

## Covid-19 Evidence Update

### Summarized and appraised resources

06/07/2021

*The following resources are available via electronically or in print. Please follow links to access full text online, or contact the library if you have any difficulties with the links.*

The resources included in this update are summaries or critically appraised articles. If you would like a more specific search conducted please email [kgh-tr.library.service@nhs.net](mailto:kgh-tr.library.service@nhs.net)

<a href="#">Royal College Guidance</a>	
<a href="#">NICE – new guidance –</a> none	
<a href="#">New Guidance and reports from other sources</a>	
American College of Rheumatology Guidance for COVID-19 Vaccination in Patients With Rheumatic and Musculoskeletal Diseases: Version 2.	
Long COVID: the NHS plan for 2021/22, version 1, June 2021.	
Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people.	
Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines.	
Bridging the uptake gap – COVID-19 vaccination toolkit for Black African and Black African Caribbean communities.	
<a href="#">COVID-19 Evidence alerts from McMaster Plus</a>	
<b>Cochrane Systematic Review – none</b>	
<b>Evidence Aid</b>	
<a href="#">Telemedicine and telemonitoring for a variety of conditions (multiple reviews)</a>	
<a href="#">Tele-rehabilitation after a stroke</a>	
<a href="#">Alternative models of healthcare service delivery: scoping review of systematic reviews</a>	
<a href="#">Telemedicine: overview of reviews</a>	
<a href="#">Citizen-centered mobile health apps for collecting spatial data for infectious disease management</a>	
<a href="#">Dynamed – latest updates</a>	
<a href="#">BMJ Best Practice – latest update</a>	
<a href="#">Useful Links</a>	

## Royal College/Society Guidance and Point of Care Tools

### Latest information and guidance

<p>NICE</p> <p><a href="#">COVID-19 rapid guideline: managing COVID-19 (NG191)</a> Published 23/03/2021</p> <p><a href="#">Rapid guidelines and evidence summaries</a></p> <p><a href="#">Speciality guides</a> (NHS England and NHS Improvement advice has moved here)</p>	<p>NHS England and NHS Improvement <a href="#">Secondary care</a> (Includes Prevention, Infection control, Assessment, Management, Discharge, Isolation, Estates and facilities, Finance, Workforce, Cancer ...)</p>
<p>Royal College of Emergency Medicine</p> <p><a href="#">Covid-19 resources</a></p>	<p>Association for Palliative Medicine</p> <p><a href="#">Covid 19 and Palliative, End of Life and Bereavement Care</a></p>
<p>Royal College of General Practitioners</p> <p><a href="#">COVID-19</a></p>	<p>Royal College of Obstetrics &amp; Gynaecologists</p> <p><a href="#">Coronavirus (COVID-19), pregnancy and women's health</a></p>
<p>Royal College of Paediatrics and Child Health</p> <p><a href="#">Key topics COVID 19</a></p>	<p>Royal College of Pathologists</p> <p><a href="#">COVID-19 Resources Hub</a></p>
<p>Royal College of Psychiatrists</p> <p><a href="#">COVID-19: Community mental health settings</a></p>	<p>Royal College of Surgeons</p> <p><a href="#">COVID 19 Information Hub</a></p>
<p>Royal Pharmaceutical Society</p> <p><a href="#">COVID-19</a></p>	<p>British Society of Echocardiography</p> <p><a href="#">COVID-19 clinical guidance</a></p>
<p>British Society of Gastroenterology</p> <p><a href="#">COVID 19 updates</a></p>	<p>British Society for Haematology</p> <p><a href="#">COVID-19 Updates</a></p>

<p>British Society for Rheumatology  <a href="#">COVID-19 updates for members</a></p>	<p>Combined Intensive Care Society, Association of Anaesthetists, Royal College of Anaesthetists, Faculty of Intensive Care Medicine guidance  <a href="#">Clinical Guidance</a></p>
<p>BMJ Best Practice  <a href="#">Coronavirus disease 2019 (COVID-19)</a>  <a href="#">Management of coexisting conditions in the context of COVID-19</a></p>	<p>DynaMed  <a href="#">Covid 19 (Novel Coronavirus)</a>  <a href="#">Covid-19 and Pediatric Patients</a>  <a href="#">Covid 19 and Special Populations</a>  <a href="#">Covid-19 and Patients with Cancer</a>  <a href="#">Covid-19 and Cardiovascular Disease Patients</a>  <a href="#">Covid-19 and Patients with Chronic Kidney Disease and End-stage renal Disease</a>  <a href="#">Covid-19 and Pregnant Patients</a>  <a href="#">Covid-19-associated Coagulopathy</a></p>
<p>Don't forget the bubbles  <a href="#">An evidence summary of paediatric Covid-19 literature</a>  <a href="#">Covid-19</a> – a seslection of evidence based summaries and articles.</p>	

**New NICE Guidance** – no new guidance in this time period.

## **New Guidance and Reports from other sources**

### **[American College of Rheumatology Guidance for COVID-19 Vaccination in Patients With Rheumatic and Musculoskeletal Diseases: Version 2.](#)**

Curtis JR. *Arthritis & Rheumatology* 2021;;doi.org/10.1002/art.41877.

