

COVID19 guidelines for health professionals & the public: plain language versions of the eCOVID Recommendation Map

January 27, 2022 | AIFA | A. Liberati

Holger Schünemann, MD, MSc, PhD, FRCPC for the collaborators

Professor of Medicine and Clinical Epidemiology

McMaster University

schuneh@mcmaster.ca

 [@schunemann_mac](https://twitter.com/schunemann_mac)



Disclosures

- No direct financial conflicts
- GRADE Working Group Co-Chair
 - GRADEpro GRADE's official app
- Cochrane Canada - Director
- Guidelines International Network – board
- Research grants from Canadian Institutes of Health Research (CIHR, FRN VR4-172741), EC, the WHO & ASH
- Views expressed my own

GRADE working group

GIN
Guidelines
International
Network



Grazie, Alessandro

By the time you read these few sentences bidding you farewell, we will, unfortunately, be slightly more distant from each other, but I hope it is a case of only physical distance. Not all that much distance, as to impede the memory of you that I take away with me, and, the memory of me that I hope you will want to keep with you.



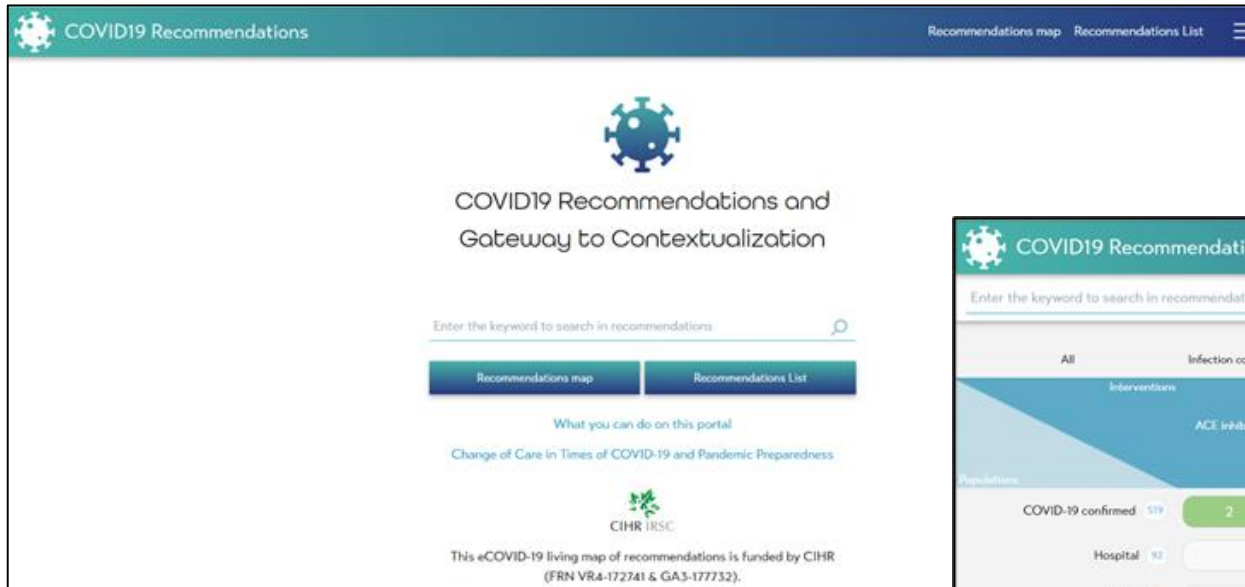


Objectives for today

Inform about the eCOVID19 Recommendation Map and how we can make actionable statements understandable

covid19.recmap.org

- Map & appraise all covid19 recommendations (broad scope)
- Users can adapt the recommendation to their context



The screenshot shows the search results page of the COVID19 Recommendations portal. The page features a search bar with the placeholder text "Enter the keyword to search in recommendations" and a search icon. Below the search bar, there is a navigation bar with the text "COVID19 Recommendations" and a "FILTERS" button. The main content area is a table with columns for "Interventions" and "Populations". The "Interventions" column includes "All", "Infection control", "Vaccination", "Screening", "Diagnosis", "Treatment and rehabilitation", "Prognosis", "Planning and monitoring", and "Health services and systems". The "Populations" column includes "COVID-19 confirmed", "Hospital", "Child", "COVID-19 suspected", "Pregnancy", "Patient", and "Acute respiratory distress syndrome". The table cells contain numbers representing the count of recommendations for each combination of intervention and population. For example, for "COVID-19 confirmed", there are 2 recommendations for "ACE inhibitor", 2 for "Administration of antipyretic", 1 for "Administration of intravenous fluids", 2 for "Air/oxygen masks and nasal cannulas", 1 for "Airborne precautions", 1 for "Airway care management", 1 for "Albumin", 2 for "Antibiotics", and 5 for "Antiviral therapy".

Populations	All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems
COVID-19 confirmed	519	2	2	1	2	1	1	2	5
Hospital	93				1				
Child	57			1	2				
COVID-19 suspected	54	1							
Pregnancy	49								
Patient	43				2	1			
Acute respiratory distress syndrome	47			5		1			

Purpose

eCOVID-19 living recommendations map

- Provide decision-makers and other stakeholders (including the public) with:
 - an easy-to-navigate
 - living
 - freely accessible
 - electronic platform
 - that **includes all available trustworthy COVID-19 recommendations and allows for easy contextualization**
- Identifying COVID-19 recommendations, critically appraise them, and make them available for **contextualization and implementation by decision-makers across** the globe
- Build on work done for WHO global tuberculosis recommendations
- International team





COVID19 Recommendations



57 Researchers on our team extract, code, and post recommendations to the map, including language translators, who collectively participate from **19** countries



Partners

Recommendations list view

 COVID19 Recommendations Recommendations map Recommendations List 

Additional Guidance [See more](#)
Proof of **vaccination** should not, at this stage, cause international travellers to be exempt from complying with other travel risk reduction measures.

Additional Guidance [See more](#)
Patients with psoriatic disease should receive the seasonal inactivated (eg, killed) influenza **vaccine** when it becomes available.


Additional Guidance [See more](#)
Fully **vaccinated** travelers are less likely to get and spread SARS-CoV-2 and can now travel at low risk to themselves within the United States.

Good Practice Statement [See more](#)
According to the Public Health Agency of Canada, key infection prevention and control strategies in **vaccination** clinics include strategies to support physical distancing.

Good Practice Statement [See more](#)
Both polio endemic and outbreak countries should continue to assess how local COVID-19 transmission impacts field activities, particularly poliovirus surveillance and **vaccination**, and adjust approaches to mitigate the risk of COVID-19 while optimizing polio programme activities.

Good Practice Statement [See more](#)
Regardless of whether they develop symptoms of COVID-19, incarcerated/detained persons who are fully **vaccinated** should continue to be tested for SARS-CoV-2 following an exposure to someone with suspected or confirmed COVID-19.

Recommendation [See more](#)
Physical distancing, handwashing and use of masks where appropriate at individual level but also as part of workplace protection measures and in public settings should be promoted continuously and enforced throughout the outbreak and until a safe **vaccine** is available.

