

MANAGEMENT OF ADULTS WITH MILD COVID-19

IMPORTANT
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NATIONAL CLINICAL EVIDENCE TASKFORCE

COVID-19

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FORMS OF GUIDANCE

Evidence-Based Recommendation (EBR)
Consensus Recommendation (CBR)
Practice Point (PP)

Types of EBRs



RECOMMENDATION FOR USE

RECOMMENDATION AGAINST USE

CONDITIONAL RECOMMENDATION FOR USE

CONDITIONAL RECOMMENDATION AGAINST USE

General

MANAGING RISK OF INFECTION

- Follow national advice for [use of PPE for health care workers in the context of COVID-19](#). **PP** [ICEG; NHMRC]
- Manage probable cases of COVID-19 detected by rapid antigen testing (RAT) as if they are a confirmed case until acute respiratory symptoms have resolved. **PP** [Taskforce/CDNA]

DETERMINING SETTING OF CARE

The most appropriate setting will depend on:

- clinical features
- the patient's preferences and, where appropriate, healthcare decision-maker's or family/carer's preferences
- the context in terms of rural or remote locations
- public health responses
- ability to monitor for clinical deterioration and the availability of rapid transfer to higher level of care. **PP** [Taskforce/WHO]

BASELINE ASSESSMENT

Check for signs of moderate/severe disease (refer to [Pathways to Care for adults with COVID-19](#) Flowchart)
Check vaccination status and recency of vaccination.
No baseline investigations are required for mild COVID-19.
PP [Taskforce/CDNA]

Definition of disease severity

Mild illness

An individual with no clinical features suggestive of moderate or more severe disease:

- no OR mild symptoms and signs (fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhoea, loss of taste and smell)
- no new shortness of breath or difficulty breathing on exertion
- no evidence of lower respiratory tract disease during clinical assessment or on imaging (if performed)

Access to care

This flowchart should be applied after considering the clinical presentation of the patient and risk factors that might increase their overall risk of deterioration. Refer to [Pathways to Care for Adults flowchart](#).

Clinicians are encouraged to exercise greater clinical vigilance and consider appropriateness of O₂ saturation monitoring, more frequent review or referral for patients with disability who also have risk factors for disease progression.

COVID-19 THERAPIES

SUPPORTIVE CARE

Manage mild COVID-19 symptomatically and advise patients to rest. **PP** [Taskforce]
An antipyretic is generally not required for mild COVID-19, but paracetamol or ibuprofen as appropriate can be considered for symptomatic relief. **PP** [Taskforce]

ANTIBIOTICS

Do not prescribe antibiotics for mild COVID-19 unless indicated for other reasons, such as community acquired pneumonia. **PP** [Taskforce]

DRUG TREATMENTS

Consider drug treatments if symptom onset was within 7 days and the person is immunocompromised or at risk of disease progression. Refer to the current summary of [Drug treatments for adults with COVID-19](#) for recommendations and risk factors for disease progression.
Refer to the [decision support tool](#) for specific guidance on drug treatments for at risk adults with COVID-19 who do not require oxygen.
For treatment options in pregnant or breastfeeding women with COVID-19, refer to [Drug treatments for pregnant or breastfeeding women](#).

THERAPIES FOR PRE-EXISTING CONDITIONS

GENERAL

Ensure that people with confirmed or probable COVID-19 continue to receive their usual care for pre-existing conditions. **PP** [Taskforce]
People taking routine NSAIDs for a chronic condition should continue with treatment. **PP** [Taskforce]

ASTHMA AND COPD

[Inhaled or oral steroids](#)
Use inhaled or oral steroids for the management of people with co-existing asthma or COPD and COVID-19 as you normally would for viral exacerbation of asthma or COPD. Do not use a nebuliser. **CBR** [Taskforce]

