

Uptake and Effectiveness of monoclonal antibodies and antiviral therapies for COVID-19 in Scotland

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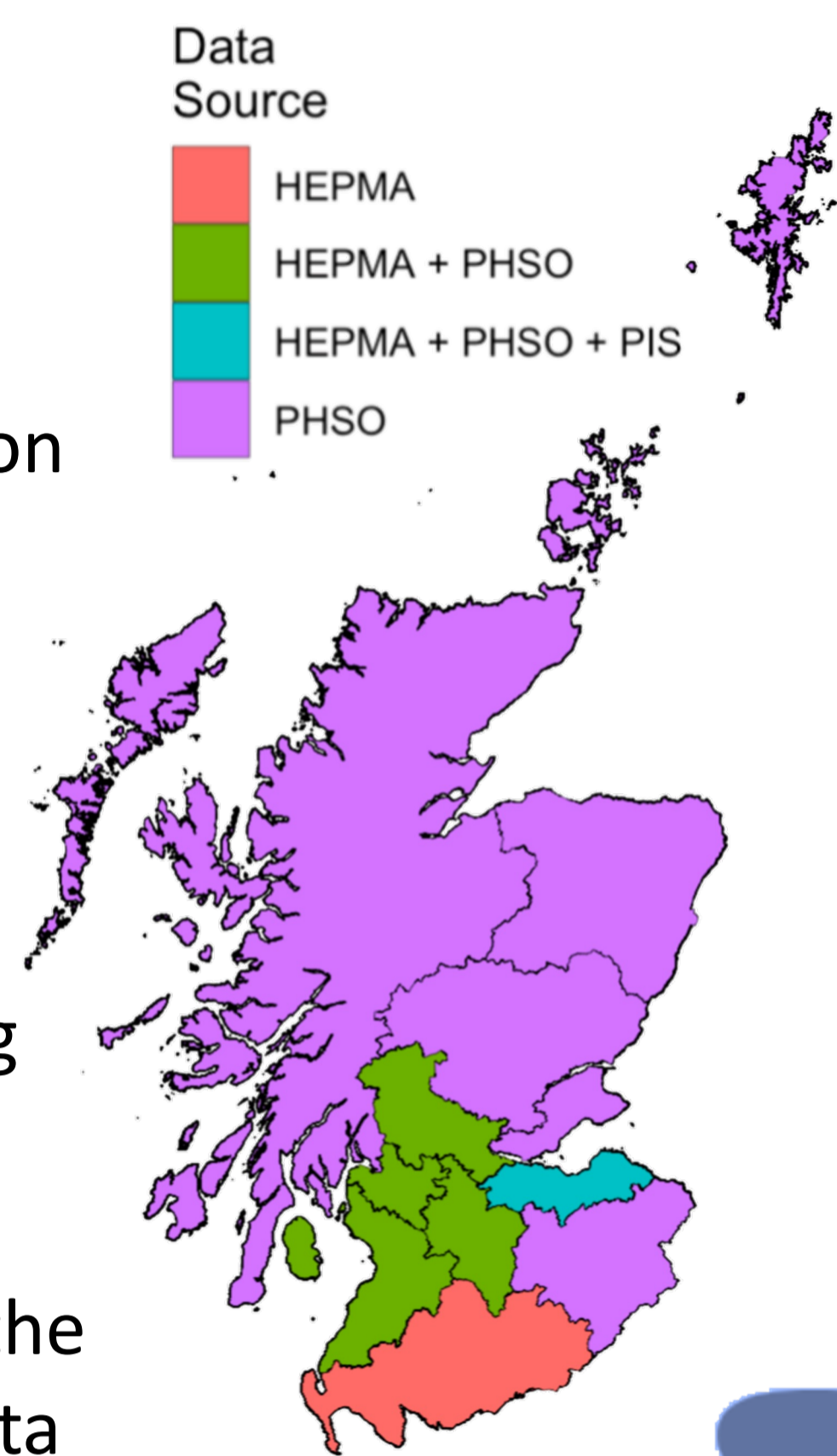
Project ROCOVE

The Rapid Outcomes of COVID therapeutics in EAVE II (ROCOVE) project began in January 2022, to monitor the use and ongoing effectiveness of COVID-19 treatments being used in Scotland. Using the EAVE II platform, we linked health data from primary care, secondary care, deaths, vaccinations, SARS-CoV-2 tests, and COVID-19 treatments.

1 Therapeutics Data

Our first challenge was collecting data on the prescription and administration of COVID-19 therapeutics throughout Scotland, as there was no standard reporting system across Health Boards.

