

Covid-19 Evidence Update

Summarized and appraised resources

23/03/2021

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

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Royal College/Society Guidance and Point of Care Tools

Latest information and guidance

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

<p>British Society for Rheumatology COVID-19 updates for members</p>	<p>Combined Intensive Care Society, Association of Anaesthetists, Royal College of Anaesthetists, Faculty of Intensive Care Medicine guidance Clinical Guidance</p>
<p>BMJ Best Practice Coronavirus disease 2019 (COVID-19) Management of coexisting conditions in the context of COVID-19</p>	<p>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</p>
<p>Don't forget the bubbles An evidence summary of paediatric Covid-19 literature Covid-19 – 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

[Convalescent Plasma in the Management of Hospitalised Patients with COVID-19](#)

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

<https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=103152>

[It is now recommended that convalescent plasma is NOT used in the management of hospitalised patients with confirmed or suspected SARS-CoV-2 infection.]

Freely available online

[Guidance for healthcare professionals on return to work for patients with long-COVID.](#)

Faculty of Occupational Medicine (FOM); 2021.

<https://www.fom.ac.uk/media-events/publications/fom-guidance>

[This guidance is aimed at managers and employers to assist them in facilitating the return to work of employees who may find this difficult because of long-COVID.]

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

[Diagnostic Accuracy of the Panbio SARS-CoV-2 Antigen Rapid Test Compared with Rt-Pcr Testing of Nasopharyngeal Samples in the Pediatric Population.](#)

Villaverde S, Dominguez-Rodriguez S, Sabrido G, et al. J Pediatr

[Chest CT in COVID-19 at the ED: Validation of the COVID-19 Reporting and Data System \(CO-RADS\) and CT severity score.](#)

Lieveld AWE, Azijli K, Teunissen BP, et al. Chest

[Performance evaluation of a lateral flow assays for nasopharyngeal antigen detection for SARS-CoV-2 diagnosis.](#)

Pena-Rodriguez M, Viera-Segura O, Garcia-Chagollan M, et al. J Clin Lab Anal

[Multicenter evaluation of the Panbio COVID-19 rapid antigen-detection test for the diagnosis of SARS-CoV-2 infection.](#)

Merino P, Guinea J, Munoz-Gallego I, et al. Clin Microbiol Infect

[SARS-CoV-2 lateral flow assays for possible use in national covid-19 seroprevalence surveys \(React 2\): diagnostic accuracy study.](#)

Moshe M, Daunt A, Flower B, et al. BMJ

[Diagnosis of SARS-Cov-2 Infection by RT-PCR Using Specimens Other Than Naso- and Oropharyngeal Swabs: A Systematic Review and Meta-Analysis.](#)

Moreira VM, Mascarenhas P, Machado V, et al. Diagnostics (Basel)

Primary Prevention

[Cesarean Section or Vaginal Delivery to Prevent Possible Vertical Transmission From a Pregnant Mother Confirmed With COVID-19 to a Neonate: A Systematic Review.](#)

Cai J, Tang M, Gao Y, et al. Front Med (Lausanne)

[Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant.](#)

Madhi SA, Baillie V, Cutland CL, et al. N Engl J Med

Clinical Prediction Guide

[Outcome Prediction in Patients with Severe COVID-19 Requiring Extracorporeal Membrane Oxygenation-A Retrospective International Multicenter Study.](#)

Supady A, DellaVolpe J, Taccone FS, et al. Membranes (Basel)

[National early warning score to predict intensive care unit transfer and mortality in COVID-19 in a French cohort.](#)

Pokeerbux MR, Yelnik CM, Faure E, et al. Int J Clin Pract

[Performance of the Pandemic Medical Early Warning Score \(PMEWS\), Simple Triage Scoring System \(STSS\) and Confusion, Uremia, Respiratory rate, Blood pressure and age \$\geq\$ 65 \(CURB-65\) score among patients with COVID-19 pneumonia in an emergency department triage setting: a retrospective study.](#)

Demir MC, Ilhan B Sao Paulo Med J

[Predictors of in-hospital mortality AND death RISK STRATIFICATION among COVID-19 PATIENTS aged \$\geq\$ 80 YEARS OLD.](#)

