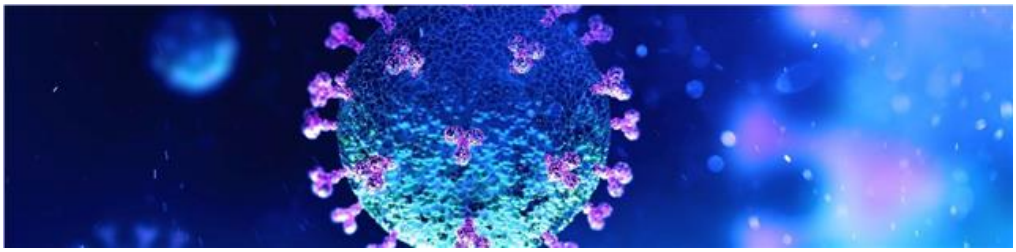


April 7: COVID-19 Clinical Update

Abbott Alere Rapid Testing and 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 on rapid testing for COVID-19, and questions and answers from the Clinical Insights Panel that took place on Thursday, April 2.

ABBOTT ALERE RAPID TESTING

As you are aware, COVID-19 testing supplies are limited, and we have been working diligently to increase testing capacity, both in supplies and test processing. This includes investigating the implementation of the Abbott Alere rapid test across the health system. We have received Alere test kits, but the clinical validation of Alere has been challenging. At this time, we do not feel comfortable using Alere for all populations, but there may be an opportunity to use Alere in some capacity. We are partnering with our Emergency Departments to understand how to incorporate Alere as a preliminary test, where a patient can be tested on two testing platforms, Alere and another validated testing system (PCR or Cepheid). This will help us gather more data to better understand the Alere system.

A workgroup has been created to monitor on-hand and incoming test supplies and testing capacity. Starting Wednesday, April 8, we will expand the scope of testing across the health system to include the following patient populations: inpatient, ED admissions, symptomatic employees, surgical, and interventional services, which includes anesthesia and pregnant women who are delivering. We will continue to communicate updates as they become available.

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:

Joan Anzia, MD, Psychiatry
Michael Ison, MD, Infectious Disease
Jeff Linder, MD, MPH, Internal Medicine
Ted Schaeffer, MD, PhD, Urology
Christina Silkaitis, Infection Prevention

Q: Why is treatment model for COVID-19 different from influenza? For example, the most effective treatments for influenza start early, whereas most interventions for COVID-19 are salvage therapies.

A: We are currently treating patients where there is concern that they need treatment. We suspect that we will find that early treatment for COVID-19 will be most important.

Q: I had a patient who had fever and cough for 14 days, and was tested for COVID-19 on day 13. There is a seven-day wait for results. Do you recommend assuming the patient will test positive and that the patient quarantine at home for 14 days from start of symptoms or from when the fever subsides?
A: There are dot phrases in Epic that address this type of scenario. Please view the dot phrase .COVID19PRESUMED.

Q: Is hydroxychloroquine use for COVID-19 recommended outside of clinical trial?
A: Ideally, hydroxychloroquine should be used only in clinical trial. The EUA specifically recommends limiting use in hospitalized patients. The studies that are available have very few patients (~120) and have some significant flaws. The drug has failed to prevent influenza in a randomized trial with similar promising pre-clinical data. While there is excitement around the use of hydroxychloroquine, we need data to inform decisions about use. While low, there are risks associated with the medication, including liver function abnormalities, cardiac toxicity (prolonged QTc) and risk of overdose. Further, the optimal dose needed has yet to be defined.

Q: What is the protocol for retesting COVID+ patients after they have been discharged before letting them go back to work?
A: NM employees should call Corporate Health. Non-NM employees should follow CDC recommendations regarding release from self-isolation. They can release from self-isolation if all the following are true:

1. There has been no fever (or use of fever-reducing medications) for three days.
2. Other symptoms have improved, with the possible exception of a lingering cough.
3. It has been more than seven days since the onset of symptoms.

Q: Are there any estimates on when we will be able to test outpatients with symptoms?
A: No. At this time, we have testing capacity only for employees and for patients who are ill enough to be hospitalized.

Q: Given possible asymptomatic spread, are all hospitalized patients being tested for COVID? This would allow for better placement in wards.
A: No. We do not have enough testing capacity to do this.

Q: Where should patients with COVID-19 go to safely get lab tests or transfusions if needed?
A: At NMH, Rube Walker remains open for blood transfusions, and DTC is open for lab tests.

Q: Could we have an update on diagnostic testing for COVID-19, including test sensitivity of PCR? Is serologic testing coming soon?
A: We have seen the sensitivity of nasopharyngeal PCR testing in the 70% to 85% range, but we do not yet have a timeline for serologic testing.

Q: How are biomarkers being used for patient management?
A: We are ordering a lot of biomarker tests but are only now starting to analyze their utility to develop guidelines. We should have more information in the near future.

Q: Will patients who are sent home from the hospital following COVID diagnosis and treatment receive follow-up calls through the Patient Monitoring Program?
A: Although this had not been a focus of the program, we are capturing some of these patients, and we will likely start to include patients discharged from the ED and the hospitals if they are still symptomatic.

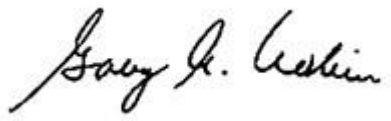
Q: Is the remdesivir trial available at all NM sites?
A: Currently, the remdesivir trial is available only at Northwestern Memorial Hospital.

Q: Do we have plans to recruit patients who recovered from COVID-19 for plasma donations?
A: Yes. We are hoping to identify such patients through the Ambulatory Monitoring Program.

Q: Are there any updates on when we will have a COVID-19 vaccine?
A: We don't have a sense of timing yet, but phase I testing has started. Timelines will depend on the safety and efficacy of ongoing pre-clinical studies. The soonest a vaccine could be available would be between 12 and 18 months.

For more, please view the complete video recording of the **Clinical Insights Panel**.

Thank you for your ongoing dedication to providing *Patients First* care to our patients and for supporting each other as we work together to respond to the COVID-19 crisis. Please submit any questions you may have to **COVID-19MD@nm.org**.



Gary A. Noskin, MD
Senior Vice President, Quality
Northwestern Memorial HealthCare
Chief Medical Officer
Northwestern Memorial Hospital