

COVID-19 Evidence Bulletin 4th December 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): Management in hospitalized adults [evidence summary from UpToDate]

Available [here](#). Last updated 1st December

Coronavirus disease 2019 (COVID-19): Questions and answers [evidence summary from UpToDate]

Available [here](#). Last updated 24th November

Cancer Care

COVID-19 rapid guideline: delivery of systemic anticancer treatments [NICE]

[The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources during the COVID-19 pandemic, while protecting staff from infection. In November 2020, NICE removed the option to defer treatments that prevent long-term complications, and amended guidance on treatments suitable for home delivery.]

Available [here](#). Last updated 9th November

Management of primary hepatic malignancies during the COVID-19 pandemic: recommendations for risk mitigation from a multidisciplinary perspective [Barry A. *The Lancet Gastroenterology & Hepatology* 2020]

[We propose treatment recommendations related to COVID-19 for the different stages of hepatocellular carcinoma (ie, 0, A, B, and C), specifically in relation to surgery, locoregional therapies, and systemic therapy. We suggest potential strategies to modify risk during the pandemic and aid multidisciplinary treatment decision making. We also review the multidisciplinary management of intrahepatic cholangiocarcinoma as a potentially curable and incurable diagnosis in the setting of COVID-19.]

Available [here](#)

Cardiovascular Care

COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19 [NICE]

[This guideline covers pharmacological VTE prophylaxis for patients being treated for COVID-19 pneumonia. It includes patients receiving treatment in hospital or in a community setting such as a 'hospital at home' service or COVID-19 'virtual ward'. The guideline applies to all patients with COVID-19 pneumonia, including those who have other conditions.]

Available [here](#)

Convalescent Plasma

A Randomized Trial of Convalescent Plasma in Covid-19 Severe Pneumonia [Simonovich V. *New England Journal of Medicine*]

[We randomly assigned hospitalized adult patients with severe Covid-19 pneumonia in a 2:1 ratio (n=228:105) to receive convalescent plasma or placebo. The primary outcome was the patient's clinical status 30 days after the intervention, as measured on a six-point ordinal scale ranging from total recovery to death. No significant differences were observed in clinical status or overall mortality between patients treated with convalescent plasma and those who received placebo.]

Available [here](#)

Diagnosis

Thoracic imaging tests for the diagnosis of COVID-19 [Islam N. *Cochrane Database of Systematic Reviews*]

[Early research showed thoracic (chest) imaging to be sensitive but not specific in the diagnosis of coronavirus disease 2019 (COVID-19). However, this is a rapidly developing field and these findings need to be re-evaluated in the light of new research. This is the first update of this 'living systematic review'. This update focuses on people suspected of having COVID-19.]

Available [here](#)

Routine laboratory testing to determine if a patient has COVID-19 [Stegeman I. *Cochrane Database of Systematic Reviews*]

[BACKGROUND: Routine laboratory markers such as white blood cell count, measures of anticoagulation, C-reactive protein (CRP) and procalcitonin, are used to assess the clinical status of a patient. These laboratory tests may be useful for the triage of people with potential COVID-19 to prioritize them for different levels of treatment, especially in situations where time and resources are limited.]

Available [here](#)

Drug Therapy

Therapeutics and COVID-19: living guideline [WHO]

[The panel made a conditional recommendation against the use of remdesivir in hospitalized patients with COVID-19, regardless of disease severity. This guidance adds to recommendations published in the previous version: a strong recommendation for systemic corticosteroids in patients with severe and critical COVID-19, and a conditional recommendation against systemic corticosteroids in patients with non-severe COVID-19.]

Available [here](#)

Tocilizumab for patients admitted to ICU with COVID-19 Pneumonia (Adults) [MRHA]

[Following early positive signals of benefit from the immune modulation therapy domain of the REMAP-CAP platform trial, a UK wide position statement has been agreed to support off-label prescribing and access to tocilizumab, administered intravenously, for eligible COVID positive patients in the intensive care setting. The interim position statement will be reviewed as further evidence becomes available, including from the REMAP-CAP trial.]

