

Question & Answer Session from COVID-19 Webinar*

While we are waiting for a vaccine, do you feel that Angiotensin II receptor blockers (ARBs), ACE inhibitors or other existing drugs have a possible role in reducing morbidity for Wuhan 2019-nCoV?

They may do; we will need to await the results of clinical trials.

What expecting about Primerdesign test, approved

There has not yet been a public announcement about the FDA's and CDC's plans to incorporate testing capabilities outside of the CDC and approved state public health labs into clinical decision making for the COVID-19 patient yet that I am aware of.

What has been the most common cause of deaths reported - ARDS and respiratory failure or respiratory failure with shock? With a CE mark recently.

According to the February 7, 2020 JAMA Network article, ARDS has been the most common cause of ICU admissions and deaths. Further clinical data will be required to determine if this remains the case.

Why are we not seeing many cases in children?

A good question – it seems likely that, as with MERS and SARS, disease is mild in children and so is going undetected. But we will have to wait for further investigations to be sure.

In addition homeless settings how can we best help prevent spread

A very challenging question, as is how to protect those in congregate living such as shelters and nursing homes. Best we have at the moment is encouraging good hand hygiene and doing the best you can with social distancing.

What if patient refuses care?

In both Canada and the U.S., if this means that the patient is endangering others, the situation should be referred to public health. This happened very rarely during SARS; it is generally possible to negotiate appropriate management. Though the laws vary from state to state in the U.S., providers should not try to detain the patient, but they should know how to reach public health officials emergently.

What if patient addicted, mentally ill, and refuses transport?

Answer same as previous question. If a patient lacks the capacity to make appropriate medical decisions, the provider should follow their usual clinical practice and local laws.

Given the mutation, can it be considered a transfusion transmitted disease, and can this be cleared by heat treatment, Solvent detergent etc. techniques?

This will require validation.

Is there a national helpline?

There is currently not a helpline in Canada or the US. The website of the U.S. CDC does have a good amount of information for the public as well as for providers. Local and state public health officials can help with individual case questions.

After becoming symptomatic with COVID-19, how long do non-hospitalized individuals remain ill?

We are still collecting data to try and understand the answer. According to current data, the median time from onset of symptoms to hospital admission is about 7-9 days, and the median time to ICU admission is 1-2 days from hospital admission. Many patients who have been in the ICU have been hospitalized for more than 1 week.

How long are patients infectious?

This has not yet been determined by the data.

Is live virus shed in feces?

Viral RNA has been detected in feces; it is not yet clear whether live virus is shed.

How long does the virus last on surfaces?

There is not yet a definitive answer to this question. There is some preliminary data that suggests that the virus can live on nonporous surfaces for more than 1 week, though it is not clear if transmission can occur if this happens.

**These questions are from the live webinar on Friday, February 14, 2020.*