

COVID-19 Evidence Bulletin 18th 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.

BAME Community

Racial and Ethnic Disparities in COVID-19–Related Infections, Hospitalizations, and Deaths: A Systematic Review [Mackey K. *Annals of Internal Medicine*]

[African American/Black and Hispanic populations experience disproportionately higher rates of SARS-CoV-2 infection and COVID-19–related mortality but similar rates of case fatality. Differences in health care access and exposure risk may be driving higher infection and mortality rates.]

Available [here](#)

Cancer Care

The effect of clinical decision making for initiation of systemic anticancer treatments in response to the COVID-19 pandemic in England: a retrospective analysis [Clark JJ. *The Lancet Oncology*]

[After the onset of the COVID-19 pandemic, there was a reduction in systemic anticancer treatment initiation in England. However, following introduction of treatment options to reduce patient risk, registrations began to increase in May, 2020, and reached higher numbers than the pre-pandemic mean in June, 2020, when other clinical and societal risk mitigation factors (such as telephone consultations, facemasks and physical distancing) are likely to have contributed.]

Available [here](#)

Cardiovascular Care

Coronavirus disease 2019 in adults with congenital heart disease: a position paper from the ESC working group of adult congenital heart disease, and the International Society for Adult Congenital Heart Disease [Diller G-P. *European Heart Journal*]

[In this article, we aim to discuss the broad impact of COVID-19 on ACHD patients, focusing specifically on pathophysiology, risk stratification for work, self-isolation, hospitalization, impact on pregnancy, psychosocial health, and longer-term implications for the provision of ACHD care.]

Available [here](#)

Coexisting Conditions

Guidelines recommend measures to manage acute and chronic conditions during the COVID-19 pandemic: updated [evidence summary from BMJ Best Practice]

[Further guidelines have been published to inform the management of patients with coexisting conditions during the COVID-19 pandemic. New this update: Chronic obstructive lung disease (updated), Diabetes (type 1) (updated), Haematopoietic stem cell transplantation (updated), Substance use disorders]

Available [here](#). Last updated 8th December

Dermatology

COVID-19 and Skin Manifestations: An Overview of Case Reports/Case Series and Meta-Analysis of Prevalence Studies [Sameni F. *Frontiers in Medicine*]

[Evaluation of the results of the case reports/case series revealed that, out of 54 patients with COVID-19, 48 patients (88.8%) showed skin manifestations. Erythematous rash (59.1%) and urticaria (14.8%) were the most common skin manifestation reported in studied patients.]

Available [here](#)

Cutaneous manifestations of coronavirus disease 2019 in 458 confirmed cases: A systematic review [Jindal R. *Journal of Family Medicine and Primary Care*]

[In 10% of cases, skin lesions appeared before systemic manifestations. The most common cutaneous manifestation was macular/maculo-papular rash (42.5%), followed by acute urticaria (17.9%), vesicular rash (15.3%), pseudo-chilblain or acral purpuric lesions (15.1), and livedo-reticularis (4.4%).]

Available [here](#)

Dermatologic manifestations of COVID-19: a comprehensive systematic review [Mirza FN. *International Journal of Dermatology*]

[From 86 retrieved studies, we collated data on 2,560 patients with dermatologic manifestations of COVID-19. The most common findings were chilblains/pernio-like lesion (51.5%), erythematous maculopapular rashes (13.3%), and viral exanthem (7.7%). Dermatologic findings may play an important role in identifying cases early and serve as an important proxy to manage spread.]

Available [here](#)

Drug Therapy

Clarification on the use of Tocilizumab for critically ill patients with COVID-19 [Faculty of Intensive Care Medicine/Intensive Care Society]

[A joint statement from the Faculty of Intensive Care Medicine and the Intensive Care Society.]

