

**Australian guidelines for the clinical care of people with COVID-19**  
**Public consultation comments received via MAGIC and email**

Updated 24 September 2020

Standard response in MAGIC: “Many thanks for your feedback. We’re updating the guideline regularly and your comments will be considered by the guidelines team.”

Date and Name	Comment	Standard response given	Action
4 Apr 2020 Benjamin Crowe Via MAGIC v1.0	In the preamble where it's stated 'preliminary results suggest that their use may be effective in improving the symptoms and prognosis of people with COVID-19' - I feel the evidence is currently AGAINST use of corticosteroids, and that the best available evidence for lopinavir-ritonavir is that there is no benefit.	Yes	Text has been changed in v1.1 publication date 8 April 2020 to reflect that the benefit is uncertain: “The majority of early national and international guidelines do not support the use of disease-modifying therapies in treating people with COVID-19 due to a paucity of evidence. However, many promote their use in the context of clinical trials. Consequently, numerous clinical trials are underway to determine which, if any, should be used as a treatment for this disease.”
8 Apr 2020 Felix	"...we therefore recommend that antiviral and disease-modifying treatments should only be	Yes	Text has been added in v2.0 publication date 16 April 2020 to highlight that we will update this recommendation for special populations:



<p>Oberender Via MAGIC</p> <p>v1.0</p>	<p>administered in the context of clinical trials with appropriate ethical approval."</p> <p>While I share the panel's concern, may I recommend adding that careful and considered case-based exceptions may be made in some circumstances.</p> <p>Rationale: The statement otherwise risks discriminating against children.</p> <ul style="list-style-type: none"> <li>- Paediatric trials are generally very few and specifically so in paediatric CoV-19 disease.</li> <li>- Due to low numbers, paediatric trials take significantly longer and are less likely to generate high-quality evidence.</li> </ul>		<p>"As evidence accumulates regarding the use of hydroxychloroquine in the treatment of COVID-19, the Taskforce will continue to review and update this recommendation, including in special populations (e.g. children, pregnant women, people with immunosuppression or chronic disease)."</p>
<p>20 Apr 2020 Kevin Lai via MAGIC</p> <p>v2.0</p>	<p><b>Section: 2 Introduction</b></p> <p>The name of College of Emergency Medicine is "Australasian College for Emergency Medicine", please check and correct</p>	<p>Yes</p>	<p>Name corrected in v2.1 publication date 23 April 2020.</p>
<p>20 Apr 2020 Kevin Lai via MAGIC</p> <p>v2.0</p>	<p><b>Section: 6.3 Monitoring</b></p> <p>There is an increasingly strong signal that early intubation may not be required for some hypoxic COVID patients. Indeed, it may even be harmful. (Gattinoni 2020: COVID-19 pneumonia: different respiratory treatment for different phenotypes?) Granted these are all experiences only, although invaluable, they carry a lot of biases. However, these experiences should be considered and discussed, as we are dealing with a brand new disease.</p>	<p>Yes</p>	<p>No action apart from standard response as we are still awaiting evidence to inform any change in this recommendation.</p>





































