

INTRODUCTION AND AIM

To inform the pandemic response, for two years [02/2020-03/2022] our small team produced a regular COVID-19 Digest.

Each Digest featured timely summarised papers relevant to UK settings, containing new data, insights or emerging trends.

METHODS

Daily search results were imported into a Shared Endnote Library, then:

- i. Screened for quality, research type, relevance and novelty
- ii. Assigned a theme e.g., diagnostics, serology, vaccines
- iii. Summarised in 3 - 6 bullet points

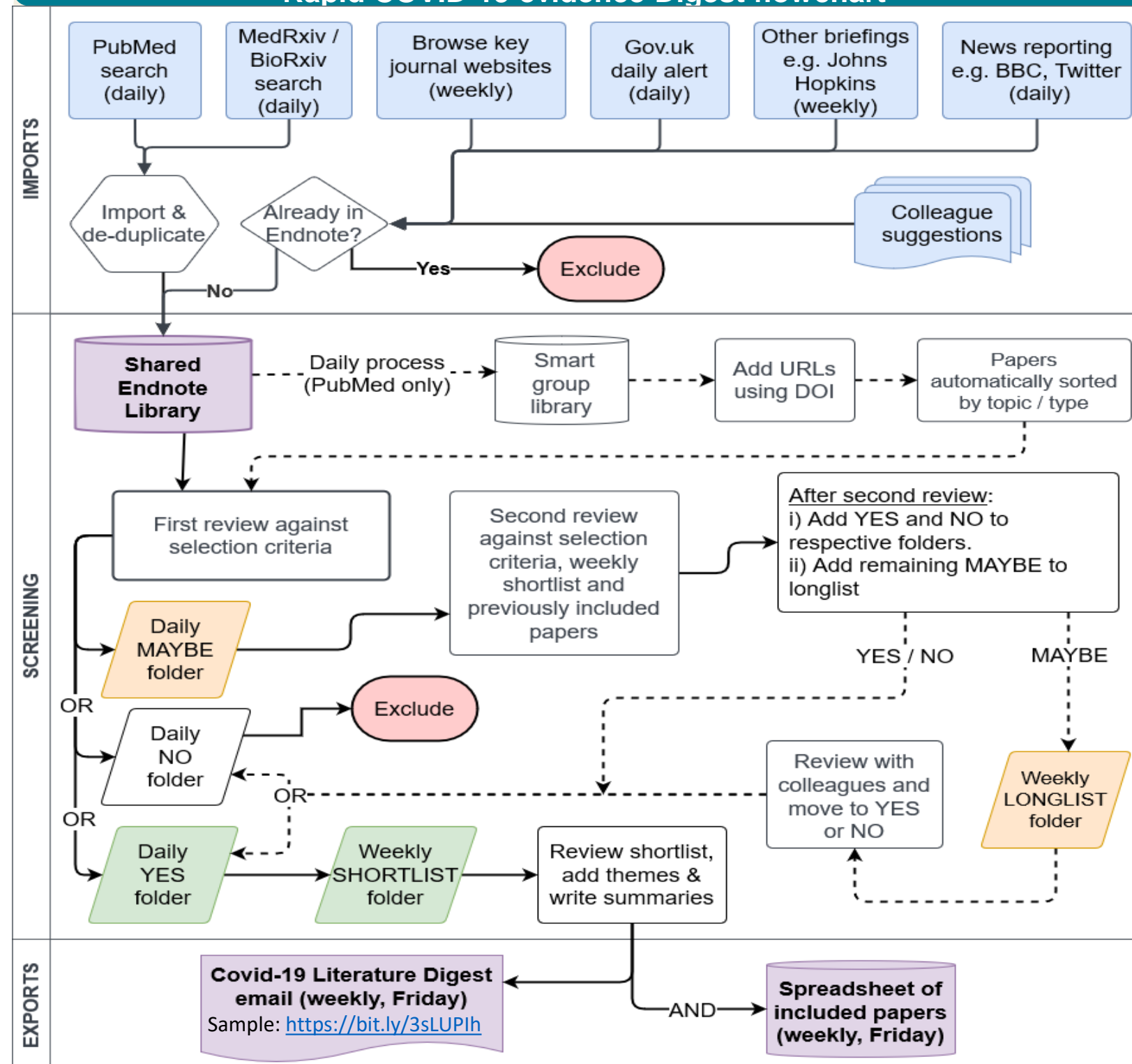
Process streamlined / automated over time

- Introducing EndNote Smart Groups Library reduced screening time for PubMed papers
- Inclusion criteria revised; systematic reviews prioritised, fewer animal studies
- Shortlisted papers were checked against our 'previously included' spreadsheet

Human input remained important:

- The team built up tacit knowledge, selecting only small proportion of available evidence
- Writing the short summaries required an understanding of the evidence context
- Guest editors highlighted 3 papers of interest
- Mutual benefit from close connections with UKHSA's COVID-19 Rapid Evidence Service

Rapid COVID-19 evidence Digest flowchart



RESULTS

- From ≥2000 papers screened each week, 40-60 novel papers were categorised, summarised and circulated to 900+ subscribers in the form of an email alert
- Three user surveys informed Digest content, frequency, and layout
- **211 Digests | nearly 10,000 papers including 2741 (28%) preprints**

DISCUSSION

By necessity rapidly produced, the Digest was modified as the nature of evidence and available staff resource changed over time.

There were 10 iterations of our procedures.

- #1 benefit in final Impact Survey [n=148]:** 'Contributing to evidence-based decision making' (organisations, 22%)
- 'Gained new knowledge' (individuals, 24%)

The well organised themes have been an excellent tool in helping us keep informed... Guest Editorials were also a welcome 'human addition' Quality Improvement, UKHSA

Vital resource when information was pouring out earlier in the pandemic Knowledge Officer, NHS

Learning from producing the Digest, our After-Action Review and user surveys will inform the monitoring, selection and dissemination of evidence for future rapid disease outbreaks.

ACKNOWLEDGEMENTS

Thank you to all the staff that helped produce the Digest, with special mention to Bláthnaid Mahon.