Recommendation strength
 **Strong**

Clear

Source

Publication Year

World region

Age group

Coexisting condition

Intended population

Plain Language Recommendation

Recommendation type

Income

Recommendation intent

AGREE II score



vaccination



- Additional Guidance** [See more](#)

Proof of **vaccination** should not, at this stage, cause international travellers to be exempt from complying with other travel risk reduction measures.
- Additional Guidance** [See more](#)

Patients with psoriatic disease should receive the seasonal inactivated (eg, killed) influenza **vaccine** when it becomes available.
- Additional Guidance** [See more](#)

Fully **vaccinated** travelers are less likely to get and spread SARS-CoV-2 and can now travel at low risk to themselves within the United States.
- Good Practice Statement** [See more](#)

According to the Public Health Agency of Canada, key infection prevention and control strategies in **vaccination** clinics include strategies to support physical distancing.
- Good Practice Statement** [See more](#)

Both polio endemic and outbreak countries should continue to assess how local COVID-19 transmission impacts field activities, particularly poliovirus surveillance and **vaccination**, and adjust approaches to mitigate the risk of COVID-19 while optimizing polio programme activities.
- Good Practice Statement** [See more](#)

Regardless of whether they develop symptoms of COVID-19, incarcerated/detained persons who are fully **vaccinated** should continue to be tested for SARS-CoV-2 following an exposure to someone with suspected or confirmed COVID-19.
- Recommendation** [See more](#)

Physical distancing, handwashing and use of masks where appropriate at individual level but also as part of workplace protection measures and in public settings should be promoted continuously and enforced throughout the outbreak and until a safe **vaccine** is available.

Recommendation strength
Strong

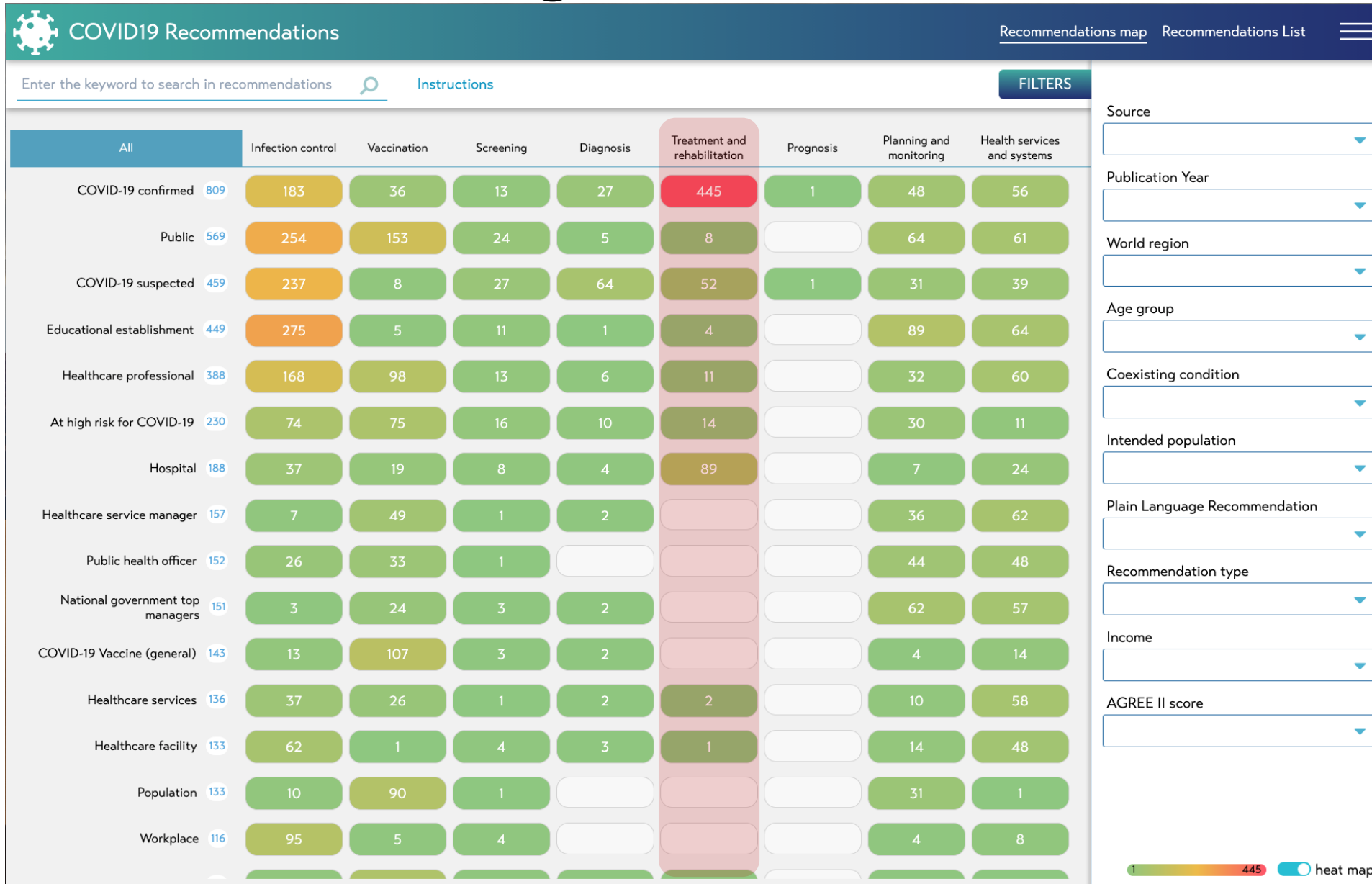
Clear

Source

- Any
- Allergologie select (1)
- American Academy of Dermatology (1)
- American College of Obstetricians and Gynaecologists (ACOG) (6)
- American Journal of Roentgenology (AJR) (2)
- Australasian Leukaemia and Lymphoma Group (2)
- Canadian Rheumatology Association (CRA) (5)
- Centers for Disease Control and Prevention (CDC) (61)
- European Academy of Allergy and Clinical Immunology (EAACI) (4)
- European Centre for Disease Prevention and Control (ECDC) (11)
- French Pediatric Society (1)
- Indian Academy of Pediatrics (IAP) (1)
- International Journal of Infectious Diseases (1)



Recommendations grid view



Enter the keyword to search in recommendations

Instructions

FILTERS

	All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems										
	Interventions	Administration of antipyretic	Adverse effects	Airborne precautions	Analysis	Assessment using Frailty Index	BCG Vaccine	Being Informed	Blood test	COVID-19 Vaccine (general)	COVID-19 mRNA vaccine	Chronic	Clean environment	Communication interventions	Community health procedure	Consultation	Contact precautions	Contact trac	
Populations																			
Public	153	2	1	1			1		2	11	3		1	5	1		1		
COVID-19 Vaccine (general)	107		10		5	1				3		1		6					1
Healthcare professional	98		1							13			2	1					
Population	90		38							59	1			3					
Vaccination	79	1	36							53				3					
At high risk for COVID-19	75							13		33	1				30	2			
Healthcare service manager	49		4					1		26				7					
COVID-19 confirmed	36					1				4		1							
Public health officer	33									11				6					
Person with disability	30							13		30					30	2			
Healthcare services	26		3							3				3					
National government top managers	24		3					1		2				7					
Hospital	19												2						
State (Country)	17		2							9				1	2				

Source

Publication Year

World region

Age group

Coexisting condition

Intended population

Plain Language Recommendation

Recommendation type

Income

AGREE II score



Identifying guidelines on COVID19: how we do it?

