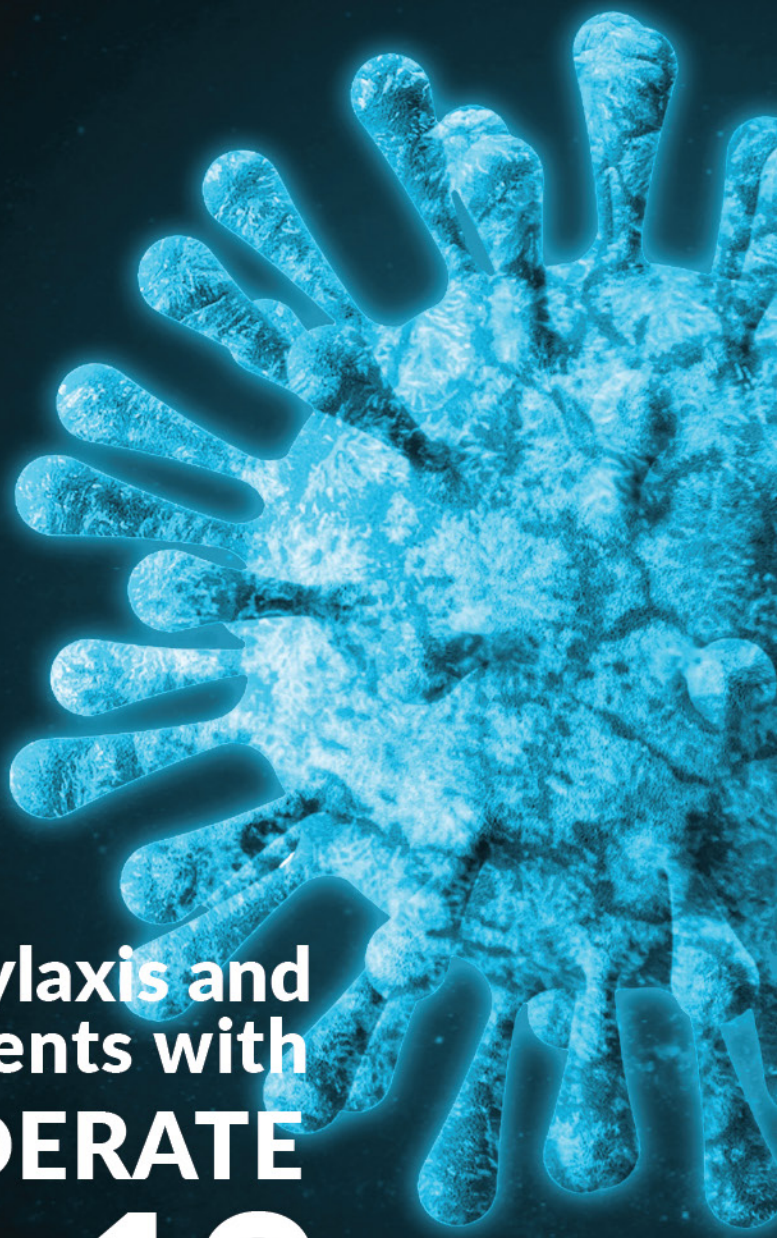
PAHO Pan American Health Organization

World Health Organization Regional Office for the Americas



Guidelines for Prophylaxis and Management of Patients with MILD AND MODERATE COVID-19 in Latin America and the Caribbean

ABBREVIATED VERSION

October 2021

NOTE TO READERS

This work presents the results of a rapid guideline development process. The information presented here reflects published evidence as of the date of inclusion in the document. The information and recommendations are based on the quality of available evidence (GRADE system) at the date of publication. However, recognizing that there are numerous ongoing studies, the Pan American Health Organization will periodically update the evidence and recommendations.

Guidelines for Prophylaxis and Management of Patients with Mild and Moderate COVID-19 in Latin America and the Caribbean.

PAHO/IMS/EIH/COVID-19/21-024

OBJECTIVES AND TARGET POPULATION

This clinical practice guideline was developed with the aim of providing recommendations for the management of patients with mild and moderate COVID-19, as well as people at risk of SARS-COV-2 infection in Latin America and the Caribbean.

The target population consists of people at risk of COVID-19 infection, patients with mild or moderate cases, and those with a confirmed or suspected COVID-19 diagnosis. According to the World Health Organization (WHO), it is important to identify the symptoms associated with an initial clinical picture of SARS-CoV-2 infection with mild and moderate COVID-19, as presented in the following table:

Clinical picture	Presenting signs and symptoms of COVID-19 may vary. Most people experience fever (83–99%), cough (59–82%), fatigue (44–70%), anorexia (40–84%), shortness of breath (31–40%), and myalgias (11–35%). Other non-specific symptoms, such as sore throat, nasal congestion, headache, diarrhea, nausea, and vomiting, have also been reported. Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms has also been reported. In particular, older people and immunosuppressed patients may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhea, loss of appetite, confusion, or delirium, without having fever. COVID-19 symptoms may overlap with other conditions such as dyspnea, gastrointestinal symptoms or fatigue due to physiological adaptations in pregnant women, adverse pregnancy events, or other diseases such as malaria. In children, fever or cough may be less common than in adults. *Source: World Health Organization. COVID-19 Clinical management: living guidance. Washington, D.C.: WHO; 2021. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021–1*

WHO provides the following definitions for patients with mild and moderate COVID-19 (WHO, 2021):

<table>
<tr><td>Mild disease</td><td colspan="2">Symptomatic patients meeting the case definition for COVID-19 without signs of viral pneumonia or hypoxia.

