

Coordination Santé Libre

Proposition protocole PREVENTION COVID-19

Proposition évolutive en fonction des données des publications et des retours d'expériences de terrain

31/01/2021

PREVENTION COVID-19 – SITUATIONS PRATIQUES – PCR négatives

Pour tous

Lavage des mains au savon régulier
Gel hydroalcoolique à l'extérieur

Soignant en contact
régulier avec malades

Travailleur en contact
avec le public

Cas Contact
(pas sous le même toit)

Famille d'un malade
vivant sous le même toit

Port du masque en intérieur et situation à risque (ex : transports en commun)
Lavage des mains au savon régulièrement ou sinon gel hydroalcoolique

Isolement (jusqu'à PCR nég) – chambre séparée
Test PCR à J1 et J7

Activité physique régulière (12)(13) Gestion stress (sophrologie, relaxation, cohérence cardiaque, ...) (14)(15)

Vit D3 2000 à 4000 ui/j ou éq. / mois
à adapter au dosage sérique (1)(2)(3)

Vit D3 2000 à 5000 ui/j (ou équivalent par mois) pour obtenir un dosage sérique de 50 ng/ml

Gluconate ou Bisglycinate zinc 15 mg/j
(4)(5)

Gluconate ou Bisglycinate Zinc 30 mg/j

Gluconate ou Bisglycinate Zinc 30 mg x 2/j 7 jours

Vit C 500 mg x 2/j (6)(7)

Vit C 500 mg x 3/j

Vit C 1000 mg x 3 /j – 7 jours

Améliorer la qualité du microbiote - (alimentation, pré-probiotiques...) (8)(9)(10)(11)

En fonction des modes d'exercice
particulier du médecin,
on pourra associer

Lavage nez 1 fois/j avec sérum physiologique (16)

Lavage plusieurs fois/j avec sérum physiologique (16)

Huile essentielle de RAVINTSARA : 2 gtt sur les poignets le matin, 5 j / 7 (17)

Homéopathie, Phytothérapie,
Oligothérapie, Aromathérapie,
Acupuncture

IVERMECTINE 0,2 mg/kg
1 fois par semaine
(soignants en unité COVID)
(22)(23)(24)

Echinacée : poudre tot. 900 mg matin et midi, 5 j / 7 (18)(19)

Quercétine 250 mg/j j (20)(21)

IVERMECTINE 0,2 mg/kg à J1, J4 et J8
(22)(23)(24)

