COVID-19 Evidence Bulletin 9th September 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.

Critical Care

Use of telecritical care for family visitation to ICU during the COVID-19 pandemic: an interview study and sentiment analysis [Sasangohar F. *BMJ Quality & Safety*]
[Conclusions: Use of virtual intensive care unit (vICU) for remote family visitations evoked happiness, joy, gratitude and relief and a sense of closure for those who lost loved ones. Identified areas for concern and improvement should be addressed in future implementations of telecritical care for this purpose.]
Available here

COVID-19: Management of the intubated adult [evidence summary from UpToDate]
Available here. Last updated 10th August

Diabetes

Insulin Treatment May Increase Adverse Outcomes in Patients With COVID-19 and Diabetes: A Systematic Review and Meta-Analysis [Yang Y. *Frontiers in Endocrinology]*
[Insulin treatment may increase mortality and severe/critical complications in patients with COVID-19 and diabetes, but more large-scale studies are needed to confirm and explore the exact mechanism.]
Available here

COVID-19 and peripheral arterial complications in people with diabetes and hypertension: A systematic review [Rastogi A. *Diabetes & Metabolic Syndrome*]
[COVID-19 patients with diabetes or hypertension are susceptible for lower limb complications and require therapeutic anti-coagulation.]
Available here

Drug Therapy

Systemic corticosteroids for the treatment of COVID-19 [Wagner C. *Cochrane Database of Systematic Reviews*]
[Systemic corticosteroids are used to treat people with COVID-19 because they counter hyper-inflammation. Existing evidence syntheses suggest a slight benefit on mortality. So far, systemic corticosteroids are one of the few treatment options for COVID-19. Nonetheless, size of effect, certainty of the evidence, optimal therapy regimen, and selection of patients who are likely to benefit most are factors that remain to be evaluated.]
Available here

Effect of anakinra on mortality in patients with COVID-19: a systematic review and patient-level meta-analysis [Kyriazopoulou E. *The Lancet Rheumatology*]
[Anakinra could be a safe, anti-inflammatory treatment option to reduce the mortality risk in patients admitted to hospital with moderate to severe COVID-19 pneumonia, especially in the presence of signs of hyperinflammation such as CRP concentrations higher than 100 mg/L.]
Available here

Efficacy and Safety of Corticosteroid Use in Coronavirus Disease 2019 (COVID-19): A Systematic Review and Meta-Analysis [Cui Y. *Infectious Diseases and Therapy*]
[This meta-analysis indicated that corticosteroid use might cause a slight reduction in COVID-19 mortality. However, it could significantly reduce the MV requirement in patients with COVID-19 and restrict serious adverse events. Additionally, the pulse dose of methylprednisolone for less than 7 days may be a good treatment choice for patients with COVID-19.]
Available here

Ivermectin for the Treatment of Coronavirus Disease 2019: A Systematic Review and Meta-analysis of Randomized Controlled Trials [Roman YM. *Clinical Infectious Diseases*]
[Compared with the standard of care or placebo, IVM did not reduce all-cause mortality, LOS, or viral clearance in RCTs in patients with mostly mild COVID-19. IVM did not have an effect on AEs or SAEs and is not a viable option to treat patients with COVID-19.]
Available here

Standard prophylactic versus intermediate dose enoxaparin in adults with severe COVID-19: A multi-center, open-label, randomized controlled trial [Perepu US. *Journal of Thrombosis and Haemostasis*]
[In hospitalized adults with severe COVID-19, standard prophylactic dose and intermediate dose enoxaparin did not differ significantly in preventing death or thrombosis at 30 days.]
Available here

