

COVID-19 Treatment



Henry County
Medical Center
Graduate Medical
Education

COVID Care-team

- Nurses
- Respiratory Therapist
- Physical Therapist
- Dietary/Nutrition
- Hospitalist
- Pulmonologist
- Case Manager/Social Workers/Home Health and Rehab
- Environmental Services, Plant Operations, IT and Device Support

Severe Illness

- Trouble breathing
- Abnormal Lab tests indicating severe illness
- Difficulty maintaining oxygen

Severe Illness

- Trouble breathing
 - Abnormal Lab tests indicating severe illness
 - Difficulty maintaining oxygen
-
- Treatment: hospitalization

Treatment of Severe COVID

- Labs
- Check for Influenza
- Empiric Treatment for Bacterial Pneumonia
- Prevent Blood Clots
- Avoid Nebulized medications

Chest XRay



(a) Normal



(b) Bacterial Pneumonia



(c) Viral Pneumonia



(d) COVID-19 Pneumonia

Defining severity of illness

- Hypoxia less than 94% on room air
- Need for oxygen or ventilatory support
- Rapid Heart Rate
- Rapid Respiration Rate
- >50% involvement of lungs

Medications for severe illness

- Remdesivir
 - shortens hospitalization by 5 days, 50% improved clinical status, lower incidence of mechanical ventilation
- Dexamethasone
 - lowered 28 day mortality
- Tocilizumab
 - increased survival in patients with high CRP levels

