

To view an archived recording of this presentation please click the following link:

<https://www.youtube.com/watch?v=uHIYrsW59oM>

Please scroll down this file to view a copy of the slides from the session.

Disclaimer

This document was created by its author and/or external organization. It has been published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

eCOVID19 RecMap & Gateway to Contextualization: Finding and Using Evidence on COVID-19 in Public Health

An online living map that catalogues all
COVID-19 recommendations into one place.

Dr. Thomas Piggott

Medical Officer of Health/CEO, Peterborough Public Health

 @twpiggott



covid19.recmap.org

[Click here to visit](https://covid19.recmap.org)





Declarations of Interest

- Land acknowledgement: Peterborough/Nogojiwanong is on the Treaty 20 Michi Saagiig territory of the Williams Treaties First Nations. PPH serves Curve Lake and Hiawatha First Nations.
- Employer: Peterborough Public Health. Previously Labrador-Grenfell Health Authority (2019-21).
- Education: McMaster University, LSHTM, University of Guelph.
- Personal: White Cis-Gendered Male Able-bodied Settler from a privileged class background/upbringing.
- Intellectual Interests:
 - Member of GRADE Working Group and interest in evidence-based public health guidelines & practice;
 - Co-editor of a book called: [Under-Served](#)
- Financial Conflicts of Interest: No financial interests from industry of any kind, including pharmaceutical companies. Contributions for grant/consulting research, including travel reimbursement, from the WHO, European Commission, CIHR, Endocrine Society, MS International Federation.



Outline

- Describe the role of **guideline development** in the COVID-19 pandemic.
- Provide public health practitioners and other stakeholders with an **introduction to the international e-COVID RecMap** project that presents easy-to-navigate trustworthy COVID-19 recommendations.
- Identify COVID-19 **recommendations** that are critically appraised and available for **contextualization** and **implementation**.
- Identify ways that the **RecMap could be further used by public health locally**, including introducing strategies that Peterborough Public Health will be using to present Plain Language Recommendations in public communication on COVID-19 evidence.



Science in the COVID-19 Pandemic (some assertions):

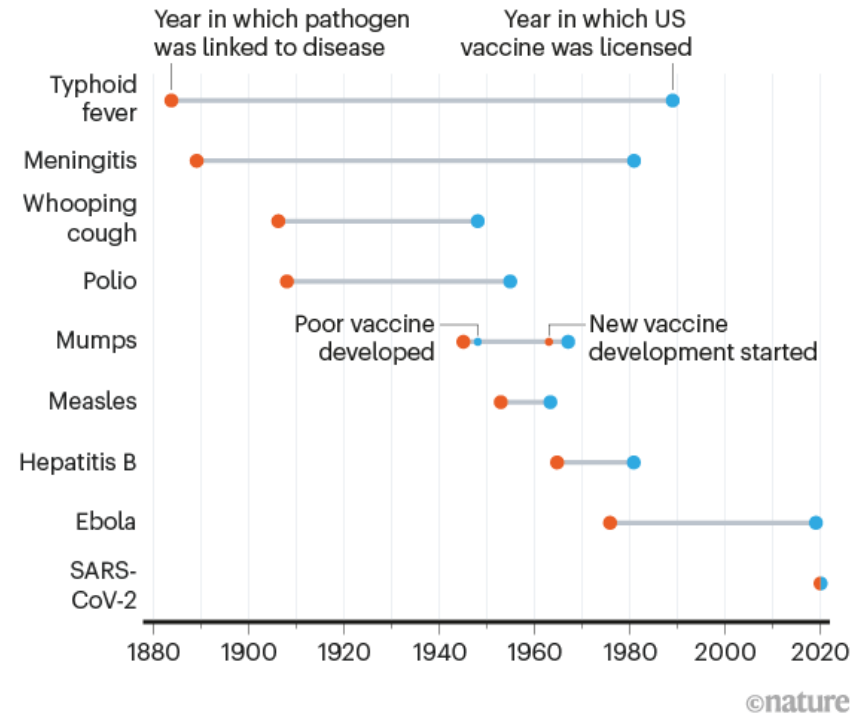
- Has moved at an **unprecedented rate**;
- With significant global **collaboration (e.g. trials)**, however;
- With significant **duplication** of work, particularly in evidence synthesis;
- The **pace** has challenged health decision-makers in new ways;
- The deluge of misinformation, facilitated with social media, has caused an **infodemic**;
- Disagreement and changing guidance has **eroded public trust**;
- In addition to bewildered practitioners;
- We are not left more prepared for the continued evolution of the pandemic and;
- future threats...



Unprecedented Pace & Collaboration in Science

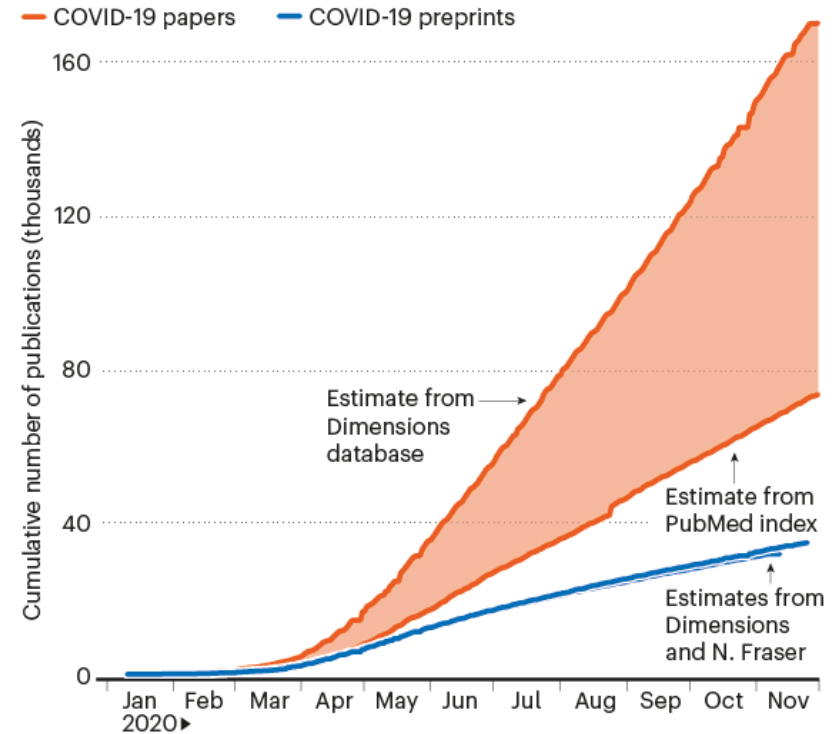
VACCINE INNOVATION

Most vaccines take years to develop, but scientists created multiple vaccines for SARS-CoV-2 within a year.



CORONAVIRUS CASCADE

One estimate suggests that more than 200,000 coronavirus-related journal articles and preprints had been published by early December.



*Estimates differ depending on search terms, database coverage, and definitions of what counts as a scientific article; some preprints were posted on multiple sites online.



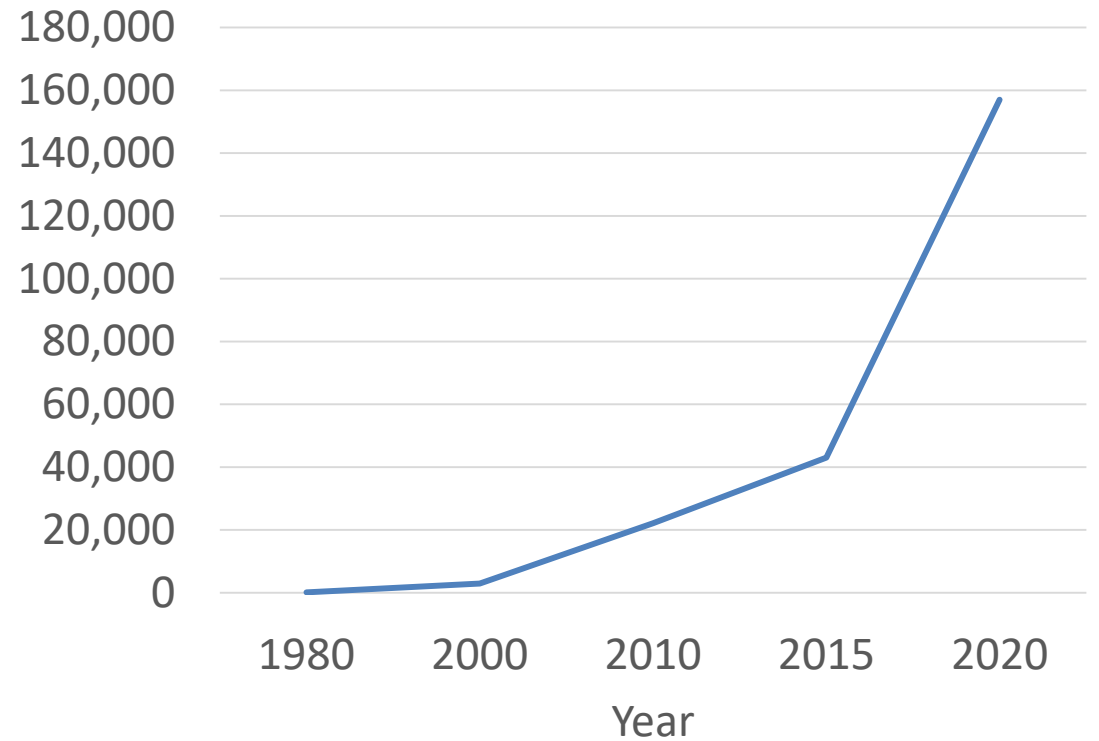
Increasing Challenges in Evidence Synthesis

Number of Registered Studies Over Time and Some Significant Events (as of May 24, 2021)



Source: <https://ClinicalTrials.gov>

of Health Sciences Systematic Reviews (indexed on Medline)

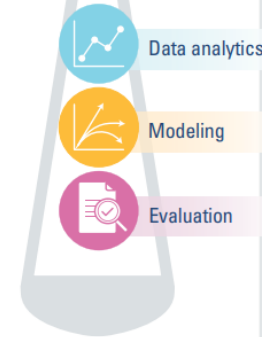




'Other things' than best evidence that were more typically encountered by COVID-19 decision-makers



Forms of evidence that were more typically encountered by COVID-19 decision-makers



*developed using a robust process

Global Commission on Evidence
to Address Societal Challenges



Where it has worked well...



