PHYSICS 1444-001 COVID-19

Transmission, prevention, treatment

Linda H. Lee, MD. Ph.D. Monday, July 6, 2020

(Department of Dermatology, Medical College of Wisconsin)

DISCLAIMERS

• I have no financial conflict of interest

WHY ARE WE INTERESTED IN COVID-19?

- May cause a lot of suffering
- May cause a lot of deaths
- Definitely causing a lot of anxiety
- Provides AMAZING OPPORTUNITIES
 FOR IMPROVEMENT



THE DATA WE HAVE FOR COVID-19 (July 6, 2020)

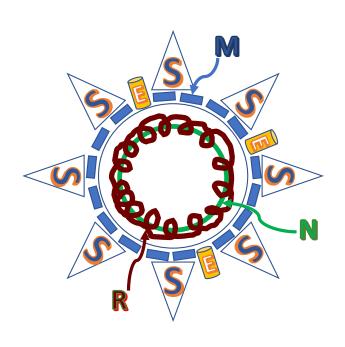
- "Coronavirus cases": 11,598,155 (cumulative)
- "Deaths": 537,616 (cumulative)
- "Currently infected patients": 4,497,984
- "Serious or critical": 58,735 (~1%)
- LONG-TERM health problems: unknown
- "USA TOTAL": 2,985,897 cases; 132,601 deaths
- "USA NEW": 2,969 cases; 41 deaths

IS COVID-19 a SERIOUS PROBLEM?

- NUMBER of PEOPLE who do or could get sick or die
- SEVERITY of illness
- LONG-TERM health problems
- IF it can be TREATED
- IF it can be PREVENTED
- HOW MUCH it COSTS to TREAT/PREVENT
- We have NO proven TREATMENT
- We have NO proven specific PREVENTION

OBJECTIVES

- Define SARS-CoV2 and COVID-19
- Explain how SARS-CoV2 causes disease
- Explain how people get COVID-19
- Explain how COVID-19 might be prevented
- Explain how COVID-19 can be treated
- Outlook



WHAT ARE SARS-CoV2 and COVID-19?

<u>Severe Acute Respiratory distress Syndrome-causing Coronavirus type 2</u>

Is the virus that causes COVID-19

<u>Coronavirus</u> <u>Disease of 2019</u>

Is an infectious disease

Most patients have

fever

cough

loss of energy

overall feel unwell

Some patients also have

Shortness of breath

Nausea

Loss of smell/taste

Sore throat

Aches/pains

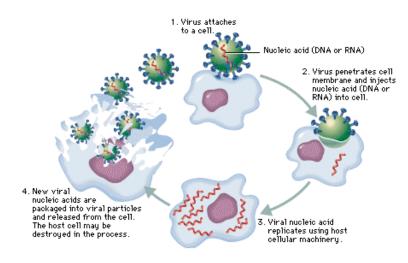
Skin lesions



https://www.nbcnews.com/news/us-news/tests-doctors-hazmat-suits-lots-gatorade-report-inside-coronavirus-guaratine-n1150601

HOW SARS-CoV2 CAUSES DISEASE

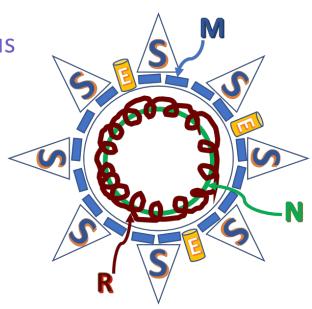
- Virus, from Latin, means "poison"
- Every virus...
 - ...has a protein shell
 - ...has a genome of RNA or DNA
 - ...has a genome that encodes proteins
 - ...requires a "HOST CELL" to multiply



https://joycehtchan.files.wordpress.com/2013/10/viralreplication.gif

SARS-CoV 2 IS A CORONAVIRUS

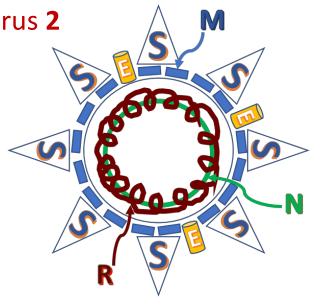
- Named from the Latin for "crown" or "wreath"
- Envelope with "spikes"
- LARGE (30,000 base) single-stranded RNA virus
- Emergence of other Human Coronaviruses
 - HCovNL63 (c.1320)
 - HCoV229E (c.1800)
 - HCoVOC43 (c.1900)
 - HCoVHKU1 (c.1950)
 - SARS-CoV (c.2002)
 - MERS-CoV (c.2006)
 - SARS-CoV2 (c.2019)