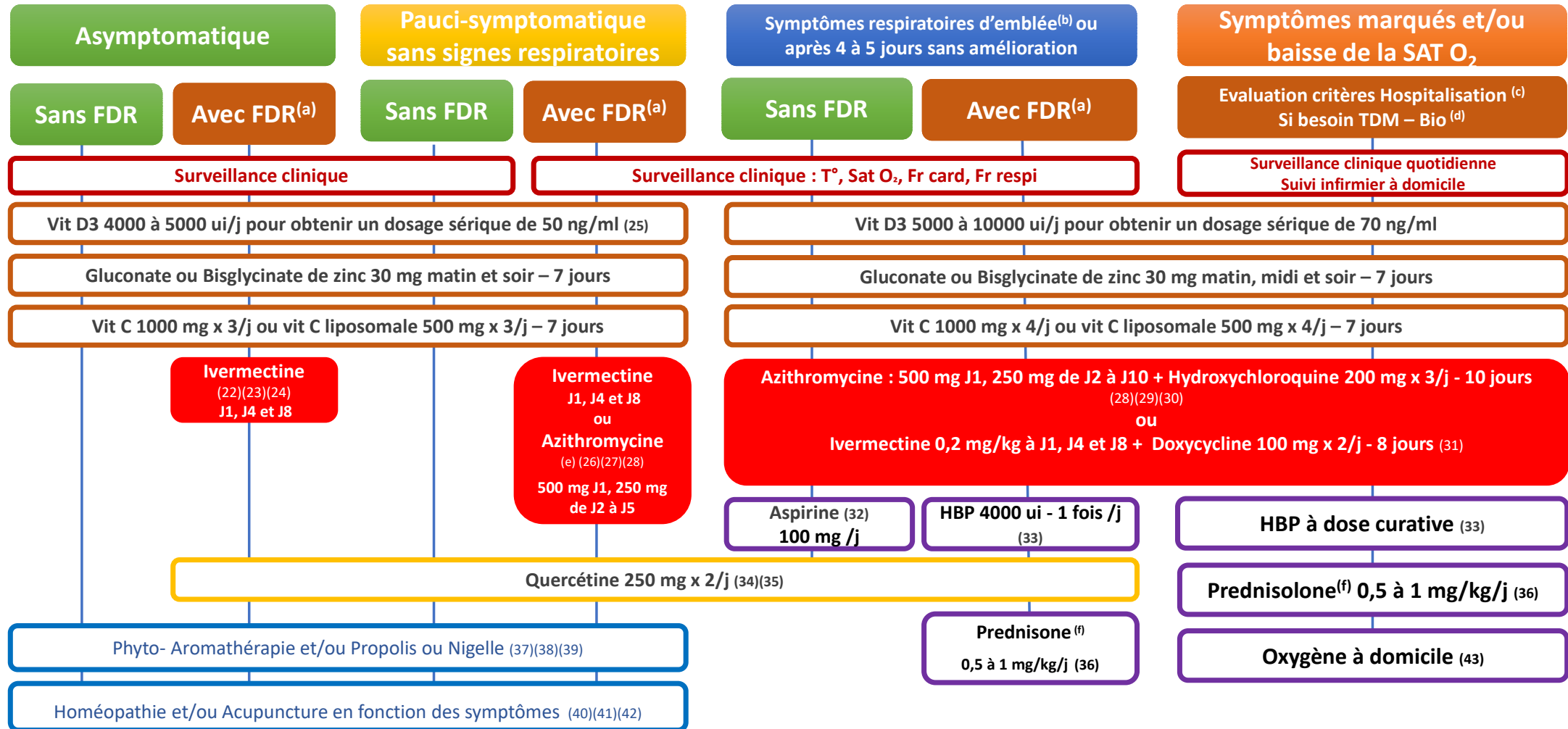
Coordination Santé Libre

Proposition protocole THERAPEUTIQUE COVID-19

Proposition évolutive en fonction des données des publications et des retours d'expériences de terrain

31/01/2021

TRAITEMENT AMBULATOIRE PRECOCE (TAP) COVID-19 - PCR +



Commentaires sur protocoles thérapeutiques

a- FDR : Facteurs de risque de faire une forme grave de Covid-19

Patients atteints de cancers et de maladies hématologiques malignes en cours de traitement par chimiothérapie ; atteints de maladies rénales chroniques sévères, dont les patients dialysés ; transplantés d'organes solides ; transplantés par allogreffe de cellules souches hématopoïétiques ; atteints de polyopathologies chroniques et présentant au moins deux insuffisances d'organes ; atteints de certaines maladies rares et particulièrement à risque en cas d'infection ; atteints de trisomie 21

IMC > 30 – HTA mal équilibrée – Diabétique – Insuffisance respiratoire et BPCO

b- En cas de symptômes respiratoires d'emblée

Une dyspnée d'effort doit être questionnée/recherchée +++ / TDM thoracique précoce si signes auscultatoires
Si lésions radiologiques (traitement jusqu'à normalisation de l'auscultation) + contrôle TDM à 2 mois

c- Critères d'hospitalisation

SAT O₂ < 95 – Fréquence respiratoire > 20 - Altération majeure de l'état général, suivi à domicile précaire ou non assuré ou évolution clinique défavorable

Critères péjoratifs à l'imagerie (radiographie ou scanner)

