

COVID-19 REPORT

Long term care homes are “potential bonfires” in outbreaks of respiratory viruses. Peoples’ parents and grandparents are disproportionately affected; the situation needs to be remedied, says Dr. David Naylor. Dr. Naylor is the former president of the University of Toronto and author of a report following the SARS epidemic in 2003. SARS-CoV-1 (SARS) is different from SARS-Cov-2 (COVID-19). COVID-19 is more infective but not as lethal. COVID-19 takes a huge toll because it infects so many more people. It lingers on because many are mildly symptomatic or may be asymptomatic. He has no reservations pointing out the failure to protect vulnerable, elderly populations in long-term care facilities.

Dr. Naylor is a key member of Canada's COVID-19 Immunity Task Force. Cases of COVID-19, confirmed by a positive nasopharyngeal test, represents the “tip of the iceberg” of this pandemic. Antibody testing will help to understand the course of the epidemic ahead and development of the vaccine. The number of asymptomatic individuals who have had the disease will be known through serology. Serology allows an understanding the extent of the illness. One million tests will be done over two years.

Antibodies are not a guarantee that someone is immune. If one is re-infected, it may be a milder form of the illness. It is unknown if antibodies are immediate and total immunity. “Deeper dives” need to be taken into vulnerable populations like long term care. “We are all optimistic the antibodies mean something.” Unlike some serology testing that are already available in USA, Health Canada assists in the preparation of a reliable, standardized test. False negatives are greater than false positives. False positives are likely due to infections from other corona viruses.

Dr. Naylor adds that the World Health Organization (WHO) placed too much confidence in Chinese data on the outbreak and set back the world's response by as much as three weeks.

[Dr. David Naylor speaks with Vassy Kapelos, Apr 23](#)

The mainstay of testing remains the nasopharyngeal swab, a method known as nucleic acid amplification. The answer to how this pandemic ends usually revolves around antibody testing. A person generally doesn't develop antibodies until about 12 days after symptoms begin. The World Health Organization estimates between 2 per cent and 3 per cent of the population have been infected with COVID-19, as much as 10 per cent to 15 per cent in some hard-hit communities. We "don't know how much of the iceberg is hidden". The number of persons infected might be much higher. Higher infection rates would suggest more people are immune, and that the true COVID-19 mortality rate is lower. Canada needs a reliable, standardized antibody test. In the US, the FDA approved dozens of antibody tests with very little evidence they are accurate. "Everybody wants a 'get out of isolation free' card. So, everyone is eager for antibody testing to begin."

[Andre Picard, Apr 22](#)

Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area this study represents the first large case series of sequentially hospitalized patients with confirmed COVID-19 in the US. The common co-morbidities in these studies were hypertension, obesity and diabetes. Sixty per cent were male. The mean time to get test results was 15.4 hours. Mortality was 0% (0/20) for male and female patients younger than 20 years. Mortality rates were higher for male compared with female patients at every 10-year age interval older than 20 years. Mortality rates for those who received mechanical ventilation in the 18-to-65 and older-than-65 age groups were 76.4% and 97.2%, respectively. Mortality rates for those in the 18-to-65 and older-than-65 age groups who did not receive mechanical ventilation were 19.8% and 26.6%, respectively.

[JAMA, April 22](#)

If you have not done so already, please complete a survey developed by Drs. Siu and Kristof. The purpose of this study is to assess the perception of LTC clinicians about their LTC home's awareness and readiness in responding to COVID19. This survey is anonymous and should take you 10 minutes to complete. Please only complete the survey once. The answers you do provide may help to improve the way the LTC sector is engaged in future public health emergencies.

<https://surveys.mcmaster.ca/limesurvey/index.php/168726?lang=en>