

# COVID-19 Evidence Bulletin

# 18<sup>th</sup> 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.

## Allergy and Immunology

**Summary of COVID-19 medicines guidance: Allergy and immunology** [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 allergy and immunology conditions.]  
Available [here](#)

## BAME Community

**Perspectives from the front line: The disproportionate impact of COVID-19 on BME communities** [NHS Confederation]  
[This report finds that the effects of longstanding health and socio-economic inequalities and institutional racism lie behind the disproportionate impact of Covid-19 on people from black and minority ethnic (BME) backgrounds. It distils the findings of a research study into the underlying factors. It is based on interviews with BME NHS leaders, clinicians, community organisations and service users, and a survey of more than 100 members of the NHS Confederation's BME Leadership Network.]  
Available [here](#)

## Convalescent Plasma

**Early High-Titer Plasma Therapy to Prevent Severe Covid-19 in Older Adults** [Libster R. *New England Journal of Medicine*]  
[We conducted an RCT of convalescent plasma with high IgG titers against SARS-CoV-2 in older adult patients within 72 hours after the onset of mild Covid-19 symptoms. 160 patients underwent randomization. Severe respiratory disease developed in 13 of 80 patients (16%) who received convalescent plasma and 25 of 80 patients (31%) who received placebo (relative risk, 0.52; 95% confidence interval [CI], 0.29 to 0.94; P=0.03), with a relative risk reduction of 48%.]  
Available [here](#)

## Delirium

**Prevalence and risk factors for delirium in critically ill patients with COVID-19 (COVID-D): a multicentre cohort study** [Pun BT. *The Lancet Respiratory Medicine*]  
[Acute brain dysfunction was highly prevalent and prolonged in critically ill patients with COVID-19. Benzodiazepine use and lack of family visitation were identified as modifiable risk factors for delirium, and thus these data present an opportunity to reduce acute brain dysfunction in patients with COVID-19.]  
Available [here](#)

## Diabetes

### **Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland** [McGurnaghan SJ. *The Lancet Diabetes & Endocrinology*]

[Overall risks of fatal or critical care unit-treated COVID-19 were substantially elevated in those with type 1 and type 2 diabetes compared with the background population. The risk of fatal or critical care unit-treated COVID-19, and therefore the need for special protective measures, varies widely among those with diabetes but can be predicted reasonably well using previous clinical history.]

Available [here](#)

## Gastroenterology

### **British Society of Gastroenterology Inflammatory Bowel Disease Section and IBD Clinical Research Group position statement on SARS-CoV2 Vaccination** [British Society of Gastroenterology]

[We strongly support SARS-CoV2 vaccination for patients with IBD. The risks of SARS-CoV2 vaccination in IBD patients are anticipated to be very low. In IBD patients taking immunosuppressive drugs, including biologics and small molecule inhibitors, the key concerns are related to the theoretical risk of sub-optimal vaccine responses rather than vaccine side effects. We recommend that IBD patients accept whichever approved SARS-CoV2 vaccination is offered to them.]

Available [here](#)

### **Joint statement on vaccination for Sars-CoV2 in patients with liver disease** [British Society of Gastroenterology/British Association for the Study of the Liver/NHS Blood & Transplant/British Liver Trust]

["We recommend that patients with chronic liver disease, autoimmune hepatitis and those post-liver transplant should consider vaccination for Sars-CoV2 with any of the available vaccines"]

Available [here](#)

## HIV

### **APPG on HIV and AIDS Report: COVID-19 and HIV** [The APPG on HIV and AIDS, House of Commons]

[The report looks at the impact of the coronavirus pandemic and subsequent government actions on people living with HIV and on HIV treatment and prevention. It recommends that the UK Government ensures global health funding is sufficient to ensure global access to treatment and actively engages with communities in the UK at higher risk from the impacts of COVID-19 and HIV.]

Available [here](#)

## Immunity

### **Past COVID-19 infection provides some immunity but people may still carry and transmit virus** [Public Health England]

[Study finds past coronavirus (COVID-19) infection provides some immunity for at least 5 months, but people may still carry and transmit the

Available [here](#)

**Do antibody positive healthcare workers have lower SARS-CoV-2 infection rates than antibody negative healthcare workers? Large multi-centre prospective cohort study (the SIREN study), England: June to November 2020** [Hall, V et al. *MedRxiv*]

[A prior history of SARS-CoV-2 infection was associated with an 83% lower risk of infection, with median protective effect observed five months following primary infection. This is the minimum likely effect as seroconversions were not included]

Available [here](#). Please note, this article is a preprint and has not been peer reviewed so should not be used to guide clinical practice.

