COVID-19 SHORT REPORT

COVID-19 Emergency Evidence Response Service: report from Ireland

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Introduction and background

Evidence Synthesis Ireland (evidencesynthesisireland.ie), Cochrane Ireland (ireland.cochrane.org), and the Health Research Board Trials Methodology Research Network (hrb-tmrn.ie), were asked by the Irish Department of Health to focus our collective resources on prioritised evidence gaps for COVID-19 to support healthcare policy and practice decision-making. We harnessed existing connections and developed new collaborations with international colleagues and organisations to reduce duplication of effort, minimize research waste, share information, and ensure continued capacity building. The group, called the Emergency Evidence Response Service (EERS) worked quickly and flexibly on relevant questions that the World Health Organization (WHO), Cochrane, and ministries of health prioritized to be addressed using evidence synthesis skills.

The core EERS team, which was established at the National University of Ireland Galway (nuigalway.ie) on 15 March 2020, worked across more than 25 projects to address COVID-19 evidence gaps including infection prevention and control, impacts on healthcare and mental health, as well as supporting evidence dissemination, education, and advocacy.

Key activities and strategies

Working with networks including the Cochrane COVID-19 Working Group, led by Editor in Chief Karla Soares-Weiser, and the WHO Evidence Collaborative for COVID-19, we sought to support organizations that were answering critical questions and required evidence synthesis capacity. We provided experienced methodologists and systematic review authors, as well as information retrieval and peer-review expertise. We led on a number of reviews with support from the Cochrane Central Editorial Service (community.cochrane.org/review-production/production-resources/cochrane-central-editorial-service).[1] We also developed iHealthFacts (ihealthfacts.ie) as a resource where the public can quickly and easily check the reliability of a health claim circulated by social media and thereby help tackle the ‘infodemic’ that continues to spread alongside COVID-19 in the wider community.

Outcomes and impact of activities

We were involved in four Cochrane COVID-19 reviews published to date,[2,3,4] as well as a review of clinical practice guidelines, and curation of a special collection. We have published eight rapid reviews in total to date. The team participated in two Cochrane podcasts and two webinar conversations with the Editor in Chief. We collaborated with 11 centres (Figure 1) and had membership of three international COVID-19 networks. We featured in 21 media items, and placed eight volunteers with Evidence Aid (evidenceaid.org), who helped with screening, website support, and writing evidence summaries.

Evidence Synthesis Ireland is leading on a priority-setting partnership to establish the top 10 uncertainties in rapid review methodology, the Priority III project (evidencesynthesisireland.ie/priority-iii). Though this project was planned and funded prior to the pandemic, its significance has been highlighted further with the explosion of rapid reviews during the COVID-19 crisis. Priority III aims to identify research priorities about how to improve how we plan, do and share the results of rapid reviews in the context of healthcare.

The study employs a priority-setting partnership based on the methods of the James Lind Alliance, which brings patients, carers and healthcare professionals together to identify and prioritise unanswered questions about healthcare that they jointly agree are the most important. We are partnering with COVID-END (covid-end.org)[13] and we are looking to recruit patient and public representatives, review authors, researchers, clinicians, or policymakers who are willing to share their views with us. There are

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three stages to the Priority III project, including two online surveys and a workshop.

Team members (Tom Conway, Ciara Keenan) are also working on a Cochrane Review (Cochrane Methodology) on interventions for retention in trials (led by Katie Gillies, Aberdeen, UK) and an EERS informational specialist (Mike Smalle) provided assistance with the search on the Cochrane Rapid Review (Cochrane Public Health) on digital solutions for contact tracing.[16]

We continued supporting dissemination and amplifying emerging evidence including sharing Cochrane Reviews and evidence in our newsletters, on social media, and producing three visual evidence summaries. Capacity building and education continues to be supported through Evidence Synthesis Ireland, Cochrane Ireland and the HRB Trials Methodology Research Network through a Special Symposium, (www.hrb-tmrn.ie/training-education/2020-special-symposium-trials-in-a-pandemic) ESI webinars (evidencesynthesisireland.ie/resources), and funding COVID summer studentships and collating resources (evidencesynthesisireland.ie/covid-19).

iHealthFacts.ie (ihealthfacts.ie), a new health-claim fact-checking service for the public was developed within four weeks and has robust processes underpinning how we determine the reliability of health claims circulating on social media. This includes searching for systematic reviews of studies to help us inform decisions, independent review by a second researcher, a healthcare specialist and public representative, and a health journalist. We review claims continuously and a number have been updated and some, such as masks and ibuprofen, more than once.

