

# Covid -19 Evidence Update

## Summarized and appraised resources

### 12/03/2021

*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  <a href="#">Rapid guidelines and evidence summaries</a>   <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>  <i>(Includes Prevention, Infection control, Assessment, Management, Discharge, Isolation, Estates and facilities, Finance, Workforce, Cancer ...)</i></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 NICE Guidance

No new guidance published since the last bulletin.

## New Guidance and Reports from other sources

### [A living WHO guideline on drugs to prevent covid-19.](#)

Lamontagne F. *BMJ* 2021;372:n526.

[This is the first version of the living guideline for drugs to prevent covid-19. It complements the WHO living guideline on drugs to treat covid-19. When citing this article, please consider adding the update number and date of access for clarity.]

### [Beyond dexamethasone, emerging immuno-thrombotic therapies for COVID-19.](#)

Jensen MP. *British Journal of Clinical Pharmacology* 2021;87(3):845-857.

[Understanding mechanisms underpinning hyperinflammation & coagulopathy is essential to formulating rationale therapeutic approaches beyond use of dexamethasone. Article reviews pathophysiology thought to underlie COVID-19 with clinical correlates and therapies being investigated.]

*Freely available online*

### [Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca.](#)

Medicines and Healthcare Products Regulatory Agency (MHRA); 2021.

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca>

[Updated 23 February. Updated side effect frequency and efficacy data, including a new table on efficacy by dosing interval in the Information for UK Healthcare Professionals document. A new Annex (Annex 1: Addition of manufacturer and importer) was added to the Conditions of Authorisation document.]

*Freely available online*

**[New WHO expert group to identify gaps and solutions to the mental health impacts of COVID-19.](#)**

World Health Organization (WHO); 2021.

<https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2021/2/new-who-expert-group-to-identify-gaps-and-solutions-to-the-mental-health-impacts-of-covid-19>

[The group, tasked with reviewing evidence, identifying gaps and exploring solutions, will inform and support countries' efforts in addressing mental health needs within and beyond the COVID-19 pandemic.]

*Freely available online*

**[RCN Independent review of guidelines for the prevention and control of Covid-19 in health care settings in the United Kingdom: evaluation and messages for future infection-related emergency planning.](#)**

Royal College of Nursing (RCN); 2021.

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2021/march/009-627.pdf?la=en>

[An independent review of guidelines for the prevention and control of COVID-19 in health care settings in the UK, and an evaluation and messages for future infection-related emergency planning.]

**[Risks of and from SARS-COV-2 \(COVID-19\) infection in people with asthma](#)**

CEBM Oxford COVID-19 Evidence Service; 2021.

<https://www.cebm.net/covid-19/risks-of-and-from-sars-cov-2-covid-19-infection-in-people-with-asthma/>

[In the context of the COVID-19 pandemic, WHO and WHO Member States are requesting information and guidance on key topics related to COVID-19 and the virus which causes the disease SARS-COV-2. This rapid review was commissioned to address specific key questions for WHO to provide high-quality, evidence-informed information products around COVID-19. This review presents a summary of the latest research evidence on the effects of COVID-19 in people with asthma (PWA).]

*Freely available online*

**[Safety of COVID-19 vaccines when given in pregnancy.](#)**

Public Health England (PHE); 2021.

<https://www.gov.uk/government/publications/safety-of-covid-19-vaccines-when-given-in-pregnancy>

[Guidance for health professionals to share with pregnant women immunised with COVID-19 vaccines.]

