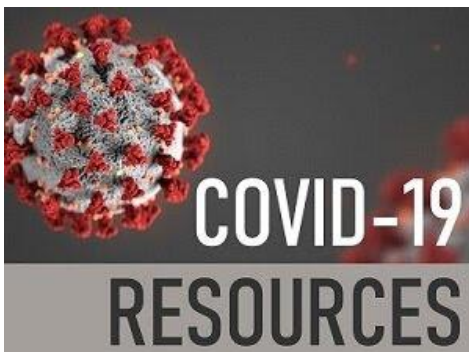


THE COVID-19 PANDEMIC DIGEST

Volume 1 / Issue 2

*“Prepare as if
you will be
infected.”*

World Health Organization,
March 18th, 2020



Dear Colleagues,

The imperative of these words is even more real today. That is why we at WAFP are committed to be a trusted resource in your preparations to combat the COVID-19 pandemic. Through a global, national and regional lens, you will find below a digest of the most current information available on this rapidly evolving crisis. In addition, we are sharing high-quality resources for the latest practice guidelines to help you stay informed and equipped.

We know that as family physicians on the front lines, you are uniquely capable of helping to conquer this very real pandemic. We believe and encourage your collective creativity in helping to find novel solutions to this evolving issue. To do so, we encourage you to join virtual frontline efforts as well. For example, [COVID19 Physicians Group on Facebook](#), has emerging reports and questions from the front lines by 17,000 members across various specialties in the country. A new group has been developed specifically for [outpatient primary care physicians](#). We also encourage you to continue sharing your experience with us, as well as identifying ways in which we can help better identify obstacles and appropriate detours ahead.

We plan on taking further thematic approaches to support you, your patients and your community. In addition to COVID-19 resources, we will continue to ensure support for non-COVID cases including continued [procedures and protections around the provision of telehealth](#), billing, opioid prescribing, and any further remote or specialty services given new “stay-at-home” restrictions. We will continue to work with public health and preventive medicine groups as well to ensure care for your patients who remain at home.

*Thank you for all that you do. We think of you
daily and are here to help.*

Michelle Prentice, MD MSc
All Saints Family Medicine Residency, PGY3
mprentice@mcw.edu

March 23rd, 2020 Edition

*A special thanks to Marie Prentice, [Prentice Communications Inc.](#), for her editorial support.
marie@prenticecommunications.ca | [LinkedIn](#)*

THE COVID-19 PANDEMIC DIGEST

TABLE OF CONTENTS

COVID-19 Transmission & Strategies to Suppress	2
Global Transmission	2
U.S. Local Transmission	2
Wisconsin Local Transmission	2
COVID-19 Mitigation Practices	2
Evolving COVID-19 Screening Practices	2
Strategies for Global Inventory Shortages	3
Evolving Protocols for Treatment and Prevention.....	3

COVID-19 TRANSMISSION & STRATEGIES TO SUPPRESS

Global Transmission

As of March 22th, 2020, there were **32,600 new cases** of COVID-19 worldwide according to the Johns Hopkins University & Medicine [COVID-19 Global Cases Map](#). Total cases have reached over **367,000**, with over **16,000 fatalities**. Of ongoing cases, 95% are mild, and 5% are serious or critical. Graphically, we can see that attempts to “**flatten the curve**” have yet to outpace COVID-19’s viral trajectory. Suppression attempts include closure of international borders to non-essential travel, including those of the U.S. and Canada.

U.S. Local Transmission

With the U.S. outbreak developing exponentially, we have catapulted to the **3rd highest case load of COVID-19 in the world** (second only to China and Italy), with an estimated 35,400 cases and counting. Now, most cases are resulting from personal contact within the U.S., rather than travel. Simulations suggest that in a worst-case scenario (one without appropriate uptake of non-pharmaceutical intervention strategies, such as “social distancing”), fatalities could reach a total of 1-2 million.

As the incidence continues to rise exponentially (8000 new cases on March 22nd), voluntary social distancing measures have proved inadequate to save American lives. Governors from California, New York, Illinois, New Jersey, Louisiana, Delaware, Ohio, Connecticut, Indiana, and now Wisconsin, Michigan and Massachusetts, have thus enacted preventive “**Stay at Home**” or “**Shelter-in-Place**” orders for their respective states. Only essential services are allowed to continue public operation. New York has placed additional restrictions for **citizens aged 70 years and older**. It is expected that other states will follow suit. Reports suggest that for most states, this is the final week for decisions like this to make a preventive, suppressive impact, rather than just mitigating the spread.

