What are some of the therapies that are out there? We’ve seen several introduced, and now they’ve pulled back on some, and they’re not quite as excited as they were initially.

MW: Unfortunately, our current status is that there are no FDA-approved treatments for COVID-19. So currently, our treatment strategy is really just supportive care for these patients. Fortunately, most patients recover and do well without any excessive medical treatment or hospitalization. There are lots of treatment options that have been proposed or are currently being studied, vaccines as well as medications, in different trials around the world. A lot of time, energy and resources are being focused on finding a cure for this disease. But unfortunately, nothing as of yet in terms of FDA-approved treatment for COVID-19.

So, can you share with us a little bit about the convalescent plasma therapy that’s being used on the Lubbock, Amarillo, and possibly even in the Permian Basin campuses?

MW: Dr. Cook mentioned that TTUHSC is a study site and lots of trials are ongoing in terms of the convalescent plasma, but it is essentially convalescent serum that comes from plasma donors who are patients recovered from COVID-19. This strategy is not necessarily new; it is the same strategy that was used for other infectious diseases like the SARS outbreak in the early 2000s. The premise is that a donor provides plasma with antibodies to the SARS2-coronavirus, and those antibodies potentially, hopefully, neutralize the virus in patients that are currently fighting the COVID-19 disease and may be helpful in treatment of that disease.

And so, is this therapy via an IV, a shot? How it is delivered?

MW: It is provided just like a normal blood transfusion would be provided to you. So, we have all of those same risks in terms of transmission from donor to recipient patient, and so transmission of infection, transfusion-related reactions or allergic reactions are risks, but overall, this is considered relatively safe otherwise and has had some positive results so far. In Amarillo, we’ve seen some positive results in the patients that we’ve used it with.

What makes a patient eligible for convalescent treatment?

RC: So, the patient needs to be significantly sick; in this initial batch we are testing, they would need to be in the ICU, have a significant oxygen demand or be on the ventilator. They need to have met all these different criteria to have significant disease, almost respiratory failure, before they would qualify for this convalescent plasma.

If I’ve had the COVID-19 disease and I’ve recovered but now a family member has it, can I donate my serum for that?

MW: There are very specific criteria for donation, and you can find that information on your local public health department website. There are specific criteria in terms of the length of time specifically that you have to be free of symptoms or have a negative COVID-19 test.
RC: Just like with donating blood, your blood type might not be the best for that person. So, while we certainly encourage donating your plasma, yours might not be compatible with theirs, they still have to do A-B-O type testing, not to the same extent if you’re actually going to get whole blood — for a convalescent serum, it’s not quite the rigorous criteria. You also have to be tested to make sure you don’t have HIV and some other infectious diseases that you might be harboring and not know it and pass on. So please, go donate your blood, but your serum may not be used for that.

What can you share with us about Remdesivir?
MW: Remdesivir itself is an antiviral agent that treats or has demonstrated treatment against different viruses, such as Ebola, for example; that was what it was primarily developed for and then the SARS and MERS viruses, the other coronaviruses that we saw surges of in the early 2000s. It demonstrates in vitro, which just means cellular activity against the virus itself, and so there was really a lot of hope placed in this particular drug for treatment of source code to virus. A lot of trials were developed in order to evaluate this specific drug for COVID-19. But more recently, within the last few days, a study was published — preprint — in China that showed that there was no specific difference between patients who received this drug versus those who did not in terms of their overall outcomes related to the virus and in mortality rates, which is something that we look at quite often in this disease. Several of the trials have been terminated early because of that. As a drug, it has not been commercially or widely available to hospitals for use, and so it’s definitely been restricted to specific patients and in certain hospitals. Unfortunately, the literature seems to indicate so far, that this drug may not be as effective as what we had hoped for COVID-19.

What do you think is on the horizon as far as what we’re exploring for an effective therapeutic agent?
RC: Right now, I think certainly the convalescent serum is our biggest promising agent at the moment.

