

COVID-19 Evidence Bulletin

19th January 2022

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.

Cancer

COVID-19: Considerations in patients with cancer [evidence summary from UpToDate]
Available [here](#). Last updated 9th January.

Diagnosis

COVID-19: Diagnosis [evidence summary from UpToDate]
Available [here](#). Last updated 5th January.

Diagnostics for COVID-19: moving from pandemic response to control [Peeling RW. *The Lancet* 2021]
[The COVID-19 pandemic has spurred the development of a wide selection of diagnostic tests. The choice of which test to use in what setting requires careful consideration of the purpose of testing and the resources available, while also balancing test characteristics of accuracy, accessibility, affordability, and the rapidity with which results are needed. Testing strategies have evolved with different phases of the pandemic.]
Available [here](#)

Drug Therapy

Your One Minute Brief on Updated Treatment Guidelines for COVID-19 [Shrewsbury and Telford Hospital NHS Trust]
Available on the [SaTH Intranet](#). Last updated 4th January

Coronavirus Disease (COVID-19) Pharmacological Treatment Summary [Shrewsbury and Telford Hospital NHS Trust]
[The information provided within the summary below will help to guide clinicians in managing patients with confirmed or suspected Coronavirus disease (COVID-19). This document includes information on the management of COVID-19 for both adults and paediatrics.]
Available on the [SaTH Intranet](#). Last updated December 2021

Rivaroxaban versus no anticoagulation for post-discharge thromboprophylaxis after hospitalisation for COVID-19 (MICHELLE): an open-label, multicentre, randomised, controlled trial [Ramacciotti E. *The Lancet*]
[Patients hospitalised with COVID-19 are at risk for thrombotic events after discharge. In patients at high risk discharged after hospitalisation due to COVID-19, thromboprophylaxis with rivaroxaban 10 mg/day for 35 days improved clinical outcomes compared with no extended thromboprophylaxis.]
Available [here](#)

Namilumab or infliximab compared with standard of care in hospitalised patients with COVID-19 (CATALYST): a randomised, multicentre, multi-arm, multistage, open-label, adaptive, phase 2, proof-of-concept trial [Fisher BA. *The Lancet Respiratory Medicine*]

[Dysregulated inflammation is associated with poor outcomes in COVID-19. We aimed to assess the efficacy of namilumab (a granulocyte-macrophage colony stimulating factor inhibitor) and infliximab (a tumour necrosis factor inhibitor) in hospitalised patients with COVID-19. Namilumab, but not infliximab, showed proof-of-concept evidence for reduction in inflammation in hospitalised patients with COVID-19 pneumonia. Namilumab should be prioritised for further investigation in COVID-19.]

Available [here](#)

EMA issues advice on use of Paxlovid (PF-07321332 and ritonavir) for the treatment of COVID-19: rolling review starts in parallel [European Medicines Agency]

[EMA's human medicines committee (CHMP) has issued advice on the use of Paxlovid (PF-07321332 and ritonavir) for the treatment of COVID-19. The medicine, which is not yet authorised in the EU, can be used to treat adults with COVID-19 who do not require supplemental oxygen and who are at increased risk of progressing to severe disease. Paxlovid should be administered as soon as possible after diagnosis of COVID-19 and within 5 days of the start of symptoms.]

Available [here](#)

Using COVID-19 oral antivirals in practice.

Specialist Pharmacy Service (SPS); 2021.

[Outside trials and if nMABs are contraindicated, availability is via NHSE Covid Medicines Delivery Units (CMDUs). Use our deployment principles and checklist.]

Available [here](#)

Anticoagulant Treatment Regimens in Patients with Covid-19: A Meta-Analysis [Jorda A. *Clinical Pharmacology and Therapeutics*]

[Review (10 RCTs; n=5753) found similar risk of death and net adverse clinical events (death, thromboembolic events, major bleeding) between higher-dose (HD including therapeutic & intermediate-dose) anticoagulation and prophylactic-dose, thus not supporting routine use of HD regimens.]

Available [here](#)

Education and Training

FE-learning and the virtual transformation of histopathology teaching during COVID-19: its impact on student learning experience and outcome [Waugh S. *BMC Medical Education*]

[Medical and pathology education has gone through an immense transformation from traditional face-to-face teaching mode to virtual mode during the COVID-19 pandemic. This study evaluated the effectiveness of online histopathology teaching in medical education during the 2020 COVID-19 pandemic in Griffith University, Australia.]

Available [here](#)

Extracorporeal Membrane Oxygenation

Treating the Most Critically Ill Patients With COVID-19: The Evolving Role of Extracorporeal Membrane Oxygenation [MacLaren G. *JAMA*]

[This Viewpoint discusses use of extracorporeal membrane oxygenation (ECMO) in treating patients with COVID-19 and how regional health care networks and governments should continue to monitor outcomes to help manage ECMO resources for all critically ill patients.]

Available [here](#)

Health Services

Initial impacts of the COVID-19 pandemic on sexual and reproductive health service use and unmet need in Britain: findings from a quasi-representative survey (Natsal-COVID) [Dema E. *The Lancet Public Health*]

[The COVID-19 pandemic has affected sexual and reproductive health (SRH) service use and unmet need. Many people accessed SRH care during the initial lockdown; however, young people and those reporting sexual risk behaviours reported difficulties in accessing services and thus such services might need to address a backlog of need.]