*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="#">Panbio rapid antigen test for SARS-CoV-2 has acceptable accuracy in symptomatic patients in primary health care.</a> <i>Bulilete O, Lorente P, Leiva A, et al. J Infect</i>
<a href="#">A Rapid, High-Sensitivity SARS-CoV-2 Nucleocapsid Immunoassay to Aid Diagnosis of Acute COVID-19 at the Point of Care: A Clinical Performance Study.</a> <i>Drain PK, Ampajwala M, Chappel C, et al. Infect Dis Ther</i>
<a href="#">Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19.</a> <i>Struyf T, Deeks JJ, Dinnes J, et al. Cochrane Database Syst Rev</i>
<a href="#">SARS-CoV-2 Antigen Rapid Immunoassay for Diagnosis of COVID-19 in the Emergency Department.</a> <i>Mockel M, Corman VM, Stegemann MS, et al. Biomarkers</i>
<a href="#">Diagnostic performance of COVID-19 serological assays during early infection: A systematic review and meta-analysis of 11 516 samples.</a> <i>Zhang JJY, Lee KS, Ong CW, et al. Influenza Other Respir Viruses</i>
<b>Etiology</b>
<a href="#">Renin-angiotensin-aldosterone system inhibitors and COVID-19 infection or hospitalization: a cohort study.</a> <i>Dublin S, Walker R, Floyd JS, et al. Am J Hypertens</i>
<a href="#">Impact of Angiotensin-Converting Enzyme Inhibitors and Angiotensin II Receptor Blockers in Hypertensive Patients with COVID-19 (COVIDECA Study).</a> <i>Mustafic H, Faysoil A, Josseran L, et al. Am J Cardiol</i>
<b>Primary Prevention</b>
<a href="#">A living WHO guideline on drugs to prevent covid-19.</a> <i>Lamontagne F, Agoritsas T, Siemieniuk R, et al. BMJ</i>
<a href="#">Efficacy of surgical masks or cloth masks in the prevention of viral transmission: Systematic review, meta-analysis, and proposal for future trial.</a> <i>Nanda A, Hung I, Kwong A, et al. J Evid Based Med</i>
<a href="#">Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19.</a> <i>Singh B, Ryan H, Kreda T, et al. Cochrane Database Syst Rev</i>
<a href="#">Single-dose administration and the influence of the timing of the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine: a pooled analysis of four randomised trials.</a> <i>Voysey M, Costa Clemens SA, Madhi SA, et al. Lancet</i>
<b>Clinical Prediction Guide</b>
<a href="#">Development and validation of a prediction model for 30-day mortality in hospitalised patients with COVID-19: the COVID-19 SEIMC score.</a> <i>Berenguer J, Borobia AM, Ryan P, et al. Thorax</i>
<a href="#">Use of the first National Early Warning Score recorded within 24 hours of admission to estimate the risk of in-hospital mortality in unplanned COVID-19 patients: a retrospective cohort study.</a> <i>Richardson D, Faisal M, Fiori M, et al. BMJ Open</i>
<a href="#">Development and validation of a prediction model for tocilizumab failure in hospitalized patients with SARS-CoV-2 infection.</a> <i>Mussini C, Cozzi-Lepri A, Menozzi M, et al. PLoS One</i>
<a href="#">Prognostic Accuracy of Early Warning Scores for Clinical Deterioration in Patients With COVID-19.</a> <i>Su Y, Ju MJ, Xie RC, et al. Front Med (Lausanne)</i>

