Access the recording here: <u>https://attendee.gotowebinar.com/</u> recording/5611193076099589647

Access speaker bios here:

https://files.asprtracie.hhs.gov/documents/aspr-tracie-effects-of-secondarydisasters-on-children-webinar-speaker-bios.pdf

Access the transcript here: <u>https://files.asprtracie.hhs.gov/documents/the-</u> effects-of-secondary-disasters-on-children-webinar-transcript.pdf

T R A C I E HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Hidden Consequences: How the COVID Pandemic is Impacting Children Webinar Series Webinar 3: The Effects of Secondary Disasters on Children

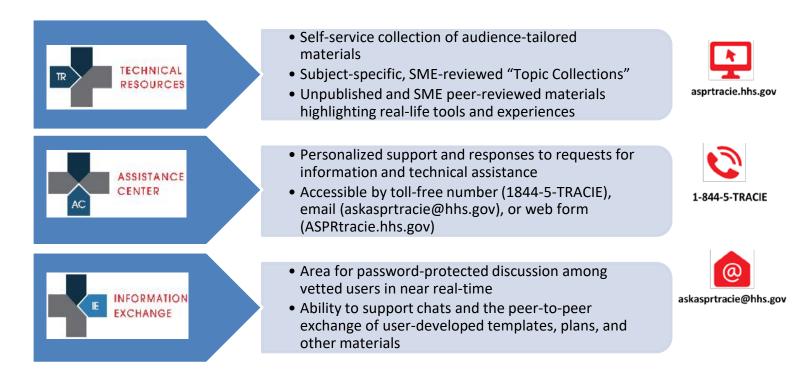
October 23, 2020



The opinions expressed in this presentation and on the following slides by non-federal government employees are solely those of the presenter and not necessarily those of the U.S. Government. The accuracy or reliability of the information provided is the opinion of the individual organization or presenter represented.



ASPR TRACIE: Three Domains





Resources

- <u>ASPR TRACIE COVID-19 Page</u>
 - COVID-19 At-Risk Individuals Resources
- <u>ASPR COVID-19 Page</u>
- <u>CDC COVID-19 Page</u>
- <u>Coronavirus.gov</u>
- <u>ASPR Pediatric Centers of Excellence</u>
 - University Hospitals Rainbow Babies and Children's Hospital
 - Regents of the University of California, San Francisco





Andrew L. Garrett, MD, MPH Senior Advisor, HHS/ASPR





Moderator- Meghan Treber, MS ASPR TRACIE



6



Brian Blaisch, MD Contra Costa Regional Medical Center, Autism, Behavior and Child Development Center; and San Francisco Bay Area DMAT CA-6



Pediatric Considerations During Disasters

- Adult providers are often anxious when caring for children
- Children are not small adults
- Physiologic differences
- Communication may be difficult
- Injury, illness, and psychological stress may go unrecognized in children, especially if they are pre-verbal or non-verbal
- Developmental, behavioral and mental health concerns
- Families may be separated

Unclassified//For Public Use

Loved ones may be sick or die



What Makes Children Different?

- Higher Metabolic Rate
 - The heart beats faster & the lungs breathe faster
- Higher Relative Body Surface Area
 - Absorption of toxins & loss of fluids from burns
- Temperature Regulation
 - Larger relative body surface area means even small changes in ambient temperature may not be well tolerated
- Cardiovascular
 - Adults die from cardiac arrest; children die from pulmonary arrest
- More susceptible to dehydration from poor intake or vomiting/diarrhea
- Psychological Development
 - Some children are very adaptable; others are not
 - Generally more dependent on routines
 - Less experience with and capacity to deal with loss, especially immediate family



