

Global spotlight 18.1: Key additions for the first half of June 2022



There is one update to a living evidence synthesis that is already included in the public-health measures parts of the COVID-END inventory of ‘best’ evidence syntheses*, and four 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	Low- to moderate-quality evidence showed that wearing masks in community settings might be effective in reducing COVID-19 transmission, while 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	2021-12-02	6/9	No
Clinical management of COVID-19 and pandemic-related health issues	[Camostat mesilate] Using camostat to treat COVID-19 hospitalized patients may make little or no difference in mortality, clinical improvement, and disease progression; its safety outcomes are currently uncertain	Update to living review	2022-06-10	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Tocilizumab] Among hospitalized patients, tocilizumab reduces mortality at 28 days and it may also slightly reduce mortality at 60 days; it slightly increases the incidence of clinical improvement, it may make little or no difference in disease progression, and it may slightly increase adverse events	Update to living review	2022-06-10	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Colchicine] In hospitalized patients, colchicine probably makes little or no difference in mortality at 28 days and clinical improvement, while it may slightly reduce disease progression and it may increase adverse events; in outpatients, it may make little or no difference in mortality and hospitalization or death, while it probably does not increase serious adverse events	Update to living review	2022-02-28	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Ivermectin] In mild outpatients or hospitalized patients, adding ivermectin to standard care may have no important effect on mortality at 28 days, clinical improvement, and disease progression; in outpatients, it may not increase the risk of serious adverse events and probably does not increase the risk of any adverse event	Update to living review	2022-02-28	10/11	Yes