From: Dobbs, Thomas E
To: "mmansour@cvdocs.com"
Cc: "Claude D. Brunson,"
Subject: RE: COVID-19 Treatment
Date: Friday, July 31, 2020 4:57:08 PM

Of course. The observations and experiences of top notch docs is nothing to ignore.

Thanks Michael. Thomas

From: Dr. Mansour <mmansour@cvdocs.com>
Sent: Friday, July 31, 2020 4:50 PM
To: Dobbs, Thomas E <Thomas.Dobbs@msdh.ms.gov>
Cc: 'Claude D. Brunson,' <cbrunson@msmaonline.com>
Subject: RE: COVID-19 Treatment

Thomas,
Thank you so much for leaving the door open on hydroxychloroquine and discussing it today on the MSAM video conference. We are very conscious of the possible downsides and are carefully monitoring our protocols and treatment plans. Thanks again for all you do.
Michael

From: Dobbs, Thomas E <Thomas.Dobbs@msdh.ms.gov>
Sent: Friday, July 31, 2020 6:45 AM
To: Michael Mansour <mmansour@cvdocs.com>
Cc: Claude D. Brunson, <cbrunson@msmaonline.com>
Subject: Re: COVID-19 Treatment

Good morning.

Thanks for the update. I certainly would not advocate for limiting physicians capacity to use this drug off label. Especially if it's being used in the context of close monitoring.

I do hope that it shows efficacy, but all clinical trials that I've seen really haven't shown it to be that useful. It may will be we haven't studied it quite well enough. I'm certainly not anti-hydroxychloroquine, but it's become some bizarre political thing where people think it supersedes public health interventions that are very much needed or we're not going to ever get out of this thing.

I definitely support your clinical judgment and local teams efforts to try to use available treatments safely. I will make sure that I work on nuancing the message, in a way that supports prevention measures that doesn't undermined physician autonomy.

Keep up the great work. Your area is really inundated. Thomas

From: Michael Mansour <mmansour@cvdocs.com>
Sent: Thursday, July 30, 2020 10:32 PM
To: Dobbs, Thomas E <Thomas.Dobbs@msdh.ms.gov>
Cc: Michael Mansour <mmansour@cvdocs.com>; Claude D. Brunson, <cbrunson@msmaonline.com>
Subject: COVID-19 Treatment

Dear Thomas,

Thank you for all you are doing for our state during the pandemic and always.

I needed to discuss your Twitter post about hydroxychloroquine having no benefit in COVID-19 patients. I believe that this is not accurate and not helpful to all of us around the state who are doing our best to manage patients with limited resources including limited hospital and ICU beds.

Let me explain. We have a COVID committee at Delta Regional Medical Center. This is composed of specialists in medicine, hematology, infectious disease, pulmonary/critical care, and cardiology. We meet frequently to review treatment responses, side effects, outcomes, the literature in each of our fields, and constantly revise our standing orders and treatment plans for outpatient and inpatient care.

What we have come to appreciate is that we are treating a disease with three overlapping phases. The first phase in first 5 days or so of illness is characterized by a heavy viral load. Hydroxychloroquine and ivermectin are effective early on in the illness to decrease the viral load and often lessen the severity of subsequent stages of the illness. Azithromycin is also used. We have been aggressive about using these treatments very early in the course of illness and of the approximately 150 patients treated only 7% required hospital admission (well below the national average). We have had no deaths in this group. The key is to treat these patients early in their course to decrease the viral load. Unfortunately some people present to ER or clinic in the second phase or inflammatory phase of the illness. At this point the hydroxychloquine is less effective or ineffective.
The second phase patients benefit from the decadron (or xeljanz) for inflammation. At 10 to 12 days the patients with more severe symptoms enter the hypercoaguable stage and benefit from full anticoagulation for the following 4 weeks. Hospitalized patients receive remdesivir. Of course all of these stages overlap.

Our goal like everyone else is to keep as many people out of the hospital as possible and to produce the best outcomes. Our mortality rate is running around 11% for hospitalized patients also well below the national average and data reported from New York and Detroit.

As you probably know the Pharmacy Board in Ohio has now refused to fill hydroxychloroquine prescriptions for COVID patients. Not sure why they have the authority to over rule physician

judgment but I am concerned refusing prescriptions could happen here in Mississippi. (it was discussed early on when supplies of Hydroxychloroquine were limited.)

We are also concerned that your Tweet could be used to imply that our treatment protocols are not in patients best interest or even be construed as malpractice.

We are directing primary care to treat patients as early as possible.

Like many of the hospitals around the state we are over our bed capacity and we know we have no hope of transferring patients. We are doing our best to care for every patient with limited resources.

Please help us to continue to care for these patients and keep as many people as possible out of the hospital. Thank you for your tireless efforts to help our state.

I am happy to discuss this with you at any time.

Best wishes,

Michael Mansour
662.820.0808