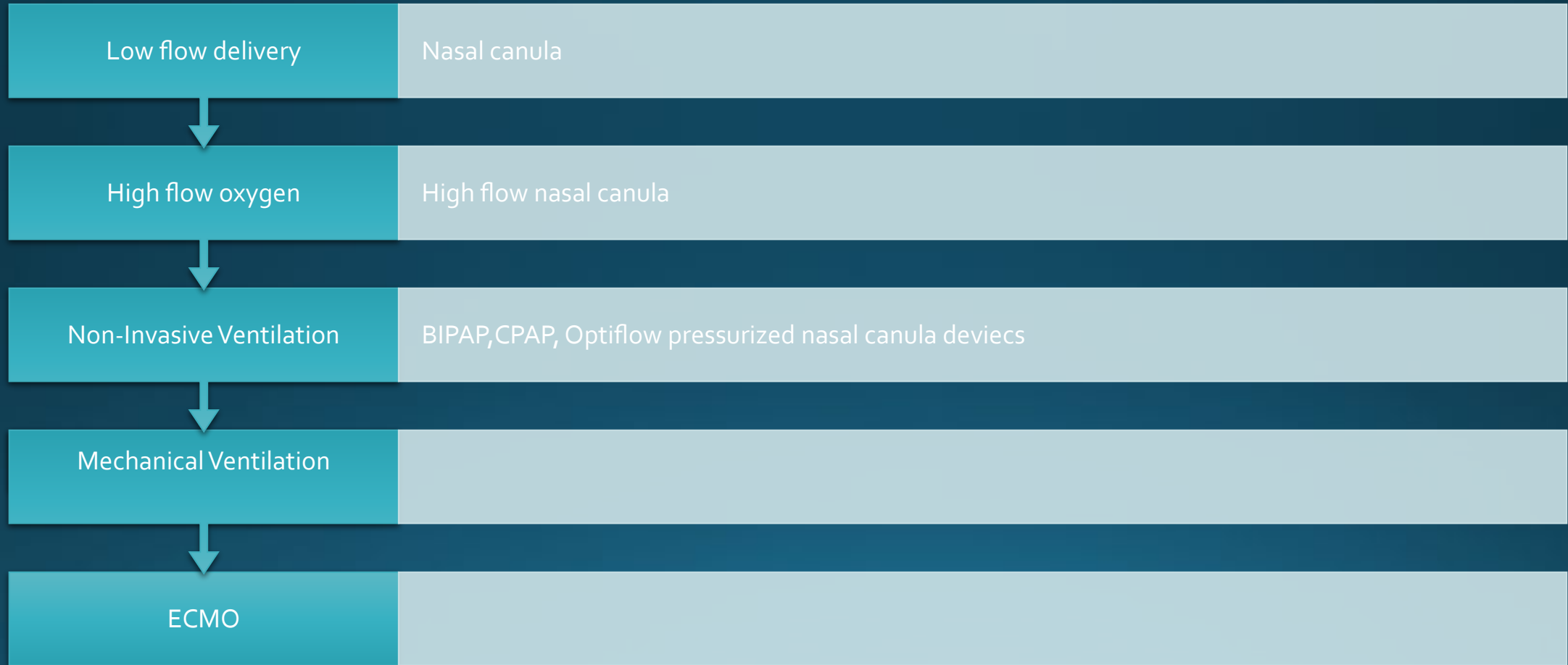
Oxygenation status

- Pulse oximetry
- Arterial Blood Gas



Value	Normal	Abnormal	
pH	7.35–7.45	<7.35 Acidosis	>7.45 Alkalosis
PaO ₂	>90 mmHg	75–89 mmHg Mild hypoxia	<75 mmHg Severe hypoxia
PaCO ₂	35–45 mmHg	<35 mmHg Alkalosis	>45 mmHg Acidosis
HCO ₃	18–24 mEq/l	<18 mEq/l Acidosis	>24 mEq/l Alkalosis

Oxygen delivery systems





HIC HENRY COUNTY
MIC MEDICAL CENTER

Beginning of the Diagnosis

Symptoms

- Timing

Symptoms

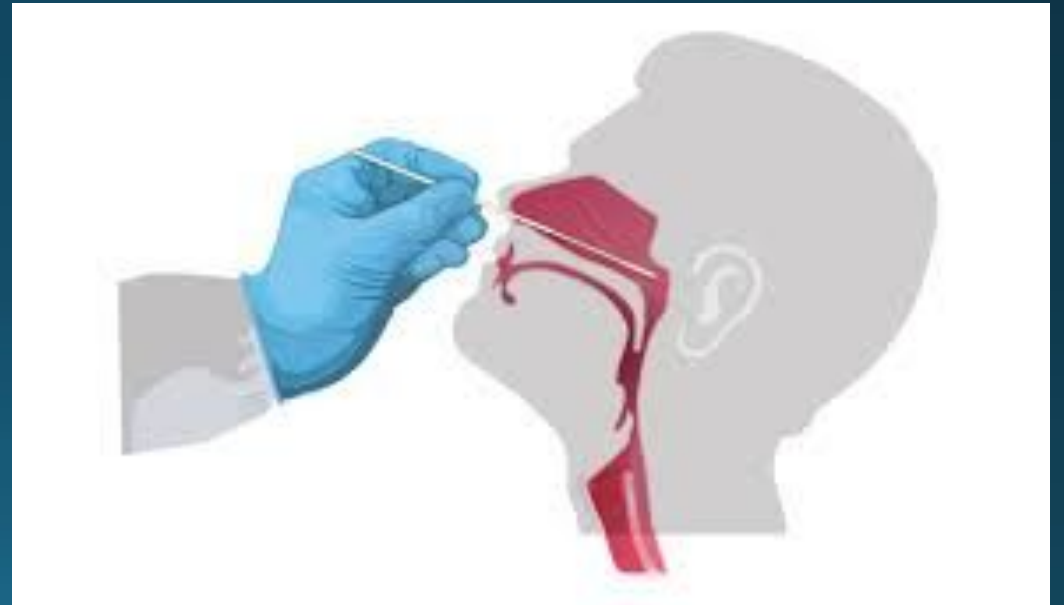
- Timing
 - Most common 4-5 days
 - Up to 2wks
 - None at all

Symptoms

- Fever
- Cough
- Trouble breathing
- Feeling tired
- Shaking Chills
- Muscle aches
- Headache

COVID testing

- Nucleic acid tests
- Antigen tests



Nucleic acid testing

- AKA molecular tests
- Look for the genetic material from the virus
- More accurate than antigen testing
- Often take longer than antigen testing



















Antigen Testing

- Look for proteins from the virus
- Faster results than nucleic acid tests
- More likely to give FALSE NEGATIVE test results

Other Testing

- Blood Antibody Testing
- Shows if a person has had COVID-19 in the past
- Used by experts to follow infected population that may or may not have symptoms