<p><a href="#">Clinical risk scores for the early prediction of severe outcomes in patients hospitalized for COVID-19.</a>  <i>Ageno W, Cogliati C, Perego M, et al. Intern Emerg Med</i></p>
<p><b>Treatment</b></p>
<p><a href="#">Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19: A Randomized Clinical Trial.</a>  <i>Lopez-Medina E, Lopez P, Hurtado IC, et al. JAMA</i></p>
<p><a href="#">Early versus deferred anti-SARS-CoV-2 convalescent plasma in patients admitted for COVID-19: A randomized phase II clinical trial.</a>  <i>Balcells ME, Rojas L, Le Corre N, et al. PLoS Med</i></p>
<p><a href="#">The effects of progressive muscle relaxation exercises on the anxiety and sleep quality of patients with COVID-19: A randomized controlled study.</a>  <i>Ozlu I, Ozturk Z, Karaman Ozlu Z, et al. Perspect Psychiatr Care</i></p>
<p><a href="#">Effect of guided imagery on anxiety, muscle pain, and vital signs in patients with COVID-19: A randomized controlled trial.</a>  <i>Parizad N, Goli R, Faraji N, et al. Complement Ther Clin Pract</i></p>
<p><a href="#">Randomized placebo-controlled pilot clinical trial on the efficacy of ayurvedic treatment regime on COVID-19 positive patients.</a>  <i>Devpura G, Tomar BS, Nathiya D, et al. Phytomedicine</i></p>
<p><a href="#">High-dose glucocorticoids pulse-therapy for beta-coronaviridae pneumonia: a systematic literature review and case-series of Coronavirus disease-2019.</a>  <i>Dolci G, Cassone G, Venturelli F, et al. Clin Exp Rheumatol</i></p>
<p><a href="#">Association of Convalescent Plasma Treatment With Clinical Outcomes in Patients With COVID-19: A Systematic Review and Meta-analysis.</a>  <i>Janiaud P, Axfors C, Schmitt AM, et al. JAMA</i></p>
<p><a href="#">Should Remdesivir Be Used for the Treatment of Patients With COVID-19? Rapid, Living Practice Points From the American College of Physicians (Version 1).</a>  <i>Qaseem A, Yost J, Etzemandia-Ikobaltzeta I, et al. Ann Intern Med</i></p>
<p><a href="#">An updated systematic review and network meta-analysis of 25 randomized trials assessing the efficacy and safety of treatments in COVID-19 disease.</a>  <i>Diallo A, Carlos-Bolumbu M, Traore M, et al. J Public Health Res</i></p>
<p><a href="#">Tocilizumab in Hospitalized Patients with Severe Covid-19 Pneumonia.</a>  <i>Rosas IO, Brau N, Waters M, et al. N Engl J Med</i></p>
<p><a href="#">Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19.</a>  <i>Gordon AC, Mouncey PR, Al-Beidh F, et al. N Engl J Med</i></p>
<p><a href="#">Immunomodulatory therapies for SARS-CoV-2 infection: a systematic literature review to inform EULAR points to consider.</a>  <i>Alunno A, Najm A, Mariette X, et al. Ann Rheum Dis</i></p>
<p><a href="#">Remdesivir for treatment of COVID-19; an updated systematic review and meta-analysis.</a>  <i>Rezagholizadeh A, Khiali S, Sarbakhsh P, et al. Eur J Pharmacol</i></p>
<p><a href="#">Stem cell therapy in COVID-19: Pooled evidence from SARS-CoV-2, SARS-CoV, MERS-CoV and ARDS: A systematic review.</a>  <i>Mahendiratta S, Bansal S, Sarma P, et al. Biomed Pharmacother</i></p>
<p><a href="#">Current views on the potentials of convalescent plasma therapy (CPT) as Coronavirus disease 2019 (COVID-19) treatment: A systematic review and meta-analysis based on recent studies and previous respiratory pandemics.</a>  <i>Aviani JK, Halim D, Soeroto AY, et al. Rev Med Virol</i></p>
<p><a href="#">Major Update: Remdesivir for Adults With COVID-19 : A Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points.</a>  <i>Kaka AS, MacDonald R, Greer N, et al. Ann Intern Med</i></p>
<p><a href="#">Effect of a Single High Dose of Vitamin D3 on Hospital Length of Stay in Patients With Moderate to Severe COVID-19: A Randomized Clinical Trial.</a>  <i>Murai IH, Fernandes AL, Sales LP, et al. JAMA</i></p>
<p><a href="#">Effects of non-drug interventions on depression, anxiety and sleep in COVID-19 patients: a systematic review and meta-analysis.</a> <i>Ding H, He F, Lu YG, et al. Eur Rev Med Pharmacol Sci</i></p>

# Cochrane Systematic Reviews

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

### [COVID-19 and its cardiovascular effects: a systematic review of prevalence studies](#)

Pierpaolo Pellicori Gemina Doolub Chih Mun Wong Keng Siang Lee Kenneth Mangion Mahmood Ahmad Colin Berrylain Squire Pier D Lambiase Alexander Lyon Alex McConnachie Rod S Taylor John GF Cleland Authors' declarations of interest

Version published: 11 March 2021

We found 220 studies that reported relevant information, but the quality of the information was often poor. Studies were mostly from China and the USA. Most studies only had information on the small minority of cases that were admitted to hospital with COVID-19, often to the intensive care unit.