Available [here](#)

Interim Position Statement: Tocilizumab for patients admitted to ICU with COVID-19 pneumonia (adults) [Chief Medical Officer]

[Following data from the REMAP-CAP trial, this position statement provides information to clinicians and healthcare organisations considering prescribing tocilizumab for COVID-19 pneumonia when the internal governance arrangements are in place.]

Available [here](#)

The Use of Therapeutic-Dose Anticoagulation and Its Effect on Mortality in Patients With COVID-19: A Systematic Review [Wijaya I. *Clinical and Applied Thrombosis/Hemostasis*]

[The incidence of venous thromboembolism (VTE) events in patients with COVID-19 treated with a standard thromboprophylaxis dose of anticoagulants remains high. We conducted a systematic review in order to explore the association between therapeutic-dose anticoagulation and its effect on mortality in patients with COVID-19. Of 8 studies in review, 3 retrospective cohort studies reported reduction in mortality rate, while 5 other studies showed no mortality benefits in this population.]

Available [here](#)

Antirheumatic Disease Therapies for the Treatment of COVID-19: A Systematic Review and Meta-Analysis [Putman M. *Arthritis & Rheumatology*]

[In this systematic review and meta-analysis, hydroxychloroquine use was not associated with benefit or harm regarding COVID-19 mortality. The evidence supporting the effect of other antirheumatic disease therapies in COVID-19 is currently inconclusive.]

Available [here](#)

Gastroenterology

Endoscopy in inflammatory bowel diseases during the COVID-19 pandemic and post-pandemic period [Iacucci M. *The Lancet Gastroenterology & Hepatology*]

[We highlight different scenarios in which endoscopy should still be performed urgently in patients with IBD, as well as recommendations regarding the use of personal protective equipment. We suggest a pathway for performing safe endoscopy and discuss the potential risks of postponing endoscopy in IBD. Finally, we propose a post-pandemic plan for access to endoscopy.]

Available [here](#)

Hepatology

Management of patients with liver derangement during the COVID-19 pandemic: an Asia-Pacific position statement [Wong GL. *The Lancet Gastroenterology & Hepatology*]

[Clinical scenarios covering the use of pharmacological treatment for COVID-19 in the case of liver derangement, and assessment and management of patients with chronic hepatitis B or hepatitis C, non-alcoholic fatty liver disease, liver cirrhosis, and liver transplantation during the pandemic are discussed.]

Available [here](#)

Immunity

Antibodies to SARS-CoV-2 are associated with protection against reinfection [medRxiv]

[Prior SARS-CoV-2 infection that generated antibody responses offered protection from reinfection for most people in the six months following infection. Further work is required to determine the long-term duration and correlates of post-infection immunity.]

Available [here](#). Please note: This article is a preprint and has not been peer-reviewed

Infectivity

SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis [Cevik M. *The Lancet Microbe*]

[Viral load kinetics and duration of viral shedding are important determinants for disease transmission. We aimed to characterise viral load dynamics, duration of viral RNA shedding, and viable virus shedding of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in various body fluids, and to compare SARS-CoV-2, SARS-CoV, and Middle East respiratory syndrome coronavirus (MERS-CoV) viral dynamics.] Available [here](#)

Intensive and Critical Care

Critically Ill Patients with COVID-19: A Narrative Review on Prone Position [Qadri SK. *Pulmonary Therapy*]

[Based on the findings of our review, we recommend prone position in patients with moderate to severe COVID-19 ARDS as per existing guidelines. A trial of prone position should be considered for non-intubated COVID-19 patients with hypoxemic respiratory failure, as long as this does not result in a delay in intubation.] Available [here](#)

Long COVID

Living with Covid-19 [National Institute for Health Research]

[A dynamic review of the evidence around ongoing Covid19 symptoms (often called Long Covid)] Available [here](#)

National guidance for post-COVID syndrome assessment clinics [NHS England]

