

# Monoclonal antibody therapy and COVID-19

19 October 2021, by Samantha Bochenek



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Monoclonal antibody therapy is an infusion treatment that can reduce the severity of COVID-19. Here are some of the commonly asked questions about the treatment.

**Q: What are monoclonal antibodies and how do they work?**

A: Monoclonal [antibodies](#) are proteins created in a lab. The proteins mimic your immune system and are meant to make COVID-19 disease milder in patients who are already sick.

**Q: Who is eligible to receive the treatment?**

A: The Food and Drug Administration (FDA) has issued an Emergency Use Authorization to permit the use of monoclonal antibody therapy for the treatment of mild to moderate COVID-19 in adult and pediatric patients (12 years of age and older weighing at least 85 pounds) who test positive for COVID-19 and who are at high risk for moderate to severe COVID-19.

**Q: If I can get antibody treatment when I get COVID, why do I need to bother with the vaccine?**

A: The vaccine has been shown to be highly effective at preventing the acquisition of COVID-19 and significantly reduces symptoms if any strain is contracted. The monoclonal antibody is not as effective as the vaccine at preventing COVID-19 and you can't get the therapy until after you test positive. It is also crucial to get the monoclonal antibody treatment quickly after discovering a positive case. Depending on where you live, it may be difficult to schedule the treatment and should be considered a last line of defense to avoid hospitalization from this disease. Lastly, monoclonal antibody treatment may not work for everyone, which is another reason to get vaccinated.

**Q; I tested positive for COVID, but I don't have symptoms. Can I get the antibody treatment?**

A: If you test positive and have one of the risk factors for severe COVID-19, including, but not limited to, being 65 or older, obesity, [chronic kidney disease](#), diabetes, immunosuppressive disease, immunosuppressive treatment, cardiovascular disease, [sickle cell disease](#), pregnancy, [chronic lung disease](#), [neurodevelopmental disorders](#) or other conditions that confer medical complexity (for example: [cerebral palsy](#), genetic/metabolic syndromes, severe congenital anomalies, or medical related technological dependent (for example: tracheostomy or gastrostomy)), you should contact your primary care provider and ask for a referral to receive the treatment.

**Q: Is the treatment effective?**

A: Monoclonal antibodies have been shown to be effective, but more data is required for full FDA approval. Currently, the medication is only available through an Emergency Use Authorization.

**Q: How can I get the therapy?**

A: You should speak with your primary care provider regarding monoclonal antibody therapy. Monoclonal antibody therapy requires a physician

order.

**Q: How is it administered?**

A: The medication can be administered via an intravenous infusion or four shots in four different locations on the body. A [health care provider](#) must administer the therapy since it requires a one-hour observation period post administration to ensure the medication was well tolerated.

Provided by University of Kentucky

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