FEEDBACK on the management of SICK SUSPECTS FROM COVID 19: GROUP I
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Following my communication of March 26, 2020 concerning suspected patients with severe Covid-19 (from group II) you will find below the graphs showing the evolution of the symptoms of the 24 patients having had a moderate form of atypical (group I) influenza-like illness, and for which I thought they should still receive treatment and close monitoring:

The criteria for initiating treatment are as follows: Duration of evolution greater than 5 days, persistent dry cough, dyspnea (Shortness of breath (SOB)), marked general signs, prolonged fever, relapse of cough after a semblance of healing in the 2nd week between D7 and D10... Respiratory risk factors and cardiovascular, autoimmune disease, cancer. Smoking, overweight. Allergic terrain. Context social.

The patients all received at least one Macrolide (Zithromax, Zeclar, Rulid or Josacine) and in the cases with poorly tolerated pneumonitis, a combination with C3G (CEFTRIAXONE) or Cefpodoxime.

I prescribed macrolide alone to patients in whom I noticed the existence of a syndrome bronchial with atypical pneumonia, bilateral, with reduction of the vesicular murmur and dyspnea, and an additional C3G in case of marked ENT signs or lower lung infections, frank acute lobar. Because we observe during this flu syndrome an attack of the whole tree respiratory at different levels.

We followed the patients every day and noted the symptoms state, at the start of the disease, on the day of initiation of treatment (noted T) and the following 3 days (T1, T2, T3).

The symptoms studied are cough, fever, dyspnea, asthenia, digestive disorders, headache and ENT signs (sore throat, nasal blockage, anosmia and ageusia).

Cough group I

onset of symptoms

After initiation of treatment at time T, the rapidly progressive disappearance of cough: 50% of patients no longer have a cough within 24 hours, and no one complains of a cough at 72 hours.

The fight against this symptom contributing to the reduction of the risk of contagion by projection of droplets.

Fever group I

onset of symptoms

Moderate fever is observed before treatment. It normalizes within 48 hours under treatment.

Intense dyspnea Group I

The main symptom being shortness of breath, we observe, shortly after the initiation of treatment, rapid improvement in exercise dyspnea.

Asthenia Group I
In just 24 hours of treatment, fatigue decreases markedly, most patients finding a much better overall condition.

ENT group I

ENT signs such as sore throat or nasal blockage decrease very strongly at 48 hours after the start of treatment.

onset of symptoms

Digestive group I

Patients with initial digestive disorders such as abdominal pain febrile, septic syndrome, diarrhea or vomiting, received:
- or a fluoroquinolone more focused on colonic symptoms.
- either a macrolide if they had secondary respiratory signs after the crisis digestive past.

Group I headache

Headaches present in 1/3 of patients give way in just 24 hours of treatment in 3 patients
in 4 and in all patients in 3 days.

Myalgia Group I

Almost 50% of patients had muscle or joint pain.

Myalgia being an alarm signal in patients, associated with a decline in general health, and anxiety frequently, give way within 48 hours with treatment.

Various points:
1) Note that not all patients were treated at the same stage of the disease (between D5 and D20)
2) It is noteworthy that patients have many symptoms which all yield within the same 48h period, which therefore rules out the hypothesis of a simple natural elimination of the virus in this healing process.
3) The patients for whom we have the most perspective no longer have symptoms.
4) I used 4 different macrolides, and didn't notice any difference in effectiveness, but only digestive tolerance.

Conclusion:

Covid-19, this coronavirus from the Orient that has been occupying us for several months all over the World, generates anguish in billions of confined people, causes human damage and considerable economic impact, even in developed countries which had not seen the coming disaster.

This communication from a general practitioner was not premeditated, especially in these times when we are overwhelmed with work. It was made in an emergency because it should not be kept for himself.

Even in a very unacademic way, it seemed important to me, in this very particular context to share with my colleagues as soon as possible good results of an empirical treatment on a highly contagious disease, still poorly understood and leading to atypical pneumonia sometimes serious and fatal.

This clinical study shows the rapid response of highly suspect patients of covid 19 to a very simple protocol: taking a macrolide given alone in group I or combined with a C3G in group II, which seems, on the one hand, to stop the deterioration of the disease, and on the other hand, effectively treat all of its symptoms within 24 or 48 hours.

This is surprising and raises many questions:

Indeed, it would be interesting to know if the macrolide also has a virucidal action even moderate, in addition to its activity against bacterial superinfection and the ensuing inflammation.

The Zithromax for its part was the subject of Japanese work in October 2019 which proved its virucidal action on the H1N1 virus, with a good description of its mechanism for combating intra-cellular infections. https://pubmed.ncbi.nlm.nih.gov/31300721/

Would this anti-viral activity also apply to the coronavirus?

It would be interesting to understand if certain macrolides actually have properties virucidal, if some would be more effective than others, or if it is simply class effect. This last hypothesis seems to be confirmed given the equivalence of efficiency on the symptoms when we vary the molecules.

Which would have the advantage of sheltering from a possible shortage of macrolide drugs if they were in great demand.

It is therefore necessary to determine whether to continue antibiotic therapy while viral excretion persists. A minimum treatment time of 10 to 14 days seems indicated to avoid relapses of these atypical lung diseases.

To date, it is very reassuring to note that all the patients I have received with these symptoms are responders to the Macrolide protocol alone (group I) or Macrolide-C3G for severe forms (group II). (around forty patients as of March 28, 2020 and this is constantly growing)

The current pandemic and the peak epidemic which arrives in our country need to react quickly to avoid hospitalizations, and congestion in hospitals.

Considering :

1 / the relative safety of macrolides and cephalosporins, old and well-known drugs known, obviously with respect to contraindications,
3 / their easy access to City Medicine or to the Hospital,
4 / pending validated, safe or innovative active molecules and a vaccine
5 / the benefit-risk ratio being clearly favorable,
6 / when hydroxychloroquine is not possible in certain patients or poorly tolerated
6 / it would undoubtedly be beneficial to immediately benefit those affected by this viruses, especially the most vulnerable, elderly, who are unfortunately variable in adjustment in this pandemic period.

I have not tested the injectable forms of macrolides (Erythromycin, Rovamycin), which could be useful to the elderly or dependent. This simple drug is certainly not not the first envisaged in hospital structures accustomed to using molecules with more broad spectrum, but it could regain its place in this epidemic context.

It is important that other colleagues engage in this process to apply this protocol and communicate their results to support this analysis. The risk to patients is low, on the other hand, the expected benefit is significant in the absence of validated specific treatment for covid-19. Because it is obvious that the procedures initiated by the authorities cause delays which are not adapted to the urgency of the situation on the ground, which requires applicable solutions at once.

And this, to avoid loss of chance and save human lives when we start to glimpse active treatments.

Prospective studies should be undertaken, by testing patients in nursing homes or hospital services and would, I hope, confirm these good results and reinforce the hope they arouse.

With my respectful and devoted greetings.

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