

COVID-19 Evidence Bulletin

24th February 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.

General

Changing the COVID-19 Case Definition [UK Health Security Agency]

[To adapt to the changing picture on COVID-19 reinfections, UKHSA has changed the case definition for COVID-19. This blog explains how we have done this and why.]

Available [here](#)

COVID-19: Outpatient evaluation and management of acute illness in adults [evidence summary from UpToDate]

Available [here](#). Last updated 18th February

Cancer

Geriatric risk factors for serious COVID-19 outcomes among older adults with cancer: a cohort study from the COVID-19 and Cancer Consortium [Elkrief A. *The Lancet Healthy Longevity*]

[The objective of this study was to quantify the association of a novel geriatric risk index with COVID-19 severity and 30-day mortality among older adults with cancer. The CCC19 geriatric risk index was strongly associated with COVID-19 severity and 30-day mortality. Our CCC19 geriatric risk index, based on readily available clinical factors, might provide clinicians with an easy-to-use risk stratification method to identify older adults most at risk for severe COVID-19 as well as mortality.]

Available [here](#)

Care Homes

Designated settings for people discharged to a care home [Department of Health and Social Care]

[Guidance on the designated settings scheme for people discharged from hospital to a care home with a positive coronavirus (COVID-19) test (UPDATED: 07 February 2022 The 'designated settings' guidance has been updated throughout in line with the latest clinical advice from UKHSA. This update reflects the change in isolation period in care settings from 14 to 10 days for cases of COVID-19. It also provides information on how individuals can end their isolation before day 10)]

Available [here](#)

Convalescent Plasma

High-titre methylene blue-treated convalescent plasma as an early treatment for outpatients with COVID-19: a randomised, placebo-controlled trial [Alemany A. *The Lancet Respiratory Medicine*]

[Convalescent plasma has been proposed as an early treatment to interrupt the progression of early COVID-19 to severe disease, but there is little definitive evidence. Convalescent plasma has been proposed as an early treatment to interrupt the progression of early COVID-19 to severe disease, but there is little definitive evidence.]

Available [here](#)

Diabetes

Does metformin affect outcomes in COVID-19 patients with new or pre-existing diabetes mellitus? A systematic review and meta-analysis [Ganesh A. *British Journal of Clinical Pharmacology*]

[Poor outcomes in COVID-19 patients with DM can be attributed to inadequate glycaemic control and weakened immune responses. Metformin has multiple effects that can improve outcomes in patients with DM and our findings highlight a possible role of its use. However, robust randomised trials are needed to thoroughly assess its use.]

Available [here](#)

Drug Therapy

Efficacy and safety of baricitinib plus standard of care for the treatment of critically ill hospitalised adults with COVID-19 on invasive mechanical ventilation or extracorporeal membrane oxygenation: an exploratory, randomised, placebo-controlled trial [Ely EW. *The Lancet Respiratory Medicine*]

[In critically ill hospitalised patients with COVID-19 who were receiving invasive mechanical ventilation or extracorporeal membrane oxygenation, treatment with baricitinib compared with placebo (in combination with standard of care, including corticosteroids) reduced mortality, which is consistent with the mortality reduction observed in less severely ill patients in the hospitalised primary COV-BARRIER study population.]

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Education and Training

Active methodologies association with online learning fatigue among medical students [de Oliveira Kubrusly Sobral JB. *BMC Medical Education*]

Available [here](#)

Effectiveness of non-bedside teaching during the COVID-19 pandemic: a quasi-experimental study [Heitmann H. *BMC Medical Education*]

[The COVID-19 pandemic poses a huge challenge for clinical teaching due to contact restrictions and social distancing. Medical teachers have to balance potential risks and benefits of bedside teaching, especially in course formats intended to foster practical clinical skills. In this context, we aimed to address the question, whether presence-based teaching formats without patient involvement are suitable to teach practical skills.]