We found that high blood pressure, diabetes and heart disease are very common in people hospitalised with COVID-19 and are associated with an increased risk of death. More than one-third of patients with COVID-19 had a history of high blood pressure, 23.5% had a pre-existing heart or blood vessel problem, 22.1% had diabetes, and 21.6% were obese (many people had more than one of these conditions). The most common cardiovascular complication in people with COVID-19 was an irregular heartbeat (atrial fibrillation; 8.5%). Blood clots in the legs (6.1%) or lungs (4.3%), and heart failure (6.8%) were also common, but the reported rates may be underestimated because the studies did not always carry out appropriate investigations. Heart attacks (1.7%) and strokes (1.2%) were reported less often. Blood tests also often suggested heart damage or stress.

**Next steps** The studies focused on people in hospital, with severe COVID-19, so the results may not apply to people who had milder COVID-19 who were not hospitalised. The studies were very different from each other and did not always report the results in the same way or use the most reliable methods. Accordingly, our confidence in the precision of the prevalence of pre-existing disease and of cardiovascular complications is not high.

### [High-flow nasal cannulae for respiratory support in adult intensive care patients](#)

Sharon R Lewis Philip E Baker Roses Parker Andrew F Smith Authors' declarations of interest

Version published: 04 March 2021

#### **Study characteristics**

All participants were adults (16 years or older) requiring support to breathe in an ICU. Most participants had respiratory failure (in which the lungs are unable to get enough oxygen into the blood) or had just been taken off a ventilator and needed support to transition to independent breathing.

We searched for randomized controlled trials; these trials give participants an equal chance to be in either trial group and provide the best evidence. We included trials that compared HFNC with standard oxygen therapy or NIV or NIPPV. We included 31 studies with 5136 participants, 51 ongoing studies and 19 studies awaiting classification. Fourteen studies were funded by manufacturers of breathing equipment.

## **Key results**

### **HFNC compared to standard oxygen therapy**

We found that using HFNC may reduce the need for patients to change to another type of breathing support (treatment failure). We found no evidence of a difference between the two interventions for: hospital deaths, length of ICU stay, pneumonia (lung infection), skin damage caused by tubes or masks in contact with the face, comfort while patients received breathing support, or in how well either treatment provided oxygen to the blood.

### **HFNC compared to NIV or NIPPV**

We found no evidence of a difference in treatment failure between using HFNC and NIV or NIPPV. We also found no evidence of a difference for hospital deaths, length of ICU stay, pneumonia, or barotrauma (damage to the body caused by differences in pressure inside and outside the body). NIV or NIPPV may improve how well oxygen gets into the blood. We are uncertain whether HFNC could be more comfortable for patients in the first 24 hours of use. No studies reported skin damage.

### **Quality of evidence**

We used a rating scale to decide the quality of the evidence in these trials. When we rate evidence as very low-certainty, it means that we are very uncertain about the reliability of the results. High-certainty means that we are very confident about the results.

We did not always have evidence from enough studies to give us confidence in the key results. Sometimes our findings changed if we removed studies that were less well reported (e.g. regarding how participants were allocated to a treatment). We also found some variation between study results for some outcomes. We are moderately certain in our findings that HFNC did not influence hospital deaths and pneumonia when compared to standard oxygen therapy, but for all other outcomes, we judged the evidence to be of low or very low certainty. This means that our confidence in these results is limited or very limited, and the real effect may be very different.

### **Conclusion**

HFNC may lead to less treatment failure when compared to standard oxygen therapy, but probably makes little or no difference when compared to NIV or NIPPV. For most other review outcomes, we found no reliable evidence of a difference in effect. However, we identified another 51 ongoing trials and we plan to include these in future updates of the review. When these trials are incorporated, we may reach different conclusions about whether HFNC is helpful for breathing support in adult ICU patients.



## 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.

### [\*\*Anemia and iron metabolism in COVID-19 patients \(search up to 3 August 2020\)\*\*](#)

**Citation:** Taneri P, Gomez-Ochoa S, Llanaj E, et al. *Anemia and iron metabolism in COVID-19: a systematic review and meta-analysis*. European Journal of Epidemiology 2020;35(8):763-73.

