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Covid-19 Evidence Update

Summarized and appraised resources

24/08/2021

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

Royal College/Society Guidance and Point of Care Tools

Latest information and guidance

NICE COVID-19 rapid guideline: managing COVID-19 (NG191) Published 23/03/2021 Last updated 10/08/2021 Rapid guidelines and evidence summaries Speciality guides (*NHS England and NHS Improvement advice has moved here)*	NHS England and NHS Improvement Secondary care *(Includes Prevention, Infection control, Assessment, Management, Discharge, Isolation, Estates and facilities, Finance, Workforce, Cancer …)*
Royal College of Emergency Medicine Covid-19 resources	Association for Palliative Medicine Covid 19 and Palliative, End of Life and Beareavement Care
Royal College of General Practitioners COVID-19	Royal College of Obstetrics & Gynaecologists Coronavirus (COVID-19), pregnancy and women's health
Royal College of Paediatrics and Child Health Key topics COVID 19	Royal College of Pathologists COVID-19 Resources Hub
Royal College of Psychiatrists COVID-19: Community mental health settings	Royal College of Surgeons COVID 19 Information Hub
Royal Pharmaceutical Society COVID-19	British Society of Echocardiography COVID-19 clinical guidance
British Society of Gastroenterology COVID 19 updates	British Society for Haematology COVID-19 Updates

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

New Guidance and Reports

All Wales Supplementary Symptom Control Guidance for Palliative Management of Patients with COVID-19 Infection.
SBUHB; 2021.
http://howis.wales.nhs.uk/sites3/Documents/926/CID3960%20All%20Wales%20Supplementary%20Symptom%20Control%20Guidance%20for%20Palliative%20Management%20of%20Patients%20with%20COVID-19%20Infection%20-%20%20June%202021.pdf
[This guide supplements the Symptom Management Guidelines in the care decisions document to support the care of adult patients with Covid-19 infection who require palliative management of their condition.]

COVID-19 vaccination: blood clotting information for healthcare professionals.
Public Health England (PHE); 2021.
https://www.gov.uk/government/publications/covid-19-vaccination-blood-clotting-information-for-healthcare-professionals
[Information for healthcare professionals on blood clotting following COVID-19 vaccination. 23 August 2021: Updated guidance document.]
Freely available online

COVID-19 vaccination: myocarditis and pericarditis information for healthcare professionals.
Public Health England (PHE); 2021.
https://www.gov.uk/government/publications/covid-19-vaccination-myocarditis-and-pericarditis-information-for-healthcare-professionals
[Information for healthcare professionals on myocarditis and pericarditis following COVID-19 vaccination.]
Freely available online

A rapid needs assessment of excluded people in England during the 2020 COVID-19 pandemic.
Doctors of the World UK; 2020.

https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/06/covid-full-rna-report.pdf
[The aim of this rapid needs assessment was to identify and describe the needs of routinely excluded groups, arising from the COVID-19 pandemic in England, to raise awareness, inform advocacy and form recommendations for action. Groups included refugees, migrants, people affected by modern slavery, homeless, Roma and traveller communities, sex workers and people recently released form prison.]
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).

