

COVID-19 Evidence Bulletin

9th April 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

COVID-19 rapid guideline: managing COVID-19 [NICE]

[This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together our existing recommendations on managing COVID-19 so that healthcare staff and those planning and delivering services can find and use them more easily. The guideline includes new recommendations on therapeutics, and we will update the guideline further as new evidence emerges.]

Available [here](#)

Convalescent Plasma

Convalescent Plasma in the Management of Hospitalised Patients with COVID-19 [MHRA]

[It is now recommended that convalescent plasma is NOT used in the management of hospitalised patients with confirmed or suspected SARS-CoV-2 infection.]

Available [here](#)

Dermatology

Skin manifestations in COVID-19 patients, state of the art. A systematic review [

Perna A. *International Journal of Dermatology*]

[Results: Chilblains are very common among skin lesions and represent almost half of all skin lesions reported (46%); in 75% of patients with cutaneous manifestation, the latter presented before other typical clinical manifestation of COVID-19. Vasculitis or thrombosis was identified in almost 70% of patients who suffered from skin manifestations.]

Available [here](#)

Drug Therapy

Update to living systematic review on drug treatments for covid-19 [BMJ]

[The latest version of this living systematic review includes results for new interventions angiotensin-converting enzyme inhibitors, anakinra, full dose anticoagulation, ivermectin, ivermectin plus doxycycline, JAK inhibitors, lopinavir-ritonavir plus interferon-beta, peginterferon lambda, proxalutamide, sulodexide, vitamin C, and vitamin D (but certainty is generally low or very low).]

Available [here](#). Last updated 6th April

Mavrilimumab in patients with severe COVID-19 pneumonia and systemic hyperinflammation (MASH-COVID): an investigator initiated, multicentre, double-blind, randomised, placebo-controlled trial

[Cremer PC. *The Lancet Rheumatology*]

[In patients with COVID-19, granulocyte-macrophage colony stimulating factor (GM-CSF) might be a mediator of the hyperactive inflammatory response associated with respiratory failure and death. There was no significant difference in the proportion of patients alive and off oxygen therapy at day 14, although benefit or harm of mavrilimumab therapy in this patient population remains possible given the wide confidence intervals, and larger trials should be completed.]

Available [here](#)

Current evidence for COVID-19 therapies: a systematic literature review [*European respiratory review*].

[This review highlights the need for well-designed clinical trials of therapeutic interventions for COVID-19 to increase the quality of available evidence. It also emphasises the importance of tailoring interventions to disease stage and severity for maximum efficacy.]

Available [here](#)

Emergency Care

SARS-CoV-2 viral load in nasopharyngeal swabs in the emergency department does not predict COVID-19 severity and mortality [Le Borgne P. *Academic Emergency Medicine*]

[Respiratory viral load measurement on the first nasopharyngeal swab (by RT-PCR) during initial ED management is neither a predictor of severity nor a predictor of mortality in SARS-CoV-2 infection. Host response to this viral infection along with the extent of preexisting comorbidities might be more foretelling of disease severity than the virus itself.]

Available [here](#)

Health Services

State of health and care: the NHS Long Term Plan after Covid-19 [Institute for Public Policy Research]

[After a decade of austerity, the NHS long-term plan was meant to be a turning point for health care. However, those plans have been severely disrupted by the coronavirus pandemic. This analysis shows the scale of the damage done by the pandemic across several major health conditions. It recommends a package of six ambitious changes to 'build back better'.]

Available [here](#)

Rest, recover, restore: getting UK health services back on track [BMA]

[This report states that the Covid-19 pandemic has left the health service running on empty, with staff burnt out, disillusioned, and even considering leaving the NHS as a result of the intense pressures and stress of the past year. It sets out a series of recommendations to UK governments to ensure that services resume safely for both staff and patients.]

