

10 THINGS TO KNOW ABOUT COVID-19 RESEARCH & EVIDENCE



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To help you all find your way through the vast and ever changing situation on research and evidence in relation to COVID-19 we have developed a special bulletin. If there is anything else you need please contact

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Stay Safe and Well

1. GLOBALLY, RESEARCH HAS BEEN QUICK TO RESPOND TO COVID-19

Just days after the virus was first identified in January, the genome was published by Chinese researchers. [More than 50 research papers had been published on COVID-19](#) by the end of January, rising to over 1,000 per week by April.



A [database](#) of publications on COVID-19 is updated daily by the World Health Organisation, a [list](#) of COVID-19 trials is available to download from the International Clinical Trials Registry Platform and the majority of journals have made papers related to COVID-19 [free to access](#).

In the UK, the Health Research Authority are publishing [details](#) about all approved COVID-19 research studies within three days of approval and the National Institute for Health Research have published a [list](#) of nationally prioritised studies.

2. THE QUALITY OF RESEARCH PAPERS IS BEING RAPIDLY ASSESSED



Concise [evidence synthesis](#) for COVID-19 related questions are available from The Oxford COVID-19 Evidence Service (Centre for Evidence-Based Medicine).

A collective of European Cochrane researchers are carrying out [live mapping and meta-analysis](#) of COVID-19 studies, updated daily with studies, their outcomes and risk of bias. All investigators of RCTs are encouraged to contact the team as soon as results are available.

You can also do your bit as a citizen scientist by taking part in a [Cochrane Crowd](#) for COVID-19 research - an online event where you can contribute anywhere from 10 minutes to 3 hours participating in a set challenge, such as screening studies for review.

3. RESEARCHERS ARE USING TWITTER TO COMMUNICATE THEIR FINDINGS

Twitter is useful for keeping up to date with the latest research – but as always, whether or not you get useful and reliable information depends on who you follow. Remember:



Look at the credentials of the person tweeting and the evidence behind the tweet. Check whether the research has been published and who has published it - is it a peer reviewed journal? Is it a study or an opinion piece? What are other researchers saying about it?

Research is all about asking questions and identifying gaps. When researchers disagree on Twitter, they are often just doing their job. Being open about limitations and constructive criticism is important, particularly where new evidence is being put into practice quickly.

If you don't know who to follow, start with one or two reputable organisations, journals or individuals. See who they follow, retweet or are in conversation with. Here are some good places to start*

[@NHSRDForum](#), [@NIHRresearch](#), [@HRA Latest](#), [@NIHRCRN NENCumb](#), [@TheLancet](#), [@bmj latest](#), [@BJGPjournal](#), [@CMO England](#), [@trishgreenhalgh](#), [@jburnmurdoch](#), [@AdamJKucharski](#)

*Views represented on these accounts do not represent NECS and may not necessarily represent the organisations individuals work for.

4. NEW EVIDENCE-BASED GUIDANCE IS BEING PRODUCED AND UPDATED QUICKLY



Researchers and policy makers are rising to the challenge of writing evidence-based guidance at pace. There are still gaps in our knowledge about COVID-19, meaning guidance is being updated to reflect new questions and emerging evidence.

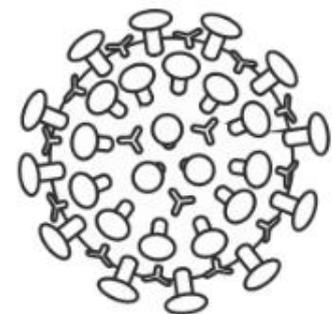
NICE have a COVID-19 [summary page](#) including links to a dashboard of relevant NICE guidance (available and forthcoming) and [clinical knowledge summaries](#).

Many organisations and journals have created COVID-19 evidence libraries or hubs to help find the best evidence available for practice – including [Public Health England](#), the [British Medical Journal Best Practice](#), [the Lancet](#) and [Evidence Aid](#).

The Royal College of GPs [COVID-19 Resource Hub](#) is updated daily with the latest developments and guidance for primary care. Recent updates include guidance on how to carry out [remote consultations](#) in primary care.

5. COVID-19 RESEARCH HAS BEEN PRIORITISED

All studies supported through the National Institute of Health Research (NIHR) Clinical Research Network have been [paused](#) to focus on COVID-19. There is [a national process](#) for prioritising COVID-19 research - studies can [apply](#) to be nationally supported or funded as high priority (a range of [other funding opportunities](#) are also available). All COVID-19 Urgent Public Health Research is [listed](#) on the NIHR website.



The Health Research Authority has published [guidance](#) about COVID-19 for researchers, and COVID-19 studies submitted for [fast track review](#) are currently being approved in as little as 24 to 72 hours.