Critères biologiques de gravité : D-dimères > 1 mg/ml ; CRP > 50 mg/l ; lymphocytes < 1 000/mm³

d- Bilan biologique de surveillance

NFS – CRP – D-dimères – LDH – Fonction rénale avec ionogramme

e- Précautions d'emploi de l'azithromycine et de l'hydroxychloroquine

QT long ou arythmie - Hypokaliémie - remplacer par doxycycline - Patients avec pace-maker ou traitements anti-arythmiques : azithromycine possible si ECG montre un QT normal

Préférer clarithromycine en cas de forme digestive

Contrôle du QT à 48h

f- Utilisation de la prednisone et de la prednisolone

Dose en fonction de la clinique et de l'étendue des lésions à la TDM thoracique - Prednisolone 1/2 à 1 mg/kg pendant 5 jours puis décroissance par palier de 10 mg en fonction de l'auscultation.

En cas de diabète, la surveillance glycémique est rapprochée.

Bibliographie

- (1) Laird E, Rhodes JM, Kenny RA. Vitamin D and inflammation: potential implications for severity of Covid-19. *Ir Med J*, 2020, 113(5) : 81
- (2) McCartney DM, Byrne D. Optimisation of vitamin D status for enhanced immunoprotection against Covid-19. *Ir Med J*, 2020, 113(4): 58
- (3) Communiqué de l'Académie Nationale de Médecine : Vitamine D et Covid-19, 22 Mai 2020
<https://www.academie-medecine.fr/wp-content/uploads/2020/05/Vitamine-D-et-Covid-19.pdf>
- (4) Wessels I, Rolles B, Rink L. The potential impact of zinc supplementation on COVID-19 pathogenesis. *Front Immunol*, 2020, 11, 1712 - doi: 10.3389/fimmu.2020.01712
- (5) Hunter J, Arentz S, Goldenberg J et al. Rapid review protocol: zinc for the prevention or treatment of COVID-19 and other coronavirus-related respiratory tract infections. *Integr Med Res*, 2020, 9(3), 100457
- (6) Colunga Biancatelli RM, Berrill M, Catravas JD et al. Quercetin and vitamin C: An Experimental, synergistic therapy for the prevention and treatment of SARS-CoV-2 related disease (COVID-19), *Front Immunol*, 2020, 11, 1451 - doi: 10.3389/fimmu.2020.01451
- (7) Colunga Biancatelli RM, Berrill M, Marik PE. The antiviral properties of vitamin C. *Expert review of Anti-infective Therapy*, 2020, 18(2), 99-101 - doi: 10.1080/14787210.2020.1706483
- (8) Debojyoti D, Abhishek M. Gut microbiota and Covid-19- possible link and implications. *Virus Res*, 2020, 285, 198018 – doi: 10.1016/j.virusres.2020.198018
- (9) Shinde T, Hansbro PM, Sohal SS et al. Microbiota modulating nutritional approaches to countering the effects of viral respiratory infections including SARS-CoV-2 through promoting metabolic and immune fitness with probiotics and plant bioactives. *Microorganisms*, 2020, 8, 921 - doi: 10.3390/microorganisms8060921
- (10) Wilke J, Mohr L, Tenforde AS et al. Activity and health during the SARS-CoV2 pandemic (ASAP): study protocol for a multi-national network trial. *Front Med (Lausanne)*, 2020, 7, 302 - doi: 10.3389/fmed.2020.00302
