

## Current major event

### Updated clinical management guideline for COVID-19

On 27 May 2020, WHO published updated interim guidance on the clinical management of COVID-19. This guidance document is intended for clinicians caring for COVID-19 patients during all phases of their disease (from screening to discharge). This update has been expanded to meet the needs of front-line clinicians and promotes a multi-disciplinary approach to care for patients with COVID-19, including those with mild, moderate, severe and critical disease.

### Editorial note

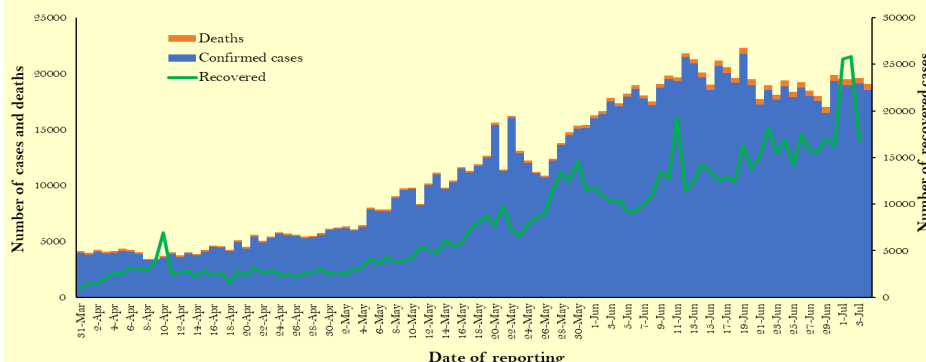
During the COVID-19 pandemic, WHO has developed, published and disseminated evidence-based technical guidance to help guide countries' response. At the end of May 2020, WHO updated the operational guidance on case management that can be used and adapted immediately to the field, with simplified tools for triage, infection prevention and control and supportive management. Since there is no approved treatment for COVID-19, the guidance focused on supportive management to help alleviate symptoms.

In this updated guidance, the following sections are entirely new: COVID-19 care pathway, treatment of acute and chronic infections, management of neurological and mental manifestations, noncommunicable diseases, rehabilitation, palliative care, ethical principles, and reporting of death. Previously existing chapters have also been significantly expanded. The updated criteria reflect recent findings that patients whose symptoms have resolved may still test positive for the COVID-19 virus (SARS-CoV-2) by RT-PCR for many weeks. Despite this positive test result, these patients are not likely to be infectious and therefore are unlikely to be able to transmit the virus to another person.

WHO updated the criteria for discharge from isolation (in a health facility or elsewhere) as part of the clinical care pathway of a COVID-19 patient. These criteria apply to all COVID-19 cases regardless of isolation location or disease severity. Based on evidence showing the rarity of virus that can be cultured in respiratory samples after 9 days since symptom onset, especially in patients with mild disease, usually accompanied by rising levels of neutralizing antibodies and a resolution of symptoms, it appears safe to release patients from isolation based on clinical criteria that require a minimum time in isolation of 13 days, rather than strictly on repeated PCR results.

For example, if a patient had symptoms for two days, then the patient could be released from isolation after 10 days + 3 = 13 days from date of symptom onset; for a patient with symptoms for 14 days, the patient can be discharged (14 days + 3 days =) 17 days after date of symptom onset; for a patient with symptoms for 30 days, the patient

### Number of COVID-19 cases, deaths and recovered, 31 March to 4 July 2020, Eastern Mediterranean Region



### New criteria for discharging patients Discontinue transmission-based precautions (including isolation) and release from the COVID-19 care pathway as follows:

- For symptomatic patients: 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms)
- For asymptomatic cases: 10 days after positive test for SARS-CoV-2

**Remarks:** Release from the COVID-19 care pathway is not the same as clinical discharge from a facility or from one ward to another. For example, some patients may still require ongoing rehabilitation, or other aspects of care, beyond release from the COVID-19 care pathway, based on clinical needs in the COVID-19 care pathway. If release from the COVID-19 care pathway coincides with clinical discharge, then several clinical considerations, such as medication reconciliation, plan for follow up with clinical provider in place, review of routine immunization status, among others, should be taken into account.

can be discharged (30+3=) 33 days after symptom onset). Countries may choose to continue to use testing as part of the release criteria. If so, the initial recommendation of two negative PCR tests at least 24 hours apart can be applied.

It is important to note that the clinical criteria require that patients' symptoms have been resolved for at least three days before release from isolation, with a minimum time in isolation of 13 days since symptom onset. These modifications to the criteria for discharge from isolation balance the understanding of infectious risk and the practicality of requiring repeated negative PCR testing, especially in settings of intense transmission or limited testing supplies. Although the risk of transmission after symptom resolution is likely to be minimal based on what is currently known, it cannot be completely ruled out. However, there is no zero-risk approach, and strict reliance on PCR confirmation of viral RNA clearance creates other risks (e.g. straining resources and limiting access to health care for new patients with acute disease). In patients with severe disease who are symptomatic for prolonged periods of time, a laboratory-based approach might also aid decision-making on the need for prolonged isolation. Such a laboratory-based approach can include measuring viral load and neutralizing antibody (or proven equivalent antibody) levels. More research is needed to further validate such an approach. WHO will update these criteria as more information becomes available.

For more information about clinical care of COVID-19 patients, see WHO's full guidance (<https://www.who.int/publications-detail/clinical-management-of-covid-19>).

### Update on outbreaks in the Eastern Mediterranean Region

#### COVID-19 in 22 EMR countries

#### Current public health events of concern [cumulative N° of cases (deaths), CFR %]

#### Coronavirus disease 2019 (COVID-19): 2019-2020

|                                      |                         |
|--------------------------------------|-------------------------|
| Afghanistan                          | [33 190 (898), 2.7%]    |
| Bahrain                              | [29 367(98), 0.3%]      |
| Djibouti                             | [4792 (55), 1.1%]       |
| Egypt                                | [75 253 (3343), 4.4%]   |
| Iran (Islamic Republic of)           | [240 438 (11571), 4.8%] |
| Iraq                                 | [60 479 (2473), 4.1%]   |
| Jordan                               | [1164 (10), 0.9%]       |
| Kuwait                               | [49 941 (368), 0.7%]    |
| Lebanon                              | [1873 (36), 1.9%]       |
| Libya                                | [1046 (32), 3.1%]       |
| Morocco                              | [14 215 (235), 1.7%]    |
| occupied Palestinian territory (oPt) | [4786 (20), 0.4%]       |
| Oman                                 | [47 735 (218), 0.5%]    |
| Pakistan                             | [231 818 (4762), 2.1%]  |
| Qatar                                | [99 799 (128), 0.1%]    |
| Saudi Arabia                         | [209 509 (1916), 0.9%]  |
| Somalia                              | [2997 (92), 3.1%]       |
| Sudan                                | [9767 (608), 6.2%]      |
| Syrian Arab Republic                 | [358 (13), 3.6%]        |
| Tunisia                              | [1188 (50), 4.2%]       |
| United Arab Emirates                 | [51 540 (323), 0.6%]    |
| Yemen                                | [1269 (339), 26.7%]     |