

The Covid-19 Pivot

Rapid evidence reviews with the PEER team

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Masks

Drug Treatment

Clinical Factors

Testing

Miscellaneous

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Mask use in healthcare workers for prevention of infection

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Hydroxychloroquine for treatment of COVID-19 illness

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Clinical presentation and course of COVID-19 infection

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PCR testing – how reliability is our test?

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Are these medications risky (ACE/ARB & NSAIDs)

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Mask use in community for prevention of infection

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Remdesivir and other Antivirals for COVID-19 illness

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Asymptomatic: frequency & transmission risk

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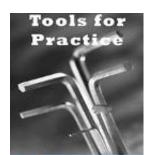
Serology Testing –
Is it ready for prime time

10

Virtual Assessment of Dyspnea











Disclosure of Financial Support

Faculty/Speaker: Christina Korownyk

- Co-Director for Evidence and CPD, Alberta College of Family Physicians (ACFP)
- Spoken at conferences sponsored by ACFP

Faculty/Speaker: Mike Kolber

- Received honoraria for presentations/work: Best Science Medicine, ACFP, BCCFP, Alberta Expert Drug Committee
- Co-founder of EMPRSS Electronic Medical Procedure Reporting Systems Inc, a University of Alberta/TEC Edmonton spin-off company that evaluates the quality of procedures performed by health care professionals

Faculty/Speaker: Adrienne Lindblad

Employee of ACFP



Disclosure of Financial Support

Faculty/Speaker: James McCormack

No conflicts of interest to declare

Faculty/Speaker: Mike Allan

Salary from The College of Family Physicians of Canada, University of Alberta, Locum Relationship with financial sponsors:

- Grants/Research Support: Alberta College of Family Physicians; Toward Optimized Practice, CIHR, PRIHS, ON LHIN Grant, St. Paul's Hospital
- Honoraria: Alberta, Ontario, NFLD, PEI, BC College of Family Physicians; Multiple University CPD depts, miscellaneous conferences
- Other: 2 RCTs (public funded)



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Learning Objectives

After this webinar presentation, the participant will be able to:

- 1. Describe the best available evidence for the diagnosis of COVID-19
- 2. Describe the best available evidence for the treatment of COVID-19
- 3. Describe the best available evidence to prevent the transmission of COVID-19

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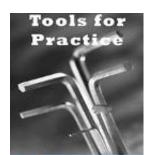
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Masks in healthcare workers;

- -Surgical masks and respirators (N95) appear similar in preventing viral infections, [N95 masks having slightly not statistically different- lower infection rates (~1-2%).
- -Cloth masks are poorer than surgical (with ~2% RTI x4 wks).
- -No RCTs examined transmission to others or COVID-19.
- -Masks just one-part PPE and transmission precautions.

Without further evidence,
hydroxychloroquine is not
appropriate for patients
with COVID-19 in primary care. A
number of recent trials/studies
show an increased risk of side
effects and QT prolongation
especially at higher doses.
RCTs are ongoing and hopefully
they will provide more insight
into the benefit/harm of this
empiric treatment.

- Cough, fever and dyspnea are the most common <u>symptoms</u> of COVID-19.
- -At least 80% of cases are clinically mild, ~10% are hospitalized and 25% of admitted patients require intensive care.
- Mortality risk factors include long-term care residents, age >65, co-morbid illnesses, and COVID-19 associated cardiac injury.

Studies of clinical PCR
sensitivity are limited and vary
widely for many reasons. Even
if test sensitivity ranged
between 50-90%, patients with
low pretest probability
(example 10%) would have at
worst a 5% false negative rate.

There is no reliable evidence that NSAIDs, ACE inhibitors or ARBs increase the risk of COVID-19 or affect disease severity/mortality from COVID-19

Mask in the community may reduce transmission of viral RTI (from 2 RCTs). If community risk was ~25% over 6 weeks, masks could decrease that to ~19%. No COVID-19 research, many studies examined others risk once someone was sick, and the overall certainty of evidence is low. Any mask use should be combined with social distancing and other preventive strategies

To date, no published RCTs have demonstrated benefit of treating COVID-19 patients with remdesivir, lopinavir—ritonavir or oseltamivir. One interim analysis of remdesivir suggests improved time to recovery. Full publication of studies and ongoing trials will help to answer this question.

Transmission of COVID-19 can occur in people who are currently asymptomatic (including those who will remain asymptomatic and those who are early and not symptomatic yet). Case reports suggest this occurs in 6-13% of cases, although modelling suggests this might be higher.

~50% of carriers are asymptomatic when an entire population is tested.

While IGM and IGG antibodies
(serology) may tell and
individuals recent or past
exposure – it is unclear whether
antibodies confer immunity to
subsequent infection. Accuracy
of antibody testing likely
requires validation in large
number of infected and noninfected individuals.

Unfortunately, no specific technique, including the Roth Score, reliably assures dyspneic patients are safe.

No studies assessed dyspnea in COVID-19 patients.

Clinicians are encouraged to use available tools (BMJ Virtual Assessment tool) and have patients assessed inperson if any concerns.











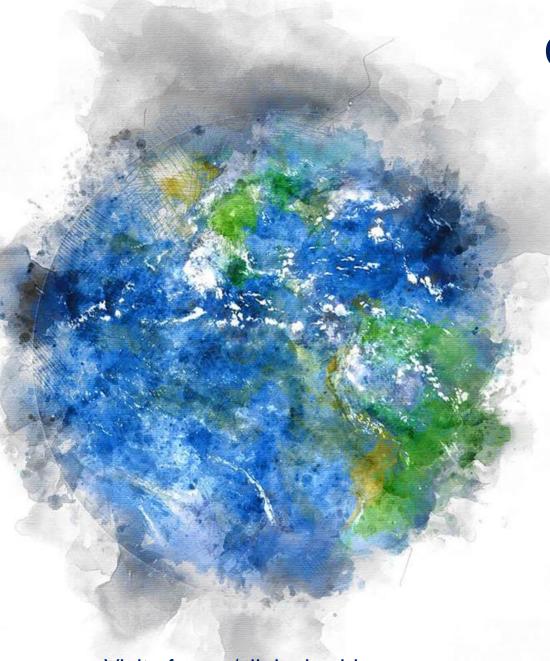


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