British Columbia COVID-19 Therapeutics Committee (CTC) Clinical Practice Guidance for

Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19

SUMMARY
last updated June 29th, 2020

Recommendations in this document apply to patients > 18 years of age. For details including special populations, refer to the complete summary document.

There is limited clinical evidence to guide antiviral therapy for patients with COVID-19.

Specialist consultation (e.g., Critical Care, Infectious Disease, Hematology, or Rheumatology) is recommended if any investigational treatment is offered to a patient with COVID-19 outside of approved clinical trials. Informed consent should be obtained from the patient or the substitute decision maker.

SEVERITY OF ILLNESS	ANTIVIRAL THERAPY *Unless otherwise specified, recommendations include antivirals alone or in combination*	ANTIBACTERIAL THERAPY	IMMUNOMODULATORY THERAPY	OTHER THERAPEUTICS
Critically Ill COVID-19 Patients *Hospitalized, ICU-based* Patients requiring mechanical ventilatory and/or vasopressor/inotropic support	**Chloroquine** or **Hydroxychloroquine** is **not** recommended for the treatment of COVID-19 **Lopinavir/ritonavir** is **not** recommended outside of approved clinical trials **Remdesivir*** is **not** recommended outside of approved clinical trials. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. Remdesivir is currently not approved by Health Canada. **Ribavirin/Interferon** is **not** recommended outside of approved clinical trials	**Ceftriaxone 1-2 g IV q24h x 5 days** is recommended if there is concern for bacterial co-infection (alternative for severe beta-lactam allergy: moxifloxacin 400 mg IV q24h x 5 days) **Azithromycin 500 mg IV q24h x 3 days** is recommended if atypical bacterial infection is suspected (not required if on moxifloxacin) De-escalate on the basis of microbiology results and clinical judgment	**Dexamethasone 6 mg IV/PO q24h for up to 10 days** is **strongly recommended** (RECOVERY trial), unless higher doses are indicated**. If Dexamethasone is not available, methylprednisolone 30 mg IV q24h is the preferred alternative. **Tocilizumab** or **sarilumab** is **not** recommended outside of approved clinical trials; where clinical trials are not available, expert consultation is recommended (Infectious Diseases, Hematology, Rheumatology)	**Enoxaparin 30 mg SC q12h** is **suggested** for VTE prophylaxis **ACE inhibitors** and **ARBs** should not be discontinued solely on the basis of COVID-19 **NSAIDs** should not be discontinued solely on the basis of COVID-19
Severely Ill COVID-19 Patients *Hospitalized, ward-based, long-term care* Patients requiring supplemental oxygen therapy	**Chloroquine** or **Hydroxychloroquine** is **not** recommended for the treatment of COVID-19 **Lopinavir/ritonavir** is **not** recommended outside of approved clinical trials **Remdesivir*** is **not** recommended outside of approved clinical trials. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. Remdesivir is currently not approved by Health Canada. **Ribavirin/Interferon** is **not** recommended outside of approved clinical trials	Antibacterial therapy is **not** routinely recommended outside of approved clinical trials unless other indications justify its use (e.g., suspected bacterial co-infection in COVID-19 positive patients)	**Dexamethasone 6 mg IV/PO q24h for up to 10 days** is **recommended** (RECOVERY trial), unless higher doses are indicated**. If Dexamethasone is not available, methylprednisolone 30 mg IV q24h or prednisone 40 mg PO q24h are the preferred alternatives. If dexamethasone supplies are limited, they should be reserved for critically ill patients. **Tocilizumab** or **sarilumab** is **not** recommended outside of approved clinical trials	**Enoxaparin 30 mg SC q12h** should be **considered** for VTE prophylaxis in severely ill hospitalized patients **ACE inhibitors** and **ARBs** should not be discontinued solely on the basis of COVID-19 **NSAIDs** should not be discontinued solely on the basis of COVID-19
Mildly Ill COVID-19 Patients *Ambulatory, outpatient, long-term care* Patients who do not require supplemental oxygen, intravenous fluids, or other physiological support	**Chloroquine** or **hydroxychloroquine** (with or without azithromycin) is **not** recommended outside of approved clinical trials **Lopinavir/ritonavir** is **not** recommended outside of approved clinical trials **Remdesivir*** is **not** recommended outside of approved clinical trials. Remdesivir shortened time to clinical recovery but failed to show any survival benefit in the ACTT-1 trial. Remdesivir is currently not approved by Health Canada. **Ribavirin/Interferon** is **not** recommended outside of approved clinical trials	Antibacterial therapy is **not** routinely recommended outside of approved clinical trials unless other indications justify its use (e.g., suspected bacterial co-infection in COVID-19 positive patients)	**Corticosteroids** are **not** recommended outside of approved clinical trials unless otherwise indicated** **Tocilizumab** or **sarilumab** is **not** recommended outside of approved clinical trials	**ACE inhibitors** and **ARBs** should not be discontinued solely on the basis of COVID-19 **NSAIDs** should not be discontinued solely on the basis of COVID-19
Prophylaxis Patients with known COVID-19 exposure	**Chloroquine** or **hydroxychloroquine** is **not** recommended for prophylaxis in patients with known COVID-19 exposure			

** Currently unavailable in Canada*
*** e.g., asthma exacerbation, refractory septic shock, history of chronic steroid use, obstetric use for fetal lung maturation*

This document is dynamic and addresses key therapeutic areas of concern for clinicians. The complete and most up-to-date version of the guidelines is available at http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments

Vancouver Coastal Health — Promoting wellness. Ensuring care.
fraserhealth — Better health. Best in health care.
Provincial Health Services Authority — Province-wide solutions. Better health.
Providence Health Care — How you want to be treated.
island health
Interior Health — Every person matters
northern health — the northern way of caring
British Columbia Ministry of Health
BC Patient Safety & Quality Council — Working Together. Accelerating Improvement.
First Nations Health Authority — Health through wellness