

9-24-2020

## **Covid-19 Clinical Update 9/24/2020**

George Washington University

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Text **14232** to:  
**202-509-9968**

14232

Thank you Sheena P. King, MD, we have recorded your attendance for Medicine Grand Rounds -- MIS in NSGY (Speaker: Fabio Roberti, MD).



# COVID-19 UPDATE

HANA AKSELROD, MD, MPH

GW DIVISION OF INFECTIOUS DISEASES

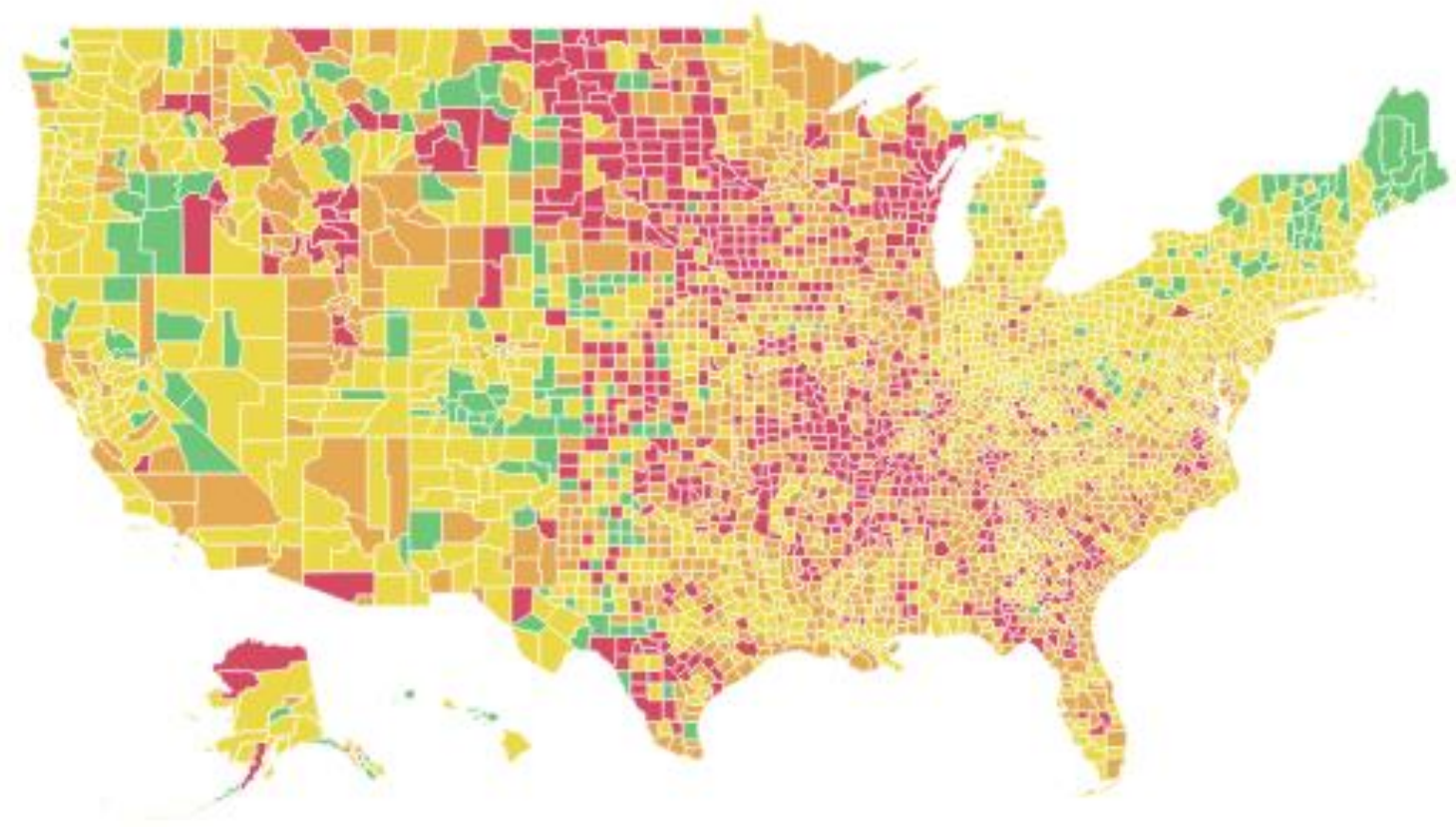
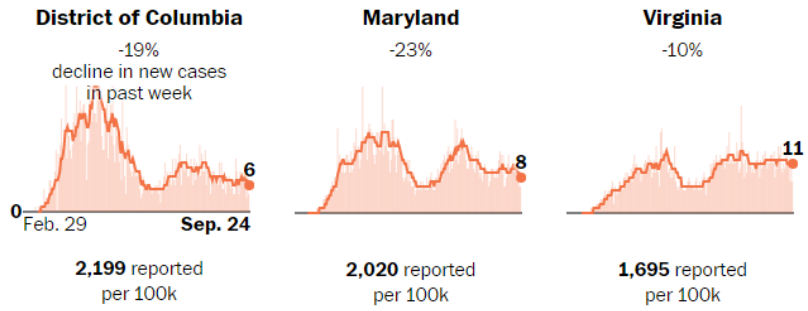
9/24/2020