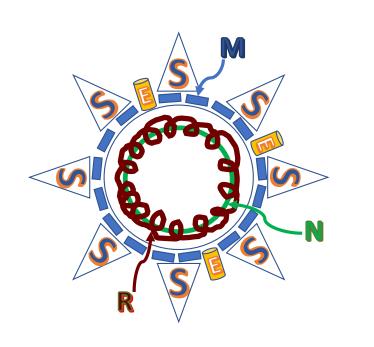
STRUCTURE OF SARS-CoV2

Severe Acute Respiratory Syndrome Corona Virus 2

- Viral particle is ~ 0.12 μm diameter
- Proteins encoded:
 - Non-structural (nsp)
 - Structural proteins
 - Accessory proteins



STRUCTURAL PROTEINS OF SARS-CoV2











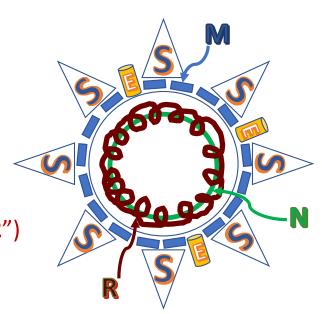


SARS-CoV2 USES SPIKE TO ENTER HUMAN CELLS



S PROTEIN

- RESEMBLES human antibody (Fc)
- Binds host cell MEMBRANE
- Binds Angiotensin Converting Enzyme 2 ("ACE2")
- Enters cells in the lung
- Human cells that express ACE2:
 - Lung, Blood vessels, Heart, Kidney, Intestines, Testes



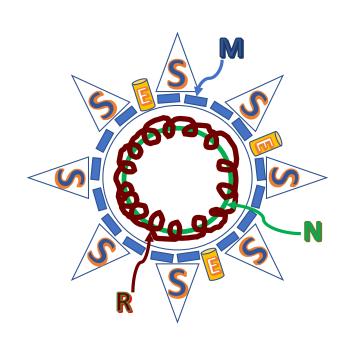
SARS-CoV2 SPIKE VARIANT



D614G Variant

Over time, G614 seems to dominate Independent of initial viral distribution Eastern USA, Western USA, Eastern Europe, Western Europe, Asia

PREPRINT INFORMATION



SARS-CoV2 MANIPULATES the IMMUNE System

E Envelope

E PROTEIN

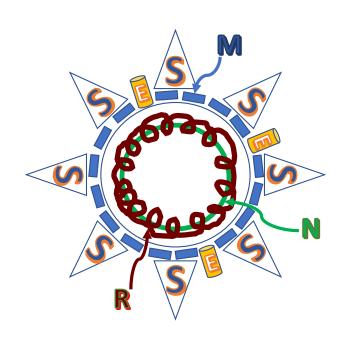
- Viroporin
- Ion CHANNEL
- Causes fluid shifts in lung tissue
- Causes unbridled release of cytokines: "STORM?"

Membrane

Nucleocapsid

M, N, and nsp PROTEINS

- Inhibit INTERFERON (host's anti-viral defense)
- Cause cytokine "storm?"



HOW MIGHT WE BECOME INFECTED?

- Respiratory droplet
- Aerosol droplet
- Contact
- Blood-borne

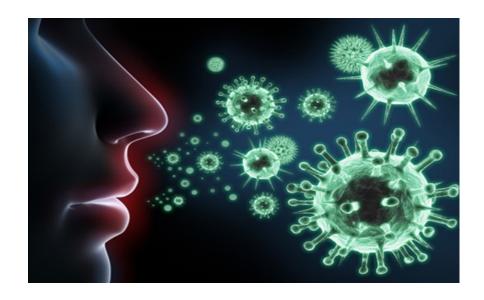
INFECTION TRANSMISSION: "DROPLET"



Respiratory droplet (~5µm) carries infectious agent to recipient

ttps://www.esquire.com/lifestyle/health/a15172105/holding-back-sneeze-throat-damage/

INFECTION TRANSMISSION: "AEROSOL"



Aerosol droplet (<5μm) suspends agent in air

https://seguridadbiologica.blogspot.com/2019/10/recognition-of-aerosol-transmission-of.html

INFECTION TRANSMISSION: "CONTACT"



Contact with person/object directly inoculates recipient

tos://www.internationalairportreview.com/article/33571/tackling-spread-pathogens-airports/

INFECTION TRANSMISSION "BLOODBORNE"



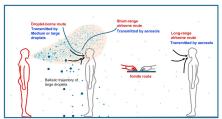
Puncture of skin or mucosa inoculates recipient's **blood**

ttps://cprplus.co/2018/09/26/bloodborne-pathogens/

PRINCIPLES OF INFECTION PREVENTION

- As Low As Reasonably Achievable (ALARA)
- MEASURES INDIVIDUALS CAN TAKE
 - Stay away from people/places where infection risk is high
 - Limit TIME and DISTANCE exposed to potential sources of infection
 - Responsibly use barriers to infection
 - Report possible exposures
 - Allow transparency
- MEASURES PUBLIC HEALTH OFFICIALS CAN TAKE
 - Offer responsible testing (broad, appropriate, inexpensive)
 - Identify potentially infected people (broad, quick, private)
 - Offer administration of protective medications (broad, quick, inexpensive)
 - Offer responsible vaccination programs (broad, inexpensive, safe, effective)

Maintain distance: 3-10 feet



Small droplets or droplet nuclei, or aerosols (< 5 µm): Responsible for airborne transmissi Wei, J and Y. Li (2016) Airborne spread of infectious agents in the indoor environment. Am. J Infection Cont. (44) S102-S108.

