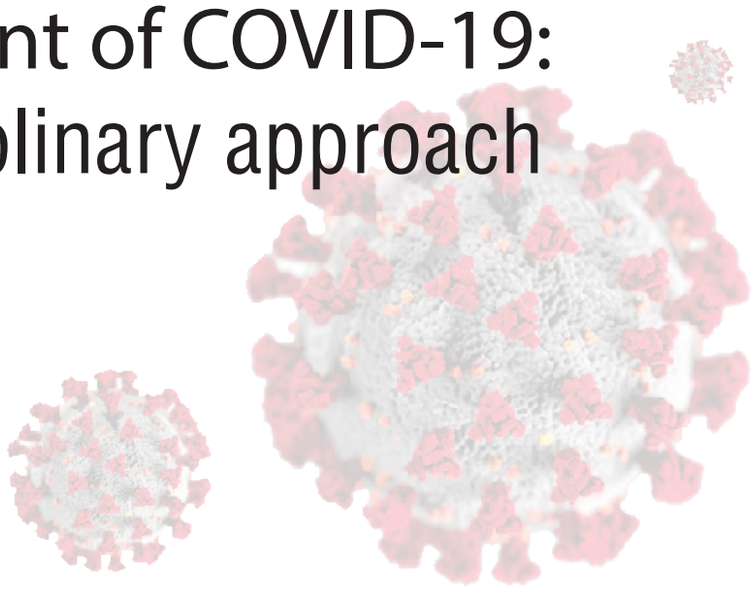
Question & Answer Booklet

BSM Live Webinar

Management of COVID-19: A multidisciplinary approach



Webinar Poster

Question in "Q&A" Section

1. What will be the COVID-19 management during Ramadan?

Ans. No specific changes. Asymptomatic and only mild cases can consider if feeling well.

2. Sir, why there is more death in male than in female?

Ans. No gender difference in elderly. The male predominance in younger group may be due to some immunological difference between male and female which is yet to be determined scientifically in future.

3. Will you be able to address the oxygen requirement issues, e.g, use of venturi masks, rebreather masks, to be used on the wards? These can be used early on and may reduce the need to go to the ICU. Thanks in advance

Ans. Yes, rightly mentioned. In govt. setting we are trying our best with limitations and expect improved supplies from the administration.

4. I want to know about social distance-3ft or 6ft

Ans. Current recommendation is 2 meters/6 ft.

5. As this is a highly coagulable state, when to start anticoagulant-either oral / IV & to continue how long. Prof Dr. Md Abu Bakar---To Prof Mujibur Rahman

Ans. Every hospitalized patient must be started with LMWH prophylaxis immediately.

6. Why abdominal pain occurs in COVID-19?

Ans. Inflammation in the GIT is the likely cause.

7. Would a doctor go to quarantine after exposure to a suspect case of COVID-19, even if wearing a FF1/FF2 mask in triage/screening in a confined place?

Ans. No. He/she should only do so if develop symptoms or test positive. But, meanwhile social distancing and other precautions for others should be taken.

8. To Khan Abul Kalam Azad Sir, Is there any chance of Relapse in Cases? Chances of Reinfection? From Prof. Bimal Chandra Shil, SSMC.

Ans. As per WHO, there is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection. People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. More over there is chance to be re-infected by mutated strains. So, the use of such certificates may therefore increase the risks of continued transmission.
There is more chance of relapse than reinfection because in certain individuals, the antibody cannot last that long. Though relapse also is not yet proven. We await further evidence.

9. Is the lung pathology a viral pneumonia or vasculopathy?

Ans. Both, as per current evidence.

10. What's about antihypertensive, especially ACEs/ARBs in COVID 19?

Ans. Current recommendation advocates to continue both safely if patients were having them earlier.

11. Why not including anosmia and loss of taste?

Ans. They are recognized symptoms of COVID 19.

12. To Prof. Qazi Tarik sir, what's the percentage of bleeding manifestation in COVID-19 cases, in ICU?

Ans. Still rare, so not yet documented.

13. Why there is diverse geographical variations of COVID 19 manifestation? to Prof. Ridwanur Rahman

Ans. Most likely due to genetic and some ecological factors which are not evident yet.

14. Some patients became positive at 3rd sample RT PCR. Why sir?

Ans. Early sampling, erroneous sampling technique or false negative result may play role.

15. To Prof Jalil sir, why social distance varies between WHO and CDC? I.e.1 Meter vs. 2Meter!! Ideal 2 meter, at least 1 meter.

Ans: Current recommendation 2 meters/6 ft.

16. Sir, we know the sensitivity of RT-PCR in blood sample is only 1%, but Ganasastho claims that they can detect antigen also by their test. Sir can you clarify this?

Ans. They claim to detect parts of the virus in the blood, not the whole virus which is not yet proved.

17. Is there's any time for n/l index for poor prognosis?

Ans. Older age, high SOFA score, high level of D-dimer, ferritin, etc. have been reported as poor prognostic factors.

18. Implication of use antigen detection and antibody test in current situation in our country?

Ans. Though not available in Bangladesh yet, they are helpful for case detection.

19. After how many days of exposure an asymptomatic physician can do RT-PCR to know if he is COVID positive.

Ans. 48 hrs.

