

# Dr. Daniel Griffin's Clinical treatment summary for 03/30/2023

## 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>

FDA Briefing Document and FDA Advisor's vote of 16-1 to approve Paxlovid

<https://www.fda.gov/media/166197/download>

<https://www.nytimes.com/2023/03/16/health/fda-paxlovid-covid.html>

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://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>

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

There was an update from the IDSA. More about safety concerns and whom should not get this medication

<https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/treatment/idsa-covid-19-tx-and-mgmt---molnupiravir-2023-3-01.pdf>

5-Convalescent Plasma -this is an option for the treatment of COVID-19 in patients with immunosuppressive disease or receiving immunosuppressive treatment, in either the outpatient or inpatient setting at high risk for progression to severe disease who have no other treatment options

<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>

And the current IDSA guidance

<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/#ExecutiveSummaryandBackground>

6-Avoid: let us not do harmful things and useless things.

### **COVID - Early Inflammatory Lower Respiratory Hypoxic Phase – – ‘Cytokine Storm’**

*Let us return to the original terminology and stop calling this the rebound stage. No rebound here.*

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

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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