

Global spotlight 5.1: Key additions for the first half of May 2021



There are two newly added evidence 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*, two newly added evidence syntheses in the health-system arrangements 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	In diagnosing SARS-CoV-2 infection, saliva has been shown to be the best candidate as an alternative specimen to oropharyngeal swabs, whereas urine, feces and tears were found to perform worse [Review of studies of variable quality and high heterogeneity among their results]	Newly added full review	2020-12-30	8/11	No
Public-health measures	A highly variable seroprevalence of human infection with SARS-CoV-2 was found among different WHO regions, with South-East Asia having the highest seroprevalence, and individuals aged 20-64 years more likely to be seropositive than young and older people [Review of studies of mainly low quality]	Newly added full review	2020-12-22	8/11	No
Public-health measures	[CoronaVac vaccine] Compared to placebo, vaccination with CoronaVac probably reduces the incidence of symptomatic cases of COVID-19, and it may substantially reduce the incidence of hospitalization or severe disease due to COVID-19; the evidence for any difference in serious adverse events is uncertain, although the vaccine probably increases the incidence of any adverse event	Update to living review	2021-05-07	10/11	Yes (updated on 2021-05-09)
Health-system arrangements	Variable levels of air contamination with SARS-CoV-2 RNA were found in hospital settings, with greater contamination close to public areas (e.g., bathrooms, staff areas, etc.), although viable virus particles were rarely contained in samples [Review of studies of unknown quality]	Newly added full review	2020-10-27	7/9	No
Health-system arrangements	In aged-care facilities with a COVID-19 outbreak, an attack rate of 45% and a fatality rate of 23% was found, with limited evidence identified to inform effective prevention and control strategies [Review of studies of low to moderate quality with high heterogeneity among findings]	Newly added full review	2020-09-28	9/11	No

Economic and social responses	With implications for improving physical and mental wellbeing during and after the COVID-19 pandemic, evidence shows an association between income level and use of green spaces, but there is a lack of knowledge on the type of green spaces that are best for wellbeing [Review of studies of unknown quality]	Newly added full review	2020-09-21	6/9	No
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