Pediatric Considerations in the Time of COVID

- The general level of stress and anxiety is already higher and should now be considered chronic. Therefore we all are suffering from some level of Trauma and Stress Related Disorder
- Personal medical supplies and prescriptions may already be in short supply
- Children often will not wear a mask or often take it off
- Children may respond adversely to providers wearing PPE
- Educational needs are already upended
- Daily routines, schedules and activities are upended
- Sleep schedules are upended
- Social distancing may prevent children from having social outlets and play activities that otherwise would help with coping



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Special Needs Children: Developmental, Behavioral and Mental Health Conditions & Concerns

- ADHD (Attention Deficit Hyperactivity Disorder)
- Autism Spectrum Disorder
- Developmental Delay
- Intellectual Disability
- Behavioral / Psychiatric Emergencies



How Should We Focus Our Efforts in Disaster Shelters or Alternate Care Sites?

- Preserving the family unit
 - Including family pets, if possible
 - Service or comfort animals
- Establishing routines
 - Sleep schedule
 - Dietary / feeding
 - Medication
 - Keeping well kids active and engaged
- Using mental health providers, teachers or volunteers to help kids work through issues and to stay active and engaged

- Appropriate supervision at all times especially young and special needs
- Emergency Identification Information needs to stay with patient
- Psychological considerations
 - Trust, safety
- Communication style and considerations
 - Eye contact get down on the child's level
 - Voice slow, soft, and assuring



References

- <u>https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events/index.shtml</u>
- <u>https://healthychildren.org/English/healthy-living/emotional-wellness/Building-</u> <u>Resilience/Pages/How-Children-of-Different-Ages-Respond-to-Disasters.aspx</u>
- <u>https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-</u> <u>Disasters/Pages/CYWSN.aspx</u>
- <u>https://www.fema.gov/emergency-managers/individuals-communities/children</u>
- <u>https://www.fema.gov/blog/fema-kids</u>
- <u>https://www.ready.gov/kids</u>
- <u>https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf</u>



Annette Newman, MS, RN, CCRN Community Outreach/ Burn Disaster Coordinator, University of Utah Burn Center and Western Region Burn Disaster Consortium Coordinator



Wildland Fire Preparedness and Response



- History teaches us the need to imagine the worst
- Children hurt in homes & places where they should feel safe
- Physical and psychological effects
- Duty to plan, train & educate
- Avoidance of Crisis Standards of Care

What Preparedness Steps Have We Taken in the West?

- 5 American Burn Association Regions
- 27 Burn Centers
- 13/27 in California
- 453 regional burn beds
- 422 potential pediatric beds
- Frequent burn bed counts
- 150-180 open beds (avg.)
- >200 bed surge capacity (avg.)
- 3 states without Burn Centers





ALTHCARE EMERGENCY REEDAREDNES

Challenges and Limitations

- Limited number of burn centers and beds
 - < 1900 burn beds in the nation
 - Limited number of pediatric specialty beds
- In an MCI all burn patients may not be able to go to a burn center
 - At least not initially
- Non-burn centers are our surge
 - Early appropriate management improves outcomes
- COVID-19

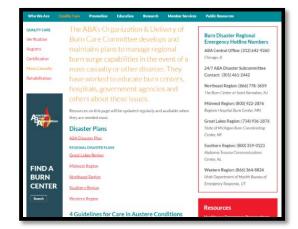




Critical Partners & Resources

- Local
- State
- Regional
- National / Federal
- Western Region Specifics
- WRBDC Burn Mass Casualty Operations Plan
- Websites and mobile app
 - http://crisisstandardsofcare.utah.edu / "Burn CSC app"
 - Prolonged Care of the Burn Patient in a Non-Burn Facility Following an MCI
- Western Regional Alliance for Pediatric Emergency Management
 - http://Wrap-em.org

Information and Assistance During Chaos





The long road to community preparedness and patient recovery takes a village!





