

## Global spotlight 20.1: Key additions for the first half of August 2022



There is one newly added evidence synthesis in the public-health measures part of the COVID-END inventory of 'best' evidence syntheses\*, one newly added evidence synthesis and eight updates to living evidence syntheses that are already included in the clinical management part of the inventory, and one newly added synthesis in the health-system arrangements part of the inventory.

*\*COVID-END assigns 'best' status to evidence syntheses based on an assessment of how up-to-date they are (i.e., the date of the last search, with priority given to living reviews), quality (using the AMSTAR tool), and whether there is an evidence profile available (e.g., GRADE).*

| Taxonomy section   | Title   | Type of synthesis        | Criteria for best evidence synthesis |                         |  |
|--|---|--------------------------|--------------------------------------|-------------------------|--|
|  |   |                          | Date of last search                  | Quality (AMSTAR) rating | Evidence profile (e.g., GRADE) available |
| Public-health measures   | <a href="#">The impact of implementing COVID-19 testing requirements and/or recommendations in healthcare and long-term care settings is currently uncertain</a>  | Newly added rapid review | 2022-06-27                           | 8/10                    | Yes                                      |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">Several symptoms across many organ systems are reported by patients recovering from acute COVID-19 three to 12 months after the active infection; the most common symptoms reported were fatigue, dyspnea, sleep disorder, and difficulty concentrating [Review of studies with important heterogeneity in its outcomes]</a>                                      | Newly added full review  | 2020-10-01                           | 7/11                    | No                                       |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">[Bamlanivimab + etesevimab vs casirivimab/imdevimab] The effects of using bamlanivimab + etesevimab compared to casirivimab/imdevimab are currently uncertain</a>   | Update to living review  | 2022-08-05                           | 10/11                   | Yes                                      |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">[Bamlanivimab] In people at risk of COVID-19, using bamlanivimab may slightly reduce laboratory-confirmed SARS-CoV-2 infection and it may make little or no difference in mortality</a>   | Update to living review  | 2022-03-03                           | 10/11                   | Yes                                      |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">[Cilgavimab + tixagevimab] In people at risk of COVID-19, using cilgavimab + tixagevimab may reduce suspected, probable, or laboratory-confirmed SARS-CoV-2 infections, and it may not have an effect on mortality</a>  | Update to living review  | 2022-03-03                           | 10/11                   | Yes                                      |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">[Hydroxychloroquine + tenofovir disoproxil fumarate/emtricitabine] In people at risk of COVID-19, using hydroxychloroquine + tenofovir disoproxil fumarate/emtricitabine may not have an effect on hospitalization and it probably slightly increases adverse events leading to discontinuation of the treatment; its effects on other outcomes are uncertain</a> | Update to living review  | 2022-03-03                           | 10/11                   | Yes                                      |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">[Iota-carrageenan] In people at risk of COVID-19, using iota-carrageenan may not have an effect on mortality and it probably does not have an effect on hospitalization; it may also slightly increase adverse events leading to discontinuation of the treatment</a>   | Update to living review  | 2022-03-03                           | 10/11                   | Yes                                      |

|  |   |                               |            |       |     |
|--|---|-------------------------------|------------|-------|-----|
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">[Ivermectin] In people at risk of COVID-19, using ivermectin may have little or no impact on admission to hospital, while it may not increase adverse events leading to discontinuation of the treatment; its effects on other outcomes are uncertain</a>   | Update to living review       | 2022-03-03 | 10/11 | Yes |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">Although evidence from low-income settings is missing, existing studies suggest that in the first wave of the COVID-19 pandemic a decrease in the number of self-harm presentations was observed, whereas insufficient evidence is available to show specific trends after the second half of 2021</a>  | Update to living review       | 2021-09-07 | 8/10  | No  |
| Clinical management of COVID-19 and pandemic-related health issues | <a href="#">Evidence suggests that people hospitalized for COVID-19 with advanced age, stayed in ICU, and those with multiple symptoms at onset are at higher risk of developing post-COVID symptoms</a>  | Update to living rapid review | 2022-02-28 | 7/11  | No  |
| Health-system arrangements   | <a href="#">Evidence suggests that Black ethnic minorities in the US and the UK have a higher COVID-19 vaccine hesitancy than Whites, while Asians have higher vaccine acceptance than Whites; no clear pattern was found among Hispanics/Latinx populations, and only limited studies address vaccine hesitancy in migrant populations [Review of studies of variable quality]</a> | Newly added full review       | 2021-10-07 | 5/10  | No  |