

EVIDENCE SEARCH REPORT (INTERIM)

RESEARCH QUESTION:	What is the best evidence to guide the sequence or priority of re-opening each type of healthcare service and how have the closures impacted patients?	UNIQUE IDENTIFIER:	EOC042202-01 ESR
RESOURCES USED:	<ul style="list-style-type: none"> • CDC website & database • Centre for Evidence-Based Medicine • CINAHL • Embase • European Centre for Disease Prevention and Control • Google • Google Scholar • Health Canada • medRxiv • LitCovid • MEDLINE • Public Health England • Public Health Ontario • PubMed • WHO website & database • Reference/Citation Lists 		
LIMITS/EXCLUSIONS/INCLUSIONS:	English	REFERENCE INTERVIEW COMPLETED:	
DATE:	April 23, 2020		
LIBRARIAN:	Lukas Miller, Catherine Young	REQUESTOR:	Brent Kitchen
TEAM:	EOC		
SEARCH ALERTS CREATED:	No (to complete at a future date)		
CITE AS:	Miller, L; Young, C. What is the best evidence to guide the sequence or priority of re-opening each type of healthcare service and how have the closures impacted patients? 2020 Apr 23; Document no.: EOC042202-01 ESR. In: COVID-19 Rapid Evidence Reviews [Internet]. SK: SK COVID Evidence Support Team, c2020. 5 p. (CEST evidence search report)		

LIBRARIAN NOTES/COMMENTS

Hello,

I've gathered together all the information submitted so far, as well as results from some more probing and searching of various sources. A summary of findings is below.

It appears that the WHO interim guidance "Considerations in adjusting public health and social measures in the context of COVID-19" is the best piece of evidence available right now. It is included in the reference list below.

Lukas Miller

DISCLAIMER

This information is provided as a service by the Saskatchewan Health Authority and University of Saskatchewan Libraries. Professional librarians conduct searches of the literature. Results are subject to the limitations of the databases and the specificity, broadness and appropriateness of the search parameters presented by the requester. The Libraries do not represent in any matter that retrieved citations are complete, accurate or otherwise to be relied upon. The search results are only valid as of the date and time at which the search is conducted. The Libraries do not accept responsibility for any loss or damage arising from the use of, or reliance on, search results.

SEARCH RESULTS

To obtain full-text articles email library@saskhealthauthority.ca.

SUMMARIES, GUIDELINES & OTHER RESOURCES

Royal Colleges/Societies (Canada)

- **Royal College of Physicians & Surgeons**
<http://www.royalcollege.ca/rcsite/documents/about/update-coronavirus-e>
No recommendations.
- **CPSBC**
<https://www.cpsbc.ca/news/COVID-19-updates>
No recommendations.
- **CPSA**
<http://www.cpsa.ca/resources-for-physicians-during-covid-19>
No recommendations.
- **CPSM**
<http://www.cpsm.mb.ca/news/physicians-please-read-latest-update-from-manitoba-health-about-coronavirus>
No recommendations.
- **CPSO**
<https://www.cpso.on.ca/News/COVID-19-Updates/Information-for-Physicians>
No recommendations.
- **CMQ**
<http://www.cmq.org/page/fr/covid-19-suivez-le-fil-de-l-actualite-du-college.aspx>
No recommendations.
- **CPSNB**
No recommendations.
- **CPSNL**
https://www.cpsnl.ca/WEB/CPSNL/COVID-19_Updates.aspx
No recommendations.
- **CPSPEI**
No recommendations.
- **CPSNS**
<https://cpsns.ns.ca/news/covid-19-college-updates/>
No recommendations.
- **Territorial agencies** (Yukon Medical Council, Nunavut Department of Health, Health & Social Services – Gov't of NWT)
No recommendations found.

