Rehospitalization, Emergency Visits After Paxlovid Treatment Are Rare

Hospitalizations and emergency department visits for rebounding COVID-19 symptoms are rare after treatment with the antiviral therapy nirmatrelvir-ritonavir, according to a CDC analysis of electronic medical records from a large health care system.

In late December 2021, the US Food and Drug Administration issued an Emergency Use Authorization for nirmatrelvir-ritonavir (Paxlovid) to treat individuals with COVID-19 at increased risk of severe outcomes including hospitalization and death. Case reports of rebounding COVID-19 symptoms or positive SARS-CoV-2 test results between 2 and 8 days after treatment with the antiviral therapy prompted the CDC to issue a Health Advisory on May 24.

Less than 1% of 5287 patients who received nirmatrelvir-ritonavir for COVID-19 required hospitalization or emergency department care for symptoms 5 to 15 days after treatment, according to the CDC report. Six hospitalizations—all among people with comorbidities or advanced age—and 39 emergency department encounters for apparent COVID-19 symptoms occurred. Two of the hospitalized patients died.

“When administered as an early-stage treatment, Paxlovid might prevent COVID-19–related hospitalization among persons with mild to moderate COVID-19 who are at risk for progression to severe disease,” the report’s authors wrote.

Persistent Disparities in COVID-19 Antiviral Dispensing

Communities most at risk of severe COVID-19 outcomes have half the rate of prescriptions compared with less vulnerable communities, according to a CDC report.

More than 1 million doses of oral antiviral medications to treat individuals with SARS-CoV-2 have been prescribed since late December 2021 when the US Food and Drug Administration issued Emergency Use Authorizations for nirmatrelvir-ritonavir (Paxlovid) and molnupiravir (Lagevrio).

To scale up access to the drugs, which are most effective when used within 5 days of developing symptoms, the US Department of Health and Human Services launched the Test to Treat initiative on March 7, 2022. The initiative was designed to allow high-risk individuals to be tested for SARS-CoV-2, evaluated by a clinician who can prescribe an oral antiviral if indicated, and fill the prescription for free—all at 1 site.

The new report suggests the initiative has helped boost prescribing. More than two-thirds of prescriptions written between December 23 and May 21 were dispensed after the program launched. The number of dispensing sites in the US has also grown from 49 the first week the drugs became available in December to almost 40,000 by May 21.

Yet despite rising prescription rates, serious disparities persist. The 49% of communities classified as most socially vulnerable to disease outbreaks or other disasters because of factors like high rates of poverty, limited transportation, and crowded housing continue to have the lowest rates of prescribing despite having the most dispensing sites, the report noted.

Prescribing rates per 100,000 people increased from 3.3 to 77.4 in communities with low social vulnerability and from 4.5 to 70 in medium social vulnerability communities between March 6 and May 21. Despite starting out with the highest prescribing rate of 7.8 per 100,000 at the beginning of this period, high social vulnerability communities topped out at 35.7 per 100,000 by the end of the period.

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Note: Source references are available through embedded hyperlinks in the article text online.