

HELLENIC SOCIETY OF INFECTIONS IN CRITICALLY ILL PATIENTS (H.E.L.L.A.S.)
THE SPANISH NETWORK OF EXCELLENCE IN RESPIRATORY DISEASES (CIBERES)

WEB SCIENTIFIC EVENT

COVID - 19 PANDEMIC IN CRITICALLY ILL PATIENTS

24 SEPTEMBER 2020

ATHENS, GREECE



FINAL PROGRAM

SCIENTIFIC - ORGANIZING COMMITTEES



Faculty Members

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WELCOME LETTER

Dear Colleagues,

The COVID-19 pandemic is an ongoing global pandemic with more than 25.1 million cases and 844,000 deaths reported worldwide. Elderly patients with underlying chronic diseases are considered of high risk for death but younger people without major underlying diseases may also present lethal complications. COVID-19 must be regarded as a systemic disease involving multiple human systems due to the uncontrolled systematic inflammatory response resulting from the release of large amounts of pro-inflammatory cytokines and chemokines by immune effector cells, named “cytokine storm”. In this situation the treatment with immunomodulatory agents (corticosteroids, tocilizumab, anakinra etc) has been considered needing however more laboratory and clinical evidence. Mortality related to COVID-19 is lower than SARS and MERS but the infection is more lethal than seasonal flu while currently no specific antiviral treatment is available and therefore further research into the pathogenesis of human coronavirus infection is imperative for identifying appropriate therapeutic targets. A major problem of the coronavirus pandemic is the considerable burden imposed on the National Health System worldwide due to the hyperacute outbreak and the proportional increase of patients requiring ICU support in an extremely limited period of time while outcomes vary according to the burden of the disease in each country. The pandemic has caused also global social and economic disruption leading to the postponement or cancellation of sporting, religious, political, and cultural events, while schools, universities and colleges have been closed either on a nationwide or local basis in 172 countries, affecting approximately 98.5 percent of the world’s student population. Additionally, misinformation about the virus has circulated through social and mass media. This international webinar meeting aims, with the contribution of well known worldwide experts, to share with colleagues from different countries all the latest informations and knowledges on COVID-19 pandemic and to promote a productive discussion. For this reason, we ask for your active participation.

The organizers of the Webinar meeting

Professor George Dimopoulos
Athens, Greece

Professor Jordi Rello
Barcelona, Spain

FINAL PROGRAM

Thursday 24-09-2020

09.55-10.00 Introduction G. Dimopoulos (Greece)

10.00-11.30 COVID-19. The new enemy

Chairs: A. Armaganidis (Greece) - IM Dimopoulou (Greece)

10.00-10.20 Epidemiology I. Martin-Loeches (Ireland)

10.20-10.40 Pathophysiology J.F. Timsit (France)

10.40-11.00 The 5 phenotypes of infection M. Belliato (Italy)

11.00-11.20 COVID-19 is a systematic infection G. Waterer (Australia)

11.20-11.30 Q & A

11.30-12.00 Break

12.00-13.30 COVID-19. Management

Chairs: S. Loukides (Greece) - P. Sfrikakis (Greece)

12.00-12.20 Molecular diagnosis S. Pournaras (Greece)

12.20-12.40 Mechanical Ventilation P. Pelosi (Italy)

12.40-13.00 Thromboprophylaxis M. Tamae Kakazu (USA)

13.00-13.20 COVID-19 associated co-infections R. Wunderink (USA)

13.20-13.30 Q & A

13.30-14.00 Break

FINAL PROGRAM

14.00-15.30 COVID-19. Treatment

Chairs: A. Koutsoukou (Greece) - S. Orfanos (Greece)