Living through
June 2022+
Check for updates



Health Information Research Unit
Evidence-Based Health Informatics



HEALTH
SCIENCES
Health Research
Methods, Evidence
& Impact

Bibliographic databases - daily

- Ovid PubMed
- Searches prefiltered by HIRU team

API call & web scraping - daily

- ECRI Clinical Guidelines
- PAHO BIGG (GRADE guidelines)
- NICE
- WHO
- G-I-N Library

Translation

- International network
- Cochrane TaskExchange

Grey literature sources – bimonthly

- CDC, ECDC, PHAC, CTFPHC, SIGN, COVID-NMA

Personal contacts – partners

- Researchers
- Guideline developers
- Global groups (e.g., other Cochrane groups)

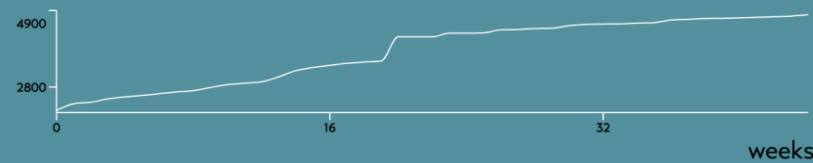
Activity update

57 Researchers on our team extract, code, and post recommendations to the map, including language translators, who collectively participate from **19** countries

website visits from **165** countries

Our Project in Numbers

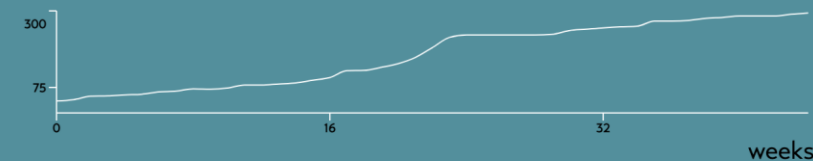
Retrieved citations for screening



4786
Citations

38 new
since Jan 10, 2022

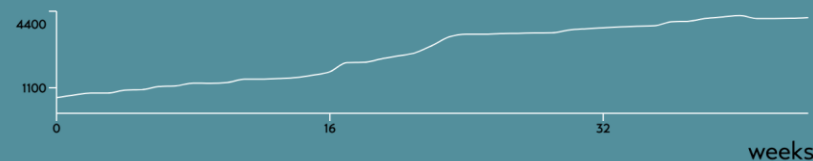
Guidelines extracted on platform



294
Guidelines

4 new
since Jan 10, 2022

Recommendations extracted on platform



4127
Recommendations

32 new
since Jan 10, 2022

32 Presentations delivered or planned nationally and internationally since funding start

7 Publications regarding the RecMap to date in J Clin Epi, Ann Intern Med, The Lancet Global Health, and The Cochrane Library, with more underway



Back

Recommendation

On this page you can find

COVID-19 Clinical Management

Source: World Health Organization (WHO)

Intent: **Treatment and rehabilitation**

For symptomatic patients with COVID-19 and risk factors for progression to severe disease who are not hospitalized, the WHO suggests the use of pulse oximetry monitoring at home as part of a package of care, including patient and provider education and appropriate follow-up.

Certainty of evidence

+○○○○ Very low

Recommendation strength

✓ Conditional

AGREE II score ⓘ

Scope and purpose: 88.9%

Rigor of development: 65.6%

Editorial Independence:45.8%

Request for adoption

Recommendation

Additional information

Summary of choices

EtD

Plain language recommendations

Conflict of interests

Source of recommendation

Population/Health problem

Symptomatic patients with COVID-19 and risk factors for progression to severe disease who are not hospitalized

Intervention

Pulse oximetry monitoring at home

URL to L·OVE portal

URL to L·OVE portal

L·OVE

Evidence map

NIPH systematic and living map on COVID-19 evidence

NIPH

[Back](#)

Recommendation

On this page you can find

COVID-19 Clinical Management

Source: World Health Organization (WHO)

Intent: **Treatment and rehabilitation**

For symptomatic patients with COVID-19 and risk factors for progression to severe disease who are not hospitalized, the WHO suggests the use of pulse oximetry monitoring at home as part of a package of care, including patient and provider education and appropriate follow-up.

Certainty of evidence

Very low

Recommendation strength

Conditional

AGREE II score

Scope and purpose: 88.9%

Rigor of development: 65.6%

Editorial Independence: 45.8%

[Request for adoption](#)

[Recommendation](#)[Additional information](#)[Summary of choices](#)[EtD](#)[Plain language recommendations](#)[Conflict of interests](#)[Source of recommendation](#)

Population/Health problem

Symptomatic patients with COVID-19 and risk factors for progression to severe disease who are not hospitalized

Intervention

Pulse oximetry monitoring at home

URL to L·OVE portal

[URL to L·OVE portal](#)

Evidence map

[NIPH systematic and living map on COVID-19 evidence](#)

Evidence to Decision Criteria

RESEARCH METHODS AND REPORTING



GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 1: Introduction

Pablo Alonso-Coello,^{1,2} Holger J Schünemann,^{2,3} Jenny Moberg,⁴ Romina Brignardello-Petersen,^{2,5} Elie A Akl,^{2,6} Marina Davoli,⁷ Shaun Treweek,⁸ Reem A Mustafa,^{2,9} Gabriel Rada,^{10,11,12} Sarah Rosenbaum,⁴ Angela Morelli,⁴ Gordon H Guyatt,^{2,3} Andrew D Oxman⁴ the GRADE Working Group

Table 2 | Detailed judgments in Evidence to Decision (EtD) frameworks

Criterion	Detailed judgments
Is the problem a priority?*	<ul style="list-style-type: none"> Are the consequences of the problem serious (that is, severe or important in terms of the potential benefits or savings)? Is the problem urgent? [Not relevant for coverage decisions] Is it a recognised priority (such as based on a political or policy decision)? [Not relevant when an individual patient perspective is taken]
How substantial are the desirable anticipated effects?	Judgments for each outcome for which there is a desirable effect
How substantial are the undesirable anticipated effects?	Judgments for each outcome for which there is an undesirable effect
What is the overall certainty of the evidence of effects?	See GRADE guidance regarding detailed judgments about the quality of evidence or certainty in estimates of effects ^{30,31}
Is there important uncertainty about or variability in how much people value the main outcomes?	<ul style="list-style-type: none"> Is there important uncertainty about how much people value each of the main outcomes? Is there important variability in how much people value each of the main outcomes? [Not relevant for coverage decisions]
Do the desirable effects outweigh the undesirable effects?	<ul style="list-style-type: none"> Judgments regarding each of the four preceding criteria To what extent do the following considerations influence the balance between the desirable and undesirable effects: <ul style="list-style-type: none"> How much less people value outcomes that are in the future compared to outcomes that occur now (their discount rates)? People's attitudes towards undesirable effects (how risk averse they are)? People's attitudes towards desirable effects (how risk seeking they are)?
How large are the resource requirements?†	<ul style="list-style-type: none"> How large is the difference in each item of resource use for which fewer resources are required? How large is the difference in each item of resource use for which more resources are required?
What is the certainty of the evidence of resource requirements?†	<ul style="list-style-type: none"> Have all important items of resource use that may differ between the options being considered been identified? How certain is the evidence of differences in resource use between the options being considered (see GRADE guidance regarding detailed judgments about the quality of evidence or certainty in estimates)? How certain is the cost of the items of resource use that differ between the options being considered? Is there important variability in the cost of the items of resource use that differ between the options being considered?
Are the net benefits worth the incremental cost?*	<ul style="list-style-type: none"> Judgments regarding each of the six preceding criteria Is the cost effectiveness ratio sensitive to one-way sensitivity analyses? Is the cost effectiveness ratio sensitive to multivariable sensitivity analysis? Is the economic evaluation on which the cost effectiveness estimate is based reliable? Is the economic evaluation on which the cost effectiveness estimate is based applicable to the setting(s) of interest?
What would be the impact on health equity?†*	<ul style="list-style-type: none"> Are there groups or settings that might be disadvantaged in relation to the problem or interventions (options) that are considered? Are there plausible reasons for anticipating differences in the relative effectiveness of the intervention (option) for disadvantaged groups or settings? Are there different baseline conditions across groups or settings that affect the absolute effectiveness of the intervention or the importance of the problem for disadvantaged groups or settings? Are there important considerations that should be made when implementing the intervention (option) in order to ensure that inequities are reduced, if possible, and that they are not increased?
Is the intervention/option acceptable to key stakeholders?*	<ul style="list-style-type: none"> Are there key stakeholders who would not accept the distribution of the benefits, harms and costs? Are there key stakeholders who would not accept the costs or undesirable effects in the short term for desirable effects (benefits) in the future? Are there key stakeholders who would not agree with the importance (value) attached to the desirable or undesirable effects (because of how they might be affected personally or because of their perceptions of the relative importance of the effects for others)? Would the intervention adversely affect people's autonomy? Are there key stakeholders who would disapprove of the intervention morally, for reasons other than its effects on people's autonomy (such as in regard to ethical principles such as no maleficence, beneficence, or justice)?
Is the intervention feasible to implement?*	<p>For decisions other than coverage decisions:</p> <ul style="list-style-type: none"> Is the intervention or option sustainable? Are there important barriers that are likely to limit the feasibility of implementing the intervention (option) or require consideration when implementing it?^{30,31} <p>For coverage decisions:</p> <ul style="list-style-type: none"> Is coverage of the intervention sustainable? Is it feasible to ensure appropriate use for approved indications? Is inappropriate use (indications that are not approved) an important concern? Is access to the intervention an important concern? Are there important legal or bureaucratic or legal constraints that that make it difficult or impossible to cover the intervention?