Diagnosis
SARS-CoV-2 Antigen Detection to Expand Testing Capacity for COVID-19: Results from a Hospital Emergency Department Testing Site. *Menchinelli G, De Angelis G, Cacaci M, et al.* **Diagnostics (Basel)**
Multicenter Evaluation of a Fully Automated High-Throughput SARS-CoV-2 Antigen Immunoassay. *NÃ¶rz D, Olearo F, Perisic S, et al.* **Infect Dis Ther**
Lessons from countries implementing find, test, trace, isolation and support policies in the rapid response of the COVID-19 pandemic: a systematic review. *Chung SC, Marlow S, Tobias N, et al.* **BMJ Open**
Performance of a SARS CoV-2 antigen rapid immunoassay in patients admitted to the Emergency Department. *Leli C, Matteo LD, Gotta F, et al.* **Int J Infect Dis**
Diagnostic accuracy of a SARS-CoV-2 rapid antigen test in real-life clinical settings. *Jegerlehner S, Suter-Riniker F, Jent P, et al.* **Int J Infect Dis**
Clinical Prediction Guide
A nomogram predicting severe COVID-19 based on a large study cohort from China. *Liu S, Luo H, Lei Z, et al.* **Am J Emerg Med**
Application of CALL score for prediction of progression risk in patients with COVID-19 at university hospital in Turkey. *Erturk Sengel B, Tigen ET, Ilgin C, et al.* **Int J Clin Pract**
Predicting Mortality Risk in Older Hospitalized Persons With COVID-19: A Comparison of the COVID-19 Mortality Risk Score with Frailty and Disability. *Fumagalli C, Ungar A, Rozzini R, et al.* **J Am Med Dir Assoc**
Predicting critical illness on initial diagnosis of COVID-19 based on easily-obtained clinical variables: development and validation of the PRIORITY model. *Martinez-Lacalzada M, Viteri-NoÃ«l A, Manzano L, et al.* **Clin Microbiol Infect**
Etiology
Insulin Treatment May Increase Adverse Outcomes in Patients With COVID-19 and Diabetes: A Systematic Review and Meta-Analysis. *Yang Y, Cai Z, Zhang J* **Front Endocrinol (Lausanne)**
The effect of metformin on mortality and severity in COVID-19 patients with diabetes mellitus. *Yang W, Sun X, Zhang J, et al.* **Diabetes Res Clin Pract**
Primary Prevention
Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind, randomised, placebo-controlled, phase 3 trial in Turkey. *Tanriover MD, DoÄŸanay HL, Akova M, et al.* **Lancet**
Safety and immunogenicity of heterologous versus homologous prime-boost schedules with an adenoviral vectored and mRNA COVID-19 vaccine (Com-COV): a single-blind, randomised, non-

inferiority trial. *Liu X, Shaw RH, Stuart ASV, et al.* **Lancet**
Evaluation of mRNA-1273 SARS-CoV-2 Vaccine in Adolescents. *Ali K, Berman G, Zhou H, et al.* **N Engl J Med**
Subcutaneous REGEN-COV Antibody Combination to Prevent Covid-19. *O'Brien MP, Forleo-Neto E, Musser BJ, et al.* **N Engl J Med**
Prognosis
Characteristics and Outcomes of Women With COVID-19 Giving Birth at US Academic Centers During the COVID-19 Pandemic. *Chinn J, Sedighim S, Kirby KA, et al.* **JAMA Netw Open**
Coronavirus Disease 2019-Related Multisystem Inflammatory Syndrome in Children: A Systematic Review and Meta-Analysis. *Wang JG, Zhong ZJ, Li M, et al.* **Biochem Res Int**
More than 50 long-term effects of COVID-19: a systematic review and meta-analysis. *Lopez-Leon S, Wegman-Ostrosky T, Perelman C, et al.* **Sci Rep**
Treatment
Evaluation of the Treatment Efficacy and Safety of Remdesivir for COVID-19: a Meta-analysis. *Tao J, Aristotelidis R, Zanowick-Marr A, et al.* **SN Compr Clin Med**
Efficacy and Safety of Corticosteroid Use in Coronavirus Disease 2019 (COVID-19): A Systematic Review and Meta-Analysis. *Cui Y, Sun Y, Sun J, et al.* **Infect Dis Ther**
Inhaled budesonide for COVID-19 in people at high risk of complications in the community in the UK (PRINCIPLE): a randomised, controlled, open-label, adaptive platform trial. *Yu LM, Bafadhel M, Dorward J, et al.* **Lancet**
Systemic corticosteroids for the treatment of COVID-19. *Wagner C, Griesel M, Mikolajewska A, et al.* **Cochrane Database Syst Rev**
Tocilizumab and Systemic Corticosteroids in the Management of COVID-19 Patients:A Systematic Review and Meta-Analysis. *Alkofide H, Almohaizeie A, Almuhaini S, et al.* **Int J Infect Dis**
Critical Review of the Scientific Evidence and Recommendations in COVID-19 Management Guidelines. *Xie J, Wang Z, Liang J, et al.* **Open Forum Infect Dis**
Efficacy of convalescent plasma for treatment of COVID-19 in Uganda. *Kirenga B, Byakika-Kibwika P, Muttamba W, et al.* **BMJ Open Respir Res**
Ivermectin for the treatment of COVID-19: A systematic review and meta-analysis of randomized controlled trials. *Roman YM, Burela PA, Pasupuleti V, et al.* **Clin Infect Dis**
Prospective, Randomized, Open-Label, Blinded End Point, Two-Arm, Comparative Clinical Study to Evaluate the Efficacy and Safety of a Fixed Ayurvedic Regimen (FAR) as Add-on to Conventional Treatment in the Management of Mild and Moderate COVID-19 Patients. *Gupta A, Vedula S, Srivastava R, et al.* **J Pharm Bioallied Sci**
Clinical Management of Adult Patients with COVID-19 Outside Intensive Care Units: Guidelines from the Italian Society of Anti-Infective Therapy (SITA) and the Italian Society of Pulmonology (SIP). *Bassetti M, Giacobbe DR, Bruzzi P, et al.* **Infect Dis Ther**
Mortality and risk factors associated with pulmonary embolism in coronavirus disease 2019 patients: a systematic review and meta-analysis. *GÃ³mez CA, Sun CK, Tsai IT, et al.* **Sci Rep**
Efficacy and safety of arbidol (umifenovir) in patients with COVID-19: A systematic review and meta-analysis. *Amani B, Amani B, Zareei S, et al.* **Immun Inflamm Dis**
Comparative effectiveness study of low versus high-intensity aerobic training with resistance training in community-dwelling older men with post-COVID 19 sarcopenia: A randomized controlled trial. *Nambi G, Abdelbasset WK, Alrawaili SM, et al.* **Clin Rehabil**

