

Subject: US FDA FOIA 2020-3129 (Attn: Taylor Stoneman)
Date: Friday, March 31, 2023 at 10:48:45 AM Eastern Daylight Time
From: Kotler, Sarah <Sarah.Kotler@fda.hhs.gov>
To: FOIA <foia@americanoversight.org>
Attachments: APPLIED 2020-3129.pdf

EXTERNAL SENDER

Please send to: foia@americanoversight.org

Dear Ms. Stoneman:

RE: ABERNATHY, HAHN, WOODCOCK COMMUNICATIONS WITH ELLISON, OZ, ETC

The records you are seeking are attached.

Certain information has been redacted from the records under Exemption 6 of the FOIA (personal privacy information). In determining to withhold such information, FDA considered 5 USC 552(a)(8) (i), when applicable, and whether FDA reasonably foresees that disclosure of such information would harm an interest protected by the relevant exemption(s) and whether disclosure is prohibited by law.

You have the right to appeal this determination. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision. Your appeal must be mailed within 90 days from the date of this response, to: Director, Office of the Executive Secretariat, US Food & Drug Administration, 5630 Fishers Lane, Room 1050, Rockville, MD 20857, E-mail: FDAFOIA@fda.hhs.gov. Please clearly mark both the envelope and your letter "FDA Freedom of Information Act Appeal."

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, please contact Sara Ashton at 202-666-9498. You may also contact the FDA FOIA Public Liaison for assistance at: Office of the Executive Secretariat, US Food & Drug Administration, 5630 Fishers Lane, Room 1050, Rockville, MD 20857, E-mail: FDAFOIA@fda.hhs.gov.

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road–OGIS
College Park, MD 20740-6001
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Sincerely,

Sarah B. Kotler, J.D.
Director, Division of Freedom of Information
US FDA
301-796-8976

From: John Hines [John.Hines@oann.com]
Sent: 4/13/2020 9:54:02 AM
To: Commissioner FDA [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e55e9a27325472887051a2c7f4f2f88-Commissione]; FDA Commissioner [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e34b2c290a94c4a8d7af884727cd0f8-Commissione]
CC: John Hines [John.Hines@oann.com]
Subject: interview request

Dear all,

Looking to do an on-camera TV interview for One America News (a 24 hour TV cable news channel) about the following:

Why hasn't the US been able to do the necessary testing (double sided blind testing) to determine whether hydroxy-chloroquine (sulfate) with a Z-pak (and Zinc) is or is not proven to be scientifically beneficial to treat Covid-19.

Thank you.

John

.....
John Hines

DC Bureau Chief One America News

101 Constitution Ave., NW, DC

John.Hines@oann.com 202-368-4696

[YouTube - One America News John Hines](#)

From: Natalie Mooney [Natalie.Mooney@oann.com]
Sent: 4/1/2020 1:39:56 PM
To: FDA Commissioner [/o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=1e34b2c290a94c4a8d7af884727cd0f8-Commissione]
Subject: Interview Inquiry - One America News Network

Dear Stephen Hahn,

My name is Natalie Mooney, a producer for the show After Hours with [Alex Salvi](#) on [One America News Network](#). I'm contacting you today to see if you would be interested in appearing as a guest next week.

OANN is a growing cable channel that reaches 35 million homes—the [fourth largest in the news category behind only Fox News, MSNBC, and CNN](#). For 20 hours a day, the network runs the top headlines of the day without opinion or commentary; the other 4 hours are made up of two conservative-leaning talk shows (Tipping Point with Liz Wheeler and the Daily Ledger with Graham Ledger). However, After Hours is a down-the-middle news/talk show.

The show is taped from 3:30-4:30pm EST and will air at 10:00pm EST. The appearances could be conducted through Skype. Each appearance shouldn't take longer than 10-15 minutes.

If this seems like something you'd be interested in, please don't hesitate to contact me with any questions or comments.

Thank you,

Natalie Mooney

Booking Producer

One America News Network

Cell (b) (6)

[oann.com](#) | Streaming on [klowdtv.com](#)

From: vladimir zelenko (b) (6)
Sent: 4/7/2020 9:45:25 AM
To: rudolphgiulian (b) (6); (b) (6); Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; Mark Meadows (b) (6)
Subject: For President Trump

>
> Dear Mr. President:
>
> I humbly suggest the following:
>
> 1. It is essential to start treatment against Covid-19 immediately upon clinical suspicion of infection and not to wait for confirmatory testing. There is a very narrow window of opportunity to eliminate the virus before pulmonary complications begin. The waiting to treat is the essence of the problem.
>
> 2. Emphasis must be to prevent complications in the outpatient setting and not to wait until the patient needs to be admitted in the hospital and put on a respirator. This will elevate the respirator shortness and lower mortality significantly.
>
> 3. The risk of side effects is over exaggerated. The theoretical risk of QT prolongation is 1 in 1000. The actual risk of death in the high risk population is between 5 to 10%. The risk vs benefit analysis overwhelmingly favors treatment.
>
> 4. This is World War III (virus vs humanity). We don't have time to wait for the results of a long study. Millions will die while we wait. We need to initiate immediate treatment of high risk patients in the outpatient setting.
>
> 5. Any obstruction to life saving medication (HCQ) should be viewed as crimes against humanity.
>
> 6. Prophylaxis should be considered in the very high risk patients (i.e. nursing homes).
>
> 7. We need an immediate supply of 1.5 billion pills of HCQ 200mg, 500 million pills of Azithromycin 500mg, 500 million pills of zinc sulfate 220mg (or its equivalent - we need 50mg elemental zinc).
>
> 8. I suggest the following immediate treatment regimen of high risk patients with symptoms:
>
> Hydroxychloroquine 200mg twice a day for 5 days
> Azithromycin 500mg once a day for 5 days
> Zinc sulfate 220mg once a day for 5 days
>
> 9. I suggest the following prophylactic regimen for very high risk patients:
>
> Hydroxychloroquine 200mg once a day for 5 days, and then 1 pill a week until immunity can be shown or a vaccine becomes available.
> Zinc Sulfate 220mg once a day for 5 days, and then 1 pill a week until immunity can be shown or a vaccine becomes available.
>
> 10. We need an executive order to override any state obstacles and allow all physicians to prescribe the medication without the fear of liability or retribution. Pharmacies must be permitted to dispense this medication without the fear of liability or retribution.
>
> 11. The Task force must announce that physicians must treat patients early and aggressively, even without confirmatory testing. If test comeback negative, the patient could be advised to stop the medication.
>
> With much respect,
>
> Dr. Vladimir (Zev) Zelenko
> Cell number (b) (6)
>
>
>
>

From: Hahn, Stephen [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A0AFAC0CFA3C4B98913833E38A036E9F-STEPHEN.HAH]
Sent: 4/7/2020 7:11:07 AM
To: Zelenko Family (b) (6)
Subject: Re: Dr Rosy Joseph outcomes data

Thx Dr. Zelenko

We are identifying an appropriate point of contact for you to send these data to. In the meantime, please hold them. We'll let you know later today.

Thanks

Steve

From: Zelenko Family (b) (6)
Date: April 6, 2020 at 10:13:32 PM EDT
To: Hahn, Stephen <SH1@fda.hhs.gov>
Subject: Dr Rosy Joseph outcomes data

Please see the outcome data of my colleague. She is a Columbia med graduate with 40 years experience in internal medicine and nephrology. She is at Hackensack hospital. Extremely well respected

Sent from my iPhone

Begin forwarded message:

From: "R. Joseph" (b) (6)
Date: April 6, 2020 at 8:54:52 PM EDT
To: Zelenko Family (b) (6)
Subject: my latest data with names removed

Rosy E. Joseph, M.D.
Suite 304
360 Essex Street
Hackensack, NJ 07601
Tel:(201)646-0110
Fax:(201)646-0219

From: Hahn, Stephen [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A0AFAC0CFA3C4B98913833E38A036E9F-STEPHEN.HAH]
Sent: 4/8/2020 10:04:54 AM
To: vladimir zelenko (b) (6)
CC: Lenihan, Keagan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ee7320ee8c184d66bfd521b0105d17d2-Keagan.Leni]
Subject: Re: Contact person

Dr. Zelenko,
Thanks for touching base. Keagan Lenihan, will be providing that information.
Steve

From: vladimir zelenko (b) (6)
Date: April 8, 2020 at 10:03:11 AM EDT
To: Hahn, Stephen <SH1@fda.hhs.gov>
Subject: Contact person

Hi Dr. Hahn

Have you chosen a contact person for me to send data, as it comes is? Any comments on the data that I provided?

Thanks

Dr. Zelenko

From: Hahn, Stephen [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A0AFAC0CFA3C4B98913833E38A036E9F-STEPHEN.HAH]
Sent: 4/6/2020 2:48:42 PM
To: Stephen M. Smith, MD (b) (6)
CC: Abernethy, Amy [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c84171967c724ee799bb2658197086bc-Amy.Abernet]
Subject: Re: HCQ

Thanks, Stephen, very much. We are reviewing all available data and appreciate your willingness to share. Our team will be in touch.
Best
Steve

From: Stephen M. Smith, MD (b) (6)
Date: April 5, 2020 at 1:59:59 PM EDT
To: Hahn, Stephen <SH1@fda.hhs.gov>
Subject: Re: HCQ

Hello Stephen,

Let me now if you need me to explain what each column means.
Since Friday, we have added many more pts.
I can send you today's updated list later, if you're interested.

Trying to be devil's advocate and also just to find good prognostic indicators, we have been trying to figure out who gets intubated and why, separately from the HCQ/azithro treatment.
The NEWS2 scores aren't particularly helpful.
So, we haven't found anything, except maybe persistent, poor glycemic control.
Maybe you can suggest a lab like blood type or something else, maybe even a creased earlobe, for us to add.
We are open to anything.

Stephen

On Sun, Apr 5, 2020 at 1:16 PM Hahn, Stephen <SH1@fda.hhs.gov> wrote:

Hi Stephen,

Thanks for the message. I most definitely want to review the data and thought you would be sending. My apologies. We'll review.

(b) (6) is a great guy and a good friend.

Steve

From: Stephen M. Smith, MD (b) (6)
Date: April 5, 2020 at 12:24:57 PM EDT
To: Hahn, Stephen <SH1@fda.hhs.gov>
Subject: HCQ

Hello Stephen,

I am emailing you, because (b) (6) (aka (b) (6)) is one of my best friends and he says you're a good guy and I trust (b) (6).

The meeting the other day was...interesting. I assume you have not looked at my data yet, but that's fine. Trust me, I get it. Some local ID doc with a spreadsheet. But please consider the following.

First, I want to point out to you the absurdity of the FDA approving the same HCQ dose for every adult. We now have >100 pts.

- The weight range is from 40.7 - 157 kg.
- Over 34% weigh >90 kg.
- Only 12% weigh < 70 kg, including 6% who weight < 60 kg.

The FDA chose the HCQ dose based on computer PK modeling.

The FDA needs to model pts with vastly different weights.

We were giving a 40 kg, 94 yo woman the same dose as 45 yo man who literally weight more than 3 times her. Even if I didn't have a degree in mathematics, I could figure out that that makes no sense.

Every critically ill COVID pt has DM and/or uncontrolled sugars.

- 23 pts have been intubated.
- 21 had DM and
- 2 had PreDM.
- 4 presented in DKA. What virus causes DKA like?
- 22 of 23 had uncontrolled sugars.

These data are simply overwhelming. They tell us there is a unique pathophysiology, which may point to future preventive measures. The data also suggest that tight glycemic control may improve outcomes.

Regarding therapy -

Efficacy:

62 pts received who received at least 2,400 mg of HCQ; 0 of these 64 has been intubated.

Said another way, none of the 23 intubated pts received 2,400 mg or more of HCQ.

By any statistical analysis, that's pretty tough for anyone, regardless of their biases, to explain by chance. Tom Frieden, who I had admired immensely, messed up Ebola and got away with it. Clearly, we are not going to get away with any mishandling of this pandemic.

Before the Marseilles' clinical trial came out, I noticed that after the 5-day, 2,400 mg total HCQ regimen, several pts lingered like I have never seen before. Some needed high-flow oxygen for several days AFTER completing the HCQ. 2 pts bounced back after being sent home.

Each was male and each weighed > 90 kg.

We were able to re-test a few and each was still positive.

Last week, any pt who had only received the 2,400 mg total dose and still needed oxygen therapy, we re-started on HCQ. Each improved quickly. One pt had his HCQ/azithro reduced or held, but he was improving. After finishing the 2,400 mg HCQ, he oxygen needs increased and then his fever returned. We didn't add any abx; we just gave him more HCQ. 2 days later, I saw he was "grayed out" meaning no longer in the hospital. I feared he had died. No, we had discharged him.

Safety:

Because of my fear of hurting someone. For those on HCQ/azithro combo therapy, we have been monitoring EKGs daily or nearly daily. Dr. David Dobesh, an excellent EP cardiologist, has reviewed them. A summary of his data is attached as a pdf.

Dave's conclusions are:

- 1) This is highly encouraging that a 5 days course of therapy will not cause potentially harmful changes on the ECG for most patients.
- 2) Medication list should be reviewed prior to starting regimen to assess for conflicts.
- 3) If baseline ECG, baseline labs look good, daily testing may not be warranted.
- 4) This may lead to initiation of therapy as an outpatient.

This disease is unique. The patterns of this disease are far different than anything we have seen before. The cumulative dose matters more than the daily dose. At a minimum, weight based dosing needs to be considered and then implemented.

Stephen, we have the tools and enough information now to improve outcomes in COVID pts. Ironically, your approval of the lower dose of HCQ actually interfered with my use of the only dose supported by clinical data at the time. Half of ID is off-label, including ceftriaxone for strep endocarditis, metronidazole for C diff and meropenem for HCAP or UTI. When you approved that lower dose, the hospital fought with me about using the only dose with clinical trial data. I had to threaten them before they would let me give the higher dose. BTW, go back to the PK paper, even the authors opined that a 10-day course (3,400 mg total) might work better than a 5-day course (2,400 mg).

Sincerely,

Stephen

P.S. – The data are no longer anecdotal, well, at least, the data are becoming no more anecdotal than the tetanus toxoid vaccine data. These data are FAR, FAR less anecdotal than those Drs. Fauci and Wolff presented in 1973 on the treatment of Wegener's.

Stephen M. Smith, M.D.

Cellphone: (b) (6)

COVID Data 4/4/2020

Caveats

- 1) This is an early, first run assessment of the available data.
- 2) Limited as it is a single site and single group assessment.
- 3) Some patients in the midst of ongoing therapy (more data points to evolve and hope to achieve 4-5 days therapy)
- 4) ECG performance has not been done daily on all patients due to staff exposure concern issues.
- 5) Some patients will not have 5 day follow-up ECG (range 1-10) as some treatment ongoing, some are treated and discharged within 5 days and patient demise.

All 5 day of therapy 49 patients
At least 4 days (11) 60 patients
At least 3 days (9) 69 patients

Full 5 day QT data available 39
At least 4 days QT data available (8) 47
At least 3 days QT data available (9) 56

Prolongation >50 from baseline: 2

- 1) developed bundle branch block conduction with raid AFib
- 2) One had IVCD <110-120
(degree of prolongation in progress)

Developed Abnl QT:

- 1: amiodarone and low potassium
- 2: PiCe persistent hypocalcemia and acute renal failure/intubated/DM/ACS.
- 3: AISo DM/DKA/ACS/intubated
- 4: BrGr - ARF/Intubated/DM
- 5: Two patients with ACS: intubated andDM

All patients who developed abnormal QT had DM and were intubated

Average QT prolongation: xxx (in progress)

Degree of prolongation above 500 in the sick individuals who did prolong (in progress)

Clearly thought provoking and encourages further investigation.

My impressions:

This is all very preliminary and needs further investigation!!

- 1) This is highly encouraging that a 5 days course of therapy will not cause potentially harmful changes on the ECG for most patients.
- 2) Medication list should be reviewed prior to starting regimen to assess for conflicts.
- 3) If baseline ECG, baseline labs look good, daily testing may not be warranted.
- 4) This may lead to initiation of therapy as an outpatient.

From: Stephen Smith (via Google Sheets) (b) (6)
Sent: 4/3/2020 2:46:24 PM
To: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Patient list 04-02

(b) (6) has shared a link to the following spreadsheet:



Patient list 04-02

[Open in Sheets](#)

Google Sheets: Create and edit spreadsheets online.

Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA

You have received this email because (b) (6) shared a spreadsheet with you from Google Sheets.



From: Zelenko Family (b) (6)
Sent: 4/14/2020 6:04:58 AM
To: Rudy Giuliani (b) (6); Mark Meadows (b) (6); Hahn, Stephen
[/o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; Jerome Corsi Ph. D.
(b) (6)
Subject: Fwd: Detailed Patient Trials from Dr. Zelenko (part 1)
Attachments: pt tx hcq.pdf; ATT00001.htm; masterpatientlistpdf.pdf; ATT00002.htm; Coronas letter-april13.pdf; ATT00003.htm;
Zelenko-detailed-patients1.zip; ATT00004.htm

Subject: Detailed Patient Trials from Dr. Zelenko (part 1)

To All Concerned:

President Donald J.Trump; Mr. Mark Meadows, Chief of Staff, Prime Minister Benjamin Netanyahu; Israel Health Ministry; FDA;

This is a very important update from Dr. Zelenko as it includes detailed patient trails and results of those with Covid-19. We have included approximately 250 complete patient charts who were treated as high risk, along with followup positive results when treated by the combination drugs, Hydroxychloroquine, Azithromycin and Zinc Sulfate. The Doctor has seen approximately 1500 Covid-19 patients to date.

We want to reemphasize the importance of treating patients quickly in the outpatient setting. Dr. Zelenko's success comes from the immediate treatment of patients who are deemed high risk and not waiting for them to be admitted to hospitals or ICU's. By implementing Dr. Zelenko's recommendations, deaths would be reduced by more than 95% in a matter of days. This is proven by the included documents where almost no high risk patients with Covid-19 were admitted to hospitals after treatment because almost all improved in only a matter of days in quarantine at home.

The governments of Brazil, Peru, Ukraine, Russian and others have asked him to lead their covid-19 task force. The Doctor is available to help in anyway possible. He seeks no position of honor or credit, only to help save lives. Call him anytime 1-845-238-4214.

Thank you,
Rabbi Moshe Steiner
On behalf of Dr. V. Zelenko

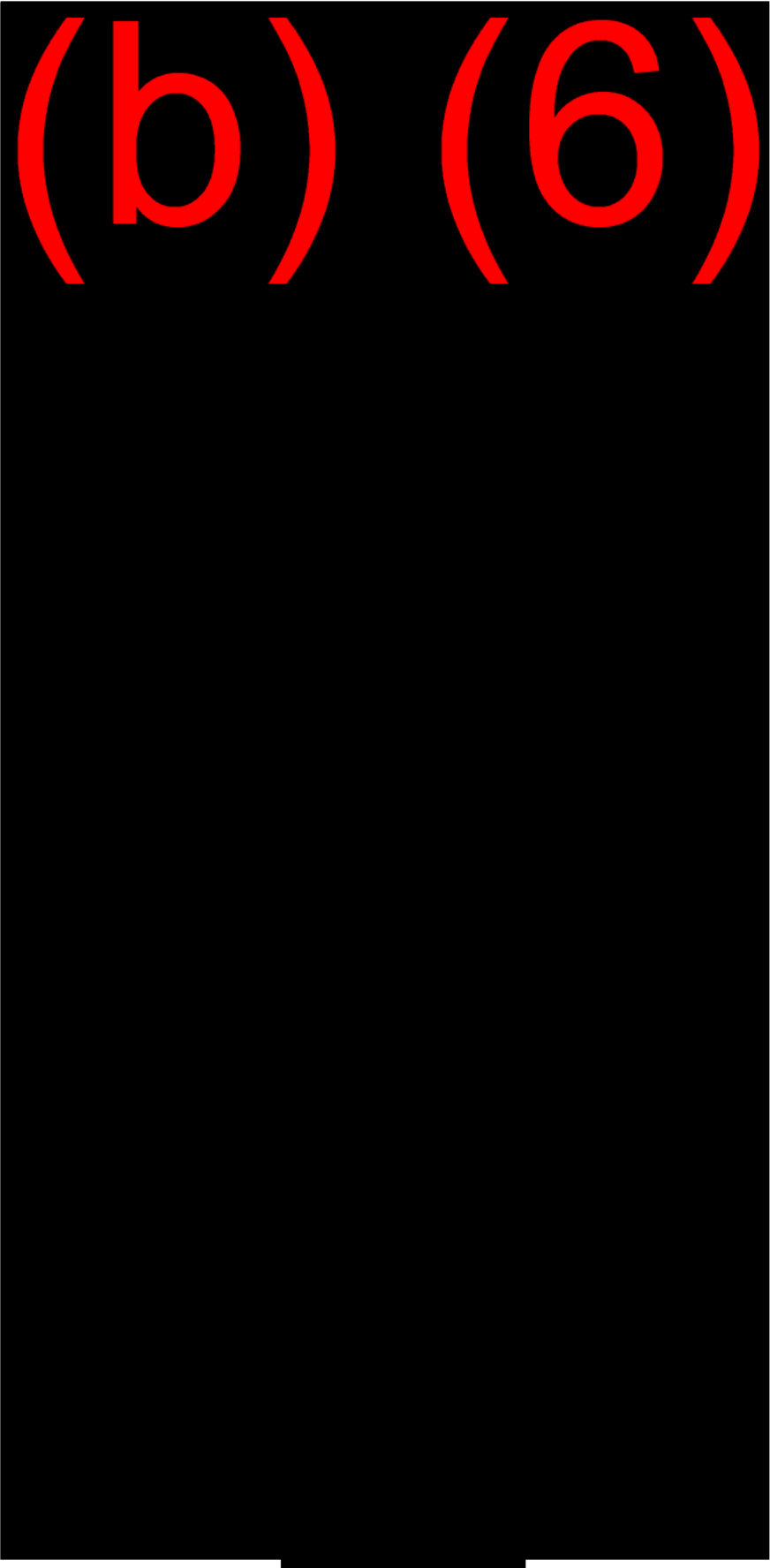
-Please note, there are two emails with attachments

Pts tx with HCQ 3/15/20 - 4/11/20 = 405

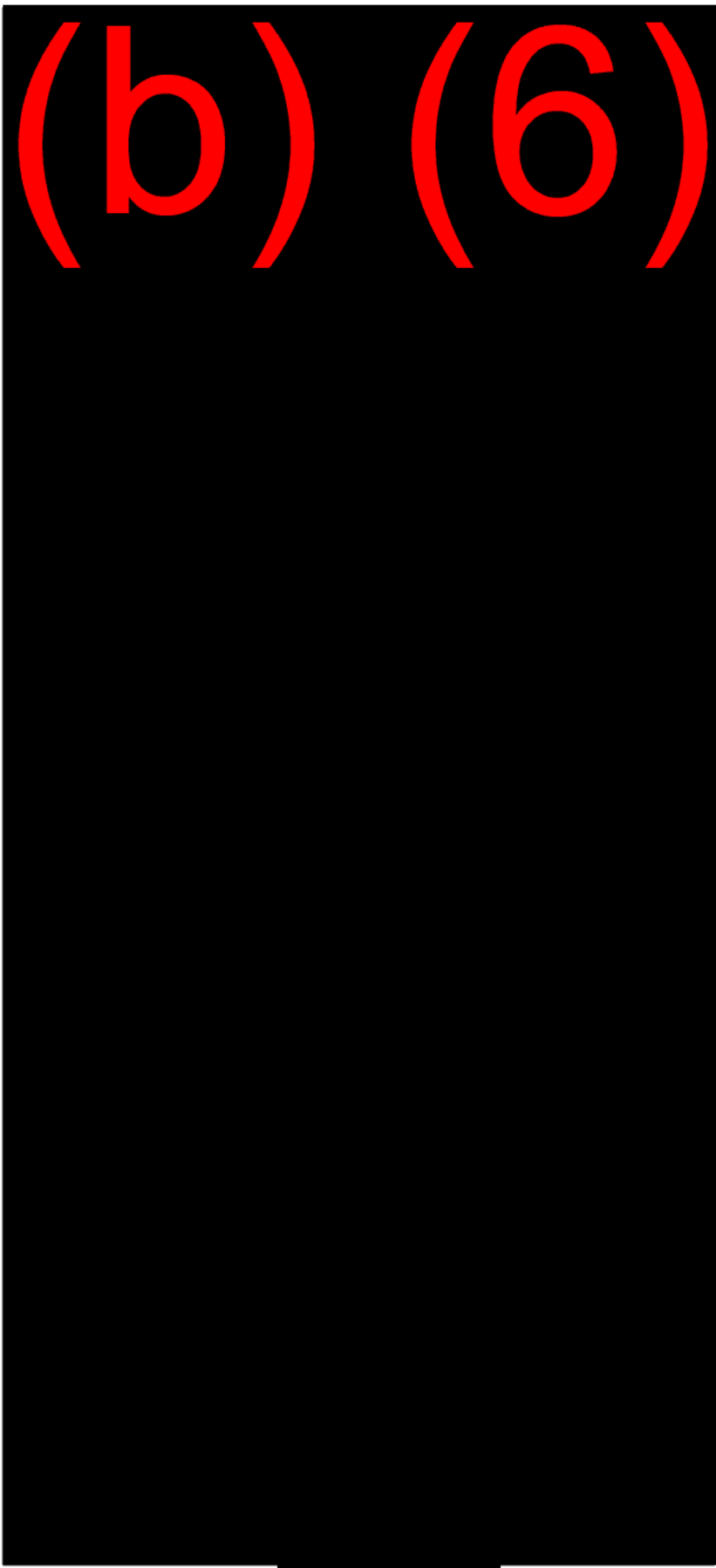
Patient ID	Gender	City	State	ZIP
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(b) (6)

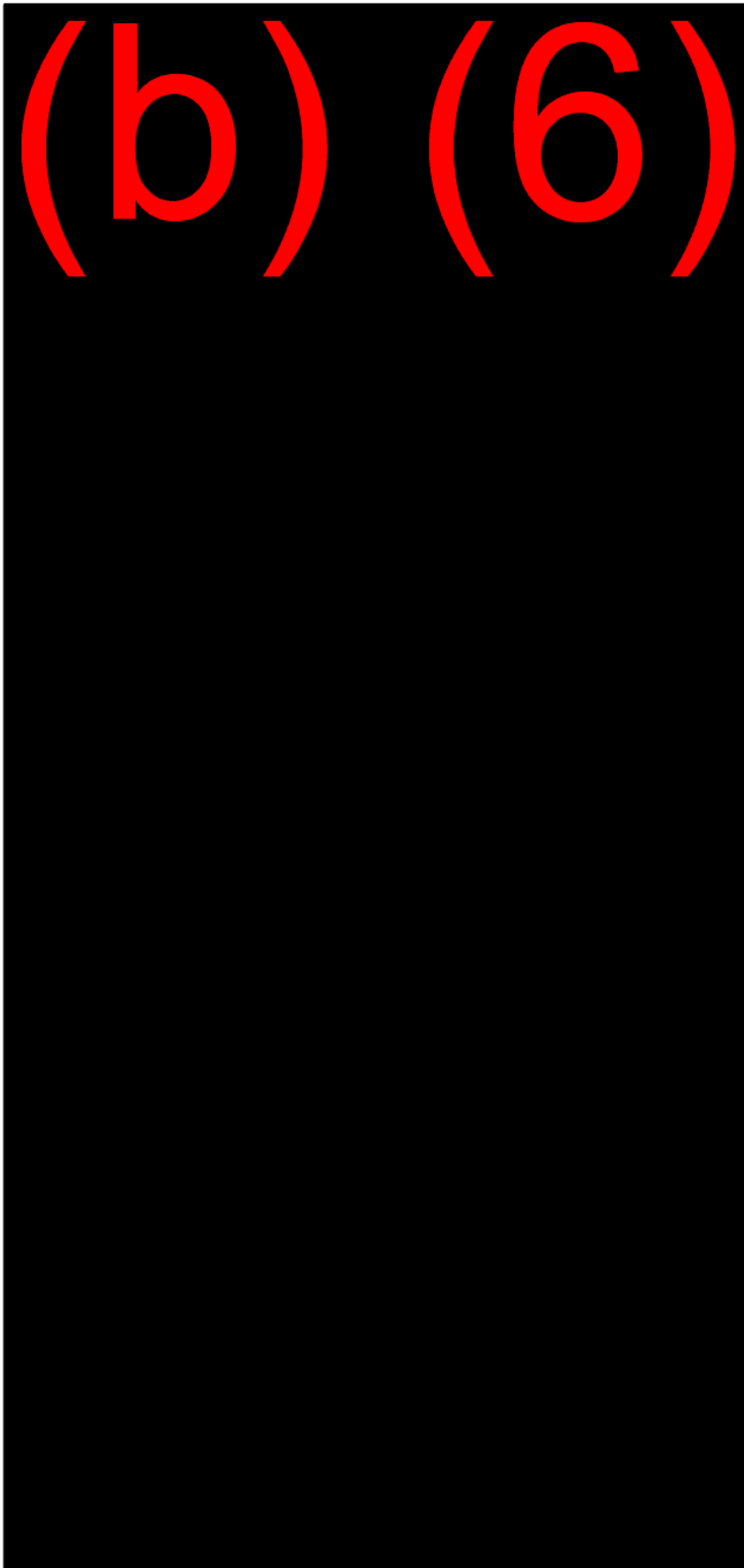
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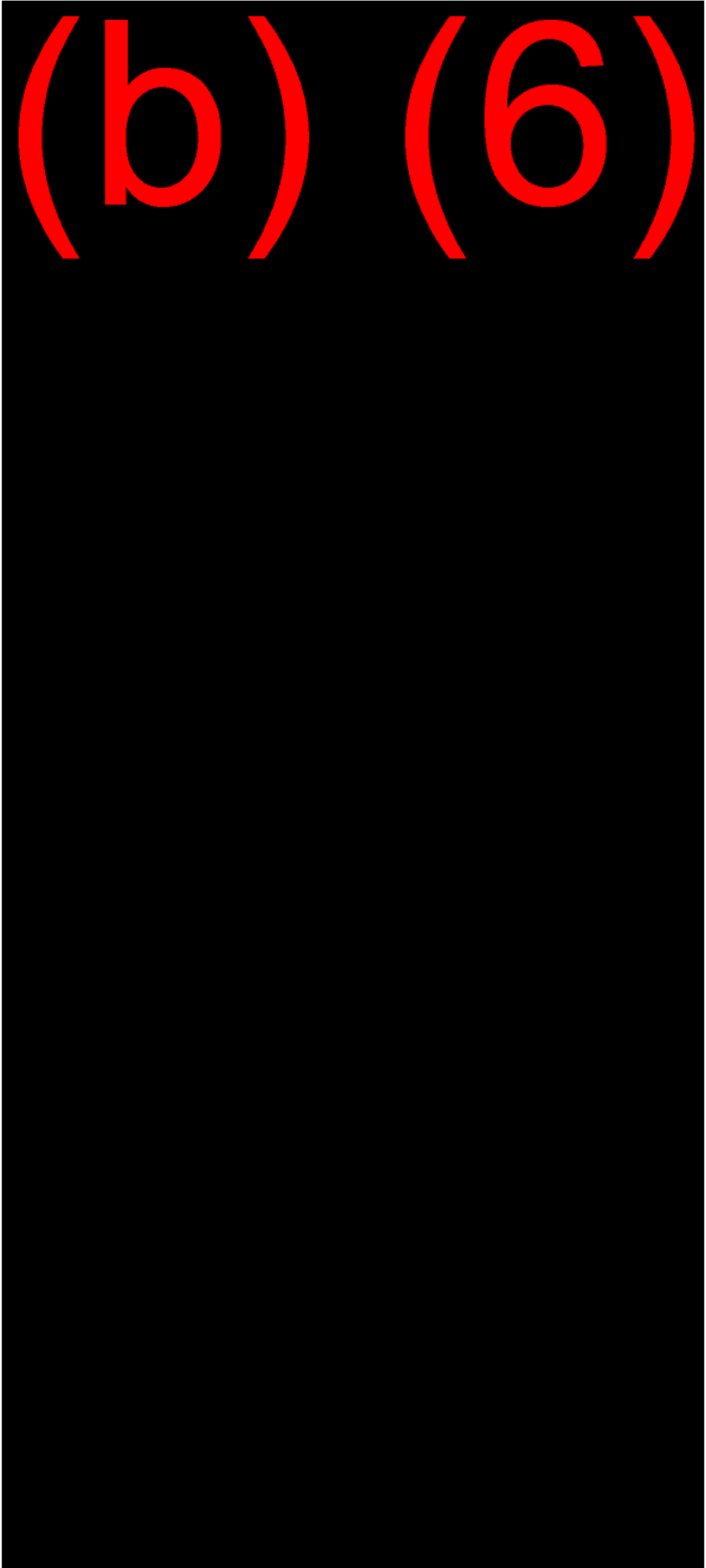
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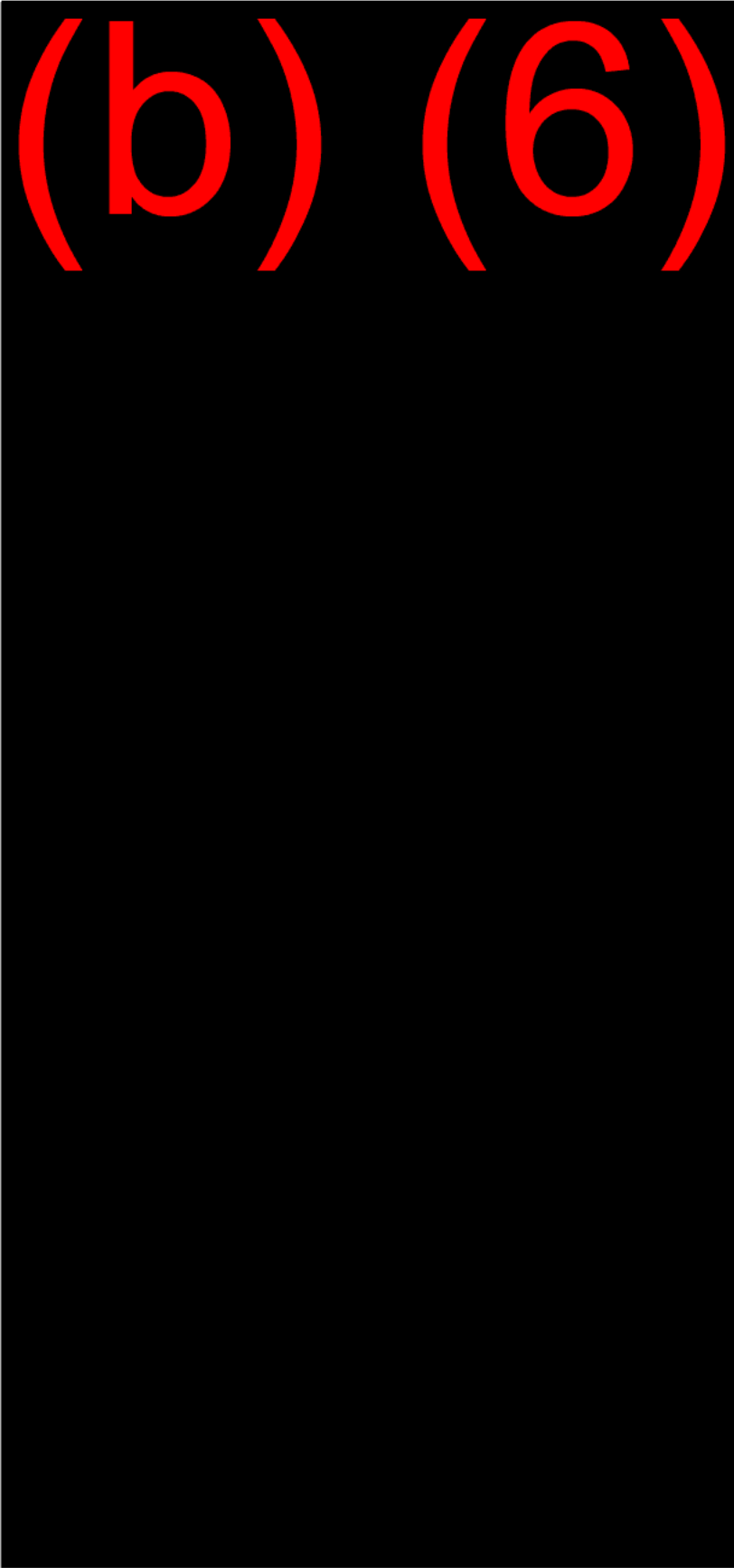


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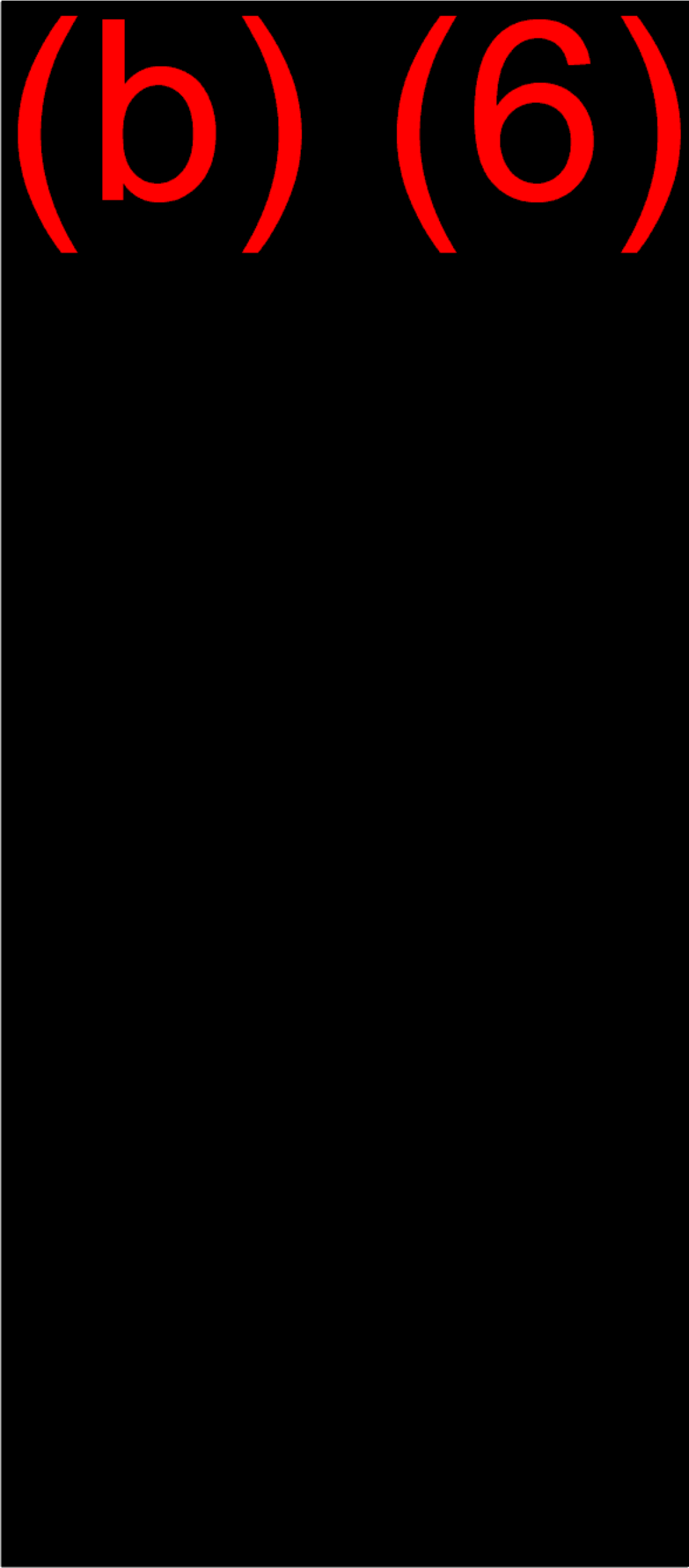


