

COVID-19 REPORT

Long term care homes are asked to take in elderly patients who are in hospitals, even for the short-term, to prepare for possible surge new coronavirus cases. Elderly people “can carry the deadly virus without showing or being able to express their symptoms, leading to fears of potential outbreaks among the most vulnerable population... We want to know what’s coming into our facility.” Dr. Barry Roth is medical Director of Woodingford Lodge, which has home in Woodstock, Ingersoll and Tillsonburg. Dr. Barbara Yaffe, Ontario’s associate chief medical health officer, said there is no evidence people with the virus have been admitted from hospitals into nursing homes.

<https://www.theglobeandmail.com/canada/article-doctors-for-ontario-long-term-care-facilities-face-off-with-public/>

Public health authorities do not advise swabbing asymptomatic new residents in an LTC home because the utility of the test is low. Even if a new resident tests negative for COVID-19, they should remain in isolation for 14 days since they could still be in the incubation period for the virus. Testing asymptomatic new residents would not change management. It is not the best use of limited resources. Share your thoughts and experiences, office@oltcc.ca

Long term care clinicians are in the midst of delivering care in the context of the COVID-19 pandemic. Palliative care is an essential component in pandemic planning. The attached document, [Planning for Palliative Care Delivery during the COVID-19 Pandemic](#), is provided by Ontario Health and the Ontario Palliative Care Network. The document outlines some of the key issues in planning for palliative care delivery in the context of COVID-19. Several useful links, references and resources guidance in planning for your facilities.

OLTCC and the OMA Section for LTC and COE invites all to join a virtual town hall on **Thursday, April 9, 8:00 – 9:00 PM**. Our expert panelists from long term care and palliative care will be Drs. Julie Auger, Rhonda Collins, Pamela Liao and Andrea Moser. They will be available to answer questions. Contact information will be in tomorrow’s COVID-19 Report. An email invitation will be sent to members in the relevant OMA sections. Submit your questions beforehand to office@oltcc.ca

LTC Prophylaxis Trial

A research team led by Allison McGeer that is coordinating a randomized trial of medication prophylaxis (using hydroxychloroquine or favipiravir) against COVID-19. The design would be similar to what is currently done for influenza outbreaks where oseltamivir is provided to everyone. There will be three arms in the study, one for each medication and placebo. The study awaits final approval. The researchers hope to involve as many nursing homes as possible. For anyone who wants to participate in the study, or wishes more information:

- 1) Chris Kandel (email = christopher.kandel@utoronto.ca, phone = 416-879-6535)
- 2) Darlene Cann (email = cann.dar@gmail.com)

GeriMedRisk

Updated information on experimental drugs, like lopinavir and ritonavir, for COVID-19 is found on the GerMedRisk web site. GeriMedRisk connects physicians, nurse practitioners and pharmacists through telephone and eConsult to an interdisciplinary team to troubleshoot complex physical and mental health conditions in older adults. The COVID-19 Resources provides brief and informative summaries of putative COVID-19 treatments. For example, the top five things to know about hydroxychloroquine and older adults:

1. Hydroxychloroquine with azithromycin remains off label use for COVID-19
2. Hydroxychloroquine may increase levels of P-glycoprotein substrates (e.g. digoxin, loperamide) and CYP2D6 substrates like metoprolol levels by 65-72%.
3. Hydroxychloroquine prolongs the QT interval therefore monitor patients with prolonged QT, or at risk of QT interval prolongation (age>65 years, female, hypoK, hypoMg, hypoCa, concomitant QT prolonging drugs including diuretics, or a cardiac history).
4. Hydroxychloroquine decreases the seizure threshold and its use is contraindicated among patients with epilepsy
5. Hydroxychloroquine may cause hypoglycemia therefore monitor glucose levels in patients on other antihyperglycemics.

<https://www.gerimedrisk.com/covid19-resources>