COVID-19 weekly update

May 15th 2020

**clinical management**

**Title:** Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19)

Source: JAMA Cardiology | Published online May 1st, 2020

**Question:** In hospitalized patients with coronavirus disease 2019 (COVID-19), what is the risk of corrected QT (QTc) prolongation when taking hydroxychloroquine with or without azithromycin?

**Findings:** In a cohort study of 90 hospitalized patients with coronavirus disease 2019, use of hydroxychloroquine with or without azithromycin for treatment of COVID-19 was associated with frequent QTc prolongation, and those taking hydroxychloroquine and azithromycin had greater QT prolongation than those taking hydroxychloroquine alone. One patient developed torsades de pointes.

**Meaning**: Clinicians should carefully weigh risks and benefits if considering hydroxychloroquine and azithromycin, with close monitoring of QTc and concomitant medication usage.

Download the full document at [JAMA Cardiology](https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631)

**Title**: Drug vignettes: Azithromycin

The Centre for Evidence-Based Medicine | May 13 2020

Azithromycin is a macrolide antibacterial drug, derived from erythromycin, licensed in the USA and in the UK, and used to treat bacterial infections. It has been used in combination with hydroxychloroquine in the treatment of COVID-19. However, there is an adverse drug–drug interaction between the two, which contraindicates their combined use.

Full detail at [The Centre for Evidence-Based Medicine](https://www.cebm.net/covid-19/drug-vignettes-azithromycin/)

**Title**: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19

Royal College of Paediatrics and Child Health | Guidance | May 2020

Most children are asymptomatic or exhibit mild symptoms from COVID-19 infection. However, a small number have recently been identified who develop a significant systemic inflammatory response. This document for clinicians, which has been developed after expert review of the cases, includes a case definition and approach to clinical management.

[Guidance - COVID-19 paediatric multisystem inflammatory syndrome (1 May 2020)](https://www.rcpch.ac.uk/sites/default/files/2020-05/COVID-19-Paediatric-multisystem-%20inflammatory%20syndrome-20200501.pdf)

**Title**: Is oxygen an effective treatment option to alleviate the symptoms of breathlessness for patients dying with COVID-19 and what are the potential harms?

The Centre for Evidence-Based Medicine | May 7th 2020

* There is no existing research evidence involving patients with COVID-19 to directly inform the use of oxygen therapy in the management of breathlessness for dying patients.
* For patients with COVID-19, there is no evidence of benefit of oxygen therapy in the absence of hypoxemia. There may be a role for its use to wean patients with COVID-19 from ventilator support.
* If oxygen therapy is used, existing guidelines contain recommendations for the management of oronasal face masks, the potential adverse effects of oxygen therapy in the palliative care setting (e.g. impaired communication between patient and family) and the need to balance patient factors with cost effectiveness, resources and safety.

Full detail at [Centre for Evidence-Based Medicine](https://www.cebm.net/covid-19/is-oxygen-an-effective-treatment-option-to-alleviate-the-symptoms-of-breathlessness-for-patients-dying-with-covid-19-and-what-are-the-potential-harms/)

**Title**: Observational Study of Hydroxychloroquine in Hospitalized Patients with Covid-19

The New England Journal of Medicine | May 7th 2020

Hydroxychloroquine has been widely administered to patients with Covid-19 without robust evidence supporting its use. In this observational study involving patients with Covid-19 who had been admitted to the hospital, hydroxychloroquine administration was not associated with either a greatly lowered or an increased risk of the composite end point of intubation or death. Randomized, controlled trials of hydroxychloroquine in patients with Covid-19 are needed.

Full article: [Observational Study of Hydroxychloroquine in Hospitalized Patients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2012410)

**Title**: Cardiovascular Disease, Drug Therapy, and Mortality in Covid-19

The New England Journal of Medicine | May 1, 2020

Using an observational database from 169 hospitals in Asia, Europe, and North America, this study evaluated the relationship of cardiovascular disease and drug therapy with in-hospital death among hospitalized patients with Covid-19 who were admitted between December 20, 2019, and March 15, 2020.

The study confirmed previous observations suggesting that underlying cardiovascular disease is associated with an increased risk of in-hospital death among patients hospitalized with Covid-19. Our results did not confirm previous concerns regarding a potential harmful association of ACE inhibitors or ARBs with in-hospital death in this clinical context.