Health Services

Restricted access to the NHS during the COVID-19 pandemic: Is it time to move away from the rationed clinical response? [Goyal, DK. *Lancet Regional Health – Europe*]
[Given the challenges of delivering coordinated pandemic responsiveness at the national level, it may be neither wise nor – in the acute setting – necessary to wait for an adequate national response to these healthcare needs. It may be more prudent for localities - COVID-19 service providers, GP practices, local healthcare authorities - to define their own healthcare prioritisation. If so doing, we urge a more proactive clinical posture and, at least, the minimum standard of an initial clinical assessment and clinical follow-up to all older and vulnerable patients who contract SARS-CoV-2.]
Available here

COVID-19 shared learning from NHS trusts [NHS Employers]
[Despite the relentless pressures of COVID-19 on NHS trusts, we have seen innovation, transformational change, and real improvements to enhance the experience of staff across the service. This page presents seven examples of good practice from trusts that have adapted and innovated during the pandemic.]
Available here

Planning and Evaluating Remote Consultation Services: A New Conceptual Framework Incorporating Complexity and Practical Ethics [Greenhalgh, T. *Frontiers in Digital Health*]
In this paper, we present a novel framework, Planning and Evaluating Remote Consultation Services (PERCS), built from a literature review and ongoing research. We complement the PERCS framework with a set of principles for informing its application in practice, including education of professionals and patients.
Available here

Long COVID

Long COVID and breathlessness: an overview [Robinson P. *British Journal of Community Nursing*]
[Key Points: Approximately 10% of people experience prolonged symptoms following acute COVID-19 infection. All individuals with a suspected or confirmed diagnosis of acute covid should be asked about ongoing symptoms relating to long COVID; Ongoing research is being undertaken to identify and understand the impact of acute and long COVID on respiratory health; Community nurses have a role in supporting individuals with long COVID in monitoring and supporting recovery.]
Available here

Monoclonal antibody therapy

SARS-CoV-2-neutralising monoclonal antibodies for treatment of COVID-19 [Kreuzberger N. *Cochrane Database of Systematic Reviews*]
[OBJECTIVES: To assess the effectiveness and safety of SARS-CoV-2-neutralising monoclonal antibodies (mAbs) for treating patients with COVID-19, compared to an active comparator, placebo, or no intervention. To maintain the currency of the evidence, we will use a living systematic review approach. A secondary objective is to track newly developed SARS-CoV-2-targeting mAbs from first tests in humans onwards.]
Available here

Paediatrics

COVID-19: Clinical manifestations and diagnosis in children [evidence summary from UpToDate]
Available here. Last updated 1st September

Palliative Care

Interventions for palliative symptom control in COVID-19 patients [Andreas M. *Cochrane Database of Systematic Reviews*]
[BACKGROUND: Individuals dying of coronavirus disease 2019 (COVID-19) may experience distressing symptoms such as breathlessness or delirium. Palliative symptom management can alleviate symptoms and improve the quality of life of patients. An understanding of the effectiveness of pharmacological and non-pharmacological palliative interventions to manage specific symptoms of COVID-19 patients is required.]
Available here

Speech and Language Therapy

Swallowing and Voice Outcomes in Patients Hospitalized With COVID-19: An Observational Cohort Study [Archer SK. *Archives of Physical Medicine and Rehabilitation*]
[Inpatients with COVID-19 present with significant impairments of voice and swallowing, justifying responsive SLT. Prolonged intubations and tracheostomies were the norm, and a minority had new neurologic presentations. Patients typically improved with assessment that enabled treatment with individualized compensatory strategies. Services [...] should target resources for tracheostomy weaning and to enable responsive management of dysphagia and dysphonia with robust referral pathways.]
Available here

Staff Wellbeing

Coronavirus: the 7th C affecting the 6Cs. A focus on compassion, care and touch [Johnstone J. *British Journal of Nursing*]
[The C0VID-19 pandemic has challenged everyone in society, from children who are no longer able to attend school and nursery to adults trying to juggle working at home and vulnerable members of society who have needed to self-isolate. NHS staff and key workers also need to juggle their family situations and many will have to adapt their practice and ways of working to address the demands placed on the NHS during this time.]
Available here

