Clinical management of COVID-19

Interim guidance 27 May 2020



Methods

The direction and strength of recommendations are presented using symbols rather than formal GRADE terminology (strong and conditional recommendations with grading of certainty of evidence, or best practice statements).

- The GREEN symbol denotes a strong recommendation or a best practice statement in favour of an intervention.
- The RED symbol denotes a recommendation or a best practice statement against an intervention.
- The YELLOW symbol denotes a conditional recommendation in favour of an intervention, or a recommendation where special care is required in implementation.

This guidance has been significantly expanded to meet the needs of front-line clinicians caring for patients with COVID-19 to ensure quality care. The following sections are entirely new: COVID-19 care pathway, treatment of acute and chronic infections, management of neurological and mental manifestations, noncommunicable diseases, rehabilitation, palliative care, ethical priniciples, and reporting of death. The remaining sections have been substantially expanded. Though not intended to be an exhaustive list, the following bullets highlight some key changes:

 Discontinue transmission-based precautions (including isolation) and release from the COVID-19 care pathway: For symptomatic patients: 10 days after symptom onset, plus at least 3 days without symptoms (without fever and respiratory symptoms).

2. COVID-19 care pathway



Discontinue transmission-based precautions (including isolation) and release from the COVID-19 care pathway as follows:

- For symptomatic patients: 10 days after symptom onset, plus at least 3 days without symptoms (without fever and respiratory symptoms).
- For asymptomatic patients: 10 days after test positive.

Remarks:

- Limited published and pre-published information provides estimates on viral shedding of up to 9 days for mild patients and up to 20 days in hospitalized patients. Additionally, there are reports that patients can remain consistently polymerase chain reaction (PCR) positive for many weeks, or even test PCR positive after days/weeks of a negative test.
- 2. Please note that the clinical pathway needs to be clearly outlined by countries to follow each patient until outcome, including full recovery. Discharge criteria from clinical care need to take into account the patient's condition, disease experience and other factors.
- 3. Release from the COVID-19 care pathway is not the same as clinical discharge from a facility or from one ward to another. For example, some patients may still require ongoing rehabilitation, or other aspects of care, beyond release from the COVID-19 care pathway, based on clinical needs in the COVID-19 care pathway. If release from the COVID-19 care pathway coincides with clinical discharge, then several clinical considerations, such as medication reconciliation, plan for follow up with clinical provider in place, review of routine immunization status, among others, should be taken into account.

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5. Laboratory diagnosis



We recommend, for all suspect cases, collection of upper respiratory tract (URT) specimens (nasopharyngeal and oropharyngeal) for testing by reverse transcription polymerase chain reaction (RT-PCR) and, where clinical suspicion remains and URT specimens are negative, to collect specimens from the lower respiratory tract (LRT) when readily available (expectorated sputum, or endotracheal aspirate/bronchoalveolar lavage in ventilated patient). In addition, testing for other respiratory viruses and bacteria should be considered when clinically indicated.

Remarks:

 In hospitalized patients with confirmed COVID-19, repeated URT and LRT samples can be collected, as clinically indicated, but are no longer indicated for release from COVID-19 precautions. The frequency of specimen collection will depend on local epidemic characteristics and resources.