Covino M, De Matteis G, Polla DAD, et al. Arch Gerontol Geriatr

Prognosis

[Adverse Pregnancy Outcomes Among Individuals With and Without Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\): A Systematic Review and Meta-analysis.](#)

Huntley BJF, Mulder IA, Di Mascio D, et al. Obstet Gynecol

[Impact of SARS-CoV-2 on the clinical outcomes and placental pathology of pregnant women and their infants: A systematic review.](#)

Treatment

[Hydroxychloroquine with or without azithromycin for treatment of early SARS-CoV-2 infection among high-risk outpatient adults: A randomized clinical trial.](#)

Johnston C, Brown ER, Stewart J, et al. EClinicalMedicine

[Tocilizumab plus standard care versus standard care in patients in India with moderate to severe COVID-19-associated cytokine release syndrome \(COVINTOC\): an open-label, multicentre, randomised, controlled, phase 3 trial.](#)

Soin AS, Kumar K, Choudhary NS, et al. Lancet Respir Med

[Azithromycin for community treatment of suspected COVID-19 in people at increased risk of an adverse clinical course in the UK \(PRINCIPLE\): a randomised, controlled, open-label, adaptive platform trial.](#)

Lancet

[Dipeptidyl peptidase-4 inhibitor use and mortality in COVID-19 patients with diabetes mellitus: an updated systematic review and meta-analysis.](#)

Pal R, Banerjee M, Mukherjee S, et al. Ther Adv Endocrinol Metab

[Sarilumab in patients admitted to hospital with severe or critical COVID-19: a randomised, double-blind, placebo-controlled, phase 3 trial.](#)

Lescure FX, Honda H, Fowler RA, et al. Lancet Respir Med

[Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19: A Randomized Clinical Trial.](#)

Lopez-Medina E, Lopez P, Hurtado IC, et al. JAMA

[Early versus deferred anti-SARS-CoV-2 convalescent plasma in patients admitted for COVID-19: A randomized phase II clinical trial.](#)

Balcells ME, Rojas L, Le Corre N, et al. PLoS Med

[The effects of progressive muscle relaxation exercises on the anxiety and sleep quality of patients with COVID-19: A randomized controlled study.](#)

Ozlu I, Ozturk Z, Karaman Ozlu Z, et al. Perspect Psychiatr Care

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

[Interleukin-6 blocking agents for treating COVID-19: a living systematic review](#)

Ghosn, L et al Version published: 18 March 2021 [Version history](#)

<https://doi.org/10.1002/14651858.CD013881>

Key messages

Treating COVID-19 with tocilizumab (a medicine that blocks interleukin-6) reduces the numbers of people who die within 28 days of treatment, and probably results in fewer serious unwanted effects than placebo treatment.

Studies of other medicines that block interleukin-6 to treat COVID-19 are under way. We will update this review when results from them become available.

Search date: we searched for trials up to 26 February 2021.

What we found

We found 10 studies in 6896 people with COVID-19. The average age of people in the studies was 56 to 65 years, and 66% of the people enrolled were men. The studies took place in Brazil, China, France, Italy, the UK and the USA; four studies took place in more than one country. Three studies were funded by pharmaceutical companies.

The medicines tested were tocilizumab and sarilumab. Both medicines were compared against a placebo (a dummy treatment that appears identical to the medicine being tested but without any active medicine) or standard care. The results were measured 28 days after treatment and after 60 days or more.

We also found 41 more studies of medicines blocking interleukin-6 to treat COVID-19 that had not yet published any results. These included 20 studies of tocilizumab, 11 studies of sarilumab and 10 studies of other medicines. Some of those studies are still ongoing and we will update this review to include their results when published.

What are the main results of our review?

Compared with placebo treatment or standard treatment, treatment with tocilizumab:

- reduces the number of people who died, of any cause, after 28 days (evidence from 6363 people in 8 studies); on average, 32 fewer people per 1000 died when treated with tocilizumab plus standard care, compared with standard care alone or placebo.
- probably makes little or no difference to clinical improvement (which is defined as leaving hospital or improvement in COVID-19 symptoms) at 28 days (evidence from 5585 people in 7 studies).
- probably reduces slightly the number of serious unwanted effects, such as life-threatening conditions or death (evidence from 2312 people in 8 studies).

