

TREATING AN INFECTIOUS DISEASE

Work With Public Health Partners on Treatment, Care of Patients Diagnosed With COVID-19

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The recommended care of a patient with COVID-19 is similar to what is required for other viral pneumonias, such as those associated with influenza or respiratory syncytial virus (RSV).

Further, mild disease does not necessarily require hospitalization. “You can work with your public health agencies to ensure that those individuals get appropriate care and isolation without necessarily being hospitalized,” said Aneesh Mehta, MD, FIDSA, FAST, an associate professor in the division of infectious diseases at Emory University in Atlanta, during a review of treatment guidance. Mehta reviewed treatment guidance for the pathogen as part of a Feb. 18 telebriefing on COVID-19.

It is important to be able to provide oxygen support—invasive oxygen support, if needed—for patients with COVID-19 as well as monitored fluid administration that can be administered both orally and by IV. “Consider antibiotics if there are signs of secondary bacterial infections or bacterial superinfections,” Mehta said. “Currently, there are no known therapeutics or vaccines available, but there are many experimental options that are being considered at this time that may be available in the near future.”

Based on recommendations from colleagues around the world, Mehta advised clinicians to avoid the use of corticosteroids in patients with COVID-19 because it may worsen their lung disease.



Mehta noted that more should be known about the impact of corticosteroids in the coming weeks.

In terms of presentation, Mehta explained the current incubation period for COVID-19 is thought to be around five days, although it can range from two to 14 days. “Patients do present with a constellation of symptoms that are very common to other viral diseases,” he said. “The vast majority of patients present with fevers, many have cough, and also many have myalgia and fatigue.”

Some common lab abnormalities have been reported. These include both low and high white blood cell counts, lymphopenia, and elevated AST and ALT levels. “Chest imaging has shown bilateral involvement in many of these patients with many areas of consolidation and ground glass opacities reported on chest imaging, including CT scans,” Mehta explained.

Mehta shared that up to 80% of patients with COVID-19 experience mild illness; however, illness severity can range from mild to severe—even fatal.

Globally, the virus has already sickened more than 80,000 and killed an estimated 2,700 people as of late February. “It has been reported that clinical deterioration often occurs in the second week of illness, and approximately one-third of hospitalized patients are requiring intensive care,” Mehta said. “We have seen ARDS develop in 17% to 29% of hospitalized patients in China, and secondary infections have been reported in approximately 10% [of these cases].”

Interim guidance on the treatment of suspected cases of COVID-19 is available from the CDC online at: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