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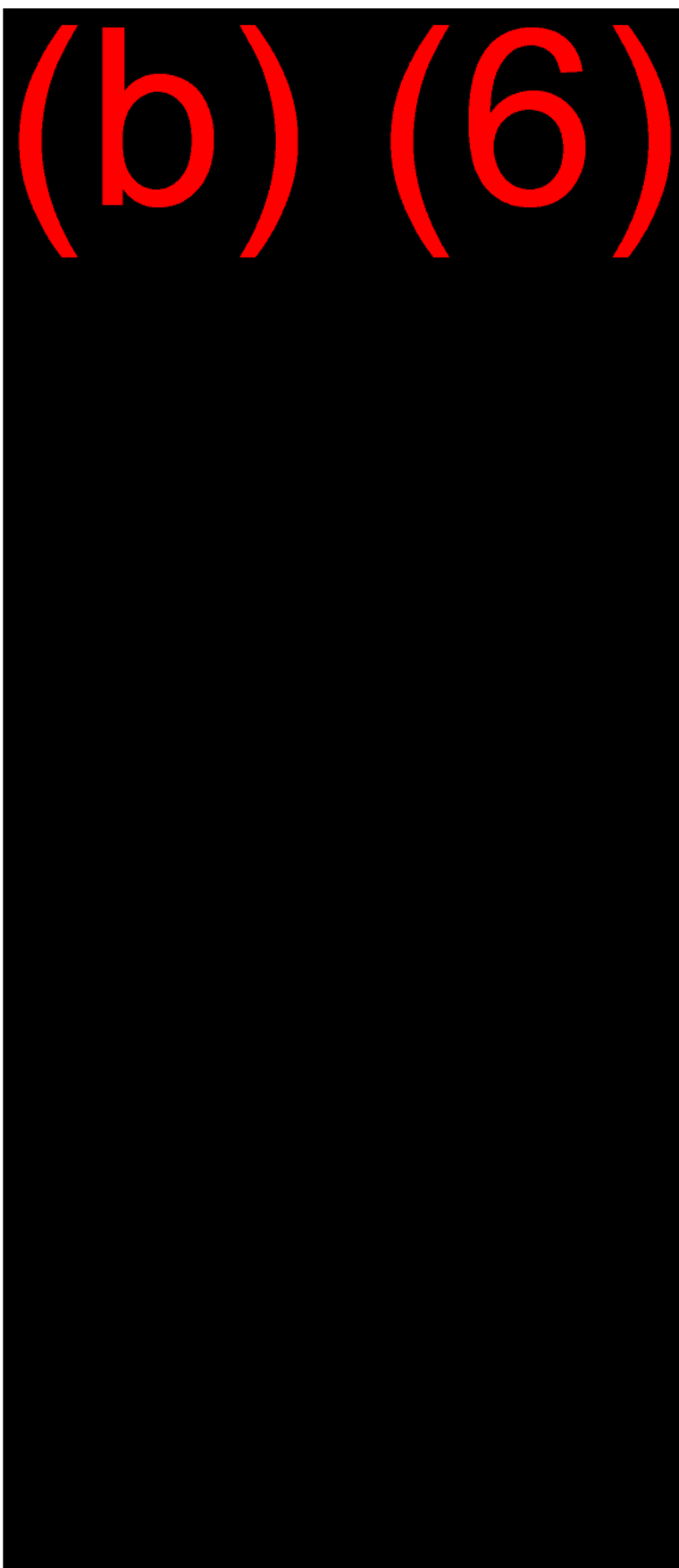
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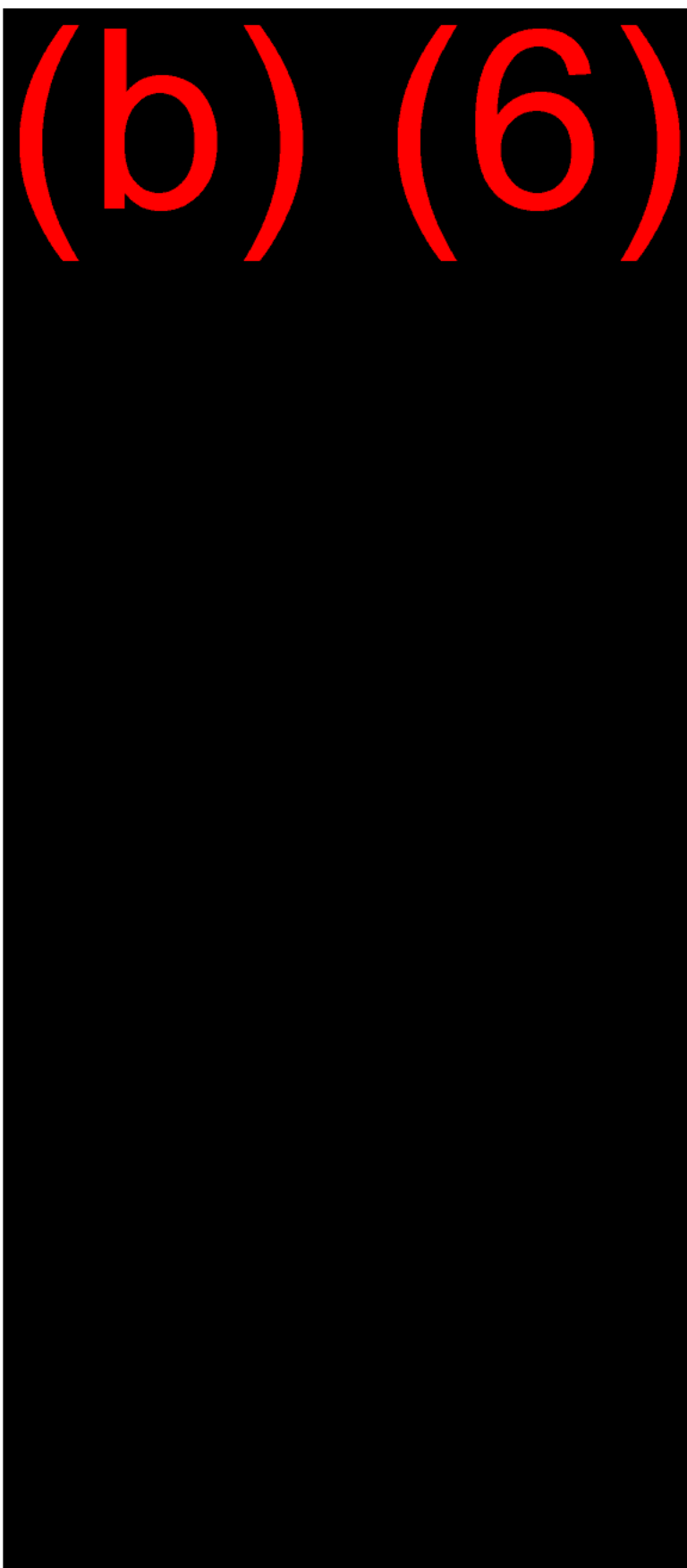
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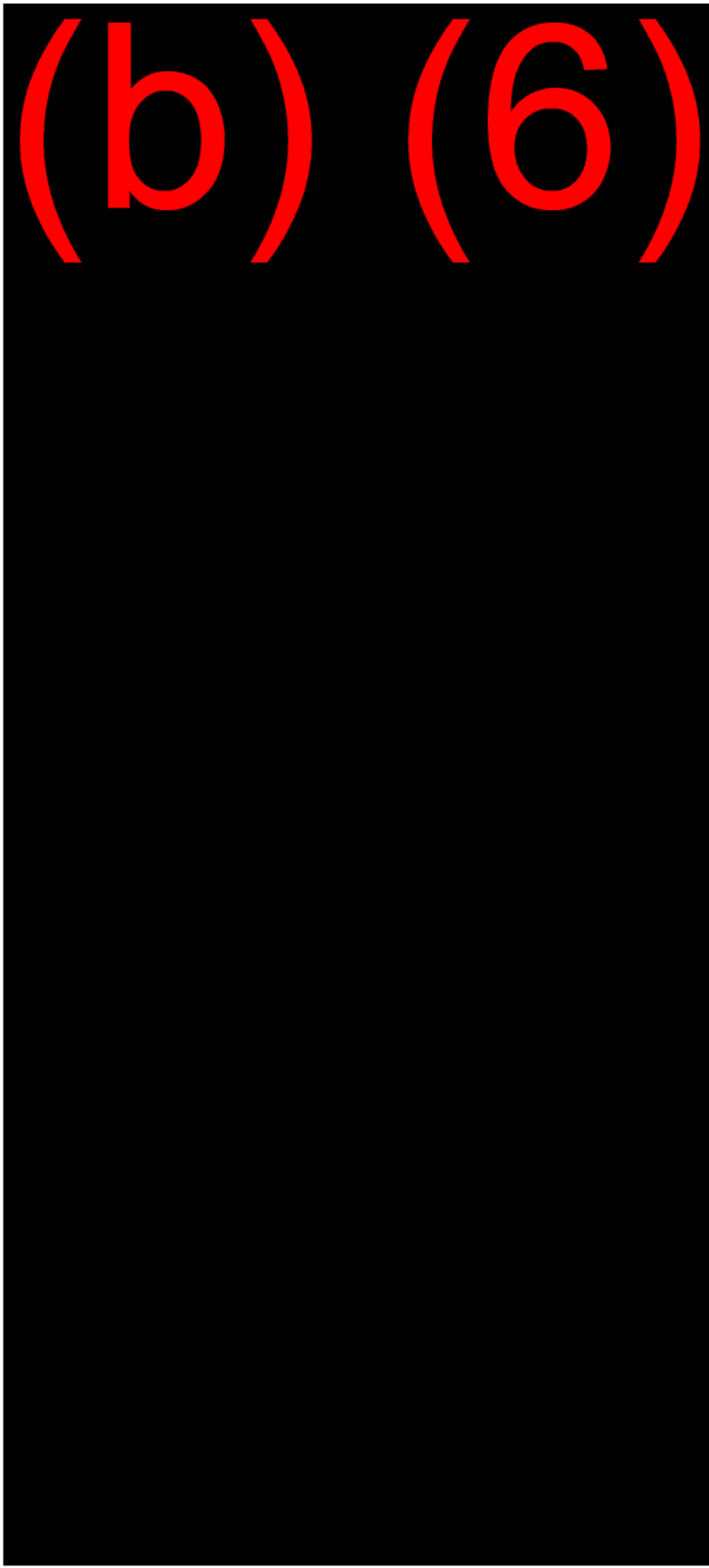
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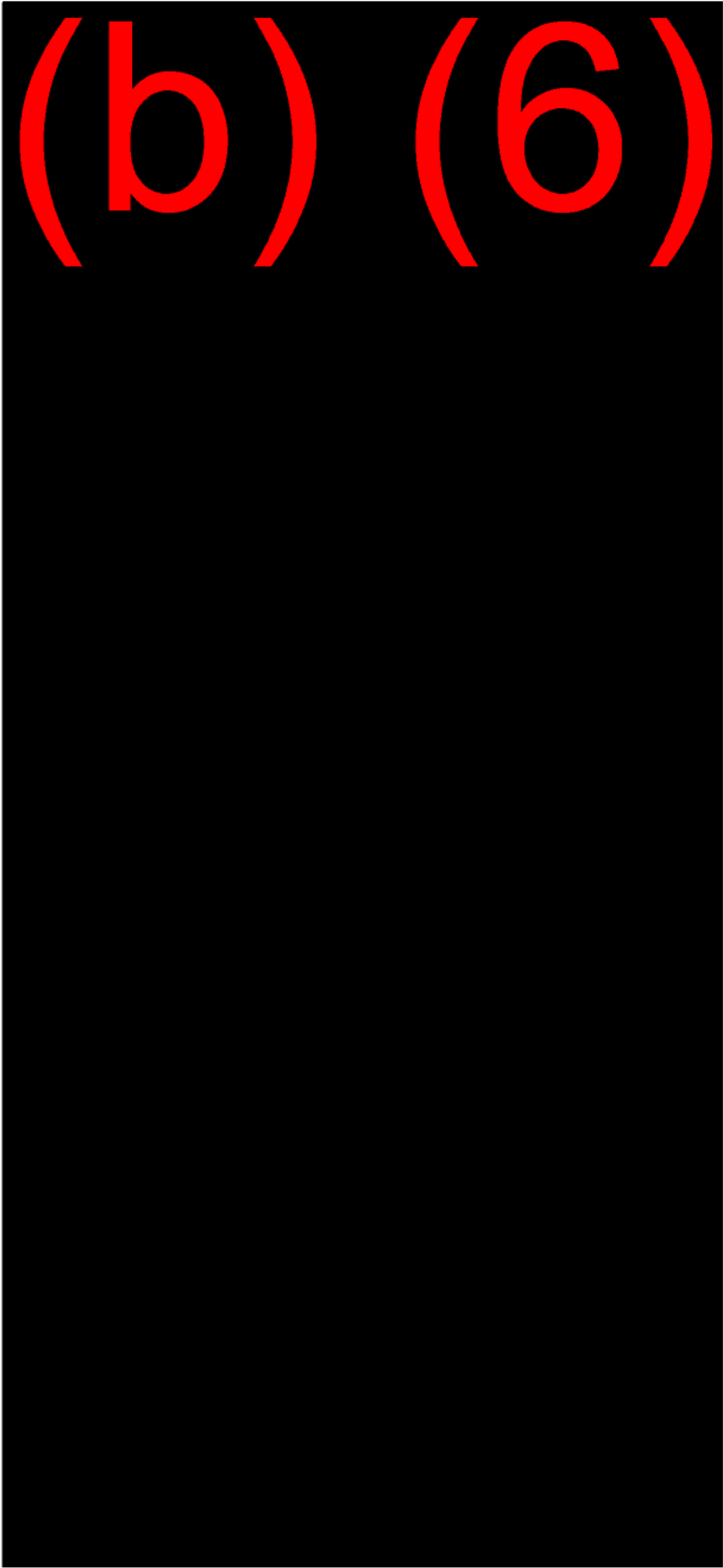
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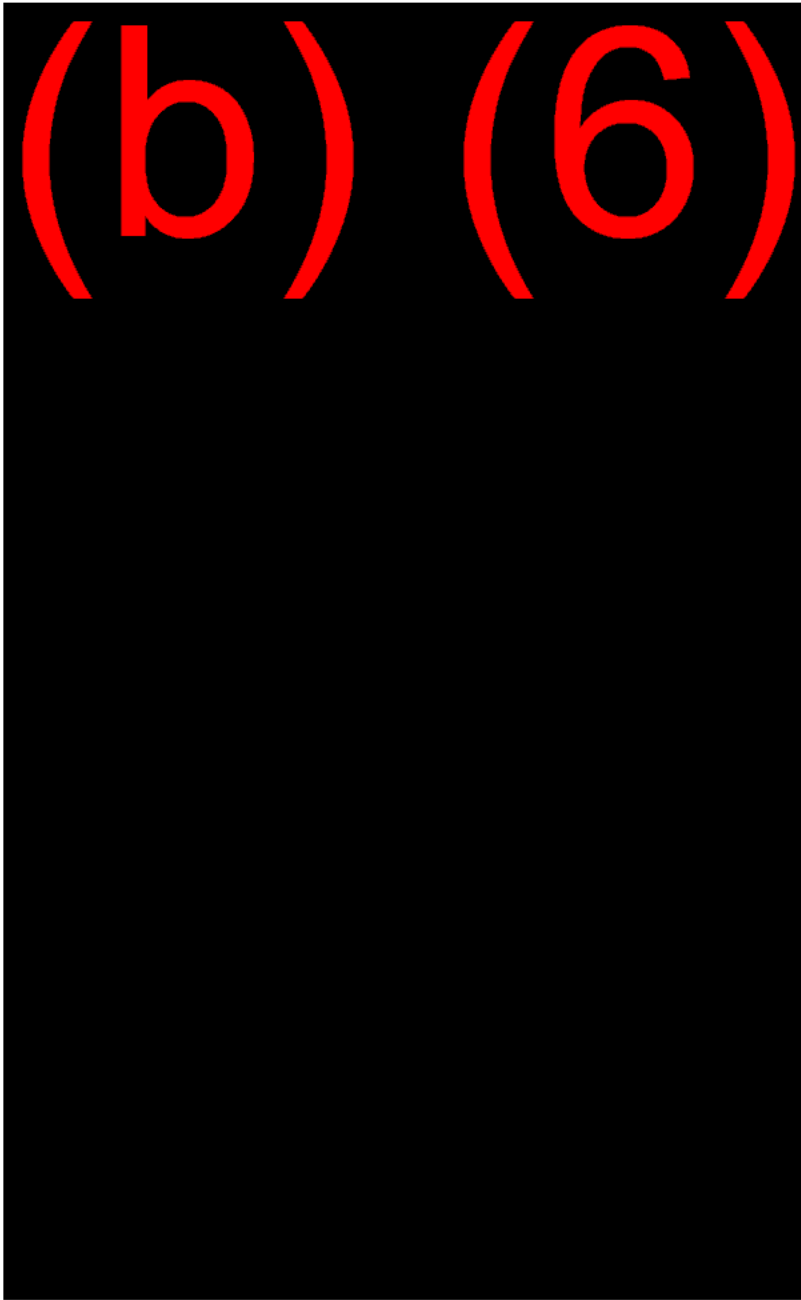
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(b) (6)



(b) (6)



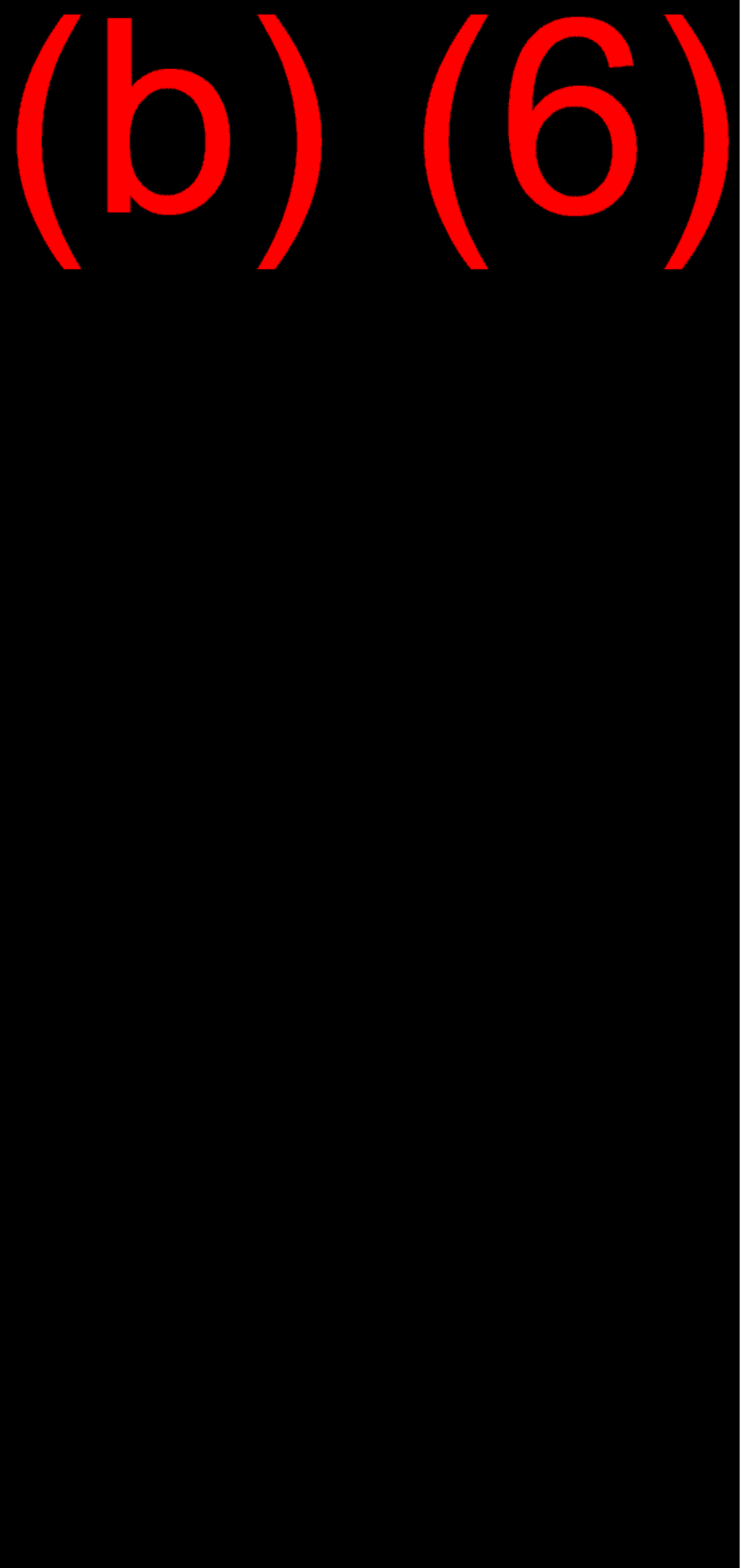
Covid-19 patients 3/15/20 - 4/11/20 = 1354

Patient ID	Gender	City	State	ZIP
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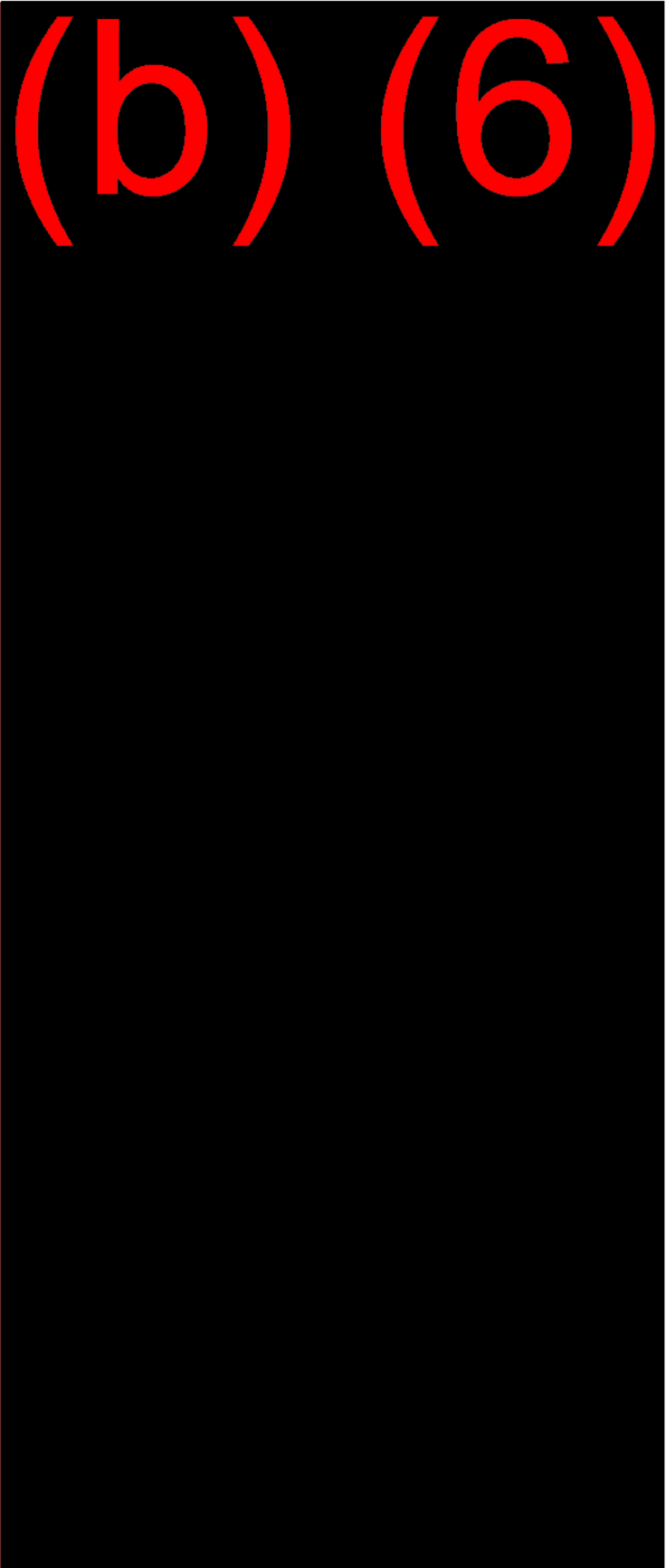
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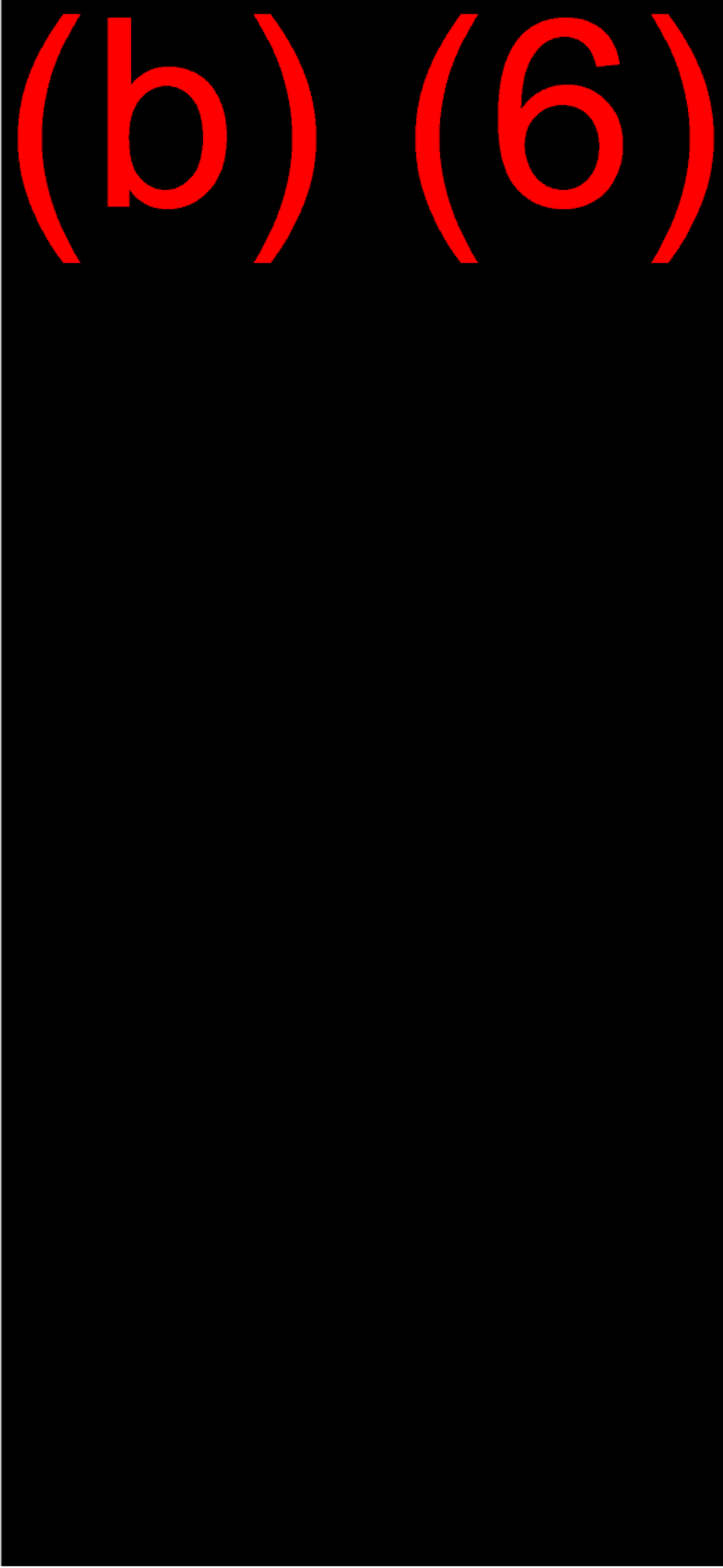
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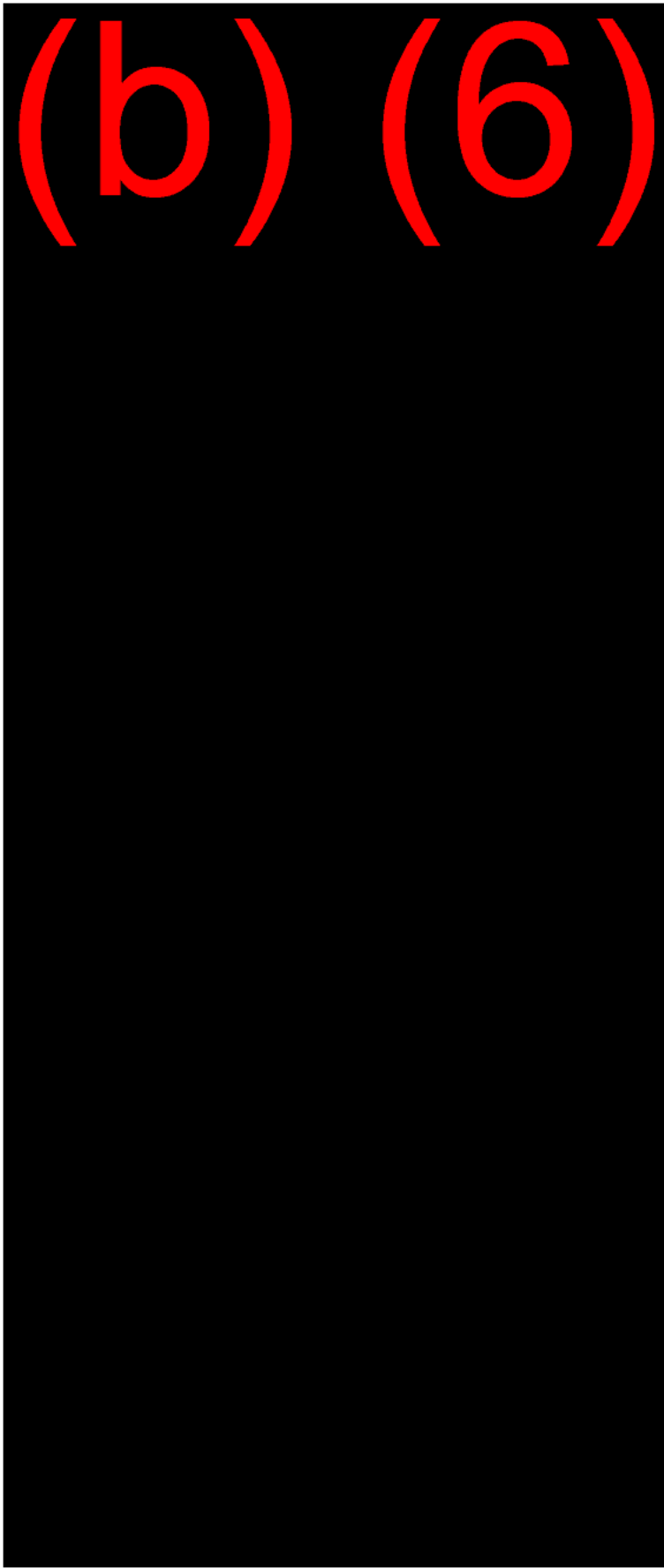
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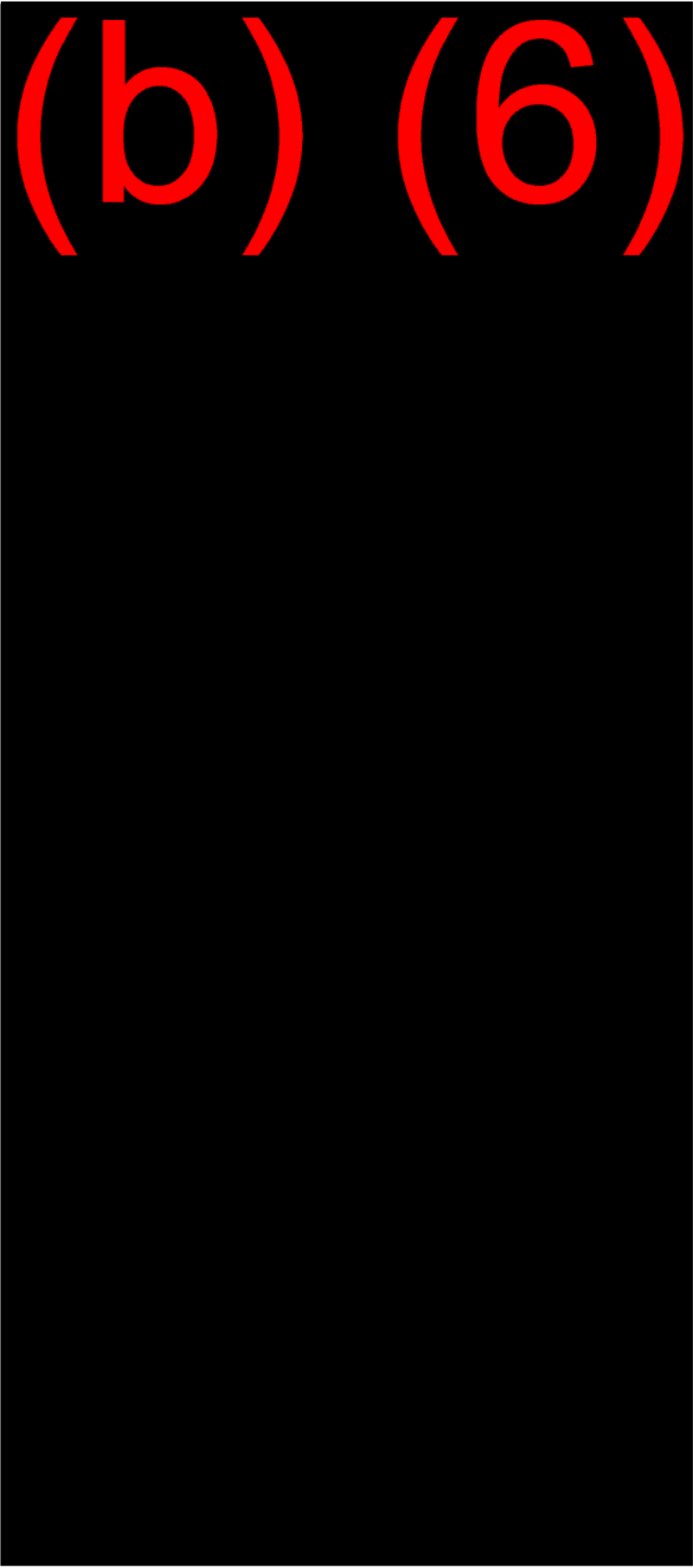
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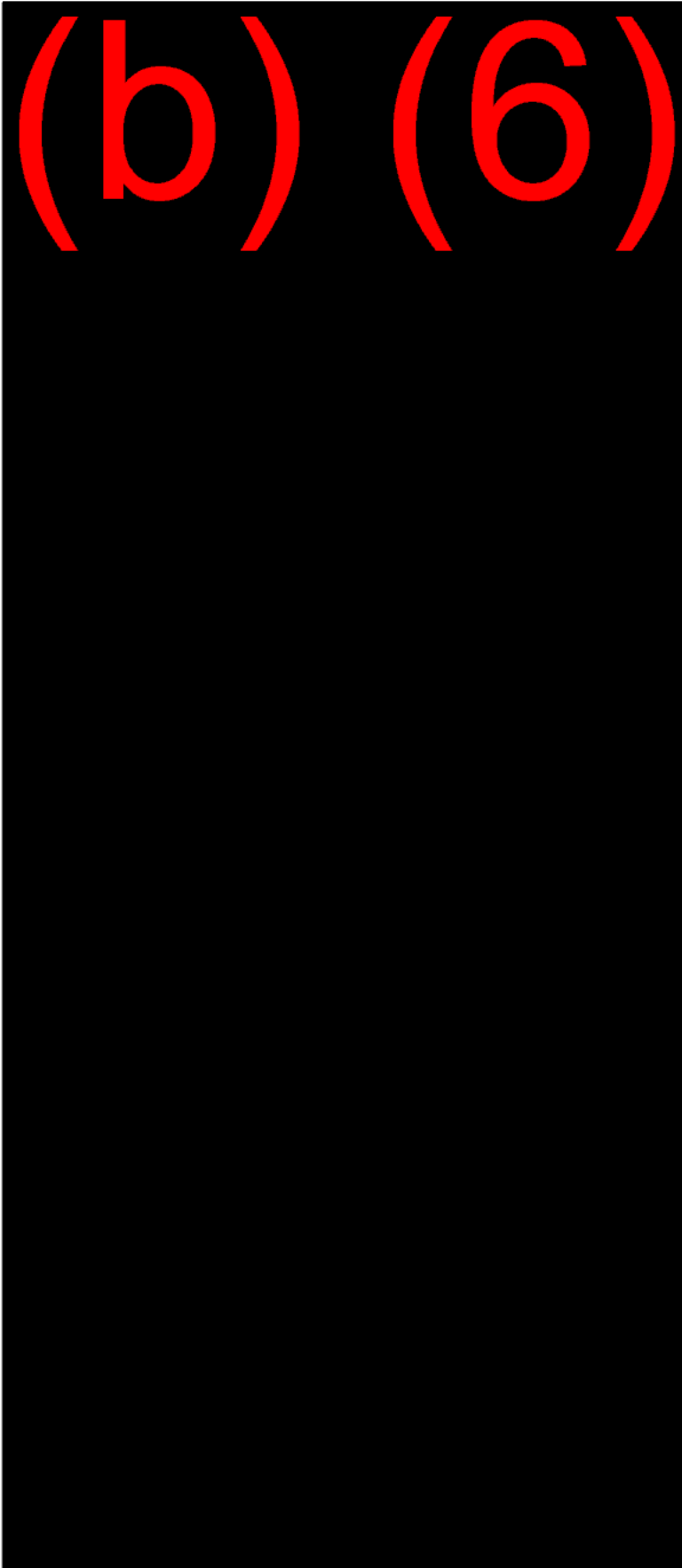
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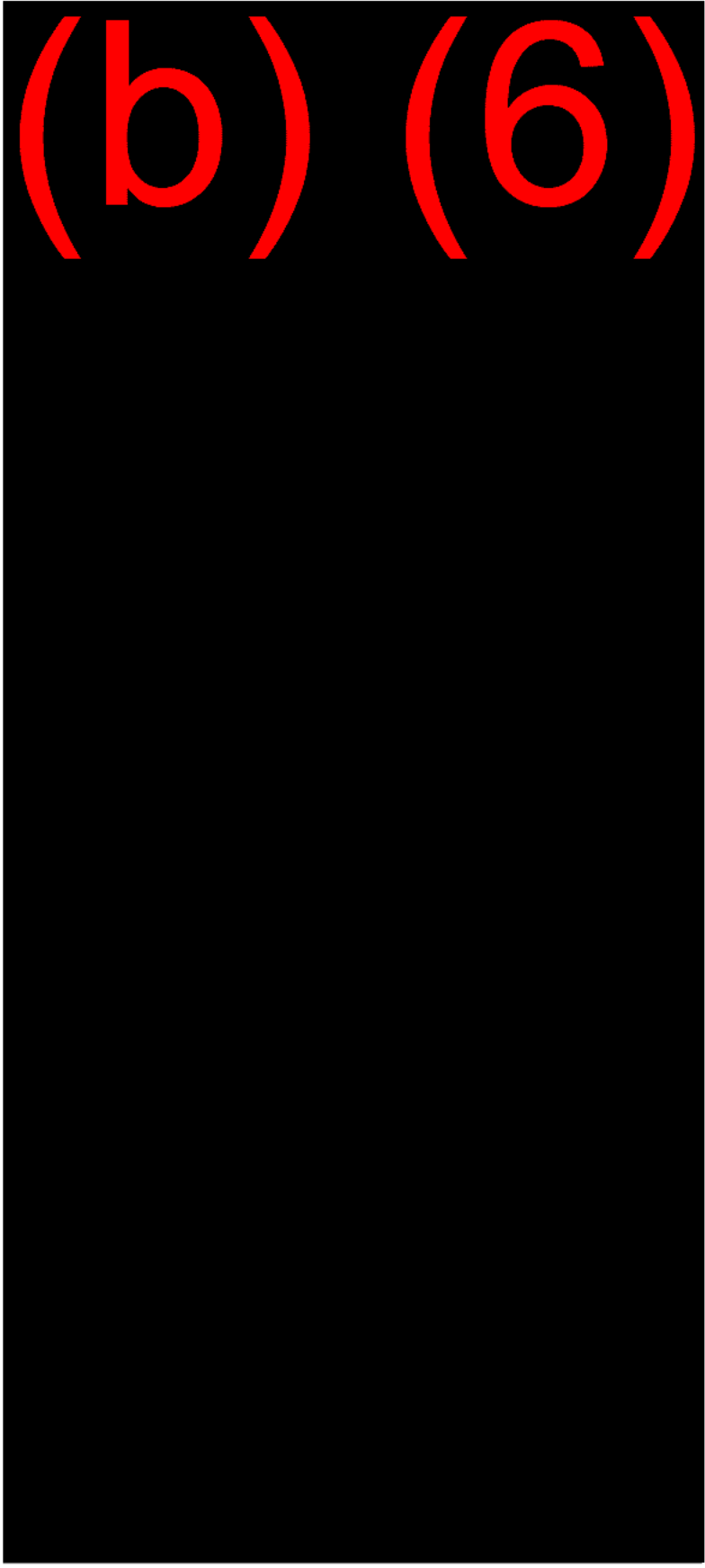
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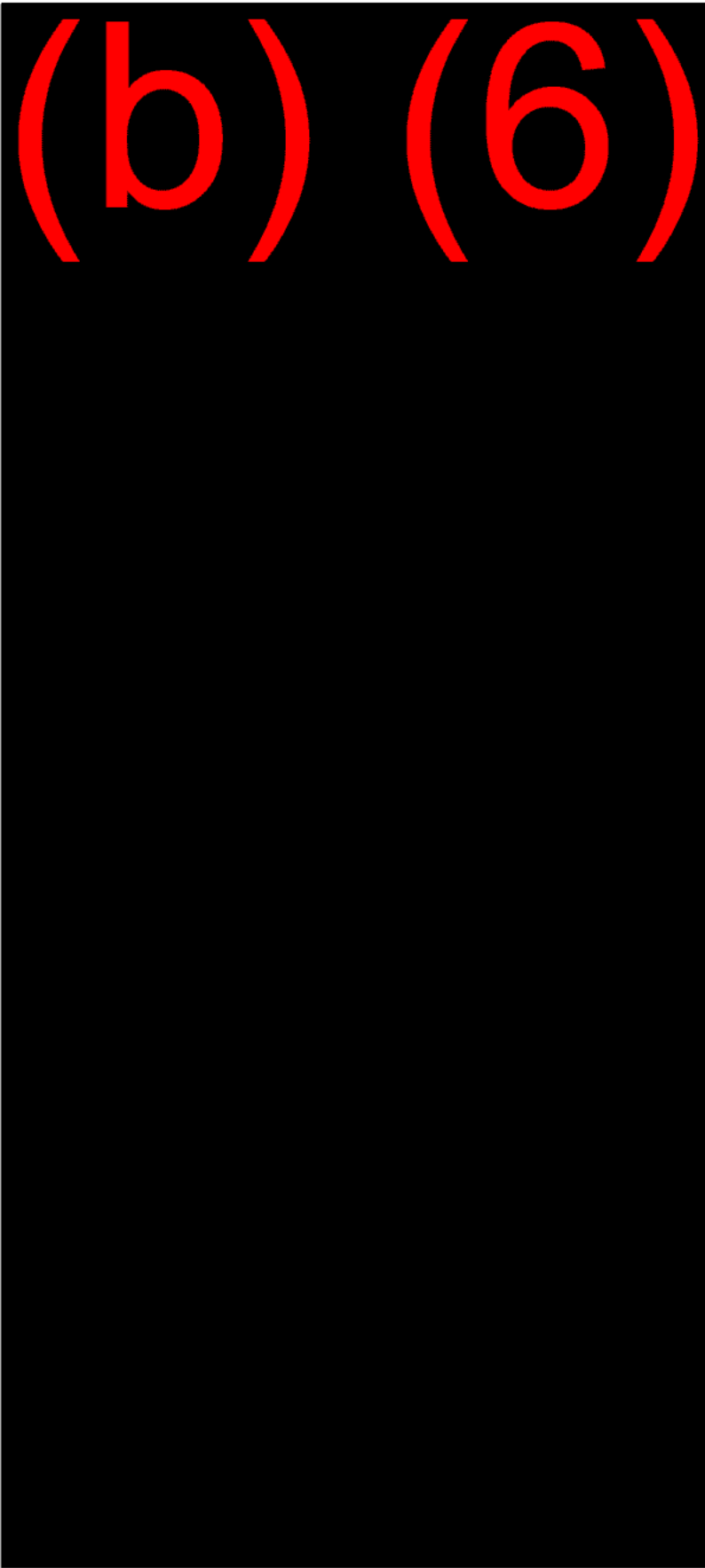
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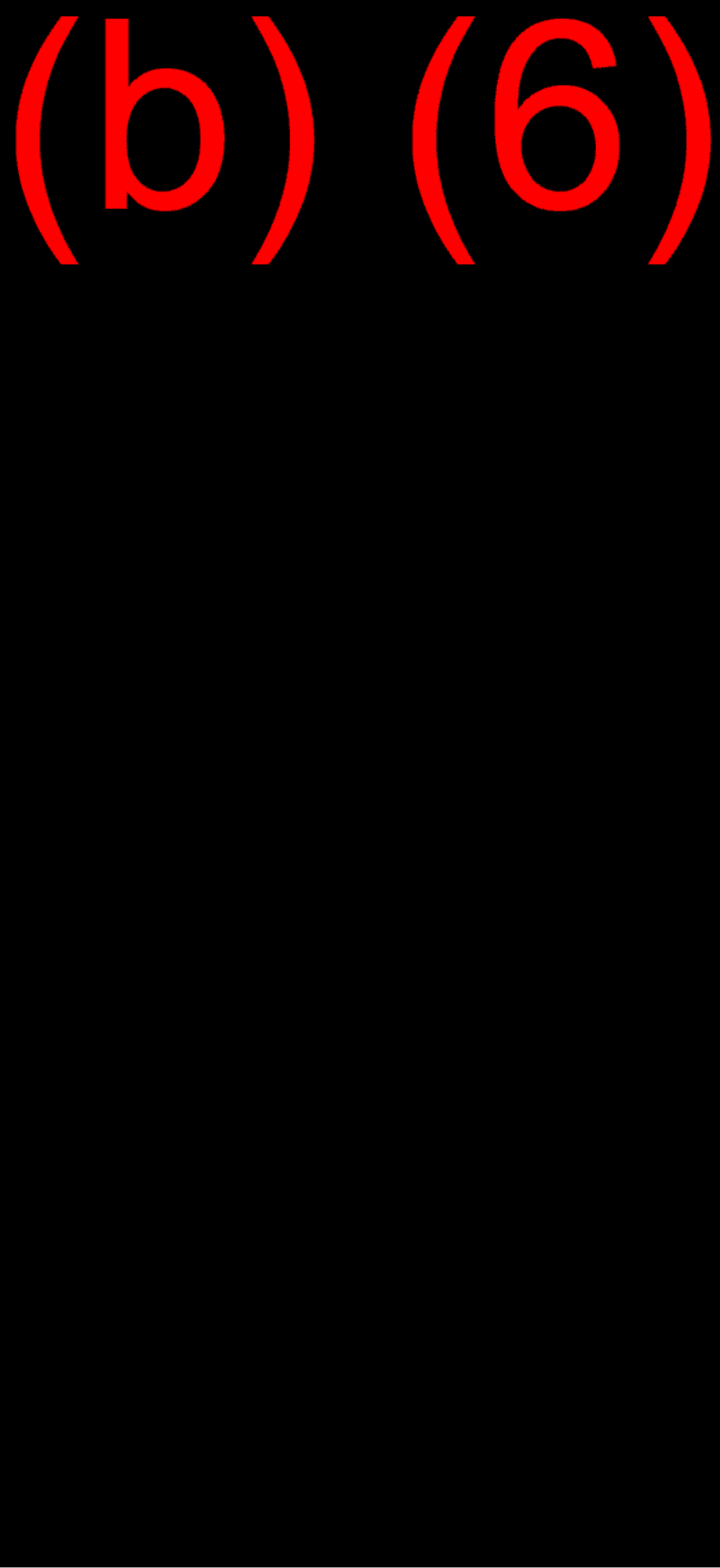
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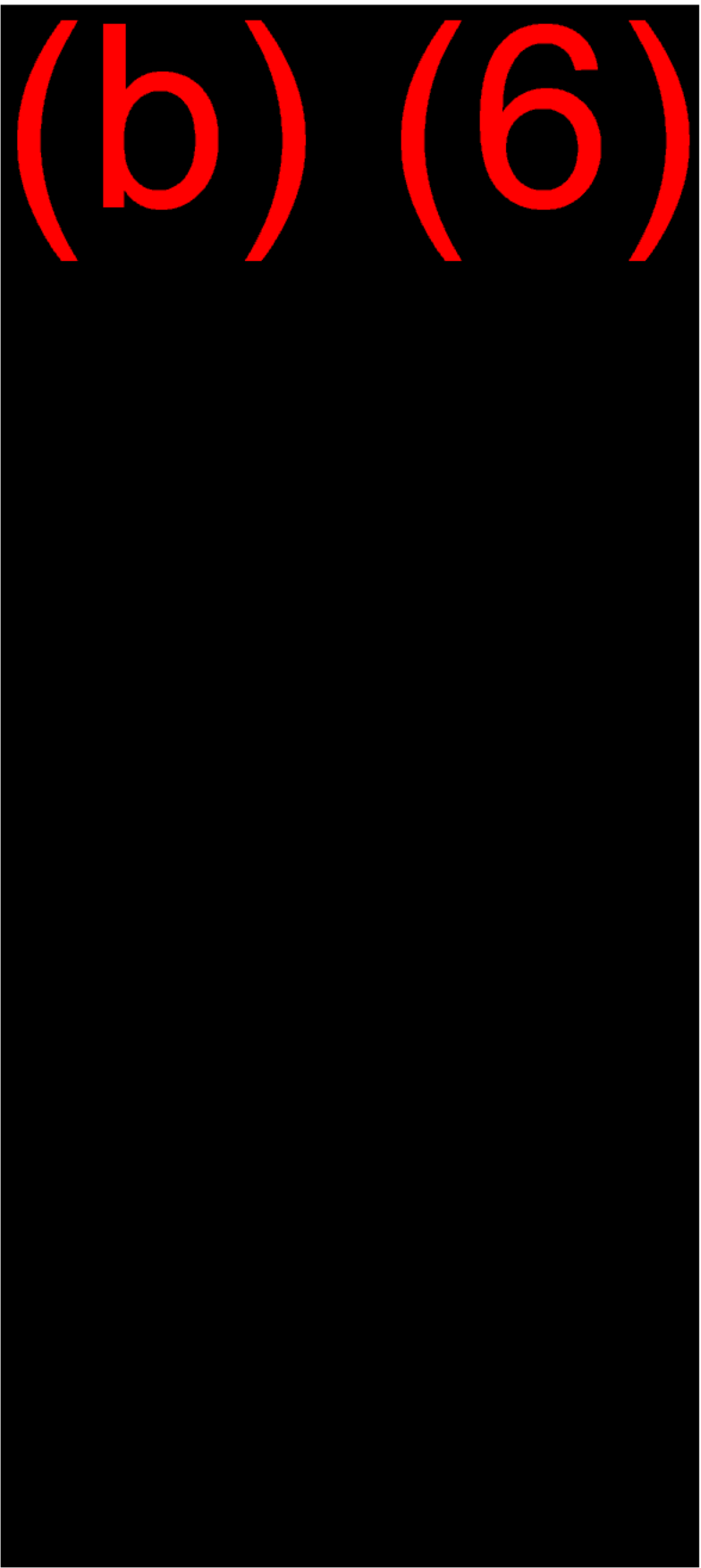


