



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**This is an official
MS Health Alert Network (HAN) Alert**

MESSAGE ID: MSHAN-20220426-00571-ALT (Health Alert)
RECIPIENTS: All Physicians, Hospitals, ERs, ICPs, NPs, PAs, and
Healthcare Providers – Statewide
Tuesday, April 26, 2022
SUBJECT: CDC Health Advisory for updated information for the treatment of
outpatients with mild to moderate COVID-19

Dear Colleagues,

Please see the CDC Health Advisory for updated information for the treatment of outpatients with mild to moderate COVID-19.

Additional Resources:

- [MS COVID-19 Therapeutics Locator](#)
- [COVID-19 Therapeutics Decision Aid \(hhs.gov\)](#)
- [COVID-19 Treatment Guidelines \(nih.gov\)](#)

Regards,

Paul Byers, MD
State Epidemiologist



This is an official **CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network
April 25, 2022, 1:00 PM ET
CDCHAN-00463

Updated Information on Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe Outcomes of COVID-19

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to update healthcare providers, public health departments, and the public about the availability and use of recommended therapies for COVID-19 and to advise against using unproven treatments that have known or potential harms for outpatients with mild to moderate COVID-19. For patients with mild to moderate COVID-19 who are not hospitalized and who are at [increased risk](#) for severe COVID-19 outcomes, several [treatment options](#), including antiviral medications and monoclonal antibodies, are now widely available and accessible.

Systemic corticosteroids are [not recommended](#) to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen; patients who are receiving dexamethasone or another corticosteroid for other indications should continue therapy for their underlying conditions as directed by their healthcare providers. Antibacterial therapy is [not recommended](#) for the treatment of COVID-19 in the absence of another indication.

Staying [up to date](#) with COVID-19 vaccination is still the best way to prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death.

Background

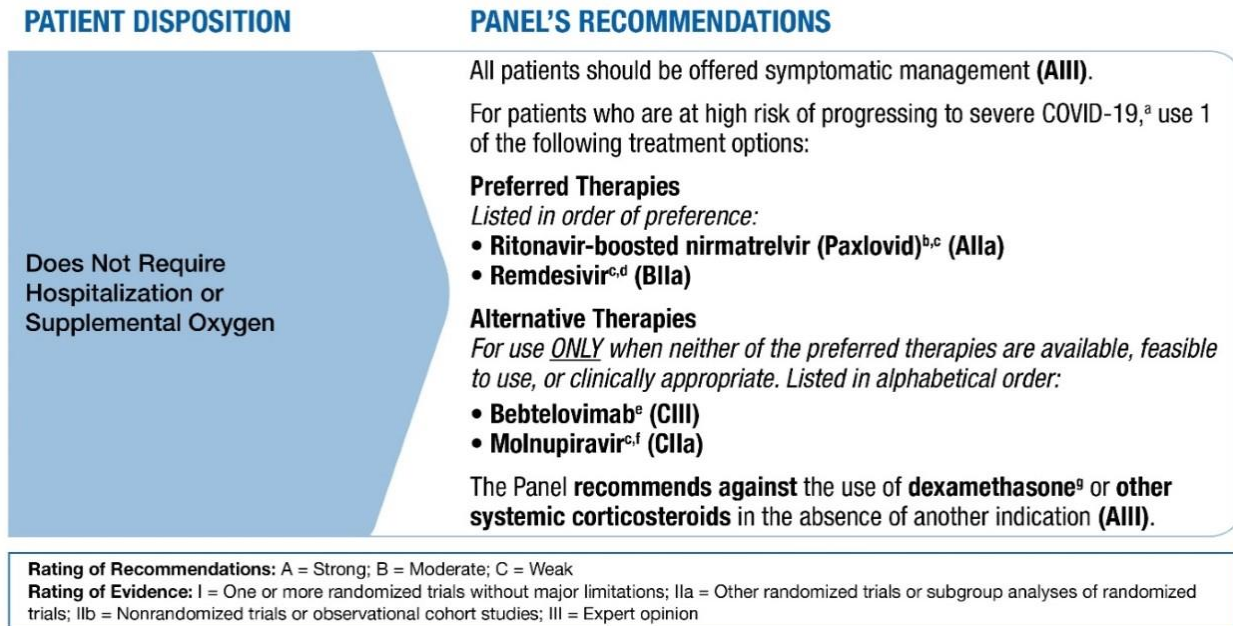
Early outpatient treatment of COVID-19 can avert serious, potentially life-threatening illness and reduce burden on the healthcare system. CDC issued a [HAN Health Advisory on December 31, 2021](#) to address using therapeutics in the outpatient setting for people with COVID-19. At that time, Omicron cases were increasing rapidly in the United States and some COVID-19 therapeutics were in short supply. Now antivirals for COVID-19 are widely available and can be accessed with a provider prescription [at pharmacies nationwide and at Test to Treat locations](#).

