

## Covid-19 Evidence Update

### Summarized and appraised resources

11/10/2021

*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)

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## 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 Last updated 10/08/2021</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 <a href="#">Covid-19 resources</a></p>	<p>Association for Palliative Medicine <a href="#">Covid 19 and Palliative, End of Life and Bereavement Care</a></p>
<p>Royal College of General Practitioners <a href="#">COVID-19</a></p>	<p>Royal College of Obstetrics &amp; Gynaecologists <a href="#">Coronavirus (COVID-19), pregnancy and women's health</a></p>
<p>Royal College of Paediatrics and Child Health <a href="#">Key topics COVID 19</a></p>	<p>Royal College of Pathologists <a href="#">COVID-19 Resources Hub</a></p>
<p>Royal College of Psychiatrists <a href="#">COVID-19: Community mental health settings</a></p>	<p>Royal College of Surgeons <a href="#">COVID 19 Information Hub</a></p>
<p>Royal Pharmaceutical Society <a href="#">COVID-19</a></p>	<p>British Society of Echocardiography <a href="#">COVID-19 clinical guidance</a></p>
<p>British Society of Gastroenterology <a href="#">COVID 19 updates</a></p>	<p>British Society for Haematology <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 Guidance and Reports

### NICE

**Covid-19 rapid guideline: managing Covid-19.** Updated on 4 October with new recommendations on casirivimab and imdevimab. <https://www.nice.org.uk/guidance/ng191>

### Other

#### [Clinical guide for the management of critical care for adults with COVID-19 during the Coronavirus pandemic – UPDATED SECTION 5 CONTENT \(recovery, respiratory failure\)](#)

The Faculty of Intensive Care Medicine; 2021.

<https://icmanaesthesiacovid-19.org/clinical-guide-for-the-management-of-critical-care-for-adults-with-covid-19-during-the-coronavirus-pandemic>

[This clinical guidance provides contemporary information for practising clinicians caring for critically ill adult patients with COVID-19. Whilst many of these patients will be cared for on intensive care units, some patients receiving continuous positive airways pressure (CPAP) and/or non-invasive ventilation (NIV) may be cared for on specialist respiratory wards. Version 6 updates the previous FICM and ICS guidelines published in April 2021, section 5 'Management of respiratory failure'.]

*Freely available online*

#### [Getting ready to use casirivimab and imdevimab: guidance for Chief Pharmacists.](#)

Specialist Pharmacy Service (SPS); 2021.

<https://www.sps.nhs.uk/articles/getting-ready-to-use-casirivimab-and-imdevimab-guidance-for-chief-pharmacists/>

[This guidance for Chief Pharmacists supports the pharmacy institutional readiness for the management of casirivimab and imdevimab in COVID-19 infection.]

*Freely available online*

## [Guidance from the Expert Haematology Panel \(EHP\) on Covid-19 Vaccine-induced Immune Thrombocytopenia and Thrombosis \(VITT\)](#)

British Society for Haematology; 2021.

<https://b-s-h.org.uk/media/20075/guidance-version-22-20210903.pdf>

[Updated Guidance on Management. Version 2.2 31 August 2021]

Freely available online

## [Antibody and cellular therapies for treatment of covid-19: a living systematic review and network meta-analysis.](#)

Siemieniuk RA. *BMJ* 2021;374:n2231.

[In patients with non-severe covid-19, casirivimab-imdevimab probably reduces hospitalisation; bamlanivimab-etesevimab, bamlanivimab, and sotrovimab may reduce hospitalisation. Convalescent plasma, IVIg, and other antibody and cellular interventions may not confer any meaningful benefit.]

## [Mental disorders and risk of COVID-19-related mortality, hospitalisation, and intensive care unit admission: a systematic review and meta-analysis.](#)

Vai B. *The Lancet Psychiatry* 2021;8(9):797-812.

[Pre-existing mental disorders, in particular psychotic and mood disorders, and exposure to antipsychotics and anxiolytics were associated with COVID-19 mortality in both crude and adjusted models. Although further research is required to determine the underlying mechanisms, our findings highlight the need for targeted approaches to manage and prevent COVID-19 in at-risk patient groups identified in this study.]

