COVID-19 weekly update

11th July 2022

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**clinical management**

**title:** High-Dose Dexamethasone and Oxygen Support Strategies in Intensive Care Unit Patients With Severe COVID-19 Acute Hypoxemic Respiratory Failure: The COVIDICUS Randomized Clinical Trial

jama internal medicine | 5th JULY 2022  
  
Question What are the effects of high-dose vs low-dose dexamethasone on 60-day time to all-cause mortality, and oxygenation strategies vs standard oxygen support on 28-day time to fulfilling invasive mechanical ventilation (IMV) criteria in patients with COVID-19 and severe acute hypoxemic respiratory failure (AHRF)?

Findings In this randomized clinical trial among 546 patients with COVID-19 and severe AHRF, no difference was observed in 60-day mortality according to dexamethasone dose or in 28-day cumulative need for IMV according to oxygenation strategy.

Meaning These findings suggest that in patients with COVID-19 and AHRF, high-dose dexamethasone or different oxygenation strategies did not significantly modify 60-day mortality or 28-day requirement for IMV criteria.  
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2794040>

**title:** Hospitalization Outcomes Among Patients With COVID-19 Undergoing Remote Monitoring

JAMA | 7th july 2022  
  
Question Is participation in a remote monitoring program for COVID-19, supported by nurses around the clock, associated with subsequent hospitalization?

Findings In this cohort study of 9378 patients, participation in a remote monitoring program was associated with lower odds of hospitalization 2 to 14 days after a positive COVID-19 test, after an adjusted analysis using inverse propensity score weighting.

Meaning These findings suggest that remote patient monitoring for COVID-19 may help patients better manage symptoms at home and help hospitals better manage bed capacity.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793927>

**title:** Pulse oximetry and the pandemic

BMJ| 7th JULY 2022  
  
Widespread use highlights the need for formal training in pulse oximetry

At the height of the covid-19 pandemic large numbers of patients with acute respiratory symptoms needed to be assessed, triaged, and monitored to identify those requiring admission to hospital and those who could be managed with medical supervision at home. Presence of hypoxaemia is one of the criteria used during this decision making process.

The ability of pulse oximeters to detect and quantify hypoxaemia led to pulse oximetry featuring prominently in guidelines for the assessment and management of patients with covid-19, especially after reports that some patients develop “silent” hypoxaemia.12 However, the increased use of pulse oximetry in clinical decision making reawakened longstanding concerns about its role in clinical assessment. In response to these concerns, the UK’s Medicines and Healthcare Products Regulatory Agency (MHRA) and the US Food and Drug Administration (FDA) issued patient safety alerts on the accuracy of pulse oximeters, the limitations of pulse oximetry, and the interpretation of oxygen saturation readings…  
  
…Training in pulse oximetry is as important as training in electrocardiography, so it should be included in undergraduate and postgraduate curriculums. In addition, the NHS should commission an online training programme that all clinicians can access through e-learning platforms. The pandemic is a further reminder that, when using pulse oximetry, patient safety depends on clinicians being able to interpret SpO2 readings correctly.  
<https://www.bmj.com/content/378/bmj-2022-071474>

**title:** Covid-19: FDA authorises pharmacists to prescribe Paxlovid

BMJ|8th july 2022  
  
The US Food and Drug Administration (FDA) has authorised licensed pharmacists to prescribe Pfizer’s oral antiviral drug Paxlovid (nirmatrelvir and ritonavir) to eligible patients who have tested positive for covid-19, subject to some limitations.1

The FDA’s action on 6 July, a revision of the emergency use authorisation, will make the drug more widely available to people with covid-19, particularly in rural and poor areas. About 90% of the US population lives within five miles of a pharmacy, according to the American Pharmacists Association.2 Until now, only doctors, nurses, and physician assistants could prescribe Paxlovid…  
<https://www.bmj.com/content/378/bmj.o1695>

