What’s New in the Guidelines

Last Updated: October 9, 2020

The Coronavirus Disease 2019 (COVID-19) Treatment Guidelines is published in an electronic format that can be updated in step with the rapid pace and growing volume of information regarding the treatment of COVID-19.

The COVID-19 Treatment Guidelines Panel (the Panel) is committed to updating this document to ensure that health care providers, patients, and policy experts have the most recent information regarding the optimal management of COVID-19 (see the Panel Roster for a list of Panel members).

New Guidelines sections and recommendations and updates to existing Guidelines sections are developed by working groups of Panel members. All recommendations included in the Guidelines are endorsed by a majority of Panel members (see the Introduction for additional details on the Guidelines development process).

Major revisions to the Guidelines within the last month are as follows:

October 9, 2020

New Sections of the Guidelines
Therapeutic Management of Patients with COVID-19
This section provides recommendations for the treatment of COVID-19 based on the severity of disease. It includes recommendations for the use of remdesivir, an antiviral agent that targets severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and dexamethasone, a corticosteroid that reduces inflammation. A new figure (Figure 1) outlines the Panel’s recommendations. The Panel also discusses the rationale that led to each recommendation, including theoretical reasons for administering combination therapy in some situations.

Special Considerations in People with Human Immunodeficiency Virus
This section discusses the prevention, diagnosis, and management of COVID-19 in people with human immunodeficiency virus (HIV). The Panel emphasizes that recommendations for the triage, management, and treatment of COVID-19 in people with HIV are the same as those for the general population. The Panel also recommends continuing antiretroviral therapy and prophylaxis for opportunistic infections whenever possible in people with HIV who develop COVID-19, including in those who require hospitalization (AIII).

Key Updates to the Guidelines
Clinical Presentation of People with SARS-CoV-2 Infection
A new subsection entitled Persistent Symptoms or Illnesses After Recovery from Acute COVID-19 was added to this section to describe the emerging data on these symptoms. The Panel notes that more research is needed to better understand the pathophysiology and clinical course of these post-infection sequelae and to identify management strategies for patients.

General Considerations for Critically Ill Patients with COVID-19
Two new subsections have been added to this section. Sedation Management in Patients with COVID-19 provides guidance to the members of the intensive care unit (ICU) team on following international guidelines for the prevention, detection, and treatment of pain, sedation, and delirium. The other new subsection, Post-Intensive Care Syndrome, describes a spectrum of cognitive, psychiatric, and/or
physical disabilities that affects survivors of critical illness and persists after a patient leaves the ICU.

Other Updates to the Guidelines
The following sections have been updated to include new data from clinical trials, observational cohort studies, or case series:

- Convalescent Plasma
- Mesenchymal Stem Cells