

COVID-19 Virginia Working Group Meeting 7/17/2020

Updates

- IRB has been revised and submitted. They are expediting the review process and we expect to hear back next week on approval.
- We have drafted up a LOI for the Gilead opportunity. Dr. Dodani has received feedback from Dr. Susan Spivey from Gilead. Will revise accordingly and then share with group for their input.
- From last meeting, we have decided to take a pause on the grant. We decided to wait on receiving this Sentara data as well as getting started with data collection for the registry itself in order to have more to draw on in establishing and supporting our aims.
- We will need to further discuss marketing strategies for the registry.
- PJ will share some of the All of Us COPE survey results at a future meeting. We can put that on the agenda for next week.

Presentation of Preliminary Findings from Sentara Hospital Data

- Sarah shared some preliminary findings from our analysis of the new COVID-19 data from Sentara patients. This data comes from a study that is primarily focused on treatment regimens and clinical outcomes and is limited to hospitalized patients, but there may be elements that can inform what this group is working on.
- Data was primarily descriptive as well as some preliminary regression models looking at the outcome of in-hospital mortality.
- Once these analyses are developed further, results will be shared with the group.
- The group provided suggestions for other pieces to incorporate.
- From Josh Sill, areas of clinical focus would include:
 - Key markers of inflammation, such as CRP, Ferritin, D-Dimer, and IL-6
 - Procalcitonin, which often indicates something other than COVID; bacterial co-infection is common in these patients
 - Immunosuppression as possible predictor of outcomes; to assess this we could look at outpatient meds
- Amira suggested that we could look at changes in labs over time across the hospitalization and how that impacts the outcome. She also suggested combining race and ethnicity into one variable. She also suggested that we could explore prescription history by outcome.
- Amira also asked about smoking history, which we will have data on (though we do not have it yet), and anything about exposures. For exposures, we will have “recent travel or contact with anyone who traveled within the last 2 weeks” (which may become less relevant now due to the degree of community spread we’re seeing) and “recent contact with anyone with COVID.” We do not have data on occupation, but this may be able to be collected via chart review.
- Brian asked if we have any other data that could get at disparities, such as income, or health insurance as a proxy. Since the study itself is focused on clinical parameters, those variables are not included currently, but we will look into collecting insurance information, possibly through chart review.
- We also discussed the limitations of this dataset for the conclusions that can be drawn about disparities, since this data only reflects those patients who were admitted to the hospital, and what happened with them once they were admitted. There may be other disparities in

exposure to the virus, testing, access to care, degree of sickness upon admission etc. to consider. Down the line we can look at getting testing data from Sentara as well to broaden the picture.

Action Items:

- HADSI will continue data analysis for this Sentara data. We will also look into the additional data elements proposed by the group and how they can be added into this data.
- At the next meeting, Vibrent will present on the COPE survey.
- Consider marketing strategies for the registry. We will come back and discuss this as a group.