Investigación en Covid 19: retos para la región Andina

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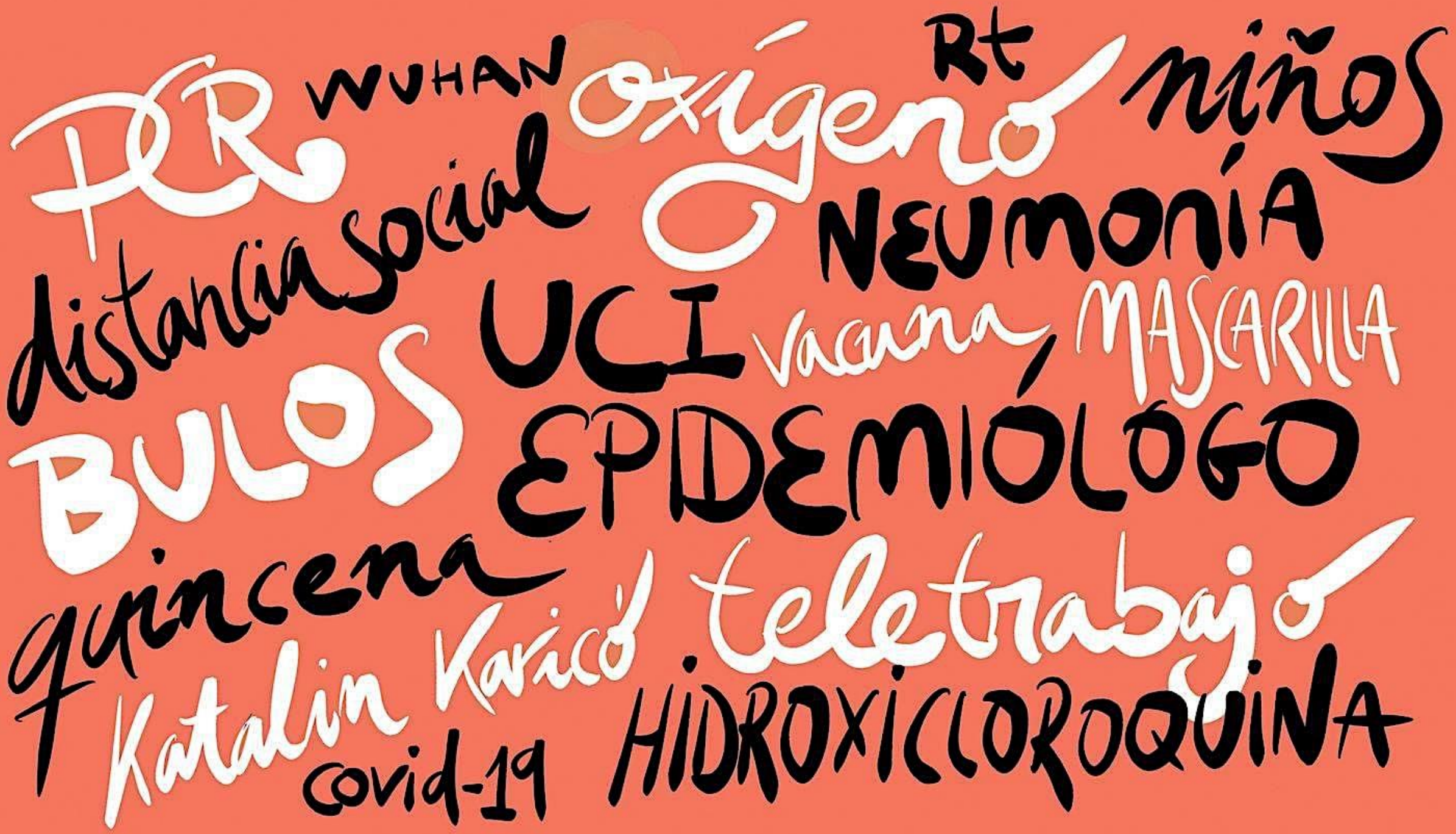
NINGUNO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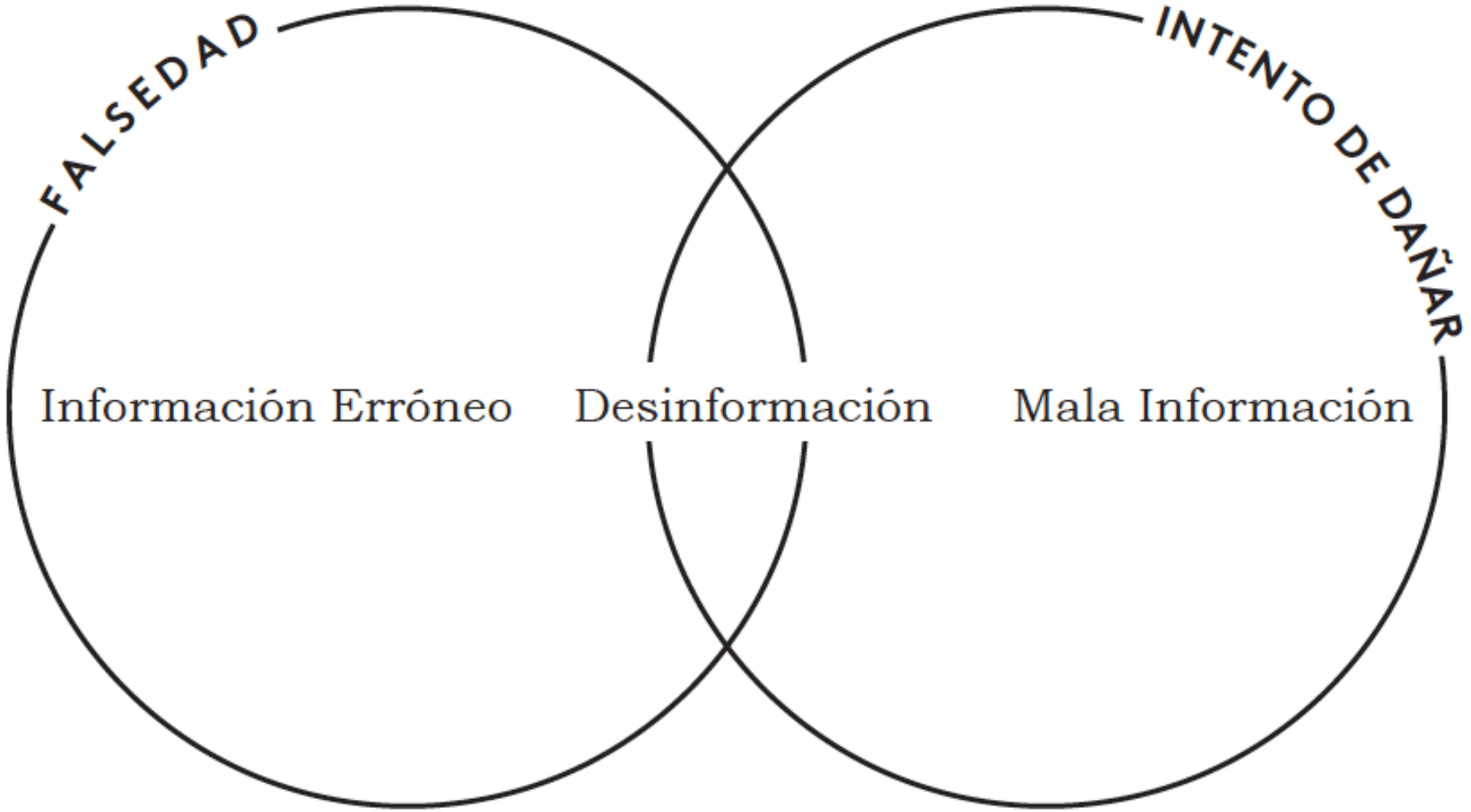

