

Johns Hopkins Division of Infectious Diseases

COVID-19 Grand Rounds: Zoom Chat Transcript

Convened January 25, 2022

- 08:39:37 From Christine Durand : Is there a difference in disease severity or hospitalization risk for patients who only received the 2 dose series vs those who have been boosted?
- 08:42:13 From Aaron Milstone : A study came out in JAMA this week by Accorsi et al showing that 3 doses vs 2 doses reduced risk of infection in December (so mix of delta and omicron).
- 08:43:28 From Howard Lederman : can you show the previous risk tier slide again
- 08:44:40 From Aaron Milstone : Similar data in MMWR from the past week and Israel data (Arbel et al NEJM) shows reduced mortality with booster
- 08:45:41 From Melinda Monteforte : What about the option of 3-day remdesivir who are vaccinated with positive PCR and mild symptoms?
- 08:47:03 From Natalie West : Gail thank you! Could you share the name of your Covid smart phrase so we can “shamelessly” steal? 😊
- 08:51:58 From Victoria Bengualid : how long does an ag test stay positive? and if positive over time does this represent live virus?
- 08:52:48 From Robin Avery : the duration of positive antigen tests will be addressed by Dr. Milstone in the next case
- 08:58:25 From Zoe Demko to Hosts and panelists : How do you counsel patients who state they are unable to take off work for fear of losing employment?
- 09:01:00 From Gail Berkenblit to Hosts and panelists : .OSLERCOVIDPOSITIVEPTMESSAGE
- 09:10:30 From Jennifer Jubulis : What do you think about the statement of "if you take a test at 5 days you should isolate if positive"-will it de-incentivize testing? Should we be recommending this?
- 09:10:56 From David Thomas to Hosts and panelists : Great summary Aaron. Has JH published its contact tracing data?
- 09:11:05 From William Werbel to Hosts and panelists : I imagine relative risk of contagiousness is very high if live virus + vs live virus negative, but curious about operating characteristics for detection of a truly infective inoculum. (Could over or undercall, potentially)
- 09:11:50 From Howard Lederman : For this patient, you also have to consider where the patient will be going . He may be fine to go back to teach while wearing a mask, but not to get out of isolation when he is at home with his immunocompromised 85 yr old dad.
- 09:11:53 From Heba Mostafa : <https://www.medrxiv.org/content/10.1101/2022.01.13.22269257v1>
- 09:12:09 From Heba Mostafa : <https://www.medrxiv.org/content/10.1101/2022.01.10.22269010v2>

09:12:39 From Natasha Chida : thank you Heba!

09:12:58 From Heba Mostafa : You are very welcome!

09:13:03 From Ethel Weld to Hosts and panelists : Thanks so much Heba!

09:16:05 From Aaron Milstone to David Thomas and all panelists : Leigh and Clare have published a few papers more on sequencing to inform transmission but not an overall summary of the tracing data

09:19:02 From Howard Lederman : I think every immunocompromised pt who has been vaccinated should have a post-immuniz Ab level checked as a routine. Then if they get sick, it is easier to figure out their risk for severe disease.

09:21:17 From Howard Lederman : also worthwhile to know that the units of IVIG since November have contained COVID Ab

09:22:09 From Aaron Milstone : The challenge with antibody testing is that despite large studies, it is not known if there is a threshold for protection - either protection against severe disease or protection against any infection. With that said, some people have no detectable titer, so that would be informative. Diana Zhong published a large study showing the broad distribution of antibody levels over time

09:22:30 From David Thomas to Hosts and panelists : Thanks Aaron. Have there been cases traced to professional travel?

09:23:18 From William Werbel to Hosts and panelists : To Aaron and Howard's points, my approach is to use as correlate of vulnerability, not protection. Less controversial and less susceptible to constant moving of goalposts related to VOC

09:23:20 From Aaron Milstone to David Thomas and all panelists : not that I know of

09:23:41 From Aaron Milstone to William Werbel and all panelists : 100% agree

09:24:01 From Natasha Chida : from Bill Werbel: To Aaron and Howard's points, my approach is to use as correlate of vulnerability, not protection. Less controversial and less susceptible to constant moving of goalposts related to VOC

09:24:04 From Sarah Timmapuri to Hosts and panelists : Are you checking antibody levels in SOT patients as part of risk-stratifying to determine eligibility for outpatient COVID therapeutic agents?