"Obstacles are those frightful things you see when you take your eyes off your goal" Henry Ford





Jay Fisher, MD, FAAP, FACEP Director of Pediatric Emergency Services, University Medical Center Children's Hospital (Las Vegas, NV)



American Academy of Pediatrics Data

Appendix Table 1: Case Data Available on 10/1/20

Summary data across the 49 states, NYC, DC, PR, and GU that provided age distribution of reported COVID-19 cases*

Child population, 2019	Cumulative total cases (all ages)	Cumulative child cases	Cumulative percent children of total cases	Cases per 100,000 children
75,266,842	6,231,564	657,572	10.6%	873.7

AAP and CHA. (2020). Children and COVID-19: State Data Report. Version 10/1/20.



U.S. Pediatric COVID-19 Summary

- About 1% of all children in U.S. have tested positive
- Approximately 5,100 Pediatric COVID-19 hospitalizations
- Mortality ~1/5,000 pediatric COVID-19 infections
- 'Attack rate' is lower in young children by ~ 1/3

AAP and CHA. (2020). Children and COVID-19: State Data Report. Version 10/1/20.

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U.S. Pediatric Influenza Summary

- Attack rate in children is high, making up 60% of infected patients in some epidemics
- Results in ~ 50,000 pediatric admissions annually (half of these in children under five years)
- Estimated that 1 -2 million children infected annually

Seasonal Influenza and COVID-19 Implications for Emergency Medicine Care- Good News:

- Data from the southern hemisphere suggests that influenza impact could be mitigated by COVID-19 control methods
- COVID-19 'attack rates' in young children have been notably lower than in adults.
- Average 'illness severity' in children is less
- COVID-19 pandemic has dramatically *reduced* PED utilization, potentially increasing surge capacity

CDC. (2020). <u>Fluview</u>.

Seasonal Influenza and COVID-19 Implications for Emergency Medicine Care- Bad News:

- Southern hemisphere's experience does not always predict northern hemisphere's influenza season.
- COVID-19 could substantially reduce influenza vaccination rates (usually ~40%)
- Flu/COVID-19 co-infection could increase illness severity and mortality
- Influenza epidemics have demonstrated they are capable of independently overwhelming ED systems due to high pediatric attack rate and high frequency of 'cytokine storm'
- Although COVID-19 infection is less severe in children in general, it has killed at least 112 children already (as of 10/1/20)

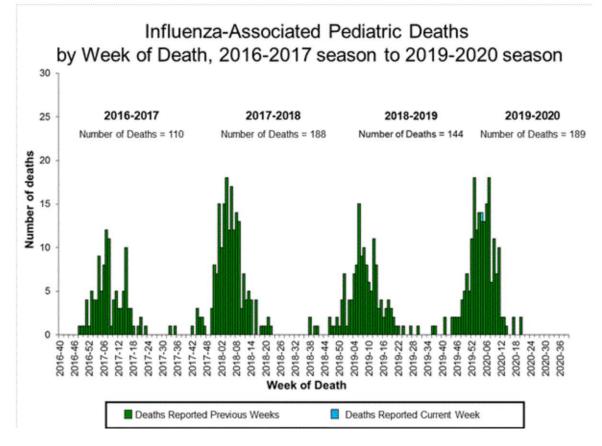


Influenza - Capable of Impressive Pediatric Illness Severity and Mortality

- H1N1 Swine Flu killed 317 children in 10 months in 2009 (*Cox et al. Clin Inf Disease 2011;Supp 1*)
- This outbreak occurred before the widespread rapid flu testing now available, likely underestimates mortality
- Even with vaccination rates near 40%, in the 2017-2018 flu season there were 188 known fatalities, and 144 in 2018-2019 (CDC)

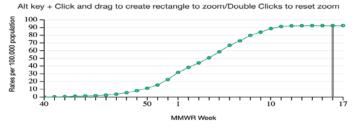
CDC. (2020). Fluview.

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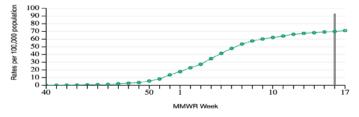
CDC. (2020). Influenza-Associated Pediatric Mortality.

