

Department of Medicine  
Medical Grand Rounds Webinar: COVID-19 Updates  
April 10, 2020  
12:00 p.m. to 1:00 p.m.

**Questions submitted by participants during webinar**

*The answers provided are relative to a specific point in time and are subject to change as the management and care for COVID-19 patients continues to evolve*

- 1. Since we're moving now to reusing surgical masks, does Northwestern have any plans to use UV light (University of Nebraska) or hydrogen peroxide vapor (Duke) for attempted decontamination?**  
*Answer: We do not have a requirement to do so at this time. Any directions on reusing masks will be made available on NMI.*
- 2. Is there any data on how vaping affects the course of COVID19? Just wondering if that might partially contribute to the apparent relatively higher risk of severe disease in young persons seen in the US compared to China and Italy.**  
*Answer: We do not have robust signals about the intersection of EVALI and COVID-19 yet, but it stands to reason that co-existing lung damage related to vaping could predispose to poorer COVID-19 outcomes.*
- 3. Is IV Vitamin C being offered as an option as is being done in Asia, Europe and some NY hospitals?**  
*Answer from Dr. Ison: I am not aware of any plans to do so. There is a large body of literature for many respiratory viruses, including seasonal coronaviruses, that suggest that this is not clinically effective for these viruses.*  
*Answer from Dr. Singer: No. Unfortunately, vitamin C has not been proven effective for critical illness in well-controlled trials.*
- 4. When and how will we be able to test for coronavirus antibodies?**  
*Answer: We are working on getting the testing on line here at NMH – details will follow.*
- 5. How soon will we be able to offer IgG testing for antibodies?**  
*Answer: We are working on getting the testing on line here at NMH – details will follow.*
- 6. Co-morbidities - does it matter if diabetes / HTN are well controlled?**  
*Answer: The available data do not breakdown whether patients were on therapy or not; since most had a medical history of these conditions, most were likely on therapy although how well controlled they are is definitely not outlined in the papers.*
- 7. Has there been any more granular information on the risk associated with hypertension? Uncontrolled hypertension? Specific anti-hypertensives?**  
*Answer: The available data do not breakdown whether patients were on therapy or not; since most had a medical history of these conditions, most were likely on therapy although how well controlled they are is definitely not outlined in the papers.*

- 8. Can the speaker comment on why HTN'ive patients, particularly well-controlled patients, would increase risk of mortality?**

*Answer: This level of detail is not fully outlined in the published literature to date.*

- 9. How about rheumatic disease/autoimmune patients - on or off immunomodulatory drugs/biologicals?**

*Answer: There is not sufficient data on this population. There is an effort to collect this data: <https://www.nature.com/articles/s41584-020-0418-0>*

- 10. Recent news in the lay press out of NYC suggests 80% mortality for their ventilator patients. This seems out of proportion to numbers being reported at NMH. Thoughts on this?**

*Answer: Our experience is early, so it is challenging to speculate on determinants of our center's outcomes.*

- 11. Is there any difference in outcomes between well-controlled and poorly-controlled hypertensive patients? Is the well-controlled patient comparable to one without hypertension?**

*Answer: The available data do not breakdown on whether patients were on therapy or not; since most had a medical history of these conditions, most were likely on therapy although how well controlled they are is definitely not outlined in the papers.*

- 12. What can we do to promote resilience and reduce morbidity and mortality in older Covid patients?**

*Answer: Right now, prevention via social distancing, hand hygiene, masks, vaccination against other respiratory pathogens, etc. is the main approach to reduce risk among older individuals. We do not yet have a pro-repair therapy for acute viral lung injury that promotes resilience in any age group, unfortunately.*

- 13. Ethics of medical decision making. What is NMH's position on resource allocation with respect to patients with disabilities?**

*Answer: Should allocation decision making be imposed on us, NM fully embraces our ethical obligation to make any such decisions without discrimination. We acknowledge no a priori exclusionary conditions; all patients who wish to receive a scarce intervention will be considered. We align with of OCR's instructions to base no decisions "on the race, gender, age, religion, citizenship, sexual orientation, disability unrelated to medical diagnosis, or socioeconomic status of the patient, including that patient's ability to pay. Such decisions are not to be based on judgments about patient's anticipated quality of life or social value." We further align with the State of Illinois' "Guidance to Non Discrimination in Medical Treatment for Novel Corona Virus 19".*

- 14. Seems like patient numbers at NM have been very stable for past 5 days, are we still expecting huge surge, seems like forecasts have been overly high**

*Answer: We are purposely planning for 15-20% above prediction. The prediction is based upon what we've seen in other cities but it is being adjusted every day taking into account our actual census so I would expect it to hold pretty true and hopefully flatten somewhat as we go. This prediction model for floor and ICU is being used at all of the NM institutions and includes a system wide comprehensive model.*

- 15. Is tracheostomy being avoided in covid pts?**

*Answer: We are carefully evaluating patients to select those who may be appropriate for tracheostomy.*

**16. Any evidence supporting use of Treg stimulating agents, e.g., metformin? That is - are patients on metformin (or other Treg impacting meds) less likely than expected to develop severe symptoms?**

*Answer: Yes – there are a number of pre-clinical studies supporting the use of agents that induce metabolic and epigenetic states favoring Treg cell function. We are actively studying a number of these compounds in our labs. I am not aware that the COVID-19 data are granular enough (yet) to examine whether these medications are linked with differential outcomes. These are great questions to examine via leveraging our Enterprise Data Warehouse.*

**17. Could we always stream Grand Rounds and faculty development courses? Those of us at area hospitals very much benefit from this collaboration?**

*Answer: Thank you for the suggestion. We will look into this.*