COVID-19 Critical Intelligence Unit

Daily evidence digest

6 May 2020

The daily evidence digest collates recently released reports and evidence – provision of these links does not imply endorsement nor recommendation.

Telemedicine, ethics, equity and NATSIHWA collaboration toolkit

Peer-reviewed journals feature:

- A systematic review on the efficacy and safety of potential therapeutic options for COVID-19 here
- A systematic review found limited data that suggests convalescent plasma transfusion therapy for COVID-19 appears safe and clinically effective here
- Two papers with an ethical focus: a legal analysis of ethical guidance from the British Medical Association in relation to rationing of treatment during the pandemic here and an article focused on the ethics of instantaneous contract tracing using mobile phone apps here
- An editorial in JAMA focused on accurate reporting and managing expectations in response to randomised control trials here
- An actionable rules-based model to identify patients with increased risk of severe COVID-19 complications here
- A case study of primary care practices in the US, outlining the use of telemedicine for chronic disease management and approaches to ensure equity here

Letters focused on:

- Telephone triage before surgical ward admission and telemedicine in Italy here
- A case study on telemedicine technology to limit COVID-19 exposure in one emergency department in the US here

Rapid reviews:

The Centre for Evidence Based Medicine released a review using expert opinion on 'Lifelight First' - a smartphone app to measure pulse, respiratory rate and blood pressure, concluding it is not adequately validated here

Resources:

The National and Torres Strait Islander Health Workers Association (NATSIHWA) in collaboration with Australian Indigenous Doctors' Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and Indigenous Allied Health Australia (IAHA) launched a toolkit with information and resources on looking after self and communities during COVID-19 here

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Twitter:

The COVID-19 Global Rheumatology Alliance @rheum_covid, has developed a global registry with the aim to determine disease patterns in rheumatic disease and COVID-19 using real-world data. Tables with data from the global registry thus far (777 patients) here

The @bmj_latest published an editorial on the management of respiratory failure due to COVID-19 including oxygen therapy, non-invasive ventilation and intubation here and experiences and advice from doctors on remote consultations here

The @theMJA published a strategic framework to ease community-wide COVID-19 suppression measures here and this included two insights articles on fears driving patients to avoid doctors and hospitals here and preventing a COVID-19 firestorm in residential aged care here

About the CIU:

COVID-19 **Critical Intelligence Unit**

NSW Health COVID-19 Critical Intelligence Unit

The Critical Intelligence Unit (CIU) was established by the NSW Health Secretary to provide rapid, evidence-based advice specifically to support and inform decision making during the COVID-19 pandemic. The CIU is led by Dr Jean-Frederic Levesque and reports to the Secretary as Incident Controller.

Purpose

The CIU provides information to the Secretary, ensuring relevant and mutually beneficial intelligence is shared across Incident Controller, Public Health Emergency Operations Centre (PHEOC), State Health Emergency Operations Centre (SHEOC)., Clinical Council, LHDs and clinical Communities of Practice. It is focused on integrating, interpreting and advising on real time data, including:

- pandemic epidemiology data
- the operations of the hospital and health system
- clinical advice generated through Communities of Practice
- review of the grey and peer-reviewed literature
- trends in other countries and jurisdictions on the progression of the pandemic.

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