DIABETES AND CARDIOVASCULAR DISEASE

[ACEIs/ARBs](#)
In patients with COVID-19 who are receiving ACEIs/ARBs, there is currently no evidence to deviate from usual care and these medications should be continued unless contraindicated. **EBR** [Taskforce]
Stopping these medications abruptly can lead to acute heart failure or unstable blood pressure. **PP** [Taskforce]

In people with suspected or confirmed COVID-19, the use of other treatments such as insulin, other diabetes medications, or statins should continue as usual. **PP** [Taskforce]

CONDITIONS MANAGED WITH IMMUNOSUPPRESSANTS

In people with suspected or confirmed COVID-19, only cease or change the dose of long-term immunosuppressants such as high-dose corticosteroids, chemotherapy, biologics, or disease-modifying anti-rheumatic drugs (DMARDs) on the advice of the treating specialist. **PP** [Taskforce]

Treatments

OESTROGEN CONTAINING THERAPIES

In women who have COVID-19 and who are taking oral menopausal hormone therapy (MHT), manage these medications as per usual care. In women who stop or suspend oral MHT, review the indication for this and consider transitioning to a transdermal preparation. Manage transdermal MHT as per usual care. **CBR** [Taskforce]

In women who have COVID-19 and who are taking oestrogen-containing contraception, manage these medications as per usual care. **CBR** [Taskforce]

In women who stop or suspend contraception when they have COVID-19, restart contraception at the time of discharge or when acute symptoms have resolved. **CBR** [Taskforce]

THINGS TO WATCH FOR

Advise the person with COVID-19 and their healthcare decision-maker or family/carers to look out for the development of new or worsening symptoms, especially breathing difficulties which may indicate the development of pneumonia or hypoxaemia.

Reassure the person that 4 out of 5 people with COVID-19 will have a mild illness and will usually recover 2 to 3 weeks after the initial onset of symptoms.

If respiratory symptoms do worsen, this is most likely to occur in the 2nd or 3rd week of illness. **PP** [Taskforce]

Risk factors for deterioration (* refer right) include:

- Older age, e.g. over 50 years for Aboriginal and Torres Strait Islander people, or otherwise over 65 years
- No vaccine dose or SARS-CoV-2 infection in the last ~3-6 months
- Pregnant
- Comorbidities:
 - lung disease, including COPD, asthma or bronchiectasis
 - cardiovascular disease, including hypertension
 - obesity (BMI >30 kg/m²)
 - diabetes
 - renal failure
 - immunocompromising conditions (** refer right)
- Concerns about personal safety or access to care.

PULSE OXIMETERS

In people with risk factors for deterioration, who are being cared for at home, consider offering [pulse oximetry](#) to monitor oxygen saturation. **CBR** [Taskforce]

There is no current evidence that supports the benefit of pulse oximetry compared with a home monitoring program in people with COVID-19 who are receiving care at home. **PP** [Taskforce]

Be aware that different pulse oximeters have different specifications, and that some can under or overestimate readings especially if the saturation level is borderline. Overestimation has been reported in people with darker skin. [NICE UK]

For guidance on when to escalate care, refer to the [Pathways to Care flowchart](#).

The RACGP has developed supporting materials to assist with care of people with mild COVID-19 at home. Refer to [Home-care guidelines for patients with COVID-19](#).

For some patients, symptoms may persist for longer than 4 weeks, or new symptoms may develop. For patients who present with possible long-term symptoms of COVID-19, supportive treatment is required. For guidance on the care of people with long COVID-19, refer to the flowchart on [Care of people after COVID-19](#). **PP** [Taskforce]

*The evidence to allow us to rank risk factors in order of priority is not yet available.

**IMMUNOCOMPROMISING CONDITIONS:

- Primary or acquired immunodeficiency:
 - haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
 - post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
 - immunocompromised due to primary or acquired (AIDS) immunodeficiency
 - other significantly immunocompromising conditions
 - Immunosuppressive therapy (current or recent):
 - chemotherapy, whole body radiotherapy or total lymphoid irradiation
 - high-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
 - selected other potent immunosuppressive therapies (refer to ATAGI advice).
- PP** [Taskforce]

