

COVID-19 Evidence Bulletin

6th January 2021

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.

Antibody Treatment

REGN-COV2, a Neutralizing Antibody Cocktail, in Outpatients with Covid-19 [Weinreich D. *New England Journal of Medicine*]

[In this ongoing, double-blind trial involving nonhospitalized patients (n=275) with Covid-19, we investigated two fully human, neutralizing monoclonal antibodies against SARS-CoV-2 spike protein, used in a combined cocktail to reduce the risk of the emergence of treatment-resistant mutant virus. In this interim analysis, the REGN-COV2 cocktail reduced viral load, with a greater effect in patients whose immune response had not yet been initiated or who had a high viral load at baseline.]

Available [here](#)

BAME Community

COVID-19: pre-existing health conditions and ethnicity [Public Health England and Race Disparity Unit]
[Report assessing whether the inequalities in diagnosis and death from COVID-19 between ethnic groups can be explained by pre-existing health conditions.]

Available [here](#)

Coronavirus and ethnicity: a summary of what we know [Office for National Statistics]

[Article bringing together previously released analysis from ONS about how people in society are affected by Coronavirus by ethnicity.]

Available [here](#)

Coronavirus and the social impacts on different ethnic groups in the UK: 2020 [Office for National Statistics]

[Estimates from the Understanding Society: COVID-19 Study, 2020, UK Household Longitudinal Study (UKHLS) and Wealth and Assets Survey (WAS) to explore the social impacts of the coronavirus (COVID-19) pandemic on people from different ethnic groups in the UK.]

Available [here](#)

Unequal impact? Coronavirus and BAME people [House of Commons Women and Equalities Committee]

[This report outlines the findings of an inquiry that aimed to explore the pre-existing inequalities facing people from ethnic minorities and how these inequalities have impacted on their vulnerability to the virus. It makes a series of recommendations to help mitigate the impacts of the pandemic on ethnic minority groups.]

Available [here](#)

Diabetes

Summary of COVID-19 medicines guidance: Diabetes [Specialist Pharmacy Service]

[This page summarises and signposts to medicine related guidance we're aware of from professional and government bodies relating to coronavirus and diabetes.]

Available [here](#)

Association Between Achieving Inpatient Glycemic Control and Clinical Outcomes in Hospitalized Patients With COVID-19: A Multicenter, Retrospective Hospital-Based Analysis [Klonoff DC. *Diabetes Care*]

[Both hyperglycemia and hypoglycemia were associated with poor outcomes in patients with COVID-19. Admission glucose was a strong predictor of death among patients directly admitted to the ICU. Severe hyperglycemia after admission was a strong predictor of death among non-ICU patients.]

Available [here](#)

Drug Therapy

Azithromycin in the management of COVID-19 positive patients [Department of Health and Social Care]

[It is now recommended that azithromycin should NOT be used in the management of confirmed or suspected COVID-19 infection in hospitalised patients unless there are additional indications for which its use remains appropriate (see Product Details). Within primary care the use of azithromycin and other antimicrobials, specifically in the treatment of COVID-19 infection, should be solely within the context of a trial.]

Available [here](#)

Tocilizumab in Patients Hospitalized with Covid-19 Pneumonia [Salama C. *New England Journal of Medicine*]

[In hospitalized patients (n=389) with Covid-19 pneumonia who were not receiving mechanical ventilation, tocilizumab reduced the likelihood of progression to the composite outcome of mechanical ventilation or death, but it did not improve survival.]

Available [here](#)

Baricitinib plus Remdesivir for Hospitalized Adults with Covid-19 [Kalil A. *New England Journal of Medicine*]

[1033 patients were randomized . Patients receiving baricitinib plus Remdesivir had a median time to recovery of 7 days (95% CI, 6 to 8), compared to 8 days (95% CI, 7 to 9) with Remdesivir alone. Patients receiving high-flow oxygen or noninvasive ventilation had a time to recovery of 10 days with combination treatment and 18 days with control. The 28-day mortality was 5.1% in the combination group and 7.8% in the control group (hazard ratio for death, 0.65; 95% CI, 0.39 to 1.09).]

Available [here](#)

Summary of COVID-19 medicines guidance: Later life [Specialist Pharmacy Service]

[This page summarises and signposts to medicine related guidance we're aware of from professional and government bodies relating to coronavirus and later life disorders.]