20. How can we get rid of infecting HCW at this crisis period

Ans. Proper PPE, appropriate donning/doffing and training of HCW.

21. As RT-PCR test is not widely available would you suggest antibody based test (RDT) for our country.

Ans. May be considered.

22. Assalamualaikum. May I ask you sir why are we not using Gene Expert platform to reduce the turnout time as this is also WHO recommended test. With thanks.

Ans. Cartridge not available

23. In mild case with co morbid condition like DM or Cardiac disease should need hospitalization or not?

Ans. Hospitalization preferred in current recommendations.

24. When should we do RT pcr in persons who have h/o contact with confirmed case but remain asymptomatic and on which day in case of symptomatic pt?

Ans: For asymptomatic: after 48 hours of exposure. For Symptomatic: as soon as symptom appears.

25. To Prof.Nazmul sir, is there any probability to any serological test to come lime light, which may help more to diagnose COVID-19?

Ans. Currently, none for Bangladesh.

26. When to use steroid in COVID-19? Dexamethasone or methylprednisolone?.... to Prof. Robed Amin

Ans. Both dexamethasone and methyl prednisolone . Used in specific indication like severe case .

27. When to start anticoagulant? Mild case e anticoagulant indicated Ki?

Ans. Prophylaxis must be started on hospitalization. Not recommended in mild case @ home isolation.Mild cases with comorbidities.

28. To Kazi Tarikul Islam Loss of taste and smell is also an important findings in COVID-19 patients. Whether it should be included in symptomatology? Professor Dr. Md.Ismail Patwary

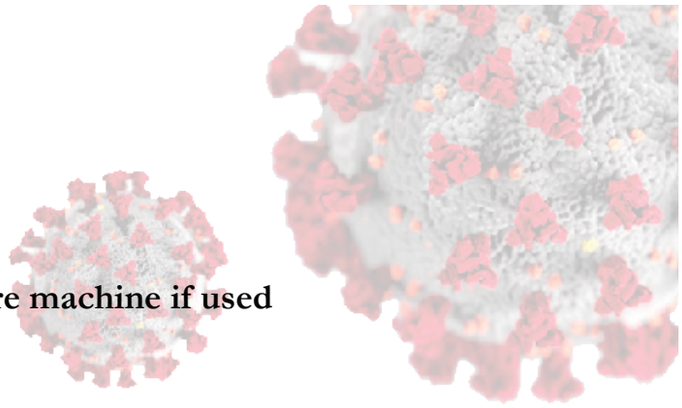
Ans.Yes.

29. Is D-Dimer the single most important marker to start anti-coagulation? Are there other markers? Which agent is more preferable? Enoxaparin, or Rivaroxaban? Thanks

Ans. Prophylaxis must be started on hospitalization, irrespective of D-dimer. Patients hospitalized for acute medical illness are at increased risk for VTE for up to 90 days after discharge. This finding should apply to COVID-19 patients, though data on incidence are not yet available. Therefore, it is reasonable to consider extended thromboprophylaxis after discharge using a regulatory-approved regimen (e.g., betrixaban 160 mg on day 1, followed by 80 mg once daily for 35-42 days; or rivaroxaban 10 mg daily for 31-39 days)

30. Sir, what will be fluid amount. Normal daily requirement or fluid cut? Many are asking for fluid cut. Your opinion?

Ans. No fluid cut recommended. Eu-volumia should be maintained.



31. Which antibiotic is preferred?

Ans. Broad spectrum anti-biotic.

32. During triage same stethoscope , blood pressure machine if used

Ans. Sanitizers should be used as appropriate.

33. How I can manage general practice in remote chamber now & after critical period (pandemic)?

Ans. Mask, Gloves, Eye cover and distancing should be enough.

34. I am Rafiq. Sir, should we start thromboprophylaxis in mild cases?

Ans.; mild cases only if there are comorbidities.

35. Whether it can transmit virus from a COVID 19 positive to negative patients? How we can sterilize?

Ans. It's possible, adequate precautions should be maintained.

36. To Professor Azizul Kahar Whether any set up in Bangladesh is following the protocol as you mentioned? Professor Dr. Md.Ismail Patwary

Ans. Everyone should follow as much as possible, despite limitations.

37. Sir is there a need of documentation of others comorbidity? In triage?

Ans. Yes

38. Sir. Assalamualikum to all. I want to know about the admission of suspected COVID-19 patients. Why there is no consensus about which patient in which hospital? Patients and as well as their families are suffering immensely. What can we do at his point?

Ans. True. Every COVID-19 Hospital should have a zone for suspected case.

39. Sir Why there is silent / Happy Hypoxia during COVID-19?

Ans. It is suggested that at initial stage of some patients (not all) degree of Hypoxia is significantly more than hypercapnia because ventilation is well maintained despite poor perfusion. As our system is more prone to detect raised CO2, patients are apparently less symptomatic.

40. Dear Sir, do we need to give oxygen in happy hypoxic state?

Ans. Always start O2 therapy when SpO2 below 94%, whatever the symptom.