Clinical efficacy and safety of Janus kinase inhibitors for COVID-19: A systematic review and meta-analysis of randomized controlled trials. *Chen CY, Chen WC, Hsu CK, et al.* **Int Immunopharmacol**
Remdesivir for the treatment of COVID-19. *Ansems K, Grundeis F, Dahms K, et al.* **Cochrane Database Syst Rev**
BTK inhibitors for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2): A systematic review. *Stack M, Sacco K, Castagnoli R, et al.* **Clin Immunol**
Proxalutamide Reduces the Rate of Hospitalization for COVID-19 Male Outpatients: A Randomized Double-Blinded Placebo-Controlled Trial. *McCoy J, Goren A, Cadegiani FA, et al.* **Front Med (Lausanne)**
Therapeutic Anticoagulation with Heparin in Critically Ill Patients with Covid-19. *Goligher EC, Bradbury CA, McVerry BJ, et al.* **N Engl J Med**
Therapeutic Anticoagulation with Heparin in Noncritically Ill Patients with Covid-19. *Lawler PR, Goligher EC, Berger JS, et al.* **N Engl J Med**
Effectiveness of favipiravir in COVID-19: a live systematic review. *Ã–zlÃ¼ÅŸen B, Kozan Åž, Akcan RE, et al.* **Eur J Clin Microbiol Infect Dis**
Dietary supplements and herbal medicine for COVID-19: A systematic review of randomized control trials. *Feng Z, Yang J, Xu M, et al.* **Clin Nutr ESPEN**

Cochrane Systematic Reviews

Cochrane Evidence on COVID-19: a roundup

Systemic corticosteroids for the treatment of COVID-19.

Wagner C. *et al*

Main results

Ten studies compared corticosteroids plus usual care versus usual care with or without placebo. Only one study compared two corticosteroids. The studies included only hospitalised people with confirmed or suspected COVID-19. No studies looked at non-hospitalised people, different doses or timing, or provided information about quality of life.

Corticosteroids plus usual care compared to usual care with or without placebo (10 studies)

• Corticosteroids probably reduce the number of deaths from any cause slightly, up to 60 days after treatment (9 studies, 7930 people).
• One study (299 people) reported that people on a ventilator at the start of the study were ventilation-free for more days with corticosteroids than with usual care, so corticosteroids may improve people's symptoms.
• Four studies (427 people) reported whether people not on a ventilator at the start of treatment later needed to be put on a ventilator, but we could not pool the studies' results, so we are unsure if people's symptoms get worse with corticosteroids or usual care.
• We don't know if corticosteroids increase or reduce serious unwanted effects (2 studies, 678 people), any unwanted effects (5 studies, 660 people), or infections caught in hospital (5 studies, 660 people).

