

# Clinical management of suspected or confirmed COVID-19 disease

## 1. Background

On 31<sup>st</sup> December 2019, the World Health Organization (WHO) was alerted to a cluster of pneumonia of unknown aetiology in patients in Wuhan City, Hubei Province of China. One week later the novel coronavirus (severe acute respiratory syndrome coronavirus 2: SARS-CoV-2) was identified as the cause. The resulting illness was named COVID-19 on the 11<sup>th</sup> February 2020. The clinical spectrum of COVID-19 ranges from an asymptomatic or mild flu-like illness to a severe pneumonia requiring critical care.

These guidelines describe the clinical management of cases of COVID-19 disease and covers clinical care in and outside health care facilities.

### Scope and health questions

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.

### Target audience for the guidelines

The guidelines are intended for use by health care providers working in both the public and private sectors in South Africa at all levels of care. The clinical management of COVID-19 should be guided by this document. These guidelines may also be important for health facility managers and policymakers planning the response to COVID-19.

### Methods

The evidence regarding COVID-19 is evolving rapidly. These guidelines are based on available guidance for known aspects of clinical care (e.g pneumonia, severe acute respiratory syndrome). However, for new health care 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 based on rapid reviews of the available research evidence by the COVID-19 subcommittee of the National Essential Medicines List Committee (NEMLC), using systematic searching appraisal and synthesis methods. All contributors have completed a Declaration of Interest form, as stipulated by the National Department of Health. No specific funding has been sourced for these guidelines. Contributors are not paid to write these guidelines.