Patients who do not present with respiratory distress or dyspnea; diagnostic images are normal.</td></tr>
<tr><td>Moderate disease</td><td>Pneumonia</td><td>Adolescent or adult with clinical signs of pneumonia (fever, cough, dyspnea, rapid breathing), but with no signs of severe pneumonia, including SpO2 ≥ 90% on room air.

Child with clinical signs of non-severe pneumonia (cough or difficulty breathing + rapid breathing or chest tightness) and no signs of severe pneumonia.

Rapid breathing (in breaths/min):
• <2 months: ≥60.
• 2–12 months: ≥50.
• 1–5 years: ≥40.

While the diagnosis can be made on clinical grounds, chest imaging (radiograph, CT scan, ultrasound) may assist in diagnosis and can identify or exclude pulmonary complications.
Patients present with SpO2 ≥94% at sea level and at room temperature (in patients with normal baseline saturation levels).

Source: World Health Organization. COVID-19 Clinical management: living guidance. Washington, D.C.: WHO; 2021. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021–1.</td></tr>
</table>

SCOPE AND USERS

This clinical practice guideline provide evidence-based recommendations for prophylaxis in people at risk of SARS-COV-2 infection; identification of markers and risk factors for mortality in patients with COVID-19 infection; COVID-19 screening; home care; use of diagnostic imaging to guide case management; pharmacological treatment; use of supplements; prophylactic anticoagulation; and criteria for monitoring and medical discharge.

These recommendations are for all health personnel who care for patients in emergency departments and primary care (general practitioners; specialists in emergency medicine, pulmonology, internal medicine, family medicine, and infectious disease; respiratory and physical therapists; nursing staff; and pharmaceutical chemists, among others). The recommendations are intended for use by decision-makers and government entities involved in the management of patients with COVID-19.

This guideline does not address aspects related to nutrition or the management of complications. The management of critically ill patients is addressed in *Guidelines for Care of Critically Ill Adult Patients with COVID-19 in the Americas. Summary, version 3, published by PAHO, available at https://iris.paho.org/handle/10665.2/53895*.

METHODOLOGY

This guideline was developed following the methodology for GRADE guidelines issued by the Pan American Health Organization (PAHO) and the World Health Organization (WHO).

A multidisciplinary development group was formed, comprised of experts in emergency medicine, infectious disease, critical care medicine, anesthesiology, pediatrics, pulmonology, epidemiology, and public health. PAHO experts were responsible for technical and methodological coordination.

The questions to be included were selected with the support of the Guideline Development Group. A systematic literature search and evidence selection was conducted for each PICO question (Population, Intervention, Comparator, Outcome). The quality of the included studies was then assessed, and GRADE evidence profiles were created.

A panel of Ibero-American experts was convened in a virtual meeting to formulate recommendations, considering the context for regional implementation. All members of the Guideline Development Group signed a conflict of interest statement that was analyzed by the steering group.

Details of the methodology can be found in the full version of the guideline.

CONTINUOUS UPDATING OF GUIDELINES

This guideline is continuously updated (living guidance) in order to provide the most up-to-date recommendations for the management of patients with mild or moderate COVID-19, especially for possible pharmacological interventions.

SUMMARY OF RECOMMENDATIONS

How to use this guideline

For each clinical question, a set of recommendations and good practices provides guidance for the management of patients with mild or moderate COVID-19.

Each recommendation shows the quality of the evidence based on the GRADE system:

QUALITY OF THE EVIDENCE	CHARACTERISTICS
●●●● High	Further research is very unlikely to change our confidence in the estimate of effect.
●●●○ Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
●●○○ Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
●○○○ Very low	Any estimated of effect is very uncertain.

The recommendations indicate the strength of the recommendation based on the GRADE system:

Strength of the recommendation	Meaning
STRONG	The desirable consequences clearly outweigh the undesirable consequences. **RECOMMENDED**
CONDICIONAL	The desirable consequences likely outweigh the undesirable consequences. **SUGGESTED**
CONDITIONAL AGAINST	The undesirable consequences likely outweigh the desirable consequences. **NOT SUGGESTED**
STRONG AGAINST	The undesirable consequences clearly outweigh the desirable consequences. **NOT RECOMMENDED**
✓	Good practice statement.

SUMMARY OF RECOMMENDATIONS

QUESTION 1

WHAT IS THE EFFICACY AND SAFETY OF PROPHYLAXIS IN PEOPLE AT RISK OF ACQUIRING SARS-CoV-2 INFECTION?