Available [here](#)

The psychological effects of working in the NHS during a pandemic on final-year students: part 2 [Kane C. *British Journal of Nursing*]

[This study explored the psychological experience of a small cohort of nursing and midwifery students who had been deployed to work in the NHS during the COVID-19 pandemic. The students were employed on band 4 contracts within an acute NHS Trust in the South of England. Overall, students found the experience of being deployed into clinical practice during a major public health emergency a valuable and unique experience that strengthened their resilience.]

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Gastroenterology

COVID-19 vaccine-induced antibody responses in immunosuppressed patients with inflammatory bowel disease (VIP): a multicentre, prospective, case-control study [Alexander JL. *The Lancet Gastroenterology & Hepatology*]

[For patients with IBD, the immunogenicity of COVID-19 vaccines varies according to immunosuppressive drug exposure, and is attenuated in recipients of infliximab, infliximab plus thiopurines, and tofacitinib. Scheduling of third primary, or booster, doses could be personalised on the basis of an individual's treatment, and patients taking anti-tumour necrosis factor and tofacitinib should be prioritised.]

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Health Services

Patient experience before the omicron wave: the storm before the storm [The Patients Association]

[This report, based on a survey of more than 1,000 UK patients conducted over a month just before Christmas 2021, finds the disruption to health and care services caused by the pandemic is profound and long-term. The survey found: two out of three patients lack confidence that the health and care system will be able to deliver high quality care and treatment consistently after the pandemic; half had not been able to access the services they needed; and half had struggled to get GP appointments.]

Available [here](#)

Hyperimmune Immunoglobulin

Hyperimmune immunoglobulin for hospitalised patients with COVID-19 (ITAC): a double-blind, placebo-controlled, phase 3, randomised trial [The ITAC (INSIGHT 013) Study Group. *The Lancet*]

[Passive immunotherapy using hyperimmune intravenous immunoglobulin (hIVIG) to SARS-CoV-2, derived from recovered donors, is a potential rapidly available, specific therapy for an outbreak infection such as SARS-CoV-2. When administered with standard of care including remdesivir, SARS-CoV-2 hIVIG did not demonstrate efficacy among patients hospitalised with COVID-19 without end-organ failure. The safety of hIVIG might vary by the presence of endogenous neutralising antibodies at entry.]

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Long COVID

Post-acute COVID-19 syndrome (PCS) and health-related quality of life (HRQoL)-A systematic review and meta-analysis [Malik P. *Journal of Medical Virology*]

[Our study concludes that PCS is associated with poor quality of life, persistent symptoms including fatigue, dyspnea, anosmia, sleep disturbances, and worse mental health. This suggests that we need more research on PCS patients to understand the risk factors causing it and eventually leading to poor quality of life.]

Available [here](#)

Risk of persistent and new clinical sequelae among adults aged 65 years and older during the post-acute phase of SARS-CoV-2 infection: retrospective cohort study [Cohen K. *BMJ*]

[The results confirm an excess risk for persistent and new sequelae in adults aged ≥ 65 years after acute infection with SARS-CoV-2. Other than respiratory failure, dementia, and post-viral fatigue, the sequelae resembled those of viral lower respiratory tract illness in older adults. These findings further highlight the wide range of important sequelae after acute infection with the SARS-CoV-2 virus.]

Available [here](#)

Guidelines for supporting our NHS people affected by Long COVID [NHS England and NHS Improvement]

[Guidelines to help NHS line managers and leaders understand what Long COVID is, and how they can support colleagues who are experiencing its symptoms.]

Available [here](#)

Working with long COVID: Research evidence to inform support [Chartered Institute of Personnel and Development]

[This report provides evidence to help organisations understand more about long COVID as a long-term fluctuating health condition. It includes insights from individuals who have direct experience of the condition, as well as the views and learnings from HR, health professionals and managers on the measures that can best support people to manage their symptoms and stay in work.]

