

# COVID-19 Update

## March 25: Vaccination Status, Monoclonal Antibody Update and an ED Physician Reflects on a Year That Changed the World

*Today's issue includes an update on vaccination invitations, as well as information on the efficacy of monoclonal antibody therapy. It also features the personal perspective of a Northwestern Medicine physician on how the past year has impacted the field of medicine.*

### VACCINATION INVITATION STATUS FOR THE WEEK OF MARCH 22

- All invitations have been sent to established patients age 65 and older.
- Invitations are sent weekly to patients who are turning 65 or who have had recent visits and now meet the established patient criteria.
- All invitations have been sent to established **patients age 55 to 64 who have at least one high-risk condition** as defined by the Illinois Department of Public Health. Over the next few days, **patients age 50 to 54 who have at least one high-risk condition** will be invited to schedule vaccination appointments.

### NM Patient Vaccination by the Numbers

NM Patient Vaccination by the Numbers are updated weekly. The numbers below are accurate as of Monday, March 22:

- Patients and employees fully vaccinated at NM: 59,532
- Patients who have received an invitation: 251,135
- First doses supplied to NM this week: 10,832

For additional information, please visit the [Patient Vaccine Toolkit](#) on Physician Focus and [NMI](#) (login required). For more vaccination numbers, visit the [Patient Vaccination by the Numbers page](#) on Physician Forum and [NMI](#) (login required).

### MONOCLONAL ANTIBODY TREATMENT UPDATE

As of March 15, 757 doses of monoclonal antibodies (mAbs) have been administered across the health system. Of these, 84% were prescheduled at infusion sites via referrals and 16% were given on an as-needed basis through Emergency Medicine. Outcomes analysis of 352 patients over a two-month period, from November 20, 2020, to January 19, shows the treatment has a significant impact on severity of illness, reducing hospitalization from 20% (26/128) to 8% (17/224) for those who received treatment with mAbs.

NM will soon begin using a combined infusion treatment with bamlanivimab and etesivimab (bam/ete) that has demonstrated excellent clinical efficacy in initial clinical trials and allows for shorter infusion times of 21 minutes with continued 60 minutes of subsequent observation. The

combination therapy also reduces the risk of resistance and provides broader coverage against some of the SARS-CoV-2 variants. Please remember that COVID-19 vaccination should be delayed for 90 days following mAbs infusion.

To learn more about mAbs therapy and how to order it, please visit the [Treatment Resources page on Physician Forum](#) or the [Treatment Resources page on NMI](#).

### **AN ED PHYSICIAN REFLECTS ON A YEAR THAT CHANGED THE WORLD**

This month marks one year since COVID-19 arrived in Illinois. To honor this historic milestone, NM physicians from different regions of the health system reflect on the pandemic and how events of the past year have impacted them, NM and the world. Here, [Victoria Catherine Weston, MD](#), Emergency Medicine physician at Lake Forest Hospital, shares her experience.

#### **Emergency Medicine Physician Victoria Catherine Weston, MD**

**Think back to the moment when you realized that you were treating your first patient with COVID-19. What was that moment like for you, both as an Emergency Medicine physician and as a human being?**

At the beginning, the main ED was eerily quiet. We had been so busy and so full, all the time. Now, we had empty rooms, and people were going to great lengths to avoid each other. The patients that we did have all seemed to have COVID-19. People came to us wanting answers. Normally, we treat the critically ill. We diagnose and treat. We resuscitate and stabilize. We know the science, and we know what to do. But this was a new disease, and we knew it was dangerous, but we didn't have enough tests and we didn't have the treatments yet.

The disease was different too. We saw the middle-aged patient, walking and talking, in no acute distress, whose pulse oximetry was in the 60s, and then the 27-year-old asthmatic who ended up in the ICU. The frightened elderly gentleman, alone, saying goodbye to his loved one on the phone as we prepared to intubate, in case this was the last time he got to talk to them.

The walking well were lined up in the ambulance bay. It felt like working in a disaster zone, with patients lined up stretcher-to-stretcher, sweating under the PPE, shouting so patients could hear you through the mask and over the loud exhaust fans. People wanted tests, wanted treatment and wanted comfort. They wanted answers and a cure that we didn't have.

The ordeal didn't end when you went home at night. I would wonder constantly how all of these patients were doing. Are they OK, or is my face one of the last they would see? My husband and I are both physicians, and we would preemptively plan and communicate so we could immediately run upstairs and decontaminate ourselves after our shifts. We didn't want our young daughter to see us and wonder why we couldn't hug and greet her at the door like we used to do. And we would wonder, "Why is my throat sore? Do I have it? Will I infect my whole family? Who will care for our child if we both get sick?" Then we would realize that we were shouting all day through the mask and that the symptoms we're feeling were probably nothing. And then back to work we would go the next day, having to mentally prepare to get out of the car, to go in and do our jobs, thankful for all of our colleagues, thankful for the PPE and hoping it would be enough.

Ultimately, we all rose to the occasion. We have all been in the trenches together in the ED for years. We see the gun violence, the homeless patients and those suffering with dependencies. We care for victims of child abuse and sexual assault. We deal with a lot of hard situations, caring for people at their most vulnerable, tending to society's forgotten. We have always bonded, always been a team, but even more so now than ever before.

**For you as a physician, what do you think has been the most significant change that will last beyond the healthcare crisis?**

The way we provide care and interact with patients is different now. We were already careful. But with COVID-19, we now wear a mask to see every patient. We don't shake hands. Many of our former hallway spaces are filled with PPE carts. The ways in which we connect have been forever changed: Patients are sicker, and we see less of the walking well, the young and healthy. People are seeking care through telehealth and alternative care modalities. We see the consequences of the pandemic: people who delayed preventive care, who missed their stress test and had an MI, and who have a delayed cancer diagnosis. We see the previously healthy who have long-term illness from COVID-19.

**Thinking back over the past year, what are some of the moments that stand out as pivotal and of which you are most proud?**

Despite facing a pandemic, a challenge that has not occurred in a century, we rose to the occasion and we did so as a team. We were a team not only in the ED but with our colleagues in other departments. We owe a huge debt to our colleagues in the ICU. We saved lives, and stayed up to date with the latest treatments and recommendations. We supported each other, and we continued to provide exemplary, compassionate care to our patients.

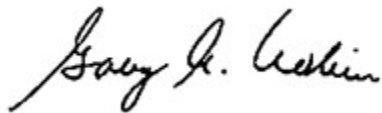
**Overall, how do you think this pandemic has impacted and shaped you as a physician, and shaped Northwestern Medicine as a health system?**

As a physician, the pandemic has provided an important perspective: It is important to be grateful for being alive, for good health and for my family. At LFH, we have learned many valuable lessons. We are more nimble now and able to meet any challenge. We work as a team to quickly solve problems, whether it relates to providing excellent care, infection prevention or efficiency. Across NM, I think we now know that we can continue to provide excellent care no matter what the circumstances and that we always put our patients' welfare first.

*More moments from the past year that are important to remember, as well as those that will never be forgotten, can be viewed in a new infographic called **A Year That Changed the World** now on HealthBeat at [nm.org/healthbeat](http://nm.org/healthbeat).*

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Thank you to all of the physicians and providers across NM for your continued commitment to our *Patients First* mission and for your compassionate care of patients throughout the pandemic.



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