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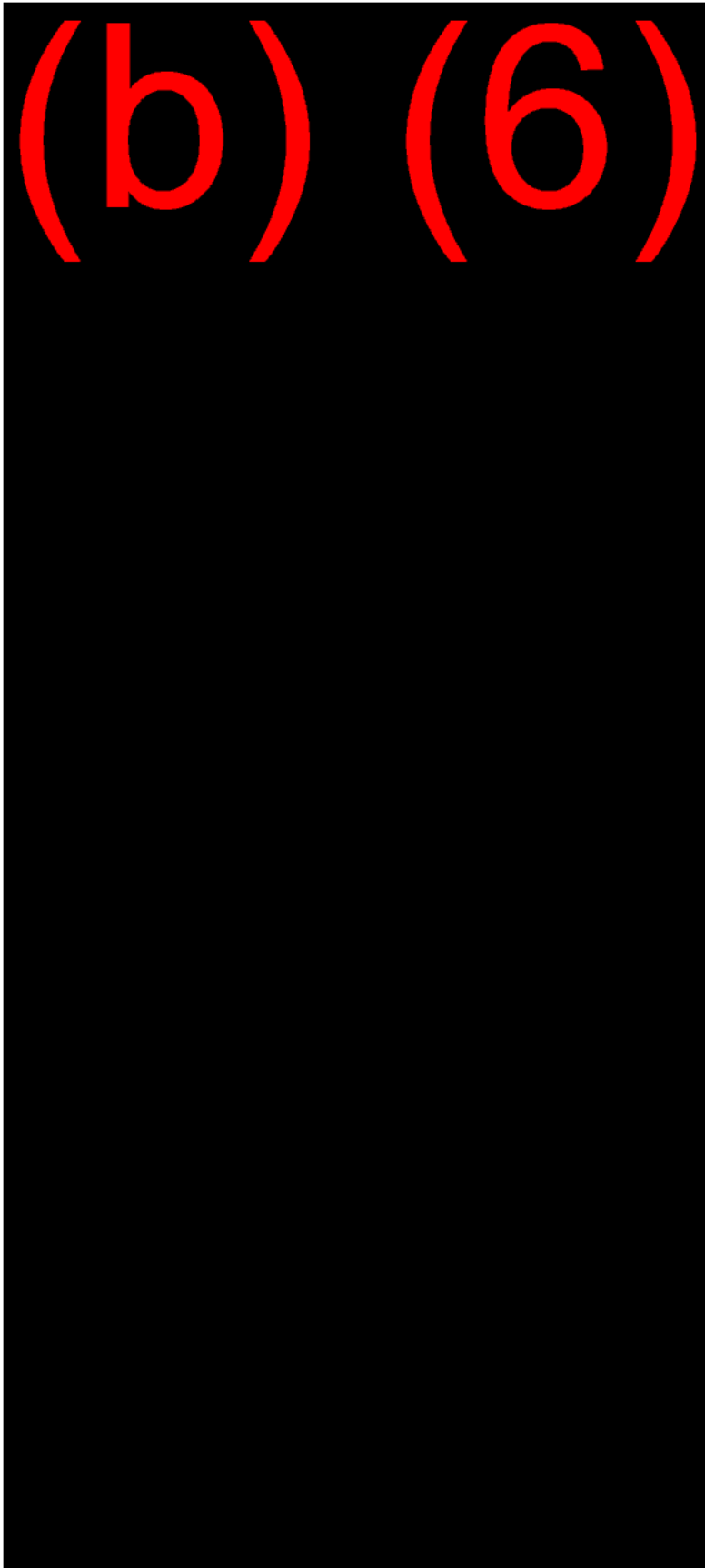


(b) (6)

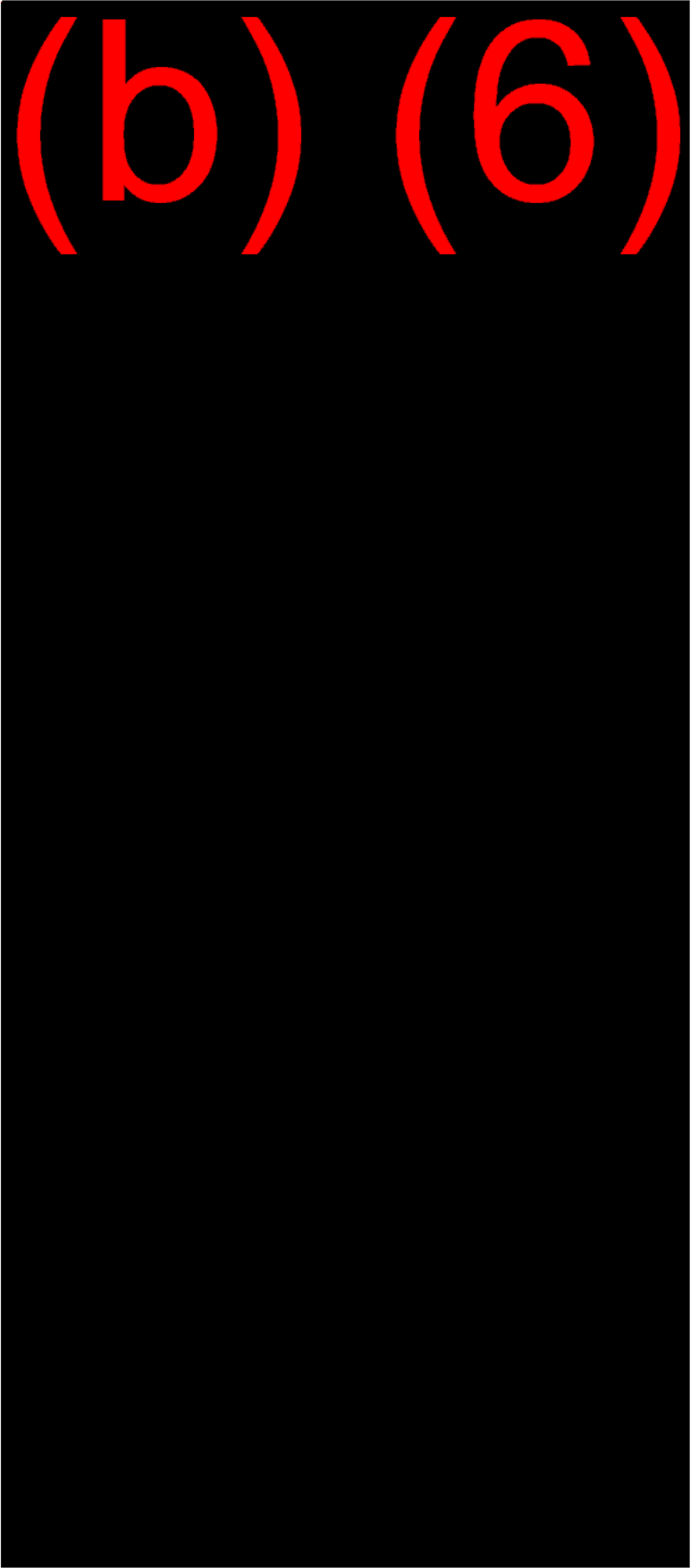
(b) (6)



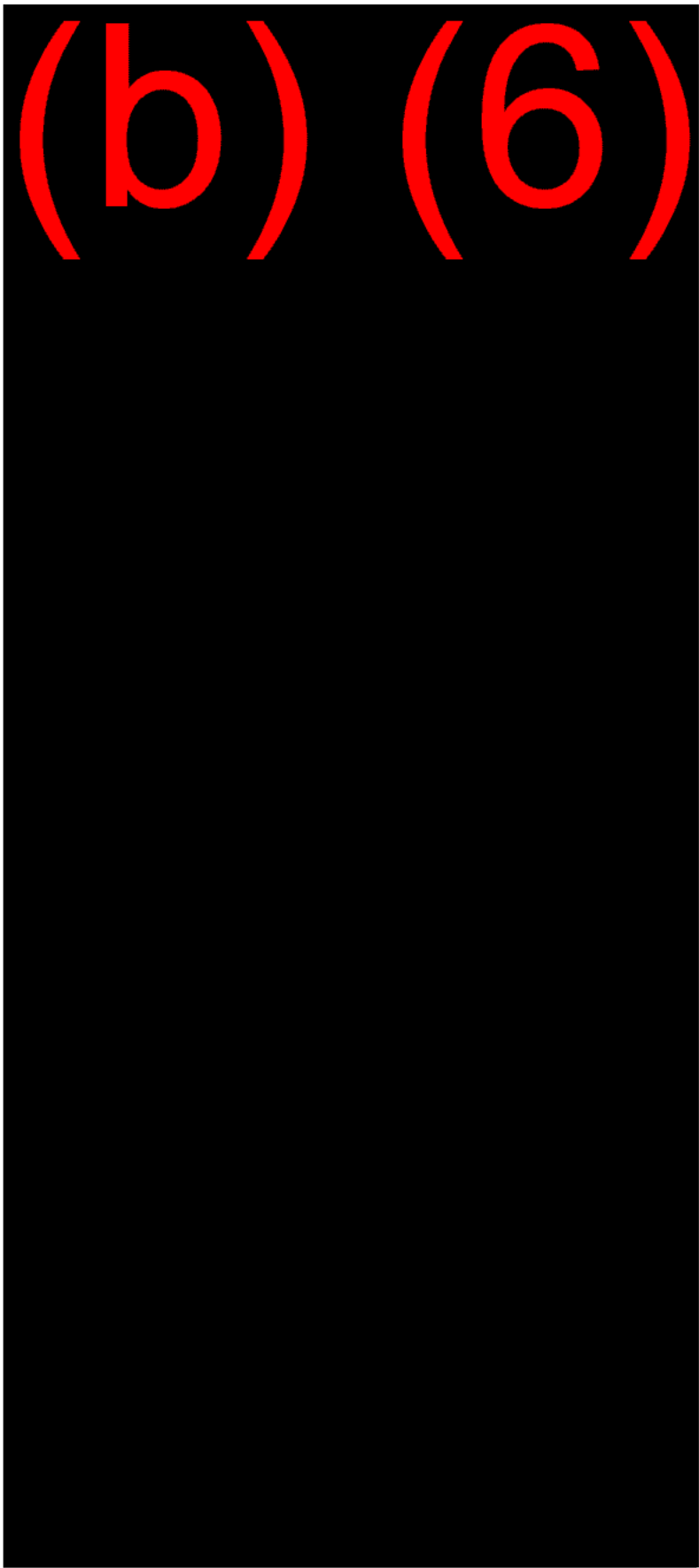
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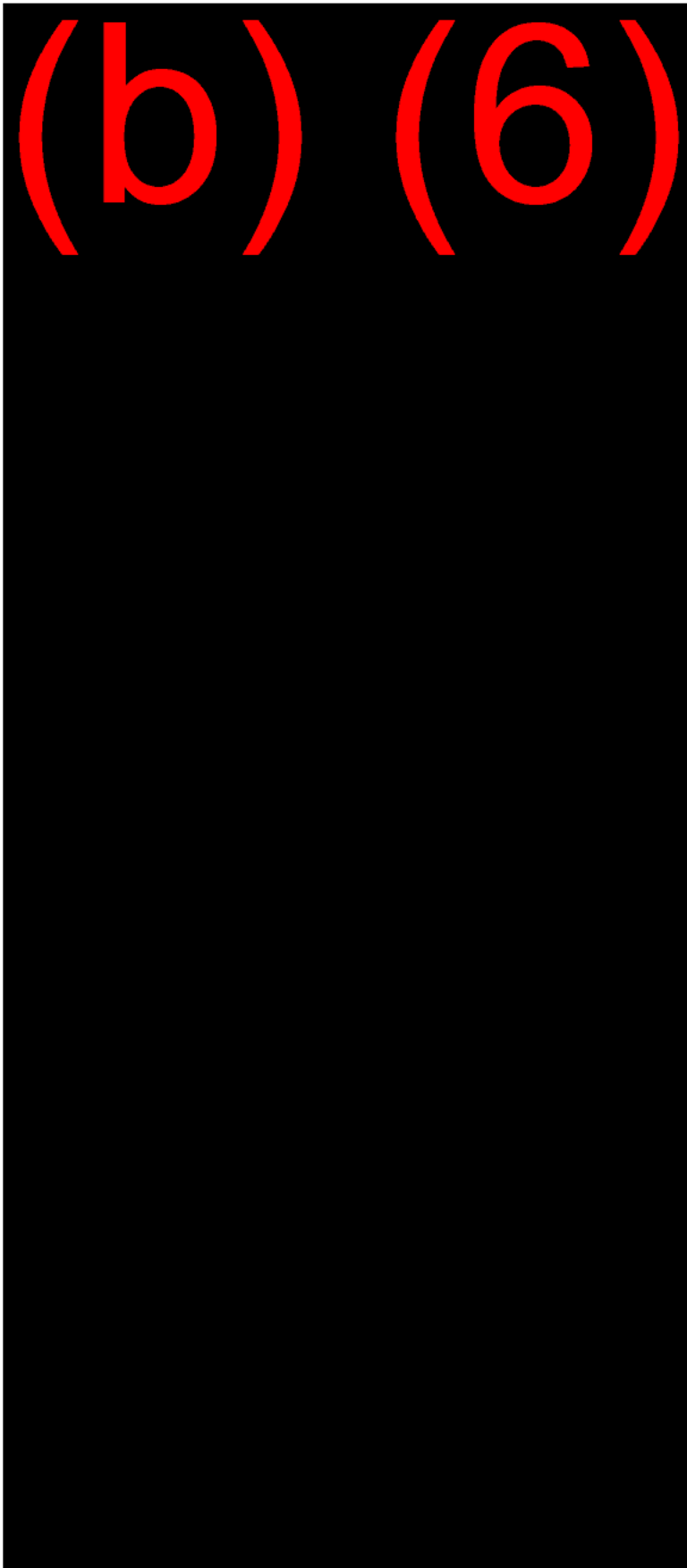
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(b) (6)

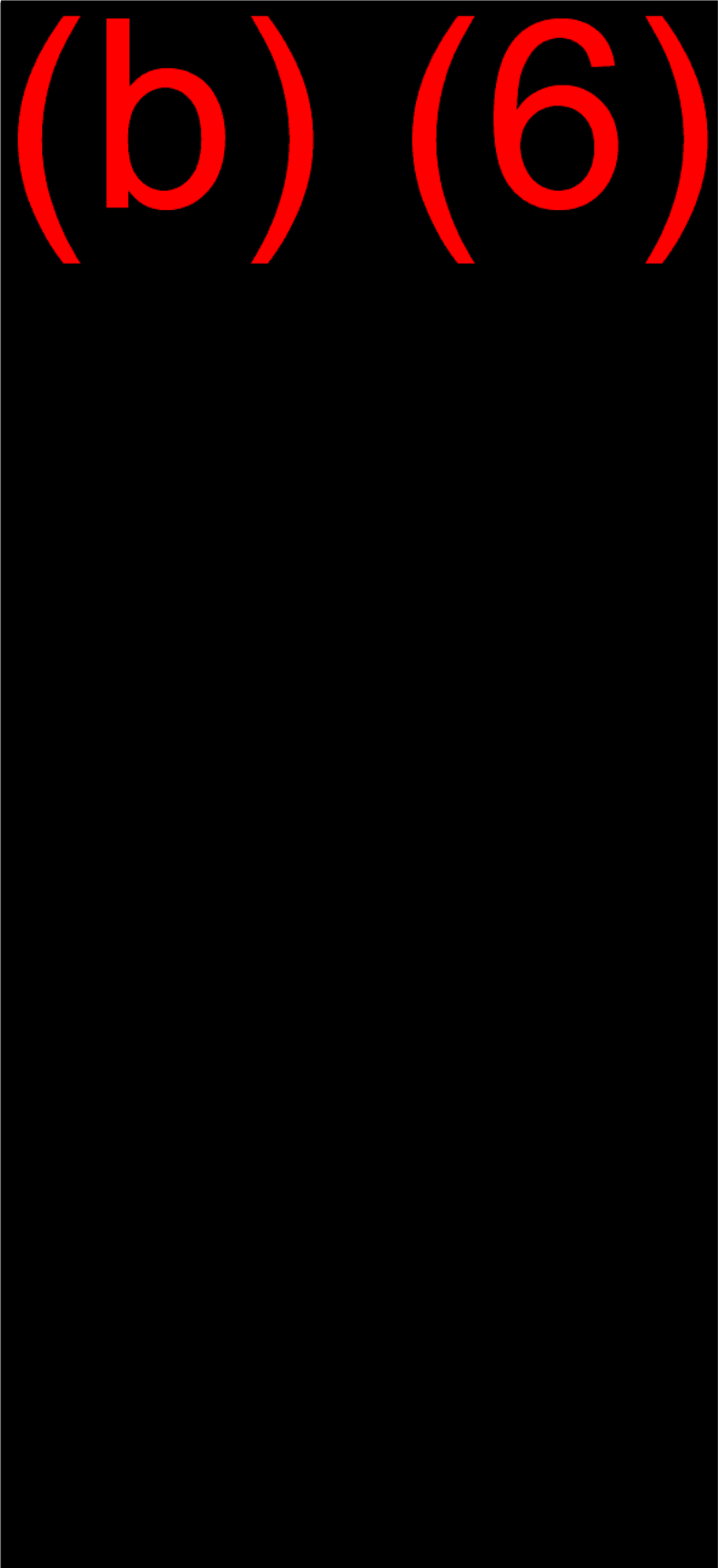


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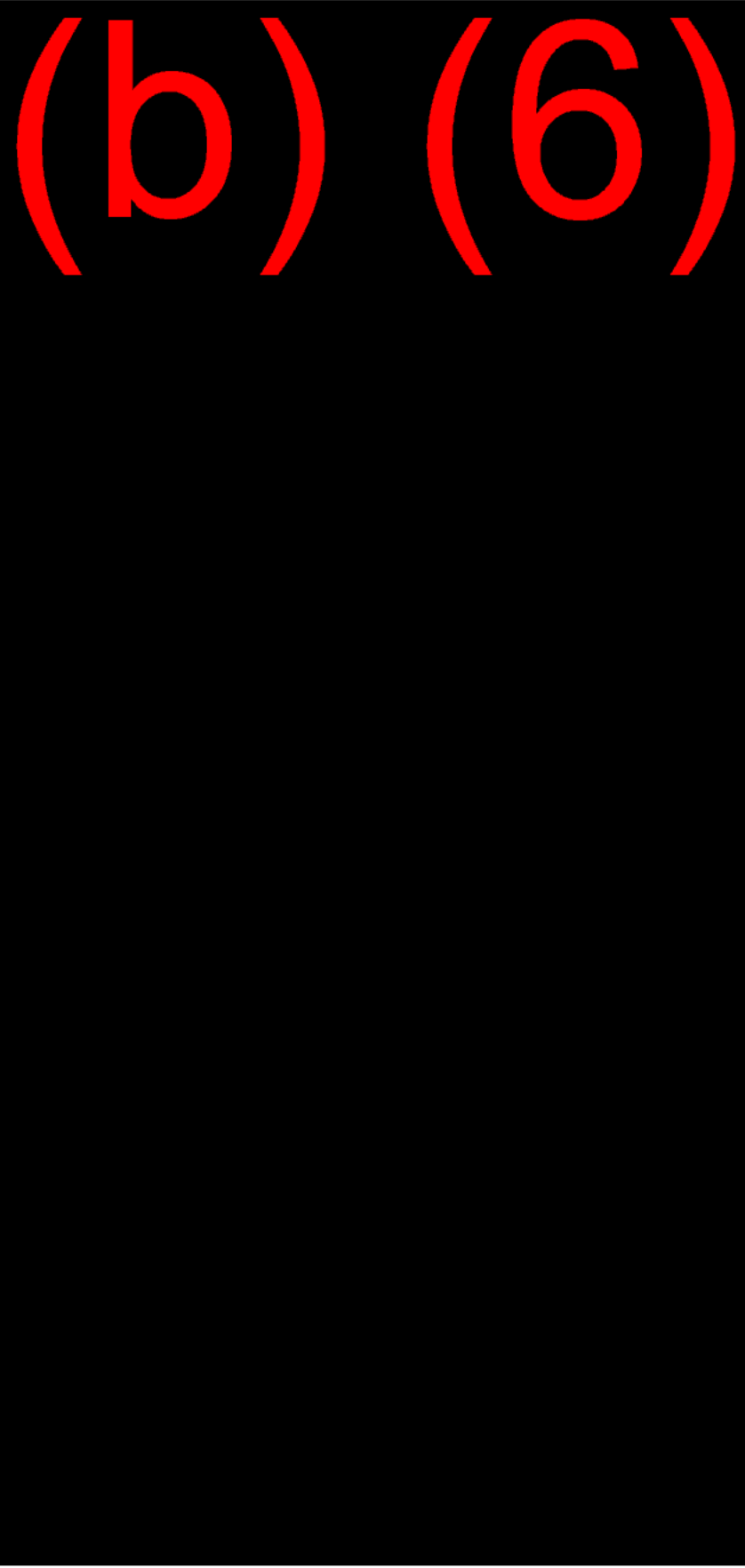


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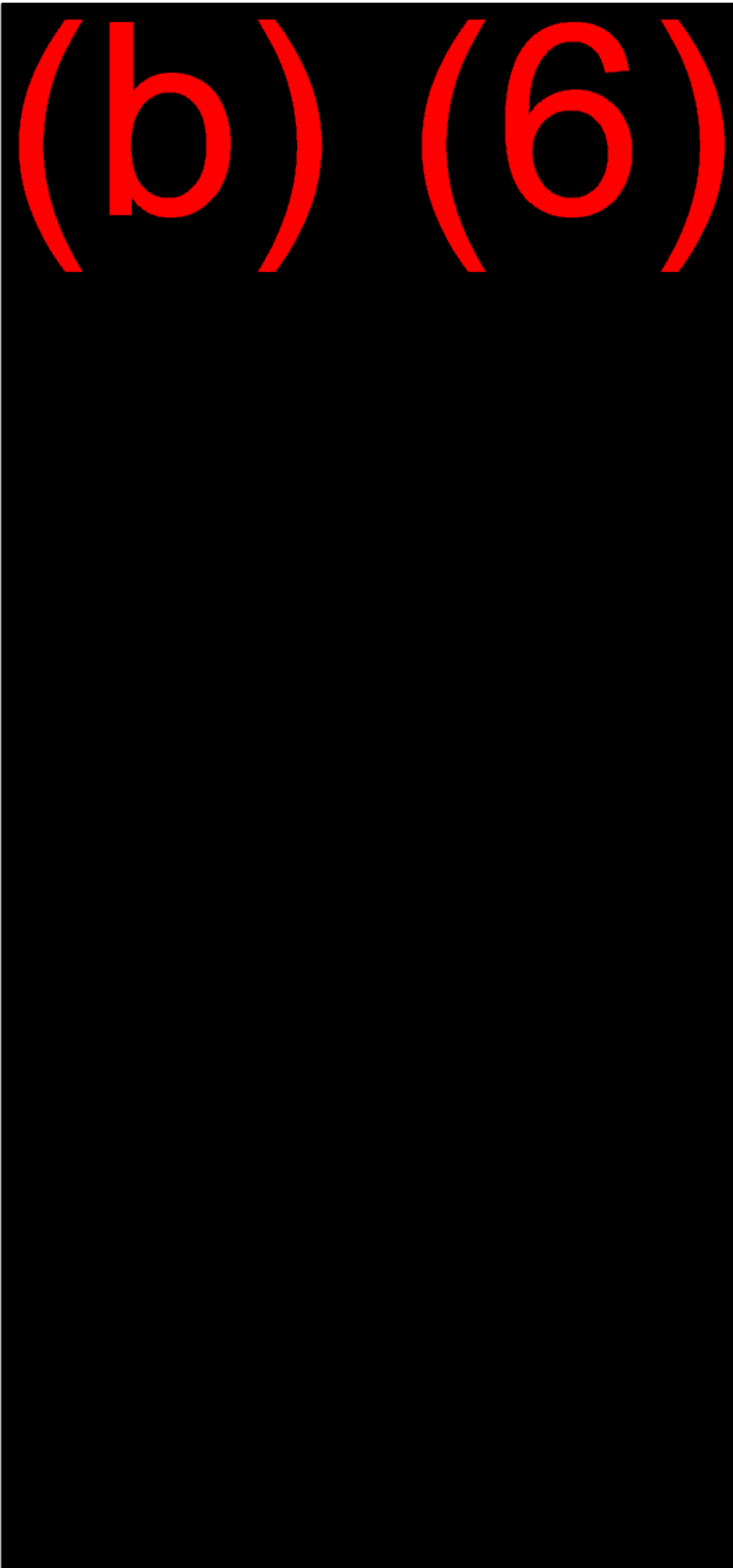
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(b) (6)

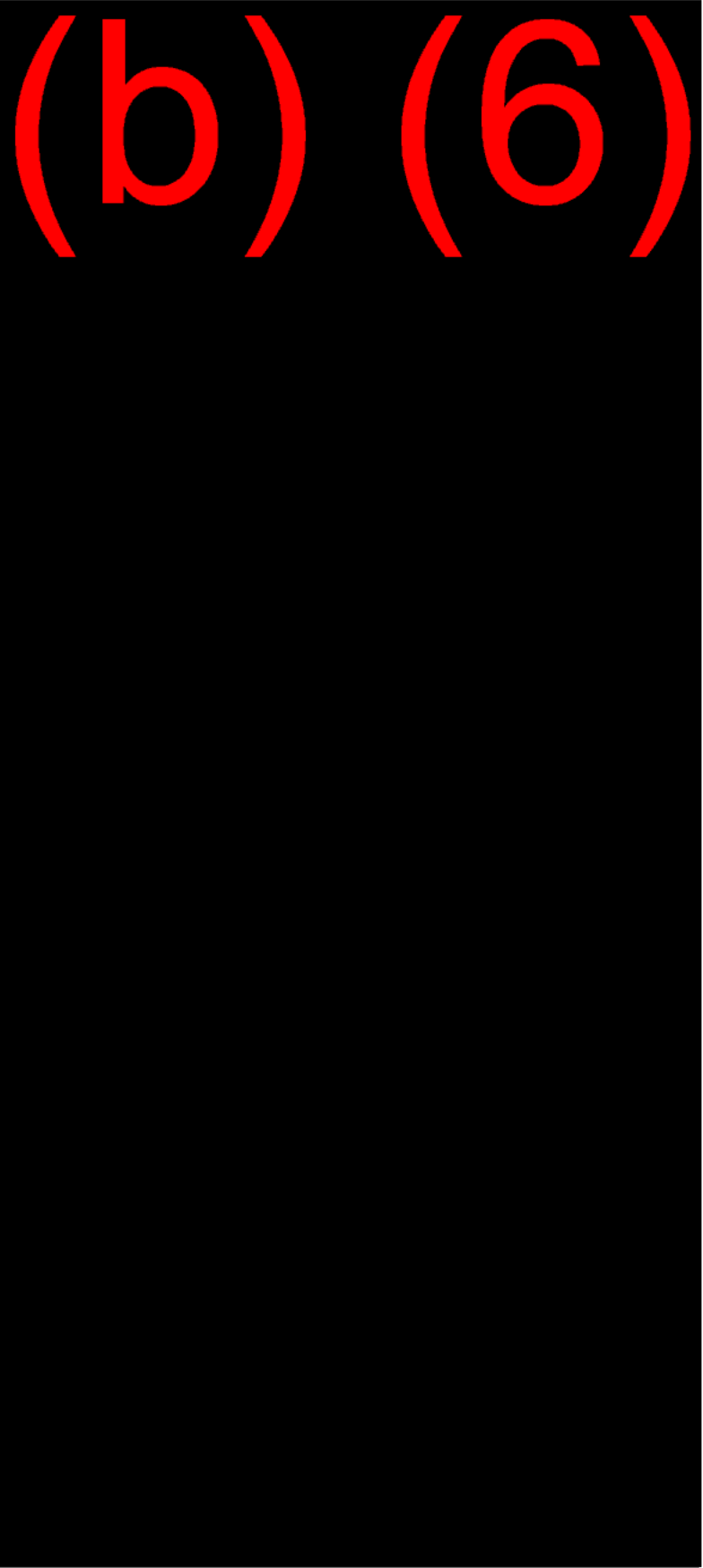


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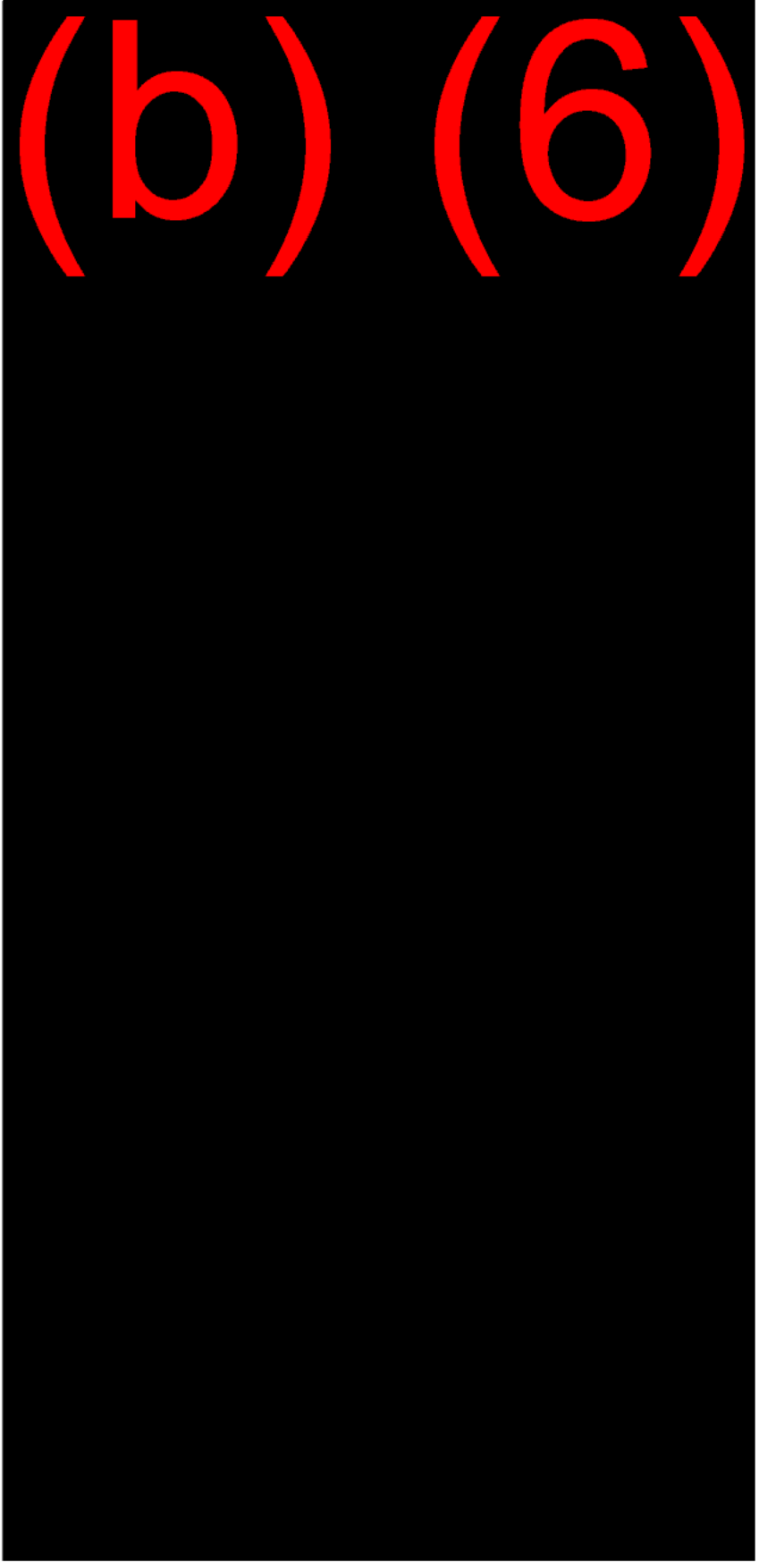