1. EPIDEMIOLOGY

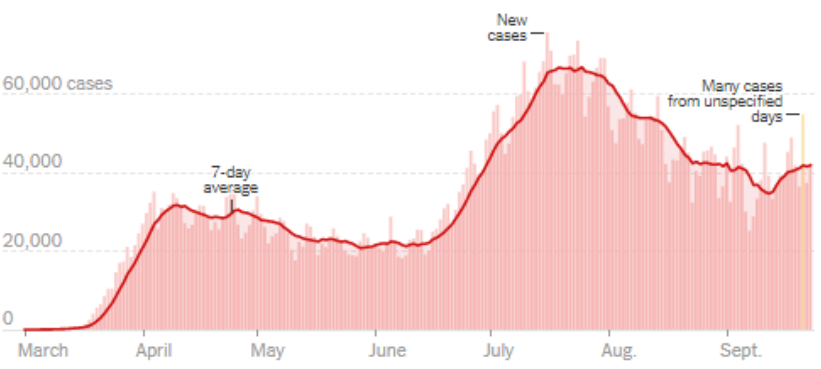
2. TRANSMISSION

3. PATHOPHYSIOLOGY

4. GW UPDATES

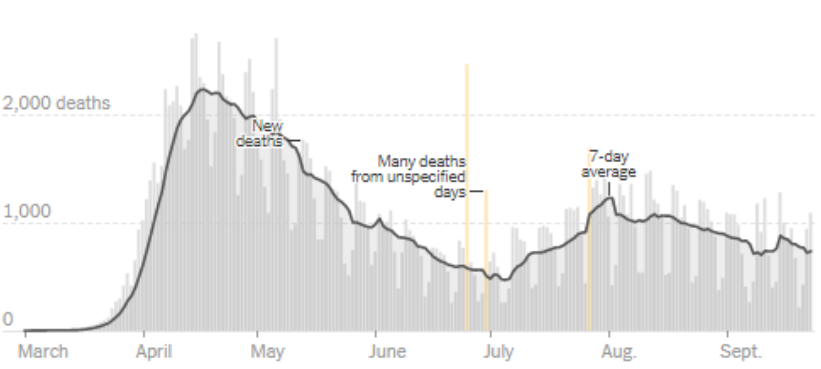


**New reported cases by day in the United States**



These are days with a data reporting anomaly. Read more [here](#).  
 Note: The seven-day average is the average of a day and the previous six days of data.

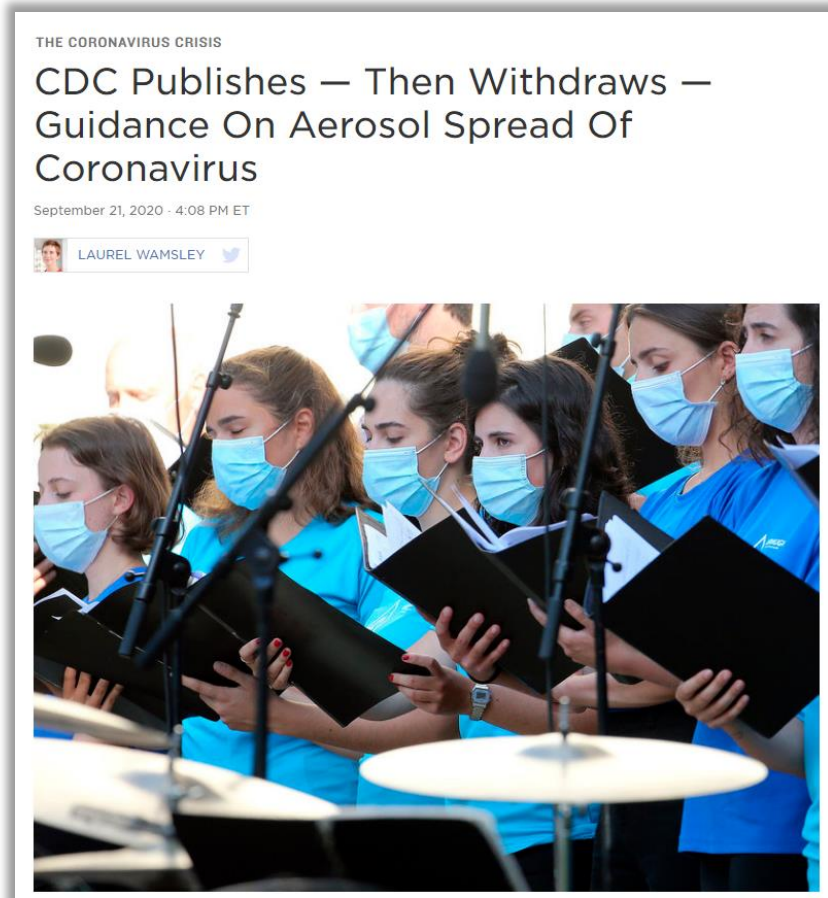
**New reported deaths by day in the United States**



These are days with a data reporting anomaly. Read more [here](#).