Available [here](#)

Long COVID

A clinical case definition of post-COVID-19 condition by a Delphi consensus [Soriano JB. *The Lancet Infectious Diseases*]

[Post-COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset, with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include, but are not limited to, fatigue, shortness of breath, and cognitive dysfunction, and generally have an impact on everyday functioning.]

Available [here](#)

Returning safely to work after long COVID [*British Journal of Healthcare Assistants*]

[An estimated 1.1 million people living in private households in the UK (1.7% of the population) were experiencing self-reported 'long COVID' (symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else), as of 5 September 2021, up from 970 000 as of 1 August 2021, reflecting increased COVID-19 infection rates in July 2021 (Office for National Statistics (ONS), 2021).]

Available [here](#)

Post-Acute Sequelae of COVID-19 Critical Illness [Schwab K. *Critical Care Clinics*]

[For critically ill patients, existing knowledge about post-intensive care syndrome (PICS) represents a useful structure for understanding PASC. Post-ICU clinics leverage a multidisciplinary team to evaluate and treat the physical, cognitive, psychological sequelae central to both PICS and PASC in critically ill patients. While management through both pharmacologic and nonpharmacologic modalities can be utilized, further research into both the optimal treatment and prevention of PASC represents a key public health imperative.]

Available [here](#)

Neutralising monoclonal antibody therapies

Efficacy and safety of two neutralising monoclonal antibody therapies, sotrovimab and BRII-196 plus BRII-198, for adults hospitalised with COVID-19 (TICO): a randomised controlled trial [ACTIV-3/Therapeutics for Inpatients with COVID-19 (TICO) Study Group. *The Lancet Infectious Diseases*]

[We aimed to assess the efficacy and safety of two neutralising monoclonal antibody therapies (sotrovimab [Vir Biotechnology and GlaxoSmithKline] and BRII-196 plus BRII-198 [Brii Biosciences]) for adults admitted to hospital for COVID-19 (hereafter referred to as hospitalised) with COVID-19. Neither sotrovimab nor BRII-196 plus BRII-198 showed efficacy for improving clinical outcomes among adults hospitalised with COVID-19.]

Available [here](#)

Obstetrics

COVID-19: Pregnancy issues and antenatal care [evidence summary from UpToDate]

Available [here](#). Last updated 10th January.

Research

The European clinical research response to optimise treatment of patients with COVID-19: lessons learned, future perspective, and recommendations [Goossens H. *The Lancet Infectious Diseases*]

[We discuss how the clinical research community responded to the pandemic in Europe, what lessons were learned, and provide recommendations for future clinical research response during pandemics. We focused on two platform trials: RECOVERY and REMAP-CAP.]

Available [here](#)

Vaccination

JCVI update on advice for COVID-19 vaccination of children and young people [Department of Health and Social Care]

[Statement from the Joint Committee on Vaccination and Immunisation (JCVI) on COVID-19 vaccination of children and young people aged 5 to 11 years and booster vaccinations in those aged 12 to 17 years. JCVI recommends children age 5-11 years in clinical risk group or who are household contact of immunosuppressed person (as per Green Book), should be offered two 10 mcg doses of Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) with interval of 8 weeks between 1st and 2nd doses. 22 December.]

Available [here](#)

Two-dose ChAdOx1 nCoV-19 vaccine [AstraZeneca] protection against COVID-19 hospital admissions and deaths over time: a retrospective, population-based cohort study in Scotland and Brazil

[Katikireddi SV. *The Lancet*]

[We found waning vaccine protection of ChAdOx1 nCoV-19 against COVID-19 hospital admissions and deaths in both Scotland and Brazil, this becoming evident within three months of the second vaccine dose. Consideration needs to be given to providing booster vaccine doses for people who have received ChAdOx1 nCoV-19.]

Available [here](#)

Developing a fast-track COVID-19 vaccination clinic for pregnant people [Carter K. *British Journal of Midwifery*]

[A pilot fast-track COVID-19 vaccination clinic was created in the east of England to provide expert advice, education and support for pregnant people. Establishment of the clinic led to a 20% increase in COVID-19 vaccine uptake in this group, with 211 vaccinations between 28 June and 30 September 2021. This article explores the development of the fast-track vaccination service and seeks to support others wishing to replicate its delivery in their areas.]

Available [here](#)

Preliminary data indicate COVID-19 vaccines remain effective against severe disease and hospitalisation caused by the Omicron variant [European Medicines Agency]

[Results from recently published studies show that vaccine effectiveness against symptomatic disease is lower for Omicron than for other variants and tends to wane over time. As a result, more vaccinated people are likely to develop breakthrough disease due to Omicron. However, these studies also show that vaccination continues to provide a high level of protection against severe disease and hospitalisation linked to the Omicron variant.]

Available [here](#)

Vaccination Adverse Effects

COVID-19 vaccination: Guillain-Barré Syndrome information for healthcare professionals [UK Health Security Agency]

[Information for healthcare professionals on Guillain-Barré Syndrome (GBS) following coronavirus (COVID-19) vaccination.]

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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