

**Guidance for Emergency Room Staff**

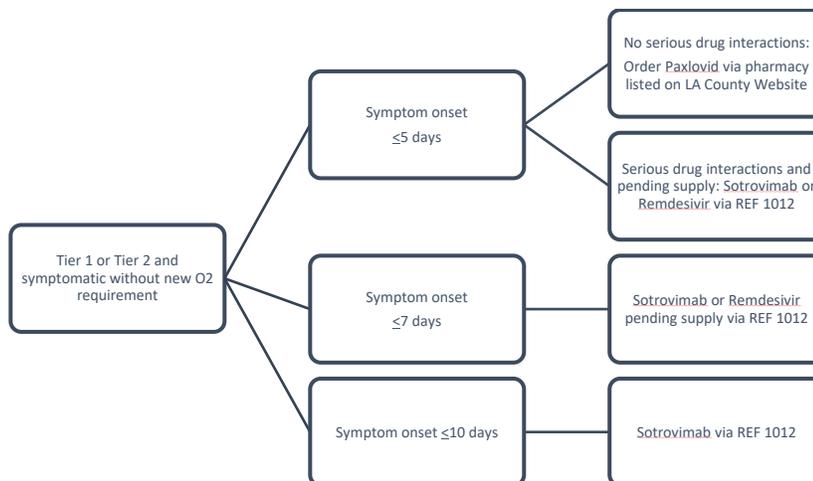
All patients with symptoms who fall under the following tier 1 or tier 2 criteria

Tier 1
<ul style="list-style-type: none"> <li>• B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab) &lt;1 year</li> <li>• Receiving Bruton tyrosine kinase inhibitors (e.g. ibrutinib, acalabrutinib, zanubrutinib)</li> <li>• Chimeric antigen receptor T cell recipients (CAR-T)</li> <li>• HSCT with GVHD or taking immunosuppressive meds for another indication</li> <li>• Hematologic malignancies on active therapy</li> <li>• Lung transplant</li> <li>• Solid organ transplant &lt;1 year</li> <li>• Solid organ transplant with acute rejection</li> <li>• Tier 1 Severe combined immunodeficiency</li> <li>• Tier 1 Untreated HIV CD4 &lt;50</li> <li>• Tier 1 Unvaccinated age <math>\geq 75</math>, or <math>\geq 65</math> with EUA risk factors</li> </ul>

Tier 2
<ul style="list-style-type: none"> <li>• Receiving active cancer treatment for non-hematologic malignancies (e.g. myelosuppressive chemotherapy)</li> <li>• Solid organ transplant on immunosuppression (&gt;1 year)</li> <li>• HSCT &lt;2 years (without GVHD/not taking immunosuppressive meds for another indication)</li> <li>• Moderate primary immunodeficiency on treatment</li> <li>• Untreated/advanced HIV, CD4 count &lt;200 but &gt;50 cells/mm<sup>3</sup></li> <li>• Active treatment with high-dose corticosteroids (<math>\geq 20</math>mg daily for at least 2 weeks) or other drugs that may suppress your immune response (active, within the last month)</li> <li>• Unvaccinated anyone aged <math>\geq 65</math> years or anyone aged &lt;65 years with clinical risk factors (EUA, CDC defined)</li> </ul>

should be referred for treatment via the Covid-19 Outpatient Treatment Referral order (REF1012). Patients should expect to be contacted within 24-48 hours for treatment.

Please see the following flowchart to understand which treatments will be considered (through the Covid Outpatient Treatment Program) depending on duration of symptoms:



Select patients who meet these criteria and who are high risk by socioeconomic measures (Medi-Cal status) can be offered monoclonal antibodies (Sotrovimab) in the ER depending on availability. Please page Tara Vijayan, Director of Antimicrobial Stewardship at 31173 for such patients.

If patients have been referred by their UCLA transplant physician, that physician should be contacted to get clarification regarding reasons for admission.