## [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
<a href="#">Comparison of the Rapid Antigen Testing Method With RT-qPCR for the Diagnosis of COVID-19.</a> <i>Pandey AK, Mohanty A, Hada V, et al. Cureus</i>
<a href="#">Self-testing for the detection of SARS-CoV-2 infection with rapid antigen tests for people with suspected COVID-19 in the community.</a> <i>Stohr JJM, Zwart VF, Goderski G, et al. Clin Microbiol Infect</i>
<a href="#">Performance of Seven SARS-CoV-2 Self-Tests Based on Saliva, Anterior Nasal and Nasopharyngeal Swabs Corrected for Infectiousness in Real-Life Conditions: A Cross-Sectional Test Accuracy Study.</a> <i>Homza M, Zelena H, Janosek J, et al. Diagnostics (Basel)</i>
<a href="#">Comparing the diagnostic accuracy of rapid antigen detection tests to real time polymerase chain reaction in the diagnosis of SARS-CoV-2 infection: A systematic review and meta-analysis.</a> <i>Lee J, Song JU, Shim SR J Clin Virol</i>
<a href="#">Validation of conventional PCR-like alternative to SARS-CoV-2 detection with target nucleocapsid protein gene in naso-oropharyngeal samples.</a> <i>Carvalho RF, Oliveira MDS, Ribeiro J, et al. PLoS One</i>
<a href="#">The Challenge of Using an Antigen Test as a Screening Tool for SARS-CoV-2 Infection in an Emergency Department: Experience of a Tertiary Care Hospital in Southern Italy.</a> <i>Loconsole D, Centrone F, Morcavallo C, et al. Biomed Res Int</i>
<a href="#">Comparing lung ultrasound: extensive versus short in COVID-19 (CLUES): a multicentre, observational study at the emergency department.</a> <i>Kok B, Schuit F, Lieveid A, et al. BMJ Open</i>
<a href="#">Clinical validation of an open-access SARS-COV-2 antigen detection lateral flow assay, compared to commercially available assays.</a> <i>Bachman CM, Grant BD, Anderson CE, et al. PLoS One</i>

<p><a href="#">Evaluation of accuracy, exclusivity, limit-of-detection and ease-of-use of LumiraDx(tm): An antigen-detecting point-of-care device for SARS-CoV-2.</a>  <i>KrÄ½ger LJ, Klein JAF, Tobian F, et al. Infection</i></p>
<p><a href="#">Accuracy of saliva and nasopharyngeal sampling for detection of SARS-CoV-2 in community screening: a multicentric cohort study.</a>  <i>KernÄ©is S, Elie C, Fourgeaud J, et al. Eur J Clin Microbiol Infect Dis</i></p>
<p><a href="#">Diagnostic accuracy and acceptability of molecular diagnosis of COVID-19 on saliva samples relative to nasopharyngeal swabs in tropical hospital and extra-hospital contexts: The COVISAL study.</a>  <i>Nacher M, Mergeay-Fabre M, Blanchet D, et al. PLoS One</i></p>
<p><a href="#">Diagnostic accuracy of SARS-CoV-2 rapid antigen detection testing in symptomatic and asymptomatic children in the clinical setting.</a>  <i>L'Huillier AG, Lacour M, Sadiku D, et al. J Clin Microbiol</i></p>
<p><b>Clinical Prediction Guide</b></p>
<p><a href="#">Age-Adjusted Endothelial Activation and Stress Index for Coronavirus Disease 2019 at Admission Is a Reliable Predictor for 28-Day Mortality in Hospitalized Patients With Coronavirus Disease 2019.</a>  <i>Perez-Garcia F, Bailen R, Torres-Macho J, et al. Front Med (Lausanne)</i></p>
<p><a href="#">External validation of prognostic scores for COVID-19: a multicenter cohort study of patients hospitalized in Greater Paris University Hospitals.</a>  <i>Lombardi Y, Azoyan L, Szychowiak P, et al. Intensive Care Med</i></p>
<p><a href="#">Pulmonary embolism and COVID-19: A comparative analysis of different diagnostic models performance.</a>  <i>Silva BV, Jorge C, Placido R, et al. Am J Emerg Med</i></p>
<p><a href="#">Repurposing FIB-4 index as a predictor of mortality in patients with hematological malignancies and COVID-19.</a>  <i>Sutandyo N, Kurniawati SA, Jayusman AM, et al. PLoS One</i></p>
<p><a href="#">Evaluating risk stratification scoring systems to predict mortality in patients with COVID-19.</a>  <i>Chu K, Alharahsheh B, Garg N, et al. BMJ Health Care Inform</i></p>
<p><a href="#">Predictors of mortality in thrombotic thrombocytopenia after adenoviral COVID-19 vaccination: the FAPIC score.</a>  <i>Hwang J, Park SH, Lee SW, et al. Eur Heart J</i></p>
<p><a href="#">Comorbidity-adjusted NEWS predicts mortality in suspected patients with COVID-19 from nursing homes: Multicentre retrospective cohort study.</a>  <i>Martin-Rodriguez F, Sanz-Garcia A, Melero Guijarro L, et al. J Adv Nurs</i></p>
<p><a href="#">External Validation and Recalibration of the CURB-65 and PSI for Predicting 30-Day Mortality and Critical Care Intervention in Multiethnic Patients with COVID-19.</a>  <i>Elmoheen A, Abdelhafez I, Awad W, et al. Int J Infect Dis</i></p>
<p><a href="#">ROX index as a good predictor of high flow nasal cannula failure in COVID-19 patients with acute hypoxemic respiratory failure: A systematic review and meta-analysis.</a>  <i>Prakash J, Bhattacharya PK, Yadav AK, et al. J Crit Care</i></p>
<p><a href="#">Validation of parsimonious prognostic models for patients infected with COVID-19.</a>  <i>Harish K, Zhang B, Stella P, et al. BMJ Health Care Inform</i></p>
<p><b>Etiology</b></p>
<p><a href="#">Nervous and Muscular Adverse Events after COVID-19 Vaccination: A Systematic Review and Meta-Analysis of Clinical Trials.</a>  <i>Chen J, Cai Y, Chen Y, et al. Vaccines (Basel)</i></p>
<p><a href="#">Risk of Covid-19-Related Hospitalization and More Severe Outcomes in Medicare Beneficiaries Treated with Renin-Angiotensin-Aldosterone System Inhibitors for Hypertension.</a>  <i>Graham DJ, Izurieta HS, Muthuri SG, et al. J Gen Intern Med</i></p>
<p><a href="#">The Risk of SARS-COV-2 Infection and Covid-19 Severity Associated with The Exposure to Non-Steroidal Anti-Inflammatory Drugs: Systematic Review and Meta-Analysis.</a>  <i>Prada L, Santos CD, BaiÄ©o RA, et al. J Clin Pharmacol</i></p>
<p><a href="#">Systematic review and meta-analysis of clinical outcomes of COVID-19 patients undergoing gastrointestinal endoscopy.</a>  <i>Tan X, Guo J, Chen Z, et al. Therap Adv Gastroenterol</i></p>