NACI

National Advisory
Committee on
Immunization

Vaccines for COVID-19
Update

Canada.ca/covid-vaccine

Canada



GOBSAT Method for Guidelines

- ‘Good old boys sat around the table’
- Initial approach to development of recommendations within guidelines
- Based on expert opinion, powerful figures, eminence based medicine



Coolidge - His Station and Four Aces (1903)

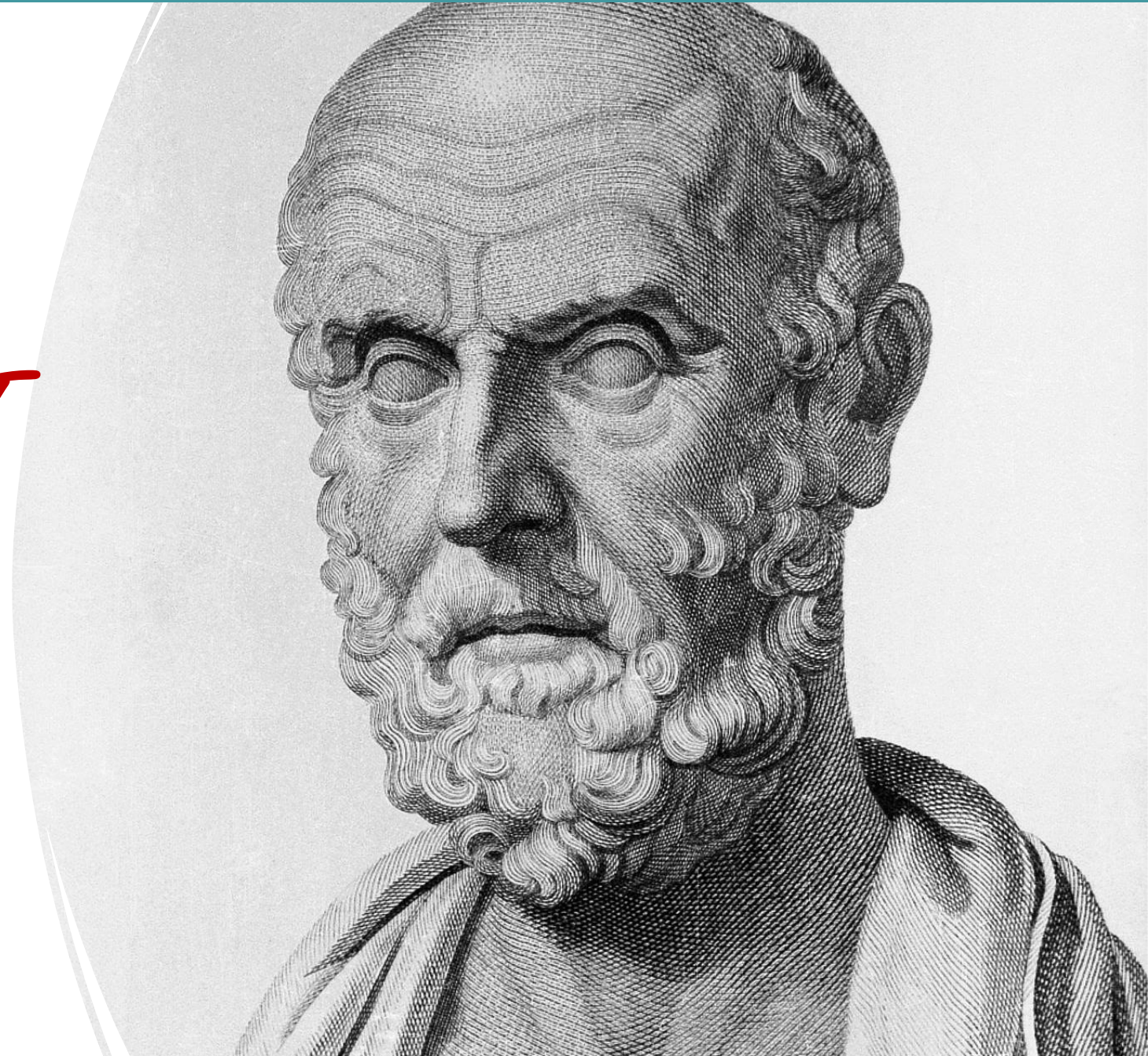


GRADE working group

- Began as an informal working group in 2000
- Informal collaboration of researchers/guideline developers with interest in methodology
- Purpose: to develop a common system for grading the quality (certainty) of evidence and the strength of recommendations that is transparent and sensible
- **Over 100** organizations endorse Grading of Recommendations Assessment, Development and Evaluation (GRADE) methods including: **World Health Organization (WHO), National Institute for Health and Care Excellence (NICE), Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality (AHRQ), JBI, Cochrane, professional societies, academic institutions since 2000 – over 100 use GRADE**



First Do No *NET*
Harm





False Dichotomies in Public Health



Escandón *et al. BMC Infectious Diseases* (2021) 21:710
<https://doi.org/10.1186/s12879-021-06357-4>

BMC Infectious Diseases

REVIEW

Open Access



COVID-19 false dichotomies and a comprehensive review of the evidence regarding public health, COVID-19 symptomatology, SARS-CoV-2 transmission, mask wearing, and reinfection

Kevin Escandón^{1*} , Angela L. Rasmussen^{2,3}, Isaac I. Bogoch⁴ , Eleanor J. Murray⁵ , Karina Escandón⁶ ,
Saskia V. Popescu^{3,7} and Jason Kindrachuk^{2,8}



STRENGTH

CERTAINTY

Figure 1. Belief and confidence: a two-dimensional weather report. (Reprinted by permission from the Wall Street Journal).



GRADE

Question

*Systematic
Review

Evidence

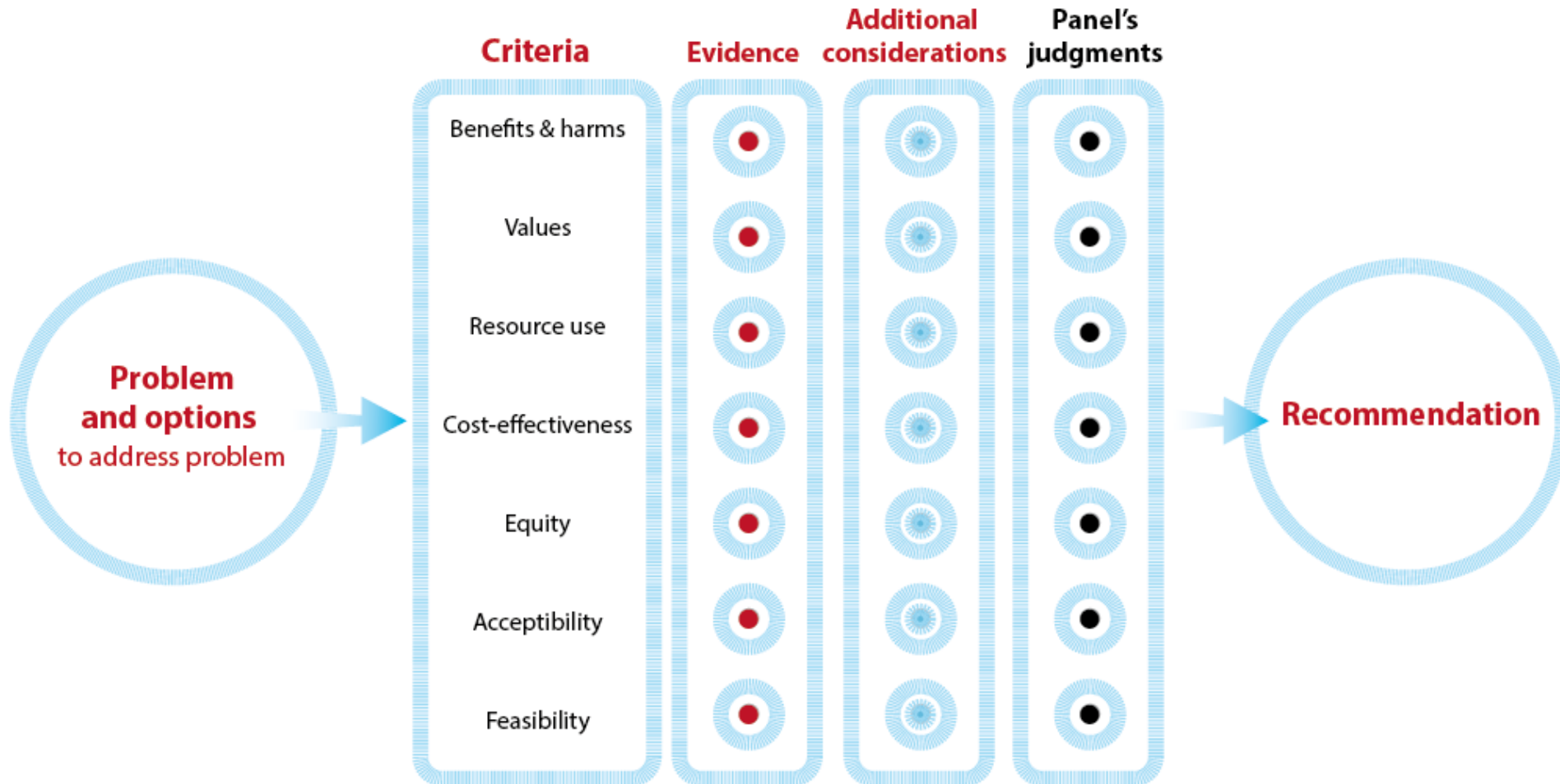
*Evidence
to Decision

Decision





GRADE Evidence to Decision





Diverging Recommendations

Table 2. Summary of diverging recommendation clusters


Overall summary of diverging clusters	(n)	(%)
Number of total diverging clusters	66	100
Number of clinical clusters	29	43.9
Number of nonclinical clusters (i.e., public health)	37	56.1
Summary of Type of Diverging Clusters		
Diverging in the explicit judgment of strength only	19	28.8
Diverging in the explicit judgment of direction only	9	13.6
Diverging in the explicit judgment of strength and direction ^a	6	9.1
Diverging in subgroup considerations of the population	6	9.1
Diverging in subgroup considerations of the intervention	26	39.4
Summary of Diverging Clusters Across Intervention Groups		
Pharmacological interventions	21	31.8
Other clinical interventions	8	12.1
Infection prevention and control measures	21	31.8
Vaccination-related measures	8	12.1
School-related measures	8	12.1

^a At least one recommendation in the cluster diverges in strength and at least one different recommendation in the same cluster diverges in direction.

Are different recommendations addressing a same question saying the same thing?

ORIGINAL ARTICLE | ARTICLES IN PRESS

An evaluation of the eCOVID19 Recommendation Map identified diverging Clinical and Public Health guidance

Zil H. Nasir • Dominik Mertz • Robby Nieuwlaat • ... Ignacio Neumann • Holger J. Schünemann   • for the eCOVID-19 recommendations map Collaborators • [Show all authors](#)

Published: March 23, 2022 • DOI: <https://doi.org/10.1016/j.jclinepi.2022.03.008>



What is a living recommendations map?

A living recommendations map provides decision-makers and other stakeholders (including the public) with an:



Easy to navigate



Living



Freely Accessible



Electronic Platform



That includes all available and appraised recommendations and allows users to adapt recommendations to their context

COVID19 Recommendations Adult participants needed for an online survey!

the keyword to search in recommendations Instructions

All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems
COVID-19 confirmed 910	305	49	42	87	1244	6	87	90
Healthcare professional 668	438	112	45	72	38		20	141
Public 803	353	159	43	49	9		82	108
COVID-19 suspected 666	292	14	58	136	76	1	29	60
Patient 609	122	86	27	66	226	1	26	55
Healthcare facility 446	201	8	40	43	14		19	121
Healthcare services 427	132	51	20	63	22		10	128
Country Government 364	33	56	85	7	3		55	125
Hospital 355	45	14	5	15	238		4	34
Active Worker (multiple occupations) 323	166	15	32	13	3		56	37
Public health officer 316	50	48	4	8	1		91	114

Recommendation On this page you can find

Guidelines for Prophylaxis and Management of Patients with Mild and Moderate COVID-19 in Latin America and the Caribbean
Source: Pan American Health Organization (PAHO)

Intent: **Infection control**

It is recommended to isolate patients with suspected or confirmed diagnosis of mild and moderate COVID-19 to mitigate transmission of the virus to people nearby.