41. Whether all the investigations are available at COVID-19 hospitals -Prof Dr Md Abu Bakar To Prof HAM Nazmul Ahsan

Ans. Yes, there are some limitations and we have informed proper authority.

42. How much do we need ECMO in Bangladesh?

Ans. Currently, there are more important basic needs to be fulfilled.

43. To Prof. Kahhar sir,PL. MENTION WHICH PT. ARE GIVEN THROMBOPRO-PHYLAXIS AND WHAT ARE THE AGENTS/ CURRENTLY ADVOCATED .PR. DILIP KUMAR DHAR

Ans. All hospitalized patients with COVID-19 should receive pharmacologic thromboprophylax-is with LMWH.
Therapeutic anticoagulation has been contemplated for the treatment of critically ill patients char-acterized by very high levels of D-dimer, abnormal coagulation parameters (coagulopathy/DIC), markedly elevated inflammatory markers (cytokine storm syndrome), and/or multiorgan failure. Whether critically ill COVID-19 patients should receive therapeutic-intensity anticoagulation in the absence of confirmed or suspected VTE is currently unknown.

44. To Prof Billal Alam Sir, Is there any probability of transmission of COVID 19 by plasma therapy? From Prof Bimal Ch. Shil, SSMC

Ans. Proper processing must be done.

45. Prof.Khan Abul Kalam Azad Sir, whether CPAP or BiPAP is suitable for SARI COVID 19 Patients.?

Ans. Yes. But, as aerosols are generated, HCWs must take proper precaution.

46. I want to hear something regarding some traditional prophylaxis or treatment like hot water drinking, inhaling water vapor and many more which are becoming viral at times.

Ans. None of these have any evidence to prevent infection, but can be used generally to improve certain symptoms.

47. What NIV measures we can use in wards. If ICU not available for patient?

Ans. CPAP or BiPAP can be used with proper precaution for aerosolization.

48. To Professor KAKA, whether central O2 supply is essential in COVID designated Hospital? Professor Dr. Md.Ismail Patwary

Ans. It is optimal to have..

49. How to make negative pressure rooms in our COVID hospitals?

Ans. It can be made with proper help from experts.

50. I want to know about relapse and reinfection (reason of 2nd time infection).

Ans. Discussed above.

51. How long the NIV should be continued?

Ans. It depends on patient's condition and clinician's judgment.

52. Sir what are the criteria's to shift the patient from ICU to COVID ward

Ans. When patient can maintain O2 saturation and hemodynamics without support.

53. Sir, Assalamualaikum. To Professor Khan Abdul Kalam sir HFNC though generate aerosols but it does less than NIV. As there is less ventilators in our healthcare set up it may alleviate the need to put the patient on ventilator at least partly. May we have more elaboration on HFNC sir? With thanks.

Ans. HFNC is useful.

54. Considering many social factors in our country, it's not always possible for all COVID positive patients to get admitted. Is there any recommendation on monitoring oxygen saturation at home with oxymeter?

Ans. Yes. Mild cases need not get admitted. For Hypoxia, early recognition of breathlessness and fatigue is generally best. Pulse Oximeters are helpful.

55. A little suggestion- if we use digital BP machine the chance of getting closer to patient is reduced. Many a times a proper mask is not there.

Ans. Rightly mentioned.

56. What about consultation over telephone to reduce exposure?

Ans. Appropriate Telemedicine is highly appreciable.

57. About hydroxychloquine, is there any application of any patients in our country and is there any outcome of this patients and can we apply in any people in preventive measures?

Ans. Current recommendation is to be used in hospitalized patient.
Please see national guideline.

58. All of my respected legend professor of medicine. Assalamualaikum. My question should I give prophylaxis for thrombosis in every patient who met the criteria for admission or any other indication.

Ans. Yes. For every patient hospitalized.

59. TO Prof. AZAD THANKS. IN OUR SETTINGS MOST OF THE CRITICALLY ILL PTS. ARE TREATED BY JUNIOR DOCS. MOSTLY U TRAINED .HOW CRITICAL CLINICAL EVALUATION IS POSSIBLE MINUTE TO MINUTE. WHAT SHOULD BE THE MESSAGE FROM BSM TO ADMINISTRATION? Prof. DILIP

Ans. Yes, it is difficult to provide extensive monitoring in COVID situation but maximum possible with safety precautions should be provided. Our ICU care in COVID hospitals are being supervised by ICU consultants.

60. To F M Siddiqui sir, how frequently we need to do D-dimer and ferritin?

Ans. In resource limited conditions like ours, not very necessary. If available, frequency depends on patient's condition and clinician's judgment.

61. 1. Indications of admission. Is it is necessary to admit all COVID positive patient

Ans. Only moderate to severe or critical patients should get admitted. General criteria:

- Acute respiratory distress/hypoxia
- Severe pneumonia: CARB65 score 1 or more
- Red flags for sepsis/shock: tachycardia, hypotension, cold calmly skin
- New onset confusional state, especially in elderly
- Co-morbidity: especially cardiac / hypertension, diabetes, COPD/Asthma, current smoker, obesity
- Immunocompromise: HIV/AIDS, severe malnutrition, Chronic steroid use, Immunosuppressive medication, ongoing anti-cancer treatment
- Low functional status and / or poor social circumstances
- High risk relative at home and unable to self-isolate (may be unrealistic in pandemic)

62. To Professor FM Siddique, What do you think about the death of Dr. Moinuddin? Whether hypoxia or cardiac cause? Professor Dr. Md.Ismail Patwary

Ans. As per Prof. F M Siddiqui's opinion, some cardiac cause is likely as his troponin i
Was extremely high.

