May 24, 2022

The Centers for Disease Control and Prevention (CDC) released a Health Advisory Network (HAN) Health Advisory on the potential for recurrence of COVID-19 or “COVID-19 rebound.”

Recent case reports document that some patients with normal immune response who have completed a 5-day course of Paxlovid for laboratory-confirmed infection and have recovered can experience recurrent illness 2 to 8 days later, including patients who have been vaccinated and/or boosted. Both the recurrence of illness and positive test results improved or resolved (median of 3 days) without additional anti-COVID-19 treatment. Based on information from the case reports, COVID-19 rebound did not represent reinfection with SARS-CoV-2 or the development of resistance to Paxlovid; also, no other respiratory pathogens were identified among known cases.

There was no increased occurrence of hospitalization or death. It remains unknown whether the likelihood of possible transmission of infection during COVID-19 rebound differs from the likelihood of transmission during the initial infection, therefore patients with COVID-19 rebound are encouraged to follow CDC’s guidance on isolation.

**Recommendations for Healthcare Providers**

**For patients with COVID-19 rebound**

- There is currently no evidence that additional treatment for COVID-19 is needed for COVID-19 rebound. Based on data available at this time, patient monitoring continues to be the most appropriate management for patients with recurrence of symptoms after completion of a treatment course of Paxlovid.
- Advise people with COVID-19 rebound to follow CDC’s guidance on isolation and take precautions to prevent further transmission. Patients should re-isolate for at least 5 days. Per CDC guidance, they can end their re-isolation period after 5 full days if fever has resolved for 24 hours (without the use of fever-reducing medication) and symptoms are improving. The patient should wear a mask for a total of 10 days after rebound symptoms started.
- Consider clinical evaluation of patients who have COVID-19 rebound and symptoms that persist or worsen.
- Healthcare providers are encouraged to report cases of COVID-19 rebound to Pfizer after Paxlovid treatment using the following online tool: Pfizer Safety Reporting and to FDA MedWatch. Instructions for reporting can be found online at the NPTC Pharmacovigilance website. Please be sure to add "IHS" to section G (Reporter) of the report.

**For patients just diagnosed with COVID-19**

- Healthcare providers should counsel patients on available COVID-19 treatment options, particularly for those patients at increased risk of developing severe COVID-19.
- Paxlovid should be considered for any patient who meets the eligibility criteria. For information on Paxlovid eligibility, refer to FDA’s Fact Sheet for Healthcare Providers.
- Due to the potential for severe drug-drug interactions with the ritonavir component of Paxlovid, it is strongly suggested that healthcare providers not experienced in prescribing this drug refer to the Fact Sheet for Healthcare Providers, the Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers, and the NIH Statement on Paxlovid Drug-Drug Interactions | COVID-19 Treatment Guidelines. Healthcare providers can also contact a local clinical pharmacist or infectious disease specialist for advice. For further information on the use of Paxlovid, CDC recommends healthcare providers continue to closely follow NIH’s COVID-19 Treatment Guidelines, the Assistant Secretary for Preparedness and Response Public Health Emergency COVID-19 Therapeutics site, and IDSA’s Guidelines on the Management of Patients with COVID-19.