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Pearson, Duane; Sippel, Jeffrey; Smith, Clayton (SOM-HEM); Stitt, Jenny

Subject: DOM COVID-19 Communication

Date: Saturday, March 21, 2020 6:12:23 PM

Attachments: SARSCOV 3.19 TREATMENT ALGORITHM.pdf

Hi.

I hope all of you and your families are well and coping adequately with our challenging environment. I've refrained from writing so not to overload your inbox but I have a number of things that I'd like you to know:

Best sources of information:

UCH Source website (https://thesource.uchealth.org/News/Forms/DispNewsForm.aspx?ID=1429)

- o CU AMC website (https://www.cuanschutz.edu/coronavirus)
- o CU SOM website (https://som.ucdenver.edu/COVID-19)
- DOM website (https://medschool.cuanschutz.edu/medicine/faculty-affairs/covid-19)

• Clinical:

- Hospital Medicine has deployed 4 COVID-19 specific teams who have cared for 81 suspected cases of COVID (39 discharged home, 1 discharged to SNF, and 41 still hospitalized)
- MICU has created a team to care of all rule out and positive cases of COVID-19; 6
 MICU patients are pending COVID test results
- 100 physicians have volunteered to provide backup coverage for hospitalized patients (<u>THANK YOU</u>!!!)
 - Privileges for these providers are being coordinated by Hospital Medicine
 - Hospitalists have developed a 'start-up' program to reorient these physicians when activated for the inpatient service
- o New guidelines for inpatient consults to minimize patient contact:
 - Consider modified on-site visits, telehealth visits or telephone encounters for consulting services and, when the need arises, for primary services (with approval of service line medical director).
 - The Resident or Fellow on the consulting service should review the case and discuss it with the attending <u>prior</u> to examining the patient, regardless of the patient's COVID status.
 - The attending will decide whether the consult can be deferred and, if not, whether a physical examination is needed.

- If the consulting attending thinks the consult can be deferred, he/she should discuss with the attending from the team requesting the consult.
- The consulting team will document the elements of the consult as conducted providing an assessment and plan.
- o Attached is the latest treatment guidelines (these will likely change as we learn more). This is also contained in an email sent system-wide by UCH entitled "Outpatient and inpatient pharmacotherapy for COVID-19," which contains this link to it: COVID-19 Antiviral Algorithm.

PPE

- PPE is in short supply at UCH, especially surgical and N95 masks. PLEASE
 CONSIDER DONATING ANY AND ALL MASKS, GLOVES, OR DISPOSABLE LAB
 COATS YOU HAVE IN YOUR RESEARCH LABS. The contact for donations:
 Breanne Beck (breanne.beck@cuanschutz.edu).
- PPE training has been coordinated by UCHealth and Hospital Epidemiology. I would recommend this short 15 min video: https://www.youtube.com/watch?
 v=bG6zISnenPg&feature=youtu.be&app=desktop
- o PPE supplies are limited, use them conservatively, and limit the number of providers in each room to those who are essential to clinical decision making.

• Education/Training

o This year's intern class is a historically strong group. The match was completed in the fewest number of applicants in anyone's recent memory, by a long shot. Not only are the matched applicants higher on the list than ever before, but the residency simultaneously achieved a 19% match for underrepresented minorities in medicine, tied it's highest percentage of AOA residents for an entering class (38%), and filled its PSTP program with two nationally-recruited MD/PhDs. All of this was made possible by our expanded interviewer pool this year, with over 100 faculty interviewing and demonstrating the strength and depth of our DOM has to offer.

Research

- We are working with others across the campus to develop a consolidated research plan that would minimize contact with COVID+ patients and maximize use of data and specimens. This is moving quickly and I anticipate that a collaborative IRB will be submitted by mid next week.
- o WHO website for up-to-date research on coronavirus: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov.

