

Brief reports - 2020

BRIEF REPORT N°	HEALTH TECHNOLOGY	RECOMMENDATION	LATEST UPDATE DATE
1	OSELTAMIVIR	To date, there is no scientific evidence to recommend the use of Oseltamivir in COVID-19 patients.	2020/03/14
2	ATAZANAVIR	To date, there is no scientific evidence to recommend the use of Atazanavir in COVID-19 patients.	2020/03/14
3	TOCILIZUMAB 1.º version 2.º version 3.º version 4.º version 5.º version 6.º version 7.º version 8.º version	LThe evidence available to date (August 14, 2020) corresponds to a preliminary report of two phase III clinical trials, which did not find benefit attributable to tocilizumab regarding relevant clinical outcomes since patient's perspective in those with moderate and severe COVID-19 infection, such as death, admission to ICU and reduction of severe symptoms.	2020/08/17
4	TELEMEDICINE	During COVID-19 pandemic, telemedicine can be considered as a tool for monitoring and managing positive cases.	2020/03/18
5	Anti-SARS-CoV-2 hyperimmune plasma 1.º version 2.º version	To date, there is no scientific evidence to recommend the use of Anti-SARS-CoV-2 hyperimmune plasma in COVID-19 patients.	2020/04/10

6	<p>INTERFERON</p> <p>2.º version</p> <p>3.º version</p>	To date, there is no scientific evidence to recommend the use of any pharmaceutical form of interferon in COVID-19 patients.	2020/08/02
7	<p>1.º version</p> <p>2.º version</p>	To date, there is no scientific evidence to recommend the use of lopinavir/ritonavir in COVID-19 patients.	2020/09/08
8	ACEI/ARB	To date, there is no scientific evidence to recommend the discontinuation of ACEI or ARB in hypertensive patients or hypertensive patients with COVID-19 infection who already use these drugs.	2020/03/21
9	<p>CHLOROQUINE AND HYDROXYCHLOROQUINE</p> <p>1.º version</p> <p>2.º version</p> <p>3.º version</p> <p>4.º version</p> <p>5.º version</p> <p>6.º version</p> <p>7.º version</p> <p>8.º version</p> <p>9.º version</p> <p>10.º version</p>	The best scientific evidence reported to date, indicates that the risk-benefit balance of the use of these drugs for diverse COVID-19 contexts is negative. Quality of the evidence from several clinical trials with consistent outcomes is graded as high. Thus, based on the available evidence to date, Institute of Health Technology Assessment and Research (IETSI in Spanish) does not recommend outpatient or inpatient treatment with chloroquine or hydroxychloroquine in COVID-19 patients in any disease phase or as prophylaxis, due to the lack of clinical benefits and the high risk of damage they cause, reported in clinical trials and observational studies.	2020/07/23
10	NEBULIZER VS HOLDING CHAMBER	The use of nebulizer or holding chamber (spacer) would provide same benefits in alleviating symptoms of respiratory distress, however, the use of nebulizer could increase the SARS-CoV-2 transmission rate among health personnel due to the high exhaled aerosol dispersion. Therefore, it is preferably to administer bronchodilator by holding chamber.	2020/03/21