Methylprednisolone versus dexamethasone (1 study, 86 people)

• We don't know whether the corticosteroid methylprednisolone reduces the number of deaths from any cause compared to dexamethasone in the 28 days after treatment.
• We don't know if methylprednisolone worsens people's symptoms compared to dexamethasone, based on whether they needed ventilation in the 28 days after treatment.
• The study did not provide information about anything else we were interested in.

What are the limitations of the evidence?

We are moderately confident in the evidence about corticosteroids' effect on deaths from any cause. However, our confidence in the other evidence is low to very low, because studies did not use the most robust methods, and the way results were recorded and reported differed across studies. We did not find any evidence on quality of life and there was no evidence from low-income countries or on people with mild COVID-19 or no symptoms, who were not hospitalised.

How up to date is this evidence?

Our evidence is up to date to 16 April 2021.

Implications for practice

Based on the current evidence, we are moderately certain that systemic corticosteroids probably reduce mortality slightly amongst hospitalised, symptomatic COVID-19 patients. Most of the participants in the studies were treated with invasive mechanical ventilation and non-invasive ventilation/continuous positive airway pressure or high-flow oxygen. In a subgroup analysis by baseline respiratory support, evidence of an increased risk of mortality with corticosteroids in symptomatic, hospitalised COVID-19 patients without any need for additional oxygen, was limited by a lack of statistical significance. In a subgroup analysis of different types of systemic corticosteroids on mortality, we did not identify evidence for a subgroup difference.

There is low-certainty evidence for a beneficial effect of corticosteroids in the observed reduction of ventilator-free days; however, the current evidence remains uncertain due to methodological limitations.

There is very low certainty direct evidence for the comparison of methylprednisolone versus dexamethasone, results remain uncertain.

Due to the underreporting of relevant data, we have very low certainty about the safety of systemic corticosteroids as treatments for COVID-19.

We did not identify any published study to evaluate different dosages or timing of corticosteroids in hospitalised participants. Currently, there is no evidence to characterise the benefits and harms of corticosteroids in patients with asymptomatic or mild disease (non-hospitalised).

Interventions for palliative symptom control in COVID-19 patients

Andreas, M et al (2021)

Key results

We found four studies that were published in five papers. Individual papers included between 61 and 2105 participants, and two papers partially reported on the same participants. All of the included studies investigated different drug treatments for palliative symptom management in people with COVID-19.

Drugs for symptom control at the end of life

All of the included studies reported on the effectiveness of palliative care for symptom relief. In all studies, clinicians or nursing staff rated symptom relief rather than the patients themselves. Since the quality of the evidence was very low, we do not know the true effect of drug treatments on symptom relief and have very low confidence in the results of the studies. We did not find any data on quality of life; symptom burden; satisfaction of patients, caregivers, and relatives; or safety of the drug treatments.

Non-drug therapies for symptom control at the end of life

We did not find any data on the benefits and harms of non-drug therapies for symptom control of COVID-19 patients at the end of life.

Implications for practice

We did not find evidence to confidently support or refute whether pharmacological interventions may be effective for palliative symptom relief in COVID-19 patients, and no evidence on the safety of pharmacological interventions, or effectiveness and safety of non-pharmacological interventions for palliative symptom control in COVID-19 patients. The evidence presented here has no specific implications for palliative symptom control in COVID-19 patients because we cannot draw any conclusions about the effectiveness or safety based on the identified evidence. More evidence is needed to guide clinicians, nursing staff, and caregivers when treating symptoms of COVID-19 patients at the end of life. Specifically, future studies ought to investigate palliative symptom control in prospectively registered studies, using an active-controlled setting, assess patient-reported outcomes, and clearly define interventions. The identified evidence does not rule out current practice for palliative symptom control, for example for cancer.

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.

Characteristics and predictors of acute and chronic post-COVID syndrome (search on 6 March 2021)
Added August 18, 2021

Citation: Iqbal FM, Lam K, Sounderajah V, et al. *Characteristics and predictors of acute and chronic post-COVID syndrome: A systematic review and meta-analysis*. EClinicalMedicine. 2021;36:100899.

