



Recent trends in ICU drug demand



Context

- 9 months into the pandemic
- Thousands of papers have been published
- We are still learning about SARS-CoV-2/Covid-19
- Mortality/severity pattern has changed (could be connected with various factors, like: enhanced testing strategies, treatment options, infected age groups etc)

Coronavirus Cases:

30,065,092

view by country

Deaths:

945,578

Recovered:

21,821,770

As per Worldometers on 2020-09-17 at 11.56 CEST

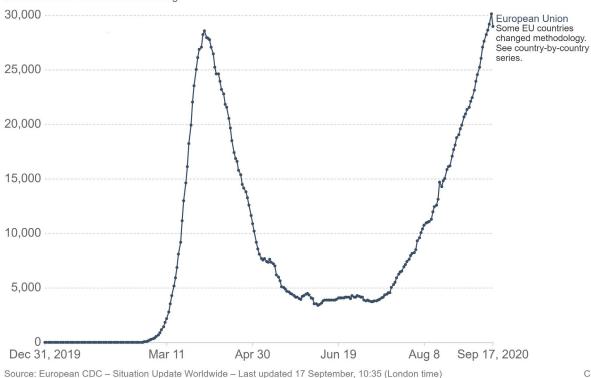


Waves

Daily new confirmed COVID-19 cases

Our World in Data

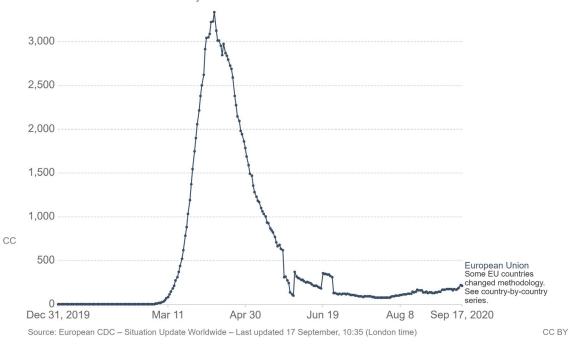
Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Daily new confirmed COVID-19 deaths

Our World in Data

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



Accessed at https://ourworldindata.org/ at 2.22 pm CEST







Asia Australia Middle East Africa Inequality Global development

Why is it that while Covid-19 cases are rising, deaths continue to fall?

There is speculation that the age of those infected is playing a part, while social distancing is also having an impact

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What about ICU treatment?

- Based on experience from the 1st wave: ICU treatment protocols are heterogeneous with high inter and even intra-country variability
- Not much information available at the EU level
- Approach to severely ill patients might have changed:
 - Early invasive ventilation → delaying invasive ventilation



Recent data on ICU treatment

From a recent pre-print from the UK:

- ICU 28-day mortality reduced from 43.5% pre-peak to 34.3% post-peak
- Use of invasive ventilation and renal replacement reduced over time
- Duration of invasive ventilation increased during the peak period among survivors but remained stable among non-survivors
- Duration of ICU stay reduced over time among survivors but remained stable among non-survivors





Why this matters for demand

Scenarios of ICU drug use

Scenario	Drug	Dose (mg/hr)	Hours per Day	Days course	Vial Size (mg)	Total Requirement per Course	Vials per course	Class	Tier
Likely	Cisatracurium	42.0	24	4.00	150.0	4,032	27	NMB	Tier 1
Likely	Propofol	280.0	24	8.25	500.0	55,440	111	Sedative	Tier 1
Likely	Alfentanil	2.0	24	8.25	5.0	396	79	Analgesic	Tier 1
Likely	Noradrenaline	8.4	24	3.00	4.0	605	151	vasopressin	Tier 1
Likely	Dexmedetomidine	0.1	24	8.25	1.0	20	20	Sedative	Tier 2
Likely	Atracurium	55.0	24	4.00	250.0	5,280	21	NMB	Tier 2
Likely	Fentanyl	0.42	24	8.25	2.5	83	33	Analgesic	Tier 2
Likely	Dopamine	210.0	24	3.00	200.0	15,120	76	vasopressin	Tier 2
Likely	Vecoronium	6.0	24	4.00	10.0	576	58	NMB	Tier 3
Likely	Remifentanil	8.4	24	8.25	5.0	1,663	333	Analgesic	Tier 3
Likely	Metaraminol	4.0	24	3.00	10.0	288	29	vasopressin	Tier 3
Likely	Lorazepam	4.0	24	8.25	4.0	792	198	Sedative	Tier 4
Likely	Pancuronium	4.2	24	4.00	4.0	403	101	NMB	Tier 4
Likely	Morphine	4.0	24	8.25	10.0	792	79	Analgesic	Tier 4
Likely	Adrenaline	6.3	24	3.00	1.0	454	454	vasopressin	Tier 4
Likely	Midazolam	14.0	24	8.25	50.0	2,772	55	Sedative	Tier 4
Likely	Rocuronium	42.0	24	4.00	100.0	4,032	40	NMB	Tier 5
Likely	Sufentanil	0.1	24	8.25	0.5	20	40	Analgesic	Tier 1
Likely	Argipressin	0.0	24	3.00	0.1330	0.86	6	vasopressin	Tier 5
Likely	Terlipressin	0.2	24	3.00	1.0	12	12	vasopressin	Tier 6



Timely access to information is critical to success of planning



Accessed at https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation on 2020-09-17 2 pm CEST





European Federation of Pharmaceutical Industries and Associations

Conclusion

No visibility to industry regarding expected demand

a.Potential impact on the manufacturing plans



What is necessary

-Members states must work with the industry

-Provide industry with demand forecasts in a timely manner

-Communicate to industry the level of national inventories held over from the first wave



Thank you!