Available [here](#)

Metformin and risk of mortality in patients hospitalised with COVID-19: a retrospective cohort analysis [Bramante CT. *The Lancet Healthy Longevity*]

[Metformin was significantly associated with reduced mortality in women with obesity or type 2 diabetes who were admitted to hospital for COVID-19. Prospective studies are needed to understand mechanism and causality. If findings are reproducible, metformin could be widely distributed for prevention of COVID-19 mortality, because it is safe and inexpensive.]

Available [here](#)

Intensive and Critical Care

BDA Critical Care Specialist Group COVID-19 Best Practice Guidance: Feeding Patients on Critical Care Units in the Prone Position (awake and sedated) [British Dietetic Association]

[Placing the patient in the prone position is a strategy frequently undertaken for patients with COVID-19, particularly in mechanically ventilated patients during the first surge. Whilst there is little published evidence regarding enteral feeding in the prone position it has historically been thought to carry some risk of aspiration of gastric contents.]

Available [here](#)

Ventilation management and clinical outcomes in invasively ventilated patients with COVID-19 (PRoVENT-COVID): a national, multicentre, observational cohort study [Botta M. *The Lancet Respiratory Medicine*]

[The findings of this national study provide a basis for new hypotheses and sample size calculations for future trials of invasive ventilation for COVID-19. These data could also help in the interpretation of findings from other studies of ventilation practice and outcomes in invasively ventilated patients with COVID-19.]

Available [here](#)

Long COVID

Patient outcomes after hospitalisation with COVID-19 and implications for follow-up: results from a prospective UK cohort [Arnold, DT. *Thorax*]

Available [here](#)

Persistent symptoms 1.5-6 months after COVID-19 in non-hospitalised subjects: a population-based cohort study [Stavem, K. *Thorax*]

Available [here](#)

A national survey of community rehabilitation service provision for people with long Covid in Scotland [Duncan, E. *F1000 Research*]

[Community rehabilitation for people with long Covid is an emerging reality. This survey provides a national picture of current community rehabilitation for people with long Covid.]

Available [here](#). Please note: This article has not yet been peer-reviewed

Facing up to long COVID [editorial in *The Lancet*]

Available [here](#)

COVID-19 Symptoms: Longitudinal Evolution and Persistence in Outpatient Settings [Nehme, M. *Annals of Internal Medicine*]

[Patients with COVID-19 develop an array of symptoms that evolve over time. Recognizing the persistence of symptoms could legitimize patients' concerns in an unknown and new disease. Adequate communication can provide reassurance, reduce anxiety, and potentially optimize recovery.]

Available [here](#)

Prognosis

Clinical features of COVID-19 mortality: development and validation of a clinical prediction model [Yadaw AS. *The Lancet Digital Health*]

[An accurate and parsimonious COVID-19 mortality prediction model based on three features might have utility in clinical settings to guide the management and prognostication of patients affected by this disease. External validation of this prediction model in other populations is needed.]

Available [here](#)

Service Development

Digital health and Covid-19: a PRSB consultation [Professional Records Standards Body For Health And Social Care]

[This report examines the digital transformation of health and care services during the pandemic and recommends how the system can use the lessons from Covid-19 to advance digital change, while maintaining safety and prioritising citizens' needs. The report is based on consultation with more than 100 PRSB members and partners including the Royal Colleges, social care system leaders, health care providers, patient groups, regulators and others.]

Available [here](#)

Staff Engagement and Wellbeing

Lessons learned in staff engagement during COVID-19 [NHS Employers]

[In this case study, we explore how Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust has modified its local tools to gain feedback from staff during the COVID-19 pandemic.]

Available [here](#)

The courage to be kind: reflecting on the role of kindness in the healthcare response to Covid-19

[Carnegie UK Trust]

[This report draws on a series of reflective conversations with five medics working in different parts of NHS Scotland. The conversations reflected on what can be achieved when united by a common purpose, and when work is underpinned by relationships and collaboration. But alongside the opportunities presented by changes in practice and a renewed focus on wellbeing, there was concern that this may be lost amid a focus on remobilising and 'getting back to normal'.]