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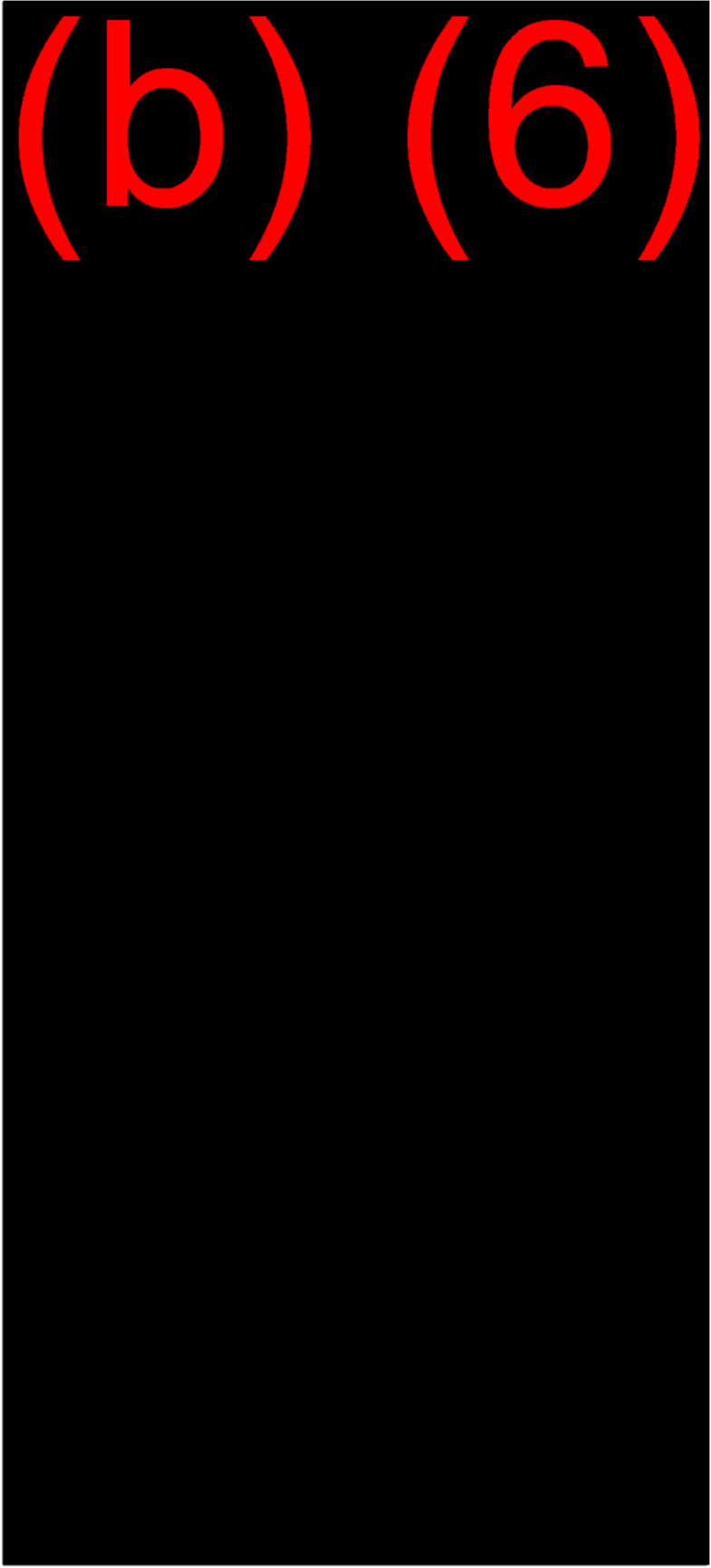
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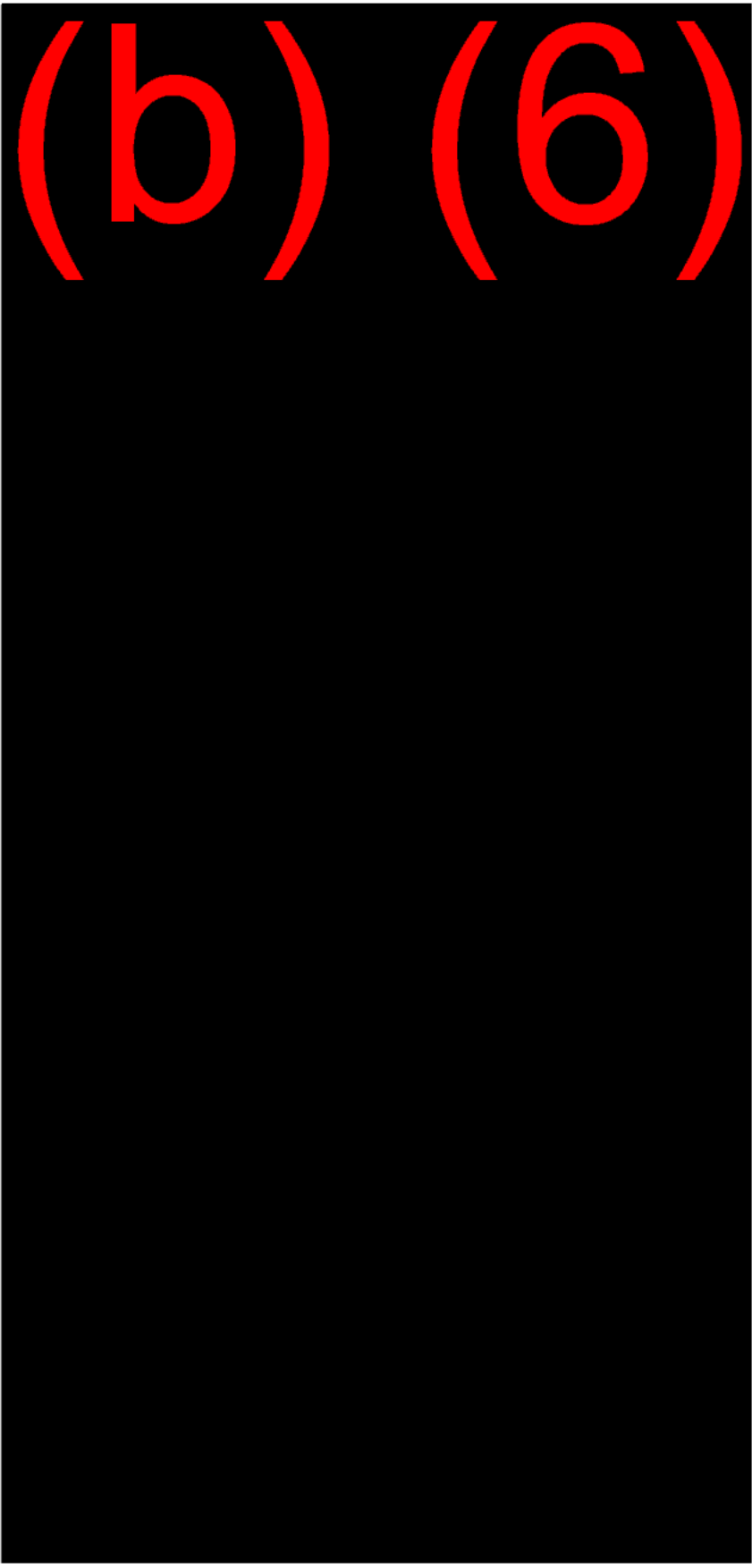
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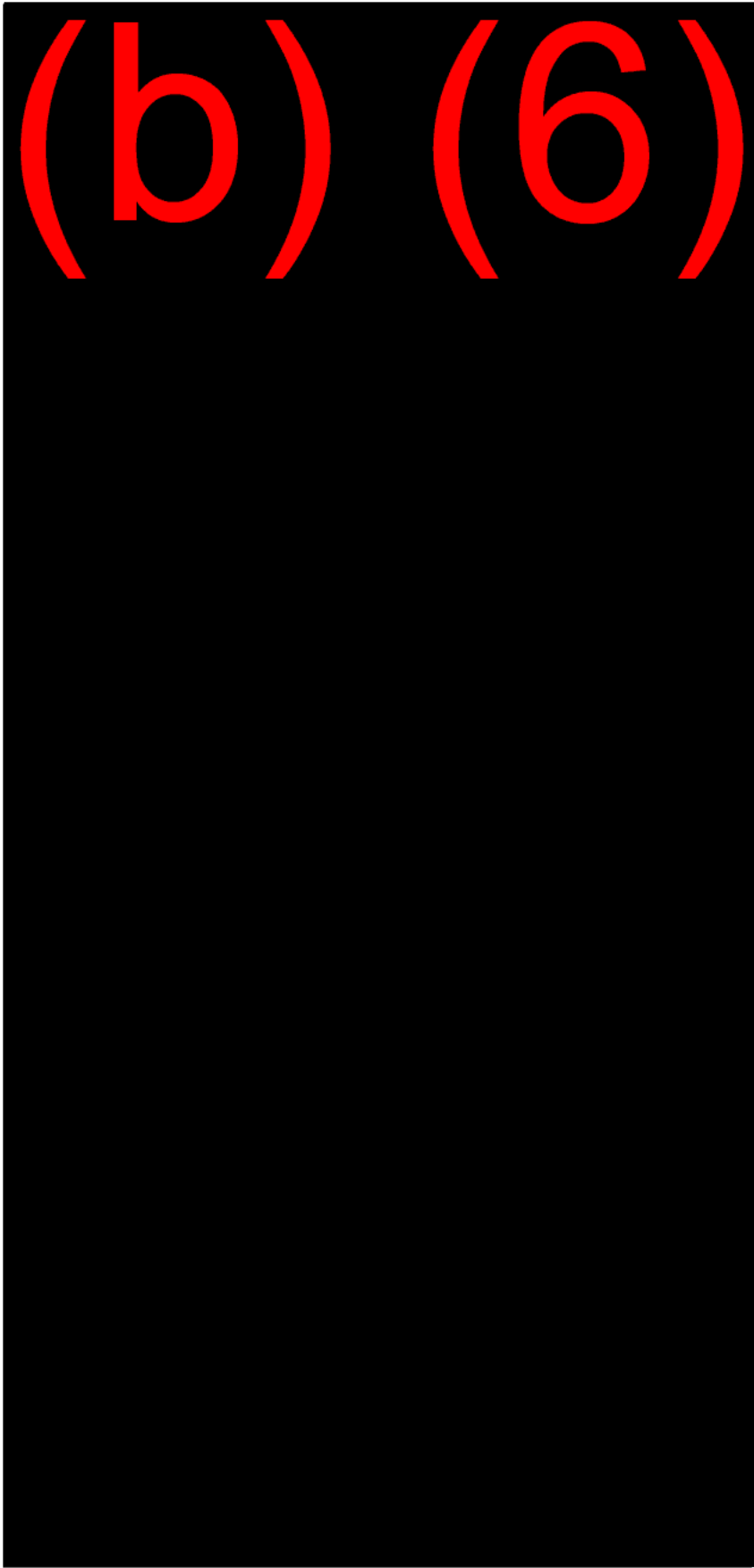
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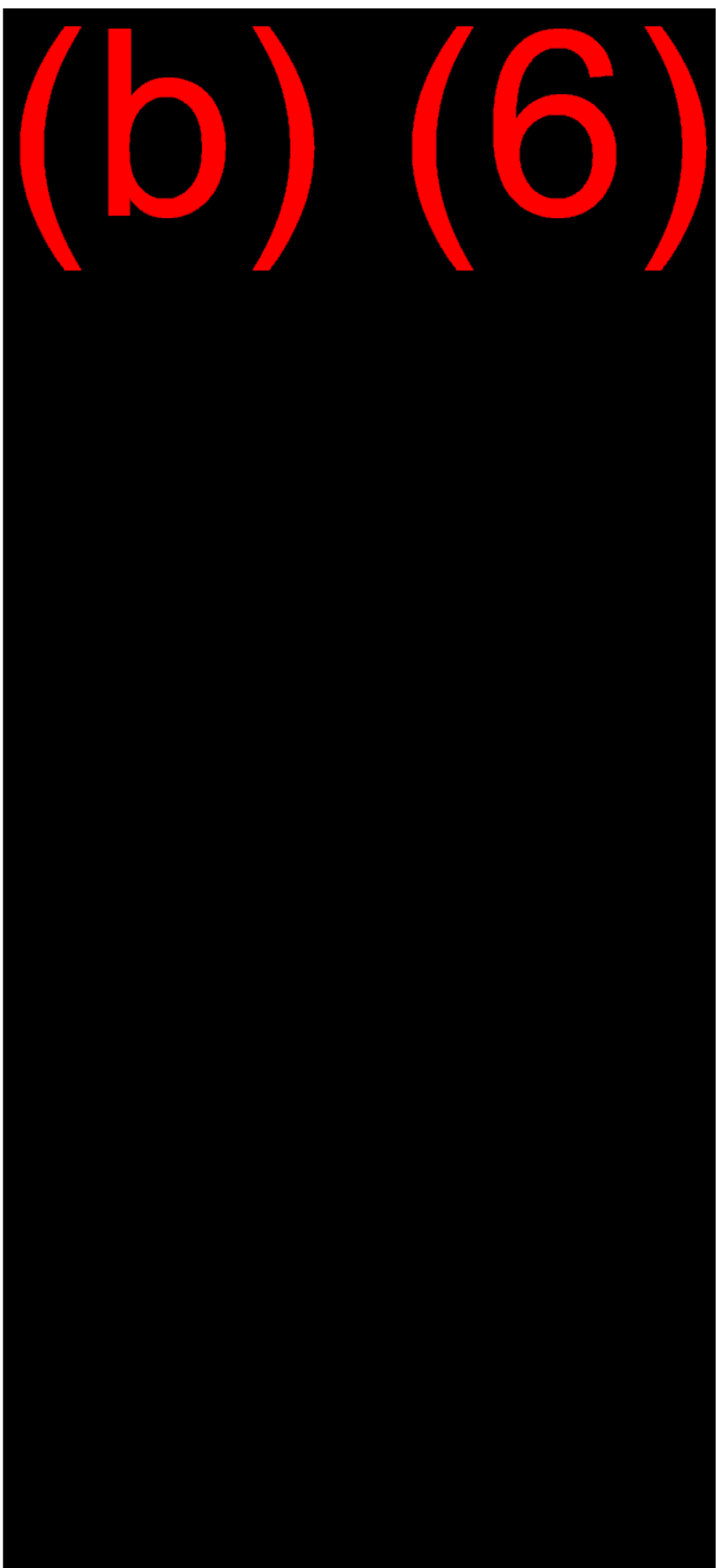
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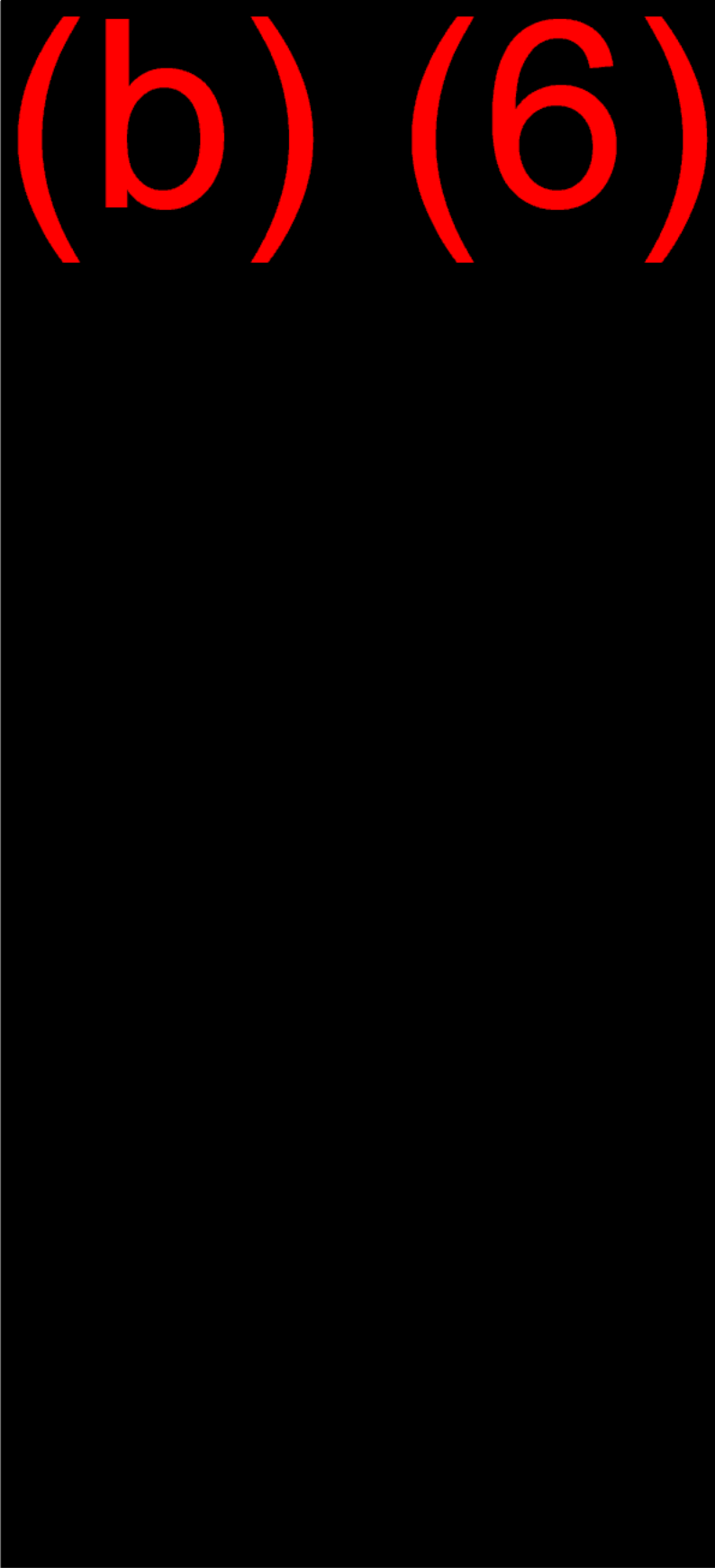
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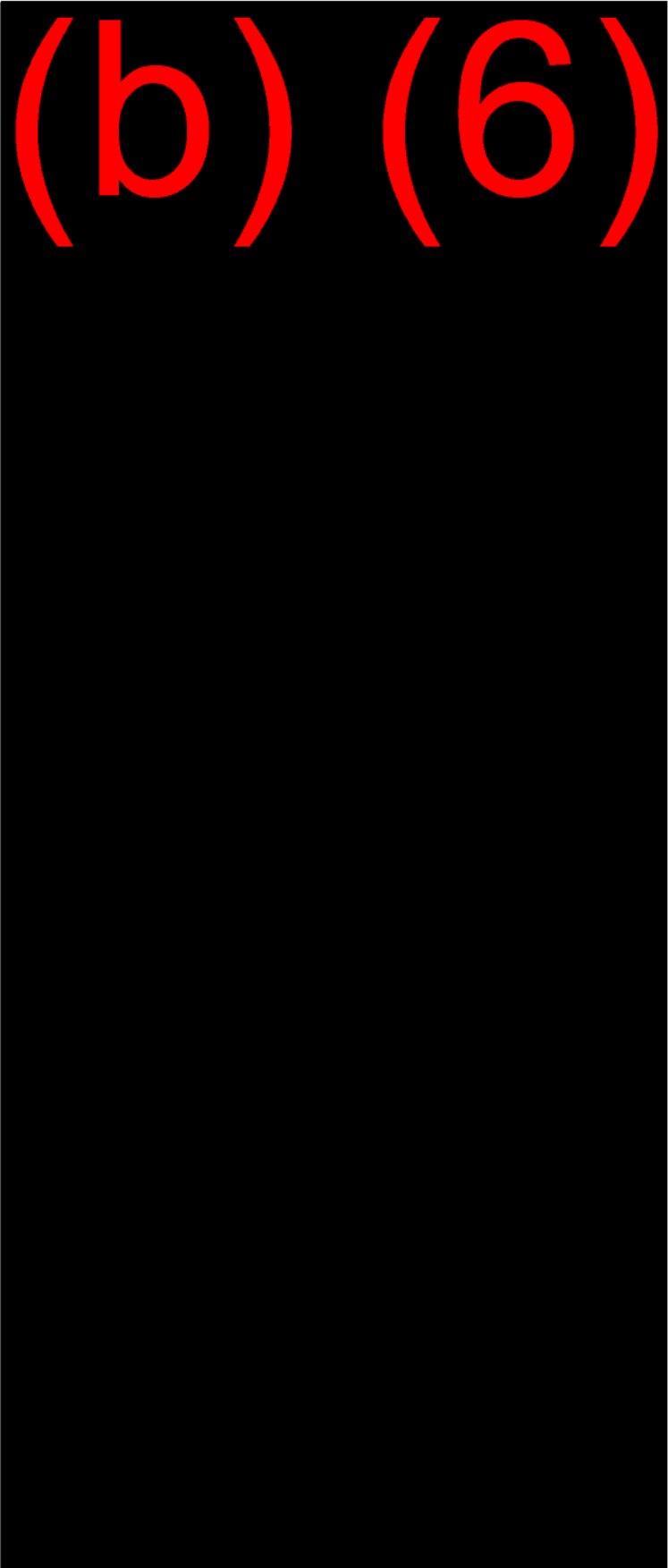
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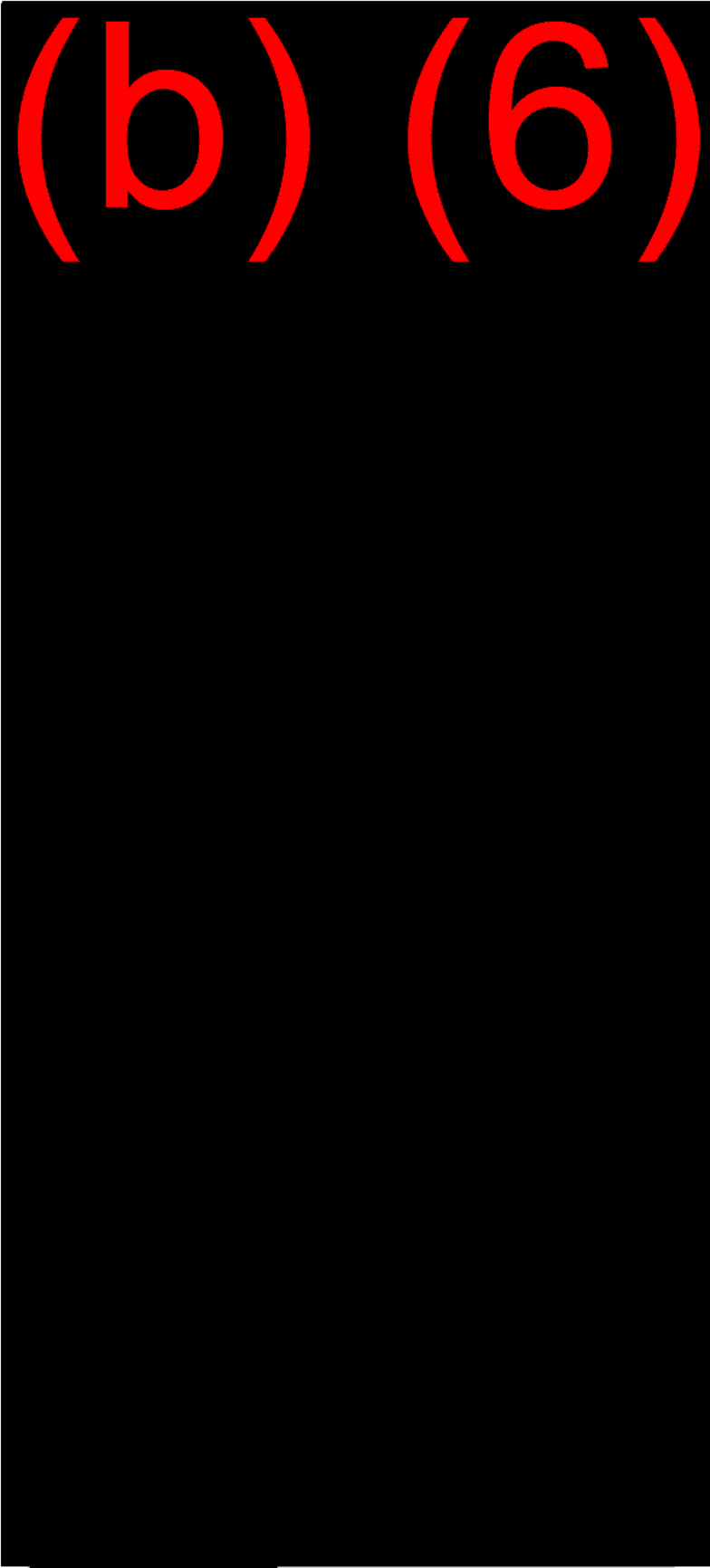
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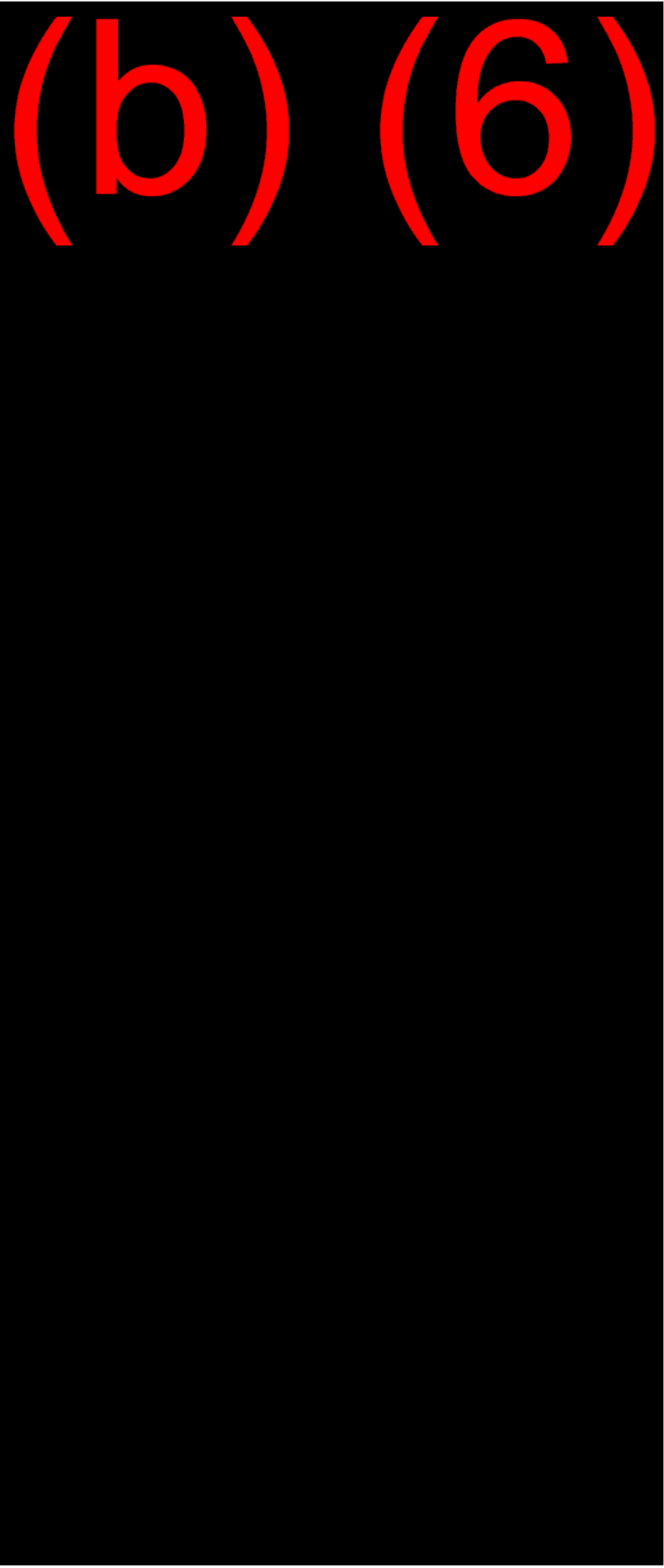
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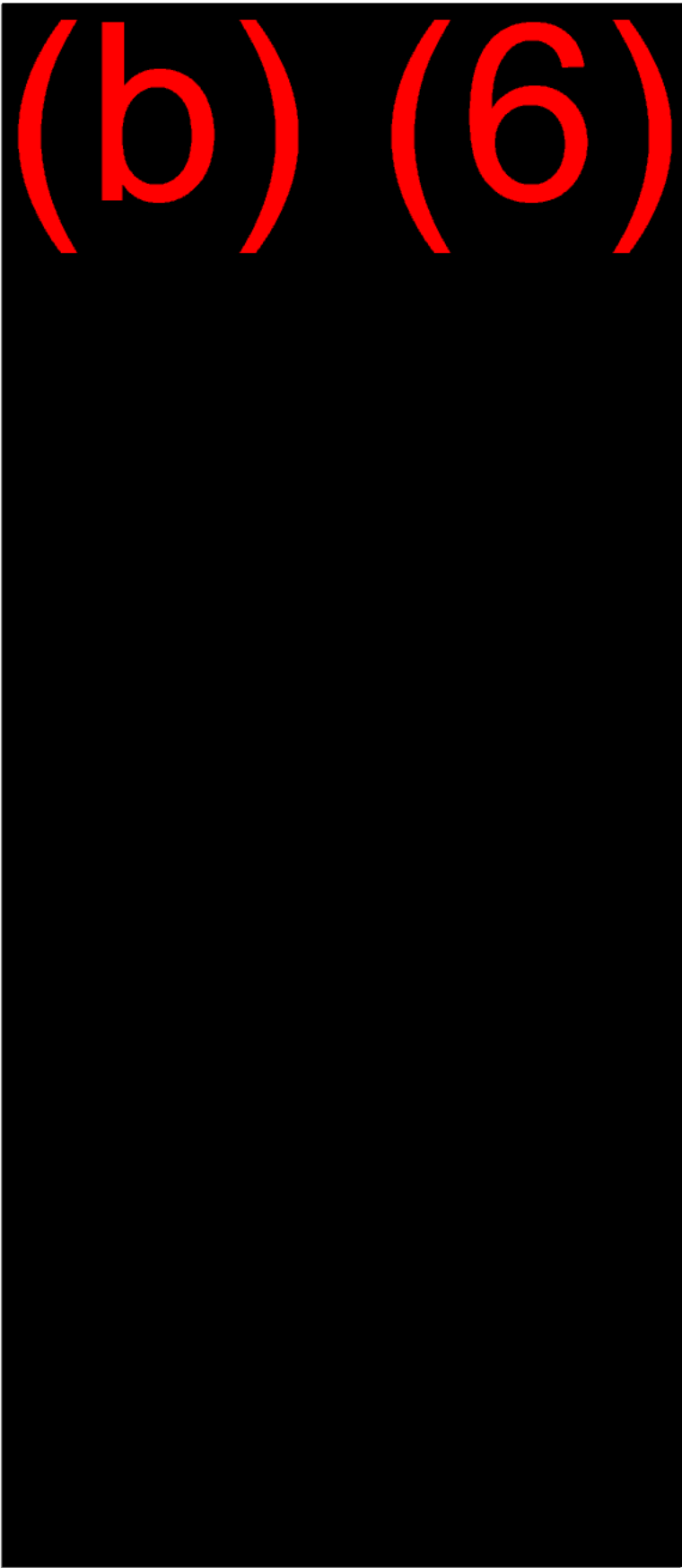
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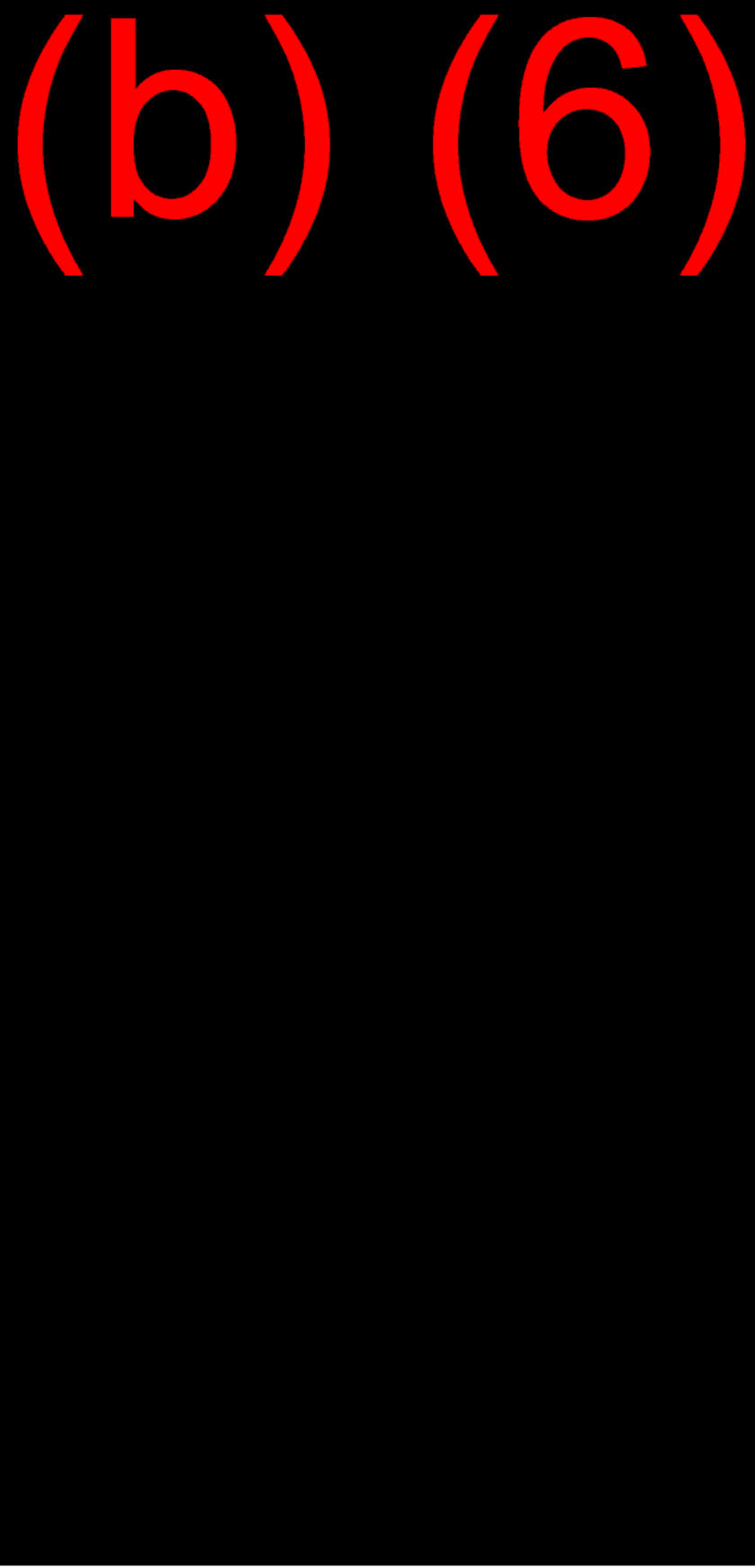
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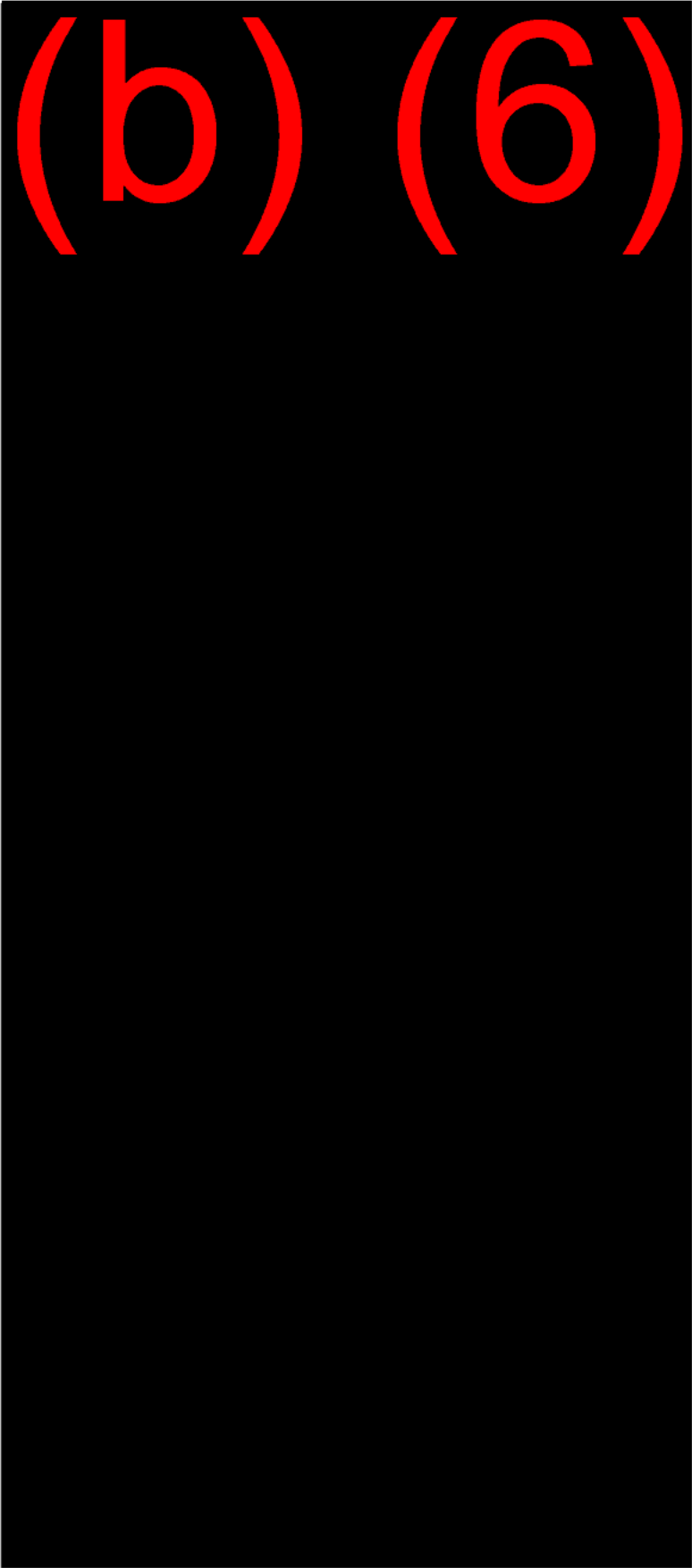
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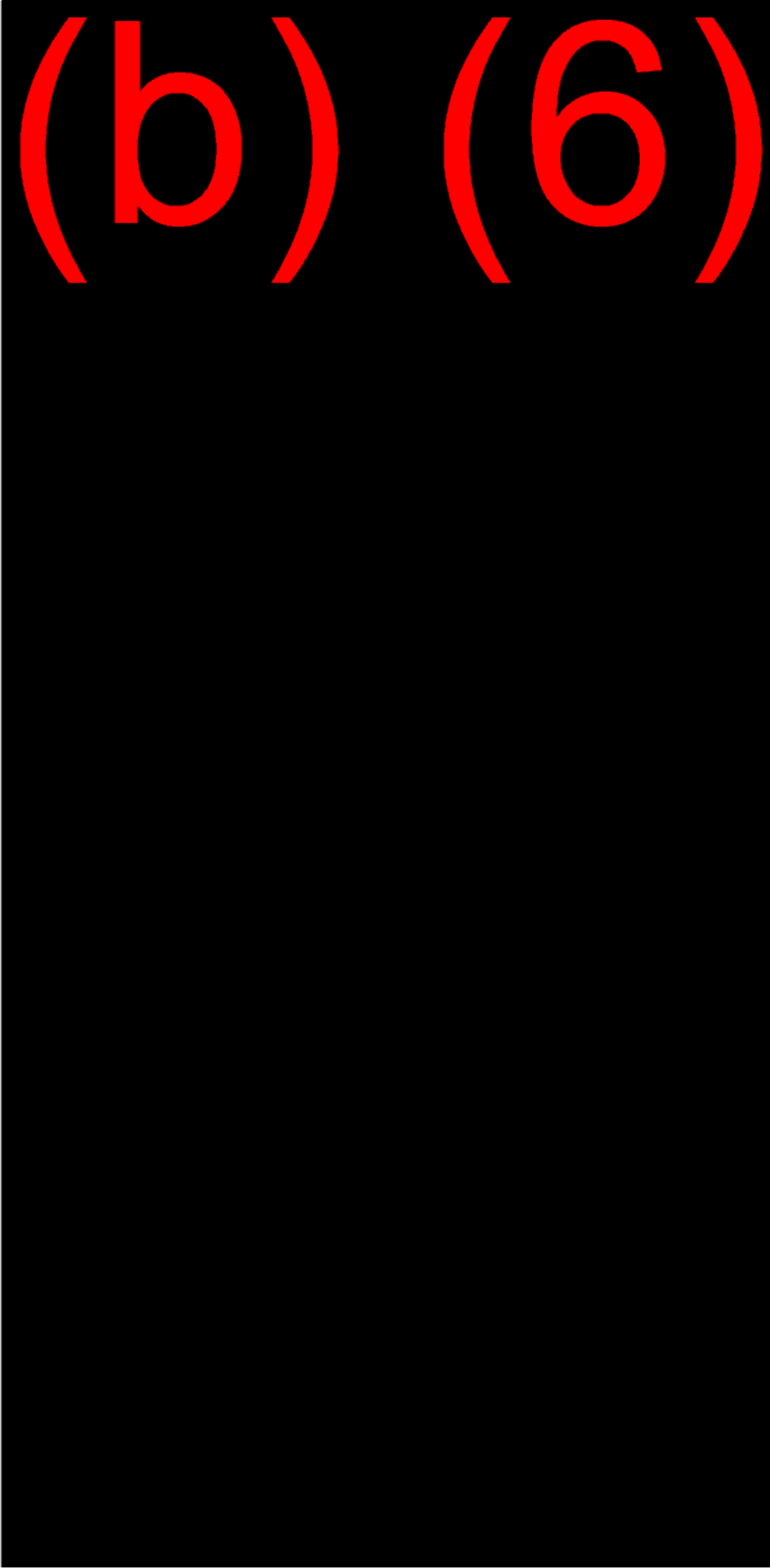
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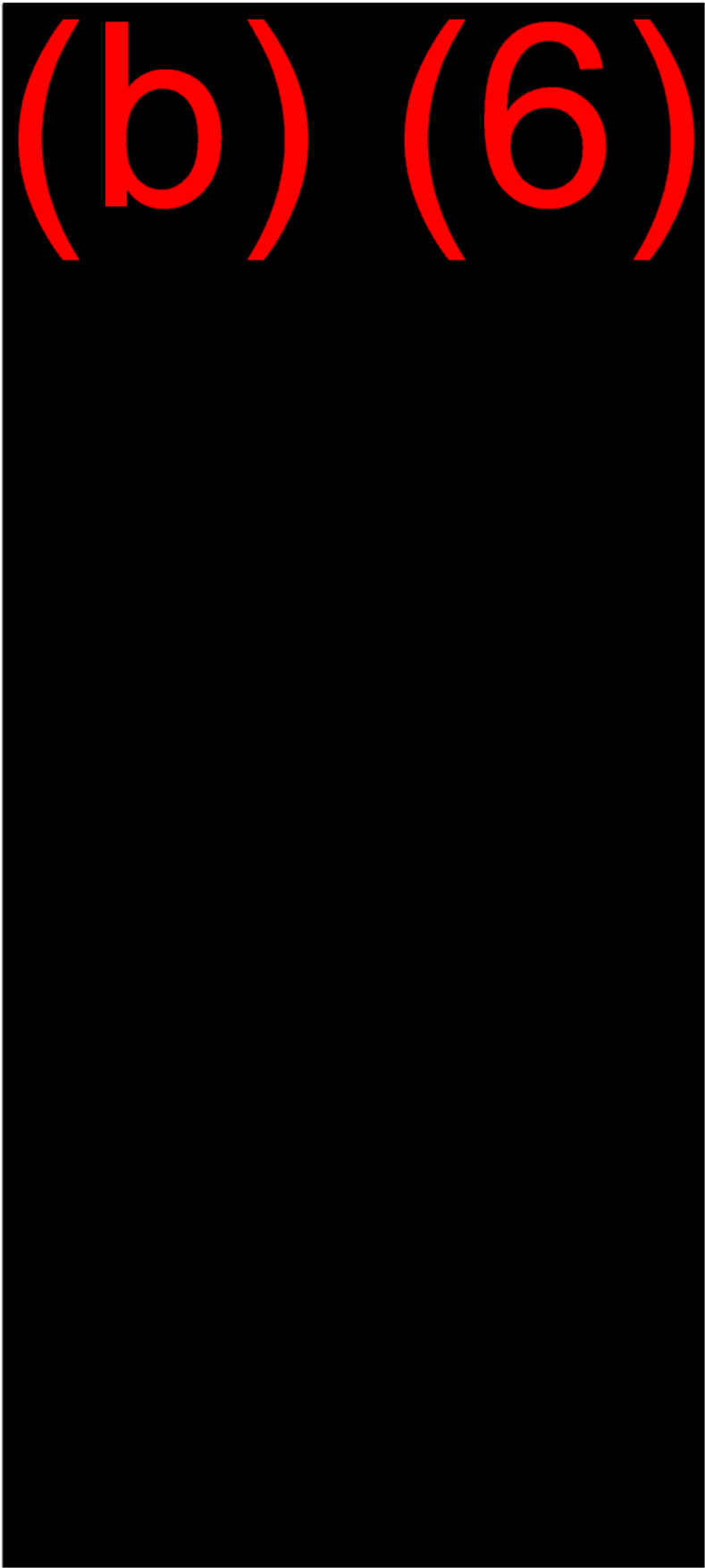
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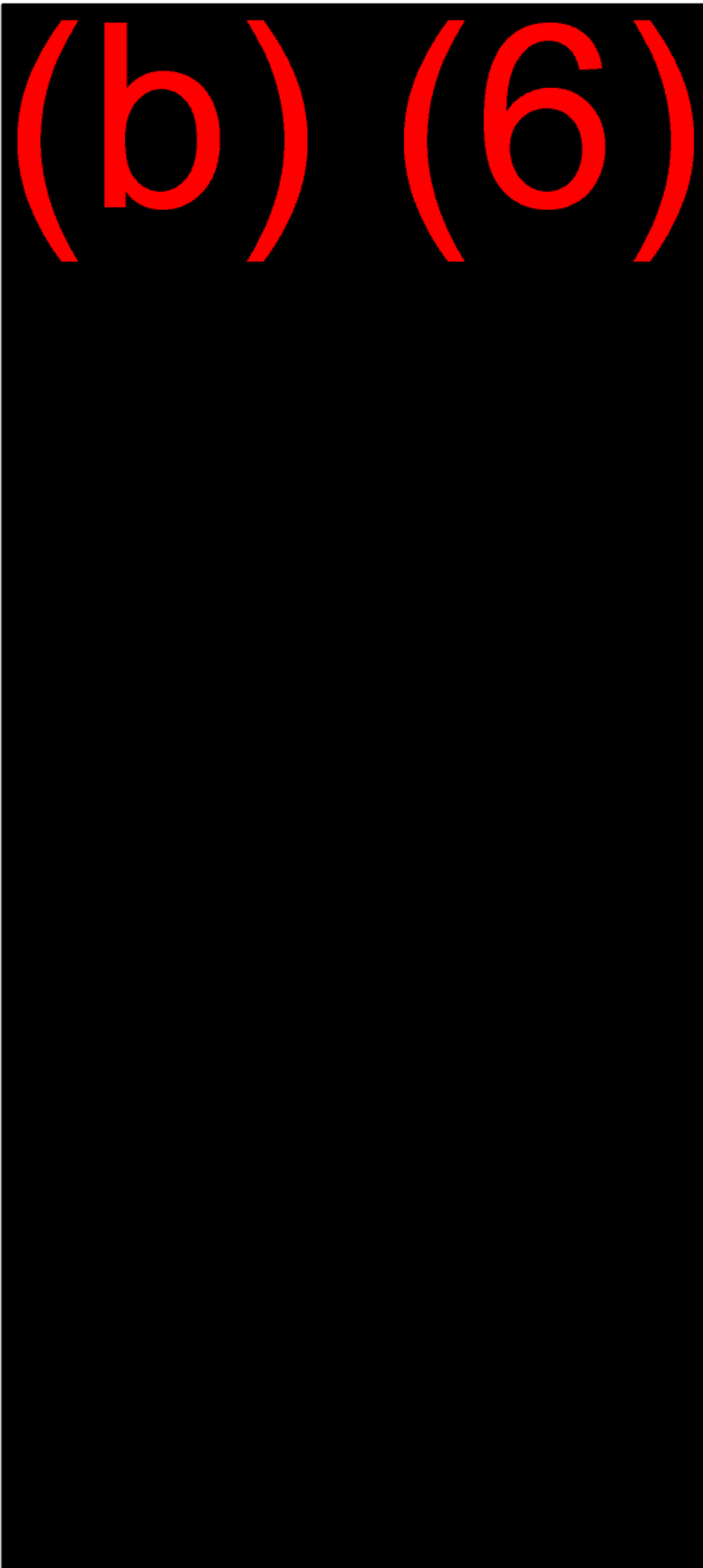
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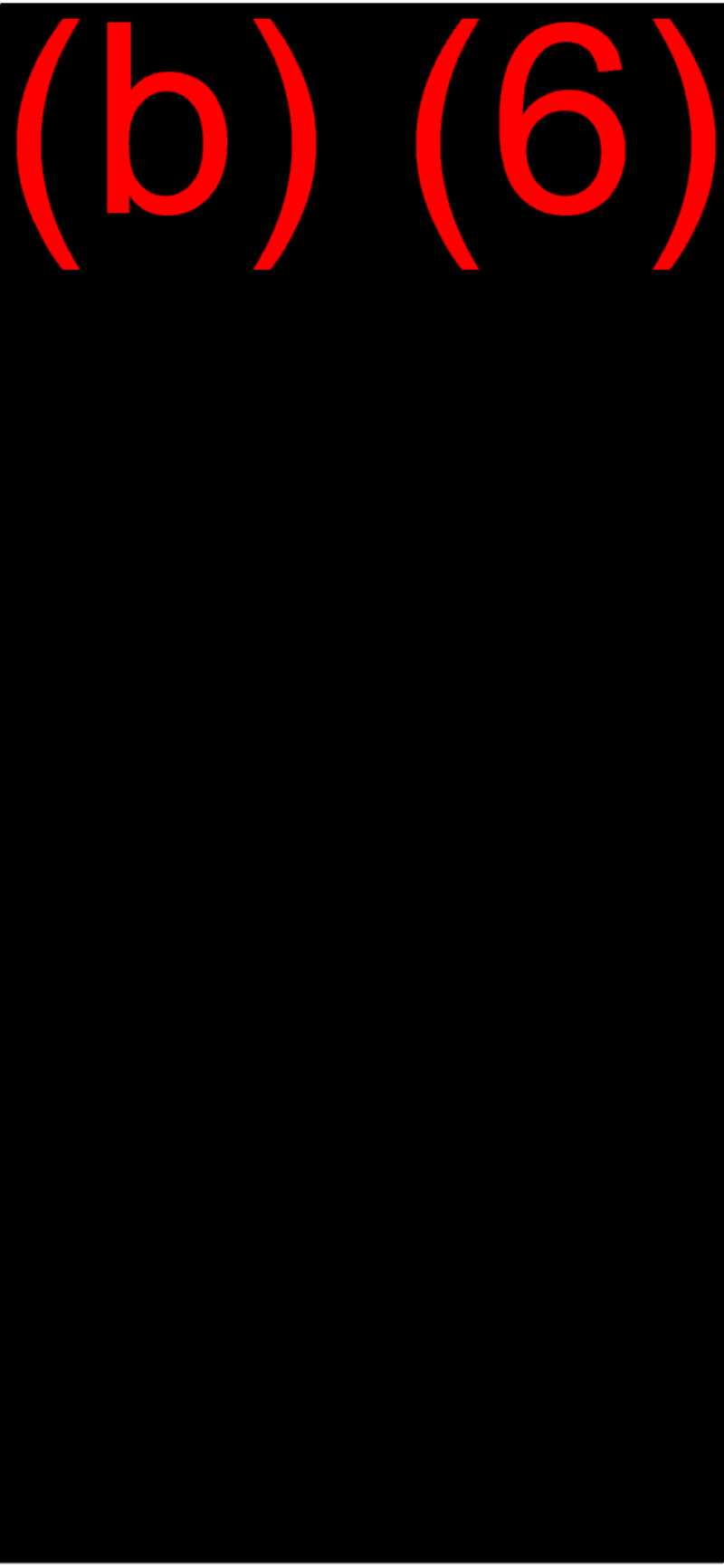
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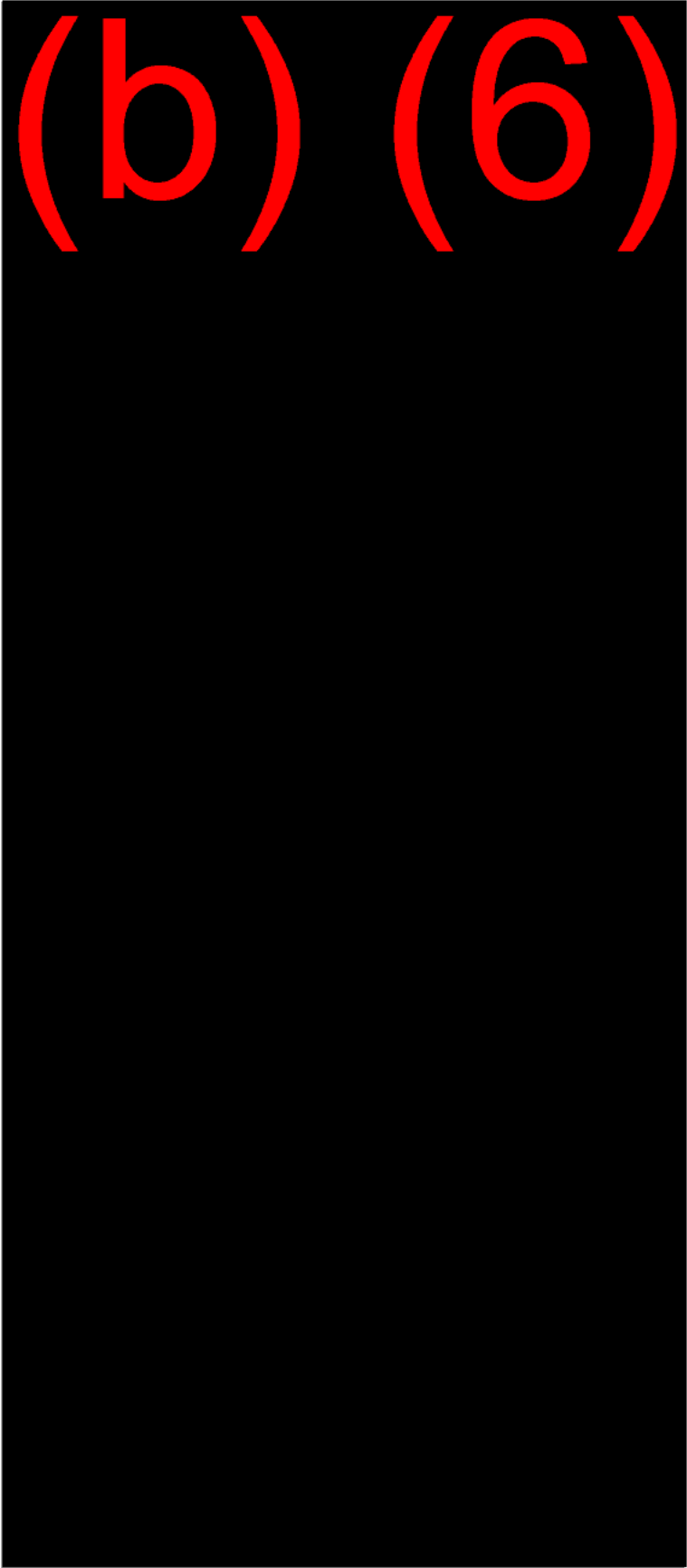
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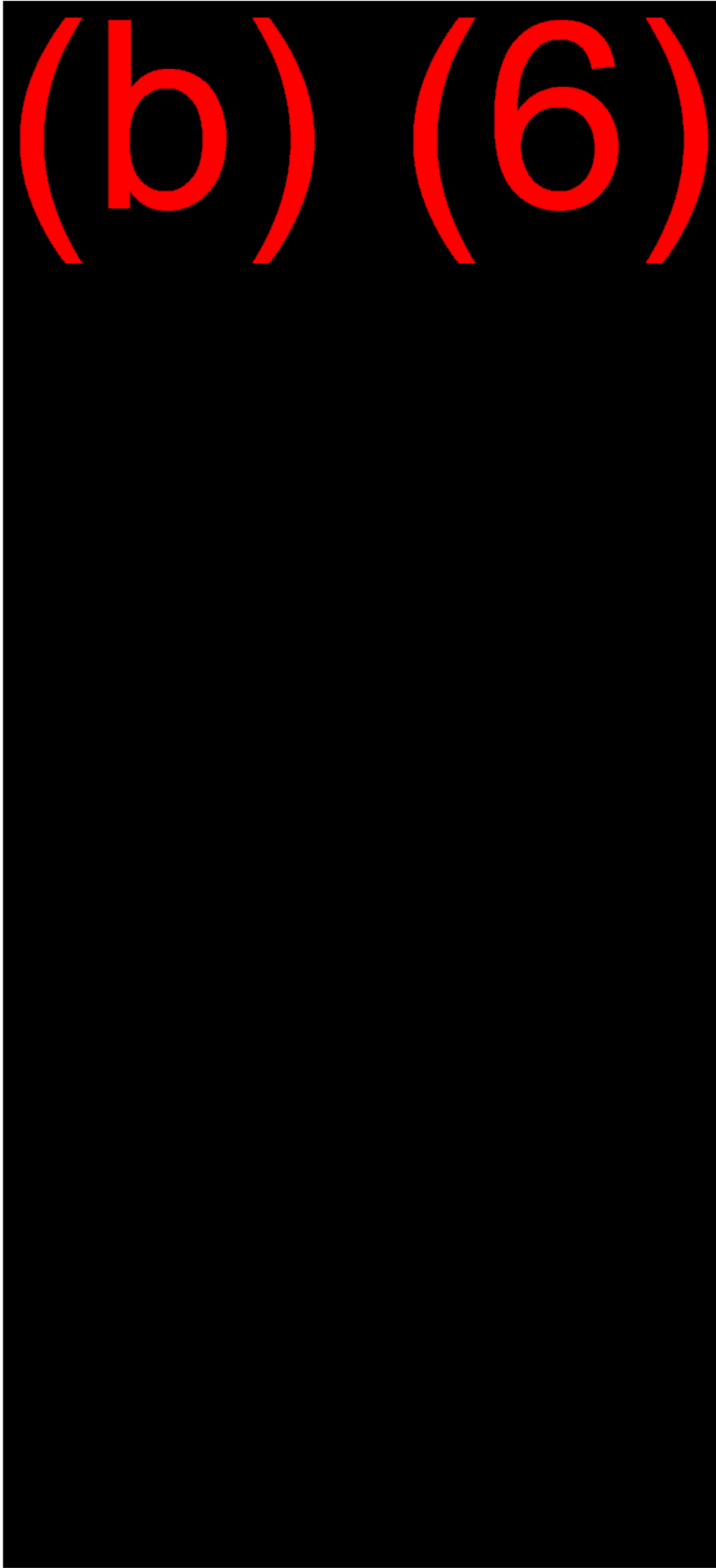
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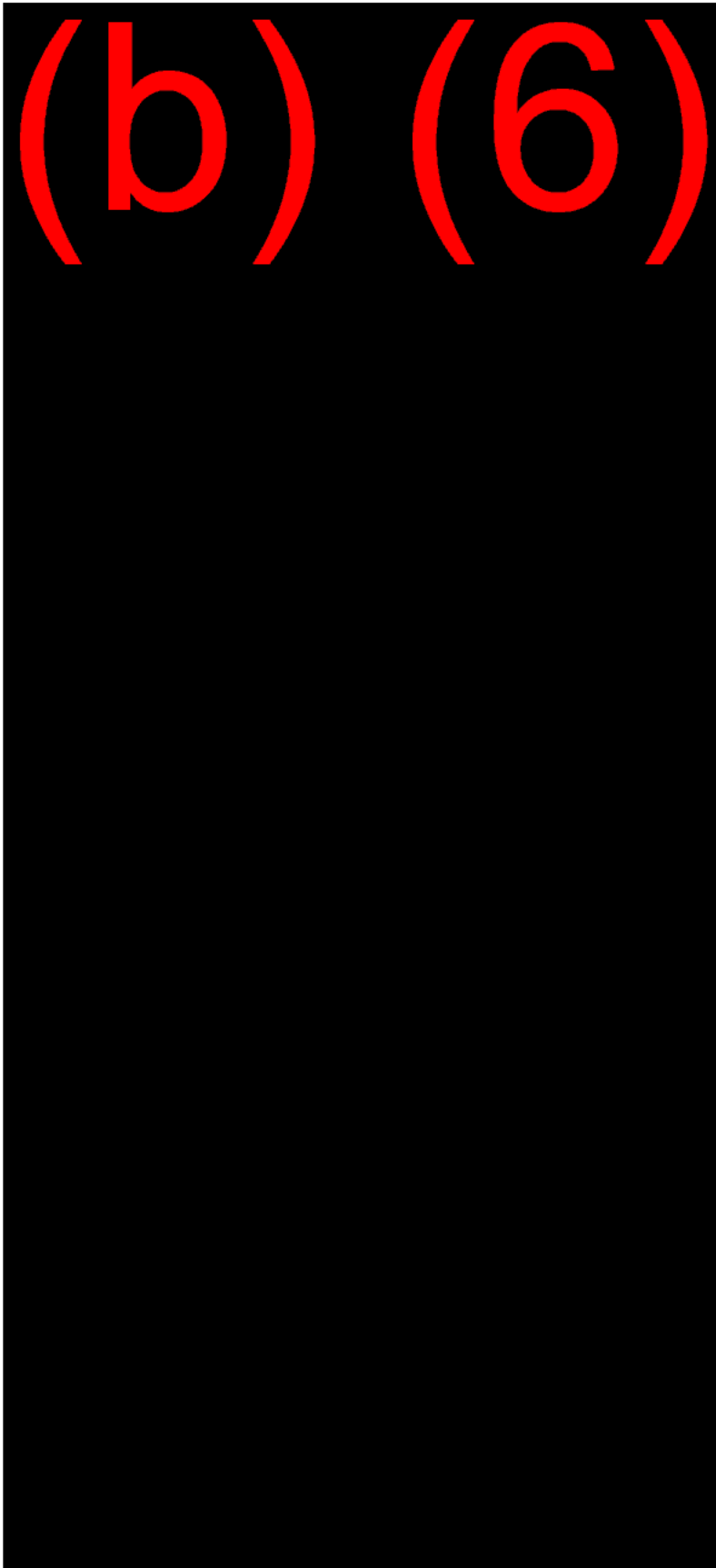
(b) (6)



