

COVID is outsmarting our immune systems — and it's rendering essential monoclonal antibody treatments less effective

The use of monoclonal antibodies for the treatment of COVID gained national and international attention last October, when President Trump received an antibody cocktail made by Regeneron after he was diagnosed with the illness. Shortly thereafter, two monoclonal compounds received Emergency Use Authorization (EUA) by the U.S. FDA and were expected to be a key part of the response to the pandemic.

But a number of factors have limited their use. There has been a rise in more contagious SARS-CoV-2 variants, some of which exhibit decreased susceptibility to the monoclonal antibodies. Difficulties have also arisen in administering these compounds to outpatients with mild and moderate disease in overwhelmed hospitals. Nonetheless, the use of these drugs can still slow disease in some patients who are at risk of worsening, and they may also be useful in prevention.

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So, do I still think these are useful drugs? Absolutely. We are currently recording around 60,000 new infections per day in the U.S., and many are occurring among persons who would benefit from monoclonal antibody therapy to prevent progression of COVID to severe disease and hospitalization. The word about monoclonals still needs to get out.

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