11	ECULIZUMAB	To date, there is no scientific evidence to recommend the use of eculizumab in COVID-19 patients.	2020/03/24
12	USE AND REUSE OF N95 RESPIRATOR IN SHORTAGE CONDITION	In shortage of N95, scientific evidence to recommend the prolonged use of N95 respirator was identify. Also, in shortage conditions it is recommended to reuse, up to 5 times in conjunction with any other preventive measures (hand washing before and after touching respirator, correct storage, use of face shield).	2020/03/27
13	NSAIDS	There is no scientific evidence to support a high susceptibility of getting a COVID-19 infection or development of severe COVID-19 by the use of NSAIDs, therefore, it is not recommended to discontinue treatment with Ibuprofen or any other NSAID. In patient who just starting therapy, the use of paracetamol may be preferred over that of ibuprofen (or any other NSAID) to treat COVID-19 symptoms.	2020/03/27
14	SINGLE VENTILATOR FOR MULTIPLE PATIENTS	Based on technical information available to date, it is not possible to recommend the use of a single ventilator for multiple COVID-19 patients.	2020/04/02
15	USE OF ULTRAVIOLET LIGHT AS SUBSITE OF NEGATIVE-PRESSURE SIDE ROOM IN INTENSIVE CARE UNITS	To date, there is no scientific evidence to establish if the ultraviolet light inactivates SARS-CoV-2; however, studies in other types of Coronavirus have shown positive outcomes, specially with UVC light, therefore it is reasonably to use it in absence or shortage of other environment and hospital disinfection measures.	2020/03/30
16	NEGATIVE-PRESSURE ISOLATION CAPSULE	To date, there is no scientific evidence to recommend the use of negative-pressure isolation capsule to transport COVID-19 patients.	2020/04/04
17	IVERMECTIN 1.º version 2.º version 3.º version	To date, there is no scientific evidence to recommend the use of ivermectin it is not possible to recommend the use of a single ventilator for multiple COVID-19 patients. Future clinical trials should be carried out to assess the efficacy and safety of this drug in this clinical context.	2020/06/16
18	TECHNICAL CHARACTERISTICS OF RESPIRATORS USED DURING COVID-19 PANDEMIC	According to what is reported by manufacturers, it can be concluded that KN95, P2, Korea 1st Class, DS and FFP2 certified respirators are acceptable alternatives for use by health personnel when N95 respirators are not available (United States) or FFP2 (Europe). Similarly, FFP3 respirator (Europe) is considered as an optimal alternative.	2020/04/21
19	CORTICOIDS	There is limited available evidence to date; therefore, there are no technical arguments to recommend the use of corticoids in the management of COVID-19.	2020/04/16

20	<u>REMEDESIVIR</u>	Based on the available scientific evidence to date, it is not possible to technically support a recommendation to use Remdesivir in COVID-19 patients or subgroups. Therefore, formal publication of ongoing clinical trials is awaited in order to difference clinical effects which can be causally attributable to the use of Remdesivir.	2020/04/25
21	<u>DISINFECTION TUNNELS FOR WALKERS WITH OZONE SPRAY OR OTHER SPRAY DISINFECTANTS</u>	The use of disinfection tunnels for walkers with ozone spray or other spray disinfectants is not recommended due to there is no scientific evidence about its effectiveness in slowing the spread of COVID-19. Also, worldwide, ozone and other disinfectants are not authorized by any health authority for direct use in humans.	2020/04/27
22	<u>COMMUNITY USE OF NON-MEDICAL FACE MASKS (COMMON, SIMPLE, CLOTH, HOMEMADE)</u>	There is no direct and consistent evidence and in ecological studies or at individual level that has evaluated the generalized use of face masks in healthy people during COVID-19 pandemic. Nonetheless, several countries and institutions have spoken out in favor of the community use of non-medical face masks due mainly to growing evidence about high transmissibility of SARSCoV-2 by the asymptomatic people. However, it is emphasized that the use of face masks should be only a complementary measure (and not the main one) and should be carried out following the recommendations for their proper use.	2020/04/27
23	<u>TRANSFORMING ANESTHESIA MACHINES INTO MECHANICAL VENTILATORS</u>	There is no evidence that assess the efficacy or safety of using modified anesthesia machines as mechanical ventilators. There are also no clinical reports or experience using modified anesthesia machines as mechanical ventilators. Thus, there is not enough information to conclude whether the use of modified anesthesia machines as mechanical ventilators has any impact on the outcomes that are relevant for patients such as mortality, Intensive Care Units stay, and others.	2020/05/01
24	<u>SURGICAL (MEDICAL) FACE MASKS COMPARED TO RESPIRATORS IN PREVENTING SARS-COV-2 INFECTION IN HEALTHCARE PERSONNEL</u>	The evidence suggests that surgical or medical face masks are not inferior to respirators (N95, FFP2 or equivalents) in protecting healthcare personnel from viral respiratory infections, or specifically from influenza, confirmed by laboratory. Recommendations made by the WHO, CDC, ECDC and the Public Health Agency of Canada are uniform and indicates that, in the current context of shortage, surgical face masks should be used during healthcare that does not include potential aerosol-generating procedures, in COVID-19 or non-COVID patients. The use of respirators should be reserved exclusively for health personnel who need protection from aerosols generated by patients.	2020/05/04
25	<u>USE OF ELASTOMERIC RESPIRATORS</u>	In the face of global shortage of respiratory protective devices, international health entities (for example, WHO, CDC) recommend that the use of conventional respirators (N95, FFP2, FFP3 or equivalents) is reserved for health personnel exposed to aerosol-generating procedures (AGPs), which represent high risk of airborne transmission of SARS-COV-2. When there is a critical shortage of conventional respirators, several international agencies have accepted the use of elastomeric half-mask respirators (EHMR), recommending that their use be restricted to the same clinical situations in which conventional respirators are indicated.	2020/05/11

