Summary of Major Literature Related to COVID-19 (Week of March 15–21)

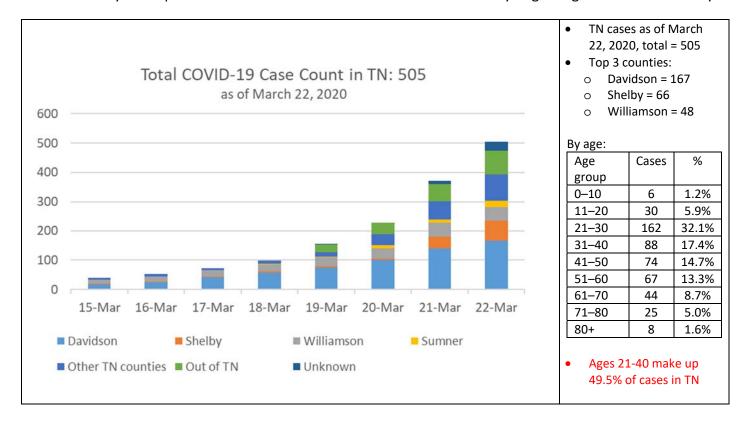
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*This is informational and not intended to create variance from VUMC policies/guidance.

EPIDEMIOLOGY

Tennessee and Nashville

- Governor Lee suspends in-person dining and lifts alcohol regulation in TN on March 22, 2020.
- Mayor Cooper issues "safer at home" order for Davidson County beginning March 23 for 14 days.

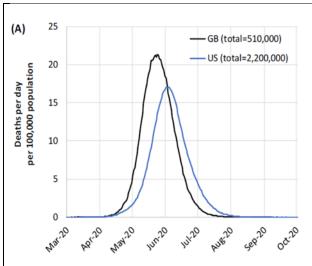


United States: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19). CDC COVID-19 Response Team. March 18, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm

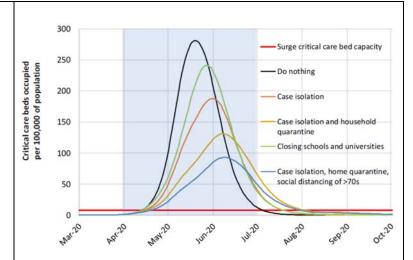
- Based on 4,226 laboratory-confirmed cases reported to the CDC as of March 16, the case-fatality ranged from 10% to 27% among persons aged ≥85, 4% to 11% among persons aged 75–84 years, 3% to 5% among persons aged 65–74 years, 1% to 3% among persons aged 55-64 years, <1% among persons aged 20–54 years, and no fatalities among persons aged ≤19 years.
- However, hospitalization and ICU admission occurred in persons of any age. The hospitalization rate was 31% to 70% among persons aged ≥85, 31% to 59% among persons aged 75–84 years, 29% to 44% among persons aged 65–74 years, 20% to 30% among persons aged 45-64 years, 14% to 21% among persons aged 20–44 years, and <5% among persons aged ≤19 years.

Impact of non-pharmaceutical interventions to reduce COVID-19 mortality and healthcare demand. Imperial College COVID-19 Response Team. March 16, 2020. DOI: https://doi.org/10.25561/77482

Provided below are predicted numbers under the scenarios with or without mitigation.



 In an unmitigated epidemic, a peak in mortality is expected to occur after ~3 months (late June), causing a total of 2.2 million deaths in the US.
Critical care bed capacity would be exceeded as early as middle April.



 With mitigation strategies (case isolation, home quarantine and social distancing), peak critical care demand is predicted to reduce by 2/3 and the number of deaths reduce by 50%.

