COVID-19 research update

April 14, 2020

The Health Policy Institute of Ohio is collecting the latest research so that Ohio policymakers and other stakeholders can make informed decisions on the rapidly evolving COVID-19 pandemic. HPIO has also created a Coronavirus (COVID-19) resource page to serve as a "one-stop-shop" for links to the Ohio Department of Health, Centers for Disease Control and Prevention and other sources of frequently updated, reliable information. If this update was forwarded to you, you can click here to join our mailing list.

No treatment yet proven effective for COVID-19

A summary of proposed treatments for COVID-19 (JAMA, April 13) found that, to date, no therapies have been proven effective to treat the virus. Some repurposed and experimental agents have shown promise in case reports and more robust clinical trials are ongoing. The article provides a summary of research to date, links to clinical treatment guidance and an FAQ on COVID-19 clinical management.

COVID-19 virus found on shoes, office equipment of hospital workers

A study of hospital wards in Wuhan, China (CDC, Emerging Infectious Diseases, April 10) found that SARS-CoV-2 (the virus that causes COVID-19) was relatively common on floor swab samples and swab samples from the soles of ICU medical staff shoes. This may be because of gravity, airflow and medical staff foot traffic. The rate of positivity was also relatively high for objects that were frequently touched by medical staff or patients (e.g., computer mice, trashcans, handrails and doorknobs). The authors recommend that staff disinfect shoe soles before walking out of wards with COVID-19 patients, perform hand hygiene practices immediately after patient contact and disinfect used patient masks before discarding. The study found that environmental contamination was greater in the ICU than in the general ward; thus, stricter protective measures should be taken by medical staff working in the ICU.

Plan lays out steps needed before easing social distancing

A new plan for easing social distancing (Johns Hopkins University Bloomberg School of Public Health and the Association of State and Territorial Health Officials, April 10) argues that ending strict social distancing measures will require (1) ready access to rapid diagnostic tests for all symptomatic cases or those with a reasonable suspicion of COVID-19 exposure; (2) widespread serological testing to understand underlying rates of infection and identify those who have developed immunity and could potentially return to work or school without fear of becoming infected; and (3) the ability to trace all contacts of reported cases. The authors estimate that tracing all contacts will require a national public health workforce expansion of at least 100,000 people and a $3.6 billion investment. Although the plan requires federal leadership and funding, much of the responsibility for implementation would fall to state and local entities. To prepare, state and local entities can take steps now, for example, by adapting processes and procedures to accommodate rapid public health workforce expansion and improving

data collection and management systems for contact tracing.

Re-detection of SARS-CoV-2 in discharged COVID-19 patients

A study of patients recovering from COVID-19 (medRxiv, March 30) found that some may test positive again after discharge. The study's authors found that 14.5% of patients studied (38 out of 262) tested positive after discharge. When re-admitted to the hospital, these patients showed no obvious clinical symptoms or disease progression. The patients who tested positive post discharge were young and had mild cases. The authors concluded that more sensitive RNA detection methods are required to monitor these patients during follow-up, as some testing may not be sensitive enough to detect lingering levels of the virus.