Dr. Delgado COVID-19 Update 5-6-20

OFFICE UPDATE

My staff and I are pleased to announce that our office will reopen for office visits next week, Monday 5/11/20, with some underlying parameters:

We will continue to enforce our current policy of only one patient at a time in the office. Please wait in your vehicles until the previous patient leaves to enter for your scheduled appointment.

We ask you continue to wear masks or scarves to our office and to practice proper hygiene and hand washing
prior to your arrival.

For the time being, appointments will be limited to follow ups for those with chronic conditions such as diabetes,
hypertension, cardiopulmonary disease, psychiatric issues or any immunocompromised status, etc. We urge those of you with these conditions to call our office for an appointment.

Anyone wishing to be seen for any acute issues or complaints that could pose a risk for an active Covid-19 infection are to call. You will be triaged by phone as to
your symptoms and possible diagnostic/treatment options.

Any unscheduled visits or walk-ins to the office, for any reason, are prohibited until further notice.

Currently, history and physical examinations will have to be postponed until June, at the earliest, to assuage the

volume anticipated for follow up assessments.

We anticipate many of you will seek to be seen immediately. We will, almost certainly, not be able to accommodate all of you during these initial weeks. Your
yearly physicals will also be delayed from last year as a backlog currently exists.

This process will entail understanding, flexibility and patience from everyone involved. These recent events are unprecedented and ongoing. My staff and I will make every effort to address your individual and collective needs as they arise.

SEROLOGIC TESTING

We continue onward with testing in our office. Most results have been negative as expected to this point. For those of you who have yet to be tested, we will likely have several periods each week moving forward that we will set aside for blood draws so as to not interfere with our clinical visits in the office.

Let me reiterate that any additional delay of days or weeks to be tested should not cause any undue anxiety or alarm.

Continue to social distance and practice appropriate measures.

TESTING UPDATE

A team at MIT and the Broad Institute has repurposed the genome-editing tool CRISPR technology into a STOP test
able to quickly detect as few as 100 coronavirus particles in a nasopharyngeal swab or saliva sample. This would

allow the diagnosis of any acute or active infection. This is not an antibody test. The protocol was released on the STOPCovid.science website and has been dubbed the “one pot” protocol.

It works as a test strip (like a pregnancy test) and does not require the many specialty chemicals, or reagents, whose shortage has hampered the rollout of widespread acute Covid-19 testing in the U.S. It takes about an hour to get the results, requires minimal handling, is inexpensive and could be used at homes or workplaces. This could address the need for widespread and accessible testing necessary for detecting and tracing “hot spots.”

Preliminary studies have been highly accurate according to the researchers. STOP had 100% specificity — it never “found” the coronavirus if the microbe wasn’t really there — and 97% sensitivity, meaning if the virus was present, the test missed it only 3% of the time. The existing PCR tests available miss up to 30% of cases.

Validation and FDA approval is pending, but is expected in the near future. The scientists are currently in dialogue with the Gates Foundation about distribution of these test kits.

More to follow on this matter.

VACCINE UPDATE

Mounting promises that some vaccine may be available for emergency use as early as the this fall are fueling expectations that are likely unrealistic.

Assuming a vaccine can be developed quickly, the issue of manufacturing is not a small one. Many of the current candidates are being designed in academic laboratories and without any commercial capacity. Should some of the

more “scalable” vaccines prove to be protective, it’s conceivable that they could be made at existing plants, rather than require the construction of whole new facilities. This could lead to an output that could be expanded rapidly.

The WHO has called for equitable sharing of Covid-19 vaccines, insisting they should be seen as a global resource. But, as I mentioned in previous updates, there
have been concerns from the earliest days of this pandemic that countries that are home to vaccine production facilities will nationalize any output to ensure
domestic needs are met before vaccine can be exported for use elsewhere.

In addition, when the WHO worked on global pandemic planning in the lead-up to the 2009 H1N1 influenza pandemic, it was proposed that health care workers
around the world have first access to vaccine. That group is estimated to be about 2% of the global population —
roughly 160 million people.

Health care workers would likely be followed by people at the highest risk — those 65 and older and those with
chronic health conditions that have been noted to have an increased the risk of dying from Covid-19. Only after these populations are addressed, would the general population likely have vaccine accessibility.

Regardless of who gets vaccines or when, how much vaccine will be necessary to offer protection remains
unknown. It’s believed that most, if not all, of the new vaccines will require at least two doses to be effective. Therefore, any estimates of the numbers of doses
available will likely need to be divided by two in estimating how many people could expect to be vaccinated.

R. Delgado, MD & Staff