

Newport Hospital expands rapid testing for coronavirus, other pathogens

NEWPORT – Newport Hospital has acquired new laboratory equipment that will increase its capacity to perform on-site rapid tests for a wide variety of pathogens, including the novel coronavirus that causes COVID-19.

The purchase of the GenMark ePlex testing system expands Newport Hospital's ability to quickly obtain results – in just a matter of hours – for patients presenting with flu-like systems. This enables hospital staff to more quickly develop a plan of care for ill patients, including determining the best course of treatment and the need for isolating contagious patients. It is not a testing service open to the public.

The acquisition was made possible by a new Newport Hospital Emergency Preparedness Fund dedicated to the hospital's ability to respond to crises. Many community members had expressed interest in making donations to support the hospital's challenging and costly response to the pandemic, which led to the creation of the fund.

"Newport Hospital has been overwhelmed by how the community, in both small and substantial ways, has shown its deep appreciation for how this institution and our staff have responded to COVID-19. The amazing generosity of donors, who saw this pandemic as a call to action and who stepped up in our time of need, has now allowed us to further improve how we deliver care to our community," said **CRISTA F. DURAND**, president of Newport Hospital. "We are so grateful for the continuing support of the Newport Hospital Emergency Preparedness Fund, which has already proven immensely valuable and useful."

The hospital previously tapped the new fund to purchase

two Clorox electrostatic sprayers to more effectively and widely disinfect surfaces in patient rooms and public spaces during the pandemic.

Newport Hospital, as part of the Lifespan system, already benefited from supplies of another rapid test from manufacturer Cepheid. But due to the demands of COVID-19 on medical supplies, its availability can be limited. The newly acquired GenMark ePlex system adds an additional layer of rapid testing capability to the hospital's laboratory services. Another option readily available to Newport Hospital is the ability to transfer specimens to a central Lifespan laboratory in Providence.

The new ePlex system Newport Hospital just purchased and put into service is capable of providing rapid results on GenMark's newest respiratory pathogen panel (RP2), which in addition to being able to test for an array of common pathogens, including influenza, also detects SARS-CoV-2, the virus that causes COVID-19. The test is only for patients that meet certain criteria, including admitted patients and certain patients presenting to the Emergency Department with illness.

"As we enter the flu season, it's very helpful to distinguish whether a patient presenting to the hospital with common symptoms has influenza or COVID-19, and being able to do so rapidly can enhance the quality of care we provide and the maximize the hospital's efficiency," said **JEFFREY GAINES, MD**, vice president of medical affairs and chief medical officer for Newport Hospital. ❖

AMA report examines existing Latinx inequity driving disproportionate COVID-19 impact

Report investigates reasons behind inequities, finds impact of COVID-19 on Latinx community likely underestimated

CHICAGO – The American Medical Association (AMA) released a new report emphasizing the starkly disproportionate Latinx COVID-19 cases and fatalities – further underscoring concerns that a lack of consistent data reporting underestimates the pandemic's magnitude on the Latinx community and illustrating how the pandemic has deepened pre-existing inequities.

The report, titled 'Latinx COVID-19 health inequities: Insights for the health care field,' serves as a compilation of existing data highlighting that COVID-19 cases affect Latinx individuals at nearly double the overall national rate – and calling attention to data showing that Latinx individuals are

overrepresented in some state mortality rates. The report features these key statistics from public health reports:

- Latinx individuals make up 18% of the U.S. population; yet represent 33% of new COVID-19 cases.
- Latinx individuals make up roughly 19% of New York's population; yet account for 34% of COVID-19 fatalities.

Despite these figures, and the fact that Latinx make up the largest ethnic group in the nation, the report points out that the effects of COVID-19 on this population have not been widely addressed and are largely invisible in mainstream discourse. In addition,

researchers cite a lack of consistent race and ethnicity data state reporting as a barrier to capturing the real impact of the pandemic on the Latinx community. As the report notes, these elements combined leave the Latinx population inconsequential in pandemic recovery and prevention planning.

"Though COVID-19 did not create the circumstances that have led to deep-seated inequities in the Hispanic community, this report clearly highlights how the pandemic continues to exacerbate them," said AMA President **SUSAN R. BAILEY, MD**. "The AMA remains committed to ensuring that vulnerable patients do not suffer

disproportionately and to removing obstacles that stand in the way of culturally competent care for Hispanic patients.”

The report also identifies the existing drivers behind the Latinx community’s vulnerability to the pandemic. Existing structural drivers – like anti-immigration and restrictive health insurance policies – coupled with social determinants – like a lack of multilingual public health resources and limited access to digital health technologies – are major contributors to the COVID-19 health inequities experienced by the Latinx community.

“The COVID-19 pandemic has already more publicly exposed the persistent fundamental health inequities faced by Black and Brown communities, but this report uncovers just how dire the situation is in the Latinx community,” said AMA Chief Health Equity Officer and Group Vice President **ALETHA MAYBANK, MD, MPH**. “In this critical moment, it is imperative that we confront inequities and dismantle racism in all its forms, so that marginalized and minoritized communities like the Latinx population no longer have to bear the brunt of this public health crisis.”