N.°	RECOMMENDATION
1	It is recommended not to use any medicine for prophylaxis in people at risk of SARS-COV-2 infection, outside the context of clinical trials. **Strong recommendation against. Quality of the evidence: moderate and very low**

QUESTION 2

WHAT ARE THE PROGNOSTIC FACTORS AND MARKERS OF MORTALITY IN PATIENTS WITH COVID-19?

N.°	RECOMMENDATION
2	For the clinical management of patients with mild and moderate COVID-19 (including pregnant women), it is recommended to take into account at least one of the following risk factors for disease progression: older adults, presence of more than one comorbidity, hypertension, obesity, cardiovascular disease, chronic lung disease, chronic kidney disease, chronic liver disease, cerebrovascular disease, thrombocytopenia, being an active smoker, malnutrition in geriatric patients, cancer, and diseases that cause immunodeficiency. **Strong recommendation. Quality of the evidence: moderate and low**
3	For the clinical management of pediatric patients with COVID-19, it is recommended to take into account the presence of persistent fever, diarrhea, abdominal pain, nausea or vomiting, neurological status, variations in heart rate (especially bradycardia, according to age) and low oxygen saturation (according to age and altitude) as indicators of disease progression. **Strong recommendation. Quality of the evidence: very low**

✓	There is no quality evidence to support the use of prognostic scales. The panel considers that prognostic scales may be used to help health personnel assess referrals to health services (based on availability and institutional guidelines), with preference given to scales that have been validated in the local setting and are focused on patients with COVID-19 who present risk. **Good practice statement**

QUESTION 3

WHAT TRIAGE STRATEGY SHOULD BE USED FOR PATIENTS WITH COVID-19?

N.°	RECOMMENDATION
✓	Institutional protocols for triage of patients with a suspected or confirmed COVID-19 diagnosis should be implemented to appropriately classify patients. PAHO has published a Flowchart for the Management of Suspected COVID-19 Patients at the First Level of Care and in Remote Areas in the Region of the Americas. **Good practice statement**

QUESTION 4

WHAT IS THE EFFICACY OF DIAGNOSTIC TESTS TO GUIDE THE MANAGEMENT OF COVID-19 PATIENTS?

N.°	RECOMMENDATION
4	In patients with a suspected or confirmed COVID-19 diagnosis presenting with mild symptoms and with risk factors and symptoms or signs of disease progression, it is suggested to perform chest imaging studies depending on availability to decide on referral to health services. This is in addition to clinical evaluation and laboratory tests. **Conditional recommendation Quality of the evidence: low**
5	In patients with a suspected or confirmed COVID-19 diagnosis who are not hospitalized and presenting with moderate symptoms and with risk factors and symptoms or signs of disease progression, it is suggested to perform chest imaging studies to decide on referral health services. This is in addition to clinical evaluation and laboratory tests. **Conditional recommendation Quality of the evidence: low**

6	In patients with a suspected or confirmed COVID-19 diagnosis who are hospitalized and who present moderate symptoms and with risk factors and symptoms or signs of disease progression, it is suggested to perform chest imaging studies to decide on treatment. This is in addition to clinical evaluation and laboratory tests. **Conditional recommendation Quality of the evidence: low**
✓	Diagnostic modality should be selected based on access, clinical evaluation, patient type, preferential diagnosis, risk factors, and disease progression scales. It is suggested to preferably perform a chest x-ray, CT scan, or lung ultrasound, depending on availability. **Good practice statement**

QUESTION 5

WHAT IS THE EFFICACY AND SAFETY OF INTERVENTIONS AIMED AT NON-HOSPITAL MANAGEMENT OF PATIENTS WITH MILD AND MODERATE COVID-19?

N.°	RECOMMENDATION
7	It is recommended to isolate patients with suspected or confirmed diagnosis of mild and moderate COVID-19 to mitigate transmission of the virus to people nearby. This can be done at home or in spaces selected for this purpose (in hospital, community, etc.) for patients who cannot isolate themselves at home or with risk factors for complications. **Strong recommendation. Quality of the evidence: very low**
8	It is recommended that COVID-19 patients receive outpatient treatment for predominant symptoms (fever, sore throat, headache, cough, rhinorrhea, myalgia), primarily with low-dose antipyretics, and that they maintain nutrition and rehydration appropriate to their needs. **Strong recommendation. Quality of the evidence: low**
✓	COVID-19 patients should receive counseling about warning signs, complications of infection, and when they should seek help from emergency services. **Good practice statement**
9	Symptomatic patients with moderate COVID-19 and risk factors for progression to severe disease who are not hospitalized are suggested to use pulse oximeters at home to monitor their oxygen saturation level (SpO_2). Patients should be trained to use them correctly and to seek medical assistance when there is evidence of a decrease in SpO_2 (according to altitude) or if there is evidence of respiratory distress, independent of SpO_2. **Conditional recommendation. Quality of the evidence: very low**

