

Monoclonal Antibodies Helpful, But No Substitute For Full Vaccination, Health Experts Say

August 30 2021 3:49 PM



GALESBURG - The nation's leading infectious disease doctor and White House medical advisor Dr. Anthony Fauci urges physicians to make more use of monoclonal antibodies for the treatment of COVID-19 at a time when OSF HealthCare has been leading in their use.

Mark Meeker, DO, FACP, CPE, vice president of community medicine, OSF Multispecialty Group, says OSF HealthCare was among the first health systems to implement special clinics to help infuse patients who qualified for monoclonal antibody treatment.

Because clinical leaders constantly review data on the latest treatments, Dr. Meeker says OSF HealthCare pivoted to a new and improved version from the initial regimen of Bamlanivimab.

“When that data became apparent, we stopped infusing BAM as we called it at the time, and we switched to REGEN-COV. REGEN-COV is effective against the variants, and it’s still available and we’re still using it for specific people who get symptomatic COVID,” says Dr. Meeker.

REGEN-COV is authorized for treatment of people over age 12.

According to Dr. Anthony Fauci, clinical trials have demonstrated that early treatment with monoclonal antibodies can reduce the risk of COVID-19 hospitalization or death by 70 to 85%. The laboratory-made antibody mimics a naturally occurring one, which is known to fight off the virus that causes COVID-19.

In a news conference, Dr. Fauci stressed Regeneron’s REGEN-COV antibody cocktail is also authorized for use in preventing infection in people exposed to the virus and who are at risk including people who are obese, pregnant have chronic conditions or are age 65 or older. The FDA recently expanded authorization to preventatively use monoclonal antibodies based on the results of a large clinical trial that found the antibodies prevented symptoms in household contacts of people who recently tested positive.

Dr. Meeker recognizes there is a preventative benefit and says OSF HealthCare is looking at wider use.

“If someone is at high risk of getting bad COVID and they know they have exposure because the person they had contact with has tested positive and is sick, then we can give monoclonal antibodies to the exposed person to prevent illness. Instead of waiting for them to get sick and catch up, we can give it in a preventative fashion so that they have less risk of getting sick.”

Monoclonal antibodies are especially useful for people with weakened immune systems who may not generate a robust response to the COVID-19 vaccines, and for others at high risk of severe illness. Monoclonal antibodies can start to clear the coronavirus within hours of being infused intravenously (IV) into the body. But, Dr. Meeker points

out monoclonal antibodies are not a substitute for becoming fully vaccinated against COVID-19 because he says that's the best prevention against severe illness and hospitalization from the virus.

For those who question the changing guidance, Dr. Meeker says the novel virus has accelerated medical response out of necessity, and so as new data comes in and the virus changes, so will the approaches to containing and treating the disease.

“We’re changing as rapidly as we can to try to keep up with the knowledge that’s being gained from across the world, not just the country. It’s a moving target. It’s a fascinating time and I would just encourage you, if you have any questions, talk with your physician or your APP (advanced practice provider).”

The National Institutes of Health offers [the full list of conditions that might qualify for use](#) of monoclonal antibodies. [OSF MyChart](#) is also the easiest way to contact your medical provider to see if you should consider treatment.