

COVID Testing Guidance and Treatment

Update for prescribers – October 12, 2022

This update is for all general practitioners and specialists

The British Columbia COVID-19 Therapeutics Committee (CTC) provides guidance on the most current research on the use of therapies in the management of COVID-19 <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/treatments>

What has changed with the provincial COVID-19 testing guidance?

Self-administered Rapid Antigen Tests (RATs) are now recommended as the first-line testing method for all individuals living in the community. Polymerase Chain Reaction (PCR) testing is still recommended in acute settings for symptomatic patients, but are no longer required elsewhere.

Since there has been widespread availability of Rapid Antigen Test through community pharmacies, and the general public have been encouraged to use these tests as needed and self-isolate if symptomatic. RATs have also been used effectively to support initiation of COVID-19 treatments.

As a result, community PCR test collection sites are no longer required and are in the process of closing operations.

People with symptoms compatible with COVID-19 should perform a RAT as soon as they feel unwell as the main therapy available for COVID-19, nirmatrelvir/ritonavir (Paxlovid) needs to be initiated within 5 days of symptom onset and remdesivir within 7 days.

The sensitivity of rapid antigen tests increases to $\geq 93\%$ with repeat testing. If the test is negative and the patient continues to feel sick or their symptoms worsen, they should repeat the test in 24 hours. As long as they are within 5 days of symptom onset and not improving, they may repeat the test every day to the 5th day.

Positive rapid antigen test results are acceptable for initiating treatment and no confirmatory PCR testing is required or recommended for outpatients. Clinicians should use their clinical judgement about respiratory virus testing for their patients (including COVID-19).

More information:

- [COVID-19 testing guidance](#) (updated Sept 28, 2022)
- [BCCDC's information on when to get tested](#) (updated Sept 28, 2022)

When should I use a PCR?

PCR testing will continue to be performed on patients within acute care settings, including hospitalized patients and those presenting to the emergency departments or to investigate an outbreak. PCR is required for genomic characterization of the virus (aka Variants of Concern typing) for surveillance purposes which also informs the activity of monoclonal antibody treatments. PCR is also used when there is a need to diagnose influenza (these tests are done together).

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For patients who live in a rural, remote, First Nations or Indigenous communities, the health care provider may suggest PCR testing, or other investigations based on their clinical evaluation. Offering PCR-based COVID-19 testing or more comprehensive clinical investigation might be appropriate due to barriers in accessing health services such as geographical remoteness or systemic racism. For full guidance on Testing in Remote, Rural and Indigenous Communities, [click here](#).

PCR testing may also be ordered in the community for treatment purposes at the discretion of the primary care provider. Scenarios where PCR testing may be appropriate include:

- High-risk patients ($\geq 5\%$ risk of progression to severe disease) who test negative despite serial RATs
- Patients with a very high-level of suspicion (e.g., symptomatic with a household contact) who test negative despite serial RATs
- Patients in whom therapy was initiated despite a negative RAT(s) to ensure a diagnosis of COVID-19
- Patients who have symptoms of severe disease who will have COVID-19 therapy (e.g., supplemental oxygen, dexamethasone) delivered outside of an acute care setting

Health care providers wishing to order PCR testing should consult their local Health Authority resources for up-to-date guidance. As PCR testing results may take 24 hours or more, **patients for whom treatment is indicated should also perform serial RATs while awaiting PCR results.**

Who are COVID treatments recommended for?

