

Now more than ever, we need to share what we have learned.

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## Reply to letter to the editor “Lessons from COVID-19 to future evidence synthesis efforts: first living search strategy and out of date scientific publishing and indexing industry”



In the letter to the editor, “Lessons from COVID-19 to Future Evidence Synthesis Efforts: First Living Search Strategy and Out of Date Scientific Publishing and Indexing Industry” [1], Shokraneh and Russel-Rose make an important point that we believe aligns with our article “Excluding non-English publications from evidence-syntheses did not change conclusions: a meta-epidemiological study” [2].

The authors emphasize that for some topics, such as the current coronavirus disease (COVID-19) outbreak, it is essential to search for non-English literature. Although we agree, we would like to point out that the current COVID-19 pandemic presents a unique situation that cannot be generalized to most other medical topics. With COVID-19, the world has witnessed the emergence of a new disease, initially beginning in a single country alone. Although at the beginning of the outbreak the medical literature was mostly limited to the Chinese language, English language publications slowly caught on as the disease spread worldwide. Ignoring Chinese language publications for any evidence synthesis during the early phase of the outbreak would have meant ignoring the bulk of the evidence. We would even argue that including the Chinese language in searches of English-speaking databases (e.g., PubMed or Embase) is not enough—a situation such as the COVID-19 pandemic requires searches in Chinese databases. In the Discussion of our paper, we touch upon the fact that these special situations require flexibility and justify a language-inclusive approach [2].

This position also coincides with the new Cochrane interim guidance for rapid reviews that recommends limiting publications and searches to English only and including other languages if justified [3]. The first Cochrane Rapid Review on quarantine to control COVID-19 followed this rationale [4]. From 29 included studies, six were published in the Chinese language and listed in Chinese literature databases [4]. Because COVID-19 has become a rapidly evolving pandemic, future rapid reviews should also include languages of countries that have become heavily affected in the meantime (e.g., Italian or Spanish). Nevertheless, as time passes, more and more high-quality studies on COVID-19 from countries like China, Italy, and Spain will be published in English. Consequently, as the scientific literature on COVID-19 matures over time, focusing on English-language publications will once again capture the most important findings on this topic in the future.

Shokraneh and Russel-Rose [1] also raise the issue of the role of studies not (yet) published in journals and evolving vocabulary in the context of the COVID-19 pandemic. While our study did not examine the publication status of the included studies or how the searches were conducted, these considerations are extremely important for rapidly evolving situations such as the COVID-19 pandemic. It highlights that the selection of information sources and search approaches for rapid reviews have to be considered even more carefully than for systematic reviews. Fortunately, a number

of sources that collect studies on COVID-19 and SARS-Cov-2 without language restrictions (e.g., CDC's COVID-19 Research Articles Downloadable Database, WHO COVID-19 Database, Cochrane's COVID-19 Study Register) have already been created. Topic-specific sources like these should be used if available.

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