as hydroxychloroquine as baseline therapy—can develop SARS-CoV-2 infection and severe COVID-19 at similar frequency as patients with lupus not on antimalarials.
- In a cohort of patients with rheumatic and musculoskeletal diseases in a geographical region with a high prevalence of COVID-19, a poor outcome from COVID-19 seemed to be associated with older age and the presence of comorbidities rather than the type of rheumatic disease or the degree of pharmacological immunosuppression.

Policy Updates:

- The Assistant Secretary of Preparedness and Response (ASPR) has released a resource highlighting interrelated issues for healthcare systems to consider as they resume services, which include restoring services that have been curbed, maintaining readiness for potential future waves of COVID-19 patients, and adapting to improve their operations based on lessons learned.
- ASPR has published recommendations pertaining to civil unrest during a pandemic to help stakeholders with planning and response efforts.
- The HHS Office of Civil Rights has clarified that generally, a covered health care provider may use PHI to identify patients who have recovered from COVID-19 to provide them with information about how they can donate their blood and plasma containing antibodies to the virus that causes COVID-19, to help treat other patients with COVID-19.
- Medical educators are grappling with disruptions in residency training during the pandemic. Some argue for a transition from time-based to competency-based, time-variable graduate medical education (GME), in which each physician graduates from residency (or fellowship) to unsupervised practice when — and only when — the necessary competencies are achieved.

This report was produced by Dr. Dora Hughes, Thomas Harrod (Himmelfarb Librarian) and the GW Covid-19 Intelligence Unit. If you have a question that the Intelligence Unit can assist you with, or if you would like to provide suggestions or feedback, please email Dr. Lawrence “Bopper” Deyton, lead for the Intelligence Unit, at ldeyton@gwu.edu.

Stay safe and informed.