Wisconsin Local Transmission

Here in Wisconsin, cases have risen to 381, with 182 of those in Milwaukee; this is the 15th highest case load across all states. Since last Thursday, we saw our **first 4 deaths** from COVID-19; one from a resident in a long-term care facility. We expect these numbers to increase, particularly given that, neighboring us, Illinois has the 5th highest rate in the country, and because already a number of providers are known to be infected, including at Children’s Hospital of Wisconsin. As such, the Governor Tony Evers announced a “Stay at Home” order to be in place for **tomorrow**.

COVID-19 MITIGATION PRACTICES

Evolving COVID-19 Screening Practices

We continue to follow the CDC’s COVID-19 guidelines for preparation, prevention, treatment and remission policies, and work closely with local public health departments. However, with local transmission now widely in play, screening now focuses primarily on symptoms, and less so on risk factors such as age or

travel history. Please be aware that mounting evidence now suggests a portion of COVID-19 cases can present early with **anosmia, hyposmia or dysgeusia**, or with **GI complaints** rather than classic respiratory issues. We also saw that persons aged 20-54 have made up almost 40% of hospitalized cases, with 20% of all hospitalized cases being in ages 20-44. The WHO urges us to remind to these **young adults** that “You are not invincible”.

Strategies for Global Inventory Shortages

A crucial part of the mitigation strategy from the WHO is to “test, test, test” as many persons under investigation as possible; however, with the rapid and massive reach of the virus, we are painfully aware of the local and global shortage of testing kits and required PPE. Governor Cuomo has already sounded the alarm for **the state of New York**, which leads the country with more than 15000 cases at this point (5% of global cases). The state has critical need for PPE, including gloves, gowns and masks. **Governor Cuomo offers to heavily fund creative PPE solutions** from the private sector.

The WHO is already working with partners to procure more equipment. In America, the AMA and our AAFP have already met with President Trump, whose administration reports going to great lengths to do the same for family physicians. As of March 20th, the Department of Health and Human Services, and the Department of Defense have begun airlifting an international supply of 500,000 swabs and sample kits to aid in the American COVID-19 testing process. Meanwhile, the CDC is highlighting strategies to increase longevity of PPE in an effort to preserve existing supply. For the time being, however, without adequate tests or protection, we must operate under the assumption that most people have been or will be infected, and continue to work with Wisconsin Department of Health Services to triage the cases for which we can currently offer testing.

Evolving Protocols for Treatment and Prevention

For mild cases, the resounding strategy from the WHO and the CDC is to have the patients stay at home and use supportive measures. Though previously under debate, it is important to note that the WHO still supports **NSAIDS** as a viable therapeutic option for COVID-19.

For more severe cases, requiring hospitalization per appropriate triaging, treatment strategies remain **experimental** and vary regionally. The clinical trial race has begun. Researchers have identified almost 70

drugs as potentially effective in treating the virus; the suggestion for expediency is to repurpose those already used for other conditions, with existing supplies. Most recently, the WHO and its partners just launched the **Solidarity Trial**: a multi-national clinical trial that aims to generate robust data from around the world to find the most effective treatments for COVID-19, including antiviral therapies as well as hydroxychloroquine. The countries participating include Canada, France, Norway, Spain, and Switzerland.

Here in the U.S., the CDC has again compiled clinical care guidelines. The FDA currently condones “compassionate use” of **hydroxychloroquine**, along with **azithromycin**, for treatment of COVID-19 cases. President Trump states he is working to “slash red tape” for clinical trials to officially approve appropriate COVID-19 dosing of the drug for full FDA approval. **Remdesivir** has gained so much use popularity in emergent situations, that as of yesterday Gilead temporarily suspended access due to “overwhelming demand”; it will make exceptions for pregnant women, and children under 18 years. Additionally, an NIH clinical trial for an investigational COVID-19 vaccine has begun. We will continue to help spread awareness for clinical trial opportunities to our members relating to COVID-19 prevention and treatment.

COVID-19 Workforce Challenges

Throughout all this, we remain aware of the health human resource strain placed on family physicians in the upcoming days, weeks and months. Reports from Italy suggest that **almost 10% of their cases are from health care workers** at this point. We anticipate that here, in addition to inevitable quarantines due to exposures and infections, there will be increased workload given the high rates infected patients and lack of availability of primary care for ongoing non-COVID conditions.

This will be further exacerbated in some cases by the lack of graduating workforce due to recent cancellation of the ABFM board exams for **family medicine residents**. Other hindrances include a halt on visa processing, which may affect up to 25% of family physician interns who just matched on March 20th, as well as existing residents and graduates. Meanwhile, many work duties for both residents and medical students have been cancelled, making them a potentially underutilized resource for non-COVID-19 functions. We aim to advocate for safe and appropriate participation of these individuals within the workforce and find ways to support your mental and physical resilience in this time.