

Global spotlight 4.1: Key additions for the first half of April 2021



There are four newly added syntheses and one update to a living evidence synthesis already included in the public-health measures part of the COVID-END inventory of ‘best’ evidence syntheses*, six newly added syntheses and 14 updates to living evidence syntheses that are already included in the clinical management part of the inventory, and three newly added syntheses in the health-system arrangement 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	Whereas wearing any type of mask probably reduces the incidence of respiratory infections, N95 respirators or equivalent were found to be the most effective mask type, compared to surgical, medical and non-medical facemasks	Newly added living review	2020-10-22	8/11	Yes
Public-health measures	COVID-19 in children is usually associated with a favourable clinical course, and the most prevalent clinical manifestations are fever and cough [Review of studies of variable quality]	Newly added full review	2021-01-08	8/11	No
Public-health measures	A high proportion of adverse events (mainly skin reactions) has been reported among healthcare workers using personal protective equipment [Review of observational studies of low to moderate quality]	Newly added full review	2020-12-27	9/11	No
Public-health measures	Only two rapid-antigen tests (Roche/SDB and Abbott) were found to provide enough real-world performance data to confirm that they are able to detect current SARS-CoV-2 infection [Review of studies of unknown quality]	Newly added full review	2020-11-20	5/11	No
Public-health measures	The relationship between smoking status and infection, hospitalization and mortality is uncertain; current smokers may be at reduced risk of infection compared with non-smokers, but they and former smokers may have an increased risk of hospitalization and mortality	Update to living rapid review	2021-02-16	6/11	No
Clinical management of COVID-19 and pandemic-related health issues	[Sarilumab] Compared to standard care, sarilumab may make little or no difference in mortality, and time to clinical improvement, while it probably does not increase adverse events in severe and critical patients	Newly added living review	2021-02-26	9/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Tocilizumab] Compared to standard care, tocilizumab slightly reduces 28-day mortality, may not have an effect on 60-day mortality, probably may slightly increase clinical improvement and it probably does not increase serious adverse events	Newly added living review	2021-02-26	9/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[All drugs] No molecules studied in large clinical trials have demonstrated benefits as a prophylactic treatment for COVID-19	Newly added living review	2021-01-20	10/11	Yes
Clinical management of COVID-19 and	[Hydroxychloroquine] Adding prophylactic hydroxychloroquine to standard care does not	Newly added living review	2021-01-20	10/11	Yes

pandemic-related health issues	have an important effect on mortality and hospitalization, and probably increases adverse events				
Clinical management of COVID-19 and pandemic-related health issues	[Ivermectin] The effects of using ivermectin as a prophylactic treatment for COVID-19 are uncertain	Newly added living review	2021-01-20	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ivermectin + iota-carrageenan] The effects of using ivermectin with iota-carrageenan as a prophylactic treatment for COVID-19 are uncertain	Newly added living review	2021-01-20	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	Adding convalescent plasma to standard care may slightly reduce mortality and disease progression but probably increases serious adverse events	Update to living review	2021-03-26	10/11	No
Clinical management of COVID-19 and pandemic-related health issues	[Hydroxychloroquine vs placebo/standard care] Hydroxychloroquine slightly increases mortality at 14-28 days, probably makes little or no difference in the incidence of clinical improvement and disease progression, and it may increase serious adverse events	Update to living review	2021-03-26	10/11	No
Clinical management of COVID-19 and pandemic-related health issues	[Baricitinib] JAK inhibitors may reduce mortality, mechanical ventilation and duration of hospitalization, and they probably reduce the duration of mechanical ventilation	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Colchicine] Colchicine may reduce mortality, mechanical ventilation, and duration of hospitalization in non-severe patients, but its effects are uncertain for hospitalized patients	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Glucocorticoids] Glucocorticoids probably reduce mortality, mechanical ventilation, and probably increase ventilator-free days in hypoxic hospitalized COVID-19 patients, whereas its effects on non-severe patients remain uncertain	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Hydroxychloroquine] Hydroxychloroquine may not reduce mortality or have an effect in other patient clinical outcome	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ivermectin] The effects of ivermectin to treat COVID-19 patients are uncertain	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Lopinavir + ritonavir] Lopinavir + ritonavir may not reduce mortality or have an effect in other patient clinical outcome	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Remdesivir] The effects of remdesivir on mortality are uncertain, but it may reduce risk of mechanical ventilation	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ruxolitinib] JAK inhibitors may reduce mortality, mechanical ventilation and duration of hospitalization, and they probably reduce the duration of mechanical ventilation	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Sarilumab] Interleukin-6 inhibitors probably reduce mechanical ventilation and may reduce hospitalization length in hypoxic hospitalized	Update to living review	2021-02-12	10/11	Yes

	COVID-19 patients, while it may have some benefits on mortality				
Clinical management of COVID-19 and pandemic-related health issues	[Tocilizumab] Interleukin-6 inhibitors probably reduce mechanical ventilation and may reduce hospitalization length in hypoxic hospitalized COVID-19 patients, while it may have some benefits on mortality	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Vitamin C] Vitamin C may not reduce mortality or have an effect on other patient clinical outcomes	Update to living review	2021-02-12	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Vitamin D] Vitamin D may not reduce mortality or have an effect on other patient clinical outcomes	Update to living review	2021-02-12	10/11	Yes
Health-system arrangements	Although evidence shows that for-profit ownership in care homes for older people has not been consistently associated with COVID-19 outbreaks, some studies show that they accounted for a larger proportion of cumulative infections and deaths, which could be explained by less access to personal protection equipment in these facilities [Review of observational studies mainly of low quality]	Newly added living review	2021-01-26	8/10	No
Health-system arrangements	Evidence shows that introduction to and sustained training in the basics of ICU monitoring, response to acute respiratory distress syndrome, prone and positioning, and donning and doffing PPE were important to healthcare professionals being redeployed to intensive care during the COVID-19 pandemic [Review of studies of observational studies of unknown quality]	Newly added full review	2020-12-01	7/10	No
Health-system arrangements	Evidence shows that developing staff work groups based on skills rather than specialty, maximizing the use of transferable skills, having a supportive environment, and developing flexible arrangements are key strategies to successful redeployment of staff to intensive care during the COVID-19 pandemic [Review of studies of observational studies of unknown quality]	Newly added full review	2020-12-01	7/10	No