MW: I agree. I’d say, anecdotally with what I’ve seen in the patients that we’re treating at Northwest Texas Healthcare System, that has been the most successful outside of the supportive care that we’re providing to our ICU critically ill patients. I think there is hope for these specific monoclonal antibodies, not so much in treating the disease, but in preventing progression or significant complications associated with the disease. So, we’re talking about specific drugs that work on the immune system, that inhibit our response or alter our response to the disease process. I do think there’s hope that those some of those targeted therapies might be effective, again in preventing worsening of the disease or preventing patients from requiring a ventilator or being in the ICU. But, I think it’s just too early to tell if that’s going to be the case.

If we get COVID-19, the majority of us are going to have mild to moderate symptoms. So, what would you recommend as a pharmacist regarding over the counter medications to support individuals through the disease?
MW: I would suggest the supportive care you would use with any respiratory virus, that is your common colds, that produce mild symptoms such as with the flu — aches, pains, fever, chills, headache and even some GI symptoms — have been documented with COVID-19. So, lots of rest, lots of fluids, pain relievers or fever reducers would be recommended. Cough suppressants —COVID-19 patients can have pretty significant cough — that is progressive, unfortunately, and so cough suppressants, cough drops, lozenges, lukewarm baths and showers. I think all of those supportive care recommendations are appropriate.

In terms of medications, specifically for pain relievers, it’s probably important to discuss the Tylenol and NSAID discussion that has been in the media. So, for any fever, chills or pain, in terms of over-the-counter options, you always have acetaminophen or Tylenol, which is recommended by most physicians and experts for treatment of the specific signs and symptoms of COVID-19. Other discussion related NSAIDS, specifically ibuprofen, otherwise known as Advil or Motrin, and over-the-counter naproxen or Aleve are probably your two most common. These have been highly suggested in the media as anti-inflammatory drugs, and they work in reducing the inflammation process. They’re also fever reducing and pain reducing. There was some discussion in the media, back in March, correct me if I’m wrong, that was reporting these anti-inflammatory NSAIDS could worsen COVID-19. When looking at the actual evidence, multiple different accrediting bodies in government institutions evaluated all of the different published literature and found that there was no specific evidence to support that NSAIDS can worsen COVID-19. So, there’s no evidence to suggest they are harmful in this disease. So, you could take acetaminophen or Tylenol for the specific symptoms, or it’s thought that NSAIDS be just as safe and effective in reducing your fever or pain associated with this disease.
When the stay at home order ends on the 30th (April), will the HSC begin to allow employees to return?
LRS: We are working with the leadership teams on all the campuses to determine parameters around what it will look like when our employees start to return to campus. You'll probably have some communication about that later in the week, but it will be very campus specific and also position specific. (Watch the recording of the 4.30 Town Hall)

Will you be considering keeping as many employees working at home as possible until we move to Phase 1 or 2, in order to keep as few people as possible off campus? For example, some people who can do all their work from home?
LRS: Yes, that will be taken into consideration, and just to assure this group, if we don't get to all of those questions today, we are having a Town Hall on Thursday, specific to all of these questions around returning to campus.

Can we get tested for COVID-19 if we are not showing symptoms but want to make sure we are not spreading the disease without knowing it?
RC: Right now, according to the governor's guidelines, we don't just test people to get tested. As time goes along as people return, or as our testing capability increases, sure. Right now, our biggest concern are those people who are frontline who are sick with all the symptoms. If we have an outbreak, or what we call a hotspot, we're going to test that individual, that entity and everybody around that hotspot to try to get the spread to stop. In that case, we would test individuals whether or not they're having symptoms if it's in a hotspot to try to stop the virus. Dr. Rice-Spearman, I'm sure, will post the governor's booklet on opening up Texas. In that, the governor talks about task force and strike forces helping us be able to test more people, so, it's coming.

