

COVID-19 Evidence Bulletin

7th May 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.

BAME Community

Ethnic differences in SARS-CoV-2 infection and COVID-19-related hospitalisation, intensive care unit admission, and death in 17 million adults in England: an observational cohort study using the OpenSAFELY platform [Mathur R. *The Lancet*]

[Some minority ethnic populations in England have excess risks of testing positive for SARS-CoV-2 and of adverse COVID-19 outcomes compared with the White population, even after accounting for differences in sociodemographic, clinical, and household characteristics. Tackling ethnic inequalities will require action across many fronts, including reducing structural inequalities, addressing barriers to equitable care, and improving uptake of testing and vaccination.]

Available [here](#)

BMI

Associations between body-mass index and COVID-19 severity in 6.9 million people in England: a prospective, community-based, cohort study [Gao M. *The Lancet Diabetes & Endocrinology*]

[At a BMI of more than 23 kg/m², we found a linear increase in risk of severe COVID-19 leading to admission to hospital and death, and a linear increase in admission to an ICU across the whole BMI range, which is not attributable to excess risks of related diseases. The relative risk due to increasing BMI is particularly notable people younger than 40 years and of Black ethnicity.]

Available [here](#)

Cardiovascular Care

CVD prevention during and after the COVID-19 pandemic: Guidance for integrated care systems [Oxford Academic Health Science Network].

[This document is aimed at individuals and teams within ICS, STPs and CCGs who are responsible for planning and/or delivering CVD prevention programmes. It sets out pragmatic guidance for starting or recommencing these programmes during the COVID-19 pandemic.]

Available [here](#)

Drug Therapy

Tocilizumab in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial [RECOVERY Collaborative Group. *The Lancet*]

[In hospitalised COVID-19 patients with hypoxia and systemic inflammation, tocilizumab improved survival and other clinical outcomes. These benefits were seen regardless of the amount of respiratory support and were additional to the benefits of systemic corticosteroids.]

Available [here](#)

The effect of tocilizumab on COVID-19 patient mortality: A systematic review and meta-analysis of randomized controlled trials [Lin W-T. *International Immunopharmacology*]

[Tocilizumab does not provide a survival benefit for patients with COVID-19, but it may help reduce the risk of MV and ICU admission. In addition, tocilizumab is a safe agent to use for the treatment of COVID-19.]

Available [here](#)

Education

Risk factors associated with physician trainee concern over missed educational opportunities during the COVID-19 pandemic [Lou SS. *BMC Medical Education*]

[The COVID-19 pandemic resulted in a transformation of clinical care practices to protect both patients and providers. These changes led to a decrease in patient volume, impacting physician trainee education due to lost clinical and didactic opportunities. We measured the prevalence of trainee concern over missed educational opportunities and investigated the risk factors leading to such concerns.]

Available [here](#)

Health Services Restoration and Renewal

Cataract Service during and after COVID-19 pandemic [Royal College of Ophthalmologists]

[In this focus article, we discuss how cataract services have been disturbed, how we may recover and whether changes adopted now could continue to be of benefit beyond the pandemic.]

Available [here](#)

Securing a positive health care technology legacy from COVID-19 [The Health Foundation]

[Explores the challenges of implementing health care technologies and investigates patient and staff experiences of technology during the first phase of the coronavirus (COVID-19) pandemic.]

Available [here](#)

Long COVID

COVID-19: long-term health effects [Public Health England]

[Information and guidance on persistent health problems reported following acute COVID-19 disease. There is accumulating evidence to suggest that cases of coronavirus (COVID-19) who have experienced both mild and severe symptoms can experience long-term health effects. This document provides information on the health problems reported in COVID-19 cases following acute disease, and guidance for healthcare professionals on how to advise recovering COVID-19 patients.]

