CORRIGENDA (15 July 2022)

Therapeutics and COVID-19: living guideline, 14 July 2022
(WHO/2019-nCoV/therapeutics/2022.4)

Page 5, lines 3–6

Delete: **Context**: The evidence base for therapeutics for COVID-19 is evolving with numerous randomized controlled trials (RCTs) recently completed and underway. This update adds new recommendations on fluvoxamine and colchicine in patients with non-severe COVID-19; the former was informed by data from three RCTs with 2196 patients, and the latter by data from 10 RCTs with 17 914 patients.

Insert: **Context**: The evidence base for therapeutics for COVID-19 is evolving with numerous randomized controlled trials (RCTs) recently completed and underway. This update adds new recommendations on fluvoxamine and colchicine in patients with non-severe COVID-19; the former was informed by a systematic review of three RCTs with 2196 patients, and the latter by 13 RCTs with 18 172 patients.

Page 13, Graphic

The graphic on page 13 was truncated, with the last section on convalescent plasma, colchicine, hydroxychloroquine and lopinavir-ritonavir missing. A copy of the replacement can be found at the end of the corrigenda.

Page 18, lines 3–4

Delete: 2. **Inconsistency: no serious. Indirectness: serious.** Some patients may be at substantially higher risk of mechanical ventilation.. **Imprecision: serious. Publication bias: no serious.**

Insert: 2. **Indirectness: serious.** Some patients may be at substantially higher risk of mechanical ventilation. **Imprecision: serious.**

Page 21, lines 27–30

Delete The evidence summary on colchicine was informed by 10 trials with 17 914 participants included in the LNMA. The evidence was most abundant for mortality with incomplete reporting for other outcomes (e.g. five trials with 598 participants for adverse effects). A single trial of 4488 participants (167), which contributed almost all of the evidence on hospitalizations, was stopped prematurely.

Insert: The evidence summary on colchicine was informed by a systematic *review* including 13 trials with 18 172 participants. The evidence was most abundant for mortality with incomplete reporting for other outcomes (e.g. five trials with 598 participants for adverse effects). A single trial of 4488 participants (23), which contributed almost all of the evidence on hospitalizations, was stopped prematurely.

Page 22, lines 26–28

Delete: The LNMA for colchicine was informed by ten RCTs which enrolled 17 914 patients with non-severe illness in outpatient settings. None of the included studies enrolled children. The Table shows characteristics of the RCTs.

Insert: The systematic review for colchicine included 13 trials that enrolled 18 172 patients. All but three trials were registered. None of the studies enrolled children. The Table shows characteristics of the RCTs.

Page 24, lines 36–37

Delete: **Route, dosage and duration**: Additional considerations are available in a summary of practical issues. Here follows a brief summary of key points:

Insert: **Route, dosage and duration:** Additional considerations are available in three summaries of practical issues (nirmatrelvir-ritonavir for COVID-19, administration of nirmatrelvir-ritonavir for COVID-19, safety and monitoring for patients receiving nirmatrelvirritonavir for COVID-19). Here follows a brief summary of key points:

P 45, lines 15–16

Delete: **Route, dosage and duration:** Additional considerations are available in a linked summary of practical issues (accessible here). Here follows a brief summary of the key points:

Insert: **Route, dosage and duration:** Additional considerations are available in three summaries of practical issues (molnupiravir for COVID-19, administration of molnupiravir for COVID-19, safety and monitoring for patients receiving molnupiravir for COVID-19). Here follows a brief summary of the key points:

These corrections have been incorporated into the electronic file.

Population

This recommendation applies only to people with these characteristics:

Disease severity

Non-severe	Severe	Critical
Absence of signs of severe or critical disease	Oxygen saturation <90% on room air	Requires life sustaining treatment
	Signs of pneumonia	Acute respiratory distress syndrome
	Signs of severe respiratory distress	Sepsis
		Septic shock

Interventions

Strong recommendations in favour

- **Corticosteroids** (Severe, Critical)
- **IL-6 receptor blockers** or **Baricitinib** (Severe, Critical) — Depending on availability as well as clinical and contextual factors
- **Nirmatrelvir and ritonavir** (Non-severe)