10	It is suggested to monitor patients with moderate COVID-19 who are managed at home, in order to identify signs and symptoms of disease progression, including the use of pulse oximeter. Monitoring can be done remotely by health personnel using electronic devices (telehealth) or through home care, depending on availability. **Conditional recommendation. Quality of the evidence: very low**

MANAGEMENT OF PREGNANT WOMEN AND THE PEDIATRIC POPULATION

N.°	RECOMMENDATION
✓	For the management of pregnant women and the pediatric population with mild and moderate COVID-19, the same recommendations should be followed as for the general population with regard to isolation and monitoring signs of deterioration. Mothers should not be separated from young children during isolation, unless the mother is too sick to care for them. **Good practice statement**
✓	Pregnant women should have easy access to gynecology and obstetrics services, fetal medicine, neonatal care, and mental health in case of maternal or neonatal complications. **Good practice statement**
11	It is recommended that mothers with a suspected or confirmed SARS-CoV-2 diagnosis should continue breastfeeding and remain in contact with their babies as the benefits outweigh the risks in patients with mild and moderate conditions. However, they should wear a mask, especially when breastfeeding. **Strong recommendation. Quality of the evidence: very low**

NON-PHARMACOLOGICAL INTERVENTIONS FOR MANAGING ANXIETY IN PATIENTS WITH MILD OR MODERATE COVID-19

N.°	RECOMMENDATION
12	It is suggested that patients with mild or moderate COVID-19 should practice muscle and respiratory relaxation techniques, depending on need and availability, in order to reduce anxiety during isolation. It is necessary to train patients and health personnel. **Conditional recommendation. Quality of the evidence: low**

QUESTION 6.

WHAT IS THE EFFICACY AND SAFETY OF PHARMACOLOGICAL INTERVENTIONS FOR THE TREATMENT OF PATIENTS WITH MILD AND MODERATE COVID-19?

N.°	RECOMMENDATION
13	It is recommended not to administer remdesivir, colchicine, convalescent plasma, lopinavir + ritonavir, aspirin, ivermectin, chloroquine, or hydroxychloroquine, with or without azithromycin, acetylcysteine, tocilizumab, or any other medication, for the management of patients with mild and moderate COVID-19. **Strong recommendation against. Quality of the evidence: low and very low** *Note: The body of evidence and algorithms present the quality of evidence for each intervention.*
14	Ivermectin is not recommended for the treatment of patients with mild or moderate COVID-19, outside the context of clinical trials. **Strong recommendation against. Quality of the evidence: low and very low**
15	It is recommended not to administer antibiotics to patients with a suspected or confirmed diagnosis of mild or moderate COVID-19 without suspicion of superadded bacterial infection. **Strong recommendation against. Quality of the evidence: low**
16	It is recommended not to administer corticosteroids for the management of patients with mild or moderate COVID-19. **Strong recommendation against. Quality of the evidence: moderate**
✓	The World Health Organization formulated a conditional recommendation for the use of casirivimab/imdevimab in patients with non-severe COVID-19, specifically for those with a higher risk of hospitalization. The PAHO panel discussed and considered the context of Latin America and the Caribbean and suggested that each country should evaluate the decision for use based on available resources, feasibility of implementation, and access. It is important to determine the criteria for identifying patients at high risk of hospitalization, the capacity of the services to administer the drug, and the appropriate time to initiate its administration. **Good practice statement**
✓	Treatment of co-infections should be based on diagnostic confirmation and clinical criteria, following institutional protocols. **Good practice statement**

QUESTION 7

WHAT IS THE EFFICACY AND SAFETY OF SUPPLEMENTS FOR THE TREATMENT OF PATIENTS WITH MILD AND MODERATE COVID-19?

N.°	RECOMMENDATION
17	It is not recommended to administer vitamin D for the treatment of patients with mild or moderate COVID-19, outside the context of clinical trials. **Strong recommendation against Quality of the evidence: very low**
18	It is not recommended to administer chlorine dioxide for the management of patients with mild or moderate COVID-19. **Strong recommendation against**

QUESTION 8

WHAT IS THE EFFICACY AND SAFETY OF PHARMACOLOGICAL PROPHYLAXIS WITH ANTICOAGULANTS IN PATIENTS WITH MILD AND MODERATE COVID-19?

N.°	RECOMMENDATION
✓	Pharmacological prophylaxis with anticoagulants in patients with mild and moderate COVID-19 should be individualized according to clinical history, risk factors for thromboembolism, and institutional protocols. **Good practice statement**
✓	For patients receiving oral anticoagulants at the time of acquiring the infection, it is suggested to continue with the established treatment as indicated above. **Good practice statement**

