

Resilience, Recovery, Reform: Infectious Diseases Post Pandemic

How can we do things better?

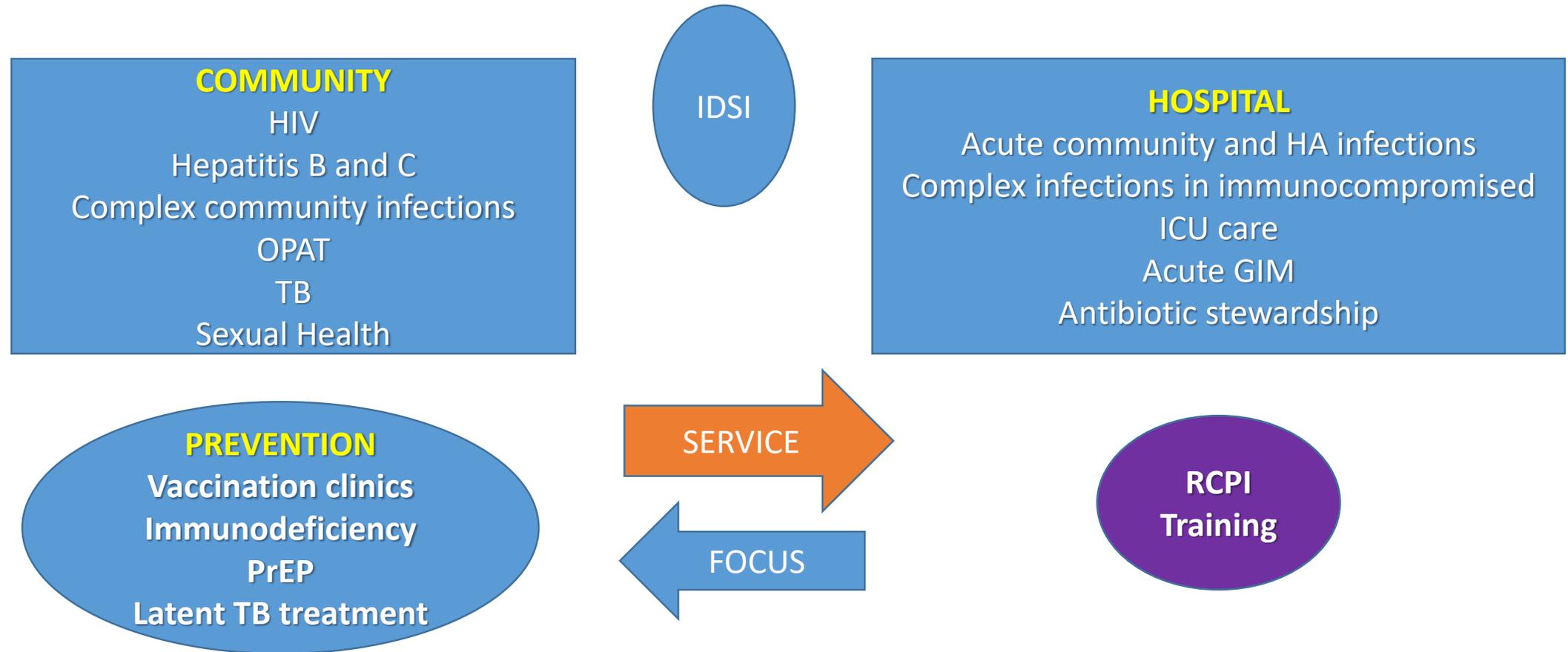
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No Disclosures