(b) (6)



(b) (6)



(b) (6)

Dr. Vladimir (Zev) Zelenko M.D.

Board Certified Family Practitioner

501 Rt 208, Monroe, NY 10950

845-782-0000

April 12, 2020

To all medical professionals around the world:

For the last 16 years, I have cared for approximately 75% of the adult population of Kiryas Joel, which is a very close knit community of approximately 35,000 people in which the Covid-19 infection spread rapidly and unchecked prior to the imposition of social distancing.

As of today my team has tested hundreds of people from this community for Covid-19, and approximately 61% of the results have been positive. If extrapolated to the entire community, that means more than 20,000 people are infected at the present time. Of this group, I estimate that there are 1,500 patients who are in a generally accepted high-risk category (e.g. above 60, immunocompromised, comorbidities, underlying respiratory issues).

Given the urgency of the situation, I developed the following treatment protocol in the pre-hospital setting and have seen only positive results:

1. Any patient with shortness of breath is treated.
2. Any patient in a high-risk category with mild symptoms is treated.
3. Young, healthy and low risk patients even with symptoms are not treated (unless their circumstances change and they fall into category 1 or 2) (as is well known, these patients likely self resolve).

My outpatient treatment regimen is as follows:

1. Hydroxychloroquine 200mg twice a day for 5 days
2. Azithromycin 500mg once a day for 5 days
3. Zinc sulfate 220mg once a day for 5 days

The rationale for my treatment plan is as follows. I combined the data available from China and South Korea with the recent study published from France (sites available on request). We know that hydroxychloroquine helps Zinc enter the cell. We know that Zinc slows viral replication

within the cell. Regarding the use of azithromycin, I postulate it prevents secondary bacterial infections. These three drugs are well known and usually well tolerated, hence the risk to the patient is low.

Since 3/15/20, my team has seen approximately 1354 patients in Monroe, New York with either test proven or clinically suspected coronavirus infection. The majority of the patients were treated with only supportive care. The patients with shortness of breath or who are in the high risk category were treated with the above regimen (approximately 405 patients at this point)..

Of this group and the information provided to me by affiliated medical teams, we have had two deaths, six hospitalizations for pneumonia, and four intubations (all extubated now). In addition, I have not heard of any negative side effects other than approximately 10% of patients with temporary nausea and diarrhea.

In sum, **my urgent recommendation is to initiate treatment in the outpatient setting as soon as possible** in accordance with the above. Based on my direct experience, it prevents acute respiratory distress syndrome (ARDS), prevents the need for hospitalization and saves lives.

With much respect,

Dr. Vladimir (Zev) Zelenko

P.S. Please see attached excel spreadsheets of total patients seen and total patients treated with my three drug protocol. Also attached are the bioreference Covid-19 results and the majority of the redacted and Hipaa compliant patient records..



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, dry cough`
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 4 days, As per patient initial symptoms began 6 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect

Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough, fever, runny nose
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 5 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

Assessment / Plan

Covid 19 suspect

Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough,

History of Present Illness

- **Cough,** Pt co moderate cough x 3 days. denies fever, malaise, sob,
exposed to corona, lost taste and smell

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: meds started

Procedures: (b) (6) - pt feels better

Prescribed Medications

ZITHROMAX Z-PAK 250 MG.....Sig: for 5 Days Qty: 1, Use as directed

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by (b) (6) on (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough
cough/ and some congestion

History of Present Illness

- Cough/ Fever: few days - fever cough mild chest discomfort

(b) (6)

(b) (6)

Assessment / Plan

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) - pt sym resolved

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by (b) (6) on (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, dry cough
fever and dry cough

History of Present Illness

Pt presents for phone conference with fever x 2 days, As per patient initial symptoms began 5 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona
cough/ fever

History of Present Illness

- Cough/ Fever: few days - fever cough mild chest discomfort

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: test pos

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) - improved

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by (b) (6) on (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- **Cough:** cough, slight fever, no sob x 2-3 days, exposed to corona lost smell, slight sob

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
rtc if not better

Rest hydration and take OTC Motrin/Tylenol as needed for pain/ fever

(b) (6)- pt better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit

Low-grade fevers

History of Present Illness

This is a (b) (6) with complaints of low grade fevers. (b) (6) is presumed positive for corona virus. (b) (6) has running 102° fevers. (b) (6) does have a cough, but states (b) (6) also has this is a chronic problem. (b) (6) has underlying (b) (6). (b) (6) denies any shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

Patient has suspected corona virus.

I will give her a prescription for hydroxychloroquine, azithromycin, zinc.

(b) (6)

She should follow up as needed

This is a telemedicine video evaluation

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 10-1020

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 10 Days Qty: 20

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough, fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus. lost smell

(b) (6)

(b) (6)

Assessment / Plan

Presumptive Corona. Medication sent

(b) (6)- pt feels better, finished meds

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

This is a followup for this (b) (6). The patient holds that because (b) (6) started to develop a cough, (b) (6) states (b) (6) "feels warm". (b) (6) has mild shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 1225-1245

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: corona

-low grade
cough / fever

History of Present Illness

- **Cough/ Fever:** cough a little more then her usual - mild dyspnea

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** arrange for supplemental oxygen at home - L2 and supportive care

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) pt felt worse, (b) (6) c/ pneumonia
(b) (6) discharged home

Prescribed Medications

Procedures

99214.....EST PATIENT LEVEL 4

93000.....ELECTROCARDIOGRAM W/INTERP & RPT

Current Immunizations

Electronically signed by (b) (6) on (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 6 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

Assessment / Plan

Covid 19 suspect

Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, dry cough
fever and dry cough

History of Present Illness

Pt presents for phone conference with fever x 4 days, As per patient initial symptoms began 6 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds
f/u pcp
inc fluids

(b) (6) - pt better

Prescribed Medications

Procedures



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, weakness
fever and dry cough

History of Present Illness

Pt presents with fever x 3 days, As per patient initial symptoms began 5 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect

Medication sent

Prescribed Medications

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 2 tablet QD for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures

99204.....NEW PATIENT LEVEL 4 (45 MIN)

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough
Cough

History of Present Illness

- **Cough:** Patient notes cough and cold symptoms. with waxing and waning low grade fever, c/o NP cough, clear rhinorrhea , denies fever. Notes feeling run down and has some sinus congestion. No shortness of breath or chest pain. no exacerbating or relieving factors no known sick contacts No PE risk factors

(b) (6)

(b) (6)

Assessment / Plan

• **Acute Upper Respiratory Infection, Unspecified:** Reassured pt that the symptoms are 2/2 to self limiting viral syndrome. Instructed on supportive measures including good fluid hydration, increased rest and tylenol/motrin prn. RTC for any worsening/concerning s/s

likely covid 19 19, check nasal swab

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Follow up for: RTC for any worsening s/s

Electronically signed by (b) (6) on (b) (6)

(b) (6)

Addendums :

(b) (6) VZELENKO: icd 34.2
covid pos, opt tx c/ meds

(b) (6) - pt asym, feels good



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Reason for Call: has fever, slight sob, no smell,

Call Details: exposed to corona

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds

(b) (6) - resolved

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Cough

History of Present Illness

- **Cough:** Patient notes waxing and waning fever x 4 days, mild cough and cold symptoms. c/o NP cough, clear rhinorrhea , denies fever. Notes feeling run down and has some sinus congestion. No shortness of breath or chest pain. no exacerbating or relieving factors no known sick contacts No PE risk factors

(b) (6)

(b) (6)

Assessment / Plan

• **Acute Upper Respiratory Infection, Unspecified:** Reassured pt that the symptoms are 2/2 to self limiting viral syndrome. Instructed on supportive measures including good fluid hydration, increased rest and tylenol/motrin prn. RTC for any worsening/concerning s/s

Likely covid 19, medium risk pt,
he was given dr zelenkos cocktail last week, but never used it
breathing comfortably, lungs CTA
cont supportive care, remain homebound

Prescribed Medications

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

Follow up for: RTC for any worsening s/s

Electronically signed by (b) (6)

(b) (6)

Addendums :

(b) (6) VZELENKO: icd b34.2

(b) (6) pt feels alot better c/ meds



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick
fever and dry cough

History of Present Illness

- **Fever And Dry Cough:** Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 11 days ago . Admits to fever, dry cough, loss of smell and tast, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID19 but was possibly exposed to someone with COVID 19. has been taking tylenol with some alleviation

(b) (6)

(b) (6)

(b) (6)

Assessment / Plan

• **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** explained to patient most likely COVID 19 Sxs of COVID19 discussed. describe to patient the prodrome of virus Advised pt to avoid crowds and gatherings and to stay home. Red Flags discussed. Advised to call healthcare facility before going. call EMS immediately for SOB, CP, difficulty breathing, Pt expressed understanding. recommended to increase fluids if sxs get ekg or go to ER

Prescribed Medications

PLAQUENIL 200 MG.....Sig: 1 tablet QD for 5 Days Qty: 5
ZITHROMAX 500 MG.....Sig: for 5 Days Qty: 1, As Directed
ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures**Current Immunizations**

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever x1week
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 7 days, As per patient initial symptoms began 9 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, dry cough
fever and dry cough

History of Present Illness

phone call - had fever x 2 days, As per patient initial symptoms began 7 days ago . Admits to fever, dry cough, loss of smell and taste, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect

Medication sent

(b) (6) - feels better

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona/ physical
cough/ fever

History of Present Illness

- **Cough/ Fever:** few days - fever cough mild chest discomfort
had diarrhea

(b) (6)

(b) (6)

Assessment / Plan

symptomatic relief measures discussed , isolation and follow up if not better

Prescribed Medications**Procedures**

99203.....NEW PATIENT LEVEL 3 (30 min)

93000.....ELECTROCARDIOGRAM W/INTERP & RPT

Current Immunizations

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: corona
cough/ fever

History of Present Illness

- **Cough/ Fever:** 1 week fever cough mild chest discomfort - no SOB

(b) (6)

(b) (6)

Assessment / Plan

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) - pt better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

(b) (6)

Referring Provider:

Chief Complaint: Sore throat, cough

History of Present Illness

This is a (b) (6) who has developed over the last several days sore throat, cough. (b) (6) has been sneezing a lot. The patient states that (b) (6) is short of breath to the degree that (b) (6) feels winded when (b) (6) goes up and down steps which (b) (6) never had before. (b) (6)

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 220-240

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Cough

History of Present Illness

This is a (b) (6) who has had episodes of fever to as high as 101, last week. (b) (6) still has residual coughing. (b) (6) gets occasional shortness of breath. (b) (6) denies sore throat. (b) (6) did test positive for covid 19

(b) (6)

(b) (6)

Assessment / Plan

The patient has tested positive for corona virus. (b) (6) still has cold, occasional shortness of breath.

I am prescribing hydroxychloroquine, azithromycin, zinc sulfate

(b) (6) should followup if there are any worsening symptoms

This is video telemedicine conference

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 220-240

(b) (6) - pt better

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 5 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

(b) (6) - pt feels fine

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: corona
cough/ fever

History of Present Illness

- **Cough/ Fever:** - fever cough - same with chest discomfort

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** rtc if not better in 2-3 days

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) - somewhat better, no sob

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Follow up in 3 day(s) for: RTC for any worsening s/s
patient seems improving

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough,fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

Presumptive Corona. Medication sent

(b) (6)- sym resolved

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Reason for Call: has fever, x 2 days, slight sob, diarrhea

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids
f/u pep

(b) (6) - pt feels better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: COVID 19 TESTING

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds, test pos

(b) (6) - sym resolved

Prescribed Medications

Procedures

Current Immunizations

(b) (6)

Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Call From: zelenko officxe

Reason for Call: f/u, pot was admitted in (b) (6) for covid pneumomnia (b) (6) was given regimen (offcie sent to him), pt improved within 2 days, now asym

Assessment / Plan

Prescribed Medications

Procedures

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- **Cough:** cough, slight fever, no sob x 2-3 days, exposed to corona

lost smell / taste

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** meds sent

Rest hydration and take OTC Motrin/Tylenol as needed for pain/ fever

(b) (6)- pt feels better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: f/u
cough/ fever

History of Present Illness

- Cough/ Fever: fever cough- same - no sob
wants to be rechecked

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** stable - continue abx - and recheck o2 sats

symptomatic relief measures discussed , isolation and follow up if not better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Low grade fever, chills

History of Present Illness

This is a (b) (6) who is complaining of low grade fevers associated chills. (b) (6) has decreased appetite. (b) (6) is complaining of loose stools. (b) (6) has generalized weakness. (b) (6) has a sensation of stress in his chest. (b) (6) denies any shortness of breath. (b) (6) denies any specific chest pain.

(b) (6)

(b) (6)

Assessment / Plan

The patient was given a prescription for hydroxychloroquine, Azithromycin, zinc.

The patient should remain quarantined, social distance.

He should followup if any worsening symptoms

Prescribed Medications

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 1 tablet QD for 6 Days Qty: 6, 2 tablets day one, then 1 tabl

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 10 Days Qty: 20

Procedures**Current Immunizations**

David Zelefsky



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider: Vladimir Zelenko

Chief Complaint: Corona
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 4 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

Assessment / Plan

Covid 19 test sent out
Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- Cough: cough, slight fever, no sob x 2-3 days, exposed to corona

(b) (6)

(b) (6)- pt is hypoxia, ems took to wcmc
(b) (6)- pt died from ards

Prescribed Medications

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet bid for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

Procedures**Current Immunizations**

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: corona

cough/ fever started last night no SOB (b) (6)

History of Present Illness

- **Cough/ Fever:** cough/ fever started last night no SOB

(b) (6)

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: pt (b) (6)
meds sent iin

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) pt better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR
Date: 03/22/2020

(b) (6)

Referring Provider:

Chief Complaint: cough, fever
pt has bad cough, sob, (b) (6)

History of Present Illness

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** looks toxic

pt has (b) (6), sent to the hospital

pt expired in hospital (b) (6)

Prescribed Medications

No Medications Given

Procedures

99204.....NEW PATIENT LEVEL 4 (45 MIN)

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Reason for Call: has fever x 4 days, diarrhea, ha, slight sob, (b) (6) has no taste or smell

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids,
f/u pcp

(b) (6) - pt better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider: Vladimir Zelenko

Chief Complaint: Corona
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 7 days ago . Admits to fever, dry cough, loss of smell and taste, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** looks sick

Covid 19 suspect

Medication sent

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Active Problems

Reason for Call: has fever x 2 days, exposed to corona, no smell, ha, and diarrhea

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids
f.u pcp

(b) (6) pt better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, shortness of breath

History of Present Illness

This is a (b) (6) who has had several days of fever. (b) (6) has Cough, chest pain, shortness of breath. (b) (6) gets muscle aches. (b) (6) has mild decrease in his taste

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 6-620

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever

History of Present Illness

This is a (b) (6) with history of (b) (6). The patient states (b) (6) was in her usual state of health until 19 days ago. (b) (6) developed nausea and diarrhea. This has subsequently progressed to headaches, fevers, chills, cough. (b) (6) recently developed pink eye, but this resolved. (b) (6) now has a sore throat. (b) (6) complains of chest congestion. (b) (6) gets upper back pain

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes.1250-110

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona

just last night dry cough and feverish - no SOB but past 2-3 weeks- had mild cold sx

History of Present Illness

- Cough/ Fever: few days - fever cough mild chest discomfort

(b) (6)

(b) (6)

Assessment / Plan

symptomatic relief measures discussed , isolation and follow up if not better

test pos, meds started

(b) (6)- pt much better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, cough, runny nose, no SOB
feels sick

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

(b) (6) pt better

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Reason for Call: (b) (6) has corona, has fever and mild sob, no taste xn 3 days

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids
f/u pcp

(b) (6) pt feels alot better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 4 days, As per patient initial symptoms began 7 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** high risk, osa

Covid 19 test sent out. - test pos

Medication sent

(b) (6) pt is better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Reason for Call: has fever x 3 days, wife has corona, no sob, has diarrhea and ha

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds
f/u pep

(b) (6) pt better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Low-grade fever, body aches

History of Present Illness

This is a (b) (6) who has now had low-grade fevers for a number of days. (b) (6) has generalized body aches. (b) (6) is unable to get out of bed. (b) (6) gets nausea. Weakness. (b) (6) denies any shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

The patient is given prescription hydroxychloroquine, zinc sulfate. (b) (6).

The patient should followup if there are any worsening of the symptoms

Continue quarantine

This was a telemedicine video conference

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 5-520

(b) (6) - pt partially better

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Active Problems

Reason for Call: has fever x 2 days, bad cough, diarrhea, exposed to corona

Assessment / Plan

- **Coronavirus Infection, Unspecified:** pt has asthma, higher risk
meds sent
f/u pcp

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Fever

History of Present Illness

This is a (b) (6) who has been feeling ill for a number of days. (b) (6) has been running a fever of 102°. (b) (6) feels very weak. (b) (6) has no appetite. (b) (6) has generalized muscle pains. (b) (6) denies sore throat or chest pain or shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

The patient is prescribed hydroxychloroquine, azithromycin, zinc sulfate

I have advised the patient trying to stay hydrated

(b) (6) should maintain quarantine

(b) (6) should follow up with any worsening of symptoms

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 630-650

Prescribed Medications

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 1 tablet QD for 6 Days Qty: 6, 2 tablets day one, then 1 tabl

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 10 Days Qty: 20

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: corona
cough/ fever

History of Present Illness

- **Cough/ Fever:** 1 week - fever cough mild chest discomfort - sob - occasional has pulse ox her o2 sat is usually about 90's

(b) (6)

(b) (6)

Assessment / Plan

- **Shortness Of Breath:** wil try to get oxygen at home - monitor O2 sats - and notify if they get any worse or more SOB
symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) pt better

Prescribed Medications**Procedures**

99214.....EST PATIENT LEVEL 4

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date (b) (6)

(b) (6)

(b) (6)

Reason for Call: fever, slight sob, ha, bad cough x 3 days

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids
f/u pep

(b) (6) - pt is better

Prescribed Medications

Procedures

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough, fever, weakness
fever and dry cough

History of Present Illness

- **Fever And Dry Cough:** cough, loss of smell, fever x 3-4 days, exposed to corona

(b) (6)

(b) (6)

Assessment / Plan

- Contact With And (suspected) Exposure To Other Viral Communicable Diseases: no sob

started on meds, test pending

(b) (6)- pt better

Prescribed Medications

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 2 tablet QD for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures

99204.....NEW PATIENT LEVEL 4 (45 MIN)

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick
fever and dry cough

History of Present Illness

- **Fever And Dry Cough:** Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 7 days ago . Admits to fever, dry cough, denies loss of smell and tast, headaches and sore throat. Denies any SOB, DOE and chest pain. pt was tested for +covid . has been taking tylenol with some alleviation and took zithromax plaquenil and zinc and now prsenting with back pain and fever and still coughing
took the medication last week

(b) (6)

(b) (6)

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** sending patient for cxr now
pt must go to ER immediately for ct to rule out finding from cxr

Prescribed Medications**Procedures****Current Immunizations**

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 5 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 test sent out - results pos, meds sent

(b) (6) - pt feels much better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Shortness of breath

History of Present Illness

This is a (b) (6) has been exposed to family members with corona virus. (b) (6) has now developed a "scratchy throat". (b) (6) has developed headaches. Episodes of shortness of breath. (b) (6) has muscle aches.

(b) (6)



Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 630-650

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5
HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10
ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures

Current Immunizations

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona/ physical
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 4 days ago . Admits to fever, dry cough, and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** as klids with cf, husband has vorona

Covid 19 test sent out - test pos

(b) (6) - pt better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Active Problems

Reason for Call: fever, cough, slight SOB, no smell, exposed to cirina

Assessment / Plan

- **Coronavirus Infection, Unspecified:** meds sent
f/u pc

(b) (6) pt is better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, cough, no SOB
feels sick

History of Present Illness

- **Feels Sick:** pt not feeling well for a few days, no fever,

Pt presents in the office for a video call with doctor, for fever, cough runny nose , slight SOB.