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|-------------|----------------------------------|--------------------------|
| 14.00-14.20 | Hydrochloroquine and Azitromycin | N. Sipsas (Greece) |
| 14.20-14.40 | Remdesivir | M. Bassetti (Italy) |
| 14.40-15.00 | Immunotherapy | E. Giamarellos (Greece) |
| 15.00-15.20 | Plasma treatment | M.A. Dimopoulos (Greece) |
| 15.20-15.30 | Q & A | |

15.30-16.00 Break

16.00-18.00 COVID-19. Patients with specific conditions

Chairs: A. Kotanidou (Greece) - P. Myrianthefts (Greece)

- | | | |
|-------------|---|-----------------------------|
| 16.00-16.15 | COVID-associated aspergillosis | D. Vogelaers (Belgium) |
| 16.15-16.30 | CRBIs in COVID era | V. Jakšić (Serbia) |
| 16.30-16.50 | COVID-19 induced arrhythmias | E. Vavouranakis (Greece) |
| 16.50-17.05 | Transplantation in the COVID era | G. Papatheodoridis (Greece) |
| 17.05-17.20 | Ongoing clinical trials | C. Gogos (Greece) |
| 17.20-17.35 | The vaccine | G. Poulakou (Greece) |
| 17.35-17.50 | Artificial Intelligence
and COVID-19 | I. Mporas (UK) |
| 17.50-18.00 | Q & A | |





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^{*} Valent P, J Innate Immun 2016;8:111-120

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When “flu season” hits and patients begin to fill waiting rooms, COVID-19 will be everyone’s top suspect. But several respiratory pathogens can cause similar, overlapping symptoms. Now you can test for 23 common respiratory pathogens—including SARS-CoV-2—all with one test and just 45 minutes.

The syndromic approach

Less than 10% of all tests for SARS-CoV-2 in the US have been positive.¹ And even during peak “flu season,” influenza comprised less than one-third of detected respiratory pathogens.²

The CE-marked BioFire RP2.1*plus* Panel uses a syndromic approach, combining the ability to detect 23 common respiratory pathogens into a single, rapid test. Fast answers on a broad range of pathogens may enable the confidence to make targeted treatment decisions; improve patient management regarding admissions, isolations, cohorting, and discharges; and quickly initiate (or discontinue) infection control measures.



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Coronavirus 229E	Influenza A/H1
Coronavirus HKU1	Influenza A/H3
Coronavirus NL63	Influenza A/H1-2009
Coronavirus OC43	Influenza B
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)	Parainfluenza Virus 1
Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)	Parainfluenza Virus 2
Human Metapneumovirus	Parainfluenza Virus 3
Human Rhinovirus/Enterovirus	Parainfluenza Virus 4
	Respiratory Syncytial Virus

BACTERIA

Bordetella pertussis
Bordetella parapertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae

Overall 97.4% Sensitivity and 99.4% Specificity³

Sample Type: Nasopharyngeal swab in transport media

Don't guess. **Know.**

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Product availability varies by country. Consult your bioMérieux representative.

1. The COVID Tracking Project. The Atlantic. Available from: <https://covidtracking.com/data>.

2. BioFire® Syndromic Trends (syndromictrends.com)

3. The stated performance is the aggregate of the prospective data in the BioFire RP2.1*plus* Panel clinical study.



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Ελληνικά Φάρμακα
με Παγκόσμια Εμβέλεια



Φροντίδα για τους Ασθενείς

Αυτή είναι η δραστική μας ουσία

Στη DEMO, περισσότερο από 50 χρόνια, παραμένουμε προσηλωμένοι στην έρευνα, στην καινοτομία και στην ανάπτυξη φαρμακευτικών προϊόντων υψηλής ποιότητας με επίκεντρο τον άνθρωπο. Νιώθουμε υπερήφανοι που η ασφάλεια και η αποτελεσματικότητα των δικών μας ελληνικών φαρμάκων αναγνωρίζεται παντού στο κόσμο.

Έχουμε κερδίσει την εμπιστοσύνη των υπηρεσιών υγείας σε πάνω από 80 χώρες, εξασφαλίζοντας υγεία για εκατομμύρια ασθενείς.

