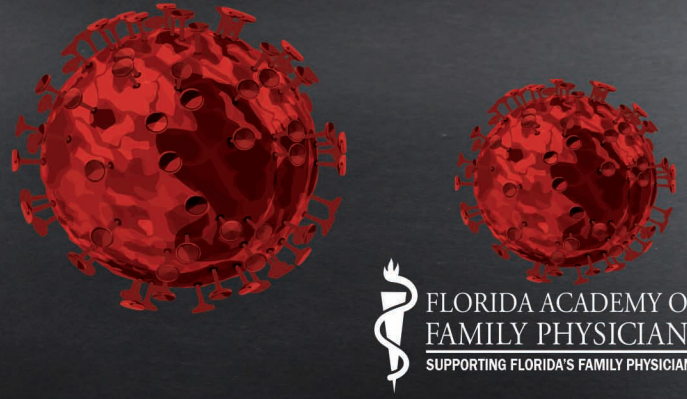


ASK THE EXPERT

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1 Are there any outpatient treatments recommended and effective for patients with COVID-19 a family physician can prescribe during this surge of the Delta Variant?

A: Right now, most treatment options in non-hospitalized patients should be centered on symptomatic care. Currently, the only NIH supported therapy in this population that may suffer severe progression is the monoclonal antibodies Casirivimab plus imdevimab OR Sotrovimab. Treatment guidelines can be found here: <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management>

2 What should family physicians let their patients know to expect with monoclonal antibody treatment?

A: Side effects from monoclonal antibodies are mostly understood given use on cancer patients. Symptoms during treatment may include: allergic reactions, flu like symptoms, among other reported effects. Side effects are not as well reported among COVID-19 patients undergoing this treatment.

3 How soon should we recommend patients recently infected with suspected Delta Variant COVID to be vaccinated?

A: If an uncomplicated case not requiring monoclonal treatment, vaccine can be given as soon as symptoms subside (typically around day 10 after symptom start or test date). For patients receiving monoclonal therapy, or in children who suffered or have a PMH of MIS-A or MIS-C, should wait 90 days until after those diagnoses. All according to CDC.

4 How soon should we expect a booster from Pfizer and Moderna?

A: Research is well underway and NIH is formulating a plan with FDA on what the booster roll out will look like. I would expect by end of 2021 calendar year that we may see booster shot recommendations, if not sooner.

5 What should we expect from Molpiravir?

A: Early results from the phase 2/3 trials are promising that Molnupiravir may provide an effective treatment option that can help keep patients with mild-moderate COVID-19 from progressing to a state requiring hospitalization. Trials should be wrapped up in October, with potential EUA by year's end. The initial U.S. buy was around 1.7

million doses which will run out fast. Frankly, don't count on it being an available treatment option until late in the year, or even next Spring depending on supply/demand.

6 How can family physicians best support their local hospitals and emergency rooms during this surge?

A: Right now, the biggest help to hospitals would be for community family physicians advocating for vaccines and masking. We obviously know how important vaccines are to keeping individuals out of the hospital, but vaccines take weeks to have an effect. We really need the public to understand that masking is essential in mitigating risks right now. We know the political climate is disallowing for public health measures in the community, so we need the public to help on their own accord, otherwise this surge will continue and perhaps accelerate into the school year and winter.

7 Is Ivermectin an option for patients with COVID-19?

A: Negative on ivermectin. It's gained traction via social media but it's explicitly not approved for treatment or prevention of COVID-19 by NIH, WHO, or FDA. See below from FDA: <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>