6. PRIMARY CARE IS AN AREA FOR PRIORITY RESEARCH



The highest priority study gathering data on management of COVID-19 in primary care is currently [PRINCIPLE](#) (Platform Randomised trial of Interventions against COVID-19 In older people). This trial aims to help evaluate potential treatments for COVID-19 infection in older people. The study is open to expressions of interest from General Practices able to help recruit participants. More information is available [here](#), or from the North East & North Cumbria Clinical Research Network - hilary.allan@nhr.ac.uk / emma.murray@nhr.ac.uk

Another nationally prioritised study is [FLU-CATS](#): Evaluation and refinement of pandemic influenza community assessment tools. This analysis aims to link criteria in a GP's assessment of patients presenting with influenza-like illness to immediate management decisions and patient outcomes. It will cumulatively analyse data recorded on the Clinical Practice Research Datalink (CPRD), to assess, refine and validate triage tools.

GP practices using EMISWeb are also being encouraged to switch on [QResearch](#) record linkage to support [research](#) by the Nuffield Departments of Clinical Neurosciences & Primary Care Health Sciences looking at the effect of commonly used medicines on COVID-19 patient outcomes.

7. EVERYBODY IS SHARING COVID-19 INFORMATION

Anyone who has seen how [research can be distorted](#) or reduced to a few lines will understand that misinformation can spread online fast - while some COVID-19 related stories may seem [harmless](#), others can be [dangerous](#).



It's important to use the [SHARE checklist](#) before you like, comment, or share content online, and to check information against the most relevant official guidance available - for example, the [Government](#), the [NHS](#) and the [World Health Organisation](#).

To support with interpreting the evidence, UK Research and Innovation have launched [Coronavirus: the science explained](#), giving information about the virus, the disease, the epidemic, and its control in a series of short articles.

The independent fact-checking organisation [Full Fact](#) already have several pages dedicated to checking claims made in the news and on social media about COVID-19. They respond to queries about new stories and have produced a [guide](#) to checking information yourself.

8. EVERYONE CAN PLAY A PART IN CONTRIBUTING TO COVID-19 RESEARCH



The [COVID-19 Symptom Tracker app](#), designed by King's College London, Guys and St Thomas' Hospitals is now being used by over 2 million people.

Everybody who can is encouraged to use the app daily, whether you feel unwell or not. The data will help researchers to identify high-risk areas in the UK, who is most at risk and how fast the virus is spreading.

The app is already regularly sharing findings on Twitter [@Join_Zoe](#) – some of the [latest data analysis](#) suggests that while fatigue is the most common symptom, losing your sense of taste and smell may be the best way to tell whether you have COVID-19.

9. DIFFERENT TYPES OF RESEARCH ARE NEEDED TO BUILD A FULL PICTURE

To get a thorough understanding of new infectious disease outbreaks such as COVID-19, research needs to study many different aspects of the disease, including:



- the structure and origin of the virus, how the virus spreads
- the physiological processes that occur in the body as a result of infection
- the effectiveness of different treatments for the virus
- the development of new treatments, such as a vaccine
- factors associated with immunity
- analysis and evaluation of policies and strategies implemented by governments and health systems

An [evidence scoping review](#) by the European Centre for Disease Prevention and Control reflects that in new infectious disease outbreaks, scientific uncertainty is expected which makes evidence-driven decision-making difficult. To help with decision making it advises:

- Improving scientific or political knowledge (what you know least about)
- Building collaborative relationships
- Building trust and promoting transparency
- Deciding in advance when and how to judge feasibility

10. RESEARCH HAS NOT FORGOTTEN ABOUT MENTAL HEALTH



Research projects are already trying to understand the impact COVID-19 is having on mental as well as physical health – and there will be more to come.

University College London have begun recruiting participants to the COVID-19 Social Study. Adults in the UK are asked to fill out a weekly 10-15 minute questionnaire about their psychological and social experiences during the period of the pandemic, to help understand the effects of social distancing on mental health. Find out more about taking part [here](#).

The University of Oxford have begun recruiting families to the Co-SPACE study. Parents & carers of young people in school years 0-11 are asked to fill out regular surveys about how their family is coping during the pandemic, to help understand what parents can do to help support their children's mental health. Find out more about taking part [here](#).

UK RESEARCH & INNOVATION OPEN CALL FOR IDEAS TO ADDRESS COVID-19

UKRI are inviting proposals for projects addressing and mitigating the health, social, economic and environmental impacts of COVID-19. Proposals must be high quality, for projects up to 18 months duration which meet at least one of the following:

- New research or innovation with a clear impact pathway that has the potential (within the period of the award) to deliver a significant contribution to the understanding of, and response to, the COVID-19 pandemic and its impacts.
- Supports the manufacture and/or wide scale adoption of an intervention with significant potential
- Gathers critical data and resources quickly for future research use

For more details please see [‘UKRI - Get funding for ideas that address COVID-19’](#)