COVID-19: updates on follow-up & long-term effects

June 22nd 2020

**STRATEGY UNIT RAPID SCAN**

**Title:** REHABILITATION NEEDS AND POST-ICU RECOVERY FOR SEVERE COVID-19 PATIENTS: RAPID SCAN 2: UPDATED 17th JUNE

Source: The Strategy Unit | Published online 17th June 2020

‘As the pandemic progresses, more knowledge emerges about the medium to long term impacts for COVID-19 survivors.  Whilst caution should be exercised, as sample sizes are small and papers often not peer reviewed, such findings can give an insight into potential implications for health services.  A paper from Italy shares the experience of setting up a rehabilitation facility and a related paper suggests that the resourcing of Covid rehabilitation may need multidisciplinary involvement and may be resource-intensive.   Principles for reconfiguring services are discussed in a paper exploring the components of an approach to manage Covid rehabilitation alongside restarting other services’.

Read the update, with links to articles: <https://www.strategyunitwm.nhs.uk/sites/default/files/2020-06/SU_CovidEvidence_WeeklyAlert_17062020.pdf>.

This updates: [Rapid scan 2: rehabilitation needs and post-ICU recovery for severe COVID-19 patients](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-05/20200513%20Evidence%20rapid%20scan%202%20-%20Rehab.pdf) (13th May).

**guidance & position statements**

**Title:** After-care needs of inpatients recovering from COVID-19

Source: NHS England | Published online June 5th, 2020

This guidance supports primary care and community health services to meet the immediate and longer-term care needs of patients discharged following an acute episode of COVID-19, by describing the typical expected health care needs of these patients, post-discharge.

Full-text: <https://www.england.nhs.uk/coronavirus/publication/after-care-needs-of-inpatients-recovering-from-covid-19/>

**Title**: Getting the NHS back on track: planning for the next phase of COVID-19

Source: NHS Confederation | Published online June 10th, 2020

As part of our [NHS Reset campaign](https://www.nhsconfed.org/supporting-members/nhs-reset), this report outlines the key challenges that local organisations will face over the coming months. It also suggests some changes in policy and practice that will be required as the NHS prepares to restart a wide range of services either paused or stopped when the pandemic struck. It is based on in-depth engagement with our members and is published to support and influence forthcoming guidance from NHS England and NHS Improvement on how the next phase of the NHS’ response to the pandemic will be managed. The key challenges we identify are: funding; capacity; **rehabilitation**; health inequalities; regulation and inspections; system working; and managing public expectations.

<https://www.nhsconfed.org/resources/2020/06/getting-the-nhs-back-on-track>

**Title**: Allied health professionals’ role in rehabilitation during and after COVID-19

Source: NHS England | Published online May 18th, 2020

This statement outlines our four nations’ collective strategic priorities and approach to AHP rehabilitation leadership during and after COVID-19. Rehabilitation is critical to ensuring our population’s recovery from the impacts of the pandemic and the long-term sustainability of the health and social care system. As AHPs we are at the centre in shaping the rehabilitation agenda while working as part of the wider multidisciplinary and multiagency teams across all sectors.

<https://www.england.nhs.uk/coronavirus/publication/allied-health-professionals-role-in-rehabilitation-during-and-after-covid-19/>

**research papers**

**Title:** Assessing long-term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS (Yorkshire Rehabilitation Screening) tool)

Source: Advances in Clinical Neuroscience and Rehabilitation, published online 9th June 2020

The COVID-19 pandemic has caused more than 5 million infections and 300,000 deaths worldwide. Many survivors of the illness are likely to have long-term symptoms and disability that will pose a significant burden to the healthcare systems and economies all over the world. Given the scale of the burden and lockdown measures in most countries, there is a need for a pragmatic tele-assessment tool to screen for needs and target rehabilitation interventions in time. A comprehensive multi-system telephone screening tool called COVID-19 Yorkshire Rehabilitation Screening (C19-YRS) tool has been developed by multi-disciplinary-rehabilitation teams from Leeds, Airedale and Hull NHS Trusts to assess and capture symptoms and guide rehabilitation interventions for these individuals. The tool has been shown to cover all the components of the WHO ICF Framework.

