**Transcript of Video-Audio with Dr. Doug Kasper, infectious disease physician who helped lead OSF HealthCare COVID-19 response**

Dr. Kasper says research and experience has led to earlier intervention and improved treatment of COVID-19.

**“We’re better at lab-based monitoring to assess ongoing infection and damage, and we’re better at recognizing those individuals that require hospitalizations for specialized care. That has come a tremendously long way since earlier on in the pandemic, where it was more of a case-by-case basis. We’ve now progressed to having a systemic understanding of COVID-19 treatment.” (:25)**

Dr. Kasper says the infusions are a preventive measure.

**“We give it outside of the hospital to prevent admission to the hospital. It can be used in individuals who are vaccinated or unvaccinated. It is being used across the country widely at this time.” (:14)**

Convalescent plasma from recovered COVID-19 patients was used early on but Dr. Kasper says it is no longer a preferred therapy, based on research from a large clinical trial in which OSF HealthCare participated.

**“Clinical trial data did not support its effective use and the emergence of monoclonal antibody and vaccination replaced it as much more successful strategies for COVID-19 infection.” (:13)**

Proning – putting individuals with COVID-19 on their stomachs as a way to increase the amount of oxygen to the lungs is being used, in many cases, to keep patients off of a ventilator.

“**The idea is that proning is not harmful to the individual in any way and is potentially helpful for oxygenation response.”(:07)**

The individual’s own immune response, while trying to clear the infection, can lead to tissue damage.

**This is where we start to see people that have trouble with respiratory symptoms. The ongoing cycle of infection and inflammation in the lungs leads to viral pneumonia, which in some individuals can be quite severe, leading to respiratory failure.” (:18)**

The pandemic has also led to the expansion of support for nursing facilities and group homes, and expanding at-home monitoring and care.

“**There are whole new types of care, a lot of which has been developed around telemedicine, e-Medicine, that are trying to provide outreach to all impacts of the pandemic, not only in Peoria, not only in our bigger cities, but into our rural patient populations as well.” (:20)**