COVID-19 Evidence Bulletin 21st March 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

COVID-19 rapid guideline: managing COVID-19 [NICE]
[This guideline covers the management of COVID-19 for children, young people and adults in all care settings. In March 2022, NICE added a new recommendation on awake prone positioning and updated existing recommendations on non-invasive respiratory support.]
Available here

COVID-19: Outpatient evaluation and management of acute illness in adults [evidence summary from UpToDate]
Available here. Last updated 7th March

Convalescent Plasma

Randomized Controlled Trial of Early Outpatient COVID-19 Treatment with High-Titer Convalescent Plasma [Sullivan DJ. *medRxiv*]
[Early administration of high titer SARS-CoV-2 convalescent plasma reduced outpatient hospitalizations by more than 50%. High titer convalescent plasma is an effective early outpatient COVID-19 treatment with the advantages of low cost, wide availability, and rapid resilience to variant emergence from viral genetic drift in the face of a changing pandemic.]
Available here. This article is a pre-print and has not yet been peer-reviewed

Diagnosis

COVID-19: Diagnosis [evidence summary from UpToDate]
Available here. Last updated 1st March

Drug Therapy

Efficacy and safety of CD24Fc in hospitalised patients with COVID-19: a randomised, double-blind, placebo-controlled, phase 3 study [Welker J. *The Lancet Infectious Diseases*]
[Non-antiviral therapeutic options are required for the treatment of hospitalised patients with COVID-19. CD24Fc is generally well tolerated and accelerates clinical improvement of hospitalised patients with COVID-19 who are receiving oxygen support. These data suggest that targeting inflammation in response to tissue injuries might provide a therapeutic option for patients hospitalised with COVID-19.]
Available here. NHS OpenAthens account required

Inhaled corticosteroids for the treatment of COVID-19 [Griesel M. *Cochrane Database of Systematic Reviews*]
[BACKGROUND: Inhaled corticosteroids are well established for the long-term treatment of inflammatory respiratory diseases such as asthma or chronic obstructive pulmonary disease. They have been investigated for the treatment of coronavirus disease 2019 (COVID-19). The anti-inflammatory action of inhaled corticosteroids might have the potential to reduce the risk of severe illness resulting from hyperinflammation in COVID-19.]
Available here

Anticoagulants for people hospitalised with COVID-19 [Flumignan RL. *Cochrane Database of Systematic Reviews*]
[OBJECTIVES: To assess the benefits and harms of anticoagulants versus active comparator, placebo or no intervention in people hospitalised with COVID-19.]
Available here

Adverse effects of remdesivir, hydroxychloroquine and lopinavir/ritonavir when used for COVID-19: systematic review and meta-analysis of randomised trials [Izcovich A. *BMJ Open*]
[Hydroxychloroquine probably increases the risk of diarrhoea and nausea and/or vomiting and may increase the risk of cardiac toxicity and cognitive dysfunction/delirium. Lopinavir/ritonavir may increase the risk of diarrhoea and nausea and/or vomiting. Remdesivir may have no important effect on risk of acute kidney injury or cognitive dysfunction/delirium. These findings provide important information to support the development of evidence-based management strategies for patients with COVID-19.]
Available here

Major Update 2: Remdesivir for Adults With COVID-19: A Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points [Kaka AS. *Annals of Internal Medicine*]
[In hospitalized adults with COVID-19, the findings confirm that remdesivir probably results in little to no difference in mortality and increases the proportion of patients recovered. Remdesivir may reduce time to clinical improvement and may lead to small reductions in serious adverse events but may result in a small increase in any adverse event.]
Freely available online
Available here

Elderly Care

Caring for older adults during the COVID-19 pandemic [Prendki , V et al. *Clinical Microbiology and Infection*]
[Elderly patients represent a high-risk group with increased risk of death from COVID-19. Despite the amount of published studies, several unmet needs about the care for older adults exist.]
Available here

Emergency Care

Real-world evaluation of rapid and laboratory-free COVID-19 triage for emergency care: external validation and pilot deployment of artificial intelligence driven screening [Soltan AAS. *The Lancet Digital Health*]
[Our findings show the generalisability, performance, and real-world operational benefits of artificial intelligence-driven screening for COVID-19 over standard-of-care in emergency departments. CURIAL-Rapide provided rapid, laboratory-free screening when used with near-patient FBC analysis, and was able to reduce the number of patients who tested negative for COVID-19 but were triaged to COVID-19-

suspected areas.]
Available here. NHS OpenAthens account required

Lung ultrasound in ruling out COVID-19 pneumonia in the ED: a multicentre prospective sensitivity study [Di Gioia CC. *Emergency Medicine Journal*]
[Conclusion: In a population with high SARS-CoV-2 prevalence, lung ultrasound (LUS) has a high sensitivity (and negative predictive value) enough to rule out COVID-19 pneumonia (COVIDp) in patients with suggestive symptoms. The role of LUS in diagnosing patients with COVIDp is perhaps even more promising. Nevertheless, further research with adequately powered studies is needed.]
Available here. NHS OpenAthens account required

Health Services

The impact of remote home monitoring of people with COVID-19 using pulse oximetry: A national population and observational study [Sherlaw-Johnson C. *eClinicalMedicine*]
[Remote home monitoring of people testing positive for COVID-19 using pulse oximetry was implemented across England during the Winter of 2020/21 to identify falling blood oxygen saturation levels at an early stage. There are several possible explanations for our findings. One is that CO@h did not have the hypothesised impact. Another is that the low rates of enrolment and incomplete data in many areas reduced the chances of detecting any impact that may have existed.]
Available here