Infectious Diseases: Overview

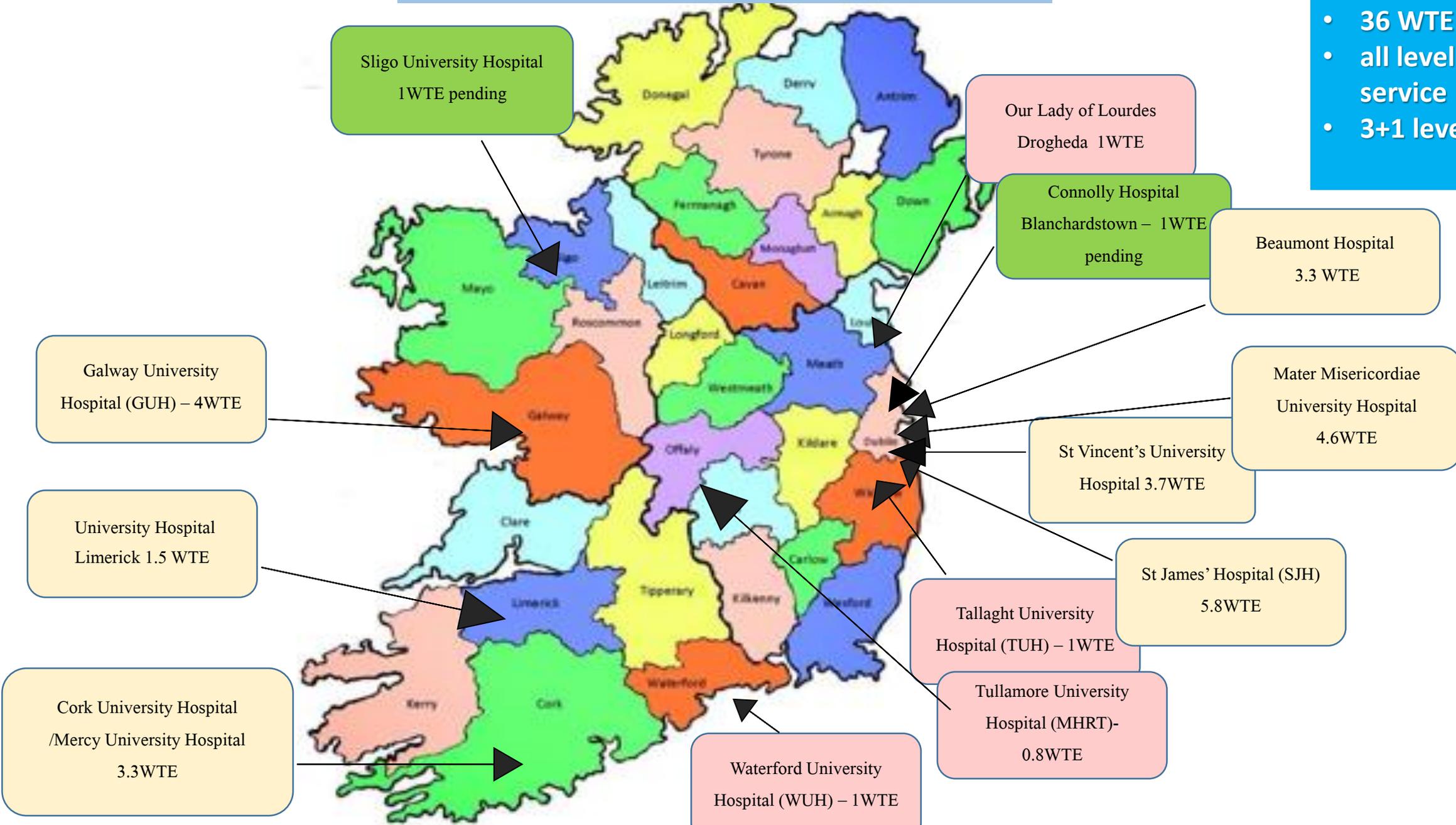


- 1993; consultant appointment Mater, 1998; CUH, 2001; SJH, 2004; Galway
- 2020; 18 WTE, 2 level 4 without ID, 2 stand alone sites, SAOLTA 2 WTE for group

Infectious Diseases Units – Consultant WTE

2022

- 36 WTE
- all level 4 have service
- 3+1 level 3



Challenges

- **New infections:**
 - **2020 COVID -19**
 - Acute infection – diagnosis and management
 - Therapeutics