**title:** Tixagevimab–cilgavimab for treatment of patients hospitalised with COVID-19: a randomised, double-blind, phase 3 trial  
  
the lancet respiratory medicine| 8th july 2022  
  
Tixagevimab–cilgavimab is a neutralising monoclonal antibody combination hypothesised to improve outcomes for patients hospitalised with COVID-19. We aimed to compare tixagevimab–cilgavimab versus placebo, in patients receiving remdesivir and other standard care…  
  
…Among patients hospitalised with COVID-19 receiving remdesivir and other standard care, tixagevimab–cilgavimab did not improve the primary outcome of time to sustained recovery but was safe and mortality was lower.  
<https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00215-6/fulltext>   
[Linked commentary](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00222-3/fulltext#:~:text=Monoclonal%20antibodies%20that%20neutralise%20SARS,mild%20to%20moderate%20COVID%2D19.)

**title:** Monoclonals for patients hospitalised with COVID-19

the lancet infectious diseases| 5th july 2022  
  
Monoclonal antibodies (mAbs) targeting the spike protein of SARS-CoV-2 have been widely used in the ongoing COVID-19 pandemic. In this paper, we review the properties of mAbs and their effect as therapeutics in the pandemic, including structural classification, outcomes in clinical trials that led to the authorisation of mAbs, and baseline and treatment-emergent immune escape. We show how the omicron (B.1.1.529) variant of concern has reset treatment strategies so far, discuss future developments that could lead to improved outcomes, and report the intrinsic limitations of using mAbs as therapeutic agents.  
<https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00311-5/fulltext>

**title:** Efficacy and Safety of Saline Nasal Irrigation Plus Theophylline for Treatment of COVID-19–Related Olfactory Dysfunction: The SCENT2 Phase 2 Randomized Clinical Trial

jama OTOLARYNGOL HEAD NECK SURG|7th july 2022  
  
Question Is the use of theophylline added to saline nasal irrigation efficacious and safe for treatment of COVID-19–related olfactory dysfunction?

Findings In this phase 2 randomized clinical trial of 51 adults with chronic COVID-19–related olfactory dysfunction, the number of participants who self-reported improvement in their olfactory function after using theophylline nasal irrigation was 16% higher than those receiving placebo (59% vs 43%). The theophylline arm had 24% more participants with a clinically meaningful change in their objective smell identification test score.

Meaning The use of theophylline added to saline nasal irrigations may result in clinically beneficial improvements in smell function compared with saline irrigation alone.  
<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2793987>   
Linked commentary: [Strategies for Evaluating Anosmia Therapeutics in the COVID-19 Era—Coming to Our Senses](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2793990)

**title:** Expiration Dates Extended on COVID-19 Monoclonal Antibody Therapies

JAMA| 5th JULY 2022  
  
Expiration dates on several monoclonal antibody therapies for COVID-19 were extended by the FDA and the US Department of Health and Human Services’ Assistant Secretary for Preparedness and Response (ASPR) as a way to preserve supplies of the drugs for future outbreaks.  
<https://jamanetwork.com/journals/jama/fullarticle/2793845>

**rates & variants**

**title:** Covid-19: Hospitals and GP clinics return to universal mask wearing as rates rise

BMJ| 11th july 2022  
  
Hospitals and general practices around the country are once more insisting on mask wearing by staff and patients in response to high rates of covid.

Responsibility for infection control decisions over and above national guidance is now a “matter for local discretion,” NHS England confirmed in updated advice in June that underlined the importance of local risk assessments.

Now, just weeks after the rules on wearing masks in healthcare settings were relaxed, many hospitals and individual practices have announced that they are reinstating them…  
<https://www.bmj.com/content/378/bmj.o1712>

**infection control**

**title:** Covid-19: WHO urges countries to plug immunity gaps as global infections rise

BMJ |7th july 2022  
  
Senior World Health Organization officials have warned that the global increase in covid-19 infections is likely just the beginning and that nations must plug immunity gaps quickly before they are exploited by new sub-lineages of SARS-CoV-2.