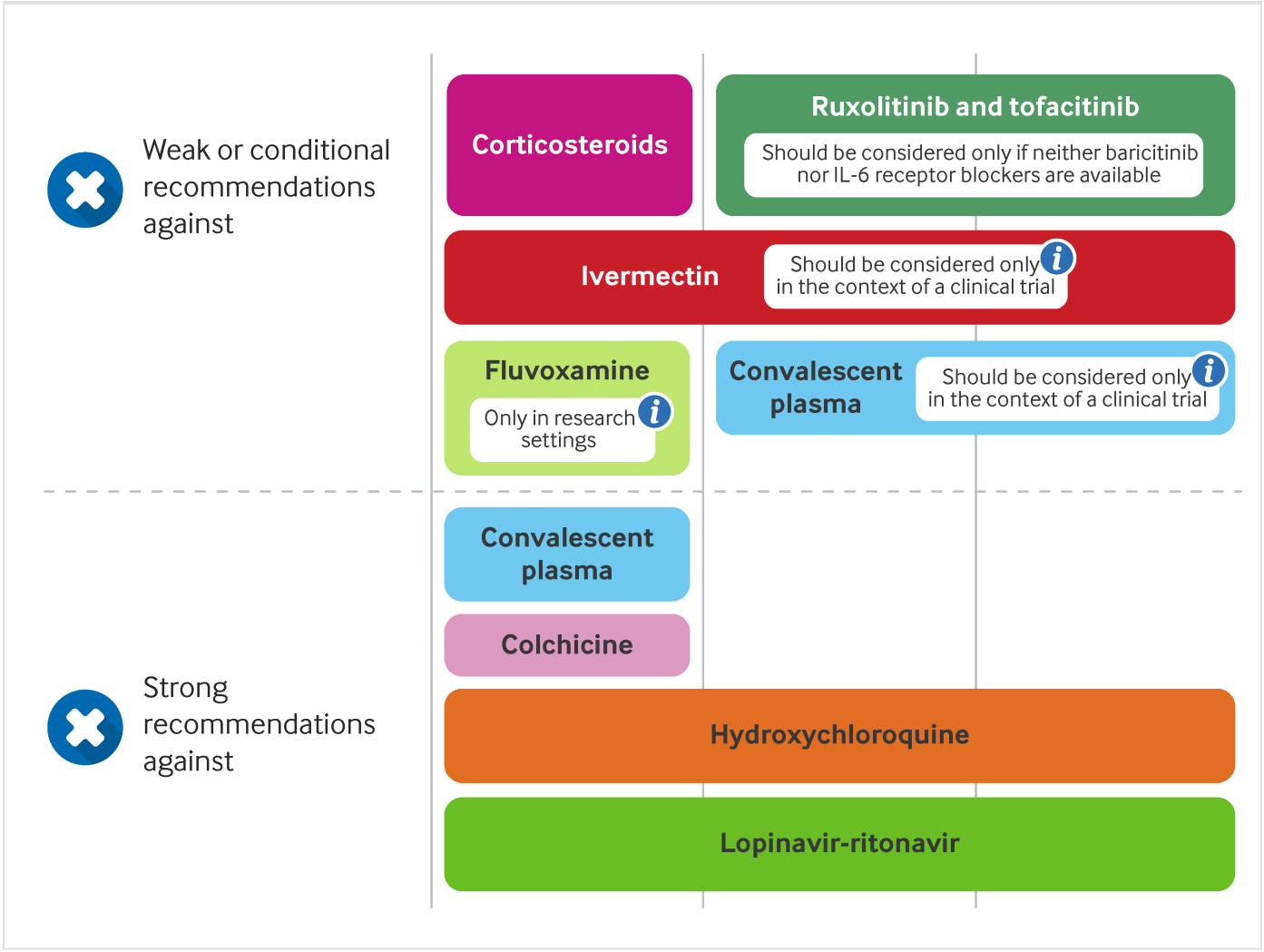
Weak or conditional recommendations in favour

- **Molnupiravir** (Non-severe) — Mitigation strategies to reduce potential harms should be implemented
- **Sotrovimab** (Non-severe)
- **Remdesivir** (Non-severe)
- **Casirivimab and imdevimab** (Non-severe) — Evidence of limited efficacy against Omicron BA1 variant
- **Casirivimab and imdevimab** (Severe, Critical) — For those with seronegative status for SARS-CoV-2 antibodies

For those with highest risk of hospital admission

Use the interactive multiple comparison tool to compare and choose treatments

MATCH-IT



6.2 Fluvoxamine (published 14 July 2022)

For patients with non-severe COVID-19

Only in research settings

New

We recommend not to use fluvoxamine, except in the context of a clinical trial *(recommended only in research settings).*

- *Several therapeutic options are recommended for patients with non-severe COVID-19 including nirmatrelvir-ritonavir, molnupiravir, and remdesivir.*
- *For choosing between the therapeutic options, see Section 6.1 and the decision support tool, which displays benefits and harms of the options.*

Practical Info

The GDG made a recommendation against using fluvoxamine for treatment of patients with COVID-19 outside the setting of a clinical trial and therefore practical considerations are less relevant for this drug.

Evidence To Decision

Benefits and harms

In patients with non-severe COVID-19, fluvoxamine probably has little or no effect on mortality and may have little or no effect on mechanical ventilation and hospitalization, with no data reported for time to symptom resolution and adverse