First Draft Octubre 2019

7 Tipos de Información Errónea y Desinformación

MENOS DAÑO

MUCHO DAÑO

SÁTIRA O PARODIA
No tiene intención de causar daño pero tiene potencial para engañar

CONEXIÓN FALSA
Cuando los títulos visuales o los subtítulos no apoyan el contenido

CONTENIDO ENGAÑOSO
Uso engañoso de información para incriminar un problema o individuo

CONTEXTO FALSO
Cuando se comparte contenido genuino con información contextual falsa

CONTENIDO DEL IMPOSTOR
Cuando se hacen pasar por fuentes genuinas

CONTENIDO MANIPULADO
Cuando se manipula información o imágenes genuinas para engañar

CONTENIDO FABRICADO
Nuevo contenido que es 100% falso, diseñado para engañar y hacer daño

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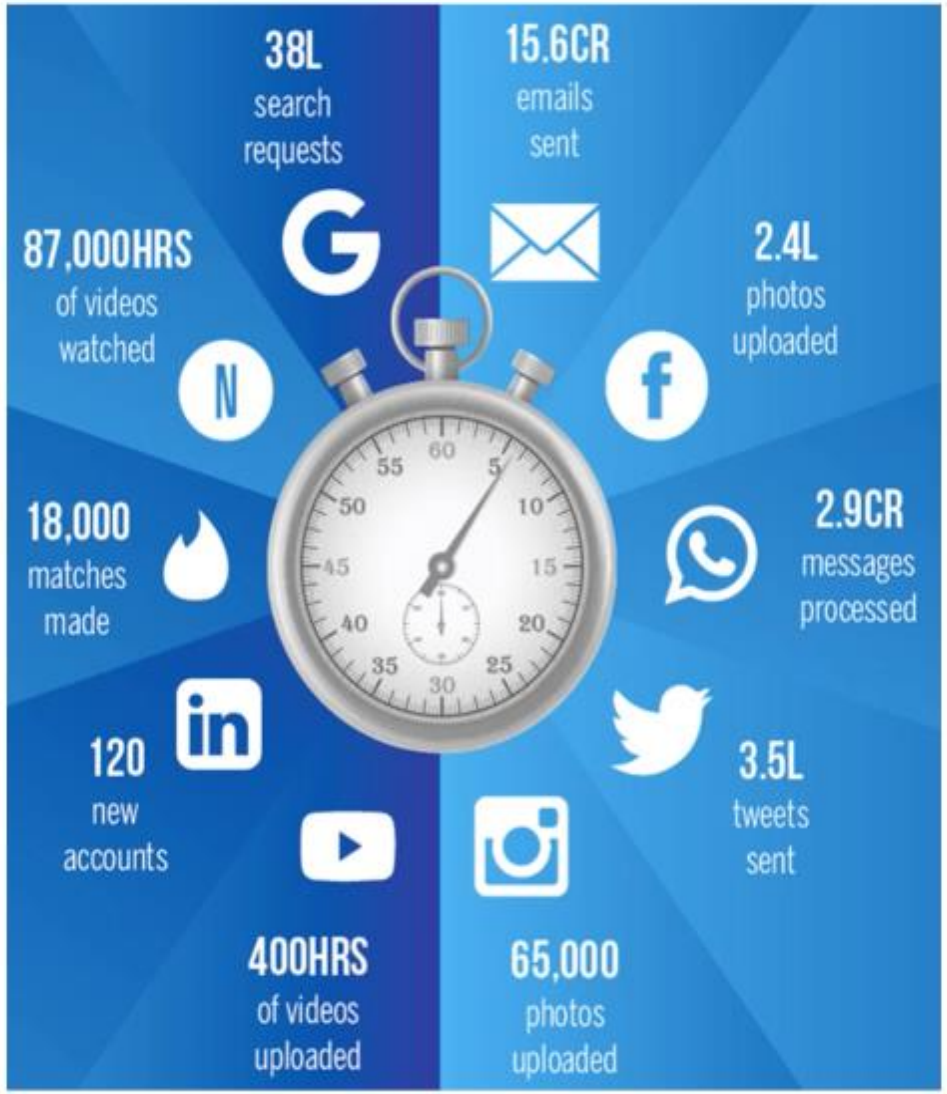
Esto es lo que pasa



