

COVID19



Keeping Up with a Moving Target



CME Information

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Name of Faculty or Presenter	Reported Financial Relationship
Paul G. Auwaerter, MD, MBA, FIDSA	JNJ: Ownership equity Scientific Consulting: Verily, EMD Serono, Shionogi DMSB: Humanigen

Faculty have indicated that may be referencing the unlabeled or unapproved use of agents currently being investigated in on-going studies and trials, including monoclonal antibodies, antivirals, and several vaccine platforms.

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CME Information

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COVID19.dkbmed.com



Learning Objective

- Describe current NIH recommendations for use of bebtelovimab



Thank You

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Paul Auwaerter, MD, MBA, FIDSA

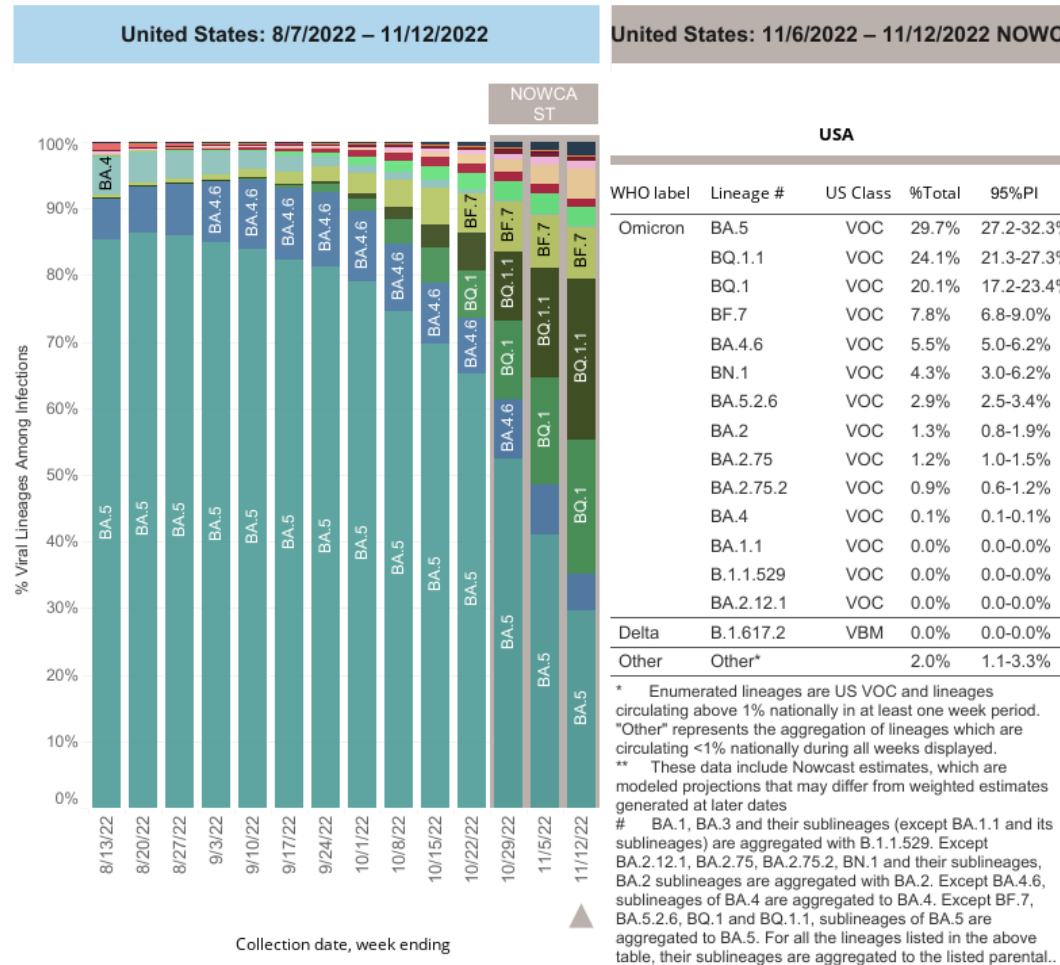
Clinical Director, Division of Infectious Diseases