[Despite a paucity of direct evidence, 74 draft guidance statements were developed to provide guidance for use of the COVID-19 vaccines in this population and to offer recommendations regarding the use and timing of immunomodulatory therapies around the time of vaccination. 15 June.]

*Freely available online*

### **[Long COVID: the NHS plan for 2021/22, version 1, June 2021.](#)**

NHS England; 2021.

<https://www.england.nhs.uk/coronavirus/publication/long-covid-the-nhs-plan-for-2021-22/>

[The Long COVID Plan 21/22 builds on the five-point plan which outlines 10 key next steps to be taken to support those suffering from long COVID.]

*Freely available online*

### **[Persistent symptoms following SARS-CoV-2 infection in a random community sample of 508,707 people.](#)**

Imperial College London; 2021.

<https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/real-time-assessment-of-community-transmission-findings/>

[Random samples of the population between September 2020 and February 2021 found that nearly 27,000 (around 6%) reported experiencing at least one of 29 symptoms linked with COVID-19 for 12 weeks or more.]

*Freely available online*

### **[Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines.](#)**

Bryant A. *American Journal of Therapeutics* 2021;;doi: 10.1097/MJT.0000000000001402.

[Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.]

*Freely available online*

### **[Bridging the uptake gap – COVID-19 vaccination toolkit for Black African and Black African Caribbean communities.](#)**

NHS England; 2021.

<https://www.england.nhs.uk/coronavirus/publication/bridging-the-uptake-gap-covid-19-vaccination-toolkit-for-black-african-and-black-african-caribbean-communities/>

[Evidence-based good practice for increasing vaccination confidence and uptake among Black African and Black African Caribbean populations.]

*Freely available online*

## [Covid-19 Evidence Alerts from McMaster Plus](#)

COVID-19 Evidence Alerts to current best evidence for clinical care of people with threatened, suspected or confirmed COVID-19 infection. Reports are critically appraised for scientific merit, and those with acceptable scientific merit are appraised for relevance and importance by frontline clinicians. The studies listed below meet their criteria for quality. The site also lists other studies published which do not meet their criteria, or do not belong to a study category they appraise. ([More information available](#)).

<b>Diagnosis</b>
<a href="#">Comparison of Mid-Turbinate and Nasopharyngeal Specimens for Molecular Detection of SARS-CoV-2 Among Symptomatic Outpatients at a Pediatric Drive-Through Testing Site.</a> <i>Sahni LC, Avadhanula V, Ortiz CS, et al. J Pediatric Infect Dis Soc</i>
<a href="#">Diagnostic accuracy of Panbio rapid antigen tests on oropharyngeal swabs for detection of SARS-CoV-2.</a> <i>Ngo Nsoga MT, Kronig I, Perez Rodriguez FJ, et al. PLoS One</i>
<a href="#">Low level SARS-CoV-2 RNA detected in plasma samples from a cohort of Nigerians: Implications for blood transfusion.</a> <i>Okwuraiwe AP, Onwuamah CK, Shaibu JO, et al. PLoS One</i>
<a href="#">Accuracy of COVID-19 rapid antigenic tests compared to RT-PCR in a student population: The StudyCov study.</a> <i>Ferte T, Ramel V, Cazanave C, et al. J Clin Virol</i>
<a href="#">Parallel detection of SARS-CoV-2 RNA and nucleocapsid antigen in nasopharyngeal specimens from a COVID-19 patient screening cohort.</a> <i>Mayanskiy N, Brzhozovskaya E, Fedorova N, et al. Int J Infect Dis</i>
<a href="#">On-field evaluation of a ultra-rapid fluorescence immunoassay as a frontline test for SARS-COV-2 diagnostic.</a> <i>Orsi A, Pennati BM, Bruzzone B, et al. J Virol Methods</i>
<a href="#">The Abbott PanBio WHO emergency use listed, rapid, antigen-detecting point-of-care diagnostic test for SARS-CoV-2-Evaluation of the accuracy and ease-of-use.</a> <i>Kruger LJ, Gaeddert M, Tobian F, et al. PLoS One</i>
<a href="#">Frontline Screening for SARS-CoV-2 Infection at Emergency Department Admission by Third Generation Rapid Antigen Test: Can We Spare RT-qPCR?</a> <i>Cento V, Renica S, Matarazzo E, et al. Viruses</i>
<a href="#">Performance of the LIAISON((R)) SARS-CoV-2 Antigen Assay vs. SARS-CoV-2-RT-PCR.</a> <i>Fiedler M, Holtkamp C, Dittmer U, et al. Pathogens</i>
<b>Clinical Prediction Guide</b>
<a href="#">Inter-rater reliability and prospective validation of a clinical prediction rule for SARS-CoV-2 infection.</a> <i>Nevel AE, Kline JA Acad Emerg Med</i>
<a href="#">Effectiveness of the rapid emergency medicine score and the rapid acute physiology score in prognosticating mortality in patients presenting to the emergency department with COVID-19 symptoms.</a> <i>Ã-zdemir S, AkÃ§a HÅž, AlgÄ±n A, et al. Am J Emerg Med</i>
<a href="#">The comparison of two risk prediction models specific for COVID-19: The Brescia-COVID Respiratory Severity Scale versus the Quick COVID-19 Severity Index.</a> <i>Ak R, Kurt E, Bahadirli S Disaster Med Public Health Prep</i>
<b>Prognosis</b>
<a href="#">Risk of hospital admission for patients with SARS-CoV-2 variant B.1.1.7: cohort analysis.</a> <i>Nyberg T, Twohig KA, Harris RJ, et al. BMJ</i>
<a href="#">The incidence, clinical characteristics, and outcomes of pneumothorax in hospitalized COVID-19 patients: A systematic review.</a> <i>Chong WH, Saha BK, Hu K, et al. Heart Lung</i>
<b>Treatment</b>
<a href="#">Finasteride in hospitalized adult males with COVID-19: A risk factor for severity of the disease or an adjunct treatment: A randomized controlled clinical trial.</a> <i>Zarehoseinzade E, Allami A, Ahmadi M, et al. Med J Islam Repub Iran</i>

