

TO: Vermont Health Care Providers and Health Care Facilities
FROM: Jennifer S. Read, MD, FIDSA, Medical Epidemiologist

Updated Information Regarding COVID-19 Monoclonal Antibodies

This update is to remind providers of the NIH COVID-19 Treatment Guidelines Panel's recommendations regarding the use of monoclonal antibodies, and to encourage their use for patients who could benefit from them. This is of special relevance at this time of Delta surge in light of this treatment's potential to prevent hospitalization and protect healthcare system capacity.

Three prior health updates regarding COVID-19 monoclonal antibodies (mAbs) have been issued:

1. The [March 3, 2021](#) Health Update provided links to two sets of national guidelines regarding the use of COVID-19 mAbs for the treatment of COVID-19 (from the [Infectious Disease Society of America \(IDSA\)](#) and from the [National Institutes of Health \(NIH\)](#)). These guidelines are updated regularly.
2. The [April 5, 2021](#) Health Update gave further information from the national guidelines regarding the use of mAbs for treatment of COVID-19.
3. The [August 9, 2021](#) Health Update addressed the use of COVID-19 mAbs for post-exposure prophylaxis. Administration via the intravenous route was addressed (as used for treatment of COVID-19) along with subcutaneous administration.

COVID-19 mAbs are recommended for the treatment of mild to moderate COVID-19 and for post-exposure prophylaxis (PEP) of SARS-CoV-2 infection in individuals who are at high risk for progression to severe COVID-19, as outlined in the Food and Drug Administration Emergency Use Authorizations (EUAs) for the COVID-19 mAbs.

COVID-19 mAbs are of greatest benefit as treatment or PEP for people who have risk factors for progression to severe COVID-19. Among individuals at risk of progressing to severe COVID-19, the risks are lower for those who have been fully vaccinated and are immunocompetent than for those who are either not fully vaccinated or fully vaccinated but not expected to mount an adequate immune response to the vaccine.

Some of the most important risk factors for clinical progression include (listed alphabetically):

- a) age (risk increases with each decade after age 50)
- b) cancer
- c) cardiovascular disease
- d) chronic kidney disease
- e) chronic lung disease
- f) diabetes
- g) immunocompromising conditions or receipt of immunosuppressive medications
- h) obesity (body mass index ≥ 30)
- i) pregnancy
- j) sickle cell disease.

For a complete list of risk factors, see the CDC webpage ([Underlying Medical Conditions Associated with High Risk for Severe COVID-19](#)). Of note, the likelihood of developing severe COVID-19 increases when a person has multiple comorbidities.

Although the data on risk factors for severe COVID-19 in children are limited, there is substantial overlap between risk factors in children and those identified in adults, as listed above. Children with obesity, moderate to severe immunosuppression, or those with complex chronic disease and medical complexity with respiratory technology dependence are at substantially increased risk of severe disease. Monoclonal antibodies are authorized for patients 12 years of age and older weighing at least 40 kg.

The FDA EUAs provide a broad list of medical conditions or other factors as criteria for use of COVID-19 mAbs as treatment or PEP. See [the individual EUAs](#) for the full list of these medical conditions and other factors.

In September 2021, the federal government began allocating mAbs to each state based on a formula taking into consideration COVID-19 hospitalizations, confirmed cases, and mAb utilization. The Vermont Department of Health distributes a weekly supply of mAbs to established distribution sites.

Health care providers should encourage their patients to notify them if they have tested positive for SARS-CoV-2 infection, and to keep them informed of the development of mild to moderate symptoms (such that the health care provider can facilitate eligible patients' receipt of COVID-19 mAbs to decrease the risk of disease progression with possible hospitalization or death).

Infusion sites currently providing mAb infusions and their communication preference for provider referrals are listed below.

- Central Vermont Medical Center (no capacity for external referrals)
- Copley Hospital
 - Contact Dr. Donald Dupuis at 802-888-1669
- Gifford Medical Center
 - Call 802-728-7000 and request to be connected to the administrator on call regarding COVID-19 mAbs.
- Grace Cottage Hospital
 - Contact Lisa Eaton, leaton@gracecottage.org
- Northeastern Vermont Regional Hospital
 - Call 802-748-7951 to speak with Lyndi Medico, Nurse Manager.
- Northwestern Medical Center
 - Email jaboeezz@nmcinc.org
- Porter Medical Center
 - Contact the PMC Infusion Center at (802) 388-4701.
- Rutland Regional Medical Center
 - Email jfprendergast@rrmc.org

- Southwestern Vermont Medical Center
 - Email Pamela.Duchene@svhealthcare.org
- Springfield Hospital
 - Email ckirkpatrick@springfieldhospital.org
- University of Vermont Medical Center
 - Please direct questions regarding indications for administration of mAbs to an infectious disease physician for guidance.
 - Please direct scheduling questions concerning mAbs to the UVM Medical Center Infusion Center's charge nurse at 802-847-6275.
 - Internal UVMHC clinicians: Order directly through Epic. It's helpful to have the clinician call the infusion center to expedite scheduling.
 - Outside UVMHC but using the UVMHC infusion center: Obtain the required referral form from the infusion center by calling 802-847-6275.

Hospitals not currently offering mAb infusions:

- Brattleboro Memorial
- Mt. Ascutney
- North Country Hospital

The following email address is provided for healthcare facilities needing more information:

AHS.VDHVTHPP@vermont.gov

REQUESTED ACTIONS:

1. Be aware of national guidelines regarding the use of COVID-19 mAbs for treatment and PEP, including the administration of the monoclonal antibody preparation REGEN-COV (casirivimab and imdevimab) as a subcutaneous injection.
2. Be aware of those hospitals currently offering COVID-19 mAb infusions for eligible patients and how to contact these sites for patient referrals.
3. Encourage your patients to notify you if they test positive for SARS-CoV-2 infection.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.