We are uncertain about the effects of tocilizumab treatment on:

- severity of COVID-19; that is, how many patients died of COVID-19 or needed a ventilator or additional organ support at 28 days (evidence from 712 people in 3 studies); or
- how many patients died, of any cause, after 60 days or more (evidence from 519 people in 2 studies).

No results were reported for tocilizumab after 60 days or more for improvement, or severity at 28 days of COVID-19.

We are uncertain about how sarilumab treatment affected the:

- numbers of people who died (of any cause) at 28 days (evidence from 880 people in 2 studies) and after 60 days (evidence from 420 people in 1 study); or
- the numbers of serious unwanted effects, such as life-threatening conditions or death (evidence from 880 people in 2 studies).

- Sarilumab probably does not cause more unwanted effects (of any type) than placebo treatment (evidence from 420 people in 1 study). No other results for sarilumab treatment were reported.

We were not able to explore which COVID-19 patients are more likely to benefit from this treatment.

Our confidence in our results

We are confident that tocilizumab reduced the number of deaths (from any cause) at 28 days. Our confidence in the other results for tocilizumab is moderate to low; further evidence may change our results. Our confidence in the results for sarilumab is low; further evidence is likely to change these results. Our confidence was lowered because some of the studies did not report all their results.

[Thoracic imaging tests for the diagnosis of COVID-19](#)

Islam, N et al Version published: 16 March 2021 [Version history](#)
<https://doi.org/10.1002/14651858.CD013639.pub4>

What did we do?

We searched for studies that assessed the accuracy of chest imaging to diagnose COVID-19 in people of any age with suspected COVID-19. Studies could be of any design, except for case control studies, and could take place anywhere.

What did we find?

We found 51 studies with 19,775 participants. Of these people, 10,155 (51%) had a final diagnosis of COVID-19. Forty-seven studies confirmed COVID-19 infection using RT-PCR alone. Four studies used RT-PCR with another test.

Forty-seven studies evaluated one imaging technique each, and four studies evaluated two imaging techniques each.

Chest CT was evaluated by 41 studies (16,133 participants, 8110 (50%) confirmed COVID-19 cases), chest X-ray by nine studies (3694 participants, 2111 (57%) confirmed COVID-19 cases), and ultrasound by five studies (446 participants, 211 (47%) confirmed COVID-19 cases). Thirty-three studies were conducted in Europe, 13 in Asia, three in North America and two in South America. Twenty-six studies included only adults, 21 included both adults and children, one included only children, one included participants aged 70 years and older, and two studies did not report participants' ages. Two studies included hospital inpatients and 32 included hospital outpatients. The setting was unclear in the remaining 17 studies.

Where four or more studies evaluated a particular type of chest imaging, we pooled their results and analysed them together.

Chest CT

Pooled results showed that chest CT correctly diagnosed COVID-19 in 87.9% of people who had COVID-19. However, it incorrectly identified COVID-19 in 20% of people who did not have COVID-19.

Chest X-ray

Pooled results showed that chest X-ray correctly diagnosed COVID-19 in 80.6% of people who had COVID-19. However, it incorrectly identified COVID-19 in 28.5% of people who did not have COVID-19.

Lung ultrasound

Pooled results showed that lung ultrasound correctly diagnosed COVID-19 in 86.4% of people with COVID-19. However, it incorrectly diagnosed COVID-19 in 45% of people who did not have COVID-19.

How reliable are the results?

The studies differed from each other and used different methods to report their results. Few studies evaluated chest X-ray and chest ultrasound; and very few studies directly compared one type of imaging test with another. Therefore, we cannot draw confident conclusions based on results from studies in this review.

What does this mean?

The evidence suggests that chest CT is better at ruling out COVID-19 infection than distinguishing it from other respiratory problems. So, its usefulness may be limited to excluding COVID-19 infection rather than distinguishing it from other causes of lung infection.

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.