Available [here](#)

Long COVID symptoms in SARS-CoV-2-positive adolescents and matched controls (LongCOVIDKidsDK): a national, cross-sectional study [Berg SK. *The Lancet Child & Adolescent Health*]

[Participants with SARS-CoV-2-positive tests had more long-lasting symptoms and sick leave, whereas participants in the control group had more short-lasting symptoms and worse quality of life. Knowledge of long COVID in adolescents is important to guide clinical recognition and management of this condition.]

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Physical and mental health 3 months after SARS-CoV-2 infection (long COVID) among adolescents in England (CLOCK): a national matched cohort study [Stephenson T. *The Lancet Child & Adolescent Health*]

[Adolescents who tested positive for SARS-CoV-2 had similar symptoms to those who tested negative, but had a higher prevalence of single and, particularly, multiple symptoms at the time of PCR testing and 3 months later. The multiple and varied symptoms show that a multicomponent intervention will be required, and that mental and physical health symptoms occur concurrently, reflecting their close relationship.]

Available [here](#)

Obstetrics

COVID-19: Overview of pregnancy issues [evidence summary from UpToDate]

Available [here](#). Last updated 22nd February

COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry [Medicines and Healthcare products Regulatory Agency]

[Drug Safety Update. As the safety of COVID-19 antivirals in pregnancy has not been established, please report any pregnancies which occur during use of an antiviral, including paternal use, to the UK COVID-19 Antivirals Pregnancy Registry.]

Available [here](#)

Psychiatry

Clozapine treatment and risk of severe COVID-19 infection [Ohlis A. *Acta Psychiatrica Scandinavica*]
[OBJECTIVE To investigate whether patients with clozapine treatment are at an increased risk of a more severe COVID-19 infection as compared with patients on other antipsychotic drugs. RESULTS No statistically significant differences in outcome rates were found between the two groups of patients. CONCLUSIONS Our results may add support to the present guidelines recommending sustained clozapine treatment during the current COVID-19 pandemic with careful monitoring.]
Available [here](#)

Psychiatric and neuropsychiatric sequelae of COVID-19 - A systematic review [Schou. *Brain, Behavior, and Immunity*]
[Forty studies reported anxiety and/or depression, 20 studies reported symptoms or diagnoses of post-traumatic stress disorder (PTSD), 27 studies reported cognitive deficits, 32 articles found fatigue at follow-up, and sleep disturbances were found in 23 studies. Highlighted risk factors were disease severity, duration of symptoms, and female sex. One study showed brain abnormalities correlating with cognitive deficits, and several studies reported inflammatory markers to correlate with symptoms.]
Available [here](#)

Paediatrics

Growing problems: What has been the impact of Covid-19 on health care for children and young people in England? [Quality Watch]
[This analysis from QualityWatch (a Nuffield Trust and Health Foundation programme) shows that the pandemic has led to an unprecedented increase in demand for mental health services for children and young people. Despite children and young people being 10 times less likely to be hospitalised with Covid, the period has had a heavy toll on them. The briefing explains the findings and discusses the potential implications for the younger generation.]
Available [here](#)

Rheumatology

Gout and the risk of COVID-19 diagnosis and death in the UK Biobank: a population-based study [Topless RK. *The Lancet Rheumatology*]
[There is a paucity of data on outcomes for people with gout and COVID-19. We aimed to assess whether gout is a risk factor for diagnosis of COVID-19 and COVID-19-related death, and to test for sex- and drug-specific differences in risk. Gout is a risk factor for COVID-19-related death in the UK Biobank cohort, with an increased risk in women with gout, which was driven by risk factors independent of the metabolic comorbidities of gout.]
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Speech and Language Therapy

Understanding the need for and provision of speech and language therapy services for individuals with post-COVID syndrome in the UK [Royal College of Speech and Language Therapists]
[An updated view on the volume of people requiring speech and language therapy associated with their post-COVID syndrome (or Long COVID), as well as the nature of their needs, and the organisational arrangements in which they receive therapy.]
Available [here](#)

The Sustained Impact of COVID-19 on Speech and Language Therapy Services in the UK [Royal College of Speech and Language Therapists]

[Pressures and demands on services are still exceedingly high, compared with before the start of the pandemic, with some SLTs services reporting that the demand placed upon them is double what it was in 'before-times'. The increase in demand is largely due to addressing the backlog from service closure in the acute stages of the pandemic, combined with later consequences of the redeployment of SLTs and the impact on the independent sector, now facing a heightened degree of referrals.]