Certainty of evidence
○○○○ Very low

Recommendation strength
✔ strong

AGREE II score ⓘ

Scope and purpose: 97.2%
Rigor of development: 69.8%
Editorial Independence: 83.3%

Request for adoption



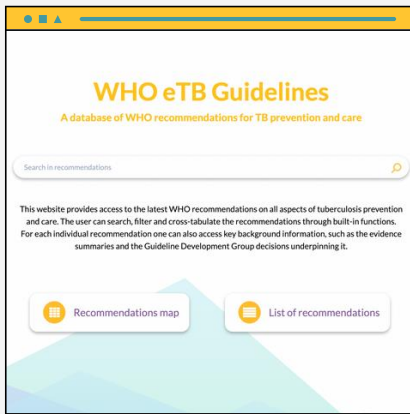
Poll #1

- Have you used the eCOVID RecMap before?
- Answers: *(please number your answers below (e.g. 1, 2, 3))*
 - *Yes*
 - *No*

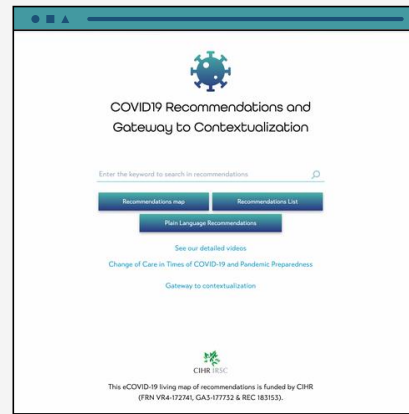


A Timeline of Living Recommendation Maps

The first recommendations map was developed for WHO global tuberculosis recommendations but now is used globally for COVID19 Recommendations and by WHO for their COVID19 products



who.tuberculosis.recmmap.org



covid19.recmmap.org



who.covid19.recmmap.org

2019

2020

2021



PLOS GLOBAL PUBLIC HEALTH

RESEARCH ARTICLE

Comparing the usability of the World Health Organization's conventional tuberculosis guidelines to the eTB recommendations map: A two-arm superiority randomised controlled trial

Micayla Matthews^{1,2}, Tamara Lotfi^{1,2}, Nancy Santesso^{1,2}, Mark Loeb^{1,2}, Dominik Mertz^{1,3}, Zain Chagla^{1,3}, Anisa Hajizadeh^{1,4}, Thomas Piggott¹, Bart Dietl⁵, Holger J. Schünemann^{1,2,6*}

1 McMaster University Department of Health Research Methods, Evidence and Impact, Hamilton, Ontario, Canada, **2** McMaster University Michael G. DeGroot Cochrane Canada and GRADE Centre, Hamilton, Ontario, Canada, **3** Department of Medicine, McMaster University, Hamilton, Ontario, Canada, **4** Department of Primary Care, Oxford University, Oxford, United Kingdom, **5** Evidence Prime Incorporated, Hamilton, Ontario, Canada, **6** Department of Biomedical Sciences, Humanitas University, Milano, Italy

* schuneh@mcmaster.ca



OPEN ACCESS

Participants (n=244) rated the eTB RecMap as more accessible, on average, when compared to the conventional website (on a seven-point scale, the mean difference {MD} was 0.9; 95% confidence interval {CI}: 0.6, 1.2; p < 0.001) and were more likely to correctly answer understanding questions.



COVID19 Recommendations





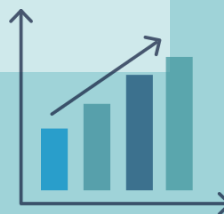
The Project in Numbers

Our Team

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

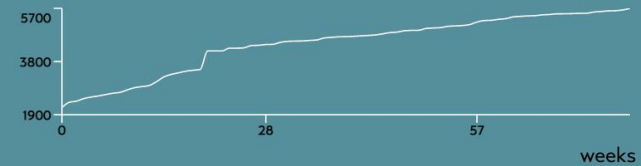
Users

Over **26 K** users from **169 countries**



As of October 3rd, 2022

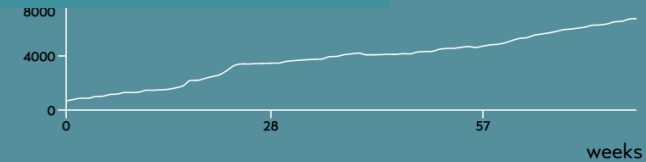
Screening



5695
Citations

54 new
since Oct 3, 2022

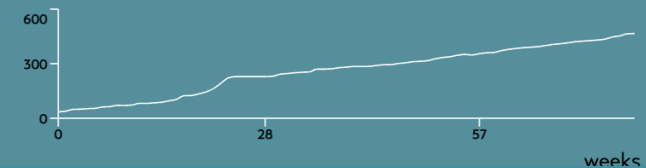
Recommendations Extracted



6763
Recommendations

37 new
since Oct 3, 2022

Guidelines Extracted



466
Guidelines

2 new
since Oct 3, 2022



eCOVID19 Recommendations Map & Gateway to Contextualization

Achievements in 2.5 Years



Development, Launch and Maintenance

- o 6560 recommendations from 453 guidelines*
- o 285 retired guidelines*

*As of September 20th, 2022

Plain Language Recommendations (PLR)

- o 54 PLRs active on the RecMap
- o 25 Retired PLRs
- o 12 PLRs translated to 6 languages

Adolopment*

Projects by eCOVID19 executive members

- 2 completed
- 2 ongoing

*adolopment refers to a contracted word - adapt / adopt / de novo development

PLR Trial

We co-designed three randomized controlled trials (RCTs) to test adults', parents', and youths' **understanding of COVID-19 guidelines** when presented in a PLR format tailored to the target population versus the original guideline text format.

The trials aimed to assess:

- o Understanding
- o Accessibility and usability
- o Satisfaction
- o Intention to implement the recommendation and,
- o Elicit a preference for health recommendations when presented as either PLRs or Standard Language Version.



Adults



Parents



Youth



Knowledge Mobilization

Using a co-design approach, we aim to **increase awareness, use and engagement** of the RecMap.

10 groups involved:

- o Indigenous Peoples in Canada
- o Non-digital public in Cameroon
- o Guideline developers in China
- o Professionals working with marginalized public in Slovakia
- o Cochrane Authors in Africa
- o Parents around the world
- o Public Health in Ontario
- o Migrants and refugees in Canada
- o Policymakers in Canada
- o Media in Canada

Webinar and Presentations

50+ webinars and presentations given globally



Publications

- o 9 published
- o 1 accepted
- o 3 in progress



Awards



Rector Prize, Faculty of Medicine, Masaryk University
Best Creative Work Award
Miloslav and Jitka Klugar



David L Sackett Award, HEI Research Day
Best Oral Abstract Presentation
Tamara Lotfi



Recommendations

Find to search in recommendations



[Instructions](#)

All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health and safety
COVID-19 confirmed <small>1400</small>	236	44	32	50	918	1	51	66
Public <small>619</small>	222	199	20	20	4		56	98
Healthcare professional <small>558</small>	289	100	10	35	18		17	88
COVID-19 suspected <small>539</small>	258	12	37	78	66	1	31	56
Hospital <small>280</small>	43	14	3	8	175		6	31
Healthcare services <small>271</small>	91	46	1	27	4		5	97
Healthcare facility <small>260</small>	130	3	5	24	3		11	84
National government top managers <small>252</small>	18	75	3	3			80	72
Public health officer <small>250</small>	35	45	4	7	1		73	85
Patient <small>236</small>	80	20	3	8	92	1	6	26
COVID-19 Vaccine (general) <small>222</small>	18	137	11	8	19		2	27
At risk for COVID-19 <small>218</small>	72	63	11	21	21		21	34
Establishment <small>200</small>	104	5	6	4	2		38	47
School <small>187</small>	115	17	6	3			33	43



eCOVID-19 living recommendations map

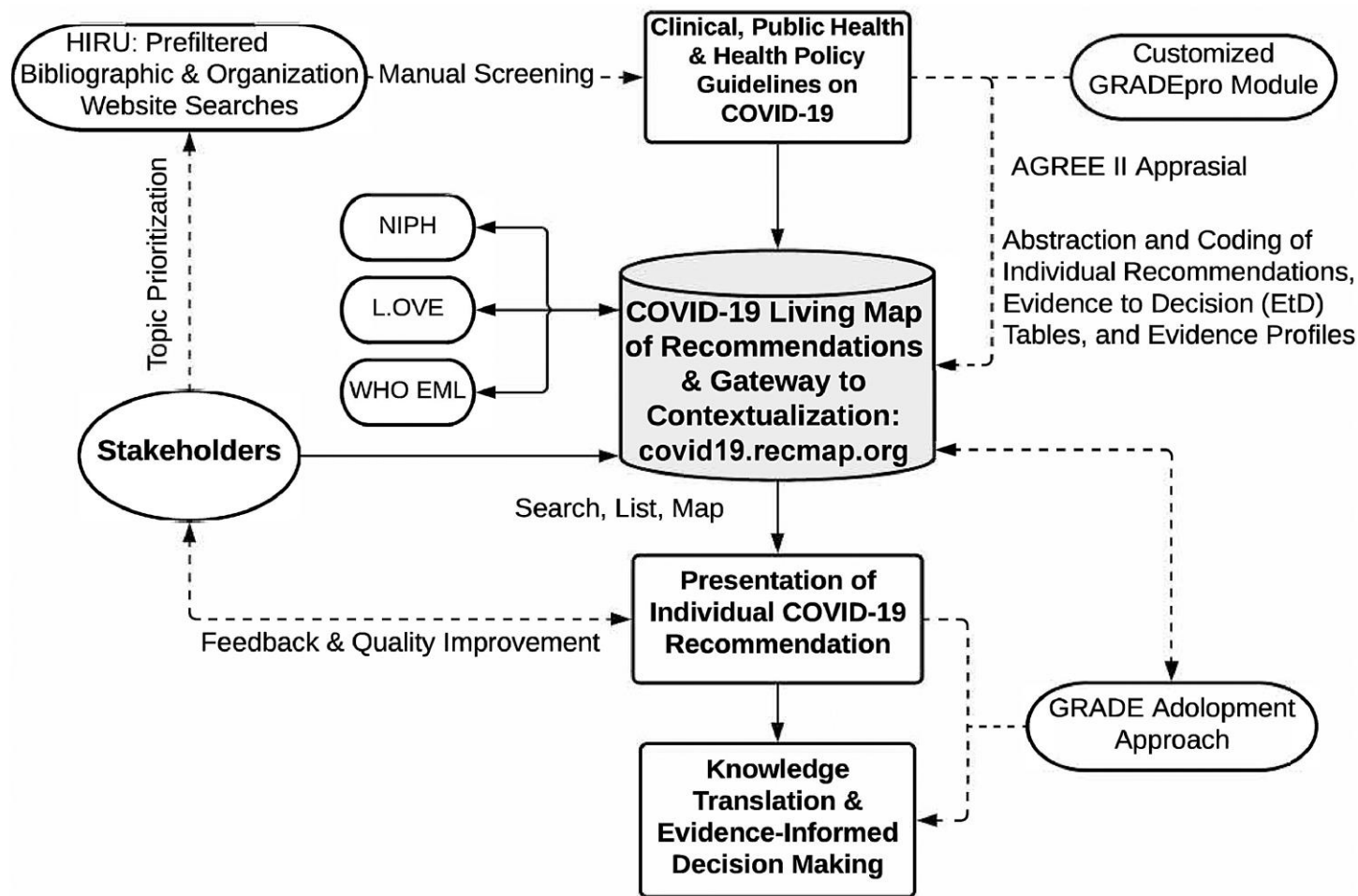


- Provide decision-makers and other stakeholders (including patient representatives, the public, and users of recommendations) with:
 - an easy-to-navigate
 - living
 - freely accessible
 - electronic platform that includes
 - all available trustworthy COVID-19 recommendations
- Identify COVID-19 recommendations, critically appraise them, and make them available for **contextualization and implementation by decision-makers across the globe**



