

**Communicable Disease Epidemiology
and Immunization Section**

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**Health Advisory: Interim Guidance on the Prioritization for Use of
Anti-SARS-CoV-2 Monoclonal Antibodies**

There is currently a shortage of anti-SARS-CoV-2 monoclonal antibodies in King County and statewide. Washington state Department of Health (WA DOH) is planning to issue statewide guidance on prioritization of access to this limited resource. In advance of the release of this guidance, Public Health – Seattle & King County requests that clinicians adhere to National Institutes of Health ([NIH](#)) and Infectious Diseases Society of America ([IDSA](#)) guidelines on the use of anti-SARS-CoV-2 monoclonal antibodies and take the following guidance into consideration when considering referrals for administration of this therapy.

Action Requested:

- **Prioritize administration of anti-SARS-CoV-2 monoclonal antibodies in accordance with available [NIH guidance](#) when there are logistical constraints, including the current lack of supply.**
- **The following guidelines summarize available NIH prioritization guidance and outlines characteristics associated with higher risk of progressing to severe COVID-19 disease:**
 - **Prioritize the treatment of COVID-19 over post-exposure prophylaxis of SARS-CoV-2 infection while these therapies are in short supply.**
 - **Among fully vaccinated COVID-19 cases, limit use to those who are ≥ 70 years* of age OR who are moderately-to-severely immunosuppressed.**
 - **Among partially or unimmunized COVID-19 cases, prioritize administration to the following groups:**
 - **Older age (e.g., ≥ 65 years)**
 - **Hypertension**
 - **Obesity (BMI $\geq 35^*$ kg/m², or if age 12-17, BMI $\geq 85^{\text{th}}$ percentile)**
 - **Chronic lung diseases**
 - **Pregnancy**
 - **Sickle cell disease**
 - **Chronic kidney disease**
 - **Neurodevelopmental disorders**
 - **Diabetes**
 - **Complex genetic or metabolic syndromes**
 - **Immunosuppression**
 - **Severe congenital anomalies**
 - **Cardiovascular disease**
 - **Medical-related technological dependence**
 - **Administration within ≤ 7 days* of onset offers the greatest yield in preventing severe disease.**

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*In consultation with local medical leadership, these three *asterisked and italicized* criteria were added to or modified NIH guidance to further optimize allocation of this currently scarce resource.

Background: A recent change in allocation policy and supply chain management of anti-SARS-CoV-2 monoclonal antibodies by the Federal government has resulted in procurement running through WA DOH, with allocation based on COVID-19 incidence and utilization of anti-SARS-CoV-2 monoclonal antibodies. This has contributed to a supply shortage of anti-SARS-CoV-2 monoclonal antibodies. While awaiting further statewide guidance from WA DOH on triage of access and in an effort to optimize utilization of the limited available supply, Public Health – Seattle & King County has issued the above guidance.

Resources:

[NIH anti-SARS-CoV-2 monoclonal antibodies prioritization guidance](#)

[NIH anti-SARS-CoV-2 monoclonal antibodies treatment guidelines](#)

[IDSA COVID-19 guidelines](#)

[CDC COVID therapeutics page](#)

[WA DOH anti-SARS-CoV-2 monoclonal antibodies treatment locations](#)