What the map contains

The Live map of COVID-19 evidence now contains a total of 1321 carefully selected and categorized studies.

About a third of these studies are observational studies without control groups, such as those that report on clinical characteristics or prognoses of a set of patients. Epidemiological modelling studies are the next most common, followed by systematic reviews.

Which studies are included?
– We prioritize studies for the map if they present any type of primary data or modelled data, or if they systematically review existing research, says Ashley (Ley) Muller. Ley is a researcher with a PhD in addiction medicine who manages the database in addition to coding and categorizing.

– Studies without primary data, such as editorials, and "traditional" reviews that summarize research non-systematically, are not prioritized for placement on the map, but they remain in our database.

Is there a trend in study design over the first weeks?
– So far non-randomized and observational studies without controls are most frequent, making up a total of 444. There are now 158 systematic reviews, five times as many as in the last version of the map. Studies are in general getting larger. Case series with ten or fewer people are less common than before. We still don't have many qualitative studies.

In the first batch of studies published before March, we saw quite a lot of studies with primary data that were being published as comments, letters to the editor, or editorials, which is unusual. That is less likely to be the case now.

There are fewer studies reporting prevalence and incidence now than in the beginning, which makes sense, as there is no longer a need to establish that COVID-19 is important.

Etiology, Diagnosis, and Prognosis are tied
– Etiology and Diagnosis, and Prognosis are the most frequent topics studied, says Ley. More than half of the papers report on more than one topic. Papers that report on experiences, consequences and perceptions are the most likely to report only that topic, while almost every Infection prevention and control-paper reports on an additional topic.

The most frequent subtopic is clinical diagnostics. This subtopic captures studies that use radiological diagnostics, lab diagnostics and clinical history, symptoms, and signs.

Ashley (Ley) Muller

– As more people recover, prognostic studies are increasing. And as we are seeing unanticipated effects of this pandemic and of disease control measures beyond health, studies on experiences, consequences, and perceptions are also increasing.

The map highlights vulnerable groups
– The vast majority of included studies, a total of 989, are still examining "everyone", without particular groups of interest. However, more and more studies are focusing on children and on health care workers.

We know that the pandemic is not affecting the world equally. We have used the map to highlight particularly vulnerable groups. For instance, COVID-19 is now in the largest Greek refugee camps that house seven times the number of people for which they were built. Prisoners in the US, if released to avoid COVID-19 spreading in prisons, have no access to health care. In addition, entire low-income countries do not have health care systems with the capacity to handle new respiratory patients. These groups and others are on the (COVID-19 evidence) maps. We hope that policy-makers and researchers will be able to go straight to these populations to find and assess the evidence of how best to protect and treat them.

Users from all over the world

The home page of the Live map of COVID-19 evidence had 18 000 unique page views by the 28th April 2020; 12 000 for the English language site and 6 000 for the Norwegian language site. The average time spent on the page is 2.5 minutes for the English language site and 1.5 minutes for the Norwegian language site.
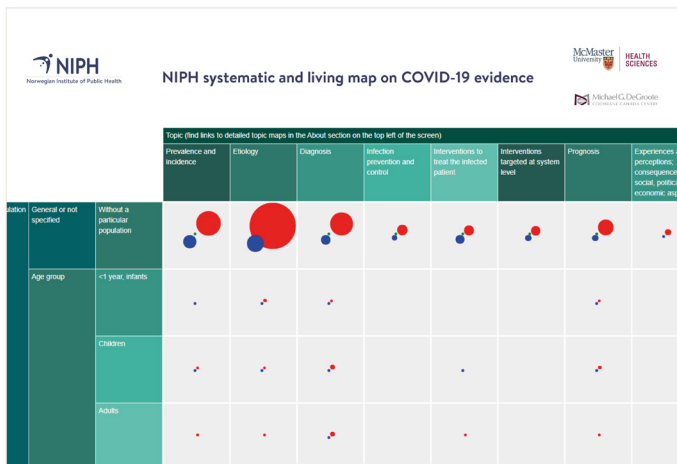
>> Main map: NIPH systematic and living map on COVID-19 evidence

Treatment is the most popular topic
The maps have had a total of approx. 11 000 hits. The main map is, not surprisingly, the most used with approx. 5 000 hits. The map on Interventions to treat the infected patient is the most popular among the seven topic maps.

International user group
Approximately half of all visits come from Norwegian IP-addresses, but no less than 82 other countries are represented among the users. Behind Norway come USA, UK and Canada representing 14% of all visits combined.

NEWSLETTER
The COVID-19 Evidence Map Newsletter has 828 subscribers after the first two issues.

More than 50% of the subscribers opened the latest issue.

Our weekly newsletter keeps you up-to-date on the COVID-19 project and associated reviews.

Subscribe to the newsletter.

CALL FOR COLLABORATION
We are seeking agencies and individual contributors interested in collaborating on this live map of COVID-19 evidence. Specifically, we are looking for partners that want to engage in the categorization of COVID-19 studies or in the risk of bias appraisal of prioritized studies. Those interested can contact Covid-19.evidencemap@fhi.no
The complete call for collaboration is available in Norwegian and English.

RECENT RAPID REVIEWS
1. Factors that influence whether healthcare workers follow infection prevention and control guidelines for respiratory infectious diseases
2. Electronic follow-up of children and youth in childcare institutions: a rapid review
3. COVID-19: The relationship between age, comorbidity and disease severity – a rapid review, 1st update

NIPH
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