### Table 10. GRADE evidence profile, Recommendation 10

**Question**: Remdesivir compared to no antiviral for hospitalized patients with severe COVID-19

<table>
<thead>
<tr>
<th>Certainty assessment</th>
<th>Nº of patients</th>
<th>Effect</th>
<th>Certainty</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nº of patients</td>
<td>Effect</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
</tr>
<tr>
<td>Mortality (follow up: 14 days)</td>
<td>1</td>
<td>randomized trials</td>
<td>not serious</td>
<td>not serious</td>
</tr>
<tr>
<td>Mortality (follow up: 28 days)</td>
<td>1,2</td>
<td>randomized trials</td>
<td>not serious</td>
<td>not serious</td>
</tr>
<tr>
<td>Clinical improvement (follow up: 28 days)</td>
<td>1,2</td>
<td>randomized trials</td>
<td>not serious</td>
<td>not serious</td>
</tr>
<tr>
<td>SAEs (grade 3/4)</td>
<td>2,1,2</td>
<td>randomized trials</td>
<td>not serious</td>
<td>not serious</td>
</tr>
<tr>
<td>Time to recovery</td>
<td>1</td>
<td>randomized trials</td>
<td>not serious</td>
<td>not serious</td>
</tr>
</tbody>
</table>
GRADE Working Group grades of evidence

High certainty: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate certainty: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low certainty: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low certainty: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of the effect

Risk of bias: Study limitations
Inconsistency: Unexplained heterogeneity across study findings
Indirectness: Applicability or generalizability to the research question
Imprecision: The confidence in the estimate of an effect to support a particular decision
Publication bias: Selective publication of studies

CI: Confidence interval; HR: Hazard Ratio; RR: Risk ratio; OR: Odds ratio; MD: Mean difference

Explanations
a. Some changes made to the protocol.
b. The mortality outcome was not pooled as dichotomous variable between studies at 14 and 28 days because the ACCT trial presented the mortality results appropriately as time-to-event analysis due to possible chance effect at 14 days, as many patients still remained in the ICU setting. Rated down for indirectness of outcomes (lack of 28-day data in the ACTT trial).
c. 95% CI may not include a clinically meaningful effect. Few events reported do not meet the optimal information size and suggest fragility in the estimate.
d. Co-interventions received include interferon alpha-2b, lopinavir/ritonavir, vasopressors, antibiotics, corticosteroid therapy and were balanced between arms.
e. Trial stopped early due to lack of recruitment. Trial initiated after reduction in new patient presentation (most patients enrolled later in the disease course).
f. The 95% CI includes the potential for appreciable harm but cannot exclude the potential for benefit.
g. The 95% CI cannot exclude the potential for benefit or harm.

References