<b>Primary Prevention</b>
<a href="#">Protecting Nursing Homes and Long-Term Care Facilities From COVID-19: A Rapid Review of International Evidence.</a> <i>Dykgraaf SH, Matenge S, Desborough J, et al. J Am Med Dir Assoc</i>
<a href="#">Daily testing for contacts of individuals with SARS-CoV-2 infection and attendance and SARS-CoV-2 transmission in English secondary schools and colleges: an open-label, cluster-randomised trial.</a> <i>Young BC, Eyre DW, Kendrick S, et al. Lancet</i>
<a href="#">Facemask and Respirator in Reducing the Spread of Respiratory Viruses; a Systematic Review.</a> <i>Shaterian N, Abdi F, Atarodi Kashani Z, et al. Arch Acad Emerg Med</i>
<a href="#">Safety and Efficacy of COVID-19 Vaccines: A Systematic Review and Meta-Analysis of Different Vaccines at Phase 3.</a> <i>Fan YJ, Chan KH, Hung IF Vaccines (Basel)</i>
<a href="#">Effects of a large-scale social media advertising campaign on holiday travel and COVID-19 infections: a cluster randomized controlled trial.</a> <i>Breza E, Stanford FC, Alsan M, et al. Nat Med</i>
<a href="#">Phase 3 Safety and Efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine.</a> <i>Falsey AR, Sobieszczyk ME, Hirsch I, et al. N Engl J Med</i>
<a href="#">Efficacy of the mRNA-1273 SARS-CoV-2 Vaccine at Completion of Blinded Phase.</a> <i>El Sahly HM, Baden LR, Essink B, et al. N Engl J Med</i>
<a href="#">Sex Disparities in Efficacy in COVID-19 Vaccines: A Systematic Review and Meta-Analysis.</a> <i>Bignucolo A, Scarabel L, Mezzalana S, et al. Vaccines (Basel)</i>
<a href="#">Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months.</a> <i>Thomas SJ, Moreira ED Jr, Kitchin N, et al. N Engl J Med</i>
<a href="#">Non-pharmacological measures implemented in the setting of long-term care facilities to prevent SARS-CoV-2 infections and their consequences: a rapid review.</a> <i>Stratil JM, Biallas RL, Burns J, et al. Cochrane Database Syst Rev</i>
<a href="#">COVID-19 Prevention and Control Measures in Workplace Settings: A Rapid Review and Meta-Analysis.</a> <i>Ingram C, Downey V, Roe M, et al. Int J Environ Res Public Health</i>
<b>Prognosis</b>
<a href="#">Characterising long COVID: a living systematic review.</a> <i>Michelen M, Manoharan L, Elkheir N, et al. BMJ Glob Health</i>
<a href="#">Covid-19 Incidence and Mortality by Age Strata and Comorbidities in Mexico City: A Focus in the Pediatric Population.</a> <i>Gonzalez-Garcia N, Castilla-Peon MF, Solorzano Santos F, et al. Front Public Health</i>
<a href="#">Demographic Disparities in Clinical Outcomes of COVID-19: Data From a Statewide Cohort in South Carolina.</a> <i>Yang X, Zhang J, Chen S, et al. Open Forum Infect Dis</i>
<a href="#">FROM SWAB TESTING TO HEALTH OUTCOMES WITHIN THE T2DM POPULATION: IMPACT OF DIABETES BACKGROUND ON COVID19 PROGRESSION.</a> <i>Bruno Giorda C, Picariello R, Tartaglino B, et al. Diabetes Res Clin Pract</i>
<a href="#">Outcomes of SARS-CoV-2 infection in patients with cystic fibrosis: A multicenter retrospective research network study.</a> <i>Hadi YB, Lakhani DA, Naqvi SF, et al. Respir Med</i>
<a href="#">COVID-19 and Tuberculosis Coinfection: An Overview of Case Reports/Case Series and Meta-Analysis.</a> <i>Song WM, Zhao JY, Zhang QY, et al. Front Med (Lausanne)</i>
<b>Treatment</b>
<a href="#">COVID-19 Vaccines in Cancer Patients. Seropositivity and Safety. Systematic Review and Meta-Analysis.</a> <i>Cavanna L, Citterio C, Toscani I Vaccines (Basel)</i>
<a href="#">Improved COVID-19 Outcomes following Statin Therapy: An Updated Systematic Review and Meta-analysis.</a> <i>Vahedian-Azimi A, Mohammadi SM, Banach M, et al. Biomed Res Int</i>
<a href="#">Convalescent plasma for COVID-19: a meta-analysis, trial sequential analysis, and meta-regression.</a> <i>Snow TAC, Saleem N, Ambler G, et al. Br J Anaesth</i>