Available [here](#)

Endocrinology

Summary of COVID-19 medicines guidance: Endocrine system disorders [Specialist Pharmacy Service]
[This article summarises and signposts to medicine related guidance from professional and government bodies relating to coronavirus and endocrine system disorders and includes guidance on androgen replacement therapy, fertility treatment and more.]

Available [here](#)

Ethics

Ethical dimensions of COVID-19 for frontline staff [Royal College of Physicians]
[Supported by more than a dozen other health organisations, the guidance reminds frontline staff that while so much has changed during the pandemic, they still need to ensure that care is provided in a fair and equitable way. Beds – including Intensive Therapy Unit (ITU) beds – should still be allocated according to continual assessment so that patients in most need are prioritised. The presence or absence of COVID-19 should not be a limiting factor in treatment decisions.]

Available [here](#)

Haematology

COVID-19 Vaccine in patients with haematological disorders [British Society for Haematology]
[This statement has been produced by the British Society for Haematology and has been reviewed by the Intercollegiate Committee on Haematology, on behalf of the Royal College of Physicians of London and the Royal College of Pathologists. Specialist haematology groups have also contributed.]

Available [here](#)

Immunity

Reinfection with COVID-19 [evidence search carried out by library staff]

Available [here](#)

Infection Control

COVID-19: guidance for stepdown of infection control precautions within hospitals and discharging COVID-19 patients from hospital to home settings [Public Health England]

[Advice on appropriate infection prevention and control (IPC) precautions for stepdown in hospital or discharge to home or residential settings. 18 December 2020: Updated to include information on designated settings and exemption from re-testing.]

Available [here](#)

Influenza

Comparative evaluation of clinical manifestations and risk of death in patients admitted to hospital with covid-19 and seasonal influenza: cohort study [Xie Y. *BMJ*]

[Among people admitted to hospital, compared with seasonal influenza, covid-19 was associated with increased risk of extrapulmonary organ dysfunction, death, and increased health resource use. The findings may inform the global discussion about the comparative risks of covid-19 and seasonal influenza and may help the ongoing effort to manage the covid-19 global pandemic.]

Available [here](#)

Intensive and Critical Care

Therapeutic anticoagulation (Heparin) in the management of severe covid-19 patients [Department of Health and Social Care]

[Therapeutic doses of either unfractionated heparin (UFH) or subcutaneous low molecular weight heparin (LMWH) should not be offered in the treatment of patients with COVID-19, unless there is a standard indication for therapeutic anti-coagulation, such as the acute management of acute deep vein thromboses or pulmonary emboli, or as part of a clinical trial.]

Available [here](#)

Advice for the use of atracurium in anaesthesia and intensive care [Faculty of Intensive Care Medicine]

[The second surge in cases of COVID-19 has created increased demand for the non-depolarising neuromuscular blocking drug atracurium, and this drug is now subject to a supply disruption alert. There are currently no other significant demand pressures reported for drugs used in anaesthesia and critical care. Sets out advice to healthcare professionals working in anaesthesia and intensive care]

Available [here](#)

Long COVID

Estimating the prevalence of long-COVID symptoms and COVID-19 complications [Office for National Statistics]

[Estimates of the prevalence and duration of long-COVID symptoms, and rates of adverse events for hospitalised COVID-19 patients compared with those for matched control patients.]

Available [here](#)

Persistent symptoms after Covid-19: qualitative study of 114 "long Covid" patients and draft quality principles for services [Ladds E. *BMC Health Services Research*]

[Suggested quality principles for a long Covid service include ensuring access to care, reducing burden of illness, taking clinical responsibility and providing continuity of care, multi-disciplinary rehabilitation, evidence-based investigation and management, and further development of the knowledge base and clinical services.]

Available [here](#)

COVID-19 rapid guideline: managing the long-term effects of COVID-19 [NICE]

[This guideline covers identifying, assessing and managing the long-term effects of COVID-19, often described as 'long COVID'. It makes recommendations about care in all healthcare settings for adults, children and young people who have new or ongoing symptoms 4 weeks or more after the start of acute COVID-19. It also includes advice on organising services for long COVID.]

Available [here](#)

Obstetrics and Gynaecology

The safety of COVID-19 vaccines when given in pregnancy [Public Health England]

[There is no known risk with giving inactivated virus or bacterial vaccines or toxoids during pregnancy or whilst breast-feeding. However, the COVID-19 vaccines have not yet been tested in pregnancy, so it has been advised that until more information is available, pregnant women should not routinely have these vaccines]

Available [here](#)

Paediatrics

Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multicentre collaborative study [Lindan CE. *The Lancet Child & Adolescent Health*]

[Acute-phase and delayed-phase SARS-CoV-2-related CNS abnormalities are seen in children. Recurring patterns of disease and atypical neuroimaging manifestations can be found and should be recognised being as potentially due to SARS-CoV-2 infection as an underlying aetiological factor. Studies of paediatric specific cohorts are needed to better understand the effects of SARS-CoV-2 infection on the CNS at presentation and on long-term follow-up in children.]

