Dr. Daniel Griffin's Clinical treatment summary for 11/24/2023

Clinical Course/Treatment – COVID

COVID PASSIVE VACCINATION

COVID POST-EXPOSURE PERIOD

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

COVID- Early Viral – https://www.covid.gov

1-Paxlovid – now licensed

1. Paxlovid can reduce the progression to severe disease and death by up to 90%.
2. The majority of those reporting symptom rebound in this recent study did not experience VR. So the majority of the time, when a patient reports or a clinician observes a few days of no symptoms, followed by symptoms during week two, this is due to inflammation and not viral replication. We will return to this distinction between symptom rebound, virological rebound, and the situation where we see both at the same time.
3. Thanks to Paxlovid in this study, like so many others, this second week was turned from Wild to Mild, with no one progressing to the hospital or dying, even among these high-risk individuals, and not a single one of these high-risk people in this recent study with 1/3 being immunosuppressed due to a diagnosis of leukemia or lymphoma; those with a history of solid organ or bone marrow transplant; and those receiving immunosuppressive therapies, including corticosteroids, interferon-γ inhibitors, or cytotoxic therapies progressed to severe disease, hospitalization or death.
4. Most importantly, the authors were not suggesting the individuals they identified would benefit from a longer course but rather suggested that these people might need to isolate longer or take more Paxlovid for a public health benefit for others.
5. As mentioned before, we have studies looking at 5 days, 10 days, and 15 days of Paxlovid, but so far, all our studies have suggested that 3-5 days of antiviral therapy is as good or better than longer courses.

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

3-Molnupiravir – https://onlinelibrary.wiley.com/doi/10.1002/jmv.28011

4-Convalescent Plasma - an early treatment option for the treatment of immunosuppressed COVID-19 patients at high risk for progression to severe disease who have no other treatment options, first week before you end up in the hospital.

ID Society on convalescent plasma "Recommending against the routine use of convalescent plasma among immunocompromised patients hospitalized with COVID-19."https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/

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

6-Isolation for the Infected: Recommended 5 days.

COVID - – Cytokine Storm Week

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%. Dexamethasone 6mg a day x 6 days.

https://academic.oup.com/ofid/article/10/3/ofad105/7055978

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 still in the first 10 days from symptom onset and not on a ventilator

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