What is this? Many individuals experience long-lasting symptoms following COVID-19 infection. Acute post-COVID syndrome refers to symptoms lasting 3 weeks beyond the initial diagnosis and chronic post-COVID syndrome refers to symptoms lasting more than 12 weeks.

In this systematic review, the authors searched for studies of the prevalence and predictors of acute and chronic post-COVID symptoms. They did not restrict their searches by language of publication and did the most recent search on 6 March 2021. They included 43 studies, 30 studies could be included in meta-analyses. The studies were conducted in 18 countries, most of which were high-income.

What was found: At the time of this review, the included studies showed that the most common symptoms in acute post-COVID syndrome were fatigue and sleep disturbance, the most common symptoms in chronic post-COVID syndrome were fatigue, anxiety and dyspnea and chronic post-COVID syndrome had a lower number of associated symptoms than acute post-COVID syndrome.

At the time of this review, the included studies suggested that individuals with post-COVID syndrome may experience persistent effects that require long-lasting support.

At the time of this review, the predictors of post-COVID syndrome were uncertain.

Viral shedding of SARS-CoV-2 (search up to 8 September 2020)

Added August 12, 2021

Citation: Fontana L, Villamagna A, Sikka M, et al. *Understanding viral shedding of severe acute respiratory coronavirus virus 2 (SARS-Co-V-2): Review of current literature*. Infection Control & Hospital Epidemiology. 2021;42(6):659-68.

What is this? Understanding the transmission dynamics of the SARS-CoV-2 virus is critical to informing public health policies to prevent COVID-19 infection.

In this systematic review, the authors searched for studies of viral shedding and viable viral culture in the context of SARS-CoV-2 infection in adults. They included articles published up to 8 September 2020. They included 77 articles, which were a mixture of prospective and retrospective studies, point prevalence studies and position statements.

What was found: At the time of this review, the pooled median duration of viral RNA shedding from respiratory isolates in the included studies was 18.4 days.

At the time of this review, the included studies showed that RNA shedding was observed in the absence of viable viral culture (13 to 45 days).

At the time of this review, the included studies showed that viable virus could be cultured from 6 days before the onset of symptoms to 20 days following symptom onset.

Effects of the easing of lockdown measures (search up to 12 January 2021)

Added August 12, 2021

Citation: Muehlschlegel PA, Parkinson EA, Chan RY, et al. *Learning from previous lockdown measures and minimising harmful biopsychosocial consequences as they end: A systematic review*. Journal of Global Health. 2021;11:05008.

What is this? The response to the COVID-19 pandemic has included public health measures such as quarantines, social distancing and the closure of workplaces and educational establishments. Research into the impacts of easing these restrictions might be helpful to policy makers.

In this systematic review, the authors searched for clinical trials of the biopsychosocial consequences (including effects on mental health) after lockdown measures cease. They restricted their searches to articles published in English, French, Italian or German and did the search up to 12 January 2021. They included 40 studies, which reported data from SARS (17 studies), COVID-19 (15), MERS (6), Ebola (1) and H1N1 (1) outbreaks.

What was found: Short to medium term effects related to early trauma processing, while medium to long term effects were found in maladaptive behaviors and mental health deterioration.

High-risk groups for psychiatric symptoms included healthcare workers, children, the elderly, inpatients, those with pre-existing psychiatric disorders and socially isolated individuals.

Support for vulnerable groups and offering education, workplace modifications, financial and social assistance may mitigate negative repercussions of easing lockdown measures.

Anti-coagulants and COVID-19: observational research (search up to 8 January 2021)
Added August 12, 2021

Citation: Parisi R, Costanzo S, Di Castelnuovo A, et al. *Different Anticoagulant Regimens, Mortality, and Bleeding in Hospitalized Patients with COVID-19: A Systematic Review and an Updated Meta-Analysis*. Seminars in Thrombosis and Hemostasis. 2021;47(4):372-91.

What is this? Anti-coagulants have been suggested as a treatment for COVID-19 patients.

In this rapid review, the authors searched for quantitative and qualitative studies evaluating the effects of anti-coagulants on mortality in COVID-19 patients. They did their search on 8 January 2021. They included 29 retrospective observational studies, 23 of which were included in their meta-analyses (25,719 hospitalized COVID-19 patients). The studies were from China (4 studies), Europe (14) and USA (11).

