COVID-19 – Clinician Guide

Diagnosis

- COVID-19 should be suspected when COVID-19 is circulating in a community or there has been a COVID-19 exposure in patients with fever, cough, loss of taste or smell, other respiratory symptoms, myalgia, fatigue, or headache.[1]
    - Updated prevalences of COVID-19 can be found on the U.S. Centers for Disease Control and Prevention and local health department websites.[2]
- Patients should be encouraged to perform an over-the-counter COVID-19 test to aid in treatment decisions as well as isolation decisions. Check with the FDA for guidance on expiration dates for at-home tests.
- Over-the-counter rapid antigen tests can be performed by patients in the home according to the package insert.[3-4] Results return in 15–30 minutes. If positive, the tests strongly suggest COVID-19. Sensitivity may be lower, particularly early in the infection, with certain variants, or among asymptomatic patients.
- If COVID-19 is strongly suspected and a rapid antigen test is negative, the patient should repeat a negative test in 24 hours or seek a nucleic acid amplification test.

Treatment

- Treat patients with mild or moderate COVID-19 at risk of progressing to severe disease, hospitalization, or death as soon as possible, regardless of COVID-19 vaccination status.
- Patients at risk of progressing to severe disease include patients >50 years of age (and especially those >65 years of age), severe immunocompromise, taking immunosuppressive medications, those who have been incompletely vaccinated or are out of date with vaccination, obesity, diabetes, chronic pulmonary disease, cerebrovascular disease, chronic liver disease, cystic fibrosis, intellectual or developmental disabilities including Down syndrome, cardiac disease, HIV, dementia, mood disorders, schizophrenia, pregnancy or recent pregnancies, tuberculosis, or chronic renal disease, or are regular smokers.[5-7]
- Antivirals are most effective if initiated within 5 days of symptom onset. Beyond 48 hours from symptom onset, consider antivirals for patients with immunocompromise or severe illness.[5-8]
- Antivirals treatment options include the following:[5]
    - Ritonavir-boosted nirmatrelvir is a first-choice regimen and is approved in patients age ≥12.
    - Injectable remdesivir is a second choice for adults and children aged 12 and up; children under 12 may also be eligible.
    - Molnupiravir is an alternative choice for adults.
- Antibiotics are not indicated for the treatment of COVID-19.
- All patients should be encouraged to rest and drink plenty of fluids.

Prevention

- Patients ≥6 months of age should talk with clinicians about getting an annual COVID-19 vaccine after an initial two-dose series. Patients who are >65 years of age, are at high risk for severe COVID-19, or have never received a COVID-19 vaccine should get an annual COVID-19 vaccine.[9]
- The COVID-19 vaccine may not prevent COVID-19, but it reduces risk of severe illness from COVID-19.
- Remind patients they can avoid infection with COVID-19 and other respiratory virus infections by washing their hands frequently, avoiding contact with people who are sick, avoiding touching their faces, staying away from people who are sick, and wearing masks when inside and around groups of people.
- Patients who test positive for COVID-19 should stay home and away from others until their symptoms have been improving for 24 hours AND they are fever free for 24 hours without use of antipyretics. They should then take added precautions (e.g., wearing masks, distancing around others) for another 5 days.[10]

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