



Welcome

Covid UNCOVERed

Members of the UNCOVER Team

<https://www.ed.ac.uk/usher/uncover>

This session will begin at: 16:00 GMT

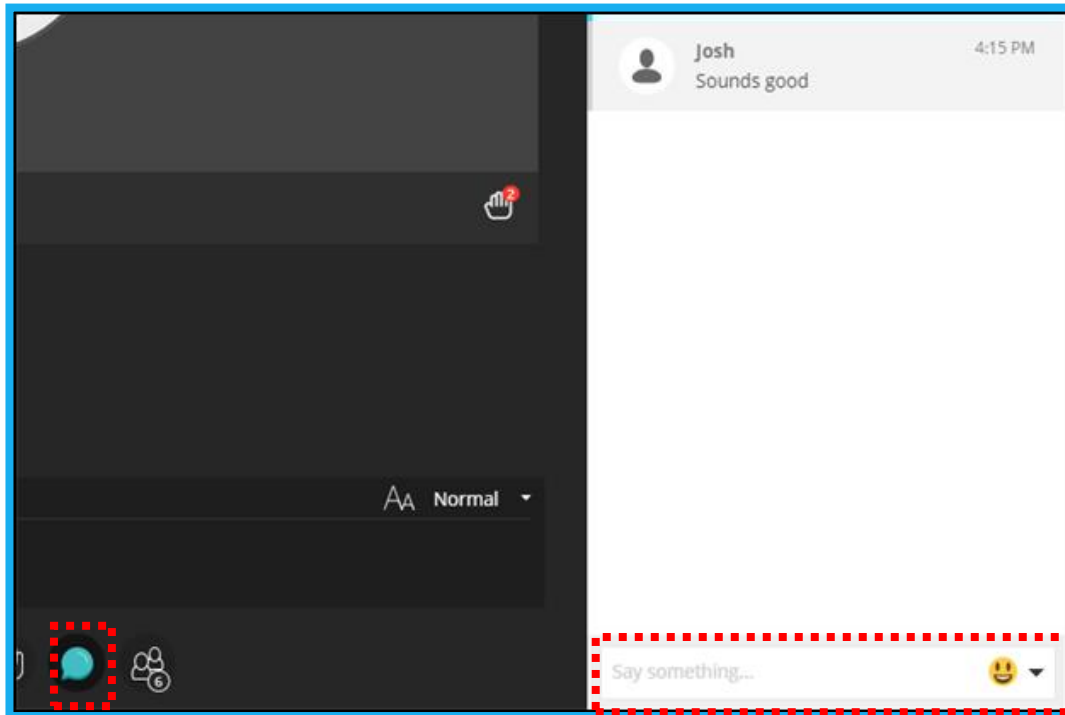


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Recording

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These sessions will be stored by the University of Edinburgh for one year and published on our website after the event. Schools or Services may use the recordings for up to a year on relevant websites.

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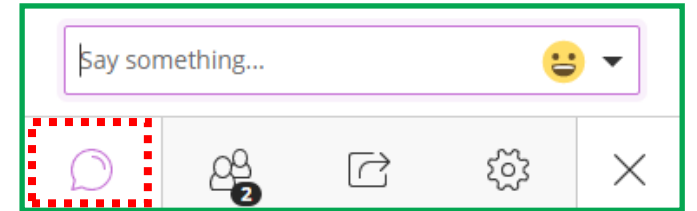


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Asking questions

- Please hold all questions until the end of the formal presentation
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- Also type in who the question is for so that we can direct it to the right person.
- Once your question is answered, please lower your hand



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Attending other sessions during the event

- Our admissions staff will be available daily during the event to chat via Live Text in the Virtual Exhibition and answer your questions
- Live Text Q&A sessions for Fees, Funding & Scholarships also available
- Book a slot for these and other sessions by clicking the 'Amend your booking' link in the confirmation email we sent you



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Introduction – Dr Ruth McQuillan (UNCOVER Co-Lead)