<p><a href="#">A Randomized Controlled Trial of the Efficacy of Systemic Enzymes and Probiotics in the Resolution of Post-COVID Fatigue.</a></p> <p>Rathi A, Jadhav SB, Shah N <b>Medicines (Basel)</b></p>
<p><a href="#">Safety and Efficacy of Convalescent Plasma in COVID-19: An Overview of Systematic Reviews.</a></p> <p>Franchini M, Corsini F, Focosi D, et al. <b>Diagnostics (Basel)</b></p>
<p><a href="#">Efficacy and Safety of Traditional Chinese Medicine in Coronavirus Disease 2019 (COVID-19): A Systematic Review and Meta-Analysis.</a></p> <p>Wang H, Xu B, Zhang Y, et al. <b>Front Pharmacol</b></p>
<p><a href="#">Antibody and cellular therapies for treatment of covid-19: a living systematic review and network meta-analysis.</a></p> <p>Siemieniuk RA, Bartoszko JJ, Diaz Martinez JP, et al. <b>BMJ</b></p>
<p><a href="#">Favipiravir Versus Arbidol for Clinical Recovery Rate in Moderate and Severe Adult COVID-19 Patients: A Prospective, Multicenter, Open-Label, Randomized Controlled Clinical Trial.</a></p> <p>Chen C, Zhang Y, Huang J, et al. <b>Front Pharmacol</b></p>
<p><a href="#">Colchicine in Recently Hospitalized Patients with COVID-19: A Randomized Controlled Trial (COL-COVID).</a></p> <p>Pascual-Figal DA, Roura-Piloto AE, Moral-Escudero E, et al. <b>Int J Gen Med</b></p>
<p><a href="#">A Systematic Review and a Meta-Analysis Comparing Prophylactic and Therapeutic Low Molecular Weight Heparins for Mortality Reduction in 32,688 COVID-19 Patients.</a></p> <p>Gioffi R, Menichelli D, Pani A, et al. <b>Front Pharmacol</b></p>
<p><a href="#">Efficacy and safety of current medications for treating severe and non-severe COVID-19 patients: an updated network meta-analysis of randomized placebo-controlled trials.</a></p> <p>Cheng Q, Chen J, Jia Q, et al. <b>Aging (Albany NY)</b></p>
<p><a href="#">Remdesivir plus standard of care versus standard of care alone for the treatment of patients admitted to hospital with COVID-19 (DisCoVeRy): a phase 3, randomised, controlled, open-label trial.</a></p> <p>Ader F, Bouscambert-Duchamp M, Hites M, et al. <b>Lancet Infect Dis</b></p>
<p><a href="#">Efficacy and Safety of Pegylated Interferon-alpha2b in Moderate COVID-19: A phase 3, randomized, comparator-controlled, open-label study.</a></p> <p>L SBB, Wanve S, Koradia P, et al. <b>Int J Infect Dis</b></p>
<p><a href="#">The efficacy of corticosteroids therapy in patients with moderate to severe SARS-CoV-2 infection: a multicenter, randomized, open-label trial.</a></p> <p>Ghanei M, Soleymani-Dodaran M, Qazvini A, et al. <b>Respir Res</b></p>
<p><a href="#">Effects of adding L-arginine orally to standard therapy in patients with COVID-19: A randomized, double-blind, placebo-controlled, parallel-group trial. Results of the first interim analysis.</a></p> <p>Fiorentino G, Coppola A, Izzo R, et al. <b>EClinicalMedicine</b></p>
<p><a href="#">Effects of Renin-Angiotensin-Aldosterone Inhibitors on Early Outcomes of Hypertensive COVID-19 Patients: A Randomized Triple-Blind Clinical Trial.</a></p> <p>Najmeddin F, Solhjoo M, Ashraf H, et al. <b>Am J Hypertens</b></p>
<p><a href="#">A randomised controlled trial of effectiveness and safety of Niclosamide as add on therapy to the standard of care measures in COVID-19 management.</a></p> <p>Abdulmir AS, Gorial FI, Saadi SJ, et al. <b>Ann Med Surg (Lond)</b></p>
<p><a href="#">Convalescent plasma for hospitalized patients with COVID-19: an open-label, randomized controlled trial.</a></p> <p>Begin P, Callum J, Jamula E, et al. <b>Nat Med</b></p>
<p><a href="#">Add-on effect of Chinese herbal medicine in the treatment of mild to moderate COVID-19: A systematic review and meta-analysis.</a></p> <p>Du X, Shi L, Cao W, et al. <b>PLoS One</b></p>
<p><a href="#">Fidelity, tolerability and safety of acute high-intensity interval training after hospitalisation for COVID-19: a randomised cross-over trial.</a></p> <p>Foged F, Rasmussen IE, Bjorn Budde J, et al. <b>BMJ Open Sport Exerc Med</b></p>
<p><a href="#">Efficacy and Safety of Qingfei Paidu Decoction for Treating COVID-19: A Systematic Review and Meta-Analysis.</a></p> <p>Wang Q, Zhu H, Li M, et al. <b>Front Pharmacol</b></p>