Available [here](#)

Respiratory Care

Defining and managing COVID-19-associated pulmonary aspergillosis: the 2020 ECMM/ISHAM consensus criteria for research and clinical guidance [Koehler P. *The Lancet Infectious Diseases*]

[Our guidance aims to facilitate both clinical trials and clinical management to further improve the understanding of CAPA. Over time, new insights will be used to further improve the definitions and the management algorithms. Future studies on CAPA are needed to elucidate the role of host factors and immunological defence, differentiate pulmonary versus tracheobronchitis phenotypes of aspergillosis, and address an array of diagnosis and management concerns.]

Available [here](#)

Service Development

Digital health and COVID-19: a PRSB consultation [Professional Record Standards Body]

[An examination of 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 citizen's needs. Based on consultation with more than 100 PRSB members and partners.]

Available [here](#)

Staff Engagement and Wellbeing

A Guide to Promoting Health Care Workforce Well-Being During and After the COVID-19 Pandemic

[Institute for Healthcare Improvement]

[This guide provides ideas and lessons learnt to improve the wellbeing of the health care workforce, including actions that individuals, leaders and organisations can take to support the health care workforce during the Covid-19 pandemic and beyond. It aims to support health care leaders at all levels with actionable tools for combating health care workforce burnout, fatigue and emotional distress.]

Available [here](#)

Surgery

Guidance for surgeons and surgical teams managing vaccinated patients from the Surgical Royal Colleges of the United Kingdom [Surgical Royal Colleges of the United Kingdom]

[With the Pfizer COVID-19 vaccination now available for selected individuals, and a good safety profile documented, the Surgical Royal Colleges have issued advice]

Available [here](#)

Testing

Rapid evaluation confirms lateral flow devices effective in detecting new COVID-19 variant [Public Health England]

[Public Health England (PHE) has confirmed that lateral flow devices (LFDs) used in mass testing can detect the new COVID-19 variant.]

Available [here](#)

Rapid triage for COVID-19 using routine clinical data for patients attending hospital: development and prospective validation of an artificial intelligence screening test [Soltan AAS. *The Lancet Digital Health*]

[Our models performed effectively as a screening test for COVID-19, excluding the illness with high-confidence by use of clinical data routinely available within 1 h of presentation to hospital. Our approach is rapidly scalable, fitting within the existing laboratory testing infrastructure and standard of care of hospitals in high-income and middle-income countries.]

Available [here](#)

Vaccination

COVID-19 vaccination implementation – rapid reviews of the evidence [Public Health Wales Observatory]

[A number of rapid reviews on COVID-19 vaccination including: Communication to address concerns and encourage vaccine uptake; Managing expectations among groups not prioritised for early vaccination; Accessibility of mass vaccination; Digital systems to manage appointments and record vaccine administration in non-healthcare settings; Safe management of post vaccination recovery in non-health care settings.]

Available [here](#)

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

[43,448 participants received injections: 21,720 with BNT162b2 and 21,728 with placebo. There were 8 cases of Covid-19 with onset at least 7 days after the second dose among participants assigned to receive BNT162b2 and 162 cases among those assigned to placebo; BNT162b2 was 95% effective in preventing Covid-19 (95% credible interval, 90.3 to 97.6). A two-dose regimen of BNT162b2 conferred 95% protection against Covid-19 in persons 16 years of age or older.]

Available [here](#)

Excipients information for Pfizer-BioNTech COVID-19 Vaccine [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. This page highlights available data about the excipients contained in the vaccine and any potential adverse effects. The excipients in the vaccine may need to be considered by special patient groups e.g. vegans.]

Available [here](#)

Vitamin D

COVID-19 rapid guideline: vitamin D [NICE]

[The recommendations bring together: evidence from published literature on vitamin D supplementation for preventing or treating COVID-19, associations of vitamin D status with COVID-19, and indirect evidence on vitamin D supplementation for preventing acute respiratory tract infection in the general population (from the updated Scientific Advisory Committee on Nutrition rapid review); existing national guidance and policies (including UK government advice on taking a vitamin D supplement)]

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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