Protect mucosae: eyes, nose, mouth





Personal Protective Equipment ("PPE")

Isolation

mask



Surgical mask





Goggles



https://www.burkhartdental.com/event/osha-infection-control-hipaa-compliance-january-16-2020/ https://www.dhs.wisconsin.gov/ic/ppe.htm

Eye Shield

https://www.dhs.wisconsin.gov/ic/ppe.htm

Gloves



Gown



https://www.dhs.wisconsin.gov/ic/ppe.htm

Sanitize INANIMATE Objects



https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 https://images.app.goo.gl/UCUJjfHPqqshz7hG9





P100

INFECTION PREVENTION

- Contact tracing
 - Controversial in the United States
 - Has shown promise in other countries
 - Can identify infected patients prior to the onset of symptoms
- Vaccination (typically 3-12 yrs from concept to market)
- Medication prophylaxis (Post-Exposure Prophylaxis, or "PEP")?
- Immunoglobulins from convalescent serum?

CONTACT TRACING

- Controversial in the United States
- Extremely effective in other countries
- Can identify infected patients PRIOR to onset of symptoms
- Therefore PREVENTS spread of infection
- ESPECIALLY important with infections that have a "silent" period
 - Syphilis
 - Tuberculosis
 - Human Immunodeficiency Virus
 - Ebola Virus

VACCINATION

- Typical time-line is 3-12 years from concept to market
- Vaccine design
 - Based on hypothesis regarding viral behavior
 - Based on antibodies present in convalescent sera
- Avoiding Antibody Dependent Enhancement ("ADE")
- Ensuring efficacy
 - Avoiding "false sense of security"
- Ensuring safety

VACCINATION AGAINST SARS-CoV 2

- SPIKE protein
- Nucleocapsid protein
- Hemagglutinin
- M2 Matrix ion channel
- Neuraminidase
- SARS (CoV-1)?

GOALS OF TREATING PATIENTS WITH COVID-19

- Treat mild to moderate symptoms
- Decrease infection efficiency
- Decrease viral replication
- Supplement neutralizing antibodies
- Decrease cellular destruction
- Address "cytokine storm"

MEDICATIONS USED TO TREAT COVID-19

- Azithromycin: Immune mediator, viral uptake inhibitor
- Chloroquine: Immune mediator, ACE inhibitor, membrane fusion inhibitor
- Hydroxychloroquine: Same probable mechanism/s as chloroquine
- Interferon: Immune mediator
- Lopinavir/ritonavir: Protease inhibitor combination
- Methylprednisolone: Steroid immunosuppressant
- Remdesivir: Adenosine analog prodrug, prevents RNA polymerase from making RNA
- Ribavirin: Guanosine analog, prevents RNA polymerase from making RNA
- Tocilizumab: Interleukin-6 (IL-6) receptor blocker
- Antibodies (Laboratory/convalescent serum): Virus "neutralizer"

SELECTED REFERENCES

- https://www.cdc.gov/infectioncontrol/guidelines/isolation/scientific-review.html
- Channappanavar, R. and S. Perlman (2017) Pathogenic human coronavirus infections: causes and consequences of cytokine storm and immunopathology. Sem Immunopath (39)529-539.
- Cui, J. et al (2019) Origin and evolution of pathogenic coronaviruses. Nature Review Microbiol (17)181-192.
- Enjuanes, L. et al (2016) Molecular basis of coronavirus virulence and vaccination development. Adv in Virus Res (96)245-286.
- Erasmus, J. and D. Heydenburg Fuller (2020) Preparing for pandemics: RNA vaccines at the forefront. Molec Therapy. (28) 1-2.
- Forni, D. et al (2017) Molecular evolution of human coronavirus genomes. Trends in Microbiol (25)1:35-48.
- Furuyama, T. et al (2020) Temporal data series of COVID-19 epidemics in the USA, Asia and Europe suggests a selective sweep of SARS-CoV2 spike D614G variant. Arxiv.org (*preprint*)
- Le, T. et al (2020) The COVID-19 vaccine development landscape. Nat Rev (19) 305-306
- Sanders, J. et al (2020) Pharmacologic treatments for coronavirus disease 2019 (COVID-19) a review. JAMA (18) 1824-1836
- Zhang, B. et al (2020) Mining of epitopes on spike protein of SARS-CoV-2 from COVID-19 patients. Cell Research (online)