Philippine COVID-19 Living Recommendations

As of 16 March 2021

By:

Institute of Clinical Epidemiology,
National Institutes of Health, UP
Manila

In cooperation with:

Philippine Society for
Microbiology and Infectious
Diseases

Funded by:

DOH AHEAD Program
through the DOST-PCHRD

IMPORTANT NOTICE: These living recommendations may change as newer evidence are released in the medical literature. It is critical that you take note of the date when the evidence was last reviewed. Additional recommendations may have to be added as needed.

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Living Recommendations on Screening and Diagnosis of COVID-19

14-day Symptom-based Test

Should the 14-day symptom-based test be used in screening for COVID-19 infection in apparently healthy adults?

We suggest an initial screening for COVID-19 by checking for any influenza-like illness symptom within the past 14 days in apparently healthy adults. *(Low quality of evidence; Conditional recommendation)*

Clinical Specimen

Which clinical specimen can be used as an alternative for the diagnosis of COVID-19?

We recommend the use of oropharyngeal swab as an alternative clinical specimen to nasopharyngeal swab RT-PCR for the diagnosis of COVID-19. *(Moderate quality of evidence; Strong recommendation)*

We recommend the use of saliva drool/spit and oral saliva specimens as an alternative to nasopharyngeal swab for RT-PCR diagnosis of COVID-19 in symptomatic and asymptomatic patients with suspected COVID-19 in hospital and community/outpatient settings. *(Moderate quality of evidence; Strong recommendation)*

We suggest the use of saliva swab and posterior oropharyngeal saliva specimens as an alternative for RT-PCR diagnosis of COVID-19 in symptomatic and asymptomatic patients with suspected COVID-19 in hospital and community/outpatient settings. *(Low quality of evidence; Conditional recommendation)*

We recommend the use of nasal swab/wash as an alternative clinical specimen to nasopharyngeal swab RT-PCR for the diagnosis of COVID-19. *(Moderate quality of evidence; Strong recommendation)*

We recommend the use of throat swab as an alternative clinical specimen to nasopharyngeal swab RT-PCR for the diagnosis of COVID-19. *(Low quality of evidence; Strong recommendation)*

We recommend against the use of sputum as an alternative clinical specimen to nasopharyngeal swab RT-PCR for the diagnosis of COVID-19. *(Very low quality of evidence; Strong recommendation)*

There is no evidence to recommend the use of bronchoalveolar lavage as an alternative clinical specimen to nasopharyngeal swab RT-PCR for the diagnosis of COVID-19.

Rapid Antigen Tests

Should rapid antigen tests be used in the diagnosis of COVID-19 in clinically suspected patients?

We recommend against the use of rapid antigen test alone in diagnosing COVID-19 in asymptomatic patients suspected of COVID-19 infection. *(Moderate to high quality of evidence; Strong recommendation)*

We recommend the use of rapid antigen test under all these conditions in patients suspected of COVID-19 infection: *(Moderate quality of evidence; Strong recommendation)*

- Symptomatic AND
- Early phase </=7 days from onset of symptoms AND
- Specific brands that demonstrated sensitivity ≥80% and have very high specificity (≥97-100%))

We recommend against the use of saliva as specimen for rapid antigen test in patients suspected of COVID-19 infection. *(Moderate quality of evidence; Strong recommendation)*

Pooled Testing using RT-PCR

Should pooled testing using RT-PCR for SARS-CoV-2, versus individual testing using RT-PCR, be used for screening and surveillance for SARS-CoV-2 in patients with suspected COVID-19 infection?

We suggest the use of pooled RT-PCR testing in targeted* low-risk and low-prevalence populations using a pool size of 5 in individuals suspected of COVID-19 infection. *(Moderate quality of evidence; Conditional recommendation)*

**Target population refer to the list of PSP and DOH*

Repeat Testing using RT-PCR

Should repeat RT-PCR testing after an initial negative RT-PCR versus single RT-PCR testing be done to diagnose COVID-19 in symptomatic patients with high index of suspicion?