# Airborne Transmission



# Airborne Transmission

## Morbidity and Mortality Weekly Report (MMWR)

High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County, Washington, March 2020

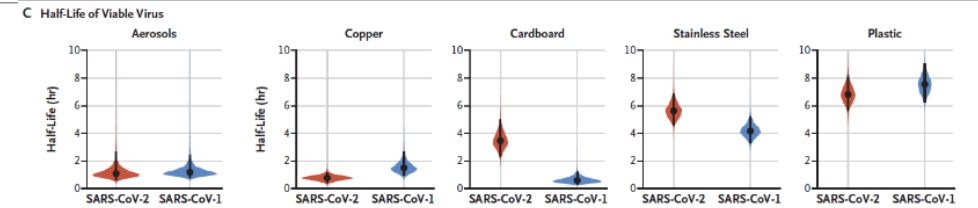
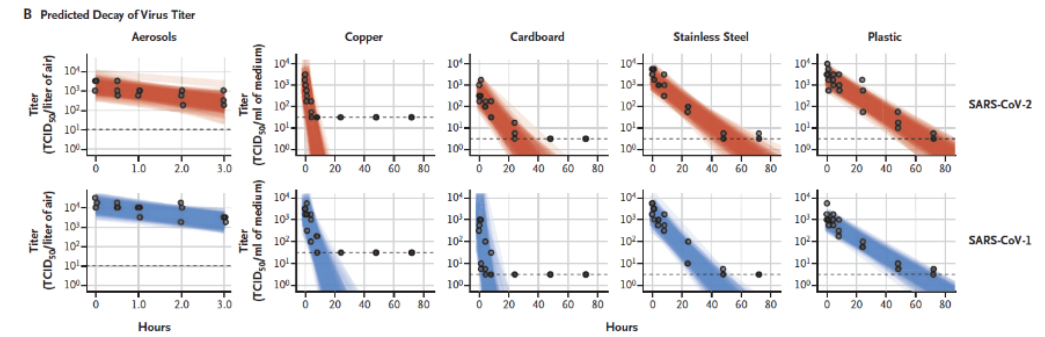
ACCEPTED MANUSCRIPT

## Outbreak of COVID-19 in a nursing home associated with aerosol transmission as a result of inadequate ventilation

Peter de Man ✉, Sunita Paltansing, David S Y Ong, Norbert Vaessen, Gerard van Nielen, Johannes G M Koeleman

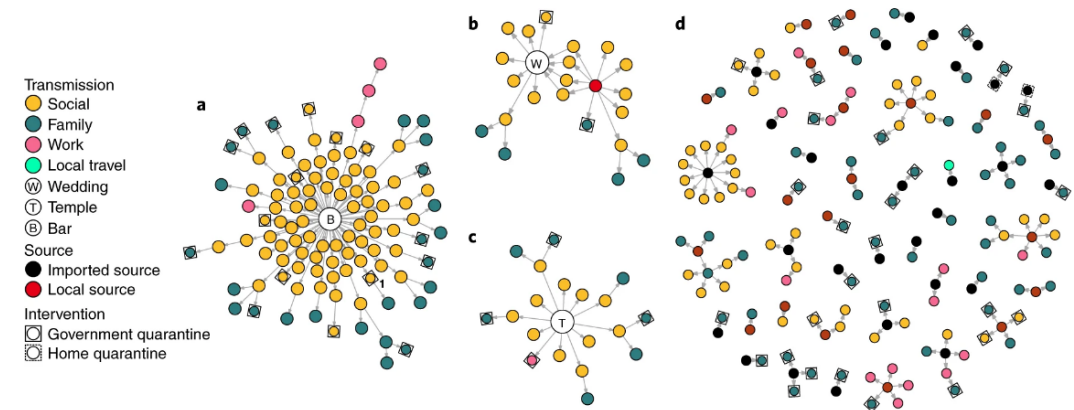
Clinical Infectious Diseases, ciaa1270, <https://doi.org/10.1093/cid/ciaa1270>