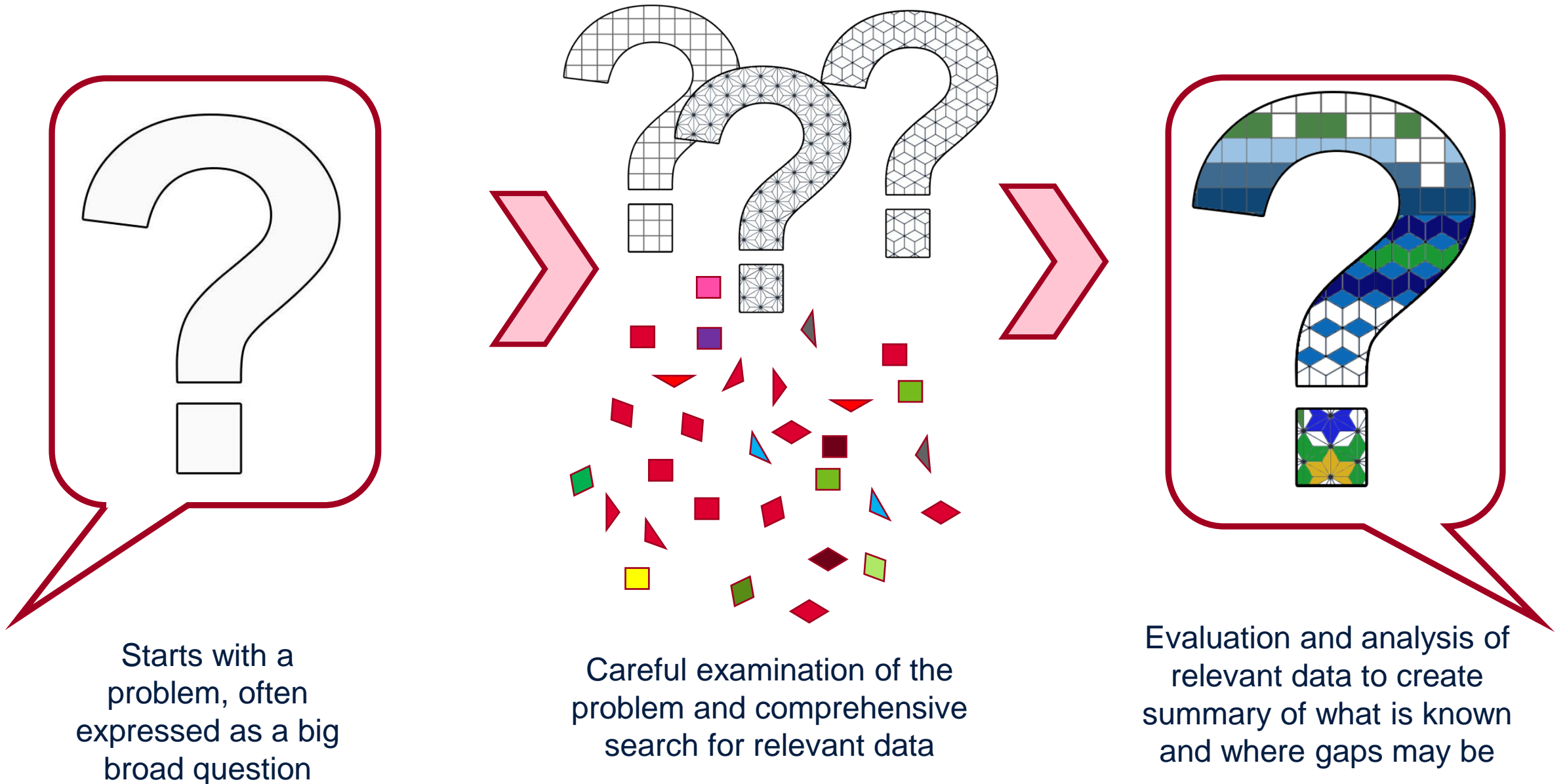
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What is evidence synthesis?



A systematic review and meta-analysis of severe COVID-19 risk among adults and children with severe asthma

Presenter: Nadege Atkins

Lead reviewers: Bohee Lee, Evropi Theodoratou, Ruth McQuillan

Reviewers: Eldad Agyei-Manu, Nadege Atkins, Urmila Bhattacharyya, Marshall Dozier, Grace Lewis



