

Covid-19 Evidence Update

Summarized and appraised resources

19/07/2021

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

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

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Royal College/Society Guidance and Point of Care Tools

Latest information and guidance

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

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

New NICE Guidance – no new guidance since the last bulletin.

New Guidance and Reports from other sources

[Coronavirus \(COVID-19\) vaccination in pregnancy](#)

Royal College of Obstetricians and Gynaecologists (RCOG); 2021.

<https://www.rcog.org.uk/globalassets/documents/guidelines/2021-06-30-coronavirus-covid-19-vaccination-in-pregnancy.pdf>

[Version 1: published 30 June 2021. This is an interim update to the main coronavirus infection and pregnancy guidance to summarise, in a format useful for maternity care, evidence presented in existing COVID-19 vaccination guidance.]

Freely available online

[COVID-19 vaccines: updates for July 2021.](#)

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

<https://www.gov.uk/drug-safety-update/covid-19-vaccines-updates-for-july-2021>

[Drug Safety Update. Revisions have been made to the information for healthcare professionals and information for UK vaccine recipients for the COVID-19 Vaccine Moderna and Pfizer/BioNTech COVID-19 vaccine following a thorough review of extremely rare reports of myocarditis and pericarditis after COVID-19 vaccination. These events are extremely rare and tend to be mild when they do occur. MHRA advice remains that the benefits of getting vaccinated outweigh the risks in the majority of people.]

Freely available online

[COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable.](#)

Department of Health and Social Care (DHSC); 2021.

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/>

[Updated 12 July 2021: Guidance updated as per government's advice for clinically extremely vulnerable people to,

as a minimum, follow the same guidance as the general population.]

Freely available online

[Lateral flow device performance data.](#)

Department of Health and Social Care (DHSC); 2021.

<https://www.gov.uk/government/publications/lateral-flow-device-performance-data/>

[Analysis confirms lateral flow devices (LFDs) are successful at identifying infectious cases of coronavirus (COVID-19) and real-world data shows Innova LFDs are capable of detecting the Delta variant.]

Freely available online

[VacciNation: Exploring vaccine confidence.](#)

Healthwatch England; 2021.

<https://www.healthwatch.co.uk/report/2021-06-07/vaccination-exploring-vaccine-confidence>

[Our new research explores vaccine confidence amongst people from African, Bangladeshi, Caribbean, and Pakistani backgrounds. We want to understand these barriers to ensure key lessons are taken forward for future public health campaigns.]

Freely available online

[A systematic review of neuropsychological and psychiatric sequelae of COVID-19: implications for treatment.](#)

Vanderlind W M. *Current Opinion in Psychiatry* 2021;34(4):420-433.

[Emerging findings link COVID-19 to cognitive deficits, particularly attention, executive function, and memory. Psychiatric symptoms occur at high rates in COVID-19 survivors, including anxiety, depression, fatigue, sleep disruption, and to a lesser extent posttraumatic stress. Symptoms appear to endure, and severity of acute illness is not directly predictive of severity of cognitive or mental health issues.]

Freely available online

[Association Between Administration of IL-6 Antagonists and Mortality Among Patients Hospitalized for COVID-19: A Meta-analysis.](#)

The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group. *JAMA Network Open* 2021;;doi:10.1001/jama.2021.11330.

[Administration of IL-6 antagonists, compared with usual care or placebo, was associated with lower 28-day all-cause mortality in patients hospitalized for COVID-19.]

Freely available online

[Pregnancy related risks associated with COVID-19: A Rapid Review.](#)

SPOR Evidence Alliance; 2021.

https://sporevidencealliance.ca/wp-content/uploads/2021/07/SPOREA-COVIDEND_Report-COVID-19-Pregnancy.pdf

[Conclusion: While there are many evidence syntheses, their poor quality and lack of including numerous potentially relevant studies, reflects the need for more well-conducted evidence syntheses to answer the questions of relevance to this review.]

