

# COVID-19 Evidence Bulletin 11<sup>th</sup> September 2020

Details of new guidance and evidence relating to the response to COVID-19. Please check SaTH, NHS and Government guidance in conjunction with these resources where necessary.

## General

**Coronavirus disease 2019 (COVID-19): Outpatient evaluation and management in adults** [evidence summary from UpToDate]

Available [here](#). Last updated 3<sup>rd</sup> September

**Coronavirus disease 2019 (COVID-19): Management in hospitalized adults** [evidence summary from UpToDate]

Available [here](#). Last updated 9<sup>th</sup> September

**Coronavirus disease 2019 (COVID-19)** [evidence summary from BMJ Best Practice]

Available [here](#). Last updated 9<sup>th</sup> September

## Cancer Care

**Coronavirus disease 2019 (COVID-19): Screening, diagnosis, and treatment of cancer in uninfected patients during the pandemic** [evidence summary from UpToDate]

Available [here](#). Last updated 24<sup>th</sup> August

## Cardiovascular Care

**Incidence of Venous Thromboembolism in Hospitalized Coronavirus Disease 2019 Patients: A Systematic Review and Meta-Analysis** [Zhang C. *Frontiers in Cardiovascular Medicine*]

[This meta-analysis revealed that the estimated VTE incidence was 25% in hospitalized COVID-19 patients. Higher incidence of VTE was observed in COVID-19 patients with a severe condition or with a low rate of pharmacologic thromboprophylaxis. Assessment of VTE risk is strongly recommended in COVID-19 patients, and effective measures of thromboprophylaxis should be taken in a timely manner for patients with high risk of VTE.]

Available [here](#)

## Drug Therapy

**A living WHO guideline on drugs for covid-19** [Lamontagne, F. *BMJ*]

[The first version on this living guidance focuses on corticosteroids. It contains a strong recommendation for systemic corticosteroids in patients with severe and critical covid-19, and a weak or conditional recommendation against systemic corticosteroids in patients with non-severe covid-19. Corticosteroids are inexpensive and are on the World Health Organisation list of essential medicines.]

Available [here](#)

**Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19: A Meta-analysis** [The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group. *JAMA*]

[In this prospective meta-analysis of 7 randomized trials that included 1703 patients of whom 647 died, 28-day all-cause mortality was lower among patients who received corticosteroids compared with those who received usual care or placebo (summary odds ratio, 0.66).]

Available [here](#)

**WHO Guidance on Corticosteroids for COVID-19** [World Health Organization]

[WHO has published guidance for clinicians and health care decision-makers on the use of corticosteroids in patients with COVID-19. It recommends systemic corticosteroids for the treatment of patients with severe and critical COVID-19. We suggest not to use corticosteroids in the treatment of patients with non-severe COVID-19 as the treatment brought no benefits, and could even prove harmful. Treatment should be under supervision of a clinician.]

Available [here](#)

**Effect of Hydrocortisone on Mortality and Organ Support in Patients With Severe COVID-19: The REMAP-CAP COVID-19 Corticosteroid Domain Randomized Clinical Trial** [Writing Committee for the REMAP-CAP Investigators. *JAMA*]

[Among patients with severe COVID-19, treatment with a 7-day fixed-dose course of hydrocortisone or shock-dependent dosing of hydrocortisone, compared with no hydrocortisone, resulted in 93% and 80% probabilities of superiority with regard to the odds of improvement in organ support-free days within 21 days. However, the trial was stopped early and no treatment strategy met prespecified criteria for statistical superiority, precluding definitive conclusions.]

Available [here](#)

**A Randomized Clinical Trial of the Efficacy and Safety of Interferon beta-1a in Treatment of Severe COVID-19** [Davoudi-Monfared E. *Antimicrobial Agents and Chemotherapy*]

[Although IFN did not change the time to reach the clinical response, adding it to the national protocol significantly increased discharge rate on day 14 and decreased 28-day mortality.]

Available [here](#)

**Sofosbuvir and daclatasvir compared with standard of care in the treatment of patients admitted to hospital with moderate or severe coronavirus infection (COVID-19): a randomized controlled trial**

[Sadeghi A. *Journal of Antimicrobial Chemotherapy*]

Available [here](#)

**Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19: A Randomized Clinical Trial** [Spinner C. *JAMA*]

Available [here](#)

## Haematology

**Advice to clinicians on risk assessment for severe COVID-19 in patients with haemoglobinopathies and inherited rare anaemias** [National Haemoglobinopathy Panel]

[This document offers advice to Haemoglobinopathy practitioners if the situation arises that shielding is re-introduced. It also provides support for clinicians in having conversations about COVID-19 risk with patients.]

Available [here](#)

## Intensive Care

### **Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review** [Cochrane Database of Systematic Reviews]

[OBJECTIVES: To address how oxygen therapy should be targeted in adults with ARDS (particularly ARDS secondary to COVID-19 or other respiratory viruses) and requiring mechanical ventilation in an intensive care unit, and the impact oxygen therapy has on mortality, days ventilated, days of catecholamine use, requirement for renal replacement therapy, and quality of life.]

Available [here](#)

## Recovery and Rehabilitation

### **COVID-19: long-term health effects** [Public Health England]

[Information and guidance on persistent health problems reported following acute COVID-19 disease. There is accumulating evidence to suggest that cases of coronavirus (COVID-19) who have experienced both mild and severe symptoms can experience long-term health effects. This document provides information on the health problems reported in COVID-19 cases following acute disease, and guidance for healthcare professionals on how to advise recovering COVID-19 patients.]

Available [here](#)

### **Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic** [Scottish Government]

[The Scottish Government has published a strategic framework to inform and shape the provision of rehabilitation and recovery services across Scotland during and after the COVID-19 pandemic. It outlines a whole system approach, a Once for Scotland Rehabilitation Strategy, to deliver rehabilitation to everyone who needs it.]

Available [here](#)

### **Rehabilitation of patients post-COVID-19 infection: a literature review** [Demeco, A. *Journal of International Medical Research*]

[Given the lack of guidelines in English on the rehabilitation of COVID-19 patients, we conducted a review of the most recent reports.]

Available [here](#)

## Restarting Services

### **COVID-19: Guidance for the remobilisation of services within health and care settings: Infection prevention and control recommendations** [PHE]

Available [here](#). Last updated 26th August

## KnowledgeShare Evidence Alerts

KnowledgeShare contains many updates on COVID-19 that can be accessed from the [KnowledgeShare website](#) without a password. If you'd like to receive these by email (along with updates on any other topics of interest) please complete the [form](#).

## About this bulletin

The COVID-19 Evidence Bulletin is prepared by Shrewsbury and Telford Health Libraries. Links to the full-text of items listed is provided where available, but if you need copies of any items where no full-text is available, please request them the [Article Request](#) form. Some items require an [NHS OpenAthens](#) account.

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