



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Health Alert:
Reminder to Prescribe COVID-19 Therapeutics to Mitigate Impact of
Winter Respiratory Surge
November 28, 2022

Summary

Currently, COVID-19 cases and hospitalizations are increasing in California. This trend is expected to continue as we approach the holidays and winter months. Importantly, other viruses such as influenza and Respiratory Syncytial Virus (RSV) are also circulating, affecting vulnerable populations including children and the elderly, and straining the state's healthcare systems. The U.S. Centers for Disease Control (CDC) and California Department of Public Health (CDPH) recommend that everyone 6 months of age or older get an annual influenza vaccine and stay up to date with COVID-19 vaccines, including the bivalent booster that is available for everyone over 5 years old.

Once an individual is diagnosed with COVID-19, early treatment with COVID-19-specific agents is the only existing strategy to markedly decrease risk of serious illness. There is **ample supply of COVID-19 therapeutic agents, but they have been underused – especially among populations disproportionately impacted by COVID-19**, including communities of color, low-income communities, and residents of long-term care facilities. Studies have shown that:

- COVID-19 treatments reduce the risk for hospitalization and death by 88% among unvaccinated people and by 45% among vaccinated or previously infected people.^{i ii}
- Early evidence suggests COVID-19 treatment may decrease the risk of developing post-COVID symptoms.ⁱⁱⁱ
- SARS-CoV-2 viral load decreases faster among people treated compared with people not treated, suggesting the potential for decreased transmission and isolation time for test-result-based isolation protocols.ⁱ
- Prescribing options have been shown to be safe, including in the fragile, elderly population.^{iv} Risks are minimal, especially when weighed against benefits.

Lack of familiarity with new medications, navigating contraindications and drug-drug interactions, and the misperception of drug scarcity have contributed to low treatment



rates, including reports of eligible patients seeking COVID-19 treatment ultimately being denied treatment.

This health alert aims to remind providers that any patient with suspected COVID-19 should be tested for SARS-CoV-2 infection. All symptomatic patients over the age of 12 years and ≥ 40 kg with a positive COVID-19 test of any type should be evaluated for treatment with one of the NIH recommended treatment options. Currently, the primary outpatient treatment options are nirmatrelvir/ritonavir (Paxlovid) and remdesivir.

Specific Recommendations for Healthcare Providers:

- Ensure all individuals with suspected COVID-19 receive testing for SARS-CoV-2 and influenza, as appropriate based on risk factors.
- Enable pathways for individuals who test positive for SARS-CoV-2 and/or influenza and have symptoms to connect to a prescriber within 24 hours of seeking care.
- Providers should again review current treatment indications and eligibility in accordance with U.S. Food and Drug Administration (FDA) Emergency Use Authorizations (EUA) given that:
 - 1) There is evidence that patients who would benefit from treatment are not being treated.
 - 2) The FDA authorizes the use of SARS-CoV-2 specific agents for individuals who are at high risk for progression to severe COVID-19. According to the FDA, CDC and National Institutes for Health (NIH), a broad range of individuals are considered at higher risk for hospitalization or death from COVID-19 including:
 - Racial and ethnic minority groups
 - People who are unvaccinated or not up to date with their vaccination series against SARS-CoV-2
 - People with common conditions and behaviors such as physical inactivity, obesity, depression, smoking (former or present), and disabilities. Comprehensive CDC discussion [here](#).
 - Older adults, especially those above the age of 50 years, regardless of the presence of a medical condition.
 - 3) There is ample supply of therapeutic agents.
 - 4) The potential for rebound does not outweigh the benefit of risk reduction for severe illness. According to studies, rebound occurs in the minority of people treated with a COVID-19 therapeutic, as well as people who are not treated; rebound is mild in $>99\%$ of cases.
- Timely treatment is most beneficial to prevent serious illness or hospitalization. Patients with SARS-CoV-2 infection and even mild, early symptoms who meet age and timing requirements should be offered treatment unless a significant contraindication is present.