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
Evaluation of COVID-19 Antigen Fluorescence Immunoassay Test for Rapid Detection of SARS-CoV-2. <i>Kiro VV, Gupta A, Singh P, et al. J Glob Infect Dis</i>
Diagnostic performance of chest radiography in high COVID-19 prevalence setting: experience from a European reference hospital. <i>Flor N, Saggiante L, Savoldi AP, et al. Emerg Radiol</i>
Evaluation of a Pseudovirus Neutralization Assay for SARS-CoV-2 and Correlation with Live Virus-Based Micro Neutralization Assay. <i>Tolah AMK, Sohrab SS, Tolah KMK, et al. Diagnostics (Basel)</i>
Surveillance testing for SARS-COV-2 infection in an asymptomatic athlete population: a prospective cohort study with 123 362 tests and 23 463 paired RT-PCR/antigen samples. <i>Harmon K, de St Maurice AM, Brady AC, et al. BMJ Open Sport Exerc Med</i>
Clinical Application of a New SARS-CoV-2 Antigen Detection Kit (Colloidal Gold) in the Detection of COVID-19. <i>Terpos E, Ntanasis-Stathopoulos I, Skvarc M Diagnostics (Basel)</i>
The Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19: Molecular Diagnostic Testing. <i>Hanson KE, Caliendo AM, Arias CA, et al. Clin Infect Dis</i>
Clinical Prediction Guide
Prognostic Value of Venous Thromboembolism Risk Assessment Models in Patients with Severe COVID-19. <i>Paz Rios LH, Minga I, Kwak E, et al. TH Open</i>
USEFULNESS OF THE COVID-GRAM AND CURB-65 SCORES FOR PREDICTING SEVERITY IN PATIENTS WITH COVID-19. <i>Arminanzas C, Arnaiz de Las Revillas F, Gutierrez Cuadra M, et al. Int J Infect Dis</i>
Etiology
Safety and Efficacy of Renin-Angiotensin-Aldosterone System Inhibitors in COVID-19 Population. <i>Sattar Y, Mukuntharaj P, Zghouzi M, et al. High Blood Press Cardiovasc Prev</i>
Primary Prevention
Immunogenicity and reactogenicity of BNT162b2 booster in ChAdOx1-S-primed participants (CombiVacS): a multicentre, open-label, randomised, controlled, phase 2 trial. <i>Borobia AM, Carcas AJ, Perez-Olmeda M, et al. Lancet</i>
Safety and Efficacy of NVX-CoV2373 Covid-19 Vaccine. <i>Heath PT, Galiza EP, Baxter DN, et al. N Engl J Med</i>
Prognosis
The Risk of COVID-19 Related Hospitalisation, Intensive Care Unit Admission and Mortality in People With Underlying Asthma or COPD: A Systematic Review and Meta-Analysis. <i>Pardhan S, Wood S, Vaughan M, et al. Front Med (Lausanne)</i>
Age differences in the association of comorbid burden with adverse outcomes in SARS-CoV-2. <i>O'Hare AM, Berry K, Fan VS, et al. BMC Geriatr</i>
Impact of Prophylactic Hydroxychloroquine on People at High Risk of COVID-19: A Systematic Review and Meta-Analysis. <i>Hernandez AV, Ingemi J 3rd, Sherman M, et al. J Clin Med</i>
COVID-19 and pregnancy: An umbrella review of clinical presentation, vertical transmission, and maternal and perinatal outcomes. <i>Ciapponi A, Bardach A, ComandÃ© D, et al. PLoS One</i>