<p><a href="#">Tocilizumab in the treatment of COVID-19 - a meta-analysis.</a> Avni T, Leibovici L, Cohen I, et al. <b>QJM</b></p>
<p><a href="#">Vitamin D supplementation and clinical outcomes in COVID-19: a systematic review and meta-analysis.</a> Pal R, Banerjee M, Bhadada SK, et al. <b>J Endocrinol Invest</b></p>
<p><a href="#">Efficacy of IVIG (intravenous immunoglobulin) for corona virus disease 2019 (COVID-19): A meta-analysis.</a> Xiang HR, Cheng X, Li Y, et al. <b>Int Immunopharmacol</b></p>
<p><a href="#">Clinical benefits of prone positioning in the treatment of non-intubated patients with acute hypoxic respiratory failure: a rapid systematic review.</a> Richards H, Robins-Browne K, O'Brien T, et al. <b>Emerg Med J</b></p>
<p><a href="#">Clinical Study Evaluating the Efficacy of Ivermectin in COVID-19 Treatment: A Randomized Controlled Study.</a> Abd-El salam S, Noor RA, Badawi R, et al. <b>J Med Virol</b></p>
<p><a href="#">Imatinib in patients with severe COVID-19: a randomised, double-blind, placebo-controlled, clinical trial.</a> Aman J, Duijvelaar E, Botros L, et al. <b>Lancet Respir Med</b></p>
<p><a href="#">An open-label randomized, controlled trial of the effect of lopinavir/ritonavir, lopinavir/ritonavir plus IFN-beta-1a and hydroxychloroquine in hospitalized patients with COVID-19.</a> Ader F, Peiffer-Smadja N, Poissy J, et al. <b>Clin Microbiol Infect</b></p>
<p><a href="#">Hydroxychloroquine plus standard of care compared with standard of care alone in COVID-19: a meta-analysis of randomized controlled trials.</a> Amani B, Khanijahani A, Amani B <b>Sci Rep</b></p>
<p><a href="#">Mometasone furoate nasal spray in the treatment of patients with COVID-19 olfactory dysfunction: A randomized, double blind clinical trial.</a> Kasiri H, Rouhani N, Salehifar E, et al. <b>Int Immunopharmacol</b></p>
<p><a href="#">Use of an antiviral mouthwash as a barrier measure in the sars-cov-2 transmission in adults with asymptomatic to mild COVID-19: a multicenter, randomized, double-blind controlled trial.</a> Carrouel F, Valette M, Gadea E, et al. <b>Clin Microbiol Infect</b></p>
<p><a href="#">The protease inhibitor lopinavir, boosted with ritonavir, as treatment for COVID-19: a rapid review.</a> Dorward J, Gbinigie O, Cai T, et al. <b>Antivir Ther</b></p>
<p><a href="#">Discontinuation versus continuation of renin-angiotensin-system inhibitors in COVID-19 (ACEI-COVID): a prospective, parallel group, randomised, controlled, open-label trial.</a> Bauer A, Schreinlechner M, Sappler N, et al. <b>Lancet Respir Med</b></p>
<p><a href="#">Tofacitinib in Patients Hospitalized with Covid-19 Pneumonia.</a> Guimarães PO, Quirk D, Furtado RH, et al. <b>N Engl J Med</b></p>
<p><a href="#">Systemic Corticosteroid Administration in Coronavirus Disease 2019 Outcomes: An Umbrella Meta-Analysis Incorporating Both Mild and Pulmonary Fibrosis-Manifested Severe Disease.</a> Cheng B, Ma J, Yang Y, et al. <b>Front Pharmacol</b></p>
<p><a href="#">Awake prone positioning in patients with hypoxemic respiratory failure due to COVID-19: the PROFLO multicenter randomized clinical trial.</a> Rosen J, von Oelreich E, Fors D, et al. <b>Crit Care</b></p>
<p><a href="#">Sofosbuvir with daclatasvir and the outcomes of patients with COVID-19: a systematic review and meta-analysis with GRADE assessment.</a> Zein AFMZ, Sulistiyana CS, Raffaello WM, et al. <b>Postgrad Med J</b></p>
<p><a href="#">Role of combining anticoagulant and antiplatelet agents in COVID-19 treatment: a rapid review.</a> Matli K, Farah R, Maalouf M, et al. <b>Open Heart</b></p>
<p><a href="#">Interferon-alpha position in combating with COVID-19: A systematic review.</a> Nakhlband A, Fakhari A, Azizi H <b>J Med Virol</b></p>
<p><a href="#">Efficacy and safety of lopinavir-ritonavir in COVID-19: A systematic review of randomized controlled trials.</a> Patel TK, Patel PB, Barvaliya M, et al. <b>J Infect Public Health</b></p>