Influenza Pediatric Hospitalization Trend Over 6 Years

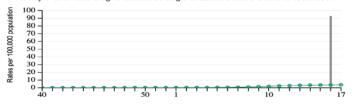


FluSury-NET :: Entire Network :: 2019-20 Season :: Cumulative Rate

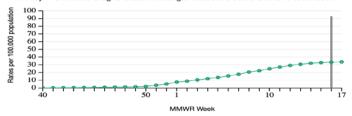
FluSurv-NET :: Entire Network :: 2017-18 Season :: Cumulative Rate Alt key + Click and drag to create rectangle to zoom/Double Clicks to reset zoom



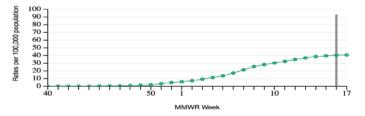
FluSurv-NET :: Entire Network :: 2015-16 Season :: Cumulative Rate Alt key + Click and drag to create rectangle to zoom/Double Clicks to reset zoom



FluSurv-NET :: Entire Network :: 2018-19 Season :: Cumulative Rate Alt key + Click and drag to create rectangle to zoom/Double Clicks to reset zoom



FluSurv-NET :: Entire Network :: 2016-17 Season :: Cumulative Rate Alt key + Click and drag to create rectangle to zoom/Double Clicks to reset zoom



Children's Hospital of NV - Influenza Clinical Vignettes from 2018-2019

- Healthy 8-year-old female with one day of low-grade fever and mild headache. Actively playing with siblings the evening before presentation.
- Found seizing in bed the next morning by 10-year-old sibling
- Brought to us in status epilepticus by EMS. Requires intubation. Influenza B positive.
- MRI demonstrates diffuse thalamic and brainstem ischemia
- Survives with severe neurologic impairment

Children's Hospital of NV - Influenza Clinical Vignettes from 2018-2019 (Con't)

- Healthy 9 month old female with 12 hour of cough, increasing work of breathing
- Sent from urgent care in severe resp distress, hypoxia, stridorous, AMS
- Arrive to Peds ED, T = 104/ HR = 244/ RR = 60/100% sat on O2
- Given IVF push, arrests during intubation, could not be resuscitated
- Positive for Influenza A



Influenza 'Cytokine Storm' and the Impact on PED Utilization

- Based on our clinical experience, influenza virus infection impacts vital signs in children in a more profound manner
- This results in higher ED utilization and higher hospitalization rates

Influenza Impact on Ped ED Utilization

Hospital-Based Pandemic Influenza Preparedness and Response

Strategies to Increase Surge Capacity

Richard J. Scarfone, MD, *† Susan Coffin, MD, MPH, *‡ Evan S. Fieldston, MD, MBA, MSHP,*§//¶ Grace Falkowski,# Mary G. Cooney, BSN, RN,# and Stephanie Grenfell, MSN, RN#

In the spring of 2009, the first patients infected with 2009 H1N1 virus were arriving for care in hospitals in the United States. Anticipating a second wave of infection, our hospital leaders initiated multidisciplinary planning activities to prepare to increase capacity by expansion of emergency department (ED) and inpatient functional space and redeployment of medical personnel.

Experience: During the fall pandemic surge, this urban, tertiary-care children's hospital experienced a 48% increase in ED visits and a 12% increase in daily peak inpatient census. However, several strategies were

geographic spread, not morbidity or mortality, but concerns about spread and severity are often linked because the absence of immunity may enhance both transmission and severity of resulting illness. In 2005–2006, the H5N1 influenza virus was widely recognized as an emerging threat with pandemic potential.^{1–3} In response, many hospitals began preparedness activities.⁴ However, over the ensuing 6 years, sustained human-to-human transmission with this virus was not observed.

