

Covid-19 Evidence Update

Summarized and appraised resources

19/05/2021

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 Covid-19 resources</p>	<p>Association for Palliative Medicine Covid 19 and Palliative, End of Life and Bereavement 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

None published since the last bulletin

New Guidance and Reports from other sources

[Management of vaccine-induced thrombosis and thrombocytopenia](#)

Royal College of Surgeons (RCS); 2021.

<https://www.rcseng.ac.uk/coronavirus/vaccine-induced-thrombosis-guidance/>

[There are increasing reports of a rare adverse event of thrombosis and thrombocytopenia following the first dose of the AstraZeneca COVID-19 vaccine, a syndrome labelled vaccine-induced thrombotic thrombocytopenia syndrome (VITT). The colleges and surgical specialty associations have produced guidance on the features and management of VITT, taking into account vascular, gastrointestinal and neurosurgical considerations.]

Freely available online

[Speech and language therapist-led endoscopic procedures: considerations for all patients during the COVID-19 pandemic.](#)

Royal College of Speech and Language Therapists (RCSLT); 2021.

<https://www.rcslt.org/learning/covid-19/rcslt-guidance/>

[Updated April 2021. This SLT-led endoscopy guidance has been revised further (following the previous October 2020 update). Through the pandemic our knowledge and understanding of the risks associated with endoscopy has now facilitated a return to 'business as usual' with key additional precautions in place. These mainly relate to personal protective equipment (PPE), infection, prevention and control (IPC) and training needs.]

Freely available online

[Updated statement on transparent face masks.](#)

Royal College of Speech and Language Therapists (RCSLT); 2021.

<https://www.rcslt.org/learning/covid-19/rcslt-guidance/>

[29 April. In England, if you are contacted by a company with a transparent face mask outside of the national procurement, SLTs should seek support from local procurement teams to review the mask certifications and documentation. RCSLT will continue to lobby for transparent masks that are of the right standard and right quality to protect speech and language therapists and those with whom we work at all times.]

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 loop mediated isothermal amplification coupled to nanopore sequencing (LampORE) for the detection of SARS-CoV-2 infection at scale in symptomatic and asymptomatic populations. <i>Ptasinska A, Whalley C, Bosworth A, et al. Clin Microbiol Infect</i>
Diagnostic performance of Radiological Society of North America structured reporting language for chest computed tomography findings in patients with COVID-19. <i>Ozer H, Kilincer A, Uysal E, et al. Jpn J Radiol</i>
Diagnostic accuracy of the Cepheid Xpert Xpress and the Abbott ID NOW assay for rapid detection of SARS-CoV-2: A systematic review and meta-analysis. <i>Lee J, Song JU J Med Virol</i>
Evaluation of an antigen-based test for hospital point-of-care diagnosis of SARS-CoV-2 infection. <i>Bianco G, Boattini M, Barbui AM, et al. J Clin Virol</i>
Serological Tests in the Detection of SARS-CoV-2 Antibodies. <i>Guevara-Hoyer K, Fuentes-Antras J, De la Fuente-Munoz E, et al. Diagnostics (Basel)</i>
Clinical Evaluation of Roche SD Biosensor Rapid Antigen Test for SARS-CoV-2 in Municipal Health Service Testing Site, the Netherlands. <i>Igli Z, Velzing J, van Beek J, et al. Emerg Infect Dis</i>
Diagnostic Performance of CO-RADS and the RSNA Classification System in Evaluating COVID-19 at Chest CT: A Meta-Analysis. <i>Kwee RM, Adams HJA, Kwee TC Radiol Cardiothorac Imaging</i>
Etiology
Non-steroidal anti-inflammatory drugs and susceptibility to COVID-19. <i>Chandan JS, Zemedikun DT, Thayakaran R, et al. Arthritis Rheumatol</i>
Clinical Prediction Guide
National Early Warning Score 2 (NEWS2) better predicts critical Coronavirus Disease 2019 (COVID-19) illness than COVID-GRAM, a multi-centre study. <i>De Socio GV, Gidari A, Sicari F, et al. Infection</i>
The multidimensional prognostic index (MPI) for the prognostic stratification of older inpatients with COVID-19: A multicenter prospective observational cohort study. <i>Pilotto A, Azzini M, Cella A, et al. Arch Gerontol Geriatr</i>
Prognosis
Outcomes of acute respiratory distress syndrome in COVID-19 patients compared to the general population: A systematic review and meta-analysis. <i>Dmytriw AA, Chibbar R, Chen PPY, et al. Expert Rev Respir Med</i>
Critical analysis of acute kidney injury in pediatric COVID-19 patients in the intensive care unit. <i>Raina R, Chakraborty R, Mawby I, et al. Pediatr Nephrol</i>
The incidence, characteristics and outcomes of pregnant women hospitalized with symptomatic and asymptomatic SARS-CoV-2 infection in the UK from March to September 2020: A national cohort

