

COVID19 –

Prelim data from case reports and case studies from different resources – Lancet/BMJ, NEMJ, Infection disease journal

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Sensitive test -RTPCR –

Diagnosis by RT-PCR (FDA approved kits)

CT chest is very good indicator for clinical status of patient

severe cases - often associated with NAGMA, ARDS

Treatment – multiple RCTs are on..

- Remdesivir – new drug, promising result, toxicity and safety not established
- Lpv/R – established drug profile, shows good results, but larger cohort is required to draw conclusive evidence
- Lpv/R/Ribavarin – triple drug –
 - reasonable anti corona virus effects
 - positive outcomes in animal models for MERS/CoV
 - small human cohorts (< 40-50 patients) have been tested, results awaited
 - dosing, toxicity not yet established
- chloroquine and hydroxychloroquine
 - shown to have innate antiviral action – to what extent – unknown?
 - small cohort, quasi trials are done..(I am working on data, non-conclusive results as of now)
 - maybe associated cardiac effects, porphyria, haematological disorders maybe of concern
- Oseltamivir – our life savour drug in Swine Flu pandemic – is against the H and N (anti – influenza) .. still to be researched – but I personally do not have any positive results from the data compiled and pre-liminary analysis)

what proves best:

- Oxygen therapy (helmet > nasal)
- Non-invasive ventilation (CPAP better results than BiPAP – positive results from larger cohort)
- empiric anti-bacterial to avoid secondary infections

in severe cases of cytokine storm:

- steroids and immunosuppressive
- Tocilizumab – mAb – maybe of some benefit in case of known and established cytokine storm in severe COVID19 infection cases. case series have been reported with low evidence

Note: Steroid is usually ‘not’ indicated. they may promote viral shedding in early course of the disease.