Eligibility for treatment has not changed since March 1, 2022. Treatment is recommended in patients who have a 5% chance or greater of being hospitalized from COVID-19. Such patients are eligible to be referred for remdesivir if nirmatrelvir/ritonavir cannot be prescribed due to contraindications or drug-drug interactions. Additionally, treatment is suggested in those who have a slightly increased hospitalization risk (3-4%). Such patients are also eligible for nirmatrelvir/ritonavir but currently patients with a risk of $\geq 5\%$ are being prioritized for IV therapy with alternatives. Taken together, the expanded patient eligibility criteria for nirmatrelvir/ritonavir are:

- Individuals who are immunocompromised or have high-risk conditions identified as Clinically Extremely Vulnerable (CEV) regardless of vaccine status or previous infection
 - Not all children ages 12-17 who are CEV will benefit from treatment. Paxlovid is not recommended below the age of 18 at this time. Those with multiple co-morbidities would have the highest potential benefit and are eligible only for sotrovimab
- Unvaccinated individuals without previous infection who are EITHER:
 - ≥ 50 years OR
 - have three or more chronic conditions/co-morbidities
- Individuals ≥ 50 years with 1-2 vaccine doses or previous infection alone, with three or more chronic conditions/co-morbidities
- Individuals aged ≥ 70 years with 1-2 vaccine doses or previous infection alone, with one or more chronic condition/co-morbidity

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- Individuals ≥ 70 years with three or more chronic conditions/co-morbidities regardless of vaccine status or previous infection
- Indigenous individuals (if not captured above) who are EITHER:
 - unvaccinated without previous infection OR
 - ≥ 50 years with 1-2 vaccine doses or with previous infection alone OR
 - ≥ 70 years regardless of vaccine status or previous infection

To determine an individual's risk for hospitalization, see [Clinical Practice Guide for the Use of Therapeutics in Mild-Moderate COVID-19](#).

Pregnancy and Breastfeeding: Currently available therapies have not been evaluated in pregnancy or breastfeeding. Prescribers may consult Reproductive Infectious Disease on call at BC Women's Hospital if prescribing COVID-19 therapy, especially nirmatrelvir/ritonavir. Patients are encouraged to use protection while taking these medications. In addition, those on oral contraceptives should use a back-up method when taking nirmatrelvir/ritonavir due to drug interactions leading to lower plasma levels of estrogen.

Pediatrics: nirmatrelvir/ritonavir (Paxlovid) is not currently approved for children under 18 years. All cases in which an IV treatment including remdesivir or sotrovimab is being considered should be discussed with, and approved by the Pediatric Infectious Diseases physician on call at BC Children's Hospital. Neither agent has RTC-level data in pediatrics and limitations concerning off-label use or evidence extrapolated from adults needs to be weighted against the potential benefits.

Who can I call to support questions about COVID therapeutics?

A provincial pharmacy line has been established to support the arrival of the new COVID-19 anti-viral medications in BC, nirmatrelvir/ritonavir (Paxlovid), remdesivir and sotrovimab. There are a few requirements that doctors need to know when it comes to prescribing, including the treatment window, how they contradict or interact with other medications, etc. In addition, a prescriber and/or a pharmacist must assess each prescription against drug interactions and medical contraindications. This provincial pharmacy line will support prescribing and pharmacists to dispense these novel medications.

The support line is staffed by Ministry of Health pharmacists and assists with questions related to prescribing and dispensing Paxlovid.

Be ready to provide:

- Clinician/pharmacist details: Name, phone number, city where you practice, and when is a good time to call you back.
- Patient details: Name, date of birth (DoB), personal health number (PHN), and any relevant medical info

Consult with your local Health Authority Infectious Disease physician for complex patients.

Do I need to assess drug-to-drug interactions before prescribing?

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Yes, medication reconciliation is important. Paxlovid treatments are not suitable for everyone and must be prescribed by a health care provider who can assess interactions with other conditions or medications. Patients may not be able to receive treatment if they are already taking some other medications.

If pharmacist support or resources are needed, please use [Practice Tool #3: Drug-Drug Interactions and Contraindications](#), or phone the provincial pharmacist support line: Mon-Fri 0830-1630; 1-866-604-5924 (see more details below).

What other materials are available?

- The [COVID-19 self assessment tool](#) has been updated
- The [Where to get a COVID-19 Test in BC](#) page has been updated and links directly to health authority-specific information.
- The [Fall outlook – Respiratory viruses in BC](#) slide deck presented by the PHO is available online. Previous slide decks can be found on the [COVID-19 Briefings](#) page