**What is this?** Iron metabolism and anemia may play an important role in the prognosis of COVID-19 patients.

In this rapid review, the authors searched for observational studies of biomarkers of anemia and iron metabolism in COVID-19 patients. They restricted their searches to articles published in English and did the search up to 3 August 2020. They included 189 studies (57,563 patients), from the Asia Pacific Region (134 studies), Europe (21), the Middle East (14) and the USA (20).

**What was found:** At the time of this review, the included studies suggested that hemoglobin and ferritin levels in COVID-19 patients vary according to the severity of COVID-19, age, gender and comorbidity.

At the time of this review, the included studies showed that patients with severe COVID-19 had lower red blood cell count and higher red blood cell distribution width than those with moderate COVID-19.

At the time of this review, the meta-analysis showed pathologically high levels of ferritin among COVID-19 patients with significant differences between moderate and severe cases, and between survivors and non-survivors.

At the time of this review, the prognostic capacity of hemoglobin and ferritin was uncertain.

### [\*\*Olfactory dysfunction after COVID-19 \(search up to 31 January 2020\)\*\*](#)

**Citation:** Lee JC, Nallani R, Cass L, et al. *A Systematic Review of the Neuropathologic Findings of Post-Viral Olfactory Dysfunction: Implications and Novel Insight for the COVID-19 Pandemic*. American Journal of Rhinology & Allergy. 2020:1945892420957853.

**What is this?** Some patients with COVID-19 will develop post-viral olfactory dysfunction (PVOD) which is a common cause of both short- and long-term alteration of smell.

In this systematic review, the authors searched for animal and human studies of the mechanism of PVOD. They restricted their searches articles published in English before 31 January 2020 and included only literature examining viruses known to cause acute upper respiratory tract infection (URI) in humans or are analogous in the experimental species. They included 38 animal studies and 7 human studies (366 participants).

**What was found:** At the time of this review, the included studies showed that PVOD is attributable to disruption at different levels of the olfactory pathway by the cumulative effects of direct cell damage, inflammation and cytokine effects.

At the time of this review, the included human studies suggested that both peripheral and central olfactory structures were negatively impacted in relation to structural integrity, volume, or metabolism.

At the time of this review, the included studies showed that the infectivity or lesion of higher cortical was uncertain. It was also uncertain if viral components of the parainfluenza virus are transported to higher cortical regions.

### [Zinc for the prevention and treatment of COVID-19: effects are uncertain \(search up to 8 May 2020\)](#)

**Citation:** Arentz S, Hunter J, Yang G, et al. [Zinc for the prevention and treatment of SARS-CoV-2 and other acute viral respiratory infections: a rapid review](#). *Advances in Integrative Medicine*. 2020;7(4):252-60.

**What is this?** The use of zinc has been suggested for the prevention and treatment of COVID-19.

In this rapid review, the authors searched for randomized and quasi-randomized trials of zinc for the prevention or treatment of COVID-19, other coronaviruses and related viral respiratory tract infections. They did not restrict their searches by date or language of publication and did the search up to 8 May 2020. They included 118 publications (investigating a wide variety of forms of zinc including nasal spray/gel, lozenges, liquid, tablets and intramuscular) on prevention (32 studies), treatment (78) and both treatment and prevention (8). None of these related directly to COVID-19. They also identified two ongoing randomized trials for the prevention of COVID-19 and two for its treatment.

**What works:** At the time of this review, indirect evidence from studies for viral respiratory infections distinct from COVID-19, suggest that zinc may reduce the risk, duration and severity of COVID-19 infection; particularly for populations at risk of zinc deficiency (including people with chronic disease comorbidities and older adults).

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

**What's uncertain:** At the time of this review, the included studies found no direct evidence for the effectiveness of zinc in the prevention or treatment of COVID-19.