Top Hospital Referrals

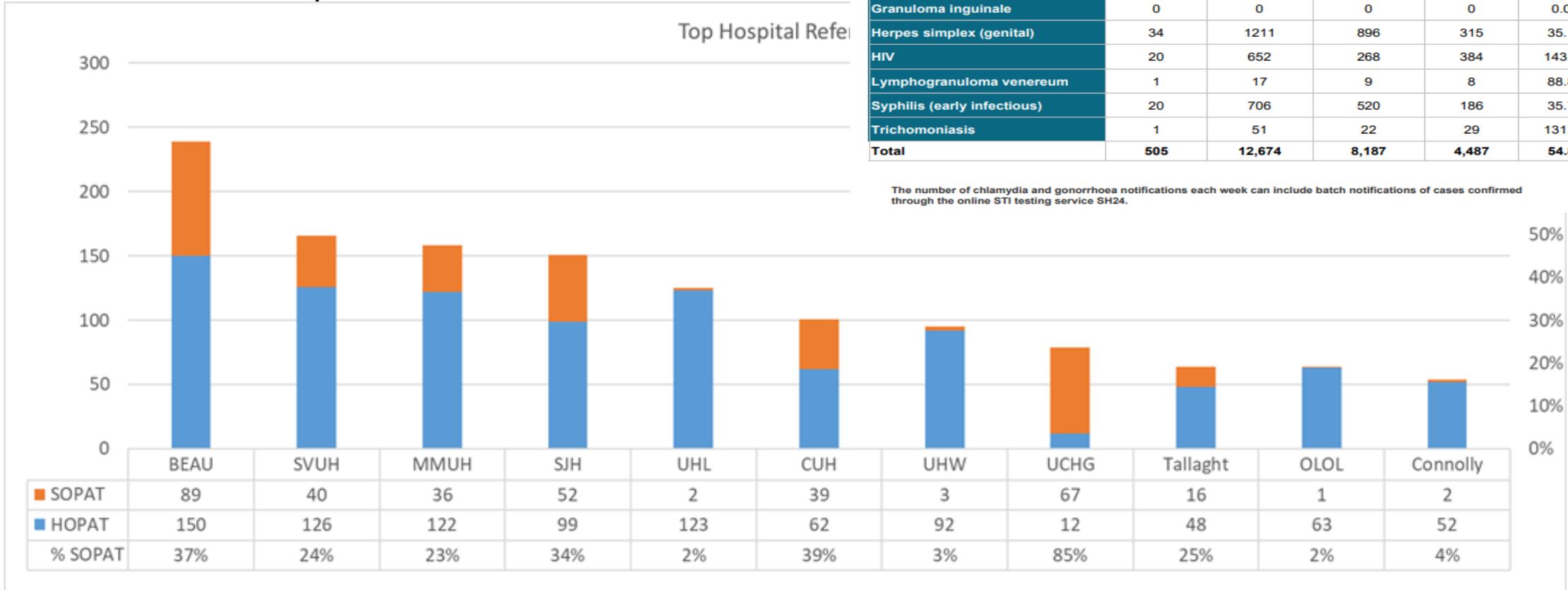


Table 1: Summary of HIV and Sexually Transmitted Infections reported for week 39, 2022

Disease	Week Ending	2022	2021	Increase/Decrease	
	10/1/2022	Week 1 - 39	Week 1 - 39	n	%
Chancroid	0	0	0	0	0.00
Chlamydia trachomatis infection	355	7358	5085	2273	44.70
Gonorrhoea	74	2679	1387	1292	93.15
Granuloma inguinale	0	0	0	0	0.00
Herpes simplex (genital)	34	1211	896	315	35.16
HIV	20	652	268	384	143.28
Lymphogranuloma venereum	1	17	9	8	88.89
Syphilis (early infectious)	20	706	520	186	35.77
Trichomoniasis	1	51	22	29	131.82
Total	505	12,674	8,187	4,487	54.81

The number of chlamydia and gonorrhoea notifications each week can include batch notifications of cases confirmed through the online STI testing service SH24.

Long COVID

- Persistent symptoms \geq 12 weeks following covid- 19 infection
 - Post acute covid symptoms up to 12 week
- Different clusters of symptoms – fatigue and reduced functional activity - relapsing
- Reduced ability to engage in ADL, reduced quality of life
 - 50% reduce work, 25 % unable to work
 - Loss of income, social interaction, leading to poor mental health
- Affects 2-20%
 - 41% > 1 years
 - 19% > 2 years
- Rates lower in those vaccinated (5% delta, 4.2% omicron)
- Rates increased
 - Female : male
 - Preexisting illness
 - Age 35 – 69
 - Working in healthcare, social care or education
 - Aetiology unknown – autoimmune, low grade inflammation, microvascular disease, neurological damage –autonomic
- Treatment is supportive, symptom directed, modified rehab and fatigue management
- June 2022 70% UK population had been infected with COVID

Prevalence of symptoms 12 weeks after lab-confirmed infection

Approach 1: Any
5.0% with symptoms

- **30%** of people with long COVID reported depressive symptoms (PHQ-8) in the last 2 weeks, compared with **16%** of those without COVID-19

ter infection
(controls)

s may provide
long COVID

Approach 2: A
3.0% with symptoms

- **25%** of people with long COVID reported anxiety (GAD-7) in the last 2 weeks, compared with **15%** of those without COVID-19

n infection
(controls)

y better account
nce of symptoms

Approach 3
11.7% with self-reported long COVID
7.5% with activity limiting self-reported long COVID

ection

12 weeks
12 weeks

Principles of care

- Making diagnosis
- Sharing information
- Encouraging patient engagement
- Subsetting care
 - eg n
- Setting priorities
- Optimising resources