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect
medication sent

Prescribed Medications

Procedures

99372..... TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough, runny nose, no SOB

/ telemed

feels sick

History of Present Illness

- **Feels Sick:** pt not feeling well for a few days, fever,

Pt presents in the office for a video call with doctor, for fever x4days, cough x 2days, runny nose , No SOB , exposed to covid

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: suspect

Covid 19 test sent out

(b) (6) positive test
regimen sent

(b) (6) pt feels better

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- **Cough:** cough, slight fever, no SOB x 2-3 days, exposed to corona

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified: high risk** (b) (6)
start meds

Rest hydration and take OTC Motrin/Tylenol as needed for pain/ fever

(b) (6) - resolved

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough,fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

Presumptive Corona. Medication sent

(b) (6) pt feels better, finished meds

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough, fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

Presumptive Corona. Medication sent

(b) (6) pt better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough,

History of Present Illness

- Cough, Pt co moderate cough x 5 days. admits malaise, denies fever, sob,

(b) (6)

(b) (6)

Assessment / Plan

- Acute Bronchitis, Unspecified: asym tx

rtc if doesnt mproive

Procedures: (b) (6) pt felt worse on mg, lost taste smell, fever, exposed to corona, pt started on 3 drig regimen

(b) (6) pt feels much better

Prescribed Medications

ZITHROMAX Z-PAK 250 MG.....Sig: for 5 Days Qty: 1, Use as directed

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sob, fever, runny nose Fever
Fever

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds

(b) (6)- pt feels better

Prescribed Medications

ZITHROMAX 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Fever

History of Present Illness

This is a (b) (6) with complaints of fever, cough. (b) (6) has had this for several days. (b) (6) oxygen saturation at one time had gone down to 88%, at nighttime, (b) (6)

(b) (6)

(b) (6)

Assessment / Plan

The patient is given a prescription of hydroxychloroquine, azithromycin, zinc sulfate.

I discussed with the patient and his family that if the oxygen saturation and goes down him that he should go to the hospital.

Continue quarantine

This is a telemedicine video conference

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 3-320

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR
Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: feels sick

History of Present Illness

- **Feels Sick:** Patient complaint of fever of 101, coughing, and headaches with exposure to corona virus

(b) (6)

(b) (6)

Assessment / Plan

Medication sent

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet bid for 5 Days Qty: 10

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR

Addendums :

(b) (6) VZELENKO: dx - corona virus. icd 34.2

meds sent

(b) (6) pt feels much better



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Reason for Call: exposed to corna

Call Details: has fever, cough, no smell, slight sob

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds

(b) (6) - feels alittle better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough,

History of Present Illness

(b) (6)

(b) (6)

Assessment / Plan

- Papovavirus Infection, Unspecified: test pos, meds started

Procedures: (b) (6) - pt feels much better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

99203.....NEW PATIENT LEVEL 3 (30 min)

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Active Problems

Reason for Call: fever, cough, diarrhea, no smell, (b) (6) has corona

Assessment / Plan

- **Coronavirus Infection, Unspecified:** high risk, start meds
f/u pcp

(b) (6) - improved

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough, runny nose, no SOB

History of Present Illness

Pt presents in the office for a video call with doctor, for fever x3days, cough x4days, runny nose , no SOB

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 test sent out

results positive - regimin sent (b) (6)

(b) (6) pt much better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 8 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

(b) (6) - pt feels a little better today, no sob

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever
Fever

History of Present Illness

- Fever: loss of smell, slight sob, feels wk

(b) (6)

(b) (6)

Assessment / Plan**Prescribed Medications**

ALBUTEROL 2.5 MG/3 ML (0.083%)..Sig: 1 vial(s) every 4 hours for 10 Days Qty: 1
HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10
ZITHROMAX 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5
ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures**Current Immunizations**

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough, fever, sob Fever
Shortness Of Breath
Cough
Fever

History of Present Illness

- **Cough:** Patient notes cough and cold symptoms. c/o NP cough, clear rhinorrhea , denies fever. Notes feeling run down and has some sinus congestion. has shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** looks sick

Covid 19 symptoms

(b) (6) is better

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

ZITHROMAX 250 MG.....Sig: 2 tablet QD for 5 Days Qty: 10

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet bid for 5 Days Qty: 10

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough, runny nose, no SOB
feels sick

History of Present Illness

- **Feels Sick:** pt not feeling well for a few days, fever,

Pt presents in the office for a video call with doctor, for fever x3days, cough x1week, runny nose.

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 test sent out - results pos, took meds

(b) (6) sym resolved

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, cough

History of Present Illness

This is a (b) (6) who developed fever and cough 2 weeks ago. (b) (6) gets associated shortness of breath. (b) (6) states (b) (6) has no appetite. (b) (6) takes Tylenol when (b) (6) has the fever. (b) (6) denies diarrhea

The patient states (b) (6) has diminished sense of smell, but states that (b) (6) has had this prior to this illness quite a while.

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 340-4

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- Cough: cough, slight fever, no sob x 2-3 days, exposed to corona

lost taste, smell, cough getting worse

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start needs

Rest hydration and take OTC Motrin/Tylenol as needed for pain/ fever

(b) (6) - sym resolved, feels good

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough, fever

History of Present Illness

This is a (b) (6) who started to develop fever 2 weeks ago. This is associated with persistent cough. (b) (6) denies any shortness of breath. (b) (6) feels very fatigued and (b) (6) has a loss of sense of smell. (b) (6) has lost 20 pounds. (b) (6) has tested positive for corona virus. The patient has been monitoring (b) (6) oxygen saturation. It fluctuates between 93% and 98%.

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 11:15-11:35

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, dry cough
fever and dry cough

History of Present Illness

Pt presents for phone conference with fever x 2 days, As per patient initial symptoms began 4 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Medication sent

- pt is better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Call From: telemed,

exposed to copropna, has fever, loss of smell, feels wk

Reason for Call: test taken, meds given

Call Details: (b) (6)- pt must better

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough,fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** severe scoliosis, high risk start meds

Presumptive Corona. Medication sent

(b) (6)- resolved

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 8 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation , has sob, getting worsen

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds

Rest, hydration and take OTC Tylenol as needed for pain/fever . Follow up with your PCP for continuation of care and return to clinic if symptoms may worsen.

(b) (6) pt slightly better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Cough

History of Present Illness

- **Cough:** pt here for f/u, feels minimal improvement, no fever, chills

(b) (6)

(b) (6)

Assessment / Plan

remains stable, cont NC O2 prn ,
close monitoring and call ems for any worsening respiratory symptoms

Prescribed Medications

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

Follow up for: RTC for any worsening s/s

Electronically signed by (b) (6)

(b) (6)

Addendums :

(b) (6) VZELENKO: (b) (6) - pt feels mostly better



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 7 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

- X-Ray of the chest was ordered to rule out pneumonia

test positive

(b) (6) - pt patially better, cont meds, rtc 2-3 days

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Reason for Call: lost smell and tast, still coughing c/ fever, no sob

Assessment / Plan

- **Coronavirus Infection, Unspecified:** meds sent

(b) (6) - pt feels better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Fever

History of Present Illness

This is a (b) (6) and has had fever And fatigue More than one week. Temperatures have fluctuated from 101-103. (b) (6) does get associated shortness of breath. (b) (6) has a mild cough

(b) (6)

(b) (6)

Assessment / Plan

The patient is prescribed hydroxychloroquine, azithromycin, zinc sulfate

(b) (6) should maintain quarantine

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 430-450

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 1 tablet QD for 6 Days Qty: 6, 2 tablets day one, then 1 tabl

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 10 Days Qty: 20

Procedures**Current Immunizations**

Follow up in 1 week(s)

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, lethargy

History of Present Illness

This is a (b) (6) who has had fever, Lethargy, for 7-10 days. (b) (6) has decreased appetite. (b) (6) gets occasional cough. (b) (6) denies shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 430-450

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

I did explain the potential risks of the medications, with EKG changes, to the patient and (b) (6).

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough,

History of Present Illness

- Cough, Pt co moderate cough x 5 days. admits fever, malaise, sob,

(b) (6)

(b) (6)

Assessment / Plan

- Acute Respiratory Failure With Hypoxia: pt sent to ed
- Coronavirus Infection, Unspecified: started regimen 2 days ago

Procedures: pt tx c/ iv abx, d/c (b) (6) feeld well

Prescribed Medications**Procedures**

99214.....EST PATIENT LEVEL 4

Current Immunizations

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Reason for Call: has bad cough, lost smell, has fever, slight SOB, exposed to corona

Call Details: meds sent

f/u pcip

(b) (6) - pt is better

Assessment / Plan

- Coronavirus Infection, Unspecified: pt treated, feels better, finished meds

(b) (6)

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: telemed, f/u
feels sick

History of Present Illness

- **Feels Sick:** pt not feeling well for a few days, no fever,

(b) (6)

(b) (6)

Assessment / Plan

prob corona
add meds

Prescribed Medications

PLAQUENIL SULFATE 200 MG.....Sig: 1 tablet bid for 7 Days Qty: 14
ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 15 Days Qty: 15

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR

Addendums :

(b) (6) VZELENKO: icd 34.2 -

(b) (6) improved c/ meds, still has slight cough



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: allergies
feels sick

History of Present Illness

- **Feels Sick:** pt not feeling well for a few days, no fever,

has allergy sym and slight cough, no fever

(b) (6)

(b) (6)

Assessment / Plan

- **Other Seasonal Allergic Rhinitis:** Rest, hydration and take OTC Motrin/Tylenol as needed for pain/fever .

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR

Addendums :

(b) (6) VZELENKO: pt was admitted (b) (6) c/ b/l pneumonia, covid positive, was intubated, now extubated, doing much better

(b) (6) VZELENKO: add iced code b34.2



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough,fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: meds sernt

Presumptive Corona. Medication sent

(b) (6) pt feels better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Fever

History of Present Illness

This is a followup for this (b) (6). There has been a change in (b) (6) status. Last night (b) (6) developed fever of 101.5°. (b) (6) did speak to (b) (6) allergist because (b) (6) was having some mild tightness. (b) (6) increased the dose of the inhaler

(b) (6)

(b) (6)

Assessment / Plan

The patient does report being exposed to people have corona virus.

I will prescribe the patient hydroxychloroquine and zinc sulfate. (b) (6) states he has Zithromax at home

This was done by telemedicine video conference

Followup for any worsening symptoms

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 710-730

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 10 Days Qty: 20

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
Fever sore throat

History of Present Illness

This is a (b) (6) who has developed a fever of 101, Cough, sore throat. (b) (6) has slight chest pain, slight shortness of breath

(b) (6)

(b) (6)

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** looks sick

The patient should go for a nasopharyngeal swab to check for corona virus

Patient will be prescribed hydroxychloroquine, azithromycin, zinc

Continue quarantine, social distance

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 1150-1210

The patient should follow up with any worsening of symptoms.

(b) (6) - resolved

Prescribed Medications

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 1 tablet QD for 6 Days Qty: 6, 2 tablets day one, then 1 tabl
ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5
HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 10 Days Qty: 20

Procedures**Current Immunizations**

Follow up in 1 week(s)

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- **Cough:** cough, slight fever, no SOB x 2-3 days, exposed to corona

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** pt has sicl (b) (6)
start meds

Rest hydration and take OTC Motrin/Tylenol as needed for pain/ fever

(b) (6) resolved

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: telemed
cough

History of Present Illness

- **Cough:** cough, slight fever, no SOB x 2-3 days, exposed to corona

(b) (6)

(b) (6)

(b) (6)

Assessment / Plan

start regimen

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by (b) (6)

(b) (6)

Addendums :

(b) (6) VZELENKO: pt got worse last night, was admitted 3 days ago, mt sinai, got intubated yesterday

(b) (6) VZELENKO: (b) (6) - pt extubated, doing better, still in mt sinai hosp



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Shortness of breath

History of Present Illness

This is a (b) (6) with underlying inflammatory lung disease. The patient has had a number of days of sore throat. (b) (6) believes (b) (6) has fever. (b) (6) face is flushed. (b) (6) does get episodes of shortness of breath

The patient did go for corona virus testing. The results are still pending

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 5:25-5:45

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

(b) (6)

Referring Provider:

Chief Complaint: cough
Cough

History of Present Illness

- **Cough:** Patient notes cough and cold symptoms. c/o NP cough, clear rhinorrhea , denies fever. Notes feeling run down and has some sinus congestion. No shortness of breath or chest pain. no exacerbating or relieving factors no known sick contacts No PE risk factors

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** test pos, meds sent

Rest, hydration and take OTC Motrin/Tylenol as needed for pain/fever . Follow up with your PCP for continuation of care and return to clinic if symptoms may worsen.

(b) (6) - pt feels alot better

Prescribed Medications

No Medications Given

Procedures

99204.....NEW PATIENT LEVEL 4 (45 MIN)

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: f/u
still coughing

History of Present Illness

- Cough/ Fever: no sob no chest pain - no SOB -

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: test pos

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6)- pt better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sob cough runny nose
Cough,

History of Present Illness

- Cough, has sob, bad cough, slight fever, loss of smell, corona exposure

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids

(b) (6) - pt bnetter

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

ZITHROMAX 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures

99213.....**EST PATIENT LEVEL 3**

99203.....**NEW PATIENT LEVEL 3 (30 min)**

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever
fever

History of Present Illness

this is a (b) (6) who has been complaining of fevers or possibly within one week. This fevers or as high as 103. (b) (6) has an associated cough. (b) (6) denies shortness of breath. (b) (6) denies sore throat. (b) (6) denies muscle pain. (b) (6) has generalized fatigue. There may be alteration of taste. (b) (6) states that (b) (6) was tested for Corona virus and was positive.

(b) (6)

(b) (6)

Assessment / Plan

the patient has positive nasopharyngeal swab, consistent with corona virus. He has been running high fevers.

video conference, done because of quarantine, social distancing, due to corona virus.

Time spent with patient 20 minutes. 825-845

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: for 5 Days Qty: 5, 2 tablets day one, then 1 tabl

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Follow up in 14 day(s) for: RTC for any worsening s/s

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Call From: telemed

Call Details: feels wk, fever, no smell, slight sob, (b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
no tests available

(b) (6) feels better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Call Details: fever x 3 days, (b) (6) has corona, no tase, slighgt sob, ha, diarrhea

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids

(b) (6) sym resolved

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

- Cough: phone

pt called in today with complaints of cough, fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus. lost smell

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: sym tx

presumptive Corona. Medication sent

(b) (6) - sym resolved, feels good

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona
fever and dry cough

History of Present Illness

• **Fever And Dry Cough:** Pt presents for video conference with fever x 2 days, As per patient initial symptoms began 7 days ago . Admits to fever, dry cough, loss of smell and tast, headaches and sore throat. Denies any SOB, DOE and chest pain. states was test for covid but test got lost but was possibly exposed to someone with COVID 19. has been taking tylenol with some alleviation

(b) (6)

(b) (6)

• **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** explained to patient most likely COVID 19 Sxs of COVID19 discussed. describe to patient the prodrome of virus Advised pt to avoid crowds and gatherings and to stay home. Red Flags discussed. Advised to call healthcare facility before going. call EMS immediately for SOB, CP, difficulty breathing, Pt expressed understanding. recommended to increase fluids follow up with cxr if sxs worsen
pt insists on covid medications since (b) (6) and is concerned
sending meds but explained side effects and must follow up

Prescribed Medications

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 2 tablet QD for 5 Days Qty: 10
PLAQUENIL 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10
ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures**Current Immunizations**

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Cough,

History of Present Illness

(b) (6)

(b) (6)

Assessment / Plan

- **Cough:** ? corona declines meds

sym tx

- **Coronavirus Infection, Unspecified:** f/u 2-3 days of not better

(b) (6) pt feels better

Prescribed Medications

ZANTAC 150 150 MG.....Sig: 1 tablet QD for 30 Days Qty: 30

ZITHROMAX Z-PAK 250 MG.....Sig: 1-2 tablet QD for 5 Days Qty: 1, As directed

Procedures

99213.....EST PATIENT LEVEL 3

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, cough

History of Present Illness

This is a (b) (6) with

Medical problems. (b) (6)

The patient tested positive for corona virus. (b) (6) had oxygen saturation yesterday which was 95%. (b) (6) does complain of shortness of breath (b) (6) feels weak. (b) (6) has decreased appetite

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 30 minutes. 12-1230

The patient is given a prescription of hydroxychloroquine, azithromycin, and zinc sulfate.

(b) (6)

family that Before starting the medicine, she revisited this and
home cardiologist and discussed the full extent of risk

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications

AZITHROMYCIN 500 MG.....Sig: 1 tablet QD for 5 Days Qty: 5

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough, diarrhea, no taste/smell, headache

History of Present Illness

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: start meds

(b) (6) - pt feels better

Prescribed Medications**Procedures****Current Immunizations**

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

(b) (6)

Call Details: fever x 3 days, slight slob, no taste, has ha and diarrheal (b) (6) has sim symtoms

Assessment / Plan

- **Coronavirus Infection, Unspecified:** start meds
inc fluids
f/u pep

(b) (6) - pt feels better

Prescribed Medications

Procedures

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough] Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough,fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

Presumptive Corona. Medication sent

(b) (6) pt better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: brought by ems- o2 sat - 89-92

History of Present Illness

• **Cough/ Fever:** fever, dry cough, headaches and sore throat. SOB - when coughs no chest pain. took dr. Z cocktail - but feels worse - trying to drink but did not eat

(b) (6)

4/12/2020

(b) (6)

Phys: VLADIMIR ZELENGO Generated by Medgen EHR

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** on 3-4L nasa l canula- o2 went quickly to 95-96 will do that at home - has oxymeter - instructions given set up IV with dextrose and change abx

try to get XR at home

if SOB or breathing worse go to Er symptomatic relief measures discussed ,

isolation and follow up if not better

(b) (6)- pt feels better after fluids

Prescribed Medications**Procedures**

99214.....EST PATIENT LEVEL 4

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR

Appears this way on the original



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Sick
Cough

History of Present Illness

- **Cough:** Patient notes mild cough and cold symptoms x 2 days, no fever, chills. c/o NP cough, clear rhinorrhea, denies fever. Notes feeling run down and has some sinus congestion. No shortness of breath or chest pain. no exacerbating or relieving factors
no known sick contacts.

(b) (6)

(b) (6)

Assessment / Plan

• **Acute Upper Respiratory Infection, Unspecified:** Reassured pt that the symptoms are 2/2 to self limiting viral syndrome. Instructed on supportive measures including good fluid hydration, increased rest and tylenol/motrin prn. RTC for any worsening/concerning s/s

check covid 19 test

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Follow up for: RTC for any worsening s/s

Electronically signed by (b) (6)

(b) (6)

Addendums :

(b) (6) VZELENKO; (b) (6) feels better, sym almost resolved
(b) (6) VZELENKO: add icd 34.2



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Call From: telemed

Call Details: fever, loss of smell, cough, slight sob, exposed to covid

Assessment / Plan

- **Coronavirus Infection, Unspecified:** meds started

test psitive

(b) (6)- pt is better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, cough, runny nose
feels sick

History of Present Illness

- **Feels Sick:** pt not feeling well for a few days, fever,

Pt presents in the office for a video call with doctor, for fever x5days, cough x1week, runny nose , slight SOB.

(b) (6)

(b) (6)

Assessment / Plan

- **Coronavirus Infection, Unspecified:** high risk / dm / sob
start meds

Rest, hydration and take OTC Motrin/Tylenol as needed for pain/fever . Follow up with your PCP for continuation of care and return to clinic if symptoms may worsen.

(b) (6) pt much better

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint:

History of Present Illness

(b) (6)

(b) (6)

Assessment / Plan

- Coronavirus Infection, Unspecified: meds sent

(b) (6) feels much better

Prescribed MedicationsProcedures

99204.....NEW PATIENT LEVEL 4 (45 MIN)

Current Immunizations

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, cough Fever

Cough

Fever

History of Present Illness

pt called in today with complaints of cough,fever. pt denies chest pains, and SOB. pt was exposed to Corona Virus.

(b) (6)

(b) (6)

Assessment / Plan

Presumptive Corona. Medication sent

(b) (6) - finished medsm feels much better

Prescribed Medications**Procedures**

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Call From: telemed

Call Details: fever, cough x 3 days, exposed to corona, lost tase

Assessment / Plan

- Coronavirus Infection, Unspecified: high risk, meds sent

(b) (6) - pt much better

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR
Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough

History of Present Illness

- **Cough:** cough, slight fever, no sob x 2-3 days, exposed to corona
slight sob, lost tatse

(b) (6)

Vital Signs:**Assessment / Plan**

- **Coronavirus Infection, Unspecified:** start meds looks

Rest hydration and take OTC Motrin/Tylenol as needed for pain/ fever

(b) (6) - feels better

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: cough/ fever

History of Present Illness

- Cough/ Fever: few days - fever cough mild chest discomfort 1 week - not worse

(b) (6)

(b) (6)

Assessment / Plan

symptomatic relief measures discussed , isolation and follow up if not better

(b) (6) improved, cont meds

Prescribed Medications**Procedures**

99213.....EST PATIENT LEVEL 3

Current Immunizations

Electronically signed by Vladimir Zelenko, DR on (b) (6)

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Active Problems

Reason for Call: fever, cough, diarrhea, no sob, no smell x 3 days

Assessment / Plan

- **Coronavirus Infection, Unspecified:** high risk, dm / age
start meds
f/u c/ pcp

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Corona virus infection

History of Present Illness

This is a followup for this (b) (6). (b) (6) is with (b) (6), translating. (b) (6) states that once (b) (6) started the hydroxychloroquine, (b) (6) symptoms showed significant improvement. (b) (6) fever started to break. (b) (6) cough was reduced. (b) (6) oxygen saturations had increased

(b) (6)

(b) (6)

Assessment / Plan

This is a telemedicine video conference, done because of quarantine, social distancing, due to corona virus.
Time spent with patient 20 minutes. 1145-1205

The patient has been improving with the medication.

The son mention that occasional muscle aches and asked about giving diclofenac. I told him to avoid nonsteroidals at this time, and use Tylenol.

Continue to monitor his oxygen saturation, especially when she starts to stand, and walk.

The patient should maintain quarantine.

The patient should follow up with any worsening of symptoms.

Prescribed Medications**Procedures****Current Immunizations**

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

(b) (6)

Reason for Call: high risk for covid

Call Details: recc prevention

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** start hcq 200 qd x 5 days, then qwk
zinc sulfate 200mg qd x 5 days, then qwk

(b) (6) pt still asym

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: (b) (6)

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: sick visit
shortness of breath

History of Present Illness

this is a (b) (6) who has been living in the same house with (b) (6), who has been confirmed to have corona virus. (b) (6) has been complaining of shortness of breath, cough, phlegm production. (b) (6) temperatures have been around 99.

(b) (6)

(b) (6)

Assessment / Plan

given the underlying history of several medical conditions, as well as complaints of shortness of breath, direct exposure to (b) (6) who has Corona virus, the patient will be prescribed hydroxychloroquine, azithromycin, as well as zinc

The patient is informed if (b) (6) gets any severe shortness of breath she may have to go to the emergency room.

Prescribed Medications

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: 1 tablet QD for 6 Days Qty: 6, 2 tablets day one, then 1 tabl

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet 2 times per day for 5 Days Qty: 10

Procedures**Current Immunizations**

Follow up in 1 week(s) for: RTC for any worsening s/s

Electronically signed by (b) (6)

(b) (6)



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

- **Fever And Dry Cough:** Pt presents for video conference with covid sxs x 2 days, As per patient initial symptoms began 5 days ago . Admits to dry cough, bad taste in mouth, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID19 but was possibly exposed to someone with COVID 19. has been taking tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** explained to patient most likely COVID 19 Sxs of COVID19 discussed. describe to patient the prodrome of virus Advised pt to avoid crowds and gatherings and to stay home. Red Flags discussed. Advised to call healthcare facility before going. call EMS immediately for SOB, CP, difficulty breathing. Pt expressed understanding. recommended to increase fluids, vitamin c , vitamin d , zinc explained to patient at this time plaquenil is not indicated patient states that (b) (6) took zithromax explained can get a cxr at this time if sxs worsen go to ER immediately pt ran out of the room would not listen to advise

Prescribed Medications**Procedures****Current Immunizations**

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

(b) (6)

Reason for Call: high risk for covid

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** start hcq 200 qd x 5 days, then qwk
zinc sulfate 200mg qd x 5 days, then qwk

(b) (6) pt asym

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever, dry cough
fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 8 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID 19 but was possibly exposed to someone with COVID 19. has been taking Tylenol with some alleviation

(b) (6)

(b) (6)

Assessment / Plan

Covid 19 suspect
Medication sent

Prescribed Medications

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Call Details: high risk for covid
recc provention

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** start hcq 200 qd x 5 days, then qwk
zinc sulfate 200mg qd x 5 days, thewn qwk

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: Fever, dry cough
fever and dry cough

History of Present Illness

Pt presents for phone conference with fever x 2 days, As per patient initial symptoms began 3-4 days ago . Admits to fever, dry cough, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID19 but was possibly exposed to someone with COVID 19. has been taking tylenol with some alleviation

(b) (6)

Medication sent

Prescribed Medications

HYDROXYCHLOROQUINE 200 MG.....Sig: 1 tablet BID for 5 Days Qty: 10

ZITHROMAX 250 MG.....Sig: 2 tablet QD for 5 Days Qty: 10

ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures

99372.....TELEPHONE CALL BY MD; INTERMEDIATE

Current Immunizations

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date: (b) (6)

(b) (6)

(b) (6)

Active Problems

Reason for Call: fever, cough, diarrhea, fatigue, slight sob

Assessment / Plan

- **Coronavirus Infection, Unspecified:** high risk
meds sent
f/u pcp

Prescribed Medications

Procedures

Vladimir Zelenko, DR



Vladimir Zelenko MD PC
745 State Route 17M 770
MONROE, NY 10950

Encounter Physician: Vladimir Zelenko, DR

Date (b) (6)

(b) (6)

Referring Provider:

Chief Complaint: fever and dry cough

History of Present Illness

Pt presents for video conference with fever x 3 days, As per patient initial symptoms began 3 days ago . Admits to fever, dry cough, bodyaches , states feeling salty feeling in mouth denies any loss of smell and taste, headaches and sore throat. Denies any SOB, DOE and chest pain. states was not tested for COVID19 but was possibly exposed to someone with COVID 19. has been taking tylenol with some alleviation nkda

(b) (6)

(b) (6)

Assessment / Plan

- **Contact With And (suspected) Exposure To Other Viral Communicable Diseases:** explained to patient most likely COVID 19 Sxs of COVID19 discussed. describe to patient the prodrome of virus Advised pt to avoid crowds and gatherings and to stay home. Red Flags discussed. Advised to call healthcare facility before going. call EMS immediately for SOB, CP, difficulty breathing. Pt expressed understanding. recommended to increase fluids
pt currently taking zithromax if sxs worsen rtc

Prescribed Medications

AZITHROMYCIN 5 DAY DOSE PACK 250 MG..Sig: for 5 Days Qty: 1, use as directed
ZINC SULFATE 220 MG.....Sig: 1 capsule QD for 5 Days Qty: 5

Procedures**Current Immunizations**

Vladimir Zelenko, DR

From: Zelenko Family (b) (6)
Sent: 4/13/2020 12:28:00 PM
To: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Dr Zelenko outcomes. Please review
Attachments: Coronas letter.pdf.pdf.pdf.pdf.pdf.pdf; ATT00001.txt

Dr. Vladimir (Zev) Zelenko M.D.

Board Certified Family Practitioner

501 Rt 208, Monroe, NY 10950

845-782-0000

April 12, 2020

To all medical professionals around the world:

For the last 16 years, I have cared for approximately 75% of the adult population of Kiryas Joel, which is a very close knit community of approximately 35,000 people in which the Covid-19 infection spread rapidly and unchecked prior to the imposition of social distancing.

As of today my team has tested hundreds of people from this community for Covid-19, and approximately 61% of the results have been positive. If extrapolated to the entire community, that means more than 20,000 people are infected at the present time. Of this group, I estimate that there are 1,500 patients who are in a generally accepted high-risk category (e.g. above 60, immunocompromised, comorbidities, underlying respiratory issues).

Given the urgency of the situation, I developed the following treatment protocol in the pre-hospital setting and have seen only positive results:

1. Any patient with shortness of breath is treated.
2. Any patient in a high-risk category with mild symptoms is treated.
3. Young, healthy and low risk patients even with symptoms are not treated (unless their circumstances change and they fall into category 1 or 2) (as is well known, these patients likely self resolve).

My outpatient treatment regimen is as follows:

1. Hydroxychloroquine 200mg twice a day for 5 days
2. Azithromycin 500mg once a day for 5 days
3. Zinc sulfate 220mg once a day for 5 days

The rationale for my treatment plan is as follows. I combined the data available from China and South Korea with the recent study published from France (sites available on request). We know that hydroxychloroquine helps Zinc enter the cell. We know that Zinc slows viral replication

within the cell. Regarding the use of azithromycin, I postulate it prevents secondary bacterial infections. These three drugs are well known and usually well tolerated, hence the risk to the patient is low.

Since 3/15/20, my team has seen approximately 1354 patients in Monroe, New York with either test proven or clinically suspected coronavirus infection. The majority of the patients were treated with only supportive care. The patients with shortness of breath or who are in the high risk category were treated with the above regimen (approximately 405 patients at this point)..

Of this group and the information provided to me by affiliated medical teams, we have had two deaths, six hospitalizations for pneumonia, and four intubations (all extubated now). In addition, I have not heard of any negative side effects other than approximately 10% of patients with temporary nausea and diarrhea.

In sum, **my urgent recommendation is to initiate treatment in the outpatient setting as soon as possible** in accordance with the above. Based on my direct experience, it prevents acute respiratory distress syndrome (ARDS), prevents the need for hospitalization and saves lives.

With much respect,

Dr. Vladimir (Zev) Zelenko

P.S. Please see attached excel spreadsheets of total patients seen and total patients treated with my three drug protocol. Also attached are the bioreference Covid-19 results and the majority of the redacted and Hipaa compliant patient records..

From: Lenihan, Keagan [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=EE7320EE8C184D66BFD521B0105D17D2-KEAGAN.LENI]
Sent: 4/11/2020 2:30:53 PM
To: Stephen M. Smith, MD (b) (6)
CC: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Re: HCQ

Thanks Dr. Smith - Patti (b) (6) at the NIH is working to collect this kind of information. She would be the best person to share this information with going forward.

Thanks,
Keagan

Sent from my iPhone

On Apr 11, 2020, at 2:10 PM, Stephen M. Smith, MD (b) (6) wrote:

Hello Keagan & Stephen,

As I may have mentioned, I noticed that several pts developed recurrent disease after the HCQ was stopped or held.

I am collecting and organizing data on 5 COVID pts who had recurrence of disease and symptoms after the HCQ was discontinued by them after discharge (3 cases) or was by us in the hospital (2 cases).

After the HCQ of these 5 pts was stopped, each worsened clinically. Below I describe two of these five cases.

After the HCQ of these 5 pts was stopped, each worsened clinically.

Each was then put back on HCQ and five of five improved.

I discuss two patients below.

Of note, each had very high ferritin, LDH and D-dimer, a pattern unique to COVID.

If measured during both admissions, each went up further.

The first case or patient demonstrates very well that HCQ effectively treats COVID-19.

(b) (6) with cognitive deficits and seizure disorder, was admitted on March 28th.

(b) (6) COVID test from that day was positive.

(b) (6) was started on HCQ monotherapy. (b) (6) bloodwork and presentation were entirely and completely consistent with COVID.

(b) (6) improved.

On (b) (6), the (b) (6) back to (b) (6) nursing home without any HCQ.

On (b) (6) the nursing home sent (b) (6) back to the ER, because of dark urine. (b) (6) was evaluated and sent back to the nursing home after (b) (6) was given only IV fluids.

On (b) (6) was sent back to the ER for high fever, decreased mental status, high pulse and increased respiratory or respiratory distress.

(b) (6) labs and presentation were so entirely consistent with COVID, the ER didn't even order a repeat COVID test.

I ordered a repeat COVID test (b) (6)

Regardless of the repeat COVID test result, this patient has recurrent COVID, no doubt about it all.

(b) (6) ferritin, D-dimer and LDH are markedly elevated.

Only one disease causes fever, hypoxia, and very high levels of ferritin, D-dimer and LDH.

There is not other disease that can cause (b) (6) illness or syndrome.

(b) (6) while (b) (6) is still very ill, (b) (6) condition has improved considerably.

(b) (6) was never given azithromycin, because azithro interacted with one of (b) (6) other medications.

The table below shows the Date, Place, Total or cumulative HCQ dose in milligrams, oxygen saturation, oxygen therapy needed, and the maximum temperature, maximum pulse, and maximum respiratory rate of that day.

For oxygen therapy, RA = room air, 4L or 5L refer to the flow rate of oxygen via nasal cannula, NRB means non-rebreather and NRB 15HF means non-rebreather with high flow oxygen at a flow rate = 15 (flow rates for high flow range from 15-40).

These are listed in rank order, meaning RA is best, nasal cannula, etc.

Date	Place	Daily HCQ Dose	Total HCQ	Oxygen Saturation	Oxygen Therapy	Tm	Pulse	RRm
(b) (6)	ER			(b) (6)				
	Hospital	800	800					
	Hospital	400	1200					
	Hospital	200	1400					
	Hospital	200	1600					
	ER/dark urine	0	1600					
	Nursing Home	0	No change					
	ER	800	2400					
	Hospital	600	3000					
	Hospital	600	3600					

Second case -

(b) (6) admitted on (b) (6) with hypoxia, fever, shortness of breath and (b) (6) COVID test was positive.

(b) (6) was given HCQ/azithro. (b) (6) initially required significant oxygen therapy, including high flow on (b) (6), (b) (6) was sent home off oxygen therapy on room air.

(b) (6) was discharged at noon on (b) (6) and was given a prescription for HCQ, but didn't fill it.

On (b) (6) PM, (b) (6) came back into the ER.

(b) (6) hypoxia and tachycardia (fast heart rate) had required.

(b) (6) was re-started on HCQ.

As before, (b) (6) initially required significant oxygen therapy, but again, (b) (6) need for supplemental oxygen quickly resolved.

(b) (6) was discharged on HCQ to finish a 10-day course.

(b) (6) has not returned.

Date	Place	Daily HCQ	Total HCQ	Daily Azithro	Total Azithro	Oxygen Saturation	Oxygen Therapy	Tm	Pulsem	RRm
(b) (6)	ER	0	0	0	0	(b) (6)				
	Hospital	800	800	500	500					
	Hospital	600	1400	250	750					
	Home at 12 PM	400	1800	250	1000					
	ER 9 PM	0	No change	0						
	Hospital	800	2400	0						
	Hospital	600	3000	0						
	Hospital	600	3600	0						
	Hospital	200	3800	0						

As in (b) (6) case, in (b) (6) case, there is no other explanation for improvement on HCQ, deterioration off of it and then improvement once put back on it.

Tangentially, I have never seen such rapid respiratory deterioration as in COVID cases.

I also have never seen such rapid improvement.

(b) (6) went from HF on (b) (6) to home on room air a day later.

That kind of rapid deterioration and then improvement doesn't happen in any other disease.

The other 3 cases show similar responses after HCQ was re-started.

If you or anyone else can think of any other explanation for these pts' disease courses, please let me know.

I have been practicing ID for many years.

In these cases, the responses are quite dramatic.

We clinicians, of course, call this response, a "therapeutic response" and a very good therapeutic response at that.

Again, I am open to suggestions and theories, but can anyone think of a legitimate reason other than the obvious one?

That well beyond any reasonable doubt, HCQ effectively treats COVID.

SMS

P.S. - I didn't use either pts' real initials.

On Wed, Apr 8, 2020 at 12:57 PM Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov> wrote:

Hi Dr. Smith,

Patti Brennan, the Director of the National Library of Medicine at the NIH has been identified as the appropriate lead for this type of data. Please work with her going forward. Thank you!

Her email is: (b) (6)

Keagan Lenihan
FDA Chief of Staff

From: Hahn, Stephen <SH1@fda.hhs.gov>
Sent: Wednesday, April 8, 2020 12:23 PM
To: Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>
Subject: Fwd: HCQ

From: Stephen M. Smith, MD (b) (6)
Date: April 5, 2020 at 1:59:59 PM EDT
To: Hahn, Stephen <SH1@fda.hhs.gov>
Subject: Re: HCQ

Hello Stephen,

Let me now if you need me to explain what each column means.

Since Friday, we have added many more pts.

I can send you today's updated list later, if you're interested.

Trying to be devil's advocate and also just to find good prognostic indicators, we have been trying to figure out who gets intubated and why, separately from the HCQ/azithro treatment.

The NEWS2 scores aren't particularly helpful.

So, we haven't found anything, except maybe persistent, poor glycemic control.

Maybe you can suggest a lab like blood type or something else, maybe even a creased earlobe, for us to add.

We are open to anything.

Stephen

On Sun, Apr 5, 2020 at 1:16 PM Hahn, Stephen <SH1@fda.hhs.gov> wrote:

Hi Stephen,

Thanks for the message. I most definitely want to review the data and thought you would be sending. My apologies. We'll review.

(b) (6) is a great guy and a good friend.

Steve

From: Stephen M. Smith, MD (b) (6)

Date: April 5, 2020 at 12:24:57 PM EDT

To: Hahn, Stephen <SH1@fda.hhs.gov>

Subject: HCQ

Hello Stephen,

I am emailing you, because (b) (6) (aka (b) (6)) is one of my best friends and he says you're a good guy and I trust (b) (6).

The meeting the other day was...interesting. I assume you have not looked at my data yet, but that's fine. Trust me, I get it. Some local ID doc with a spreadsheet. But please consider the following.

First, I want to point out to you the absurdity of the FDA approving the same HCQ dose for every adult.

We now have >100 pts.

- The weight range is from 40.7 - 157 kg.
- Over 34% weigh >90 kg.
- Only 12% weigh < 70 kg, including 6% who weight < 60 kg.

The FDA chose the HCQ dose based on computer PK modeling.

The FDA needs to model pts with vastly different weights.

We were giving a 40 kg, 94 yo woman the same dose as 45 yo man who literally weight more than 3 times her. Even if I didn't have a degree in mathematics, I could figure out that that makes no sense.

Every critically ill COVID pt has DM and/or uncontrolled sugars.

- 23 pts have been intubated.
- 21 had DM and
- 2 had PreDM.
- 4 presented in DKA. What virus causes DKA like?
- 22 of 23 had uncontrolled sugars.

These data are simply overwhelming. They tell us there is a unique pathophysiology, which may point to future preventive measures. The data also suggest that tight glycemic control may improve outcomes.

Regarding therapy -

Efficacy:

62 pts received who received at least 2,400 mg of HCQ; 0 of these 64 has been intubated.

Said another way, none of the 23 intubated pts received 2,400 mg or more of HCQ.

By any statistical analysis, that's pretty tough for anyone, regardless of their biases, to explain by chance. Tom Frieden, who I had admired immensely, messed up Ebola and got away with it. Clearly, we are not going to get away with any mishandling of this pandemic.

Before the Marseilles' clinical trial came out, I noticed that after the 5-day, 2,400 mg total HCQ regimen, several pts lingered like I have never seen before. Some needed high-flow oxygen for several days AFTER completing the HCQ. 2 pts bounced back after being sent home.

Each was male and each weighed > 90 kg.

We were able to re-test a few and each was still positive.

Last week, any pt who had only received the 2,400 mg total dose and still needed oxygen therapy, we re-started on HCQ. Each improved quickly. One pt had his HCQ/azithro reduced or held, but he was improving. After finishing the 2,400 mg HCQ, he oxygen needs increased and then his fever returned. We didn't add any abx; we just gave him more HCQ. 2 days later, I saw he was "grayed out" meaning no longer in the hospital. I feared he had died. No, we had discharged him.

Safety:

Because of my fear of hurting someone. For those on HCQ/azithro combo therapy, we have been monitoring EKGs daily or nearly daily. (b) (6), an excellent EP cardiologist, has reviewed them. A summary of his data is attached as a pdf.

(b) (6) conclusions are:

- 1) This is highly encouraging that a 5 days course of therapy will not cause potentially harmful changes on the ECG for most patients.
- 2) Medication list should be reviewed prior to starting regimen to assess for conflicts.
- 3) If baseline ECG, baseline labs look good, daily testing may not be warranted.
- 4) This may lead to initiation of therapy as an outpatient.

This disease is unique. The patterns of this disease are far different than anything we have seen before. The cumulative dose matters more than the daily dose. At a minimum, weight based dosing needs to be considered and then implemented.

Stephen, we have the tools and enough information now to improve outcomes in COVID pts. Ironically, your approval of the lower dose of HCQ actually interfered with my use of the only dose supported by clinical data at the time. Half of ID is off-label, including ceftriaxone for strep endocarditis, metronidazole for C diff and

meropenem for HCAP or UTI. When you approved that lower dose, the hospital fought with me about using the only dose with clinical trial data. I had to threaten them before they would let me give the higher dose. BTW, go back to the PK paper, even the authors opined that a 10-day course (3,400 mg total) might work better than a 5-day course (2,400 mg).

Sincerely,

Stephen

P.S. – The data are no longer anecdotal, well, at least, the data are becoming no more anecdotal than the tetanus toxoid vaccine data. These data are FAR, FAR less anecdotal than those Drs. Fauci and Wolff presented in 1973 on the treatment of Wegener's.

