COVID Living Clinical Practice Guidelines
New Updates as of November 16, 2021

DIAGNOSTICS

Among patients suspected to have COVID-19, how accurate are self-administered rapid antigen tests alone compared to RT-PCR for the diagnosis of COVID-19?

Updated as of November 11, 2021

We suggest the use of self-administered rapid antigen test for the diagnosis of COVID-19 in symptomatic individuals, provided that ALL OF THE FOLLOWING conditions are met: *(Low certainty of evidence; Weak recommendation)*

1. Ease of collecting samples is ensured;
2. Ease of interpretation is ensured;
3. Test kits have passed flex studies; AND
4. Individuals present with symptoms for less than 7 days.

We suggest against the use of self-administered rapid antigen test for routine screening of COVID-19. *(Low certainty of evidence; Weak recommendation)*

TREATMENT

Severity Classification of COVID-19 for Adults

Updated as of October 28, 2021

CLASSIFICATION	CRITERIA
Mild COVID-19	• No pneumonia or desaturation • Acute onset of fever and cough or any three (3) or more of the following: ○ Fever ○ Cough ○ Coryza ○ Sore throat ○ Diarrhea ○ Anorexia/nausea/vomiting ○ Loss of sense of smell or taste ○ General weakness/body malaise/fatigue ○ Headache ○ Myalgia
Moderate COVID-19	a. With pneumonia* **BUT** no difficulty of breathing or shortness of breath, RR < 30 breaths/min, oxygen saturation[#] >/= 94% at room air **OR** b. Without pneumonia but with risk factors for progression: elderly (60 years old and above) and/or with comorbidities
Severe COVID-19	• With pneumonia* and **ANY** one of the following: ○ Signs of respiratory distress ○ Oxygen saturation[#] < 94% at room air ○ Respiratory rate of ≥30 breaths/minute ○ Requiring oxygen supplementation
Critical COVID-19	• With pneumonia* and **ANY** of the following: ○ Impending respiratory failure requiring high flow oxygen, non-invasive or invasive ventilation ○ Acute respiratory distress syndrome ○ Sepsis or shock ○ Deteriorating sensorium ○ Multi-organ failure ○ Thrombosis

*Pneumonia - evidence of lower respiratory disease during clinical assessement (e.g. cough, fever plus crackles) and/or imaging (CXR, ultrasound, CT scan)

[#]Proper recording of the O2 saturation: finger should be inserted in the oximeter for about 10-20 seconds; patient shoudl be still and not talking

Consensus Issues

The current COVID-19 Severity Classification is updated for better understanding and applicability. A footnote is added to clearly define pneumonia and how O2 saturation should be properly obtained. Levels of O2 saturation are specified to be in taken in room air and the elderly age group is specified to be 60 years old and above.

Among patients with COVID-19, should leronlimab be used as treatment?

Updated as of October 28, 2021

We suggest against the use of leronlimab as treatment for COVID-19 *(Very low certainty of evidence, Weak recommendation)*

Among patients with COVID-19, should tocilizumab be used for treatment?

Updated as of October 28, 2021

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 certainty of evidence, Strong recommendation)*

We recommend against the use of tocilizumab among patients with COVID-19 infection who do not require oxygen. *(Very low certainty of evidence, Strong recommendation)*

Among COVID-19 patients, should molnupiravir be used for treatment?

Updated as of November 8, 2021

There is insufficient evidence to recommend the use of molnupiravir among patients with COVID-19 infection. *(Very low certainty of evidence)*

Among patients with COVID-19, should imatinib be used for treatment?

Updated as of November 8, 2021

There is insufficient evidence to recommend the use of imatinib among patients with COVID-19 infection *(Low certainty of evidence)*

Among patients with COVID-19, should favipiravir be used for treatment?

Updated as of November 8, 2021

There is insufficient evidence to recommend the use of favipiravir among patients with COVID-19 infection. *(Low certainty of evidence)*

Among patients with COVID-19, should colchicine be used for treatment?

Updated as of November 8, 2021

We suggest against the use of colchicine as treatment for COVID-19.

(Very low certainty of evidence; Weak recommendation)

Among COVID-19 patients should fluvoxamine be used for the treatment?