En un minuto en el Internet

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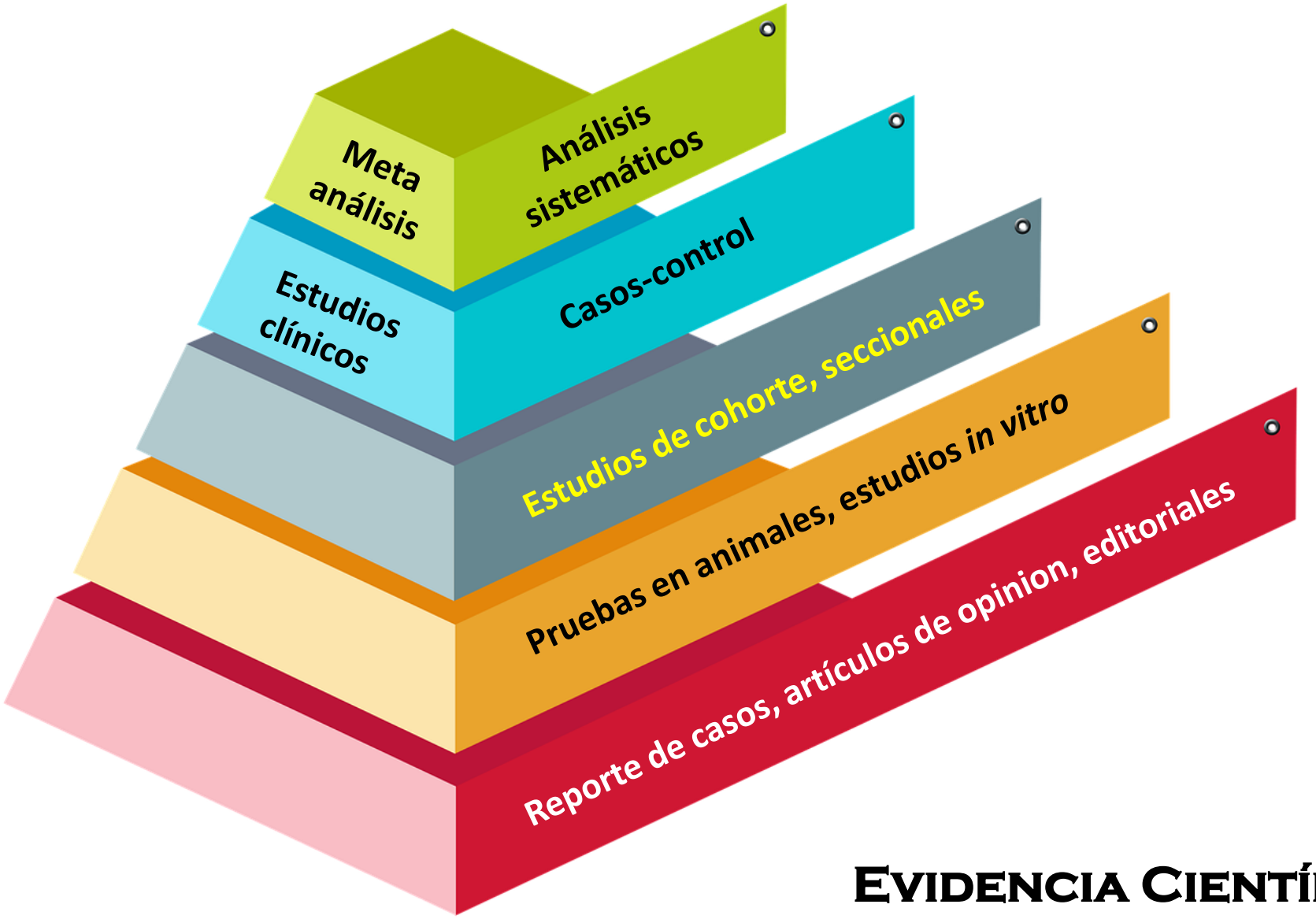
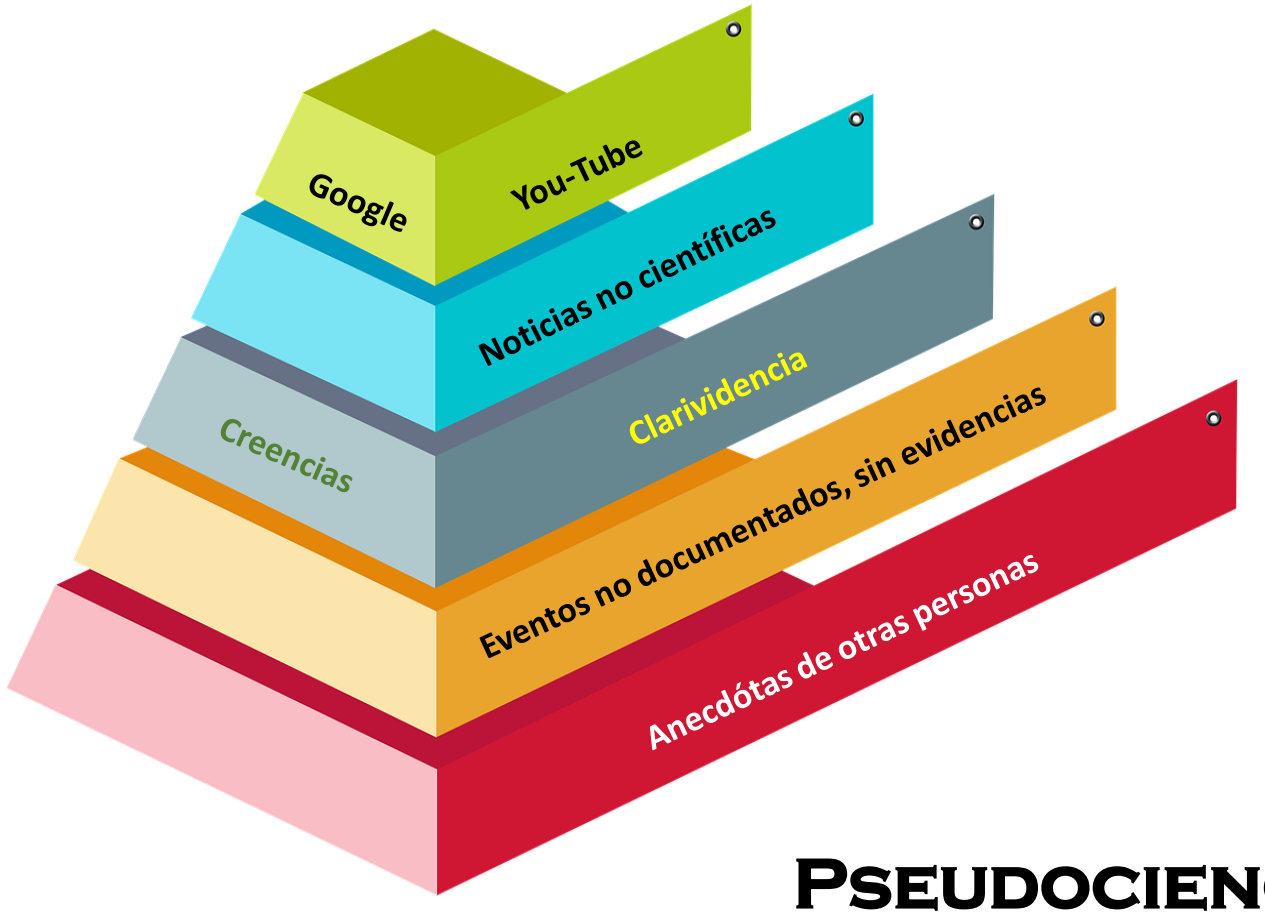


Evidencia Científica



Pseudociencia

Terapéuticas clave en investigación para el tratamiento de COVID-19

Antivirals

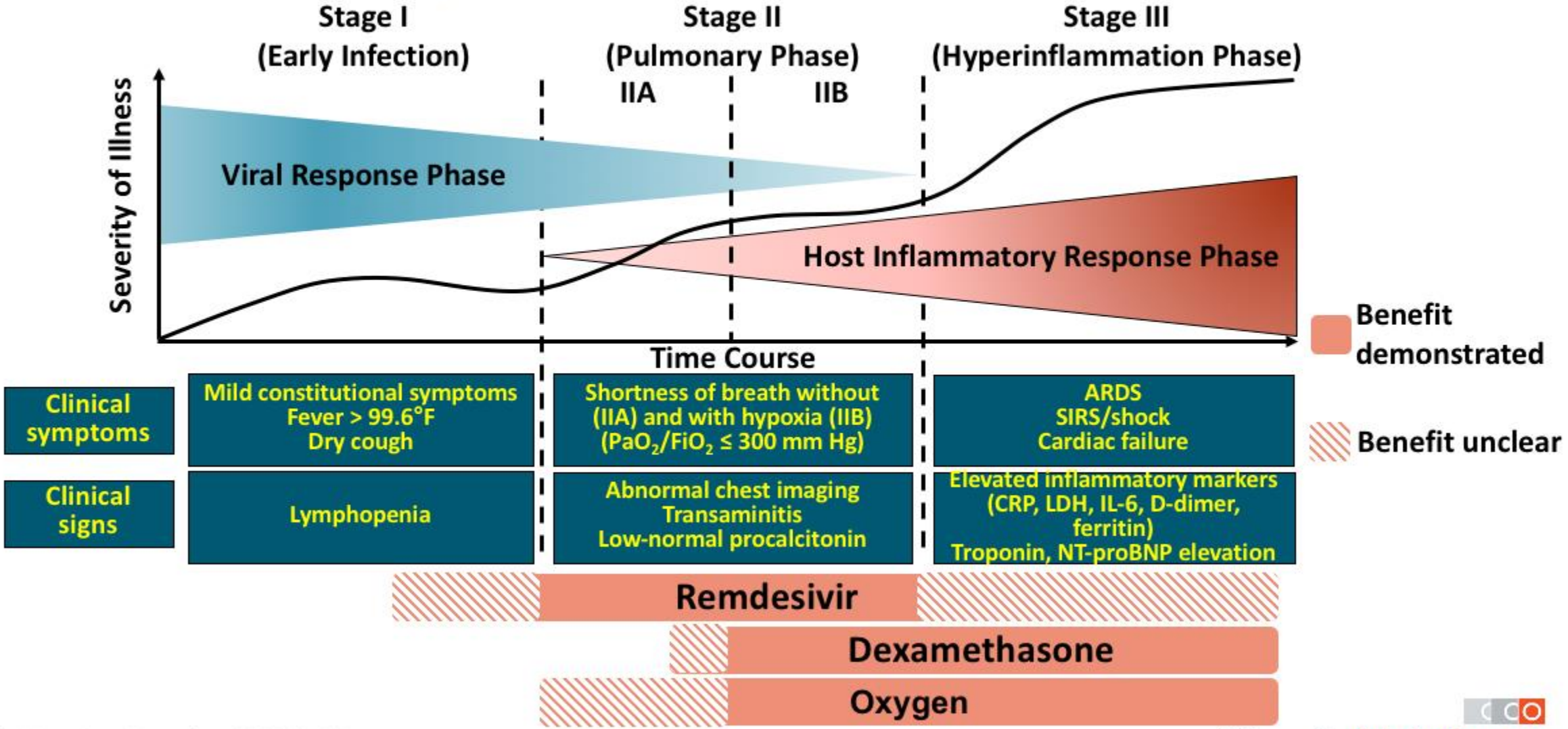
Baloxivir
Plasma de Convalescientes
Favipiravir
(Hydroxy)chloroquine
Interferon
Lopinavir/ritonavir
Nitazoxanide
Oseltamivir
Remdesivir
Ribavirin

Immunomodulators

Corticosteroides (eg, dexametasona)
IL-1 inhibitors (eg, anakinra)
IL-6 inhibitors (eg, tocilizumab)
Intravenous immunoglobulin
JAK inhibitors (eg, baricitinib)

Barlow. Pharmacotherapy. 2020;40:416. McCreary. Open Forum Infect Dis. 2020;7:ofaa105. Sanders. JAMA. 2020;323:1824.