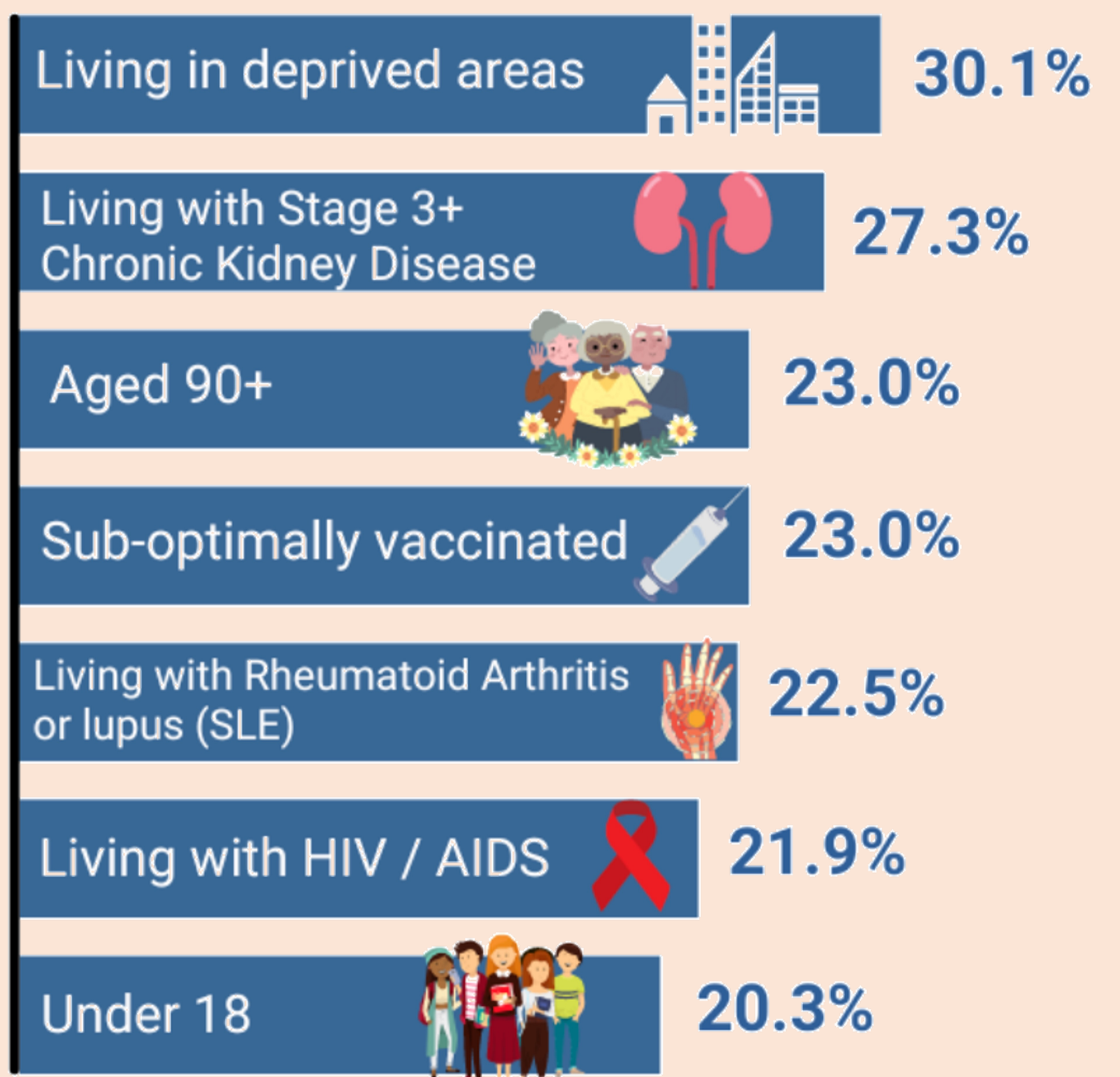
Six Boards used the hospital prescribing system, HEPMA. One Board used a combination of HEPMA and the GP prescribing system, PIS, depending on the medication. For the other boards, a data request was issued by Public Health Scotland for weekly manually constructed excel spreadsheets, known as the PHSOs. All but one Board sent at least one excel file.



