# WHO Policy Brief: Clinical management of COVID-19

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World Health Organization

## Key points

- Establishing and sustaining clear pathways to clinical care is a critical element of the response to COVID-19.
- Integrate COVID-19 clinical care pathways into primary health care systems and ensure individuals who test positive for SARS-Co-2 are immediately linked to a clinical care pathway.
- Adapt COVID-19 clinical care pathways for women who are pregnant or breastfeeding and children.
- Provide access to follow-up care to detect post-COVID-19 condition (Long COVID).
- Consider accessing therapeutics via the Access to COVID-19 Tools (ACT) Accelerator – a global partnership.
- Plan for COVID-19 surges using estimation tools for essential supplies, equipment and work force.

## Introduction

More than 2.5 years since the first COVID-19 cases were reported, the pandemic remains an acute global emergency. At the present time, there continue to be millions of people infected each week with SARS-CoV-2, and in the first eight months of 2022, more than one million people were reported to have died from COVID-19 (WHO COVID-19 Dashboard). With access to and appropriate use of existing life-saving tools, COVID-19 can become a manageable disease with significantly reduced morbidity and mortality. Lives and livelihoods can be saved, but there is still work to be done.

The World Health Organization (WHO) recognizes the challenges countries face for maintaining their COVID-19 response while addressing competing public health challenges, conflicts, climate change and economic crises. WHO continues to support countries in adjusting COVID-19 strategies to reflect successes to date and leverage what has been learned through national responses.

To assist national and global efforts to end the COVID-19 emergency worldwide, WHO updated the COVID-19 (Global Preparedness, Readiness and Response plan) in 2022 and outlined two strategic objectives. First, reduce the circulation of SARS-CoV-2 by protecting individuals, especially vulnerable individuals at risk of severe disease or occupational exposure to the virus. This action will reduce pressure on the virus to evolve and the probability that future variants will emerge and will reduce the burden on health systems. Second, prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae. WHO's plan further looks ahead to research, development and equitable access to effective countermeasures and essential supplies.

Recognizing that countries are in different situations with regards to COVID-19 due to a number of factors including differences in population level immunity; public trust; access to and use of COVID-19 diagnostics, therapeutics, vaccines, personal protective equipment; and challenges from other health/non-health emergencies, WHO has produced a package of six short policy briefs. These briefs aim to help countries update policies to focus on critical aspects of managing the acute and long-term threats of COVID-19 while consolidating the foundation for a stronger public health infrastructure (Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience).

The policy briefs outline essential actions that national and sub-national policy makers can implement for the following: COVID-19 testing, clinical management of COVID-19, reaching COVID-19 vaccination targets, maintaining infection prevention and control measures for COVID-19 in health care facilities, building trust through risk communication and community engagement and managing the COVID-19 infodemic. This policy brief focuses on clinical management of COVID-19 (link to the six policy briefs).

## Purpose of this document

This (and the other five COVID-19 policy briefs) provides a brief overview of the key actions advised to Member States based on recommendations published in WHO COVID-19 technical guidance. It also articulates the need for sustained financing and a trained, protected and respected workforce to maintain these life-saving actions in the context of competing health and non-health emergencies. It additionally recognizes the need to strengthen the acute and longer-term response for COVID-19 in relation to other pressing public health issues.

## Essential actions for Member States to consider in adjusting COVID-19 policies

### 1. Integrate COVID-19 clinical care pathways into primary health care systems.

Quality clinical care for patients with COVID-19 requires early diagnosis and testing and accompanied by appropriate clinical care interventions. Treatment with appropriate clinical interventions reduces the risk that patients will go on to develop severe disease and require hospitalization. Consequently, more lives will be saved.

Member States are advised to follow the World Health Organization (WHO) Living clinical guidelines to drive policy at national and subnational levels. These guidelines continuously incorporate emerging evidence from clinical trials on supportive care interventions (such as oxygen and non-invasive ventilation) and therapeutic interventions (such as antivirals and immunomodulators) *(1, 2).*

These WHO recommendations have been distilled into infographics and training modules: Clinical management of COVID-19 (*3*), Health Care Readiness (*4*) Therapeutics and COVID-19, (*5*) COVID-19 Clinical Care Pathway (*6*) and the Clinical care of severe acute respiratory infections – Tool kit (*7).* These tools should be incorporated into national and subnational trainings, as necessary.

### 2. Ensure individuals who test positive for SARS-Co-2 are immediately linked to a clinical care pathway

Screening and testing protocols should be accessible in all areas of the health system. This includes hospital settings, primary care centres and clinics where persons at high risk for severe COVID-19 may seek care. A COVID-19 testing-to-clinical-care linkage should be in place at facilities where non-communicable diseases and infections such as HIV, TB and malaria and conditions causing immunosuppression are managed. In settings where home testing is used, linkages to clinical care and treatments also need to be in place and supported.