Officials told a media briefing on 6 July that poorer nations are particularly vulnerable to a surge driven by the new lineages of the omicron variant, as many of those countries have still not reached WHO’s vaccination targets or gained access to antivirals…  
<https://www.bmj.com/content/378/bmj.o1685>

**title:** Covid-19: GPs are asked to opt into next vaccination phase this autumn

BMJ| 5th july 2022  
  
General practices that wish to continue giving covid booster vaccinations from September have until 14 July to sign up, NHS England has said.

In guidance setting out expectations for the autumn booster campaign it also states that general practices choosing to provide vaccinations must have sufficient workforce capacity to keep delivering other services.1

The updated enhanced service—now “phase 5” of the vaccination campaign—will start on 1 September and will initially run to 31 March 2023, but it could be extended by as much as six months depending on advice from the Joint Committee on Vaccination and Immunisation. GPs will continue to be paid £10.06 for each vaccine administered and £10 for each housebound patient…  
<https://www.bmj.com/content/378/bmj.o1657>

**title:** Effectiveness of a fourth dose of covid-19 mRNA vaccine against the omicron variant among long term care residents in Ontario, Canada: test negative design study

BMJ| 6th JULY 2022  
  
The findings suggest that compared with a third dose of mRNA covid-19 vaccine, a fourth dose improved protection against infection, symptomatic infection, and severe outcomes among long term care residents during an omicron dominant period. A fourth vaccine dose was associated with strong protection against severe outcomes in vaccinated residents compared with unvaccinated residents, although the duration of protection remains unknown.  
<https://www.bmj.com/content/378/bmj-2022-071502>

**title:** First Nonprescription COVID-19 Test That Also Detects Flu and RSV  
  
JAMA| 5th JuLY 2022  
  
The FDA has authorized the first nonprescription diagnostic test that can identify multiple viruses that cause COVID-19–like respiratory symptoms, including respiratory syncytial virus (RSV). FDA officials see it as another step toward diagnostic testing at home for certain viruses.

In addition to SARS-CoV-2 and RSV, the Labcorp Seasonal Respiratory Virus RT-PCR DTC Test can detect influenza A and B. Patients can self-collect a nasal swab sample at home and then send the sample to Labcorp for testing without consulting a clinician. Results are delivered through an online portal, and a health care professional follows up for positive or invalid test results.  
<https://jamanetwork.com/journals/jama/fullarticle/2793846>

**title:** Efficacy and safety of a single dose of casirivimab and imdevimab for the prevention of COVID-19 over an 8-month period: a randomised, double-blind, placebo-controlled trial

the lancet infectious diseases| 5th july 2022  
  
CAS+IMD is not authorised in any US region as of Jan 24, 2022, because data show that CAS+IMD is not active against omicron-lineage variants. In this study, done before the emergence of omicron-lineage variants, a single subcutaneous 1200 mg dose of CAS+IMD protected against COVID-19 for up to 5 months of community exposure to susceptible strains of SARS-CoV-2 in the pre-exposure prophylaxis setting, in addition to the postexposure prophylaxis setting that was previously shown.  
<https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(22)00416-9.pdf>

**title:** Effects of Previous Infection and Vaccination on Symptomatic Omicron Infections

new england journal of medicine| 7th july 2022  
  
…No discernable differences in protection against symptomatic BA.1 and BA.2 infection were seen with previous infection, vaccination, and hybrid immunity. Vaccination enhanced protection among persons who had had a previous infection. Hybrid immunity resulting from previous infection and recent booster vaccination conferred the strongest protection.  
<https://www.nejm.org/doi/full/10.1056/NEJMoa2203965>

**title:** COVID-19 Boosters This Fall to Include Omicron Antigen, but Questions Remain About Its Value  
  
JAMA| 8th july 2022  
  
…The FDA convened its Vaccines and Related Biological Products Advisory Committee (VRBPAC) to discuss whether to add an Omicron component to boosters for the fall. In order to have enough doses by early October, “we will need to very rapidly move to let companies know what that selection will be,” Marks reminded the panelists. (How many doses will be enough isn’t clear—as of June 30, only 51.1% of fully vaccinated US adults aged 18 years or older had received 1 booster shot, while only 27% of fully vaccinated adults aged 50 years or older, for whom a second booster is recommended, had received 2, according to government data.)