Recommendations for identifying and understanding public health opportunities to serve and engage the Latinx community are presented in the report, with suggestions ranging from the creation of equitable outreach materials to the leveraging of trusted communications outlets.

Eliminating health inequities by mitigating disparity factors is a priority of the AMA’s Center for Health Equity, which works to achieve optimal health for all by providing ongoing resources, research, and education about critical health and social issues impacting minoritized and marginalized communities. ❖

FDA awards \$1.1M contract to EpiVax and CUBRC

For validation of new immunoinformatic tool for prospective immunogenicity assessment of peptide drugs and their impurities

PROVIDENCE – EpiVax, Inc. (“EpiVax”) and CUBRC, Inc. (“CUBRC”) announced on October 22 that they have been awarded a two-year, \$1.1 million contract from the Office of Generic Drugs (OGD) in the Center of Drug Evaluation and Research (CDER) of the Food and Drug Administration (FDA) in response to a Broad Agency Announcement (BAA), FDA BAA-20-00123.

This program continues research performed during a previous two-year collaboration between EpiVax and CUBRC. Under the previous FDA contract, EpiVax demonstrated the value of in silico tools and in vitro validation methods for the evaluation of generic peptide drugs and their impurities. EpiVax analyzed the immunogenic risk of two generic peptide drugs, applying the concepts outlined in FDA draft guidance, ANDAs for Certain Highly Purified Synthetic Peptide Drug Products That Refer to Listed Drugs of rDNA Origin, published in 2017.

Since initiating the program, EpiVax has produced the What-if Machine (WhIM) – an advanced immunoinformatics tool that performs iterative modifications to synthetic peptide drugs entirely in silico, generating a comprehensive list of all potential impurities that may occur due to deletions, insertions, duplications or side chain modifications at any residue of the active pharmaceutical ingredient (API). EpiVax uses existing algorithms to rank the impurities produced by the WhIM for their immunogenic potential in global patient populations. This output will enable one to identify high-, moderate-, and low-risk impurities prospectively. The new contract will provide proof of concept for the WhIM, again using two case studies as validation. EpiVax will continue to

work with **KATIE EDWARDS, PhD**, (CUBRC), Prime Technical Program Lead, to achieve the goals set out in the contract.

ANNIE DE GROOT, MD, (CEO/CSO, EpiVax) stated, “The WhIM has significant potential to contribute to prospective identification of high-risk impurities, allowing for generic peptide drug products to be de-risked early in the development process.” ❖

About the Draft FDA Guidance on Generic Peptide ANDAs

The draft guidance issued by the Office of Generic Drugs highlighting the use of in silico analysis in accelerated new drug applications for generic peptide drugs can be found here (UCM578365).

About EpiVax

EpiVax is a biotechnology company leading in the fields of immunogenicity risk assessment of biologic products and computational vaccinology with expertise in T cell epitope prediction, immune modulation, and rapid vaccine design. Visit www.epivax.com for more information.

About CUBRC

CUBRC is an independent not-for-profit scientific corporation that executes Research, Development, Testing and Systems Integration programs in Medical Sciences, Chemical and Biological Defense, Data Science and Information Fusion, Command and Control, and Hypersonics. Visit www.cubrc.org for more information.

FDA Funding Statement

The FDA sponsors the project referenced in this press release. The content of the information does not necessarily reflect the position or the policy of the federal government, and no official endorsement should be inferred. The entire project (~\$1.1M) will be financed with federal money.

Study at Providence VA shows reduction in nonepileptic seizures using video telehealth

PROVIDENCE – Results from a new study conducted at the Providence VA Medical Center suggest that video telehealth may be a viable option for treating Veterans with nonepileptic seizures.

“Nonpharmacologic therapies for seizures have been gaining acceptance,” said **DR. W. CURT LAFRANCE, JR.**, the principal investigator, a neuropsychiatrist at the Providence VA Medical Center, professor of Psychiatry and Neurology at the Warren Alpert Medical School at Brown University, director of Neuropsychiatry and Behavioral Neurology at Rhode Island Hospital, and member of the VA RR&D Center for Neurorestoration and Neurotechnology. “Building off of our previous studies, this is the first study demonstrating seizure reduction using video telehealth for patients with nonepileptic seizures.”

Seizures are common, especially in military veterans, and are often accompanied by psychological comorbidities and traumatic brain injuries. The project, funded through Ocean State Research Inc. by a grant from the Matty Fund, formerly known as the Siravo Foundation, examined the effects of Neuro-Behavioral Therapy, known as NBT, a short-term, goal-oriented psychotherapy approach to problem-solving, in reducing the frequency of seizures and improving mental health.

The study, initially published October 4 in *Epilepsia* [<https://doi.org/10.1111/epi.16689>] examined 32 Veterans with nonepileptic seizures, often called NES, evaluated at the VA Epilepsy Centers of Excellence and treated with NBT using telehealth in the VA National Telemental Health Tele-Seizures Clinic.

“As in earlier studies in civilians using this therapy, we observed a significant reduction not only in NES, but also in depression and anxiety, as well as an improvement in quality of life and global functioning,” said LaFrance.

