

COVID-19 Evidence Bulletin

18th 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: Management in hospitalized adults [evidence summary from UpToDate]
Available [here](#). Last updated 2nd June

Cardiovascular Care

Cardiovascular drugs and COVID-19 clinical outcomes: a living systematic review and meta-analysis [Asiimwe IG. *British Journal of Clinical Pharmacology*]

[Review (819 studies) found ACEI/ARB exposure was not associated with confirmed COVID-19 infection (OR 0.92, 0.71–1.19), hospitalisation (0.93, 0.70–1.24), disease severity (1.05, 0.81–1.38), or all-cause mortality (0.84, 0.70–1.00) in adjusted analyses.]

Available [here](#)

Discontinuation versus continuation of renin-angiotensin-system inhibitors in COVID-19 (ACEI-COVID): a prospective, parallel group, randomised, controlled, open-label trial [Bauer A. *The Lancet Respiratory Medicine*].

[Discontinuation of RAS-inhibition in COVID-19 had no significant effect on the maximum severity of COVID-19 but may lead to a faster and better recovery. The decision to continue or discontinue should be made on an individual basis, considering the risk profile, the indication for RAS inhibition, and the availability of alternative therapies and outpatient monitoring options.]

Available [here](#)

Diagnosis

Chest computed tomography as a primary tool in COVID-19 detection: an update meta-analysis [*Clinical and Translational Imaging*]

[Conclusion: Chest CT has high SEN, but the SPE is not ideal. It is highly recommended to use a combination of different diagnostic tools to achieve sufficient SEN and SPE. It should be taken into account as a diagnostic tool for current COVID-19 detection, especially for patients with symptoms. Comment: In pediatrics, the risk of radiation and possible need for sedation make CT not an appropriate tool for diagnosis, especially when PCRs are so readily available.]

Available [here](#)

Drug Therapy

Therapeutic versus prophylactic anticoagulation for patients admitted to hospital with COVID-19 and elevated D-dimer concentration (ACTION): an open-label, multicentre, randomised, controlled trial

[Lopes RD. *The Lancet*]

[In patients hospitalised with COVID-19 and elevated D-dimer concentration, in-hospital therapeutic anticoagulation with rivaroxaban or enoxaparin followed by rivaroxaban to day 30 did not improve clinical outcomes and increased bleeding compared with prophylactic anticoagulation. Therefore, use of therapeutic-dose rivaroxaban, and other direct oral anticoagulants, should be avoided in these patients in the absence of an evidence-based indication for oral anticoagulation.]

Available [here](#)

Colchicine for community-treated patients with COVID-19 (COLCORONA): a phase 3, randomised, double-blinded, adaptive, placebo-controlled, multicentre trial [Tardif JC. *The Lancet Respiratory Medicine*]

[Given the absence of orally administered therapies to prevent COVID-19 complications in community-treated patients and the benefit of colchicine in patients with PCR-proven COVID-19, this safe and inexpensive anti-inflammatory agent could be considered for use in those at risk of complications. Notwithstanding these considerations, replication in other studies of PCR-positive community-treated patients is recommended.]

Available [here](#)

RECOVERY trial finds aspirin does not improve survival for patients hospitalised with COVID-19

[RECOVERY Trial]

[In the study (n=14,892), there was no evidence that aspirin 150 mg daily reduced mortality vs usual care (28 day mortality of 17% for both arms). The results were consistent across all pre-specified subgroups of patients. 8 June.]

Available [here](#)

Health Services Restoration and Renewal

Chart of the week: The slow uptake of booked A&E appointments [Nuffield Trust]

[With growing pressure on urgent care services, Jenny Davies assesses the progress of a model first piloted last year where patients recommended to go to A&E are given a booked time slot to attend.]

Available [here](#)

Infection Control

COVID-19: Guidance for maintaining services within health and care settings: Infection prevention and control recommendations (Public Health England)

Available [here](#). Updated 1st June

Long COVID

Long COVID: the NHS plan for 2021/22, version 1, June 2021 [NHS England]

[The Long COVID Plan 21/22 builds on the five-point plan which outlines 10 key next steps to be taken to support those suffering from long COVID.]

Available [here](#)

Pediatric long-COVID: An overlooked phenomenon? [Brackel C.L.H. *Pediatric Pulmonology*]

[Our study shows that long-COVID is also present in the pediatric population. The main symptoms resemble those previously described in adults. This novel condition demands a multidisciplinary approach with international awareness and consensus to aid early detection and effective management.]

Available [here](#)

Swiss Recommendations for the Follow-Up and Treatment of Pulmonary Long COVID [Funke-Chambour M. *Respiration*]

[Emerging evidence suggests that long-term pulmonary symptoms and functional impairment occurs in a proportion of individuals following SARS-CoV-2 infection. Although the proportion of affected patients remains to be determined, physicians are increasingly being confronted with patients reporting respiratory symptoms and impairment beyond the acute phase of COVID-19]

Available [here](#)

Monoclonal Antibody Therapy

RECOVERY trial finds Regeneron's monoclonal antibody combination reduces deaths for hospitalised COVID-19 patients who have not mounted their own immune response [RECOVERY Trial]

[In the study (n=9,785) the two monoclonal antibodies casirivimab and imdevimab (REGEN-COV) improved the 28 day mortality of hospitalised COVID-19 patients seronegative at baseline vs usual care (24% vs 30%, HR 0.80, 95%CI 0.70-0.91).]