63. Is there any place of CCTV camera, monitor, and sound system for monitoring of patients in isolation ward?

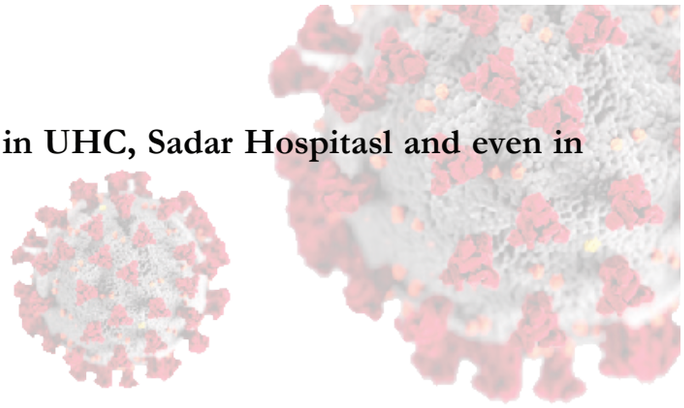
Ans. Appropriate use could be helpful.

64. What antivirals available in our country for treating COVID?

Ans. Currently, only Favipiravir. Remdesivir is in pipeline.

65. Should we start aspirin / clopidogrel prophylactic in mild to moderate with co morbid

Ans. IHD patients should continue. No other recommendations currently.



66. All the special investigations are not available in UHC, Sadar Hospitasl and even in Medical College hospitals. Then what to do?

Ans. Clinical judgment remains paramount.

67. What will be dose of tocilizumab?

Ans. o Adult Dosing (≥18 years): 8 mg/kg (max: 800 mg/dose)
o Pediatric Dosing (<18 years): Wt <30 kg—12 mg/kg; Wt >30 kg—8 mg/kg (Max: 800 mg/dose) o Duration: 1 dose; Can repeat in 12 hours if no clinical improvement. Max 2 doses.

68. Where can the IL 6 investigation be done?

Ans. In a few reference lab only.

69. Is there any scope of negative pressure ventilation in ICU for COVID 19 patients?

Ans. Yes, if available.

70. Any role of ivermectin?

Ans. Good results in vitro, but not yet proven in vivo.

71. Please comment on plasma therapy.

Ans. Discussed in webinar by Prof. Faizul Islam Chowdhury

72. Some centers are prescribing oseltamivir in our country. What is your take on this?

Ans. Not Recommended.

73. Sir My next question to Prof FM siddike that you have mentioned give pipercillin and tazobactum or meropenem along with levofloxacillin or moxifloxacin. Sir as we know these drug are used in neutropenic or immune-compromised patient. So is this disease is associated with some immune-compromised or other else.

Ans. As lymphopenia occurs, there is immunosuppression and more chance to develop sepsis.

74. Sir, whether LMWH should be a routine from moderate, if not from mild, especially in low o2 set up?

Ans. Patients with low O2 saturation should be admitted and LMWH must be started if no contraindication.

75. To Prof.F M Siddique sir, what a current status and prospect trials of Tocilizuab and Flavipiravir?

Ans. Both are under trial.

76. Prof FM Siddique sir What are the indications of methyl prednisolone in COVID -19 as we can see the use of steroids has no role in COVID 19, But it was mentioned in national guideline

Ans. Indicated in critically ill patients with severe cases, compassionate use shows benefit.

77. How many days may need to become COVID negative?

Ans. Current recommendation by CDC: 10 days. For more details: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

78. is there any role of NSAIDs

Ans. No. Should be avoided.

79. To A kahhar sir, as coagulopathy is one of the most important causes of casualties, is it recommended to use oral anticoagulant from early phase of disease...?

Ans. Only recommended in hospitalized patients and LMWH.

80. Hypoxia does it more related to micro embolism or ARDs? Is it true ARDS? microemboli why not start ribaroxiban who are taking in treatment in home

Ans. Both inflammation and coagulopathy contributes. Only LMWH recommended in hospitalized patients.

81. What are the neurological complications? Which are the most important causes of death?

Ans. Stroke, GBS, Encephalitis, venous sinus thrombosis etc.
Elderly patients with cardiac comorbidities developing sepsis/shock/ARDS/MOF died mostly

82. Pl higlight the role of antiviral & hydroxychloquine - prof FM Siddiqui
any possibility of faecal oral transmission role of desferoxamine

Ans .please see the national guideline.
Possibility of faeco-oral transmission remains in countries with poor hygiene.
No role of Desferoxamine.

83. Role of Hydroxychloquine in treatment of Mild COVID patient.

Ans. Discussed.

84. To Prof.Nazmul Ahsan sir, is there any serological test that might be promising soon under study on large scale? (Skimmed from authentic literatures?)

Ans. Not yet.

85. When we should start anticoagulant? Can we use oral drugs?

Ans. Discussed.