*The certainty of the evidence could be considered as a detailed judgement for these criteria.

†These criteria are not included when an individual patient perspective is taken.

about the strength of recommendation or type of decision; for example, a strong or weak (sometimes called conditional, discretionary, or qualified) recommendation for or against an intervention or option. In addition, the panel states the recommendation or decision in a concise, clear and actionable manner,¹⁸ and provides the justification for their recommendation or deci-

sion. The conclusions also include relevant considerations about subgroups, implementation, monitoring and evaluation, and research priorities (see box 3 for the conclusions reached in the bedaquiline example).

Guideline panels may be reluctant to make a recommendation for or against an intervention or option.

Table 1 | Criteria for EtD frameworks for five different types of decisions

	Clinical recommendations— individual perspective	Clinical recommendations— population perspective	Coverage decisions	Health system and public health recommendations/decisions	Diagnostic, screening, and other tests*
Priority of the problem	Is the problem a priority?				
Test accuracy	Not applicable				How accurate is the test?
Benefits and harms	How substantial are the desirable anticipated effects?				
	How substantial are the undesirable anticipated effects?				
Certainty of the evidence	What is the overall certainty of the evidence of effects?				What is the certainty of the evidence of: - Test accuracy? - Any critical or important direct benefits, adverse effects, or burden of the test? - Effects of the management that is guided by the test results? - Link between test results and management decisions? - Effects of the test?
Outcome importance	Is there important uncertainty about or variability in how much people value the main outcomes?				Is there important uncertainty about or variability in how much people value the main outcomes, including adverse effects and burden of the test and downstream outcomes of clinical management that is guided by the test results?
Balance	Does the balance between desirable and undesirable effects favour the intervention or the comparison?				Does the balance between desirable and undesirable effects favour the test or the comparison?
Resource use	How large are the resource requirements (costs)?				
	What is the certainty of the evidence of resource requirements (costs)?				
	Does the cost effectiveness of the intervention (the out-of-pocket cost relative to the net benefits) favour the intervention or the comparison?	Does the cost effectiveness of the intervention favour the intervention or the comparison?	Does the cost effectiveness of the option favour the option or the comparison?	Does the cost effectiveness of the test favour the test or the comparison?	
Equity	What would be the impact on health equity?				
Acceptability	Is the intervention acceptable to patients, their care givers, and healthcare providers?	Is the intervention acceptable to key stakeholders?	Is the option acceptable to key stakeholders?	Is the test acceptable to key stakeholders?	
Feasibility	Is the intervention feasible for patients, their care givers, and healthcare providers?	Is the intervention feasible to implement?	Is the option feasible to implement?	Is the test feasible to implement?	

*Tests cover clinical and public health recommendations at individual and population perspectives.