Available [here](#)

Testing

Clinical impact of molecular point-of-care testing for suspected COVID-19 in hospital (COV-19POC): a prospective, interventional, non-randomised, controlled study [Brendish NJ. *The Lancet Respiratory Medicine*]

[Point-of-care testing is associated with large reductions in time to results and could lead to improvements in infection control measures and patient flow compared with centralised laboratory PCR testing.]

Available [here](#)

Alternative clinical specimens for the detection of SARS-CoV-2: A rapid review [Comber. *Reviews in Medical Virology*]

[The collection of nasopharyngeal swabs to test for the presence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an invasive technique with implications for patients and clinicians. Alternative clinical specimens from the upper respiratory tract may offer benefits. Depending on the test environment, these clinical specimens may offer a viable alternative to standard. However, at present the evidence is limited, of variable quality, and relatively inconsistent.]

Available [here](#)

Vaccination

Pfizer Vaccine FAQs [Shrewsbury and Telford Hospital NHS Trust]

Available on the SaTH Intranet [here](#)

Safety and efficacy of the ChAdOx1 nCoV-19 [Oxford-AstraZeneca] vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK

[Voysey, M. *The Lancet*]

[A safe and efficacious vaccine against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), if deployed with high coverage, could contribute to the control of the COVID-19 pandemic. We evaluated the safety and efficacy of the ChAdOx1 nCoV-19 vaccine in a pooled interim analysis of four trials]

Available [here](#)

FDA Briefing Document: Pfizer-BioNTech COVID-19 Vaccine [United States Food and Drug Administration]

Available [here](#)

Safety and Efficacy of the BNT162b2 mRNA [Pfizer-BioNTech] Covid-19 Vaccine [Polack F. *New England Journal of Medicine*]

[A two-dose regimen of BNT162b2 conferred 95% protection against Covid-19 in persons 16 years of age or older. Safety over a median of 2 months was similar to that of other viral vaccines.]

Available [here](#)

Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBIBP-CorV [Sinopharm]: a randomised, double-blind, placebo-controlled, phase 1/2 trial [Xia S. *The Lancet Infectious Diseases*]

[The inactivated SARS-CoV-2 vaccine, BBIBP-CorV, is safe and well tolerated at all tested doses in two age groups. Humoral responses against SARS-CoV-2 were induced in all vaccine recipients on day 42. Two-dose immunisation with 4 µg vaccine on days 0 and 21 or days 0 and 28 achieved higher neutralising antibody titres than the single 8 µg dose or 4 µg dose on days 0 and 14.]

Available [here](#)

Pharmacy Institutional Readiness for Management of Pfizer-BioNTech Covid-19 vaccine - Guidance for Chief Pharmacists [Specialist Pharmacy Service]

[Document outlines the medicines management responsibilities of Chief Pharmacists for Mass Vaccination, Hub and Non Hub Trust sites, and to provide supporting guidance and resources in relation to safe storage and distribution and oversight of vaccine handling and preparation.]

Available [here](#)

COVID-19: vaccination programme guidance for healthcare practitioners [Public Health England].

[Guidance for healthcare practitioners about the coronavirus (COVID-19) vaccination programme. 4 December 2020: Update report: details on page 3.]

Available [here](#)

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

[Letter to Chief Executives of all NHS trusts and foundation trusts from Emily Lawson and Sue Harriman on the COVID-19 vaccination programme setting out what the NHS and Government will provide nationally, and what we expect the NHS working with local government and other partners locally to deliver.]

Available [here](#)

Pfizer-BioNTech COVID-19 Vaccine summary of guidance for Healthcare Professionals [Specialist Pharmacy Service]

[This page summarises and signposts to publicly available information that we're aware of from professional and government bodies relating to the Pfizer-BioNTech COVID-19 vaccine. Published 10 December]

Available [here](#)

Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 2 December 2020

[Department of Health and Social Care]

[Advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the groups that should be prioritised for vaccination. 3 December.]

Available [here](#)

COVID-19: the green book, chapter 14a [Public Health England]

[Coronavirus (COVID-19) vaccination information for public health professionals]

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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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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