We suggest to repeat RT-PCR testing when the initial RT-PCR test is negative among symptomatic patients with high index of suspicion for COVID-19 infection. *(Low quality of evidence; Conditional recommendation)*

Hydroxychloroquine/Chloroquine

Should hydroxychloroquine/ chloroquine, with or without azithromycin be used in the treatment of patients with COVID-19 infection?

We recommend against the use of hydroxychloroquine/chloroquine, with or without azithromycin among patients with COVID-19 infection. *(Moderate quality of evidence; Strong recommendation)*

Azithromycin

Should azithromycin be used in the treatment of patients with COVID-19 infection?

We recommend against the use of azithromycin among patients with COVID-19 infection. *(Moderate quality of evidence; Strong recommendation)*

Ivermectin

Should ivermectin be used in the treatment of patients with COVID-19 infection?

There is insufficient evidence to recommend the use of ivermectin for the treatment of patients with COVID-19 infection. *(Very low quality of evidence)*

Favipiravir

Should favipiravir be used in the treatment of patients with COVID-19 infection?

There is insufficient evidence to recommend the use of favipiravir for the treatment of patients with COVID-19. *(Very low quality of evidence)*

Remdesivir

Should remdesivir be used in the treatment of patients with COVID-19 infection?

We suggest against the use of remdesivir in patients with COVID-19 infection who have O2 saturation ≥94% and do not require oxygen supplementation. *(Low quality of evidence; Conditional recommendation)*

We suggest the addition of remdesivir to dexamethasone in patients with COVID-19 infection who have O2 saturation < 94% and/or requiring oxygen supplementation. *(Low quality of evidence; Conditional recommendation)*

There is insufficient evidence for or against the use of remdesivir in patients with COVID-19 infection who are already on high flow oxygen, non invasive or invasive mechanical ventilation. *(Low quality of evidence)*

Tocilizumab

Should tocilizumab be used in the treatment of patients with COVID-19 infection?

We recommend the addition of tocilizumab to systemic steroids in patients showing rapid respiratory deterioration and/or requiring high doses of oxygen (high-flow nasal cannula, noninvasive or invasive mechanical ventilation) and with elevated biomarkers of inflammation (CRP). *(Moderate quality of evidence; Strong recommendation)*

We recommend against the use of tocilizumab in patients with COVID-19 infection who do not require oxygen supplementation. *(Strong recommendation)*

Convalescent Plasma

Should convalescent plasma be used in the treatment of patients with COVID-19 infection?
We recommend against the use of convalescent plasma in patients with COVID-19 infection regardless of severity. *(Moderate quality of evidence; Strong recommendation)*

Ibuprofen

Should ibuprofen be used in the treatment of patients with COVID-19 infection?
We recommend against the use of ibuprofen as treatment among patients with COVID-19 infection. *(Very low quality of evidence; Strong recommendation)*

Virgin Coconut Oil

Should virgin coconut oil (VCO) be used in the treatment of patients with COVID-19 infection?
There is no evidence to recommend the use of VCO as treatment among patients with COVID-19 infection.

Linhua

Should Linhua be used in the treatment of patients with COVID-19 infection?
We recommend against the use of Linhua as treatment among patients with COVID-19 infection. *(Very low quality of evidence; Strong recommendation)*

Living Recommendations for the Critical Care and Respiratory Management of COVID-19

Systemic Corticosteroids

Should systemic corticosteroids be used in patients with COVID-19 infection?
We recommend the use of dexamethasone in patients with COVID-19 infection who require supplemental oxygenation (i.e., including high-flow device, non-invasive, invasive mechanical ventilation and ECMO). *(High quality of evidence; Strong recommendation)*

We recommend against the use of systemic corticosteroids among patients with COVID-19 infection who do not require oxygen supplementation. *(Moderate to high quality of evidence; Strong recommendation)*