What was found: At the time of this review, the included studies suggested that the use of anti-coagulants in hospitalized COVID-19 patients was associated with a 50% reduction in in-hospital mortality, but that therapeutic doses of anti-coagulant treatment were associated with adverse bleeding events.

Dynamed - COVID-19 (Novel Coronavirus)

Latest updates

Guideline Summary Updated 19 Aug 2021
WHO interim guidance on infection prevention and control when COVID-19 is suspected or confirmed (WHO 2021 Jul 12) View in topic

Guideline Summary Updated 19 Aug 2021
CDC guidance for use of an additional dose of COVID-19 vaccine (CDC 2021 Aug 16) View in topic

EvidenceUpdated 14 Aug 2021
COVID-19 associated with increased risk of first acute myocardial infarction and ischemic stroke during 2 weeks following infection in adults in Sweden (Lancet 2021 Jul 29 early online) View in topic

EvidenceUpdated 14 Aug 2021
preexisting mental health disorders associated with increased COVID-19 mortality and COVID-19 hospitalization (Lancet Psychiatry 2021 Jul 15 early online) View in topic

Guideline Summary Updated 13 Aug 2021
Centers for Disease Control and Prevention (CDC) interim clinical considerations for use of COVID-19 vaccines currently authorized in United States (CDC 2021 Aug 11) View in topic

Drug/Device Alert Updated 13 Aug 2021
COVID-19 Vaccine elasomeran (Spikevax) from Moderna Australia Pty Ltd granted provisional approval by Therapeutic Goods Administration (TGA) of Australia for active immunization to prevent COVID-19 disease caused by SARS-CoV-2 virus in persons ≥ 18 years old (TGA Press Release 2021 Aug 9) View in topic

EvidenceUpdated 12 Aug 2021
postexposure prophylaxis with REGEN-COV prevents symptomatic COVID-19 and asymptomatic SARS-CoV-2 infection in unvaccinated adolescents and adults at high risk of COVID-19 due to household exposure (N Engl J Med 2021 Aug 4 early online) View in topic

EvidenceUpdated 12 Aug 2021
Biosensor rapid antigen test has high specificity but low sensitivity for detection of SARS-CoV-2 infection in asymptomatic or presymptomatic close contacts tested on day 5 onwards after exposure (BMJ 2021 Jul 27) View in topic

EvidenceUpdated 12 Aug 2021
Veritor rapid antigen test has high specificity but low sensitivity for detection of SARS-CoV-2 infection in asymptomatic or presymptomatic close contacts tested on day 5 onwards after exposure (BMJ 2021 Jul 27) View in topic

EvidenceUpdated 11 Aug 2021
among persons with intellectual or developmental disability receiving residential services, increased age, Down syndrome, increased number of residents, and chronic kidney disease each associated with increased risk of COVID-19 positivity (JAMA Netw Open 2021 Jun 1) View in topic

EvidenceUpdated 11 Aug 2021
mental health disorders associated with increased COVID-19 mortality (JAMA Psychiatry 2021 Jul 27 early online) View in topic

EvidenceUpdated 11 Aug 2021
among persons with intellectual or developmental disability receiving residential services, heart disease associated with increased risk of COVID-19-related mortality (JAMA Netw Open 2021 Jun 1) View in topic

EvidenceUpdated 10 Aug 2021
preexisting mood disorders associated with increased risk of COVID-19 hospitalization and mortality (JAMA Psychiatry 2021 Jul 28 early online) View in topic

BMJ Best Practice

Management of coexisting conditions in the context of COVID-19

11 Aug 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 perinatal care (updated)
- Considerations for patients with neuromuscular diseases (updated)
- Use of ACE inhibitors and angiotensin II receptor antagonists (updated)
- Considerations for management of patients in community psychiatry services (updated)
- Considerations for immunocompromised children and young people (updated)
- Breast cancer (updated) Essential hypertension (updated)
- Haematopoietic stem cell transplantation (updated)

- Learning disability (updated)
- Non-ST elevation myocardial infarction (updated)
- Sarcoidosis (new)
- Sickle cell disease (updated)
- ST-elevation myocardial infarction (updated)
- Stroke (updated)

Original source of update

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