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reported as an adverse event after *compylobacter* Jejuni infection and following vaccination.

#### Methods

We report two cases of GBS, after receiving the first dose of Astrazeneca COVID-19 vaccine.

#### Results

Cases description: First case of a 70 years old woman, presenting progressive, symmetric, ascending flaccid tetraparesis with bladder dysfunction which have occurred three weeks after the first dose of Astrazeneca COVID-19 vaccine. The cerebrospinal fluid showed an albuminocytologic dissociation, electrophysiological studies showed an acute inflammatory demyelinating polyradiculoneuropathy. Second case of a 68 years old woman, presenting three weeks after the first dose of Astrazeneca COVID-19 vaccine a progressively descending, symmetrical and synchronous tetraplegia, preceding 4 days before by diffuse headaches with multiple cranial pairs affection and bladder dysfunction. The cerebrospinal fluid showed an albuminocytologic dissociation, electrophysiological studies showed an acute inflammatory axonal and demyelinating polyradiculoneuropathy.

#### Conclusion

Many cases of GBS after vaccines has been reported including one case following Pfizer COVID-19 vaccine, yet the physiopathological mechanisms are not completely elucidated.

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## 119884

### Efficacy of amantadine in patients hospitalized with COVID-19: Study protocol of a randomized, double-blind, placebo-controlled trial

Leonardo Lopiano<sup>ab</sup>, Carlo Alberto Artusi<sup>ab</sup>, Marco Bozzali<sup>c</sup>, Antonio Ancidoni<sup>d</sup>, Giovannino Ciccone<sup>e</sup>, Francesco De Rosa<sup>f</sup>, Nicola Vanacore<sup>d</sup>, <sup>a</sup>A.O.U. Città della Salute e della Scienza di Torino, Neurology 2 Unit, Turin, Italy, <sup>b</sup>University of Torino, Department of Neuroscience "Rita Levi Montalcini", Turin, Italy, <sup>c</sup>University of Torino, Department of Neuroscience, Torino, Italy, <sup>d</sup>Istituto Superiore di Sanità, National Center for Disease Prevention and Health Promotion, Rome, Italy, <sup>e</sup>AOU Città della Salute e della Scienza di Torino (Molinette) e CPO - Piemonte, SSD Epidemiologia Clinica E Valutativa Clinical Trial Center E Clinical Trial Quality Team, Turin, Italy, <sup>f</sup>AOU Città della Salute e Scienza, Ipartimento Di Scienze Mediche Sc Malattie Infettive U, Turin, Italy

#### Background and aims

In 2019, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) began circulating worldwide and caused the coronavirus disease 2019 (COVID-19). To date, no highly effective treatments are available. Amantadine, an old, cheap and safe drug, is currently used for Parkinson's disease and multiple sclerosis, as well as being known for its antiviral action. Recent reports suggested a possible efficacy of amantadine against SARS-CoV-2. The proposed treatment, upon demonstration of efficacy and safety, could be easily administered even in developing countries for its low cost (Eudract n. 2021-001958-60).

#### Methods

Enrollment of 380 participants requiring hospitalization with a recent onset of mild or moderate COVID-19. Two arms with 190 patients each will be treated with standard of care (SOC) + amantadine or SOC + placebo for 14 days. Patients will be monitored until discharge and assessed at day 30, 60 and 90 after

randomization. Upon progression, patients will be followed up, but treatment will be discontinued. Study endpoints: 30 days mortality (primary), 30 days admission to Intensive Care Unit or death, worsening of clinical symptoms within 14 days, negativization for SARS-CoV-2 at day 14.

#### Results

A reduction of 30-days mortality from 15% (SOC + placebo) to 7% (SOC + amantadine) is hypothesized.

#### Conclusions

There are few independent and valid studies successfully concluded during the pandemic. The hope is that the evidence from this study will contribute to increasing the treatment options for COVID in the early stages of infection.

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## 119885

### The Italian national survey on COVID-19 in nursing homes during the first wave of the pandemic

Flavia Lombardo<sup>a</sup>, Ilaria Bacigalupo<sup>a</sup>, Emanuela Salvi<sup>b</sup>, Eleonora Lacorte<sup>a</sup>, Paola Piscopo<sup>c</sup>, Antonio Ancidoni<sup>a</sup>, Giulia Remoli<sup>a</sup>, Guido Bellomo<sup>a</sup>, Marco Canevelli<sup>a</sup>, Nicola Vanacore<sup>a</sup>, <sup>a</sup>National Institute of Health, National Center for Disease Prevention and Health Promotion, Rome, Italy, <sup>b</sup>National Institute of Health, Pharmacoeconomics Unit, National Centre for Drug Research and Evaluation, Rome, Italy, <sup>c</sup>National Institute of Health, Department of Neurosciences, Rome, Italy

#### Background and aims

The SARS-CoV-2 pandemic had a strong impact on the most vulnerable categories such as older people, who paid the highest price. Nursing homes (NH) have been the epicenter of the pandemic. In NHs about a quarter of residents have dementia.

#### Methods

The survey started on March 24, 2020 and reached 3,292 out of the 3,417 NHs present in Italy (source: the Dementia Observatory of the Italian National Institute of Health).

#### Results

As of May 5, 2020, 1,356 NHs (41.2% of the total) filled in the questionnaire via web, on a voluntary basis. A total of 29% of NHs reported SARS-CoV2 infection among residents (mean: 18.7 cases per 100 residents, range: 0.5–86.9) or staff, with frequency reaching 68% when including people with flu-like symptoms. Overall, 7.4% of the 9,154 deceased subjects and 18.2% of the 5,292 hospitalized had COVID-19 (33.8% and 38.2% respectively had flu-like symptoms). Fatality rates by region were higher than those observed in the general population. The main reported critical issues were lack of personal protective equipment (77.2%), inability to perform swabs (52.1%), absences of health personnel (33.8%), and difficulties in isolating (26.2%) and transferring residents (12.5%). All these factors resulted significantly associated with the spreading of COVID-19 in the NHs.

#### Conclusions

The low response rate limits the generalizability of results, that were probably underestimated in terms of mortality and hospitalization rates, according to ad hoc analysis. This survey was the first major attempt to highlight critical issues and needs in NHs.

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