COVID-19 Updates for the COPD Community

April 20, 2020

COPD FOUNDATION

Introductory Remarks

Corinne Costa Davis
Chief Executive Officer
COPD Foundation

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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 Monday, April 20, 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.

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TODAYS AGENDA

1. Introductions

2. Public Health Updates-COVID-19 Spread & Risk Factors

3. Early Learnings About COPD & COVID-19

4. What Have we Learned About How COVID-19 Works & How we Can Prevent it?

5. COVID-19 Treatment & COPD Management

6. COVID-19 Response & Resources

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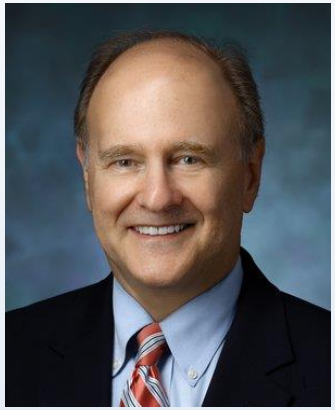
TODAY'S SPEAKERS

Dave Mannino, MD
Professor (Part Time), University of Kentucky & US Medical Expert, GlaxoSmithKline

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



Robert Wise, MD
Professor of Medicine, Johns Hopkins University School of Medicine
Chair-Medical & Scientific Advisory Committee, COPD Foundation

Jill Ohar, MD
Professor of Medicine, Wake Forest School of Medicine & Vice Chair-Medical & Scientific Advisory Committee, COPD Foundation

Jamie Sullivan, MPH
Vice President of Public Affairs, COPD Foundation

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Public Health Updates-
COVID-19 Spread & Risk Factors

Dr. David Mannino

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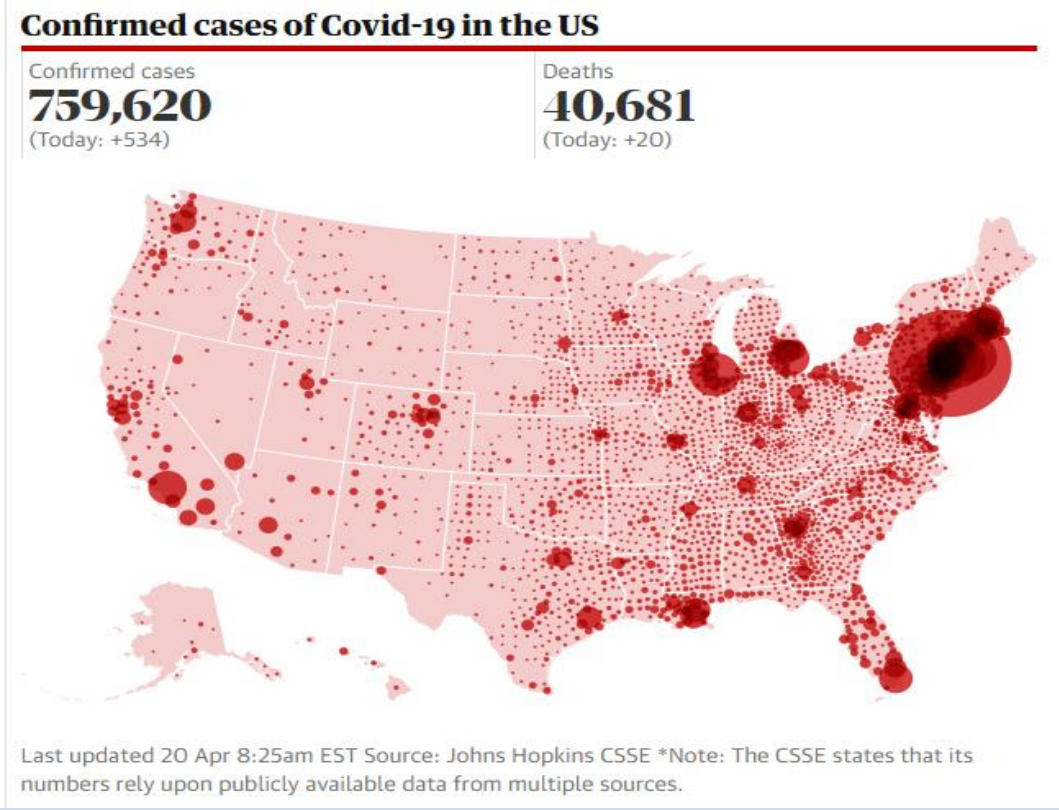
What is COVID-19?

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: 2,424,419
Total Deaths: 166,256

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

What have we learned about the risk for severe complications?

Although the initial epidemiological data show that Covid-19 is more severe in older people, men and those with pre-existing conditions such as heart and lung disease, **not everyone with severe disease has these risk factors**. And **not everyone at risk has the same symptoms, prognosis or outcome.** Many other factors are involved;

-Amount of viral particles
-Genetics
-How the virus enters
-Immune system experiences and strength

Are people who smoke or use electronic cigarettes more at risk?
Some studies have found increased risk for severe COVID-19 in current smokers but the risk for vapors is less clear. Researchers are looking at the role of ACE-2, an entry receptor for COVID-19 virus, as a possible explanation.

Is air pollution related to COVID-19 severity?
A global study found a small increase in long-term exposure to PM2.5 (a measure of air pollution) leads to a large increase in COVID-19 death rate

Early Learnings About COPD & COVID-19

Dr. Byron Thomashow

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Early Learnings About COPD & COVID-19

Are people with COPD at a higher risk for severe COVID-19 infection?

Early studies have begun to look at groups of people with confirmed COVID-19 to identify what factors make it more likely to have severe complications. The data is mixed but overall a combined review of individual studies found people with COPD have a 5 times greater risk for developing severe complications.

Are people with COPD at a higher risk for hospitalization and ICU admission?