Se prevé que las terapias COVID-19 brinden beneficios en diferentes etapas



Siddiqi. J Heart Lung Transplant. 2020;39:405.

Slide credit: clinicaloptions.com

Recomendaciones de la IDSA para el tratamiento de pacientes con COVID-19

- **Objetivo general: reclutar pacientes en ensayos en curso para proporcionar la evidencia necesaria sobre la eficacia y seguridad de posibles terapias**

IDSA Guidance	Patient Population	Treatment
Recommends	▪ Hospitalized with critical* COVID-19	▪ Dexamethasone† vs none
Suggests	▪ Hospitalized with severe‡ COVID-19 ▪ Hospitalized with severe*‡ COVID-19 ▪ Hospitalized with severe‡ COVID-19 and corticosteroids contraindicated	▪ Dexamethasone† vs none ▪ Remdesivir§ vs no antiviral ▪ Baricitinib + remdesivir vs remdesivir alone
Recommends only in clinical trial	▪ Hospitalized with COVID-19 ▪ Hospitalized with COVID-19	▪ Convalescent plasma ▪ Baricitinib + remdesivir + corticosteroids

*Mechanical ventilation or ECMO. Includes end organ dysfunction (eg, ARDS). †If unavailable, methylprednisolone and prednisone acceptable at equivalent total daily doses. ‡$SpO_2 \leq 94\%$ on room air, including those on supplemental oxygen. §For patients on supplemental oxygen, 5 days suggested; for patients on mechanical ventilation or ECMO, 10 days.

IDSA. COVID-19 Guideline, Part 1: Treatment and Management. Version 3.6.0.

Slide credit: clinicaloptions.com

Recomendaciones en CONTRA de la IDSA

- **Objetivo general: reclutar pacientes en ensayos en curso para proporcionar la evidencia necesaria sobre la eficacia y seguridad de posibles terapias**

IDSA Guidance	Patient Population	Treatment
Recommends against	▪ COVID-19 ▪ Hospitalized with COVID-19 ▪ Hospitalized with COVID-19	▪ (Hydroxy)chloroquine ▪ (Hydroxy)chloroquine + azithromycin ▪ Lopinavir/ritonavir
Suggests against	▪ Hospitalized with nonsevere* COVID-19 ▪ Hospitalized with COVID-19 ▪ Hospitalized with COVID-19* ▪ Ambulatory with COVID-19	▪ Glucocorticoids ▪ Routine tocilizumab ▪ Routine remdesivir ▪ Routine bamlanivimab
Suggests against outside clinical trial	▪ Hospitalized with severe COVID-19	▪ Famotidine

*SpO_2 > 94%, no supplemental oxygen.

IDSA. COVID-19 Guideline, Part 1: Treatment and Management. Version 3.6.0.

Slide credit: clinicaloptions.com

Directrices de los NIH: Manejo terapéutico

Disease Severity	Recommendation
Not hospitalized, mild to moderate COVID-19	▪ ***Insufficient data*** to recommend for or against any specific antiviral or antibody ▪ **Bamlanivimab, casirivimab plus imdevimab *available through EUAs***, if high risk of disease progression ▪ ***Recommend against*** **dexamethasone**
Hospitalized but does not require supplemental oxygen	▪ ***Recommend against*** **dexamethasone** ▪ ***Insufficient data*** to recommend for or against **remdesivir**; may be appropriate if high risk of disease progression
Hospitalized and requires supplemental oxygen (but no high-flow oxygen, ventilation, or ECMO)	***Use 1 of the following:*** ▪ **Remdesivir** (eg, in case of minimal supplemental oxygen requirement) ▪ **Remdesivir** plus **dexamethasone** (eg, with increasing need for supplemental oxygen)* ▪ **Dexamethasone** (eg, if remdesivir cannot be used or is unavailable)

Disease Severity	Recommendation
Hospitalized and requires high-flow oxygen or noninvasive ventilation	***Use 1 of the following:*** ▪ **Remdesivir** plus **dexamethasone*** ▪ **Dexamethasone**
Hospitalized and requires invasive mechanical ventilation or ECMO	▪ **Dexamethasone** ▪ ***For patients recently intubated,*** consider **remdesivir** plus **dexamethasone** (remdesivir alone not recommended)

*In rare case when corticosteroids cannot be used, **remdesivir** plus **baricitinib** available via EUA.

Remdesivir: 200 mg IV once, then 100 mg IV QD for 4 days or until discharge. Treatment may continue up to 10 days if no substantial clinical improvement by Day 5.
Dexamethasone: 6 mg IV or PO QD for 10 days or until discharge.
Baricitinib: 4 mg PO QD for 14 days or until discharge.

NIH COVID-19 Treatment Guidelines. Therapeutic management of patients with COVID-19. Last updated December 3, 2020.

Slide credit: clinicaloptions.com

Directrices de los NIH: tratamientos de COVID-19 en investigación

Antivirals[1]

Guidance	Treatment
Recommends against	▪ High-dose chloroquine (600 mg BID for 10 days) ▪ (Hydroxy)chloroquine ± azithromycin in hospitalized patients
Recommends against except in a clinical trial	▪ (Hydroxy)chloroquine ± azithromycin in non-hospitalized patients ▪ Lopinavir/ritonavir or other HIV protease inhibitors ▪ Ivermectin