Anticoagulation

Should anticoagulation be used in treating patients diagnosed with COVID-19 infection?
We suggest the use of prophylactic anticoagulation among hospitalized patients with COVID-19 infection, unless with contraindications. *(Very low quality of evidence; Conditional recommendation)*

We suggest the use of prophylactic dose anticoagulation over therapeutic anticoagulation in critically ill patients with COVID-19 infection. *(Low quality of evidence; Conditional recommendation)*

Hemoperfusion

Should hemoperfusion be used in patients with COVID-19 infection?
There is insufficient evidence on the use of hemoperfusion at this time among patients with COVID-19 infection. *(Very low quality of evidence)*

Fluid Management

Should a conservative fluid management strategy be used in mechanically ventilated adult COVID-19 patients?
We suggest the use of conservative fluid management over liberal fluid management strategy in mechanically ventilated adult COVID-19 patients with acute respiratory distress syndrome who are adequately resuscitated*. *(Low quality of evidence; Conditional recommendation)*
**without tissue hypoperfusion and fluid responsiveness*

Proning in Non-Intubated Patients

Should proning be used in non-intubated patients with COVID-19 infection?
We suggest self-proning to improve oxygenation status of non-intubated hospitalized patients with COVID-19 infection requiring oxygen supplementation. *(Very low quality of evidence; Conditional recommendation)*

High Flow Nasal Cannula

Should high flow nasal cannula be used in patients with COVID-19 infection?
We suggest the use of high-flow nasal cannula oxygenation over non-invasive ventilation (e.g., helmet CPAP, mask NIV) in patients with COVID-19 infection and acute hypoxemic respiratory failure who do not respond to conventional oxygen therapy. *(Very low quality of evidence; Conditional recommendation)*

Mechanical Ventilation

Should lung protective ventilation, high PEEP and driving pressure-limited strategies be used in the management of adult patients with COVID-19-associated acute respiratory distress syndrome?

We suggest the use of a lung protective ventilation strategy (tidal volume 4-8 mL/kg predicted body weight and plateau pressure less than 30 cmH2O in patients with COVID-19 infection and ARDS. *(Very low quality of evidence; Conditional recommendation)*

There is insufficient evidence to recommend the use of a higher PEEP strategy. We suggest to individualize PEEP or employ a PEEP strategy on respiratory mechanics (i.e., compliance) in patients with COVID-19 infection. *(Low quality of evidence; Conditional recommendation)*

There is insufficient evidence to recommend a driving pressure limited strategy in patients with COVID-19 infection. We suggest to keep the driving pressure ≤ 14 cmH2O. *(Low quality of evidence; Conditional recommendation)*

Living Recommendations on Non-Pharmacologic Interventions for COVID-19

Cloth Masks

Should cloth masks be used in the prevention and control of COVID-19 infection?
We recommend that healthcare workers not directly taking care of COVID-19 patients, and other persons with high risk of exposure to COVID-19 should use properly fitted surgical masks instead of cloth masks. *(Moderate quality of evidence; Strong recommendation)*

We suggest using a cloth mask that fits snugly on the face and made of at least two layers of cotton (e.g., t-shirt fabric) or non-woven nylon with aluminum nose bridge by the general public with low risk of exposure to COVID-19 in outdoor or indoor areas to prevent COVID-19 infections *(Low quality of evidence; Conditional recommendation)*

Ionizing Air Filter

Should ionizing air filter be used in the prevention and control of COVID-19 infection in public spaces with sustained community transmission?
We recommend against the use of ionizing air purifier to reduce COVID-19 transmission in the community. *(Low quality of evidence; Strong recommendation)*

Foot Baths

Should foot baths be used in the prevention and control of COVID-19 infection?
We recommend against the use of footbaths for the prevention and control of COVID-19 transmission. *(Very low quality of evidence; Strong recommendation)*

Misting Tents

Should misting tents or disinfection chambers be used in preventing and controlling COVID-19 transmission?
We recommend against the use of misting tents or disinfection chambers for preventing and controlling COVID-19 transmission. *(Very low quality of evidence; Strong recommendation)*