An analysis of 7,162 early US cases found 9.2% had COPD, 15% of all hospitalized with COVID-19 had COPD & 21% of ICU admissions for COVID-19 had COPD.

Data is hard to obtain because of reporting burden & its too early to draw definitive conclusions.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm?s_cid=mm6913e2_w#T1_down

TABLE 1. Reported outcomes among COVID-19 patients of all ages, by hospitalization status, underlying health condition, and risk factor for severe outcome from respiratory infection — United States, February 12–March 28, 2020

Underlying health condition/Risk factor for severe outcomes from respiratory infection (no., % with condition)	No. (%)			
	Not hospitalized	Hospitalized, non-ICU	ICU admission	Hospitalization status unknown
Total with case report form (N = 74,439)	12,217	5,285	1,069	55,868
Missing or unknown status for all conditions (67,277)	7,074	4,248	612	55,343
Total with completed information (7,162)	5,143	1,037	457	525
One or more conditions (2,692, 37.6%)	1,388 (27)	732 (71)	358 (78)	214 (41)
Diabetes mellitus (784, 10.9%)	331 (6)	251 (24)	148 (32)	54 (10)
Chronic lung disease* (656, 9.2%)	363 (7)	152 (15)	94 (21)	47 (9)
Cardiovascular disease (647, 9.0%)	239 (5)	242 (23)	132 (29)	34 (6)
Immunocompromised condition (264, 3.7%)	141 (3)	63 (6)	41 (9)	19 (4)
Chronic renal disease (213, 3.0%)	51 (1)	95 (9)	56 (12)	11 (2)
Pregnancy (143, 2.0%)	72 (1)	31 (3)	4 (1)	36 (7)
Neurologic disorder, neurodevelopmental, intellectual disability (52, 0.7%)†	17 (0.3)	25 (2)	7 (2)	3 (1)
Chronic liver disease (41, 0.6%)	24 (1)	9 (1)	7 (2)	1 (0.2)
Other chronic disease (1,182, 16.5%)§	583 (11)	359 (35)	170 (37)	70 (13)
Former smoker (165, 2.3%)	80 (2)	45 (4)	33 (7)	7 (1)
Current smoker (96, 1.3%)	61 (1)	22 (2)	5 (1)	8 (2)
None of the above conditions¶ (4,470, 62.4%)	3,755 (73)	305 (29)	99 (22)	311 (59)

Early Learnings About COPD & COVID-19

Table 1. Characteristics of the Patients.*

Characteristic	All Patients (N=393)	Invasive Mechanical Ventilation (N=130)	No Invasive Mechanical Ventilation (N=263)
Baseline and demographic			
Median age (IQR) — yr	62.2 (48.6–73.7)	64.5 (51.7–73.6)	61.5 (47.0–75.0)
Male — no. (%)	238 (60.6)	92 (70.8)	146 (55.5)
White race — no. (%)†	147 (37.4)	46 (35.4)	101 (38.4)
Current smoker — no. (%)	20 (5.1)	6 (4.6)	14 (5.3)
Obesity — no./total no. (%)‡	136/380 (35.8)	56/129 (43.4)	80/251 (31.9)
Diabetes — no. (%)	99 (25.2)	36 (27.7)	63 (24.0)
Hypertension — no. (%)	197 (50.1)	70 (53.8)	127 (48.3)
Chronic obstructive pulmonary disease — no. (%)	20 (5.1)	7 (5.4)	13 (4.9)
Asthma — no. (%)	49 (12.5)	17 (13.1)	32 (12.2)
Coronary artery disease — no. (%)	54 (13.7)	25 (19.2)	29 (11.0)
On arrival in ED			
Fever — no./total no. (%)	100/392 (25.5)	45/130 (34.6)	55/262 (21.0)
Highest level of supplemental oxygen within first 3 hr — no. (%)			
None	244 (62.1)	40 (30.8)	204 (77.6)
Invasive mechanical ventilation	19 (4.8)	19 (14.6)	0
Infiltrates on initial chest radiograph — no. (%)	296 (75.3)	114 (87.7)	182 (69.2)
During hospital stay			
Arrhythmia — no. (%)	29 (7.4)	24 (18.5)	5 (1.9)
Vasopressor support — no. (%)	128 (32.6)	124 (95.4)	4 (1.5)
Bacteremia — no./total no. (%)	19/338 (5.6)	15/126 (11.9)	4/222 (1.8)
New renal replacement therapy — no./total no. (%)	18/375 (4.8)	17/128 (13.3)	1/247 (0.4)
Death — no. (%)	40 (10.2)	19 (14.6)	21 (8.0)
Discharge from hospital — no. (%)	260 (66.2)	23 (17.7)	237 (90.1)

* ED denotes emergency department, and IQR interquartile range.
† Race was determined by the clinical team.
‡ Obesity was defined as a body-mass index (the weight in kilograms divided by the square of the height in meters) of 30 or higher.

