

# **COVID-19 Updates: Maintaining Good Health Through COPD Management**

**May 21, 2020**



# Introductory Remarks



Corinne Costa Davis  
Chief Executive Officer  
COPD Foundation



# DISCLAIMER

***The information presented on this webinar should not serve as a substitute for medical advice and any content discussed should not be used for medical advice, diagnosis or treatment. Please consult with a physician before making changes to your own COPD management plan and if you have any concerns about COVID-19 symptoms.***

***The information presented on today's webinar about COVID-19 was current as of Thursday, May 21, 2020.***

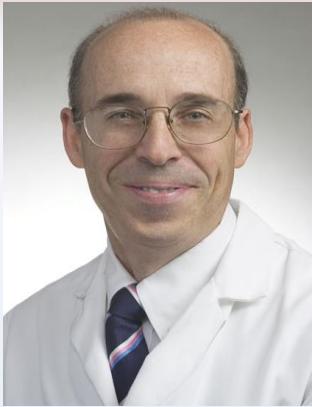
***The information about the disease and the recommendations discussed today are changing rapidly and if you are viewing the recording of the webinar, this information may no longer be accurate.***



# Today's Agenda

1. Introductions
2. Recent COVID-19 Updates
3. COPD Management & COVID-19
4. Considerations for Resuming Elective Medical Care
5. Wearing a Face Covering with COPD
6. Looking to the Future: Considerations for “Reopening” for People with COPD
6. Q and A





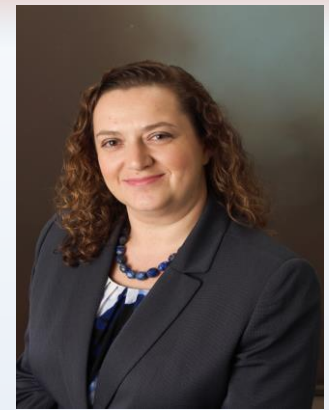
**Byron Thomashow, MD**  
Professor of Medicine,  
Columbia University & NY  
Presbyterian Hospital  
Chief Medical Officer,  
COPD Foundation