What is the status of immunity? Does a person recover from COVID-19? Are they immune or not?
MW: That's a great question. Just like with any virus, we develop antibodies once being exposed to a specific disease, whether that be bacterial or viral. And so just like with any virus, with COVID-19, we would develop antibodies related to immunity to that. And yes, just as with any other virus or illness, you can get this disease a second or third time; it does not confer immunity.

Why is there such an emphasis on testing if the only ones that are being tested are those that are showing symptoms?
LRS: I think right now, the reason we're talking about testing so much is that the strategy of the state is to increase our capacity.

RC: I agree. The ability to test more people is really ramping up and that's his (Gov. Abbott's) goal. That way, we can start testing everybody to see whether or not they have been exposed or haven't been exposed, whether they're safe to be around or not. On page 12 (The Governor's Report to Reopen Texas), Texas has maximized testing capacity to perform 15,000 to 20,000 tests a day, with a goal to reach 30,000 per day in the near term with rapid turnaround - either a 15-minute test or a 48-hour test. So, that's the goal. And right now, we have to do those most important people first.

Dr. Cook, you mentioned concerns about establishments where distancing practices might not be as stringent? What are some things that citizens can do to discern whether or not the appropriate practices are being implemented at places they visit beginning Friday (April 30)? Perhaps a mental checklist as they make decisions on whether to enter or remain in a particular business or establishment.
RC: So that's a great question, and it's all the things that you've heard before; the things that we've talked about: 6-foot social distancing in between individuals; making sure that they ask people about known exposure; social distancing marks at the cash register or checkout line or in restaurants, the tables. Right now, in Phase 1, they're looking at only a 25% occupancy rate in that in that facility or that restaurant, and that's set by the fire marshal based on square footage, or that sort of thing. Make sure they have sanitation; make sure, if you're in the restaurant for a while, you see people wiping down the tables as they are exited, wiping down the cash registers, those sorts of things. Make sure that you can pay with touch-free process, that sort of thing. At United, they have a cough or sneeze guard between the customer and the cashier. At buffets, somebody should be serving you along the buffet line and there should be a significant sneeze guard across the food. So, lots of things like that; just safe practices.
Does COVID affect the kidneys or our transplant patients at different risk, and why do COVID-19 patients need dialysis?
So yes, kidney transplant patients are at risk because they're on immune system modulators so they don't reject the kidney that they receive. So, those people are at significant risk for the disease. And so why do people get dialysis? This infection can be so overwhelming to the system that it causes so much damage. We call it multisystem organ failure. So, the liver quits working, the lungs quit working, and the heart is beating its little heart out literally. And then the kidneys fail too; sometimes they go into liver failure and kidney failure, and so, they have to go on dialysis. The kidneys’ job is to get rid of toxins that our body produces and extra water. When that isn't happening, and the kidneys fail, we need to put somebody on dialysis until their kidneys either recover to make sure our electrolytes, sodium, potassium, all those sorts of things are all in good balance.

Is there a protocol if you need to leave the state and then return to Lubbock?
LRS: All previous mandates put out by the Office of the Governor expire April 30.

RC: There are certainly a few cities that are having troubles that are listed as those not recommended that you don’t go to. (From The Governor’s Report to Open Texas: Page 44 "A link to the DSHS website where residents can go to learn about community spread in nearby communities, in order to help county residents understand their risk to exposure if they travel regularly outside of the county." Page 61 "Governor Abbott mandates a 14-day self-quarantine for air travelers from NY, NJ, CT and New Orleans. That Executive Order is expanded to air travelers from additional hotspot locations, California, Louisiana, Washington, Atlanta, Chicago, Detroit and Miami, and to travel by car from Louisiana.)

The number of positive cases is going to increase as more testing is made available. How does city leadership or leadership analyze this or adjust their strategy given this fact to help with the decision making? Do you have insight you could share on this?
RC: So as people are tested positive, again, it depends on which test, right? So, if it’s the antigen test, or the PCR test, which tests for the actual virus particle, if that's positive, then we would tell you to go home and self-isolate for the next 14 days. You would need to stay away from people. Typically, 14 days is the recommendation.