Clinical Characteristics of COVID-19 in New York City. *New England Journal of Medicine.* DOI: 10.1056/NEJMc2010419

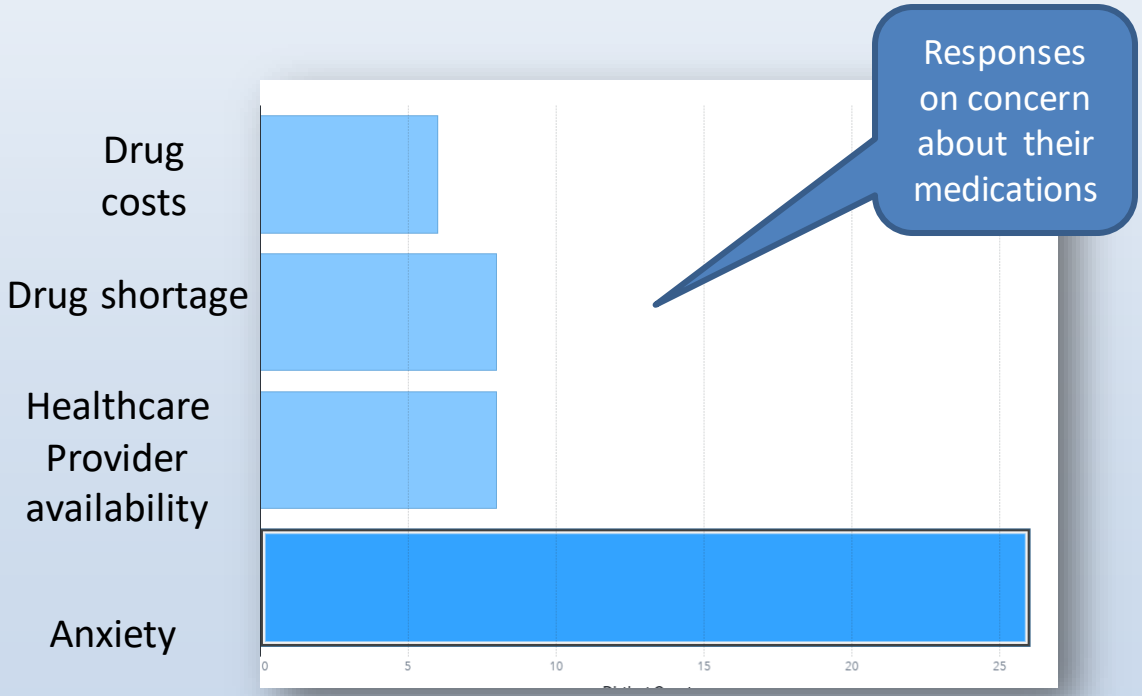
Early Learnings About COPD & COVID-19

COPD360social

Survey #1 35 questions prepared with input from global Medical & Scientific experts

- Launched March 29th & closed April 13th
- 566 responded (513 COPD, including 96with bronchiectasis)
- 16 diagnosed with COVID-19: 2 hospitalized in ICU over 1 week
- 177 had COPD exacerbations in 2020

"I read reports that some drugs shouldn't be taken if infected with CV-19. That is concerning. I live in almost total isolation……I worry about my next exacerbation more then ever now, thanks to Covid-19. I'm 64 and I live alone .. Just me and my little 10 yr old dog. Now I feel like I am being stalked by the Grim Reaper"



*Survey #1 analytics supported by a grant from AstraZeneca

What Have we Learned About How COVID-19 Works & How we Can Prevent it?