Test Results

<input checked="" type="checkbox"/> Result Name	Results	Reference Range UOM
Adenovirus	NOT_DETECT	NOT_DETECT 
Coronavirus 229E	NOT_DETECT	NOT_DETECT 
Coronavirus HKU1	NOT_DETECT	NOT_DETECT 
Coronavirus NL63	NOT_DETECT	NOT_DETECT 
Coronavirus OC43	NOT_DETECT	NOT_DETECT 
SARS-CoV-2	DETECT	! * NOT_DETECT 
Metapneumovirus	NOT_DETECT	NOT_DETECT 
Rhino/Enterovirus	NOT_DETECT	NOT_DETECT 
Influenza A	NOT_DETECT	NOT_DETECT 
Influenza B	NOT_DETECT	NOT_DETECT 
Parainfluenza 1	NOT_DETECT	NOT_DETECT 
Parainfluenza 2	NOT_DETECT	NOT_DETECT 
Parainfluenza 3	NOT_DETECT	NOT_DETECT 
Parainfluenza 4	NOT_DETECT	NOT_DETECT 
RSV	NOT_DETECT	NOT_DETECT 
B parapertussis	NOT_DETECT	NOT_DETECT 
B pertussis	NOT_DETECT	NOT_DETECT 
Chlamydia pneumoniae	NOT_DETECT	NOT_DETECT 
Mycoplasma pneumoniae	NOT_DETECT	NOT_DETECT 

PCR

METHOD:
SPECIMEN: NP SWAB

Test Results

<input checked="" type="checkbox"/> Result Name	Results	Reference Range UOM
Adenovirus	NOT_DETECT	NOT_DETECT 
→ Coronavirus 229E	NOT_DETECT	NOT_DETECT 
Coronavirus HKU1	NOT_DETECT	NOT_DETECT 
Coronavirus NL63	NOT_DETECT	NOT_DETECT 
Coronavirus OC43	NOT_DETECT	NOT_DETECT 
SARS-CoV-2	DETECT	NOT_DETECT 
→ Metapneumovirus	NOT_DETECT	NOT_DETECT 
Rhino/Enterovirus	NOT_DETECT	NOT_DETECT 
Influenza A	NOT_DETECT	NOT_DETECT 
Influenza B	NOT_DETECT	NOT_DETECT 
Parainfluenza 1	NOT_DETECT	NOT_DETECT 
Parainfluenza 2	NOT_DETECT	NOT_DETECT 
Parainfluenza 3	NOT_DETECT	NOT_DETECT 
Parainfluenza 4	NOT_DETECT	NOT_DETECT 
RSV	NOT_DETECT	NOT_DETECT 
B parapertussis	NOT_DETECT	NOT_DETECT 
B pertussis	NOT_DETECT	NOT_DETECT 
Chlamydia pneumoniae	NOT_DETECT	NOT_DETECT 
Mycoplasma pneumoniae	NOT_DETECT	NOT_DETECT 

!* 

PCR

METHOD:
SPECIMEN: NP SWAB

What to do if I have Symptoms?

- Call Physician and Get Tested
- If Severe: ER or call 911

COVID Exposed

- Unvaccinated and have not previously had COVID:
 - Get tested
 - Self quarantine for 14 days

COVID Exposed

- Unvaccinated and have had COVID 19 within the last 3 months
 - Do not need to self quarantine
 - But if greater than 3mo ago then get tested and self quarantine for 14 days

COVID Exposed

- Fully Vaccinated
 - Do not need to self quarantine
 - Should get tested 3-5 days after you were in contact with the infected person
 - Much less likely to get the infection, but still possible

COVID Exposed

- Monitor yourself for symptoms for the full 14 days
- In any symptoms, call your doctor right away
- Extra careful to wear a mask and social distance during this time

Mild Illness

- Fever and cough
- Do NOT have trouble breathing



Mild Illness

- Fever and cough
- Do NOT have trouble breathing

- Treatment=
 - Rest and symptomatic treatment at home
 - Self isolate from family at home 20 days and greater than 24 hours without symptoms or fever

Mild Illness Assessments

- Shortness of breath with normal daily activities
- If O₂ is less than 94% on pulse oximetry
- Feelings of dizziness or almost passing out
- Falling
- Low blood pressure
- Confusion
- Decreased Urination
- Cyanosis