### Cochrane Evidence on COVID-19: a roundup

No new Cochrane Systematic Reviews in this time period.

## Evidence Aid

<https://evidenceaid.org/evidence/coronavirus-covid-19/>

This evidence collection contains plain-language summaries of high-quality research which are available in English, and translated into French, Spanish, Portuguese, Arabic and Chinese (simplified and traditional).

The collection includes summaries of systematic reviews that might be relevant to the direct impact of COVID-19 (including reviews of emerging research, as well as existing reviews of relevant interventions) on health and other outcomes, the impact of the COVID-19 response on other conditions, and issues to consider for the recovery period after COVID-19.

### Telemedicine and telemonitoring for a variety of conditions (multiple reviews)

Added July 5, 2021

**What is this?** The COVID-19 pandemic is placing a great strain on healthcare services, leading to increased use of telemedicine, including telemonitoring. Several reviews are summarised here, with more details on each review, including citations and links to their full text, available lower down this page.

**What was found:** Three reviews evaluated the use of telemedicine for COVID-19 or other infectious diseases. The Gao (search done on 31 March 2020) reported that telemedicine offered the public an efficient, safe way to consult healthcare professionals on issues related to COVID-19 and SARS. The Golinelli review (search done in May 2020) found that digital technologies can help with the diagnosis of COVID-19, prevention and surveillance measures (e.g. contact tracing), and monitoring of internet searches or social media.

The Andrews review (search done in July 2020) found that patient and healthcare providers satisfaction with use of telehealth during COVID-19 was consistently high, and that both patient and healthcare workers were willing to continue use of telehealth after the pandemic.

The Agarwal (search done in December 2013) and Braun (search done in June 2012) reviews found positive outcomes from telemedicine in low-resource settings, including for general health services such as maternal, child and sexual health services by community health workers, and that use of mHealth by frontline healthcare workers improved data collection, accuracy and completeness.

Three reviews assessed telemedicine for chronic obstructive pulmonary disease (COPD). The Hong review (search done in April 2017) found benefits for reduced emergency room visits and hospitalisations, and improved patients' mental health quality of life score. The Kruse review (search done in February 2017) found mixed results for in-person visits, disease management and patient-provider relationships; and identified barriers including low-quality data, increased workload for providers and cost. The Cox review (searches done in January and November 2020) suggests that tele-rehabilitation for persons with COPD achieves outcomes similar to those of traditional in-person pulmonary rehabilitation for exercise capacity, quality of life, breathlessness, or adverse effects; and greater completion rates.

The Pradhan review (search done in 2018) found that technology and Web-based interventions were effective in the primary prevention of substance abuse. While, other reviews noted successful

implementation of telemedicine in several medical specialities, including urology, otolaryngology, oncology, ophthalmology and geriatrics.

**What are the reviews:**

**Citation:** Agarwal S, Perry HB, Long LA, et al. *Evidence on feasibility and effective use of mHealth strategies by frontline health workers in developing countries: systematic review.* Tropical Medicine & International Health. 2015;20(8):1003-14.

