

COVID-19 SUMMARY GUIDANCE #7

Treatment guidelines and medicines to be stocked

1. Currently, there is no specific treatment medicine or preventive vaccine for COVID-19 and no medicines or vaccines have been fully tested for safety and efficacy.
2. At present, current clinical management involves antiviral therapy is mainly used, as well as symptomatic and supportive treatment based on the clinical condition of the patient. Supportive treatments include oxygen therapy, mechanical ventilatory support when indicated, hydration, fever/pain control, and antibiotics in the presence of bacterial co-infection.
3. The WHO does not recommend any of the following medicines administered as a treatment or prophylaxis for COVID-19 unless it is in the context of a clinical trial. According to the diagnosis and treatment plan recommended by the Chinese health authorities, the antiviral drugs that can be tested for treatment mainly include α -Interferon (aerosol inhalation therapy), lopinavir/ritonavir, ribavirin, chloroquine phosphate, umifenovir and others. Authorities suggested further evaluation of the efficacy of the currently recommended trial drugs in clinical applications.
 - Chloroquine and hydroxychloroquine (+/- azithromycin);
 - Antivirals including:
 - Lopinavir/ritonavir;
 - Remdesivir;
 - Umifenovir;
 - Favipiravir
 - Immunomodulators including:
 - Tocilizumab
 - Interferon-beta-1a
 - Convalescent Plasma

There is a lack of evidence to support the use of any of the above medicines.

4. The RECOVERY trial underway in the UK, has reported that dexamethasone has significantly reduced mortality in patients seriously unwell with COVID-19. Patients received 6mg of dexamethasone once a day for 10 days, orally or by intravenous injection.
5. There is currently no conclusive evidence to establish a direct association between the use of non-steroidal anti-inflammatory drugs (including ibuprofen) and increased risk of infection or severity of disease. Nevertheless, other medicines such as paracetamol /acetaminophen may be considered for the management of fever in COVID-19 patients if appropriate. Patients can take paracetamol or ibuprofen when self-medicating for

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symptoms of COVID-19, such as fever and headache, and should follow local advice if they have any questions or if symptoms get worse.

6. There is no conclusive evidence that ACE inhibitors or angiotensin receptor blockers could predispose individuals to adverse outcomes should they become infected with COVID-19. Patients taking these medicines should continue treatment unless specifically advised to stop by their medical team.
7. Corticosteroids are not routinely recommended for viral pneumonia or acute respiratory distress syndrome and should be avoided because of the potential for prolonging viral replication, unless indicated for other reasons (e.g., COPD exacerbation, refractory septic shock following Surviving Sepsis Campaign Guidelines).
8. Vaccines against pneumonia, such as pneumococcal vaccine and *Haemophilus influenzae* type B vaccine, do not provide protection against COVID-19.

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