An earlier study published in the Summer 2020 issue of the *Journal of Neuropsychiatry* [<https://pubmed.ncbi.nlm.nih.gov/32054400/>] which was conducted by LaFrance and colleagues, and also supported by the Siravo Foundation,



Dr. W. Curt LaFrance Jr., a neuropsychiatrist at the Providence VA Medical Center and Professor of Psychiatry and Human Behavior and Neurology at Brown University's Warren Alpert Medical School, uses the VA telehealth system at the Providence VAMC August 31, 2020, to meet with Thera Powell, a telehealth licensed practical nurse at the Charles George VA Medical Center in Asheville, N.C.

[VA PROVIDENCE HEALTHCARE SYSTEM PHOTO BY WINFIELD DANIELSON]

showed disclosure of baseline symptoms similarly in Veterans with nonepileptic seizures evaluated either in the Providence VA Neuropsychiatry Clinic or in the VA Tele-Seizures Clinic.

“Our earlier studies on moral injury have shown that seizures and trauma – whether TBI or emotional injuries – are very common in Veterans. In the baseline comparison study, Veterans with NES evaluated using telehealth did not appear to withhold sensitive or personal information compared with those evaluated in-clinic,” said Dr. LaFrance. “This suggests that video telehealth can be a viable option for seeing patients with seizures anywhere across the nation, reducing the access gap, which can be a significant barrier to helpful treatment.” ❖

Anchor Recovery receives grant from the Foundation for Opioid Response Efforts (FORE) to assist with opioid crisis during COVID-19

PROVIDENCE – The Foundation for Opioid Response Efforts (FORE) announced it is providing grants to 10 organizations, including The Providence Center’s Anchor Recovery Community Center. FORE will award a grant of up to \$62,989 over 12 months to The Providence Center for the project Peer Services in Substance Use Recovery Housing, to help at-risk populations in RI dealing with increases in opioid use and overdoses during the COVID-19 pandemic.

“Evidence shows that drug overdoses, which reached a record high of more than 70,000 cases last year, continue to surge this year due to disruptions in face-to-face interventions and treatments, job losses, anxiety, and social isolation magnified by COVID-19,” said **ANDREA BARTHWELL, MD**, Chair of FORE’s Board of Directors.

The FORE foundation is committed to supporting projects contributing solutions to the opioid crisis and impacting people with opioid use disorder, their families, and their communities.

During the pandemic, individuals living in recovery housing face isolation, disrupted access to care, possible loss of employment, and cutoff from the social supports so critical to their long-term success. Through a variety of online platforms, the Anchor Recovery Program at The Providence Center in Rhode Island is piloting new ways to provide

recovery support services around the state, including virtual recovery groups and individual recovery coaching, to this high-risk population.

“We are thrilled to be awarded this grant from FORE, which will help Anchor expand its peer support services to those living in recovery housing. During this pandemic, people are even more in need of support, and Anchor Recovery is committed to providing these much needed services,” said **HOLLY FITTING, LMHC, LCDP**, Vice President of Addiction, Recovery & Residential Services, The Providence Center.

The Providence Center is available 24/7 for anyone who is experiencing a crisis, needs to talk to someone, or is feeling overwhelmed or especially anxious, by reaching someone on its Emergency Services line at 401-274-7111. Counseling services are also available.

The Anchor Recovery Community Center, a division of The Providence Center, is staffed by recovery coaches, and offers a supportive environment for individuals in all stages of recovery. At the Anchor Recovery Community Center, peer specialists and counselors strive to build the bridge to recovery in its centers, at local emergency rooms, and out in the community. Anchor offers programs for people who are trying to sustain their recovery, whether it be an addiction to alcohol, or any other substance. ❖

The Providence Center raises \$276,000 at Circle of Stars for Covid-19 Emergency Fund

PROVIDENCE – On October 15th, The Providence Center (TPC) held its annual Circle of Stars event. Donors and supporters gathered virtually to learn about the emergent need for mental health and addiction services for those struggling in our state. A total of \$276,000 was raised to support The Center’s COVID-19 Emergency Fund created to provide increased access to emergency and telehealth services; and computers for low-income students of The Providence Center School.

Hosted by NBC 10 News Sunrise Anchor, **ALISON BOLOGNA**, the evening honored **JOSEPH MARASCO** and

DONNA NESSELBUSH along with the staff of Marasco & Nesselbush LLP. By establishing a disability clinic at The Center 15 years ago, they have passionately advocated and helped thousands of patients to obtain the critically important social security benefits they needed and deserved.

Interim President and COO of The Providence Center, and President and COO, Butler Hospital, **MARY MARRAN** said, “Since stepping into my role at The Providence Center, I’ve been touched by the overwhelming compassion, generosity and determination I’ve seen. And, I

would like to express my sincere gratitude. I would like to thank our staff. They have shown exceptional resilience and dedication throughout this crisis. Their laser focus on maintaining services in the face of the COVID 19 pandemic has been remarkable.”

“I would also like to thank our Board of Trustees and our donor community. Their unwavering leadership and financial support have helped us to sustain vital programs and fund new innovation needed to change lives and even save lives,” added Marran. ❖