<p><a href="#">Pre-admission glucagon-like peptide-1 receptor agonist (GLP-1RA) and mortality from coronavirus disease 2019 (Covid-19): A systematic review, meta-analysis, and meta-regression.</a>  Ivan Hariyanto T, Intan D, Edward Hananto J, et al. <b>Diabetes Res Clin Pract</b></p>
<p><a href="#">Effectiveness of corticosteroids to treat severe COVID-19: A systematic review and meta-analysis of prospective studies.</a>  Li H, Yan B, Gao R, et al. <b>Int Immunopharmacol</b></p>
<p><a href="#">Early treatment of COVID-19 with anakinra guided by soluble urokinase plasminogen receptor plasma levels: a double-blind, randomized controlled phase 3 trial.</a>  Kyriazopoulou E, Poulakou G, Milionis H, et al. <b>Nat Med</b></p>
<p><a href="#">Efficacy and safety of baricitinib for the treatment of hospitalised adults with COVID-19 (COV-BARRIER): a randomised, double-blind, parallel-group, placebo-controlled phase 3 trial.</a>  Marconi VC, Ramanan AV, de Bono S, et al. <b>Lancet Respir Med</b></p>
<p><a href="#">Repurposing Colchicine in Treating Patients with COVID-19: A Systematic Review and Meta-Analysis.</a>  Lien CH, Lee MD, Weng SL, et al. <b>Life (Basel)</b></p>

## Cochrane Systematic Reviews

### [Cochrane Evidence on COVID-19: a roundup](#)

[Non - pharmacological measures implemented in the setting of long - term care facilities to prevent SARS - CoV - 2 infections and their consequences: a rapid review.](#)

Stratil JM et al September 2021

#### Implications for practice

This review suggests that non - pharmacological measures implemented in long - term care facilities can prevent SARS - CoV - 2 infections and their consequences for residents and staff. However, the certainty of evidence synthesised in this rapid review is, with some exceptions, low to very low, due to the limited availability, as well as the design and the quality of available studies. Therefore, true effects may be substantially different from those reported here.