In March 2009, a previously unrecognized strain of influenza A, pandemic 2009 influenza A (H1N1) virus (hereafter,

Scarfone, R., et al. (2011). <u>Hospital-Based Pandemic Influenza Preparedness and Response: Strategies to</u> <u>Increase Surge Capacity</u>. Pediatr Emerg Care. 27(6):565-72.



Influenza Impact on Peds EDs Patient Volume Surges

- Evaluated 8 EDs over 3 flu seasons
- CA, NV (2), OK, MD, NY (3) represented
- Looked at peak one-week patient volume surges during CDC-monitored Influenza seasons

90 80 70) υ % Increase 60 NV 1 58 50 NV 2 78 CA 24 40 OK 37 30 NY 1 7 20 NY 2 31 17 NY 3 10 44 MD 0 0 % Increase

Largest 1 Week Pt Vol Surge



What Can be Done to Mitigate Influenza Impact

- Promote flu vaccination in children
- Better data on influenza anti-virals
- Expand access to care during flu season (telemedicine, 'mobile units', primary care)
- Continue COVID-19 mitigation
- Recognize the potential flu morbidity and mortality

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Multisystem Inflammatory Syndrome in Children (MISC)

Berkeley L. Bennett MD, MS

Emergency Medicine Nationwide Children's Hospital

Columbus, Ohio



Outline

- National alerts & initial studies
- Case definition
- Epidemiology
- Pathophysiology
- Clinical presentation
- Treatment / management

April 2020: United Kingdom National Alert

New phenomenon affecting previously asymptomatic children with SARS-CoV-2 infection

- Hyperinflammatory syndrome
- Multiorgan involvement
- Similar to:
 - Kawasaki Disease
 - Toxic Shock
 Syndrome





Hospitalized patients with severe disease

March-May 2020

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Multisystem Inflammatory Syndrome in U.S. Children and Adolescents

L.R. Feldstein, E.B. Rose, S.M. Horwitz, J.P. Collins, M.M. Newhams, M.B.F. Son, J.W. Newburger, L.C. Kleinman, S.M. Heidemann, A.A. Martin, A.R. Singh, S. Li, K.M. Tarquinio, P. Jaggi, M.E. Oster, S.P. Zackai, J. Gillen, A.J. Ratner, R.F. Walsh, J.C. Fitzgerald, M.A. Keenaghan, H. Alharash, S. Doymaz, K.N. Clouser, J.S. Giuliano, Jr., A. Gupta, R.M. Parker, A.B. Maddux, V. Havalad, S. Ramsingh, H. Bukulmez, T.T. Bradford, L.S. Smith, M.W. Tenforde, C.L. Carroll, B.J. Riggs, S.J. Gertz, A. Daube, A. Lansell, A. Coronado Munoz, C.V. Hobbs, K.L. Marohn, N.B. Halasa, M.M. Patel, and A.G. Randolph, for the Overcoming COVID-19 Investigators and the CDC COVID-19 Response Team*

ORIGINAL ARTICLE

The NEW ENGLAND JOURNAL of MEDICINE

Multisystem Inflammatory Syndrome in Children in New York State

Elizabeth M. Dufort, M.D., Emilia H. Koumans, M.D., M.P.H., Eric J. Chow, M.D., M.P.H., Elizabeth M. Rosenthal, M.P.H., Alison Muse, M.P.H., Jemma Rowlands, M.P.H., Meredith A. Barranco, M.P.H., Angela M. Maxted, D.V.M., Ph.D., Eli S. Rosenberg, Ph.D., Delia Easton, Ph.D., Tomoko Udo, Ph.D., Jessica Kumar, D.O., Wendy Pulver, M.S., Lou Smith, M.D., Brad Hutton, M.P.H., Debra Blog, M.D., M.P.H., and Howard Zucker, M.D., for the New York State and Centers for Disease Control and Prevention Multisystem Inflammatory Syndrome in Children Investigation Team*