Dr. Robert Wise

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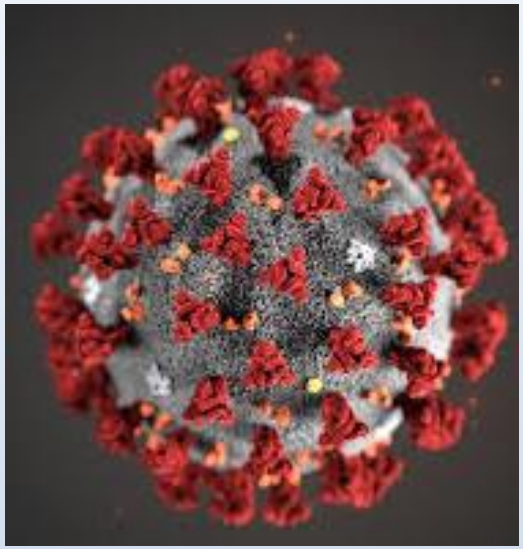
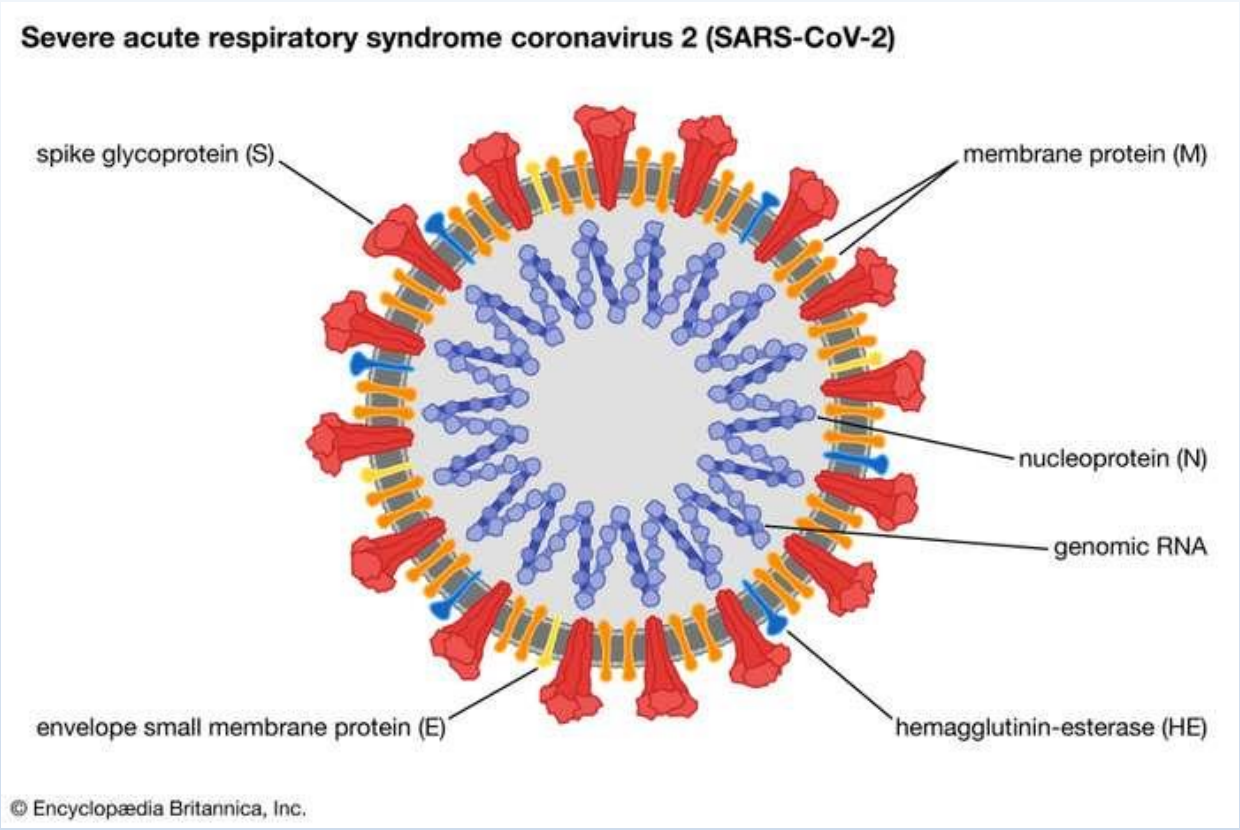
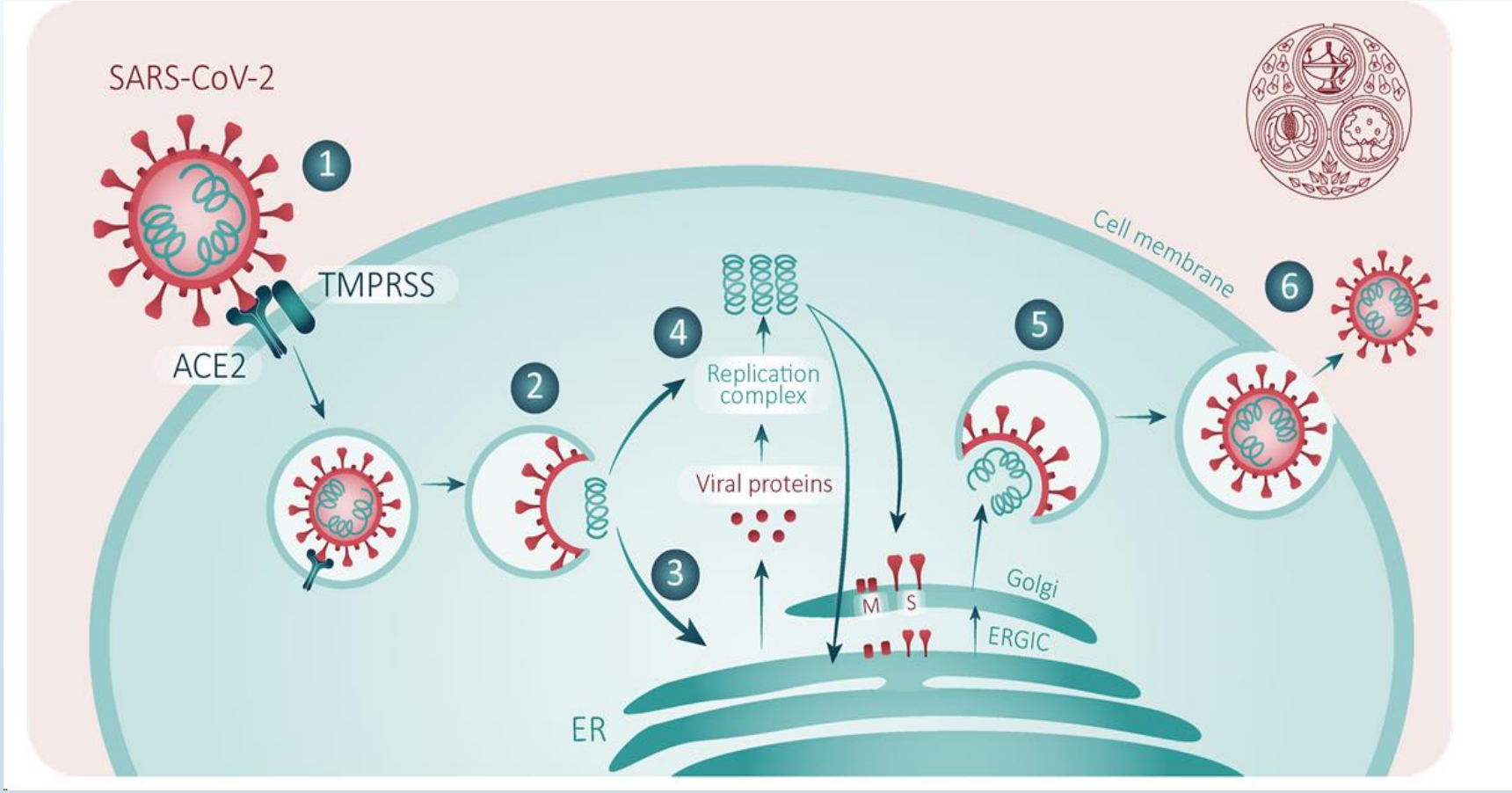
What does SARS-CoV-2 look like?





What have we learned about how the virus works?



Why is SARS-COV2 such a formidable enemy?

- No cross immunity with other corona-viruses
- Two or more weeks shedding of virus RNA
- Asymptomatic transmission
- Fecal shedding
- Sticky virus on hard surfaces
- Nasal swab testing negative after clinical recovery
- Airborne transmission in closed spaces
- Pneumonia without signs
- Overactive immune response can be worse than infection

There is good news…

- The virus is spread mainly by droplets and we know how to prevent that form of transmission
  - Social distancing, PPE, and hand hygiene

- The virus is easily cleaned with good hygiene
  - Soap, hot water, heat, common disinfectants, UV light

- Very active research on vaccines including new types that can be rapidly produced

What have we learned about how to prevent COVID-19?

