Outpatient Strategies for COVID-19 Infection

- This is a summary of recommendations from STRAC ID Leads for outpatient management of COVID-19.
- There are no oral FDA-approved or authorized therapies for COVID-19.
- NIH and Infectious Diseases Society of America (IDSA) Guidelines do not recommend non-FDA authorized/approved therapies for COVID-19 outside of a clinical trial.

Recommended by ID Leads

**Isolation** – Persons diagnosed with COVID-19 should isolate at home.
- For mild to moderate disease, CDC recommends discontinuing isolation 10 days after the onset of symptoms and resolution of fever for at least 24 hours without the use of fever-reducing medications.
- For asymptomatic persons, isolation for 10 days after the first positive test for SARS-CoV-2 is recommended.

**General Recommendations**
- Nutrition/hydration
- Adequate sleep
- Stop/limit smoking and vaping
- Limit alcohol use
- Acetaminophen or ibuprofen for fever

**Equipment**
- Thermometer
- Pulse oximeter
- Home blood pressure cuff

**Warning Signals Warranting Presentation to Health Care Setting for Evaluation**
- Oxygen saturation <94% at rest
- Significant desaturation into 85% range upon walking
- Persistent shortness of breath
- Persistent fever
- Decrease in mental status
- Significant decrease in blood pressure

**Monoclonal Antibodies – Consider if patient meets criteria and within 5 days of symptom onset**
- FDA authorization under EUA:
  - Bamlanivimab (Lilly)
  - Casirivimab and imdevimab (Regeneron)
- Monoclonal antibodies for persons
o Have had a positive direct viral test for SARS-CoV-2
o Have had < 5 days of symptoms (up to 10 days)
o 12 years of age and older
o Weigh at least 40 kilograms (about 88 pounds)
o AND at high risk for progressing to severe COVID-19 and/or hospitalization
o Especially at risk: > 65 yo or BMI > 35
o See details of or underlying conditions* (see below) that predispose to high risk of progression

• Must be administered IV over 1 hour with 1 hour of monitoring after infusion
• STRAC Regional Infusion Center (RIC) is taking referrals (refer@strac.org)
• Side effects include infusion-related reactions such as fever, chills, flushing, hives, itching, anaphylaxis

• *High risk for progressing to severe COVID-19 and/or hospitalization is defined as patients who meet at least one of the following criteria:
  • Have a body mass index (BMI) ≥35
  • Have chronic kidney disease
  • Have diabetes
  • Have immunosuppressive disease
  • Are currently receiving immunosuppressive treatment
  • Are ≥65 years of age
  • Are ≥55 years of age AND have
    o cardiovascular disease, or
    o hypertension, or
    o chronic obstructive pulmonary disease/other chronic respiratory disease.

• [https://www.fda.gov/media/143605/download](https://www.fda.gov/media/143605/download)

Often Recommended by ID Leads

• **Zinc lozenges**
  o Antiviral activity
  o Can decrease duration/severity of common cold
  o Well-tolerated
  o High doses over long term – GI side effects, copper deficiency

**Vitamin D**
- Important for immune function and an Immune modulator
- Vitamin D deficiency associated with worse outcomes
- Consider especially for those at risk for deficiency
  - Elderly
  - Persons with melanin-rich skin
  - Persons with no or limited sun exposure
- Dose of 2000 IU daily


**Melatonin**
- Antioxidant and anti-inflammatory
- Production decreased in older adults
- Good safety profile
- Reasonable dose is 3 mg nightly which is easily found in tablet form
- If a smaller dose is needed due to morning grogginess, use the liquid form at 0.3 mg nightly


**Sometimes Recommended by ID Leads**

**Famotidine**
- Histamine-2 receptor antagonist may modulate cytokine storm
- Positive preliminary studies warrant further investigation
- Good safety profile


**Self-proning**
- May be used in cooperative patients who have mild desaturation and are comfortable in prone position
- Benefit usually noticed within 5-10 minutes
- Usual interval 30-120 minutes
- Sequence: prone, left lateral decubitus, right lateral decubitis, upright sitting
- Only maintain if comfortable for patient
- Avoid with pregnancy, spinal instability, face or neck trauma, hemoptysis
No Recommendation (Pending Further Study)

- **Aspirin (ASA)**
  - Preliminary observational study showed less complications in hospitalized patients who had received ASA within 24 hours of admission or 7 days prior to admission
  - Risk of bleeding
  - Avoid in children due to Reye’s Syndrome
  

- **Ivermectin**
  - Preliminary positive study in hospitalized patients
  - Good safety profile
  - Animal preparations should not be used in humans
  

- **Fluvoxamine**
  - SSRI that is an immunomodulator
  - Preliminary positive study in outpatients
  - Good safety profile
  
  *Lenze EJ, Mattar C, Zorumski CF et al. Fluvoxamine vs. placebo and clinical deterioration with symptomatic COVID-19. JAMA Published online November 12, 2020.*

- **Colchicine**
  - Preliminary positive study in hospitalized patients
  - Side effects: GI (diarrhea, nausea/vomiting, abdominal pain), muscle weakness, numbness/tingling, allergic reaction
  

- **Nasal irrigation with 1% povidone-iodine**
  - Iodine should not be used in thyroid conditions or pregnancy
  - User must be competent in using irrigation device, including proper cleaning
  
  *Farrell NF et al. Benefits and safety of nasal saline irrigations in a pandemic—washing COVID-19 away. JAMA Otolaryngology-Head & Neck Surgery. 2020;146;787*
- **Probiotic *Lactobacillus rhamnosus***
  - Some evidence to suggest immunomodulatory effect in sepsis
  - Clinical trial ongoing in COVID-19
  
  [https://sites.duke.edu/protectehc/about-our-study/](https://sites.duke.edu/protectehc/about-our-study/)

**Not Recommended**

- **Corticosteroids** – not recommended in outpatients
  - RECOVERY trial showed benefit for those requiring supplemental oxygen.
  - Pts who did not require oxygen did not benefit.


- **Hydroxychloroquine**
  - Multiple well-conducted studies show negative results
  - Side effects – GI and prolonged QT interval

  Saag MS. Misguided use of hydroxychloroquine for COVID-19. Jour Amer Med Assoc Published online November 9, 2020

- **Azithromycin**
  - Studies largely done with hydroxychloroquine
  - Well-conducted trials have been negative
  - Unnecessary use contributes to antimicrobial resistance
  - Side effects – prolonged QT interval, GI, *C. difficile* colitis

- **Vitamin C**
  - Antioxidant and anti-inflammatory
  - Studied in sepsis with variable outcomes
  - Few safety concerns
  - COVID-19 studies have been IV doses in hospitalized patients
  - Clinical trials ongoing