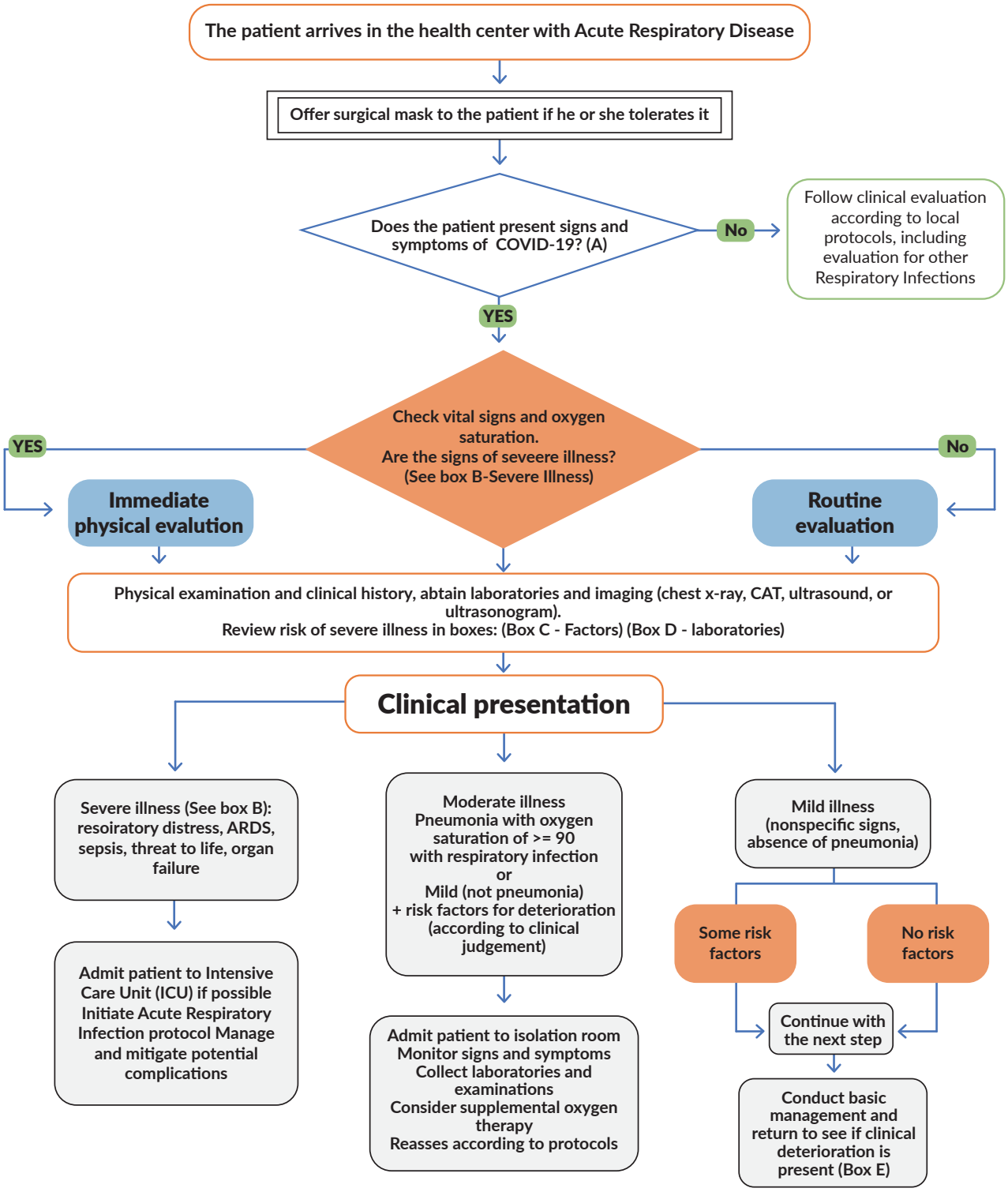
QUESTION 9

WHAT IS THE FOLLOW-UP PLAN FOR PATIENTS WITH MILD AND MODERATE COVID-19?

N.°	RECOMMENDATION
19	For COVID-19 patients whose symptoms have improved, it is suggested to perform a comprehensive evaluation and verify that they do not need respiratory support and fluid management, in order to decide on medical discharge or home management. **Strong recommendation to do. Quality of the evidence: very low**
20	It is recommended that patients who meet the discharge criteria should have an exit plan that includes a summary of diagnosis, medications (if applicable), and care. It is suggested to provide information about the plan to the patient and family. **Strong recommendation. Quality of the evidence: very low**
21	In patients who have recovered from SARS-CoV-2 infection, it is recommended not to schedule diagnostic imaging at the time of hospital discharge. As part of follow-up, diagnostic images will be scheduled according to the patient's needs and availability, in order to identify possible sequelae of the disease. **Strong recommendation against. Quality of the evidence: very low**
✓	Patients who have been discharged from hospital or patients managed at home and who show persistent symptoms, complications, or functional limitations should be examined to determine the presence of physical, cognitive, or mental impairment, and should be managed according to any alteration identified. Follow-up can be done in person or by teleconsultation. **Good practice statement**
✓	A long-term rehabilitation program should be implemented immediately, with referral to specialized rehabilitation services or centers designated to care for COVID-19 patients. The possibility of carrying out the programmed activities virtually should be considered. **Good practice statement**
✓	Rehabilitation programs should be run by multidisciplinary teams and be geared toward patients' needs and goals, including physical therapy, education and advice on self-care strategies, mental health assessment, breathing techniques, support for care givers, support groups, stress management, and modifications in the home. **Good practice statement**
✓	For pregnant women who have recovered from COVID-19, prenatal or postpartum care should be continued as scheduled. **Good practice statement**

ALGORITHMS

FLOW CHART FOR CLINICAL MANAGEMENT COVID-19



COVID-19, new coronavirus disease; SARS-CoV-2, severe acute respiratory syndrome type 2 coronavirus; CT; computed tomography.