View the full article: <https://www.acnr.co.uk/2020/06/c19-yrs/>

**Title**: Rehabilitation after COVID-19: an evidence-based approach

Source: Clinical Medicine Journal | Published online June 2020. Derick T Wade.

After severe COVID-19 disease, many patients will experience a variety of problems with normal functioning and will require rehabilitation services to overcome these problems. The principles of and evidence on rehabilitation will allow an effective response. These include a simple screening process; use of a multi-disciplinary expert team; four evidence-based classes of intervention (exercise, practice, psychosocial support, and education particularly about self-management); and a range of tailored interventions for other problems. The large number of COVID-19 patients needing rehabilitation coupled with the backlog remaining from the crisis will challenge existing services. The principles underpinning vital service reconfigurations needed are discussed.

Full text: <https://www.rcpjournals.org/content/clinmedicine/early/2020/06/08/clinmed.2020-0353>

**Title:** THE “VIRTUAL WARDS” SUPPORTING PATIENTS WITH COVID-19 IN THE COMMUNITY

Source: British Medical Journal, 5th June 2020

Hospital doctors have established “virtual wards” whereby patients with covid-19 are managed at home, monitoring their own oxygen levels—and freeing up staff and beds. The primary aim of some of these wards is supported early discharge; others are referring patients directly from emergency departments and primary care. The virtual wards were planned at the beginning of the pandemic to avoid hospitals being overwhelmed, but doctors say that as well as keeping people with covid-19 out of hospital if they do not need to be there, patients are less anxious.

View the full article: <https://www.bmj.com/content/369/bmj.m2119>

**Title:** Post-COVID-19 global health strategies: the need for an interdisciplinary approach

Source: Aging Clinical and Experimental Research | Published online June 11th 2020

For survivors of severe COVID-19 disease, having defeated the virus is just the beginning of an uncharted recovery path. What follows after the acute phase of SARS-CoV-2 infection depends on the extension and severity of viral attacks in different cell types and organs. Despite the ridiculously large number of papers that have flooded scientific journals and preprint-hosting websites, a clear clinical picture of COVID-19 aftermath is vague at best. Without larger prospective observational studies that are only now being started, clinicians can retrieve information just from case reports and or small studies. This is the time to understand how COVID-19 goes forward and what consequences survivors may expect to experience. To this aim, a multidisciplinary post-acute care service involving several specialists has been established at the Fondazione Policlinico Universitario A. Gemelli IRCSS (Rome, Italy). Although COVID-19 is an infectious disease primarily affecting the lung, its multi-organ involvement requires an interdisciplinary approach encompassing virtually all branches of internal medicine and geriatrics**. In particular, during the post-acute phase, the geriatrician may serve as the case manager of a multidisciplinary team. The aim of this article is to describe the importance of the interdisciplinary approach--coordinated by geriatrician--to cope the potential post-acute care needs of recovered COVID-19 patients**.

View full text: <https://link.springer.com/article/10.1007/s40520-020-01616-x>

**Title:** ROLE OF REHABILITATION DEPARTMENT FOR ADULT COVID-19 PATIENTS: THE EXPERIENCE OF THE SAN RAFFAELE HOSPITAL OF MILAN (pre-proof)

Source: Archives of Physical Medicine and Rehabilitation| Published online June 4 2020

The rapid evolution of the health emergency linked to the spread of SARS-CoV-2 requires specifications for the rehabilitative management of COVID-19 patients. The symptomatic evolution of COVID-19 patients is characterized by two phases: an acute phase in which respiratory symptoms prevail, and a post-acute phase in which patients can show symptoms related to prolonged immobilization, to previous and current respiratory dysfunctions as well as cognitive and emotional disorders. There is thus the need for specialized rehabilitative care for these patients. This communication reports the experience of the San Raffaele Hospital of Milan (Italy) and recommends the set-up of specialized clinical pathways for the rehabilitation of COVID-19 patients. In this hospital, between February 1st and March 2nd 2020, about 50 patients were admitted every day with COVID-19 symptoms. In those days, about 400 acute care beds were created (Intensive Care/Infectious Diseases). In the following 30 days, from March 2nd to mid-April, despite the presence of 60 daily arrivals to the ER, the organization of patient flow between different wards was modified and several different units were created based on a more accurate integration of patients’ needs. According to this new organization, patients were admitted first to acute care COVID-19 units, and then to COVID-19 rehabilitation units, post-COVID-19 rehabilitation units and/or quarantine/observation units. After hospital discharge, telemedicine was used to follow-up with patients at home. Such clinical pathways should each involve dedicated multidisciplinary teams composed of pulmonologists, physiatrists, neurologists, cardiologists, physiotherapists, neuropsychologists, occupational therapists, speech therapists and nutritionists.