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

### Latest updates

#### **Drug/Device Alert** Updated 11 Mar 2021

Ad26.COV2.S, recombinant (Janssen COVID-19 Vaccine) receives authorization under interim order by Health Canada for use in persons  $\geq 18$  years old for active immunization to prevent COVID-19, with the following specific considerations for immunization in Canada (Health Canada Press Release 2021 Mar 5)

[View in topic](#)

#### **Guideline Summary** Updated 11 Mar 2021

CDC interim public health recommendations for fully vaccinated people (CDC 2021 Mar 8)

[View in topic](#)

#### **Guideline Summary** Updated 11 Mar 2021

Centers for Disease Control and Prevention (CDC) interim clinical considerations for use of COVID-19 vaccines currently authorized in United States (CDC 2021 Mar 5)

[View in topic](#)

#### **Evidence** Updated 10 Mar 2021

Panbio rapid antigen-detection test may have moderate sensitivity and high specificity for detecting SARS-CoV-2 infection in symptomatic children  $\leq 15$  years old (Pediatr Infect Dis J 2021 Feb 17 early online)

[View in topic](#)

#### **Evidence** Updated 10 Mar 2021

Panbio rapid antigen-detection test may have high sensitivity and specificity for detecting SARS-CoV-2 infection (Clin Microbiol Infect 2021 Feb 16 early online)

[View in topic](#)

#### **Evidence** Updated 9 Mar 2021

$\geq 12$ -week interval between 2 standard doses of ChAdOx1 nCoV-19 vaccine may be 81% effective and  $< 6$ -week interval may be 55% effective to prevent COVID-19 in adults (Lancet 2021 Feb 19 early online)

[View in topic](#)

#### **Evidence** Updated 5 Mar 2021

estimated effectiveness of BNT162b2 vaccine  $\geq 7$  days after second dose in nationwide vaccination program in Israel to prevent hospitalization 87%, severe illness 92%, symptomatic illness 94%, and PCR-confirmed SARS-CoV-2 infection 92% in persons  $\geq 16$  years old (N Engl J Med 2021 Feb 24 early online)

[View in topic](#)

#### **Evidence** Updated 5 Mar 2021

addition of tocilizumab to standard care might reduce mortality at 14 or 28 days in adults with COVID-19 (Thorax 2021 Feb 12 early online)

[View in topic](#)

#### **Evidence** Updated 4 Mar 2021

most signs and symptoms may have insufficient sensitivity to screen patients for further testing, but anosmia, ageusia, diarrhea, nausea and vomiting, and chest tightness may each help diagnose COVID-19 (Cochrane Database Syst Rev 2021 Feb 23)

[View in topic](#)

**Evidence** Updated 3 Mar 2021

vitamin D3 might not reduce duration of hospital stay in adults with moderate-to-severe COVID-19 (JAMA 2021 Feb 17 early online)

[View in topic](#)

**Evidence** Updated 3 Mar 2021

addition of tocilizumab to standard care might not improve clinical status or decrease 28-day mortality but may shorten duration of hospital stay in adults with severe COVID-19 pneumonia (N Engl J Med 2021 Feb 25 early online)

[View in topic](#)

**Evidence** Updated 3 Mar 2021

tocilizumab and sarilumab may each reduce number of days with respiratory or cardiovascular organ support and may increase survival in adults with suspected or confirmed COVID-19 receiving organ support in ICU (N Engl J Med 2021 Feb 25 early online)

[View in topic](#)

**Evidence** Updated 26 Feb 2021

remdesivir may increase patient recovery in patients with COVID-19 and reduce 28-day in-hospital mortality specifically in patients on supplemental oxygen but not ventilated at baseline (Ann Intern Med 2021 Feb 9 early online)

[View in topic](#)

**Evidence** Updated 26 Feb 2021

rapid antigen test (BinaxNOW) helps detect SARS-CoV-2 infection, but sensitivity too low to rule out infection in patients  $\geq 10$  years old (MMWR Morb Mortal Wkly Rep 2021 Jan 22)

[View in topic](#)

**Evidence** Updated 26 Feb 2021

sofosbuvir/ledipasvir may shorten time to clinical recovery but may not improve survival in patients with mild or moderate COVID-19 (Acta Biomed 2020 Nov 10)

[View in topic](#)

## 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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