

Dr. Delgado Covid-19 Update 3/25/2020

- Additional symptoms now considered to be potential early indicators (via anecdotal reports) of a Covid-19 include both a loss of smell (anosmia) and/or taste, reddening and inflammation of the eyes and their periphery and some report a progressive, constant headache.

Please refer to my previous emails or the CDC website for a review of general symptoms.

- The virus is much more infectious than influenza or the SARS virus, which it closely resembles. Unlike SARS, patients may become **highly infectious before they become seriously ill**. Those asymptomatic appear to be the main catalyst of the current spread.
- It's not just older people with underlying conditions who become very ill. Although prior reports suggested that 80% of people under 60 years of age acquired only mild disease, it now appears that about half of these people, despite not needing hospital admission, can progress to moderately severe infections, which can take weeks or longer to recover from.

Preserve health and routine health care functions. We need to increase the resilience of our people as rapidly as possible.

- **Increase personal health resilience.** Underlying conditions greatly increase the risk of severe illness. This isn't just bad for patients who get infected, but for those that they might infect as well.

There has never been a better time to [quit smoking](#), curtail your consumption of alcohol, get your [blood pressure under control](#) and get regular [physical activity](#). (Being active outside for at least 30 minutes, if not more, a day also helps with [vitamin D](#) levels).

Of all of the various proposed measures to increase your resistance to infection, regular physical activity and [adequate vitamin D levels](#) probably have the most scientific evidence to support them -- and can be done safely.

Learn intensively. If there is one key lesson from past epidemics, it's that getting real-time data is essential for a great epidemic response.

- We need to know **who is most at risk for spreading the infection** and at what point they are in their illness -- so that we can target tracing and containment most effectively. This will help determine

how vast a net we need to cast and as to when and how often testing may be needed. This subsequent data, as the volume of testing increases, will yield new recommendations and continue to rapidly evolve.

Treatment update. We also urgently need to know whether treatments work.

The [preliminary reports](#) on the value of chloroquine needs to be rigorously addressed. As of Feb. 23, seven clinical trials have been registered in the Chinese Clinical Trial Registry regarding this specific issue, but the results are murky. While touting its benefits, as of 3/23/20, they have yet to publish nor have they shared any relevant data with the WHO despite repeated requests and governmental assurances by the Chinese government of improved collaboration.

Researchers in France also published a study involving just 20 patients. This is the study most currently cited in support of chloroquine use and concluded with evidence of reduced viral shedding in nasal swabs. It was not a randomized controlled trial and failed to address any clinical outcomes such as those most likely to recover, need assisted ventilation or survival.

All of these anecdotal reports are based on use with patients who were already Covid-19 positive. Any assumption that its use as prophylaxis or empiric in

nature (when symptoms are suggestive of infection) continues to be speculative at this point.

Numerous past trials involving chloroquine and its clinical effectiveness on a multitude of viral infections, including Dengue fever and Chikungunya, have failed to offer any clinical benefit in humans.

Personal remarks. Trying to maintain best practices and providing you with the most up to date information is challenging in these unprecedented times. I aim, foremost, to do no harm to my patients and proceed with caution in regards to any recommendations. I also understand that being judicious could potentially lead to clinical decisions or information that in retrospect may be erroneous in the next few weeks or even perhaps days.

I continue to adhere to the best evidence based recommendations available and strive daily to, through continued journal and literature reviews, follow the information wherever it takes me and remain open to any alternatives or outcomes.

Even if we can't dramatically improve outcomes, a treatment that would even reduce the need for ventilation could save many lives. Many other medications are also currently being considered and are in ongoing trials being conducted en mass throughout the world to see if they may offer any benefit.

Our strategies to mitigate the impact of Covid-19 will continue to evolve as we learn more about the virus and the effectiveness of different interventions.

R. Delgado, MD & staff