View the full article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7272153/>

**Title:** Planning for the aftershocks: a model of post-acute care needs for hospitalized COVID-19 patients

Source: medRxix preprint server | Published online June 13th 2020

[*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should*not*be used to guide clinical practice.*](https://www.medrxiv.org/content/what-unrefereed-preprint)Since its emergence in late 2019, COVID-19 has caused significant global morbidity and mortality, overwhelming health systems. Considerable attention has been paid to the burden COVID-19 has put on acute care hospitals, with numerous models projecting hospitalizations and ICU needs for the duration of the pandemic. However, less attention has been paid to where these patients may go if they require additional care following hospital discharge. As COVID-19 patients recover from severe infections, many of them require additional care. Yet with post-acute care facilities averaging 85\% capacity prior to the pandemic and the significant potential for outbreaks, consideration of the downstream effects of the surge of hospitalized COVID-19 patients is critical. Here, we present a method for projecting COVID-19 post-acute care needs. Our model is designed to take the output from any of the numerous epidemiological models (hospital discharges) and estimate the flow of patients to post-acute care services, thus providing a similar surge planning model for post-acute care services. Using data from the University of Utah Hospital, we find that for those who require specialized post-acute care, the majority require either home health care or skilled nursing facilities. Likewise, we find the expected peak in post-acute care occurs about two weeks after the expected peak for acute care hospitalizations, a result of the duration of hospitalization. This short delay between acute care and post-acute care surges highlights the importance of considering the organization necessary to accommodate the influx of recovering COVID patients and protect non-COVID patients prior to the peak in acute care hospitalizations. We developed this model to guide policymakers in addressing the "aftershocks" of discharged patients requiring further supportive care; while we only show the outcomes for discharges based on preliminary data from the University of Utah Hospital, we suggest alternative uses for our model including adapting it to explore potential alternative strategies for addressing the surge in acute care facilities during future pandemic waves.

View full-text: <https://www.medrxiv.org/content/10.1101/2020.06.12.20129551v1>

**Title:** COVID-19 rehabilitation units are twice as expensive as regular rehabilitation units

Source: Journal of Rehabilitation Medicine | Published online June 2020

*This article has been accepted for publication in Journal of Rehabilitation Medicine and is currently being edited and typeset. Abstract only available at present.*

Objective: The COVID-19 pandemic has caused significant motor, cognitive, psychological, neurological and cardiological disabilities in many infected patients. Functional rehabilitation of infectious COVID-19 patients has been implemented in the acute care wards and in appropriate, ad-hoc, multidisciplinary COVID-19 rehabilitation units. However, because COVID-19 rehabilitation units are a clinical novelty, clinical and organizational benchmarks are not yet available. The aim of this study is to describe the organizational needs and operational costs of such a unit, by comparing its activity, organization, and costs with 2 other functional rehabilitation units, in San Raffaele Hospital, Milan, Italy.

<https://www.medicaljournals.se/jrm/content/abstract/10.2340/16501977-2704>

**Title:** In-ICU COVID-19 patients’ characteristics for an estimation in post-ICU rehabilitation care requirement (PRE-PROOF)