Who should wear a mask?

CDC guidelines now suggest using a cloth face covering:

- In locations where keeping safe social distance is difficult.
- In community settings.
- To prevent the transmission of the virus to others.

Things to consider:

- Wearing a mask may make you feel short of breath.
- Do not block flow of supplemental oxygen.
- Bandana style masks may work best.
- Limiting exposure is still the key.

Reminders: If you MUST leave the house:

- ✓ Try to keep about 6 feet of distance between you and other people
- ✓ Wash your hands often and use alcohol-based hand sanitizer or wipes
- ✓ Avoid using medications while out unless medically necessary to minimize chances of contamination
- ✓ If you use oxygen, consider a few extra steps;
  - ✓ Regularly wipe down your tubing and canula with alcohol pads and wipe it down when you return
  - ✓ Don't set your portable oxygen concentrator or tank down while you are out if possible and be sure to wipe it down with alcohol pads when you return
  - ✓ Make sure you wash your hands or use sanitizer before touching your tubing or canula
  - ✓ Bring an extra set of tubing in case yours accidentally falls onto the ground or another surface
- ✓ Wear a cloth face covering if possible
- ✓ If going to an appointment, have a plan. Call from the parking lot and wait to go in until they are ready to take you back

COVID-19 Treatment & COPD Management

Dr. Jill Ohar

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What have we learned about COVID-19 symptoms?

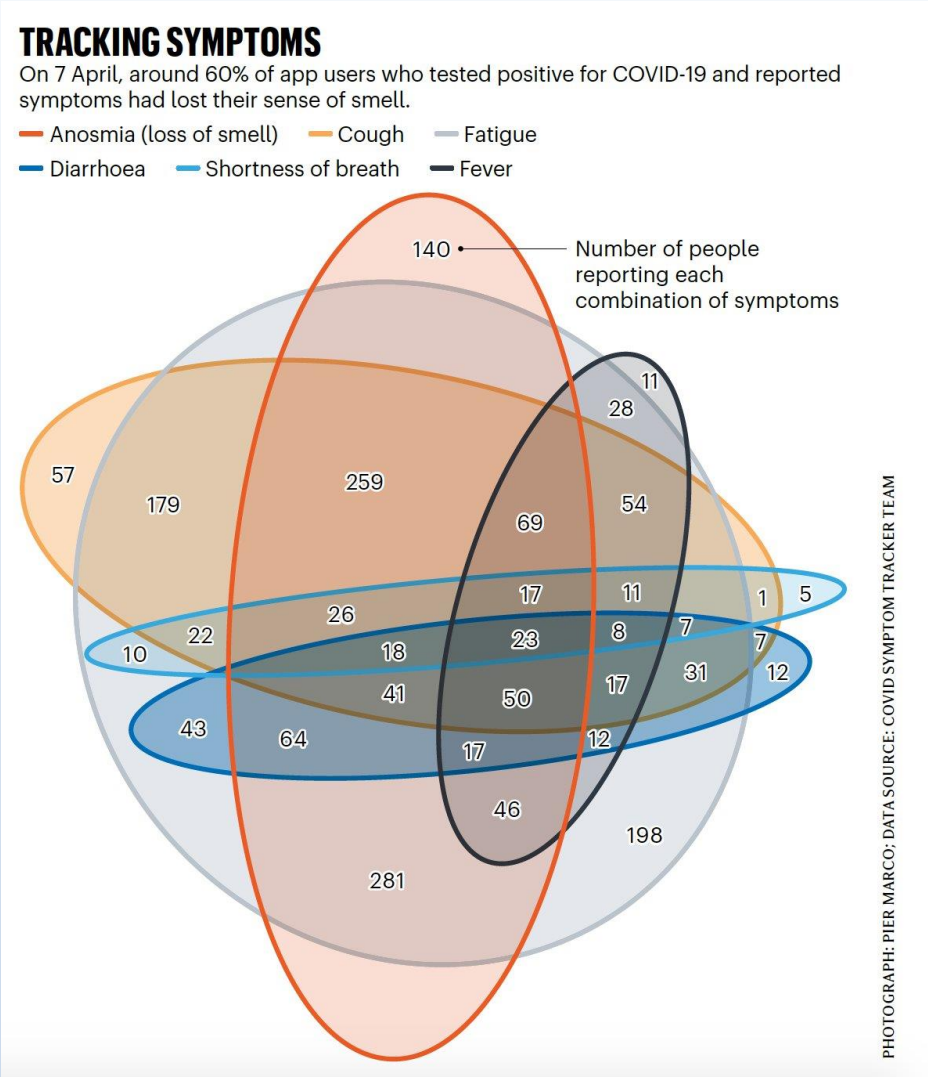
COVID-19 Common Symptoms

- Cough
- **Fever**
- Shortness of breath

High fever is NOT a common symptom of COPD exacerbations.* If you have a high-fever, along with worsening exacerbation symptoms, call your doctor!