study using the UK Obstetric Surveillance System (UKOSS). <i>Vousden N, Bunch K, Morris E, et al. PLoS One</i>
SARS-CoV-2 antibody-positivity protects against reinfection for at least seven months with 95% efficacy. <i>Abu-Raddad LJ, Chemaitelly H, Coyle P, et al. EClinicalMedicine</i>
Association of Maternal SARS-CoV-2 Infection in Pregnancy With Neonatal Outcomes. <i>Norman M, Naver L, Soderling J, et al. JAMA</i>
Primary Prevention
Factors Influencing the Efficacy of COVID-19 Vaccines: A Quantitative Synthesis of Phase III Trials. <i>Calzetta L, Ritondo BL, Coppola A, et al. Vaccines (Basel)</i>
Prophylaxis against covid-19: living systematic review and network meta-analysis. <i>Bartoszko JJ, Siemieniuk RAC, Kum E, et al. BMJ</i>
Treatment
Prone Positioning of Nonintubated Patients With Coronavirus Disease 2019-A Systematic Review and Meta-Analysis. <i>Ponnappa Reddy M, Subramaniam A, Afroz A, et al. Crit Care Med</i>
The use of Janus Kinase inhibitors in hospitalized patients with COVID-19: Systematic review and meta-analysis. <i>Wijaya I, Andhika R, Huang I, et al. Clin Epidemiol Glob Health</i>
The Effect of Convalescent Plasma Therapy on Mortality Among Patients With COVID-19: Systematic Review and Meta-analysis. <i>Klassen SA, Senefeld JW, Johnson PW, et al. Mayo Clin Proc</i>
Therapeutic plasma exchange in patients with life-threatening COVID-19: a randomized control clinical trial. <i>Faqihi F, Alharthy A, Abdulaziz S, et al. Int J Antimicrob Agents</i>
Current COVID-19 treatments: Rapid review of the literature. <i>Dong Y, Shamsuddin A, Campbell H, et al. J Glob Health</i>
Awake prone positioning in non-intubated patients for the management of hypoxemia in COVID-19: A systematic review and meta-analysis. <i>Pb S, Mittal S, Madan K, et al. Monaldi Arch Chest Dis</i>
The therapeutic effect and safety of the drugs for COVID-19: A systematic review and meta-analysis. <i>Qiu R, Li J, Xiao Y, et al. Medicine (Baltimore)</i>
Efficacy of the TMPRSS2 inhibitor camostat mesilate in patients hospitalized with Covid-19-a double-blind randomized controlled trial. <i>Gunst JD, Staerke NB, Pahus MH, et al. EClinicalMedicine</i>
Favipiravir in the treatment of patients with SARS-CoV-2 RNA recurrent positive after discharge: A multicenter, open-label, randomized trial. <i>Zhao H, Zhang C, Zhu Q, et al. Int Immunopharmacol</i>
Is Hydroxychloroquine with Azithromycin a Good Combination in COVID-19 Compared to Hydroxychloroquine Alone from Cardiac Perspective? A Systematic Review and Meta-Analysis. <i>Budhathoki P, Shrestha DB, Khadka S, et al. J Nepal Health Res Council</i>
Statin Use Is Associated with a Decreased Risk of Mortality among Patients with COVID-19. <i>Wu CC, Lee AJ, Su CH, et al. J Clin Med</i>
Tocilizumab in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial. Lancet
Relation between Vitamin D and COVID-19 in Aged People: A Systematic Review. <i>Drame M, Cofais C, Hentzien M, et al. Nutrients</i>
The link between COVID-19 and Vitamin D (VIVID): a systematic review and meta-analysis. <i>Bassatne A, Basbous M, Chakhtoura M, et al. Metabolism</i>
Effect of Early Treatment With Hydroxychloroquine or Lopinavir and Ritonavir on Risk of Hospitalization Among Patients With COVID-19: The TOGETHER Randomized Clinical Trial. <i>Reis G, Moreira Silva EADS, Medeiros Silva DC, et al. JAMA Netw Open</i>

Cochrane Systematic Reviews

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

No new relevant systematic reviews published in this period.