COVID19 Recommendations

Getting trustworthy guidelines into the hands of decision-makers and supporting their consideration of contextual factors for implementation globally: recommendation mapping of COVID-19 guidelines



Abbreviations: GRADE: Grading of Recommendations Assessment, Development, and Evaluation; AGREE II: Appraisal of Guidelines, REsearch and Evaluation II; NIPH: Norwegian Institute of Public Health; L.OVE: COVID-19 Epistemonikos Platform; WHO EML: World Health Organization Essential Medicines List; HIRU: Health Information Research Unit at McMaster University



Identifying Guidelines on COVID19



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

Grey literature sources – monthly

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

Personal contacts – partners

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



Eligible guidelines

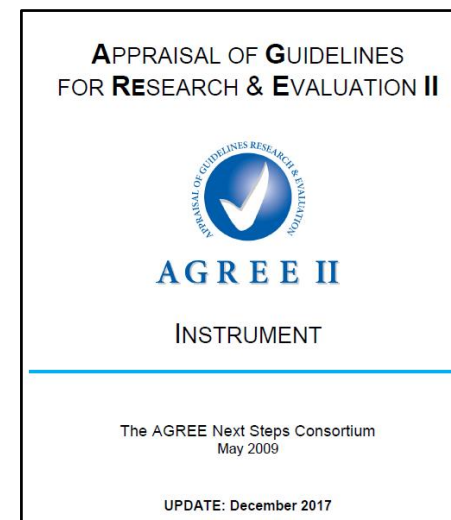
- Meet WHO definition of guideline;
- Any form: new, updated, adapted, recommendations w/ methods, recommendations based on earlier guideline;
- Any COVID-19 topic (causation, diagnosis, prognosis, management, etc.);
- Any population group
- No language restriction

Translation

- Team network
- Cochrane TaskExchange

AGREE-II scores

- 3 of 6 domains available on the RecMap: Scope & Purpose, Rigour of development, Editorial process
 - Each domain has multiple items
 - All items scored on 7-point Likert
 - Each domain then scored on 7-point Likert
- The other 3 domains available upon request





Extraction



Covid19 Extraction ▾ NICE - COVID19 rapid guideline: Interstitial lung disease - Joanne/Elizabeth

Help  

General information

Link to the source document

ISBN (International Standard Book Number)

DOI (Digital Object Identifier)

PMID (PubMed Identifier)


Were guideline group details provided? YES NO

Declaration of interest YES NO In case of "NO COI" reported, classify as "YES".

Described as rapid YES NO

Described as living YES NO

Did the search include non-English databases? (e.g., Chinese, others) YES NO Not Reported

Latest date of literature search Not reported 

Method of grading evidence not graded GRADE Other method



COVID19 Recommendations and Gateway to Contextualization

Enter the keyword to search in recommendations



[Recommendations map](#)

[Recommendations List](#)

[Plain Language Recommendations](#)

[See our detailed videos](#)

[Change of Care in Times of COVID-19 and Pandemic Preparedness](#)

[Gateway to contextualization](#)



CIHR IRSC

This eCOVID-19 living map of recommendations is funded by CIHR
(FRN VR4-172741 & GA3-177732).

List view

COVID19 Recommendations

[Recommendations map](#)
[Recommendations List](#)
☰

Search in recommendations 🔍

Recommendation

The ASH guideline panel suggests using prophylactic-intensity over intermediate-intensity or therapeutic-intensity anticoagulation in patients with COVID-19 related critical illness who do not have suspected or confirmed VTE (conditional recommendation based on very low certainty in the evidence about effects).

[See more](#)

Certainty of evidence

⊕○○○ Very low

Recommendation strength

⊗ Conditional against the intervention

Recommendation

Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends the combination of lopinavir/ritonavir only in the context of a clinical trial. (Research recommendation)

[See more](#)

Certainty of evidence

⊕○○○ Very low

Recommendation

Among hospitalized patients with COVID-19, the IDSA guideline panel recommends against hydroxychloroquine.

[See more](#)

Certainty of evidence

⊕⊕⊕○ Moderate

Recommendation strength

⊗ Strong against the intervention

Source

World region

Age group

Coexisting condition

Intended population

Recommendation intent

Living

eCOVID-19 recommendations map (covid19.evidenceprime.com)

Map
view

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. To the right of the search bar is a 'FILTERS' button. Below the search bar is a table with columns for recommendation categories and rows for different audience groups. The categories are: All, Infection control, Vaccination, Screening, Diagnosis, Treatment and rehabilitation, Prognosis, Planning and monitoring, and Health services and systems. The audience groups are: COVID-19 confirmed, Public, Educational establishment, COVID-19 suspected, Healthcare professional, At high risk for COVID-19, Hospital, School, Public health officer, National government top managers, Healthcare facility, and Healthcare service manager. Each cell in the table contains a number representing the count of recommendations for that category and audience group.

All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems
COVID-19 confirmed 996	159	38	15	28	645	1	48	62
Public 581	245	176	15	9	9		68	59
Educational establishment 490	284	12	18	10	4		93	69
COVID-19 suspected 467	228	10	23	73	63	1	28	41
Healthcare professional 407	180	103	6	6	16		33	63
At high risk for COVID-19 229	81	69	11	10	19		28	11
Hospital 219	38	15	3	4	122		5	32
School 210	120	8	8				68	6
Public health officer 166	30	31	1				47	57
National government top managers 164	16	26	1	2			57	62
Healthcare facility 160	82	1	3	2	1		13	58
Healthcare service manager 157	7	50		2			32	66

Living

eCOVID-19 recommendations map (covid19.evidenceprime.com)

Intervention

Map view

Population

The screenshot shows a web interface for the eCOVID-19 recommendations map. At the top, there is a search bar with the text "Click here to search in recommendations" and a magnifying glass icon, and a link for "Instructions". Below the search bar is a table with columns for different intervention types and rows for various population groups. The table is partially obscured by a large circular graphic on the right side.

All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health and safety
COVID-19 confirmed 1400	236	44	32	50	918	1	51	60
Public 619	222	199	20	20	4		56	98
Healthcare professional 558	289	100	10	35	18		17	88
COVID-19 suspected 539	258	12	37	78	66	1	31	56
Hospital 280	43	14	3	8	175		6	31
Healthcare services 271	91	46	1	27	4		5	97
Healthcare facility 260	130	3	5	24	3		11	84
National government top managers 252	18	75	3	3			80	72
Public health officer 250	35	45	4	7	1		73	85
Patient 236	80	20	3	8	92	1	6	26
D-19 Vaccine (general) 222	18	137	11	8	19		2	27
at risk for COVID-19 218	72	63	11	21	21		21	27
Establishment 200	104	5	6	4	2		38	27
School 187	115	17	6	3			33	27

Map
view

COVID19 Recommendations

Enter the keyword to search in recommendations [Instructions](#)

Intervention

All

Interventions

Populations	COVID-19 Vaccine (general)	Cardiopulmonary resuscitation	Catering activities	Clean environment	Communication interventions	Community health procedure	Consultation	Contact precautions	Contact tracing
Healthcare professional <small>289</small>	7			11	10	8	2	45	9
COVID-19 suspected <small>258</small>	5		2	6	10	1	4	40	17
COVID-19 confirmed <small>236</small>	5	1		9	6	1	3	39	8
Public <small>222</small>	1			20	8	13	1	20	6
Healthcare facility <small>130</small>				6	1		1	12	3
School <small>115</small>	1			6	7		1	9	6
Educational establishment <small>104</small>	1			5	2			10	3
Healthcare services <small>91</small>	1						1	10	1
Patient <small>80</small>					4	1		11	3
Long term facility <small>77</small>				2	1			2	3
At high risk for COVID-19 <small>72</small>				1				15	15
Students <small>69</small>	1			3	1			6	3

Living

eCOVID-19 recommendations map (covid19.evidenceprime.com)

Filters

COVID19 Recommendations

Recommendations map Recommendations List

Enter the keyword to search in recommendations Instructions

FILTERS

Source

All	Infection control	Vaccination	Screening	Diagnosis	Treatment and rehabilitation	Prognosis	Planning and monitoring	Health services and systems
COVID-19 confirmed 996	159	38	15	28	645	1	48	62
Public 581	245	176	15	9	9		68	59
Educational establishment 490	284	12	18	10	4		93	69
COVID-19 suspected 467	228	10	23	73	63	1	28	41
Healthcare professional 407	180	103	6	6	16		33	63
At high risk for COVID-19 229	81	69	11	10	19		28	11
Hospital 219	38	15	3	4	122		5	32
School 210	120	8	8				68	6
Public health officer 166	30	31	1				47	57
National government top managers 164	16	26	1	2			57	62
Healthcare facility 160	82	1	3	2	1		13	58
Healthcare service manager 157	7	50		2			32	66

Centers for Disease Control and Prevention (CDC) (596)
Chinese Nursing Association (28)
Clinical Kidney Journal (14)
Coagulation Products Safety, Supply and Access (CPSSA) Committee of the World Federation of Hemophilia (9)
Department of Education, Government of Ireland (22)
Department of Paediatrics and Adolescence Medicine, University Hospital of North Norway (4)
European Academy of Allergy and Clinical Immunology (EAACI) (5)
European Centre for Disease Prevention and Control (ECDC) (99)
European Commission (14)
European League Against Rheumatism (EULAR) (8)
European Public Health Microbiology Training Programme (EUPHEM) (4)



Back

Recommendation

On this page you can find

Use of Anticoagulation in Patients with COVID-19

Source: American Society of Hematology (ASH)

Intent: **Treatment and rehabilitation**

The ASH guideline panel suggests using prophylactic-intensity over intermediate-intensity or therapeutic-intensity anticoagulation in patients with COVID-19 related critical illness who do not have suspected or confirmed VTE (conditional recommendation based on very low certainty in the evidence about effects).

Remark:

Between the time this recommendation was published online (October 27, 2020) and when it was published 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, 04505774, and 04372589, respectively). In these trials, therapeutic-intensity anticoagulation was compared with prophylactic-intensity anticoagulation in patients with COVID-19 related critical illness. The ASH guideline panel plans to update this recommendation when the full results of REMAP-CAP, ACTIV-4, and ATTACC become available. Clinicians should weigh the potential benefits and harms based on the most up to date available evidence in caring for their patients.

Patients with COVID-19 related critical illness are defined as those suffering from an immediately life-

Certainty of evidence

⊕○○○ Very low

Recommendation strength

⊗ Conditional

AGREE II score ⓘ

Scope and purpose:

Rigor of development:

Editorial Independence:

91.7%

89.6%

91.7%



Check credibility

Recommendation

Additional information

Summary of choices

iSoF

EtD

Conflict of interests

Source of recommendation



Back

Recommendation

On this page you can find

Use of Anticoagulation in Patients with COVID-19

Source: American Society of Hematology (ASH)

Intent: **Treatment and rehabilitation**

The ASH guideline panel suggests using prophylactic-intensity over intermediate-intensity or therapeutic-intensity anticoagulation in patients with COVID-19 related critical illness who do not have suspected or confirmed VTE (conditional recommendation based on very low certainty in the evidence about effects).