[Commissioning guidance to assist local healthcare systems to establish post-COVID assessment clinics for patients experiencing long-term health effects following COVID-19 infection.] Available [here](#)

Long-COVID: An evolving problem with an extensive impact [Mendelson, M. *South African Medical Journal*]

[Persistence of symptoms or development of new symptoms relating to SARS-CoV-2 infection late in the course of COVID-19 is an increasingly recognised problem facing the globally infected population and its health systems. 'Long-COVID' or 'COVID long-haulers' generally describes those persons with COVID-19 who experience symptoms for >28 days after diagnosis, whether laboratory confirmed or clinical] Available [here](#)

'Long-COVID': a cross-sectional study of persisting symptoms, biomarker and imaging abnormalities following hospitalisation for COVID-19 [Mandal S. *Thorax*]

[Large numbers of people are being discharged from hospital following COVID-19 without assessment of recovery. In 384 patients (mean age 59.9 years; 62% male) followed a median 54 days post discharge, 53% reported persistent breathlessness, 34% cough and 69% fatigue. 14.6% had depression] Available [here](#)

Neonates

Characteristics and outcomes of neonatal SARS-CoV-2 infection in the UK: a prospective national cohort study using active surveillance [Gale C. *The Lancet Child & Adolescent Health*]

[Babies differ from older children with regard to their exposure to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). However, data describing the effect of SARS-CoV-2 in this group are scarce, and guidance is variable. We aimed to describe the incidence, characteristics, transmission, and outcomes of SARS-CoV-2 infection in neonates who received inpatient hospital care in the UK.]

Available [here](#)

Patient Flow

Designated settings for COVID-19 patients leaving hospital [CQC]

[CQC is working with the Department of Health and Social Care (DHSC), local authorities and individual care providers to provide assurance of safe and high-quality care in designated settings, which are part of a scheme to allow people with a COVID-positive test result to be discharged safely from hospitals.]

Available [here](#)

Service Development

What we have learned so far: Best practice and innovation during COVID-19 [NHS Confederation]

[This report from NHS Reset provides a snapshot of emerging insights behind the rapid innovation during the first wave of the COVID-19 pandemic. It signposts to a number of joint resources from the NHS Confederation, AHSN Network and the Health Foundation, which joined forces to explore this topic as part of the NHS Reset campaign, as well as further exploratory work from the three organisations.]

Available [here](#)

A roadmap to reset our shared future [NHS Confederation]

[In September 2020, leaders from the NHS and the independent sector came together in a virtual roundtable to discuss how to capitalise on the progress in collaborating that has been achieved during the pandemic response so far.]

Available [here](#)

Vaccination

Comparing COVID-19 Vaccines: Timelines, Types and Prices [BioSpace]

[A summary is provided of the top COVID-19 vaccine candidates, Pfizer-BioNTech, Moderna, AstraZeneca-University of Oxford, Johnson & Johnson, and Russia's Sputnik V Vaccine.]

Available [here](#)

COVID-19 vaccination programme [PHE]

[Documents relating to the new coronavirus (COVID-19) vaccination programme, including: COVID-19: vaccination programme guidance for healthcare practitioners, and COVID-19: the green book, chapter 14a.]

Available [here](#)

COVID-19 Update: Vaccines [Faculty of Occupational Medicine]

[The FOM has been asked for advice about the vaccination programme and one of our colleagues, a specialist in Occupational Medicine, is now involved in the planning process as Clinical OH Lead for the COVID vaccination programme at the Department of Health and Social Care.]

Available [here](#)

COVID-19 vaccination deployment strategy and operational readiness [NHS England and NHS Improvement]

Available [here](#)

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](#).

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For more information, please contact

Jason Curtis
Site Librarian
Shrewsbury Health Library
Learning Centre
Royal Shrewsbury Hospital
jason.curtis1@nhs.net
01743 492511

Louise Stevens
Site Librarian
Telford Health Library
Education Centre
Princess Royal Hospital
l.stevens@nhs.net
01952 641222 Ext. 4694 or Ext. 4440