Full document: [Cardiovascular Disease, Drug Therapy, and Mortality in Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2007621)

**Title:** Hydroxychloroquine in patients with mainly mild to moderate coronavirus disease 2019: open label, randomised controlled trial

BMJ | 2020; 369:m1849 | published May 14th 2020

The results of this RCT found that administration of hydroxychloroquine did not result in a significantly higher probability of negative conversion than standard of care alone in patients admitted to hospital with mainly persistent mild to moderate covid-19. Adverse events were higher in hydroxychloroquine recipients than in non-recipients.

Full article: [Hydroxychloroquine in patients with mainly mild to moderate coronavirus disease 2019](https://www.bmj.com/content/bmj/369/bmj.m1849.full.pdf)

**Title**: Clinical efficacy of hydroxychloroquine in patients with covid-19 pneumonia who require oxygen: observational comparative study using routine care data

BMJ | 2020; 369:m1844 | Published 14 May 2020

Hydroxychloroquine has received worldwide attention as a potential treatment for covid-19 because of positive results from small studies. However, the results of this study do not support its use in patients admitted to hospital with covid-19 who require oxygen.

Full paper at [British Medical Journal](https://www.bmj.com/content/bmj/369/bmj.m1844.full.pdf)

**Title:** Triple combination of interferon beta-1b, lopinavir–ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label, randomised, phase 2 trial

The Lancet | published May 8th 2020

Effective antiviral therapy is important for tackling the coronavirus disease 2019 (COVID-19) pandemic. This study assessed the efficacy and safety of combined interferon beta-1b, lopinavir–ritonavir, and ribavirin for treating patients with COVID-19.

The study found early triple antiviral therapy to be safe and superior to lopinavir–ritonavir alone in alleviating symptoms and shortening the duration of viral shedding and hospital stay in patients with mild to moderate COVID-19. Future clinical study of a double antiviral therapy with interferon beta-1b as a backbone is warranted.

Full paper: at [The Lancet](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931042-4)

**recovery**

**Title**: Safeguarding cancer care in a post-COVID-19 world

The Lancet Oncology | Published online May, 2020

As the world comes to grips with the coronavirus disease 2019 (COVID-19) pandemic, reports are emerging on how cancer care is being deprioritised, delayed, and discontinued. This editorial writes that these decisions made under the duress of the pandemic will have grave consequences for cancer mortality for years to come.

Full editorial: [Safeguarding cancer care in a post-COVID-19 world](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045%2820%2930243-6/fulltext)

**Title**: Recovery and Rehabilitation for Patients Following the Pandemic

Faculty of Intensive Care Medicine Position Statement and Provisional Guidance | 13 May 2020

The pandemic will be responsible for a large unmet need in the recovery phase of the illness, which will require the setting up of more and larger follow up services to augment the small number of centres of excellence already in existence. The Faculty with its National Project partners has therefore produced a Position Statement and Provisional Guidance to guide this phase of development.

Full document: [Recovery and Rehabilitation for Patients Following the Pandemic](https://www.ficm.ac.uk/sites/default/files/ficm_rehab_provisional_guidance.pdf)

**Title**: Rehabilitation needs and post-ICU recovery for severe Covid19 patients

The Strategy Unit | May 13th 2020

Data suggests that rehabilitation at all stages- in hospital and in the community is critical during the Covid-19 pandemic. It will keep the flow of patients moving, enable the continuum of care and will improve the health outcomes of patients with Covid-19. This rapid summary has been created to collate new and emerging evidence on rehabilitation needs and post-ICU recovery for severe Covid-19 patients.

Full document at [The Strategy Unit](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-05/20200513%20Evidence%20rapid%20scan%202%20-%20Rehab.pdf)

**Title**: Rehabilitation in the wake of Covid-19 – A phoenix from the ashes

British Society of Rehabilitation Medicine (BSRM) | May 9th 2020

As NHS services re-boot in the wake of the pandemic, there is an important opportunity to work collaboratively to rebuild services on a better, more co-operative model – a phoenix from the ashes. This document sets out the BSRM’s recommendations for rehabilitation services for adults aged 16 years and over in the wake of the Covid-19 pandemic - in particular, the role of specialist rehabilitation to support patients with more complex rehabilitation needs.

Full document: [Rehabilitation in the wake of Covid-19](https://www.bsrm.org.uk/downloads/covid-19bsrmissue2-9-5-2020-forweb11-5-20.pdf)

**Title**: Rehabilitation and Coronavirus

Chartered Society of Physiotherapy (CSP) | May 2020

It is clear that a sustained programme of rehabilitation will be key to many people regaining full health following coronavirus. This is particularly the case for those who required intensive care.