Published: 28 August 2020 Article history ▼



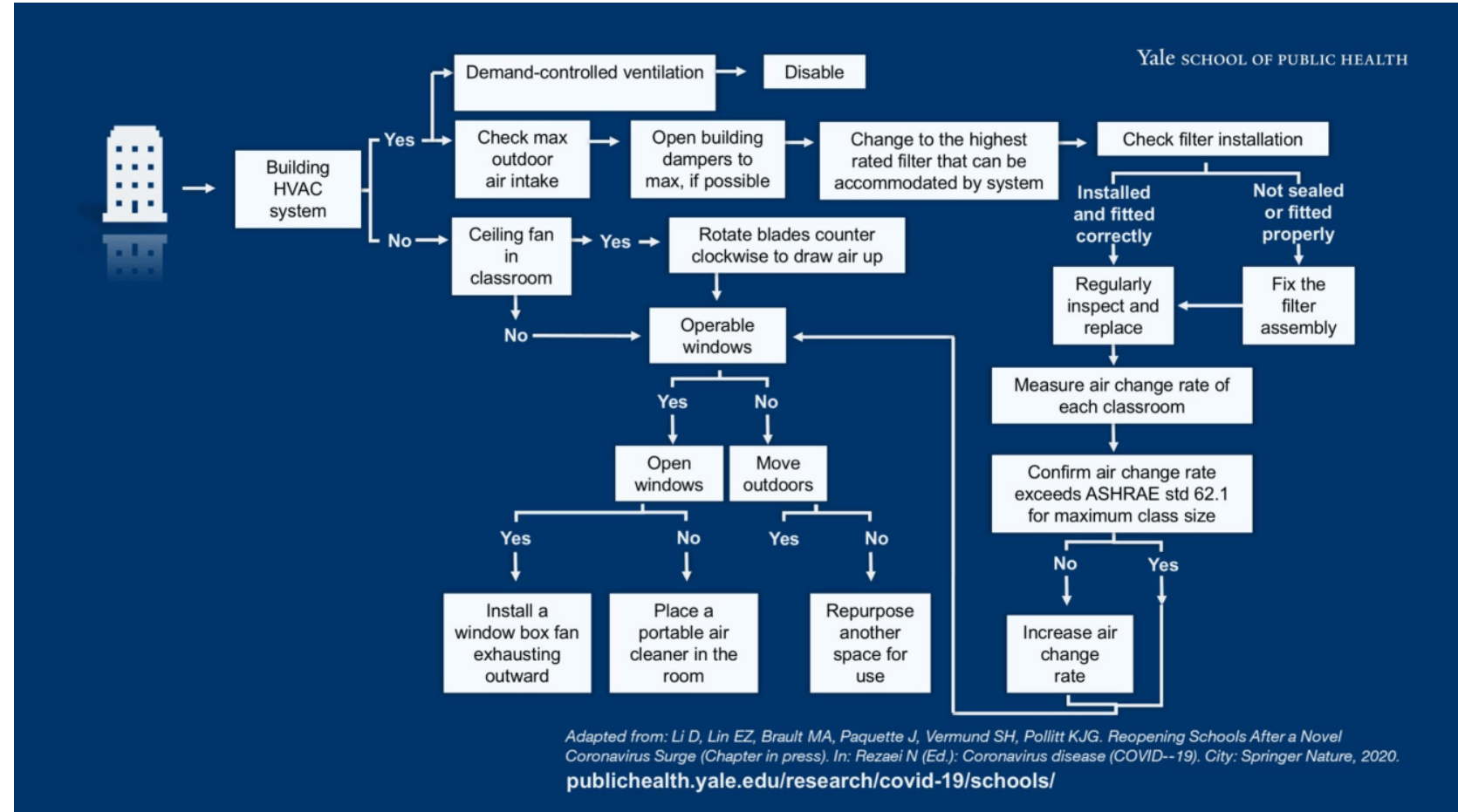
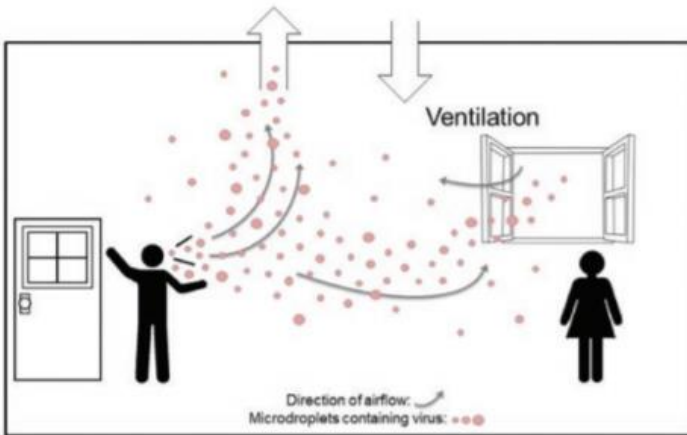
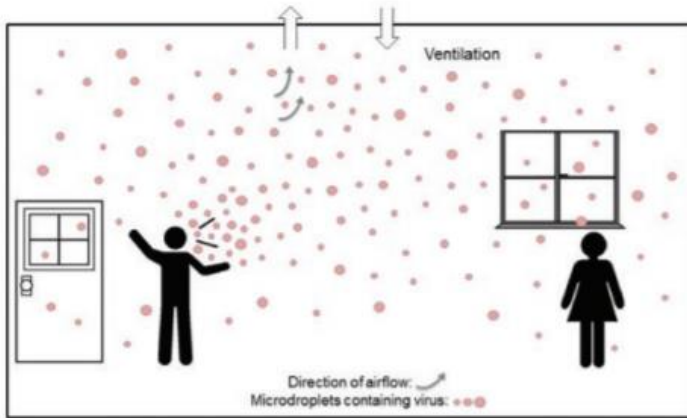
**Fig. 2: Chains of SARS-CoV-2 transmission in Hong Kong initiated by local or imported cases.**

From: Clustering and superspreading potential of SARS-CoV-2 infections in Hong Kong



**a**, Transmission network of the 'bar and band' cluster of undetermined source ( $n = 106$ ). **b**, Transmission network associated with a wedding without clear infector–infectee pairs but linked back to a preceding social gathering and local source ( $n = 22$ ). **c**, Transmission network associated with a temple cluster of undetermined source ( $n = 19$ ). **d**, All other clusters of SARS-CoV-2 infections where the source and transmission chain could be determined.

# Transmission of SARS-CoV-2



# Risk Factors for Infection

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## MARYLAND

- Clipman et al., “Rapid real-time tracking of non-pharmaceutical interventions and their association SARS-CoV-2 positivity: The COVID-19 Pandemic Pulse Study.” *Clin Infect Dis* 2020. PMID: 32766598.
- 1,030 individuals in Maryland in 06/2020 surveyed on non-pharmacologic intervention (NPI) adoption, access to SARS-CoV-2 testing, and self-reported SARS-CoV-2 positivity
- SARS-CoV-2 infection was negatively associated with **strict social distancing** (aOR: 0.10; 95% CI: 0.03-0.33)
- After adjusting for strict social distancing and demographics, only **public transport use** (aOR for  $\geq 7$  times vs. never: 4.29) and **visiting a place of worship** (aOR for  $\geq 3$  times vs. never: 16.0) remained significantly associated with SARS-CoV-2 infection