## Infection Control

**Simple summary of ventilation actions to mitigate the risk of COVID-19** [SAGE Environment and Modelling Group]

[The potential for aerosol transmission and the role of ventilation and air cleaning have been previously considered by the SAGE Environmental and Modelling Group (EMG). This paper aims to summarise, in an accessible way, why ventilation is important and the key practical steps that could be taken to improve ventilation to mitigate the risk of SARS-CoV-2 transmission]

Available [here](#)

## Long COVID

**6-month consequences of COVID-19 in patients discharged from hospital: a cohort study** [Huang C. *The Lancet*]

[At 6 months after acute infection, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severe impaired pulmonary diffusion capacities and abnormal chest imaging manifestations, and are the main target population for intervention of long-term recovery.]

Available [here](#)

**Coronavirus disease 2019 (COVID-19): Evaluation and management of adults following acute viral illness** [evidence summary from UpToDate]

Available [here](#)

## Obstetrics and Gynaecology

**COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding**

[The vaccines have not yet been tested in pregnancy, so until more information is available, those who are pregnant should not routinely have this vaccine. Non-clinical evidence is required before any clinical studies in pregnancy can start, and before that, it is usual to not recommend routine vaccination during pregnancy]

Available [here](#)

## Physiotherapy

**ATACP Recommendations for safe aquatic physiotherapy practice in relation to the COVID-19 pandemic** [Aquatic Therapy Association of Chartered Physiotherapists]

[These recommendations are made to minimise risk related to COVID-19 when providing aquatic physiotherapy in a hydrotherapy pool. The treatment of COVID-19 patients is not included within these recommendations.]

Available [here](#)

## Rheumatology

### **Temporal trends in severe COVID-19 outcomes in patients with rheumatic disease: a cohort study**

[Jorge A. *The Lancet Rheumatology*]

[The risks of severe COVID-19 outcomes have improved over time in patients with rheumatic and musculoskeletal disease but remain substantial. These findings might reflect ascertainment of milder cases in the later cohort and improvements in treatment and supportive care.]

Available [here](#)

## Service Development

### **Clinical practice guide for improving the management of adult COVID-19 patients in secondary care: Shared learning from high performing trusts during COVID-19 pandemic** [Getting it Right First Time]

[Summarises challenges faced and responses used by high performing trusts visited as part of the GIRFT cross-specialty COVID-19 deep dives, as well as identifying successful innovations they implemented. Covers infection prevention and control, emergency medicine, critical care and anaesthesia, acute and general medicine, respiratory medicine, geriatric medicine and community care and diabetes. Cross cutting themes: Trust leadership and management, research and clinical coding]

Available [here](#)

## Vaccination

### **COVID-19 vaccines (Pfizer/BioNTech and COVID-19 Vaccine AstraZeneca): current advice** [MHRA]

[Recent advice from the MHRA on the COVID-19 vaccines authorised for use in the UK, including advice for people with allergies and for women during pregnancy and breastfeeding]

Available [here](#)

### **COVID-19: Vaccinations and older people** [British Geriatrics Society]

[Position paper bringing together current information on vaccination, including BGS statements, Q&As and useful external links.]

Available [here](#)

### **Regulatory approval of COVID-19 Vaccine AstraZeneca** [MHRA]

[Information for healthcare professionals and the public about the COVID-19 Vaccine AstraZeneca]

Available [here](#). Last updated 7<sup>th</sup> January

### **Maintaining Safety with SARS-CoV-2 Vaccines** [Castells M. *New England Journal of Medicine*]

[Overview of the information and concerns relating to cases of anaphylaxis following administration of the Pfizer-BioNTech mRNA vaccine. Cases on the USA suggest that the incidence of anaphylaxis is approximately 10 times as high as the incidence reported with all previous vaccines (1 in 100,000 compared to 1 in 1,000,000).]

Available [here](#)

### **Efficacy and Safety of the mRNA-1273 [Moderna] SARS-CoV-2 Vaccine** [Baden L. *New England Journal of Medicine*]

[This phase 3 RCT trial (n=30,420) assigned participants in a 1:1 ratio to receive either the mRNA-1273 vaccine or placebo. Symptomatic Covid-19 was confirmed in 185 people in the placebo group (56.5 per 1000 person-years) and in 11 in the mRNA-1273 group (3.3 per 1000 person-years); vaccine efficacy was 94.1% (95% CI, 89.3 to 96.8%; P<0.001). 30 cases of severe Covid-19 occurred all in the placebo group. Aside from transient local and systemic reactions, no safety concerns were identified.]

Available [here](#)

### **JCVI issues advice on the AstraZeneca COVID-19 vaccine** [Public Health England]

[The Joint Committee on Vaccination and Immunisation (JCVI) has issued its advice on the AstraZeneca COVID-19 vaccine.]

Available [here](#)

### **Access Consortium statement on COVID-19 vaccines evidence** [MHRA]

[This collective statement from medicine regulators from Australia, Canada, Singapore, Switzerland and the UK discusses the regulatory evidence requirements for COVID-19 vaccine approvals and considerations for post-market pharmacovigilance.]

Available [here](#)

### **Coronavirus disease 2019 (COVID-19): Vaccines to prevent SARS-CoV-2 infection** [evidence summary from UpToDate]

Available [here](#). Last updated 15<sup>th</sup> January

## **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**

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