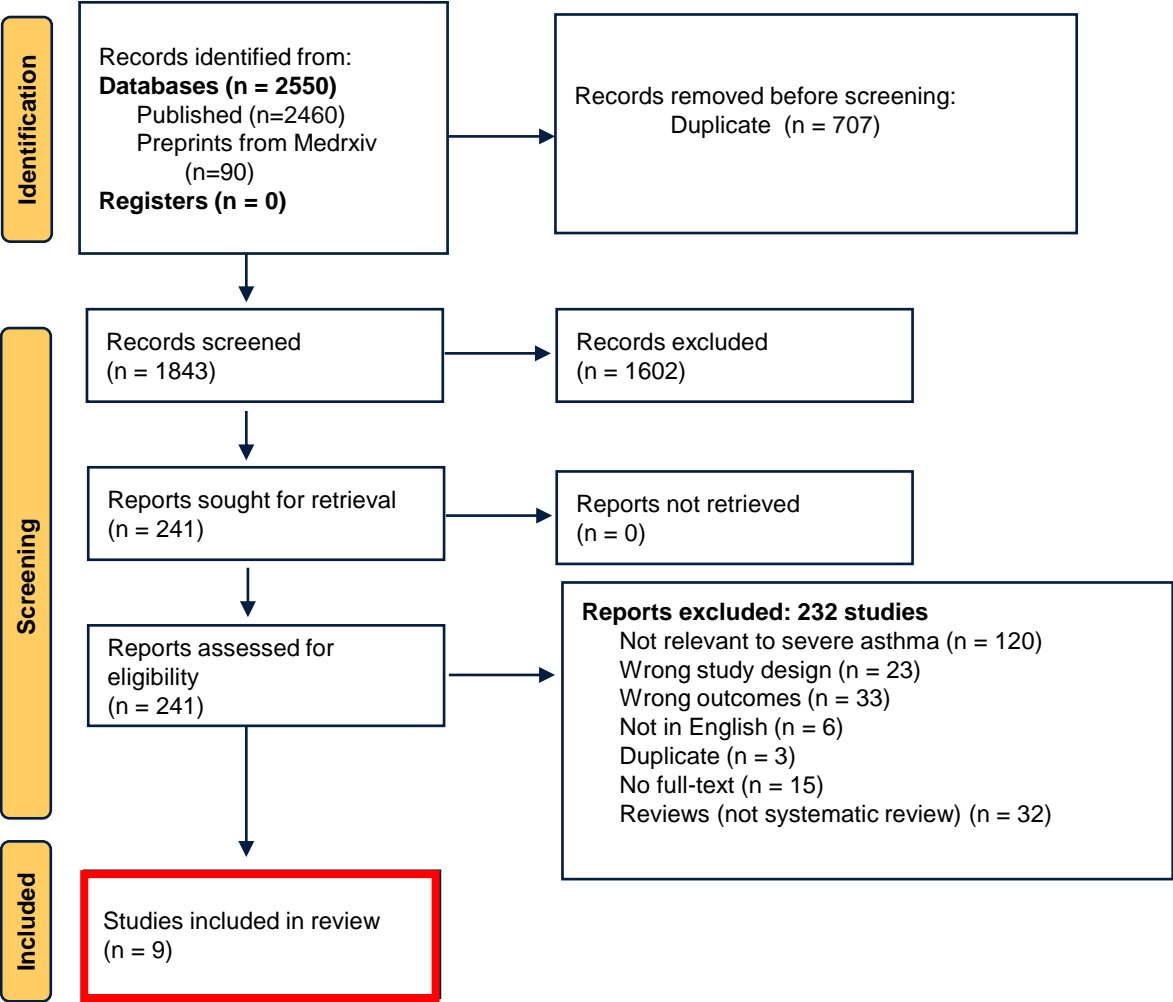
Purpose and Aim of Review

- A need for best evidence for the Joint Committee on Vaccines and Immunisation (JCVI) in the UK
- Severe asthma as a risk factor for severe COVID-19