Sherrilyn and Ken Fisher Professor of Medicine

Fisher Center for Environmental Infectious Diseases

Johns Hopkins University School of Medicine

US Omicron Subvariants



BA.5 declining (actual 10/22/22 data)
Projection = NOWCAST

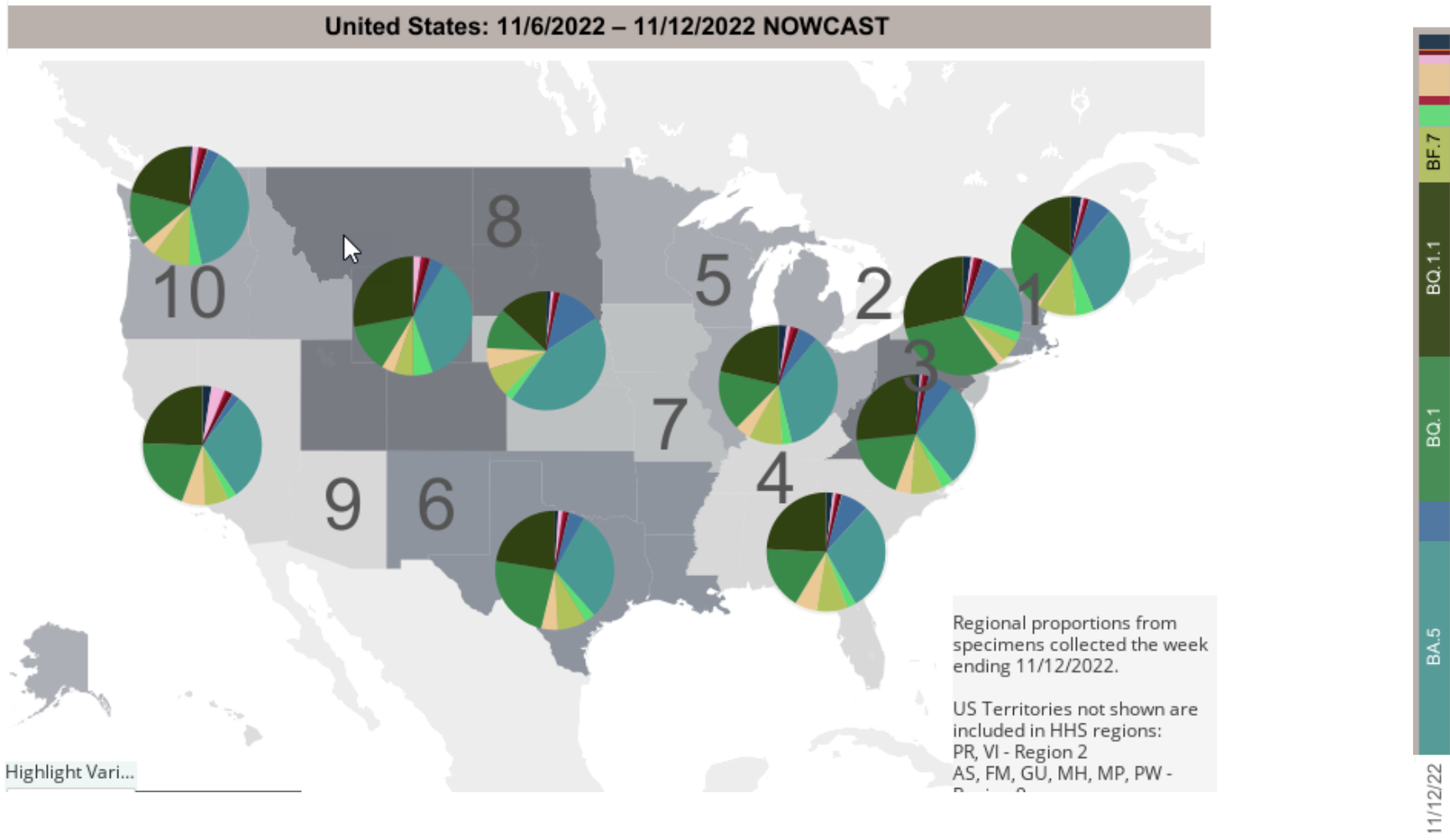
BA.4.6, BQ.1, BQ1.1, BF.7 + others

S:R346 mutations

Tixagevimab/cilgavimab
(Evusheld)

&
Bebtelovimab
w/ loss of in vitro activity

Some Variability Predicted Regionally





Will Evolving Subvariants Change Trends?

New reported cases

All time Last 90 days

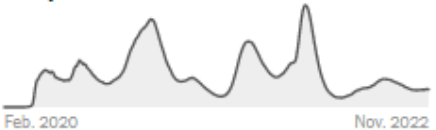


	DAILY AVG. ON NOV. 14	PER 100,000	14-DAY CHANGE
Cases	39,349	12	+4%
Test positivity	8.4%	—	—
Hospitalized	27,662	8	+1%
In I.C.U.s	3,164	<1	+1%
Deaths	302	<1	-13%

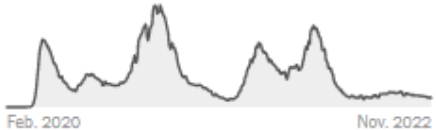
Test positivity rate



Hospitalized



Deaths





NIH COVID Treatment Guidelines

- Despite growing subvariants
 - Continues to recommend Evusheld (BIIb)
 - No alternatives for PrEP
- Bebtelovimab
 - Use for treatment
 - “Only when majority of circulating subvariants in region are susceptible”