Remark:

Between the time this recommendation was published online (October 27, 2020) and when it was published 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, 04505774, and 04372589, respectively). In these trials, therapeutic-intensity anticoagulation was compared with prophylactic-intensity anticoagulation in patients with COVID-19 related critical illness. The ASH guideline panel plans to update this recommendation when the full results of REMAP-CAP, ACTIV-4, and ATTACC become available. Clinicians should weigh the potential benefits and harms based on the most up to date available evidence in caring for their patients.

Patients with COVID-19 related critical illness are defined as those suffering from an immediately life-

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%

Recommendation

Additional information

Summary of choices

iSoF

EtD

Conflict of interests

Source of recommendation



Access all other information

Lessons Learnt

01

Map highlights gaps in responding to some priority COVID19 topics, and multiplicity in other topics

02

Recommendations for COVID19 should be available for different audience at the time of need

03

COVID19 guidelines are continuously developed and the RecMap needs to be maintained to host them



Challenges with Guideline Development

- Time & Money
 - SIGN: 24 months
 - NICE: 12-18 months
 - NICE short guidance: 6-12 months
 - Slovakia: 30 months
 - US Preventive Services Task Force: 9-15 months to finish the work, another 9 months for publication
- Human resources requirements:
 - Methodological expertise in systematic reviews
 - Methodological expertise in guideline development
 - Content expertise



Adolopment*



Journal of Clinical Epidemiology 81 (2017) 101–110

Journal of Clinical Epidemiology

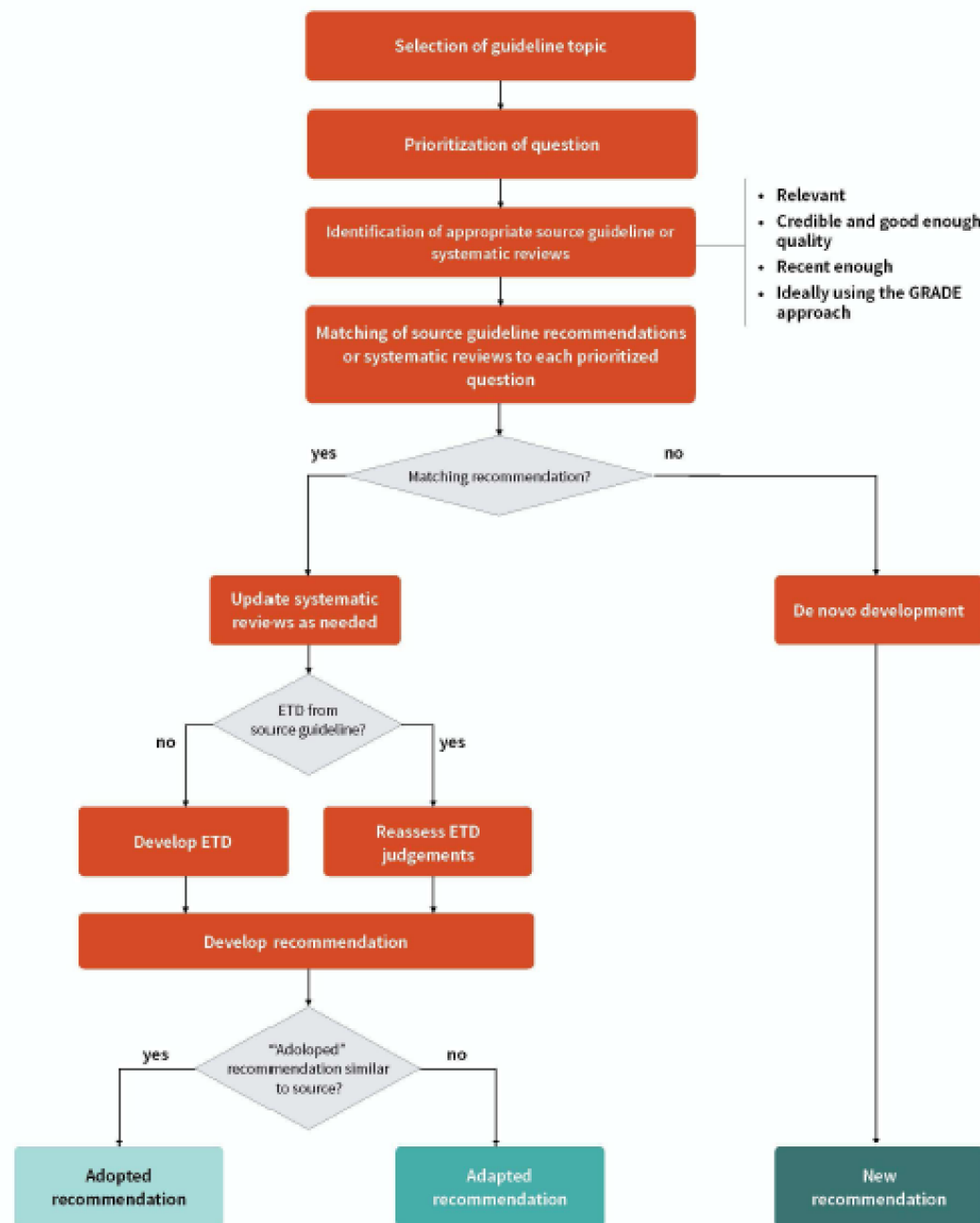
GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT

Holger J. Schünemann^{a,b,*}, Wojtek Wiercioch^a, Jan Brozek^{a,b}, Itziar Etxeandia-Ikobaltzeta^a, Reem A. Mustafa^{a,c,d}, Veena Manja^{c,f}, Romina Brignardello-Petersen^{g,h}, Ignacio Neumann^{a,i}, Maicon Falavigna^{j,k}, Waleed Alhazzani^{a,b}, Nancy Santesso^a, Yuan Zhang^a, Jörg J. Meerpohl^{l,m}, Rebecca L. Morgan^a, Bram Rochwerf^a, Andrea Darzi^d, Maria Ximenes Rojas^a, Alonso Carrasco-Labra^{a,i}, Yaser Adi^o, Zulfa AlRayees^p, John Riva^{a,q}, Claudia Bollig^l, Ainsley Moore^{a,q}, Juan José Yepes-Núñez^a, Carlos Cuello^{a,t}, Reem Waziry^{s,t}, Elie A. Akl^{a,s}

Three choices:

- 1) adopt existing recommendations as they are;
- 2) adapt existing recommendations to own context;
- 3) develop recommendations de novo based on available or new evidence syntheses

*adolopment refers to a contracted word - adapt / adopt / de novo development



Gateway to contextualization

- Request access to **Adolopment** module
- Contribute back to map
- Others can benefit from your decision-making
- Labelled as 'adoloped' on map

[Adolopment](#) ⓘ

This functionality allows your group to perform the adolopment process for this recommendation in GRADEpro software. By submitting the request, you will be contacted by our employee to set the details of the adaptation project, in particular setting a GRADEpro project and creating your guideline adaptation team.

You can learn more about the adolopment process in our [knowledgebase](#).

Full name Email address

Additional information about your guideline team (organization, number of team members etc.)

Your data will be used to allow us to perform the services you require.
 I accept [Privacy Policy](#)

[Send request for adolopment](#)

Adolopment

GRADEpro GDT Hojes (Adolopment) COVID-19 1176 SR Help

Should a physical distance of more than one meter vs. one meter or less be used for people possibly exposed to patients infected or suspected to be infected with COVID-19? Bottom panel Explanations Adolopment

11 Acceptability

Is the intervention acceptable to key stakeholders?

ORIGINAL

JUDGEMENT

- No
- Probably no
- Probably yes
- Yes
- Varies
- Don't know

Detailed judgements

RESEARCH EVIDENCE

The non-randomized research suggests that distancing is probably acceptable.

The four included qualitative studies presented information on the willingness of residents in China to wear masks in public places and to avoid crowd in terms of social gatherings, and the majority of the participants across favored avoiding crowded areas.

Another observational study assessed the knowledge and protective behaviors among college students (n=22,302 online questionnaires) in China during COVID-19 pandemic12, found that 99% of students were willing to avoid close contact with others (less than 1 meter), 95% considered avoiding crowded places as an important way to control the epidemic.

ADDITIONAL CONSIDERATIONS

A cross-sectional survey performed in the context of the SARS epidemic in Hong Kong, assessed various precautionary measures from the viewpoint of 1,397 residents. Most of the respondents believed that SARS could be transmitted via direct body contact with patients (84%) and via respiratory droplets (97%). The perceived risk of transmission increased during the escalating phase of the epidemic (52%) and declined during a later stage (36%).

During the first phase of the epidemic, respondents reported a significant increase in the application of preventive measures such as avoiding going outside and avoiding crowds, which dropped at a later stage. Those who perceived avoiding crowded places as an effective preventive measure (OR: 31.564, 95% CI: 15.610-63.824) were likely to avoid crowded places.

A cross-sectional quantitative survey of dental health professionals (n=406) working in dental facilities in Saudi Arabia showed good practices related to making patients with MERS infection wear masks during transport (84%). However, knowledge was relatively limited (56.4%) about the need to wear a mask within a 90 cm distance from a patient under droplet precaution care.

ADOLOPMENT

JUDGEMENT

- No
- Probably no
- Probably yes
- Yes
- Varies
- Don't know

Detailed judgements

RESEARCH EVIDENCE

Local evidence?

References

Cancel Apply

Are you looking for health evidence?

L:OVE

is all you need

The easiest and more efficient way to access the best evidence for health decision-making.

Discover what L:OVE is all about

Contextual evidence regarding people's values, equity, resource utilization, acceptability, and feasibility to support development of the EtDs

Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women between the ages of 40 and 44?

Bottom panel Explanations

- Settings
- Tasks
- Team
- Scope
- References
- Prognosis
- Comparisons
- Over review
- Evidence table
- Recommendations
- Presentations
- Document sections
- Dissemination

ORIGINAL

Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	Conditional recommendation for the intervention	Strong recommendation for the intervention
--	--	--	---	--

ADOLPTOMT

Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	Conditional recommendation for the intervention	Strong recommendation for the intervention
--	---	--	--	--

CONCLUSIONS

Recommendation

ORIGINAL

In asymptomatic women with average breast cancer risk between the ages of 40 to 44, the ECIBC suggests not implementing mammography screening (conditional recommendation, low certainty in the evidence).

ADOLPTOMT

In asymptomatic women with average breast cancer risk between the ages of 40 to 44, the ECIBC suggests (The recommendation may be altered in adolptomt version of the recommendation)

Add related recommendations

Change recommendation direction/strength, details as needed



*Clarity in language to communicate
to the public...*

Developing plain language recommendations: to enhance usability and understanding by any stakeholder

Should people aged 16 years and older get the Pfizer-BioNTech vaccine to prevent COVID-19?

Recommendation

The World Health Organization (WHO) recommends the Pfizer-BioNTech vaccine to prevent COVID-19 in people aged 16 years and older.

Who is this for?

- You are 16 years of age or older.
- You are the parent, guardian, or caregiver of a person who is 16 years of age or older.
- You do not have an active case of COVID-19.

Recommendation strength

Conditional for Pfizer-BioNTech BNT162b2 vaccine



CONDITIONAL

A recommendation can be strong or conditional. When a recommendation is strong, most people will want to follow it. When recommendation is conditional, the majority of people want to follow it but may need more discussion with their healthcare professional first.

Developing plain language recommendations: to enhance usability and understanding by any stakeholder

Should people aged 16 years and older get the Pfizer-BioNTech vaccine to prevent COVID-19?

Recommendation

The World Health Organization (WHO) recommends the Pfizer-BioNTech vaccine to prevent COVID-19 in people aged 16 years and older.

Who is this for?

