





As a general rule, non-severe COVID-19 cases are able to be managed in an outpatient setting. However, patients at risk of progressing to severe disease should be considered for hospital admission. Such patients generally have one or more of the following risk factors:

|              |                         |                      |                                   |
|--------------|-------------------------|----------------------|-----------------------------------|
| Age >60      | Cardiac disease         | Diabetes (types 1,2) | Smoker                            |
| Obesity      | Chronic lung disease    | Pregnant             | Chronic kidney disease            |
| Hypertension | Cerebrovascular disease | HIV                  | Dementia or other mental disorder |

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Monoclonal antibodies (mAb): These laboratory-produced antibodies target virus proteins and are identified by the -mab suffix in their names. The four mAb preparations developed specifically to target COVID-19 are: bamlanivimab plus etesevimab, which are administered as an infusion; casirivimab plus imdevimab (REGEN-COV), which can be administered as an infusion or a subcutaneous injection, sotrovimab, which is administered intravenously, and the recently approved bebtelovimab, which is administered via infusion. Only sotrovimab and bebtelovimab are found to be effective against the Omicron variant. (The U.S. FDA has

Antiviral agents:

- Remdesivir: there is still some controversy surrounding the use of remdesivir for hospitalized and severely ill COVID-19 patients. It is recommended by several U.S.-based bodies, such as