Stephen M. Smith, M.D.

Cellphone (b) (6)

From: Zelenko Family (b) (6)
Sent: 4/5/2020 3:44:59 PM
To: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Fwd: Dr. Zelenko protocol and outcome date
Attachments: 315-43.pdf; outcomes date 3_15 - 4_3 (1).pdf; Coronas letter.pdf

Begin forwarded message:

From: vladimir zelenko (b) (6)
Subject: Dr. Zelenko protocol and outcome date
Date: April 5, 2020 at 1:34:30 PM EDT
To: Sam Sandowski (b) (6), (b) (6), adi Gast (b) (6),
Moshe (b) (6), (b) (6).

This document was exported from Numbers. Each table was converted to an Excel worksheet. All other objects on each Numbers sheet were placed on separate worksheets. Please be aware that formula calculations may differ in Excel.

Numbers Sheet Name	Numbers Table Name	Excel Worksheet Name
Patients seen with icd codes	Table 1	Patients seen with icd codes

(b) (6)

AMERICAN
OVERSIGHT

AMERICAN
OVERSIGHT

AMERICAN
OVERSIGHT

Dr. Vladimir (Zev) Zelenko M.D.

Board Certified Family Practitioner

501 Rt 208, Monroe, NY 10950

845-782-0000

4/6/20

To all medical professionals around the world:

Please see attachment with my outcomes data for 3/15/20 - 4/3/20

The table consists of:

DOB / gender / risk factors / outcomes

The main points:

929 total patients seen with corona - diagnosed with test or clinically. My community of 35000 people has >75% positive. We ran out of tests.

349 high risk patients were treated with three drug regimen. The remainder of low risk patients were only treated with supportive care.

Outcomes

1 dead - patient had CLL

4 intubated - 1 is extubated already

5 admitted for iv antibiotics for pneumonia

I am in direct daily contact with the white house via Mr. Mark Meadows (the president's chief of staff) and Mayor Rudy Giuliani (the president's private legal counsel). They are supportive of my recommendations and the FDA approved the use of hydroxychloroquine for use against Covid-19.

I was interviewed by Mayor Giuliani on his recent podcast. Please see the attached link.

https://www.youtube.com/watch?v=1TJdjhd_XG8&feature=youtu.be

My protocol has been endorsed by

Dr. Robert Susskind, Dean and founder of University of California School of Medicine. His cell number is (b) (6).

Dr. William Grace, Oncology Lenox Hill Hospital, NY. His cell number is (b) (6).

Dr. Rosy Joseph, Nephrology and Internal Medicine, Hackensack University Medical Center, Hackensack, NJ. Her cell number is (b) (6).

Dr. Bushra Mina, Head of Pulmonary and Critical care, Lenox Hill Hospital, NY

Dr. Israel Brekowitz, Cardiology and Critical care, Lenox Hill Hospital

Dr. Michael Poon, Cardiology and Advanced Cardiac Imaging, North Shore / LIJ

I have been contacted by the governments of Ukraine, Russia, Brazil, and Belgium, who are interested in this protocol.

In summary, it is imperative to **initiate aggressive and early treatment of Covid-19 in the primary care setting**, before the patient develops pulmonary complications. According to my data, prompt treatment will reduce hospitalizations, intubations, and death.

I humbly and respectfully request that you consider this outpatient treatment against Covid-19.

Sincerely,

Dr. Vladimir (Zev) Zelenko

Cell number is (b) (6)

Dr. Vladimir (Zev) Zelenko M.D.

Board Certified Family Practitioner

501 Rt 208, Monroe, NY 10950

845-782-0000

March 31, 2020

To all medical professionals around the world:

For the last 16 years, I have cared for approximately 75% of the adult population of Kiryas Joel, which is a very close knit community of approximately 35,000 people in which the Covid-19 infection spread rapidly and unchecked prior to the imposition of social distancing.

As of today my team has tested hundreds of people from this community for Covid-19, and approximately 65% of the results have been positive. If extrapolated to the entire community, that means more than 20,000 people are infected at the present time. Of this group, I estimate that there are 1,500 patients who are in a generally accepted high-risk category (e.g. above 60, immunocompromised, comorbidities, underlying respiratory issues).

Given the urgency of the situation, I developed the following treatment protocol in the pre-hospital setting and have seen only positive results:

1. Any patient with shortness of breath is treated.
2. Any patient in a high-risk category with mild symptoms is treated.
3. Young, healthy and low risk patients even with symptoms are not treated (unless their circumstances change and they fall into category 1 or 2) (as is well known, these patients likely self resolve).

My outpatient treatment regimen is as follows:

1. Hydroxychloroquine 200mg twice a day for 5 days
2. Azithromycin 500mg once a day for 5 days
3. Zinc sulfate 220mg once a day for 5 days

The rationale for my treatment plan is as follows. I combined the data available from China and South Korea with the recent study published from France (sites available on request). We know that hydroxychloroquine helps Zinc enter the cell. We know that Zinc slows viral replication

within the cell. Regarding the use of azithromycin, I postulate it prevents secondary bacterial infections. These three drugs are well known and usually well tolerated, hence the risk to the patient is low.

Since 3/15/20, my team has seen approximately 911 patients in Monroe, New York with either test proven or clinically suspected coronavirus infection. The majority of the patients were treated with only supportive care. The patients with shortness of breath or who are in the high risk category were treated with the above regimen (approximately 350 patients at this point)..

Of this group and the information provided to me by affiliated medical teams, we have had ZERO deaths, six hospitalizations for pneumonia, and three intubations. In addition, I have not heard of any negative side effects other than approximately 10% of patients with temporary nausea and diarrhea.

In sum, my urgent recommendation is to initiate treatment in the outpatient setting as soon as possible in accordance with the above. Based on my direct experience, it prevents acute respiratory distress syndrome (ARDS), prevents the need for hospitalization and saves lives.

With much respect,

Dr. Vladimir (Zev) Zelenko

From: Zelenko Family (b) (6)
Sent: 4/5/2020 3:44:13 PM
To: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Fwd: Follow up - CHS/Dr Zelenko - Covid-19 Clinical Trial
Attachments: Mail Attachment.ics

Please below emails. These are the principals that will run the clinical trial from the Catholic Health System, NY (St. Francis hospital)

From: "Thakore, Avni" (b) (6)
Subject: Follow up - CHS/Dr Zelenko - Covid-19 Clinical Trial
Date: April 3, 2020 at 4:03:00 PM EDT
To: "Levine, Joseph" (b) (6), "Haag, Elizabeth" (b) (6),
"Muehlbauer, Stefan" (b) (6), "(b) (6)", "(b) (6)"

From: Thakore, Avni (b) (6)
To: Levine, Joseph (b) (6); Haag, Elizabeth (b) (6); Muehlbauer, Stefan (b) (6); (b) (6); (b) (6); (b) (6)

Subject: Follow up - CHS/Dr Zelenko - Covid-19 Clinical Trial

Location: 1-866-305-0232 Access Code (b) (6) Host Pin (Avni only) (b) (6)

Start: 4/13/2020 2:00:00 PM

End: 4/13/2020 2:45:00 PM

Show Time As: Tentative

Recurrence: (none)

From: Zelenko Family (b) (6)
Sent: 4/7/2020 8:40:34 AM
To: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; Mark Meadows (b) (6); rudolphgiulian (b) (6); (b) (6)
Subject: Zelenko Updates - important / Please show to the President
Attachments: Lettre au pr sident pour extension ATU -JCG-OK.pdf; A reasoned COVID strategy adapted to the here and now JC GHALEB - EN.pdf

Thanks, please provide any further guidance on what I can do. I am attempting to generate as much data as fast as possible.

FYI -

- 1- The government of Brazil has adopted my protocol and is advising all doctors to initiate treatment immediately in the outpatient setting and not to go to the hospitals which are overwhelmed. Ambassador Ernesto Araujo (Foreign minister of Brazil) has reached out to me and I will be talking to them today.
- 2- I have been fighting with Israel's minister of health (Prof. Litzman) for 2 weeks. Yesterday Israel approved the use of the hcq, and Dr. Alon Moses, Israel's leading ID doctor (Hadassah hospital), has started a clinical trial already using the protocol.
- 3- One day after I gave an interview to their biggest media outlet, Italy began using hcq on a broad scale this week, let's keep an eye on their mortality figures.
- 4- I am leading a pilot project to prophylax the city of Dnipro, Ukraine (3.2 million people in metro and surrounding areas). If successful, it may be scaled country wide.
- 5- The government of Peru reached out to me yesterday. I hope to connect today.
- 6- I have been contacted by officials from Moscow and had a conference with the country's leading doctors. I'm not sure what they have decided.
- 7- Leading doctors in France have petitioned the French president 2 days ago to adopt my protocols. Not sure of the impact.

Dear Doctor Zelenko,

I am writing on behalf of Ambassador Ernesto Araujo, Foreign Minister of Brazil.

We would very much like to establish contact between you and Brazil's team of doctors who are on the forefront of the coronavirus treatment, for the purpose of sharing findings and other relevant information. Doctors in Brazil have administered hydroxychloroquin to over 60 thousand patients.

Please let me know if you would be interested in this and what channel of communication would be most convenient. I understand how busy you must be at this time. Feel free to reach me via whatsapp on the number listed here.

Best regards,

Flavio Sapha
Advisor to the Minister
Ministry of Foreign Affairs of Brazil

+ (b) (6)

Information from France

Dr. Jerome Corsi / Dr. Zelenko - national podcast

<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FZ7SDemHGl8U&data=02%7C01%7C%7Cccf4839c1c764955c70008d7dae82eaa%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637218563051737584&data=TwSM4OffZVflrP8LZPZuq0eWaPSHuHiQzhjVy12AbjY%3D&reserved=0>

Mayor Giuliani / Dr. Zelenko - Podcast

https://www.youtube.com/watch?v=1TJdjhd_XG8

Recent Reuters article

<https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmobile.reuters.com%2Farticle%2Famp%2FidUSKBN21O2VO&data=02%7C01%7C%7Cb4504a2c3c3f4118593308d7dae5376%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637218593733416902&data=8JiwFOg9E6LCkYY32MwoMI1BtCq7ARj3Zh%2Fshvm3NRo%3D&reserved=0>

On-line physician petition / rational for treatment

https://docs.google.com/document/d/1ka76CL50hR_a0b5oIhEAVY4gfyqkJcBxXBcP0r2nrz0/edit?fbclid=IwAR0ss1p0lsPhLkSFhO6_8vJK19BUispAREVcn0oi09iajG-Pq4HDCMFTQdg

Israel approval of use hcq

<https://www.ynet.co.il/articles/0,7340,L-5696160,00.html>

Ukraine proposal

Dr Zelenko,

This is the original idea that we sent Rabbi Kaminetzki in Ukraine.

Please understand it was a proposal and obviously we did not make any commitment to them regarding you and your time. All we said is that we will endeavor to have a call with Dr Zelenko. Of course if a longer term relationship is envisioned, compensation should certainly be part of it. Just wanted to get that out of the way!

This is going to hit Ukraine.

To save Ukraine's elderly, it is urgent that a task force be formed to utilize private resources to deploy Dr. Zelenko's drug regimen.

The needs are as follows:

- Test kits
- Personal protection for front line medical personal
- Zelenko drug regimen

Re the Drug regimen

Dr Zelenko will remotely oversee the drug program; meaning he will make a video in Russian/Ukrainian explaining his methods so Ukrainian doctors can follow and Zelenko is to be available for consultations.

Community of Dnipro will be responsible to distribute drugs, PPE and test kits to the local hospital and clinics.

A register of elderly high risk patients will be created that will be monitored and overseen by a team of doctors overseen by Zelenko.

Data will have to be updated daily so that Zelenko and his team can do virtual rounds...

A procurement team needs to be setup and endowed with resources to acquire the necessary drugs and equipment

If you think the above is possible you would need to get the following:

Buy-in from Ukrainian govt

Manage the distribution

Once this program to save the elderly of Ukraine is announced, it is likely other oligarchs will line up to contribute.

There are 7.4 million people ages 65+

Zelenko guestimates that his drug regimen costs \$20 per person. Say together with increase in drug price and PPE it's \$30 per person. That's a total of \$222 million. Private contributions should be sources for half of the amount I.E. 111 million and the government matches them.

Being that not everybody becomes infected and not all infected are in need of hospital. This can end up benefiting the entire Ukraine....but for marketing purposes we focus only the elderly .

Best, Mendel

PS I am thinking big. Though I must say It's possible that group in Dnipro will want to limit this to just the Jewish population they serve.

Lettre ouverte à Monsieur le Président de la République¹

Monsieur le Président de la République,

La pandémie Covid-19 est foudroyante dans notre pays. Le nombre de patients infectés et de décès double tous les trois jours. L'hydroxychloroquine, qui était en vente libre en France depuis 40 ans, a fait la preuve empirique de son efficacité et les autorités de nombreux pays dont les USA autorisent sa prescription en ambulatoire.

Vos meilleurs atouts sont aussi nos médecins de ville, pour autant qu'ils soient en capacité d'agir. Le préalable exigé d'un "*Gold Standard*" de la preuve nous paraît incompatible avec la déferlante que nous subissons.

Nous savons que la précocité d'un traitement chez les personnes à risque est la clé pour prévenir une pneumonie quasi-incurable. En se propageant de la rhinite à la pneumonie, la réplication du virus devient immaîtrisable.

La contagiosité de ce virus s'est avérée bien plus importante qu'imaginé initialement, tout comme la distance de transmission aujourd'hui sous-évaluée, à un mètre. Le confinement physique, sauf à être très strict, est aujourd'hui insuffisant et il faut y ajouter un confinement chimique par la réduction de la période de portage.

Traiter les malades précocement permet donc dans le même temps de circonscrire la transmission du virus en diminuant la durée de portage, donc de contagiosité,

Les médecins généralistes sont aujourd'hui interdits de prescrire des médicaments curatifs à leurs patients, alors qu'ils sont autorisés (décret du 28 mars) à utiliser le clonazépam injectable.

En restituant aux médecins leur liberté de prescrire en leur âme et conscience, vous leur témoignerez votre confiance.

Qui oserait vous reprocher d'avoir remis la responsabilité de la décision médicale à sa vraie place ? Faut-il se résigner aux aléas du désordre civil, aux risques de l'automédication voire au trafic de médicaments contrefaits et parfois mortels ?

Le traitement ambulatoire précoce incluant l'hydroxychloroquine en bithérapie avec l'azithromycine (voire mieux, en trithérapie avec un complément de Zinc) est maintenant

¹ Propager cette lettre à d'autres médecins avec l'URL: <https://bit.ly/extensionATU>

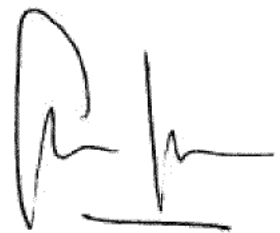
recommandé dans presque tous les autres pays touchés, pour tout patient dyspnéique ou présentant une comorbidité identifiée comme facteur aggravant.

Les médecins chinois ont ouvert la voie de l'utilité des chloroquines. Une équipe française - référence mondiale en matière d'épidémies - a optimisé cette voie de traitement curatif précoce par l'ajout d'azithromycine, et les résultats sont prometteurs. Réserver ce traitement aux formes avancées voire critiques est incompréhensible aux cliniciens de terrain.

Au vu des circonstances et de ce qui précède, et dans le but d'éviter toute perte de chances aux Français, nous vous demandons de prendre en considération l'urgence d'étendre à la médecine de ville l'autorisation temporaire d'utilisation pour l'hydroxychloroquine, l'azithromycine, et le Zinc, ainsi que d'autres antiviraux.

Dans cette attente, nous vous prions d'agréer, Monsieur le Président de la République, l'expression de notre profond respect.

Au nom des signataires²: Docteur Gérard BAPT, le 2 Avril 2020



**Je demande l'extension
à la médecine de ville
de l'ATU "Covid-19"**

Le bouton vous redirige vers un formulaire qui exige d'être enregistré avec un compte google. Ceci permet de vérifier l'identité des signataires et l'unicité des signatures.

En l'absence de compte google, votre nom pourra figurer sur une liste séparée. Nous demandons dans ce cas un numéro de téléphone portable.

*Vos coordonnées ne seront en aucun cas communiquées à des tiers et seront exclusivement utilisées pour soutenir cette demande urgente et vous informer des suites. **Seuls seront accessibles publiquement les informations suivantes: Prénom, Nom et spécialité***

112 Signataires

² Note: cette lettre est le résultat d'une rédaction participative par une centaine de médecins d'un groupe Whatsapp ad hoc, sur la base du texte proposé par le Dr Jean-Claude Ghaleb, qui en a aussi coordonné la mise au point finale avec le Dr Gérard Bapt, avec l'aide de M. Philippe Tarbouriech. La signature de cette lettre ouverte est maintenant proposée à tout médecin qui le souhaite. Si vous n'êtes pas médecin il existe des pétitions en ligne à ce sujet par exemple <https://www.petition-chloroquine.fr/>

A PROPOSAL FOR AN ALTERNATIVE COVID-19 STRATEGY FOR FRANCE

NOTE: this document initiated by the author is now a collaborative tool open to remarks and suggestions for improving it

Inspiration: "ONE MUST WORK" (Pr. Didier RAOULT's motto)

Here are a few ideas for a strategy to control the French Covid epidemic, taking into account the tools available and their respective strengths and deficiencies, **HERE and NOW**. We cannot at this stage aim for the response of countries such as Taiwan, Singapore, South Korea, Germany, Marseille or Morocco to name a few.

COMMUNITY MEDICINE:

At this stage, the role of general practitioners, exposed to severe illnesses by repeated virus inoculum, is restricted by decree to prescribe paracetamol (acetaminophen) instead of doing their job, often having to apologize (while sometimes being harassed) for not being able to treat the sick.

As long as there is no TUA (Temporary Use Authorisation) and restoration of freedom of prescription, GPs transformed into health officers should REFUSE to receive in their office any suspicious Covid cases, except obviously in "Covid centres (for example out-of-hours GP service where you only do that BUT which are equipped for that).

It is the only currently ETHICAL solution because, despite all the Standard Infection Control Precautions, you cannot in a GP practice guarantee the absence of inter-patient contamination

WHAT TESTING STRATEGY

Unless it is to deploy a Korean type strategy, which France has proved incapable of until now, it is preferable to give up PCR testing, except in the context of clinical trials.

These tests expose the personnel who carry them out to unwarranted risks. Let's follow clinical signs:

- In the presence of symptoms, we treat, taking the risk of treating people not affected by Covid19. The circumstances and the almost non-toxic nature of the treatment make this risk ethically acceptable
- In the absence of any symptom, we do not treat (see below)

If we restore primacy to the clinical exam, the decisional imperative to use PCR tests is nullified, except the context of clinical trials with a scientific aim.

Given its rarity, the delay in reporting results (> 3 days in some clusters), the cost of PCR tests and their low sensitivity (60% most often), they are no longer worth a clinical examination followed by a possible decision to treat.

In fact, clinical signs are now fairly well known including by the public (cough and/or fever and/or dyspnea and/or chest pain and/or diarrhoea without cause, with higher evidence criteria if a pathognomonic sign is associated: anosia (loss of sense salty taste), ageusia or unobstructed-nose anosmia).

In addition, the ZELENKO tri-therapy has demonstrated safety and effectiveness both individually and collectively, since it combines 100% healing/survival AND the acquisition of group immunity in the cluster.

Our best option is certainly to treat based on physical, the examination limited to eliminating another cause requiring another treatment (in particular pneumococcal pneumonia requiring amoxicillin, non-Covid pericarditis, spontaneous pneumothorax, lung cancer, peritonitis, etc.).

If in doubt, the chest CAT scan or even thoracic-abdominal scan will decide.

WHAT TREATMENT?

The treatment from Marseille, invented by Didier RAOULT's team (hydroxychloroquine and azithromycin combination), seems sufficient at the population level (breaking the pandemic exponential by reducing the duration of contagiousness from 20 to 6 days and by reducing the viral mass of the cluster).

The therapeutic strategy, established on this basis by Dr ZEV ZELENKO, GP in the state of New York, is a comprehensive and effective approach to constrain the overall viral mass, AND AT THE SAME TIME enable group immunity building within a cluster:

- first-line treatment: focus only on at-risk patients, and allow others to develop the disease by confining themselves,
- from THE first symptom: tri-therapy combining ZINC (hydroxychloroquine is a Zinc ionophore) with Marseille dual therapy is currently the most effective, since this general practitioner's team (himself in isolation because of a pneumonectomy) treated 350 patients in his cluster with ZERO hospitalizations and ZERO deaths!)

IT IS ESSENTIAL TO CROSS CHECK THE INFORMATION ABOUT THE ZELENKO ET AL SERIES.

- ECG (QT corrected) and a serum potassium concentration prior to the initiation of treatment are indicated regardless of age. A blood group can be added (group A is more prone to severe forms)
- In case of contraindication (allergies, interactions, long QT, ;-) etc.) we can switch to Kaletra (+ Zinc ?) at the cost of painful side effects.

WHAT CONTAINMENT?

This is the only point that becomes obsolete:

- if we apply the right treatment (Zelenko inspired by IHU / Marseille)
- at the right time (first symptom)
- to the right people (classified as at risk by the Chinese)
- while building group immunity by letting the virus run its course in healthy young people
- provided they avoid meeting fragile people and if necessary self-isolate

WHAT MEDICAL CARE SYSTEM?

France should immediately prioritize the use of the intensive care and care capacities of all hospitals, both public AND private, rather than transporting seriously ill patients from one region to another. Let's optimize our resources!

Dr Jean-Claude GHALEB

March 28, 2020

“A GP IS A DOCTOR WHO KNOWS ALMOST NOTHING ABOUT ALMOST EVERYTHING”

From: Zelenko Family (b) (6)
Sent: 4/26/2020 3:17:25 AM
To: Jerome R. Corsi (b) (6); David Shmuel Greenstein (b) (6); 'Joe Levine' (b) (6); Larisa Zelenko (b) (6); Moshe (b) (6); (b) (6); Mark Meadows (b) (6); Hahn, Stephen
[/o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; morris steinberg (b) (6); Thakore, Avni (b) (6)
Subject: new paper published my world famous German researchers

<https://www.preprints.org/manuscript/202004.0124/v1>

From: Zelenko Family (b) (6)
Sent: 4/30/2020 11:08:34 PM
To: Jerome Corsi Ph. D. (b) (6); morris steinberg (b) (6); Moshe (b) (6); (b) (6); mark Meadows (b) (6); (b) (6); David Shmuel Greenstein (b) (6); Gregory Rigano (b) (6); Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; Martin Scholz (b) (6); Roland Derwand (b) (6)
Subject: Fwd: WCBS-TV NEWS EXCLUSIVE REPORT ON Dr. Zelenko and Hydroxychloroquine
Attachments: clip_image001.png; ATT00001.htm; S. Korea Study of Prophylaxis.pdf; ATT00002.htm; Brazil 2020.04.15 journal manuscript final.pdf; ATT00003.htm

Sent from my iPhone

Begin forwarded message:

From: Alexander Roberts (b) (6)
Date: April 30, 2020 at 10:17:11 PM EDT
Subject: WCBS-TV NEWS EXCLUSIVE REPORT ON Dr. Zelenko and Hydroxychloroquine

Dear Friends:

Some of you have been following my efforts to allow doctors, **if they choose**, to prescribe Dr. Vladimir Zelenko's treatment of hydroxychloroquine, azithromycin and zinc for early treatment of COVID-19 because of his excellent results in keeping elderly and high risk patients out of the hospital. I have been dismayed at some media reports on the Left and the Right, which have made the drug a political football, conflating the science with President Trump's promotion of the drug ("Take it. What do you have to lose?"). The fact is that hydroxychloroquine is a drug prescribed hundreds of millions of times over 50 years and which the FDA considers safe and effective for Malaria, Lupus and Rheumatoid Arthritis.

Tonight, Carolyn Gusoff of WCBS-TV News did a fair report on Dr. Zelenko and the FDA's approval of a clinical trial at a hospital on Long Island for his three-part therapy: <https://newyork.cbslocal.com/2020/04/30/coronavirus-exclusive-meet-the-doctor-behind-the-hydroxychloroquine-treatment-for-covid-19/>

Instead of allowing use of the drug cocktail when Dr. Zelenko and some clinical studies say it is most effective—taken early upon symptoms of COVID-19 by a high risk individual—Governor Cuomo has made it nearly impossible for patients to obtain the drug early by requiring them to enroll in a clinical trial at a hospital after a test that can take several days. Dr. Zelenko feels it is not effective once the disease has time to damage the lungs, and that is consistent

with some of the studies. In addition, he says that the zinc is critical, since it's a proven anti-viral.

While the three-drug cocktail including hydroxychloroquine is still unquestionably an “unproven” treatment, there is **no approved treatment** and as such, should patients with a potentially fatal disease be denied the choice of **something** that may help? According to Dr. Richard Zeckhauser, a professor of economics and decision theory at Harvard's Kennedy School, and Maryaline Catillon, formerly a hospital director in France, waiting for results of Randomized Clinical Trials “is inappropriate” with 1,500 people dying every day...

https://www.hks.harvard.edu/centers/mrcbg/news-events/COVID_Zeckhauser

I am perplexed as to why, with so many people dying of COVID-19, Governor Cuomo and his Health Commissioner Howard Zucker have shown no interest in verifying or debunking Dr. Zelenko's claims, even after he released all of his patient data at my request. If it turns out that this well studied drug IS effective taken early in the disease, our leaders will have to answer for the deaths of thousands by preventing doctors from prescribing the drug “off-label,” which is frequently allowed for other drugs.

If you are interested, I've attached two **recent clinical studies** on hydroxychloroquine (one in South Korea and another from Brazil) that got no play in the media.

All the best,

Alec

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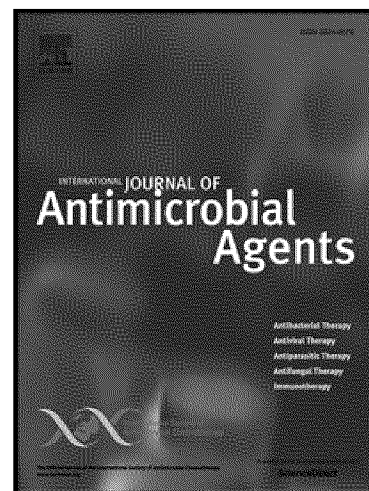
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Can post-exposure prophylaxis for COVID-19 be considered as one of outbreak response strategies in long-term care hospitals?

Sun Hee Lee , Hyunjin Son , Kyong Ran Peck

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Highlights

- With ongoing COVID-19 pandemic, management of exposure events is a concern.
- There was a large COVID-19 exposure event at a long-term care hospital in Korea.
- Post-exposure prophylaxis using hydroxychloroquine was provided to 211 persons.
- Disease development was successfully prevented without severe adverse events.

Journal Pre-proof

Can post-exposure prophylaxis for COVID-19 be considered as one of outbreak response strategies in long-term care hospitals?

Running title: COVID-19 PEP using hydroxychloroquine

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ABSTRACT

With ongoing global outbreak of coronavirus disease 2019 (COVID-19), management of exposure events is a concern. Long-term care hospitals (LTCHs) are especially vulnerable to cluster outbreaks, since it is difficult to find facilities and healthcare personnel for their separate isolation care in a large outbreak situation. Although several drugs have been proposed as treatment regimens, there are no data on the effectiveness and safety of post-exposure prophylaxis (PEP) for COVID-19. After a large COVID-19 exposure event in a LTCH in Korea, PEP using hydroxychloroquine (HCQ) was conducted to 211 persons including 189 patients and 22 careworkers, whose baseline polymerase chain reaction (PCR) tests for COVID-19 were negative. PEP was completed in 184 (97.4%) patients and 21 (95.5%) careworkers without serious adverse events. At the end of 14 days of quarantine, follow-up PCR tests were all negative. Based on our experience, further clinical studies would be conducted for COVID-19 PEP.

Keywords: Post-exposure prophylaxis; hydroxychloroquine; SARS-CoV-2; COVID-19; long-term care hospital

1. INTRODUCTION

World Health Organization (WHO) declared coronavirus disease 2019 (COVID-19) a pandemic on March 11, 2020 [1]. South Korea has had a rapid surge in cases of COVID-19 since February 18, most of which were linked to the religious group called Shincheonji [2]. To date, 81% of total Korean cases occurred as clusters of cases [2]. Long-term care hospitals (LTCHs) are vulnerable to cluster outbreaks. Because patients in LTCHs need continuous intimate cares, it is difficult to find facilities and healthcare personnel for their separate isolation care in a large outbreak situation. Furthermore, they are the risk group if infected. Although several drugs have been proposed as treatment regimens, there are no data on the effectiveness and safety of post-exposure prophylaxis (PEP) for COVID-19. On February 23, a hospital social worker at a LTCH in Busan was diagnosed with COVID-19 after attending a religious service of Shincheonji 7 days earlier and inpatients and hospital staff were exposed to her. We are sharing our experience of the outbreak response in the LTCH including PEP using hydroxychloroquine (HCQ).

2. METHODS

2.1 Detection of the index patient, screening of the exposed, and quarantine measures

The index case felt febrile and myalgia 3 days before diagnosis, followed by malaise, headache and nonproductive cough. She worked at the hospital while she was symptomatic for 2 days. While she put on a facemask in corridors, it is uncertain if she was wearing in patients' rooms. All of the 193 inpatients were considered as exposed to her because she visited every floor of the hospital including intensive care unit (ICU) on surveillance cameras (Fig.1, Supplement Table 1). Five febrile patients were isolated in single-bed rooms. Ten ambulatory patients were sent to a public dormitory for quarantine. Out of 123 hospital staff, 24 health care personnel (HCP) exposed to the index case were at home quarantine for 2 weeks. Other HCP who had to work were quarantined in a hotel and commuted to the hospital. Through screening of 313 persons for SARS-CoV-2, a 63-year-old careworker (the second case) was found as a COVID-19 case. She did not remember any contact with the index case. On February 25, she had headache and was wearing a facemask while working in ICU from 6 am to noon. 22 of 26 exposed ICU patients were transferred to a designated hospital and 4 were quarantined.

14 HCP exposed to her were quarantined separately.

2.1 PEP

Because the exposed patients had to remain in multi-bed rooms receiving the care of similarly exposed careworkers and some of them might be in incubation periods, we concerned repetitive exposure episodes to newly developing patients. We started PEP with HCQ for patients and careworkers, on February 26 (Supplement Fig. 1). Physicians and pharmacists were educated about potential adverse events. HCQ was administrated orally at a dose of 400mg daily until the completion of 14 days of quarantine. A checklist for common adverse events was distributed (Supplement Fig. 2). The study was approved and informed consent was waived by the Institutional Review Board of Pusan National University Hospital (H-2003-014-089).

3. RESULTS

3.1 Demographic characteristics and COVID-19 exposure

The baseline demographic characteristics of 193 patients, 30 careworkers and 93 other hospital staff are shown in Supplement Table 1. There was a significant age difference among 3 groups. The mean age was significantly higher in both patients (82 years) and careworkers (65.8 years) than other hospital staff (52.3 years). Proportion of female was higher in hospital staff (86.2%) compared to the patients (70.5%). The majority of patients (99.5%) had one or more comorbidities and dementia (47.7%) being most common. Of the 26 patients admitted in ICU, 15 (57.7%) required supplemental oxygen and 13 (50%) also frequent suctioning.

Of the 314 individuals, 9 hospital staff who had worked in the same office or had lunch with the index case were classified into high-risk exposure. 43 patients who had participated in social program with the index case, 26 ICU patients who had contacted with the second case, and 15 hospital staff who reported their contacts with the index case were classified into intermediate-risk exposure. 9 nurses and 5 careworkers who had contacted with the second case in ICU were classified into low-risk exposure. 206 individuals (65.6%) were not classified because their exposure could not be specified.

3.2 Acceptance and safety of PEP with HCQ

Among 193 patients and 121 hospital staff, PEP with HCQ was offered to 193 patients and 29

careworkers. Of the 193 patients, 4 (2.1%) were excluded due to death of other reasons (2) or refusal (2), resulting in 189 patients (97.9%) starting PEP. Six (20.7%) of 29 careworkers quit their work and one (3.5%) disagreed with PEP, so HCQ were given to 22 careworkers (75.9%) (Supplement Fig. 1). PEP was initiated within a median 58 hours (range 48 – 106 hours) and a median 18 hours (range 6 – 66 hours) after detection of the index case and the second case respectively. Overall, PEP was completed in 184 (97.4%) patients and 21 (95.5%) careworkers. Median duration of PEP was 10 days (range 2 – 15 days). 32 individuals (15.6%) reported one or more symptoms during the course of PEP (Supplement Table 2). The most common symptoms were diarrhea or loose stool (9%), skin rash (4.3%), gastrointestinal upset (0.95%) and bradycardia (0.95%). PEP was discontinued in 5 patients (2.7%) due to gastrointestinal upset (2), bradycardia (2) and need for fasting (1) (Supplementary Figure 1). PEP was also arbitrarily discontinued in a careworker.

3.3. Follow-up PCR for COVID-19

Postmortem PCR tests with URT specimens were performed for 2 patients who died during quarantine period and the results were negative. Two mortality cases, a 96 years old male and an 84 years old female with Alzheimer disease, had been receiving the end of life cares. For the remaining 191 patients and 121 hospital staff who had been tested negative first for COVID-19, follow-up PCR tests were conducted one or two days prior to discontinuing 2 week-period of quarantine and all were negative. After confirming the results, PEP with HCQ was stopped and the quarantines were discontinued in sequence by March 11.

4. DISCUSSION

It is usual that many patients are infected with COVID-19 in the setting of cluster outbreaks associated with LTCHs. In contrast, we had no additional confirmed cases among exposed patients and caregivers. However, it is not sure if PEP was effective because there was no control group. Both chloroquine and HCQ had antiviral activity against SARS-CoV-2 in vitro [3-6]. Clinical data from China and France showed chloroquine was superior to the control treatment, leading to recommend chloroquine in patients with mild to severe COVID-19 pneumonia [7-10]. Although there is currently no approved PEP for people exposed to COVID-19, we initiated PEP with HCQ for the patients and

careworkers, considering that our patients were the elderly population who are at risk from adverse outcomes and HCQ was a safe drug widely used for rheumatoid arthritis treatment. Several different regimens of hydroxychloroquine are recommended to treat COVID-19 patients: 800mg qd, 600mg qd, 200mg tid, and 400mg qd with or without loading doses. No data on regimens for PEP are available. We chose 400mg qd because the patients in LTCH had small bodies with low body weight in order to avoid adverse events. With the same reason, we did not give the initial loading doses. In this study, HCQ was associated with mild adverse events. One patient having skin rash needed steroid for control without discontinuation. PEP was discontinued in 5 patients due to gastrointestinal upset, bradycardia, and for fasting.

Although there was no adequate control group and it was conducted at a single center, this is the first study to use PEP with HCQ as outbreak response against COVID-19 in a LTCH. 92 hospital staff including physicians and nurses showed negative results by RT-PCR after 14-day quarantine even though they did not receive PEP. From these results, we could not conclude PEP is effective for prevention of COVID-19 in close contacts. However, two groups were different in the level of risk exposure: patients and careworkers might contact closely the index case (high risk exposure) and most hospital staff were at low risk exposure. Nonetheless, this study showed that all 189 patients and 22 careworkers who received PEP did not develop COVID-19 eventually.

5. CONCLUSION

We implemented PEP with HCQ safely under proper monitoring and no patients were diagnosed with COVID-19 additionally. Randomized clinical studies are needed to evaluate if PEP is an effective option for outbreak response against COVID-19 in LTCHs.

Contributors

LSH and SH were involved in data collection and study organization. LSH and SH wrote the first draft for the manuscript. KRP designed the study and did the final revision of the manuscript. All authors revised the first and last draft of the manuscript.

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We would like to express our sincerest condolences to the patients and families who suffered from the COVID-19 outbreak. We also greatly appreciate the health care personnel and staff members who worked together to overcome the COVID-19 outbreak.

Declarations

Funding: No funding

Competing Interests: No competing financial interests exists.

Ethical Approval: The study was approved and informed consent was waived by the Institutional Review Board of Pusan National University Hospital (H-2003-014-089).

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REFERENCES

- [1] Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *N Engl J Med* 2020;382:727-733.
- [2] Korean Society of Infectious Diseases KSoPID, Korean Society of Epidemiology, Korean Society for Antimicrobial Therapy, Korean Society for Healthcare-associated Infection Control and Prevention, and Korea Centers for Disease Control and Prevention. Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020. *J Korean Med Sci* 2020;35:e112.
- [3] Savarino A, Di Trani L, Donatelli I, Cauda R, Cassone A. New insights into the antiviral effects of chloroquine. *Lancet Infect Dis* 2006;6:67-69.
- [4] Wang M, Cao R, Zhang L, Yang X, Liu J, Xu M, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. *Cell Res* 2020;30:269-271.
- [5] Yao X, Ye F, Zhang M, Cui C, Huang B, Niu P, et al. In Vitro Antiviral Activity and Projection of Optimized Dosing Design of. *Clin Infect Dis* 2020.
- [6] Colson P, Rolain JM, Raoult D. Chloroquine for the 2019 novel coronavirus SARS-CoV-2. *Int J Antimicrob Agents* 2020:105923.
- [7] Colson PB, P. Lagier, J. C. Raoult, D. Rolain, J. M. Chloroquine and hydroxychloroquine as available weapons to fight COVID-19. *Int J Antimicrob Agents* 2020:105932.
- [8] Gao J, Tian Z, Yang X. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Biosci Trends* 2020;14:72-73.
- [9] Multicenter collaboration group of Department of S, Technology of Guangdong P, Health Commission of Guangdong Province for chloroquine in the treatment of novel coronavirus p. [Expert consensus on chloroquine phosphate for the treatment of novel coronavirus pneumonia]. *Zhonghua Jie He He Hu Xi Za Zhi* 2020;43:E019.
- [10] Gautret P, Lagier J-C, Parola P, Hoang VT, Meddeb L, Mailhe M, et al. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized

clinical trial. International Journal of Antimicrobial Agents 2020:105949.

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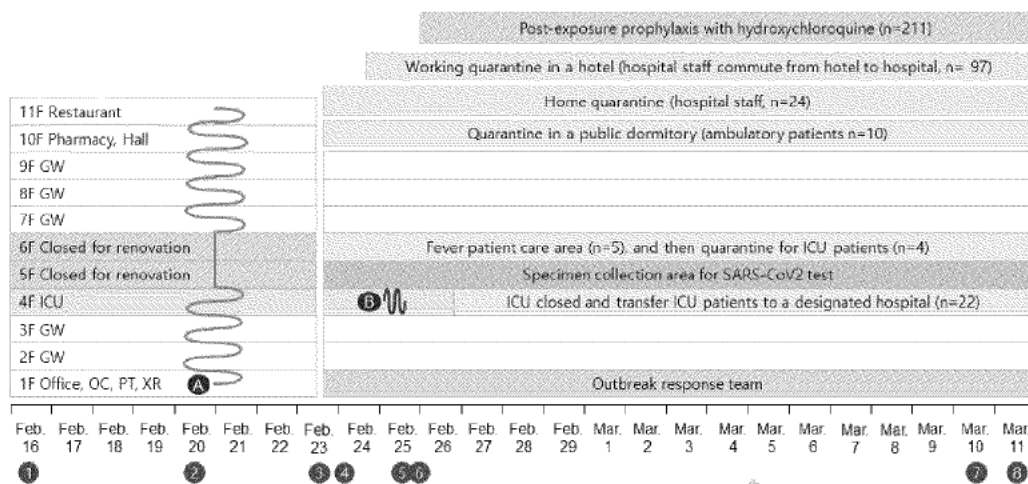


Figure 1. Timeline of exposure period, quarantine and post-exposure prophylaxis.

Ⓐ Pink line indicates the route of patient A (the index case) while symptomatic, Ⓑ Red line indicates the route of patient B (the second case) while symptomatic, ① Patient A, attended a religious service in Daegu, ② Patient A, symptom onset, ③ Patient A, diagnosed with COVID-19, ④ Hospital closed and contacts quarantined, COVID-19 tests for all patients and hospital staff, ⑤ Patient B, diagnosed with COVID-19, ICU patients transferred to the other hospital, ⑥ Patients and careworkers, initiated post-exposure prophylaxis with hydroxychloroquine, ⑦ Patients and hospital staff, follow-up COVID-19 tests, ⑧ Discontinuation of isolation, quarantine and post-exposure prophylaxis with hydroxychloroquine. F, floor; GW, general ward; ICU, intensive care unit; OC, outpatient clinic; PT, physical therapy room; XR, X-ray room

Empirical treatment with hydroxychloroquine and azithromycin for suspected cases of COVID-19 followed-up by telemedicine

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ClinicalTrials.gov Identifier: NCT04348474

Abstract

Background: Telemedicine can facilitate patient's assessment with initial flu-like symptoms in the COVID-19 pandemic, moreover it promotes social isolation. Hydroxychloroquine and azithromycin are associated with reduction in COVID-19 patients' viral load. This study aims to assess whether empirical prescription of hydroxychloroquine and azithromycin for patients with suspected COVID-19 is associated with less need for hospitalization **Methods:** A telemedicine team evaluated suspected COVID-19 outpatients with flu-like symptoms, if no contraindications were detected, treatment with hydroxychloroquine and azithromycin was prescribed after consent from subjects. Patients were monitored daily by telemedicine appointments. **Results:** Of the 636 symptomatic outpatients, 412 started treatment with hydroxychloroquine and azithromycin and 224 refused medications (control group). Need for hospitalization was 1.9% in the treatment group and 5.4% in the control group (2.8 times greater) and number needed to treat was 28 (NNT = 28). In those who started treatment before *versus* after the seventh day of symptoms, the need for hospitalization was 1.17% and 3.2%, respectively. **Conclusion:** Empirical treatment with hydroxychloroquine associated with azithromycin for suspected cases of COVID-19 infection reduces the need for hospitalization ($p < 0.001$).