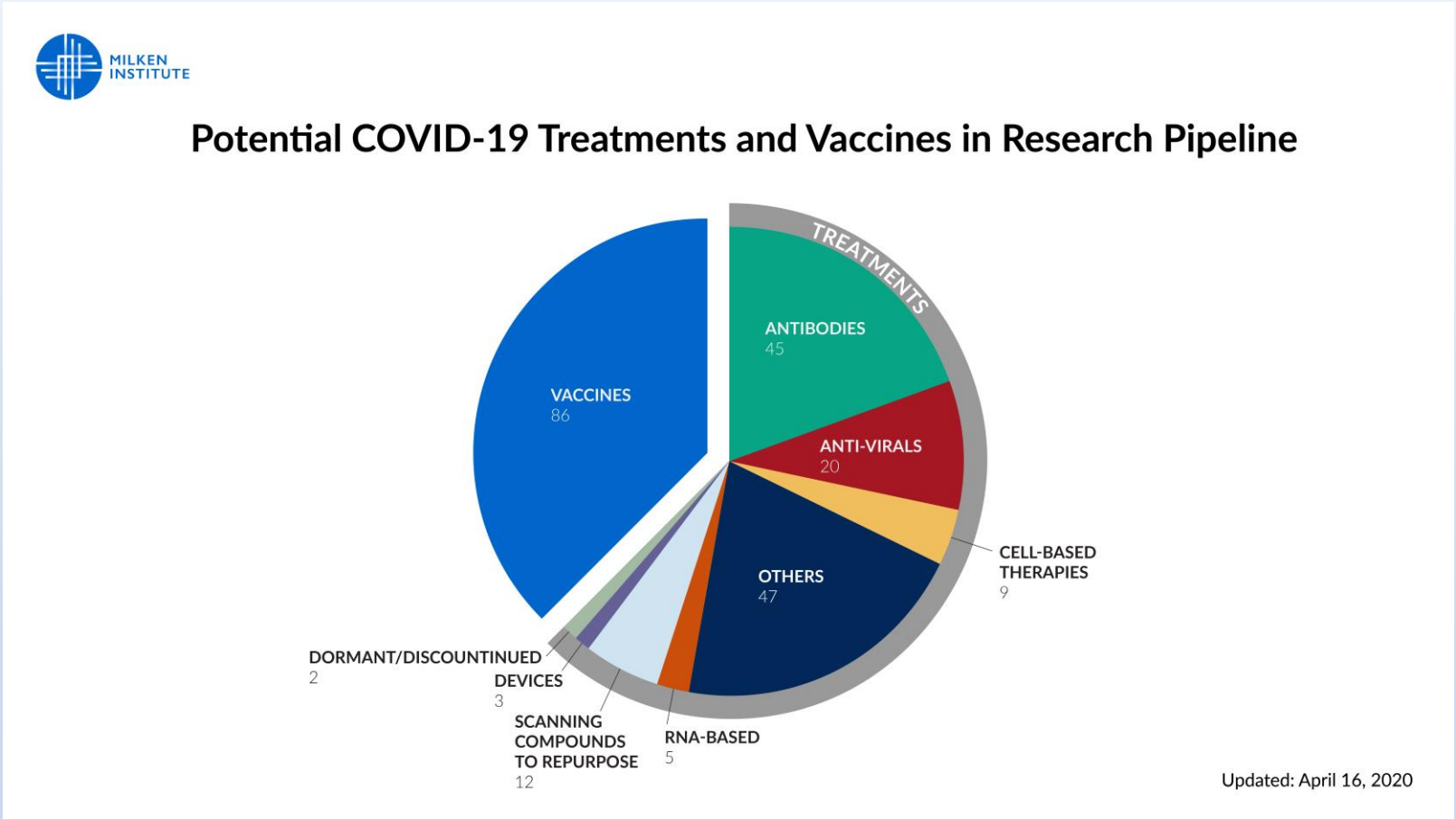
varies by individual, more common in bronchiectasis

Classic Upper Respiratory Symptoms (i.e. runny nose) can occur in COVID-19 but are relatively RARE



What have we learned about COVID-19 treatments & vaccine development?

Unprecedented international collaboration between academic scientists, industry and government agencies is occurring to explore all potential treatment targets and expedite a vaccine. Most data available is from case reports which means it is less certain to prove benefit and potential harms.



Your COPD Management Still Matters!

- Know your baseline
- Avoid your triggers
- Do a daily self-check
- Take maintenance medications
- Stay physically active
- Check your pulse oximetry if available
- Use your My COPD Action Plan

Tips for Making the Most out of your Telehealth Visits

Most non-essential appointments are cancelled. Virtual visits should be used wherever possible.