99 patients

186 patients from 26 states

See Slide 58 for appropriate references

CDC Case Definition

- < 21 years of age
- Fever > 38.0° or subjective fever > 24 hours
- Laboratory evidence of inflammation
- Evidence of clinically severe illness requiring hospitalization
- Multisystem (<u>></u> 2 organ) involvement
 And
- No alternative plausible diagnosis

And

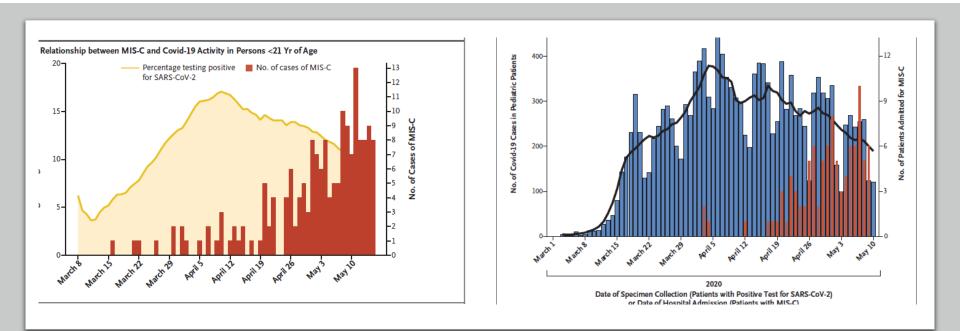
- SARS-CoV-2 infection by (anyone)
 - RT-PCR
 - Serology
 - Antigen test
 - COVID-19 exposure within 4 weeks prior to onset of symptoms

Incidence of Disease

- Understanding of MISC is evolving
- True incidence unknown but thought to be *rare* complication of SARS-CoV-2
 - New York study of patients < 21 years old during 3month period
 - 2 in 100,000 persons with MISC
 - 322 in 100,000 persons with SARS-CoV-2

Epidemiology

MISC Cases Increase 2-4 Weeks After Peak of SARS-CoV-2 in Community



Race, Ethnicity & Gender

Black and Hispanic children disproportionally more affected

- Large case series of MISC in NY and US
 - Black = 25-45%
 - Hispanic = 30-40%
 - White = 15-25%
 - Asian 3-28%

Similar to groups more affected by SARS-CoV-2

- Black
- Hispanic
- American Indian or Alaskan Native



Comorbidities

Obesity Respiratory disease

Pathophysiology

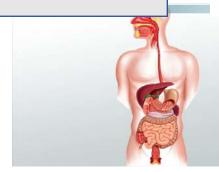
Macrophage activation of T cells and B cells cause cytokine storm and release of antibodies resulting in hyperimmune response

Initial Clinical Presentation

Symptom/Sign	Percentage
Persistent fever (median duration 4 days)	100%
GI symptoms (abdominal pain vomiting, diarrhea, Appendicitis)	60-100%
Rash	52-76%
Conjunctivitis	45-81%
Mucous membrane involvement	29-76%
Respiratory symptoms	21-65%
Headache, lethargy, confusion	29-58%
Swollen hands/feet	16%
Sore throat	10%

Severity of Illness

Percentage
80%
10-20%
50%
4%
2%



Cardiac = 80%

- Myocarditis
- CA aneurysm
- Ventricular dysfunction
- Pericardial effusion

Findings on abdominal imaging:

- Hepatosplenomegaly
- Mesenteric adenopathy
- Ascites, pleural effusions, pelvic fluid
- Inflammation/enlarged appendix
- Enteritis/enterocolitis

Clinical Manifestations Related to Age

- < 12 years
 - Cutaneous signs
 - 50% meet criteria for complete/incomplete Kawasaki Disease
- Adolescents
 - Myocarditis
 - 12% meet criteria for complete/incomplete Kawasaki Disease