Available [here](#)

Knowledge Management

Learning about learning: lessons on effective knowledge networks to support pandemic response [Institute for Healthcare Improvement]

[A re-examination of knowledge networks by the IHI, asking what is durable from our prior experience and what is new and findings about learning networks that work. Includes a collection of articles, papers, and books from IHI on the topic to date.]

Available [here](#)

Long COVID

Living with Covid19 – Second review [National Institute for Health Research]

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

Available [here](#)

COVID-19: Evaluation and management of adults following acute viral illness [evidence summary from UpToDate]

Available [here](#). Last updated 2nd April

Limited recovery from post-acute sequelae of SARS-CoV-2 (PASC) at eight months in a prospective cohort [Darley D. *medRxiv*]

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

Cognitive impairments four months after COVID-19 hospital discharge: Pattern, severity and association with illness variables [Miskowiak KW. *European Neuropsychopharmacology* Volume 46 p. 39-48]

[Most patients show cognitive impairment months after hospitalization with COVID-19. Cognitive impairments correlate with subjective cognitive problems and quality of life. Cognitive impairments scale with pulmonary dysfunction and d-dimer during illness.]

Available [here](#)

Rehabilitation of adults who are hospitalised due to acute Covid-19 or long Covid: physiotherapy service delivery [Chartered Society of Physiotherapy]

[The standards apply to rehabilitation for any episode of care in a hospital setting. This includes people who were not admitted to hospital during the acute stage of Covid-19 infection and readmission of people who were hospitalised due to acute Covid-19. The standards do not apply to end of life rehabilitation care pathways.]

Available [here](#)

Characterizing Long COVID in an International Cohort: 7 Months of Symptoms and Their Impact [Davis HE. *medRxiv*]

[Patients with Long COVID report prolonged multisystem involvement and significant disability. Most had not returned to previous levels of work by 6 months. Many patients are not recovered by 7 months, and continue to experience significant symptom burden.]

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

Physical, cognitive and mental health impacts of COVID-19 following hospitalisation – a multi-centre prospective cohort study [PHOSP-COVID Collaborative Group. *medRxiv*]

[We identified factors related to recovery from a hospital admission with COVID-19 and four different phenotypes relating to the severity of physical, mental, and cognitive health five months later. The implications for clinical care include the potential to stratify care and the need for a pro-active approach with wide-access to COVID-19 holistic clinical services.]

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

Paediatrics

Multisystem inflammatory syndrome in pediatric COVID-19 patients: a meta-analysis [Duchesne J. *World Journal of Pediatrics*]

[Recognizing the typical and atypical presentation of the multisystem inflammatory syndrome in pediatric COVID-19 patients has important implications in identifying children at risk. Monitoring cardiac and renal decompensation and early interventions in patients with multisystem inflammatory syndrome is critical to prevent further morbidity.]

Available [here](#)

Respiratory Care

Impact of COVID-19 national lockdown on asthma exacerbations: interrupted time-series analysis of English primary care data [Shah SA. *Thorax*]

[There has been a significant reduction in attendance to primary care for asthma exacerbations during the pandemic. This reduction was observed in all age groups, both sexes and across most regions in England.]

Available [here](#)

Staff Wellbeing and Engagement

Putting people first: supporting NHS staff in the aftermath of Covid-19 [NHS Confederation]

[Caring for patients and service users during the Covid-19 pandemic has taken an enormous toll on NHS and social care staff. This report, part of the NHS Reset campaign, considers the five key factors needed for the NHS to provide the most effective environment to retain – and sustain – staff over the weeks and months ahead.]

Available [here](#)

Workplace factors associated with mental health of healthcare workers during the COVID-19 pandemic: an international cross-sectional study [Khajuria A. *BMC Health Services Research*]

[This is the first international study, demonstrating that workplace factors, including PPE availability, staff training pre-redeployment, and provision of mental health support, are significantly associated with mental health during COVID-19. Governments, policy-makers and other stakeholders need to ensure provision of these to safeguard HCWs' mental health, for future waves and other pandemics.]

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](#).

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 may require an [NHS OpenAthens account](#).

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