

Barriers To COVID-19, Influenza Outpatient Antiviral Treatment Perceived by ID Specialists, North America, 2024

Souci Louis, VMD, MPH¹; Dennis Wang, MD, MPH¹; Jordan Singleton, MD¹; Dallas Smith, PharmD¹; Anastasia Lambrou, PhD, MS¹; Susan Beekmann, MPH²; Philip Polgreen, MD, MPH²; Shikha Garg MD, MPH¹; Jessica Ricaldi Camahuali MD, PhD¹; Timothy Uyeki MD, MPH, MPP¹; Scott Santibañez, MD MPHTM¹; Pragna Patel, MD, MPH¹
 Affiliations: 1 Centers for Disease Control and Prevention, Atlanta, GA, USA; 2 University of Iowa Carver College of Medicine, Iowa City, Iowa, USA;

Centers for Disease Control and Prevention
 1600 Clifton Rd NE
 Mailstop H24-11
 Atlanta, GA 30329-4027
 E-mail: qfb8@cdc.gov
 Office: (404) 498-3595

Background

- COVID-19 and influenza antivirals can mitigate disease severity in increased risk outpatients early in illness, yet are underutilized
- We investigated prescribing barriers

Methods

- On-line survey of knowledge, attitudes, and practices of prescribing outpatient antiviral treatment for COVID-19 and influenza
- ID physicians asked about perceived barriers to providers treating COVID-19 and influenza outpatients in their institutions
- Questions used a Likert scale; analyzed using a thematic analysis in Microsoft Excel



THEMATIC SUMMARY OF BARRIERS TO OUTPATIENT ANTIVIRAL TREATMENT FOR PATIENTS WITH COVID-19 AND INFLUENZA	
Theme	Illustrative Quotation
Provider skepticism	(1) "Candidacy has changed over time and due to a waning interest, many providers simply do not have a good knowledge of who is eligible, and even what drugs are currently available."
Accessibility*	(2) "Major barriers for us are the short treatment window and limited access to testing (especially flu but COVID tests now \$\$ and less available). Most clinics not well equipped to appropriately triage, assess and prescribe same day..."
Drug limitations	(3) "Paxlovid... has significant issues with drug-drug interactions. The patients who could benefit most, those with transplants and cancer chemotherapy, often are completely unable to receive the drug because of drug safety..."
Patient skepticism	(4) "I think we are all burnt out by families, patients, and misinformation. I think we have taken the position of, we have offered it and are not spending another second overcoming resistance to treatment, document and moving on."

* Testing is not needed for antiviral treatment for influenza and COVID-19.



Results

Of 1,898 infectious disease specialists:

- Provider skepticism (47%) symptoms deemed mild; needed more evidence re: effectiveness
- Perceived limited accessibility (31%) related to high cost, limited hospital access, difficulty administering
- Concerns about drug interactions, side effects, incomplete medical history (18%)
- Timeliness of treatment within a short therapeutic window (15%), patient skepticism (13%)

Conclusion

- Need for better education of providers about antiviral benefits; improved access and coverage
- ID specialists can help to shape clinical recommendations, future research for antiviral therapeutics, public health messaging

