Remdesivir linked to faster clinical improvement of COVID-19

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(HealthDay)—For patients hospitalized with COVID-19, remdesivir is associated with a significant decrease in time to clinical improvement, but is not associated with a significant reduction in 28-day mortality, according to a study published online March 24 in *JAMA Network Open*.

Brian T. Garibaldi, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a retrospective comparative effectiveness research study from March 4 to Aug. 29, 2020, involving 2,483 individuals with confirmed severe acute respiratory syndrome coronavirus-2 infection in a five-hospital health system. Those receiving remdesivir were matched to infected individuals who did not receive remdesivir. Data were included for 342 individuals receiving remdesivir (80.7 percent self-identified as non-White race/ethnicity), of whom 184 also received corticosteroids.

The researchers found that compared with matched controls, remdesivir recipients had a shorter time to clinical improvement (median, 5.0 versus 7.0 days; adjusted hazard ratio, 1.47). The 28-day mortality rate was 7.7 percent for remdesivir recipients compared with 14.0 percent for matched controls; in the time-to-death analysis, this difference was not statistically significant. There was no significant reduction in the risk for death at 28 days with the addition of corticosteroids to remdesivir.

"The inclusion of a larger proportion of patients from underrepresented minority groups provides much-needed evidence suggesting the effectiveness of remdesivir administration in these groups," the authors write.

Two authors disclosed financial ties to the pharmaceutical and health care industries.

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