

# Clinical Group

**17 June 2020**



# Global context

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- Countries are at different stages of epidemic trajectory
- Huge differences in numbers of cases and pressure on health systems
- Some countries 'learning by doing'; others 'learning by watching'
- Beginning to switch from emergency phase to management phase of pandemic
- Moving from zero knowledge to information overload
- How to practise evidence-based medicine in a dynamic environment

# Clinical strategies

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## **Preparedness**

- Building of ICU capacity, HCW training
- Suspension of routine procedures
- Challenges to healthcare delivery; capacity in private system, no ICU beds in public system.

## **Community-oriented approaches**

- Proactive testing in vulnerable areas (e.g. slums)
- Virtual hospital – telemedicine, self-testing
- Community quarantining; isolation of +ve patients

## **Patient pathways**

- Diagnosis/admission protocols;
- Triage when ICU capacity exceeded

## **Patient management**

- Risk stratification; personalising treatment
- Recognition of different phenotypes of patients; P-SILI should be managed differently from ARDS
- Developing algorithms to predict deterioration

## **Evidence generation/use**

- COVID-19 local clinical guidelines/pathways
- Technical advisory groups, rapid evidence reviews
- Launch of clinical trials (e.g. SOLIDARITY), has worked well, even in hard-pressed settings.

# Clinical care interventions

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- Oxygen therapy (high-flow esp)/intubation
- Dexamethasone in ICU (ventilated patients); other steroids
- Prone positioning
- Treating cytokine storm (e.g. tocilizumab)
- Risk factor control – comorbidities (diabetes etc.)
- Anticoagulation (when, which and how much?)
- Chloroquine, antivirals, remdesivir (compassionate use)
- Convalescent plasma (experience of haemorrhagic fevers)

# Factors facilitating the formulation and adoption of clinical research findings into policy and guidelines?

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- Learning from relevant previous experience (eg SARS)
- Local expert opinion, experience
- Local trials

# What are the clinical knowledge or research gaps to sustain the management of COVID-19? (1 of 2)

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- Anti-coagulation – when, which agents, which dose, which duration \*\*\*
- Immunomodulators – when, which agents, how to monitor \*\*
- Distinguishing pneumonia vs pulmonary infarction; role of lung ultrasound \*\*
- Appropriate use of remdesivir/antivirals in low-risk/early patients
- Ventilation vs high-flow oxygen/CPAP
- Timing of dexamethasone, other steroid use
- Minimising chronic complications (e.g. in lung)
- When to de-escalate isolation

# What are the clinical knowledge or research gaps to sustain the management of COVID-19? (2 of 2)

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- Home-based triaging to identify high-risk patients \*\*
- Efficacy of convalescent plasma, IVIG
- Long-term protection offered by antibodies \*\*\*
- Hydroxychloroquine: preventive, therapeutic use
- BCG protection
- Genetic predisposition to poor outcomes (inc. children)
- Keeping HCW safe; IPC, PPE – what works?
- Health services research – how to integrate COVID-19 and other essential services

# Providing an enabling environment to facilitate clinical care

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- Mentorship to expand clinical capacity
- Managing information tsunami
- Virtual discussion sessions/webinars
- Development of innovative approaches eg virtual hospitals
- Mobilisation of private sector



# Improving research collaboration among countries to address clinical evidence gaps

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- Global networks with interest in COVID-19 research
- Expedited research approval processes
- Expedited funding calls
- Collaborations and international multicentre studies; protocol extension to new countries
- Help with regulatory approvals; accelerated assessment
- Innovative clinical trial design (e.g. adaptive)

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