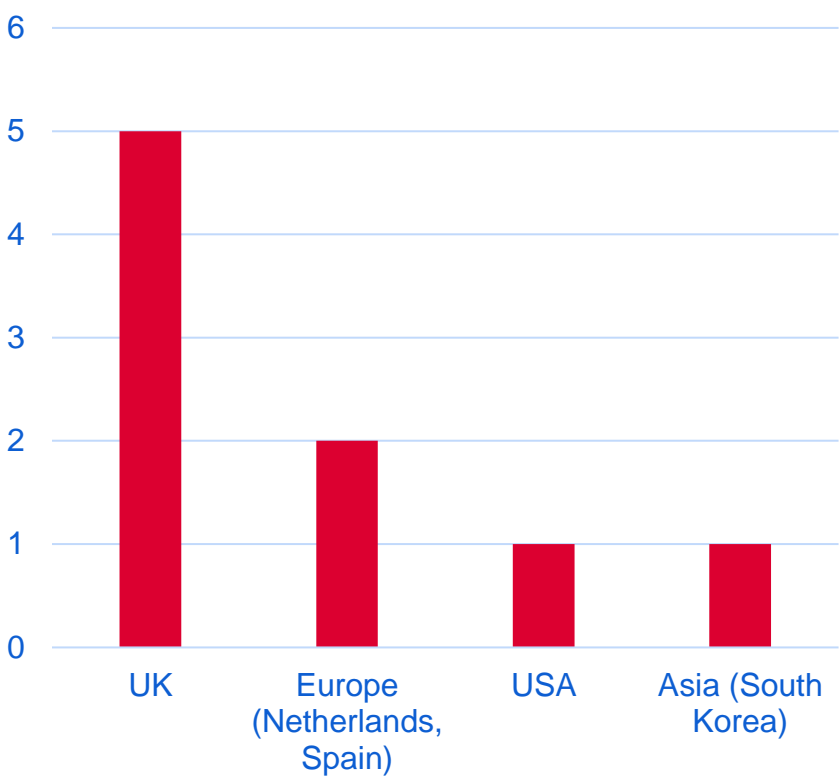
Review process

- Rapid Review
- Preferred Reporting Items for Systematic Review and Meta-Analysis 2020 (PRISMA 2020)
- Search databases: Ovid MEDLINE(R), WHO Covid literature database, medRxiv
- Search terms: Asthma + COVID-19

Results



Countries



Results – Main Findings

- Adults with severe asthma have a 29% higher risk of COVID-19- related hospitalisation than those with mild asthma or no asthma
- Adults with severe asthma have a 25% higher risk of COVID-19-related death than those with mild asthma or no asthma.
- Adults taking oral corticosteroid treatment for asthma have a 13% increased risk of COVID-19-related mortality.

Limitations

- No studies targeting children with asthma
- COVID-19 confirmation – not all studies used only RT-PCR test

Conclusions

- The first review examining associations between severe asthma defined by medication use and severe COVID-19-related outcomes
- Adults with severe asthma have a higher risk of death and hospitalisation from COVID-19 than those with mild asthma or no asthma.
- Adults with severe asthma taking OCS were associated with a higher risk of COVID-19- related death
- Urgent need for robust research for the paediatric population with severe asthma and associated COVID-19 outcomes.

Thank you for your attention

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- Choi, J.C., et al., Inhaled Corticosteroids and COVID-19 Risk and Mortality: A Nationwide Cohort Study. *Journal of Clinical Medicine*, 2020. 9(11).

Long COVID: Challenges to Evidence-Based Research

Presenter: Jasmin Rostron

Lead Reviewers: Evropi Theodoratou and Ruth McQuillan

Reviewers (In alphabetical order): Amir Kirolos, Damilola Iduye, Emilie McSwiggan, Emma Farfan de los Godos, Gwenetta Curry, Jasmin Rostron, Lara Goodwin, Madhurima Nundy, Marshal Dozier, Prerna Krishan, Wei Zu, Xiaomeng Zhang, Yijia Dong



March 2021

- Rising awareness and concern about 'Long COVID'
- Commissioned by the Scottish Government
- Aimed to understand long-term implications of COVID-19

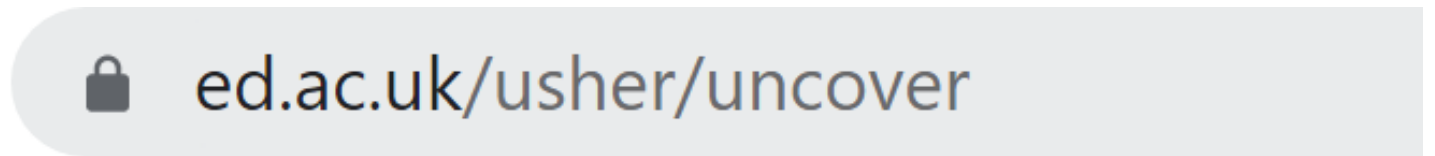
What is the prevalence of the post COVID-19 syndrome?



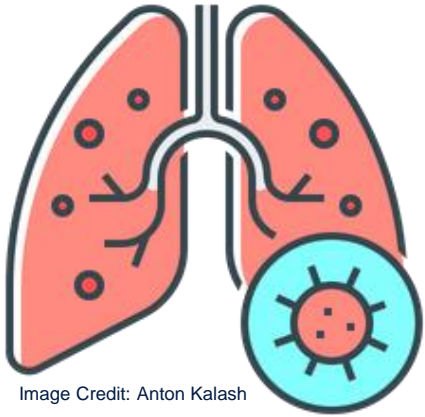
Rapid Review

Process

1. Develop Search Strategy
2. Title and Abstract Screening
3. Full-Text Screening
4. Data Extraction
5. Quality Assessment
6. Synthesis & Analysis
7. Dissemination



Systematic Review Results



Reduced lung function (5 to 83%)

Headache (44%)

Dyspnoea (24 to 74%)



Fatigue (1.5 to 73%)