- You are 16 years of age or older.
- You are the parent, guardian, or caregiver of a person who is 16 years of age or older.
- You do not have an active case of COVID-19.

Recommendation strength

Conditional for Pfizer-BioNTech BNT162b2 vaccine

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 may need more discussion with their healthcare professional first.

CONDITIONAL

Why this recommendation?

? Why conditional

This recommendation suggests that people aged 16 and older should get the Pfizer-BioNTech vaccine because the overall benefits are bigger than the harms. This is a conditional recommendation because of the challenges with vaccine supply and storage. Because this is a conditional recommendation, you may want to talk to a health care professional first.

i Additional information

This vaccine includes two shots in the arm, three weeks apart.

The second shot could be delayed because of challenges with vaccine supply and storage. The WHO recommends that the second shot be given up to six weeks after the first shot. This recommendation is based on information available at this time.

All Topics (31)

- 9 - Vaccines
- 7 - Clinical Management
- 2 - Face Masks
- 2 - Long term care
- 2 - COVID-19 Death
- 2 - Pregnancy & Breastfeeding
- 2 - Vaccine Induced Thrombocytopenia
- 2 - Variants
- 1 - Workplace, Gatherings, Travel
- 1 - Schools
- 1 - Children



What is a Plain Language Recommendation?

Randomized control trial under way -

Recommendations *ClinicalTrials.gov Identifier: NCT05358990*

Guideline Documents

Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing

Interim guidance
8 January 2021

Background

This interim guidance has been developed based on the advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) at its 5 January 2021 extraordinary meeting [1].

Declarations of interests were collected from all external contributors and assessed for any conflicts of interest. Summaries of the reported interests can be found in the SAGE data emerging from the meeting [1].



The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Moderna COVID-19 Vaccine — United States, December 2020

Sara E. Oliver, MD¹; Julia W. Gargano, PhD¹; Mona Marin, MD¹; Megan Wallace, DrPH^{1,2}; Kathryn G. Curran, PhD¹; Mary Chamberland, MD^{1,3}; Nancy McClung, PhD¹; Doug Campos-Outcalt, MD⁴; Rebecca L. Morgan, PhD⁵; Sarah Mbaeyi, MD¹; Jose R. Romero, MD⁶; H. Keipp Talbot, MD⁷; Grace M. Lee, MD⁸; Beth P. Bell, MD⁹; Kathleen Dowling, MD⁹

On December 20, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

On December 18, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the Moderna COVID-19 (mRNA-1273) vaccine (ModernaTX, Inc; Cambridge, Massachusetts), a lipid nanoparticle-encapsulated, nucleoside-modified mRNA encoding the stabilized prefusion spike glycoprotein of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19) (1). This vaccine is the second COVID-19 vaccine authorized under an EUA for the prevention of COVID-19 in the United States (2). Vaccination with the Moderna COVID-19 vaccine consists of 2 doses (100 µg, 0.5 mL each) administered intramuscularly, 1 month (4 weeks) apart. On December 19, 2020, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation* for use of the Moderna COVID-19 vaccine in persons aged ≥18 years for the prevention of COVID-19. To guide its deliberations regarding the vaccine, ACIP employed the Evidence to Recommendation (EtR) Framework¹ using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.² Use of all COVID-19 vaccines authorized under an EUA, including the Moderna COVID-19 vaccine, should be implemented in conjunction with ACIP's interim recommendations for allocating initial supplies of COVID-19 vaccines (3). The ACIP recommendation for the use of the Moderna COVID-19 vaccine under EUA is interim and will be updated as more data become available.

The body of evidence for the Moderna COVID-19 vaccine was primarily informed by one large, randomized, double-blind, placebo-controlled Phase III clinical trial that enrolled approximately 30,000 participants aged 18–95 years (median = 52 years) (6–9). Interim findings from this clinical trial, using data from participants with a median of 2 months of follow-up, indicate that the Moderna COVID-19 vaccine efficacy after 2 doses was 94.1% (95% confidence interval = 89.3%–96.8%) in preventing symptomatic, laboratory-confirmed COVID-19 among persons without evidence of previous SARS-CoV-2 infection, which was the primary study endpoint. High efficacy (86%) was observed across age, sex, race, and ethnicity categories and among persons with underlying medical conditions. Ten hospitalizations due to COVID-19 were documented; nine in the placebo group and one in the vaccine group (9). Preliminary data suggest that the Moderna COVID-19 vaccine might also

Question: Should BNT162b2 mRNA vaccine be administered to adults to prevent COVID-19?

Population: Adults (16–55 years)

Intervention: Two doses of BNT162b2 vaccine

Comparison(s): No vaccination/placebo

Outcome: COVID-19 (PCR-confirmed)

Background: On 31 December 2019, WHO was alerted to several cases of pneumonia of unknown origin in Wuhan City, Hubei province, China. The disease caused by this novel virus has been named COVID-19. The disease was first declared a public health emergency of international concern in January 2020. The disease has since spread, with an enormous number of individuals and populations worldwide. It has further caused major disruptions to various sectors of society and the economy.

	CRITERIA	JUDGEMENTS			RESEARCH EVIDENCE
		No	Un-certain	Yes	
PROBLEM		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The cumulative number of COVID-19 cases globally has surpassed 70 228 447, with more than 1 595 000 deaths. Cases have been found in 190 different countries or territories throughout the world (status 13 Dec 2020). There has been collateral damage to other public health programmes.</p>

“Vaccination with BNT162b2 is recommended in persons aged 16 and above.”



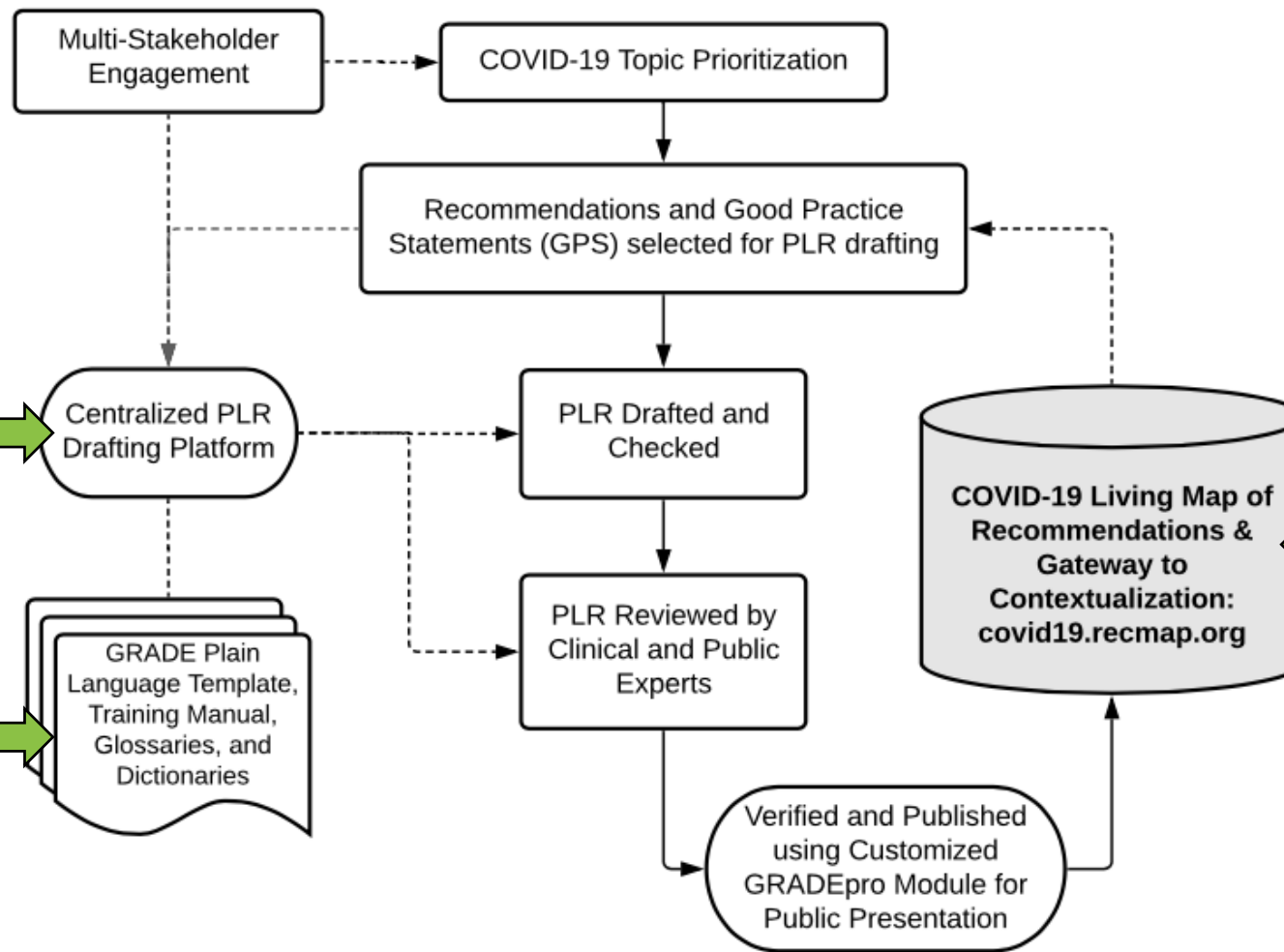
Plain Language Recommendations

Clear, easy-to-read summaries of published and quality-checked recommendations from leading guideline development organizations. They are balanced statements that include an explanation of the recommendation, what it means for patients and the public, and the guideline source.

“The World Health Organization (WHO) recommends the Pfizer-BioNTech vaccine to prevent COVID-19 in people aged 16 years and older.”



PLR Process Overview



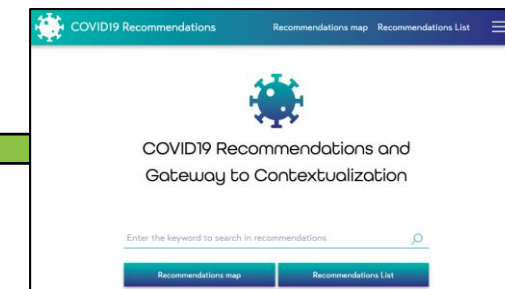
Topic	Organization	Statement Type	GRADEpro	eCOVID19	Date Drafted	Drafter
Face Masks (Unvaccinated)	WHO	GPS	Click here	Click here	March 20, 2021	Rinla Herdise
Face Masks (Vaccinated)	CDC	GPS	Click here	Click here	April 1, 2021	Shahab Bayfi
Schools						
Schools (Symptoms)	CDC	Additional Guidance	Click here	Click here	March 29, 2021	Yoonie Tin
Schools (Physical Distancing)	WHO	GPS	Click here	Click here		
Vaccines						
Pfizer Vaccine (18+)	WHO	Recommendation	Click here	Click here	April 11, 2021	Anmar Saad
Pfizer Vaccine (12-17)	NIH/CVAC	Recommendation	Click here	Click here		
Moderna Vaccine (18+)	CDC	Recommendation	Click here	Click here	April 1, 2021	Anmar Saad
Moderna Vaccine (12-17)	WHO	Recommendation	Click here	Click here		
Astrazeneca Vaccine (18+)	WHO	Recommendation	Click here	Click here	April 1, 2021	Anmar Saad
J&J Janssen Vaccine (18+)	CDC	Recommendation	Click here	Click here	April 1, 2021	Anmar Saad
Long-Term Care Facilities						
LTCF (Physical Distancing)	WHO	Recommendation	Click here	Click here	April 26, 2021	Anmar Saad
LTCF (Face Masks)	WHO	Recommendation	Click here	Click here		
International Travelers						
International Travel	WHO	GPS	Click here	Click here		
Post - COVID-19						
Long-term COVID-19	NICE	GPS	Click here	Click here		Rinla Herdise

Plain Language Recommendation (PLR) Annotated Drafting Template

This annotated PLR template contains instructions for drafters and checkers. Please use this as a guide when drafting using the [\[blank version\]](#) of this template.