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.

[Age and severe outcomes of COVID-19 \(search done on 15 May 2020\)](#)

Added May 14, 2021

Citation: Starke KR, Petereit-Haack G, Schubert M, et al. [The age-related risk of severe outcomes due to COVID-19 Infection: a rapid review, meta-analysis, and meta-regression](#). International Journal of Environmental Research and Public Health. 2020;17(16):5974. DOI: 10.3390/ijerph17165974

What is this? Age has been reported to be a risk factor for severe outcomes for COVID-19 patients. In this rapid review, the authors searched for studies investigating the relationship between age and severe outcomes for COVID-19 patients. They did not restrict their searches by date or language of publication and did the search on 15 May 2020. They included 12 retrospective cohort studies (all from China), on disease severity (4 studies), mortality (7) and admission to ICU (1).

What was found: At the time of this review, the included studies showed a weak influence of age on COVID-19 disease severity following adjustment for age-dependent risk factors.

[Lung ultrasound for diagnosing COVID-19 \(search done on 13 June 2020\)](#)

Added May 14, 2021

Citation: Trauer M, Matthies A, Mani N, et al. [The utility of lung ultrasound in COVID-19: A systematic scoping review](#). Ultrasound. 2020;28(4):208-22.

What is this? Various methods have been suggested for the diagnosis of COVID-19, including the use of lung ultrasound.

In this rapid review, the authors searched for studies of the use of lung ultrasounds in children or adults with confirmed or suspected COVID-19. They restricted their searches to articles published in English and did the search on 13 June 2020. They included 33 studies.

What was found: At the time of this review, the authors concluded that lung ultrasound appears to be a highly sensitive and fairly specific test for COVID-19 in all ages and in pregnancy.

At the time of this review, the included studies showed that lung ultrasound was more sensitive than chest radiograph for diagnosing COVID-19.

[Mental health impacts of COVID-19 on healthcare workers \(multiple reviews\)](#)

Added May 13, 2021

What is this? The COVID-19 pandemic is placing a strain on the mental health of healthcare workers. Findings from several relevant systematic reviews are summarised here. More details, including citations and links to the full reviews, are available lower down this page.

What was found: A variety of mental health symptoms have been reported by healthcare workers involved in illness outbreaks or pandemics; stress, anxiety, psychological distress, depressive symptoms, insomnia and “moral injury”. Such symptoms may evolve into long-term mental health conditions, including anxiety, depression, PTSD or suicidal ideation. Several reviews have recommended access to mental health and psychological support services for healthcare workers involved in providing patient care during the COVID-19 pandemic, including regular screening for stress, anxiety and depression.

The Kisely review (search done in March 2020) noted that healthcare workers in contact with affected patients during novel virus outbreaks had increased levels of acute or post-traumatic stress and psychological distress; the Pan review (search done on 11 March 2020) reported marked increases in anxiety in healthcare workers in China during the COVID-19 pandemic and the Berger review (search done in September 2008) reported that rescue workers, including emergency department and ambulance staff, had a higher prevalence of PTSD.

The Spoorthy review (search up to April 2020) noted three main issues for healthcare workers: concerns for their personal safety, families and patients. It also reported that coping measures for healthcare workers might include strict protective measures, knowledge of infection prevention and transmission, social isolation measures, positive self-attitude and social support.

The Kisely review (search done in March 2020) found that healthcare workers who were younger, more junior or the parents of dependent children were more at risk of psychological distress, and that clear communication, access to adequate personal protection, adequate rest, and practical and psychological support were associated with lower psychological distress.

The authors of the Brooks review (search done in 2015) recommended specialized training to equip healthcare workers with the skills, knowledge, and confidence to operate under challenging conditions. They highlighted considerations for managers: ensuring an approachable and supportive environment, regular adequate communication with staff, preparing employees for the potential impact of negative experiences such as isolation or discrimination, and ensuring support measures for those who may face these experiences. They also noted that web-based support or discussion groups may help healthcare workers during a crisis, potentially reducing feelings of social isolation.

The Pollock review (search done up to 28 May 2020) found only very low certainty evidence for interventions to improve the mental health of frontline workers. This included whether training frontline healthcare workers to deliver psychological first aid influenced burnout. Primary barriers to intervention implementation were frontline workers themselves or the organization they work in and lack of equipment, staff time or skills needed for intervention. Facilitators to intervention implementation were adapting interventions to local needs, implementing effective communication, and building a positive, safe, and supportive learning environment for frontline workers.