**Neurological/Cognitive
Symptoms (27 to 55%)**

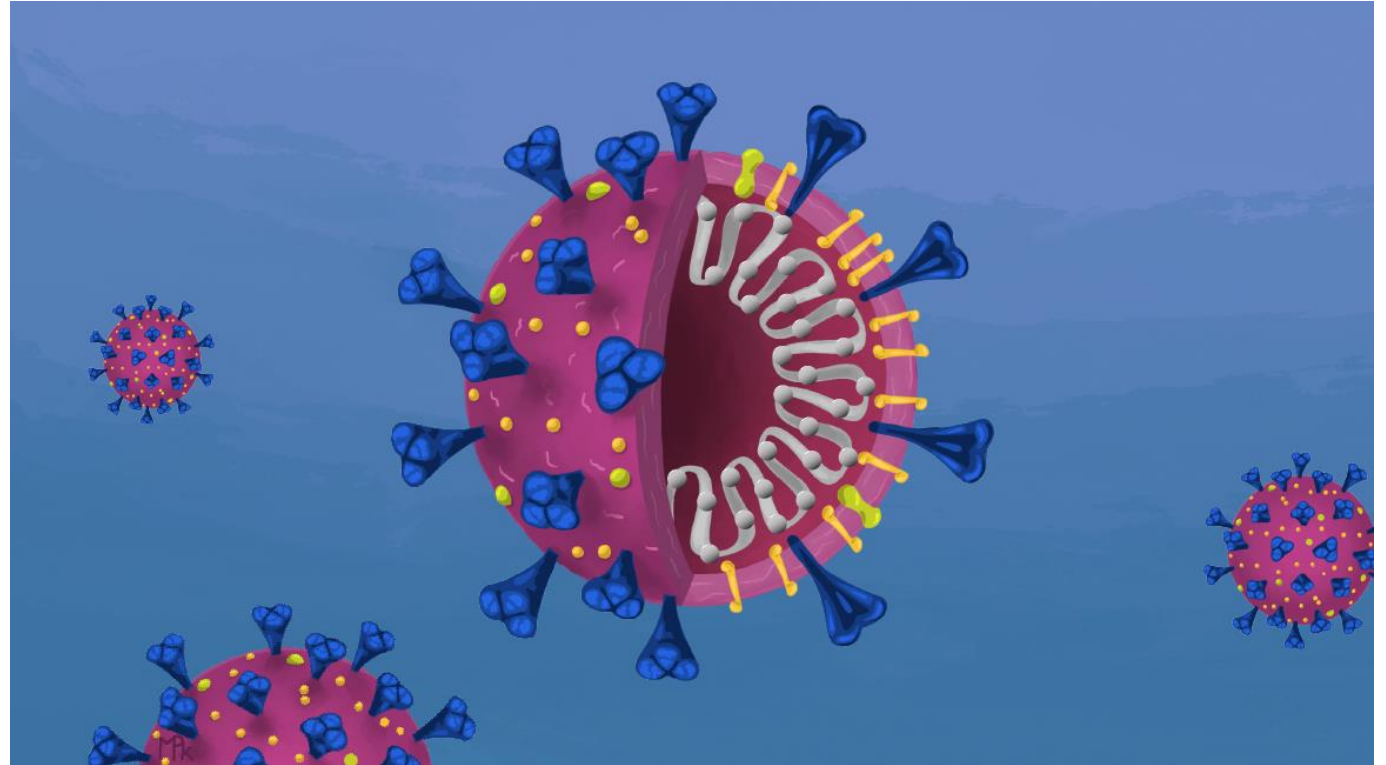


Mental Health (5 to 13%)



Challenges

- Timing
- Heterogeneity
- Quality
- Definitions
- Self-reported outcomes
- Representativeness
- Non-controlled studies





Reflections

- Ethical considerations
- Living systematic review
 1. High priority
 2. High uncertainty
 3. Emerging evidence



Thank you !

- **Full Long COVID report:**
- <https://www.ed.ac.uk/usher/uncover/our-output/long-covid>
- **Questions:**
- J.G.Rostron@sms.ed.ac.uk
- **Coming up next:**
- COVID-19 in relation to influenza and respiratory syncytial virus: a collaboration with the World Health Organisation
- Presented by Thulani Ashcroft and Bohee Lee





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COVID-19 in relation to influenza and respiratory syncytial virus: reviews in collaboration with World Health Organisation

