Abstract

Health Science Journal
ISSN 1791-809X

2021
Vol.15 No.P19

Treatment with Anti SARS-COV2 Monoclonal Antibodies: Experience in Internal Medicine

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Background and aims: FDA authorized emergency monoclonal antibodies use in the early phase of the COVID disease because it's associated to reduction of viral load, access in emergency room, hospitalization and mortality. The scientific technical committee set up specific administration center called MABS in the hospitals to improve clinical experience.

Materials and methods: From 03.29.2021 a new MABS Center is enabled in our Hospital for frail patients **(Table 1)** up to 12 years old, with mild to moderate forms of illness in the tenth day from the beginning of the disease, not hospitalized, without need of oxygen, with at least one of risk factors as in the table. Until 07.30.2021 out of a total of 30,000 infected patients, 176 have been reported to the ASL. Of these only 116 were mostly indicated for the treatment.

Results: Of these 116 patients eleven adverse events are reported: one death (0.86%), nine hospitalized patients (7.75%), one hospitalization non-COVID related (0.86%).

Discussion: MABS in early phase of the COVID disease are very efficacy and their use is likely useful in recovered patients.

Table 1

FRAIL PEOPLE
• Body Mass Index >30-35 • Chronic renal failure • Decompensated diabetes • Primary or secondary immunodeficiency • People up to 55 years old associated to: 1. Cerebrovascular disease like hypertension with organ damage 2. Respiratory disease