Monoclonal Antibodies for Treatment of Mild to Moderate COVID-19
in Non-Hospitalized Patients

What EMS Clinicians Should Know:

- Monoclonal antibodies (MAbs) have been used for decades to treat certain cancers and autoimmune disorders.
- In the case of SARS-CoV-2, the virus that causes COVID-19, they are developed by manufacturing antibodies to specific proteins found on the surface of the virus.
- When administered to a person infected with SARS-CoV-2, MAbs act like the body’s own immune system would, reducing the ability of the virus to attach to and infect human cells.
- Three different MAb products are available under FDA emergency use authorization; they are currently the only available treatments that are specifically intended to treat COVID-19.
- They can only be administered to people 12 years and older, with mild to moderate COVID-19 who are not admitted to a hospital, with no oxygen requirement [above what they might be receiving chronically], and within 10 days of symptom onset.
- Patients must have at least one risk factor for progressing to more serious illness:
  - Age > 65 years
  - Overweight (BMI > 25)
  - Diabetes
  - Cardiovascular disease, including hypertension
  - Chronic lung disease (e.g., COPD, asthma)
  - Chronic kidney disease
  - Immunocompromising condition or immunosuppressive therapy
  - Sickle cell disease
  - Pregnancy

Why is this Important?

Evidence indicates that not all people who are eligible for treatment with MAbs are getting it. They do not seek treatment early enough, and thus are already too ill, or their health care clinician doesn’t suggest it.

What You Can Do:

- If you or someone you know develops COVID-19, ask a physician about MAbs.
- If you care for a patient who might meet the criteria above, advise him/her that MAbs may be appropriate, and encourage him/her to have a prompt conversation with a physician.


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