PRACTICE POINTER

Long covid—an update for primary care

Trisha Greenhalgh,¹ Manoj Sivan,² Brendan Delaney,³ Rachael Evans,⁴ Ruairidh Milne⁵

What you need to know

- Long covid (prolonged symptoms following covid-19 infection) is common
- The mainstay of management is supportive, holistic care, symptom control, and detection of treatable complications
- Many patients can be supported effectively in primary care by a GP with a special interest

This article updates and extends a previous *BMJ* Practice Pointer published in August 2020 when almost no peer reviewed research or evidence based guidance on the condition was available.¹ In this update we outline how clinicians might respond to

2000) has around 65 patients with long covid, 27 of whom will have been unwell for more than a year, and 12 for more than two years. Most general practices have far fewer patients with a long covid diagnostic code on their electronic health record⁹ for a combination of reasons, including lack of presentation, lack of recognition, and inadequate coding. These figures do not cover children, who are outside the scope of this article.

Rates of long covid are lower in people who are triple vaccinated, but prevalence of long covid (persistent symptoms at 12-16 weeks after laboratory confirmed SARS-CoV-2 infection) remains high at 5% for the delta variant and 4.2% for omicron BA.2.¹⁰

National Program Principles for Care

- Single governance structures – closely related post acute and long COVID services
- Evolve with best practise and consistent standards of care
- Integrated with pre existing Community and Hospital services
- Defined referral pathways
- Close interaction with Primary Care system
- Academic partnerships
- Research, surveillance and reporting purposes
- Accountability and performance
- Cost effectiveness



Feature

THE LONG WAIT FOR A LONG-COVID THERAPY

After a slow start, researchers are ramping up the search for long-COVID treatments.

Bhasha Mewar has had it with doctors. Over the past two years, Mewar has spent nearly all of her life savings seeing heart and respiratory specialists, haematologists, urologists, dermatologists and more, in a desperate bid to tame her long-COVID symptoms. She has taken a slew of drugs: beta blockers to calm her racing heart, steroid inhalers to ease her laboured breathing and an antimalarial drug prescribed to her for reasons she never fully understood. And when Mewar – a curator at an art museum in Ahmedabad, India, who has been sick since what was probably a bout of COVID-19 in March 2020 – would visit her lung doctor twice a month, he always told her the same thing: you need to exercise. “I can’t even walk to the bathroom,” she would reply. It’s an unwelcome odyssey undertaken by millions of people living with long COVID, a complex and sometimes debilitating syndrome that can linger for months or years

Specialist Assessment Clinics for Long COVID

Specialties required

- Infectious Diseases - Lead
- Clinical Nurse Specialist
- Administrative Support/Grade V/VI Data Manager
- Physiotherapy
- Respiratory physiologist
- Occupational Therapy
- Neuro Rehab/Psychiatry/Psychology
- **Cardiology**
- **Occupational Health**
- **Dietitians**
- **Immunologists**



Diagnostics

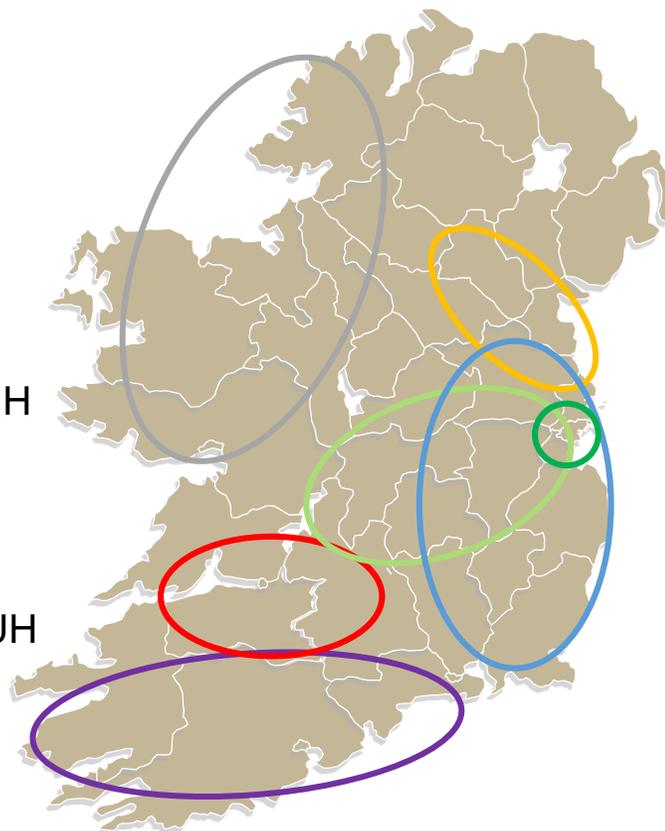
- Radiology
 - CXR
 - CT Scan
- BNP
- Echo
- PFTs
- O2 Sats
- Blood tests
- HR
- CRP
- Pulse oximetry
- Walk test
- Others...