86. Do u suggest any drug HCQ or ivermectin for asymptomatic COVID positive?

Ans. Discussed

87. Is antibody titers level available in our country

Ans. In limited institute.

88. Role of vertical transmission which delivery is preferable - normal or CS

Ans. Not proved yet. Normal delivery preferable if there is no indications of CS

89. How many anti-viral drugs can be used at a time in moderate or severe COVID patient?

Ans. Single use preferred, if applied.

90. What's the management of sore throat with moderate pain on deglutition, without fever?

Ans. Symptomatic.

91. Should suspected case of coved admit in non COVID hospital?

Ans. In Pandemic situation, every hospital should have set up for suspected cases.

92. Is there any designated COVID 19 Hospital in our country with all facilities for Diagnosis & Treatment? To Prof FM Siddique.

Prof SHAHABUDDIN.
Ans. Yes. All COVID hospitals can provide adequate diagnosis and treatment with certain limitations.

93. What would be the prediction about coming weeks regarding COVOD19 infection? What should be our plan and strategy?

Ans. Increase numbers are predicted and all hospitals both private and govt should have "COVID", "Suspected" and "non-COVID" zones planned.

94. My Question is to Prof. Quazi Tarikul Islam Sir. What is impact of COVID-19 on Patients having autoimmune diseases like RA, Psoriasis,SLE or patients on immunosuppressive

Ans. No sufficient evidence yet

95. HCW are commonly affected. What is the key advice to prevent?
Thanks BSM.

Ans. Proper PPE with appropriate donning/doffing

96. I want to know about the chance of reinfection.

Ans. Discussed.

97. Sir, are there any relation of genetic structure with severity of disease in our context?
Dr. Rajat to Prof Faiz Sir

Ans. Yet to prove..

98. Is there any antigen test in COVID-19 as we do NS 1 in dengue?
from Prof Shahiduzzaman

Ans. Not yet available.

99. Is there any role of HCQ F M Siddique sir

Ans. Discussed

100. What about the Rivaroxaban as anticoagulant?

Ans. Discussed

101. Any role of Iron chelating agent in COVID like desferioxamine

Ans. No.

102. How long we will continue anticoagulant
Ans. Discussed.

103. Is there any recommendation to give hydroxychloroquine to health care provider as prophylaxis?

Ans. Discussed.

104. To Prof Dr. Ridwan Sir.....RT PCR positive pt kotodin infectious thake?

Ans. Discussed

105. What is the chance of herd immunity?

Ans. Very much risky premature to comment.

106. CAN WE RE-USE PPE OR N95 MASK?

Ans. In resource limited situation re-usable PPE can be re-used and N-95 can be re-used after 4 days if not damaged/soiled.

107. CAN WE USE HIGH FLOW NASAL PRONGS IN GENERAL WARD OR CLOSED ICU WHERE NO NEGATIVE PRESSURE FACILITY?

Ans. Risk of aerosol generation.

108. Is it feasible in our country for a trial of oral anticoagulant in spite of injectable one @ Ridwan sir

Ans. Still the recommendation is to use injection. Oral may be given at discharge.

109. What is the rationale of adding azithromycin to HCQ?

Ans. Synergistic effects were suggested.

110. I'm a COVID patient with mild symptoms& now I'm symptoms free from the disease without taking any drugs. Now my question can I join to my hospital to serve the patient without PPE??

Ans. Never. Proper PPE must be used you may not have protective immunity.

111. To Professor Ridwan sir, do you recommend HCQ as prophylaxis of COVID-19?, Professor Sarwer Jahan, Rangpur

Ans. Discussed

112. Any Role of Plasma exchange and CRRT for critical COVID-19? Prof Ridwanur Rahman sir

Ans. Not yet proven beneficial.

113. When to stop anticoagulant suspecting DIC? Dr Harimohan Pandit, Consultant & RP, MMCH

Ans. Discussed.

114. To Professor Ridwan, Whether use of Azithromycin increases the risk of cardiac toxicity of Hydroxychlorquine? Professor Dr. Md.Ismail Patwary

Ans. Yes.

115. We know the production Ab is not certain or produced only on 2 to 15 percent. Then how plasma therapy will help sir?

Ans. Still under trial. Antibody titer must be measured before application.

116. To Professor Faizul Islam Chowdhury, What should be the level of IgG before prescribing convalescent plasma? Professor Dr. Md.Ismail Patwary

Ans. At least 1:160 Titer.

117. Cytokines panel available in our country? Because it may help to decide starting Tocilizumab

Ans. Only a few reference lab.

118. To Azizul Kahhar Sir
what's the main reason behind Multi organ dysfunction...
Cellular toxicity? Thromboembolism? Micro thrombi?

Ans. All play role.

119. Role of MAP to take the decision about fluid therapy as well as vasopressor.

Dr. Rajashish Chakrabortty

Ans. Yes, there is.

120. To Professor Khaza Nazim uddin, Why not high flow nasal canula is popularizing for high flow oxygen in our settings? Professor Dr. Md.Ismail Patwary

Ans. It should be..

