

Establishing the Covid Medicine Delivery Unit: Activity and Outcomes across Humber Coast and Vale

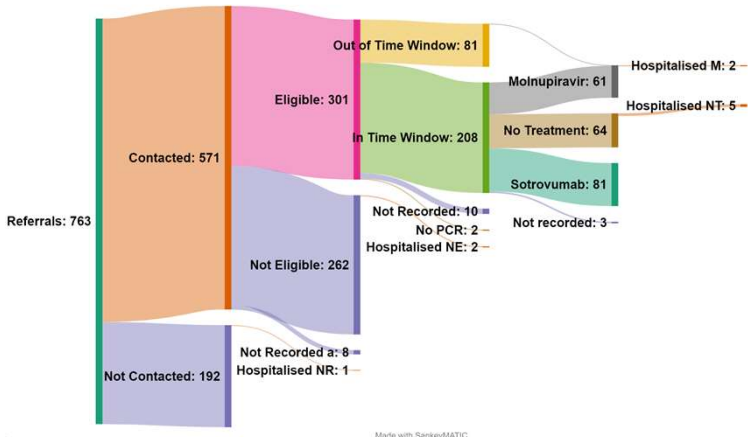
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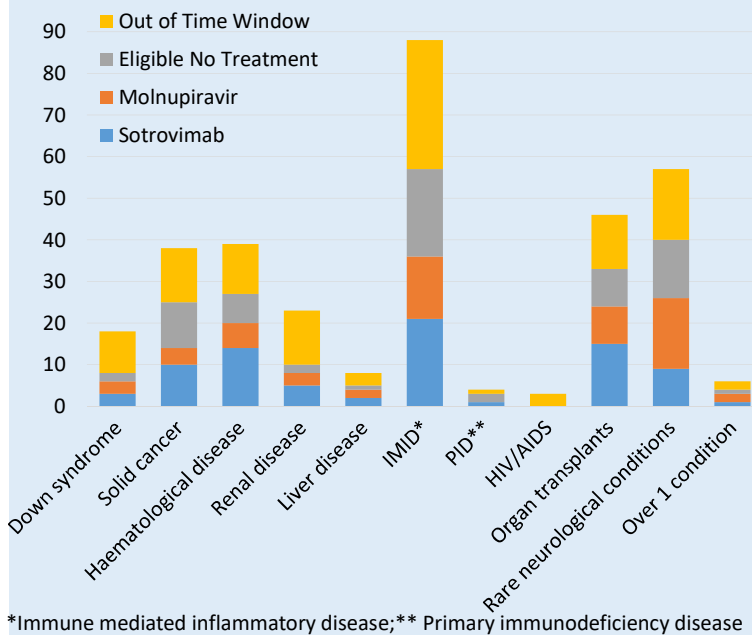
Introduction The Hull University Teaching Hospitals (HUTH) COVID Medicine Delivery Unit (CMDU) was established following NHSE guidance to offer antiviral drugs to vulnerable patients with COVID-19(1). Clinical trial data supporting use of these antivirals comes from the pre-vaccine era, it is unclear what the impact of vaccination will be on the real-world effectiveness of antivirals in vulnerable populations (2, 3). This audit was undertaken to describe the activity and outcomes of the CMDU from 16th Dec to 7th January 2022.

Methods The protocol was approved by the HUTH Clinical Audit and Effectiveness team. Data sharing was undertaken in accordance with the COPI Notice 17th March 2020. We reviewed electronic records and CMDU notes from referrals to the CMDU at HUTH between 16th December 2021 and 7th January 2022. COVID-19-related admission data for up to 2 weeks following CMDU referral was collected from regional hospitals. Index of Multiple deprivation (IMD) deciles were obtained from ONS data and patient postcode.

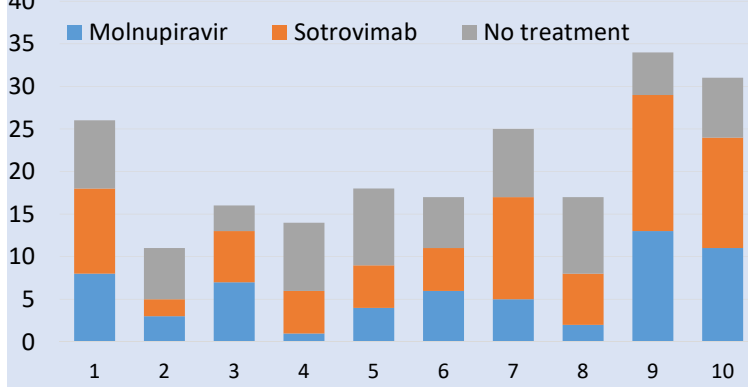
1. Sankey diagram showing patient flow and outcomes.



2. Outcome of clinical assessment by NHSE risk criteria



3. Treatment received by eligible patients grouped by Index Of Multiple Deprivation Decile



4. Characteristics of patients admitted to Hospital

HR Category	Age Range	Vaccines	Treatment	Died in Hosp	Days in hospital
Haematological	70-80	3	No ¹	Yes	-
Haematological	80-90	3	No ¹	Yes	-
Haematological	70-80	3	Molnupiravir	No	8 days
Renal disease	80-90	3	No ²	Yes	-
Liver disease	50-60	3	No ³	No	3 days
IMID	40-50	3	Molnupiravir	No	15 days
Transplant	80-90	3	No ⁴	Yes	-
NA ¹	80-90	1	No ¹	Yes	-
Not eligible	80-90	3	No	No	6 days
Not eligible	70-80	3	No	No	10 days

1 Not able to contact, 2 Personal choice, 3 Out of time, 4 Hospitalised

Discussion

- The CMDU quickly developed a service to treat those at risk in the community with COVID-19. Roll-out coincided with a surge of cases related to the omicron variant. Referrals peaked at 85 a day on New Years Eve.
- The most common eligibility criteria was immune mediated inflammatory disease. Crude admission rate was 1.3%, much lower than reported in trials (2, 3).
- Referrals and treatment were well distributed across IMD deciles.
- Hospitalisation and deaths were seen despite vaccination.
- Several admissions to hospital were seen in those with haematological disease. Some patients ineligible for treatment had severe COVID-19 requiring admission to hospital.
- The mean age of patients admitted to hospital was much higher than those not (74 vs 49 years), in keeping with UKHSA data.
- We saw no admissions in 81 patients receiving Sotrovimab. Admission rates are lower in those who received Molnupiravir than receiving no treatment.

Conclusion

COVID-19-related admission rates in treated and untreated groups were lower than seen in clinical trials, more work is required to establish which patients should continue to benefit from this service given current variants and high levels of vaccination.

References

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