The Kunzler review (search done in June 2019) found very low certainty evidence that healthcare students who receive resilience training report higher levels of resilience, and lower levels of anxiety, stress, and stress perception compared to controls, immediately after training intervention.

The De Brier review (search up to 28 May 2020) found that clear communication and support from employers, social support, and a personal sense of control may be protective.

The Fernandez review (search done before 15 April 2020) found that nurses often expressed that they had been put through an ethical and moral dilemma in which they would have to choose between their patient and family responsibilities, leading to the social isolation of nurses through separation from their family and friends. Nurses were also more likely to experience fear, vulnerability and psychological distress in the face of a pandemic or epidemic; and often expressed feeling overwhelmed and a sense of powerlessness.

The Rohr review (search done on 30 March 2020) found that healthcare workers were more likely to experience negative psychosocial impacts of quarantine measures, particularly stigmatization.

What are the reviews:

Citation: Berger W, Coutinho ES, Figueira I, et al. [Rescuers at risk: a systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers](#). *Social Psychiatry and Psychiatric Epidemiology*. 2012;47(6):1001-11.

In this systematic review, the authors searched for studies of PTSD in rescue workers, including hospital emergency and ambulance personnel. They did not restrict their searches by date, type or language of publication and did the search in September 2008. They included 28 articles.

Citation: Bohlken J, Schömig F, Lemke MR, et al. COVID-19 Pandemic: [Stress Experience of Healthcare Workers-A Short Current Review](#). *Psychiatrische Praxis*. 2020;47(4):190-7. **Language:** German

In this rapid review, the authors searched for quantitative studies of the psychological stress caused by the COVID-19 pandemic on healthcare workers. They restricted their searches to articles published between January and March 2020 and did their most recent search on 12 April 2020. They included 14 studies.

Citation: Brooks SK, Dunn R, Amlôt R, et al. [A systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak](#). *Journal of Occupational and Environmental Medicine*. 2018;60(3):248-57.

In this systematic review, the authors searched for studies of social and occupational factors associated with mental health outcomes for healthcare employees during an infectious disease outbreak. They restricted their searches to articles published in English and did the search in 2015. They included 22 studies and listed considerations for protecting the mental health of healthcare workers during emerging infections.

Citation: De Brier N, Stroobants S, Vandekerckhove P, et al. [Factors affecting mental health of health care workers during coronavirus disease outbreaks \(SARS, MERS & COVID-19\): A rapid systematic review](#). *PLoS ONE*. 2020;15(12):e0244052.

In this rapid review, the authors searched for studies on risk factors and protective factors for psychological outcomes in healthcare workers during coronavirus epidemics. They restricted their searches to articles published in English and did the search up to 28 May 2020. They included 33 observational studies, done during the SARS outbreak (23 studies), current COVID-19 pandemic (7) and the MERS outbreak (3).

Citation: Fernandez R, Lord H, Halcomb E, et al. [Implications for COVID-19: a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic](#). *International Journal of Nursing Studies*. 2020;111:103637.

In this systematic review, the authors searched for qualitative research on the experiences of nurses working in acute hospital settings during a pandemic or epidemic. They restricted their searches to articles published in English but did not restrict their search by date or type of publication. They do not report the date of the search but the manuscript was submitted to the journal on 15 April 2020. They included 13 qualitative studies (348 nurses).

Citation: Kisely S, Warren N, McMahon L, et al. [Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis](#). *BMJ*. 2020;369:m1642.

In this rapid review, the authors searched for studies of the psychological impact on healthcare staff working with patients during an outbreak of an emerging virus. They did not restrict their searches by language of publication and did the search in late March 2020. They included 59 studies, covering SARS (37 studies), MERS (7), Ebola virus disease (3), COVID-19 (8), H1N1 influenza (3) and H7N9 influenza (1).

Citation: Kunzler AM, Helmreich I, König J, et al. [Psychological interventions to foster resilience in healthcare students](#). *Cochrane Database of Systematic Reviews*. 2020;(7):CD013684.

In this Cochrane Review, the authors searched for randomized trials of interventions to foster resilience in healthcare students. They did not restrict their searches by language of publication and did the search in June 2019. They included 30 trials (2680 participants) from high-income countries (24 trials) and middle-income countries (6). They identified an additional 38 studies awaiting classification and 3 ongoing studies.

