COVID-19 CLINICAL MANAGEMENT

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PREAMBLE AND ACKNOWLEDGEMENTS

The literature regarding COVID-19 is in constant flux, and remaining up to date with guidance for COVID-19 is difficult. As a result, we have reorganised this version of the clinical management guidelines into separate modules, which can be updated independently as new data becomes available. In addition, each module starts with a summary block, and new content is flagged at beginning of each module. We hope that this modular format simplifies things for readers, and allows us to continue to provide guidance in as close to real time as possible.

Guideline objective

These guidelines provide options for screening, diagnosis and clinical management of COVID-19 disease and cover clinical care in and outside healthcare facilities.

Scope and health questions and target patients

These guidelines cover the case definitions, screening and diagnosis and clinical management of suspected and confirmed COVID-19 patients. The scope includes all levels of care from ambulatory patients seen in primary care and for screening purposes and symptomatic patients managed in health facilities, including intensive-care units. The scope also includes healthcare worker use of personal protective equipment.

Target audience

The guidelines are intended for healthcare providers working in both the public and private sectors in South Africa at all levels of care. These guidelines may also be important for health facility managers planning the response to COVID-19.

Guideline development methods

The evidence regarding COVID-19 is evolving rapidly. These guidelines relate to available guidance for known aspects of clinical care (e.g. pneumonia, severe acute respiratory syndrome) (e.g. from National Essential Medicines List Standard Treatment Guidelines). However, for new healthcare recommendations specific to COVID-19, the recommendations are based on the consensus of the expert guideline writing group based on emerging evidence.

Specific recommendations regarding therapeutic interventions are supported by the National Essential Medicine List sub-committee for COVID-19. The committee has developed standardised methods (protocols) and terms of reference for the consideration of emerging evidence. Rapid reviews of available research evidence are conducted using systematic searching, appraisal and synthesis methods. Evidence is reported in a standardised reporting template. The Evidence-to-Decision process is based on the GRADE working group methodology considering the balance of desirable and undesirable effects along with contextual factors such as resource use, and cost-effectiveness where indicated, feasibility, equity and acceptability. All rapid review reports and evidence-to-decision frameworks are available in the public domain. All contributors have completed Declaration of Interest forms, as stipulated by the National Department of Health.

Funding and editorial independence

This work was initially hosted by the National Institute for Communicable Diseases (NICD) and is currently supported by the National Department of Health. Guideline teams are not paid for their contributions.

Guideline writing groups

These groups represent various discipline, sectors and institutions. Declarations of interests were completed according to NDoH requirements.

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THE GUIDELINES CONTAIN THE FOLLOWING MODULES:

Module 1: Epidemiology and clinical characteristics
Module 2: Testing
Module 3: Management of the patient with asymptomatic or mild disease
Module 4: Respiratory support for hospitalised COVID-19 patients
Module 5: Drug therapy
Module 6: Palliative care of patients with COVID-19
Module 7: Special populations
Module 8: De-isolation period
Module 9: Infection prevention and control
Module 10: Recording and reporting
Module 11: Long COVID