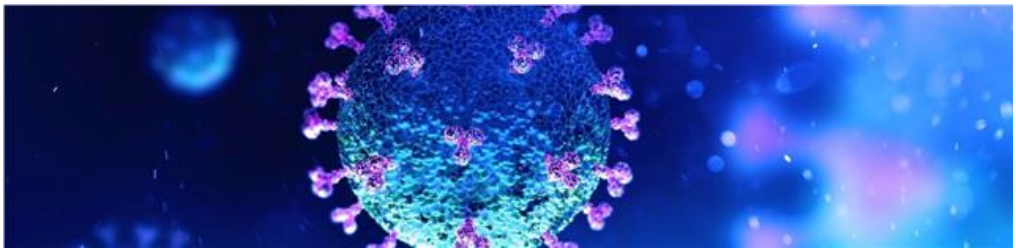


April 21: COVID-19 Clinical Update
Clinical Insights Panel Q&A

This daily communication is intended to facilitate the sharing of important clinical information during the COVID-19 healthcare crisis and to help respond to questions from physicians across Northwestern Medicine.

In today's issue, you will find information questions and answers from the Clinical Insights Panel that took place on Thursday, April 16.

CLINICAL INSIGHTS PANEL Q&A
A Clinical Insights Panel open to all Northwestern Medicine physicians was held last week, and below are several of the questions and answers. Panelists included:

Chad Achenbach, MD, Infectious Disease
Michael Ison, MD, Infectious Disease
Teresa Zembower, MD, Infectious Disease
Scott Budinger, MD, Pulmonology/Critical Care
David Liebovitz, MD, Internal Medicine

TREATMENT/PATIENCE CLEARANCE
Q: Why are we allowing patients to return to work if they have cleared symptoms (7 days/72 hours fever-free), but it has not been 40 days since a positive test?
A: When a patient tests positive for SARS-CoV-2 or tests negative but the physician determines the patient has COVID-19 based on clinical evaluation, an infection flag can be placed on the patient's chart to indicate this. The infection flag is set to expire as a default in 40 days. This timeframe is based on the literature indicating the longest known viral shedding was from a patient in Wuhan who shed for 37 days. If literature or our own experience changes, this default timeframe may change.

There are currently three ways a patient can be cleared of COVID-19 and have the infection flag removed:

- Let the flag auto-expire in 40 days
- Determine that the patient is clinically cleared based on CDC criteria (7 days from symptom onset, and 72 hours symptom- and fever-free without the use of anti-pyretic medications)
- Same 7+3 criteria met as above but also negative on two RT-PCR tests obtained at least 24 hours apart; this criteria is best applied to:
    - Patients who have been hospitalized for COVID-19
    - Patients who will be discharged to congregate living settings (nursing homes, correctional facilities)
    - Patients who are severely immunosuppressed

- Those taking immunosuppressant medications, including chronic steroids (>/= 20 mg of prednisone or the equivalent for at least two weeks)
- Patients who have had a stem cell transplant or solid organ transplant
- Patients with a malignancy who are on chemotherapy
- Patients with HIV with CD4 < 200

Q: Is Northwestern Medicine tracking and tracing patients with COVID-19?
A: NM's **Patient Monitoring Program** provides daily monitoring of patients who are confirmed positive for COVID-19 or who are clinically suspected to have COVID-19 but have not been tested. Monitoring continues until each patient has resolution of symptoms. The program helps us identify patients whose symptoms may be getting more severe so we can get them in for evaluation.

Q: Is there any credibility to the Pluristem plasma cell therapy developed by an Israeli company?
A: There are no therapies proven to be safe and effective for the treatment of COVID-19. This applies to the Pluristem plasma therapy as well.

TESTING
Q: Can you explain the Abbott Alere test?
A: The Abbott Alere is a rapid test from a nasal swab that gives results in 15 minutes. Instructions for testing can be found on the FDA website at **fda.gov/media/136525/download**.

Q: What is the sensitivity and specificity of the Abbott Alere test compared with the Cepheid test and our in-house PCR test?
A: Sensitivity for the Abbott Alere test is between 92-97% for Emergency Department patients with symptoms with nasal versus nasopharyngeal swabs, respectively, when tested immediately. When tested on inpatients with different specimen types and with a delay in transport to the lab — and thus a delay in running the assay — sensitivity is between 30-65%.

Q: What is the current policy for testing people who are admitted to the hospital but are not symptomatic? Specifically, are we testing pregnant women who come in to deliver?
A: We do not test admitted patients who are asymptomatic except under specific circumstances, such as those undergoing a procedure or surgery requiring anesthesia and laboring women.

Q: When will wide-scale COVID-19 testing be available at NM?
A: We hope to be able to make that available soon. There are some supply issues with the RT-PCR kits that we are working through now.

Q: Are we planning to trial the swab-free saliva test?
A: We are in discussions about this now to determine safe collection mechanisms for possible SARS-CoV-2 patients.

Q: Is point-of-care testing available?
A: Not at this time.

Q: Is there a plan to begin serologic testing for NM employees and staff?
A: Yes, we are working on a process for implementation. Every NM employee should have access to testing, and the testing may be tiered, starting with those in high-risk patient care areas.

Q: Will serologic testing be just for prior infection or also prior exposure (without infection), as many healthcare workers have been exposed already but may not have been infected?
A: If you have antibody, you were infected, with the caveat that there is a low possibility of false positive test due to cross-reactivity from another virus.

Q: When we implement serologic testing, will it be fingerstick or venipuncture?
A: The test was designed for venipuncture.

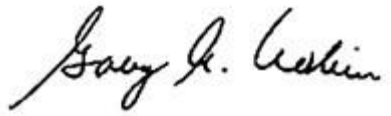
Q: Do we understand the false positive rate on serologies?
A: Not yet. Most of the studies on cross-reactivity with human coronavirus that circulate like rhinovirus every year were done in lab situations due to the rapid nature of the approval process for these diagnostics. Thus, studies on human populations are lacking and are now difficult to do since influenza season is winding down. In the lab, the cross-reactivity seems to be very low but not zero, and is even listed in the Abbott Architect serology package insert as a possibility. We will need to carefully monitor this as studies in human populations are done.

EPIC/TELEHEALTH
Q: Will Epic be enhanced for non-COVID care going forward?
A: We are definitely looking to maintain all possible efficiency gains implemented now to more effectively manage increased demands. Ongoing compliance guidance will inform decisions.

Q: Does Haiku have a dialer, and how do you change caller ID?
A: The Doximity phone app provides this now and can be launched via Haiku through the app settings. Click "Add Caller ID" on the dialer option.

Q: Can you provide information on how to dial through Doximity straight from Haiku?
A: Please view the following: **support.doximity.com/hc/en-us/articles/204761134-Dialer-Feature-in-the-Doximity-App-Frequently-Asked-Questions#h_9d7bd385-588b-4b3d-8a08-8f00ed73dcb2**.

Thank you for your extraordinary dedication and collaboration in providing exceptional care to our patients and supporting one another during this unprecedented crisis. If you have questions, or would like to share the story of an NM hero, please email us at **covid-19md@nm.org**.



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