In this systematic review, the authors searched for research from developing countries on the feasibility of the use of mobile phones by frontline health workers, training required for adoption of mobile tools, and effects of mobile-based services. They restricted their searches to articles published in English since 2000 and did the search in December 2013. They included 42 studies.

**Citation:** Andrews E, Berghofer K, Long J, et al. *Satisfaction with the use of telehealth during COVID-19: An integrative review.* International journal of nursing studies advances. 2020;2:100008.

In this rapid review, the authors searched for studies evaluating patient and provider satisfaction with the use of telehealth or telemedicine during the COVID-19 pandemic. They restricted their searches to studies published up to July 2020. They included 18 studies, which were from China (1 study), France (1), Hong Kong (1), India (1), Italy (1), Slovenia (1), UK (2) and USA (10).

**Citation:** Braun R, Catalani C, Wimbush J, et al. *Community health workers and mobile technology: a systematic review of the literature.* PLoS ONE. 2013;8(6):e65772.

In this systematic review, the authors searched for articles about the use of mobile technology by community health workers to deliver health services. They restricted their searches to articles published in English since 1999 and did the search in June 2012. They included 25 articles (28 studies), which were mostly from Africa and Asia.

**Citation:** Cox NS, Dal Corso S, Hansen H, et al. *Telerehabilitation for chronic respiratory disease.* 2021;(1):CD013040.

In this Cochrane review, the authors searched for randomized and controlled trials of tele-rehabilitation for the delivery of pulmonary rehabilitation. They did not restrict their searches by language or type of publication and did the most recent searches in November 2020. They included 15 studies, and 99% of the participants (99%) had chronic obstructive pulmonary disease (COPD).

**Citation:** Gao Y, Liu R, Zhou Q, et al. *Application of Telemedicine During the Coronavirus Disease Epidemics: A Rapid Review and Meta-Analysis.* Annals of Translational Medicine. 2020;8(10):626

In this rapid review, the authors searched for studies of telephone and internet-based consultations by patients related to COVID-19, SARS or MERS. They did not restrict their searches by date, type or language of publication and did the search on 31 March 2020. They included 9 cross-sectional studies, which were related to COVID-19 (1 study) and SARS (8), from China (8) and Taiwan (1), and included 7 studies in meta-analyses.

**Citation:** Golinelli D, Boetto E, Carullo G, et al. *Adoption of Digital Technologies in Health Care During the COVID-19 Pandemic: Systematic Review of Early Scientific Literature.* Journal of medical Internet research. 2020;22(11):e22280.

In this rapid review, the authors searched for research describing digital solutions to respond to and mitigate the effects of the COVID-19 pandemic on individuals and healthcare systems. They restricted their searches to studies published in English and did the search in May 2020. They included 124 articles, addressing diagnosis (65), surveillance (46), prevention (38), treatment (15), adherence (12), lifestyle (11), and other purposes (6).

**Citation:** Hong Y, Lee SH. *Effectiveness of tele-monitoring by patient severity and intervention type in chronic obstructive pulmonary disease patients: A systematic review and meta-analysis.* International Journal of Nursing Studies. 2019;92:1-5.

Free to view: No

In this systematic review, the authors searched for randomized trials of telemonitoring of patients with COPD. They did not restrict their searches by language of publication and did the search up to April 2017. They included 27 studies, which were of telemonitoring only (15 studies), integrated tele-monitoring (pure control) (4) and integrated tele-monitoring (not pure control) (8).

**Citation:** Kitchloo A, Albosta M, Dettloff K, et al. *Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA.* Family Medicine Community Health. 2020; 8(3):e000530

In this narrative review, the authors searched for articles related to telemedicine. They restricted their searches to articles published in English between 1990 and 2020. They included 42 studies.

**Citation:** Kruse C, Pesek B, Anderson M, et al. *Telemonitoring to manage chronic obstructive pulmonary disease: systematic literature review.* JMIR Medical Informatics. 2019;7(1):e11496.

In this systematic review, the authors searched for studies of telemonitoring for managing patients with COPD. They restricted their searches to articles published in English from February 2011 to February 2017. They identified 29 eligible studies.

**Citation:** Lu DJ, Girgis M, David JM, et al. *Evaluation of mobile health applications to track patient-reported outcomes for oncology patients: A systematic review.* Advances in Radiation Oncology. 2021;6(1):100576.

In this systematic review, the authors searched for mobile applications (apps) available in English that provided a function to track cancer-related symptoms and patient-related outcomes. They did the search in May 2020. They included 41 apps (30 were general health/pain symptom trackers, 11 were cancer-specific).

**Citation:** Murphy R, Dennehy K, Costello M, et al. *Virtual geriatric clinics and the COVID-19 catalyst: a rapid review.* 2020;49(6):907-14.