Omicron, which the World Health Organization (WHO) classified as a variant of concern (VOC) in November 2021, is the first VOC that can evade the immune system, resulting in lower vaccine effectiveness, the WHO’s Kanta Subbarao, MBBS, MPH, told committee members. Even so, she noted, after a booster dose, the available prototype vaccines, which are based on the ancestral SARS-CoV-2 index virus strain that has long been undetectable among circulating viruses, continue to protect people against serious illness and death.

After a day of listening to presentations by Subbarao, director of the WHO’s Collaborating Centre for Reference and Research on Influenza in Melbourne, and scientists from the FDA, the Centers for Disease Control and Prevention (CDC), and 3 vaccine manufacturers—Moderna, Pfizer, and Novavax—the advisory committee voted 19-2 to recommend inclusion of a SARS-CoV-2 Omicron component for COVID-19 booster vaccines this fall…  
<https://jamanetwork.com/journals/jama/fullarticle/2794259>

**title:** Effectiveness of vaccination mandates in improving uptake of COVID-19 vaccines in the USA  
  
the lancet | 8th july 2022  
  
In this Viewpoint we consider the likely effectiveness of policies that require COVID-19 vaccines in improving vaccine uptake and reducing disease in the USA, in view of the evidence from past vaccination mandates and distinctive aspects of COVID-19. Two dimensions of effectiveness in improving uptake are relevant: (1) target-group effectiveness (the extent to which a mandate improves uptake of vaccines in the group covered by the policy) and (2) population effectiveness (the extent to which mandate policies improve vaccination coverage in the US population).  
<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00875-3/fulltext>

**title:** Omicron SARS-CoV-2 Neutralization from Inactivated and ZF2001 Vaccines  
  
new england journal of medicine| 6th july 2022  
  
…The rapid emergence of new variants makes variant-specific vaccine development difficult. Our findings show that a better immunization strategy for current vaccines could contribute to higher neutralization levels of omicron subvariants. Because the ZF2001 vaccine consists of a protein subunit with a focused antigen on the RBD, its use could induce increased titers of neutralizing antibodies against omicron subvariants through the administration of multiple booster doses and immune-maturation methods. However, the development of updated vaccines as boosters is needed for better protection against immune escape of current subvariants (especially BA.4 and BA.5) and possible future epidemic subvariants.  
<https://www.nejm.org/doi/full/10.1056/NEJMc2206900>

**title:** BREAKTHROUGH SARS-COV-2 INFECTIONS DURING PERIODS OF DELTA AND OMICRON PREDOMINANCE, SOUTH AFRICA

the lancet| 6th july 2022  
  
…Despite these limitations, our large dataset provides a snapshot of the effect omicron has had in a low-to-middle-income setting with a high SARS-CoV-2 seroprevalence. We show that there were more breakthrough infections during the omicron period than during the beta and delta periods, but reassuringly, COVID-19 disease associated with omicron infection was less severe. The decreased severity of disease is probably driven by high population seroprevalence of SARS-CoV-2. The steep increase in breakthrough infections during the omicron period, including both reinfections and primary infections, was probably driven by waning vaccine effectiveness over time, increased infectivity of the omicron variant, immune evasion by the omicron variant, or a combination of these factors. Further investigation is required.  
[Full text](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01190-4/fulltext#:~:text=PDF%20%5B450%20KB%5D-,Breakthrough%20SARS%2DCoV%2D2%20infections%20during%20periods%20of%20delta,and%20omicron%20predominance%2C%20South%20Africa&text=The%20omicron%20variant%20of%20SARS,South%20Africa%20in%20November%2C%202021.&text=How%20South%20African%20researchers%20identified%20the%20omicron%20variant%20of%20COVID.)

