Global spotlight 25.1:
Key additions for January 2023

There is one update to a living evidence synthesis already included in the public-health measures part of the COVID-END inventory of 'best' evidence syntheses*, eight updates to living evidence syntheses already included in the clinical management parts of the inventory, and one newly added evidence syntheses to the health-systems arrangements 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	The risk of re-infection has found to be relatively low for at least twelve months post-infection, but the duration of strong immunity following infection may be lower in older adults and patients with immunocompromising conditions; important uncertainty exists about the role that natural infection and vaccination might play in the context of variants of concern [Review of studies of low to moderate quality]	Update to living review	2021-10-05	7/10	No
Clinical management of COVID-19 and pandemic-related health issues	[Bamlanivimab + etesevimab] In mild outpatients, bamlanivimab + etesevimab probably slightly reduces mortality and hospitalization or death, it may increase clinical improvement and it probably increases viral negative conversion; it probably does not increase serious adverse events	Update to living review	2023-01-06	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Bamlanivimab] In hospitalized COVID-19 patients, bamlanivimab may make little or no difference in mortality, clinical improvement, and disease progression, while it may not increase the risk of serious adverse events; in COVID-19 outpatients, it may slightly reduce the risk of hospitalization or death, and it may slightly increase clinical improvement, while it may not increase the risk of serious adverse events	Update to living review	2023-01-06	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 in COVID-19 outpatients may have slight benefits for viral negative conversion, and it probably does not increase serious adverse events; the effects on other outcomes are currently uncertain	Update to living review	2023-01-06	10/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Favipiravir] In hospitalized COVID-19 patients, favipiravir probably makes little or no difference in mortality and disease progression, it may not have an effect on clinical improvement, and may increase viral negative conversion while its safety outcomes are uncertain; in COVID-19 outpatients, favipiravir probably makes little or no difference in mortality, clinical improvement, hospitalization or death and viral negative conversion, while it probably does not increase severe adverse events	Update to living review	2023-01-06	10/11	Yes

Clinical management of COVID-19 and pandemic-related health issues	[Corticosteroids] Low- or moderate-dose treatment with corticosteroids probably reduces mortality in severe COVID-19 patients, while higher-doses are probably not more effective than standard-dose schemes	Update to living rapid review	2022-12-13	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Inhaled bicarbonate] Using inhaled bicarbonate to treat COVID-19 patients may reduce mortality and may make little or no difference in hospitalizations; its effects on other outcomes are currently uncertain	Update to living rapid review	2022-12-13	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Sarilumab] Using sarilumab to treat severe COVID-19 patients may not reduce mortality and mechanical ventilation, while it probably does not improve time to symptom resolution; it probably does not increase severe adverse events	Update to living rapid review	2022-12-13	7/11	Yes
Clinical management of COVID-19 and pandemic-related health issues	[Vitamin C] Using vitamin C to treat COVID-19 patients may reduce mortality and it may increase symptom resolution and improvement	Update to living rapid review	2022-12-13	7/11	Yes
Health-system arrangements	A review evaluating the effects of incentives on COVID-19 vaccination uptake and intention found that high amounts of cash payments and vax-a-million lotteries might slightly increase vaccination rates, while persuasive messages and other types of lotteries might not increase vaccination rates [Review of studies of unknown quality of the included studies]	Newly added full review	2021-10-10	6/9	No