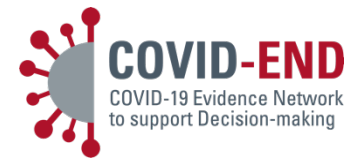


Global spotlight 22.2: Key additions for the second half of October 2022



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 synthesis and eleven updates to living evidence syntheses that are already included in the clinical management parts 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	Evidence shows a wide variability in the proportion of COVID-19 patients that are asymptomatic, while contacts of asymptomatic individuals are less likely to be infected than contacts of symptomatic individuals [Review of studies with high heterogeneity among its findings]	Newly added living review	2021-07-18	7/11	No
Clinical management of COVID-19 and pandemic-related health issues	[Vilobelimab] Using vilobelimab in hospitalized COVID-19 patients probably reduces mortality and it probably increases clinical improvement, while it may not increase serious adverse events	Newly added living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Anakinra] In hospitalized COVID-19 patients, anakinra may make little or no difference in mortality, while it probably slightly reduces disease progression and increases clinical improvement; it may not increase serious adverse events	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Bamlanivimab + etesevimab vs casirivimab/imdevimab] Using bamlanivimab + etesevimab or casirivimab/imdevimab may make little or no difference in hospitalization or death, while the effects on other outcomes are uncertain	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Bamlanivimab] In hospitalized COVID-19 patients, bamlanivimab may make little or no difference in mortality, clinical improvement, and disease progression, while it may not increase the risk of serious adverse events for hospitalized and outpatients; the rest of the outcomes in COVID-19 outpatients are currently uncertain	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Baricitinib] Among hospitalized COVID-19 patients, using baricitinib probably reduces mortality and disease progression, while it slightly increases clinical improvement; it probably does not increase serious adverse events	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Camostat mesilate] In COVID-19 hospitalized patients, camostat mesilate may make little or no difference in mortality, clinical improvement and disease progression, while it may not increase adverse events	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Favipiravir] In hospitalized COVID-19 patients, favipiravir probably makes little or no difference in mortality, it may not have an effect on clinical improvement and disease progression, while it may increase viral negative conversion; its safety outcomes for hospitalized patients are uncertain,	Update to living review	2022-10-21	10/11	Yes

	whereas it may slightly increase any adverse event in outpatients				
Clinical management of COVID-19 and pandemic-related health issues	[Otilimab] In hospitalized COVID-19 patients, otilimab may slightly reduce mortality, while it may make little or no difference in clinical improvement and serious adverse events; its effects on other outcomes are uncertain	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Remdesivir] Using remdesivir for five days compared to 10 days may slightly decrease disease progression, and it may not increase the frequency of serious adverse events	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Sofosbuvir/daclatasvir] The benefits of using sofosbuvir/daclatasvir in hospitalized COVID-19 patients are currently uncertain, while it may not increase the adverse events	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	In hospitalized patients, adding convalescent plasma to standard care probably does not have an effect on mortality at 28 days, it may make little or no difference on disease progression, while it does not have an effect on clinical improvement, and it may slightly increase serious adverse events; in outpatients, convalescent plasma probably makes little or no difference in mortality, it may not have an effect on disease progression, it probably slightly reduces hospitalization or death and it may not increase serious adverse events	Update to living review	2022-10-21	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ivermectin] In hospitalized COVID-19 patients, ivermectin may make little or no difference in patient condition and non-serious adverse events, while its effects on other outcomes are uncertain; in COVID-19 outpatients, ivermectin does not make a difference on quality of life, it probably makes little or no difference on mortality, and it may make little or no difference on patients' condition and adverse events	Update to living review	2022-04-01	11/11	Yes
Health-system arrangements	The global COVID-19 vaccine acceptance rate has been estimated at 67.8%, which is far below the threshold set for herd immunity for the Omicron variant of concern; acceptance and uptake rates were lower among pregnant and breastfeeding women, while black females, those <60 years old, and those with low educational status had lower vaccine acceptance rates [Review of studies with substantial heterogeneity among its findings]	Newly added full review	2022-02-27	6/11	No