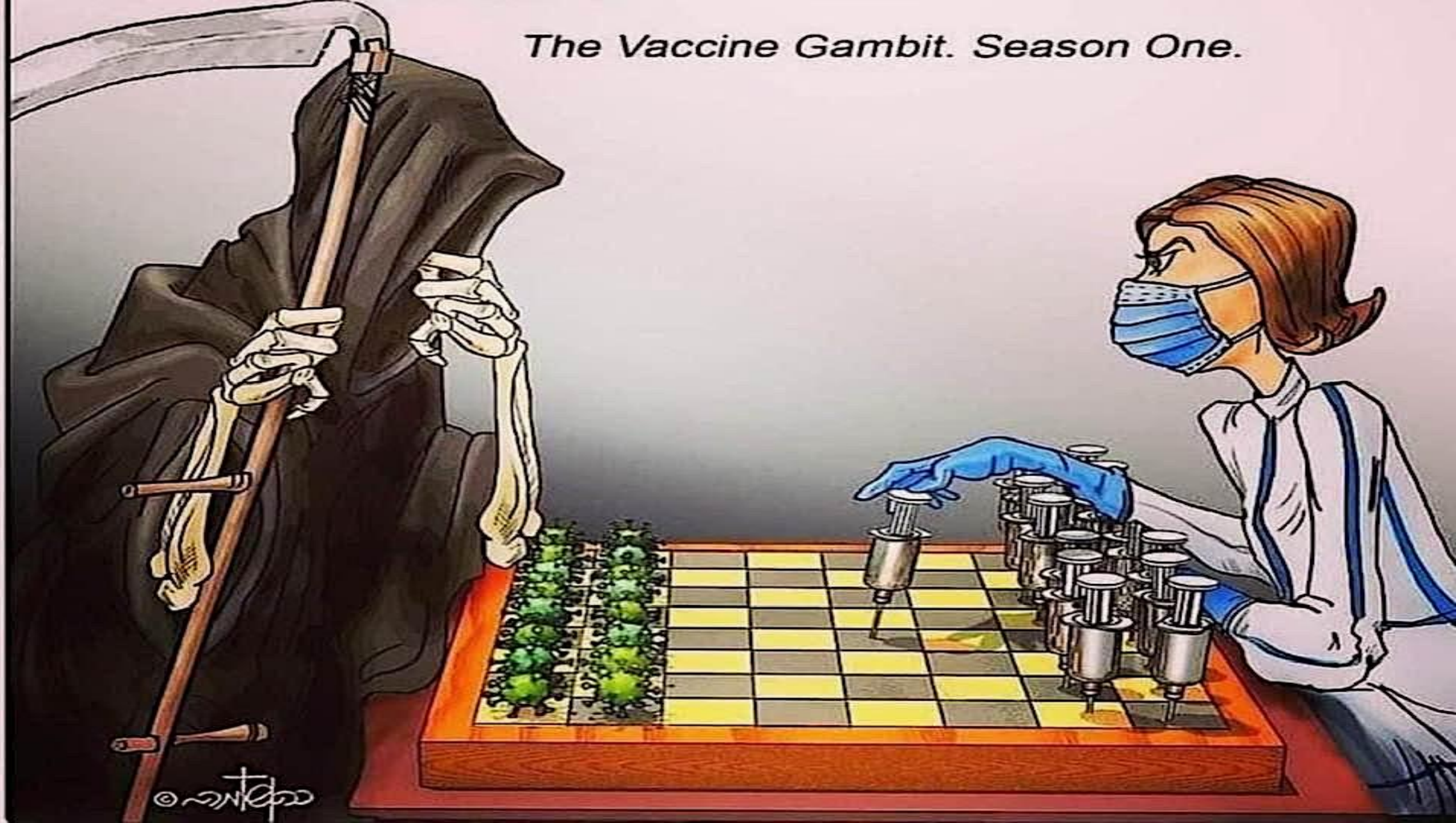
Immune-Based Therapies[2,3]

Guidance	Treatment
Insufficient data to recommend for or against	▪ IL-1 inhibitors ▪ IFN-β for early mild to moderate COVID-19 ▪ COVID-19 convalescent plasma or SARS-CoV-2 Ig
Recommends against except in a clinical trial	▪ IL-6/IL-6R inhibitors ▪ IFN-α/β for severe or critical COVID-19 ▪ BTK and JAK inhibitors ▪ Non-SARS-CoV-2–specific IVIG ▪ Mesenchymal stem cells

1. NIH COVID-19 Treatment Guidelines. Antiviral drugs that are approved or under evaluation for the treatment of COVID-19. Last updated November 3, 2020.
2. NIH COVID-19 Treatment Guidelines. Blood-derived products under evaluation for the treatment of COVID-19. Last updated July 17, 2020.
3. NIH COVID-19 Treatment Guidelines. Immunomodulators under evaluation for the treatment of COVID-19. Last updated November 3, 2020.

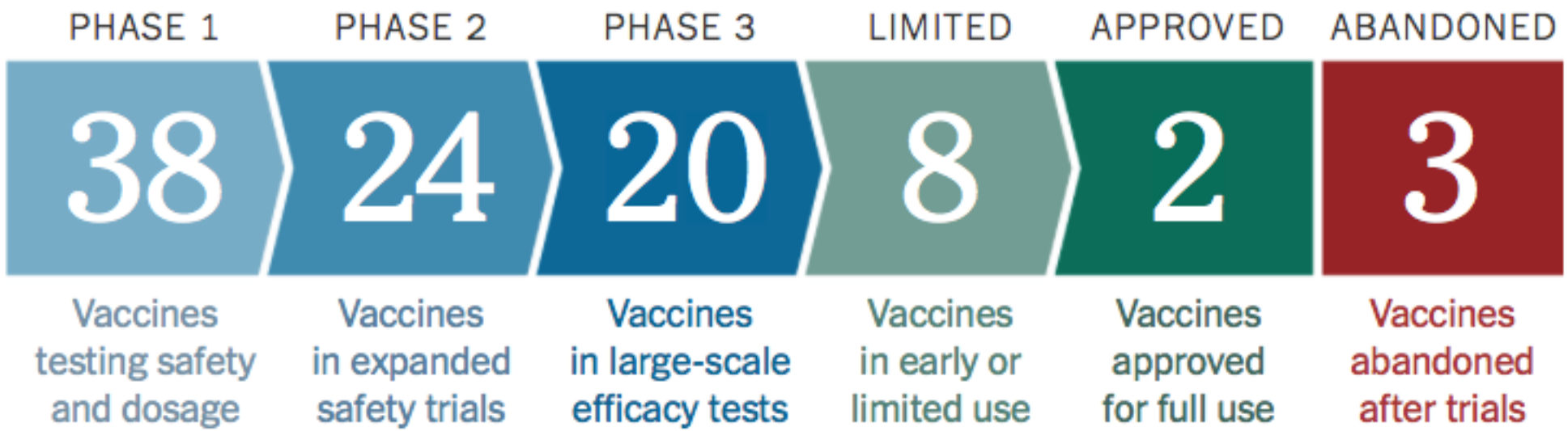
Tratamiento farmacológico contra COVID-19

Enero 15	Ningún beneficio en la mortalidad entre los pacientes hospitalizados que reciben **plasma convaleciente**.
Enero 14	NIH no encuentran datos suficientes a favor o en contra del uso de la **ivermectina**.
Nov 21	**Regeneron** recibe la autorización de uso de emergencia de la F.D.A.
Nov 10	**Bamlanivimab** recibe la autorización de uso de emergencia de la F.D.A.
Oct 23	Se aprueba **Remdesivir** como el primer medicamento para tratar Covid-19.


The Vaccine Gambit. Season One.