Mild Illness Treatment

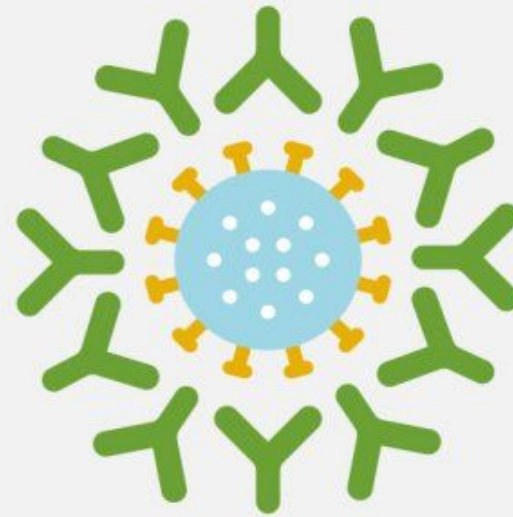
- Monoclonal Antibodies
 - Casirivimab-imdevimab Regen-COV
- Sotrovimab
- Prevalent variant resistance to bamlanivimab-etesevimab
 - use is discontinued

Monoclonal Antibody Therapy

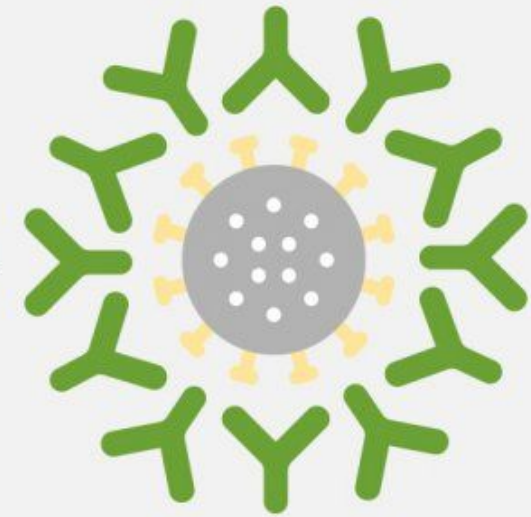
Casirivimab and imdevimab are recombinant human (IgG1 κ and IgG1 λ , respectively) monoclonal antibodies to the spike protein of SARS-CoV-2.

Casirivimab and imdevimab bind to nonoverlapping epitopes of the spike protein receptor binding domain, blocking attachment to the human ACE₂ receptor (FDA 2021)

How monoclonal antibodies work



Monoclonal antibodies
bind to their target



once attached,
they make it harmless

When Monoclonal Antibodies are used?

- •Older age (≥ 65 years)
- •Body mass index (BMI) ≥ 25 kg/m²
- •Pregnancy
- •Chronic kidney disease
- •Diabetes mellitus
- •Immunosuppression (immunosuppressive disease or treatment)
- •Cardiovascular disease or hypertension
- •Chronic lung disease •Sickle cell disease
- •Neurodevelopmental disorders
- •Dependence on a medical-related
- In addition, other conditions may place an individual at high risk for progression to severe COVID-19, and the use of monoclonal antibody therapy is not strictly limited to those with the risk factors listed above

Post-exposure prophylaxis

- Regen-COV (casirivimab and imdevimab)
 - Not fully vaccinated
 - Or not expected to mount an adequate immune response
- AND
 - Have been exposed to COVID-19
 - High risk exposure

Monoclonal Antibody Side Effects

- 10⁰% local site reaction
- 1-10⁰% nausea and vomiting
- <1⁰% severe infusion related reaction

Other Mild Illness Therapies

- High-titer convalescent plasma
 - Possible role if administered in the first 72 hours of mild symptoms decrease risk of developing severe respiratory disease
 - Severe illness did not demonstrate benefit
- Steroids
 - No benefit and possible harm in patients without O₂ requirement
- Colchicine
 - Mild reduction in hospitalizations 4.5% placebo group and 5.9% colchicine group
 - GI side effects and More common Pulmonary Embolisms

Other Mild Illness Therapies

- Ivermectin
 - The Infectious Diseases Society of America's COVID-19 guidelines suggest against ivermectin use outside of the context of a clinical trial in outpatients or hospitalized patients with COVID-19. The guideline panel states that additional, sufficiently designed clinical trials are needed to inform decisions.
 - The [National Institutes of Health's](#) COVID-19 guidelines panel indicates that there are insufficient data to recommend for or against the use of ivermectin for the treatment of COVID-19 and that results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance.