26	<u>AEROSOL BOX FOR INTUBATION</u>	There are no technical arguments to recommend the use of the aerosol box for intubation in the context of the COVID-19 pandemic. In fact, if its use in ICU is considered, it is necessary to take into account that potential problems that may increase the risk of contamination by SARS-CoV-2 have been described, as well as difficulties in performing intubation in patients. Future research is necessary to generate high-quality evidence regarding the effects of the use of "aerosol box" in COVID-19 patients in ICU.	2020/05/20
27	PARENTERAL ANTICOAGULATION 1.º version 2.º version 3.º version	Based on the available clinical evidence to date, it is not possible to reach conclusions to recommend the use of anticoagulants as treatment or prophylaxis of COVID-19. It is necessary to wait more studies, specially clinical trials, several of which are ongoing clinical trials.	2020/06/26
28	<u>USE OF ULTRAVIOLET LIGHT FOR DISINFECTION OF HOSPITAL ENVIRONMENT AND SURFACES</u>	Based on the available clinical evidence to date, it is not possible to establish if the ultraviolet light is effective on inactivating the SARS-CoV-2 virus; however, prior experiences and a WHO guide include the ultraviolet C light as a disinfection measure after the manual cleaning procedure in COVID-19 areas. Future research is necessary to determine the efficacy of ultraviolet light in SARS-CoV-2.	2020/06/08
29	<u>OZONE THERAPY FOR THE TREATMENT OF COVID-19 ADULT PATIENTS</u>	Based on the available clinical evidence to date, it is not possible to technically support a recommendation to use the ozone therapy (OT) in COVID-19 patients. The international medical and scientific community are awaiting the formal publication of the current ongoing clinical trials to be able to differentiate the clinical effects of OT, especially to determine whether the potential benefits outweigh the possible harms associated with the OT in COVID-19 patients.	2020/06/01
30	<u>ANAKINRA</u>	Based on the available clinical evidence to date, it is not possible to reach conclusions to recommend the use of anakinra in the treatment of COVID-19 infection.	2020/06/06
31	<u>GASTROINTESTINAL AND HEPATOBILIARY PATHOPHYSIOLOGY IN COVID-19 PATIENTS</u>	Currently, there is insufficient evidence to establish the main action mechanism behind the pathophysiological course of COVID-19 in gastrointestinal and hepatobiliary systems. Thus, reviewed studies in this brief report, added to general knowledge about pathogenesis of the disease until now, suggest that the harm found in gastrointestinal and hepatobiliary systems is multifactorial and resulted from the synergy between direct effects of the virus, the inflammatory response, effects of the drugs used during the disease and the harm from comorbidities.	2020/05/29
32	<u>PATHOPHYSIOLOGY IN IMMUNITARY SYSTEM IN COVID-19 PATIENTS</u>	Based on the available evidence to date, it is not possible to reach conclusions about the mechanisms of the immune response during the SARS-CoV-2 infection. Likewise, there is not a definition about the "cytokine storm" in patients with COVID-19, and there is no evidence to confirm the presence of this event, so it cannot be concluded that this event exists as part of the pathophysiological process in COVID-19 patients.	2020/05/30