Certainty of evidence
What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS																																						
<ul style="list-style-type: none"> Very low Low Moderate High No included studies 	<p>For key outcomes of hospitalization, mortality, mechanical ventilation, and ICU admission the panel considered the evidence to be of very low certainty.</p> <p>According to the guideline development group (GDG), the only evidence available at this time is provided in the evidence table below. This table provides indirect evidence for this recommendation.</p> <p>PICO (12.1) Population: Patients treated at home with confirmed or suspected COVID-19 disease Intervention: SpO₂ < 92% (Pulse oximetry use at home) Comparator: SpO₂ ≥ 92% (Pulse oximetry use at home)</p> <table border="1"> <thead> <tr> <th rowspan="2">Outcome Timeframe</th> <th rowspan="2">Study results and measurements</th> <th colspan="2">Absolute effect estimates</th> <th rowspan="2">Certainty of the evidence (Quality of evidence)</th> <th rowspan="2">Plain text summary</th> </tr> <tr> <th>SpO₂ ≥ 92% (Pulse oximetry use at home)</th> <th>SpO₂ < 92% (Pulse oximetry use at home)</th> </tr> </thead> <tbody> <tr> <td>Hospitalization</td> <td>Relative risk: 7.0 (CI 95% 3.4–14.5) Based on data from 77 patients in 1 study</td> <td>103 per 1000</td> <td>840 per 1000</td> <td>Very low Due to serious risk of bias. Due to serious imprecision^a</td> <td>SpO₂ < 92% possibly increases need for hospitalization.</td> </tr> <tr> <td>ICU admission</td> <td>Relative risk: 9.8 (CI 95% 2.2–44.6) Based on data from 77 patients in 1 study</td> <td>per 1000</td> <td>per 1000</td> <td>Very low Due to serious risk of bias. Due to serious imprecision^b</td> <td>SpO₂ < 92% possibly increases need for ICU admission.</td> </tr> <tr> <td>ARDS</td> <td>Relative risk: 8.2 (CI 95% 1.7–38.7) Based on data from 77 patients in 1 study</td> <td>per 1000</td> <td>per 1000</td> <td>Very low Due to serious risk of bias. Due to serious imprecision^c</td> <td>SpO₂ < 92% possibly increases the risk of ARDS.</td> </tr> <tr> <td>Septic shock</td> <td>Relative risk: 6.6 (CI 95% 1.3–32.9) Based on data from 77 patients in 1 study</td> <td>per 1000</td> <td>per 1000</td> <td>Very low Due to serious risk of bias. Due to serious imprecision^d</td> <td>SpO₂ < 92% possibly increases the risk of septic shock.</td> </tr> <tr> <td>Hospitalization</td> <td>Based on data from patients in 2 studies</td> <td colspan="2">Two small single arm (no comparator group) studies that offered home monitoring to patients discharged from emergency department. 3/20 (150 per 1000) and 6/52 (115 per 1000) of patients using home SpO₂ monitors required hospitalization.</td> <td>Very low Due to serious risk of bias. Due to serious imprecision^e</td> <td>No data re whether home SpO₂ monitoring vs no monitoring affects hospitalization rates.</td> </tr> </tbody> </table> <p>^a Risk of bias: serious. Imprecision: serious. ^b Risk of bias: serious. Imprecision: serious. ^c Risk of bias: serious. Imprecision: serious. ^d Risk of bias: serious. Imprecision: serious. ^e Risk of bias: serious. Imprecision: serious.</p>	Outcome Timeframe	Study results and measurements	Absolute effect estimates		Certainty of the evidence (Quality of evidence)	Plain text summary	SpO ₂ ≥ 92% (Pulse oximetry use at home)	SpO ₂ < 92% (Pulse oximetry use at home)	Hospitalization	Relative risk: 7.0 (CI 95% 3.4–14.5) Based on data from 77 patients in 1 study	103 per 1000	840 per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^a	SpO ₂ < 92% possibly increases need for hospitalization.	ICU admission	Relative risk: 9.8 (CI 95% 2.2–44.6) Based on data from 77 patients in 1 study	per 1000	per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^b	SpO ₂ < 92% possibly increases need for ICU admission.	ARDS	Relative risk: 8.2 (CI 95% 1.7–38.7) Based on data from 77 patients in 1 study	per 1000	per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^c	SpO ₂ < 92% possibly increases the risk of ARDS.	Septic shock	Relative risk: 6.6 (CI 95% 1.3–32.9) Based on data from 77 patients in 1 study	per 1000	per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^d	SpO ₂ < 92% possibly increases the risk of septic shock.	Hospitalization	Based on data from patients in 2 studies	Two small single arm (no comparator group) studies that offered home monitoring to patients discharged from emergency department. 3/20 (150 per 1000) and 6/52 (115 per 1000) of patients using home SpO ₂ monitors required hospitalization.		Very low Due to serious risk of bias. Due to serious imprecision ^e	No data re whether home SpO ₂ monitoring vs no monitoring affects hospitalization rates.	
Outcome Timeframe	Study results and measurements			Absolute effect estimates				Certainty of the evidence (Quality of evidence)	Plain text summary																															
		SpO ₂ ≥ 92% (Pulse oximetry use at home)	SpO ₂ < 92% (Pulse oximetry use at home)																																					
Hospitalization	Relative risk: 7.0 (CI 95% 3.4–14.5) Based on data from 77 patients in 1 study	103 per 1000	840 per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^a	SpO ₂ < 92% possibly increases need for hospitalization.																																			
ICU admission	Relative risk: 9.8 (CI 95% 2.2–44.6) Based on data from 77 patients in 1 study	per 1000	per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^b	SpO ₂ < 92% possibly increases need for ICU admission.																																			
ARDS	Relative risk: 8.2 (CI 95% 1.7–38.7) Based on data from 77 patients in 1 study	per 1000	per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^c	SpO ₂ < 92% possibly increases the risk of ARDS.																																			
Septic shock	Relative risk: 6.6 (CI 95% 1.3–32.9) Based on data from 77 patients in 1 study	per 1000	per 1000	Very low Due to serious risk of bias. Due to serious imprecision ^d	SpO ₂ < 92% possibly increases the risk of septic shock.																																			
Hospitalization	Based on data from patients in 2 studies	Two small single arm (no comparator group) studies that offered home monitoring to patients discharged from emergency department. 3/20 (150 per 1000) and 6/52 (115 per 1000) of patients using home SpO ₂ monitors required hospitalization.		Very low Due to serious risk of bias. Due to serious imprecision ^e	No data re whether home SpO ₂ monitoring vs no monitoring affects hospitalization rates.																																			

Values
Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> Important uncertainty or variability Possibly important uncertainty or variability Probably no important uncertainty or variability No important uncertainty or variability 	<p>Applying the agreed values and preferences, the GDG inferred that well-informed patients would consider the minimal possible harms associated with home oximetry monitoring to not outweigh the possible, theoretical benefits on the outcomes of hospitalization and patient satisfaction. Patient members of the panel agreed with this standard.</p> <p>Judgement: "no substantial variability expected" reported by guideline authors interpreted as "probably no important uncertainty or variability".</p>	

Balance of effects
Does the balance between desirable and undesirable effects favor the intervention or the comparison?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> Favors the comparison 	<p>The GDG suggested that the possible benefits would outweigh the possible harms, and this may be most likely in</p>	

- Recommendation
- Additional information
- Summary of choices
- EtD
- Plain language recommendations
- Conflict of interests
- Source of recommendation



Adaptations undertaken: South Africa

- July 2021: National recommendations – heparin use in COVID-19 patients w/o suspected VTE
- American Society of Hematology recommendations as base
 - Updated evidence base: emerging data ongoing
 - Used contextual factors from ASH guideline
- Webinars in coming weeks for SA healthcare providers to disseminate recommendations

The screenshot displays a web interface for COVID-19 Recommendations. The main content area shows a recommendation titled "Use of Anticoagulation in Patients with COVID-19" sourced from the American Society of Hematology (ASH). The intent is "Treatment and rehabilitation". The recommendation text states: "The ASH guideline panel suggests using prophylactic-intensity over intermediate-intensity or therapeutic-intensity anticoagulation in patients with COVID-19 related acute illness who do not have suspected or confirmed VTE (conditional recommendation based on very low certainty in the evidence about effects)." A remark notes that between the online publication (October 27, 2020) and its publication in *Blood Advances*, a press release was issued describing the results of a planned interim analysis of three randomized controlled trials, REMAP-CAP, ACTIV-4, and ATTACC (NCT 02735707).

On the right side, there are several summary metrics:

- Certainty of evidence:** ⊕○○○ Very low
- Recommendation strength:** ⊗ Conditional
- AGREE II score:** ⓘ
- Scope and purpose:** 91.7%
- Rigor of development:** 89.6%
- Editorial Independence:** 91.7%

Navigation buttons include "Back", "Recommendation", "Recommendations map", "Recommendations List", and a sidebar with "Recommendation", "Additional information", "Summary of choices", "iSoF", "EtD", and "Conflict of interests".

