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## M E M O

**TO:** Medical, nursing and pharmacy staff

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**SUBJECT:** POSITION STATEMENT ON USE OF SPECIFIC MEDICINES TO TREAT COVID-19 INFECTION

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### Specific medicines to treat COVID-19 infection

- There is very limited *in vitro* and *in vivo* evidence that some medicines (e.g. remdesivir, lopinavir+ritonavir, chloroquine, hydroxychloroquine) have potential activity against coronaviruses such as COVID-19. However, there is currently no published evidence from randomised controlled trials to support the use of any of these antiviral medicines to treat COVID-19 in humans with suspected or confirmed COVID-19 infection. Further, available information indicates that the treatment regimens used in China in the current outbreak have been too broad (e.g. multiple antiviral agents and concurrent therapies) to draw any meaningful conclusions.
- Accordingly, **these medicines should not be prescribed as treatment of COVID-19** outside of the clinical trial setting. This advice aligns with current recommendations from the [World Health Organization](#)<sup>1</sup> and [Centers for Disease Control and Prevention](#)<sup>2</sup>. Local researchers are considering participating in and/or initiating clinical trials into antiviral treatment of COVID-19 infection.

### Other pharmacological treatments, including oseltamivir (Tamiflu™)

- Treatment of patients with COVID-19 infection is supportive.
- Oseltamivir has no place in the treatment of COVID-19 infection. It should only be used for treatment and prophylaxis of influenza in line with [Pink Book Influenza Guideline](#) and [Infection Prevention and Control Management of Influenza and Respiratory Virus Guidelines](#).
- Corticosteroids should not be used routinely in patients with COVID-19 infection because of the possibility that they might delay viral clearance and increase mortality<sup>1-3</sup>. They may be used in patients with COVID-19 infection if required for other indications that exist concurrently.

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<sup>1</sup> World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected (interim guidance). 13 March 2020. Available at: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected) (accessed 17 March 2020).

<sup>2</sup> Centers for Disease Control and Prevention. Interim clinical guidance for management of patients with confirmed coronavirus disease (COVID-19). 07 Mar 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html> (accessed 17 March 2020).

<sup>3</sup> McIntosh K. [Coronavirus disease 2019 \(COVID-19\)](#). UpToDate. Accessed 10.03.20.