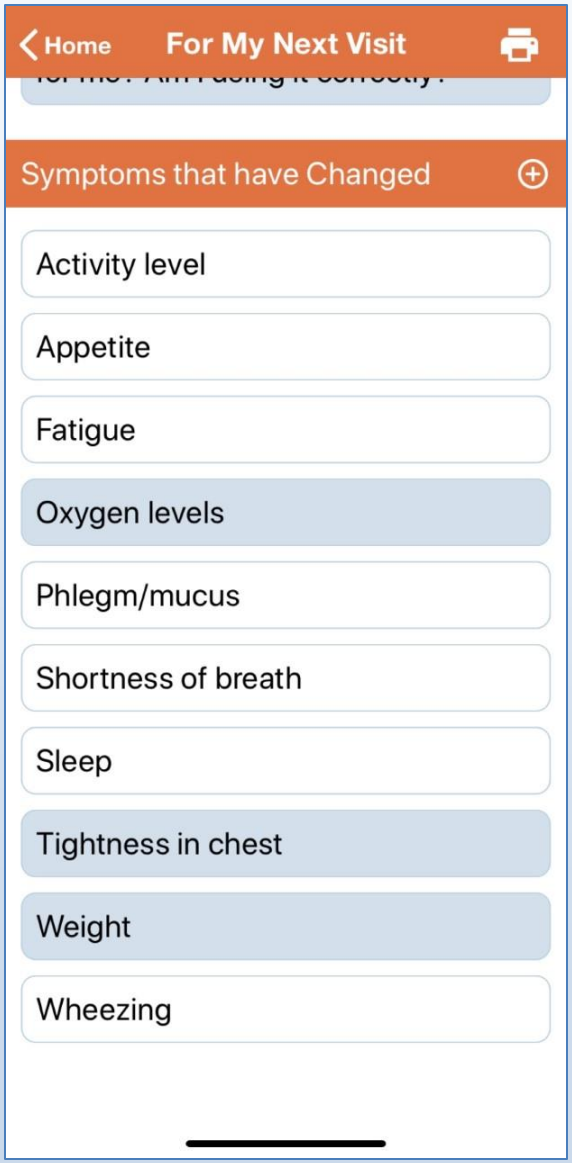
Prepare in advance

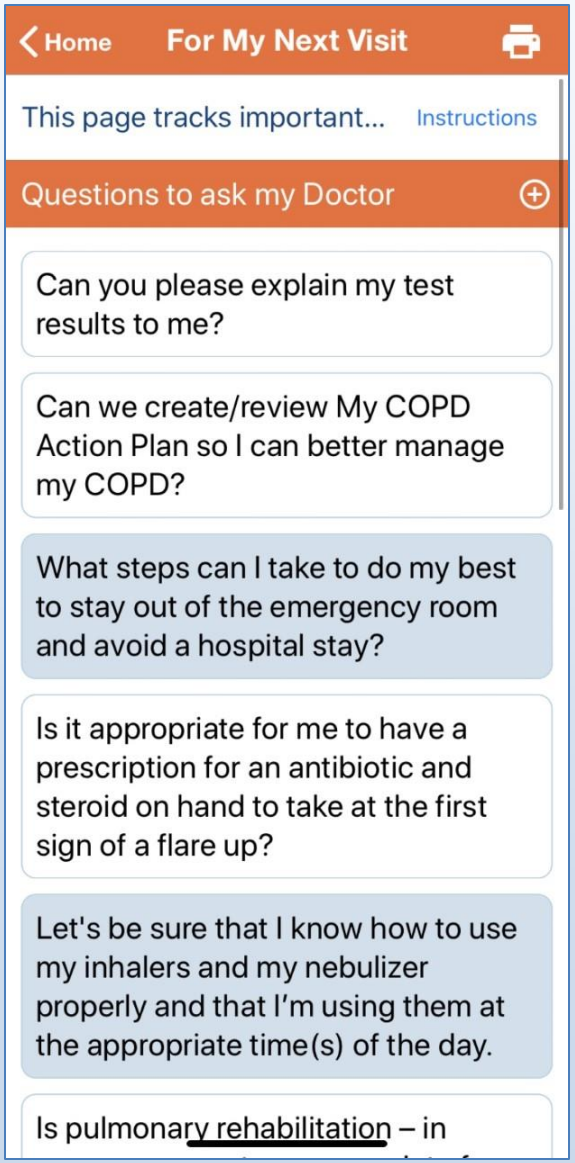
- ✓ Test out the video software, your camera and speakers in advance and call the practice if you have concerns.
- ✓ Use the COPD Pocket Consultant Guide App or another method to keep track of the questions you want to answer during your appointment
- ✓ If your visit is about an exacerbation, keep track of your symptoms and provide the information to your doctor before or at the start of the visit
- ✓ If you have a pulse oximeter, keep track of your pulse and oxygen saturation in a notebook and share it during the visit

Enlist help

- ✓ Ask your family/caregiver to join you on the appointment for technical support AND to talk about your COPD management goals
- ✓ Have a pen and notebook with you to take notes during your visit

Tools to help you prepare for your appointments





Don’t forget to stay active

Most pulmonary rehab programs are closed BUT that doesn’t mean you should stop exercising!

- Consult your physician before beginning an exercise program
- Leverage online video programs if you don’t have a structured program

INSERT List From Dr. Ohar before webinar?

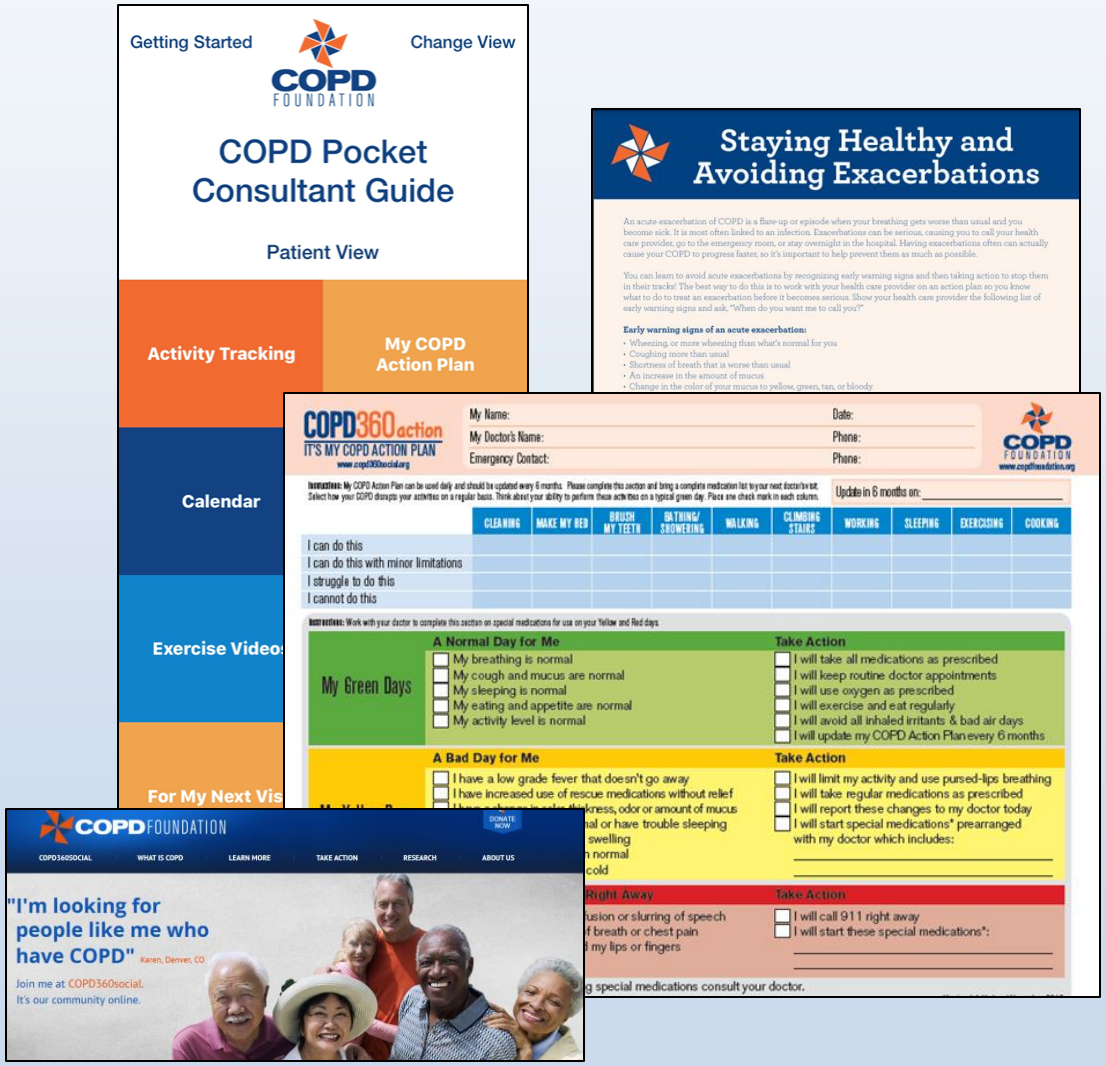
Policy changes have enabled telehealth BUT not for pulmonary rehab yet.

