

# COVID-19 Evidence Bulletin

4<sup>th</sup> June 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]

[NICE are continually monitoring the evidence and updating the guideline as new information emerges. Priority areas for update include recommendations on azithromycin and heparins. On 27 May 2021 NICE added new recommendations on colchicine to treat COVID-19 and updated existing recommendations on remdesivir for COVID-19 pneumonia.]

Available [here](#)

## Cancer Care

### **Clinician FAQs and guidance on covid-19 vaccine for patients receiving systemic anti-cancer therapy (SACT), version 4.0** [UK Chemotherapy Board]

[This document has been revised to include updated information on the Pfizer/BioNTech COVID-19 vaccine, Oxford University/AstraZeneca vaccine and Moderna vaccine, reflecting updated guidance from JCVI and the MHRA. May 2021.]

Available [here](#)

## Drug Therapy

### **Insufficient data on use of inhaled corticosteroids to treat COVID-19** [European Medicines Agency]

[EMA's COVID-19 taskforce (COVID-ETF) is advising healthcare professionals that there is currently insufficient evidence that inhaled corticosteroids are beneficial for people with COVID-19. Although the taskforce found no safety risks from studies so far, it could not exclude the possibility of harm from the use of inhaled corticosteroids in patients with COVID-19 who have normal levels of oxygen.]

Available [here](#)

### **DPP-4 inhibitors may improve the mortality of coronavirus disease 2019: A meta-analysis** [Yang Y. *PLoS One*]

[Review of 4 studies (n=1,933) found the use of DPP-4 inhibitors was associated with lower mortality vs no treatment OR 0.58, 95%CI 0.34-0.99). Authors highlight, as few relevant studies are available, more large-scale studies need to be performed.]

Available [here](#)

### **Comparison of infection risks and clinical outcomes in patients with and without SARS-CoV-2 lung infection under renin–angiotensin–aldosterone system blockade: Systematic review and meta-analysis** [Chu C. *British Journal of Clinical Pharmacology*]

[ACEIs reduce the risk of getting infected with the SARS-CoV-2 virus. Blocking the RAAS may decrease all-cause mortality in COVID-19 patients. ACEIs also reduce the risk of non-COVID pneumonia. All-cause mortality due to non-COVID pneumonia is reduced by ACEI and potentially by ARBs.]

Available [here](#)

### **Corticosteroid therapy for COVID-19: A systematic review and meta-analysis of randomized controlled trials** [Pulakurthi YS. *Medicine*]

[Corticosteroid treatment can reduce the odds for mortality and the need for mechanical ventilation in severe COVID-19 patients.]

Available [here](#)

## **Health Services Restoration and Renewal**

### **A New Deal for Surgery** [Royal College of Surgeons]

[Latest figures show the largest ever recorded NHS waiting list in England of 4.95 million people, including more than 430,000 waiting over a year. In addition, there is a ‘hidden waiting list’ of people who have not yet come forward or who have not yet been referred for hospital treatment. Estimates vary, but could mean the waiting list growing to a figure of 9.7 million by 2023/24. Our report, New Deal for Surgery, highlights the challenges that exist and provides recommendations for recovery.]

Available [here](#)

### **Leadership and innovation during Covid-19: lessons from the Cardiff and Vale Health System** [King’s Fund]

[Early in the Covid-19 pandemic, clinicians at the Cardiff and Vale University Health Board realised that they would have to make rapid changes to prevent the widespread cancellation of elective surgery. A core team of staff started meeting in a lecture theatre every morning and evening to work on the redesign. They fell into a particular ‘battle routine’: identifying problems in the morning, coming up with solutions by lunchtime and presenting the proposals back to colleagues in the evening.]

Available [here](#)

### **What impact has Covid-19 had on cancer services?** [Nuffield Trust]

[Despite plans to maintain cancer treatment during the pandemic, there has been widespread disruption. Here we examine how activity levels for different cancer types have varied during the pandemic.]

Available [here](#)

## **Long COVID**

### **Characteristics and predictors of acute and chronic post-COVID syndrome: A systematic review and meta-analysis** [EClinical Medicine, *The Lancet*]

[A significant proportion of individuals experience lingering and debilitating symptoms following acute COVID-19 infection. NICE have coined the persistent cluster of symptoms as post-COVID syndrome. The aim of this review was to detail the prevalence of clinical features and identify potential predictors for acute and chronic post-COVID syndrome.]

Available [here](#)

### **The high mental health burden of “Long COVID” and its association with on-going physical and respiratory symptoms in all adults discharged from hospital** [*The European Respiratory Journal*]

[A study has examined the mental health burden of Long Covid and its association with ongoing physical and respiratory symptoms in adults discharged from hospital.]

Available [here](#)

### **Long COVID or post-COVID-19 syndrome: putative pathophysiology, risk factors, and treatments** [Yong, SJ. *Infectious Diseases*]

While preliminary evidence suggests that personalized rehabilitation training may help certain long COVID cases, therapeutic drugs repurposed from other similar conditions, such as myalgic encephalomyelitis or chronic fatigue syndrome, postural orthostatic tachycardia syndrome, and mast cell activation syndrome, also hold potential. In sum, this review hopes to provide the current understanding of what is known about long COVID.