**MeiLan Han, MD**  
Professor of Medicine  
University of Michigan



**Stephanie Williams, RRT**  
Director of Community  
Programs,  
COPD Foundation



**Jamie Sullivan, MPH**  
VP of Public Affairs,  
COPD Foundation

## Today's Speakers

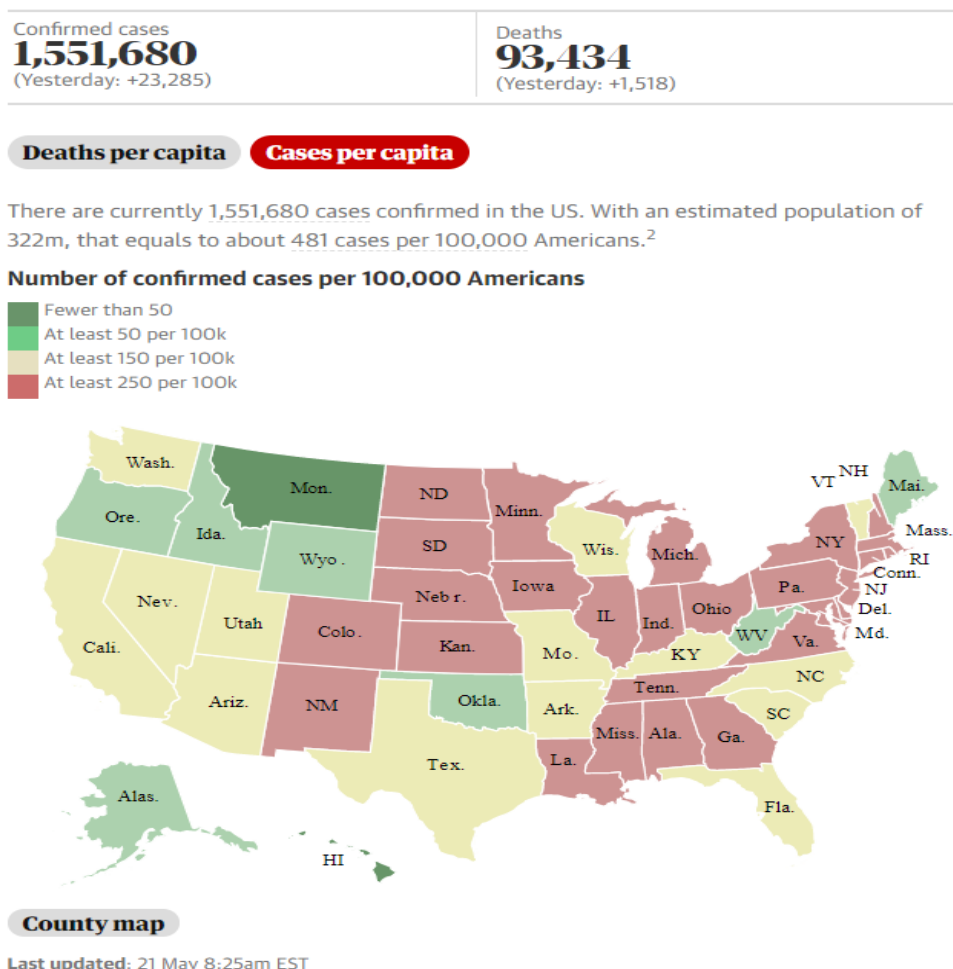


# Recent COVID-19 Updates

***Dr. Byron Thomashow***

# COVID-19 Situation Update

COVID-19 is a new disease caused by a **novel coronavirus** that is different than the common cold, flu or pneumonia. COVID-19 emerged in China in late 2019 and is now present in multiple other countries, including the U.S.



## Current Global Situation:

Total Cases: 5,027,732

Total Deaths: 328,730

<https://www.theguardian.com/world/ng-interactive/2020/apr/16/coronavirus-map-of-the-us-latest-cases-state-by-state>

# New Learnings: Remdesivir

- Anti viral agent administered by IV
- Granted Emergency Use Authorization by the FDA on May 1<sup>st</sup>
- Distribution is being controlled by the U.S. Government, mostly through states and to specific hospitals
- NIH Study: Patients treated with Remdesivir had a 31% faster time to recovery than those who received placebo, 4 days total. The results also suggested a potential survival benefit. Mortality rate 8% with Remdesivir vs 11.6% with placebo. (<https://www.niaid.nih.gov/news-events/nih-clinical-trial-shows-remdesivir-accelerates-recovery-advanced-covid-19>)
- In a cohort of patients with severe COVID 19 who received Remdesivir by compassionate use, an improvement in Oxygen support status was observed in 68% of patients. (<https://www.nejm.org/doi/full/10.1056/NEJMoa2007016>)
- Multiple Covid-19 drug trials underway combining Remdesivir with other agents.



# New Learnings: Vaccines

- Oxford University
  - Developed a vaccine for MERS, a similar coronavirus, which appears safe and provided potential immune response for MERS for a year
  - Began adapting the vaccine for COVID-19 in January using genetically engineered virus, an adenovirus, similar to the “common cold”
  - 6 monkeys given this new vaccine did not fall ill despite subsequent heavy viral exposures
- Moderna (biotech company)
  - Reported that in 8 patients, followed for 6 weeks, the vaccine triggered a significant antibody response-phase 1 trial
  - Suggests, but does not prove, vaccine triggers some level of immunity

90 different vaccines for COVID-19 are under development, at least 6 have moved to human trials

(<https://www.popsoci.com/story/health/covid-19-vaccine-oxford-september/>)

# New Learnings: Hydroxychloroquine

- Small French study with 26 patients suggested benefit in reducing viral burden. (Gautret et al Int J Antimicrob Agents 2020 March 20)
- A clinical trial testing 2 doses of Chloroquine was halted because of excessive QTc prolongation and an indication of higher mortality in high dose group. (Borba et al JAMA Netw Open 2020;3(4):e208857)
- 1438 hospitalized Covid treated with Hydroxychloroquine, Azithromycin or both compared with neither -no difference in hospital mortality but cardiac arrest significantly more likely in combination Rx group. (Rosenberg et al JAMA 5/11/2020)
- Observational study with 1376 patients, median follow= 22.5 days & 58.9% received hydroxychloroquine.
  - Hydroxychloroquine use was not associated with significantly higher or lower risk of intubation or death.
  - **The results do not support its use at present, outside randomized clinical trials.** (Geleris et al NEJM May 7, 2020. DOI:10.1056/NEJMoa2012410)