09:24:23 From Natasha Chida : Dear all--a reminder that if you would like everyone to see your questions in the chat please change your "to" field from "hosts and panelists" to "everyone"--thanks!

09:24:26 From Eloy Ordaya to Hosts and panelists : What are your thoughts about Evusheld in immunocompromised patients? Do you think the response to Omicron in patients that have already received 3 doses of vaccine?

09:24:27 From David Block to Hosts and panelists : Worth mentioning Evusheld antibody prophylaxis for patients of this type?

09:24:58 From Natasha Chida : from Eloy Ordaya: What are your thoughts about Evusheld in immunocompromised patients? Do you think the response to Omicron in patients that have already received 3 doses of vaccine?

09:25:05 From Robin Avery : definitely, Evusheld is a major topic. We'll try to discuss live.

09:25:23 From Emily Kendall : Are you recommending only a single mRNA vaccine dose (as per the guidelines you just shared) for your immunocompromised patients who got a J&J?

09:25:41 From Natasha Chida : another question from Sarah Timmapuri: Are you checking antibody levels in SOT patients as part of risk-stratifying to determine eligibility for outpatient COVID therapeutic agents?

09:26:45 From Robin Avery : The study that got Evusheld the EUA was pre-Omicron, involved very few immunocompromised patients, and had relatively few events in the placebo group. So although we are referring patients for Evusheld according to the JH Scarcity Committee tier-risk algorithm, we are really not surer yet of its efficacy. There are breakthroughs reported and it doesn't take effect right away. We do not recommend that patients relax any safety precautions after Evusheld. We are learning as we go.

09:26:46 From Amanda Goddard to Hosts and panelists : EUA was expanded yesterday for children under 12 for 3 day remdesivir. Have you started applying pinetree study to children?

09:26:47 From Victoria Bengualid : Thoughts about Remdesivir 3doses as oupts?

09:26:56 From Howard Lederman : Natasha. I agree. An antibody response in an immunocompromised patient after vaccine means that they are at least a little less immunocompromised and thus likely to be a little less vulnerable to severe disease

09:27:53 From Jennifer Jubulis : What about the 3 day IV remdesivir option-for kids it is available, but often requires a 3 day admission (at least in our setting). Thoughts on this?

09:29:44 From Eloy Ordaya to Hosts and panelists : Are you checking antibodies on those patients before giving them Evusheld?

09:30:15 From Natasha Chida : From Eloy Ordaya: Are you checking antibodies on those patients before giving them Evusheld?

09:31:32 From Aaron Milstone to howard Lederman and all panelists : I assume the recent IVIG batches are pre-omicron so not sure how much protection those antibodies will provide against omicron

09:31:38 From Natasha Chida : @eloyordaya, ill let robin add if more info, but I don't think its recommended to use antibody tests to determine eligibility for tyherapeutics

09:31:48 From Natasha Chida : ie, if they meet criteria under EUA, they meet criteria regardless of ab result

09:32:03 From Greg Lucas : Great presentations!

09:32:05 From Robin Avery : Patients who are known to have no antibody response, especially after 3 doses of mRNA vaccine, are considered to be at very high risk and would be considered priority for

allocation. Of these, among SOT recipients, lung recipients with no Ab response were judged highest-risk and thus received the first allocation among SOT.

- 09:32:06 From Anne Foster : Thank you for this terrific panel!
- 09:32:20 From Raj Jagarlamudi to Hosts and panelists : Thank you
- 09:32:22 From Eloy Ordaya to Hosts and panelists : Thank you so much
- 09:32:29 From Valeria Fabre : Great session!
- 09:32:32 From Amita Gupta : Outstanding and very practical case based discussions! Really got an update!
- 09:32:34 From Valeria Fabre : Thanks!!
- 09:32:34 From Sapna Kuehl : Thank you
- 09:32:35 From Amrose Pradeep : Thank you everyone
- 09:32:38 From Aneela Majeed : thanks