Ultraviolet (UV) Lamps

Should ultraviolet (UV) lamps be used in the prevention and control of COVID-19 infection in public spaces in locations with sustained community transmission?
We recommend against the use of UV lamps or other UV devices in any place outside of a controlled clinic or hospital setting to prevent and control COVID-19 transmission. *(Low quality of evidence; Strong recommendation)*

High Efficiency Particulate Air (HEPA) Filter

Should high efficiency particulate air (HEPA) filters be used in the prevention and control of COVID-19 infection in public spaces and locations with sustained community transmission?
We suggest the use of HEPA filter as an option to improve air quality for COVID-19 prevention and control in indoor spaces with inadequate ventilation. *(Low quality of evidence; Conditional recommendation)*

N95 Decontamination Techniques

What are effective decontamination techniques for N95 reuse?

In situations where there is shortage of filtering facepiece respirators (FFR), we suggest the use of Hydrogen Peroxide Vapor (HPV), Ultraviolet Germicidal Irradiation (UVGI), moist heat and peracetic acid dry fogging system (PAF) as options for N95 mask decontamination as recommended by the manufacturer based on their ability to reduce SARS-COV-2 load and infectivity while still maintaining N95 mask integrity. *(Low quality of evidence; Conditional recommendation)*

We recommend against the use of autoclave and alcohol as these methods alter filtering facepiece respirator's (N95) integrity and degrade filtration efficacy. *(Very low quality of evidence; Strong recommendation)*

Living Recommendations on Vaccines and Prophylactic Interventions for COVID-19

Vaccines

Are vaccines effective and safe in the prevention of COVID-19 infections?

We recommend the use of the following vaccines to prevent symptomatic SARS-CoV-2 infection among adults: *(Moderate quality of evidence; Strong recommendation)*

a. BNT162b2 (given as 0.3ml (30ug) intramuscular injections, in 2 doses, 21 days apart)
b. mRNA-1273 (given as 0.5ml (100ug) intramuscular injections, in 2 doses, 28 days apart)
c. ChAdOx1 (given as 0.5 ml (5×10^6 vp) intramuscular injections, in 2 doses, at least 12 weeks apart)
d. Gam-COVID-Vac (given as 0.5ml rAd-26S 0.5ml intramuscular injection, then rAd-5S 0.5ml intramuscular injection 21 days after)

We recommend the use of these vaccines in older adults (>64-year-old) to prevent symptomatic SARS-CoV-2 Infection. *(Low quality of evidence; Strong recommendation)*

We recommend the use of these vaccines in pregnant and lactating women after consultation with their healthcare provider. *(Very low quality of evidence; Conditional recommendation)*

We recommend the use of these vaccines in adults who have stable medical comorbidities and are at risk for severe infection to prevent SARS-CoV-2 infection. *(Moderate quality of evidence; Strong recommendation)*

We recommend against the use of these vaccines in children to prevent SARS-CoV-2 infection: *(Low to very low quality of evidence; Conditional recommendation)*

- BNT162b2: <16 years old
- mRNA-1273, ChAdOx1, Gam-COVID-Vac: <18 years old

We recommend the use of these vaccines in immunocompromised patients (i.e., diagnosed with HIV, hepatitis B and C), after clearance from their physician, to prevent SARS-CoV-2 infections. *(Low quality of evidence; Conditional recommendation)*

We recommend against the use of these vaccines in persons with known allergies to polysorbate and/or PEG. *(Moderate to high quality of evidence; Strong recommendation)*

Melatonin

Should melatonin be used in the prevention of COVID-19 infection?

We recommend against the use of melatonin as prevention for COVID-19 infection. *(Very low quality of evidence; Strong recommendation)*

Vitamin D

Should Vitamin D supplementation be used in the prevention of COVID-19 infection?

