

CDC/IDSA COVID-19 Clinician Call

February 20, 2021

Q&A

This is the Q&A transcript from the Zoom webinar, formatted and edited for spelling and grammar only. There are an additional two questions at the end of this document that were answered via email by the presenters following the call. The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.

- 1. There was a report 2-3 weeks ago that P.2 variant in several states. CA, FL, other. No data on CDC site. Please clarify.**

Try this: <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>

- 2. What is your take on the use of inhaled corticosteroids?**

So far there are insufficient data to know if inhaled corticosteroids may benefit people with COVID-19. Particularly those severely/critically ill I do not use inhaled corticosteroids, especially when systemic steroids (e.g. dexamethasone) is being used.

- 3. How many days is short course of steroids?**

The recommended course of steroids for severe/critical COVID-19 is dexamethasone prescribed as 6 mg daily for up to 10 days.

- 4. Could tell us what is a variant? Could explain the difference between variant and strain?**

A variant is any virus that is genetically distinct. A strain usually has some type of functional distinction: disease presentation, antigenically distinct, more transmissible, etc.

- 5. There is a protocol for RT-PCR based detection of the 501Y VOCs:**

<https://www.protocols.io/view/multiplexed-rt-qpcr-to-screen-for-sars-cov-2-b-1-1-br9vm966>

- 6. Here are some resources related to nomenclature of these variants:**

Pango lineages: <https://cov-lineages.org/>

Covariants page: <https://covariants.org/>

- 7. Had samples with S gene dropouts (using the TaqPath assay) that were sequenced but were not B117. Are you aware of any more specific assay that distinguishes all three VOCs from WT or circulating virus?**

That is the problem with using SGTF to identify B117 outside of the UK. It the UK SGTF correlates well with B117 but not in the US. Stuart Ray shared a protocol that is an example of how some groups (in that case, Nate Grubaugh at Yale) have been trying to develop PCR assays that can specifically distinguish B117. But ultimately, a variant can only be confirmed with sequencing.

8. Are there nucleotide sequences that unify all three VOCs? Are you aware of any PCR assays with primer probes that target these?

Yes, several PCR assays have been developed to identify variants of concern, but I'm not sure how widely they are used. The most common one is the TaqPath assay that looks for S-gene drop out but that can identify other variants too.

The following are questions that were answered by presenters after the call:

1. Yes, we all understand Dr. Laming the difference between individual and population health value of vaccines and agree with your comments. That said, the trick is when as a practitioner I am asked one-on-one by a patient. What is ideal for the individual is (regarding some platforms of SARS-CoV2 - or for that matter Flu- vaccines) is different from what is sufficient for population health and the advice for the individual patient must (in my opinion) be truthful.

Thankfully, in the case of the SARS-CoV-2 vaccines, the interests of the patient and the population are aligned. Vaccination is recommended for most patients. I do not think there is currently evidence that would support recommending one vaccine product over another (e.g. Moderna vs. Pfizer vs. Novavax etc.). One cannot compare across trials performed in different locations (given the variants), with different designs, and in different patient populations. For my patients, I recommend getting whatever vaccine is available to them. (Adam Laming)

2. Will the SCCM change its position on Tocilizumab in hospitalized patients based on the recent REMAP-CAP data? Also on high neutralizing antibody containing Convalescent Antibody in early COVID?

The Surviving Sepsis Campaign is actively reviewing the latest clinical study results for severe and critical COVID-19 and they will release new updates as evidence accrues to indicate an important new therapy or clinical management strategy. (Greg Armstrong)

3. Are any IDSA members on this guidelines panel?

The SSC guideline panel is comprised of a multi-professional group of subject matter experts spanning 5 continents with intentional inclusion of infectious disease experts. (Greg Armstrong)

4. Any evidence for use of colchicine?

To date there are only very limited data for the use of colchicine in patients with severe or critical COVID-19 that do not provide enough information to know whether it may be safe and effective. (Greg Armstrong)