- Providers should prescribe COVID-19 therapeutics to the extent possible for eligible patients as noted above. **The decision to not prescribe COVID-19 treatment should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.**
- The FDA EUA does not require assessment of laboratory results. Thus, a lack of recent renal or liver function tests should not be a reason to not prescribe COVID-19 therapeutics.
- High risk patients co-infected with influenza and SARS-CoV-2 should receive treatment for both viruses. There are no clinically significant drug-drug interactions between the antiviral agents or immunomodulators that are used to prevent or treat COVID-19 and the antiviral agents that are used to treat influenza.

Preferred COVID-19 Treatments (listed in order of preference) are noted below. Regimens are current as of 11/28/2022. Please see [NIH COVID-19 Treatment Guidelines](#) and [FDA authorization updates](#) for the most current recommendations and regimens including updates related to subvariant susceptibilities. Importantly, the agents below retain full activity against the current [variant mix](#) in California.

- [Nirmatrelvir 300 mg with ritonavir 100 mg \(Paxlovid\)](#) orally twice daily for 5 days, initiated as soon as possible within 5 days of symptom onset in people aged ≥12 years and weighing ≥40 kg; *or*
- [Remdesivir](#) 200 mg IV on Day 1, followed by remdesivir 100 mg IV once daily on Days 2 and 3, initiated as soon as possible within 7 days of symptom onset in people aged ≥12 years and weighing ≥40 kg. Indications and dosage for outpatients <12 years of age can be found in the remdesivir [full prescribing information](#).

If neither of the preferred therapies for high-risk, non-hospitalized patients are available, feasible to deliver, or clinically appropriate, the [NIH COVID-19 Treatment Guidelines](#) outline additional options. Of note, currently circulating Omicron subvariants are expected to be resistant to currently available monoclonal antibodies such as bebtelovimab.

Nothing in this advisory is meant to contradict or supersede the FDA EUA requirements, NIH treatment recommendations, or to replace physician discretion.

Further Resources and Clinical Guidance

As the COVID-19 therapeutics landscape changes rapidly, all local health jurisdictions and medical providers are encouraged to regularly refer to the following resources for updates:

CDPH COVID-19 Therapeutics site: [COVID-19 Treatments \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Treatments.aspx)
NIH COVID-19 Treatment Guidelines: [COVID-19 Treatment Guidelines \(nih.gov\)](https://www.cdc.gov/coronavirus/2019-ncov/treatment/)
Health and Human Services ASPR COVID-19 Resources: [COVID-19 Therapeutics | HHS/ASPR](https://www.hhs.gov/ashpr/covid-19/)
ASPR Therapeutics Algorithm: [Therapeutics Decision Aid](#)
ASPR Provider Information Sheet: [Paxlovid Eligibility and Effectiveness](#)
CDPH Patient Resources: [Treatment Information and Locator](#)
CDPH Patient materials in multiple languages: [Treatments Communications Toolkit](#)

ⁱ Hammond, Jennifer, et al. "Oral nirmatrelvir for high-risk, nonhospitalized adults with Covid-19." *New England Journal of Medicine* 386.15 (2022): 1397-1408.

ⁱⁱ Ganatra, Sarju, et al. "Oral Nirmatrelvir and Ritonavir in Nonhospitalized Vaccinated Patients With Coronavirus Disease 2019 (COVID-19)." *Clinical Infectious Diseases* (2022).

ⁱⁱⁱ Yan, Xie et al. "Nirmatrelvir and the Risk of Post-Acute Sequelae of COVID-19." MedRxiv Nov 3, 2022

^{iv} Zhong, Weijie, et al. "The efficacy of paxlovid in elderly patients infected with SARS-CoV-2 omicron variants: Results of a non-randomized clinical trial." *Frontiers in medicine* 9 (2022).