A. Common COVID-19 symptoms

- Fever
- Cough + Sputum
- Breathlessness
- Muscle pain (Myalgia)
- Fatigue
- Nausea/Vomiting
- Cold
- Diarrhea
- Headache
- Sore throat
- Vasculitic rash.

B: Signs of severe illness

- Respiratory rate > 30
- Pulse > 100
- Hypotension
- Arrhythmia
- Evidence of dyspnea (muscular, cervical, or intercostal retraction, nostril flaring, cyanosis, oxygen saturation < 94% or based on clinical)

Pediatric population

- Persistent fever, diarrhea, abdominal pain, nausea/vomiting, neurological status, heart rate variations (especially age-related bradycardia) and low oxygen saturation

C. Risk Factors

- Atherosclerosis
- Cancer
- Diabetes
- Males
- Cardiovascular disease
- Liver disease
- Neurological disease
- Pulmonary disease
- Kidney disease
- Hypertension
- Immunodeficiency for any reason
- Obesity
- People over 60 years of age
- Pregnancy
- Malnutrition

D: Routine laboratory tests according to availability

- Respiratory samples for SARS-CoV-2 viral detection.
 Liven function
- Blood count
- Other laboratory tests based on local epidemiology (influenza, other respiratory infections, dengue, malaria)
- Urine analysis

Additional laboratory tests according to availability

- Procalcitonin
- CPK
- D-dimer and fibrinogen
- C-reactive protein

Diagnostic imaging according to availability

- Chest x-ray
- Chest CT scan

E: Signs of deterioration

- Increase inn difficulty breathing
- Drop in blood pressure
- Blue coloration in lips and face
- Confusion or lack of ability to rise
- Increase weakness
- Reduction of oxygen saturation to less than 90%
- Persistent chest pain
- Reddening or inflammation of the limbs
- Dizziness
- Loss of conciousness
- Respiratory rate >20 breaths/minute

PROPHYLAXIS AND MANAGEMENT OF PATIENTS WITH MILD OR MODERATE COVID-19

PROPHYLAXIS

Do not use any drug for prophylaxis in persons at risk of COVID-19.

MANAGEMENT OF PATIENTS WITH MILD COVID-19

Patients should isolate themselves and receive outpatient treatment only for predominant symptoms (fever, sore throat, headache, cough, rhinorrhea, myalgia). They should also receive information about warning signs that indicate they should seek medical care.

MANAGEMENT OF PATIENTS WITH MODERATE COVID-19

Patients should isolate themselves and receive treatment for their symptoms, use pulse oximeters (if available), and receive information about warning signs that indicate they should seek medical care.