LRS: As the TTUHSC leadership team, we actually have a work group who takes the numbers and puts them into different modeling scenarios to help inform us as to what this disease potentially looks like in our communities and how the curve is dampening are broadening. We discuss this type of information around the idea that we want to protect the safety and the health of our faculty and our staff and our students. And so, every decision we make is around that. For example, we are very committed to getting testing for our frontline employees who are having daily contact through treatment and caring for COVID-19 patients. And so that's a priority for us to get that testing done and take care of them.

How is that going to impact us returning to campus?
LRS: We are setting parameters of what that’s going to look like because every campus is going to look different. The status in Amarillo is very different than the status in some of our other communities, and so it might look different for our employees on those campuses. So, we'll, an entire Town Hall dedicated to this on Thursday with more information.

Since having fever or not doesn't mean you have COVID-19, will TTUHSC ask everybody to wear a mask on campus?
RC: That has been my recommendation from the get go. If you are alone in the office, then you can take the mask off, but if you leave the office to go anywhere within TTUHSC, you should have a mask on.

Do you expect another peak of COVID 19 this fall?
MW: I would say that is probably too early to tell.
RC: It is too early to tell. There are other places that get colder faster than we do in Texas, so that's good news for us. Many of these things start on the East and West coasts and move across the United States before ending up in Texas. A lot of times, we're fortunate that we get to see things happen in other places first, and that gives us time to react and get ready. My biggest fear is that as we open up the city, we will see an increase in the number of cases, so we just have to be careful; everybody has to do their part, and if we do, we will be just fine.
Will TTUHSC have enough PPE for all those that return to campus?
LRS: Yes, at this time, we do have enough for those that have direct patient contact, which would be our clinical staff. Our nonclinical individuals will not require that high level of PPE. We are mandating that individuals have to wear, at minimum, face coverings if they are on campus.

How concerned are you about people with mild symptoms not getting tested?
RC: That’s the whole purpose of wearing a mask; it’s protecting you from me giving you the virus.

If you are able to get the virus more than once, how will we ever be able to go back to normal.
RC: Every day is a new day with this particular virus. So many things are common about it, but many things are uncommon. As you know we can get the flu every year. Is this going to be another flu-type virus, or will we have lifelong immunity? We don’t have lifelong immunity to flu, but we do, somewhat, to disease like the measles and chickenpox. So, is this going to be another chickenpox or measles or is this going to be like the flu? Eventually, we'll get what we call some herd immunity or we'll have a vaccine, but that's a whole other topic.

Do we have antibody tests in Lubbock?
LRS: We do have antibody tests in Lubbock in a very limited fashion. We do have one FDA approved antibody assay. The challenge with testing right now is getting enough kits. I do think we are making progress in that area, but right now, it’s very limited.

What does the doctor know about blood clots and COVID-19?
Remember I talked about multisystem organ failure; well, one of the other organ systems that fails is our blood system. And in, in that blood system is included things to make clots called platelets. When we have an overwhelming infection, our body tends to make lots of clots, and these clots go everywhere — to the heart and cause a heart attack; to the lungs and cause more potential problems with respiratory failure; or to the brain and cause strokes. We only have a certain amount of materials, platelets, to make clots. We call it a consumptive coagulopathy — we use all of our platelets, and then we have no more to make any more, and we start bleeding out. So, we have to give platelet transfusions. So, in places like New York, they are out of platelets to transfuse into people — all the more reasons to go donate blood.

How has famotidine, or Pepcid, been used? Are we participating in any trial study of all those experimental medications being used for COVID-19?
MW: So, famotidine, or Pepcid specifically, is an acid blocking agent, commonly used and readily available. I saw an article yesterday that there are a couple of different trials that were just started in terms of its impact on COVID-19. I’m not sure if anyone’s clear on the exact mechanism of how that could impact COVID-19. To my knowledge, TTUHSC, specifically in Amarillo, is not a part of that specific clinical trial.