121. Any COVID -19 positive patient who are on ESRD on Dialysis.DM.IHD.what is the treatment modalities? How can he proceed Dialysis? To Prof .Abul Kalam Azad sir

Ans. He can proceed for dialysis in COVID Hospitals.

122. To Prof. Ridwanur Sir Should all physicians start HCQ prophylaxis.

Ans. Discussed

123. Who will be the focal person for infection control (IPC) in hospital?

Ans. Director or his designated person.

124. Should we do stool RT PCR as there is evidence stool remain positive after sputum negative

Ans. Not done in Bangladesh.

125. Dr. Aminul Hoque Sir, Is there any data regarding disease severity in patients who have been re-infected? What is the mode of their re-infection?

Ans. No data yet.

126. Can we use our living room air conditioner?

Ans. Yes.

127. At those stage 4 triage is not effective due to asymptomatic pt. How it is feasible to prevent infection? Dr. Utpal Kumar Chanda, Asst professor. Medicine

Ans. Still, triage and current IPC strategy is the best way to prevent infection.

128. Fan use indoor , is it ok

Ans. If positive patient around, All should use mask.

129. Need of Rapid test in current Bangladesh situation? Prof Titu sir

Ans. Yes, it would be helpful

130. To Professor Titu Miah, Where we are giving hands on training to the front line fighters in our hospital? Professor Dr. Md.Ismail Patwary

Ans. It is given in respective hospitals. Plus, all should pursue free online trainings for self-learning.

131. Have any role desferrioxamine, in case of high ferritin in COVID-19 patients

Ans. No

132. If possible made a video of donning and doffing of PPE by Professor Robed Amin, Role of antibiotic in sore throat

Ans. CDC Video: https://youtu.be/t1lxq2OUy-U
No role of antibiotic in sore throat without fever.

133. '@ DR. LUNIK, IS ANY POSSIBILITY OF DIAGNOSING COVID BY ANTIGEN/ANTIBODY TEST/SEROLOGICAL TEST?

Ans. Yes

134. To Dr. Lunik, What about the vaccine of COVID-19? Professor Dr. Md.Ismail Patwary

Ans. The world is awaiting the answer.

135. Sir, thank you for wonderful webinar.....can BSM arrange further webinars in near future to update us on COVID 19?

Ans. Yes, BSM will do.

136. Relapse or reinfection or persistence is it valid for COVID

Ans. Discussed

137. Is there any role of hydroxychloroquine as pre or post exposure prophylaxis?

Ans. Discussed.

138. Role of Doxophylin in respiratory distress

Ans. No role.

Question from "Chat Box"

1. To Professor MA Jalil Chy Sir- What should be the projected model of cases in Bangladesh by considering the data so far available- Professor Dr. Md.Ismail Patwary

Ans. We need more data.

2. Mujib sir said they are referring suspended COVID-19 to Dedicated COVID-19 hospital. But Tariq sir said, non COVID-19 hospital can even admit the suspected COVID-19. please give a clear comment on it as confusion still remains

Ans. All hospitals should have arrangement to admit suspected cases in pandemic situation. Currently DMC is admitting suspected case.

3. I'm thanking you all for a nice webinar. My request is to make a protocol to treat COVID-19 for UHC/District Sadar hospital where working doctors in roster duty of all discipline. Professor Dr. Faruk Ahammad. Department of medicine. Colonel Malek Medical College, Manikgonj.

Ans. Thank you.

4. Prof Zakir- Pulse oxymeter helps. However, Prof Khan Abul Kalam Azad recommended the use of pulse oxymetre only at hospital by doctor. Thanks. Dr Riad , HS-USAID

Ans. Yes it obviously helps. What Azad sir meant was that random mass individual based usage is discouraged for various issues as directed by American Thoracic Society and others.

5. Is there any update of Nebulized IL in COVID 19 pt in negative pressure wards? Which initially made some sounds?

Ans. Not yet.

6. As lockdown are not maintain properly mass masking would be a good strategies?

Ans. Yes.

7. If all suspected COVID are referred to the limited number of COVID hospitals the country, how will they accommodate all those wide varieties of patients? So either the number of COVID hospitals to be increased or all hospitals to be equipped with well-equipped isolation wards.

Ans. Only suspected case who meet hospital admission criteria should go to hospitals.

8. Can we use azithromycin from the very outset of the disease? to prof Redoan sir

Ans. Not currently recommended.

9. Dose of convalescent plasma to administer?

Ans. Discussed

10. What is the dose of ivermectin, Prof. Ridwan sir?

Ans. Not recommended in vivo.

11. Is there any relationship of COVID-19 with Bell's palsy? I am getting so many patients more than expectation.

Ans. There may be relation.

Questions from "Facebook Comments Section"

1. These all micro vascular thrombosis / endarteritis were in the cases of SARS (a corona). Then why COVID is so special.

Ans. Yes. Vasculopathy had been associated with Corona virus infections.

2. If any COVID patient requires i.e. emergency operation does it require prophylactic anticoagulants?

Ans. In case of surgery, all anti-coagulants are contra-indicated.

3. Is there any triage system that Prof Kahhar sir talked about in any hospital of Bangladesh? Sir many thanks to you for clear idea of triage.