Laboratory Findings

Inflammation

- ESR
- CRP
- Ferritin
- Procalcitonin
- Interleukin 6
- Triglycerides

Pathological Coagulation and Inflammation

- D Dimer
- Fibrinogen

Cardiac Involvement

- B-type Natriuretic Peptide (BNP)
- Troponin

Inflammation of Liver

- AST
- ALT

Treatment

Immune support:

- Intravenous Immune Globulin (IVIG)
 - Concentrated and diverse collection of antibodies prepared from the blood donated by thousands of people
 - Anti-inflammatory
 - Antibodies can bind to cytokines or to other antibodies

Decrease inflammatory response:

- Steroids
- Anakinra
 - Biopharmaceutical drug, recombinant and slightly modified version of human interleukin 1 receptor antagonist

Decrease clotting:

- Aspirin
- Enoxaparin
 - Low molecular weight heparin

Outpatient Management

When should we worry about MISC?

Persistent fever (> 3 days)
Moderately-severely ill child
Clinical signs of organ dysfunction (GI, respiratory, skin, neurological)

Evaluate vital signs, perfusion



Screen for systemic inflammation

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Gregory Nelsen, PharmD Department of Pharmacy, Primary Children's Hospital, Intermountain Healthcare (Salt Lake City, UT)



Supply Chain Challenges

- Very opaque system
 - Corporate secrecy/proprietary information
- ASHP partners with AHA, AMA and USP to strengthen drug supply chain
 - <u>https://www.ashp.org/News/2020/08/10/ASHP-Partners-with-AHA-AMA-and-USP-to-Strengthen-Drug-Supply-Chain?loginreturnUrl=SSOCheckOnly</u>



Shortages

- Factors affecting shortages
 - Utilization changes
 - Recalls/manufacturing problems
 - Supply chain cycle disruptions
 - Emotional/reactive purchasing
- Buffer supply vs. stockpile
- Increase available days supply within your system as a strategic goal
 - Work with finance and pharmacy leaders for what makes sense for your institution



COVID-19 Therapies and Shortages

- Not going to discuss specific therapeutic options- beyond the scope of this presentation
- Sedation shortages during peak of ICU patients
- Dexamethasone

"From June 16 through June 19, hospital demand jumped 610%. And the so-called fill rate — the rate at which orders were able to be filled and shipped to hospitals — plummeted from 97% to just 54% by June 19, according to Vizient..."

https://www.statnews.com/pharmalot/2020/06/25/covid19-coronavirusdexamethasone-shortages/



COVID-19 Therapies and Shortages (Con't)

FOR IMMEDIATE RELEASE October 1, 2020 Contact: ASPR Press Office 202-730-0194 asprmedia@hhs.gov

Veklury (remdesivir) Now Available Directly from Distributor following Trump Administration's Successful Allocations to States and U.S. Territories

Beginning October 1, 2020, American hospitals can purchase Veklury (remdesivir) directly from the drug's distributor. Veklury is an antiviral drug currently authorized for emergency use by healthcare providers to treat hospitalized adult and pediatric patients with suspected or laboratory-confirmed COVID-19. Over the past five months, the U.S. government has overseen the allocation and distribution of Veklury due to drug's limited supply to ensure fair and equitable distribution to COVID-15 patients.

"In the months since Veklury showed promise against COVID-19, President Trump secured the vast majority of the manufacturer's supplies for the American people, part of the administration's work to manage scarce resources needed for fighting COVID-19," said U.S. Department of Health and Human

Beginning October 1, 2020, American hospitals can purchase Veklury (remdesivir) directly from the drug's distributor.

https://www.hhs.gov/about/news/2020/10/01/veklury-remdesivir-available-directly-distributorfollowing-trump-administrations-successful-allocations.html



Other Medications

- Optimistic that other medications will be effective
 - Right medication in the right point of therapy
- Be extra skeptical of therapies publicized by mass media
 - Use the scientific journals and processes that we would normally follow
- Don't emotionally/reflexively purchase- will lead to additional shortages



Question & Answer





Unclassified//For Public Use

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