



Scope, quality, T0U /GS0 gs /T1_5 1 Tf 0.00999 Tc -0.00999

(%) after further screening of the full text. Forty two guidelines proceeded to data extraction and synthesis, of which directly pertained to covid- and were guidelines relating to severe acute respiratory syndrome (SARS) or Middle East respiratory syndrome (MERS) by national organisations promoted in the covid- response (g).

We identified national guidelines on covid-, most of which were published in an upper middle income or high income country (table). We did not find a guideline produced in a low income country.

Often clinical guidelines were embedded within a document that primarily focused on infection control. Generally, the clinical recommendations provided by the guidelines were non-specific and covered a narrow range of topics (table). It was evident that most countries relied heavily on WHO guidelines in formulating their own guidelines.

The format of the supportive care recommendations in the guidelines varied widely, ranging from brief notes or flow diagrams to lengthy, nuanced descriptions of therapeutic options. Emphasis differed among the guidelines, with some being more conservative than others and with variation in specific recommendations such as the choice of antiviral drugs (table). Very few guidelines made specific recommendations on the use of treatments for symptom control such as non-steroidal anti-inflammatory drugs. Recommendations on the use of non-invasive ventilation varied widely (table).

Overall quality as assessed by the AGREE II tool was poor (g). The stacked polar chart shows the sum of the total AGREE II scores with sub-bars, representing six domains (for each domain), stacked end to end for each country. WHO guidelines were rated as (%) out of in total. Clinical guidelines produced in Spain (; %) and in Malaysia (; %) scored particularly highly for methodological rigour, whereas the guidelines produced in China (; %) and South Korea (; %) scored particularly poorly. Domains in which all of the guidelines scored poorly were stakeholder involvement, applicability, and editorial independence.

We observed a lack of clear links between the evidence base and recommendations throughout the guidelines globally—for instance, in the strong discouragement of the use of steroids or the use of antimicrobials (table). Antimicrobial recommendations also varied, with several guidelines recommending empirical antimicrobial treatment for all patients with severe acute respiratory symptoms and others recommending it only on the basis of clinical aetiology.

Globally, very few recommendations were made on prophylaxis for venous thromboembolism (table). Some guidelines linked their recommendations to a consideration of the published literature, but many did not. Even where an explicit link was made, no systematic weighting for that evidence (for example, Grading of Recommendations, Assessment, Delivery and Evaluations (GRADE)) was used.

We found wide variations across individual score domains when comparing guidelines. None of the guidelines scored above % for the domains on editorial independence, applicability, or

response to covid-19, to help to guide clinical decision making and improve patients' outcomes. Clinicians need to be able to rely on the editorial independence of the guidelines they use, but declarations of interest were poorly documented in the early international covid-19 guidelines. In "peacetime," declaring conflicts of interest is a vital component of both GRADE and WHO-INTEGRATE Evidence to Decision frameworks, so why not during a pandemic? Full disclosure of conflicts of interest is not time consuming and is important when making recommendations on novel or experimental treatment on the basis of limited or no evidence.

Furthermore, given the complexity of the global health emergency, it seems reasonable that all guideline writers should seek to include as broad a range of stakeholders as possible. Given the resource constraints faced, matters of affordability and

to evaluate temporal changes in the quality of clinical guidelines as the covid- pandemic progresses.

Comparisons with other studies

To our knowledge, this is the first rapid review of

research will be displayed on the Epidemic diseases Research Group Oxford (ERGO) website and through its social media service.

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