Version	Date	SIGNIFICANT REVISIONS (compared to previous)
V7	February 9, 2021	• We now recommend to therapeutically anticoagulate mild-moderate cases (rather than prophylactic anticoagulation) – this is based on recent data from 3 international trials, which showed a marked benefit (reduced severity of illness) with therapeutic anticoagulation. No benefit and possible harm noted in severe cases. Though the studies are not published, the guideline working group reached consensus after reviewing data provided by the PIs of the studies. The list of contra-indications to therapeutic anticoagulation is deliberately conservative ie. more cautious than when treating confirmed DVT/PE. • Some clarification around Tocilizumab use (and dosage provided)

V6	January 5, 2021	• Admission criteria: among the non-respiratory criteria, replaced our previous "Hematopoietic transplant recipients (HSCT) with high Immunodeficiency Scoring Index ISI*, *or* HIV with CD4 < 200" with a more generic one stating: "Concern for high risk of complications/severe disease if managed in outpatient - based on comorbidities* and living situation", and added a box listing the comorbidities known to be associated with severe disease (in accordance with CDC and PHAC guidelines).
		• Empiric Antibiotics:
		  • **NO empiric antibiotics for moderate disease**. There is now sufficient evidence that rates of superinfection are very low in COVID-19, and there has been significant overprescribing of antibiotic.
		  • For patients with severe disease (high flow or mechanical ventilation), empiric antibiotics acceptable: suggest to cover community pathogens with ceftriaxone if hospitalized < 5-days, and broaden coverage with pip-tazo if hospitalized > 5-days
		  • no need for azithro or doxy given data showing no benefit of coverage for atypicals in COVID-19
		• New criteria for prediction of COVID-cytokine storm added under "additional considerations": contrary to other criteria/risk calculators (H-Score, MAS score etc), these correlate well with clinical consensus of severe hyperimmune response; based on a recent publication (https://ard.bmj.com/content/80/1/88).

V5	September 30, 2020	• Provided criteria for use of Remdesivir outside of clinical trials (only for moderate disease AND < 10 days of symptoms – need ID approval; close monitoring of renal and hepatic functions) • Clarified classification as mild (O_2 sat > 92% on RA), moderate (need supplemental O_2 for O_2Sat > 92%) and severe disease (need high-flow or mechanical ventilation to maintain O_2 sat > 92%) • Removed need for H-score for Tocilizumab use; added comment on very uncertain benefit and high risk of adverse events

V4	June 19, 2020	• Dexamethasone added for moderate-severe disease (moderate defined as needing supplemental oxygen; severe defined as needing mechanical ventilation) • Recommendation to NOT start antibiotics UNLESS strong suspicion of bacterial superinfection, or unless critically ill • Documentation of HScore required for Tocilizumab use • Added clinical trial contact info for outpatients and for prophylactic vs therapeutic LMWH in COVID-19 • Removed warning to avoid NSAIDs
V3	April 10, 2020	• Clinical trials for COVID initiated (trial coordinator x 32537) • Strong recommendation to D/C all antibiotics if no bacterial growth after 48 hours, and no clinical deterioration; • HScore (for sHLH) added to guide potential use of Tocilizumab (need HScore > 169 and refractory ARDS and ID/ICU approval) • No evidence for *therapeutic* anticoagulation; prophylactic LMWH as per admission guidelines • Removal of empiric oseltamivir for inpatients
V2	March 27, 2020	• Change in case definition • Removal of HCQ as standard of care for hospitalized patients *Rationale: early clinical experience at MUHC shows inpatients at MUHC are at high risk of arrhythmias but telemetry/code blue protocol logistically difficult on COVID wards; weak clinical evidence of efficacy of HCQ; upcoming RCT for COVID (info was N/A for earlier version) → risks now outweigh potential benefits.* • Doxycycline OR azithromycin (instead of azithro) for patients with CXR infiltrate • Tocilizumab *may* be considered for severe hyperinflammatory ARDS (HLH/CRS) in conjunction with ID/ICU • Reference to Admission guide for hospitalized patients
V1.2	March 20, 2020	• Removal of oseltamivir prescription for *non-hospitalized* patients • Addition of comment that systemic steroids not indicated for COVID-19 • Addition of comment that insufficient data to recommend adding or stopping ACE-inhibitors/ARBs
V1.1	March 19, 2020	• Change in case definition (now any ILI regardless of travel or contact) • Changed recommendations re. quarantine: refer to IPC and Sante Publique
V1.0	March 18, 2020	Original version