## MASSACHUSETTS

- Figueroa et al., “Community-Level Factors Associated With Racial And Ethnic Disparities In COVID-19 Rates In Massachusetts.” *Health Affairs* 2020. PMID: 32853056.
- Cross-sectional study of 351 municipalities in 01—05/2020
- Independent predictors of higher COVID-19 rates in the Latino/a population included the proportion of foreign-born non-citizens living in a community, mean household size, and share of food service workers.
- The association between the Black population and COVID-19 rates may be explained by other systemic inequities
- Efforts that **improve care for foreign born non-citizens**, **address crowded housing**, and **protect food-service workers** may help mitigate the spread of COVID-19 among minority communities



# Myocarditis in COVID-19

JAMA Cardiology | Original Investigation

## Outcomes of Cardiovascular Magnetic Resonance Imaging in Patients Recently Recovered From Coronavirus Disease 2019 (COVID-19)

Valentina O. Puntmann, MD, PhD; M. Ludovica Carerj, MD; Imke Wieters, MD; Masia Fahim; Christophe Arendt, MD; Jędrzej Hoffmann, MD; Anastasia Shchendrygina, MD, PhD; Felicitas Escher, MD; Mariuca Vasa-Nicotera, MD; Andreas M. Zeiher, MD; Maria Vehreschild, MD; Eike Nagel, MD

- Frankfurt, Germany, Spring 2020
- 100 patients recently recovered from COVID-19
- Mean age  $49 \pm 14$  y, 53% M, 33% hospitalized
- CMR revealed cardiac involvement in 78 patients (78%) and ongoing myocardial inflammation in 60 patients (60%), **independent of preexisting conditions, severity and overall course of the acute illness, and time from the original diagnosis.** Only 7% w/ fulminant myocarditis.

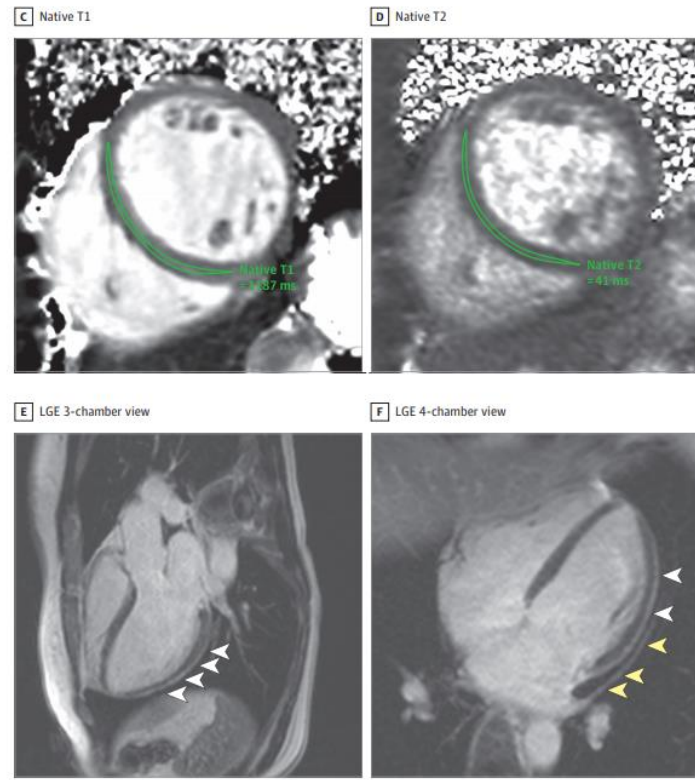
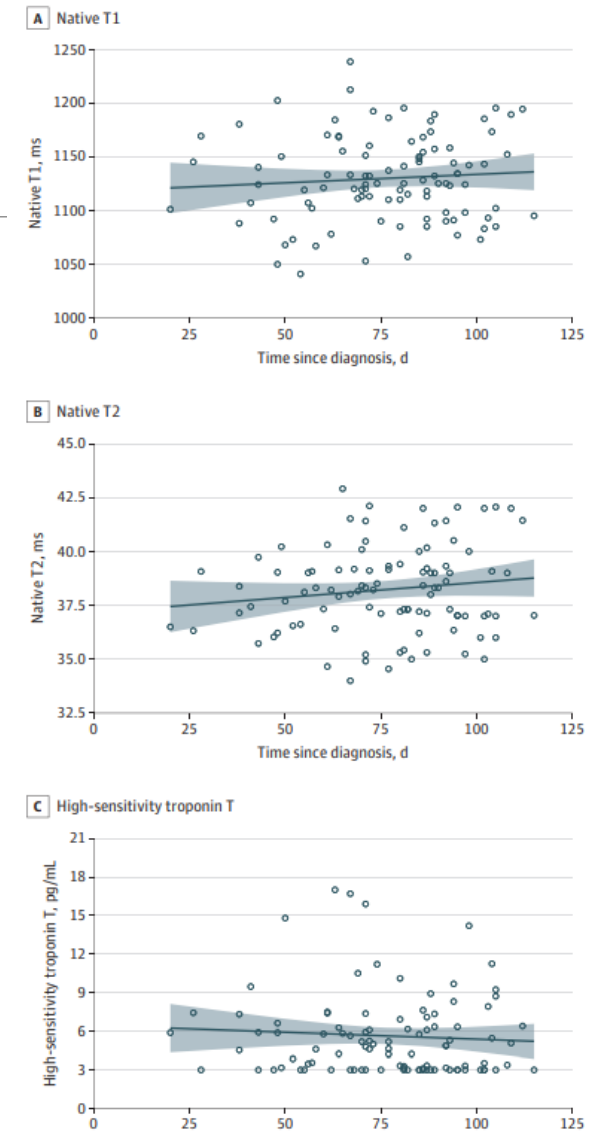