We also searched the following pages and found no relevant information:

- [Doctors of BC](#)
- [Alberta Medical Association](#)
- [Saskatchewan Medical Association](#)
- [Doctors Manitoba](#)
- [Ontario Medical Association](#)
- [New Brunswick Medical Society](#)
- [Doctors Nova Scotia](#)
- [Medical Society of Prince Edward Island](#)
- [Newfoundland and Labrador Medical Association](#)

- [Yukon Medical Association](#)
- [Society of Rural Physicians of Canada](#)

Other Sources

- **Considerations in adjusting public health and social measures in the context of COVID-19: Interim guidance.** WHO. 16 April 2020. https://apps.who.int/iris/bitstream/handle/10665/331773/WHO-2019-nCoV-Adjusting_PH_measures-2020.1-eng.pdf
- **Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response** https://www.who.int/docs/default-source/coronaviruse/covid19-rcce-guidance-final-brand.pdf?sfvrsn=6602b069_1&download=true
- Abele-Brehm A, Dreier H, Fuest C, et al. Making the Fight against the Coronavirus Pandemic Sustainable. Ifo Institut. April 2020. https://www.ifo.de/DocDL/Coronavirus-Pandemic_Strategy.pdf
- Gottlieb S, Rivers C, McClellan MB, et al. National Coronavirus Response: A Roadmap to Reopening. American Enterprise Institute. March 28, 2020. <https://www.aei.org/wp-content/uploads/2020/03/National-Coronavirus-Response-a-Road-Map-to-Recovering-2.pdf>
- Rivers C, Martin E, Watson C. Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors. Johns Hopkins University. 2020. https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf
- Local Resumption of Elective Surgery Guidance. American College of Surgeons. April 17, 2020. https://www.facs.org/-/media/files/covid19/local_resumption_of_elective_surgery_guidance.ashx
- Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic. American College of Surgeons. April 17, 2020. https://www.facs.org/-/media/files/covid19/joint_statement_resuming_elective_surgery_after_covid19.ashx
- OPENING UP AMERICA AGAIN: Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I. U.S. Centers for Medicare & Medicaid Services. April 19, 2020. <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
- Policy and Public Health Recommendations for Easing COVID-19 Distancing Restrictions. Infectious Diseases Society of America. April 16, 2020. https://www.idsociety.org/contentassets/9ba35522e0964d51a47ae3b22e59fb47/idsa-recommendations-for-reducing-covid-19-distancing_16apr2020_final-.pdf
- Rapid Response Report: What is the optimal strategy for assessing patients who were infected with COVID-19 for suitability for starting or resuming cancer treatment?. Alberta Health Services COVID-19 Scientific Advisory Group. April 16, 2020. <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-starting-or-resuming-cancer-treatment-rapid-review.pdf>
- Joint European Roadmap towards lifting COVID-19 containment measures. European Union. https://ec.europa.eu/info/sites/info/files/communication_-_a_european_roadmap_to_lifting_coronavirus_containment_measures_0.pdf

ARTICLES FROM LIBRARY DATABASES

Note: References are sorted by year (newest to oldest)

1. Guest JL, Del Rio C, Sanchez T. The 3 Steps Needed to End the COVID-19 Pandemic: Bold Public Health Leadership, Rapid Innovations, and Courageous Political Will. JMIR Public Health Surveill. 2020;2020/04/03. DOI: 10.2196/19043.; ID: 8419 10.2196/19043

ABSTRACT: The world is experiencing the expansive spread of the virus SARS-CoV-2 in a global pandemic that is placing strains on healthcare, economic and social systems. Commitment to implementing proven public health strategies will require bold public health leadership and courageous acts by politicians. Developing new innovative communication, mitigation and healthcare approaches, particularly in the era of social media is also clearly warranted. We believe that the best public health evidence must inform activities in three priority areas to stop this pandemic: 1) coordinated and consistent stay-at-home orders across multiple jurisdictions, including potential nation-wide mandates; 2) rapid scale-up of SARS-CoV-2 testing; and 3) improving healthcare capacity to respond. The editorial outlines those areas, the rationale behind them, and the call for innovation and the engagement of bold public health leadership to empower courageous political action to reduce the number of people who will die during this pandemic.

DOI: <https://dx.doi.org/10.2196/19043> ; ID: 841910.2196/19043

2. Scarabel F, Pellis L, Bragazzi NL, et al. Canada Needs to Rapidly Escalate Public Health Interventions for Its COVID-19 Mitigation Strategies. SSRN- Lancet prepublication. 2020.