Coronavirus Vaccine Tracker

By Carl Zimmer, Jonathan Corum and Sui-Lee Wee Updated Jan. 25, 2021



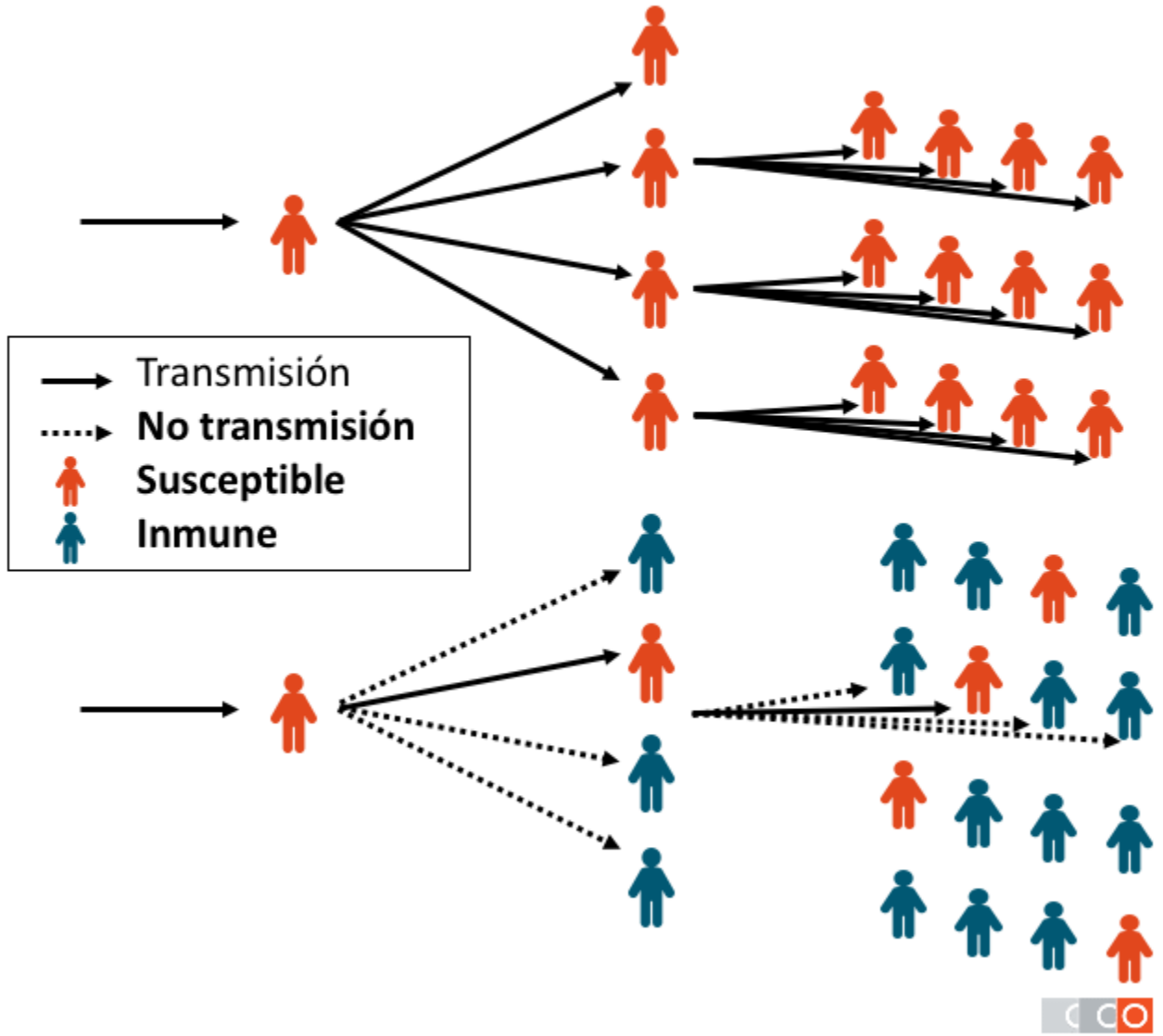
The New York Times

Developer	How It Works	Phase	Status
Pfizer-BioNTech	mRNA	2 3	Approved in Saudi Arabia, Bahrain, Switzerland. Emergency use in U.S., E.U., other countries.
Moderna	mRNA	3	Emergency use in U.S., U.K., E.U., other countries.
Gamaleya	Ad26, Ad5	3	Early use in Russia. Emergency use in other countries.
Oxford-AstraZeneca	ChAdOx1	2 3	Emergency use in Britain, India, other countries.
CanSino	Ad5	3	Limited use in China.
Johnson & Johnson	Ad26	3	
Vector Institute	Protein	3	Early use in Russia.
Novavax	Protein	3	
Sinopharm	Inactivated	3	Approved in China, U.A.E., Bahrain. Emergency use in Egypt, Jordan.
Sinovac	Inactivated	3	Emergency use in China, Brazil, other countries.
Sinopharm-Wuhan	Inactivated	3	Limited use in China, U.A.E.
Bharat Biotech	Inactivated	3	Emergency use in India.

The New York Times

Inmunidad Colectiva con vacuna contra la COVID-19

- La proporción de población que debe ser vacunada depende de:
  - Número de reproducción básico, R0; para SARS-CoV-2, R0 estimado 2.5-3.5
  - Eficacia de la vacuna
- Para COVID-19, la proporción de vacunación estimada necesaria es del 60% al 72%

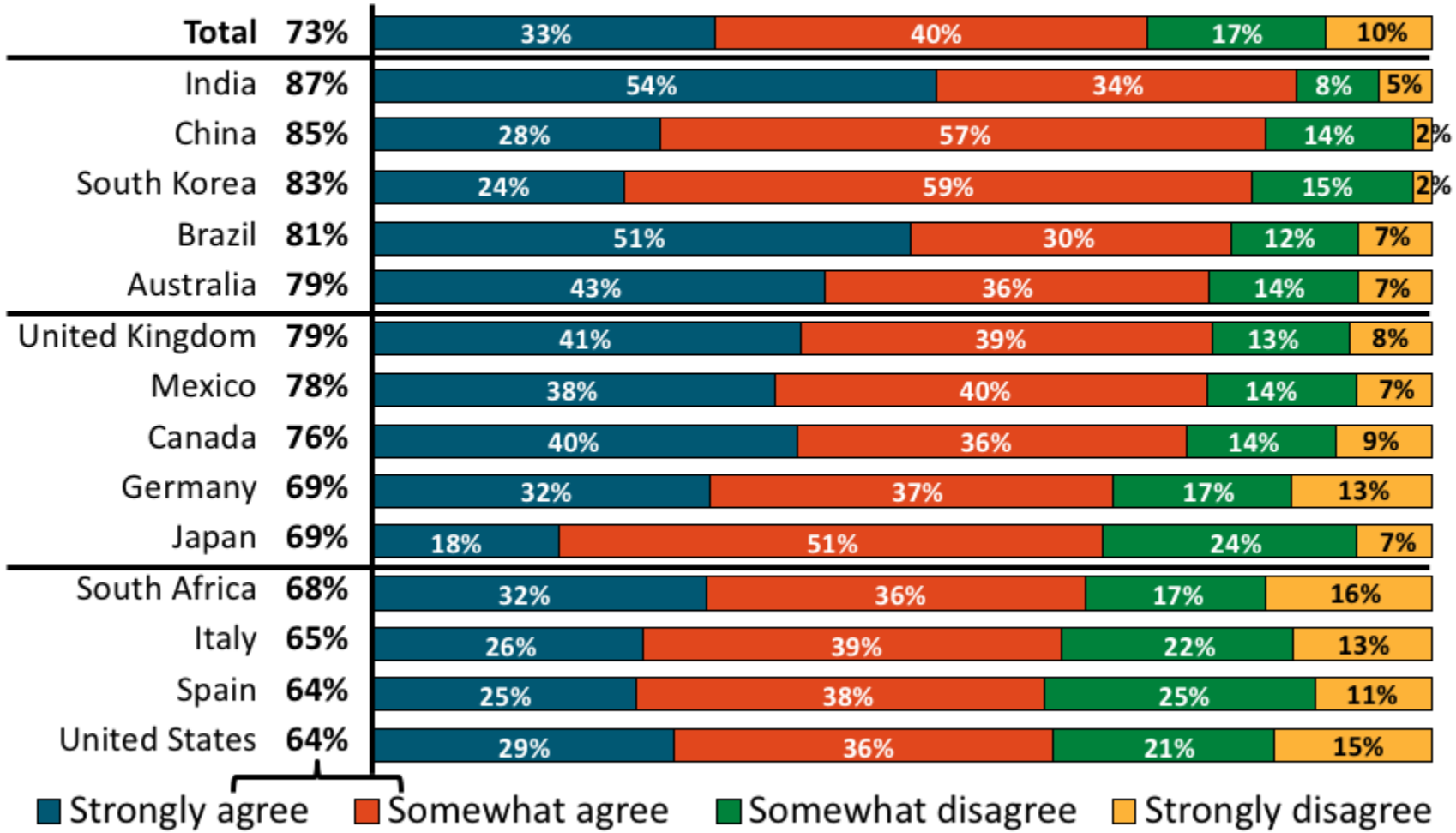


Anderson. Lancet. 21;396(10263):1614.