Updated as of November 8, 2021

There is insufficient evidence to recommend the use of fluvoxamine among patients with COVID-19 infection. (*Low certainty of evidence)*

CRITICAL CARE

Should anticoagulation be used in treating patients diagnosed with COVID-19?

Updated as of October 26, 2021

We recommend the use of prophylactic over therapeutic dose anticoagulation among hospitalized patients with moderate, severe or critical COVID-19 disease unless there are any contraindications. *(Low certainty of evidence; Strong recommendation)*

We recommend the use of standard dose prophylactic anticoagulation over intermediate dose prophylactic anticoagulation among hospitalized patients with COVID-19 disease unless there are any contraindications. *(Moderate certainty of evidence; Strong recommendation)*

Should inhaled nitric oxide be used in patients with COVID-19?

Updated as of October 26, 2021

We recommend against the use of nitric oxide among patients with COVID-19. *(Low certainty of evidence; Strong recommendation)*

Should pirfenidone versus nintedanib be used as therapy for post-COVID-19 pulmonary fibrosis?

Updated as of October 26, 2021

There is insufficient evidence to recommend the use of pirfenidone or nintedanib among patients with post-COVID-19 pulmonary fibrosis *(Very low certainty of evidence)*

Should self-proning or side lying position be used in non-intubated patients with severe to critical COVID-19?

Updated as of October 26, 2021

We suggest self-proning position in non-intubated patients with severe and critical COVID-19 (*Very low certainty of evidence; Weak recommendation)*

There is insufficient evidence to recommend the use of side lying in non-intubated patients with severe to critical COVID-19 *(Very low certainty of evidence)*

NON PHARMACOLOGICAL INTERVENTIONS

Is a facemask with face shield more effective than facemask alone in reducing SARS COV2 transmission?

Updated as of November 5, 2021

We suggest against requiring the use of face shields in addition to face masks among the general public in non-healthcare settings. *(Very low certainty of evidence; Weak recommendation)*

We recommend the addition of face shields to face masks among the general public in areas with sustained community transmission of SARS-CoV-2. *(Very low certainty of evidence; Strong recommendation)*

We recommend the use of face shield plus medical face mask and standard personal protective equipment among health care workers not directly involved in the care of COVID-19 patients in areas with sustained community transmission of SARS-COV2. *(Very low certainty of evidence; Strong recommendation)*

ADJUNCTIVE THERAPY

Should Lagundi (*Vitex negundo*) be used as adjunctive treatment for COVID-19 infection?

Updated as of October 29, 2021

There is no evidence to recommend Lagundi (Vitex negundo) as adjunctive treatment for patients with COVID-19 infection.

Should Tawa-tawa *(Euphorbia hirta)* be used as adjunctive treatment for COVID-19 infection?

Updated as of October 29, 2021

There is no evidence to recommend Tawa-tawa (Euphorbia hirta) as adjunctive treatment for patients with COVID-19 infection.

Should statins be used as adjunctive treatment in patients with COVID-19?

Updated as of October 29, 2021

There is insufficient evidence to recommend statins as adjunctive treatment in patients with COVID-19. *(Very low certainty of evidence)*

VACCINES and PROPHYLAXIS

Among close contacts of COVID-19 patients, should casirivimab + imdevimab cocktail be used as post-exposure prophylaxis?

Updated as of November 4, 2021

We suggest the subcutaneous use of casirivimab + imdevimab as day 4 post-exposure prophylaxis for COVID-19 close contacts*, ages 12 years and above weighing at least 40 kilograms, who are at risk for severe disease or hospitalization.** *(Moderate certainty of evidence; weak recommendation)*

**This includes the following people: elderly; BMI >25; those with chronic diseases such as hypertension, diabetes, and chronic kidney disease; those who are not expected to mount an adequate immune response to the vaccine due to immunosuppressive therapy or those in an immunocompromised state.