# Related Research: Pulmonary Rehab

Newly released paper in JAMA analyzed Medicare data:

- 197376 hospitalized COPD patients, mean age 77, 58% women, 1.5% initiated pulmonary rehab within 90 days of discharge
- 19.4% died within 1 year of discharge
  - 7.3% who initiated rehab within 90 days
  - 19.4% who initiated after 90 days or not at all
- Pulmonary rehabilitation within 3 months of discharge was significantly associated with lower risk of mortality at 1 year

In the age of COVID-19 can a tele rehab program be developed to give similar benefits?

# COVID-19 and COPD Management

***Dr. MeiLan Han***

# Does the COVID-19 Pandemic Change COPD Management?

## *Is it safe to continue using my nebulizer?*

**Never stop using your medications without talking to your healthcare professional first!**

### **Why would someone with COPD be prescribed a nebulizer vs inhaler?**

- ✓ Ease of use for someone with dexterity issues
- ✓ Assists those with more severe disease and limited inspiratory force
- ✓ Added humidification may help clear secretions

If you HAVE COVID-19, a nebulizer could aerosolize the virus & potentially increase the risk to others in your immediate area so many have asked if they should proactively discontinue nebulizer use

1. Unless you have suspected or confirmed COVID-19 there is no reason to stop using your nebulizer
2. If you are concerned about others in your home:
  - ✓ Use nebulizer in a separate room with the door closed or even a patio or garage that no one will enter for a few hours
  - ✓ Use a filter that helps block aerosol spread
3. If you are hospitalized for any reason during the COVID-19 pandemic, it is possible your doctor will temporarily discontinue nebulization.

# **Does the COVID-19 Pandemic Change COPD Management?**

## ***Do devices like NIV, Airway Clearance & BiPAP Spread COVID-19?***

### **Will airway clearance devices help if I get COVID-19?**

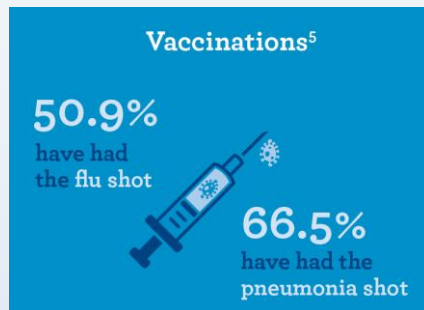
- ✓ There is not enough evidence to say for sure if airway clearance devices will help BUT it is likely that for many, they will play some role in COVID-19 recovery.

**Never stop a prescribed device without talking to your healthcare professional first!**

- There is little data to show exact risks of COVID-19 exposure to others nearby from these devices
- Similar to nebulization, the risk is not to the person using the devices and there is no risk unless the patient has COVID-19
- If the patient has known or suspected COVID-19, ideally they would use the device in a different room. For instance, if the device is used at night to aid with sleeping, ideally they would sleep in a different bedroom.

# Does the COVID-19 Pandemic Change COPD Management?

## *Is it still important to get my pneumonia shots now & flu in the fall?*



*Percentages of people diagnosed with COPD that reported getting their flu and pneumonia shots-2015*

- ✓ There is strong data to show the importance of flu and pneumonia vaccines for people with COPD
- ✓ If you are due to receive either pneumonia shot, the potential benefits of the shots likely outweigh the risk of exposure to COVID-19 but discuss with your doctor
- ✓ Flu shots should be given in the fall

### **There are steps you can take to minimize your risk of COVID-19 exposure while you get necessary vaccines.**

- ✓ Consider the location: Is your healthcare professional offering curbside vaccinations? Can you get the vaccinations at an outpatient clinic vs hospital-based facility? Does your local pharmacy have special options for high-risk populations?
- ✓ Wear a mask
- ✓ Wash your hands often
- ✓ If you must go into a facility-call when you arrive and ask to be taken right back to a room