Figure 3. Correlation of Myocardial Measures With Time From Coronavirus Disease 2019 (COVID-19) Testing



# Myocarditis in COVID-19

## Research Letter

ONLINE FIRST FREE

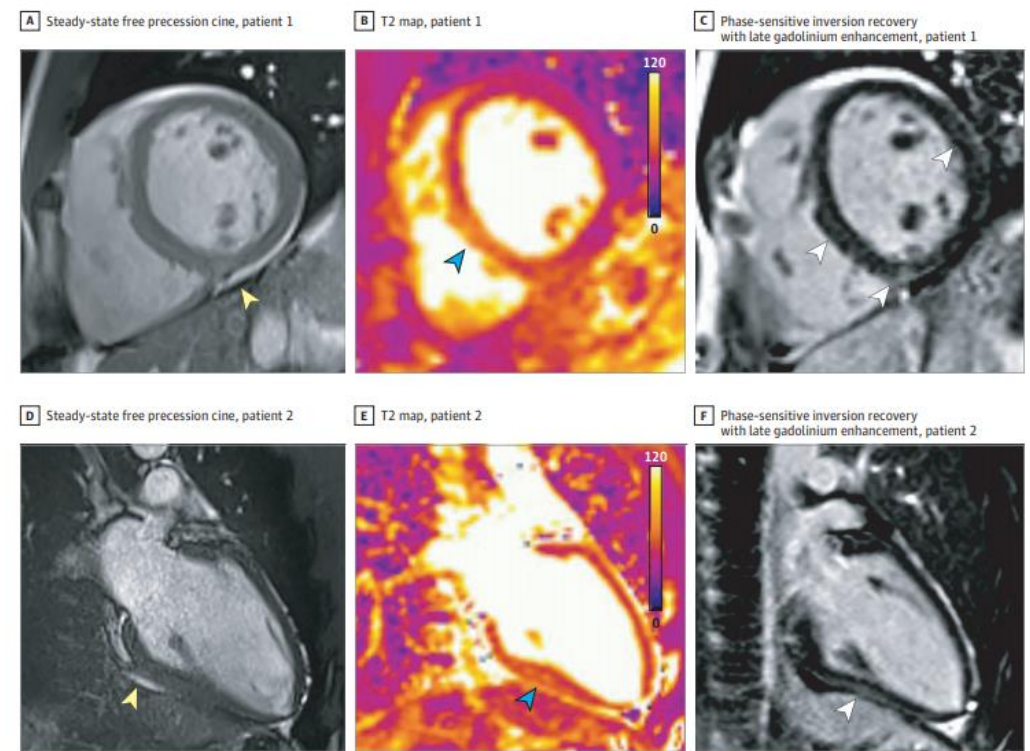
September 11, 2020

## Cardiovascular Magnetic Resonance Findings in Competitive Athletes Recovering From COVID-19 Infection

Saurabh Rajpal, MBBS, MD<sup>1</sup>; Matthew S. Tong, DO<sup>1</sup>; James Borchers, MD, MPH<sup>1</sup>; [et al](#)

- Ohio State University, June-August 2020
- Sports medicine clinic, no hospitalizations
- N = 26, mean age  $19.5 \pm 1.5$  y, 58% M
- No diagnostic ST/T changes on ECG, no trop-I elevations
- Ventricular volumes, function WNL in all by TTE and cMRI
- 4 athletes (15%, all M) had cMRI findings c/w myocarditis, including 2 with pericardial effusion. 2 were asymptomatic

Figure. Cardiovascular Magnetic Resonance Findings in Competitive Athletes Recovering From Coronavirus Disease 2019 Infection



A, Cine mid short-axis images showing pericardial effusion indicated by yellow arrowhead. B, T2 map with color overlay mid short-axis showing myocardial edema (elevated T2, 61 milliseconds) indicated by blue arrowhead. C, Short-axis view showing late gadolinium enhancement in the mid inferoseptum, right ventricular insertion point, and mid anterolateral wall indicated by white

