

COVID-19 Evidence Bulletin

28th 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.

General

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

[Includes the ability to include certain patient co-morbidities to produce a tailored treatment algorithm]
Available [here](#). Last updated 21st January

BAME Communities

Personal protective equipment, ethnic minorities and occupational risk in Emergency Departments during the COVID-19 pandemic [Royal College of Emergency Medicine]

[This paper outlines the disparities highlighted from the RCEM survey and other surveys, reviews the existing research on ethnic minority disparities in access to PPE, and suggests recommendations to improve equity moving forward.]

Available [here](#)

Perspectives from the front line: The disproportionate impact of COVID-19 on BME communities [NHS Confederation BME Leadership Network]

[A report into the disproportionate impact of coronavirus on BAME communities based on interviews with BME NHS leaders, clinicians, community organisations and service users, as well as a survey of more than 100 members of the BME Leadership Network. Overwhelmingly, participants point to long-standing inequalities and institutional racism as root causes.]

Available [here](#)

Blood and Organ Donation

SARS-CoV-2 RNA detected in blood products from patients with COVID-19 is not associated with infectious virus [Andersson MI. *Wellcome Open Research*]

[vRNA was detectable at low viral loads in a minority of serum samples collected in acute infection, but was not associated with infectious SARS-CoV-2 (within the limitations of the assays used). This work helps to inform biosafety precautions for handling blood products from patients with current or previous COVID-19.]

Available [here](#)

Dermatology

Cutaneous Manifestations in Confirmed COVID-19 Patients: A Systematic Review [Conforti C. *Biology*]
[Chilblain-like lesions were more frequent in the younger population and were linked to a milder disease course, while fixed livedo racemosa and retiform purpura appeared in older patients and seemed to predict a more severe prognosis. These cutaneous manifestations may aid in identifying otherwise asymptomatic COVID-19 carriers in some cases or predict a more severe evolution in others.]

Available [here](#)

A systematic review on treatment-related mucocutaneous reactions in COVID-19 patients [Nobari NN. *Dermatologic Therapy*]

[In the setting of HCQ, specific reactions like AGEP should be considered. Lopinavir/ritonavir is the most prevalent used drug among antivirals with the highest skin adverse reaction; ribarivin and remdisivir also could induce cutaneous drug reactions but favipiravir has no or less adverse effects. Logically the rate of dermatologic adverse effects among antivirals may relate to their frequency of usage. Rarely, potentially life-threatening reactions may occur. Better management strategies could be achieved by knowing more about drug-induced mucocutaneous presentations of COVID-19]

Available [here](#)

Drug Therapy

Effect of tocilizumab on clinical outcomes at 15 days in patients with severe or critical coronavirus disease 2019: randomised controlled trial [Veiga VC. *BMJ*]

[In patients with severe or critical covid-19, tocilizumab plus standard care was not superior to standard care alone in improving clinical outcomes at 15 days, and it might increase mortality.]

Available [here](#)

COVID-19 rapid evidence summary: Tocilizumab for COVID-19 [NICE]

[Unpublished preliminary evidence from the REMAP-CAP study has suggested that tocilizumab is beneficial in adults with severe COVID-19 who are critically ill and receiving respiratory or cardiovascular organ support in an intensive care setting (all randomised within 24 hours of starting organ support).]

Available [here](#)

COVID-19 rapid evidence summary: Sarilumab for COVID-19 [NICE]

[Preliminary evidence from the REMAP-CAP study has suggested that sarilumab is beneficial in adults with severe COVID-19 who are critically ill and receiving respiratory or cardiovascular organ support in an intensive care setting. Sarilumab was given within about 24 hours of starting organ support.]

Available [here](#)

Positive results from COLCORONA trial suggest colchicine reduces risk of COVID-19-related complications [Biospace Inc]

[Positive results from COLCORONA trial show that colchicine is the only effective oral medication for treating non-hospitalized patients. Preliminary results (n=4488) demonstrated colchicine reduced risk of death or hospitalisations by 21% vs placebo. Analysis (n=4159 with positive PCR test) demonstrated a reduction of hospitalisations by 25%, requirement for ventilation by 50%, and mortality by 44% vs placebo.]

Available [here](#)

Emergency Care

Ambulances Handover Delays: Options Appraisal to Support Good Decision Making [Royal College of Emergency Medicine/College of Paramedics]

[This document is designed to inform and support senior managers within acute hospitals and ambulance services with operational responsibility for ambulance handovers.]

Available [here](#)

Predicting severe COVID-19 in the Emergency Department [Holten AR et al. *Resuscitation Plus*]

{NEWS2 predicted severe COVID-19 disease more accurately than SIRS and qSOFA, but not significantly better than CURB65 and PSI. NEWS2 may be a useful screening tool in evaluating COVID-19 patients during hospital admission.}

Available [here](#)

Frailty

COVID-19: Frailty scores and outcomes in older people [British Geriatrics Society]

[This page brings together studies specifically examining the link between frailty and COVID-19 outcomes in acute care. It is intended that it will be updated every month following a review of the literature to provide an update on any frailty and COVID-19 papers]

Available [here](#)

Gastroenterology

An Update to Information and Guidance for Endoscopy Services in the COVID-19 Pandemic [British Society of Gastroenterology]

[This updated guidance recognises that there is regional variation in the severity of the current phase of the pandemic: in some areas hospitals are already overwhelmed and elective services have been stopped, while other areas are still able to run some, if not all, elective endoscopy. We hope this update will help local teams maintain endoscopy activity as much as possible and/or facilitate earlier and faster resumption of activity as local circumstances allow in the weeks to come]

Available [here](#)

Impact of the COVID-19 pandemic on the detection and management of colorectal cancer in England: a population-based study [Morris EJA. *The Lancet Gastroenterology & Hepatology*]

[The COVID-19 pandemic has led to a sustained reduction in the number of people referred, diagnosed, and treated for colorectal cancer. By October, 2020, achievement of care pathway targets had returned to 2019 levels, albeit with smaller volumes of patients and with modifications to usual practice. As pressure grows in the NHS due to the second wave of COVID-19, urgent action is needed to address the growing burden of undetected and untreated colorectal cancer in England.]

