## **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>

**How do I order a PCR test?**

The testing guidelines reflect a RAT-based testing strategy, however, clinicians can order a PCR at their discretion, for example in high-risk patients (e.g., CEV 1) who remain negative via RAT but the clinical suspicion is very high. Treatment may also be started empirically while awaiting PCR results. For information about how to order a PCR test, see <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/where-to-get-a-covid-19-test-in-bc#pcr>.

Testing information is update regularly at <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing>. This website provides practical information for patients and providers alike.

**Any new information or evidence about tixagevimab/cilgavimab (Evusheld)?**

Due to the resistance of currently circulating variants of concern (VoCs) and safety concerns, the CTC recommends against any further use of tixagevimab/cilgavimab (Evusheld) for prevention or treatment.

Recently, BC has seen a surge of VoCs demonstrating a [high level of resistance](https://covdb.stanford.edu/susceptibility-data/table-mab-susc/) to tixagevimab and cilgavimab. BQ 1 and BQ 1.1 are two of the fastest growing subvariants, and both show >1000-fold reductions in binding, leading to guidance against their use. Furthermore, tixagevimab/cilgavimab are inactive against XBB 1.5, which is also rapidly rising. Over 55% of all VoCs in BC are completely resistant to tixagavimab/cilgavimab, and that proportion is growing exponentially. On January 17, 2023, [Health Canada communicated](https://recalls-rappels.canada.ca/en/alert-recall/evusheld-tixagevimab-and-cilgavimab-injection-risk-prophylaxis-or-treatment-failure-0) about its loss of activity and warned clinicians against further use against resistant variants.

The safety of tixagevimab/cilgavimab has also come into question. A [recent meta-analysis](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900452-0/fulltext/) demonstrated a two-fold increased risk of cardiac and vascular serious adverse events (SAEs) from randomized controlled trials. Furthermore, an analysis of adverse events from the WHO [pharmacovigilance database](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9714079/) also showed that tixagevimab/cilgavimab recipients had 3-4-fold higher odds of such SAEs when compared to other monoclonal antibodies.

The CTC continues to recommend the following agents for the treatment of COVID-19 in mildly-moderately ill patients. These therapies include:

* Oral antiviral nirmatrelvir/ritonavir (**Paxlovid**)
* IV antiviral, **remdesivir**, is recommended within 7 days of symptom onset as an alternative to nirmatrelvir/ritonavir.

**Any other new information or evidence for the treatment of COVID-19 in mild-moderately ill patients?**

At this time, sotrovimab is no longer recommended as an alternative to oral antiviral nirmatrelvir/ritonavir (Paxlovid). Sotrovimab exhibits high-level resistance against BQ 1 and BQ 1.1 and low-level resistance against most VoCs in BC.

Although sotrovimab may retain activity against XBB 1.5, currently in BC it compromises only 1.4% of all sequenced VoCs therefore, its role in treatment remains limited. Nevertheless, CTC will continue to review and evaluate sotrovimab as the prevalence of XBB 1.5 is increasing and will regularly re-evaluate its role in therapy.

Recently, a [positive study evaluating zinc](https://academic.oup.com/cid/article/76/2/185/6795268) for the treatment of COVID-19 has been published. However, due to the low generalizability of this study and a lack of reproducibility by [other trials](https://www.journalofinfection.com/article/S0163-4453%2823%2900028-2/fulltext), there is insufficient evidence to recommend zinc for COVID-19 of any disease severity at this time.

**Who can I call to support questions about COVID therapeutics?**

For Paxlovid prescribing support for clinicians, please call the Ministry of Health’s Patient and Client Relations at 1-844-915-5005. The line is open Monday through Friday, 8:30 am to 4:30 pm.

When calling, be ready to provide patient information (Name, date of birth (DoB), personal health number (PHN), and any relevant medical info) and a call-back number. A pharmacist will respond as soon as possible.

**What other materials are available?**

* The [COVID-19 self assessment tool](https://covidcheck.gov.bc.ca/) can be used with patients.
* The [Where to get a COVID-19 Test in BC](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/where-to-get-a-covid-19-test-in-bc) page includes direct links to health authority-specific information.
* The [Fall outlook – Respiratory viruses in BC](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_briefings/Fall_Outlook_Respiratory_viruses_Nov162022.pdf) (Nov 16) slide deck presented by the PHO is available online. Previous slide decks can be found on the [COVID-19 Briefings](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/briefings) page.