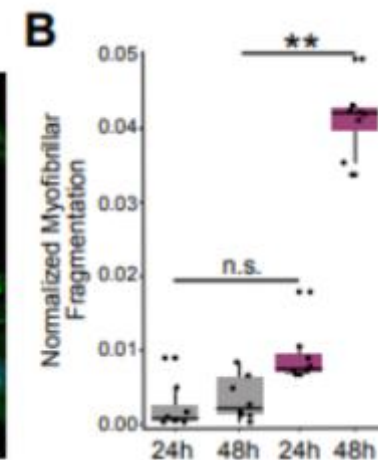
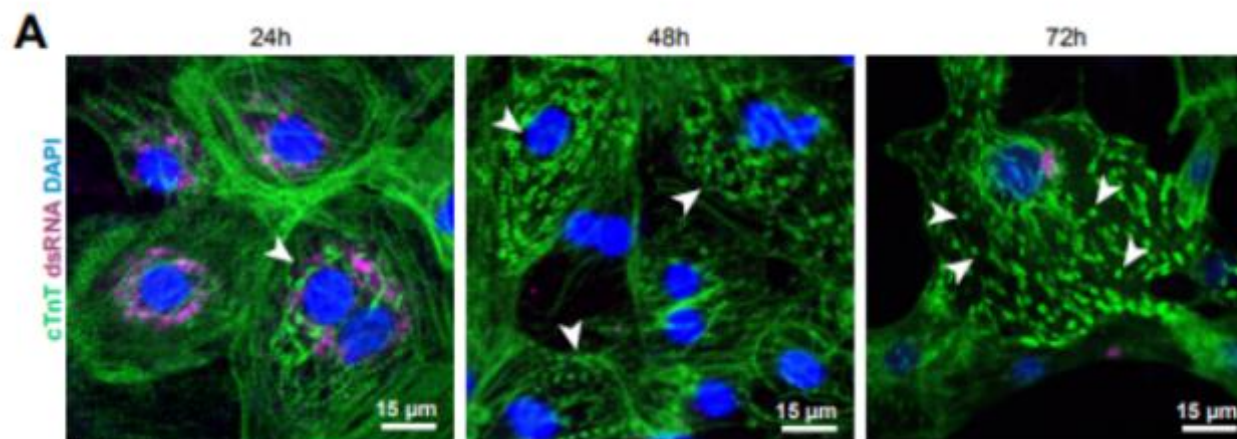
arrowheads. D, Cine 2-chamber long-axis view showing pericardial effusion indicated by yellow arrowhead. E, T2 map with color overlay myocardial edema (elevated T2, 58 milliseconds) indicated by blue arrowhead. F, Right 2-chamber long-axis view showing epicardial late gadolinium enhancement in the inferior wall indicated by white arrowhead.

# Myocardial Damage

- COVID-19 causes cardiac dysfunction in up to 25% of patients
- Exposure of human iPSC-derived heart cells to SARS-CoV-2 revealed productive infection and robust transcriptomic and morphological signatures of damage, particularly in cardiomyocytes
- Transcriptome signatures revealed disruption of structural proteins with myofibrillar fragmentation
- Human autopsy specimens from COVID19 patients displayed similar disruption

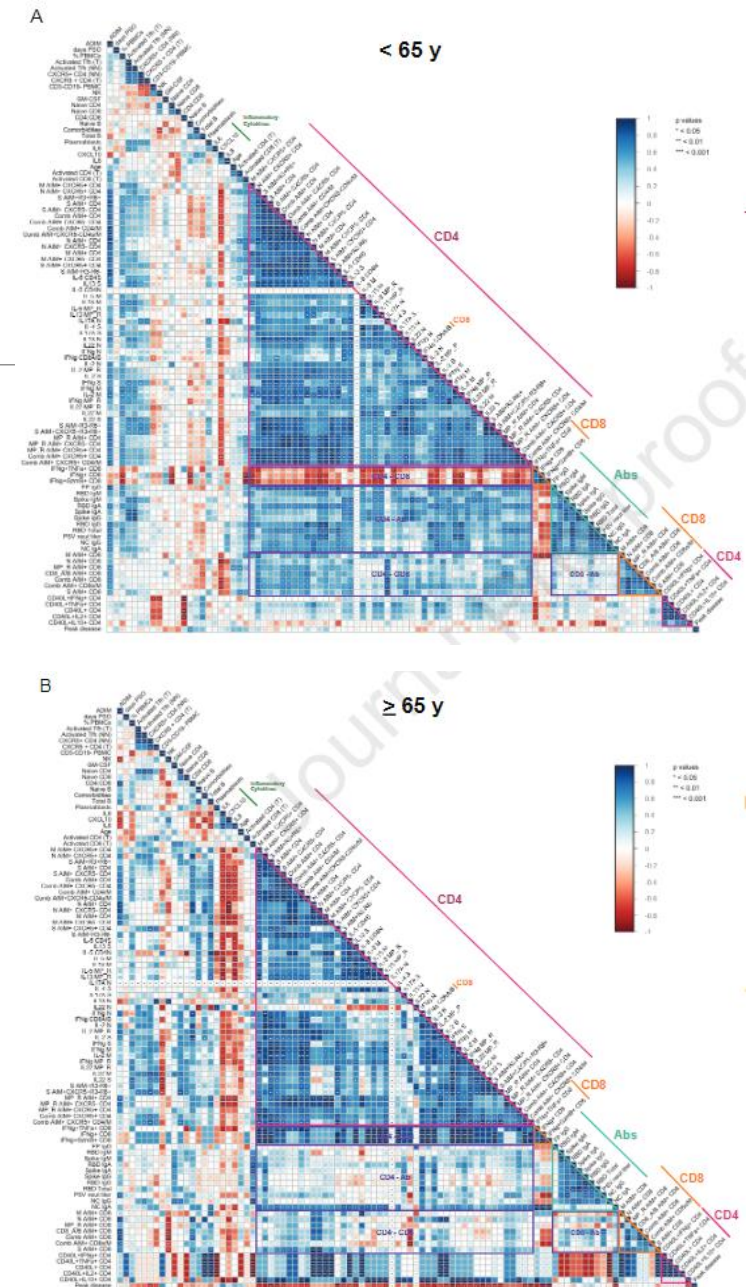
(A) Cardiomyocytes after exposure to SARS-CoV-2