Slide credit: clinicaloptions.com

Global: Encuesta de 15 países en octubre de 2020

- Encuesta en línea a 18,526 (16 a 74 años)
- *"Si hubiera una vacuna para COVID-19 disponible, la recibiría"*
- 73% está de acuerdo
- La intención general de vacunación disminuyó un 4% de agosto a octubre

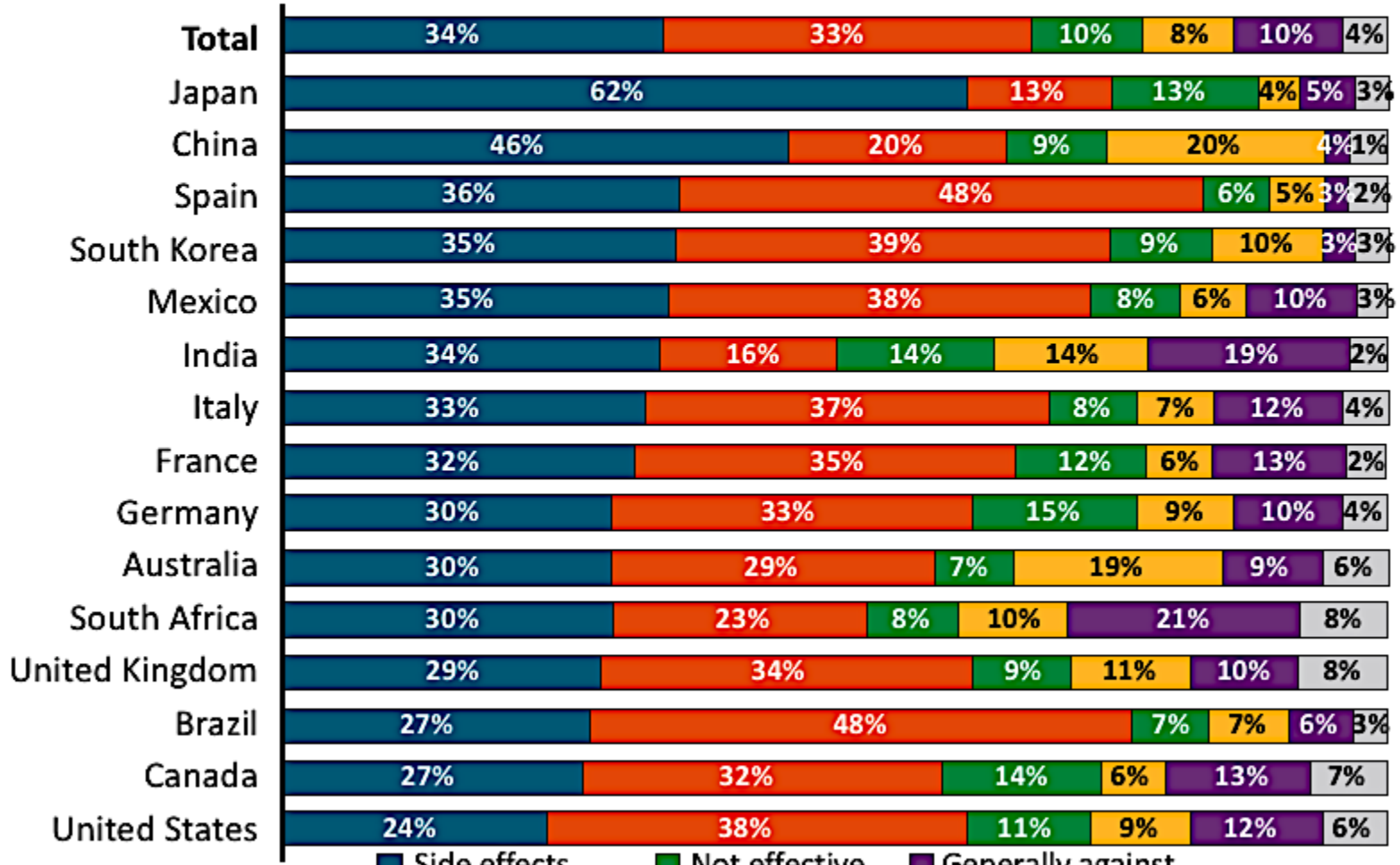


The World Economic Forum. https://www.ipsos.com/sites/default/files/ct/news/documents/2020-11/global-attitudes-on-a-covid-19-vaccine-oct-2020.pdf. Accessed Dec 10, 2020.

Slide credit: clinicaloptions.com

Global : Razones para la reticencia vacunal

- *"¿Razones?"*
  - *El 67%: los efectos secundarios y la velocidad del proceso de aprobación.*
  - *~ 10% contra vacunas*
  - *~ 8% cree que el riesgo de contraer COVID-19 es bajo*

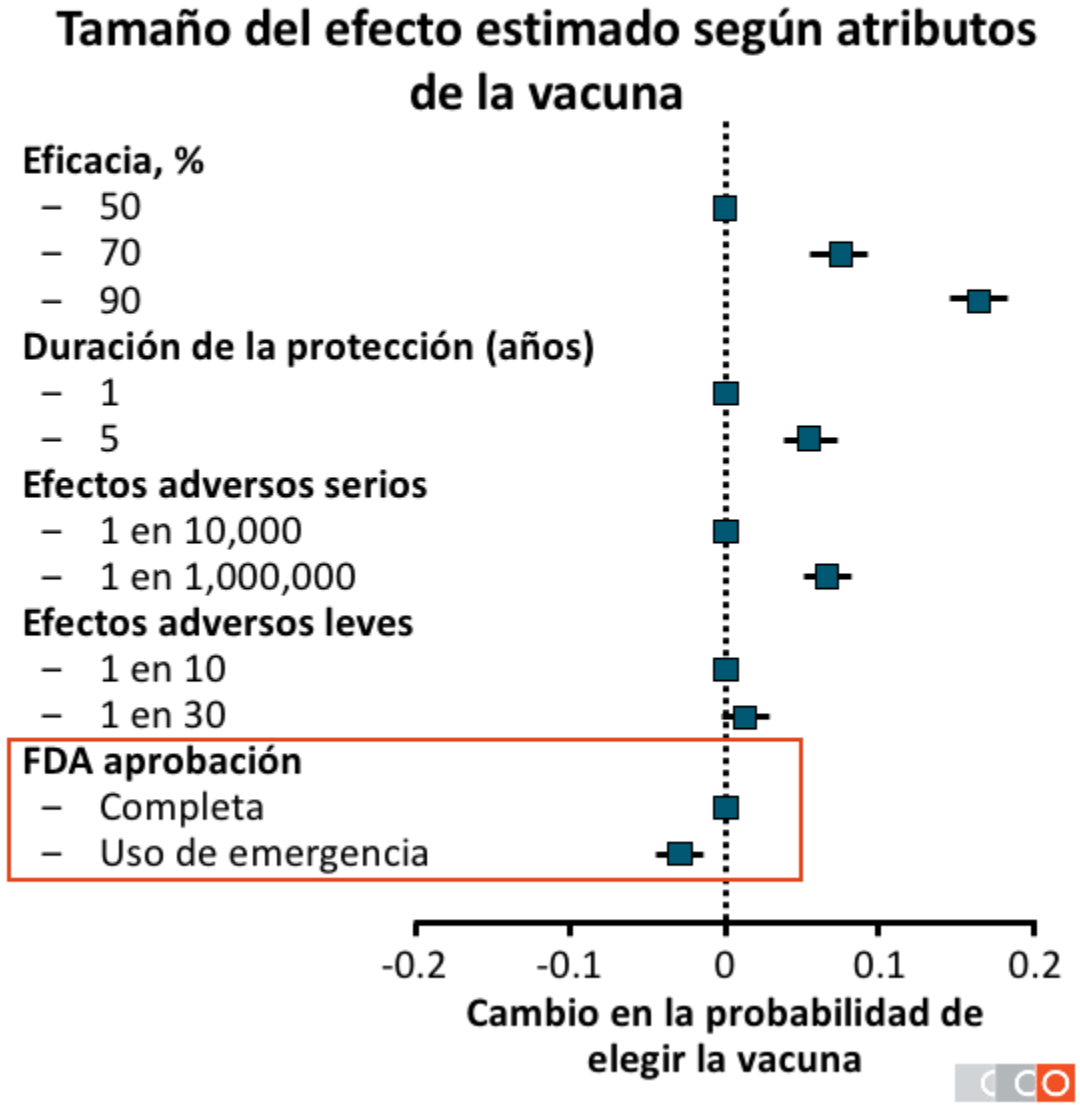


The World Economic Forum.
https://www.ipsos.com/sites/default/files/ct/news/documents/2020-11/global-attitudes-on-a-covid-19-vaccine-oct-2020.pdf. Accessed Dec 10, 2020.