In this rapid review, the authors searched for studies of the clinic productivity, clinical benefit and costs associated with the virtual geriatric clinic model of care. They did not restrict their searches by date, type or language of publication and did the search up to 8 April 2020. They included 9 observational studies (975 patients).

**Citation:** Ning AY, Cabrera CI, D'Anza B. *Telemedicine in otolaryngology: a systematic review of image quality, diagnostic concordance, and patient and provider satisfaction.* Annals of Otology, Rhinology & Laryngology. 2021;130(2):195-204.

In this systematic review, the authors searched for studies of telemedicine in otolaryngology. They restricted their searches to articles published in English up to May 2019. They included 32 studies analysing image

adequacy (7 studies), diagnostic concordance (15), and patient and provider satisfaction (11 and 6, respectively).

**Citation:** Novara G, Checcucci E, Crestani A, et al. *Telehealth in Urology: A Systematic Review of the Literature. How much can telemedicine be useful during and after the COVID-19 pandemic?* European Urology. 2020;78(6):786-811.

In this systematic review, the authors searched for studies of telehealth interventions in urology. They did not restrict their searches by date, type or language of publication and did the search on 8 April 2020. They included 45 studies, including 12 randomized trials.

**Citation:** Odendaal WA, Anstey Watkins J, Leon N, et al. *Health workers' perceptions and experiences of using mHealth technologies to deliver primary healthcare services: a qualitative evidence synthesis.* Cochrane Database of Systematic Reviews. 2020;(3):CD011942.

In this Cochrane review, the authors searched for qualitative research related to mHealth programs in a primary healthcare setting. They did not restrict their searches by date or language of publication and did the search in January 2018. They included 53 studies and purposively sampled 43 for qualitative analysis. They identified a further 85 studies in February 2020, which are awaiting classification.

**Citation:** Pradhan AM, Park L, Shaya FT, et al. *Consumer Health Information Technology in the Prevention of Substance Abuse: Scoping Review.* Journal of Medical Internet Research. 2019;21(1):e11297

In this scoping review, the authors searched for studies and reviews of the use of consumer health information technologies for primary prevention of substance abuse. They restricted their searches to articles published in English up to 2018 and excluded studies that focused exclusively on alcohol prevention. They included 42 papers.

**Citation:** Ream E, Hughes AE, Cox A, et al. *Telephone interventions for symptom management in adults with cancer.* Cochrane Database of Systematic Reviews. 2020;(6):CD007568

In this Cochrane review, the authors searched for randomized and quasi-randomized trials of telephone interventions for adults with a clinical diagnosis of cancer. They did not restrict their searches by language of publication and did the search in January 2019. They included 32 studies.

**Citation:** Sommer AC, Blumenthal EZ. *Telemedicine in ophthalmology in view of the emerging COVID-19 outbreak.* Graefe's Archive for Clinical and Experimental Ophthalmology. 2020;258:2341-52.

In this rapid review, the authors searched for studies on telemedicine, telehealth and ophthalmology. They restricted their searches to articles published in English and did the search from January 2017 up to March 2020. They included 90 records in the final qualitative analysis.

**Citation:** Wirth FN, Johns M, Meurers T, et al. *Citizen-centered mobile health apps collecting individual-level spatial data for infectious disease management: Scoping review.* JMIR Mhealth and Uhealth. 2020;8(11):e22594.

In this scoping review, the authors searched for papers presenting citizen-centered surveillance solutions for collecting individual-level spatial data. They restricted their searches to articles published in English and did the search in June 2020. They included 27 articles.

#### **Other reviews of this topic**

**Citation:** Baines R, Tredinnick-Rowe J, Jones R, et al. *Barriers and Enablers in Implementing Electronic Consultations in Primary Care: Scoping Review*. Journal of medical Internet research. 2020;22(11):e19375.

**Citation:** Chaudhry H, Nadeem S, Mundi R. *How Satisfied Are Patients and Surgeons with Telemedicine in Orthopaedic Care During the COVID-19 Pandemic? A Systematic Review and Meta-analysis*. Clinical Orthopaedics and Related Research. 2021;479(1):47-56.

**Citation:** Dijkstra H, Ergen E, Holtzhausen L, et al. *Remote assessment in sport and exercise medicine (SEM): a narrative review and teleseme solutions for and beyond the COVID-19 pandemic*. British Journal of Sports Medicine. 2020;54:1162-7.

**Citation:** Elsner P. *Teledermatology in the times of COVID-19 – a systematic review*. Journal der Deutschen Dermatologischen Gesellschaft. 2020;18(8):841-5.

**Citation:** Grimes C, Balk E, Crisp C, et al. *A guide for urogynecologic patient care utilizing telemedicine during the COVID-19 pandemic: review of existing evidence*. International Urogynecology Journal. 2020;31:1063-89.