Ans: yes

4. Can BSM Give a guideline to Govt. including private practice guideline and all perspective how doctor should work in different level. Why Govt. push the doctor for private practice which increase the community transmission

Ans. Guideline has been given repeatedly.

5. What about bubble CPAP in oxygenation. Please enlighten me by any expert. Are you thinking about this in low resource?

Ans. Yes, it would be helpful.

6. How many virus need to enter to cause disease in COVID-19?
Is there any difference in time to appear symptom depending on initial viral load?

Ans:people need to be exposed to as little as ten virus particle for influenza virus. For COVID 19 it is not yet known.
severity depends on persons immune response and viral load.

7. How ECMO act? Is it available in BD? Is Antiviral effective after symptom onset?

Ans. It's not available in Bangladesh.Anti-viral are all under trial.

8. Prof. Dr. Md. Azizul Kahhar Sir, What are the admission criteria of COVID-19 patients?

Ans. Please refer to national guideline

9. Thank you for the arrangements. May I please know the prophylaxis dose of enoxaparin?

Ans. enoxaparin 0.5 mg/kg (prophylactic dosing)

10. These all micro vascular thrombosis / endarteritis were in the cases of SARS (a corona). Then why COVID is so special.

Ans: because it can be spread even before patient is symptomatic.

11. Prophylactic anticoagulant after discharge dose, duration? Oral /parenteral

Ans: discussed.

12. Question to UK speaker: Do you thinks hard immunity may develop in case of COVID 19 Infection.

Ans. Unlikely

13. So antibiotics should be used after culture or not at all.

Ans. Empirical broad spectrum antibiotics are recommended where indicated.

14. Why Remdesevir not effective in symptomatic patient

Ans. It is now FDA approved for emergency use in severe/critical patients only.

15. Question to Prof Robed sir: how can we use stethoscopes following use of PPE? Because ear is exposed during use of stethoscope.

Ans. Ear is not a port of entry for SARS-COV 2 infection. Stethoscope must be used when strongly necessary with possible precautions.

16. If we use surgical mask along with a KN 95 is there any added benefit?

Ans. N95 gives the best protection when aerosol generating procedure done ,and close contact with patients,surgical mask in COVID ward.

17. Question to Prof Titu sir, how can we screen the asymptomatic COVID patients?

Ans. By rt-PCR in suspected cases.

18. Sir, we don't have place for fit test. We all are using n95 blindly without even knowing which one is properly fitting us. Can it be a reason of getting infected even after using proper PPE?

Ans. One of the possibilities indeed.

19. What is the home isolation period after discharge of pt? Whether 14 days after first symptom or 14 days after discharge?

Ans: present national guide line recommened 14 days after discharge.

20. COVID-19 is like other viral infections in many aspect. But diagnosing the pt. as COVID-19 is creating a lot dilemmas, in patients, HCW, society, economy etc. So could it be address as a simple viral infection for all practical purpose?

Ans. It is now a pandemic situation.

21. What about those patients who are becoming positive later on who were previously negative in 2 samples...what's the pathogenesis?? Is there any increased risk for them?

Ans: False negative

22. It has seen that, there are some patients who develop recurrent

Positivity of RTPCR.

1. **Are these reinfection or reactivation of the virus?**
2. **When declare a case as reinfection?**

Ans. This is due to inactive viral remnants. Reinfection not yet proven.

23. To Prof Dr A. K. M. Aminul Sir, Why two weeks isolation after two successive negative result?

Ans. To ensure they do not transmit.

24. Can't we discharge patient while afebrile for 3 days and symptomatic improvement and follow up samples to be taken from home isolation...Lots of Hospital burden can be reduced...

Ans. Yes. That has been the current recommendation.

25. Question to any learned speaker: what are the organs involved with COVID 19 patients without comorbidity?

Ans. predominantly lungs, heart, GIT, Brain.

26. Question to any learned speaker: May CBC findings can be considered as early suspicions of COVID 19 where PCR not available?

Ans. Yes, with appropriate clinical features.

27. To Prof Faizul sir, Is there any method to measure Antibody in our country? If not then how can we proceed for convalescent plasma?

Ans. No

28. Regarding the use of anticoagulants....
1. What about oral anticoagulants like Rivaroxaban or warfarin,?
2. What will the strategy for those patients who are already taking anti platelet drugs?

Ans. Discussed

29. Is there any study regarding morbidity and mortality of Women? Does this differ from men?

Ans. Yes. Male are more affected in terms of both morbidity and mortality.

30. Question to Prof Faisal sir: do you recommend plasma therapy to treat the COVID 19 patient? and if yes, please tell me what level of of antibody is to be considered to transfuse into COVID 19 patient

Ans. Still under trial. Discussed in Webinar

31. Is there any quantitative test for antibody detections available in our country?

Ans. Discussed..

32. How can we decrease droplets in the wards? Best way to reuse surgical / n95/ FFP2 masks?

Ans. If needed, N95 can be reused after 4-5 days if not damaged/soiled.

33. Before plasma therapy, Bangladesh e Ki Ab titre detha hoi? Range koto?

Ans. Not yet. At least 1:160 titer indicated.

34. Prof. Md. Robed Amin, if a patient does not have typical symptom but x-ray changes on lung, will the patient be considered suspect case?