<p>A systematic review and meta-analysis of data on pregnant women with confirmed COVID-19: Clinical presentation, and pregnancy and perinatal outcomes based on COVID-19 severity. Lassi ZS, Ana A, Das JK, et al. J Glob Health</p>
<p>The Full Spectrum of COVID-19 Development and Recovery Among Kidney Transplant Recipients. Cristelli MP, Viana LA, Dantas MTC, et al. Transplantation</p>
<p>Whole of population-based cohort study of recovery time from COVID-19 in New South Wales Australia. Liu B, Jayasundara D, Pye V, et al. Lancet Reg Health West Pac</p>
<p>Reinfection or Reactivation of Severe Acute Respiratory Syndrome Coronavirus 2: A Systematic Review. Tang X, Musa SS, Zhao S, et al. Front Public Health</p>
<p>Presenting characteristics and clinical outcome of patients with COVID-19 in South Korea: A nationwide retrospective observational study. Park HY, Lee JH, Lim NK, et al. Lancet Reg Health West Pac</p>
<p>Treatment</p>
<p>Bamlanivimab plus Etesevimab in Mild or Moderate Covid-19. Dougan M, Nirula A, Azizad M, et al. N Engl J Med</p>
<p>Lopinavir-ritonavir and hydroxychloroquine for critically ill patients with COVID-19: REMAP-CAP randomized controlled trial. Arabi YM, Gordon AC, Derde LPG, et al. Intensive Care Med</p>
<p>Association Between Administration of IL-6 Antagonists and Mortality Among Patients Hospitalized for COVID-19: A Meta-analysis. Shankar-Hari M, Vale CL, Godolphin PJ, et al. JAMA</p>
<p>"Vitamin D supplementation and COVID-19 treatment: A systematic review and meta-analysis". Rawat D, Roy A, Maitra S, et al. Diabetes Metab Syndr</p>
<p>Efficacy and Safety of Tocilizumab Treatment COVID-19 Patients: A Case-Control Study and Meta-Analysis. Jiang W, Li W, Wu Q, et al. Infect Dis Ther</p>
<p>Systematic Review and Subgroup Meta-analysis of Randomized Trials to Determine Tocilizumab's Place in COVID-19 Pneumonia. Klopfenstein T, Gendrin V, Gerazime A, et al. Infect Dis Ther</p>
<p>Ivermectin and mortality in patients with COVID-19: A systematic review, meta-analysis, and meta-regression of randomized controlled trials. Zein AFMZ, Sulistiyana CS, Raffaello WM, et al. Diabetes Metab Syndr</p>
<p>Potential Clinical Benefits of Quercetin in the Early Stage of COVID-19: Results of a Second, Pilot, Randomized, Controlled and Open-Label Clinical Trial. Di Pierro F, Iqtadar S, Khan A, et al. Int J Gen Med</p>
<p>Statin and mortality in COVID-19: a systematic review and meta-analysis of pooled adjusted effect estimates from propensity-matched cohorts. Zein AFMZ, Sulistiyana CS, Khasanah U, et al. Postgrad Med J</p>
<p>The Safety and Efficacy of Anakinra, an Interleukin-1 Antagonist in Severe Cases of COVID-19: A Systematic Review and Meta-Analysis. Somagutta MKR, Lourdes Pormento MK, Hamid P, et al. Infect Chemother</p>
<p>A randomized double-blind controlled trial of convalescent plasma in adults with severe COVID-19. O'Donnell MR, Grinsztejn B, Cummings MJ, et al. J Clin Invest</p>
<p>Efficacy and safety of remdesivir in COVID-19 caused by SARS-CoV-2: a systematic review and meta-analysis. Singh S, Khera D, Chugh A, et al. BMJ Open</p>
<p>Effects of a Single Dose of Ivermectin on Viral and Clinical Outcomes in Asymptomatic SARS-CoV-2 Infected Subjects: A Pilot Clinical Trial in Lebanon. Samaha AA, Mouawia H, Fawaz M, et al. Viruses</p>
<p>An investigation into the beneficial effects of high-dose interferon beta 1-a, compared to low-dose interferon beta 1-a in severe COVID-19: The COVIFERON II randomized controlled trial. Alavi Darazam I, Hatami F, Mahdi Rabiei M, et al. Int Immunopharmacol</p>

Effects of Interferon Beta in COVID-19 adult patients: Systematic Review.

Sosa JP, Ferreira Caceres MM, Ross Comptis J, et al. Infect Chemother

CORonavirus-19 mild to moderate pneumonia Management with blood Ozonization in patients with Respiratory failure (CORMOR) multicentric prospective randomized clinical trial.

Sozio E, De Monte A, Sermann G, et al. Int Immunopharmacol

Clinical effectiveness of convalescent plasma in hospitalized patients with COVID-19: a systematic review and meta-analysis.

Abeldaño Zuñiga RA, González-Villoria RAM, Elizondo MV, et al. Ther Adv Respir Dis

Interferon therapy in patients with SARS, MERS, and COVID-19: A systematic review and meta-analysis of clinical studies.