## **Does the COVID-19 Pandemic Change COPD Management?**

### ***Have we learned new information about steroids, azithromycin & COVID-19?***

**Will steroids like prednisone or inhaled corticosteroids make COVID-19 worse?**

- ✓ There is no evidence to suggest that COPD treatment should change during the COVID-19 pandemic
- ✓ If you are hospitalized with a COPD flare and found to have COVID-19, there is no evidence to suggest the treatment for the COPD flare should be different

**If I take azithromycin to prevent COPD exacerbations, will it also protect me from catching COVID-19? Will it help or hurt if I do catch it?**

- ✓ If you were prescribed azithromycin to prevent COPD exacerbations, there is NO reason to discontinue it due to the COVID-19 pandemic
- ✓ Preventive azithromycin does NOT protect you from catching COVID-19
- ✓ There is no known role for antibiotics in treating COVID-19 UNLESS a secondary bacterial infection develops



# Considerations for Resuming Elective Medical Care

***Dr. Byron Thomashow & Dr. MeiLan Han***

# Considerations for Resuming Elective Medical Care

***If your state has allowed elective medical care to resume AND your health system has restarted, the decision should be made after considering your risks and benefits AND talking with your healthcare team.***

## Questions to Consider & Discuss with your healthcare team

What are the benefits & risks of the procedure/test itself?

What is the level of COVID-19 exposure risk associated with the preparation for the procedure & the procedure itself?

- Is there active community transmission of COVID-19 in the area you will get care?
- How often will you need to go to a healthcare facility to prepare for the procedure?
- Does it require long-distance travel and if so, how will you limit risk during your travel?
- What precautions have the medical facilities put into place?
- Will you need to stay overnight in a hospital, or will it be done in an outpatient setting?
- Will your support/caregiver be adequately protected from COVID-19 exposure before, during and after the procedure?

# Considerations for Resuming Elective Medical Care

## *Additional Considerations*

### Questions to Consider & Discuss with your healthcare team

What is the risk that your condition could rapidly progress if you DIDN'T get the procedure/test?

- What does the best available data tell you about the risks of waiting?
- Is there anything about my medical history that suggests it could be too risky to wait?

Are there alternatives that will be adequate to prevent rapid progression in the meantime if you delay?

- Have you optimized your medical management strategies other than the proposed procedure?
- Are there any lifestyle adaptations or supportive therapies that would help ease the burden of symptoms in the meantime?

Is the necessary follow up care available and of acceptable COVID-19 exposure risk?

- What follow up care is required after the procedure/test?
- Is follow up available by telehealth?
- Is all follow up care and services open and readily available during the pandemic (ex. PFT labs & pulmonary rehabilitation programs are mostly closed)?
- Will you feel comfortable with home care if needed?

# Considerations for Resuming Elective Medical Care

## *Dental Care*

In the absence of issues such as gum disease or dental emergencies, the American Dental Association ([ADA](#)) and the Center for Disease Control ([CDC](#)) recommend avoiding routine in-office visits

On May 7th, the **ADA's Advisory Task Force for Dental Practice Recovery** provided dentists with measures to help protect patients, staff and dentists from COVID-19 as dental practices restart providing the full range of oral health care.

- ✓ Pre-appointment screening for symptoms of COVID-19 or any contact with an infected person
- ✓ In-office registration: hand sanitation, patient should always wear a mask, temperature check
- ✓ Staff wear surgical masks and gloves during examination/treatment
- ✓ Dentists and dental hygienists to avoid use of high-speed aerosol generating tools (there are special PPE recommendations in case those tools are needed in a dental emergency)

Rules depend on the state you live in; call your dentist if you need care

Tell your dentist if you are sick

Continue maintaining good home care!



# Tips: Living With COPD & COVID-19

***Stephanie Williams, RRT***

# A Key Component in COPD Management: COPD Action Plan

**COPD360action**  
IT'S MY COPD ACTION PLAN  
[www.copd360action.org](http://www.copd360action.org)

My Name: Stephanie Williams


Date: May 21, 2020

My Doctor's Name: Dr. Pepper

Phone: 555-555-5555

Emergency Contact: Greg Williams

Phone: 555-555-5555



Please complete the section above. Bring all your medicines and inhalers along with a complete list to doctor's office visits. Think about your ability to perform these activities (blue boxes) on a typical "green" day. Place one check mark in each column. In the last (blank) column write in an activity you would like to be able to do again. Check the box below it to show how difficult it is to do that activity now. Share this goal with your healthcare team and your family.