Figure 1. Emergency Evidence Response Service: COVID-19 research
Since its launch on 7 April 2020, the iHealthFacts website has had:

- 35,000 unique page views from over 90 countries to date (September 2020);
- 500 claims for iHealthFacts to research submitted by the public with over 1000 searches on the website;
- 31 claims answered on the website with five pending publication; claims answered include evidence for the treatment
or prevention of COVID-19 with Vitamin C and D, chloroquine; or preventing the spread of COVID-19 through disinfecting food packaging, wearing masks or gloves, and more;

- 351,000 Twitter impressions, 3500 impressions on Instagram and Facebook posts reaching over 10,000 people.

iHealthFacts featured in seven newspapers including interviews in The Irish Times and The Sunday Times and recorded six interviews, including on primetime national radio. We believe it has become a valuable part of the Irish response to COVID-19 as well as addressing a need to counter harmful health misinformation and teach critical thinking skills.

Lessons for the future: sustainability and transferability

The overall ability for the EERS to be established at such a rapid pace and deliver numerous outputs to such high standards lay in the underlying national support infrastructures, funded by the Health Research Board (HRB-TMRN EUR 2.6 million since 2015) and funding from both the Health Research Board and the Health and Social Care, Research and Development Division of the Public Health Agency in Northern Ireland to ESI and Cochrane Ireland (almost EUR 2.0 million in December 2018).

What this support demonstrated during COVID-19 was a firm foundation of expertise, experience and dedicated personnel, with an excellent knowledge of the research landscape in Ireland, to be able to mount an agile and innovative response to achieve the work required. Not only did this ensure impact in Ireland, it put Ireland on the global COVID-19 map, contributing to an international response.

These infrastructures have worked to ensure their organizational brands are a trusted and reliable source for research activities, ensuring the highest operational standards when conducting and publishing research. This combination of established organizations meant that the EERS was planned, launched and operational in days, with outputs visible in weeks. Key assistance came from NUI Galway core supports and our funders to ensure the rapidity of response that the health emergency required. None of this would have been possible without outstanding team work, cohesiveness, goodwill, talent, capacity and leadership from the researchers, collaborators and volunteers who produced the work with enormous effort, time and commitment. The establishment of the EERS during this pandemic has now built strong networks and a reputation as being a source of robust and reliable evidence and methodologists available for future pandemics.

Additional resources

- Evidence Synthesis Ireland: evidencesynthesisireland.ie
- Priority III – rapid reviews project: evidencesynthesisireland.ie/priority-iii
- Cochrane Ireland: ireland.cochrane.org
- HRB Trials Methodology Research Network: www.hrb-tmrn.ie
- iHealthFacts: ihealthfacts.ie
- Webinars: evidencesynthesisireland.ie/resources
- More information: evidencesynthesisireland.ie/covid-19

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- The iHealthFacts team
- NUI Galway contributors: Maureen Kelly, Ciara Gleeson, Simone LePage, Sivisha Bellamkonda, Hema Sivasubramanian, Srsaya Pudota, Nikolette Warner
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- With thanks to Teresa Maguire, the Health Research Board and the HSC R&D Public Health Agency
- Organizations: Cochrane (Cochrane Central Executive Team, Cochrane Public Health, Cochrane Effective Practice and Organisation of Care, Cochrane Work, Cochrane Pregnancy and Childbirth), World Health Organization (WHO), Campbell UK & Ireland, EPPI-Centre (London), the Centre for Evidence Based Medicine (Oxford), and COVID-19 Evidence Network to support Decision-making (COVID-END)
- Specific acknowledgements are described directly in the individual publications.

Declarations of interest

The authors are paid in full, or part, from Evidence Synthesis Ireland, which is a capacity-building initiative funded by the Health Research Board and HSC R&D Public Health Agency, Northern Ireland funding to Evidence Synthesis Ireland and Cochrane Ireland (CBES-2018-001); and HRB funding for the Membrane Organization of Care, Cochrane Public Health, Cochrane Effective Practice and Organisation of Care, Cochrane Work, Cochrane Pregnancy and Childbirth, World Health Organization (WHO), Campbell UK & Ireland, EPPI-Centre (London), the Centre for Evidence Based Medicine (Oxford), and COVID-19 Evidence Network to support Decision-making (COVID-END).

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