IP Recommendation for Outpatient COVID-19 Treatment and Testing

Guiding principles for testing:

- Testing is indicated if it would alter patient management (quarantine decisions, congregant living)
- Avoid in asymptomatic patients

Indications for testing:

- **Patients in congregant living situations**
    - Suggested Guidance: If positive, would notify patient's residence regarding risk to other patients.
    - Resources: CDC- Long-term Care facilities, Nursing homes
- **Patients from a high risk group** *(>65 yo, chronic lung disease, moderate to severe asthma, serious heart conditions, immunocompromised including cancer treatment, BMI >/= 40, uncontrolled diabetes, uncontrolled kidney failure, uncontrolled liver disease, pregnancy)*
    - Suggested Guidance: Provider education regarding potential worsening around Day 8, Symptom education on when to go to the ER, a mask to wear to the ER
    - Resources: CDC- What to do if you are sick
- **Patients living with someone who is high risk**
    - Suggested Guidance: Set up alternative mechanisms for care if available, provide masks (or suggestion to cover face with an alternative)
    - Resources: CDC- Caring for Someone
- **Dialysis patients**
    - Suggested Guidance: Notification of dialysis center regarding positivity for cohorting or alternative site selection
    - Resources: CDC- Dialysis Facilities
- **Patients unable to self-quarantine**
    - Suggested Guidance: Provide masks for patient (or instructions to cover face with alternative)
- **Patients whose jobs require clearance prior to return to work**
    - Suggested Guidance: If positive, wait to return to work until no longer infectious as defined by CDC non-test strategy
    - Resources: CDC- Return to Work Criteria for Healthcare workers
- **Patients with upcoming admission to hospital, SAR, LTAC, or congregant living**
    - Suggested Guidance: Notify hospital, SAR, LTAC or congregant living facility and plan for appropriate isolation while in house
- **Patients individually approved by Infection Prevention**

Recommendations for outpatient treatment:

Questions have started to arise regarding potential treatment for SARS-CoV-2 infection (COVID19) for patients with mild symptoms that are managed outpatient. To date, no randomized, control studies have been published evaluating the efficacy and safety of hydroxychloroquine or chloroquine for treatment of COVID19 patients. As such, treatment recommendations are being based of the limited in-vitro and small, non –randomized studies that have been published[1,2,3]. Based on the limited available data, and potential for adverse effects, the IUH ID Division is only recommending experimental hydroxychloroquine therapy for COVID19 patients admitted to the hospital for moderate to severe disease. Also, a small study recently showed potential for faster viral clearance in patients on combination of hydroxychloroquine and azithromycin[3]. However, only six patients received combination therapy and upon closer analysis, patients on monotherapy hydroxychloroquine had a higher viral load as evident by the lower cycle threshold (C_T) value. Because of the paucity of data and the potential for increased toxicity, namely additive prolonged QTc, combination therapy of hydroxychloroquine and azithromycin are only recommended in patients that can have continuous cardiac monitoring.

Hydroxychloroquine is also being studied for pre-exposure and post-exposure prophylaxis in the United States. Until data from this study is available, CDC and WHO do not recommend use of any agent for prophylaxis[4,5]. Furthermore, with the current shortage of hydroxychloroquine priority of this medication on the outpatient setting should be reserved for patients with diseases where hydroxychloroquine has shown a clear benefit (e.g lupus erythematosus, rheumatoid arthritis, dermatomyositis)[5].

<u>Summary of the above, at this time:</u>

- We <u>do NOT</u> recommend outpatients with mild disease be treated with experimental therapies (e.g. hydroxychloroquine)
- We <u>do NOT</u> recommend hydroxychloroquine for pre-exposure or post-exposure prophylaxis outside of a clinical trial
- We <u>DO</u> recommend supportive therapies and appropriate social distancing/quarantining for suspected or confirmed COVID19 cases

Information is changing and being published at a rapid pace. Updated guidance will be available as more information is published.

References:

1. Cortegiani A, Ingoglia G, Ippolito M, Giarratano A, Einav S. A systematic review on the efficacy and safety of chloroquine for the treatment of COVID-19. *J Crit Care* 2020.
2. Yao X, Ye F, Zhang M, et al. In Vitro Antiviral Activity and Projection of Optimized Dosing Design of Hydroxychloroquine for the Treatment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). *Clin Infect Dis* 2020.
3. Gautret P, Lagier JC, Parola P. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label, non-randomized clinical trial. Int J Antimicrob Agents. 2020.
4. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
5. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance
6. ASHP. Current Drug Shortages. Available at: https://www.ashp.org/Drug-Shortages/Current-Shortages. Accessed March 26, 2020.