Anaesthesia Critical Care & Pain Medicine; published online 13th June 2020

Due to the emergence of a virus outbreak in Mulhouse, a city located 100 km south of Strasbourg, Alsace was one of the first regions in France to be affected by SARS-CoV-2 and people developed a new coronavirus disease (COVID-19). Strasbourg University Hospital increased more than twice its intensive care bed capacity (+140%). At the time of writing this article, six weeks after the start of the epidemic, 998 hospital deaths were counted in the region, i.e., an intrahospital mortality rate linked to COVID-19 of 0.53 deaths per 100,000 inhabitants (https://dashboard.covid19.data.gouv.fr/). Currently, a large number of patients with severe COVID-19 remain hospitalised in our intensive care unit (ICU). Many of these patients have severe damages to one or more organs, suggesting that certain patients will need higher post-resuscitation care in active post-resuscitation care (APRC) unit or more classic rehabilitation care in a follow-care and rehabilitation service. The purpose of this letter is to succinctly estimate the need for post COVID-19 resuscitation rehabilitation care before conduct wider study to definitively assess post COVID-19 rehabilitation care requirements.

View full text: <https://www.sciencedirect.com/science/article/pii/S2352556820301028?via%3Dihub>

**Title:** LONG TERM COMPLICATIONS AND REHABILITATION OF COVID-19 PATIENTS (COMMENTARY)

The Journal of the Pakistan Medical Association; May 2020; vol. 70

With the ongoing pandemic of COVID-19 having caught the world almost unaware millions of people across the globe are presently grappling to deal with its acute effects . Our previous experience with members of the same corona virus family (SARS and MERS) which have caused two major epidemics in the past albeit of much lower magnitude , has taught us that the harmful effect of such outbreaks are not limited to acute complications alone. Long term cardiopulmonary, glucometabolic and neuropsychiatric complications have been documented following these infections. In the given circumstance it is therefore imperative to keep in mind the possible complications that may occur after the acute phase of the disease subsides…

View full-text: <https://www.ejmanager.com/mnstemps/33/33-1589041918.pdf?t=1592492392>

**Title:** Immediate and long-term consequences of COVID-19 infections for the development of neurological disease

Source: Alzheimer's research & therapy; Jun 2020; vol. 12 (no. 1); p. 69. Published online 4 June 2020.

Increasing evidence suggests that infection with Sars-CoV-2 causes neurological deficits in a substantial proportion of affected patients. While these symptoms arise acutely during the course of infection, less is known about the possible long-term consequences for the brain. Severely affected COVID-19 cases experience high levels of proinflammatory cytokines and acute respiratory dysfunction and often require assisted ventilation. All these factors have been suggested to cause cognitive decline. Pathogenetically, this may result from direct negative effects of the immune reaction, acceleration or aggravation of pre-existing cognitive deficits, or de novo induction of a neurodegenerative disease. This article summarizes the current understanding of neurological symptoms of COVID-19 and hypothesizes that affected patients may be at higher risk of developing cognitive decline after overcoming the primary COVID-19 infection. A structured prospective evaluation should analyze the likelihood, time course, and severity of cognitive impairment following the COVID-19 pandemic.

View full-text: <https://alzres.biomedcentral.com/articles/10.1186/s13195-020-00640-3>

**Title:** Flattening the disability curve: Rehabilitation and recovery after COVID-19 infection

Source: Heart & Lung, 11 May 2020

The coronavirus-19 (COVID-19) pandemic has led to a surge of hospitalizations, many of which have required prolonged intensive care unit (ICU) stays and mechanical ventilation. While considerable attention has been paid to survival rates among the rapidly increasing population of patients infected with COVID-19, a second crisis is emerging—the challenge of managing the high disability burden associated with ICU survivorship. ICU survivors, especially those who are mechanically ventilated, often suffer from new or worsening impairments in physical function, cognitive function, and/or emotional health collectively known as post-intensive care syndrome (PICS). These deficits may persist for months or years after a critical illness, and have substantial impact on outcomes important to patients such as quality of life, return to work, and disability in activities of daily living such as bathing or walking. Patients infected with COVID-19 often require stays of 10 or more days in the intensive care unit, and many experience acute respiratory distress syndrome requiring mechanical ventilation, which usually requires sedation, and sometimes, neuromuscular blockade. , Taken together, these factors are likely to increase the burden of PICS among COVID-19 survivors; indeed, recent estimates indicate at least 40% of COVID-19 survivors have prolonged and significant neurological deficits such as fatigue or weakness after hospital discharge. The Awakening and Breathing Coordination, Delirium monitoring/management and Early exercise/mobility (ABCDE) bundle is critical to reducing the adverse consequences of critical illness…

