

Global spotlight 16.2: Key additions for the second half of April 2022



There are three updates to living evidence syntheses already included in the public-health measures parts of the COVID-END inventory of ‘best’ evidence syntheses*, two newly added syntheses and five updates to living evidence syntheses already included in the health-systems arrangements parts 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	[BioNTech/Pfizer booster against variants of concern] One dose of BNT162b2 [Pfizer] vaccine as a booster of a completed two-dose course of CoronaVac [Sinovac] may prevent symptomatic infection and severe disease from the Omicron variant of concern eight to 59 days after the last dose	Update to living rapid review	2022-04-13	7/9	Yes
Public-health measures	[CoronaVac booster against variants of concern] Three doses of CoronaVac [Sinovac] vaccine may provide limited protection from symptomatic infection and it may prevent severe disease from the Omicron variant of concern after eight to 59 days after the last dose	Update to living rapid review	2022-04-13	7/9	Yes
Public-health measures	[Moderna against variants of concern] mRNA-1273 [Moderna] vaccine may provide limited protection for infection from the Omicron variant up to between 30 and 44 days, 60 and 90 days after the second dose, and it may prevent symptomatic infection up to 30 days after the second dose (other variants are also included in the report)	Update to living rapid review	2022-04-13	7/9	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ciclesonide] In COVID-19 outpatients, ciclesonide may make little or no difference in hospitalization or death while it may slightly increase adverse events; its effects on other outcomes are uncertain	Newly added living review	2022-04-15	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	The effects of pharmacological interventions for palliative symptom control in patients with COVID-19 are uncertain, whereas no evidence has been found on the effectiveness of non-pharmacological interventions	Newly added full review	2021-03-23	11/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Azithromycin] The effects of adding azithromycin to hydroxychloroquine therapy in hospitalized patients are uncertain, and it may even slightly increase serious adverse events; it may slightly reduce viral negative conversion in mild outpatients	Update to living review	2022-04-15	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Lopinavir + ritonavir] In hospitalized patients, adding lopinavir + ritonavir to standard care probably makes little or no difference on mortality, it may not have a substantial effect on clinical improvement, viral conversion or disease progression, whereas it may slightly increase adverse events	Update to living review	2022-04-15	10/11	Yes

Clinical management of COVID-19 and pandemic-related health issues	[Molnupiravir] In COVID-19 outpatients, molnupiravir probably slightly reduces mortality and hospitalization or death; it may not increase serious adverse events	Update to living review	2022-04-15	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	Among patients hospitalized with COVID-19, intravenous immunoglobulin may reduce disease progression and it may not increase serious adverse events; the effects on other outcomes are uncertain	Update to living review	2022-03-18	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 and clinical improvement, while it may not have an effect on disease progression, and it may slightly increase serious adverse events; in outpatients; convalescent plasma may slightly reduce hospitalization or death and may not increase serious adverse events, while its effects on other outcomes are uncertain	Update to living review	2022-03-18	10/11	Yes