Presented by Thulani Ashcroft and Bohee Lee

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SUPERVISING TEAM

- Evropi Theodoratou
- Ruth McQuillan
- Ting Shi
- Emilie McSwiggan

REVIEW TEAM

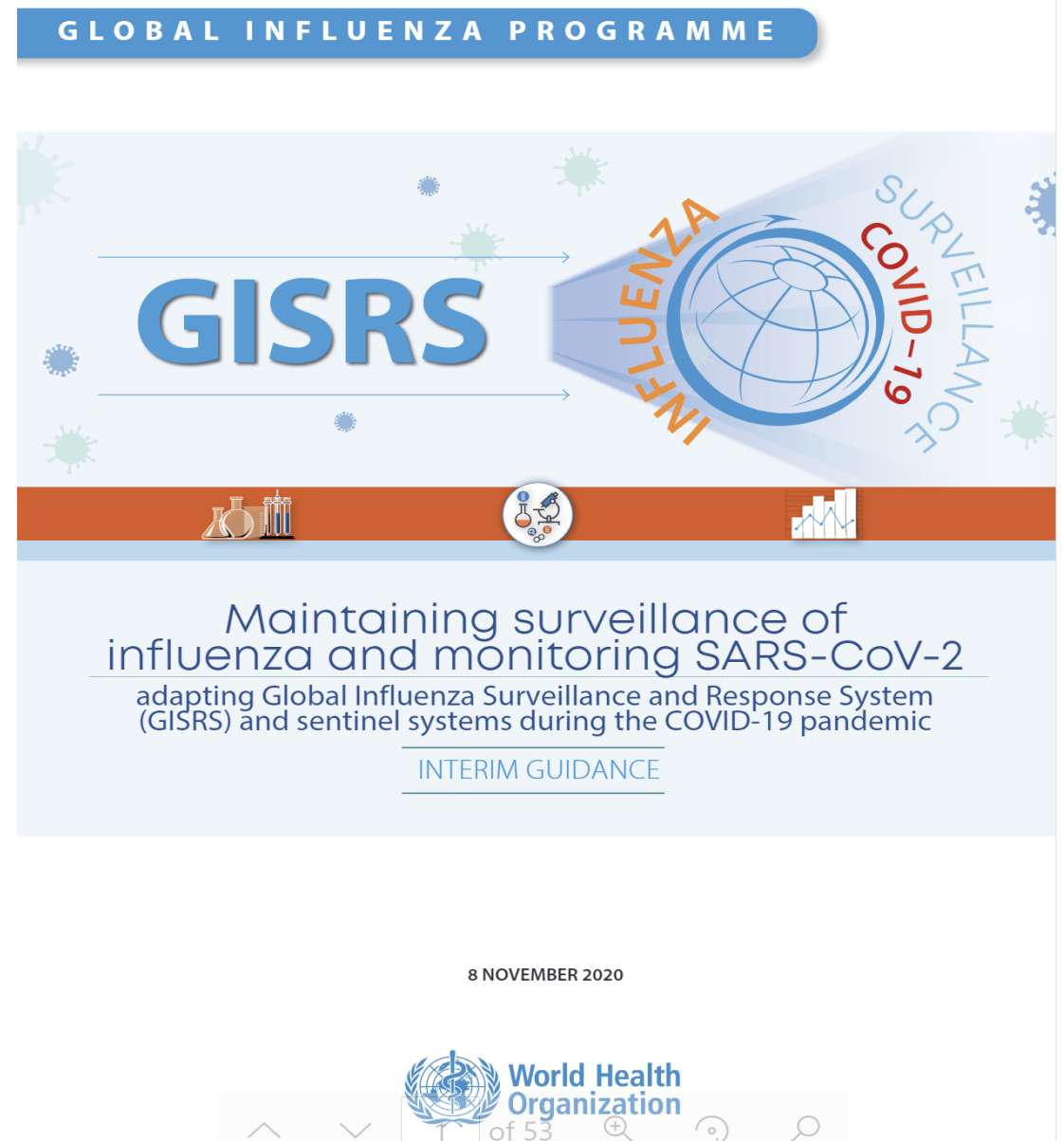
- Thulani Ashcroft
- Durga Kulkarni
- Rima Nundy
- Bohee Lee
- Karen Hartnup

VOLUNTEERS

- Emma Farfan de los Godos
- Eldad Agyei-Manu
- Amanda Leow
- Urmilla Bhattacharyya
- Ashmika Motee
- Vaishali Vardhan
- Sanaz Behnood

WHO reviews

1. Integration of COVID-19 into influenza surveillance programme
2. Living review on the effect of the COVID-19 pandemic on influenza and respiratory syncytial virus



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WHO review on clinical features and case definitions

What are common clinical features of COVID-19?

