Global spotlight 15.1:
Key additions for the first half of March 2022

There are 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*, two newly added syntheses and eight updates to living evidence syntheses that are already included in the clinical management parts of the inventory, and one newly added synthesis 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	[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 no protection up to 164 days after the second dose; it may also prevent symptomatic infection up to 63 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)	Update to living rapid review	2022-03-02	7/9	Yes
Public-health measures	[BioNTech/Pfizer against variants of concern] Three doses of BNT162b2 [Pfizer] vaccine may prevent infection from the Omicron variant of concern 7 to 30 days after the third dose, it may prevent symptomatic infection up to 14 days after the third dose, and it may prevent death up to 49 days after the third dose (other variants are also included in the report)	Update to living rapid review	2022-03-02	7/9	Yes
Public-health measures	[Moderna against variants of concern] mRNA-1273 [Moderna] vaccine may prevent infection from the Omicron variant from 14 to 90 days after the second dose, and it may prevent symptomatic infection up to 35 days after the second dose (other variants are also included in the report)	Update to living rapid review	2022-03-02	7/9	Yes
Public-health measures	[Moderna against variants of concern] Three doses of Moderna vaccine may prevent infection from the Omicron variant of concern up to 30 days after the third dose, it may prevent symptomatic infection up to 35 days after the third dose, and it may prevent death up to 42 days after the third dose (other variants are also included in the report)	Update to living rapid review	2022-03-02	7/9	Yes
Clinical management of COVID-19 and pandemic-related health issues	The risk factors associated with severe COVID-19 outcomes in children 12 years and under are currently uncertain	Newly added living rapid review	2021-12-06	7/10	Yes
Clinical management of COVID-19 and pandemic-related health issues	Limited evidence is available documenting the relationship between breastfeeding practices during the COVID-19 pandemic and the psychological impact on mothers; some evidence shows that the COVID-19 pandemic might have affected mothers' expectations regarding breastfeeding, which could	Newly added full review	2021-01-01	5/9	No

	have had an impact on mental health [Review of studies of unknown quality]				
Clinical management of COVID-19 and pandemic-related health issues	[Bamlanivimab + etesevimab] In mild outpatients, bamlanivimab + etesevimab may slightly reduce mortality and, it may increase clinical improvement and viral negative conversion, and it may reduce the risk of hospitalization or death; its safety outcomes are uncertain	Update to living review	2022-03-04	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Etesevimab] Compared to bamlanivimab (LY-CoV555) alone, adding etesevimab (LY-CoV016) to bamlanivimab may have slight benefits for clinical improvement, and it may have more adverse events; the effects on other outcomes are currently uncertain	Update to living review	2022-03-04	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Molnupiravir] In COVID-19 outpatients, molnupiravir probably slightly reduces mortality, and it probably reduces hospitalization or death; it may not increase serious adverse events	Update to living review	2022-03-04	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	Among the 178 therapeutic options that have been studied in clinical trials, evidence shows that baricitinib, corticosteroids, molnupiravir, nirmatrelvir/ritonavir (Paxlovid), REGEN-COV (casirivimab and imdevimab) and tocilizumab are the most promising alternatives that may have an effect on mortality and other clinical outcomes among COVID-19 patients. In terms of prophylaxis, only REGEN-COV (casirivimab and imdevimab) and bamlanivimab have demonstrated a possible effect by reducing the incidence of symptomatic infection	Update to living rapid review	2022-02-22	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Avdoralimab] Using avdoralimab in COVID-19 patients may not have an effect on mortality, and it may increase severe adverse events	Update to living rapid review	2022-02-22	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ivermectin] Ivermectin probably does not improve time to symptom resolution, and it may not have an important effect on reducing hospitalizations; its effects on other outcomes are uncertain	Update to living rapid review	2022-02-22	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Molnupiravir] Using molnupiravir in recent onset patients with mild to moderate disease probably reduces hospitalization, and it may not increase severe adverse events	Update to living rapid review	2021-09-03	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Nirmatrelvir/ritonavir] Using nirmatrelvir/ritonavir in recent onset patients with mild to moderate disease probably reduces hospitalization, and it probably does not increase severe adverse events	Update to living rapid review	2021-09-03	7/11	Yes
Health-system arrangements	Whereas important demographic and geographical differences were found, being male, older in age, a physician, and having previous influenza vaccination were found to be positive predictive factors of healthcare workers' attitudes toward COVID-19 vaccination, and concerns about safety, efficacy and a lack of government trust were identified as main barriers [Review of studies of mainly moderate quality]	Newly added rapid review	2021-02-12	7/10	No