Deconstructing improvements and hospital variation in COVID-19 mortality rates during the early pandemic wave: the effects of wave evolution and advances in testing, treatment, and hospital care quality. [Editorial] [Rhee C. *BMJ Quality & Safety*]
["...The COVID-19 pandemic has taken a devastating toll on society and our healthcare systems. Although increasing vaccinations and lower case counts of severe disease in many countries are cause for optimism, it is incumbent on us to translate both the positive and the negative lessons of the initial COVID-19 response to better serve our patients and colleagues during subsequent waves of the present and future pandemics."]
Available here

A cautious exit: healthcare leaders' views on the route to living with COVID-19 [NHS Confederation]
[Government must take a cautious and evidence-based approach to exiting the pandemic, factoring in six key elements for a fail-safe exit strategy.]
Available here

Intensive and Critical Care

Facial ulcers in patients with COVID-19 admitted to ICU: review of the evidence [Moreno Madueño J. *British Journal of Nursing*]
[Many patients with COVID-19 admitted to intensive care undergo prone positioning. These patients are at risk of developing facial pressure ulcers (PUs). This study aimed to identify evidence-based recommendations to prevent or reduce their incidence. A multi-case study was undertaken using secondary data published between November 2020 and April 2021 discussing facial PUs in patients with COVID-19. The overall quality of evidence was low.]
Available here. NHS OpenAthens account required

Long COVID

Prognostic Factors for Post-COVID-19 Syndrome: A Systematic Review and Meta-Analysis [Giuseppe Maglietta et al. *Journal of Clinical Medicine*]
[Evidence shows that a substantial proportion of patients with COVID-19 experiences long-term consequences of the disease, but the predisposing factors are poorly understood. We conducted a systematic review and meta-analysis to identify factors present during COVID-19 hospitalization associated with an increased risk of exhibiting new or persisting symptoms]
Available here

Early clues regarding the pathogenesis of long-COVID [Peluso, M. *Trends in Immunology*]
[Intense investigation into the predictors and determinants of post-acute sequelae of SARS-CoV-2 infection (PASC), including 'long COVID', is underway. Recent studies provide clues to the mechanisms that might drive this condition, with the goal of identifying host or virus factors that can be intervened upon to prevent or reverse PASC.]
Available here

Enhancing the management of long COVID in general practice: a scoping review [Brennan, A. *BJGP Open*]
[The findings show that GPs can and have played a key role in the management of Long COVID, and that patient care can be improved through better understanding of patient experiences, standardised approaches for symptom identification/treatment, and facilitation of access to multidisciplinary specialist services when needed. Future research evaluating focused GP interventions is needed.]
Available here

Updated Guidance on post-COVID syndrome [Faculty of Occupational Medicine]
[The Faculty has updated its Guidance on post-COVID syndrome aimed at healthcare professionals and employers. The Guidance for healthcare professionals aims to assist them on return to work for people with post-COVID syndrome. This Guidance for managers and employers aims to help them in facilitating the return to work of employees who may find this difficult because of post-COVID syndrome.]
Available here

COVID-19: Evaluation and management of adults following acute viral illness [evidence summary from UpToDate]
Available here. Last updated 9th March

Nutrition and Dietetics

Nutrition and COVID-19 recovery knowledge hub [University of Plymouth]
[A 'one stop shop' of information to support recovery from COVID-19 through nutritional care, hosted by the University of Plymouth and supported by the British Dietetic Association.]
Available here

Pre-exposure Prophylaxis

Evusheld approved to prevent COVID-19 in people whose immune response is poor [MRHA]
[Evusheld is authorised to be used before being exposed to the risk of COVID-19 infection in order to prevent disease (known as 'pre-exposure prophylaxis'). For most people, the best way to prevent infection is vaccination. Evusheld has been approved for use in adults who are unlikely to mount an immune response from COVID-19 vaccination or for whom vaccination is not recommended.]
Available here

Physiotherapy

The effect of physical therapy on impairments in COVID-19 patients from intensive care to home rehabilitation: a rapid review [Debeuf R. *Journal of Rehabilitation Medicine*]
[Guidelines regarding physical therapy for COVID-19 patients are often based on expert opinion. Recent clinical trials have reported effects on several rehabilitation outcomes in COVID-19 patients. This review summarizes the effects of physical therapy in COVID-19 patients.]
Available here

Speech and Language Therapy

Responding to the impact of COVID-19 on the recovery and restoration of children's speech and language therapy services [Royal College of Speech and Language Therapists]
[Many NHS children's speech and language therapy services are trying to balance growing waiting lists with maintaining provision for children on their caseload. Many services are also reporting difficulties in recruitment. This statement outlines key considerations for service leads and managers who are being asked to make changes to their services, as well as examples of approaches that have been used in other areas.]
Available here

Vaccination

COVID-19 vaccination: information for healthcare practitioners [UK Health Security Agency]
[Added version 4.2 – details of changes on page 8.]
Available here. Last updated 10th March

Workforce

Learning from the COVID-19 Pandemic to Improve Staff Well-Being [Institute for Healthcare Improvement]
[Royal Free London NHS Foundation Trust (RFL), with the support of goShadow, adapted the "What Matters to You?" (WMTY) framework to understand what mattered most to its teams in times of crisis. Three primary domains of communication, support, and safety were used to analyze and tag qualitative data from individuals, teams, and listening sessions.]
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

The COVID-19 Evidence Bulletin is prepared by Shrewsbury and Telford Health Libraries. Links to the full-text of items listed is provided where available, but if you need copies of any items where no full-text is available, please request them via the Article Request form. Some items may require an NHS OpenAthens account.

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