



MANAGEMENT PRINCIPLES OF COVID-19 CASES IN HOME SETTING

This document includes some recommendations on home pharmacological treatment of mild cases of COVID-19 and a general overview of AIFA guidelines on the main categories of medicines to be used in this setting.

1. GENERAL RECOMMENDATIONS ON HOME MANAGEMENT OF COVID-19 CASES

These recommendations refer to pharmacological management in home setting of **mild** cases of COVID-19 and apply to both confirmed and probable cases, according to the WHO definition below (07/08/2020).

- **Confirmed** case: a case with laboratory confirmation of SARS-CoV-2 infection, regardless of clinical signs and symptoms.
- **Probable** case: a case with clinical criteria compatible with COVID and showing a probable or confirmed contact with a proven case; a suspected case with chest X-ray imaging suggesting COVID-19; a case with recent onset of anosmia or ageusia not otherwise explainable.

By **mild case** we mean: presence of symptoms such as fever ($CT > 37^{\circ}C$), malaise, cold symptoms (cough, pharyngodynia, nasal congestion), headache, myalgia, diarrhea, anosmia, dysgeusia. No signs of dyspnea, dehydration, impaired awareness or sepsis. It should be specified that elderly and immunosuppressed subjects may present atypical symptoms.

This document does not deal with oxygen therapy, which represents an essential therapeutic aid in the presence of respiratory failure; for its correct use, please refer to the specific recommendations.

With reference to pharmacological treatment:

- currently no medicine is available showing robust evidence of efficacy in preventing the appearance of symptoms or in modifying the evolution of the disease in asymptomatic subjects;
- currently no treatment has proved effective in symptomatic subjects in the initial stages of infection by improving the clinical course or its evolution.

In patients with asymptomatic or mild symptoms, the following **general recommendations** can apply:

- watchful waiting;
- symptomatic treatments (e.g., paracetamol);
- appropriate hydration and nutrition;
- do not modify existing chronic therapies (e.g., antihypertensive, anticoagulant or antiplatelet therapies);
- do not use vitamin supplements or food supplements (e.g., vitamins, lactoferrin);

- do not administer drugs by aerosol if in isolation with other cohabitants due to the risk of spreading the virus in the environment.

2. AIFA GUIDELINES ON THE MAIN CATEGORIES OF MEDICINES TO BE USED IN HOME MANAGEMENT OF COVID-19 CASES

SYMPTOMATIC MEDICINES WITH A DEFINED ROLE	
Symptomatic therapy	<p>Paracetamol or NSAIDs can be used in case of fever or joint/muscle pain (unless there is a clear contraindication to use).</p> <p>Other symptomatic medicines can be used upon clinical judgment.</p>
MEDICINES TO BE USED ONLY UNDER SPECIFIC CONDITIONS	
Corticosteroids AIFA information sheet: https://www.aifa.gov.it/	<p>Use of corticosteroids is recommended in subjects with severe COVID-19 disease requiring oxygen supplementation.</p> <p>This recommendation is based on current evidence of a clinical benefit of such medicines only in this patient setting. It should also be underlined that in the initial phase of the disease (with prevailing events related to viral replication), use of cortisone may have a negative impact on the immune response.</p> <p>Use of corticosteroids at home can be considered in patients whose clinical picture does not improve within 72 hours, in the presence of worsening pulse oximetry parameters requiring oxygen therapy.</p> <p>The study showing reduced mortality with low-dose corticosteroids used dexamethasone at a dosage of 6 mg once a day for up to 10 days.</p> <p>Any other corticosteroids should be used at equivalent dosages such as: methylprednisolone: 32 mg, prednisone: 40 mg and hydrocortisone: 160 mg.</p> <p>Finally, it is important to consider that in many people with chronic diseases, use of cortisone may cause important adverse events with a risk of complicating the course of the viral disease. A well-known example is diabetic subjects, in whom both the presence of an infection and the use of cortisone can seriously destabilize glycaemic control.</p>
Heparins AIFA information sheet: https://www.aifa.gov.it	<p>Use of heparins in the prophylaxis of thrombo-embolic events in patients with acute respiratory infection and reduced mobility is recommended by the main guidelines in the absence of contraindications and shall be carried out at the prophylactic dosage provided in the technical data sheet.</p> <p>Routine use of heparins is not recommended in non-hospitalized and non-bedridden subjects due to the infectious episode, as there is no evidence of a clinical benefit in this setting. It should be highlighted that SARS-CoV-2 infection is not a contraindication to continuing an ongoing oral anticoagulant therapy (with AVK or NOA) or antiplatelet therapy (even double).</p>
MEDICINES NOT RECOMMENDED FOR TREATMENT OF COVID-19	
Antibiotics	<p>Routine use of antibiotics is not recommended.</p> <p>Please note that as a general rule, the use of antibiotics is never recommended to treat viral infections. In the course of a viral infection, the use of these drugs can be considered only when the persistence of symptoms</p>

<p>AIFA information sheet (relating to azithromycin): https://www.aifa.gov.it</p>	<p>is higher than 48-72 hours and the clinical picture suggests the presence of bacterial overlap or when bacterial infection is demonstrated by a culture test.</p> <p>The lack of a solid rationale and the absence of efficacy evidence in the treatment of patients with SARS-CoV-2 viral infection alone do not allow to recommend in such patients the use of antibiotics, plain or in combination with other drugs, with particular reference to hydroxychloroquine.</p> <p>An unjustified use of antibiotics can also determine the onset and spread of bacterial resistance which could compromise the response to future antibiotic therapies.</p>
<p>Hydroxychloroquine</p> <p>AIFA information sheet: https://www.aifa.gov.it</p>	<p>Use of chloroquine or hydroxychloroquine is not recommended neither to prevent nor to treat the infection *.</p> <p>Numerous randomized clinical trials published to date conclude that the drug is ineffective, against an increase in adverse events, albeit not serious. This entails a negative risk/benefit ratio for using this medicine.</p> <p><i>* such use can be considered in local clinical studies</i></p>
<p>Lopinavir/ritonavir or Darunavir/ritonavir or cobicistat</p> <p>AIFA information sheet: https://www.aifa.gov.it</p>	<p>Use of lopinavir/ritonavir or darunavir/ritonavir (/cobicistat) is not recommended neither to prevent nor to treat the infection.</p> <p>All randomized clinical trials published to date conclude that such treatments are ineffective.</p>
<p>The recommendations provided reflect existing literature and indications. They are also based on AIFA Information Sheets and are updated according to the rapid evolution of scientific evidence. For further details on the individual sheets, please visit AIFA institutional website at the following link: https://www.aifa.gov.it/aggiornamento-sui-farmaci-utilizzabili-per-il-trattamento-della-malattia-covid19</p> <p>The guidelines provided do not include oxygen therapy, which represents an essential therapeutic aid in the presence of respiratory failure. For its correct use, please refer to the specific recommendations.</p>	