In public health and health policy decision - making, the evidence of effectiveness needs to be weighed against other relevant considerations, such as broader societal implications of implementing public health measures. Given the high morbidity and mortality burden among residents of long - term care facilities prior to or without vaccination coverage, the implementation of measures identified as potentially effective in this review is likely the only reasonable option currently available until satisfactory vaccination rates within these facilities can be achieved, despite concerns about the certainty of evidence.

In the context of high vaccination rates, as is increasingly the case in many high - income countries, the balance of benefits and harms of these measures needs to be critically evaluated. We found limited reliable evidence on adverse and other unintended consequences of these measures, but the adverse consequences for mental and physical health of intrusive measures, such as visiting restrictions or contact regulating measures have been widely discussed both in the context of long - term care facilities and beyond (D'Cruz 2020; Lekamwasam 2020). Depending on the context, the intrusiveness and burden of some of these measures on the vulnerable populations living in long - term care facilities with higher vaccination rates warrants consideration alongside the evidence of their effectiveness.



## 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.

### [Healthcare workers' perceptions and experiences of communicating with older people about vaccination \(search up to March 2020\)](#)

Added October 4, 2021

**Citation:** Glenton C, Carlsen B, Lewin S, et al. *Healthcare workers' perceptions and experiences of communicating with people over 50 years of age about vaccination: a qualitative evidence synthesis*. Cochrane Database of Systematic Reviews. 2021;(7):CD13706.

**What is this?** There are effective vaccines for several infectious diseases including influenza and COVID-19 but uptake of vaccination is not consistent across all groups. Earlier research into this might help policy makers make decisions about COVID-19 vaccination programmes.

In this Cochrane review, the authors searched for qualitative research into healthcare workers' experiences of communicating with older adults about vaccination. They did not restrict their searches by date or language of publication and did the search on 20 March 2020. They included 11 studies, which were from Australia (1 study), Canada (1), Israel (1), Europe (4) and USA (4).

**What was found:** At the time of this review, the included studies showed that healthcare workers noted that older adults vary in the extent to which they ask about vaccinations. When vaccination was discussed, a lack of information, misinformation and concerns about vaccination were noted.

At the time of this review, the included studies showed that discussions about vaccines were influenced by the goals of the healthcare worker. Some healthcare workers believed that older adults had a responsibility to decide about vaccinations for themselves, some sought to persuade older adults to get vaccinated, some sought financial benefits through vaccine sales and some tailored discussions based on the individual they were speaking with.

At the time of this review, the included studies showed that factors influencing the communication between healthcare workers and older adults about vaccination included the views of the provider, healthcare worker experience in implementing vaccine services and experiences in addressing questions about the disease and associated vaccination.

### [Vaccine hesitancy and COVID-19 \(search up to November 2020\)](#)

Added October 4, 2021

**Citation:** Troiano G, Nardi A. *Vaccine hesitancy in the era of COVID-19*. Public Health. 2021;194:245-51.

**What is this?** Effective vaccines are available for COVID-19, but some people are hesitant to receive the vaccine.

In this narrative review, the authors searched for articles discussing vaccine hesitancy during the COVID-19 pandemic. They restricted their searches to articles published in English, French, Italian and Spanish and did the search on 3 November 2020. They included 15 studies, which collected data from Canada (1 study), France (3), Hong Kong (1), Israel (2), Italy (3), Japan (1), Malta (1), Spain (1), Switzerland (1), UK (1) and USA (5).

**What was found:** At the time of this review, the included studies found that factors that affected acceptance or refusal of COVID-19 vaccination included ethnicity, working status, personal belief, religiosity, politics, gender, education, age, income, previous COVID-19 infection, concern about COVID-19 and working in a healthcare setting.

The authors of the review concluded that it was important for the public to be given correct information about vaccination to reduce vaccine hesitancy.

### [Treatments for persistent post-COVID-19 olfactory dysfunction \(search done on 16 December 2020\)](#)

Added September 20, 2021

**Citation:** O'Byrne L, Webster KE, MacKeith S, et al. *Interventions for the treatment of persistent post-COVID-19 olfactory dysfunction*. Cochrane Database of Systematic Reviews. 2021;(7):CD013876.