Other Mild Illness Therapies

- Inhaled steroids/inhaled budesonide: some benefit with fewer hospitalizations
- No Clinical Benefit
 - Fluvoxamine
 - Hydroxychloroquine
 - Azithromycin
 - Vitamin C
 - Vitamin D
 - Zinc

Symptom Management

- Acetaminophen
- NSAID
- Hydration
- Cough medication

Symptom Management

- Self proning
- Breathing exercises



Vaccinations



mRNA

Pfizer
Moderna



Vector

Johnson & Johnson

mRNA vaccine effectiveness

- 94% effective against hospitalization if fully vaccinated
- 64% effective among partially vaccinated

J&J vector vaccine

- 66% effective in preventing lab confirmed COVID 19

TN.GOV COVID Dashboard

Breakthrough infection rates

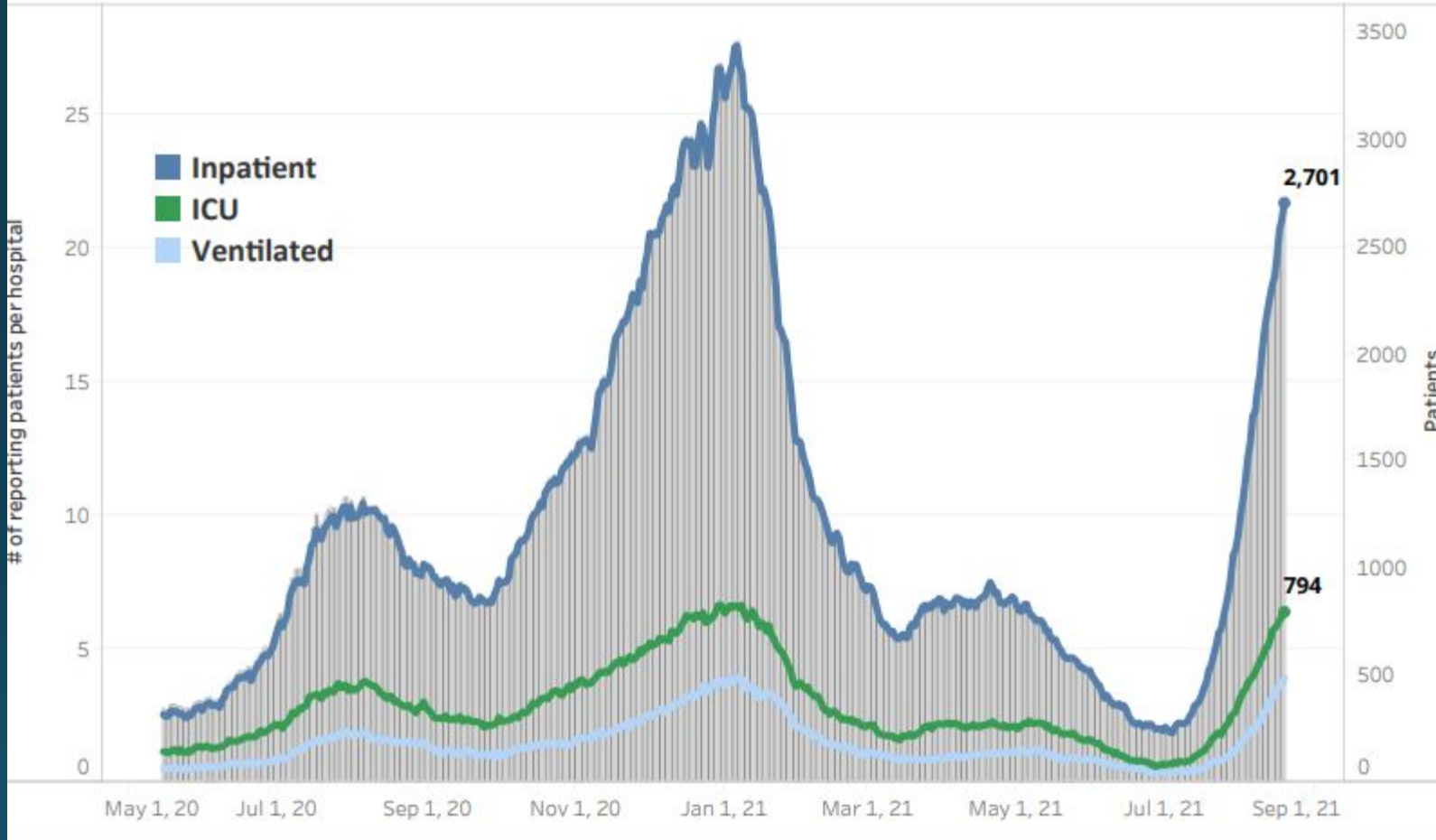
- CDC estimates 0.5%
- Data for July and August appear to be at 12-24%

