What we did

Aim
Healthcare workers supporting people with ear, nose and throat (ENT) issues needed to know how COVID-19 may impact on their care and how to protect themselves from infection when providing this. We wanted to use our Cochrane team’s skills to curate and deliver targeted evidence to support healthcare professionals and patients.

Activities

• We drew together an online repository of guidance and evidence about caring for people with ear, nose, throat, hearing and balance problems during the COVID-19 pandemic. We used our specialist skills to identify and structure information systematically, rather than compiling an ad hoc set of resources. We are keeping this up-to-date as new evidence emerges.

• Ear, nose and throat care often involves ‘aerosol-generating procedures’ where the virus may be transmitted. We worked with Cochrane Oral Health to fast-track three systematic reviews to find out whether antimicrobial mouthwashes and nasal sprays protect healthcare workers and patients during care.

• Loss of smell is a key symptom of COVID-19 infection and in some people may be persistent. We are undertaking living systematic reviews, updated regularly, about ways to prevent and treat this loss of smell. We are working with two patient groups who are advising us on the issues that matter to patients. The UK National Institute of Health has prioritised this work for funding.

Collaboration
We worked with Cochrane Oral Health to create the first ever systematic reviews jointly published by multiple Cochrane Groups.
What we achieved

- A curated online repository of international clinical guidance and evidence for ENT/audiology practice during the pandemic.
- Three fast-tracked systematic reviews of the benefits and harms of using antimicrobial mouthwashes and nasal sprays to prevent infection in healthcare workers and patients, which we will regularly update as trial data become available.
- Funding for a rapid programme of work on preventing and treating loss of sense of smell, which will be completed by January 2021.

What we learnt

1. The COVID-19 pandemic has created enormous challenges for healthcare systems around the world. We learnt that our search and information management skills have real-world value. We were able to quickly divert resources away from other work to provide very tailored evidence to help health professionals in our clinical field in their day-to-day work.

2. There are more than 200 Cochrane Groups globally. We showed the power of Cochrane Groups working together to prioritise, plan, register and conduct systematic reviews very quickly. Senior editorial staff from two groups collaborated to bring high-quality evidence to healthcare professionals and patients. Cochrane changed its editorial processes so that it was possible for us to publish jointly with Cochrane Oral Health in the Cochrane Library.

3. We can be responsive to what patients and healthcare professionals need. When we heard anecdotally that clinicians were using mouthwashes and nasal sprays to try to prevent infection in themselves and their patients, we worked rapidly to provide high-quality evidence. Similarly, as loss of smell has emerged as a common and debilitating symptom of COVID-19, we are using our resources to fast-track systematic reviews of the evidence for treatment and prevention.

Learn more

For more information contact:
Jenny Bellorini
jenny.bellorini@nds.ox.ac.uk

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