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7211743/>

**Title:** COVID-19 follow-up planning: what will we be missing? (LETTER)

ERJ Open Research, May 2020

There is a real need for a discharge plan for COVID-19 survivors in the UK. Follow-up imaging could help assess the resolution of infection, exclude underlying malignancy and identify post-inflammatory fibrosis. Lydia Lee, University of Liverpool (April 2020)

Full-text: <https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC7248349&blobtype=pdf>

**Title:** COVID-19 AND DIABETES MELLITUS: IMPLICATIONS FOR PROGNOSIS AND CLINICAL MANAGEMENT

Expert Review of Endocrinology & Metabolism, published online 8th June 2020

DM associates with impairments of both cellular and humoral immunity. Early emergent global data reveal that severity of clinical outcome from COVID-19 infection (including hospitalization and admission to Intensive Care Unit [ICU]), associate with co-morbidities, prominently DM. The key principles of management of COVID-19 in patients with DM include ongoing focused outpatient management (remotely where necessary) and maintenance of good glycemic control.

<https://www.tandfonline.com/doi/full/10.1080/17446651.2020.1774360>

**Title**: PM&R AND PULMONARY REHABILITATION FOR COVID-19

Source: American Journal of Physical Medicine & Rehabilitation | Published online 11th June 2020

This analysis extrapolates information from prior studies and experiences to bring PM&R perspective and intervention to the multidisciplinary treatment of COVID-19. The purpose of pulmonary rehabilitation in COVID-19 patients is to improve symptoms of dyspnea, relieve anxiety, reduce complications, minimize disability, preserve function and improve quality of life. Pulmonary rehabilitation during the acute management of COVID-19 should be considered when possible and safe and may include nutrition, airway, posture, clearance technique, oxygen supplementation, breathing exercises, stretching, manual therapy, and physical activity. Given the possibility of long-term disability, outpatient post-hospitalization pulmonary rehabilitation may be considered in all patients hospitalized with COVID-19.
 <https://journals.lww.com/ajpmr/Abstract/9000/PM_R_and_Pulmonary_Rehabilitation_for_COVID_19.97964.aspx>

**Title:** EARLY REHABILITATION FOR CRITICALLY ILL PATIENTS WITH COVID-19: MORE BENEFITS THAN RISKS (LETTER)

Source: American Journal of Physical Medicine & Rehabilitation | Published online June 2020

This manuscript provides support for physical therapists to focus on the long-term, as well as the short-term, consequences of acute respiratory distress syndrome (ARDS) associated with COVID-19. Since late November 2019, COVID-19 has become a global health pandemic and threat. Although most people have no or mild symptoms, COVID-19 spreads aggressively and can lead to ARDS rapidly in a proportion of individuals. The evidence supports that gas exchange and countering the negative effects of bed rest and immobility are priorities in severely affected patients admitted to the intensive care unit (ICU). However, in recent years, research has focused on poor long-term functional outcomes in patients with ARDS, often associated with ICU-acquired weakness, deconditioning, and myopathies and neuropathies. In addition to physical therapists providing respiratory support in the ICU, the literature unequivocally supports the view that early intervention for ICU management of patients with ARDS secondary to COVID-19 needs to focus on reducing contributors to impaired long-term function, with direct attention paid to preventing or managing ICU-acquired weakness, deconditioning, and myopathies and neuropathies, in conjunction with respiratory care.

Full text not available online (contact Library to purchase): <https://journals.lww.com/ajpmr/Citation/2020/06000/Early_Rehabilitation_for_Critically_Ill_Patients.4.aspx>

**blogs**

**TITLE:** WHAT COMES AFTER COVID-19? PREPARING FOR POST-INTENSIVE CARE SYNDROME

Source: BMJ | Published online 10th June 2020

*We do not yet know precisely the outcomes that survivors of covid-19 will face, but we should be ready with support, say Daniela Lamas and colleagues*

As the threat posed by covid-19 soared, healthcare workers scrambled to address the crises moment by moment: respiratory failure and its management, rationed personal protective equipment, an anticipated shortage of essential medications and ventilators. Intensive care units have been full and providers are anxious, balancing their own fear with the drive to provide high quality care. It has been hard to see what comes after.  Yet there will be an after. Patients will survive coronavirus—but that survival will likely come at a cost for some….

