

Global Health Brief

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COVID-19 (Novel coronavirus): Health Claims Update 3

Since the declaration of the COVID-19 outbreak as a pandemic by the World Health Organization (WHO) on March 11, 2020, the number of confirmed cases as well as fatalities has soared exponentially. The U.S., Italy, and Spain are among those most affected in recent weeks. This article provides an update on the ongoing search for effective COVID-19 treatments, a discussion of the increasingly popular terms “flattening the curve” and “social distancing,” and some insights from an insurance perspective into testing and admitting COVID-19 cases.



Sincerely,
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Potential Treatments

On March 25, 2020, WHO released a statement regarding off-label use of medicines for COVID-19. In many countries, doctors are using medicines that have not been approved for the treatment of COVID-19 patients. The practice of using a licensed medicine for indications not approved by a national regulatory authority is referred to as “off-label.” Off-label use of medicines may be subject to national laws and regulations.

WHO has provided guidance on appropriate off-label use of medicines:

- Where no proven effective treatment exists, offering individual patients experimental interventions on an emergency basis outside of clinical trials
- When it is not possible to initiate clinical studies immediately
- When the patient or their legal representative has given informed consent
- The emergency use of the intervention must be monitored, and the results documented and shared in a timely manner with the wider medical and scientific community

If early results from an unproven or experimental treatment for COVID-19 appear promising, the treatment should then be studied in the context of a formal clinical trial to establish its safety, efficacy, risks, and benefits.

To date, WHO has noted that no pharmaceutical products have been shown to be safe and effective for the treatment of COVID-19. Nonetheless, some medicines have been suggested as potential investigational therapies. These are now being studied in clinical trials such as the multinational SOLIDARITY trial, which is studying four medications or combinations of medications. These are: remdesivir; chloroquine and hydroxychloroquine; lopinavir plus ritonavir; and lopinavir plus ritonavir and interferon-beta.

Several studies in addition to SOLIDARITY are underway, and while early data has shown promising results for some, better evidence may be required to support the use of these medications on a larger scale. In the meantime, misusing or overusing these medications should be avoided to ensure that individuals who really need them (such as malaria and lupus patients, for whom hydrochloroquine is indicated) can receive them.

As for vaccines, two candidates are currently in phase 1 clinical trials, while 42 others are at the pre-clinical stage. However, it is probable that the first of vaccines may not be ready in the next 12 to 18 months.

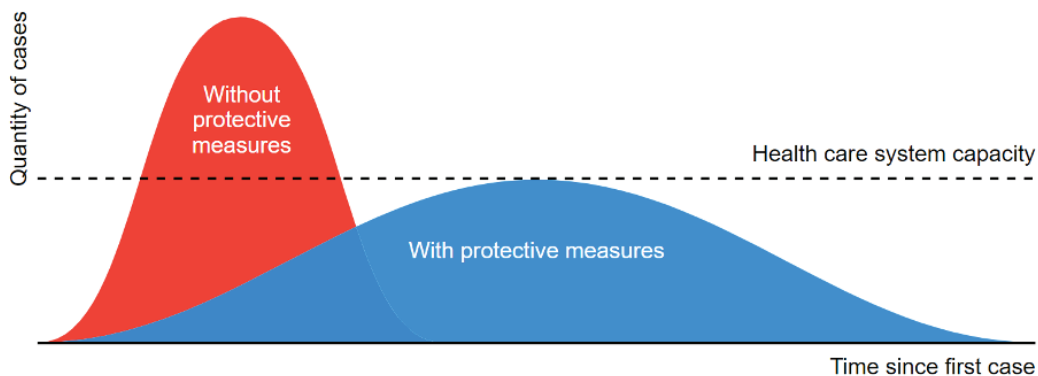
Off-label treatment is likely to fall under a policy exclusion for experimental treatment, although it may be counterintuitive to invoke such an exclusion in the context of a novel disease for which there is as yet no known treatment. Therefore, when faced with insurance claims for coverage of off-label treatments, insurers should engage their medical experts to thoroughly review each treatment on a case-by-case basis to ensure that treatment is clinically appropriate and in accordance with the WHO guidelines cited above, and discuss the subject with relevant stakeholders against the policy terms and conditions before approving the claims.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

<https://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus-landscape-ncov.pdf?ua=1>

Flattening the Curve

The phrase “flattening the curve” is often used to encourage community efforts to slow the spread of a disease outbreak so that healthcare systems can cope. Typically, the curve is as illustrated below:



Source: <https://www.flattenthecurve.com/covid-19/>

The graph represents the hypothetical projected number of people who will contract COVID-19 over a period of time. Without protective measures, the number of infected persons would quickly overload a health care system’s capacity and thus lead to inadequate care for those in need, subsequently increasing the risks of mortality and morbidity not just for COVID-19 patients but also those with other ailments. Conversely, with protective measures, if we assume the same number of people will be infected but over a longer time span due to the slower rate of spread, a healthcare system will be better able to manage those really in need, reducing the overall risk of increased mortality and morbidity.

Protective measures aimed at flattening the curve revolve around hygiene practices as well as social distancing, which is discussed in the following section.

Social Distancing

The principle of social distancing is directly related to the modes of transmission of the COVID-19 virus. According to current evidence, COVID-19 is primarily transmitted between people through respiratory droplets and contact routes.

Droplet transmission occurs when a person is in close contact with others, whether they have respiratory symptoms (e.g., coughing or sneezing) or not, as asymptomatic individuals are known to be highly infectious. “Close contact” has been defined by WHO as within 3 feet/1 meter; however, many countries and municipalities around the world have been advising adherence to a 6 feet/2 meter guideline. Everyone is considered to be at risk of exposure to potentially infective respiratory droplets via mucosal surfaces, such as the nose, mouth, or eyes, direct contact with an infected person, indirect contact with surfaces in the immediate environment, or direct contact with objects used by an infected person.

Airborne transmission (aerosolization) of COVID-19 virus is different from droplet transmission. Airborne particles are



smaller and can remain in the air for long periods of time and be transmitted to others over distances greater than 3 feet/1 meter. WHO has stated that airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed, such as during endotracheal intubation, bronchoscopy, open suctioning, administration of nebulized treatments, non-invasive manual ventilation, non-invasive positive-pressure ventilation, and cardiopulmonary resuscitation. In other words, under normal circumstances, airborne transmission of the COVID-19 virus may be less likely. There are reports that aerosols can be generated by simply breathing and talking, however studies are still being done to confirm that.

Based on the understanding of the modes of transmission, it is therefore recommended that the practice of social distancing and the avoidance of close, unprotected contact with people with fever or respiratory symptoms are of utmost importance in limiting the spread of the disease. This is the fundamental component of protective measures to flatten the curve.

<https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

Testing and Admitting COVID-19 Cases

WHO has recommended that every suspected case of COVID-19 be tested. If positive these individuals should be isolated, and everyone with whom they have been in close contact before they developed symptoms should be sought out, isolated, and tested as well.

WHO also advises that all confirmed cases, even mild cases, should be isolated in health facilities to prevent transmission and provide adequate care.

In line with these recommendations, for medical reimbursement insurance products, testing and admitting mild cases is considered a “medically necessary” practice, although many countries have already exceeded their capacity to test and care for mild cases in dedicated health facilities and have therefore opted to prioritize older patients and those with underlying conditions. Nonetheless, any claims should be considered in the context of the policy wordings.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

Conclusion

From all appearances, the trajectory of this pandemic will most likely be lengthy. I will be continuing to issue these updates for the foreseeable future, as needed. Please let me know if you have questions or comments.



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