The AACVPR is leading an effort to urge CMS to cover virtual pulmonary rehabilitation.

A national group of patient and professional organizations asked CMS to recognize respiratory therapists as telehealth providers & some state boards have already done so.

Resources to help you keep up with your COPD management

- My COPD Action Plan
- COPD PCG (Pocket Consultant Guide) App
- Staying Healthy and Avoiding Exacerbations Fact Sheet
- COPD360social



U.S. Federal Response and Resources

Jamie Sullivan

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What issues were addressed already in the U.S.?

Making it easier to stay at home

- ✓ Waived restrictions on telehealth services in Medicare & most commercial plans
- ✓ Waived requirement for in-person testing/re-testing for oxygen
- ✓ Waived requirement for signature when your oxygen is delivered
- ✓ Temporary coverage for home infusion and injectables that normally are administered in the clinic

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Access & Financial Related

- ✓ Required coverage of a one-time 90-day medication supply
- ✓ Required coverage of testing & evaluation in most cases
- ✓ Expanded unemployment benefits
- ✓ Provided paid family leave but only in certain circumstances
- ✓ One-time relief payment to most people

What COVID-19 priorities are we advocating for?

Protecting High-Risk Populations: Congress should find a solution that allows high-risk populations to voluntarily take paid leave from essential jobs and ensures that telehealth changes remain in place for high-risk populations past the initial public health emergency.

Ensuring People Have Quality & Affordable Insurance: Congress should make sure that people who lose their coverage can easily enroll in Medicaid or on the healthcare exchanges with subsidies and provide states with funds to support the added costs.

Protect Patients From High Out of Pocket Costs: Congress should ensure no one faces surprise medical bills related to COVID-19 (and we think this is the case all the time), and patients should not be subject to high costs if the preferred medication is sold out.

Increase Access to Respiratory Related Telehealth Services: CMS should include respiratory therapists as eligible telehealth providers and cover virtual pulmonary rehabilitation.

What you can do if you loose your health insurance

- ✓ Go to healthcare.gov to start the process of qualifying for a special enrollment period. You have 60 days to complete the process but do it as soon as possible.
- ✓ You might qualify for Medicaid, but eligibility varies by state.
- ✓ If you are over 65, go to www.medicare.gov and complete your Medicare enrollment via a special enrollment period.
- ✓ Reach out to the companies who make your medications to enroll in their assistance programs where possible.

Lean on the support that is available to help you navigate insurance options and other support for seniors if applicable!

https://www.shiptacenter.org/

https://eldercare.acl.gov/Public/About/Database.aspx

https://www.patientadvocate.org/

https://www.medicarerights.org/

The recording will be available soon on the Coronavirus Information Page.

http://bit.ly/coronavirusandcopd

- ✓ Recording & transcript of March 17th webinar
- ✓ Written answers to March 17th questions
- ✓ Recorded Q and A session with experts
- ✓ Recording & transcript of webinar on emotional well-being

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Visit us at 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

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Other Resources for COVID-19 Information

1. The Centers for Disease Control and Prevention:
https://www.cdc.gov/coronavirus/2019-ncov/index.html

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

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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.

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Thank you!

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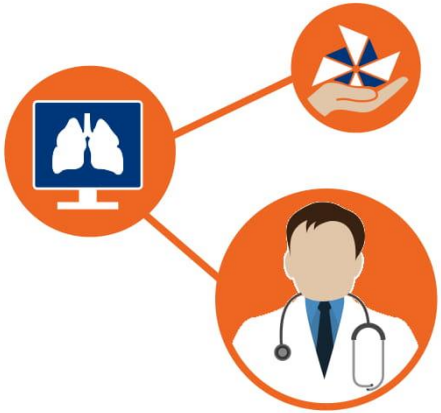
We are dedicated to preventing COPD, improving the lives of those affected and seeking a cure.

We mobilize partnerships between patients, caregivers, healthcare professionals, researchers, academic institutions, government agencies and industry leaders.

We engage, educate and empower our community through a unique 360 degree approach.



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