<https://blogs.bmj.com/bmj/2020/06/10/what-comes-after-covid-19-preparing-for-post-intensive-care-syndrome/>

**news items & SERVICE DEVelopments in the uk**

**Title:** Physiotherapy in the news - Covid-19 rehab and lockdown coverage

Source: CSP | Published online May 29th 2020

Physios are making a vital contribution in the treatment patients with the virus while others are providing much-needed virtual consultations and advice on a range of other conditions. Following our [media highlights](https://www.csp.org.uk/news/2020-04-17-physiotherapy-news-covid-19-coverage) piece last month, the CSP's press office has continued to secure coverage of this across national and regional print titles, TV news and online outlets. Covers recovery and rehabilitation initiatives.
<https://www.csp.org.uk/news/2020-05-29-physiotherapy-news-covid-19-rehab-lockdown-coverage>

**TITLE:** POST-COVID CLINICS UNDERWAY FOR THOSE WITH ONGOING SYMPTOMS AFTER DISCHARGE

Source: The Limbic | Published online 18th June 2020

‘Clinicians around the country are doing their first face-to-face follow-up clinics for patients who recovering from severe Covid-19 illness. Multi-disciplinary teams are being put in place to see those who are suffering a range of ongoing problems including breathlessness, fatigue and the psychological effects after their discharge…’

<https://thelimbic.com/uk/respiratory/post-covid-clinics-underway-for-those-with-ongoing-symptoms-after-discharge/>

**TITLE:** POST COVID MDT AT NOTTINGHAM UNIVERSITY HOSPITALS (CRITICAL CARE)

Published online: June 12th 2020
‘Face to face MDT Post Covid clinic. Physio, OT, psychology, nursing, medics across Resp & ITU. Till 6w ago, we’d rarely worked together’.
<https://twitter.com/bolton_char/status/1271512883680219136>

**TITLE:** COVID-OR: A MULTI-CENTRE OBSERVATIONAL STUDY OF RECOVERY FROM CRITICAL ILLNESS IN THE COVID-19 PANDEMIC

Western Sussex Hospitals Critical Care
‘8 hospitals now following up COVID-19 critical care survivors across Kent, Surrey & Sussex’
<https://twitter.com/WSHT_ICU/status/1269243509845999616>

**Title:** Single Point Of Access for post-COVID Community AHP rehab @ Edinburgh HSCP, Launching Mon 15th.

Hospital & community clinician referral in the first instance (primary care referral to come once SCI gateway live). Edinburgh Health & Social Care Partnership, June 2020
<https://twitter.com/PhysioSolution/status/1271461592505466883>

**TITLE:** ICUSTEPS CHESTER: ONLINE EXERCISE CLASSES FOR PATIENTS RECOVERING FROM COVID-19

June 12th 2020
Exercise groups for expatients rehabilitating from Covid19.
<https://twitter.com/IcustepsC/status/1271359412171571200>

**Title:** THOUSANDS OF PEOPLE WILL HELP SCIENTISTS TO TRACK THE LONG-TERM HEALTH EFFECTS OF THE CORONAVIRUS CRISIS

Source: Nature, published online 2nd June 2020

Cohort studies that follow populations over years have quickly pivoted to trace the pandemic’s physical, mental and social consequences….
<https://www.nature.com/articles/d41586-020-01643-8>

**patient information:**

**Title:** C19RECOVERYAWARENESS.COM

#### ‘This site was created as a resource for those looking for support during their extended Covid-19 recovery. These articles show the increasing prevalence of people around the world experiencing an unexpectedly long recovery from the virus and its effects’.

<https://www.c19recoveryawareness.com/>

**TITLE:** POST COVID-19 PATIENT INFORMATION PACK

Homerton University Hospital, 21 June 2020

‘Resource for people suffering long-term symptoms is highly sought after, with 12 other hospitals so far asking to use it’
<https://www.hackneycitizen.co.uk/wp-content/uploads/Post-COVID-19-information-pack-5.pdf><https://twitter.com/covid_rehab/status/1274621795107250176>

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>