**Citation:** Hames J, Bell D, Perez-Lima L, et al. *Navigating uncharted waters: Considerations for training clinics in the rapid transition to telepsychology and telesupervision during COVID-19*. Journal of Psychotherapy Integration. 2020;30(2):348-65.

**Citation:** Sansom-Daly UM, Wakefield CE, McGill BC, et al. Consensus among international ethical guidelines for the provision of videoconferencing-based mental health treatments. JMIR mental health. 2016;3(2):e17.

### [Tele-rehabilitation after a stroke](#)

Added July 5, 2021

**Citation:** Laver KE, Adey-Wakeling Z, Crotty M, et al. *Telerehabilitation services for stroke*. Cochrane Database of Systematic Reviews. 2020;(1):CD010255.

**What is this?** The COVID-19 pandemic is placing a great strain on healthcare services. Research on the clinical and cost effectiveness, safety and satisfaction of telerehabilitation services for people with conditions such as stroke might provide useful information for policy makers and healthcare providers.

In this Cochrane review, the authors searched for randomized trials of telerehabilitation in stroke survivors. They did not restrict their searches by language of publication and completed the search in June 2019. They included 22 trials (1937 participants).

**What was found:** The review found no important difference in activities of daily living between stroke survivors who received tele-rehabilitation and those who received usual care or in-person physical therapy.

The review found no important differences in quality of life or depression between stroke survivors who received tele-rehabilitation and those who received usual care.

The review found no important differences in upper-limb function between stroke survivors who received computer retraining and those who received in-person rehabilitation.

The review found no serious adverse events that were related to tele-rehabilitation.

There was insufficient evidence to draw conclusions on the effectiveness of tele-rehabilitation on mobility and patient satisfaction, or on its cost-effectiveness.

## [Alternative models of healthcare service delivery: scoping review of systematic reviews](#)

Added July 5, 2021

**Citation:** Jessup R, Putrik P, Buchbinder R, et al. [Identifying alternative models of healthcare service delivery to inform health system improvement: scoping review of systematic reviews](#). *BMJ Open*. 2020;10(3):e036112.

**What is this?** The COVID-19 pandemic is placing a great strain on healthcare services. Research into alternative models for the delivery of health care might provide useful information for policy makers.

In this scoping overview, the authors searched for systematic reviews of interventions to improve the organisation of healthcare services. They restricted their searches to articles published in English between 2012 and 2017. They included 531 reviews, which represents a total of more than 12,000 included studies.

**What was found:** The scoping review covered the following main topics: how and when care is delivered; where care is provided; who provides care; coordination of care; and information technology and communication (ICT) systems.

122 reviews focused on alternate care coordination interventions, and 80 examined interventions involving changes to who provides care and how the healthcare workforce is managed.

47 reviews investigated how and when care is delivered and 38 assessed interventions that addressed a goal focused question.

189 reviews focused on how changes to ICT systems might help manage the delivery of healthcare, with most of these (162) focused on telehealth interventions.

## [Telemedicine: overview of reviews](#)

Added July 5, 2021

**Citation:** Eze ND, Mateus C, Cravo Oliveira Hashiguchi T. [Telemedicine in the OECD: An umbrella review of clinical and cost-effectiveness, patient experience and implementation](#). *PLoS ONE*. 2020;15(8):e0237585.

**What is this?** The COVID-19 pandemic is placing a great strain on healthcare services. Research on the use of telemedicine, which might ease this burden, may provide useful information for policy makers and healthcare providers.

In this overview, the authors searched for systematic reviews or meta-analyses exploring clinical effectiveness, cost-effectiveness, patient experience and implementation of telehealth in OECD countries. They restricted their searches to articles published in English between January 2014 and February 2019. They included 98 reviews focussed on clinical effectiveness (53 reviews), cost effectiveness (18), patient experience (15) and implementation of telemedicine (17).

**What was found:** Telemedicine was widely reported to be at least as effective as face-to-face intervention for some conditions, including diabetes, chronic heart failure and asthma; and patients reported high levels of acceptance and satisfaction with telemedicine.

Approximately one third of the included reviews reported that telemedicine was cost-saving or cost-effective.

Barriers to uptake of telemedicine include lack of training; poor tolerance to faulty equipment; technical problems; a lack of collaboration between implementers and end-users; and a preference for face-to-face intervention.

[Citizen-centered mobile health apps for collecting spatial data for infectious disease management \(search up to 19 June 2020\)](#)

Added June 28, 2021

**Citation:** Wirth FN, Johns M, Meurers T, et al. *Citizen-centered mobile health apps collecting individual-level spatial data for infectious disease management: Scoping review*. JMIR Mhealth and Uhealth. 2020;8(11):e22594.