Citation: Pan R, Zhang L, Pan J. [The Anxiety Status of Chinese Medical Workers During the Epidemic of COVID-19: A Meta-Analysis](#). *Psychiatry Investigation*. 2020;17(5):475.

In this rapid review, the authors searched for studies assessing anxiety in Chinese healthcare workers during the COVID-19 epidemic. They restricted their searches to articles published between 2019 and 11 March 2020. They included 7 studies.

Citation: Pollock A, Campbell P, Cheyne J, et al. [Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review](#). Cochrane Database of Systematic Reviews. 2020;(11):CD013799

In this Cochrane rapid review, the authors searched for studies of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals. They restricted their searches to articles published between 2002 and 28 May 2020 but did not restrict their searches by language of publication. They included 16 studies related to professionals who had worked during outbreaks of SARS (2 studies), Ebola (9), MERS (1) and COVID-19 (4).

Citation: Röhr S, Müller F, Jung F, et al. [Psychosocial Impact of Quarantine Measures During Serious Coronavirus Outbreaks: A Rapid Review](#). Psychiatrische Praxis. 2020;47(4):179-89. **Language:** English (Abstract), German

In this rapid review, the authors searched for studies of the psychosocial effects of quarantine and isolation related to the SARS and MERS outbreaks. They restricted their searches to articles published in English and German and did the search on 30 March 2020. They included 13 studies.

Citation: Spolverato G, Capelli G, Restivo A, et al. [The management of surgical patients during the COVID-19 pandemic](#). Surgery. 2020;168(1):4-10.

In this rapid review, the authors searched for research or opinion papers on the epidemiology and diagnosis of COVID-19, the management of cancer and surgical patients, and the safety of healthcare workers during the pandemic. They did not restrict their searches by type or language of publication and searched for articles published between January 1998 and 2 April 2020. They included 28 studies.

Citation: Spoorthy MS, Pratapa SK, Mahant S. [Mental health problems faced by healthcare workers due to the COVID-19 pandemic—A review](#). Asian Journal of Psychiatry. 2020;51:102119.

In this rapid review, the authors searched for studies on mental health issues faced by healthcare workers during the COVID-19 pandemic. They did not restrict their searches by type of study and searched for articles published between January and April 2020. They included 5 observational studies from China and a qualitative analysis from India.

Other reviews of this topic:

Citation: Krishnamoorthy Y, Nagarain R, Sava G, et al. [Prevalence of psychological morbidities among general population, healthcare workers and COVID-19 patients amidst the COVID-19 pandemic: A systematic review and meta-analysis](#). Psychiatry Research. 2020;293:113382

Citation: Kuhn CM, Flanagan EM. [Self-care as a professional imperative: physician burnout, depression, and suicide](#). Canadian Journal of Anesthesia/Journal canadien d'anesthésie. 2017;64(2):158-68.

Citation: Lasheras I, Gracia-García P, Lipnicki DM, et al. [Prevalence of anxiety in medical students during the covid-19 pandemic: A rapid systematic review with meta-analysis](#). International journal of environmental research and public health. 2020;17(18):6603.

Citation: Pappa S, Ntella V, Giannakas T, et al. [Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis](#). Brain, Behavior, and Immunity. 2020;88:901-7.

Citation: Paybast S, Baghalha F, Emami A, et al. [The Anxiety Disorder Among the Healthcare Providers During The COVID-19 Infection Pandemic: A Systematic Review](#). International Clinical Neuroscience Journal. 2020;7(3):115-21.

Citation: Salazar de Pablo G, Serrano JV, et al. [Impact of coronavirus syndromes on physical and mental health of health care workers: systematic review and meta-analysis](#). Journal of Affective Disorders. 2020;275:48-57.

Citation: Shaukat N, Ali DM, Razzak J. [Physical and mental health impacts of COVID-19 on healthcare workers: A scoping review](#). International Journal of Emergency Medicine. 2020;13:40.

Citation: Thapa B, Gita S, Chatterjee K, et al. [Impact of COVID-19 on the mental health of the society & HCW \(healthcare workers\): a systematic review](#). International Journal of Science & Healthcare Research. 2020;5(2):234-40.

