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A Spanish-translated clinical algorithm for management of suspected SARS-CoV-2 infection in pregnant women

With interest, we read the guidelines by Guillaume Favre and colleagues¹ on the management of pregnant women with suspected severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

We found the Correspondence and the proposed algorithm very helpful as we face the early and late phases of the coronavirus disease 2019 (COVID-19) pandemic worldwide. The clinical algorithm proposed by Favre and colleagues has provided us with a clear and understandable way of guiding our clinical practice. Recently, the US Centers for Disease Control and Prevention (CDC) provided recommendations for breastfeeding in special circumstances, specifically for COVID-19. The CDC suggests washing hands before touching the baby; wearing a face mask, if possible, while feeding at the breast; washing hands before touching the pump or bottle parts; and cleaning all parts after each use.² We think women should be permitted to breastfeed, if possible, unless future evidence suggests otherwise. Also, we believe the recommendation to use betamethasone for fetal lung maturation should be updated since many Latin American countries only have the option of using dexamethasone, which has been shown to be as effective as betamethasone.³

No standardised guidelines for treating pregnant woman with SARS-CoV-2 infection are currently available in Spanish, a language with 537 million native speakers worldwide.⁴ Thus, we feel there is an urgent need to share the valuable information provided by Favre and colleagues to all countries where SARS-CoV-2 is spreading, especially Latin America. We feel this

algorithm can be adequately adapted to Spanish-speaking countries where such information is urgently needed.

Therefore, we propose a translated algorithm for Spanish-speaking countries (appendix). We also suggest that the new breastfeeding recommendations and the option to use dexamethasone as an alternative to betamethasone are adopted in Latin America. This information can be valuable for clinical practice as SARS-CoV-2 is spreading rapidly not only in Latin America but worldwide.

We declare no competing interests.

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SARS-CoV-2 RNA more readily detected in induced sputum than in throat swabs of convalescent COVID-19 patients

In China, the most common method for diagnosing coronavirus disease 2019 (COVID-19) is the detection of severe acute respiratory syndrome

coronavirus 2 (SARS-CoV-2) RNA in throat swabs. This technique has a rate of false-negative results that might enable convalescent COVID-19 patients to meet the criteria¹ for discharge from hospital and release from quarantine, resulting in the spread of disease.

In patients with COVID-19, whether SARS-CoV-2 RNA tests of sputum samples are more sensitive than viral RNA tests of throat swabs is uncertain. Furthermore, most of these patients do not have sputum, especially during the convalescent period.² We resolved this problem in two patients by inducing sputum production. To our knowledge, this is the first report of such a technique in patients with COVID-19.

Our first case was a 54-year-old man with a history of diabetes who was admitted to our hospital (Affiliated Hospital of Guangdong Medical University, Zhanjiang, Guangdong, China) for treatment and quarantine on Feb 1, 2020, because of self-reported fever for the previous 3 days. On admission, his white blood cell count was 6.62×10^9 per L, lymphocyte count was 2.02×10^9 per L, C-reactive protein level was 26.6 mg/L (normal range 0–8.0 mg/L), and fasting blood glucose level was 12.5 mmol/L. Lung CT showed multiple ground-glass opacities in both lungs and lesions that were primarily distributed along the pleura (appendix pp 1–2). On Feb 3, a China Food and Drug Administration-approved viral RNA detection kit confirmed mild COVID-19 in this patient. Symptoms resolved after treatment with oxygen, lopinavir-ritonavir, moxifloxacin, and hypoglycaemic drugs. 3 days later, the patient's fever decreased and C-reactive protein levels normalised. After four follow-up lung CT scans, the patient's lungs showed substantial lesion resorption (appendix pp 1–2). Beginning Feb 13, three consecutive throat swabs (>24 h intervals) and one anal swab tested negative for viral RNA. On Feb 21, induced sputum (ie, 10 mL



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See Online for appendix