Is CoronaVac (Sinovac) effective and safe in the prevention of COVID-19-infections?: A Rapid Review (Update)

Updated as of October 28, 2021

1. We recommend the use of the CoronaVac (Sinovac), given as (given as 0.5 mL (600SU) to prevent symptomatic SARS-CoV-2 infection in:
    - **Healthy Adults** *(Low certainty of evidence; Strong recommendation)*
    - **Pregnant women in their first trimester after consultation with a physician** *(Very Low certainty of evidence; Strong recommendation)*
    - **Pregnant women in their 2nd and 3rd trimester and lactating women** *(Very Low certainty of evidence; Strong recommendation)*
    - **Adults who have medical comorbidities** *(including chronic respiratory disease and infection, cardiovascular disease, chronic kidney disease, cerebrovascular disease, diabetes mellitus, obesity, neurologic disorder, chronic liver disease and others like sickle cell disease, thalassemia, or Down's syndrome, as per DOH guidelines dated April 5, 2021 on the A3 Priority Group) (Low certainty of evidence; Strong recommendation)*
    - **Immunocompromised patients after medical clearance from a physician** *(the immunocompromised include those diagnosed with HIV, hepatitis B and C, those with cancer undergoing chemotherapy, transplant patients receiving immunosuppression) (Low certainty of evidence; Strong recommendation)*

2. We suggest the use of CoronaVac (Sinovac) to prevent SARS-CoV-2 infection in older adults (>60 years old). *(Low certainty of evidence; Weak recommendation)*

3. We suggest against the use of CoronaVac (Sinovac) to prevent SARS-CoV-2 infection in children (3 to 17 years old) *(Very Low certainty of evidence; Weak recommendation)*
4. In areas where Delta is the predominant variant of concern, we recommend the use of CoronaVac (Sinovac) *(Very Low certainty of evidence; Strong recommendation)*
5. Under the current context of low vaccine coverage and inadequate vaccine supply, we recommend against booster vaccination using CoronaVac (Sinovac) in the healthy, adult population (18 years old and above) *(Low certainty of evidence; Strong recommendation)*
6. For immunocompromised patients who received primary CoronaVac (Sinovac) vaccination, we recommend for heterologous booster vaccination *(Very Low certainty of evidence; Strong recommendation)*

Is rAd26 (Sputnik Light) effective and safe in the prevention of COVID-19 infections?: A Rapid Review

Updated as of November 4, 2021

1. **We suggest the use of the rAd26 (Sputnik Light), given as 10^{11}vp per 0.5ml, single dose, intramuscularly to prevent symptomatic SARS-CoV-2 infection in:**
   a. Healthy adults *(Low certainty, Weak recommendation)*
   b. Older adults (60 years and older) *(Low certainty, Weak recommendation)*
   c. Adults with comorbidities *(Low certainty, Weak recommendation)*

2. **We suggest against the use of rAd26 (Sputnik Light) to prevent symptomatic SARS-CoV-2 infection in:**
   a. Children (3-17 years) *(No evidence, Weak recommendation)*
   b. Pregnant and lactating women *(No evidence, Weak recommendation)*
   c. Immunocompromised *(No evidence, Weak recommendation)*

3. **In areas where Alpha, Beta or Delta is the predominant variant of concern, we suggest the use of rAd26 (Sputnik Light) to prevent COVID-19 infection.** *(Very Low certainty, Weak recommendation)*

Is vaccination with BBV152 (Covaxin/Bharat) effective and safe in the prevention of COVID-19 infections?: A Rapid Review

Updated as of October 21, 2021

1. We recommend the use of BBV152 (Covaxin/Bharat), 0.5 mL/dose, in a two-dose regimen, 28 days apart for the prevention of symptomatic COVID-19 infection in healthy adults. *(Moderate certainty of evidence; Strong recommendation)*

2. We suggest the use of BBV152 (Covaxin/Bharat), 0.5 mL/dose, in a two-dose regimen, 28 days apart for the prevention of symptomatic COVID-19 infection:
   a. Adults who have stable medical co-morbidities and are at high risk for severe infection *(Low quality of evidence; Weak recommendation)*
   b. Healthy, older adults (>60 years old) *(Low certainty of evidence; Weak recommendation)*
   c. Pregnant and lactating women, after discussing with a physician *(No direct evidence; Weak recommendation)*
   d. Immunocompromised patients, after discussing with a physician *(No direct evidence; Weak recommendation)*

3. We suggest against the use of BBV152 (Covaxin/Bharat) for the prevention of COVID-19 in children and adolescents. *(No evidence; Weak recommendation)*

4. We recommend against the use of BBV152 (Covaxin/Bharat) in individuals who have known allergies to its contents/excipients. *(Best practice statement)*

Among adults who received the standard full doses of any COVID-19 vaccine, what is the clinical and immunologic efficacy and effectiveness and safety of a booster compared to no booster?

