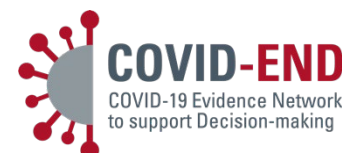


Global spotlight 15.2: Key additions for the second half of March 2022



There is one newly added synthesis and seven updates to living evidence syntheses that are already included in the public-health measures parts of the COVID-END inventory of ‘best’ evidence syntheses*, as well as two newly added syntheses and eight updates to living evidence syntheses that are already included in the clinical management parts 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	Evidence suggests that face coverings may reduce the transmission of SARS-CoV-2 with no serious harms, while medical masks appear to have higher efficacy than fabric masks [Review of studies of mainly low quality]	Newly added living rapid review	2021-07-15	4/9	No
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 limited protection up to 60 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	2022-03-16	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 up to 30 days after the third dose, it may prevent infection up to 60 days, and it may provide limited protection after 90 days of the third dose; it may also provide strong protection against severe, critical, or fatal disease produced by the Omicron variant of concern (other variants are also included in the report)	Update to living rapid review	2022-03-16	7/9	Yes
Public-health measures	[Johnson & Johnson against variants of concern] Johnson & Johnson/AD26.COVID.S vaccine may provide limited protection from infection from the Omicron variant of concern up to 60 days after the second dose (other variants are also included in the report)	Update to living rapid review	2022-03-16	7/9	Yes
Public-health measures	[Johnson & Johnson against variants of concern] One dose of Johnson & Johnson/AD26.COVID.S vaccine followed by a second dose of an mRNA vaccine may prevent infection from the Omicron variant of concern at least 7 days after the second dose (other variants are also included in the report)	Update to living rapid review	2022-03-16	7/9	Yes

Public-health measures	[Moderna against variants of concern] mRNA-1273 [Moderna] vaccine may provide limited protection for infection from the Omicron variant up to 44 days, 60 days and 90 days after the second dose, and it may prevent symptomatic infection up to 30 days after the second dose (other variants are also included in the report)	Update to living rapid review	2022-03-16	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, and up to 60 days after the third dose, and it may prevent severe, critical, and fatal disease death up to 42 days after the third dose (other variants are also included in the report)	Update to living rapid review	2022-03-16	7/9	Yes
Public-health measures	[Oxford/AstraZeneca against variants of concern] ChAdOx1 [AstraZeneca] vaccine may prevent infection caused by the Omicron variant of concern at up to 60 days after the second dose (other variants are also included in the report)	Update to living rapid review	2022-03-16	7/9	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ciclesonide] In COVID-19 outpatients, ciclesonide may make little or no difference in hospitalization or death while it may slightly increase adverse events; its effects on other outcomes are uncertain	Newly added living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	The effects and cost-effectiveness of home monitoring using pulse oximetry in people with COVID-19 symptoms are currently uncertain	Newly added living rapid review	2021-06-09	4/9	No
Clinical management of COVID-19 and pandemic-related health issues	[Aspirin] Among hospitalized patients, aspirin probably slightly reduces mortality and slightly increases clinical improvement	Update to living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	Compared to therapeutic anticoagulant therapy, prophylactic anticoagulants in patients hospitalized with COVID-19 may make little or no difference in mortality, and may probably slightly increases clinical improvement; its safety outcomes are uncertain	Update to living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Favipiravir] In COVID-19 hospitalized patients, favipiravir may make little or no difference in mortality, clinical improvement and disease progression, while it may not have an effect on viral negative conversion among COVID-19 outpatients; its safety outcomes and other effects on outpatients are uncertain	Update to living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Hydroxychloroquine] In hospitalized patients, hydroxychloroquine probably does not have an effect on mortality and clinical improvement, and it may make little or no difference in disease progression, while it may increase adverse events; in outpatients, it may not have an effect on mortality, and it probably makes little or no difference in viral negative conversion	Update to living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	In hospitalized patients, adding convalescent plasma to standard care probably does not have an effect on mortality at 28 days and clinical improvement, while it may not have an effect on disease progression, and it may slightly increase serious adverse events; in outpatients, convalescent plasma may slightly reduce hospitalization or death and may not increase adverse	Update to living review	2022-03-18	10/11	Yes

	events, while its effects on other outcomes are uncertain				
Clinical management of COVID-19 and pandemic-related health issues	[Lopinavir + ritonavir] Adding lopinavir + ritonavir to standard care probably makes little or no difference on mortality, it may not have a substantial effect on clinical improvement, viral conversion or disease progression, whereas it may slightly increase adverse events	Update to living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[REGEN-COV2] In hospitalized COVID-19 patients, REGEN-COV2 (casirimab + imdevimab) may slightly reduce mortality and disease progression, and it probably slightly increases clinical improvement, while no information on safety outcomes is available; in outpatients, it may slightly reduce hospitalization or death and it may not increase serious adverse events, while its effects on other outcomes are uncertain	Update to living review	2022-03-18	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Tofacitinib] Using tofacitinib in hospitalized patients may slightly reduce mortality, and it may slightly increase clinical improvement, while it may also slightly increase severe adverse events	Update to living review	2022-03-18	10/11	Yes