We recommend against the use of Vitamin D supplementation to prevent COVID-19 infection. *(Very low quality of evidence; Strong recommendation)*

Zinc

Should zinc supplementation be used in the prevention of COVID-19 infection?
We recommend against the use of zinc supplementation to prevent COVID-19 infection. *(Very low quality of evidence; Strong recommendation)*

Hydroxychloroquine/Chloroquine

Should hydroxychloroquine/ chloroquine be used in the prevention of COVID-19?
We recommend against the use of HCQ for pre-exposure prophylaxis in adults who are at high risk of exposure to COVID-19 cases. *(Moderate quality of evidence; Strong recommendation)*

We recommend against the use of HCQ for post-exposure prophylaxis in adults who are exposed to COVID-19 cases. *(Low quality of evidence; Strong recommendation)*

Lopinavir/Ritonavir

Should lopinavir/ritonavir be used as prophylaxis for the prevention of COVID-19?
We recommend against the use of lopinavir/ritonavir for chemoprophylaxis in individuals exposed to COVID-19 patients. *(Very low quality of evidence; Strong recommendation)*

Saline Nasal Irrigation

Should saline nasal irrigation be used for the prevention of COVID-19?
There is insufficient evidence to recommend the use of saline nasal irrigation (SNI) to prevent COVID-19 in healthy individuals. *(Very low quality of evidence)*

Steam Inhalation

Should steam inhalation be used for the prevention of COVID-19?
We recommend against the use of steam inhalation in the prevention of COVID-19. *(Very low quality of evidence; Strong recommendation)*

We recommend against the use of steam inhalation in the treatment of COVID-19. *(Very low quality of evidence; Strong recommendation)*

Antiseptic Gargles

Should antiseptic gargles be used for the prevention of COVID-19?
There is insufficient evidence to recommend the use of antiseptic mouthwash or gargle to prevent COVID-19 in healthy individuals. *(Very low quality of evidence)*

Living Recommendations on Adjunct Interventions for COVID-19

Zinc

Should zinc be given as an adjunct treatment to patients diagnosed with COVID-19 infection?
There is insufficient evidence to recommend the use of zinc as adjunct treatment for patients with COVID-19 infection both in the outpatient and in-patient setting. *(Very low quality of evidence)*

Vitamin C

Should Vitamin C be used as adjunct treatment for COVID-19?
There is insufficient evidence to recommend the use of intravenous Vitamin C as adjunct treatment for patients with COVID-19 infection. *(Low quality of evidence)*

Vitamin D

Should Vitamin D supplements be used as adjunct treatment for COVID-19?
There is insufficient evidence to recommend the use of Vitamin D supplementation as adjunct treatment for patients with COVID-19 infection. *(Low to very low quality of evidence)*

Melatonin

Should melatonin be used in the adjunctive treatment of COVID-19?
There is insufficient evidence to recommend the use of melatonin as adjunct treatment for patients with COVID-19 infection. *(Very low quality of evidence)*

Virgin Coconut Oil

Should virgin coconut oil be used in the adjunctive treatment of COVID-19?
There is no evidence to recommend the use of virgin coconut oil as adjunct treatment for patients with COVID-19 infection.

N-acetylcysteine

Should N-acetylcysteine be used as an adjunct treatment for patients diagnosed with COVID-19?
We recommend against the use of intravenous N-acetylcysteine as adjunct treatment for patients with COVID-19 infection. *(Moderate quality of evidence; Strong recommendation)*

Renin-Angiotensin-Aldosterone System Blockers (RAAS)

Should RAAS blockers be continued in patients with COVID-19?
We recommend continuing maintenance RAAS blockers for hypertension among patients with COVID-19 infection. *(Moderate quality of evidence; Strong recommendation)*

Ibuprofen

Does the concurrent use of Ibuprofen worsen COVID-19 outcomes?
We suggest that ibuprofen may still be used as symptomatic treatment of patients with COVID-19 infection if clinically warranted. Concurrent use of ibuprofen is not associated with worsening of COVID-19 outcomes. *(Very low quality of evidence; Conditional recommendation)*