**What is this?** Public health interventions such as participatory surveillance mobile health apps are being used during the COVID-19 pandemic.

In this scoping review, the authors searched for articles about citizen-centered surveillance solutions that collect individual-level spatial data related to infectious disease management, mobile health apps, individual spatial data and citizen-centered solutions. They restricted their searches to articles published in English between 2010 and 2020, and did the final search on 19 June 2020. They included 27 articles.

**What was found:** At the time of this review, the included articles described 4 use cases (contact tracing, outbreak detection, location-based risk assessment and mobility tracking), the use of 8 different technologies for collecting spatial data (GPS, Bluetooth, manual entry, code scanning, magnetometer, phone logs, IP address geolocation and GSM), and 6 data protection measures (pseudonymization, consent, data minimization, geospatial aggregation, temporal aggregation and transparency).

At the time of this review, the included studies showed that, in infectious diseases such as COVID-19, contact tracing via Bluetooth technology is common but that management of other infectious disease may require more accurate spatial data and that, in the management of vector-borne disease where accurate spatial data is required, GPS is more common.

## Dynamed - [COVID-19 \(Novel Coronavirus\)](#)

### Latest updates

**Evidence** Updated 28 Jun 2021

infection with SARS-CoV-2 variant B.1.1.7 (variant of concern 202012/1) associated with increased hospitalization and 28-day mortality compared to infection with wild-type SARS-CoV-2 (BMJ 2021 Jun 15)

[View in topic](#)

**Drug/Device Alert** Updated 28 Jun 2021

EMA safety committee advises against use of AstraZeneca ChAdOx1-S [recombinant] COVID-19 vaccine (Vaxzevria) in patients with history of capillary leak syndrome (EMA Press Release 2021 Jun 11)

[View in topic](#)

**Drug/Device Alert** Updated 28 Jun 2021

COVID-19 mRNA vaccine BNT162b2 (Comirnaty) from Pfizer-BioNTech receives provisional approval by New Zealand Medicines and Medical Devices Safety Authority (Medsafe) for active immunization to prevent COVID-19 in persons  $\geq 16$  years old; provisional approval extended to include adolescents aged 12-15 years (New Zealand Gazette Notice 2021 Jun 21)

[View in topic](#)

**Evidence** Updated 17 Jun 2021

presence of delirium at admission reported in 24% and incident delirium during hospitalization reported in 32% of adults hospitalized with COVID-19, and delirium associated with increased mortality (Age Ageing 2021 May 12 early online)

## **BMJ Best Practice**

29 Jun 2021

[Guidelines recommend measures to manage acute and chronic conditions during the COVID-19 pandemic: updated](#)

Further guidelines have been published to inform the management of patients with coexisting conditions during the COVID-19 pandemic.

New this update:

- Considerations for patients with dermatological conditions receiving oral retinoids (new)
- Use of ACE inhibitors and angiotensin-II receptor antagonists (updated)
- Routine immunisation (updated)
- Considerations for mental health of adults (updated)
- Mental health of children and adolescents (updated)
- Diabetes (type 1) (updated)
- Diabetes (type 2) (updated)
- Renal transplant (updated)

24 Jun 2021

[Coronavirus disease 2019 \(COVID-19\)](#)

What's new at this update

AstraZeneca vaccine contraindicated in people with history of capillary leak syndrome

- The European Medicines Agency advises that the AstraZeneca vaccine is now contraindicated in people with a history of capillary leak syndrome. Most cases occurred in women within 4 days of vaccination, and half of the patients had a history of capillary leak syndrome.
- See the Prevention section for more information.

NIH recommends sotrovimab for non-hospitalised patients with mild to moderate disease

- The US National Institutes of Health guidelines panel now recommends sotrovimab for the treatment of non-hospitalised patients with mild to moderate disease who are at high risk of clinical progression, as defined by the emergency-use authorisation criteria.
- See the Emerging section for more information.

MHRA investigating menstrual disorders after vaccination

- The UK Medicines and Healthcare products Regulatory Agency is currently investigating reports of menstrual disorders in women after vaccination, including heavier than usual periods, delayed periods, and unexpected vaginal bleeding. Current evidence does not suggest an increased risk of either menstrual disorders or unexpected vaginal bleeding following vaccination; however, the agency is closely monitoring the situation.
- See the Prevention section for more information.

## Useful Links

[BMJ – latest news and resources for COVID-19](#)

[Cochrane Library Coronavirus \(COVID-19\): evidence relevant to critical care](#)

[Elsevier - Novel Coronavirus Information Center – Elsevier](#)

[European Centre for Disease Prevention and Control](#)

[GOV.UK](#)

[Health protection Scotland](#)

[New England Journal of Medicine](#)

[NHS UK](#)

[Oxford University Press](#)

[Patient.Info](#)

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