Available [here](#)

Vaccination

JCVI update on advice for COVID-19 vaccination of children aged 5 to 11 [Department of Health and Social Care]

[JCVI advises a non-urgent offer of two 10 mcg doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) to children aged 5 to 11 years of age who are not in a clinical risk group. The intention of this offer is to increase the immunity of vaccinated individuals against severe COVID-19 in advance of a potential future wave of COVID-19. Published 16 February 2022]

Available [here](#)

Vaccinating children against COVID-19: the decision process [Purssell E. *British Journal of Nursing*]

[The decision to offer COVID-19 vaccinations to children and young people over the age of 12 years has been the subject of some discussion. Although there have long been anti-vaccination movements, often controversies such as this are the result of a misunderstanding of the process of decision-making and the assessment of risk, rather than a reaction to the vaccine itself.]

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How well do vaccines protect against Omicron? What the data shows [UK Health Security Agency]

[Data presented in this blog is accurate as of Thursday, February 10, but is subject to change over time. For the latest data on vaccine effectiveness, read the UKHSA's Vaccine Surveillance Reports, published weekly.]

Available [here](#)

Duration of effectiveness of vaccines against SARS-CoV-2 infection and COVID-19 disease: results of a systematic review and meta-regression [Feikin DR. *The Lancet*]

[COVID-19 vaccine efficacy or effectiveness against severe disease remained high, although it did decrease somewhat by 6 months after full vaccination. By contrast, vaccine efficacy or effectiveness against infection and symptomatic disease decreased approximately 20–30 percentage points by 6 months. The decrease in vaccine efficacy or effectiveness is likely caused by, at least in part, waning immunity, although an effect of bias cannot be ruled out.]

Available [here](#)

Joint Committee on Vaccination and Immunisation statement on COVID-19 vaccinations in 2022

[Department of Health and Social Care]

[In January, JCVI published a statement setting out evidence that protection against hospitalisation was being maintained in older adults following booster vaccination, and that the need for and timing of further booster vaccinations would be kept under review. Coronavirus (COVID-19) has disproportionately affected older age groups and those with certain underlying health conditions, particularly those who are immunosuppressed. For this reason, these groups have been prioritised for vaccination.]

Available [here](#)

Vaccination Adverse Effects

COVID-19 vaccination: blood clotting information for healthcare professionals [UK Health Security Agency]

[14 February 2022: Updated to include information on the risk of relapse of thrombosis and thrombocytopenia symptoms and risk of new or relapse of immune thrombocytopenic purpura following COVID-19 vaccinations.]

Available [here](#)

Risk of Second Allergic Reaction to SARS-CoV-2 Vaccines: A Systematic Review and Meta-analysis [Chu DK. *JAMA Internal Medicine*]

[In this systematic review and meta-analysis of 22 studies including 1366 patients revaccinated under the supervision of an allergist, there was a low incidence (0.16%) of immediate severe allergic reactions associated with receiving a second dose of SARS-CoV-2 mRNA vaccine among individuals who had an immediate allergic reaction to their first dose. There were no deaths.]

Available [here](#)

Workforce

Evaluating a psychological support service focused on the needs of critical care and theatres staff in the first wave of COVID-19 [Herron K. *British Journal of Nursing*]

[In response to COVID-19, the authors used clinical psychology resources from their hospital's Pain Medicine Department to provide direct support to critical areas. The degree to which the service met the needs of staff and managers between March and August 2020 was evaluated. A total of 51 staff were referred. Most were nurses (43%), followed by theatre practitioners (36%), healthcare assistants (9%), consultants (8%), administrative (2%) and support staff (2%).]

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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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