Most common features:

Fever

Cough

Other prevalent features:

Loss of taste or smell

Fatigue

Loss of appetite

Shortness of breath

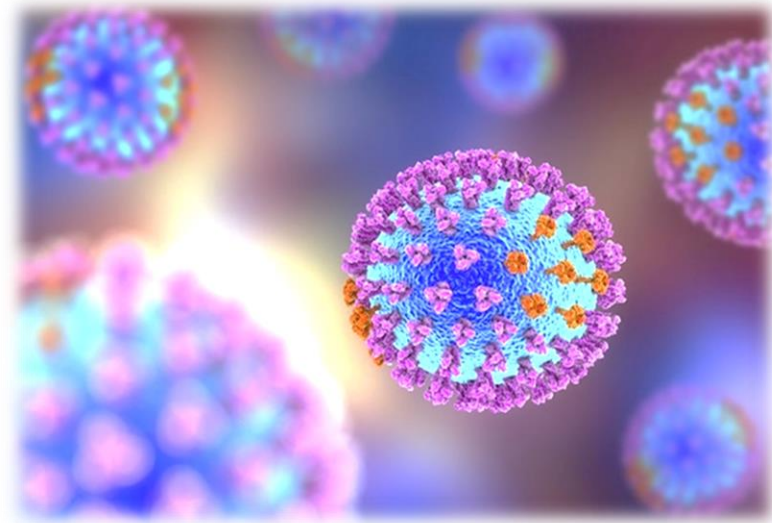
Hypoxia, and expectoration

How did influenza-surveillance system detect COVID-19 cases?

Most common terms used in surveillance:

1. Influenza-Like Illness

2. Severe Acute Respiratory Infection



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WHO review on effect of pandemic on influenza and RSV

Living reviews



- Changed in seasonality pattern of influenza and RSV
- **Public health measures** implemented to prevent SARS-CoV-2 transmission seem to **influence** influenza and RSV transmission.
- Increasing evidence on influenza vaccination rates

Image source: <https://www.ashcroftmailingsolutions.co.uk/flu-season/>



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Image source: <https://teamworkdefinition.com/teamworkfails/>



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Developing our skills

- Knowledge on important health issues around the world
- Developed systematic review and critical appraisal skills
- Communication skills with stakeholders
- Strong teamwork skills

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The UNCOVER student and staff working model

Dr Neneh Rowa-Dewar,

Student staff liaison UNCOVER.

Co-Director MPH, Director of Quality DMGPHS



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Working together

- A shared purpose and priority
- Smaller staff, student and alumni review teams
- Participation in a larger, global and interdisciplinary network meeting twice a month
- Connecting regularly online
- Strong student voice within a ***responsive, supported and collaborative*** framework: peer mentors, a monthly student forum, workshops and open communication channels

Gains when joining UNCOVER

- Applying academic literature review skills to a real world priority while you study
- Disseminate to key stakeholders (e.g. WHO, Public Health Scotland, the Scottish Government)
- Associated with, and interacting within, a global network
- Publications, conference presentations, references and some paid opportunities such as internships
- Enhancing teamwork, leadership, supervision, presentation, grant/publication writing and mentoring skills, enhancing employment opportunities

A personal reflection on UNCOVER

Emilie McSwiggan

UNCOVER Project Manager

(Photo by Faye Cornish on Unsplash)