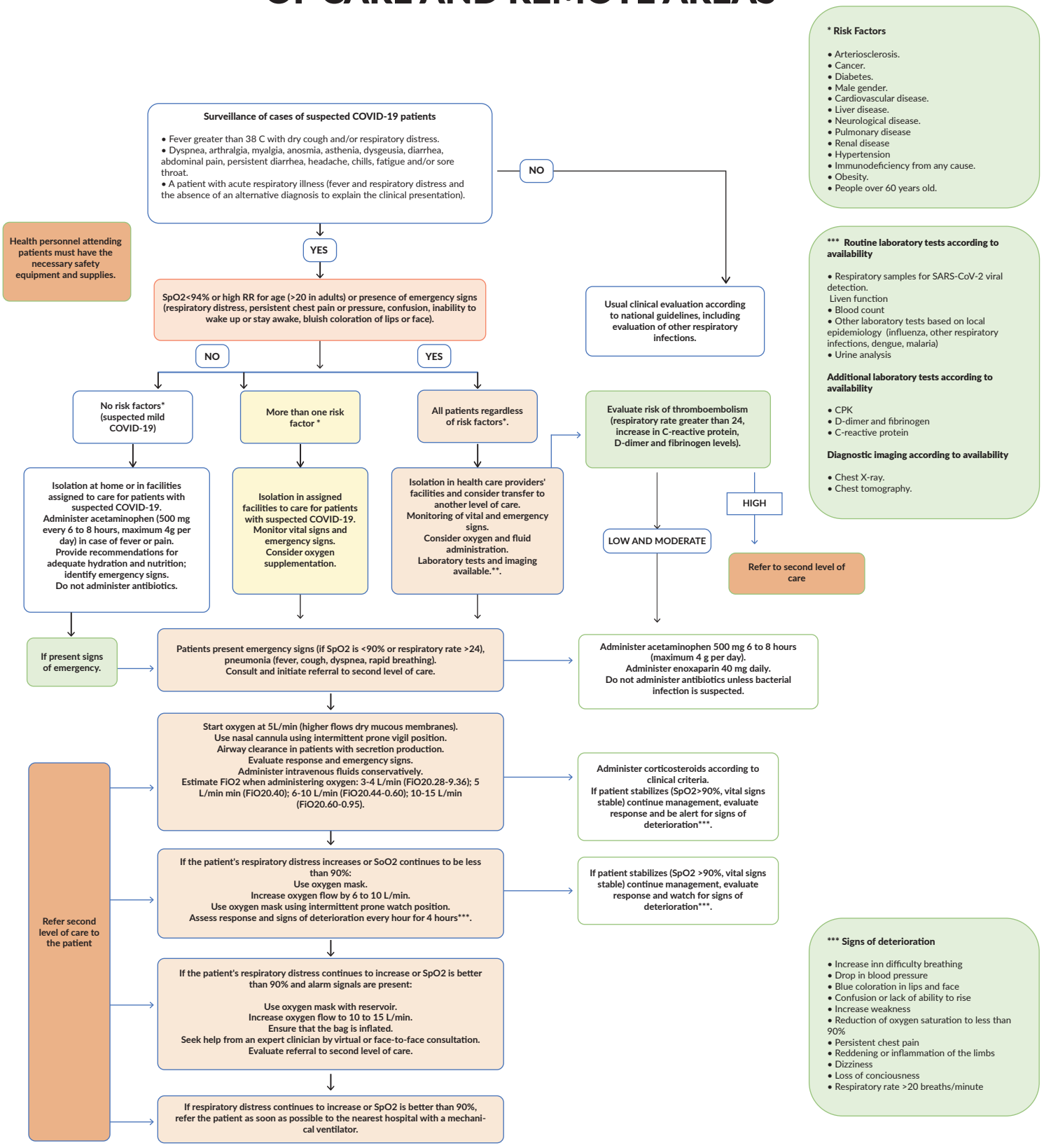
PHARMACOLOGICAL TREATMENT

It is recommended not to administer any drug (ivermectin, hydroxychloroquine, antibiotics, or steroids, among others) for the management of patients with mild and moderate COVID-19.

SUPPLEMENTS

It is recommended not to administer any supplement (such as vitamin D or chlorine dioxide) for the management of patients with mild or moderate COVID-19.

ALGORITHM FOR THE MANAGEMENT OF COVID-19 INFECTION IN THE FIRST LEVEL OF CARE AND REMOTE AREAS



PAHO AND WHO GUIDES SUPPORTING THIS DOCUMENT

USE OF PROTECTIVE EQUIPMENT

• Requirements and technical specifications of personal protective equipment (PPE) for the novel coronavirus (2019-ncov) in healthcare settings. Interim recommendations, 2/6/2020.

https://iris.paho.org/handle/10665.2/51977

• Technical specifications of medical devices for the case management of COVID-19 in healthcare settings.

https://www.paho.org/en/documents/technical-specifications-medical-devices-case-management-covid-19-healthcare-settings

• Presentation: Infection Prevention and Control and novel coronavirus (COVID-19): standard precautions and use of personal protective equipment.

https://www.paho.org/en/documents/presentation-infection-prevention-and-control-and-novel-coronavirus-covid-19-standard

• Interim laboratory biosafety guidelines for the handling and transport of samples associated with the novel coronavirus 2019 (2019-nCoV).

https://www.paho.org/en/documents/interim-laboratory-biosafety-guidelines-handling-and-transport-samples-associated-novel

• Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.

https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

• Natural Ventilation for Infection Control in Health-Care Settings.

https://www.who.int/water_sanitation_health/publications/natural_ventilation.pdf

COVID-19 DIAGNOSIS

• Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans.

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance/

• Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases.

https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117

• Guidance for laboratories shipping specimens to WHO reference laboratories that provide confirmatory testing for COVID-19 virus.

https://apps.who.int/iris/bitstream/handle/10665/331639/WHO-2019-nCoV-laboratory_shipment-2020.3-eng.pdf

TREATMENT

• COVID-19 Clinical management: living guidance.

https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1

• Home care for patients with suspected novel coronavirus (2019-nCoV) infection presenting with mild symptoms and management of contacts.

https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts

• Essential medicines list for the management of patients admitted to intensive care units with suspected or confirmed COVID-19 diagnosis. Update 10 August 2020.

https://iris.paho.org/handle/10665.2/52603

• List of Priority Medical Devices in the Context of COVID-19, 13 August 2020.

https://iris.paho.org/handle/10665.2/52580

• Flowchart for the Management of Suspected COVID-19 Patients at the First Level of Care and in Remote Areas in the Region of the Americas, July 2020.

https://iris.paho.org/handle/10665.2/52577

GLOBAL MONITORING OF COVID-19

• Public Health surveillance for COVID-19: Interim guidance

https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)

