

Preventative Therapy after Close Contact Exposure to COVID-19

Is there a treatment to prevent COVID-19 in people who were exposed to the virus?

Yes, monoclonal antibody therapy may be a treatment option for people with certain conditions (who have tested negative but have had **close contact exposure** to COVID-19 within the last 14 days.

Close contact exposure is defined as either:

- Being within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes **Or**,
- Living in a residential facility such as a nursing home, or a dorm where other people have been infected with COVID-19.

What is monoclonal antibody therapy for COVID?

Monoclonal antibodies have been made in a lab to mimic and boost the body's natural immune system response to COVID. Some products have been granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA).

Monoclonal antibodies are similar to the antibodies that are naturally made by the immune system in response to an infection, except monoclonal antibodies are made in a lab so that they only bind to one substance. They work to fight SARS-COV-2 (the virus that causes COVID-19) by binding to it and preventing it from infecting human cells.

Antibody:

A protein made by **plasma cells** (a type of white blood cell) in response to an **antigen** (a substance that causes the body to make a specific immune response). Each antibody can bind to only one specific antigen to help destroy the antigen.

Who is eligible for treatment with monoclonal antibodies?

The Emergency Use Authorization (EUA) recommend treatment for people who have had close contact exposure to COVID-19 and have a medical condition that increases their risk for developing serious symptoms if they get infected with COVID. Examples for such conditions include:

- People with impaired immune system.
- Transplant recipients.
- Cancer patients currently receiving chemotherapy or bone marrow transplant.
- People with autoimmune disease who take medicines that suppress the immune system (immunosuppressive therapy).
- People with other conditions that may increase the risk for severe COVID if they are not fully vaccinated.

Who isn't eligible to receive monoclonal antibodies?

If you have a low risk for developing severe COVID that requires a hospital stay, you are not able to receive monoclonal antibody treatment based on the EUA criteria.

How can I get access to monoclonal antibody treatment for COVID?

If you think you might be eligible contact your doctor and ask if you can be considered for preventative monoclonal antibody treatment. People who had a close contact exposure to COVID-19 are checked for eligibility by Michigan Medicine experts. If you meet the criteria in the Emergency Use Authorization (EUA) a monoclonal antibody-trained pharmacist will call you to discuss the potential treatment. They will ask you some screening questions and tell you about the treatment.

I'm eligible for treatment. What happens next?

After speaking with you by phone and reviewing the risks and benefits of the treatment, the pharmacist will refer you to the Michigan Infusion Scheduling Team (MIST). MIST will determine the location and time for your treatment.

They will call within 24 hours and schedule you for the one-time infusion (Monday – Friday). Our intent is to provide the infusion as soon as possible. In most cases, the infusion will take place within 1-2 days of consent.

What should I expect the infusion to be like?

You will receive the infusion one time. It is approximately 30-minutes long. You must wait for 1 hour after the infusion is completed to be monitored for any reactions or side effects.

What kind of side effects should I expect from treatment with monoclonal antibodies?

Side effects during the infusion may include:

- Nausea
- Dizziness
- Itching
- Rash

You will be monitored by nurses who for side effects during the infusion, and for 1 hour afterwards.

How effective is treatment?

COVID mAb therapy after exposure is still being studies. Studies have shown that this treatment decreases hospital stays and death in people with COVID, compared to those with similar risk factors who do not receive treatment.

Are there other treatment options?

Currently there are is no other medical treatment available for prevention of COVID-19 after close exposure.

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