Summary of Recent Breakthrough Cases:

Month	% of Cases Unvaccinated	% of COVID Hospitalizations Unvaccinated*	% of COVID Deaths Unvaccinated**
May- July	90%	88%	94%

Below is the number of COVID-19 patients currently hospitalized (dark blue), and of those hospitalized who are in the ICU (green) and are using ventilators (light blue). The grey bar represents the number of patients per reporting hospital, a rate that can help us better interpret changes in COVID-19 hospitalizations (as not all hospitals report each day).

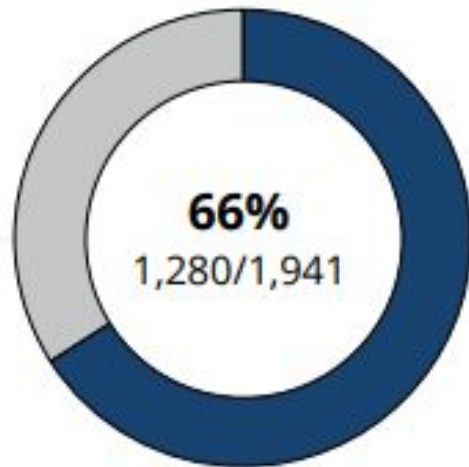
The total number of COVID-19 positive patients hospitalized across TN on August 19, 2021 was **2,701**. There are 794 COVID-19 patients currently in the ICU and 488 utilizing ventilators. The number of admitted patients per hospital reporting was 21.27 (with 114 hospitals reporting).



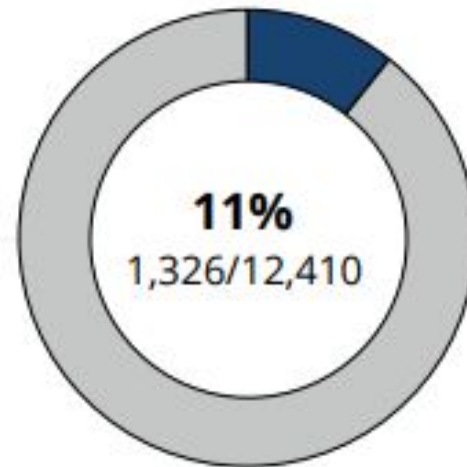
This report was produced by the Tennessee Department of Health on August 20, 2021.

Quick Glance at Hospital Bed & Ventilator Availability¹³

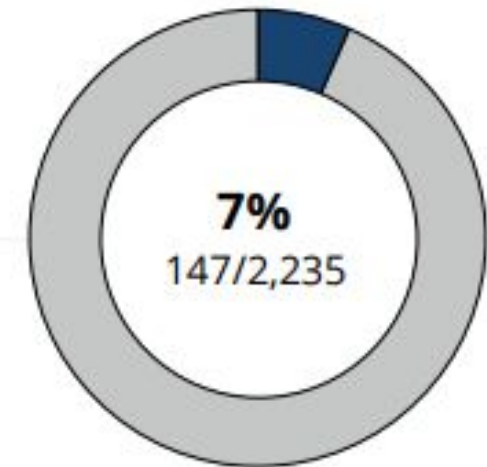
Below is a brief snapshot of the currently available floor beds, ICU beds and ventilators across TN.



Available Adult Ventilators



Available Floor Beds



Available ICU Beds

This report was produced by the Tennessee Department of Health on August 20, 2021.