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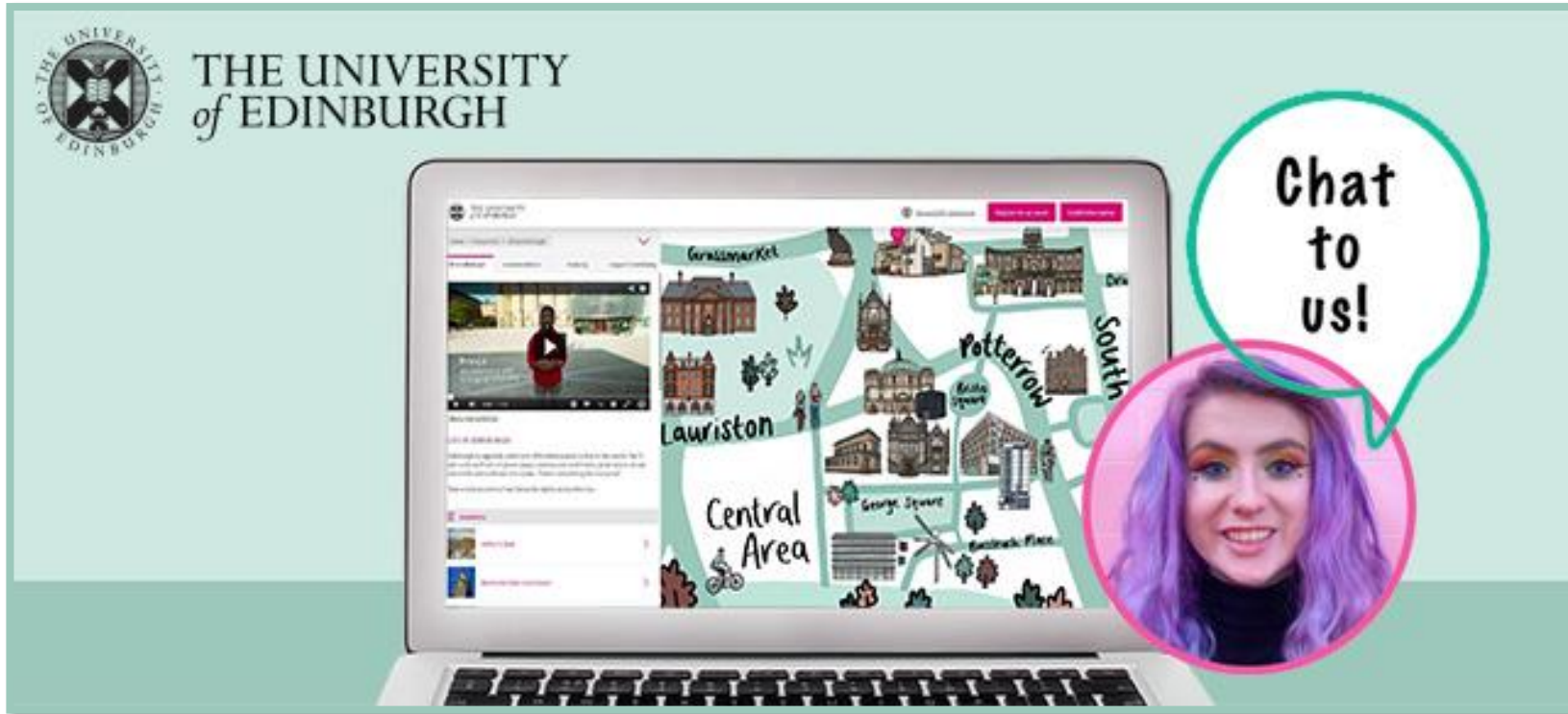
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Follow-up questions?

- Get in touch with us here:
 - UNCOVER (The Usher Network for COVID-19 Evidence Reviews)
 - <https://www.ed.ac.uk/usher/uncover>
 - Usher.Uncover@ed.ac.uk



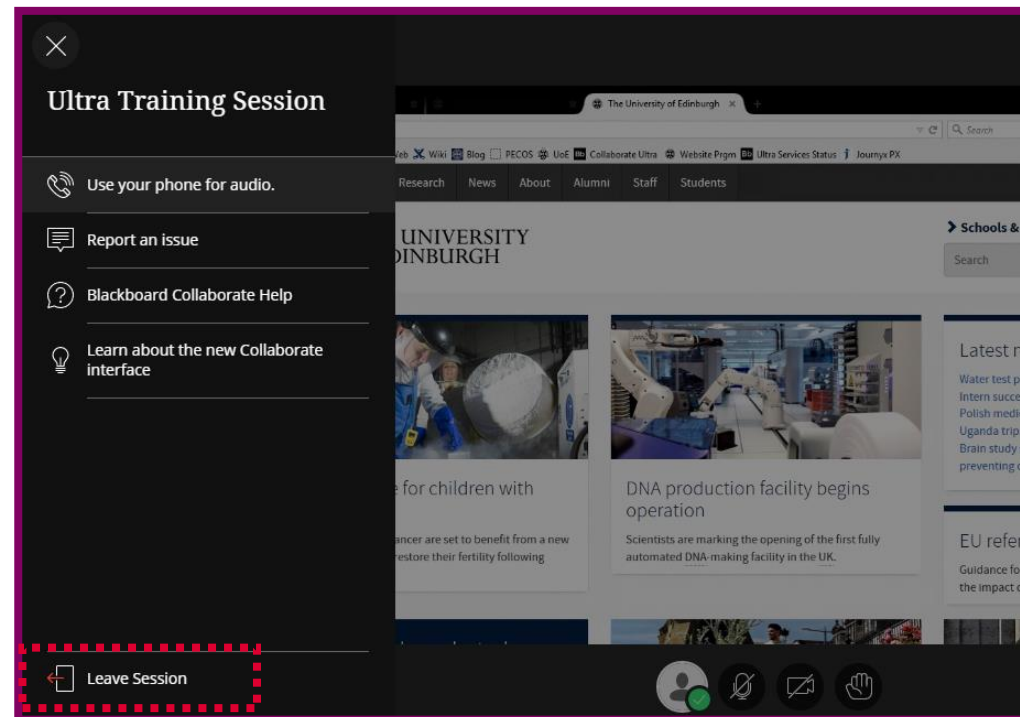
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