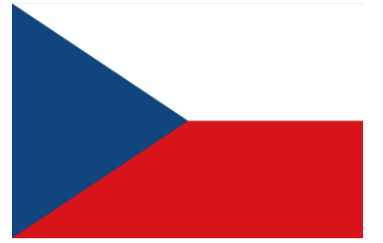


Adaptations undertaken: Brazil

- National recommendations – management of COVID-19 in hospitalized patients
- 3 recommendations adopted as-is
- 10 recommendations adapted to Brazilian setting
- 2 new recommendations were developed

- Publications forthcoming

Adaptations undertaken: Czech Republic



- National Guideline Task Force (MOH, national medical societies, etc)
- Using map to identify & adapt 50 recommendations
- Diagnosis and management of COVID-19, such as
 - antiviral and antibody therapies
 - patient monitoring
 - perinatal care
 - use of chest imaging



Canadian Rheumatology Association

- May 2021
- Vaccine recommendations for patients with autoimmune rheumatic disease
- Developed using evidence on map
- Contributed back to map

COVID19 Recommendations Recommendations map Recommendations List

[Back](#) [Recommendation](#) On this page you can find

CRA Recommendation on Covid-19 Vaccination in Persons with Autoimmune Rheumatic Disease

Source: Canadian Rheumatology Association (CRA)

Intent: Vaccination

The Canadian Rheumatology Association guideline panel suggests using COVID-19 vaccination in persons with autoimmune rheumatic disease.
(conditional recommendation, very low certainty for ChAdOx1, AstraZeneca)

Remarks: This recommendation is based on evidence for currently approved COVID-19 vaccines as per April 8, 2021: BNT 162b2 (Pfizer-BioNTech), mRNA-1273 (Moderna), ChAdOx1 (AstraZeneca) and Ad26.COV2.5 (Johnson & Johnson). The recommendation needs to be viewed in the context of any restrictions to vaccine use for the general public set by national or provincial bodies, that may change over time. The panel agreed that for the majority of patients the potential benefits will probably outweigh the

Certainty of evidence
⊕○○○ Very low

Recommendation strength
✔ Conditional

AGREE II score ⓘ

Scope and purpose:	91.7%
Rigor of development:	59.4%
Editorial Independence:	41.7%

[Recommendation](#)
[Additional information](#)
[Summary of choices](#)
[iSoF](#)
[EtD](#)
[Conflict of interests](#)
[Source of](#)



Back

Recommendation

On this page you can find

COVID-19 Clinical Management

Source: World Health Organization (WHO)

Intent: **Treatment and rehabilitation**

For symptomatic patients with COVID-19 and risk factors for progression to severe disease who are not hospitalized, the WHO suggests the use of pulse oximetry monitoring at home as part of a package of care, including patient and provider education and appropriate follow-up.

Certainty of evidence

+○○○○ Very low

Recommendation strength

○ Conditional

AGREE II score ⓘ

Scope and purpose: 88.9%

Rigor of development: 65.6%

Editorial Independence:45.8%

Request for adoption

Recommendation

Additional information

Summary of choices

EtD

Plain language recommendations

Conflict of interests

Source of recommendation

Population/Health problem

Symptomatic patients with COVID-19 and risk factors for progression to severe disease who are not hospitalized

Intervention

Pulse oximetry monitoring at home

URL to L·OVE portal

URL to L·OVE portal

L·OVE

Evidence map

NIPH systematic and living map on COVID-19 evidence

NIPH



Plain Language Recommendations (PLRs)

- Easy to-read summaries of published and quality-checked recommendations
- Balanced statements that include an explanation of the recommendation, what it means for the public
- PLRs are derived from leading guideline development organizations & include a link to the underlying evidence and their rationale
- Based on GIN-Public Toolkit and GRADE format of plain language recommendations



Journal of Clinical Epidemiology

Available online 15 September 2021

In Press, Journal Pre-proof



Focus groups and interviews with the public led to the development of a template for a GRADE plain language recommendation

Nancy Santesso ^a, Wojtek Wiercioch ^a, Angela M. Barbara ^a, Helena Dietl ^b, Holger J. Schünemann ^a

Show more

+ Add to Mendeley Share Cite

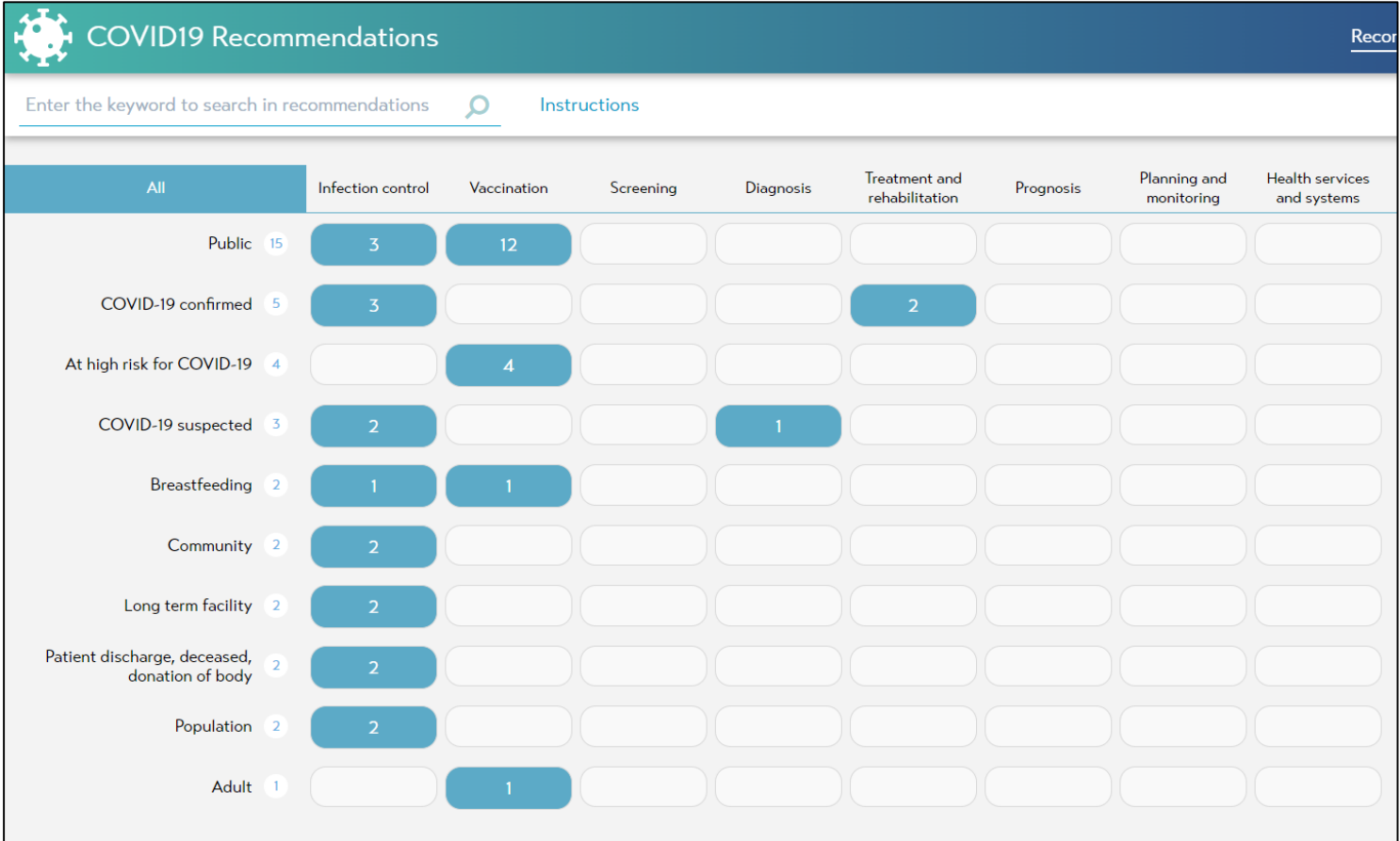
<https://doi.org/10.1016/j.jclinepi.2021.09.018>

[Get rights and content](#)

- Information that is personalised
- Strength of recommendations
- Amount and credibility of the information
- Formatting

Plain language recommendations (PLR)

- Prioritization process
 - Work with citizens
- Researchers draft & check
- Citizen editors review
- Medical editor review
- 25 translators for 13 languages
- 34 currently on the map



The screenshot shows the 'COVID19 Recommendations' interface. At the top, there is a search bar with the text 'Enter the keyword to search in recommendations' and a magnifying glass icon, followed by a link to 'Instructions'. Below the search bar is a grid of categories and sub-categories. The categories are: All, Infection control, Vaccination, Screening, Diagnosis, Treatment and rehabilitation, Prognosis, Planning and monitoring, and Health services and systems. The sub-categories are: Public, COVID-19 confirmed, At high risk for COVID-19, COVID-19 suspected, Breastfeeding, Community, Long term facility, Patient discharge, deceased, donation of body, Population, and Adult. Each cell in the grid contains a count of recommendations, with some cells highlighted in blue.

