COVID-END global inventory spotlight: Key additions for the two-week period ending 2021-01-29

There are seven key additions to the public-health measures and clinical management parts of the COVID-END inventory of 'best' evidence syntheses*, as well as three updates to 'best' living evidence syntheses already included in 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	Using PPE was found to be the strongest factor associated with reducing risk of coronavirus infection among health care workers [Review of observational studies]	Newly added living rapid review	2020-09-24	6/10	No
Public-health measures	When economic evaluations model a long time horizon, social distancing measures are found to be more cost-effective than quarantine, non-intervention, or herd immunity	Newly added full review	2020-07-01	5/9	No
Public-health measures	[CT scan] While the pooled sensitivity of CT scan for detection of COVID-19 infection was estimated to be 82%, specificity was found to be higher than expected in low prevalence settings [Review of studies of variable quality]	Newly added full review	2020-05-19	9/11	No
Public-health measures	PPE use by healthcare workers (masks, gloves, gowns and eye protection) has been found to be one of the strongest factors associated with reduced risk of coronavirus infection, with the most consistent associations observed for masks	Update to living rapid review	2020-12-02	6/10	No
Clinical management	Among cancer patients with COVID-19, evidence suggests that chemotherapy may be associated with higher risk of death whereas no association was found for other cancer therapies [Review of observational studies]	Newly added full review	2020-10-10	8/11	No
Clinical management	During the COVID-19 pandemic, out-of-hospital cardiac arrests had delayed arrival times to emergency medical services, and less time to provide adequate acute care [Review of observational studies of high risk of bias]	Newly added full review	2020-09-06	6/10	No
Clinical management	Evidence with important heterogeneity shows that acute pulmonary embolism could be underdiagnosed in COVID-19 patients, with ICU patients likely to be more affected than patients hospitalized in general wards [Review of observational studies]	Newly added full review	2020-08-01	8/11	No
Clinical management	Substantial heterogeneity was found among studies reporting the incidence of acute pulmonary embolism, but among hospitalized COVID-19 patients the risk seems to be higher for ICU patients [Review of observational studies]	Newly added full review	2020-08-01	8/11	No
Clinical management	[Tocilizumab] Tocilizumab may produce little or no difference in mortality, and it may reduce disease progression	Update to living review	2021-01-21	10/11	Yes
Clinical management	Adding convalescent plasma to standard care may decrease 14-28 day and 7 day all-cause mortality, but its effects on other clinical outcomes are uncertain	Update to living review	2021-01-21	10/11	No