Available [here](#)

Obstetrics

Care strategies before entering pregnant mothers to the operating room and after birth during COVID-19 [Moghadam M. *British Journal of Midwifery*]

[Coronavirus (SARS-CoV-2) is an infectious disease that is spread through saliva droplets or nasal discharge while coughing or sneezing (World Health Organization [WHO], 2020a). These droplets could be inhaled into the mouth or nose and, possibly, into the lungs through the air if one is close to an infected person (Centers for Disease Control and Prevention [CDC], 2020e).]

Available [here](#)

Paediatrics

Inflammatory biomarkers in COVID-19-associated multisystem inflammatory syndrome in children, Kawasaki disease, and macrophage activation syndrome: a cohort study [Rodriguez-Smith JJ. *The Lancet Rheumatology*].

[Our findings show MIS-C is distinguishable from Kawasaki disease primarily by elevated CXCL9 concentrations. The stratification of patients with MIS-C by high or low CXCL9 concentrations provides support for MAS-like pathophysiology in patients with severe MIS-C, suggesting new approaches for diagnosis and management.]

Available [here](#)

6-month multidisciplinary follow-up and outcomes of patients with paediatric inflammatory multisystem syndrome (PIMS-TS) at a UK tertiary paediatric hospital: a retrospective cohort study

[Penner J. *The Lancet Child & Adolescent Health*]

[Paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 is a new, rare, post-infectious complication of SARS-CoV-2 infection in children. Despite initial severe illness, few organ-specific sequelae were observed at 6 months. Ongoing concerns requiring physical re-conditioning and mental health support remained, and physiotherapy assessments revealed persisting poor exercise tolerance. Longer-term follow-up will help define the extended natural history of PIMS-TS.]

Available [here](#)

Physiotherapy

Therapy interaction of the High Covid Risk patient [SaTH]

To outline patient activities in relation to physiotherapy if patients flagged as Covid-19 positive or Covid -19 contact]

Available on the [SaTH Intranet](#)

Prognosis

SYNE-COV for predicting COVID-19 outcomes [NICE]

[The technology described in this briefing is SYNE-COV. It is a cloud-based software designed to help manage COVID-19 in hospitals. It does this by predicting the chance of people with COVID-19 being admitted for intensive care, having mechanical ventilation, or dying while in hospital. The innovative aspect is that it is a prediction tool using machine-learning algorithms that analyse data from electronic health records to help clinicians' decision making in real time.]

Available [here](#)

An external validation of the QCovid risk prediction algorithm for risk of mortality from COVID-19 in adults: a national validation cohort study in England [Nafilyan VV. *The Lancet Digital Health*]

[The QCovid population-based risk algorithm performed well, showing high levels of discrimination for COVID-19 deaths in men and women for both time periods. QCovid has the potential to be dynamically updated as the pandemic evolves and, therefore, has potential use in guiding national policy.]

Available [here](#)

Rheumatology

Laboratory trends, hyperinflammation, and clinical outcomes for patients with a systemic rheumatic disease admitted to hospital for COVID-19: a retrospective, comparative cohort study [Hsu TYT. *The Lancet Rheumatology*]

[Patients with a systemic rheumatic disease who were admitted to hospital for COVID-19 had increased risk for hyperinflammation, kidney injury, admission to intensive care, and mechanical ventilation compared with matched comparators. The cHIS identified patients with hyperinflammation, which was strongly associated with poor COVID-19 outcomes in both patients with a rheumatic disease and comparators.]

Available [here](#)

Staff Wellbeing

Holding the frontline: a cross-sectional survey of emergency department staff well-being and psychological distress in the course of the COVID-19 outbreak [Hesselink G. *BMC Health Services Research*]

[This study aimed to: 1) assess changes in well-being and perceived stress symptoms of Dutch emergency department (ED) staff in the course of the first COVID-19 wave, and 2) assess and explore stressors experienced by ED staff since the COVID-19 outbreak. The first COVID-19 wave took its toll on ED staff. Actions to limit drop-out and illness among staff resulting from psychological distress are vital to secure acute care for (non-)COVID-19 patients during future infection waves.]

Available [here](#)

Vaccination

American College of Rheumatology Guidance for COVID-19 Vaccination in Patients With Rheumatic and Musculoskeletal Diseases: Version 2. [Curtis JR. *Arthritis & Rheumatology*].

[Despite a paucity of direct evidence, 74 draft guidance statements were developed to provide guidance for use of the COVID-19 vaccines in this population and to offer recommendations regarding the use and timing of immunomodulatory therapies around the time of vaccination. 15 June.]

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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