

Dr. Daniel Griffin's Clinical treatment summary for 12/15/2022

Clinical Course/Treatment – Polio

Polio Vaccine

Adults who are unvaccinated or without any documentation of previous polio vaccination should be given three doses of IPV at these recommended intervals:

1. Two doses separated by 1 to 2 months
2. A third dose 6 to 12 months after the second dose

Clinical Course/Treatment – Monkeypox

MPX CLINICAL COURSE/TREATMENT: Observation or in some cases TPOXX or if eye involvement VIROPTIC eye drops (trifluridine)

VACCINATION:

People who meet **all** of the following criteria are eligible to be [vaccinated](#):

- Are a gay, bisexual, or other man who has sex with men and/or are transgender, gender non-conforming, or gender non-binary;
- Are age 18 or older, and;
- Have had multiple or anonymous sex partners in the last 14 days

Clinical Course/Treatment – COVID

PASSIVE VACCINATION

Variants –now obsolete in much of our country

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

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>

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1-Paxlovid – <https://www.fda.gov/media/155050/download>

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

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

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

3-Monoclonal Rx- waiting for a replacement

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

4-Molnupiravir – last and least

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.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2116044>

<https://onlinelibrary.wiley.com/doi/10.1002/jmv.28011>

5-Avoid: let us not do harmful things

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

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

<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>

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 .

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