

## Global spotlight 17.1: Key additions for the first half of May 2022



There are three newly added syntheses and four updates to living evidence syntheses that are already included in the public-health measures parts of the COVID-END inventory of 'best' evidence syntheses\*, four newly added syntheses and 26 updates to living evidence syntheses that are already included in the clinical management parts of the inventory, one newly added evidence synthesis in the health-system arrangement part of the inventory, and one newly added evidence synthesis in the economic and social responses 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 prevalence of asymptomatic infection has been estimated to be 37% of COVID-19 cases, while 43% of COVID-19 cases were either pre-symptomatic or asymptomatic at the time of testing [Review of studies of variable quality with important heterogeneity among their findings]</a>	Newly added full review	2021-04-01	7/11	No
Public-health measures	<a href="#">Ocular manifestations were found in 11% of adult patients with COVID-19 and the positive rate of ocular surface PCR was 7% [Review of studies of mainly moderate quality with important heterogeneity among their findings]</a>	Newly added full review	2021-01-30	7/11	No
Public-health measures	<a href="#">No evidence of safety concerns has been found with using COVID-19 vaccines, their components and platforms for pregnant women [Review of studies of variable quality]</a>	Newly added rapid review	2021-02-28	9/9	Yes
Public-health measures	<a href="#">[BioNTech/Pfizer against variants of concern] BNT162b2 [Pfizer] vaccine may prevent infection from the Omicron variant of concern up to 44 days and may provide limited protection up to 60 days after the second dose; it may also prevent symptomatic infection from 14-149 days after the second dose, and may provide limited protection up to 90 days after the second dose (other variants are also included in the report)</a>	Update to living rapid review	2022-04-27	7/9	Yes
Public-health measures	<a href="#">[BioNTech/Pfizer against variants of concern] Three doses of BNT162b2 [Pfizer] vaccine may prevent infection from the Omicron variant of concern at least 7 days after the third dose, it may prevent infection up to 60 days, and it may provide limited protection after 90 days of the third dose; it may also provide strong protection against severe, critical, or fatal disease produced by the Omicron variant of concern (other variants are also included in the report)</a>	Update to living rapid review	2022-04-27	7/9	Yes
Public-health measures	<a href="#">[Moderna against variants of concern] mRNA-1273 [Moderna] vaccine may provide limited protection against 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 from 14-149</a>	Update to living rapid review	2022-04-27	7/9	Yes

	<a href="#">days after the second dose (other variants are also included in the report)</a>				
Public-health measures	<a href="#">[Moderna against variants of concern] Three doses of Moderna vaccine may prevent infection from the Omicron variant of concern at least 7 days, and up to 60 days after the third dose, and it may prevent severe, critical, and fatal disease death up to 42 days after the third dose (other variants are also included in the report)</a>	Update to living rapid review	2022-04-27	7/9	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[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</a>	Newly added living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">Evidence suggests that hospital admission for STEMI patients has decreased during the COVID-19 pandemic and the time from symptom onset to care receipt has increased; while mortality was not reported to increase, it has been reported to be substantially different depending on whether it was measured at the beginning of the pandemic [Review of studies with important heterogeneity in some of their outcomes]</a>	Newly added full review	2021-03-31	7/11	No
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">Whereas a preliminary association has been found between insulin treatment and a worse prognosis among COVID-19 in patients with type 2 diabetes, there is not enough evidence to study a potential association among patients with type 1 diabetes [Review of studies of important heterogeneity among their findings]</a>	Newly added full review	2021-02-19	8/11	No
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">Evidence shows that anti-cancer therapy (including surgery, chemotherapy, immunotherapy and targeted therapy) does not negatively impact cancer patients with COVID-19 [Review of studies of variable quality and some heterogeneity among their findings]</a>	Newly added full review	2021-01-22	7/11	No
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[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</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Corticosteroids] Adding corticosteroids to standard care among hospitalized COVID-19 patients reduces mortality and increases clinical improvement, while its safety outcomes are currently uncertain</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Dexamethasone low vs high dose] Compared to high-dose dexamethasone, using low-dose dexamethasone may slightly reduce mortality, while its effects on other outcomes are currently uncertain</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Lopinavir + ritonavir] In hospitalized patients, adding lopinavir + ritonavir to standard care probably makes little or no difference on mortality, clinical improvement and viral negative conversion, it may not have a substantial effect on disease progression, whereas it may increase adverse events</a>	Update to living review	2022-04-29	10/11	Yes

Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Molnupiravir] In COVID-19 outpatients, molnupiravir probably slightly reduces mortality and hospitalization or death; it may not increase serious adverse events</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Sarilumab] Using sarilumab for hospitalized COVID-19 patients may slightly reduce mortality at 60 days and it may make little or no difference in clinical improvement; it may also slightly increase adverse events</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Sotrovimab] Among COVID-19 hospitalized patients, sotrovimab may not have an effect on mortality and disease progression while it may increase clinical improvement and it probably substantially increases serious adverse events; in outpatients, it may not have an effect on mortality and it probably reduces the risk of hospitalization or death while it probably does not increase serious adverse events</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Tocilizumab] Among hospitalized patients, tocilizumab slightly reduces mortality at 28 days and may also slightly reduce mortality at 60 days; it probably slightly increases the incidence of clinical improvement, it may reduce the disease progression, and it may slightly increase adverse events</a>	Update to living review	2022-04-29	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Azithromycin] Azithromycin may not have an effect on mortality, mechanical ventilation, and duration of hospitalization, while it may not increase adverse events leading to discontinuation</a>	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Baricitinib] JAK inhibitors reduce mortality and probably reduce mechanical ventilation, while they do not have an effect on duration of hospitalization and duration of mechanical ventilation; they do not increase adverse events leading to discontinuation</a>	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Colchicine] Colchicine may not reduce mortality and it may reduce the need for mechanical ventilation; it may also increase adverse events leading to discontinuation of treatment</a>	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Corticosteroids] Systemic corticosteroids (including dexamethasone, hydrocortisone, methylprednisolone, and methylprednisolone + prednisolone) probably reduce mortality and may reduce mechanical ventilation, while they may not have an effect on duration of hospitalization and duration of mechanical ventilation; no data has been reported for adverse events leading to discontinuation of treatment</a>	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Corticosteroids + IL6 receptor antagonist] Systemic corticosteroids (including dexamethasone, hydrocortisone, methylprednisolone, and methylprednisolone + prednisolone) with IL6 receptor antagonists reduce mortality and probably reduce mechanical ventilation, while it may not have an effect on duration of hospitalization and duration of mechanical ventilation; no data has been reported for adverse events leading to discontinuation</a>	Update to living review	2022-03-22	10/11	Yes

Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Hydroxychloroquine]</a> Hydroxychloroquine probably increases mortality and the need for mechanical ventilation, while it may not have an effect on the duration of hospitalization; it may also increase adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Interferon β-1b]</a> Interferon β-1b may not reduce mortality and mechanical ventilation, and it may not have an effect in other patient clinical outcomes, while it probably does not increase adverse events leading to discontinuation	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Ivermectin]</a> Ivermectin may reduce mortality, and it may not have an effect on length of hospital stay and time to symptom resolution; its effects on other outcomes are uncertain, while it probably does not increase adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Levilimab]</a> Interleukin-6 inhibitors (including tocilizumab, sarilumab, siltuximab and levilimab) probably make little or no difference on mortality and duration of hospitalization, while they probably reduce mechanical ventilation and they may not have an effect on duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Lopinavir + ritonavir]</a> Lopinavir + ritonavir may not reduce mortality and mechanical ventilation, and it may not have an effect on other patient clinical outcomes; it probably increases adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Molnupiravir]</a> Molnupiravir may not have an effect on most patient outcomes, while it does not increase adverse events leading to discontinuation; its effects on mortality or mechanical ventilation are currently uncertain	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Remdesivir]</a> Remdesivir may slightly reduce mortality and mechanical ventilation, and it probably does not have an effect on the duration of mechanical ventilation; it does not increase adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Sofosbuvir]</a> Antihypocivirals (including sofosbuvir/daclatasvir, sofosbuvir/ledipasvir, sofosbuvir/ravidasvir and sofosbuvir/velpatasvir) may reduce mechanical ventilation and they may have no effect on duration of hospitalization and duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Ruxolitinib]</a> JAK inhibitors reduce mortality and probably reduce mechanical ventilation, while they do not have an effect on duration of hospitalization and duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Sarilumab]</a> Interleukin-6 inhibitors (including tocilizumab, sarilumab, siltuximab and levilimab) probably make little or no difference on mortality and duration of hospitalization, while they	Update to living review	2022-03-22	10/11	Yes

	<a href="#">probably reduce mechanical ventilation and they may not have an effect on duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment</a>				
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Siltuximab] Interleukin-6 inhibitors (including tocilizumab, sarilumab, siltuximab and levilimab) probably make little or no difference on mortality and duration of hospitalization, while they probably reduce mechanical ventilation and they may not have an effect on duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment</a>	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Tocilizumab] Interleukin-6 inhibitors (including tocilizumab, sarilumab, siltuximab and levilimab) probably make little or no difference on mortality and duration of hospitalization, while they probably reduce mechanical ventilation and they may not have an effect on duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment</a>	Update to living review	2022-03-22	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	<a href="#">[Tofacitinib] JAK inhibitors reduce mortality and probably reduce mechanical ventilation, while they do not have an effect on duration of hospitalization and duration of mechanical ventilation; they do not increase adverse events leading to discontinuation of treatment</a>	Update to living review	2022-03-22	10/11	Yes
Health-system arrangements	<a href="#">Evidence shows that the COVID-19 pandemic affected the system of care for out-of-hospital cardiac arrest, with an increase in mortality and worsening neurological outcomes, as well as an increase in the time taken to provide patients with needed care [Review of studies of unknown quality with important heterogeneity among their findings]</a>	Newly added full review	2021-05-30	8/11	No
Economic and social responses	<a href="#">Evidence assessing in-flight COVID-19 transmission using aircraft wastewater in aircrafts shows that the risk of infection is higher for passengers seated within two rows of an infected person, whereas it is not clear the role that the duration of the flight and wearing masks might have [Review of studies of mainly low quality]</a>	Newly added full review	2021-01-27	8/10	No