This section of the template will be completed by Micayla, Olivia or Kevin before it is assigned to a drafter. The drafters and checkers will use this information to complete the template on the next page.

Recommendation Topic
List the COVID-19 topic here, for example "Pfizer Vaccine", "Face Masks", etc.
Guideline Development Organization
List the organization here, for example the World Health Organization (WHO).
Link to Recommendation on eCOVID19 RecMap
Paste the link to this recommendation from the eCOVID19 RecMap for example: https://covid19.recmap.org/recommendation/516fca37-7145-4730-39d8-8ea21a38f4dc
Original Guideline Reference
List the guideline reference here, including organization, year, full title of guideline, and link or digital object identifier (DOI). You will find this by following these steps using eCOVID19: <ul style="list-style-type: none"> Click on the guideline reference above the recommendation Click the "about guideline" tab Copy the "full reference/citation"
Guideline Publication Date
List publication date here. You will find this by following these steps using eCOVID19: <ul style="list-style-type: none"> Click on the guideline reference above the recommendation Click the "about guideline" tab Copy the "publication date"



Abbreviations: PLR: Plain Language Recommendations; GPS: Good Practice Statements; GRADE: Grading of Recommendations Assessment, Development, and Evaluation



Local Perspective on Guidance



COVID19 Recommendations and Gateway to Contextualization

Enter the keyword to search in recommendations

- Recommendations map
- Recommendations List
- Plain Language Recommendations

See our detailed videos

Change of Care in Times of COVID-19 and Pandemic Preparedness

Gateway to contextualization

Access directly PLRs

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 adolpment

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

Filter on Map view

Recommendations List

- Source
- Publication Year
- Adolpment
- AGREE II score
- World region
- Age group
- Coexisting condition
- Intended population
- Plain Language Recommendation
 - Any Available (54)
- Recommendation intent

Access PLR by recommendation



Evidence to decision

Plain language recommendations ⓘ

Click here to access the Plain Language Recommendation (English)
Cliquez ici pour accéder à la recommandation en langage clair (français/French)
Haga clic aquí para acceder a la recomendación en lenguaje sencillo (español/Spanish)
Kliknutím sem získate prístup k odporúčaniu v jednoduchom jazyku (slovensky/Slovak)
Kliknutím sem získate přístup k Doporučení v jednoduchém jazyce (česky/Czech)
请点击这里访问通俗语言建议 (中文/Chinese)
Klicken Sie hier, um die Klartext-Empfehlung aufzurufen (Deutsch/German)
எளிய மொழி பரிந்துரையை அணுக இங்கே கிளிக் செய்யவும் (தமிழ்/Tamil)
सादा भाषा अनुशंसा तक पहुंचने के लिए यहां क्लिक करें (हिंदी/Hindi)
Clicca qui per accedere alla Raccomandazione in Linguaggio Semplice (Italiano/Italian)
Κάντε κλικ εδώ για να αποκτήσετε πρόσβαση στην Πρόταση απλής γλώσσας (Ελληνικά/Greek)



Conflict of interests ⓘ

Source of recommendation ⓘ

Recommendation

Additional information

Summary of choices

EtD

Plain language recommendations

Conflict of interests

Source of recommendation

Plain language recommendations in up to 13 languages



Public Health Recommendations

MENU

Canada.ca > Health > Healthy living > Vaccines and immunization > Canadian Immunization Guide > Canadian Immunization Guide: Part 4 - Active Vaccines

COVID-19 vaccine: Canadian Immunization Guide

For health professionals

Immunocompromised persons

Recommendations

It is recommended that children 5 to 11 years of age who are moderately to severely immunocompromised should be immunized with a primary series of 3 doses of an mRNA COVID-19 vaccine authorized for their age, using an interval of 4 to 8 weeks between each dose. For those children aged 5 to 11 who are moderately to severely immunocompromised who have previously received a 2-dose series with an mRNA COVID-19 vaccine, it is recommended that a third dose should be offered 4 to 8 weeks after the second dose.

For individuals 12 years of age and older who are moderately to severely immunocompromised and have not yet been immunized, it is recommended that a primary series of 3 doses of an mRNA vaccine should be offered. For those who are moderately to severely immunocompromised who have previously received a 1- or 2-dose COVID-19 vaccine series (with a homologous or heterologous schedule using mRNA or viral vector vaccines as per authorized age groups), it is recommended that an additional dose of an mRNA COVID-19 vaccine should be offered.

Indirect data from adult populations (≥18 years of age) suggest Moderna Spikevax (100 mcg) may result in higher vaccine effectiveness after a 2-dose primary series compared to Pfizer-BioNTech Comirnaty (30 mcg) and is associated with a higher seroconversion rate among adult immunocompromised patients. Given this potential benefit, for some immunocompromised individuals 6 to 11 years of age, administration of the Moderna Spikevax (50 mcg) vaccine as a 3-dose primary series may be considered and for some immunocompromised individuals aged 12 to 29 years, the Moderna Spikevax (100 mcg) vaccine as a 3-dose primary series may be considered (based on clinical judgement).

mRNA COVID-19 vaccines are preferred and are authorized for a 3-dose primary series in moderately to severely immunocompromised individuals. Based on clinical discretion, a protein subunit COVID-19 vaccine (Novavax Nuvaxovid) or VLP COVID-19 vaccine (Medicago Covifenz) may be offered to moderately to severely immunocompromised individuals in the authorized age group without contraindications to the vaccine who are not able or willing to receive an mRNA COVID-19 vaccine. However, neither the protein subunit COVID-19 vaccine (Novavax Nuvaxovid) nor the VLP COVID-19 vaccine (Medicago Covifenz) is currently authorized as a 3-dose primary series in these populations and safety and efficacy data in immunocompromised persons following vaccination with a protein subunit COVID-19 vaccine or a VLP COVID-19 vaccine are not available.

A viral vector COVID-19 vaccine may be offered to individuals in the authorized age group who are immunosuppressed due to disease or treatment only when all other authorized COVID-19 vaccines are contraindicated.

Note that for moderately to severely immunocompromised individuals who were immunized with a primary series that includes one additional dose, all booster doses would be subsequent to that additional dose.

Refer to [Booster doses](#) for information regarding booster doses for moderately to severely immunocompromised adults 12 years of age and older.



CRA Recommendation on Three Doses of mRNA Vaccine for Preventing COVID-19

Version 1.0, November 23, 2021

The Canadian Rheumatology Association guideline panel suggests using a third dose of mRNA COVID-19 vaccination [BNT 162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna)] in persons aged 18 and older with autoimmune rheumatic disease.

(Conditional recommendation, very low certainty of the evidence about effects.)

Remarks:

- This recommendation is based on evidence for mRNA-1273 (Moderna).
- The recommendation needs to be viewed in the context of any guidance or restrictions for vaccine use set by national or provincial bodies, that may change over time. This includes guidance in people who have had a mixed initial vaccine series (2 different vaccines).

Primary justification:

- The panel judged that for the majority of patients the potential benefits outweigh the potential harms in people with autoimmune rheumatic diseases, although this may vary considerably by person, based on their medications, age, other comorbidities. The recommendation was graded as conditional because of very low certainty of the evidence about effects in the population of interest.



Ministry of Health

COVID-19 Vaccine Guidance

Primary Series Recommendations for Moderately to Severely Immunocompromised Individuals

A 3-dose primary series is recommended for certain moderately to severely immunocompromised individuals with the aim of enhancing the immune response and establishing an adequate level of protection for individuals who may develop a sub-optimal immune response to a 2-dose primary series. See the COVID-19 chapter in the [Canadian Immunization Guide: Immunocompromised persons](#) for more information.



Clinical Guidance on COVID-19 Vaccines for Persons with Autoimmune Rheumatic Diseases

This guidance is intended for health-care providers and is based on known evidence as of August 22, 2022.



Interactive Summary of Findings

Data provided in the Summary of Findings table is supplemented with data extracted from the guideline text.

Plain language statements

Absolute effect

Relative effect

Visual overview

Outcomes

Absolute Effect

With
Two doses of mRNA-
1273 vaccine plus
placebo

With
Three doses of
mRNA-1273 vaccine

Certainty of the evidence GRADE

Symptomatic Infection
by COVID-19 (follow-up:
6 months)

68
per 100000

22
per 100000



Difference: 46 fewer per
100000 patients
(95% CI: 56 to 29 fewer per 100000
patients)

Based on data from 200000 patients in 1
study

ⓘ

Surrogate outcome:
Serological response

175
per 1000

543
per 1000



Difference: 368 more per
1000 patients
(95% CI: 123 to 842 more per 1000 patients)
Based on data from 117 patients in 1 study

⊕○○○

VERY LOW ⓘ

Due to very serious indirectness.
Due to serious imprecision.



Local Perspective on Guidance



COVID-19 Risk Communication – Integrating Evidence Into Peterborough Public Health’s Risk Index



Peterborough Region COVID-19 Tracker Status of COVID-19 in Peterborough Region

Last update:
October 12, 2022

Community Risk Index	COVID-19 Cases	COVID-19 Vaccination	Institutional Outbreaks	Wastewater Signal	Data sources
----------------------	----------------	----------------------	-------------------------	-------------------	--------------

Local COVID-19 Risk Index

Current Risk

Very Low Risk | Low Risk | Moderate Risk | High Risk | **Very High Risk**

COVID-19 Indicators

Case Rate	Very High
Hospitalizations	Very High
Deaths	Very High
PCR Test Positivity %	Very High
Rapid Antigen Test Count	Very High
Wastewater Surveillance	High

[CLICK HERE FOR RISK GUIDANCE](#)

Guidance at all levels

For all risk levels, we strongly recommend:

- Be vaccinated against COVID-19 with all doses you are eligible for (please view [immunization schedule](#)).
- Monitor for symptoms, seek testing/treatment as you are eligible for and stay home if you are sick.
- Be respectful of the risk tolerance of those around you. When someone may have a lower risk tolerance due to their personal preference or risk factors for severe COVID-19 we recommend the lower risk tolerance be respected (e.g. asking or by wearing your mask).

Guidance at risk level

Very High Risk

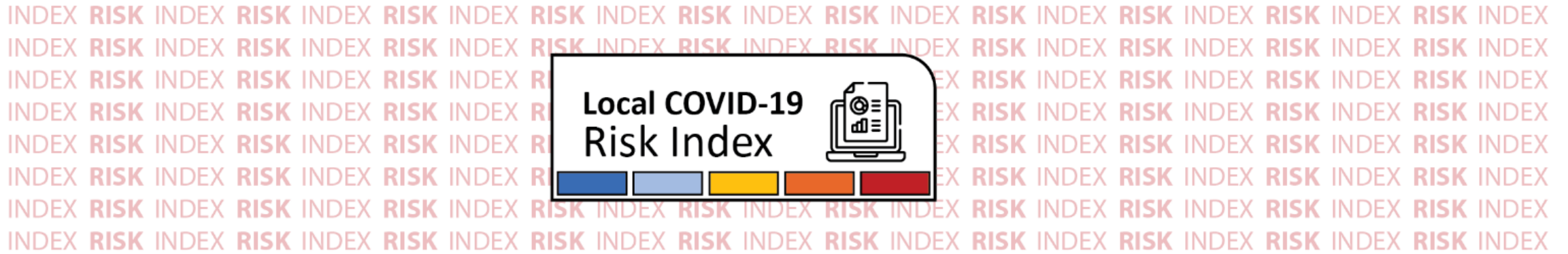
Guidance for General Population
Mask: Strongly Recommended for all interactions with people from outside your household.
Social Gatherings: Avoid social gatherings in all indoor settings.
High-risk Settings*: Avoid attending high-risk settings.