	CLEANING	MAKING MY BED	BRUSHING MY TEETH	BATHING/SHOWERING	WALKING	CLIMBING STAIRS	WORKING	SLEEPING	EXERCISING	COOKING	
I can do this											
I can do this w/ minor limitations											
I struggle to do this											
I cannot do this											

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

	<b>A Normal Day for Me</b>	<b>Take Action</b>
<b>My Green Days</b>	<input type="checkbox"/> My breathing is normal <input type="checkbox"/> My cough and mucus are normal <input type="checkbox"/> My sleeping is normal <input type="checkbox"/> My eating and appetite are normal <input type="checkbox"/> My activity level is normal	<input type="checkbox"/> I will take all medications as prescribed <input type="checkbox"/> I will keep routine doctor appointments <input type="checkbox"/> I will use oxygen as prescribed <input type="checkbox"/> I will exercise and eat regularly <input type="checkbox"/> I will avoid all inhaled irritants & bad air days <input type="checkbox"/> I will update my COPD Action Plan every 6 months
<b>My Yellow Days</b>	<b>A Bad Day for Me</b> <input type="checkbox"/> I have a low grade fever that doesn't go away <input type="checkbox"/> I have increased use of rescue medications without relief <input type="checkbox"/> I have a change in color, thickness, odor or amount of mucus <input type="checkbox"/> I am more tired than normal or have trouble sleeping <input type="checkbox"/> I have new or more ankle swelling <input type="checkbox"/> I am more breathless than normal <input type="checkbox"/> I feel like I am catching a cold	<b>Take Action</b> <input type="checkbox"/> I will limit my activity and use pursed-lips breathing <input type="checkbox"/> I will take regular medications as prescribed <input type="checkbox"/> I will report these changes to my doctor today <input type="checkbox"/> I will start special medications* prearranged with my doctor which includes: _____
<b>My Red Days</b>	<b>A Day When I Need Help Right Away</b> <input type="checkbox"/> I have disorientation, confusion or slurring of speech <input type="checkbox"/> I have severe shortness of breath or chest pain <input type="checkbox"/> I have a blue color around my lips or fingers <input type="checkbox"/> I am coughing up blood	<b>Take Action</b> <input type="checkbox"/> I will call 911 right away <input type="checkbox"/> I will start these special medications*: _____

\* If symptoms are not improved in one day after taking special medications consult your doctor.  
The contents of My COPD Action Plan is for information purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

Version 1.2 January / February 2018

Getting Started



Change View

## COPD Pocket Consultant Guide

Patient View

g

My COPD Action Plan

Inhaler Videos

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COPD Wallet Card

it


View More

The PCG App is available through the App Store or Google Play

9:56


< Home

Calendar



Today

October 2019



Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

This calendar tracks your My CO... [Instructions](#)

**My Symptoms**

My breathing is normal

My cough and mucus are normal

My sleeping is normal

My eating and appetite are normal

My activity level is normal

**Actions Taken**

I will take all medications as prescribed

# A Key Component in COPD Management: COPD Action Plan



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Date: **May 21, 2020**

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Emergency Contact: **Greg Williams**

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My COPD Action Plan can be used daily and should be updated every 6 months. Next update \_\_\_\_\_

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I can do this											
I can do this w/ minor limitations											
I struggle to do this											
I cannot do this											

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I can do this			X								
I can do this w/ minor limitations		X		X	X			X			
I struggle to do this	X					X			X	X	
I cannot do this							X				

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

## My Green Days

### A Normal Day for Me

- ☐ My breathing is normal
- ☐ My cough and mucus are normal
- ☐ My sleeping is normal
- ☐ My eating and appetite are normal
- ☐ My activity level is normal

### Take Action

- ☐ I will take all medications as prescribed
- ☐ I will keep routine doctor appointments
- ☐ I will use oxygen as prescribed
- ☐ I will exercise and eat regularly
- ☐ I will avoid all inhaled irritants & bad air days
- ☐ I will update my COPD Action Plan every 6 months