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

Latest updates

Evidence Updated 18 May 2021 hypokalemia detected in 41% of 290 non-ICU hospitalized patients with COVID-19 in cohort study, 91% of whom had mild potassium decrease (serum potassium 3-3.4 mEq/L) (Clin Exp Nephrol 2021 Apr) [View in topic](#)

Evidence Updated 18 May 2021 South Asian ethnicity associated with increased risk of COVID-19-related hospitalization and death, and Black ethnicity associated with increased risk of COVID-19-related hospitalization but similar risk for death compared to White ethnicity in England (Lancet 2021 May 8) [View in topic](#)

Evidence Updated 14 May 2021 2-dose regimen of NVX-CoV2373 vaccine may be 49.4% effective in preventing symptomatic COVID-19 overall and 43% effective in preventing symptomatic COVID-19 due to B.1.351 variant in adults in South Africa (N Engl J Med 2021 May 5 early online) [View in topic](#)

Evidence Updated 6 May 2021 effectiveness of 2 doses of BNT162b2 mRNA (Pfizer-BioNTech) vaccine to prevent SARS-CoV-2 infection may be 85% at 7 days after second dose in adult staff in hospitals in England (Lancet 2021 Apr 23 early online) [View in topic](#)

Evidence Updated 6 May 2021 cerebral venous sinus thrombosis (CVST) and thrombocytopenia reported in 12 women in the United States who received Ad26.COV2.S Janssen (Johnson & Johnson) vaccine between March 2 and April 21, 2021 (JAMA 2021 Apr 30 early online) [View in topic](#)

Evidence Updated 6 May 2021 SARS-CoV-2 notable emerging variants update (CDC 2021 May 5) [View in topic](#)

[BMJ Best Practice](#)

[13 May 2021](#)

What's new at this update

FDA authorizes Pfizer/BioNTech vaccine in adolescents 12 to 15 years of age

- The US Food and Drug Administration has authorized the Pfizer/BioNTech vaccine for emergency use in adolescents ages 12 to 15 years. The agency amended the original emergency-use authorization from December 2020 that authorized use in individuals ≥ 16 years of age. Authorization was based on an ongoing randomized, placebo-controlled clinical trial of over 2000 participants in the US. More than half of the participants were followed for safety for at least 2 months following the second dose. See the Prevention section for more information.

JCVI recommends alternative to AstraZeneca vaccine in under 40s

- The Joint Committee on Vaccination and Immunisation in the UK now advises that it is preferable for adults ages 30 to 39 years without underlying health conditions to receive an alternative to the AstraZeneca vaccine, where available, and only if this does not cause substantial delays in being vaccinated. The committee previously advised that it is preferable for adults ages < 30 years without underlying health

conditions that put them at higher risk of severe disease to be offered an alternative vaccine also. See the Prevention section for more information.

EMA assessing reports of Guillain-Barre syndrome and myocarditis after vaccination

- The European Medicines Agency is assessing safety signals of Guillain-Barre syndrome with the AstraZeneca vaccine, and of myocarditis and pericarditis with the mRNA vaccines. The agency's safety committee will continue its review and communicate further information when available. See the Prevention section for more information.

EMA concludes review of safety signal of facial swelling with Pfizer/BioNTech vaccine

- The European Medicines Agency has recommended a change to the product information of the Pfizer/BioNTech vaccine to include a new side effect of facial swelling in people with a history of injections with dermal fillers. The agency's safety committee found that there is a reasonable possibility of a causal association between the vaccine and the reported cases of facial swelling. See the Prevention section for more information.

WHO approves Covilo[®] vaccine for global use

- The World Health Organization has authorized the Covilo[®] vaccine, an aluminium-hydroxide-adjuvanted, inactivated whole virus vaccine, for use globally. The vaccine, developed by Sinopharm/China National Biotec Group, was shown to be 79% against symptomatic infection 14 or more days after the second dose. See the Prevention section for more information.

Indian variant upgraded to variant of concern

- The VOC-21APR-02 (or B.1.617.2) variant, first identified in India, has been upgraded from a variant under investigation to a variant of concern in the UK. Travel-associated and locally-acquired cases have been reported in many countries around the world, including the UK. Preliminary evidence suggests the variant is at least as transmissible as the UK B.1.1.7 variant, but there is insufficient evidence to indicate whether it can cause more severe disease or render vaccines less effective. See the Etiology section for more information.

[12 May 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)
- Aplastic anemia (updated)
- Asthma (updated)
- Chronic pain (updated)
- Crohn disease (updated)
- HIV infection (updated)
- Obesity in adults (updated)
- Renal transplant (updated)
- Rheumatoid arthritis (updated)
- Systemic lupus erythematosus (updated)
- Ulcerative colitis (updated)

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](#)

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