**health management & workforce well-being**

**title:** Workforce: the persistent victim of the covid-19 pandemic

BMJ | 11th july 2022  
  
…There are frantic attempts to shore up battered and fragile rotas and rota coordinators are scratching their heads. Meanwhile there has been a steady increase in the number of staff off work with long covid. While many have been flexible and accommodating to try to maintain their services, there is increasing burnout and uncertainty as to when all this will end. Furthermore, burnout can translate into “burn away.” Many are reducing hours or taking early retirement. Complex and confusing pensions rules are a disincentive for senior doctors to take on extra work. Staff remaining in work suffer “left behind syndrome,” where pressure to do more with less is even greater.

Predictably this seemingly never ending cycle of overwork and stress is leading to poor morale. Amanda Pritchard, chief executive of NHS England, recently acknowledged the situation in urgent and emergency care, but there has otherwise been little public recognition of how difficult working in acute care is at the moment.

There needs to be an acknowledgment that the system is broken. No one is confident that a seriously ill or injured patient could call an ambulance, be attended to promptly, arrive at hospital, and be diagnosed, treated, and admitted to an appropriate bed within six hours…  
<https://www.bmj.com/content/378/bmj.o1702>

**title:** Removing special covid leave will only undervalue staff and threaten patient safety

BMJ | 7TH JULY 2022  
  
…According to a BMA survey earlier this year, 7% of respondents were currently experiencing symptoms after a covid infection that had lasted longer than 12 weeks. Symptoms of long covid typically include fatigue, brain fog, shortness of breath, anxiety, and sleep disturbance.

And yet, from today (7 July 2022), the government will withdraw the financial support for NHS staff with long covid. Support which, until now, was there during their recovery and avoided them feeling pressurised to return to work before they were fully fit to do so.

The BMA does not believe that now is the right time to withdraw “special covid leave” because returning to usual sick pay allowance will force staff into an incredible difficult position. Do they return to work early, knowing that their debilitating symptoms could impact their performance, and by extension, patient safety, or do they sacrifice their income by staying at home?

The vast majority of staff—with rent, mortgages, and a crippling cost of living crisis to contend with—will have no choice but to return to work, delaying their recovery and putting their patients at risk…  
<https://www.bmj.com/content/378/bmj.o1684>   
Linked commentary: [Helen Salisbury: Discouraging self-isolation with covid | The BMJ](https://www.bmj.com/content/378/bmj.o1637)

**recovery**

**title:** Impact of the covid-19 pandemic on medical school applicants

BMJ |8th july 2022  
  
On June 9, the first preliminary report of the Scientific Advisory Group for the Origins of Novel   
The covid-19 pandemic has not discouraged applications to medical school. Viktorija Kaminskaite and Anna Harvey Bluemel investigate how much has changed in the application process since the start of the pandemic, and how students are adapting…  
<https://www.bmj.com/content/378/bmj.o1398>

**title:** David Oliver: What can we learn from formal complaints during covid-19?

BMJ | 6TH JULY 2022  
  
…Our health services face an unprecedented challenge in recovering from the pandemic and coping with ongoing waves of covid. With such demand for healthcare services from the general population and covid cases rising once more, some customers are bound to be angry or unhappy. But, as we recover from the pandemic, our handling of complaints must surely change…  
<https://www.bmj.com/content/378/bmj.o1629>

**title:** The virtual wards aiming to ease hospital pressures  
  
the lancet| 29th june 2022  
  
…When covid-19 hit, the aim of virtual wards was to allow clinicians to spot people at risk of deterioration that typically happened after a period of stability and to intervene to prevent decline; freeing up beds was initially seen as a fortunate side effect.

Now, the emphasis is very much on using virtual wards to help hospitals cope with growing demand for beds. The latest NHS England figures for adult general and acute beds show an occupancy rate of around 94%.5 Virtual wards will be charged with “either preventing avoidable admissions into hospital or supporting early discharge out of hospital,” the guidance says. Pasteur agrees that having more virtual ward staff in winter could be “one way to improve winter resilience.”