Other

- Physical Space
- Consistency of approach
- Research element
- Close GP collaboration
- Possibility for Chronic Fatigue Specialist service

Long COVID service

-  Ireland East Hospital Group - SVUH
-  RCSI Hospitals Group - Beaumont
-  Dublin Midlands Hospital Group -SJH
-  University Limerick Hospitals Group* - LUH
-  South/South West Hospital Group*- CUH
-  Saolta University Health Care Group - GUH



MDT assessment

OT
PT
CNS
Psychology
ID consultant

Supports

Fatigue management
Physio

Co located respiratory services
Expedited cardiology work up

Specialist Neurology referral SJUH

Agreed pathways

* Clinics not yet operational



Markers of fungal translocation are elevated during post-acute sequelae of SARS-CoV-2 and induce NF- κ B signaling

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Brain, Behavior, & Immunity - Health

 journal homepage: www.editorialmanager.com/bbih/default.aspx


Safety and efficacy of low dose naltrexone in a long covid cohort; an interventional pre-post study

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Press release

Minister for Health announces €2 million investment in National Irish COVID-19 Biobank

Protocol

Long COVID and episodic disability: advancing the conceptualisation, measurement and knowledge of episodic disability among people living long COVID - protocol for a methods study

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 n,^{7,8} Niamh Roche,²² Ruth Stokes,²² Patriic Gayle,²³
 non²⁴

To Date

- Four of the six clinics established
- 20 new patients per month
- Wait time 3-4 months from referral < 4 weeks urgent
- Post acute resp clinics
- Pre existing clinics in Tallaght and Mater

Patient X

- 53 year old chef, baseline active, walked 6-10 km/day
- Covid in October 2020 – not requiring hospitalisation
- Referred October 2021
 - Fatigue, myalgias and unrefreshing sleep (5Km slowly)
 - Brain fog – word finding, multitasking
 - Drenching night sweats
- Medics
 - perimenopausal – HRT
 - Liaise occ health HSE
- OT
 - Fatigue management, pacing prioritising activities, Sleep hygiene
 - Telehealth Fatigue management group
- Physio
 - Graded exercise program , focus certain muscle groups

VSS, 6 min walk test
FBC, SMAC, CRP
TFTS, HBA1c normal
CXR normal
FSH/LH

Discharged slightly better

Evidence based approach
Hyperbaric Oxygen



Model of Care for the provision of Infectious Disease Specialty care in Ireland; Implications for workforce planning. July 22

1 Model of Care for the configuration of ID services



ID Service Delivery Model

- 6 Hospital Groups
- Level 4 services and strategic level 3
- Hub and Spoke
- Equitable access to care
- No single handed services
- Transparent
- Hanley report (2003) 61 clinical WTE

2 Physical infrastructure requirements



- Isolation facilities within framework of the NIU.
- OPD and dedicated ID wards
- Enhanced IT

3 Integrated Community Care



- Devolution of care to the community
- Integrated care with community hubs

4 ID programme office



- Incorporation of OPAT
- Incorporation of NIU
- Surveillance
- Epidemiology
- Stewardship
- Committee participation
- Best practice findings/international research
- Guidelines and Guidance