	All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems
Public	15	3	12						
COVID-19 confirmed	5	3				2			
At high risk for COVID-19	4		4						
COVID-19 suspected	3	2			1				
Breastfeeding	2	1	1						
Community	2	2							
Long term facility	2	2							
Patient discharge, deceased, donation of body	2	2							
Population	2	2							
Adult	1		1						

Should patients with symptoms of COVID-19 use a pulse oximeter at home?

Recommendation

The WHO* suggests that patients at home with symptoms of COVID-19 should include health care provider teaching on how to use the pulse oximeter.
*World Health Organization (Published 2021)

[Click here to see where this recommendation is from]

Who is this for?

- You have symptoms of COVID-19
- You have a higher chance of severe COVID-19 illness
- You are not currently in the hospital

Recommendation strength

Conditional for Pulse oximetry monitoring at home



CONDITIONAL

A recommendation can be strong or conditional. When a recommendation is conditional, the majority of people want to follow it, but they may want to talk with their health care professional first.

Why this recommendation?

? Why conditional

This recommendation suggests that people at home with symptoms of COVID-19 and a chance of severe illness should use a pulse oximeter at home because of the possible benefits and limited evidence of harms.

This is a conditional recommendation because there are only a few studies that show clear benefits. This recommendation depends on the quality of the pulse oximeters and health professional training and follow-up. You might want to talk to a health care professional first.

Les patients présentant des symptômes de COVID-19 doivent-ils utiliser un oxymètre de pouls à domicile ?

Recommendation

LOMS* suggère que les patients à domicile présentant des symptômes de COVID-19 et un risque de maladie grave devraient utiliser un oxymètre de pouls. Cela devrait inclure une formation par les prestataires de soins de santé sur l'utilisation de l'oxymètre de pouls et à assurer un suivi.

*Organisation mondiale de la santé (Publié en 2021)

[Cliquez ici pour voir d'où vient cette recommandation]

A qui s'adresse-t-elle?

- Vous avez des symptômes de la COVID-19
- Vous avez un risque plus élevé de contracter une maladie grave de la COVID-19
- Vous n'êtes pas actuellement à l'hôpital

Recommendation strength

Conditional for Pulse oximetry monitoring at home



CONDITIONAL

A recommendation can be strong or conditional. When a recommendation is strong, most people will want to follow it. When a recommendation is conditional, the majority of people want to follow it, but they may want to talk with their health care professional first.

Pourquoi cette recommandation?

i Informations supplémentaires

Les oxymètres de pouls sont utilisés pour vérifier la quantité d'oxygène présente dans votre sang. Il permet également de vérifier la vitesse à laquelle votre cœur bat.

Cette recommandation dépend, selon:

- La disponibilité d'oxymètres de pouls de haute qualité

? Why conditional

Pourquoi le conditionnel ?

Cette recommandation suggère que les patients à domicile présentant des symptômes de la COVID-19 et un risque de maladie grave devraient utiliser un oxymètre de pouls à domicile.

¿Deben los pacientes con síntomas de COVID-19 utilizar un pulsioxímetro en casa?

Publication date (2021-09-20)

Recommendation

La OMS* sugiere que los pacientes que se encuentren en su domicilio con síntomas de COVID-19 y tienen posibilidad de desarrollar enfermedad grave utilicen un pulsioxímetro. Esto debe incluir la enseñanza por parte del personal de salud sobre cómo utilizar el oxímetro de pulso y realizar el seguimiento.

*Organización Mundial de la Salud (publicado en 2021)

[Haga clic aquí para ver el origen de esta recomendación]

Who is this for?

- ¿Para quién es esto?
- Personas con síntomas de COVID-19
- Personas que tienen una mayor probabilidad de padecer una enfermedad grave por COVID-19
- Personas que no están actualmente en el hospital

Recommendation strength

Conditional for Pulse oximetry monitoring at home



CONDITIONAL

A recommendation can be strong or conditional. When a recommendation is strong, most people will want to follow it. When a recommendation is conditional, the majority of people want to follow it, but they may want to talk with their health care professional first.

Why this recommendation?

i Additional information

Información adicional

? Why conditional

¿Por qué condicional?

I pazienti con sintomi di COVID-19 dovrebbero usare un pulsossimetro a casa?

Publication date (2021-11-04)

Recommendation

L'OMS* suggerisce che i pazienti a casa con sintomi di COVID-19 e la possibilità di sviluppare una forma grave della malattia usino il pulsossimetro. Questo dovrebbe includere l'insegnamento da parte dell'operatore sanitario su come usare il pulsossimetro e il follow-up.

*Organizzazione Mondiale della Sanità (Pubblicato 2021)

[\[Clicca qui per accedere alla versione inglese\]](#)

Who is this for?

- Persone con sintomi di COVID-19
- Persone con una maggiore probabilità di sviluppare una forma grave della malattia da COVID-19
- Persone non ricoverate in ospedale

Perché condizionale?

Questa raccomandazione suggerisce che le persone a casa con sintomi di COVID-19 e una possibilità di sviluppare una forma grave della malattia dovrebbero usare un pulsossimetro a casa a causa dei benefici e delle prove limitate di possibili danni alla salute.

Questa è una raccomandazione condizionale perché ci sono solo pochi studi che mostrano chiari benefici. Questa raccomandazione dipende dalla qualità dei pulsossimetri e dalla formazione e dal follow-up degli operatori sanitari. Potresti voler parlare prima con un operatore sanitario.

Informazioni aggiuntive:

I pulsossimetri sono usati per controllare quanto ossigeno c'è nel sangue. Controlla anche la velocità di battito del cuore.