But it’s not a panacea, warns Daniel Lasserson, acute care lead for hospital at home at the John Radcliffe Hospital Oxford and president of the UK Hospital at Home Society…  
<https://www.bmj.com/content/378/bmj.o1603>

**title:** How different COVID-19 recovery paths affect human health, environmental sustainability, and food affordability: a modelling study

the lancet planetary health| 1st july 2022  
  
The COVID-19 pandemic arrived at a time of faltering global poverty reduction and increasing levels of diet-related diseases, both of which have a strong link to poor outcomes for those with COVID-19. Governments responded to the pandemic by placing unprecedented restrictions on internal and external movements, which have resulted in an economic contraction. In response to the economic shock, G20 governments have committed to providing US$14 trillion stimuli to support economic recovery. We aimed to assess the impact of different COVID-19 recovery paths on human health, environmental sustainability, and food sustainability…  
<https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00144-9/fulltext>

**title:** Disparities in Telemedicine Success and Their Association With Adverse Outcomes in Patients With Thoracic Cancer During the COVID-19 Pandemic

JAMA | 7th JULY 2022  
  
Question Are clinical and sociodemographic factors associated with disparities in successful completion of telemedicine visits, and are unsuccessful telemedicine visits associated with poorer clinical outcomes compared with successful visits?

Findings In this cohort study of 720 US patients with thoracic cancer during the COVID-19 pandemic, patients who were Black and/or had Medicaid had a significantly higher odds of unsuccessful telemedicine visits than their counterparts. Having at least 1 unsuccessful telemedicine visit was associated with higher odds of emergency department and urgent care visits and hospitalizations compared with having all successful telemedicine visits.

Meaning The findings suggest that there are disparities in telemedicine access among patients at risk of adverse health outcomes and that unsuccessful telemedicine visits are associated with poor long-term health outcomes.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793931>   
Linked commentary: [Current and Future Questions for Telemedicine Research in Oncology—Moving Beyond Feasibility](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793935)

**title:** COVID-19 pandemic disturbs respiratory virus dynamics

the lancet respiratory medicine | 4th july 2022  
  
…It is unclear when a more predictable pattern of respiratory viruses will return, but what measures should be taken to reduce infection risks? Vaccination against SARS-CoV-2, influenza, and pneumonia is vital to reduce the risk of severe disease. Worryingly, there has been a decrease in the uptake of vaccines in some countries during the pandemic. In the USA, by early 2022, over 9 million fewer adults had received the flu vaccine than in 2021. Vaccination is especially important in at-risk groups, such as pregnant women and people older than 65 years, and prudent use of antivirals in those at risk of serious disease will also be important. Bont emphasises, “The biggest impact from all these viruses is the lack of health-care personnel”, and the poor staffing levels in many hospitals is a concern for patient safety. Providing adequate protective equipment and support for healthcare staff is key, especially when rates of burnout are high.

The new dynamics of respiratory virus infections will require an improved understanding of how circulatory patterns have altered in the context of the COVID-19 pandemic. Health-care systems will need to assess the implications of changing patterns of infection for managing staff and resources, as pressures might occur at different times, and countries should continue to record and share surveillance data so we can all learn and be prepared in these uncertain times.wledge of the adverse problems related to SARS-CoV-2 infection in marginalised and deprived.   
<https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00255-7/fulltext>

**title:** Was The NHS Overwhelmed Last Winter?

nuffield trust| 28th june 2022  
  
Throughout the pandemic, politicians and other policymakers have emphasised the need to protect the NHS from collapse or overwhelm: even before Covid-19, the health service struggled to stay above water given worsening capacity, staffing and demand issues, especially during the colder months. So what happened to urgent and emergency hospital care last winter, when another wave of the virus hit the country during a time when it would be stretched to its absolute limits even absent of a pandemic?  
[Was the NHS overwhelmed last winter? | The Nuffield Trust](https://www.nuffieldtrust.org.uk/research/was-the-nhs-overwhelmed-last-winter)

**public health & health inequalities**

**title:** Global Association of COVID-19 Pandemic Measures With Cancer ScreeningA Systematic Review and Meta-analysis

JAMA oncology| 7th july 2022  
  
Question Is the COVID-19 pandemic associated with a decrease in the number of cancer screening tests globally?