Available [here](#)

### **Sequelae, persistent symptomatology and outcomes after COVID-19 hospitalization: the ANCOHVID multicentre 6-month follow-up study** [Romero-Duarte, A. *BMC Medicine*]

[COVID-19 cases requiring hospitalization during the first wave of the pandemic developed a significant range of mid- to long-term SPS. A detailed list of symptoms and outcomes is provided in this multicentre study. Identification of possible factors associated with these SPS could be useful to optimize preventive follow-up strategies in primary care for the coming months of the pandemic.]

Available [here](#)

## **Musculoskeletal**

### **American College of Rheumatology Guidance for COVID-19 Vaccination in Patients With Rheumatic and Musculoskeletal Diseases: Version 1** [Curtis JR. *Arthritis & Rheumatology*]

[Despite a paucity of direct evidence, 74 draft guidance statements were developed by the task force and agreed upon with consensus to provide guidance for use of the COVID-19 vaccines in RMD patients and to offer recommendations regarding the use and timing of immunomodulatory therapies around the time of vaccination.]

Available [here](#)

## **Obstetrics**

### **Maternal and perinatal outcomes of pregnant women with SARS-CoV-2 infection at the time of birth in England: national cohort study** [*American Journal of Obstetrics and Gynecology*]

[From the RCOG news item: "The study by the National Maternity and Perinatal Audit found that pregnant women who tested positive for COVID-19 in England at the time of birth had higher rates of stillbirth or a preterm birth; however, the actual increases remain low. Data were analysed from more than 340,000 births in England, in which around 3,500 women had tested positive for COVID-19 around the time of birth, between May 2020 and January 2021."]

Available [here](#)

## Renal Care

### **Critical analysis of acute kidney injury in pediatric COVID-19 patients in the intensive care unit**

[*Pediatric nephrology*]

[AKI has shown to be a negative prognostic factor in adult patients with COVID-19 and now also in the pediatric cohort with high incidence and mortality rates. Additionally, our findings show a strong comparison in epidemiology between adult and pediatric COVID-19 patients; however, they need to be confirmed with additional data and studies.]

Available [here](#)

## Staff Wellbeing

### **Psychological distress during the acceleration phase of the COVID-19 pandemic: a survey of doctors practising in emergency medicine, anaesthesia and intensive care medicine in the UK and Ireland**

[Roberts T. *Emergency Medicine Journal*]

[Findings indicate that during the acceleration phase of the COVID-19 pandemic, almost half of frontline doctors working in acute care reported psychological distress as measured by the GHQ-12. Findings from this study should inform strategies to optimise preparedness and explore modifiable factors associated with increased psychological distress in the short and long term.]

Available [here](#)

### **The importance of understanding burnout: an oncology nurse perspective** [Nwanya, M. *British Journal of Nursing*]

[The literature suggests the major causes of burnout arise in the workplace, particularly aspects of the environment that prevent nurses from working according to their values. Although burnout is frequently attributed to workplace factors, interventions remain focused on individuals' coping mechanisms and rarely on the workplace factors that are known to cause it.]

Available [here](#). NHS OpenAthens account required

## Vitamin D

### **Vitamin D supplementation for the treatment of COVID-19: a living systematic review** [Stroehlein

JK. *Cochrane Database of Systematic Reviews*]

[OBJECTIVES: To assess whether vitamin D supplementation is effective and safe for the treatment of COVID-19 in comparison to an active comparator, placebo, or standard of care alone, and to maintain the currency of the evidence, using a living systematic review approach.]

Available [here](#)

## Vaccination

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

[The MHRA has granted COVID-19 Vaccine Janssen a Conditional Marketing Authorisation for prevention COVID-19 caused by SARS-CoV-2 in adults (aged  $\geq 18$ ). The Summary of Product Characteristics and Patient Information Leaflet are now available.]

Available [here](#)

### **Dosing information for COVID-19 Vaccines** [Specialist Pharmacy Service]

[This page discusses current recommendations regarding dose scheduling of Covid-19 vaccines, actions to be taken when the intervals are longer than or less than recommended, and the use of alternative brands for second doses.]

Available [here](#)

### **COVID-19 vaccination programme: FAQs on second doses, version2, 20 May 2021** [NHS England & NHS Improvement]

Available [here](#). Last updated 20<sup>th</sup> May

### **COVID-19 vaccination: accelerating second doses for priority cohorts 1-9** [NHS England & NHS Improvement]

[Letter from Emily Lawson (SRO Vaccine Deployment, NHS England and NHS Improvement), Dr Nikki Kanani (Medical Director for Primary Care) and Eleanor Kelly (LA CEO advisor). In response to advice from the independent JCVI, the Government sets out further action aimed at tackling rising cases of the COVID-19 B1.617.2 variant.]

Available [here](#)

### **Management of patients presenting to the Emergency Department/ Acute Medicine with symptoms 5-42 days post Astra Zeneca vaccine** [Royal College of Physicians]

[VITT is a rare disorder occurring after COVID-19 vaccination that leads to blood clots in multiple organ sites. If left untreated, the risk of death is over 50%.]

Available [here](#)

### **Information and guidance specific to COVID-19 Vaccine Janssen** [Specialist Pharmacy Service]

[Resources covering pharmaceutical aspects of the vaccination programme specific to COVID-19 Vaccine Janssen.]

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**

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