**What is this?** Some COVID-19 patients will develop post-viral olfactory dysfunction (PVOD), which can alter their sense of smell and impact on their quality of life.

In this living Cochrane review, the authors searched for randomised trials and quasi-randomised trials of treatments for PVOD. They did not restrict their searches by language or type of publication and did the search for this version of the review on 16 December 2020. They included 1 randomised trial (18 participants) from Italy, which had tested steroid tablets with nasal irrigation. They also identified 8 ongoing studies.

**What works:** Nothing noted.

**What doesn't work:** Nothing noted.

**What's uncertain:** At the time of the review, the available evidence was insufficient to determine the effect of steroid tablets with nasal irrigation for PVOD.

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

### Latest updates

**Evidence** Updated 6 Oct 2021

increased rates of hospitalization and death due to COVID-19 reported in racial and ethnic minorities compared to non-Hispanic White persons (Curr Opin Cardiol 2021 May 1) [View in topic](#)

**Guideline Summary** Updated 5 Oct 2021

Infectious Disease Society of America (IDSA) does not recommend hydroxychloroquine for postexposure prophylaxis (IDSA Strong recommendation, Moderate certainty of evidence) (IDSA 2021 Sep 23) [View in topic](#)

**Guideline Summary** Updated 5 Oct 2021

NIH recommendations on bamlanivimab and etesevimab for postexposure prophylaxis (NIH 2021 Sep 29) [View in topic](#)

**Drug/Device Alert** Updated 5 Oct 2021

United Kingdom MHRA statement on COVID-19 booster vaccines and influenza vaccines (MHRA Statement on COVID-19 Booster Vaccines 2021 Sep 14) [View in topic](#)

**Drug/Device Alert** Updated 5 Oct 2021

United Kingdom MHRA Commission on Human Medicines (CHM) has reviewed data for Moderna vaccine and determined it can be used as a safe and effective booster, including as half dose, which also gives effective boost to antibodies (MHRA Statement on COVID-19 Booster Vaccines 2021 Sep 14) [View in topic](#)

**Evidence** Updated 4 Oct 2021

life expectancy burden associated with COVID-19 appears disproportionately higher in younger adults than in adults  $\geq 65$  years old and about 2-3 times higher in Black and Hispanic populations than in White populations (Ann Intern Med 2021 Sep 21 early online) [View in topic](#)

**Drug/Device Alert** Updated 30 Sep 2021

FDA revises Emergency Use Authorization for bamlanivimab and etesevimab to include postexposure prophylaxis of COVID-19 in persons  $\geq 12$  years old and weighing  $\geq 40$  kg at high risk for progression to severe COVID-19 (FDA Press Release 2021 Sep 16) [View in topic](#)

**Guideline Summary** Updated 30 Sep 2021

Infectious Disease Society of America (IDSA) guideline on treatment and management of patients with COVID-19 suggests considering casirivimab plus imdevimab for postexposure prophylaxis in persons exposed to COVID-19 at high risk of progression to severe disease (IDSA 2021 Sep 19) [View in topic](#)

**Drug/Device Alert** Updated 30 Sep 2021

United Kingdom Joint Committee on Vaccination and Immunization (JCVI) updates advice regarding COVID-19 booster vaccines (JCVI Statement on COVID-19 Booster Vaccines 2021 Sep 14) [View in topic](#)

**Evidence** Updated 30 Sep 2021

QCOVID3 risk score helps predict COVID-19-specific mortality and COVID-19-related hospital admission in adults following 1-2 doses of Pfizer-BioNTech or AstraZeneca vaccine in England (BMJ 2021 Sep 17) [View in topic](#)

**Evidence** Updated 30 Sep 2021

lower quality diet associated with increased risk of COVID-19 and risk may be higher for adults living in areas with greater socioeconomic deprivation in the United Kingdom and the United States (Gut 2021 Sep 6 early online) [View in topic](#)

**Evidence** Updated 23 Sep 2021

BNT162b2 vaccine may be 84% effective against COVID-19 at  $\geq 4$  months after second dose in adolescents and adults  $\geq 12$  years old (N Engl J Med 2021 Sep 15 early online) [View in topic](#)

**Guideline Summary** Updated 21 Sep 2021

CDC interim guidance on discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings (CDC 2021 Sep 10) [View in topic](#)

**Guideline Summary** Updated 21 Sep 2021

CDC interim recommendations on infection prevention and control for healthcare personnel during the COVID-19 pandemic (CDC 2021 Sep 10) [View in topic](#)

