

AHRQ Safety Program for Telemedicine: Improving Antibiotic Use

COVID-19 – Clinician Guide

Diagnosis

- COVID-19 should be suspected when COVID-19 is circulating in a community or there has been a COVID-19 exposure in patients with fever, cough, loss of taste or smell, other respiratory symptoms, myalgia, fatigue, or headache.¹
 - The current prevalence of COVID-19 can be found on the CDC and local health department websites.²
- Patients should be encouraged to perform an over-the-counter COVID-19 test to aid in treatment decisions as well as isolation decisions. Check with the FDA for guidance on expiration dates for at-home tests.
- Over-the-counter rapid antigen tests can be performed by patients in the home according to the package insert.³⁻⁴ Results return in 15-30 minutes. If positive, the tests strongly suggest COVID-19. Sensitivity may be lower, particularly early in the infection, with certain variants, or among asymptomatic patients.
- If COVID-19 is strongly suspected, the patient should repeat a negative test in 24 hours or seek a nucleic acid amplification test.

Treatment

- Treat patients with mild or moderate COVID-19 at risk of progressing to severe disease, hospitalization, or death as soon as possible, regardless of COVID-19 vaccination status.
- Patients at risk of progressing to severe disease include patients over 50 years of age (and especially those at least 65 years of age), severe immunocompromise, taking immunosuppressive medications, those who have been incompletely vaccinated or are out of date with vaccination, obesity, diabetes, chronic pulmonary disease, cerebrovascular disease, chronic liver disease, cystic fibrosis, intellectual or developmental disabilities including Down syndrome, cardiac disease, HIV, dementia, mood disorders, schizophrenia, pregnancy or recent pregnancies, smoking, tuberculosis, or chronic renal disease.⁵⁻⁷
- Antivirals are most effective if initiated within 5 days of symptom onset. Beyond 48 hours from symptom onset, consider antivirals for patients with immunocompromise or severe illness.⁵⁻⁸
- Antivirals treatment options include the following:⁵
 - Ritonavir-boosted nirmatrelvir is a first choice regimen, and is approved in patients age 12 and up.
 - Injectable remdesivir is a second choice for adults and children aged 12 and up; children under 12 may also be eligible.
 - Molnupiravir is an alternative choice for adults.
- Antibiotics are not indicated for the treatment of COVID-19.
- All patients should be encouraged to rest and drink plenty of fluids.

Prevention

- The COVID-19 vaccine is recommended annually for all patients 6 months of age and older, after an initial 2-dose series.⁹
- The COVID-19 vaccine may not prevent COVID-19, but it reduces risk of severe illness from COVID-19.
- Remind patients they can avoid infection with COVID-19 and other respiratory virus infections by washing their hands frequently, avoiding contact with people who are sick, avoiding touching their faces, staying away from people who are sick, and wearing masks when inside and around groups of people.
- Patients who test positive for COVID-19 should stay home and away from others until their symptoms have been improving for 24 hours AND they are fever-free for 24 hours without use of antipyretics. They should then take added precautions (e.g., wearing masks, distancing around others) for another 5 days.¹⁰



References

1. Centers for Disease Control and Prevention. COVID-19 clinical presentation. June 14, 2024. <https://www.cdc.gov/covid/hcp/clinical-care/covid19-presentation.html>. Accessed December 11, 2024.
2. Centers for Disease Control and Prevention. Trends in United States COVID-19 deaths, emergency department (ED) visits, and test positivity by geographic area. December 6, 2024. https://covid.cdc.gov/covid-data-tracker/#trends_weeklydeaths_select_00. Accessed December 11, 2024.
3. Centers for Disease Control and Prevention. Testing for COVID-19. August 24, 2024. <https://www.cdc.gov/covid/testing/index.html>. Accessed December 11, 2024.
4. Centers for Disease Control and Prevention. Interim guidelines for collecting and handling of clinical specimens for COVID-19 testing. October 29, 2024. <https://www.cdc.gov/covid/hcp/clinical-care/clinical-specimen-guidelines.html>. Accessed December 11, 2024.
5. Bhimraj A, Falck-Ytter Y, Kim AY, et al. IDSA guidelines on the treatment and management of patients with COVID-19. Infectious Diseases Society of America. <https://www.idsociety.org/COVID19guidelines>. Accessed December 11, 2024.
6. Centers for Disease Control and Prevention. COVID-19 clinical course: Progression, management, and treatment. June 13, 2024. <https://www.cdc.gov/covid/hcp/clinical-care/management-and-treatment.html>. Accessed December 11, 2024.
7. Qaseem A, Yost J, Abraham GM, et al. Outpatient treatment of confirmed COVID-19: Living, rapid practice points from the American College of Physicians (Version 2, Update Alert). *Ann Intern Med*. 2024 Aug;177(8):e2400128. Epub 2024 Jul 9. PMID: 38976885.
8. Willis ZI, Oliveira CR, Abzug MJ, et al. Guidance for prevention and management of COVID-19 in children and adolescents: A consensus statement from the Pediatric Infectious Diseases Society Pediatric COVID-19 Therapies Taskforce. *J Pediatric Infect Dis Soc*. 2024 Mar 19;13(3):159-185. PMID: 38339996.
9. Centers for Disease Control and Prevention. U.S. COVID-19 vaccine product information. September 27, 2024. <https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html>. Accessed December 18, 2024.
10. Centers for Disease Control and Prevention. Respiratory virus guidance. March 1, 2024. <https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html>. Accessed December 18, 2024.