[Asthma and COVID-19 \(search done on 28 April 2020\)](#)

Added March 18, 2021

Citation: Hartmann-Boyce J, Gunnell J, Drake J, et al. [Asthma and COVID-19: review of evidence on risks and management considerations](#). BMJ Evidence-Based Medicine. 2020 Sep 3.

What is this? Patients with co-morbidities, such as asthma, might develop more severe COVID-19 disease. In this rapid review, the authors searched for studies related to specific management and treatment of COVID-19 in people with asthma. They did not restrict their searches by date, study type or language of publication and did the search on 28 April 2020. They included data from 139 reports.

What was found: At the time of this review, the included studies reported that evidence on COVID-19 and asthma was limited with some sources suggesting an under-representation of people with asthma in hospitalised cases and others showing an increased risk of worse outcomes in such patients, which may be associated with disease severity.

[Abdominal imaging and COVID-19 \(research up to 15 July 2020\)](#)

Added March 18, 2021

Citation: Lui K, Wilson MP, Low G. [Abdominal imaging findings in patients with SARS-CoV-2 infection: a scoping review](#). Abdominal Radiology. 2021;46(3):1249-55.

What is this? Information is needed on the diagnostic features of COVID-19, such as the findings from abdominal imaging.

In this rapid review, the authors searched for studies that examined abdominal imaging findings in COVID-19 patients. They did not restrict their searches by language of publication and did the search up to 15 July 2020. They included 36 studies.

What was found: At the time of this review, the included studies showed that many patients presenting with only gastrointestinal symptoms have evidence of COVID-19 incidentally through abdominal CT imaging at the lung bases. Abdominal imaging findings included small and large bowel wall thickening, fluid-filled colon, pneumatosis intestinalis, pneumoperitoneum, intussusception and ascites.

[Diagnostic tests for COVID-19 \(multiple reviews\)](#)

Added March 17, 2021

What is this? Accurate diagnosis of current or past COVID-19 infection is important and a variety of types of test are available.

Several rapid reviews have been done and are summarized here. More details on these reviews, including citations and links to their full text, are available lower down this page.

What was found: In general, these reviews concluded that reverse-transcription polymerase chain reaction (RT-PCR) tests were reasonably accurate for diagnosing COVID-19 infection, but that the evidence was weak for point-of-care serological tests although tests performed by laboratories were more reliable.

The Shirvani review (search up to 9 April 2020) reported that RT-PCR tests are more reliable than serological tests, but noted that serological tests may be used to supplement RT-PCR testing. The review also noted that despite the reliability of RT-PCR tests, they should not be regarded as a “gold standard” test when used alone because of measurement biases. Comparing different types of serological tests, the Bastos (search done on 30 April 2020) and Kontou (search done on 17 April 2020) reviews reported that enzyme linked immunosorbent assay (ELISA) and chemiluminescent immunoassay (CLIA) methods had higher sensitivity than lateral flow immunoassay (LFIA) and fluorescence immunoassay methods.

The Riccò review (search up to 13 April 2020) noted a wide range of sensitivities for point-of-care serological tests and concluded that available point-of-care testing for SARS-CoV-2 should not replace more reliable molecular tests, such as RT-PCR.

The Deeks review (search done on 27 April 2020) showed that antibody tests are likely to play a useful role in detecting previous SARS-CoV-2 infection if used 15 or more days after the onset of symptoms in people who were hospitalised due to COVID-19. The authors noted that the quality of the studies limited their confidence in the validity of their findings. However, they noted that specificity was generally high so that a positive result was likely to indicate previous infection, but sensitivity was variable so tests were less effective at excluding it. The Kontou review (search done on 17 April 2020) reported that combined IgG/IgM tests result in higher sensitivity than individual antibody tests. The review also noted that tests using the S antigen of SARS-CoV-2 were more sensitive than N antigen-based tests.

The Bastos review (search done on 30 April 2020) found that serological test sensitivities were higher at least three weeks after symptom onset, compared to tests in the first week of symptoms. Similarly, the Castro review (search done on 30 March 2020) reported a high incidence of false negative serology results in the early stages of COVID-19 infection.