Ans. It is unlikely that patients with significant COVID changes will be asymptomatic. Theoretically, yes.

35. Question: prof Ridwan sir: What are the Level of antibody titre considered to be protective of COVID 19

Ans. At least 1:160 titer.

36. What should be done if COVID patient comes with active bleeding? What should be the specific management then?

Ans. Patient should be treated as DIC.

37. Can ivermectin be considered in treatment purpose?

Ans. Not yet recommended.

38. In New York use of HCQ can be a cause of increased death rate, sir?

Ans. Not known yet.

39. When methylprednisolone? What dose? Which rout?

Ans. Please refer to national guideline.

40. Sir what would be the strategy when we are facing or to face co-infection of COVID and Dengue?

Ans. should be treated as per clinical scenario.

41. USA now not recommending Hydroxycholoquine and Azithromycin, what is your opinion?

Ans. Discussed above

42. Can we use Rivaroxaban as oral anticoagulant sir?????

Ans. Only after discharge.

43. We the doctors & health personnel who are working in Outdoor setting in a tertiary level of hospital when we should go for our RT-PCR for COVID-19, as we are mixing with many types of patient & attendants & health personnel in this 4th stage of transmission?

Ans. When you become symptomatic.

44. As dengue is also coming - regarding fluid and anticoagulant a difficult situation may arise with initial symptoms of fever, muscle pain, abdominal pain - is there any suggestions for front line doctors... Q from dr. Sharman

Ans. Yes. Diagnose the case with proper investigation and treat accordingly.

45. Why death rate is so much high once patient goes to ventilator? How to combat it? Any update?

Ans. Probably due to the worse clinical condition and sometimes due to ventilator induced lung injury. It should be avoided as much as possible.

46. If a mild case getting treatment in home, he should take rivaroxaban or not??

Ans. No.

47. If a doctor been exposed to COVID positive patient within which period sample should be sent for RT PCR.

Ans. After 48 hours of exposure.

48. Is early initiation of steroid effective by any way?????

Ans. No.

49. Does Moxifloxacin/ levofloxacin have any role in COVID patient management?? My question is to prof Khwaja Nazimuddin sir

Ans. Yes. They are the first line antibiotics if needed.

50. Two questions. One about increased liver enzymes bad prognostic feature. Another is COVID 19 with Obesity. Professor Ahmedul Kabir sir or respected Sirs may answer. Thank you.

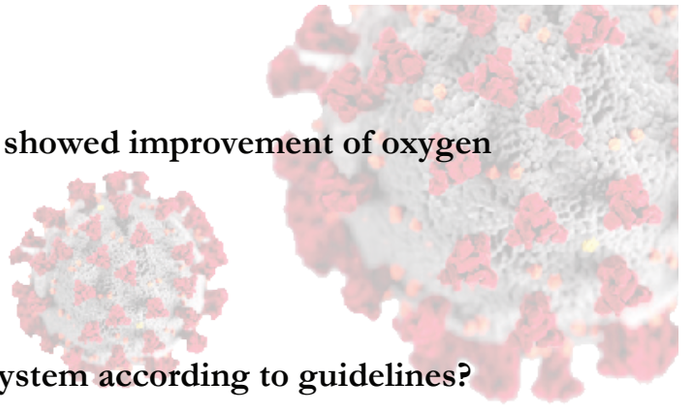
Ans. Yes. Increased liver enzymes are bad prognostic feature.
Obesity is an important risk factor.

51. What is the sign of Cytokine Release Syndrome? When to start Tocilizumab? Dr. Zafor Iqbal - Consultant ICU Evercare Hospital, Dhaka.

Ans. Signs and symptoms of cytokine release syndrome include fever, nausea, headache, rash, rapid heartbeat, low blood pressure, and trouble breathing. S.ferritin>500, CRP >50, LDH>250, Lymphocyte count<0.6, D-dimer >1000ng/ml - At least 2 criteria

52. If it is doing thrombosis, can we use prophylactic low dose aspirin for the people who has no history of severe git ulceration, age is above 40, mild, moderate or severely obese and no history of severe cvs diseases or those who are taking antihypertensive regularly?

Ans: LMWH



53. Prone positioning of the very sick patients also showed improvement of oxygen supply to the lungs

Ans. yes

54. Why COVID Hospital not maintaining triage system according to guidelines?

Ans: If such maintained, suspected COVID patients can be given support initially. Later once negative, can be transferred to other hospitals. Patient's sufferings can be minimized then.

55. What about critical COVID suspected patients? COVID Hospitals don't want to take them without COVID positive reports. Non COVID hospitals don't want to take them at Critical care management without COVID negative reports. Where they should go to take treatment?

Ans. Now the problem is quite resolved as COVID hospitals have opened Suspect Zone.

56. COVID with stroke or MI or ckd patients, where treatment should be in peripheral medical College Hospital, is it possible in isolation room only.

Ans. Multi-disciplinary approach required in COVID hospitals.

57. Dear Sir, is there any role of serum procalcitonin to assess the severity.

Ans. Yes, beneficial. But limited option in our settings.

58. How we can protect ourselves in our working place in our perspective.

Ans. Discussed.