What’s New in the Guidelines

Last Updated: January 14, 2021

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:

January 14, 2021

The COVID-19 Treatment Guidelines Panel’s Statement on the Use of Ivermectin for the Treatment of COVID-19

Since the last revision of the Ivermectin section of the Guidelines, results from several randomized clinical trials and retrospective cohort studies of ivermectin use in patients with COVID-19 have been published in peer-reviewed journals or made available as non-peer-reviewed manuscripts. Updates to the Ivermectin section that are underway will include discussion of these studies. Because many of these studies had significant methodological limitations and incomplete information, the Panel cannot draw definitive conclusions about the clinical efficacy of ivermectin for the treatment of COVID-19. As such, the Panel has determined that there are insufficient data to recommend either for or against the use of ivermectin for the treatment of COVID-19. Results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide further guidance on the role of ivermectin in the treatment of COVID-19.

December 17, 2020

Key Updates to the Guidelines

Clinical Spectrum of SARS-CoV-2 Infection

Formerly: Clinical Presentation of People with SARS-CoV-2 Infection

The Panel expanded the description and discussion of persistent symptoms or organ dysfunction following acute COVID-19 based on the current knowledge of the lingering effects of the disease. The Panel noted that more research and rigorous observational cohort studies are needed to better understand the pathophysiology and clinical course of these postinfectious sequelae and to identify strategies to manage affected patients.

Prevention and Prophylaxis of SARS-CoV-2 Infection

This section was updated with results from two randomized controlled trials that studied the use of hydroxychloroquine as pre-exposure prophylaxis for health care workers exposed to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
Antithrombotic Therapy in Patients with COVID-19

This section has been updated based on the most recent literature on venous thromboembolism (VTE) as a complication of COVID-19. The overall recommendations for the use of antithrombotic therapy in outpatient and inpatient settings remain unchanged. The subsection on special considerations during pregnancy and lactation has been updated, including with additional recommendations on the use of antithrombotic therapy in patients with COVID-19 during pregnancy and labor and delivery. The following recommendations have been added to this section:

- For pregnant patients hospitalized for severe COVID-19, prophylactic dose anticoagulation is recommended if there are no contraindications to its use (BIII).
- As for nonpregnant patients, VTE prophylaxis after hospital discharge is not recommended for pregnant patients (AIII). Decisions to continue VTE prophylaxis in the pregnant or postpartum patient after discharge should be individualized, considering concomitant VTE risk factors.
- Anticoagulation therapy use during labor and delivery requires specialized care and planning. It should be managed in pregnant patients with COVID-19 in a similar way as in pregnant patients with other conditions that require anticoagulation in pregnancy (AIII).

In addition, the Laboratory Diagnosis subsection of the Critical Care section has been removed. The information in the section was added to Testing for SARS-CoV-2 Infection.

Additional updates to the Guidelines will be forthcoming in January 2021.