Neutralizing monoclonal antibody combo treats mild, moderate COVID-19

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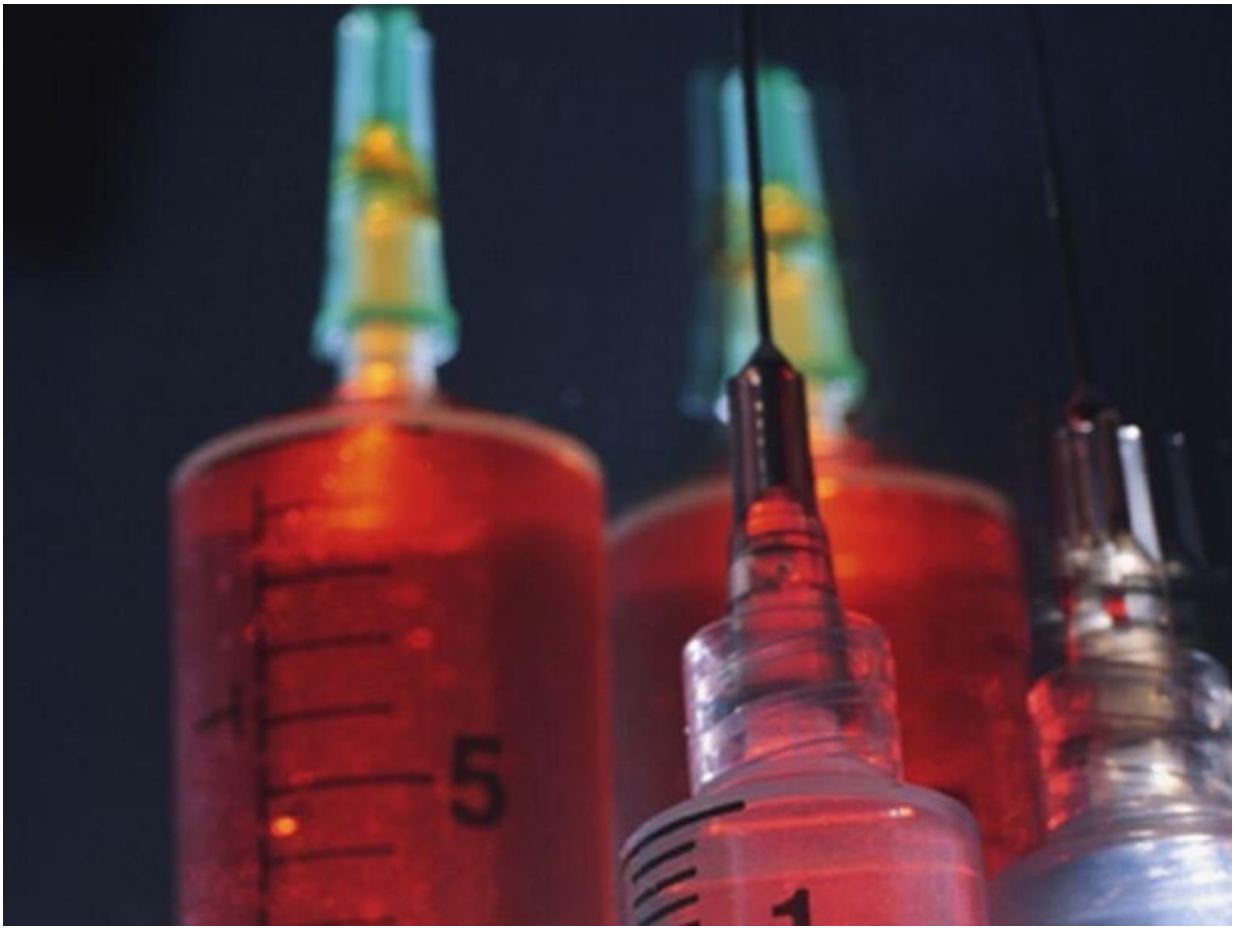

(HealthDay)—For ambulatory patients with mild or moderate

COVID-19 who are at high risk for progression to severe disease, bamlanivimab plus etesevimab infusion leads to a lower incidence of COVID-19-related hospitalization and death, according to a study published online July 14 in the *New England Journal of Medicine*.

Michael Dougan, M.D., Ph.D., from Massachusetts General Hospital in Boston, and colleagues randomly assigned a cohort of ambulatory patients with mild or moderate COVID-19 at high risk for progression to severe disease to receive a single intravenous infusion of a neutralizing monoclonal-antibody combination agent (bamlanivimab and etesevimab) or placebo (518 and 517 patients, respectively) within three days after severe acute respiratory syndrome coronavirus 2 diagnosis.

The researchers found that by day 29, 2.1 and 7.0 percent of patients in the bamlanivimab-etesevimab and placebo groups, respectively, had a COVID-19-related hospitalization or death from any cause (absolute risk difference, −4.8 percent; relative risk difference, 70 percent). There were no deaths reported in the bamlanivimab-etesevimab group, while 10 deaths occurred in the placebo group, nine of which were designated as COVID-19-related. A greater reduction from baseline was seen in the log viral load at day 7 among patients receiving bamlanivimab plus etesevimab versus placebo (difference from placebo in change from baseline, −1.20).

"While society moves toward ending the COVID-19 pandemic with widespread vaccination campaigns and efforts to achieve herd immunity, antibody therapy provides a potential treatment option to reduce the incidence of illness and death among vulnerable patients," the authors write.

Several authors disclosed financial ties to biopharmaceutical companies, including Eli Lilly, which manufactures bamlanivimab plus etesevimab and funded the study.

More information: Abstract/Full Text