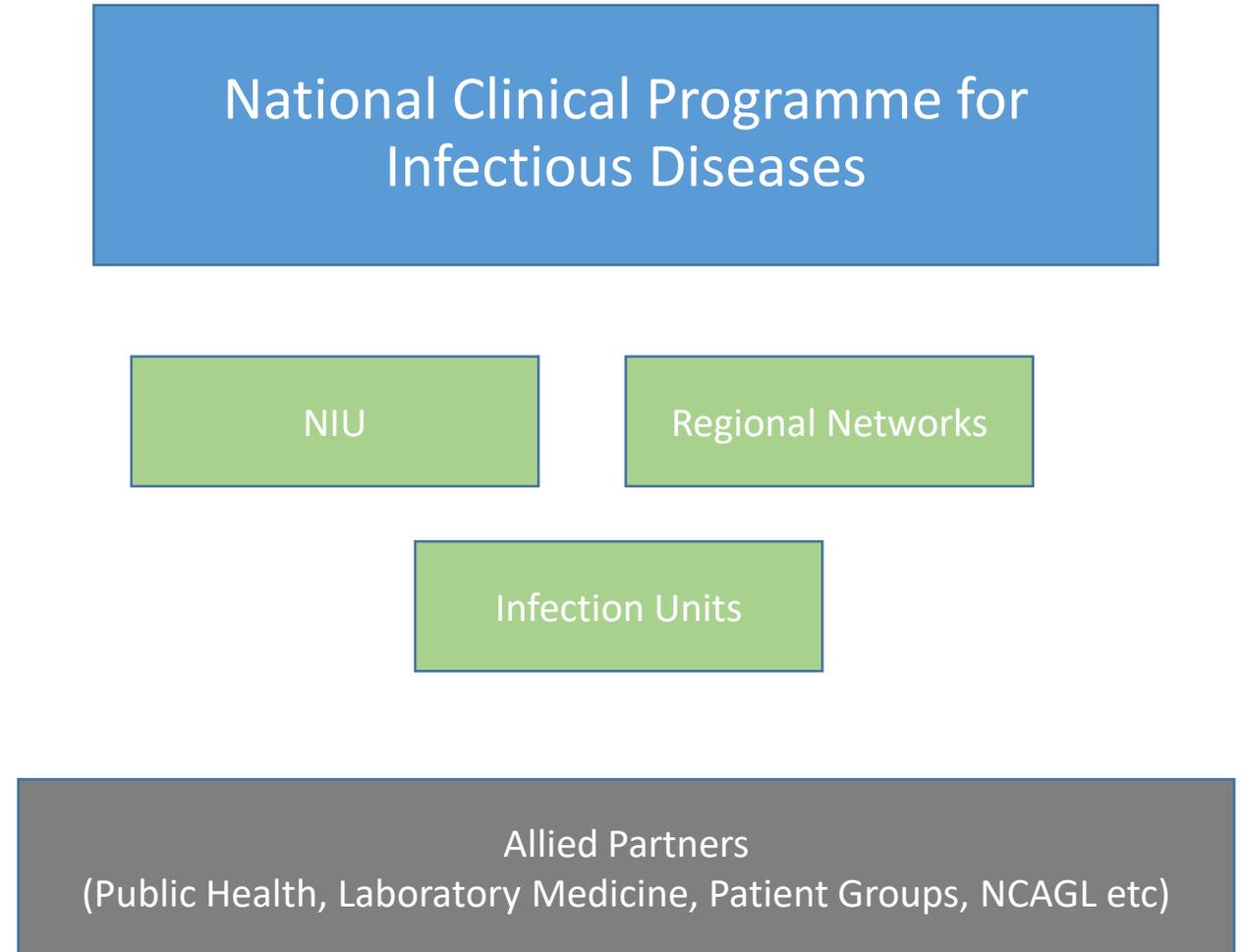
5 Education and Training



- 32 ID trainees in programme
- Collaboration with RCPI
- Training and posts linked to GIM

Surge capacity and preparedness proposal

- National model of care
 - Develop the ID clinical programme office
 - Create posts with strategy as components of the post for regional leadership
 - Regional network of receiving hospitals to support the NIU
 - Ring-fence day to day activities eg OPAT
 - Resource for facilities – OPD/ED/Inpatient isolation rooms and dedicated ID wards
 - IT support for surveillance, stewardship of resource allocation



Recovery ...Reforms..Innovation

- National plan for service provision
 - Who
 - Sustainable staffing - CNS, ANP, AHP, consultant led
 - Where
 - Community in addition to level 4/3 hospitals
 - How
 - National systematic approach
 - Networked units
 - Investment
 - IT
 - Hospital Infrastructure and community sites
 - Surge capacity
 - Protect routine care
- Ability to flex



Clinical leadership

Not just responsible for the patient in front of you

John Kotter, Harvard Business School, defines leadership by what leaders do:

‘leaders cope with change, they set direction, they align people to participate in that new direction, and they motivate people’

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HPSC

Clinical
microbiology

AMRIC

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ICU

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management

GPs