• Revised case report form for Confirmed Novel Coronavirus COVID-19 (report to WHO within 48 hours of case identification), 27 February 2020.

https://apps.who.int/iris/bitstream/handle/10665/331234/WHO-2019-nCoV-SurveillanceCRF-2020.2-eng.pdf

DISCHARGE OF RECOVERED PATIENTS

• Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected.

https://apps.who.int/iris/bitstream/handle/10665/330893/WHO-nCoV-Clinical-2020.3-eng.pdf?sequence=1&isAllowed=y

• Novel coronavirus (SARS-CoV-2): Discharge criteria for confirmed COVID-19 cases – When is it safe to discharge COVID-19 cases from the hospital or end home isolation?

https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Discharge-criteria.pdf

CONSIDERATIONS FOR RESEARCH AND HEALTH SERVICES

• Considerations for Strengthening the First Level of Care in the Management of the COVID-19 Pandemic.

https://iris.paho.org/handle/10665.2/53190

• Considerations in the investigation of cases and clusters of COVID-19.

https://www.who.int/publications-detail/considerations-in-the-investigation-of-cases-and-clusters-of-covid-19

• Operational considerations for case management of COVID-19 in health facility and community: Interim guidance, 19 March 2020.

https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf

• Reorganization and Progressive Expansion of Health Services for the Response to the COVID-19 Pandemic. Technical Working Document, 27 March 2020.

https://iris.paho.org/handle/10665.2/52215

• Severe Acute Respiratory Infections Treatment Centre: Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities, March 2020.

https://www.who.int/publications-detail/severe-acute-respiratory-infections-treatment-centre

• COVID-19 v4. Operational Support & Logistics. Disease Commodity Packages.

https://www.who.int/docs/default-source/coronaviruse/dcp-ncov-v4.pdf?sfvrsn=f5fe6234_7

Recommendations for Implementing the CICOM Methodology during the COVID-19 Response. Version 3.1, 10 June 2020.

https://iris.paho.org/handle/10665.2/52376

DEAD BODY MANAGEMENT

Dead Body Management in the Context of the Novel Coronavirus Disease (COVID-19). Interim recommendations, 7 April 2020

https://iris.paho.org/handle/10665.2/52000

GUIDELINE DEVELOPMENT GROUP

STEERING GROUP

PAHO's steering group is composed of Ludovic Reveiz, Advisor (Department of Evidence and Intelligence for Action in Health, and the incident management system team for the COVID-19 response); and João Toledo, Advisor (Department of Health Emergencies, and the incident management system team for the COVID-19 response).

METHODOLOGISTS

Marcela Torres and Ariel Izcovich, PAHO consultants (Department of Evidence and Intelligence for Action in Health, and the incident management system team for the COVID-19 response.

PANEL OF EXPERTS

The panel of experts is composed of Graciela Josefina Balbin, Ministry of Health of Peru; Elías J. Bonilla V, Pediatrician, Ministry of Health/Social Security Fund of Panama; Lourdes Carrera Acosta, Medical Specialist in Health Management, Institute for the Evaluation of Health Technologies and Research (IETSI), EsSalud, Lima, Peru; Fabián Jaimes, Professor in the Department of Internal Medicine of the Medical School of the University of Antioquia, Coordinating Editor of IATREIA (medical journal of the University of Antioquia), Colombia; Juan Carlos Meza, Academic Delegate of the Second Specialization Program in Human Medicine, Medical Resident of the WFH-USMP Faculty ACLS, PHTLS and PALS Instructor, AMLS of the AHA-PLST, FCCS, FDM and MCCRC Instructor of the SCCM-SOPEMI of Peru; José Montes Alvis, Medical Epidemiologist, Directorate of Clinical Practice Guidelines, Pharmacovigilance and Technovigilance, Institute for the Evaluation of Health Technologies and Research (IETSI), EsSalud, Lima, Peru; Jose F. Parodi, University of San Martín de Porres, Faculty of Medicine, Center for Research on Aging, Lima, Peru; Sonia Restrepo, Pediatric Pulmonologist, Professor at the Medical School of the National University of Colombia, Fundación la Misericordia Hospital, and San Ignacio University Hospital, Colombia; Ojino Sosa, Specialist in Internal Medicine and Critical Medicine, Head of the Division of Continuing Education, Health Education Coordination, Mexican Institute of Social Security (IMSS), Attaché to Hospital Médica Sur, Mexico; Ho Yeh Li, Coordinator, ICU-DMIP, Clinical Hospital-FMUSP, Brazil; Edgard Díaz Soto, Specialist in Emergency Medicine, Master in Health Services Administration, physician assigned to the Emergency Service of the Zone 8 General Hospital, Mexican Institute of Social Security (IMSS), Mexico; and Dr. Andrés Viteri García, National Director of Standardization - Ministry of Public Health of Ecuador, Research Professor - UTE University, Public Health Research Center and Clinical Epidemiology (CISPEC).

PEER REVIEWERS

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PAHO

Pan American Health Organization

World Health Organization

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