Global spotlight 21.1:
Key additions for the first half of September 2022

There is one newly added evidence synthesis and six updates to living evidence syntheses already included in the public-health measures parts of the COVID-END inventory of 'best' evidence syntheses,* 10 updates to living evidence syntheses already included in the clinical management parts of the inventory, and one newly added 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	Evidence suggests an important degradation in COVID-19 vaccine effectiveness against infections after 16 weeks, while there are conflicting results for boosters regarding increasing protection after 20 weeks; for hospitalizations and death, observed vaccine effectiveness degradation is not clinically meaningful.	Newly added living rapid review	2022-08-17	8/9	Yes
Public-health measures	[BioNTech/Pfizer against variants of concern] One dose of BNT162b2 [Pfizer] vaccine may not reach the threshold for protection against infection (including symptomatic infection) from the Omicron variant of concern (including the BA.2 subvariant) in children aged 3 to 11 years and adolescents aged 12 to 17 years (other variants are also included in the report)	Update to living rapid review	2022-08-15	8/9	Yes
Public-health measures	[BioNTech/Pfizer against variants of concern] Two doses of BNT162b2 [Pfizer] vaccine may not reach the threshold for protection against infection (including symptomatic infection) from the Omicron variant of concern in children aged 5 to 11 years and they probably may not reach the threshold for protection for infection (including symptomatic infection) from the Omicron variant of concern (including the BA.2 subvariant) in adolescents aged 12 to 17 years; they may prevent MIS-C produced by the Omicron variant of concern (other variants are also included in the report)	Update to living rapid review	2022-08-15	8/9	Yes
Public-health measures	[BioNTech/Pfizer against variants of concern] Three doses of BNT162b2 [Pfizer] vaccine may not reach the threshold for protection against infection from the Omicron variant of concern in adolescents aged 12 to 17 years, while they probably do not reach the threshold for protection against symptomatic infection in adolescents aged 12 to 17 years; they may provide some protection against infection from the BA.2 subvariant (other variants are also included in the report)	Update to living rapid review	2022-08-15	8/9	Yes

Public-health measures	[CoronaVac/Sinovac vaccine against variants of concern] One dose of Coronavac/Sinovac vaccine may not reach the threshold for protection against infection against the BA.2 subvariant in children aged 3 to 11 years and adolescents aged 12 to 18 years, while it may not reach the threshold for protection against symptomatic infection from the Omicron variant of concern in children aged 6 to 11 years (other variants are also included in the report)	Update to living rapid review	2022-08-15	8/9	Yes
Public-health measures	[CoronaVac/Sinovac vaccine against variants of concern] Two doses of Coronavac/Sinovac vaccine may not reach the threshold for protection against infection from the Omicron variant of concern (including BA.1 and BA.2 subvariants) in children aged 3 to 11 years and adolescents aged 12 to 18 years (other variants are also included in the report)	Update to living rapid review	2022-08-15	8/9	Yes
Public-health measures	[CoronaVac/Sinovac vaccine against variants of concern] Three doses of Coronavac/Sinovac vaccine may prevent infection from the BA.2 subvariant in adolescents aged 12 to 18 years (other variants are also included in the report)	Update to living rapid review	2022-08-15	8/9	Yes
Clinical management of COVID-19 and pandemic-related health issues	Steroids with nasal irrigation and palmitoylethanolamide and luteolin are the only treatments that have been studied to treat persistent post-COVID-19 olfactory dysfunction; its effects are currently uncertain	Update to living review	2021-10-20	10/10	Yes
Clinical management of COVID-19 and pandemic-related health issues	Limited data suggest that steroids with nasal irrigation may make little or no difference to prevent the perceived change of smell measured with psychological tests produced post-COVID-19	Update to living review	2021-10-20	10/10	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 disease progression, while it does not have an effect on clinical improvement, and it may slightly increase serious adverse events; in outpatients, convalescent plasma may slightly reduce hospitalization or death and may not increase serious adverse events, while its effects on other outcomes are uncertain	Update to living review	2022-09-02	10/11	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 serious adverse events; its effects on other outcomes are uncertain	Update to living review	2022-09-02	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Corticosteroids] Adding corticosteroids to standard care among hospitalized COVID-19 patients reduces mortality and increases clinical improvement, while it may decrease disease progression; it probably slightly increases the frequency of adverse events	Update to living review	2022-09-02	10/11	Yes

Clinical management of COVID-19 and pandemic-related health issues	[Sarilumab] Using sarilumab for hospitalized COVID-19 patients may make little or no difference in mortality and clinical improvement, while it may slightly increase serious adverse events	Update to living review	2022-09-02	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Tocilizumab] Among hospitalized patients, tocilizumab reduces mortality at 28 days, it probably slightly increases the incidence of clinical improvement, and it may slightly reduce disease progression; it probably makes little or no difference in the incidence of adverse events	Update to living review	2022-09-02	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Sotrovimab vs casirivimab + imdevimab] Using sotrovimab or casirivimab + imdevimab to treat COVID-19 outpatients may make little or no difference in hospitalization or death; its effects on other outcomes are currently uncertain	Update to living review	2022-09-02	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Camostat mesilate] The benefits of using camostat to treat COVID-19 hospitalized patients are currently uncertain, while it may increase adverse events	Update to living review	2022-09-02	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Sargramostim] Using sargramostim to treat COVID-19 hospitalized patients may make little or no difference in clinical improvement and it may not increase adverse events; its effects on other outcomes are currently uncertain	Update to living review	2022-09-02	10/11	Yes
Economic and social responses	The effects of using a strategy of test-based attendance compared to routine isolation after having contact with a COVID-19 case are uncertain in terms of infection rates, and test-based attendance may have little or no difference in terms of COVID-related absences.	Newly added living review	2021-09-14	10/11	Yes