

ATTENTION

Public Health Alert

DATE: February 27, 2023

SUBJECT: **Prescribe COVID-19 Therapeutics To Prevent Severe Disease, Hospitalization, & Death**

- Prescribing COVID-19 antiviral therapeutics prevents COVID-19 hospitalizations and deaths in both COVID-19 vaccinated and unvaccinated persons but is **underused**
- Oral Paxlovid (ritonavir-boosted nirmatrelvir) is the recommended first-line treatment for non-hospitalized persons with mild to moderate COVID-19 who are at risk of progression to severe disease [Clinical Management of Adults Summary | COVID-19 Treatment Guidelines \(nih.gov\)](#)
- Drug-drug interactions are generally manageable for the limited duration of COVID-19 treatment [Paxlovid Drug-Drug Interactions | COVID-19 Treatment Guidelines \(nih.gov\)](#)
- Rebound incidence is low, mild, similar in those who received Paxlovid and those who did not and is not a reason to withhold Paxlovid treatment
- Oral treatment must be initiated within 5 days of symptom onset
- COVID Therapeutic Locator [COVID-19 Therapeutics Locator \(arcgis.com\)](#)

Dear Colleagues:

Although significantly improved from the past 2 winters, there remained an average of >500 daily deaths, as many as 7000 new daily hospital admissions, and 42,000 hospitalized daily due to COVID-19 in the US for the better part of this winter to date. This is unacceptably high and multiples of the number of flu hospitalizations and deaths during the worst flu seasons.

As per [CDC HAN 483](#) anti-viral medications such as Paxlovid are highly effective at preventing hospitalization and death, in both persons vaccinated and unvaccinated against COVID. Other available antivirals have significantly greater limitations. These medications are widely available (see above link for locations where medications are available), are currently free of charge, and expected to maintain activity against currently circulating variants (which are all Omicron sublineages) but have been **underused**. Prescribing anti-viral treatment for eligible patients is thus a critical strategy for preventing COVID hospitalizations and deaths.

Recent studies indicate that less than 30% of eligible patients received such treatment
[Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United](#)

[States, April–September 2022 | MMWR \(cdc.gov\)](#). This underuse was more pronounced in Black and Hispanic communities [Racial and Ethnic Disparities in Outpatient Treatment of COVID-19 — United States, January–July 2022 \(cdc.gov\)](#)

Persons who are at risk for severe COVID-19 outcomes, and can benefit from treatment include those:

- (1) Aged 50 years and older
- (2) Racial and ethnic minorities
- (3) With underlying medical conditions [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC](#)
- (4) With moderate to severe immunosuppression: [People with Certain Medical Conditions | CDC](#)

The following are **not** reasons to withhold COVID-19 treatment:

- Being vaccinated
- History of prior SARS-CoV-2 infection
- Mild disease
- Concerns about COVID-19 rebound

Drug-drug interactions have been a significant concern but given the recommended five (5) day course of Paxlovid, many, if not most, of these can be managed by temporarily holding or modifying the dose of the medication with which Paxlovid interacts for a limited time. Many patients on these medications are likely also at risk for severe COVID-19 disease. Treating physicians should assess whether the risk of severe COVID-19 disease or temporarily modifying certain medications presents the greater risk to each patient on a case by case basis.

Resources for the management of Drug-Drug Interactions by the Infectious Diseases Society of America (IDSA) and NIH include:

[Liverpool COVID-19 Interactions \(covid19-druginteractions.org\)](#)
[Paxlovid Drug-Drug Interactions | COVID-19 Treatment Guidelines \(nih.gov\)](#)

Rebound following Paxlovid has received a great deal of publicity – Current evidence indicates that the overwhelming majority of persons with COVID-19 do **not** experience rebound, and that the incidence of rebound is similar in those who receive Paxlovid and those who do not. When it does occur, rebound is almost always mild, and rarely results in hospitalization. Thus the benefits of Paxlovid in reducing hospitalization and deaths outweighs any risks due to rebound.

Additional resources:

WCDH - [Physicians Corner \(westchestergov.com\)](#) These Public Health Updates and other resources also are posted to the Physician section of this WCDH website

NYSDOH - [01/26/2023 - Updates on COVID-19 Treatment Recommendations \(ny.gov\)](#)

CDC - [CDC HAN 483](#)

Thank you for your continued support and commitment.