33	<u>PULSE OXIMETER FOR HOME USE IN PATIENTS WITH COVID-19 INITIALLY CATALOGED AS MILD CASES AND WITH RISK FACTORS</u>	Considering the high occurrence of COVID-19 in Peru, the low levels of oxygen saturation evidenced in hospital admissions, part of which could be explained by the phenomenon of "silent" hypoxemia; and the poor prognosis of patients seeking late medical attention, when the levels of oxygen saturation are very low; based on the available evidence to date, it is recommendable the home use of finger pulse oximeter for remote monitoring of levels of oxygen saturation in patients with COVID-19 initially cataloged as mild cases and with risk factors.	2020/07/02
34	<u>USE OF CHLORINE DIOXIDE FOR THE TREATMENT OF COVID-19 PATIENTS</u>	Currently, there is no scientific evidence to support the use of chlorine dioxide or derivatives as therapeutic agents in COVID-19 patients. There are reports about severe adverse effects caused by these substances. Therefore, the use of chlorine dioxide or derivatives is not recommended to prevent or treat the COVID-19 infection.	2020/07/19
35	<u>PATHOPHYSIOLOGIC MECHANISMS OF COAGULATION CASCADE IN COVID-19 PATIENTS</u>	Based on the available evidence to date, it is not possible to make a solid conclusion about the effects of SARS-CoV-2 on the coagulation process.	2020/06/15
36	<u>OBESITY AS RISK FACTOR FOR COVID-19</u>	The available evidence to date shows that a BMI \geq 30 kg/m ² is associated with a higher risk for more severe outcomes in COVID-19 (hospitalization, admission to ICU, invasive mechanical ventilation requirement, severity of symptoms, death). Future research should explore if this association between the obesity and the severe clinical course of COVID-19 is causal.	2020/07/02
37	<u>OXYGEN CONCENTRATORS FOR HOSPITAL USE IN THE CONTEXT OF COVID 19</u>	Oxygen concentrators are a viable alternative in the context of limited resources or limited availability of other advanced oxygen sources. Its usefulness is oriented to low-flow oxygen therapy due to limited capacities of these equipments to provide high concentrations and flows of oxygen.	2020/07/09
38	<u>USE OF INTRAVENOUS PARACETAMOL IN PATIENTS WITH SARS-CoV-2 INFECTION AND FEVER, UNDERGOING MECHANICAL VENTILATION</u>	The best evidence reported to date (April 2020), suggests that the risk-benefit balance of the use of intravenous paracetamol for the management of fever in COVID-19 patients undergoing mechanical ventilation is positive. Despite limited available evidence, the lowest risk for hypotension of the use of intravenous paracetamol versus intravenous metamizole, looks with favor on the use of the first one in COVID-19 patients.	2020/08/14

39	<u>CLINICAL COURSE OF COVID-19 INFECTION IN CHILDREN</u>	The found evidence to date, suggests that the COVID-19 infection is mild in children. However, some of them, specially those with comorbidities, could develop severe symptoms, and require ICU admission and mechanical ventilation; although the fatality rate is low.	2020/08/17
40	<u>USE OF DEXMEDETOMIDINE COMPARED TO LIDOCAINE AND FENTANYL FOR WEANING FROM MECHANICAL VENTILATION IN PATIENTS WITH COVID-19</u>	The best evidence available to date, indicates that the risk-benefit balance of the use of dexmedetomidine compared to the use of lidocaine or fentanyl in reducing cough during the weaning from mechanical ventilation in COVID-19 patients, is highly uncertain, specially due to the fact that the dexmedetomidine is associated with a higher risk of adverse effects compared to the other two drugs, specially with regard to bradycardia.	2020/08/24
41	<u>KIDNEY PATHOLOGY FINDINGS IN PATIENTS WITH COVID-19</u>	Based on the available information to date, it is not possible to affirm that there is evidence of direct damage of the virus in kidney cells, however, the evidence indicates that there is a multifactorial kidney damage in the context of acute inflammatory response syndrome or sepsis. Therefore, more studies are required to clarify the proposed mechanisms about the kidney pathophysiology of the COVID-19 infection.	2020/08/07

Brief reports – 2021

Brief reports – 2021

BRIEF REPORT N°	HEALTH TECHNOLOGY	RECOMMENDATION	LATEST UPDATE DATE
2	<u>REINFECTION WITH SARS-CoV-2 VIRUS</u>	To date (March 31, 2020), 18 studies describe 23 confirmed cases of reinfections with SARS-CoV-2. Despite this low number of cases compared to the cases reported around the world, it is not possible to determine its real magnitude due to the lack of required test to study all the potential cases.	2021/05/18

1	<u>USE OF SEROLOGICAL TESTS TO DETECT ANTIBODIES AGAINST SARS-CoV-2</u>	<p>Based on the available evidence and recommendations from international entities, serological tests (based on ELISA, electrochemiluminescence, chemiluminescence) can be used in the clinical evaluation of people with an advanced phase of disease or to determine the previous exposure to SARS-CoV-2, and it is not possible to support its use as a confirmatory test of the acute SARS-CoV-2 infection within the first days of illness. However, it is necessary to carry out studies with long follow-up periods in order to determine its diagnostic performance at different times of the disease, since the degree of response and protecting immunity developed after the SARS-CoV-2 infection is under investigation.</p>	2021/04/13
---	---	--	------------