The Bwire review (search done before June 2020) reported that SARS-CoV-2 had been detected in several types of sample. Most of the samples used in the studies in the review were nasopharyngeal swabs, and other sample types included bronchoalveolar lavage fluid, sputum, oropharyngeal swabs, blood, urine, faeces and rectal swabs. The Fakheran review (search up to 3 May 2020) suggested that saliva testing with RT-PCR may be used as a non-invasive, less uncomfortable and more efficient alternative to nasopharyngeal swabs but that additional research was needed.

What are the reviews:

Citation: Bastos ML, Tavaziva G, Abidi SK, et al. [Diagnostic accuracy of serological tests for COVID-19: systematic review and meta-analysis](#). BMJ. 2020;370:m2516.

In this review, the authors searched for studies reporting the sensitivity or specificity of serological testing for COVID-19 in any setting. They restricted their searches to articles published in 2020 but did not restrict by language of publication. They searched up to 30 April 2020. They included 32 case control studies and 8 cohort studies (total: 29,842 tests). 28 of the studies were from China.

Citation: Bwire GM, Majigo MV, Njiro BJ, et al. [Detection profile of SARS-CoV-2 using RT-PCR in different types of clinical specimens: A systematic review and meta-analysis](#). Journal of Medical Virology. 2021;93(2):719-25.

In this review, the authors searched for studies that assessed the positivity rate of RT-PCR for detecting SARS-CoV-2 in different types of sample. They restricted their searches to studies published in English since 31 December 2019. Their final search date is not reported but the manuscript was submitted for publication on 23 June 2020. They included 2 cross-sectional studies, 2 prospective studies, 2 retrospective studies and a case series (total: 8136 specimens).

Citation: Castro R, Luz PM, Wakimoto MD, et al. [COVID-19: a meta-analysis of diagnostic test accuracy of commercial assays registered in Brazil](#). The Brazilian Journal of Infectious Diseases. 2020;24(2):180-7.

For this meta-analysis, the authors searched for data on the accuracy of tests for COVID-19 that were commercially available in Brazil. They restricted their searches to data on the website of the Brazilian Health Regulatory Agency on 30 March 2020. They identified 16 commercially available diagnostic tests in Brazil: 11 antibody tests, three RNA tests and two antigen tests.

Citation: Deeks JJ, Dinnes J, Takwoingi Y, et al. [Antibody tests for identification of current and past infection with SARS-CoV-2](#). Cochrane Database of Systematic Reviews. 2020;(6):CD013652.

In this Cochrane review, the authors searched for studies on the diagnostic accuracy of antibody tests (IgA, IgG, IgM) to determine if a person had current or past COVID-19 infection. They did not restrict their searches by language of publication and searched for articles published from 1 January 2019 to 27 April 2020. They included 54 studies, which were from Asia (38 studies), Europe (15) and both the USA and China (1). They also identified 34 ongoing studies and 3 articles that are awaiting assessment.

Citation: Fakheran O, Dehghannejad M, Khademi A. [Saliva as a diagnostic specimen for detection of SARS-CoV-2 in suspected patients: a scoping review](#). Infectious Diseases of Poverty. 2020;9(1):100.

In this review, the authors searched for studies evaluating saliva as the sample to use to test for COVID-19 infection. They restricted their searches to articles published in English and searched up to 3 May 2020. They included 9 studies.

Citation: Kontou PI, Braliou GG, Dimou NL, et al. [Antibody tests in detecting SARS-CoV-2 infection: a meta-analysis](#). Diagnostics. 2020;10(5):319.

In this review, the authors searched for studies assessing IgG or IgM antibody tests for COVID-19. They restricted their searches to articles published in English and Chinese and searched up to 17 April 2020. They included 38 studies (total: 7848 individuals), which investigated ELISA-based tests (14 studies), CLIA-based tests (13), LFIA-based tests (12) and FIA-based tests (3).

Citation: Riccò M, Ferraro P, Gualerzi G, et al. [Point-of-Care Diagnostic Tests for Detecting SARS-CoV-2 Antibodies: A Systematic Review and Meta-Analysis of Real-World Data](#). Journal of Clinical Medicine. 2020;9(5):1515.