**Evidence** Updated 21 Sep 2021

vaccine effectiveness to prevent COVID-19 hospitalizations reported to remain stable (92%-96%) in New York, United States during period of increase in B.1.617.2 (delta) variant prevalence, but vaccine effectiveness to prevent SARS-CoV-2 infection reported to decrease from 92% to 79% (MMWR Morb Mortal Wkly Rep 2021 Aug 27)

[View in topic](#)

**Evidence** Updated 21 Sep 2021

in adults ≤ 55 years old, 44- to 45-week interval between first and second dose of ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca) associated with increased antibody level 28 days after second dose compared to shorter intervals, but antibody level may be reduced by about 70% at about 45 weeks after first dose (Lancet 2021 Sep 11)

[View in topic](#)

**Evidence** Updated 20 Sep 2021

1-21 days after vaccination with mRNA vaccine may have similar overall rates of selected serious adverse events compared to 22-42 days after vaccination, but mRNA vaccination may be associated with 0.0006% increased risk of myocarditis or pericarditis per vaccine dose in persons aged 12-39 years (JAMA 2021 Sep 3 early online)

[View in topic](#)

**Evidence** Updated 20 Sep 2021

in adults ≤ 55 years old, third dose of ChAdOx1 nCoV-19 (Oxford-AstraZeneca) vaccine at about 7 months after second dose reported to be safe and may increase antibody and T cell responses (Lancet 2021 Sep 11)

[View in topic](#)

**Drug/Device Alert** Updated 13 Sep 2021

COVID-19 Vaccine (ChAdOx1-S [recombinant]) from AstraZeneca receives expanded authorization by United Kingdom Medicines and Healthcare products Regulatory Agency (MHRA) for administration of third dose ≥ 8 weeks after second dose of same vaccine when potential benefits outweigh potential risks (MHRA Press Release 2021 Sep 9) [View in topic](#)

**Evidence** Updated 13 Sep 2021

SARS-CoV-2 notable emerging variants update (WHO 2021 Sep 2) [View in topic](#)

**Evidence** Updated 13 Sep 2021

in patients with COVID-19 discharged from hospital, symptoms persisting at 6 months include fatigue or muscle weakness, reduced exercise capacity, problems sleeping, anxiety or depression, and impaired pulmonary diffusion; at 12 months, prevalence of physical and functional symptoms appears generally lower, but anxiety and depression may be more prevalent (Lancet 2021 Aug 28) [View in topic](#)

**Guideline Summary** Updated 13 Sep 2021

National Institutes of Health (NIH) recommendations on casirivimab and imdevimab for postexposure prophylaxis (NIH 2021 Sep 3) [View in topic](#)

**Drug/Device Alert** Updated 13 Sep 2021

European Centre for Disease Prevention and Control (ECDC) and European Medicines Agency (EMA) issues joint update on considerations for booster doses of COVID-19 vaccine (EMA Press Release 2021 Sep 2)

[View in topic](#)

## **BMJ Best Practice**

16 Sep 2021

What's new at this update

### **NICE updates COVID-19 rapid guideline**

- The UK's National Institute for Health and Care Excellence (NICE) has updated its COVID-19 rapid guideline to include new recommendations on non-invasive respiratory support. NICE recommends offering continuous positive airway pressure (CPAP) to patients with hypoxaemia that is not responding to supplemental oxygen, provided that escalation to invasive mechanical ventilation would be an option but it is not immediately needed, or it is agreed that respiratory support should not be escalated beyond CPAP.
- NICE has also updated its existing recommendations on the use of heparins. The guideline now recommends a standard prophylactic dose of a low molecular weight heparin in patients who require low-flow or high-flow oxygen, CPAP, non-invasive ventilation, or invasive mechanical ventilation, and who do not have an increased bleeding risk. A treatment dose may be considered in those who require low-flow oxygen and who do not have an increased bleeding risk (conditional recommendation). Intermediate or treatment doses are recommended only as part of a clinical trial in those receiving high-flow oxygen, CPAP, non-invasive ventilation, or invasive mechanical ventilation.
- See the Treatment algorithm section for more information

01 Oct 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 receiving systemic anti-cancer therapy (updated)
- Use of ACE inhibitors and angiotensin II receptor antagonists (updated)
- Routine immunisation (updated)
- Considerations for the mental health of adults (updated)
- Potential impact of COVID-19 on diagnosis and management of other conditions (updated)
- Abnormal uterine bleeding (updated)
- Diabetes (type 2) (updated)
- Essential hypertension (updated)
- Influenza (updated)
- Obesity in children (updated)
- Systemic vasculitis (new)

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