Potential male-female differences

COVID-19 Situation Update for the WHO European Region. <u>Data for the week of 9-15 March 2020</u>. COVID-19 and Italy: What next? Remuzzi. Lancet. March 13, 2020. DOI: <u>10.1016/S0140-6736(20)30627-9</u> COVID-19 in Korea: https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030

- Data from China, Italy and South Korea suggest men may have higher fatality rate and perhaps a slightly higher incidence than women.
- In Italy, through March 11, 80% of deaths were in men and 20% in women, with an older median age for women (83.4 years for women *vs* 79.9 years for men).
- In South Korea, women account for 61% of confirmed cases and 47% of deaths; fatality rate is 1.6% in men and 0.9% in women.
- A WHO report on cases from the European region noted that of 11,228 COVID-19 infections with known data, 57% were in men. Of 1,032 deaths for which records were available, 72% were in men.
- Published data on sex differences in incidence or fatality not yet available for the US but will be updated once available.

TESTING/DIAGNOSIS

Detection of SARS-CoV-2 in Different Types of Clinical Specimens. Wang et al. JAMA. March 11, 2020.DOI: 10.1001/jama.2020.3786

- 1070 specimens collected from 205 patients in China
- Bronchoalveolar lavage fluid, sputum, and nasal swabs showed the highest positive rates (63% to 93%). Positive test rate was 32% for pharyngeal swabs, indicating nasal swabs may reduce false negative.

Relation Between Chest CT Findings and Clinical Conditions of COVID-19 Pneumonia: A Multicenter Study. Am J Roentgenol. March 3, 2020. DOI: 10.2214/AJR.20.22976

- CT may be helpful in early screening of highly suspected cases to reduce false negative.
- Most patients with COVID-19 pneumonia have GGO (ground-glass opacities) or mixed GGO and consolidation and vascular enlargement in the lesion.

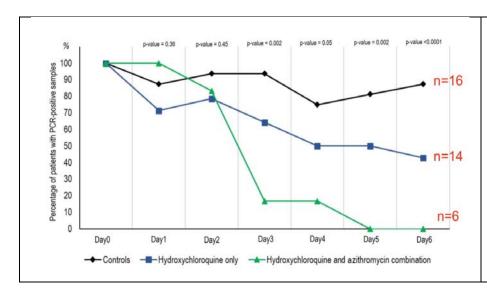
TREATMENT

A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19. Cao et al. NEJM. March 18, 2020. DOI: 10.1056/NEJMoa2001282

- A randomized, controlled, open-label trial of 199 seriously ill patients with Covid-19.
- Lopinavir—ritonavir treatment added to standard care was not associated with accelerated clinical improvement or reduced mortality.

Hydroxychloroquine and azithromycin as a treatment of COVID-19. Gautret et al. International Journal of Antimicrobial Agents. March 20, 2020. DOI: <u>10.1016/j.ijantimicag.2020.105949</u>

- A non-randomized, open-label trial of 42 patients; data from 36 patients were analyzed.
- Limitation: small sample size, NOT a double-blinded randomized clinical trial.
- Limitation: six hydroxychloroquine-treated patients were lost to follow up and excluded from the analysis, including three who were transferred to ICU and one who died.
- Large-scale, double-blinded, randomized trials have been initiated.



- Overall 42% male, mean age 45 years, 17% asymptomatic.
- Treated patients were older than controls (mean age 51 vs 37 years).
- Primary endpoint was virological clearance at Day 6 post inclusion.
- Hydroxychloroquine treatment is significantly associated with viral load reduction/disappearance in COVID-19 patients at Day 6 and its effect is reinforced by azithromycin.

BIOLOGY

The proximal origin of SARS-CoV-2. Andersen et al. Nature Med. March 17, 2020. DOI: <u>10.1038/s41591-020-</u>0820-9

- SARS-CoV-2 is the 7th coronavirus known to infect humans; SARS-CoV, MERSCoV, and SARS-CoV-2 can cause severe disease, whereas HKU1, NL63, OC43 and 229E are associated with mild symptoms.
- Notable features of the SARS-CoV-2 genome: 1) optimized for binding to the human receptor ACE2; 2) a polybasic cleavage site at the spike protein S1–S2 junction, which may enhance cell-cell fusion.
- Theories of SARS-CoV-2 origins: 1) natural selection in an animal host before zoonotic transfer; 2) natural selection in humans following zoonotic transfer; 3) selection during passage.