## 3. Ensure access to appropriate clinical interventions and treatments for all patients with COVID-19

This includes, for patients with non-severe disease but who are at high risk, access to oral antivirals such as nirmatrelvir-ritonavir, molnupiravir or intravenous remdesivir based on patient profile and local resources. Patients with severe disease should have access to oxygen therapy and oral/intravenous corticosteroids and interleukin-6 inhibitor or baricitinib, based on patient profile and resources; and a prophylactic dose of anticoagulant.

COVID-19 patients vulnerable to severe disease and death include older or immunocompromised individuals and those with co-morbidities including hypertension, cardiovascular disease, chronic respiratory disease and diabetes. Following confirmation of SARS-CoV-2 infection, it is especially critical that patients in these categories be ensured prompt access to appropriate clinical interventions and that they be monitored carefully.

## 4. Adapt COVID-19 clinical care pathways for women who are pregnant or breastfeeding and children

WHO advises that all pregnant women with a history of contact with a person with confirmed COVID-19 be carefully monitored. Pregnant or recently pregnant women with suspected or confirmed mild or moderate COVID-19 may not require acute care in hospital, unless there is concern for rapid deterioration or an inability to promptly return to hospital. Isolation to contain virus transmission is recommended, however, and can be done at a health facility, community facility or at home, according to established COVID-19 care pathways. Pregnant or recently pregnant women with severe or critical COVID-19 require acute care in the hospital, as there is concern for rapid deterioration that may warrant supportive care for severe respiratory morbidity; and/or interventions to improve maternal and foetal survival.

Mothers with suspected or confirmed COVID-19 should be encouraged to initiate and continue breastfeeding. From the available evidence, mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks of transmission.

In children, the differential diagnosis for respiratory distress is particularly important, and COVID-19 confirmation needs to be made prior to determining severity. Children with suspected or confirmed COVID-19 infection should be kept together with caregivers wherever possible (if caregivers also have suspected or confirmed COVID-19 infection), and cared for in child-friendly spaces, taking into account their specific medical, nursing, nutritional and mental health and psychosocial support needs. Consider alternative delivery platforms such as home-based, phone, telemedicine or community outreach teams to assist with monitoring.

## 5. Provide access to follow-up care to detect post-COVID-19 condition (Long COVID)

Acute COVID-19 may be followed by serious long-term complications. Evidence on this condition, known as post COVID-19 or long COVID, is emerging. To date the evidence points to the following symptoms being common: fatigue, dyspnoea, cough, sleep disturbances, anxiety, depression, cognitive impairment and difficulty concentrating. Of these, fatigue and concentration problems were noted to last beyond 12 weeks. Coordinated care for this condition should include primary care providers, relevant specialists, multidisciplinary rehabilitation and other appropriate types of care. The needs of patients with post-COVID-19 may stretch existing health systems. National authorities are encouraged to plan and budget for multidisciplinary post-COVID.19 programmes. WHO-established clinical case definitions and helpful resources are available at Post COVID-19 condition ; Rehabilitation and COVID-19 (*8, 9*).

### 6. Consider accessing therapeutics via the Access to COVID-19 Tools (ACT) Accelerator

The Access to COVID-19 Tools (ACT) Accelerator is a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The Global Fund, UNICEF and WHO lead procurement and deployment of COVID-19 therapeutics, including oxygen and related products. Member States can benefit from ACT-A led negotiations and pricing transparency.

### 7. Plan for COVID-19 surges

Using estimation tools for essential supplies, equipment and workforce can ensure financial sustainability for the mid- and long-term integration of COVID-19 clinical care pathways into the health system. For countries where oxygen is a limited resource it is advisable to invest in sustainable large-scale oxygen systems. Helpful resources include: WHO COVID-19 Essential Supplies Forecasting Tool (COVID-ESFT) v4.1; and Oxygen - Global *(10,11)*.

## Conclusions

The policy considerations presented in this brief have their basis in WHO living guidelines. These guidelines were developed in response to an urgent need for trustworthy, accessible and regularly updated living guidelines to place emerging findings into context and provide clear recommendations for clinical practice and evolving COVID-19 guidance informing policy and practice worldwide.

Vaccination is having a substantial impact on case numbers and hospitalizations in a number of high-income countries, but limitations in global access to vaccines mean that many populations remain vulnerable and in need of treatment. Even in vaccinated individuals, uncertainties remain about duration of protection and efficacy of current vaccines against Omicron and other emerging SARS-CoV-2 variants. Establishing and sustaining clear clinical care pathways remains a crucial element of the response to the ongoing pandemic.

## Plans for updating

WHO will continue to monitor the situation closely for any changes that may affect this policy brief. WHO will issue necessary updates as evidence becomes available and is reviewed.

## References

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