Funding: this study does not have any type of funding

Keywords: SARS-CoV-2; COVID-19; hydroxychloroquine; azithromycin; telemedicine, pandemic.

1. Background

In the past two decades, severe acute respiratory syndromes have been one of the most critical threats to global health. Coronaviruses (Mers-CoV, SARS-CoV) are virus that may affect humans and cause severe infections and deaths worldwide (1).

In December 2019, a new Beta-coronavirus, named SARS-CoV-2, was associated with a set of respiratory tract infections in Wuhan, Hubei province in China, and spread rapidly across continents (2). According to the World Health Organization (WHO), the outbreak was declared a public health emergency of international interest on January 30, 2020 and on March 11, WHO announced COVID-19 outbreak a pandemic (3).

Patient's clinical characteristics from China revealed that comorbidities such as diabetes, hypertension and others cardiovascular diseases were related to poor outcomes and high death rates, with three to four times more chances to be admitted in the intensive care unit and mechanical ventilation, compared to patients free of comorbidities (4).

The infection early stage is characterized mainly by respiratory symptoms, including fever, cough, sore throat and fatigue (4). Later, high viral replication, high inflammatory activity and exacerbated immune response leads to a "cytokine storm", which is responsible for complications, such as severe pneumonia and acute respiratory distress syndrome (5), with increased requirement of ventilatory support and intensive care unit (ICU) admission (1, 6).

Telemedicine has been described as a potential tool for mitigating the impact of disasters, health emergencies and providing public services (7). Countries which health care systems have already implemented telemedicine innovations, such as the United States, may respond better to COVID-19, especially by assessing high

risk outpatients (8). "Direct screening" by telemedicine, described as the classification of patients before they reach the emergency department, promotes social isolation, which is considered of great importance to disease control, protecting both patients and healthcare professionals. Telemedicine to the consumer (or on-demand) is a 21st-century approach that allows patients to be tracked efficiently and possibilities communication between doctors and patients 24/7 through smartphones or webcam-enabled computers (7, 8).

Chloroquine was first synthesized in Germany in 1934 and has been used for decades as first-line drug in the treatment and prophylaxis of malaria. Previews *in vitro* studies had reported that chloroquine has antiviral activity against several RNA-viruses, such as rabies (9), poliovirus (10), Hepatitis A and C viruses (11, 12), Influenza A and B (13, 14), Dengue (15), Zika (16) and recently also against coronavirus (17). Mechanism of action includes blocking cell infection by increasing the endosomal pH and interfering with the glycosylation of the SARS-CoV2 cell receptor (18, 19). According to Chinese reports, approximately 100 patients infected and treated with chloroquine had a faster decline in fever, improved images of pulmonary tomography (CT), with shorter recovery time, and no serious adverse effects were observed (20).

Hydroxychloroquine, a derivative of chloroquine, has a hydroxyl group at the end of the side chain, having pharmacokinetics similar to chloroquine, with rapid gastrointestinal absorption and renal excretion, in addition to a less toxic profile (21). Hydroxychloroquine also has been demonstrated to inhibit SARS-CoV-2 infection *in vitro* (22). Moreover, Gautret et al (23) in an open-label non-randomized clinical trial with a small sample size have reported that hydroxychloroquine significantly reduced viral carriage on day 6 post-treatment compared to control group. Furthermore,

adding azithromycin to hydroxychloroquine increased treatment's effectiveness. A randomized study from China also found that patients treated with hydroxychloroquine compared to control improved lung imaging findings and had shorter time to clinical recovery (24).

The antiviral and anti-inflammatory activities of chloroquine/hydroxychloroquine may be responsible for its efficacy in COVID-19 treatment (19, 25). Moreover they are well-studied drugs with limited toxicity (26) and generally mild and transient side effects (27). The use of chloroquine for more than 70 years as an antimalarial treatment reinforces its safety for acute administration. Long prescription of hydroxychloroquine for rheumatic disease also has demonstrated the low incidence of adverse events for periods up to five years (26). Furthermore, hydroxychloroquine's low cost makes it a feasible option for massive scale use.

Malaria is a serious public health problem in Brazil. In 2018, there were 190,000 malaria notification cases (28, 29), and up to 99% of all cases were in the Amazonian region (30). In South America, *Plasmodium vivax* is responsible for 71-81% of malaria cases (31) and chloroquine remains the treatment of choice (32). As a result, Brazil has a long and comprehensive experience in treating patients with chloroquine.

In a pandemic scenario, off-label and consented use of drugs with good safety profiles and potential benefits, as demonstrated by preliminary researches, should be considered as treatment options. Assuming that hydroxychloroquine plus azithromycin on early stages of COVID-19 could inhibit viral replication and prevent progression to severe forms of the disease, it is rational to hypothesize that treating patients at the beginning of the viral infection could have potential benefits (23), possible decreasing the need for hospitalization.

Nevertheless, limited supply of tests for detection of COVID-19 and time for diagnosis can pose a serious obstacle for treating patients at the beginning of infection. On the other hand, empirical treatment has been routinely performed in medicine, especially for serious infections when antibiotic therapy must be chosen empirically, despite the lack of knowledge of the etiologic pathogen (33). The strategy of empirical treatment prescription is based on the principle of risk assessment versus benefits for each individual case and the therapeutic safety profile must be considered. Use of hydroxychloroquine and azithromycin for treating patients with suspected COVID-19 fulfill the principles of empirical treatment and may be a reasonable approach to refrain the disease.

In a critical pandemic situation, many people become infected in a short period of time, which can significantly burden the health system. Strategies to improve accessibility to medical appointments through telemedicine can be a fundamental tool for screening patients suspected with COVID-19. Although little data are available, empirical treatment with safe profile drugs that have demonstrated potential benefits could be a pragmatic strategy in controlling the epidemic, as scientific evidence will be gradually established. It is of great importance that patients are followed closely, concerning safety and efficacy of the therapeutic intervention.

Given the points discussed and the urgent situation, this study aims to assess whether the empirical prescription of hydroxychloroquine and azithromycin for patients with suspected COVID-19 is associated with less need for hospitalization.

2. Methods

Study population

Patients enrolled in the study were residents of the city of Sao Paulo, Brazil, after the pandemic was officially declared in this city. Positive epidemiology for COVID-19 was defined as living in a city with more than 100 confirmed cases of COVID-19.

Consecutive outpatients with persistent flu-like symptoms (suspected COVID-19 infection), persisting for a period equal to or greater than 2 days, were first evaluated by the telemedicine team or by the emergency department medical doctor. All physicians had access to medical records of all subjects, such as clinical history, laboratory parameters, images exams and electrocardiograms.

Those who had no immediate need for hospitalization and no contraindications for treatment were invited to participate in the study. Treatment with hydroxychloroquine associated with azithromycin was suggested and prescribed if consented from patient.

The swab laboratory was not mandatory and chest computed tomography was performed according to medical judgment.

Lung injury criteria for COVID-19 were defined as the computed tomography scans with the presence of ground glass opacities in multiple lung lobes with bilateral predominance and peripheral localization (which may evolve to the central region). Definitions of the severity of lung injury according to tomographic aspects were: Mild (<25% of lung involvement), moderate (25% to 50% of lung involvement) and high (>50% of lung involvement).

All patients were part of the same health care provider, with access to the same network of hospitals, outpatient clinics and diagnostic clinics in the city of São Paulo-Brazil.

In case patients needed to be referred to hospital, they were evaluated, admitted and treated by medical staff advised to follow the standard protocol from the institution.

The main hospitalization admission criteria were:

- Worsening general condition
- Oxygen Saturation < 90%

Inclusion criteria

- Patient over 18 years old and flu-like persistent symptoms > 3 days, with a probable diagnosis of COVID-19 and no immediate indication for hospitalization.

Exclusion criteria

- Severe related retinopathy
- Severe liver disease
- Myasthenia Gravis
- Known QT enlargement
- Pregnant
- Severe renal failure

Treatment protocol

Hydroxychloroquine 800mg on the first day and 400mg for another 6 days and azithromycin 500mg once daily for five days.

Clinical outcomes

To evaluate whether the empirical prescription of Hydroxychloroquine plus Azithromycin in outpatients is associated with less need for hospitalization.

To evaluate the difference for hospitalization in patients treated before and after the seventh day of symptoms observation.

Study design and data collection

Consecutive patients with flu-like symptoms with no indication for hospitalization were included and followed up by telemedicine healthcare team. All patients were informed that the efficiency of azithromycin and hydroxychloroquine in treating COVID-19 remains to be determined. They were also informed about the safety profile of the drugs and potential side effects.

The consent form was electronically sent to the patient and signed on line, during telemedicine call or presently when the first evaluation was done in the emergency department. Hydroxychloroquine plus azithromycin were delivered at home to all those who accepted the term and agreed to use the medication. A telemedicine platform, with HIPAA compliance certified system for data security, was used for medical consultations.

All patients were followed daily by telemedicine consultations until the fifth day of symptoms, after that, patients were contacted twice a day until the fourteenth day of initial symptoms.

Breathing pattern was evaluated during videoconference and was an important tool to assess the severity of the disease and guide need for hospitalization.

The dyspnea was defined when the patient referred “a subjective experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity”.

The improvement in dyspnea during follow-up was defined as the total improvement in dyspnea symptoms reported by the patient during follow-up.

All patient data were taken from electronic medical records.

It was defined as the treatment group, patients that accepted the treatment with hydroxychloroquine plus azithromycin.

It was defined as the control group, patients that refused and did not sign the informed consent to use hydroxychloroquine and azithromycin.

Ethics committee approval

All patients provided written informed consent. The Ethics Committee approved the study (CONEP/Plataforma Brasil CAAE: 30586520.9.0000.0008). All procedures were performed in accordance with the Declaration of Helsinki.

Statistical analysis

Values are expressed as mean and standard deviation or median as appropriate. Categorical variables were summarized as counts and percentages. The paired-sample t test and the unpaired-sample t test were used to compare means within the study group or between subgroups. The chi-square and the Fisher exact tests were used for comparison of discrete variables. The number needed to

treat (NNT) was calculated by the inverse of the absolute risk reduction (ARR) expressed as a decimal. Continuous variables without normal distribution were compared using the Mann-Whitney U test, and correlation between such variables using the Spearman rank test. Values of $p < 0.05$ were considered statistically significant. The statistical analysis was conducted using the statistical package SPSS 15 (SPSS, Chicago, IL).

3. Results

From March 26 to April 4, 721 patients with flu-like symptoms were referred to telemedicine service, of these 85 patients were not followed due to difficulties in technical communication and lack of registration. Telemedicine team followed 636 consecutive outpatients who had flu-like symptoms and could be monitored. Of these, 224 patients (35.2%) refused the proposed treatment, making up the control group; 412 (64.7%) consented to start treatment with hydroxychloroquine and azithromycin.

The average time of symptom onset in which the medication was prescribed was 5.2 ± 3.1 days and the average follow up was 5.0 ± 2.7 days. The clinical and demographic characteristics of the patients are summarized in Table 1. The mean age was 62.5 ± 15.5 years and 400 (64%) were female. In addition, 85 (13.4%) patients had a diagnosis of type 2 diabetes mellitus, 168 (26.5%) had a history of hypertension, 49 (7.7%) were obese and 17 patients (2.7%) were smokers during the inclusion period of the study. The baseline clinical characteristics were similar between groups except by a higher rate of diabetes and previous stroke in the treatment group (Table 1). The treatment group also had higher prevalence of flu-like

symptoms than the control group, such as fever, cough, dyspnea, diarrhea, myalgia, coryza, and headache. Dyspnea at baseline was more prevalent in the treatment group compared to controls (22.1% versus 16%, $p < 0.0001$) (Table 1). When we evaluated only patients with dyspnea, improvement was greater in the treatment during the follow-up (13.5% versus 5.8%, $p < 0.0001$; Table 1)

Chest CT was performed in 251 (60.9%) subjects in the treatment group and showed that 70.1% had COVID-19 suggestive images; 150 (59.7%) patients had mild lung involvement, 26 (10.4%) moderate and none (0%) showed severe lung compromising. Only 54 (24.1%) chest CT were performed in the control group and of those 40.7% had COVID-19 suggestive images (Table 2). All patients from both groups who needed hospitalization presented COVID-19 pattern at chest CT.

There were no serious side effects in patients treated with hydroxychloroquine plus azithromycin (Table 3). Two patients in the treatment group died during the follow-up; first death was due to acute coronary syndrome and second death due to metastatic cancer.

On the treatment group, 1.9% required hospitalization, compared to the control group, which was 5.4% ($p < 0.0001$). That is, 2.8 times greater need for hospitalization compared to those without medication (Figure 1). It means an Absolute Risk Reduction (RAR) of 3.5% and a Number Needed to Treat (NNT) of 28 to prevent one hospitalization.

When the treatment group was stratified concerning the day of the symptom on which the drugs were started, we observed that patients treated before *versus* after day 7 of symptoms required less hospitalization (1.17% and 3.2%, respectively

p<0.001). Comparing the early treatment (< 7 days of symptoms) to those without treatment (control group) the NNT was 23 (Figure 2).

4. Discussion

In this prospective study, we observed that early evaluation of suspected COVID-19 patients by telemedicine associated with empirical treatment with hydroxychloroquine and azithromycin is an important strategy that may prevent hospitalization.

Patients treated with hydroxychloroquine and azithromycin compared to untreated patients had 2.8-fold lower need for hospitalization. In addition, need for hospitalization in patients treated before *versus* after the 7th day of symptoms were 1.17% and 3.2%, respectively,, that is a 2.7x lower rate of hospitalization when treatment was started earlier and 4.6x lower rate of hospitalization compared to untreated patients.

Patients hospitalized with severe COVID-19 have laboratory evidence of an exuberant inflammatory response, also described as "cytokine storm" with persistent fever, elevated inflammatory markers and proinflammatory cytokines (interleukin-6 [IL-6], D-dimer, ferritin, troponin). Those findings have been associated to a more severe disease and poor outcome (6, 34). The pathophysiological rationale of our study is that starting treatment empirically, allows hydroxychloroquine and azithromycin to act in a milder phase of the disease, possibly decreasing viral replication and preventing progression to aggressive stages.

To date, there is no robust evidence that prescribing hydroxychloroquine and azithromycin in the early stage of the disease is beneficial. Recently an open-label

non-randomized clinical trial with 20 COVID-19 patients showed that hydroxychloroquine treatment for 6 days is significantly associated with viral load reduction/disappearance in COVID-19 patients and its effect is reinforced by azithromycin. In addition, they showed that hydroxychloroquine is effective in removing viral load in patients with COVID-19 in just three to six days. Moreover, a significant difference was observed between patients treated with hydroxychloroquine and controls, starting even on day 3 after inclusion (23).

In a study of 1014 patients in Wuhan who underwent a polymerase chain reaction with reverse transcription (RT-PCR) and chest computed tomography to assess COVID-19, a "positive" CT for COVID-19 (as determined by a consensus of two radiologists) presented a sensitivity of 97%, using the C-reactive protein (PCR) tests as a reference (35). These aspects strengthen the rationale that early diagnosis should be based more on the clinical-symptomatic presentation associated with radiological manifestations than on laboratory examination, which in itself has low sensitivity (36). In our study, 60.9% of patients in the treatment group underwent chest CT, 70,1% of those had characteristics findings of COVID-19 , suggesting high probability of COVID-19 in our population.

The duration of viral shedding is also variable and may depend on the severity of the disease. In a study with 21 patients with mild disease (without hypoxia), 90% repeatedly tested negative for viral RNA in nasopharyngeal swabs for 10 days after the onset of symptoms; the tests were positive for an extended period in patients with more severe diseases (36) Such data emphasize that initiation of treatment cannot depend on laboratory tests alone, given the high rate of false negatives and the delay in obtaining the result. Swab PCR results can take days until diagnosis, which can be crucial for clinical evolution of the infected patient. Liu et al (36)

demonstrated that the "waiting period" may be critical for patients to entering high inflammatory and immune response phase, which is very difficult to reverse, culminating in high need for hospitalization and mortality rate.

Patients with suspected COVID-19 and mild symptoms who do not need emergency care should be encouraged to stay home and seek a telemedicine appointment before going to a health facility. Clinical status can be assessed during videoconference by tests and evaluation of breathing pattern is decisive to classify severity and support decision-making process.

Therefore, telemedicine is an auspicious tool that can effectively provides patient's care, reduce emergency unit overcrowding and promotes social isolation, which in turn is not only favorable to prevent the spread of infection in the population, but also among health professionals.

It is important to distress that the proposed treatment protocol, whose medications have potential benefit for COVID-19, and good safety profile, was only carried out in the face of an unprecedented pandemic scenario in recent human history, in which an extremely high mortality among people over 60 is observed throughout the world. We believe that in this extreme situation it is vital to carry out pragmatic studies that can bring rapid responses to the community.

Clinical implications

COVID-19 has caused at least 2 millions confirmed cases and approximately 128,000 deaths worldwide as of April, 15, 2020 (37). Patients with comorbidities are especially at risk. In our study, despite patients in the treatment group had higher

prevalence of diabetes, immunosuppression state and p-trend for history of stroke, the need for hospitalization was smaller.

An efficacious treatment has not yet been determined, but hydroxychloroquine plus azithromycin is one of the most promising alternatives to treat COVID-19. Also, its low cost and safety profile make its reasonable to large-scale use.

In our study, we did not observe any severe side effects related to treatment. A systematic review (31) analyzed the safety of chloroquine treatment for uncomplicated malaria identified three trials (n=1039) that provided sufficient data on adverse events (38-40). Non-serious adverse events, such as vomiting, nausea, headache and abdominal pain, were the most commonly reported and only two cases were considered serious (maculopapular rash and severe pruritus) (38). None of the patients required hospitalization. Hydroxychloroquine is about 40% less toxic than Chloroquine (41) and is considered by the World Health Organization as one of the most efficacious, safe and cost-effective medicines needed in a health system (42) .

Nevertheless, one of the most important therapeutics' challenges includes the right timing to prescribe medication. The initial phase of the disease seems the most rational to start hydroxychloroquine and azithromycin and diagnosis of COVID-19 should not be based on swab collection alone, once it can delay initiation of treatment.

Our study showed a robust decrease in the need for hospitalization when hydroxychloroquine and azithromycin were prescribed in the early days of symptoms. The best results were observed when treatment was prescribed before

day 7 of the initial symptoms, supporting the hypothesis that hydroxychloroquine and azithromycin may act on viral replication, as reported in previous studies (22, 43).

Empirical treatment is performed routinely in several medical illnesses, especially when any delay in the initiation of adequate therapy is potentially harmful. The present study demonstrated that an empirical treatment strategy for COVID-19 pandemic could significantly decrease the number of hospital admissions. Thus it may be used as a potential strategy to control COVID-19 epidemic in the world. In our study, every 23 empirical treatments performed up to 7 days reduced the need for hospitalization of 1 patient.

This study has the limitation of being carried out during a worldwide COVID-19 pandemic. It is a therapeutic intervention study, which evaluates the practical use of two drugs (hydroxychloroquine and azithromycin) with a well-known safety profile. There are still no randomized, double blind and placebo-controlled studies that prove the effectiveness of these drugs in the treatment of COVID-19. We understand that in an exceptional situation caused by the global pandemic state of COVID-19, conducting a study with drugs that have potential effects against SARS-CoV-2 and a have a good safety adds value to scientific knowledge and public health.

5. Conclusion

According to our study, empirical treatment with hydroxychloroquine associated with azithromycin for suspected cases of COVID-19 infection reduces the need for hospitalization.

Contributors

RBE: protocol development, patient monitoring, statistical analysis, manuscript writing and review; RS: protocol development, patient monitoring; FTCO: protocol development, patient monitoring, manuscript writing and review; MMC: protocol development, patient monitoring; ARF: protocol development; PBBJ: protocol development, manuscript review; SWL: protocol development; CNR: protocol development; RSCF: protocol development; SEBO: patient monitoring; PLR: patient monitoring; VCVM: patient monitoring; PLGE: manuscript writing and review; EFP: protocol development, manuscript review

Declaration of Interests

All authors have no conflict of interest.

Acknowledgments

We would like to thank Prevent Senior Institute for the support and finance of this study.

6. References

1. Li B, Yang J, Zhao F, Zhi L, Wang X, Liu L, et al. Prevalence and impact of cardiovascular metabolic diseases on COVID-19 in China. Clin Res Cardiol. 2020.

2. Lupia T, Scabini S, Mornese Pinna S, Di Perri G, De Rosa FG, Corcione S. 2019 novel coronavirus (2019-nCoV) outbreak: A new challenge. *J Glob Antimicrob Resist*. 2020;21:22-7.
3. Zhou D, Dai SM, Tong Q. COVID-19: a recommendation to examine the effect of hydroxychloroquine in preventing infection and progression. *J Antimicrob Chemother*. 2020.
4. Guan W, Ni Z, Hu Y, Liang W, Ou C, He J, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med*.
5. Inciardi RM, Lupi L, Zaccone G, Italia L, Raffo M, Tomasoni D, et al. Cardiac Involvement in a Patient With Coronavirus Disease 2019 (COVID-19). *JAMA Cardiol*. 2020.
6. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395(10223):497-506.
7. Lurie N, Carr BG. The Role of Telehealth in the Medical Response to Disasters. *JAMA Intern Med*. 2018;178(6):745-6.
8. Hollander JE, Carr BG. Virtually Perfect? Telemedicine for Covid-19. *N Engl J Med*. 2020.
9. H T, F S. Ammonium Chloride and Chloroquine Inhibit Rabies Virus Infection in Neuroblastoma Cells. Brief Report. *Archives of virology*. 1984;81(3-4).
10. P K, R V, A B. Chloroquine Induces Empty Capsid Formation During Poliovirus Eclipse. *Journal of virology*. 1991;65(12).
11. F S, L S, N O, M D, R G, A P. The Effect of Lipophilic Amines on the Growth of Hepatitis A Virus in Frp/3 Cells. *Archives of virology*. 1987;96(3-4).
12. T M, S Y, I T, Y T, T U, N S, et al. Inhibition of Hepatitis C Virus Replication by Chloroquine Targeting Virus-Associated Autophagy. *Journal of gastroenterology*. 2010;45(2).
13. EE O, JS C, JP L, RC C. In Vitro Inhibition of Human Influenza A Virus Replication by Chloroquine. *Virology journal*. 2006;3.
14. NI P, L L, Y X, EE O, YB C, S A, et al. Chloroquine for Influenza Prevention: A Randomised, Double-Blind, Placebo Controlled Trial. *The Lancet Infectious diseases*. 2011;11(9).
15. KJ F, PR M, RF dAJ, AA dA, BA dF. Chloroquine Interferes With dengue-2 Virus Replication in U937 Cells. *Microbiology and immunology*. 2014;58(6).
16. R D, LM H, P P, AL V, PP G, FL M, et al. Chloroquine, an Endocytosis Blocking Agent, Inhibits Zika Virus Infection in Different Cell Models. *Viruses*. 2016;8(12).
17. M W, R C, L Z, X Y, J L, M X, et al. Remdesivir and Chloroquine Effectively Inhibit the Recently Emerged Novel Coronavirus (2019-nCoV) in Vitro. *Cell research*. 2020;30(3).
18. Y Y, Z Z, Y S, X L, KF X, Y W, et al. Anti-malaria Drug Chloroquine Is Highly Effective in Treating Avian Influenza A H5N1 Virus Infection in an Animal Model. *Cell research*. 2013;23(2).
19. A S, JR B, A C, G M, R C. Effects of Chloroquine on Viral Infections: An Old Drug Against Today's Diseases? *The Lancet Infectious diseases*. 2003;3(11).
20. Gao J, Tian Z, Yang X. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Biosci Trends*. 2020;14(1):72-3.
21. Devaux CA, Rolain JM, Colson P, Raoult D. New insights on the antiviral effects of chloroquine against coronavirus: what to expect for COVID-19? *Int J Antimicrob Agents*. 2020;105938.
22. J L, R C, M X, X W, H Z, H H, et al. Hydroxychloroquine, a Less Toxic Derivative of Chloroquine, Is Effective in Inhibiting SARS-CoV-2 Infection in Vitro. *Cell discovery*. 2020;6.
23. Gautret P, Lagier JC, Parola P, Hoang VT, Meddeb L, Mailhe M, et al. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *Int J Antimicrob Agents*. 2020;105949.
24. Chen Z, Hu J, Zhang Z, Jiang S, Han S, Yan D, et al. Efficacy of hydroxychloroquine in patients with COVID-19: results of a randomized clinical trial. 2020.

25. A S, L G, K S, JR B. The anti-HIV-1 Activity of Chloroquine. Journal of clinical virology : the official publication of the Pan American Society for Clinical Virology. 2001;20(3).
26. Canadian Consensus Conference on Hydroxychloroquine. The Journal of rheumatology. 2000;27(12).
27. Touret F, de Lamballerie X. Of chloroquine and COVID-19. Antiviral Res. 2020;177:104762.
28. Saúde BMD. SiVEP-Malária: Sistema de Informação de Vigilância Epidemiológica: notificação de casos. 2019 [Available from: http://portalweb04.saude.gov.br/sivep_malaria.
29. Saúde BMD. SiNAN Sistema de informação de Agravos de Notificação 2019 [Available from: <http://portalsinan.saude.gov.br>.
30. Carlos BC, Rona LDP, Christophides GK, Souza-Neto JA. A comprehensive analysis of malaria transmission in Brazil. Pathog Glob Health. 2019;113(1):1-13.
31. Naing C, Aung K, Win DK, Wah MJ. Efficacy and safety of chloroquine for treatment in patients with uncomplicated Plasmodium vivax infections in endemic countries. Trans R Soc Trop Med Hyg. 2010;104(11):695-705.
32. Reyburn H. New WHO guidelines for the treatment of malaria. Bmj. 2010;340:c2637.
33. Deresinski S, Division of Infectious Disease and Geographic Medicine DoM, Stanford University, Stanford, and Division of Infectious Diseases, Santa Clara Valley Medical Center, San Jose, and Sequoia Hospital, Redwood City, California. Principles of Antibiotic Therapy in Severe Infections: Optimizing the Therapeutic Approach by Use of Laboratory and Clinical Data. Clinical Infectious Diseases. 2020;45(Supplement_3).
34. Mehta P, McAuley DF, Brown M, Sanchez E, Tattersall RS, Manson JJ. COVID-19: consider cytokine storm syndromes and immunosuppression. Lancet. 2020;395(10229):1033-4.
35. Ai T, Yang Z, Hou H, Zhan C, Chen C, Lv W, et al. Correlation of Chest CT and RT-PCR Testing in Coronavirus Disease 2019 (COVID-19) in China: A Report of 1014 Cases. Radiology. 2020:200642.
36. Liu Y, Yan LM, Wan L, Xiang TX, Le A, Liu JM, et al. Viral dynamics in mild and severe cases of COVID-19. Lancet Infect Dis. 2020.
37. COVID-19 Map: @JohnsHopkins; 2020 [Available from: <https://coronavirus.jhu.edu/map.html>.
38. Dunne MW, Singh N, Shukla M, Valecha N, Bhattacharyya PC, Patel K, et al. A double-blind, randomized study of azithromycin compared to chloroquine for the treatment of Plasmodium vivax malaria in India. Am J Trop Med Hyg. 2005;73(6):1108-11.
39. Leslie T, Mayan MI, Hasan MA, Safi MH, Klinkenberg E, Whitty CJ, et al. Sulfadoxine-pyrimethamine, chlorproguanil-dapsone, or chloroquine for the treatment of Plasmodium vivax malaria in Afghanistan and Pakistan: a randomized controlled trial. Jama. 2007;297(20):2201-9.
40. Walsh SB, Shirley DG, Wrong OM, Unwin RJ. Urinary acidification assessed by simultaneous furosemide and fludrocortisone treatment: an alternative to ammonium chloride. Kidney Int. 2007;71(12):1310-6.
41. McChesney EW. Animal toxicity and pharmacokinetics of hydroxychloroquine sulfate. Am J Med. 1983;75(1a):11-8.
42. (2019) WHO. World Health Organization model list of essential medicines: 21st list 2019. Geneva: World Health Organization. hdl:10665/325771. WHO/MVP/EMP/IAU/2019.06. License: CC BY-NC-SA 3.0 IGO. [
43. E K, L V, P M, J N, M VR. In Vitro Inhibition of Severe Acute Respiratory Syndrome Coronavirus by Chloroquine. Biochemical and biophysical research communications. 2004;323(1).

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Table 1. Characteristics of the Patients at Baseline

	Total population (n=636)	Treatment group (n=412)	Control group (n=224)	p-value
Age (years) *	62.5 (±15,5)	63,6 (±14,9)	61 (±16)	0.5
Female n, (%)	400 (63%)	262 (63.6%)	138 (61.6%)	0.49
Diabetes n, (%)	85 (13.4%)	64 (15.5%)	21(9.4%)	0.043
Hypertension n, (%)	168 (26.5%)	115 (27.9%)	53 (23.6%)	0.16
Obesity n, (%)	49 (7.7%)	30 (7.3%)	19 (8.5%)	0.2
Chronic Obstructive Pulmonary Disease n, (%)	24 (3.7%)	13 (3.2%)	11 (4.9%)	0.058
Asthma n, (%)	30 (4.7%)	21 (5.1%)	9 (4%)	0.99
Stroke n, (%)	10 (1.5%)	9 (2.2%)	1 (0.4%)	0.05
Smoker n, (%)	17 (2.7%)	12 (2.9%)	5 (2.2%)	0.35
Active Oncological Disease n, (%)	6 (0.9%)	5 (1.2%)	1 (0.4%)	0.37
Immunosuppression state n, (%)	6 (0.9%)	6 (1.5%)	0	0.04
Chronic Kidney Disease n, (%)	7 (1.1%)	5 (1.2%)	2 (0.9%)	0.35
Flu-like symptoms:				
Fever n, (%)	42 (6.6%)	32 (7.8%)	10 (4.5%)	<0.0001
Cough n, (%)	277 (43.6%)	219 (53.2%)	58 (25.9%)	<0.0001
Diarrhea n, (%)	58 (9.1%)	53 (12.9%)	5 (2.2%)	<0.0001
Anosmia n, (%)	61 (9.5%)	51 (12.4%)	10 (4.5%)	<0.0001
Coryza n, (%)	54 (8.5%)	40 (9.7%)	14 (6.3%)	<0.0001
Headache n, (%)	50 (7.8%)	43 (10.4%)	7 (3.1%)	<0.0001
Myalgia n, (%)	80 (12.5%)	60 (14.6%)	20 (8.9%)	<0.0001
Dyspnea n, (%)	123 (19.3%)	91 (22.1%)	32 (16%)	<0.0001

* values expressed as mean ± SD

Table 2. Chest computed tomography findings

	Treatment Group (n=251)		Control Group (n=54)	
	N	%	N	%
Normal CT	75	29.9%	32	59.3%
COVID-19 suggestive CT	176	70.1%	22	40.7%
Severity of lung involvement				
Mild	150	59.7%	17	31.5%
Moderate	26	10.4%	4	7.4%
Severe	0	0%	1	1.8%

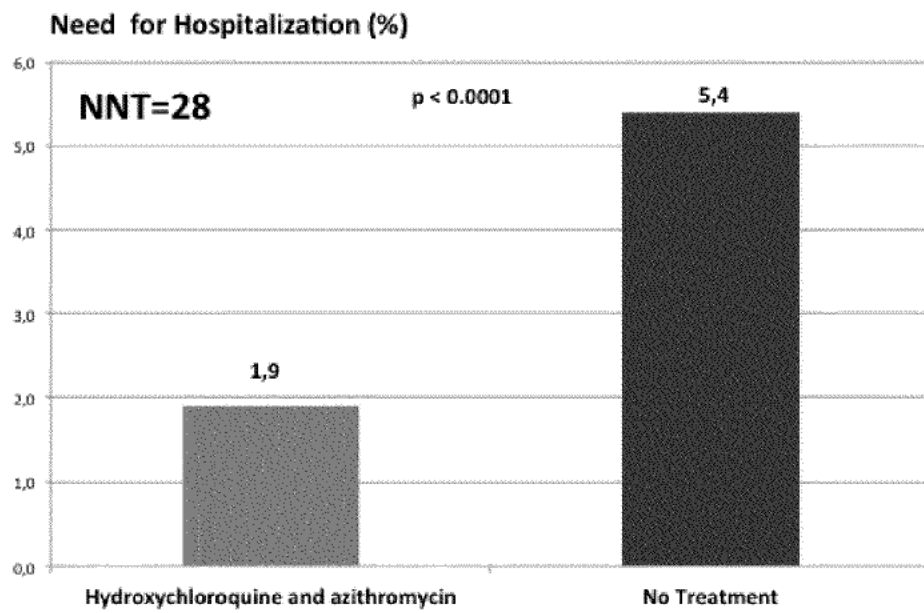
CT: computed tomography

Table 3: Safety Outcomes in the treatment group

Symptoms	N	%
Dizziness	8	1.94%
Diarrhea	69	16.50%
Nausea	31	7.52%
Vomiting	5	1.21%
Visual Disturbance	1	0.24%
Allergy	4	0.97%

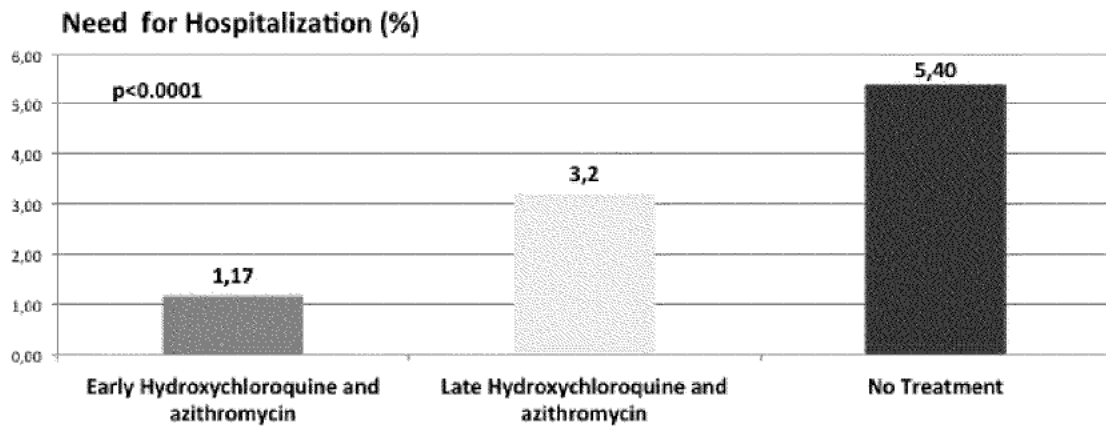
Figures:

Figure 1. Need for hospitalization in patients with suspect COVID-19



NNT =Number Needed to Treat, Qui-square Test.

Figure 2. Need for hospitalization according to treatment strategy (early treatment, late treatment or untreated).



Early treatment (<7 days of symptoms), late treatment (>7days of symptoms). $p<0.0001$, Qui-square test between all groups. $p<0.0001$ between early versus late treatment strategy.

From: Stephen M. Smith, MD (b) (6)
Sent: 4/16/2020 8:17:42 PM
To: Brennan, Patti F (NIH) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb26df910bc248c29413116e2bf67cdf-HHS-patti.b]; Lenihan, Keagan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ee7320ee8c184d66bfd521b0105d17d2-Keagan.Leni]; Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Who vetted the HCQ dosing article

Hello Patti, Keagan & Stephen,

I, quite by unintentionally, ended up reviewing the article, published by CID on March 9th by Yao et al. You all apparently used to set the dosing regimen for HCQ.

This decision was a very bad one for many reasons, the simplest of which is that you have US docs giving the same dose to 88 lbs. 90 year-old women as 360 lbs. 45 year-old men. I have treated over 3 in each group.

One definitely is and both may be receiving the wrong dose.

Many studies on HCQ in preDM used and use weight based dosing.

These are FDA-approved studies.

There are other FDA-approved clinical studies which use much higher daily and very much greater total HCQ doses than that you approved for COVID-19. For instance, the FDA approved 1 gram per day of HCQ in some stage 4 cancer trials.

I would like to know how you vetted this dosing regimen for COVID-19.

Did you simply rely on Yao et al.?

Hopefully not.

By the way, did anyone from the FDA ask the authors about their comment that Yao et al. wrote "In a recent clinical trial 500 mg of chloroquine phosphate given twice daily was shown to be effective on study day 5".

My background in virology is in HIV-1 and HIV-2/SIV. I don't remember PK specialists relying on EC50's to assess compounds, which had activity against HIV-1.

Yet, that's only one of the things Yao et al. did wrong.

I cannot remember ever reading a serious scientific article that used both molarity and mass concentration in different figures or tables. Yao et al. didn't use both; they used either. Yao et al. used a logarithmic scale for his presentation of linear data on HCQ plasma and whole blood levels from 1988 articles. That demonstration of linear data makes no sense. Again, these figures used ng/ml, while the EC50s were calculated in μM .

Next, Yao et al. determined two EC50's - one at 24 hours and one at 48 hours. The former was 8.5 times the latter. The authors, without explanation, chose the much lower one.

Then, the authors used data from two articles done over 37 years ago in rats estimate the HCQ in lungs. They then used some multiplier to determine the concentration of HCQ in lung tissue in their PBK modeling of "therapeutic" levels in the lungs, based on the 48-hour EC50, which, as far as anyone knows lacks clinical relevance. The authors multiplied the expected plasma or blood HCQ level by some factor, not stated in the article or supplemental information, to estimate lung tissue levels and then presented data on these levels as ratios to the EC50. In other words, they multiplied the expected HCQ blood levels by some factor to find the lung tissue concentration. They then divided the lung concentration, which is in mg/kg, by the EC50, which is μM , to determine the ratio of lung:EC50 at several times during the 5-day dosing regimen.

More problems, the 1983 study showed that the HCQ slowly built up slowly over weeks lung and other tissues. The physiologic activity of this build-up is not known. How much, for instance, of the lung HCQ is in the lysosomes and how much is elsewhere?

The other reference was from 1982 and used IP administration HCQ at 10 mg/kg, quite a dose. This article's lung: blood ratio increased more rapidly. Again, the physiologic relevance of the tissue concentration is not

known. The tissue concentration, of course, is mg/kg of tissue, since lung is solid, so it is unclear how Yao et al. used mg/kg to estimate the lung's concentration above their EC50, which is μM .

The authors are right about one thing – HCQ does build up. The total dose of HCQ is the most important over this short time frame.

Hopefully, I am very wrong. Please tell me I am.

Stephen M. Smith, MD

From: Kenneth Fisher (b) (6)
Sent: 9/1/2020 12:03:00 PM
To: FDA Commissioner [/o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=1e34b2c290a94c4a8d7af884727cd0f8-Commissione]
Subject: Make thorough testing at certified labs a requirement for companies that produce sanitizer with alcohol from outside sources

Stephen Hahn
FDA Commissioner

RE: Make thorough testing at certified labs a requirement for companies that produce sanitizer with alcohol from outside sources

null

FDA Commissioner Stephen Hahn:

The number of hand sanitizer brands that have potentially been contaminated with toxic methanol is now at 80 and counting. It's clear we need stronger measures to prevent this public health threat from growing even worse.

I urge you to require companies that produce sanitizer with alcohol from outside sources to conduct product tests in labs that have previously been inspected by the FDA and are compliant. Currently, this testing is only recommended -- but it needs to be mandatory to protect consumers and keep potentially dangerous hand sanitizers off store shelves.

Sincerely,
Kenneth Fisher

(b) (6)

From: Zelenko Family (b) (6)
Sent: 8/16/2020 8:20:45 PM
To: gacdds (b) (6); George Fareed (b) (6); Harvey Risch (b) (6); Don Pompan (b) (6); Karladine Graves (b) (6); Jerome Corsi (b) (6); (b) (6); (b) (6); Robert Kanner (b) (6); Craig Campbell (b) (6); Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]
Subject: Suggestion from the nation's leading doctors

Dear Dr. Hahn

Prediction is for 200,00 USA deaths by Labor Day from the 167,000 as of today.

Dr Hahn, we respectfully ask that you instruct the FDA to make the following statement:

“While we wait for the “Gold Standard” clinical trials to be done on HCQ, there is sufficient and enough information to help guide doctors in their practice of prescribing a medication like HCQ. This decision is between the doctor and patient and FDA does not regulate the practice of medicine. HCQ is already an FDA approved medication and although this approval does not include a specific treatment for Covid-19, there is sufficient and enough information to justify it’s “off-label” use until a company submits data to FDA for an additional use in Covid-19 patients.” If this action is taken promptly, 30,000 or more USA lives can still be saved and many more than that number spared the agony of prolonged hospitalizations and probable permanent disabilities.

Respectfully,

Dr. Vladimir Zelenko