Available [here](#)

Triage guidance for upper gastrointestinal physiology investigations during restoration of services during the COVID-19 pandemic [British Society of Gastroenterology]

[The following article provides a framework for triaging patients referred into upper GI physiology services using standardised decision making based on clinical need. These triaging guidelines were initially compiled by the authors and subsequently subject to review and approval by the AGIP council, an elective group comprising representatives from the Gastroenterology, Surgery, Physiology and the Healthcare Science workforces.]

Available [here](#)

Haematology

Clinical characteristics and outcomes of COVID-19 in haematopoietic stem-cell transplantation recipients: an observational cohort study [Sharma A. *The Lancet Haematology*]

[Haematopoietic stem-cell transplantation (HSCT) recipients are considered at high risk of poor outcomes after COVID-19 on the basis of their immunosuppressed status. Recipients of autologous and allogeneic HSCT who develop COVID-19 have poor overall survival. These data emphasise the need for stringent surveillance and aggressive treatment measures in HSCT recipients who develop COVID-19.]

Available [here](#)

Infection Control

COVID-19 and healthcare workers: a rapid systematic review into risks and preventive measures

[Gross JV. *BMJ Open*]

[Due to widespread exposure of HCW to SARS-CoV-2, workplaces in healthcare must be as safe as possible. Information from HCW can provide valuable insights into how infections spread, into direct and indirect health effects and into how effectively counter-measures mitigate adverse health outcomes. However, available research disallows to judge which counter-measure(s) of a current 'mix' should be prioritised for HCW.]

Available [here](#)

Intensive and Critical Care

Coronavirus disease 2019 (COVID-19): Critical care and airway management issues [evidence summary from UpToDate]

Available [here](#). Last updated 14th January

Long COVID

Coronavirus: Long Covid [House of Commons Library]

[This briefing provide an overview of long Covid, the impacts of this condition and the development of clinical guidance and services for those affected. It also provides links to further reading and Parliamentary material.]

Available [here](#)

Long COVID: An Emerging Puzzle [Manolis AS. *Rhythmos*]

[Some patients, estimated at ~10%, recovering from COVID-19 infection may have persistent (>4-12 weeks) symptoms and/or prolonged organ dysfunction attributed to COVID-19 infection (long Covid). The facets of this long Covid syndrome are slowly emerging and the chronic impact of this viral pandemic is gradually unfolding]

Available [here](#)

2021—the year of reconditioning [Gray, M. *Lancet Healthy Longevity*]

Available [here](#)

Report on Long COVID [Independent SAGE]

[Long COVID – when symptoms of COVID last for many weeks and months – affects people of all ages and even those with mild initial symptoms. Current best estimates are that between 5-10% of people who get COVID will develop Long COVID. We don't yet know how long it takes for lingering symptoms (most commonly fatigue) to resolve, but for some people there will be permanent organ damage. New specialised services are being set up to help those with Long COVID recover. These need to be expanded across the country and existing national guidelines communicated to all clinicians.]

Available [here](#)

Vaccination

Reporting suspected COVID-19 vaccine side effects, and potential product defects or counterfeit products [Specialist Pharmacy Service]

[Advice on reporting suspected side effects to COVID-19 vaccines. Also correct mechanisms for reporting suspected defective products and counterfeit products.]

Available [here](#)

Principles for COVID-19 Vaccination in Musculoskeletal and Rheumatology for Clinicians [Arthritis and Musculoskeletal Alliance]

[All patients should be encouraged to receive one of the COVID-19 vaccines. This is regardless of their treatment regimen or underlying diagnosis. The benefits of the COVID-19 vaccination outweigh the risks and by having the vaccine, this will reduce the risk of developing severe complications due to COVID-19.]

Available [here](#)

Regulatory approval of COVID-19 Vaccine Moderna [MHRA]

[Information for healthcare professionals and the public about the COVID-19 Vaccine Moderna, approved by the MHRA on 8 January 2021.]

Available [here](#)

SARS-CoV-2 vaccination for patients with inflammatory bowel disease: a British Society of Gastroenterology Inflammatory Bowel Disease section and IBD Clinical Research Group position statement [Alexander JL. *The Lancet Gastroenterology & Hepatology*]

[Position statement suggests despite conceptual concerns that protective immune responses to SARS-CoV-2 vaccination may be diminished in some patients with IBD, such as those taking anti-TNF drugs, the benefits of vaccination are likely to outweigh these theoretical concerns.]

Available [here](#)

Vitamin D

Vitamin D for vulnerable groups [Department of Health and Social Care]

[Guidance for vulnerable groups offered vitamin D supplements by the government this winter]

Available [here](#). Last updated 15th 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

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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