CDC/IDSA COVID-19 Clinician Call
January 9, 2021
Q&A

Below are the written responses provided by panel members during the call. This is the Q&A transcript from the Zoom webinar, formatted and edited for spelling and grammar only. There are an additional two questions at the end of this document that were answered via email by the presenters following the call. The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.

1. **What is the definition of "anterior nasal swab"? Is it "nostrils"?**
   Yes, inside of front part of nose or inside of nostrils. As defined by the guidelines, a swab insertion cutoff of 0.5 inch (1.27 centimeters) was used to differentiate between anterior nasal (AN) and mid-turbinate MT swabs.

2. **What are the 4 rapid RT-PCR test kits that Dr. Arias reported as being comparable to standard lab-based PCR?**
   According to Figure s7b in the guidelines, they are Biofire, Accula, QIAstat, Cepheid.

3. **The sensitivity for the isothermal NAAT assays was obtained only with nasopharyngeal or also with saliva samples?**
   The ID NOW uses direct nasal swab only. Most comparisons were direct nasal swab against a second NP swab. Early on some studies compared results of NP in VTM on ID NOW and other instruments, but Abbott (manufacturer of ID NOW) quickly determined that the sensitivity for detection in VTM was unacceptably low, so only direct swab is recommended for testing now.

4. **Can you go through which immunosuppressive therapies in cancer patients and patients with autoimmune diseases that may affect your decision to test patients?**

   Cancer. There are many of these medications and we have data for most of them. Patients with hematological malignancies seem to be at increased risk regardless of the chemotherapeutic agents used. The chemotherapeutic agents showed conflicting results. The following is the relevant text accompanying Recommendation 13 in the guideline:

   > *Four of the chemotherapy-focused studies observed an increased risk of death in patients receiving treatment [121, 130, 131, 141]. The remaining two studies had conflicting results with one showing increased risk of poor outcomes [133] and other one showing decreased risk of poor outcomes [129]. Hormonal therapy, immunotherapy and targeted therapy were associated with lower risk of death in one study [131], while two others showed increased risk of mortality in patients receiving immune therapy and/or targeted therapy [121, 138].*
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   > *Limited data in the form of case reports suggests that receipt of Bruton tyrosine kinase inhibitors might be associated with less severe SARS-CoV-2 infection [144, 145]. It has also been speculated that immune checkpoint inhibitors could reduce the severity of COVID-19 complications. A single population-based study reported that receipt of androgen receptor signaling antagonists for prostate cancer was associated with a lower risk for acquiring SARS-CoV-2 infection [146].*

   Rheumatological disease. The following information is the relevant text accompanying Recommendation 14 in the guideline:

   > *Biologic response modifiers are a diverse group of drugs with different mechanisms of action and variable effects on the immune system. Some, but not all, have been associated with an increased risk for developing infection including respiratory virus infections [180]. In contrast, several biologic agents including IL-6 and IL-1 inhibitors, as well as various Janus kinase (JAK) inhibitors, are currently being studied as treatments for the inflammatory response associated with COVID-19. Questions have been raised about whether these drugs may actually reduce the risk for severe SARS-CoV-2 inflammatory effects in patients who are already receiving them for treatment of autoimmune disease.*

   In summary, decisions need to be individualized based on the target of the medication, effect on the immune system and stage of the disease.