FDA EUA for Anakinra (anti-IL1) mAb

- FDA approved for RA, cryopyrin-associated periodic fever, anti-IL1 def.
- EUA for severe COVID pneumonia requiring oxygen
- RCT SAVE-MORE (n = 594)
 - Used ↑ soluble urokinase plasminogen activator receptor levels to identify study population
 - Dosed 100 mg SQ daily x 10d v. placebo
 - Well tolerated
 - 1° endpoint: WHO-11 pt scale, 28-day odds of more severe disease (OR: 0.37 [95% CI 0.26 to 0.50])
 - No difference in mortality
- Alternative to tocilizumab or baricitinib for severe, progressive COVID-19

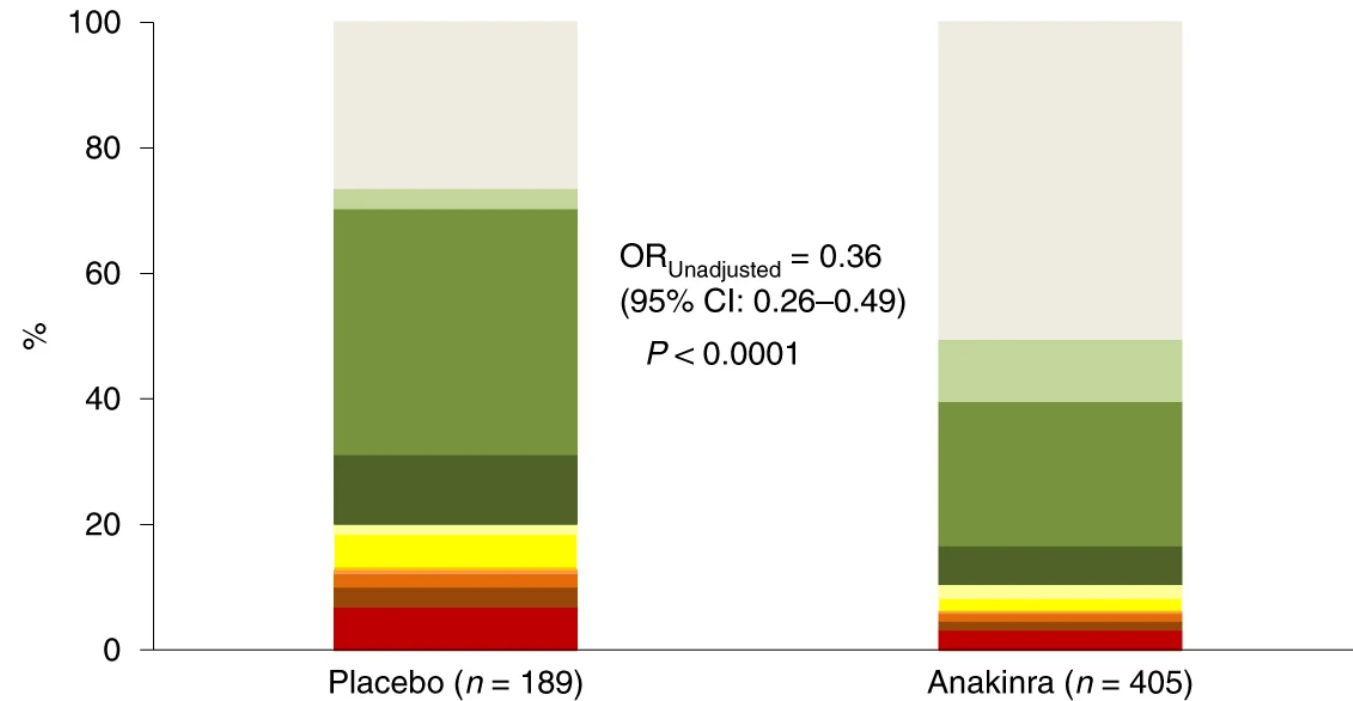
SAVE-MORE Primary Outcome: Clinical Improvement WHO 11 pt scale

a

- Death
- MV with P/F <150 mmHg or vasopressors
- NIV or HFO
- Hospitalized, no oxygen
- Symptomatic, independent
- Fully recovered, PCR⁻
- MV with P/F <150 mmHg and vasopressors, hemodialysis or ECMO
- MV with P/F ≥150 mmHg
- Hospitalized with oxygen
- Symptomatic, assistance needed
- Asymptomatic, PCR⁺

Goodness-of-fit test
(Pearson's chi-square test)
 $P = 0.172$

Assumption of
proportional odds
(test of parallel lines)
 $P = 0.131$





**What is known now about rebound infections
with nirmatrelvir?**



The White House advisor said the US is not headed towards another COVID surge this holiday season. Do you agree with this?



Thank You!

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Upon registering and successfully completing the activity evaluation, you will have immediate access to your certificate.

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To ask your own question, email:

- QA@dkbmed.com