In this review, the authors searched for studies assessing commercially available point-of-care diagnostic tests for SARS-CoV-2. They restricted their searches to articles published in Italian, English, French, German and Spanish and searched up to 13 April 2020. They included 10 studies (total: 2252 patients), of which 8 were pre-prints.

Citation: Shirvani A, Azimi L, Ghanaie RM, et al. [Utility of Available Methods for Diagnosing SARS-CoV-2 in Clinical Samples](#). Archives of Pediatric Infectious Diseases 2020;8(3):e103677.

In this review, the authors searched for studies of the clinical diagnosis of COVID-19. They restricted their searches to articles published in English up to 9 April 2020. They included 54 articles, reporting 46 studies.

Other reviews of this topic:

Citation: Balla M, Merugu GP, Patel M, et al. [COVID-19, Modern Pandemic: A Systematic Review From Front-Line Health Care Providers' Perspective](#). Journal of Clinical Medicine Research. 2020;12(4):215-29.

Citation: Noorimotlagh Z, Karami C, Mirzaee SA, et al. [Immune and bioinformatics identification of T cell and B cell epitopes in the protein structure of SARS-CoV-2: A systematic review](#). International immunopharmacology. 2020;86:106738.

Citation: Riccò M, Ranzieri S, Peruzzi S, et al. [RT-qPCR assays based on saliva rather than on nasopharyngeal swabs are possible but should be interpreted with caution: results from a systematic review and meta-analysis](#). Acta Bio Medica: Atenei Parmensis. 2020;91(3):e2020025.

Citation: Stegeman I, Ochodo EA, Guleid F, et al. [Routine laboratory testing to determine if a patient has COVID-19](#). Cochrane Database of Systematic Reviews. 2020;(11):CD13787.

Other relevant Evidence Aid combined summaries:

[Biomarkers and COVID-19 \(multiple reviews\)](#)

[Common symptoms and clinical features of COVID-19 \(multiple reviews\)](#)

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

Latest updates

Guideline Summary Updated 22 Mar 2021

CDC recommendations for isolation after COVID-19 (2021 Mar 12)

[View in topic](#)

Guideline Summary Updated 18 Mar 2021

Centers for Disease Control and Prevention (CDC) interim guidelines for COVID-19 antibody testing (CDC 2021 Mar 17)

[View in topic](#)

Evidence Updated 18 Mar 2021

SCARP score may help predict risk of progression to severe disease or death within 7 days in adults hospitalized with moderate COVID-19 (Ann Intern Med 2021 Mar 2 early online)

[View in topic](#)

Evidence Updated 17 Mar 2021

infection with SARS-CoV-2 variant of concern 202012/1 associated with increased 28-day mortality (BMJ 2021 Mar 9)

[View in topic](#)

Guideline Summary Updated 15 Mar 2021

United States Department of Health and Human Services (DHHS) interim guidance for COVID-19 in persons with HIV infection recommendations on antiretroviral therapy (HIVinfo 2021 Feb 26)

[View in topic](#)

Drug/Device Alert Updated 15 Mar 2021

some European countries have paused vaccination with AstraZeneca ChAdOx-1-S COVID-19 vaccine due to reports of thrombosis/thromboembolic events following immunization (EMA Press Release 2021 Mar 12)

[View in topic](#)

Evidence Updated 12 Mar 2021

Pneumonia Severity Index (PSI) and CURB-65 help predict in-hospital mortality in adults admitted to hospital with COVID-19 pneumonia (J Gen Intern Med 2021 Feb 11 early online)

[View in topic](#)

Evidence Updated 12 Mar 2021

COVID-19 SEIMC score helps stratify risk of 30-day all-cause death in patients admitted to hospital with COVID-19 (Thorax 2021 Feb 25 early online)

[View in topic](#)

Evidence Updated 12 Mar 2021

addition of subcutaneous progesterone to standard care might improve clinical status in men hospitalized with moderate to severe COVID-19 with hypoxemia (Chest 2021 Feb 20 early online)

[View in topic](#)

Evidence Updated 12 Mar 2021

convalescent plasma transfusion may not reduce mortality or risk of mechanical ventilation in adults with COVID-19 (JAMA 2021 Feb 26 early online)

[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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