- (11) Da Silveira MP, Da Silva Fagundes KK, Bizuti MR, et al. Physical exercise as a tool to help the immune system against COVID-19: an integrative review of the current literature. *Clin Exp Med*, 2020, 1-14 - doi: 10.1007/s10238-020-00650-3
- (12) Galmés S, Serra F, Palou A. Current state of evidence: influence of nutritional and nutrigenetic factors on immunity in the COVID-19 pandemic framework. *Nutrients*, 2020, 12(9) : 2738
- (13) Calder PC. Nutrition, immunity and COVID-19. *BMJ Nutrition Prev Health*, 2020, 3(1)
- (14) Dos Santos RM. Isolation, social stress, low socioeconomic status and its relationship to immune response in Covid-19 pandemic context. *Brain Behav Immunity Health*, 2020, 7, 100103
- (15) Khalil AN, Rahaf RE. (2020). Relationship between stress, immune system, and pandemics of Coronaviruses' COVID19: updates narrative review. *Eur J Mol Clin Med*, 2020, 7(10)
- (16) Radulesco T, Lechien JR, Saussez S et al. Safety and impact of nasal lavages during viral infections such as SARS-CoV-2, *Ear Nose Throat J*, 2020, 145561320950491 - doi: 10.1177/0145561320950491
- (17) Nadjib BM. Effective antiviral activity of essential oils and their characteristic terpenes against coronaviruses: an update. *J Pharmacol Clin Toxicol*, 2020, 8(1), 1138
- (18) Kembuan GJ, Lie W, Tumimomor AH. Potential usage of immune-modulating supplements of the *Echinacea* genus for COVID-19 infection. *Int J Med Rev Case Rep*, 2020, 4(1)
- (19) Signer J, Jonsdottir HR, Albrich WC et al. In vitro virucidal activity of Echinaforce®, an *Echinacea purpurea* preparation, against coronaviruses, including common cold coronavirus 229E and SARS-CoV-2. *Virology*, 2020, 17, 136
- (20) Aucoin M, Cooley K, Saunders PR et al. Effect of quercetin on the prevention or treatment of Covid19 and other respiratory tract infections in humans: a rapid review. *Adv Integr Med*, 2020, 7(4), 247-251
- (21) Derosa G, Maffioli P, d'Angelo A et al. A role for quercetin in coronavirus disease 2019. *Phytother Res*, 2020, oct 9:10,1002/ptr.6887 - doi: 10.1002/ptr.6887
- (22) Shouman W. Prophylactic ivermectin in COVID-19 contacts. *Zagazig University (ClinicalTrials.gov; NCT04422561)*. <https://clinicaltrials.gov/ct2/show/NCT04422561>
- (23) Hellwig MD, Maia A. A COVID-19 prophylaxis? Lower incidence associated with prophylactic administration of ivermectin. *Int J Antimicrob Agents*, 2021, 57(1),106248 doi: 10.1016/j.ijantimicag.2020.106248
- (24) Portmann-Baracco A, Bryce-Alberti M, Accinelli RA. Antiviral and anti-inflammatory properties of ivermectin and its potential use in Covid-19, *Arch Bronconeumol*, 2020, 56(12), 831 doi: 10.1016/j.arbr.2020.06.006