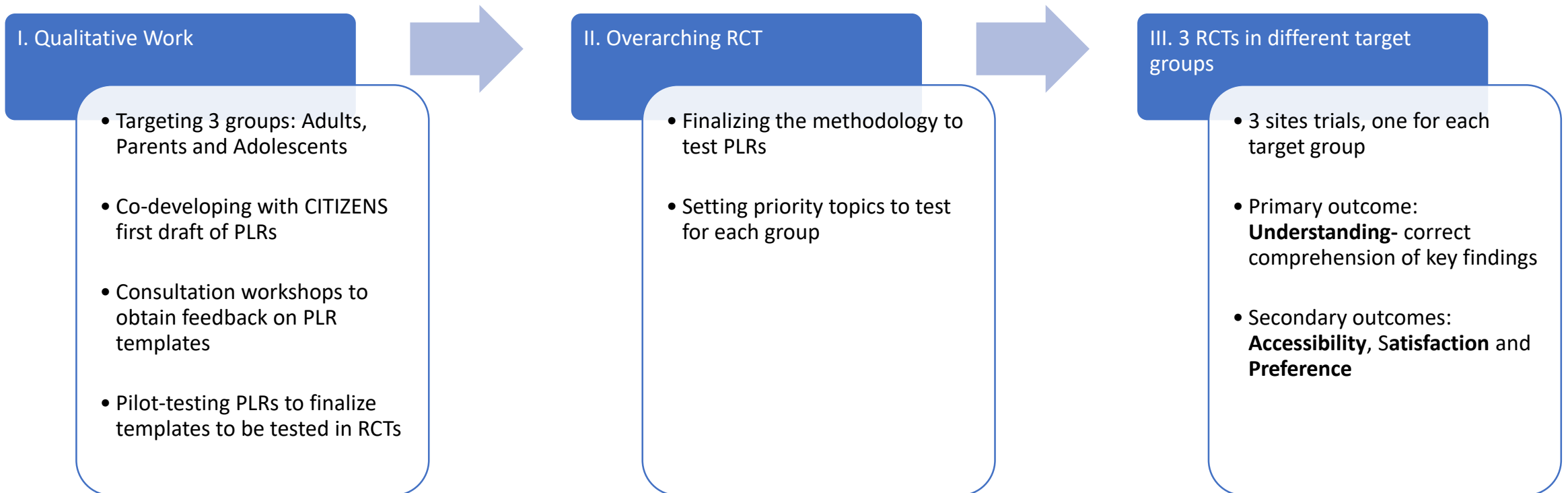
Questa raccomandazione dipende dal fatto che:

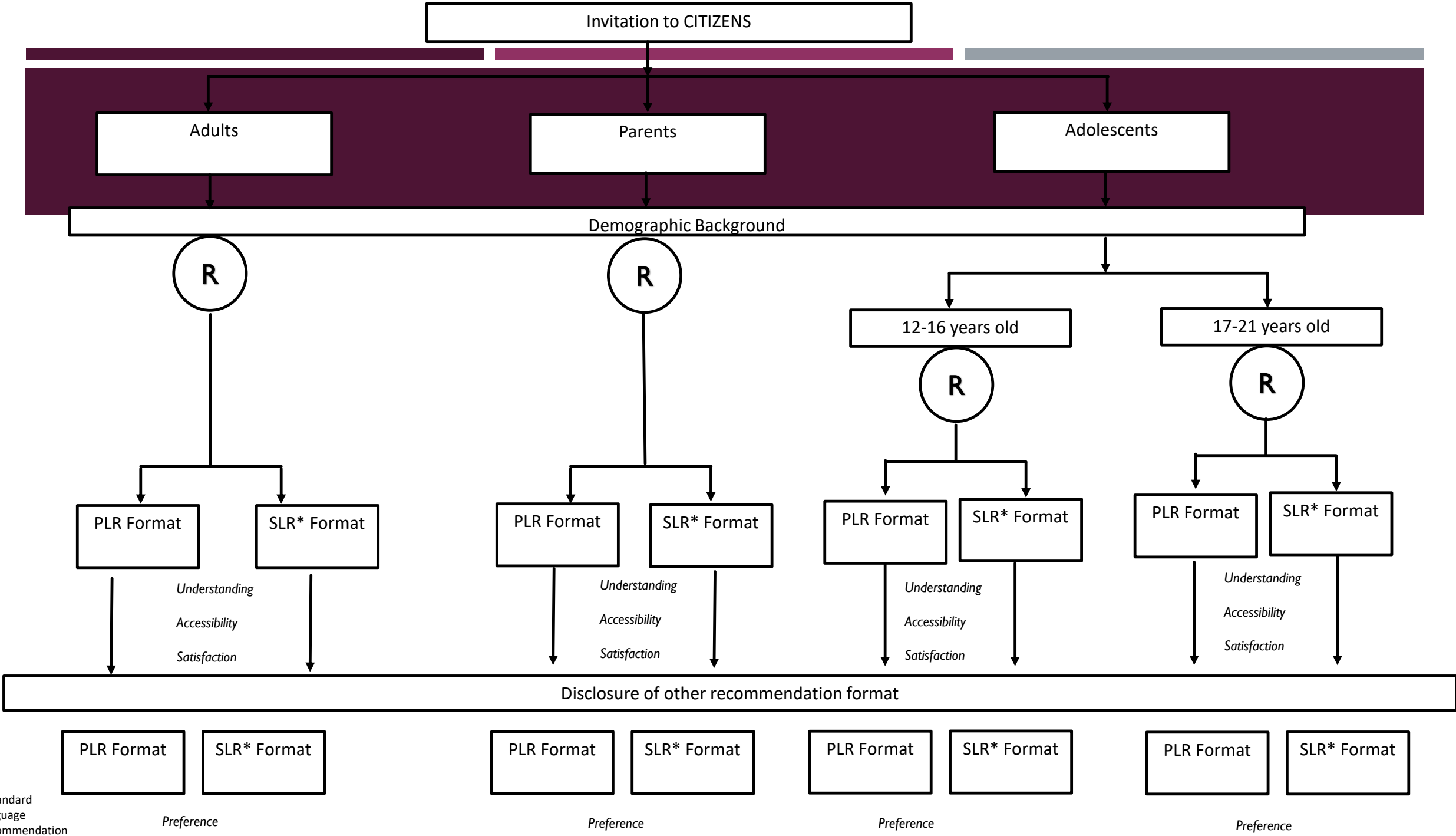
- Sono disponibili pulsossimetri di alta qualità per uso domestico
- I pazienti possono interpretare i risultati
- I sanitari possono fornire le cure successive

But are we doing this right?

Plain Language Recommendation Trial

Overview of current work





* Standard Language Recommendation

RecMap as a model

Other recommendation mapping products

The screenshot shows the WHO eTB Guidelines Recommendations map interface. At the top left is the WHO logo and 'World Health Organization | eTB Guidelines'. On the right, there are links for 'Recommendations map' and 'List of recommendations', along with a hamburger menu icon. Below the header is a search bar labeled 'Search in recommendations' and a filter dropdown labeled 'See recommendations by Modules'. The filter dropdown is expanded to show several categories: Prevention (36), Screening (17), Diagnosis (44), Treatment (54), Drug susceptible (19), Drug resistant (35), and Co-morbidities, vulnerable populations and people centred care (58). To the right of the filter is a sidebar with five dropdown menus: Source, Publication Year, Age, Coexisting condition, and Site of disease.

Launched World TB Day 2021

CADTH evidence and KM tools
tuberculosis.cadth.ca

<https://who.tuberculosis.recmap.org/recommendations>

The screenshot shows the CADTH Evidence Driven website. The header is blue with the CADTH logo and 'Evidence Driven.' on the left, and 'EVIDENCE MAP' and 'LIST OF KEY MESSAGES' on the right. The main content area is white with a blue header that reads 'CONDITION-LEVEL REVIEW ON TUBERCULOSIS' and 'REPOSITORY OF EVIDENCE AND RESOURCES'. Below this is a search bar with the text 'Enter the keyword to search the evidence' and a magnifying glass icon. At the bottom, there are six blue buttons arranged in a 3x2 grid: EVIDENCE MAP, LIST OF KEY MESSAGES, EXTERNAL RESOURCES, KNOWLEDGE MOBILIZATION TOOLS, LIST OF CADTH REPORTS, and WHO ETB GUIDELINES DATABASE.

Contacts

Holger Schunemann, holger.schunemann@mcmaster.ca

@schunemann_mac

Tamara Lotfi, lotfit@mcmaster.ca