COVID-19 Weekly Update Summary Note; April 30, 2020 7PM

New Medication

Information about Remdesivir was leaked prior to scientific papers being released, so there may be false hope about it being a game changer. It's promising but not a magic cure. Some benefits reported, such as hospital stays being shortened by a few days. Cost is also of concerns. Remdesivir is estimated to cost up to $4,500 per course of treatment of 5-10 days according to some sources* Favipiravir (Avidan®), a Japanese medication, is estimated to be less expensive than Remdesivir. For now, the best course of action is continuing to practice preventative measures and containing the spread of the virus.

*https://www.bizjournals.com/sanfrancisco/news/2020/05/04/gileads-drug-pricing-in-the-crosshairs-again-in.html

Remdesivir,

FDA https://www.drugs.com/history/remdesivir.html

BBC https://www.bbc.com/news/world-52406261

STAT news https://www.statnews.com/2020/04/23/data-on-gileads-remdesivir-released-by-accident-show-no-benefit-for-coronavirus-patients/

Available evidence: https://www.nejm.org/doi/full/10.1056/NEJMoa2007016

Japan anticipated approval meaning

https://www3.nhk.or.jp/nhkworld/en/news/20200428_23/

https://bio.nikkeibp.co.jp/atcl/news/p1/20/04/28/06863/

CDC Lists Additional COVID-19 Symptoms

CDC has updated its list of symptoms to the original list of cough, fever, and shortness of breath.

Due to some caregivers with headache, body aches, fatigue, loss of smell later developing COVID-19, these symptoms have been added to the list. Persons with these symptoms are asked to self-isolate at an earlier stage, especially in high risk settings such as nursing homes.

CDC adds more symptoms to watch out for:

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Possibility of Reinfection

The evidence is inconclusive. It is more like a relapse of COVID-19 and not re-infection. Sick people may have a prolonged period of shedding the virus.

WHO, CDC and other international organizations are reinforcing that it is yet unknown whether people who are infected can get infected again. It hasn't been proven that immunity is long-term. Infected people should be monitored for a longer term for research purposes and to prevent relapses, as it is possible for them feel sick again, even weeks after they seemed recovered.

Wider Testing

Test kits are available but priority is given to hospitalized persons.

Wider testing may not be much benefits for persons with milder symptoms because there is no treatment for COVID-19 from clinical aspect except to reinforce isolation/quarantine. People with milder symptoms diagnosed COVID19 will be quarantined. Availability of wider testing depends on the region and the accessibility for public care.

CDC Testing Criteria updates: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html

Johns Hopkins Guideline:
https://www.hopkinsguides.com/hopkins/view/Johns_Hopkins_ABX_Guide/540747/all/Coronavirus_COVID_19__SARS_CoV_2_#4.1

Q: Has Japan's state of emergency been extended until the end of May?

A: Hyogo schools are closed until the end of May. Some businesses may be allowed to operate. Depending on the situation, the state of emergency may be declared again.

Q: Daily numbers of new cases seem to be decreasing. Has Japan reached its peak yet?

A: There hasn't been a big flare up yet.

Q: What is the vulnerability for children?

A: Kawasaki disease is an autoimmune disease. There has been an increase of Kawasaki disease in UK which may be associated with COVID-19, but it's not proven yet. Statistically, severe cases in children have been rare up until now.

Social distancing is causing a reduction in routine visits and vaccinations. It's important for well-child visits for kids under 2 to continue; if recommended immunizations are not done, it may lead to other types of outbreaks.

Q: Is it OK to go outside for a walk?

A: It's fine. Wear a mask. It's all right not to wear a mask if there is no one around.

Q: Antibody testing is increasing in US. Is this useful?

A: Coronavirus is not new. This means positive immune results may not necessarily indicate a COVID19 antibody, but for some other strain of coronavirus. We cannot differentiate antibody effectiveness yet.

PCR, the test for presence of virus, is better right now. The vaccine for COVID19 may be similar to a flu vaccine once it is developed; it may not prevent COVID-19, but would make the symptoms milder, like current flu vaccines.

WHO Immunity measures and implications

https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19

Q: What is the accuracy of tests?

A: Antibody blood tests are not as accurate for detection of COVID-19.

PCR tests detect the virus. However, it depends on the timing of the test. If the test is given too early, COVID-19 might not be detected because the virus is not concentrated enough to be detected and results in false negative. Point of care testing (e.g. drive through testing) is not as accurate. Samples may not be collected properly.