Data from CDC (1, 2) (highlighted in a [February 13, 2021 CDC/Infectious Diseases Society of America COVID-19 Clinical Call](#)) and the Food and Drug Administration (3) suggest that there has been increasing use of systemic corticosteroids and antibiotics to treat outpatients with COVID-19. However, these drugs can cause harm and provide no demonstrated benefit in patients with COVID-19 with no supplemental oxygen requirement or bacterial coinfection. Short courses of systemic corticosteroids have been associated with adverse events such as hyperglycemia, gastrointestinal bleeding, psychosis, infections, and longer-term effects (4–7).

The National Institutes of Health (NIH) provides [COVID-19 Treatment Guidelines. The guidelines panel provides treatment options and recommends against using systemic corticosteroids](#) to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen (**Figure**). Patients who are receiving dexamethasone or another corticosteroid for other indications should continue therapy for their underlying conditions as directed by their healthcare providers. Systemic corticosteroids are recommended for hospitalized patients with COVID-19 who require supplemental oxygen or higher-level respiratory support. The guidelines panel also recommends against using antibacterial therapy for COVID-19 in the absence of another indication. Antibacterial drugs have no benefit in treating viral infections and can cause harm.



Figure. Therapeutic Management of Nonhospitalized Adults with COVID-19 (from [NIH COVID-19 Treatment Guidelines](#), last updated: April 8, 2022)



a For a list of risk factors, see the CDC webpage [Underlying Medical Conditions Associated With Higher Risk for Severe COVID-19](#).

b Ritonavir-boosted nirmatrelvir has significant drug-drug interactions. Clinicians should carefully review a patient's concomitant medications and evaluate potential drug-drug interactions.

c If a patient requires hospitalization after starting treatment, the full treatment course can be completed at the healthcare provider's discretion.

d Administration of remdesivir requires 3 consecutive days of IV infusion.

e Bebtelovimab is active in vitro against all circulating Omicron subvariants, but there are no clinical efficacy data from placebo-controlled trials that evaluated the use of bebtelovimab in patients who are at high risk of progressing to severe COVID-19. Therefore, bebtelovimab should be used only when the preferred treatment options are not available, feasible to use, or clinically appropriate.

f Molnupiravir has lower efficacy than the preferred treatment options. Therefore, it should be used only when the preferred options are not available, feasible to use, or clinically appropriate.

g There is currently a lack of safety and efficacy data on the use of this agent in outpatients with COVID-19; using systemic glucocorticoids in this setting may cause harm.

Recommendations for Healthcare Providers

1. Obtain updated information on appropriate use of clinically indicated therapeutics through [NIH's COVID-19 Treatment Guidelines](#).
2. Prescribe **COVID-19 therapeutics** for patients when clinically indicated.
 - There are considerable differences in efficacy, risk profiles, and use restrictions between the two oral antivirals. Healthcare providers need to be familiar with these distinctions to make clinical decisions and inform patients. In addition, initiating treatment with these oral antivirals must begin within five days of symptom onset to maintain product efficacy.
 - Please see [NIH's COVID-19 Treatment Guidelines](#) for important therapeutic considerations, such as the potential for significant drug-drug interactions with ritonavir-boosted nirmatrelvir ([Paxlovid](#)) and dosing regimens for patients with renal impairment.
1. Obtain information on **access to outpatient COVID-19 treatments**, including pharmacies where antivirals for COVID-19 are distributed and [Test to Treat](#) locations.
2. Do not use **dexamethasone and other systemic corticosteroids** to treat patients with mild to moderate COVID-19 who do not require hospitalization or supplemental oxygen; these drugs have no proven benefit in these patients and can cause harm.