## My Yellow Days

### A Bad Day for Me

- ☐ I have a low grade fever that doesn't go away
- ☐ I have increased use of rescue medications without relief
- ☐ I have a change in color, thickness, odor or amount of mucus
- ☐ I am more tired than normal or have trouble sleeping
- ☐ I have new or more ankle swelling
- ☐ I am more breathless than normal
- ☐ I feel like I am catching a cold

### Take Action

- ☐ I will limit my activity and use pursed-lips breathing
- ☐ I will take regular medications as prescribed
- ☐ I will report these changes to my doctor today
- ☐ I will start special medications\* prearranged with my doctor which includes: \_\_\_\_\_

## My Red Days

### A Day When I Need Help Right Away

- ☐ I have disorientation, confusion or slurring of speech
- ☐ I have severe shortness of breath or chest pain
- ☐ I have a blue color around my lips or fingers
- ☐ I am coughing up blood

### Take Action

- ☐ I will call 911 right away
- ☐ I will start these special medications\*: \_\_\_\_\_

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I can do this			X								
I can do this w/ minor limitations		X		X	X			X			
I struggle to do this	X					X			X	X	
I cannot do this							X				

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## My Green Days

### A Normal Day for Me

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- ☒ My sleeping is normal
- ☒ My eating and appetite are normal
- ☒ My activity level is normal

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- ☒ I feel like I am catching a cold

### Take Action

- ☒ I will limit my activity and use pursed-lips breathing
- ☒ I will take regular medications as prescribed
- ☒ I will report these changes to my doctor today
- ☒ I will start special medications\* prearranged with my doctor which includes: azithromycin and prednisone

## My Red Days

### A Day When I Need Help Right Away

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# Why is it Difficult for People with COPD to Wear a Mask?

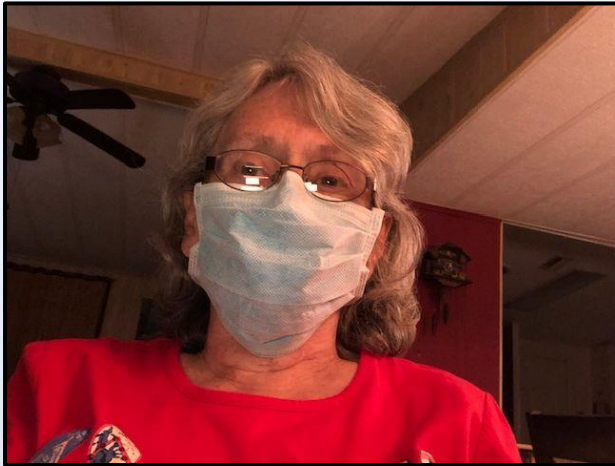
- claustrophobia
- increased shortness of breath
- uncomfortable
- difficult to wear over cannula

*"It has an impact on my breathing and the sob brings on anxiety."*

*"Even with O2 under a mask, I get sob, even while sitting."*

*"The CO2 build-up got to me within seconds of putting it on, and I ended up spending the majority of time holding the bottom of the mask out so that I could breathe fresh air, which defeated the purpose of the mask but at least kept me from suffocating."*

# Covering Your Face While Out



# Using a Face Mask Safely

1. Mask should fit across the bridge of the nose
2. Cloth masks should be at least 2 layers thick
3. Wash your hands before putting your mask on
4. Refrain from touching your face or adjusting your mask
5. Remove your mask by touching ONLY the ear loops
6. Wash your hands after removing your mask
7. Wash and dry your cloth mask after each use
8. For multi-use masks, store them in a paper bag in a warm place



