Final Exam
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How to manage people from COVID 19

Introduction

No country knows the total number of people infected with COVID-19. All we know is the infection status of those who have been tested. All those who have a lab-confirmed infection are counted as confirmed cases.
This means that the counts of confirmed cases depend on how much a country actually tests. Without testing there is no data.

Testing is our window onto the pandemic and how it is spreading. Without data on who is infected by the virus we have no way of understanding the pandemic. Without this data we can not know which countries are doing well, and which are just underreporting cases and deaths.

To interpret any data on confirmed cases we need to know how much testing for COVID-19 the country actually does.

Literature review

ECRIN shares a curated list of the most relevant articles presenting results from COVID19 trials, including pre-prints. As of 24 June 2020 this non-exhaustive, focuses only on randomized clinical trials (RCT) for COVID19 treatment and prevention, and on systematic reviews and meta-analyses of RCTs. This list will be updated every two weeks.

Methodology

In this paper, we searched PubMed and Embase for medical literature on COVID-19 between 1 January and 24 March 2020. We characterised the growth of the early COVID-19 medical literature using evidence maps and bibliometric analyses to elicit cross-sectional and longitudinal trends and systematically identify gaps.

Results

The early COVID-19 medical literature originated primarily from Asia and focused mainly on clinical features and diagnosis of the disease. Many areas of potential research remain underexplored, such as mental health, the use of novel technologies and artificial intelligence, pathophysiology of COVID-19 within different body systems, and indirect effects of COVID-19 on the care of non-COVID-19 patients. Few articles involved research collaboration at the international level (24.7%). The median submission-to-publication duration was 8 days (interquartile range: 4–16).

Conclusions

Although in its early phase, COVID-19 research has generated a large volume of publications. However, there are still knowledge gaps yet to be filled and areas for improvement for the global research community. Our analysis of early COVID-19 research may be valuable in informing research prioritisation and policy planning both in the current COVID-19 pandemic and similar global health crises.

References

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