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3. Do not use **antibacterial therapy** to treat COVID-19 in the absence of another indication; these drugs have no benefit for treating viral infections and can cause harm.
4. To prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death, encourage all patients to remain **up to date with COVID-19 vaccination**.
 - o People who are immunocompromised or severely allergic to COVID-19 vaccines may receive tixagevimab co-packaged with cilgavimab ([Evusheld](#)), a **long-acting combination monoclonal antibody therapy** given by intramuscular injection for pre-exposure prophylaxis of COVID-19. To find Evusheld distribution locations, providers can go to the [COVID-19 Therapeutics Locator](#), call the support line at [1-800-232-0233](#) (TTY [888-720-7489](#)), or contact their individual state or territorial health planners.

For More Information

- [CDC COVID-19 Treatment website](#)
- [NIH COVID-19 Treatment Guidelines](#)
- [NIH COVID-19 Treatment Guidelines: Therapeutic Management of Nonhospitalized Adults with COVID-19](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)
- [NIH COVID-19 Treatment Guidelines: Prevention of SARS-CoV-2 Infection](#)
- [Office of the Assistant Secretary for Preparedness & Response \(ASPR\) Test to Treat website](#)
- [U.S. Food and Drug Administration COVID-19 Therapeutic Product Emergency Use Authorizations](#)
- [CDC COVID Data Tracker](#)

References

1. Geller AI, Lovegrove MC, Lind JN, Datta SD, Budnitz DS. Assessment of outpatient dispensing of products proposed for treatment or prevention of COVID-19 by U.S. retail pharmacies during the pandemic. *JAMA Intern Med* 2021;181:869-72. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2776456>
2. Tsay SV, Bartoces M, Goulin K, Kabbani S, Hicks, LA. Antibiotic prescriptions associated with COVID-19 visits among Medicare beneficiaries, April 2020 to April 2021. *JAMA* 2022. <https://jamanetwork.com/journals/jama/fullarticle/2791077>
3. Bradley MC, Perez-Vilar S, Chillarige Y, Dong D, Martinez AI, Weckstein AR, Dal Pan GJ. Systemic corticosteroid use for COVID-19 in U.S. outpatient settings from April 2020 to August 2021. *JAMA* 2022. <https://jamanetwork.com/journals/jama/fullarticle/2791078>
4. Yao TC, Huang, YW, Chang SM, Tsai SY, Wu AC, Tsai HJ. Association between oral corticosteroid bursts and severe adverse events. *Ann Intern Med* 2020;173:325-30. <https://www.acpjournals.org/doi/10.7326/M20-0432>
5. The RECOVERY Collaborative Group. Dexamethasone in hospitalized patients with COVID-19. *N Engl J Med* 2021;384:693-704. <https://www.nejm.org/doi/full/10.1056/nejmoa2021436>
6. Crothers K, DeFaccio R, Tate J, et al. Dexamethasone in hospitalised coronavirus-19 patients not on intensive respiratory support. *Eur Resp J* 2021. <https://erj.ersjournals.com/content/early/2021/11/18/13993003.02532-2021>
7. Li Q, Li W, Jin Y, et al. Efficacy evaluation of early, low-dose, short-term corticosteroids in adults hospitalized with non-severe COVID-19 pneumonia: a retrospective cohort study. *Infect Dis Ther* 2020;9:823-36. <https://pubmed.ncbi.nlm.nih.gov/32880102/>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.



Alerting Message Specification Settings

Originating Agency: Mississippi State Department of Health
Alerting Program: MS Health Alert Network (MS HAN)
Message Identifier: MSHAN-20220426-00571-ALT
Program (HAN) Type: Health Alert
Status (Type): Actual ()
Message Type: Alert
Reference: MSHAN-00571
Severity: Unknown
Acknowledgement: No
Sensitive: Not Sensitive
Message Expiration: Undetermined
Urgency: Undetermined
Delivery Time: 600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency: A unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

Message Identifier: A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).

Program (HAN) Type: Categories of Health Alert Messages.

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Health Info Service: Provides Message / Notification of general public health information; unlikely to require immediate action.

Status (Type):

- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded

Message Type:

- Alert: Indicates an original Alert
- Update: Indicates prior alert has been Updated and/or superseded
- Cancel: Indicates prior alert has been cancelled
- Error: Indicates prior alert has been retracted



Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).