Guidance for High Risk Population**
Mask: Strongly Recommended for all interactions with people from outside your household.
Social Gatherings: Avoid social gatherings in all indoor settings.
High-risk Settings*: Avoid attending high-risk settings.


peterboroughpublichealth.ca/COVID-risk-index




PPH Risk Index



Local COVID-19 Risk Index





COVID-19 Risk Guidance

AAA

- **Very Low Risk**
- **Low Risk**
- **Moderate Risk**
- **High Risk**
- **Very High Risk**
- **Guidance for Workplaces, Businesses and Organizations**
- **Notes**

For all risk levels, we strongly recommend:

- Be vaccinated against COVID-19 with all doses you are eligible for (please view **immunization schedule**).
- Monitor for symptoms, seek testing/treatment as you are eligible for and stay home if you are sick.
- Be respectful of the risk tolerance of those around you. When someone may have a lower risk tolerance due to their personal preference or risk factors for severe COVID-19 we recommend the lower risk tolerance be respected (e.g. asking or by wearing your mask).

To view evidence-based recommendations on the COVID-19 pandemic communicated in plain language format, please visit the **eCOVID RecMap**.



QUICK LINKS

COVID-19

- [COVID-19 Prevention](#)
- [Information for Health Professionals](#)
- [Local COVID-19 Risk Index](#)
- [Public Health Orders](#)
- [Reporting Complaints](#)
- [Vaccine Information](#)
- [Vaccine for 6 Months to 11 Years Old](#)



COVID-19 Risk Communication – Integrating Evidence Into Peterborough Public Health’s Risk Index



Peterborough Region COVID-19 Tracker Status of COVID-19 in Peterborough Region

Last update:
October 12, 2022

Community Risk Index	COVID-19 Cases	COVID-19 Vaccination	Institutional Outbreaks	Wastewater Signal	Data sources
----------------------	----------------	----------------------	-------------------------	-------------------	--------------

Local COVID-19 Risk Index

Current Risk

Very Low Risk | Low Risk | Moderate Risk | High Risk | **Very High Risk**

COVID-19 Indicators

Case Rate	Very High
Hospitalizations	Very High
Deaths	Very High
PCR Test Positivity %	Very High
Rapid Antigen Test Count	Very High
Wastewater Surveillance	High

[CLICK HERE FOR RISK GUIDANCE](#)

Guidance at all levels

For all risk levels, we strongly recommend:

- Be vaccinated against COVID-19 with all doses you are eligible for (please view [immunization schedule](#)).
- Monitor for symptoms, seek testing/treatment as you are eligible for and stay home if you are sick.
- Be respectful of the risk tolerance of those around you. When someone may have a lower risk tolerance due to their personal preference or risk factors for severe COVID-19 we recommend the lower risk tolerance be respected (e.g. asking or by wearing your mask).

Plain Language Recommendations

Should people 12 years of age or older get the Moderna COVID-19 vaccine?

Publication date (2022-08-18)

Recommendation

The World Health Organization (WHO) suggests the Moderna COVID-19 vaccine to people 12 years of age or older. (Published 2022)

[Click here to see where this recommendation came from]

Who is this for?

- You are at least 12 years old
- You are parent, guardian or caregiver who has the authority to decide if an adolescent who is 12 years of age or older should receive the Moderna COVID-19 vaccine
- You do not have an active case of COVID-19
- You did not have a previous adverse reaction to the Moderna COVID-19 vaccine
- You do not have fever (body temperature above 38 °C)

Recommendation strength

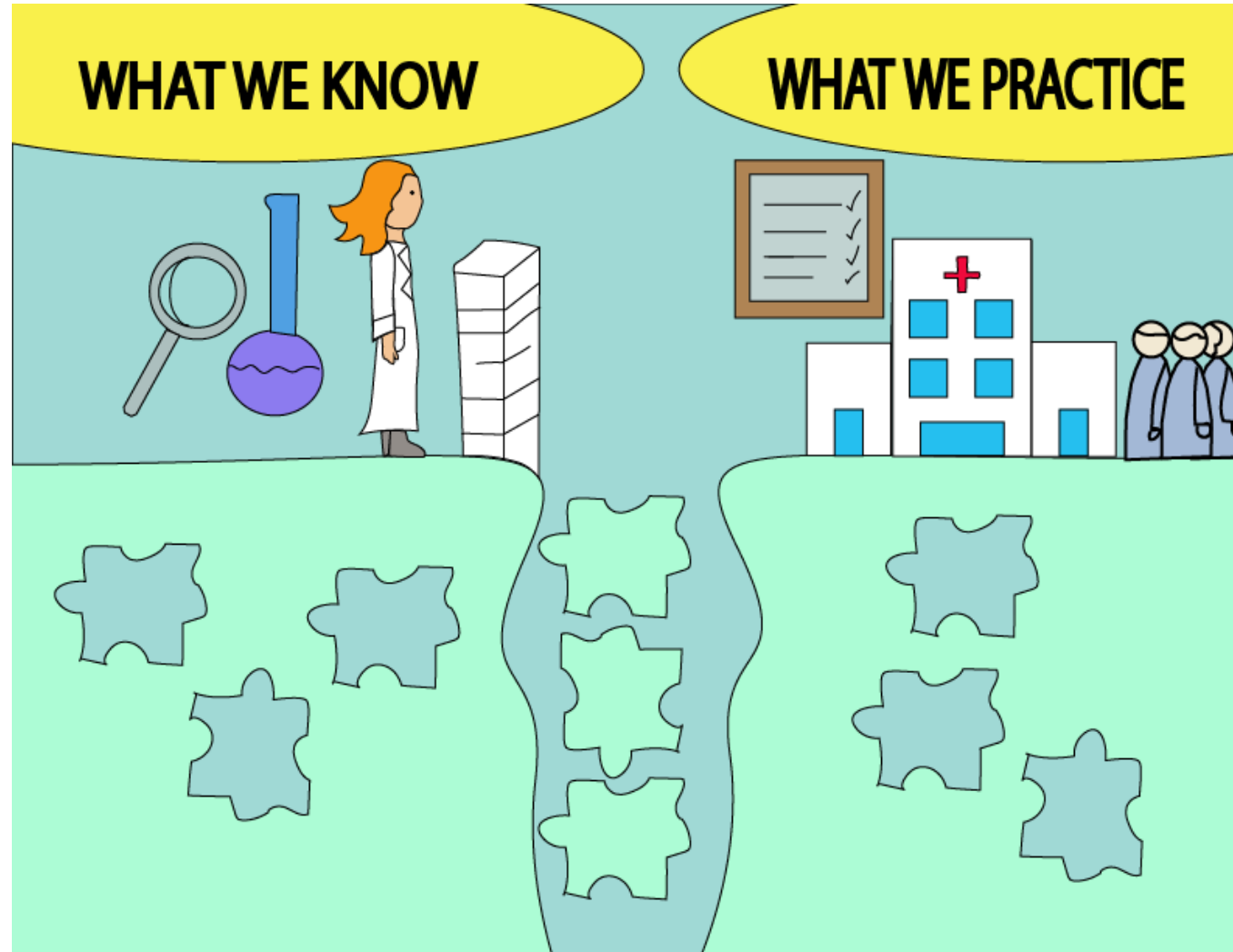
Conditional for Moderna mRNA-1273 vaccine

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.

CONDITIONAL



Implementation Gap





Implementation Equity Gap





Next Steps

- Reviewing the RecMap for key gaps in guidance, e.g. Canadian vaccine guidance.
- Organizing a key stakeholder workshop in early 2023 to discuss utilization of the RecMap by the public health community in Canada, and implementing linked to established guidance.



Poll #2

- What are barriers to you using evidence-based guidance in your practice?

Answers: *(please number your answers below(e.g. 1, 2,3)) [select all]*

- Difficulty finding needed information;
- I don't know where to go to find guidance;
- I don't have the time to review evidence/recommendations;
- I don't create or access guidance in my work;
- Guidance is changing too quickly;
- Other



Acknowledgment

- Professor Holger Schunemann (PI)
- Dr Tamara Lotfi
- Ashley Motilall
- Margaret Gassanov
- Large international team of collaborators



Thank you!





@ecovid19recmap

@twpiggott



Supporting timely health decision-making around the world.

COVID19 Recommendations

... [Email] [Bell] **Following**

eCOVID-19RecMap
@eCOVID19RecMap Follows you

eCOVID-19 RecMap
9 subscribers

SUBSCRIBED [Bell]

HOME VIDEOS PLAYLISTS CHANNELS ABOUT

Uploads ▶ PLAY ALL

<p>Hosted By GIN</p> <p>WHAT ARE PLAIN LANGUAGE VERSIONS OF RECOMMENDATIONS, HOW ARE THEY DEVELOPED AND HOW DO I ACCESS THEM ON THE MAP?</p> <p>Speakers: Ashley Mottill & Rose BSG, MPH</p> <p>37:53</p>	<p>Welcome to the eCOVID 19 Recommendations Map</p> <p>5:26</p>	<p>Hosted By GIN</p> <p>HOW CAN I USE THE RECMAP TO TAILOR RECOMMENDATIONS TO MY SETTING? DECISION? WHAT IS THE PROCESS OF ADOPTING RECOMMENDATIONS?</p> <p>Speakers: Miroslav Kluger & Joseph... PhD, MSc, PhD</p> <p>57:47</p>	<p>Hosted By GIN</p> <p>WHAT IS THE ECOVID RECMAP, HOW WAS IT DEVELOPED AND HOW CAN I USE IT?</p> <p>Speaker: Holger Schimemann MD, MSc, PhD, FRSC</p> <p>53:41</p>
<p>Plain language versions of recommendations, how the...</p> <p>33 views • 4 weeks ago</p>	<p>23 views • 1 month ago</p>	<p>How can I use the RecMap to tailor recommendations to...</p> <p>57 views • 1 month ago</p>	<p>What is the eCOVID RecMap, how was it developed, and...</p> <p>27 views • 1 month ago</p>

<https://covid19.recmap.org>



Key resources

1. The eCOVID19 RecMap: <https://covid19.recmap.org>
2. Getting trustworthy guidelines into the hands of decision-makers and supporting their consideration of contextual factors for implementation globally: recommendation mapping of COVID-19 guidelines <https://doi.org/10.1016/j.jclinepi.2021.03.034>
3. A taxonomy and framework for identifying and developing actionable statements in guidelines suggests avoiding informal recommendations <https://doi.org/10.1016/j.jclinepi.2021.09.028>
4. Good or best practice statements: proposal for the operationalisation and implementation of GRADE guidance <http://dx.doi.org/10.1136/bmjebm-2022-111962>
5. Which actionable statements qualify as good practice statements In Covid-19 guidelines? A systematic appraisal <http://dx.doi.org/10.1136/bmjebm-2021-111866>
6. An evaluation of the eCOVID19 Recommendation Map identified diverging Clinical and Public Health guidance <https://doi.org/10.1016/j.jclinepi.2022.03.008>