Slide credit: clinicaloptions.com

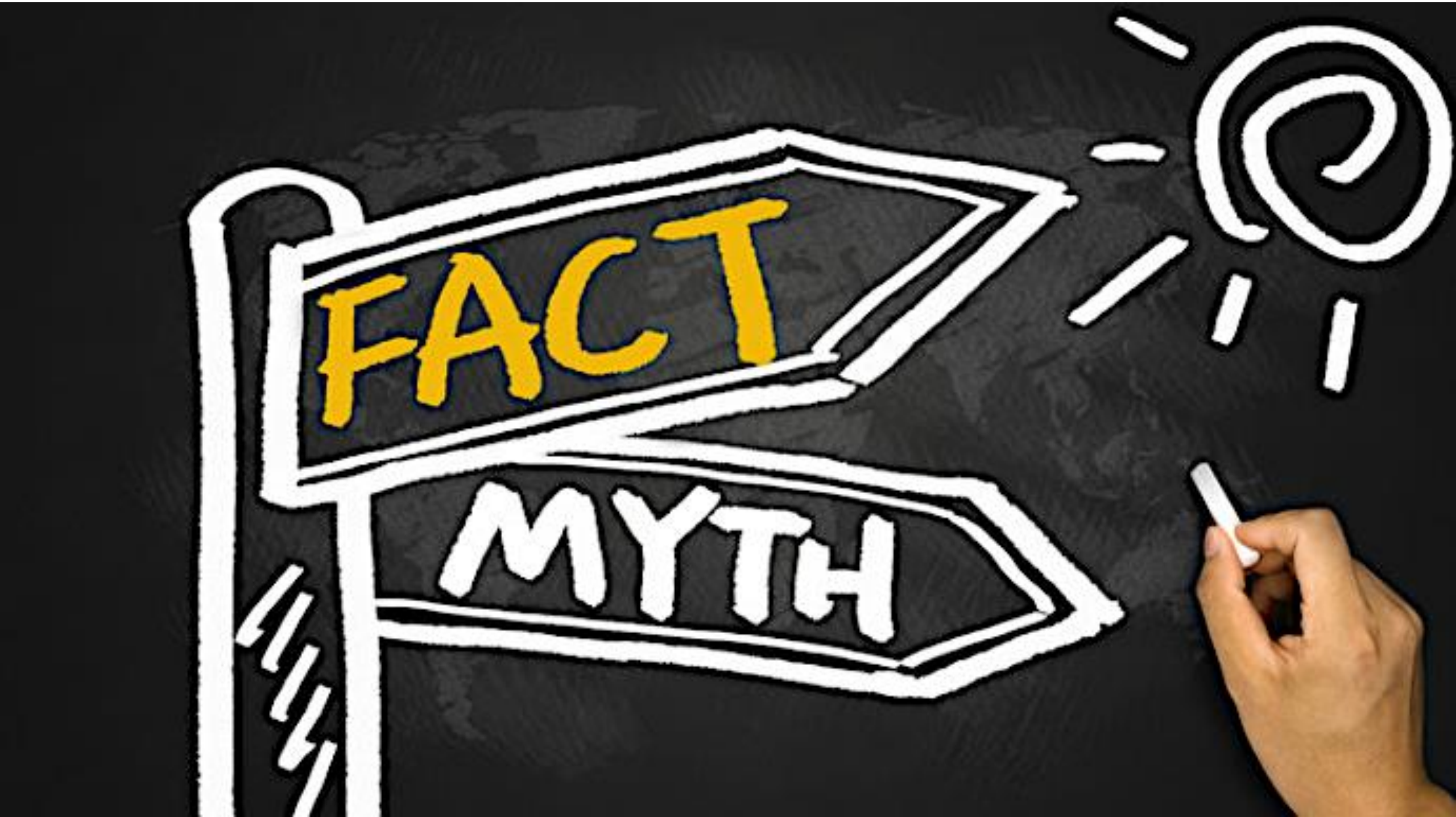
Factores que afectan la reticencia a la vacuna COVID-19

- Características de la vacuna: eficacia, duración, seguridad, efectos secundarios
- Preocupaciones sobre el proceso de aprobación: demasiado rápido, influencia política
- Fuentes de información: proveedores de atención médica, funcionarios de salud pública más confiables que los políticos
- Demografía: en promedio, personas mayores, personas de raza negra y mujeres menos dispuestas a vacunarse



Kreps. JAMA Netw Open. 2020;3(10):e2025594.

Slide credit: clinicaloptions.com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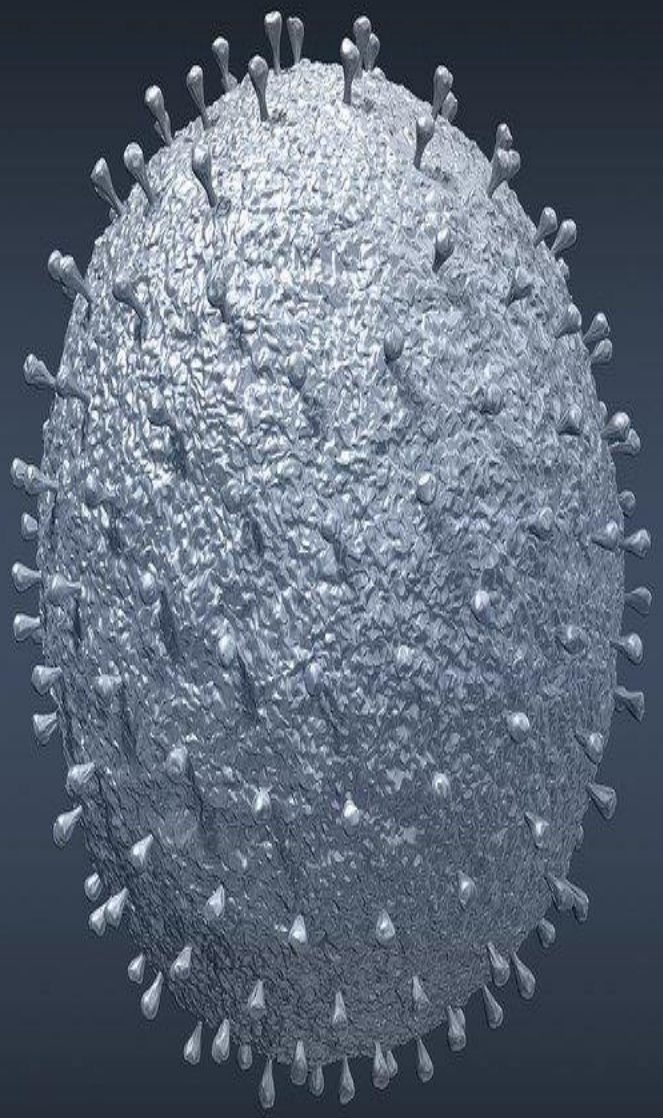
Conclusiones



Gracias por la atención

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