Findings In this systematic review and meta-analysis of 39 publications, the screening types analyzed were associated with a significant overall decrease (−46.7%, −44.9%, and −51.8% for breast, colorectal, and cervical cancer screening, respectively) from January to October 2020. This decrease showed a U-shaped trend with a negative peak in April 2020 (−74.3% for mammography and −69.3% for colonoscopy and fecal occult blood test or fecal immunochemical test) and in March 2020 for Papanicolaou test or human papillomavirus test (−78.8%).

Meaning COVID-19 pandemic measures were associated with widely reduced cancer screening services, which was possibly associated with delayed cancer diagnosis and increased cancer mortality.  
<https://jamanetwork.com/journals/jamaoncology/fullarticle/2794149>

**title:** Estimated Impact of the US COVID-19 Vaccination Campaign—Getting to 94% of Deaths Prevented

JAMA| 6th july 2022  
  
…With 1 in 3 Americans still unvaccinated nationally and wide variation among age groups and by region, we need new strategies. Rebuilding trust is essential, and we need evidence-informed strategies for achieving these critical goals. Identifying and implementing effective interventions will require substantial and sustained investments in health communications research; an understanding of the influence of social media and information bubbles on information spread and impact; public health infrastructure; and boots-on-the-ground, targeted, and individualized approaches. Without strategies that are evidence informed, we may find ourselves continuing to wonder why the same COVID-19 vaccines that can reduce risk of death by up to 94% only managed to prevent 58% of deaths.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793918>

**title:** Understanding Regional Mental Health Care–Seeking Behavior During the COVID-19 Pandemic—An Important Aspect of Addressing Resource Needs

JAMA|7th july 2022  
  
Canada is in the process of destroying 13.6 million expired doses of the Oxford-AstraZeneca   
aunders et al1 describe trends in pediatric and nonpediatric emergency department (ED) visits and hospitalizations for acute mental health–related concerns among children and adolescents during the first 18 months of the COVID-19 pandemic in Ontario, Canada. During the conduct of the study, observed ED visits and hospitalizations among pediatric patients presenting to freestanding pediatric hospitals paralleled predicted rates based on 3 years’ worth of data preceding the pandemic. However, in the latter months of the study, ED visits and hospitalizations at pediatric hospitals increased substantially. In contrast, ED visits to nonpediatric hospitals decreased substantially, and hospitalization rates remained at or below expected rates for most of the pandemic.

The authors state that “Accurate data reports are needed to adequately support pediatric mental health care needs.” One may question how trends in care-seeking behavior from a single geographic region contribute to generalizable knowledge. However, the COVID-19 pandemic has highlighted unprecedented increases in the need for pediatric mental health resources and has created a strain on the mental health care infrastructure in ways unimaginable just 3 years ago. Although the study could not show causality for the shifts in ED visits and hospitalizations, it nonetheless provides valuable insights that may allow pediatric hospitals to create more nimble strategies and bolster advocacy within public health and government settings to better serve the mental health needs of patients when future strains occur in the pediatric mental health infrastructure…  
<https://pubmed.ncbi.nlm.nih.gov/35797051/>

**international perspectives**

**title:** Covid vaccines: Canada to dispose of 13.6 million AstraZeneca doses owing to lack of demand

BMJ|8th july 2022  
  
Canada is in the process of destroying 13.6 million expired doses of the Oxford-AstraZeneca coronavirus vaccine, more than half of all the doses it has ever bought, because it was unable to find foreign countries willing to take the vaccines, despite pledging to donate them.

“Due to limited demand for the vaccine and recipient country challenges with distribution and absorption, they were not accepted,” Health Canada said in a statement. Almost all of the vaccines now being thrown away were previously announced as being donated to Covax, the international vaccine access programme set up by the World Health Organization, or to individual countries. But the governments they were intended for chose not to take them…  
<https://www.bmj.com/content/378/bmj.o1700>

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>