ABSTRACT: Background. After the declaration of COVID-19 pandemic on March 11th 2020, local transmission chains starting in different countries including Canada are forcing governments to take decisions on public health interventions to mitigate the spread of the epidemic. Methods. We conduct data-driven and model-free estimations for the growth rates of the COVID-19 epidemics in Italy and Canada, by fitting an exponential curve to the daily reported cases. We use these estimates to predict epidemic trends in Canada under different scenarios of public health interventions. Results. In Italy, the initial growth rate (0.22) has reduced to 0.1 two weeks after the lockdown of the country on March 8th 2020. This corresponds to a reduction of the doubling time from about 3.15 to almost 7 days. In comparison, the growth rate in Canada has increased from 0.13 between March 1st and 13th, to 0.25 between March 13th to 22nd. This current growth rate corresponds to a doubling time of 2.7 days, and therefore, unless further public health interventions are escalated in Canada, we project 15,000 cases by March 31st. However, the case number can be reduced to 4,000 if escalated public health interventions can be implemented instantly to reduce the growth rate to 0.1, the same level achieved in Italy. Interpretation. Intervention measures implemented so far in different countries worldwide have been effective in reducing the growth rate and increasing the doubling time, but their effects come with a substantial delay as long as 2 weeks. Prompt and farsighted interventions are critical to counteract the very rapid initial growth of the COVID-19 epidemic in Canada. Mitigation plans must take into account the delayed effect of interventions by up to 2-weeks and the short doubling time of 3-4 days. Keywords: COVID-19; pandemics; growth rate; public health; intervention measures; Italy; Canada

URL: (March 23, 2020). Available at SSRN: <https://ssrn.com/abstract=3559929>

3. Tang B, Wang X, Li Q, et al. Estimation of the Transmission Risk of the 2019-nCoV and Its Implication for Public Health Interventions. Journal of clinical medicine. 2020;9(2):E462. DOI: 10.3390/jcm9020462

ABSTRACT: Since the emergence of the first cases in Wuhan, China, the novel coronavirus (2019-nCoV) infection has been quickly spreading out to other provinces and neighboring countries. Estimation of the basic reproduction number by means of mathematical modeling can be helpful for determining the potential and severity of an outbreak and providing critical information for identifying the type of disease interventions and intensity. A deterministic compartmental model was devised based on the clinical progression of the disease, epidemiological status of the individuals, and intervention measures. The estimations based on likelihood and

model analysis show that the control reproduction number may be as high as 6.47 (95% CI 5.71-7.23). Sensitivity analyses show that interventions, such as intensive contact tracing followed by quarantine and isolation, can effectively reduce the control reproduction number and transmission risk, with the effect of travel restriction adopted by Wuhan on 2019-nCoV infection in Beijing being almost equivalent to increasing quarantine by a 100 thousand baseline value. It is essential to assess how the expensive, resource-intensive measures implemented by the Chinese authorities can contribute to the prevention and control of the 2019-nCoV infection, and how long they should be maintained. Under the most restrictive measures, the outbreak is expected to peak within two weeks (since 23 January 2020) with a significant low peak value. With travel restriction (no imported exposed individuals to Beijing), the number of infected individuals in seven days will decrease by 91.14% in Beijing, compared with the scenario of no travel restriction.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/32046137>

DOI: 10.3390/jcm9020462

SEARCH STRATEGIES

Note on Methods for Interim Report

- Initial scoping/probing searches of general language found no relevant published studies in database sources. Further discussion and consideration of the research question(s) was needed, but the group required context of the currently evidence available in order to guide this discussion.
- In emails, the group opted to receive an interim report of what was available, with plans to provide a full, complete report after clarity had been achieved.

Search terms used:

- reopen, reopening
- restart, restarting
- resume, resuming, resumption
- elective procedures
- delayed *with* care, surgery, operations, treatment, diagnosis, therapy, procedure
- ease, lift, unwind, wind down, loosen, relax *with* restrictions, measures, distancing, quarantine

Full report to follow with complete search strategy.