Available [here](#)

Long COVID and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)—A Systemic Review and Comparison of Clinical Presentation and Symptomatology [Wong, TL *Medica*]

[Early studies into long COVID symptomatology suggest many overlaps with clinical presentation of ME/CFS. The need for monitoring and treatment for patients post-COVID is evident. Advancements and standardization of long COVID research methodologies would improve the quality of future research, and may allow further investigations into the similarities and differences between long COVID and ME/CFS]

Available [here](#)

Clinical Guidelines: Long COVID-19 [OHSU Long COVID-19 Clinical Guidelines Team]

[Oregon Health & Science University Clinical consensus guidelines for patients with chronic COVID-19 symptoms, also known as “long-haulers.”]

Available [here](#)

The Chronic Effects of COVID-19 or “Long COVID” [Singhal, T. *The Indian Practitioner*]

[Patients with post COVID-19 symptoms should be first evaluated in primary care and those with serious issues referred to appropriate specialties. The others should be provided with supportive and symptomatic care including respiratory care, nutrition, immunization, men-tal health support, management of comorbidities and if indicated anticoagulation and treatment of infections. The routine use of steroids, antifibrotics, anticoagulants, anti depressents and antibiotics in these patients should be avoided.]

Available [here](#)

In the wake of the pandemic: Preparing for Long COVID [European Observatory on Health Systems and Policies]

[Long COVID has a serious impact on people’s ability to go back to work or have a social life. It affects their mental health and may have significant economic consequences for them, their families and for society. Policy responses need to take account of the complexity of Long COVID and how what is known about it is evolving rapidly.]

Available [here](#)

A Multidisciplinary NHS COVID-19 Service to Manage Post-COVID-19 Syndrome in the Community

[Parkin, A. *Journal of Primary Care and Community Health*]

[To support the recovery of this group of people, a unique integrated rehabilitation pathway was developed following extensive service evaluations by Leeds Primary Care Services, Leeds Community Healthcare NHS Trust and Leeds Teaching Hospital NHS Trust. The pathway aligns itself to the NHS England “Five-point plan” to embed post-COVID-19 syndrome assessment clinics across England, supporting the comprehensive medical assessment and rehabilitation intervention for patients in the community.]

Available [here](#)

What might long COVID mean for the nation’s health? [The Health Foundation]

[The Health Foundation’s COVID-19 impact inquiry team has reviewed emerging evidence on long COVID. Here we summarise our findings to date.]

Available [here](#)

Vaccination

Effects of BNT162b2 mRNA vaccine [Pfizer/BioNTech] on Covid-19 infection and hospitalisation among older people: matched case control study for England [NHS England & NHS Improvement / University of Manchester; 2021]

[Receipt of the BNT162b2 mRNA vaccine is effective at reducing Covid-19 hospitalisations and infections. The nationwide vaccination of older adults in England with the BNT162b2 mRNA vaccine reduced the burden of Covid-19.]

Available [here](#)

Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study [Menni C. *The Lancet Infectious Diseases*]

[The Pfizer-BioNTech (BNT162b2) and the Oxford-AstraZeneca (ChAdOx1 nCoV-19) COVID-19 vaccines have shown excellent safety and efficacy in phase 3 trials. Systemic and local side-effects after BNT162b2 and ChAdOx1 nCoV-19 vaccination occur at frequencies lower than reported in phase 3 trials. Both vaccines decrease the risk of SARS-CoV-2 infection after 12 days.]

Available [here](#)

Safety and immunogenicity of one versus two doses of the COVID-19 vaccine BNT162b2 [Pfizer/BioNTech] for patients with cancer: interim analysis of a prospective observational study

[Monin L. *The Lancet Oncology*]

[In patients with cancer, one dose of the BNT162b2 vaccine yields poor efficacy. Immunogenicity increased significantly in patients with solid cancer within 2 weeks of a vaccine boost at day 21 after the first dose. These data support prioritisation of patients with cancer for an early (day 21) second dose of the BNT162b2 vaccine.]

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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