

UPDATE CORONAVIRUS (COVID-19)



Stay informed. Take precautions. Stay safe.

Dear Members,

A new best practice that the state is coordinating in response to COVID-19 outbreaks is monoclonal antibody prophylaxis for those residents exposed, which in some cases has been advised for all residents and in other cases for particular residents. To be prepared for facilitating residents' receipt of these treatments in the case of outbreaks, ALRs should plan for how they could obtain physicians' orders for all residents on short notice when it is not practical to reach out to each resident's PCPs. It is recommended that treatment be provided as soon as possible and begin before COVID-19 progresses into severe disease or hospitalization, preferably when exposure has been confirmed.

On September 2nd, Mass-ALA shared an [update from EOEA](#), stating that the U.S. Food and Drug Administration had issued an emergency use authorization (EUA) for monoclonal antibody therapies for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results and who are at high risk for progression to severe COVID-19, including hospitalization and death. This includes, for example, individuals who are 65 years of age and older or individuals who have certain medical conditions. The FDA subsequently amended the EUA for one of these products, REGEN-COV, to allow for use in post-exposure, pre-symptomatic prophylaxis.

Mass-ALA is sharing this valuable information once again due to the effectiveness of this treatment in preventing hospitalization among ALR residents that not only contract COVID-19 but for those who have been exposed to the virus. Most individuals residing in ALRs may be eligible for post-exposure prophylaxis using monoclonal antibody therapy. ALRs may find themselves in a situation of having multiple residents needing infusion therapy at the same time. Infusions may be administered by licensed nurses from home health agencies and will require 20-50 minutes of infusion time in addition to 60 minutes of observation by a licensed nurse following the infusion. Click [here](#) to read EOEA's full update.

EOEA Recommends that ALRs:

- Familiarize yourselves with the use of monoclonal antibodies for the treatment of COVID-19 and REGEN-COV
- Develop a plan for logistics associated with this therapy should multiple residents need this treatment at the same time. Consider the following factors:

- How will you inform residents about the availability of this treatment?
- How will you coordinate medical orders for multiple residents, each with a different PCP?
- Is the certified home health agency in your area familiar with and able to administer the monoclonal antibody therapy in the residence?
- How will you ensure that any space set up for infusion is maintaining infection control protocols by keeping residents on quarantine separate from one another?

It should be noted that monoclonal antibody therapy is not a substitute for vaccination against COVID-19.

If you have any questions, please contact us at Mass-ALA@mass-ala.org

**The information provided in this COVID-19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*

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