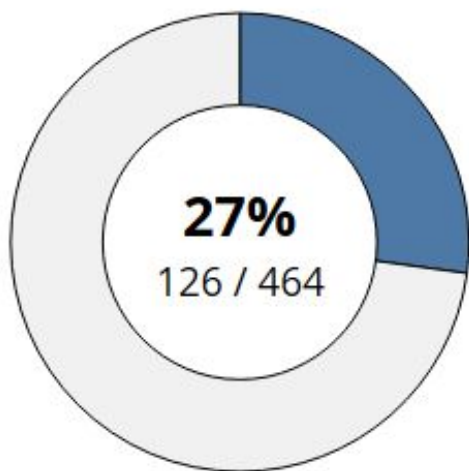
PAGE 12 |

Tennessee COVID-19 Hospital Pediatric Resource Status



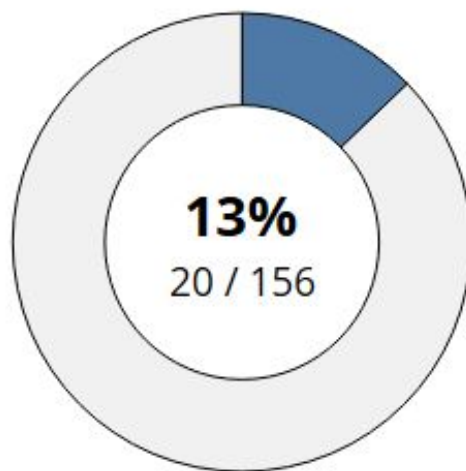
Data as of
August 23,
2021

About



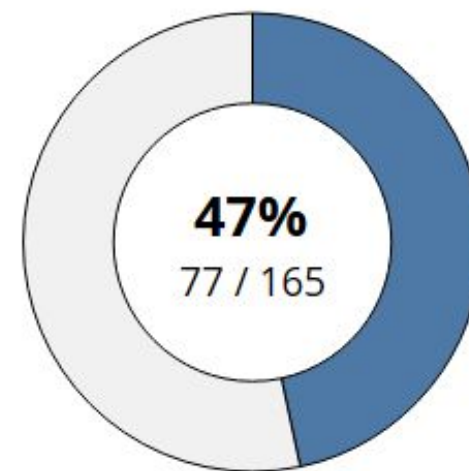
Available Floor Beds: Pediatric

The range of Available Floor Beds: Pediatric is 13% to 56%



Available ICU Beds: Pediatric

The range of Available ICU Beds: Pediatric is 0% to 54%



Available Pediatric Ventilators

The range of Available Pediatric Ventilators is 0% to 83%

Pediatric available resource capacity ranges vary across the state, by HCC Region