Saleki K, Yaribash S, Banazadeh M, et al. Eur J Pharmacol

Colchicine and mortality in patients with coronavirus disease 2019 (COVID-19) pneumonia: A systematic review, meta-analysis, and meta-regression.

Nawangsih EN, Kusmala YY, Rakhmat II, et al. Int Immunopharmacol

Effect of Ammonium Chloride in addition to standard of care in outpatients and hospitalized COVID-19 patients: a randomized clinical trial.

Siami Z, Aghajanian S, Mansouri S, et al. Int J Infect Dis

Cochrane Systematic Reviews

Cochrane Evidence on COVID-19: a roundup

No new Cochrane Systematic Reviews since the last bulletin.

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.

Convalescent plasma as a possible treatment for COVID-19 (multiple reviews)

Added July 11, 2021

What is this? Convalescent plasma and hyperimmune immunoglobulin have been suggested as possible treatments for COVID-19. Several systematic reviews have been done including a living Cochrane reviews. More details of these reviews, including citations and links to them, are provided further down this summary.

What was found: At the time of the May 2021 version of the Cochrane living review (Piechotta et al, search done in March 2021), the included studies provided high certainty evidence that convalescent plasma for the

treatment of people with moderate to severe COVID-19 disease does not reduce mortality and has little to no impact on measures of clinical improvement.

The Mair-Jenkins review (search done in 2013) reported that there was very low and low quality evidence that convalescent plasma may reduce mortality in patients with severe acute viral respiratory infections, if administered early after symptom onset, compared to placebo or no therapy.

What are the reviews:

Citation: Piechotta V, Iannizzi C, Chai KL, et al. *Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review.* Cochrane Database of Systematic Reviews. 2021;(5):CD013600.

In this Cochrane living review, the authors searched for studies that evaluated convalescent plasma or hyperimmune immunoglobulin for people with COVID-19. They did not restrict their searches by type or language of publication and searched for articles published since 1 January 2019. They did the search for this version of the review on 17 March 2021. They included 12 randomized trials and 1 expanded access study investigating side effects (total: 48,509 participants, of whom 41,880 received convalescent plasma). The authors also identified a further 100 ongoing studies and 33 studies reported as being completed or terminate. A podcast is available [here](#).

Citation: Rajendran K, Narayanasamy K, Rangarajan J, et al. *Convalescent plasma transfusion for the treatment of COVID-19: Systematic review.* Journal of Medical Virology. 2020;92(9):1475-83.

In this rapid review, the authors searched for studies of the effects of convalescent plasma transfusions for COVID-19 patients. They restricted their searches to articles published between 1 December 2019 and 19 April 2020. They did not restrict their searches by language of publication. They included 5 studies from Asia (total: 27 patients), including 1 pilot study and 4 descriptive studies.

Citation: Devasenapathy N, Ye Z, Loeb M, et al. *Efficacy and safety of convalescent plasma for severe COVID-19 based on evidence in other severe respiratory viral infections: a systematic review and meta-analysis.* CMAJ. 2020;192(27):E745-55.

In this systematic review, the authors searched for studies of the effects of convalescent plasma in severe respiratory infections (including coronavirus, influenza and Ebola infections). They completed their searches in March 2020 and included 4 randomized trials, 1 prospective non-randomized study, and 1 retrospective cohort study. None of the studies included COVID-19 patients.

Citation: Mair-Jenkins J, Saavedra-Campos M, Baillie JK, et al *The effectiveness of convalescent plasma and hyperimmune immunoglobulin for the treatment of severe acute respiratory infections of viral etiology: a systematic review and exploratory meta-analysis.* The Journal of infectious diseases. 2015;211(1):80-90.

In this systematic review, the authors searched for studies of convalescent plasma or hyperimmune immunoglobulin for the treatment of severe acute viral respiratory infections in hospitalised patients. They did not restrict their searches by language or date of publication and did the search in July 2013. They included 32 studies in the narrative synthesis, of which 27 were included in the meta-analysis.