# Looking to the Future: Considerations for “Reopening” for People with COPD

***Jamie Sullivan, MPH***





# ***What Does “Reopening” Mean for People with COPD?***

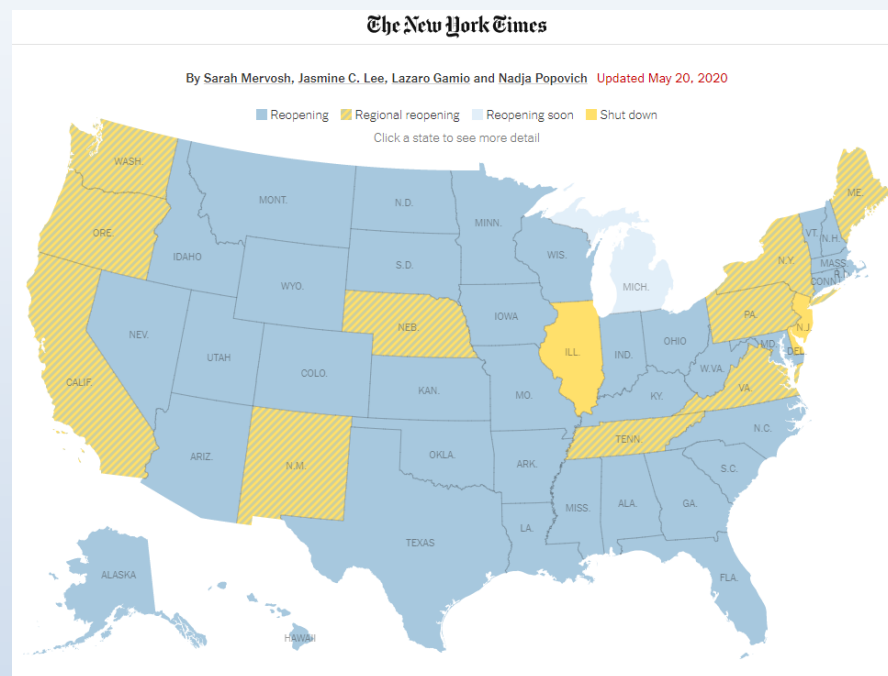
Most states have begun rolling back restrictions.

- What is open in each state varies
- Required modifications to allow for physical distancing vary

**Despite official restrictions being relaxed, people with COPD should take extra precautions for a prolonged period.**

As restrictions are loosened, we will be following potential impacts to the COPD population including;

- ✓ Paid leave options for high-risk populations & live-in family members
- ✓ Maintaining expanded telehealth options
- ✓ Community based services to allow high-risk populations to stay at home
- ✓ New policies to facilitate ongoing physical distancing outdoors & in essential services
- ✓ Ongoing impact of extended isolation on the physical, mental and financial health of the community



# Share Your Experiences

We need to hear from you! Please share your experiences during the COVID-19 pandemic by completing this short survey. Your responses help inform future research and the types of resources and programs that are developed for the COPD community.

Complete the anonymous survey at <https://bit.ly/2W9kDOC>



**Visit us at [www.COPDFoundation.org](http://www.COPDFoundation.org)**

-  **Ask and answer questions from peers on COPD360social**
-  **Check-in and share how you are coping**
-  **Read updates on our COPD Digest Blog**
-  **Tune in for future webinars and Facebook Live chats**





# Other Resources for COVID-19 Information

## 1. The Centers for Disease Control and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

NEW-Added guidance for older adults: [https://www.cdc.gov/aging/covid19-guidance.html?deliveryName=USCDC\\_944\\_DM27862](https://www.cdc.gov/aging/covid19-guidance.html?deliveryName=USCDC_944_DM27862)

## 2. The World Health Organization:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

## 3. Johns Hopkins University:

<https://coronavirus.jhu.edu/>

## 4. Public Health On Call Podcast:

<https://www.jhsph.edu/podcasts/public-health-on-call/>

## 5. COPD Foundation-COVID-19 Page:

<https://www.copdfoundation.org/Learn-More/I-am-a-Person-with-COPD/Coronavirus-Information.aspx>

## 6. COPD Foundation-COVID-19 Blog Updates:

<https://www.copdfoundation.org/COPD360social/Community/COPD-Digest/Article/1553/A-Coronavirus-Update-for-the-COPD-Community.aspx>

# Question and Answer Period

***Please submit your questions in the control panel. In the likely event that we are unable to answer all the questions, we will work to post answers to questions on our website next week.***

# Thank You!

***We are grateful for the ongoing support of our corporate partners who have generously contributed to our ability to respond to COVID-19, including Theravance Biopharma for their support of our webinar series.***

*Theravance Biopharma is a diversified biopharmaceutical company primarily focused on the discovery, development and commercialization of organ-selective medicines. The Company's purpose is to create transformational medicines to improve the lives of patients suffering from serious illnesses.*