Global spotlight 22.1:
Key additions for the first half of October 2022

There are two newly added evidence syntheses and eight updates to living evidence syntheses already included in the clinical management parts of the COVID-END inventory of ‘best’ evidence syntheses. *

*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).

<table>
<thead>
<tr>
<th>Taxonomy section</th>
<th>Title</th>
<th>Type of synthesis</th>
<th>Criteria for best evidence synthesis</th>
<th>Date of last search</th>
<th>Quality (AMSTAR) rating</th>
<th>Evidence profile (e.g., GRADE) available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical...</td>
<td>[Nirmatrelvir/ritonavir] Using nirmatrelvir/ritonavir in unvaccinated, non-hospitalized patients with mild COVID-19 disease may reduce mortality and hospital admissions, while it may not increase serious adverse events</td>
<td>Newly added living review</td>
<td>2022-06-11</td>
<td>10/10</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[Fluvoxamine] Using fluvoxamine among COVID-19 outpatients with mild disease may slightly reduce mortality and hospitalization or death; its effects on other outcomes are uncertain</td>
<td>Newly added living review</td>
<td>2022-02-01</td>
<td>10/10</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[Corticosteroids] Adding corticosteroids to standard care among hospitalized COVID-19 patients probably reduces mortality, while it increases clinical improvement, and it may decrease disease progression; it probably slightly increases the frequency of adverse events</td>
<td>Update to living review</td>
<td>2022-10-07</td>
<td>10/11</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[AZD1656] Using AZD1656 to treat COVID-19 patients may improve time to symptom resolution, while its effects on other outcomes are uncertain</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[DFV890] Using DFV890 to treat COVID-19 patients may improve time to symptom resolution while its effects on other outcomes are uncertain</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[Favipiravir] Using favipiravir may not reduce hospitalizations and it does not have an effect on time to symptom resolution among COVID-19 patients; it may increase mortality and mechanical ventilation</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[Palmitoylethanolamide] The effects of using palmitoylethanolamide to treat COVID-19 patients are currently uncertain</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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<tr>
<td>Clinical...</td>
<td>[Pirfenidone] The effects of using pirfenidone to treat COVID-19 patients are currently uncertain</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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<td>Clinical...</td>
<td>[Vilobelimab] Using vilobelimab in patients with severe or critical COVID-19 disease probably reduces mortality, while it probably does not importantly increase severe adverse events; its effects on other outcomes are currently uncertain</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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<tr>
<td>Clinical management of COVID-19 and pandemic-related health issues</td>
<td>Using vitamin D to treat COVID-19 patients does not reduce symptomatic infections and hospitalizations; its effects on other outcomes are uncertain</td>
<td>Update to living rapid review</td>
<td>2022-10-03</td>
<td>7/11</td>
<td>Yes</td>
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</table>