Αυτή είναι η δική μας δραστική ουσία:

Χαμόγελο και Ελπίδα στη ζωή σε όλο και περισσότερους ανθρώπους.



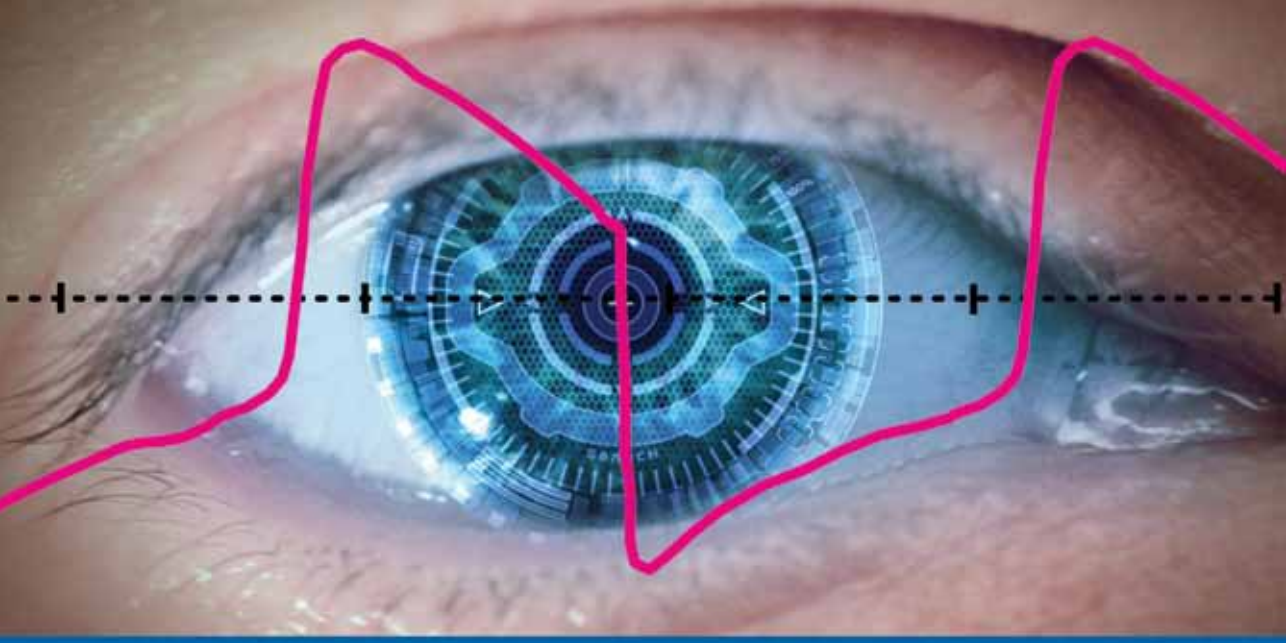
Περισσότερα από 100 χρόνια
ασταμάτητης αναζήτησης,
είναι μόνο η αρχή.

Αυξάνουμε την προσπάθεια,
μειώνοντας μόνο την απόσταση
από το μοναδικό μας στόχο,
τη βελτίωση της
ανθρώπινης υγείας.



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1 Thille AW, Intensive Care Med. 2006 | 2 Tassaux D, Ann J Respir Crit Care Med. 2005 | 3 Blanch L, Intensive Care Med. 2015

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GENERAL INFORMATION

The scientific event will be held online and broadcasted live.

Date

Thursday, 24 September 2020

Official Language

The official language of the conference will be English. All informative material and oral presentations will be in English. No simultaneous interpretation in other languages will be provided.

Registration Fee

The registration is free of charge.

- Includes access to the seminar's online platform
- Attendance of the scientific program
- Scientific program (digital form)
- Certificate of attendance (e-Certificate)

ACKNOWLEDGEMENTS



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