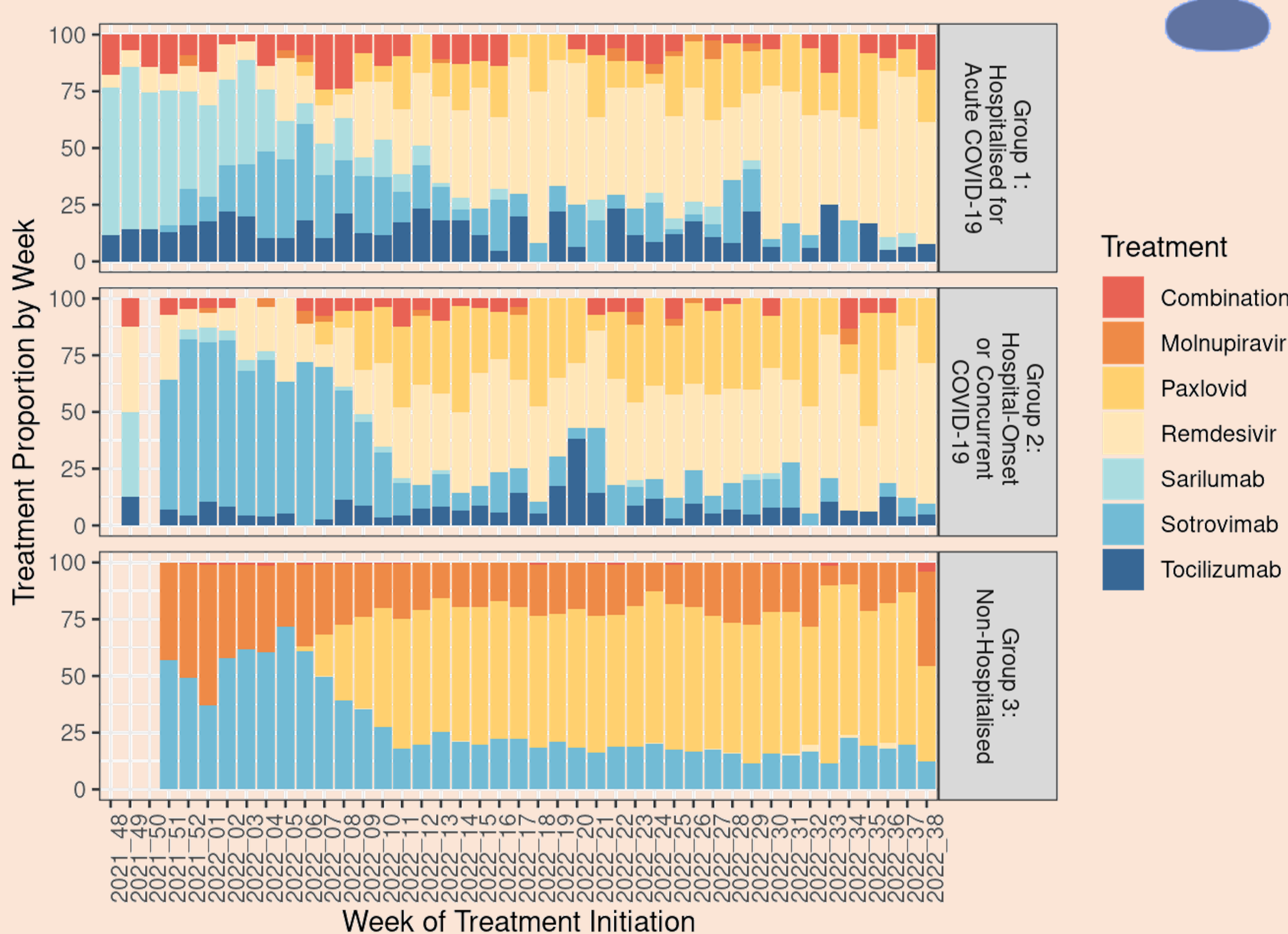
2 Treatment Uptake

We estimated who would have been eligible for one of the available COVID-19 treatments, based on a positive SARS-CoV-2 test, and a diagnosis of one of the identified conditions with high-risk for severe COVID-19 outcomes. We were not able to exclude people with mild or naturally resolving symptoms, who would have not been offered treatment, as this data was not available.