Updated as of October 28, 2021

1. **Under the current context of low vaccine coverage and inadequate vaccine supply, we recommend against booster vaccination in the healthy, adult population (18 years old and above)** *(Very low certainty of evidence; Strong recommendation)*

2. **We suggest homologous booster vaccination in the immuno-compromised population for the following vaccines**:
   a. BNT162b2 (*Very low certainty of evidence; Weak recommendation)*
   b. mRNA-1273 (*Very low certainty of evidence; Weak recommendation)*

3. **For immunocompromised patients who received primary vaccination of any kind, we recommend for the use of heterologous vaccination**.
   (Very low certainty of evidence; Strong recommendation)

NOTE: No consensus was reached on the recommendation regarding the use of homologous vaccination for immunocompromised patients who received primary vaccination with ChAdOx1 (AstraZeneca), CoronaVac (Sinovac), Gam-COVID-Vac (Sputnik) or Ad26.COV2.S (J&J/Janssen).

Among adults, what is the clinical and immunologic efficacy and effectiveness and safety of heterologous COVID-19 vaccination compared to standard homologous COVID-19 vaccination in preventing COVID-19 infection?

Updated as of October 22, 2021

We recommend the use of heterologous COVID-19 vaccination for those with serious adverse event to the first dose. *(Very low certainty of evidence; Strong recommendation)*

We suggest the use of heterologous COVID-19 vaccination in the event of the unavailability of the second dose in the recommended schedule. *(Very low certainty of evidence; Weak recommendation)*

Among children <18 years old, what is the efficacy/effectiveness and safety of COVID-19 vaccines compared to placebo in preventing COVID-19?

Updated as of October 21, 2021

We recommend the use of the BNT162b2 (Pfizer/BioNTech) vaccine, [given as 0.3 mL (30 ug) intramuscular injections, in 2 doses, 21 days apart] for children 12-15 years old to prevent symptomatic SARS-CoV-2 infection. *(Moderate certainty of evidence; Strong recommendation)*

We suggest the use of the mRNA-1273 (Moderna) vaccine, [given as 0.5 mL (100 ug) intramuscular injections, in 2 doses, 28 days apart] for children 12-17 years old to prevent symptomatic SARS-CoV-2 infection. *(Low certainty of evidence; Weak recommendation)*

We suggest against the use of Coronavac (Sinovac), [given as 0.5 mL (600 SU) intramuscular injection, in 2 doses, 28 days apart] for children 3-17 years old to prevent symptomatic SARS-CoV-2 infection. *(No evidence; Weak recommendation)*

Are COVID-19 vaccines efficacious in preventing COVID-19 infections caused by the B.1.617.2 (Delta) Variant?

Updated as of October 28, 2021

In areas where the Delta variant is the predominant circulating variant, we recommend for the use of the following vaccine to prevent symptomatic and severe COVID-19:

a. 2 doses of BBV152 (Covaxin/Bharat)
   (Moderate certainty of evidence; Strong recommendation)
b. 2 doses of BNT162b2 (Pfizer)

(Low certainty of evidence; Strong recommendation)

c. 2 doses of mRNA-1273 (Moderna)
   (Low certainty of evidence; Strong recommendation)
d. 2 doses of ChAdOx1 (Astra Zeneca)
   (Low certainty of evidence; Strong recommendation)
e. 2 doses of CoronaVac (Sinovac)
   (Very low certainty of evidence; Strong recommendation)

In areas where the Delta variant is the predominant circulating variant, we suggest the use of the following vaccines to prevent symptomatic and severe COVID-19:

a. Ad26.CoV2 (Janssen)
   (Low certainty of evidence; Weak recommendation)
b. Gam-COVID-Vac (Sputnik V)
   (Low certainty of evidence; Weak recommendation