- (25) Annweiler C, Souberbielle JC. Vitamin D supplementation and COVID-19: expert consensus and guidelines. *Geriatr Psychol Neuropsychiatr Vieil*, 2020 - doi: 10.1684/pnv.2020.0907
- (26) Lepere P, Escarguel B, Yolartiran S et al. The role of macrolide antibiotics in the prevention of severe COVID-19 disease progression via the disruption of bacteria/virus co-operation. 2020 doi: 10.2139/ssrn.3712423
- (27) Schwartz RA, Suskind RM. Azithromycin and COVID-19: prompt early use at first signs of this infection in adults and children, an approach worthy of consideration. *Dermatol Ther*, 2020, 33(4), e13785 doi: 10.1111/dth.13785
- (28) Guérin V, Lévy P, Thomas JL et al. Azithromycin and hydroxychloroquine accelerate recovery of outpatients with mild/moderate COVID-19. *Asian J Med Health*, 2020, 18(7), 45-55 doi: 10.9734/ajmah/2020/v18i730224
- (29) Lagier JC, Million M, Gautret P et al. Outcomes of 3,737 COVID-19 patients treated with hydroxychloroquine/azithromycin and other regimens in Marseille, France: a retrospective analysis. *Travel Med Infect Dis*, 2020, 101791 doi: 10.1016/j.tmaid.2020.101791
- (30) Arshad S, Kilgore P, Chaudhry ZS et al. Treatment with hydroxychloroquine, azithromycin, and combination in patients hospitalized with COVID-19. *Int J Infect Dis*, 2020, 97, 396-403 doi: 10.1016/j.ijid.2020.06.099
- (31) Hashim AH, Maulood MF, Rasheed AM et al. Controlled randomized clinical trial on using Ivermectin with Doxycycline for treating COVID-19 patients in Baghdad, Iraq. 2020 medRxiv 2020.10.26.20219345; doi: 10.1101/2020.10.26.20219345
- (32) Song, JC, Wang, G, Zhang W et al. Chinese expert consensus on diagnosis and treatment of coagulation dysfunction in COVID-19. *Military Med Res*, 2020, 7, 19 doi: 10.1186/s40779-020-00247-7
- (33) Tang N, Bai H, Chen X et al. Anticoagulant treatment is associated with decreased mortality in severe coronavirus disease 2019 patients with coagulopathy. *J Thromb Haemost*, 2020, 18(5), 1094-1099 doi: 10.1111/jth.14817
- (34) Derosa G, Maffioli P, D'Angelo A et al. A role for quercetin in coronavirus disease 2019 (COVID-19). *Phytother Res*, 2020, 1–7
- (35) Bastaminejad S, Bakhtiyari S. Quercetin and its relative therapeutic potential against COVID-19: a retrospective review and prospective overview. *Curr Mol Med*, 2020, 20, 1 doi: 10.2174/1566524020999200918150630
- (36) Saiz-Rodríguez M, Peña T, Lázaro L et al. Outpatient treatment of COVID-19 with steroids in the phase of mild pneumonia without the need for admission as an opportunity to modify the course of the disease: a structured summary of a randomised controlled trial. *Trials*, 2020, 21, 632
- (37) Koshak DAE, Koshak PEA. *Nigella sativa* L as a potential phytotherapy for coronavirus disease 2019: a mini review of in silico studies. *Curr Ther Res Clin Exp*, 2020, 93:100602 doi: 10.1016/j.curtheres.2020.100602
- (38) Siddiqui S, Upadhyay S, Ahmad R, Gupta A, Srivastava A, Trivedi A, Husain I, Ahmad B, Ahamed M, Khan MA. Virtual screening of phytoconstituents from miracle herb *nigella sativa* targeting nucleocapsid protein and papain-like protease of SARS-CoV-2 for COVID-19 treatment. *J Biomol Struct Dyn*, 2020, 1-21 doi: 10.1080/07391102.2020.1852117
- (39) Berretta AA, Silveira MAD, Córdor Capcha JM et al. Propolis and its potential against SARS-CoV-2 infection mechanisms and COVID-19 disease. *Biomed Pharmacother*. 2020, 131:110622
- (40) Zhang B, Zhang K, Tang Q et al. Acupuncture for breathlessness in COVID-19: a protocol for systematic review and meta-analysis. *Medicine (Baltimore)*, 2020, 99(27), e20701 doi: 10.1097/MD.00000000000020701
- (41) Sun P, Zhou WS. Acupuncture in the treatment of COVID-19: an exploratory study. *J Chin Med*, 2020, 123
- (42) Kalliantas D, Kallianta M, Karagianni CS. Homeopathy combat against coronavirus disease (Covid-19) [published online ahead of print, 2020 Jun 5]. *Z Gesundh Wiss*, 2020, 1-4 doi: 10.1007/s10389-020-01305-z
- (43) Sardesai I, Grover J, Garg M et al. Short term home oxygen therapy for COVID-19 patients: the COVID-HOT algorithm. *J Family Med Prim Care*, 2020, 9 (7), 3209-3219