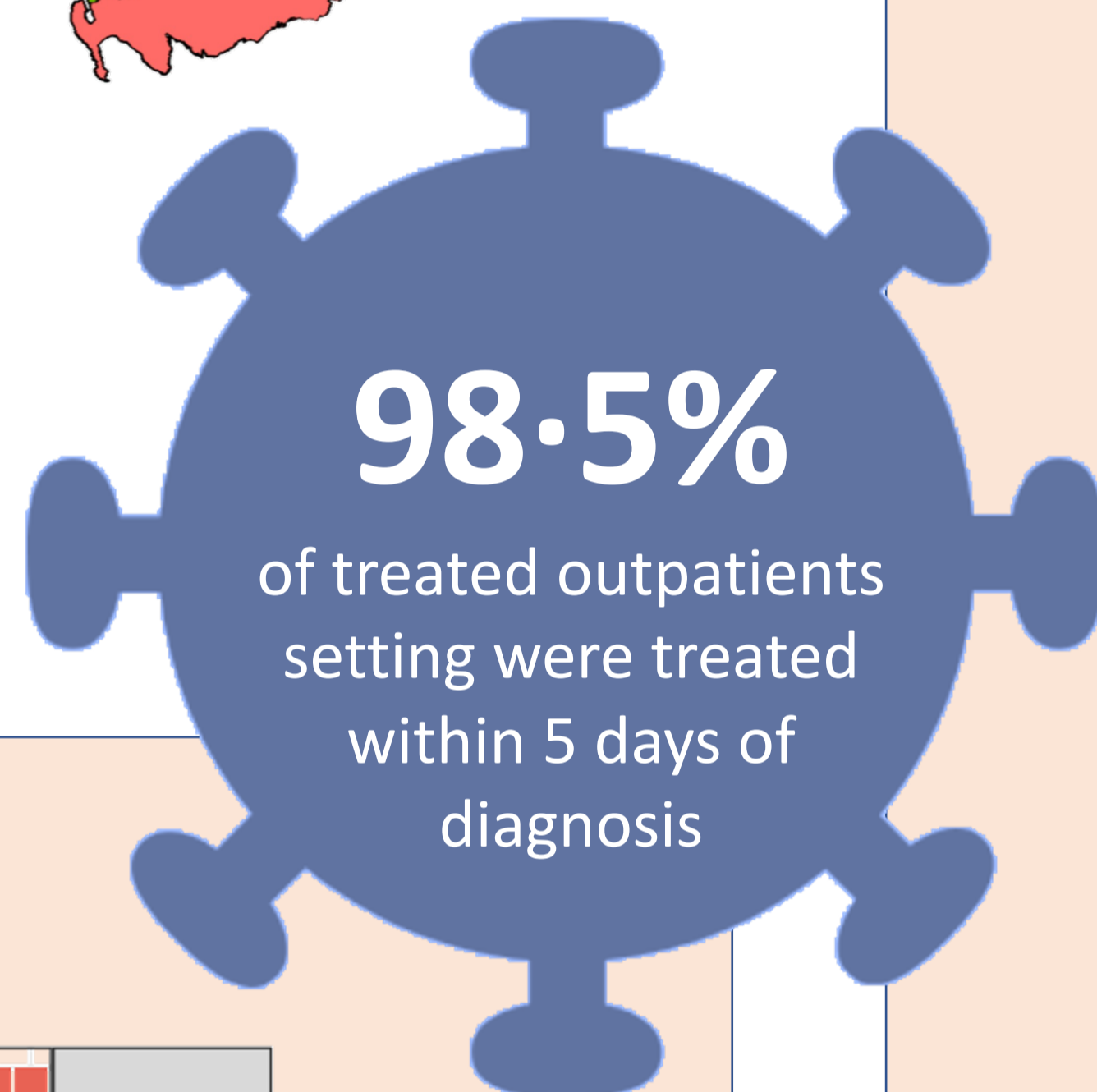
Overall, 50% of the identified population were treated, but treatment was less common in those:



3 Treatment Allocation



- Over time, the treatment most commonly allocated to hospital patients with severe COVID-19 changed from Sarilumab, to Sotrovimab, then then Remdesivir.
- Hospital patients treated for either concurrent or hospital-onset COVID-19, were first given Sotrovimab, which was then replaced by either Paxlovid or Remdesivir.
- 81% of treatment episodes were initiated in the outpatient or community setting.
- Sotrovimab and Molnupiravir were used most often until around March 2022, when Paxlovid became the primary choice.



4 Treatment Effectiveness

1.1% of those treated in the community were admitted to hospital for COVID-19 within 28 days of treatment initiation. For these patients, having fewer than three COVID-19 vaccinations, having been diagnosed with blood cancer or chronic kidney disease, or having had chemotherapy or a solid organ transplant (compared to other treated patients without such diagnoses) were all independently associated with higher odds of subsequent COVID-19 inpatient admission.

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