Vaccination

Bell's palsy following vaccination with mRNA (BNT162b2) and inactivated (CoronaVac) SARS-CoV-2 vaccines: a case series and nested case-control study [Wan EYF. *The Lancet Infectious Diseases*]
[Bell's palsy is a rare adverse event reported in clinical trials of COVID-19 vaccines. Our findings suggest an overall increased risk of Bell's palsy after CoronaVac vaccination. However, the beneficial and protective effects of the inactivated COVID-19 vaccine far outweigh the risk of this generally self-limiting adverse event. Additional studies are needed in other regions to confirm our findings.]
Available here

Safety, reactogenicity, and immunogenicity of homologous and heterologous prime-boost immunisation with ChAdOx1 nCoV-19 and BNT162b2: a prospective cohort study [Hillus D. *The Lancet Respiratory Medicine*]
[The heterologous ChAdOx1 nCov-19–BNT162b2 immunisation with 10–12-week interval, recommended in Germany, is well tolerated and improves immunogenicity compared with homologous ChAdOx1 nCov-19 vaccination with 10–12-week interval and BNT162b2 vaccination with 3-week interval. Heterologous prime-boost immunisation strategies for COVID-19 might be generally applicable.]
Available here

Immunogenicity of single vaccination with BNT162b2 or ChAdOx1 nCoV-19 at 5–6 weeks post vaccine in participants aged 80 years or older: an exploratory analysis [Parry H. *The Lancet Healthy Longevity*]
[In several countries, extended interval COVID-19 vaccination regimens are now used to accelerate population coverage, but the relative immunogenicity of different vaccines in older people remains uncertain. Single doses of either BNT162b2 or ChAdOx1 nCoV-19 in older people induces humoral immunity in most participants, and is markedly enhanced by previous infection. Cellular responses were weaker, but showed enhancement after the ChAdOx1 nCoV-19 vaccine at the 5–6 week timepoint.]
Available here

JCVI statement, September 2021: COVID-19 vaccination of children aged 12 to 15 years [Department of Health and Social Care]
[Updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on vaccination of children aged 12 to 15.]
Available here

Third primary COVID-19 vaccine dose for people who are immunosuppressed: JCVI advice [Department of Health and Social Care]
[Statement from the Joint Committee on Vaccination and Immunisation (JCVI) on the benefits of a third primary COVID-19 vaccine dose in individuals aged 12 years and over with severe immunosuppression.]
Available here

Moderna COVID-19 vaccine approved by MHRA in 12-17 year olds [Medicines and Healthcare products Regulatory Agency]
[An extension to the current UK approval of the Spikevax vaccine (formerly COVID-19 Vaccine Moderna) that allows its use in 12- to 17-year-olds has been authorised by the Medicines and Healthcare products Regulatory Agency (MHRA). 17 August.]
Available here

COVID-19 vaccination: myocarditis and pericarditis information for healthcare professionals [Public Health England]
[Information for healthcare professionals on myocarditis and pericarditis following COVID-19 vaccination.]
Available here

COVID-19 vaccination: blood clotting information for healthcare professionals [Public Health England]
[Information for healthcare professionals on blood clotting following COVID-19 vaccination.]
Available here. Updated 23rd August

Vaccine-induced immune thrombocytopenia and thrombosis (VITT)

Clinical Characteristics and Pharmacological Management of COVID-19 Vaccine–Induced Immune Thrombotic Thrombocytopenia With Cerebral Venous Sinus Thrombosis: A Review [Rizk JG. *JAMA Cardiology*]
[This narrative review describes the clinical characteristics and pathophysiology of this disorder, and evaluates the current evidence regarding pharmacological treatment, including anticoagulants, immunoglobulin and steroids.]
Available here

COVID-19: Vaccine-induced immune thrombotic thrombocytopenia (VITT) [evidence summary from UpToDate]
Available here. Last updated 20th August

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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