

Clinical Course/Treatment – COVID

PASSIVE VACCINATION

Variants –now obsolete in much of our country

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

COVID POST-EXPOSURE PERIOD

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

COVID- Early Viral Upper Respiratory Non-hypoxic phase – <https://www.covid.gov>

<https://www.nytimes.com/interactive/2021/us/covid-cases.html>

1-Paxlovid – per EPIC-HR 89% reduction if given in the first 3 days

drug interaction checkers <https://www.covid19-druginteractions.org/checker> and <https://www.idsociety.org/paxlovid>

<https://news.walgreens.com/press-center/news/walgreens-launches-free-paxlovid-delivery-services-with-doordash-and-uber.htm>

2 -Remdesivir -(approved for down to 28 days of age) 3-day early IV

87% reduction in progression if given in first 7 days per the Pine Tree data

https://www.vekluryhcp.com/?utm_id=iw_sa_11453738585_111635246813&utm_medium=cp&utm_term=medicine+remdesivir&gclid=CjwKCAjwj42UBhAAEiwACIhADocodyE-OQCnF5PXs6x5nuFnH230Tc-4V3iFulmtEoxHgYAY1Tr7hhoCTOoQAvD_BwE&gclsrc=aw.ds
<https://files.constantcontact.com/17b067e5501/04046d2f-51dc-490f-89e1-edb5c535eeb6.pdf?rdr=true>

3-Monoclonal Rx

And now with the Variants <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

4-Molnupiravir – <https://onlinelibrary.wiley.com/doi/10.1002/jmv.28011>

Dr. Daniel Griffin's Clinical treatment summary for 03/02/2023

5-Convalescent Plasma - a plug here for TWIV 987: Convalescing with Casadevall

<https://www.microbe.tv/twiv/twiv-987/>

current EUA only for immunosuppressed individuals...as per the current EUA

The U.S. (FDA) has (EUA) to permit the emergency use of the unapproved product, COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies, for the treatment of COVID-19 in patients with immunosuppressive disease or receiving immunosuppressive treatment, in either the outpatient or inpatient setting.

<https://www.fda.gov/media/141478/download>

estimated 37% reduction in mortality in the immunocompromised based on review of trials

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800275>

discuss issue with timing of trials (same issue with MaBs

<https://pubmed.ncbi.nlm.nih.gov/33356051/> , survivor corps,

6-Avoid: let us not do harmful things

1. No steroids
2. No unnecessary antibiotics
3. Etc.

COVID - Early Inflammatory Lower Respiratory Hypoxic Phase –

1-Steroids at the right time in the right patient at the right dose. This is *after* the first week and in patients with oxygen saturations <94%. This gives us about a 17% mortality reduction

<https://www.nejm.org/doi/full/10.1056/nejmoa2021436>

2-Anticoagulation Guidelines from a number of organizations including ASH –

<https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/venous-thromboembolism-guidelines/ash-guidelines-on-use-of-anticoagulation-in-patients-with-covid-19>

3-Pulmonary support .

4-Remdesivir if not on a ventilator and still in the first 10 days from symptom onset

5-Immune modulation: Tocilizumab, the IL6-R blocker and in some cases Baricitinib, but only if there is progression and benefits outweigh risks.

6-AVOID: unnecessary antibiotics and unproven therapies