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SPECIAL ARTICLE

COVID-19: Challenging Clinical Questions

In October 2020 when *Annals of Internal Medicine* and the American College of Physicians hosted the first COVID-19 forum, we did not anticipate that the pandemic would continue through 2021 and there would be a need for continuing this forum series over a year later. Unfortunately, SARS-CoV-2 is a stubborn virus, an alphabet of variants has emerged, testing remains suboptimal, and pandemic fatigue and reliance on misinformation have resulted in too many people choosing not to adhere to recommendations for vaccination and other public health measures. The body of knowledge about SARS-CoV-2 that researchers have amassed since early 2020 is remarkable. Yet, as we learn more, new questions emerge. This is particularly the case in light of the recent recognition of the Omicron variant in late November 2021 and the emergence of promising antiviral therapies. On 8 December 2021, *Annals* and ACP convened 3 infectious disease experts to address current challenging clinical questions. Panelists included Dr. Sabrina A. Assoumou from Boston University; Dr. Judith S. Currier from University of California, Los Angeles; and Dr. Jeanne Marrazzo from University of Alabama at Birmingham.

The panelists reviewed current knowledge about the Omicron variant, emphasizing that while it appears to be more transmissible but has been suggested as possibly less virulent than previous variants, these observations are very preliminary and largely based on news reports and preprints. It is too early to know the degree to which people infected with Omicron will suffer adverse outcomes, including hospitalization, a need for mechanical ventilation, persisting symptoms, and death. They emphasized the importance of widespread vaccination both to reduce the adverse clinical impact of Omicron and other variants and to prevent the emergence of new variants.

There was a robust discussion of the degree to which infection with SARS-CoV-2 protects against subsequent infection. Panelists agreed that infection surely boosted antibody levels, offering some immunity, but the protection was temporary. Vaccination after acute infection clearly augments immunity. Clinicians have many questions about why measuring antibody levels to assess the degree of people's level of immunity has not become recommended clinical practice. All 3 panelists dissuaded clinicians from measuring antibodies outside of research settings. Commercially available antibody assays are widely variable and questionable in their accuracy. Consequently, currently available tests are likely to misinform rather than inform. Yet, the hope is that in the future, tests such as those we use in clinical settings to assess immunity to other infectious diseases will become available. Unfortunately, we are not there yet.

Outpatient therapies, monoclonal antibodies, and oral antivirals are important components of the clinical armamentarium necessary to move us from pandemic to endemic disease. The panelists shared concerns about the logistic challenges to timely and equitable administration of these therapies. They all agreed that timely and easily accessible COVID-19 testing at sites that are able to administer treatment to people who test positive was necessary to realize the benefit of existing and emerging therapeutics.

Panelists emphasized the critical need to expand testing. Even if imperfect, rapid home tests can guide safe behavior as people resume activities, such as travel and gathering with others. The panelists shared experiences in using these tests themselves. They applauded U.S. government efforts to expand availability of COVID-19 tests but worried that the need to obtain reimbursement from insurers will create obstacles that lead to suboptimal and inequitable testing.

Other topics addressed included vaccine side effects, persisting symptoms following acute COVID-19, use of ineffective and even harmful therapies, and emerging data that persons with immunocompromise may have difficulty clearing the virus after acute infection and remain at risk for transmitting infection outside of normal quarantine time frames. Panelists also reflected on whether the pandemic will increase or decrease the attractiveness of clinical specialties, such as infectious diseases.

This program (Video) and previous ones (1–6) are available for viewing on Annals.org.

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See also:

Web-Only
Video: COVID-19 Forum VII
CME/MOC activity

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