Long Term Care Facility Data

Facilities with > 1 COVID Cases

Resident COVID Cases

Resident Deaths

Staff COVID Cases

604

19,690

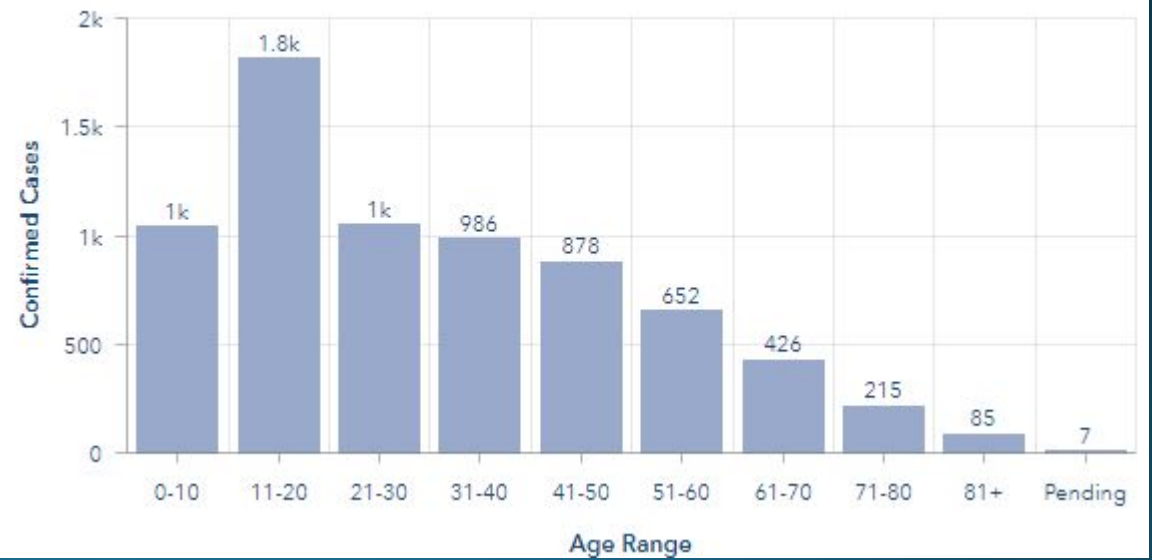
2,705

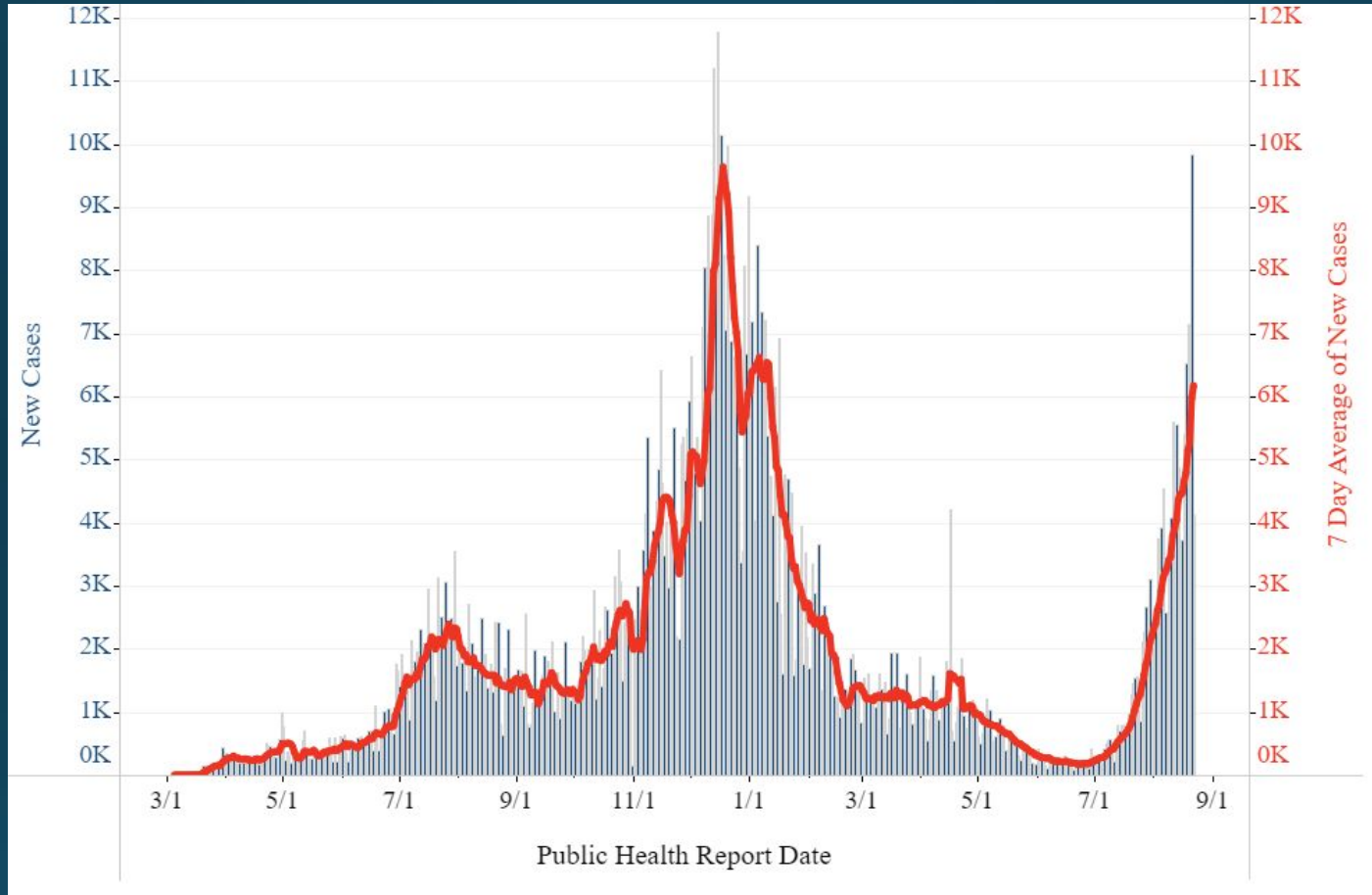
16,067

Cumulative Cases By Age Range



New Daily Cases By Age Range





COVID Care-team

- Nurses
- Respiratory Therapist
- Physical Therapist
- Dietary/Nutrition
- Hospitalist
- Pulmonologist
- Case Manager/Social Workers/Home Health and Rehab
- Environmental Services, Plant Operations, IT and Device Support