Childcare

Statewide Collaborative for Emergency Childcare for Healthcare Workers. This
website (https://covidchildcarecolorado.com/) provides registration links for
those seeking childcare and those who are able to provide childcare

- o Care.com is offering 1 month of free premium access to healthcare workers. Use their site to locate childcare, senior care or pet care in your area: https://www.care.com/vis/covid19FtpLandingPage
- UCH has a list of childcare resources available on The Source (https://thesource.uchealth.org/News/Forms/DispNewsForm.aspx?ID=1429)

Wellbeing (more to come from UCHealth)

- COVID Wellbeing support line is now available through the Department of Psychiatry (303-724-2500)
- COVID Daily Debrief: chat with a psychiatry faculty member https://coviddebrief.voucanbook.me
- o Do something for yourself each day: I've begun calling my friends (yes, I still have a few) during the day just to talk for a few minutes. I've also started taking walks with my wife Louise when I get home each night, something I hope to continue for many years.

Over the past week, I've spent more time in the hospital than usual. I'm incredibly proud our trainees, faculty, nurses, and hospital partners, and feel privileged to work with all of you. I'm convinced that we'll get through this together. Stay well and stay connected, and let me know if you have any questions.

David

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Treatment Algorithm for SARS-CoV-2 (updated 3-19-20) SARS-CoV-2 (aka COVID-19) positive or strongly suspected Is patient presently hospitalized or require inpatient management? Yes No Consider antibiotics for secondary bacterial pneumonia if concerned • Stay home and avoid close contact (~10% w/ COVID-19) with others to minimize spread • Drink plenty of water Avoid corticosteroids unless indicated for separate process (e.g., septic shock, COPD, , ARDS? Etc.) • Symptomatic care for fever, cough, congestion, pain • Avoid corticosteroids unless required for other condition (e.g. Patient has any of the following AND confirmed SARS-CoV -2? COPD exacerbation) • Age ≥ 65 years • If shortness of breath develops, Significant history of lung and/or heart disease seek medical evaluation History of transplantation (solid organ or hematologic) Other immunocompromising condition and/or receiving immunosuppressive medications Moderate to severe infection: Radiographic evidence of pneumonia requiring supplemental oxygen and/or mechanical ventilation Yes No **Supportive Care Measures Clinical Status** Worsening oxygen requirements, expected Requiring Mechanical Ventilation Requiring supplemental oxygen requirement for mechanical ventilation within but stable requirements 48 hrs, or immunocompromised? Start with Antiviral therapy*, Antiviral therapy may be considered* **ID Consultation:** **Please contact ID and/or Antimicrobial Stewardship with guestions, or if planning to start empirically while COVID-19 test still pending** Contact ID Pharmacy Immediately for First line: Hydroxychloroquine⁵⁻⁷ 400mg PO BID for one day then 200mg PO BID x 4 coordination of days (total duration = 5 days) compassionate use Remdesivir⁶ Pregnancy category C, human data in malaria does not show increased risk Caution in liver disease Low drug interaction potential Monitor for visual changes, neuropathy, QTc prolongation, and cytopenias Second line: Lopinavir/ritonavir (LPV/r) 1-4,8 400mg/100mg PO BID ± Ribavirin (dosing on Page 2) x 5 days • LPV/r pregnancy category C, human data does not show increased teratogenic risk *Agents are not approved for CoV infections, Ribavirin pregnancy category X and limited evidence supports possible benefit Significant drug interaction potential with LPV/r (Overview Page 3-6) in COVID-19 infection, weigh risks and benefits Monitor for QTc prolongation, liver impairment, cytopenias, and diarrhea prior to initiation. Data is rapidly evolving with PO ribavirin preferred therapeutics for COVID-19 and recommenda-Inhaled ribavirin discouraged, consideration with ID and ID pharmacy tions are subject to change rapidly. Please re-Third line: Nitazoxanide⁶ 1,000mg PO BID x 5 days

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Ribavirin (PO) - Treatment of SARS-CoV-2 Pneumonia (round to closest 200mg interval

- CrCl > 50: Load 10mg/kg (max 2g) PO once, then start 400mg (40-60kg), 600mg (61-90kg), 800mg (91-120kg), or 1000mg (> 120kg) PO TID.
- CrCl 30-50: Load 10mg/kg (max 2g) PO once, then start 200mg PO TID
- CrCl < 30/HD: Load 10mg/kg (max 2g) PO once, then 200mg PO qday (limited data) **For lung transplant, omit loading dose and start 15-20mg/kg/day in 3 divided doses**

In Depth Drug Interactions Website: http://www.covid19-druginteractions.org/

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