Dr. Daniel Griffin's COVID-19 treatment summary for 06/02/22

PASSIVE VACCINATION- EvuSheld.

Authorized for use in adults and pediatric individuals (12 years of age and older weighing at least 40 kg):

Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments **and** may not mount an adequate immune response to COVID-19 vaccination **or**

For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s).

https://www.fda.gov/media/154701/download

POST-EXPOSURE PERIOD

Testing. And quarantine for those not up to date with vaccines. Important here as kids go off to summer activities as getting the 3 shots exempts one from quarantine rules

The CDC even helps and has nice calculator which is fun way to walk through this. But very simply if you are up to date with your vaccines, primary series and boosted then
Quarantine for at least 5 days then Take precautions until day 10. Go to page to review

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

Period of detectable viral replication/*Viral Symptom phase* – https://www.covid.gov

1-Paxlovid – with an 89-88% reduction in progression if given in the first 3-5 days. We have many resources the **PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers** and https://www.fda.gov/media/158165/download

Difference between the detailed EUA Fact sheet for Paxlovid and the FDA eligibility tool.

In the EUA it says the approval is for patients with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing who are at *high risk* for progression to severe COVID-19, including hospitalization or death.

In the FDA eligibility tool it has the box to check of "Has one or more risk factors for progression to severe COVID-19[1] (Risk factors have changed over time, and additional risk factors [such as being unvaccinated or having not received a booster] and this then links to the CDC page with a pretty extensive list.

This CDC list of what makes a person at risk of progression

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

The IDSA guide for managing paxlovid drug interactions https://www.idsociety.org/paxlovid .

And the EUA for Paxlovid. https://www.fda.gov/media/155050/download

we have the locator https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com

and the drug interaction checker https://www.covid19-druginteractions.org/checker

2 -Remdesivir (the order changed!) -we have the 3-day early IV data suggesting an 87% reduction in progression if given in those first 5 days. Does it need a new name?

https://www.vekluryhcp.com/?utm_id=iw_sa_11453738585_111635246813&utm_medium=cpc&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-now just Bebtelovimab. in adults and pediatric patients (12 years of age and older weighing at least 40 kg) https://www.fda.gov/media/156152/download

4-Molnupiravir – a last option with 30% reduction in progression so less impressive but no renal issues or drug interactions. Be careful w woman of childbearing age and get that negative pregnancy test, and NOT authorized for those under 18.

5-Avoid: let us not do harmful things

- Steroids given prior to the early inflammatory phase and during the viral replication phase increase the risk of progression to hospitalization and death
- Zinc causes GI distress without benefit
- Unnecessary antibiotics
- Unproven therapies…we have stuff that works

6-And remember isolation for the infected. I know as providers this is getting to be more and more difficult as people are done with COVID. What is the CDC guidance? **Isolate for at least 5 days then Take precautions until day 10. People can still be contagious day 6-10 and in some past this point. I will read a few of these again but I do want people to keep in mind that none if this is a guarantee of zero infectiousness and people need to use their judgement if a high-risk person might be exposed.**

You can end isolation after 5 full days (I added the only) *only* if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. You should continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. (Act like you are still infectious) Do not go to places where you are unable to wear a mask.

If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. If you are not feeling well on day 11 you continue your isolation. We do not care if you had a negative antigen test on day 7 or 8.

People who are very sick from COVID-19 (people who were hospitalized) and **people who have weakened immune systems** might need to isolate longer. *I will add, if they want to avoid giving other people COVID and I mean the disease not just the virus SARS-CoV-2.*

https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#
https://covid.cdc.gov/covid-data-tracker/#variant-proportions
https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/
https://www.covid19treatmentguidelines.nih.gov/
https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2022.1

Early Inflammatory phase-

1-Steroids at the right time in the right patient at the right dose.
2-Anticoagulation –

1. **prophylactic-intensity anticoagulation for patients with COVID-19-related *critical illness* (ICU patients) that would be for instance 40mg subcutaneous once per day**

2. **therapeutic-intensity anticoagulation** *for patients with COVID-19 related **acute illness*** (*hospitalized but not in ICU*). *That would be 1mg/kg subcutaneous twice per day*

3. **no anticoagulant outpatient thromboprophylaxis in patients with COVID-19 who are being discharged from the hospital unless they are high risk of have another reason**

"An individualized assessment of the patient's risk of thrombosis and bleeding is important when deciding on anticoagulation"

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-Maybe Remdesivir if early, not if they are on a ventilator

5-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