(B) Concentration of myofibril fragments



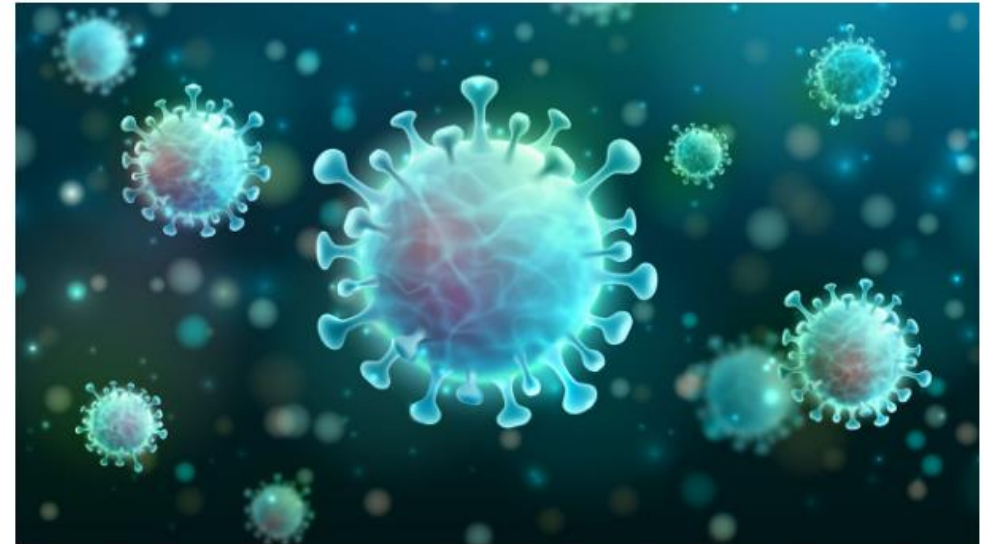
# Adaptive Immune Response to SARS-CoV-2 and Age

- La Jolla Institute of Immunology, CA
- Adaptive immune response in 24 people whose COVID-19 symptoms ranged from mild to fatal
- Coordinated SARS-CoV-2-specific adaptive immune responses were associated with milder disease, suggesting roles for both CD4+ and CD8+ T cells in protective immunity in COVID-19
- Notably, coordination of SARS-CoV-2 antigen-specific responses was disrupted in individuals >65 years old
- Scarcity of naive T cells was also associated with ageing and poor disease outcomes
- “A parsimonious explanation is that coordinated CD4+ T cell, CD8+ T cell, and antibody responses are protective, but **uncoordinated responses frequently fail to control disease, with a connection between ageing and impaired adaptive immune responses to SARS-CoV-2**”



# Monoclonal Antibody

- LY-CoV555: mAb based on nAb from convalescent plasma
- Ambulatory patients with mild or moderate symptoms, tested positive for SARS-CoV-2 within previous 3 days
- 5/302 (1.7%) patients in intervention arm were hospitalized – vs. 9/150 (6%) in placebo arm
- Relative risk reduction (RRR): 72%  
Absolute risk reduction (ARR): 4.3%  
NNT: 23
- No serious side effects reported
- Formal data analysis forthcoming



Researchers have high hopes for monoclonal antibodies' power in fighting the novel coronavirus.  
FOTOMAY/ISTOCKPHOTO

## Eli Lilly reports promising first results for an antibody against COVID-19

By Meredith Wadman | Sep. 16, 2020, 11:15 AM

# GW Updates



**Christina Prather, MD**  
@DocPrather

Such an incredible privilege today to lead this symposium on [#Covid\\_19](#) in the context of [#LongTermCare](#) [#systemicageism](#) [#medicalethics](#) and [#geriatrics @GWSMHS](#) - this was predictable and preventable. 4:5 [#coviddeaths](#) are [#OlderAdults](#) 40% are linked to [#nursinghomes](#)



Mini-Symposium on COVID-19:  
Systemic Ageism and the Long Term Care (LTC) Community  
George Washington University ~ School of Medicine & Health Sciences  
September 2020 ~ Intersession 3

> [Arthritis Rheumatol.](#) 2020 Aug 2;10.1002/art.41469. doi: 10.1002/art.41469. Online ahead of print.

## Antirheumatic Disease Therapies for the Treatment of COVID-19: A Systematic Review and Meta-analysis

Michael Putman<sup>1</sup>, Yu Pei Eugenia Chock<sup>2</sup>, Herman Tam<sup>3</sup>, Alfred H J Kim<sup>4</sup>, Sebastian E Sattui<sup>5</sup>, Francis Berenbaum<sup>6</sup>, Maria I Danila<sup>7</sup>, Peter Korsten<sup>8</sup>, Catalina Sanchez-Alvarez<sup>9</sup>, Jeffrey A Sparks<sup>10</sup>, Laura C Coates<sup>11</sup>, Candace Palmerlee<sup>12</sup>, Andrea Peirce<sup>13</sup>, Arundathi Jayatilleke<sup>14</sup>, Sindhu R Johnson<sup>15</sup>, Adam Kilian<sup>16</sup>, Jean Liew<sup>17</sup>, Larry J Prokop<sup>18</sup>, M Hassan Murad<sup>19</sup>, Rebecca Grainger<sup>20</sup>, Zachary S Wallace<sup>21</sup>, Alí Duarte-García<sup>22</sup>, COVID-19 Global Rheumatology Alliance

Affiliations + expand

PMID: 32741139 PMCID: [PMC7435536](#) DOI: [10.1002/art.41469](#)

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