

#### Medical Association Update | January 22, 2021

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# Biden Launches Sweeping COVID-19 Changes

NATIONAL STRATEGY FOR THE COVID-19 RESPONSE AND PANDEMIC PREPAREDNESS

**JANUARY 21, 2021** 

**Reuters reports** that the pandemic has killed 405,000 people and infected more than 24 million in the United States, the highest number anywhere in the world.

Biden said he was stepping up the federal response to the virus including by taking steps to expand testing and vaccinations and increase mask-wearing.

The President has signed executive orders to establish a COVID-19 testing board to ramp up testing, address supply shortfalls, establish protocols for international travelers, and direct resources to hard-hit minority communities.

Read the National Strategy for the COVID-19 Response and Pandemic Preparedness

### **Mask Mandate Extended**



Gov. Kay Ivey on Thursday extended a statewide mask order into March as the state continues to face high numbers of COVID-19 cases and a vaccination rollout that has been hindered by limited supply.

"The mask mandate remains one step we can all take in order to keep some balance in our daily lives and remain healthy and safe," Ivey said during a news conference at the state Capitol.

The order, which has been in place since July, requires face masks in public when interacting within 6 feet with people from another household. The mask order will last until March 5.

Read more alerts from Alabama Dailey News



Vaccine Supply: What You Need to Know



- There is a shortage of available vaccines in Alabama.
- ADPH is still awaiting official recommendations from CDC and the new presidential administration but based on the statements of Operation Warp Speed and CDC last week, there are currently approximately 2 million people eligible to receive the vaccine.
- Alabama has only received 370,000 doses.
- The Federal Government determines the quantity of vaccine that is allocated to the state.
- The Alabama Department of Public Health (ADPH) has no input into the quantity allocated and is typically notified less than 24 hours before the vaccine is shipped.
- The quantity and timing of the shipments vary from week to week, making it difficult to form a concrete plan.
- There are over 225 approved provider sites to administer the vaccine but not enough supply to ship to all the sites.
- Last week there were 15-20 vaccine sites that had already exhausted their supply.
- All available vaccine sitting on shelves in County Health Departments is obligated to persons that have made appointments.
- As more vaccines become available, ADPH continues to work to ensure that more providers will have the supply to administer vaccines.

Read more alerts from ADPH

# **Guidance for Treating Outpatients Who Have COVID-19**



The following guidance has been developed by Dr. David Thrasher with Montgomery Pulmonary Consultants, along with Dr. Michael Saag and Dr. Edgar T. Overton, both with UAB. They have treated well over 1000 patients as outpatients as well as inpatients and believe that the following is the best treatment protocol that physicians have right now.

- 1. Diagnose COVID as early as possible
- 2. All treatment is based on the time of Onset of Symptoms (not the date of a positive test)
- 3. Understand that COVID infection occurs in two stages:
  - a. Viremic phase (Day 1 10)
  - b. Immune Dysfunction Phase (Day 8 14)
- 4. Treatment is radically different based on the phase of the disease
  - a. Viremic Phase: Antivirals (Monoclonal Antibody)
  - b. Immune Dysfunction Phase (immune suppression, for those with respiratory compromise and/or severe disease)
- 5. **NEVER use SYSTEMIC STEROIDS in the Viremic Phase** (days 1 8 to 10); They are Contraindicated
- 6. Monoclonal Antibody should be used as early as possible, but not after day 9 10; indications:
  - a. Age > 65 years
  - b. Immune-compromised state (either from a condition or from immunosuppressive treatment)
  - c. Obesity (BMI >35)
  - d. Diabetes Mellitus
  - e. Have chronic kidney disease
  - f. Age > 55 with
    - i. Hypertension
    - ii. Heart Disease
    - iii. Chronic Lung Disease
- 7. Adjunctive therapy with acetaminophen, ibuprofen (or naproxen), guaifenesin, ondansetron, Imodium, inhaled albuterol, inhaled steroid, H2 blocker, and/or sleeping meds (e.g., melatonin) as needed PRN
- 8. There are no conclusive data supporting the use of hydroxychloroquine, ivermectin, vitamin supplements (B, C, or D ), or zinc

### **Ask the Expert**



If you have questions about COVID-19 testings, treatments, vaccinations, or anything else, ask an expert! All you have to do is submit your question(s) using the button below and we will find an expert in that field to answer. Here is one of the submitted questions from the previous alert:

"Obese persons may have accelerated and more intense cytokine responses due to amplification of mediator production in adipose tissue. So we still wait 8-10 days for dexamethasone? Does this assume viral load/viremia is the cause of their worse outcomes? Has that been shown? - Don Evans, M.D., Internal Medicine"

"There is not sufficient data to answer this question. It is generally recommended to delay the use of corticosteroids in Covid-19 infection for 7 - 10 days after onset of illness to avoid blunting of the initial immune response, but individual clinical situations may differ. Several large scale open label trials in the United Kingdom have evaluated the use of corticosteroids in hospitalized patients and there appears to be no benefit in persons who do not require supplemental oxygenation or ventilatory support. - Dr. Scott Harris, ADPH"

See all questions and answers here.

We will update this document as we get more questions and answers.

**Ask a Question** 

#### WHAT WE'RE READING

- **Updated Vaccine Provider Toolkit**
- State of the State Address: the governor's speech will be virtual this year
- **New COVID-19 Patient Vaccine Script**
- Rest in peace, primary care
- Current coronavirus wave appears to have peaked, researchers say







#### **Need PPE?**

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#### **Sanistrap**

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## MEDICAL ETHICS



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