Other Reviews of this Topic:

Citation: Sun M, Xu Y, He H, et al. *Potential effective treatment for COVID-19: systematic review and meta-analysis of the severe infectious disease with convalescent plasma therapy.* International Journal of Infectious Diseases. 2020;98:334-46.

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

Latest updates

incidence of ventilator-associated events may be higher in patients with COVID-19 than in other patients on mechanical ventilation, with higher rate of events due to progressive ARDS (Ann Am Thorac Soc 2021 Jun 25 early online)

[View in topic](#)

Evidence Updated 15 Jul 2021

frailty associated with increased mortality in adults with COVID-19 (J Am Geriatr Soc 2021 May 28 early online)

[View in topic](#)

Evidence Updated 12 Jul 2021

effectiveness of mRNA vaccines (Pfizer-BioNTech [BNT162b2] or Moderna [mRNA-1273]) may be 91% \geq 14 days after second dose and 81% after first dose to prevent SARS-CoV-2 infection in healthcare workers, first responders, and other essential and frontline workers in the United States (N Engl J Med 2021 Jun 30 early online)

[View in topic](#)

Evidence Updated 12 Jul 2021

2-dose regimen of NVX-CoV2373 vaccine may be 90% effective to prevent symptomatic SARS-CoV-2 infection in adults in the United Kingdom (N Engl J Med 2021 Jun 30 early online)

[View in topic](#)

Evidence Updated 8 Jul 2021

in adults \leq 60 years old who received single dose of ChAdOx1-S (AstraZeneca) vaccine in last 8-12 weeks, single dose of BNT162b2 (Pfizer-BioNTech) vaccine may induce strong antibody response at 7-14 days (Lancet 2021 Jun 25 early online)

[View in topic](#)

08 Jul 2021

What's new at this update

WHO recommends IL-6 inhibitors for severe or critical disease

- The World Health Organization strongly recommends IL-6 inhibitors (tocilizumab or sarilumab) in patients with severe or critical disease in the most recent update to its COVID-19 therapeutics living guideline.
- The recommendation is based on high-certainty evidence that shows IL-6 inhibitors reduce mortality and the need for mechanical ventilation in these patients.
- IL-6 inhibitors should be administered in combination with systemic corticosteroids and initiated at the same time.
- See the Emerging section for more information.

FDA grants tocilizumab emergency-use authorisation

- Tocilizumab has been granted an emergency-use authorisation in the US for the treatment of hospitalised adults and paediatric patients 2 years of age and older who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation.
- See the Emerging section for more information.

Regulatory agencies warn of risk of myocarditis and pericarditis with mRNA vaccines

- The US Food and Drug Administration has added a warning about the increased risk of myocarditis and pericarditis, particularly following the second dose, to the prescribing information of mRNA vaccines.
- The UK Medicines and Healthcare products Regulatory Agency has also added myocarditis and pericarditis as adverse effects to the prescribing information of mRNA vaccines.
- The US Centers for Disease Control and Prevention recommends that people with a history of myocarditis or pericarditis may receive any COVID-19 vaccine after the episode has completely resolved. People with a history of myocarditis or pericarditis after their first dose of an mRNA vaccine should defer receiving their second dose, or may consider it under certain circumstances, provided the episode has fully resolved.
- See the Prevention section for more information.

WHO recommends against widespread screening of asymptomatic individuals

- The World Health Organization does not recommend widespread screening of asymptomatic individuals due to the significant costs associated with it and the lack of data on its operational effectiveness.
- Testing of asymptomatic individuals is currently recommended only for specific groups including contacts of confirmed or probable cases and frequently exposed groups such as healthcare workers and long-term care facility workers.
- See the Screening section for more information.

IDSA recommends sotrovimab for mild to moderate disease

- The Infectious Diseases Society of America now recommends sotrovimab in ambulatory patients with mild to moderate disease who are at high risk for progression to severe disease rather than no neutralising antibodies, based on low-certainty evidence.
- See the Emerging section for more information.

Useful Links

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

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

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

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

[GOV.UK](#)

[Health protection Scotland](#)

[New England Journal of Medicine](#)

[NHS UK](#)

[Oxford University Press](#)

[Patient.Info](#)

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