Here, the CSP set out the required policy framework and some questions and issues physios working in rehabilitation will face, and provide links to useful related resources.

Full detail: [Rehabilitation and Coronavirus](https://www.csp.org.uk/news/coronavirus/clinical-guidance/rehabilitation-coronavirus)

**Infection control**

**Title**: Contact Tracing Assessment of COVID-19 Transmission Dynamics in Taiwan and Risk at Different Exposure Periods Before and After Symptom Onset

JAMA Internal Medicine. Published online May 1, 2020

**Question** :What is the transmissibility of coronavirus disease 2019 (COVID-19) to close contacts?

**Findings:** In this case-ascertained study of 100 cases of confirmed COVID-19 and 2761 close contacts, the overall secondary clinical attack rate was 0.7%. The attack rate was higher among contacts whose exposure to the index case started within 5 days of symptom onset than those who were exposed later.

**Meaning:** High transmissibility of COVID-19 before and immediately after symptom onset suggests that finding and isolating symptomatic patients alone may not suffice to interrupt transmission, and that more generalized measures might be required, such as social distancing.

Full document at [JAMA Internal Medicine](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2765641)

**Title**: COVID-19: Roche Antibody Test

The Centre for Evidence-Based Medicine | May 14 2020

According to Roche, their new COVID-19 antibody test has “a specificity greater than 99.8% and a sensitivity of 100%.” In this article, Susannah Fleming and Carl Heneghan look at this in more detail.

Full article: [COVID-19: Roche Antibody Test](https://www.cebm.net/covid-19/covid-19-roche-antibody-test-14th-may/)

See also: [Roche’s COVID-19 antibody test receives FDA Emergency Use Authorization](https://www.roche.com/media/releases/med-cor-2020-05-03.htm)

**Title**: Epidemiology and transmission of COVID-19 in 391 cases and 1286 of their close contacts in Shenzhen, China: a retrospective cohort study

The Lancet Infectious Diseases | Published online April 27, 2020

Our data on cases as well as their infected and uninfected close contacts provide key insights into the epidemiology of SARS-CoV-2. This analysis shows that isolation and contact tracing reduce the time during which cases are infectious in the community, thereby reducing the *R*. The overall impact of isolation and contact tracing, however, is uncertain and highly dependent on the number of asymptomatic cases. Moreover, children are at a similar risk of infection to the general population, although less likely to have severe symptoms; hence they should be considered in analyses of transmission and control.

Full article at [The Lancet Infectious Diseases](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2820%2930287-5/fulltext)

**workforce wellbeing**

**TITLE**: THE EXPERIENCES OF HEALTH-CARE PROVIDERS DURING THE COVID-19 CRISIS IN CHINA: A QUALITATIVE STUDY

The Lancet Global Health | Published online April 29, 2020

The intensive work drained health-care providers physically and emotionally. Health-care providers showed their resilience and the spirit of professional dedication to overcome difficulties. Comprehensive support should be provided to safeguard the wellbeing of health-care providers. Regular and intensive training for all health-care providers is necessary to promote preparedness and efficacy in crisis management.

Full article at [Lancet Global Health](https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930204-7)

**Title:** PPE: what now for the global supply chain?

BMJ | 2020; 369:m1910 | published 15th May 2020

Covid-19 has turned the spotlight on healthcare supply chains, challenging 30 years of ever growing globalisation, writes Jane Feinmann in this BMJ feature.

Full feature: [PPE: what now for the global supply chain?](https://www.bmj.com/content/369/bmj.m1910)

**TITLE:** CONSIDER REDEPLOYING STAFF VULNERABLE TO COVID-19, EMPLOYERS TOLD

HSJ | 13 May 2020

NHS staff who are deemed vulnerable to covid-19 may need to be redeployed, a new risk reduction framework backed by NHS England tells employers.

* Employers may need to redeploy NHS staff at highest risk of covid-19
* Organisations also warned not to assume which staff members may be at risk
* Guidance is first attempt at risk reduction framework based on evidence available

Full detail at [HSJ](https://www.hsj.co.uk/workforce/consider-redeploying-staff-vulnerable-to-covid-19-employers-told/7027631.article) | Related: [Risk Reduction Framework for NHS Staff at risk of COVID-19 infection](https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf) | The Faculty of Occupational Medicine

**Title:** Enhancing mental health resilience and anTIcipaTIng treatment provision of mental health condiTons for frontline Healthcare workers involved in caring for paTIents during the COVID-19 Pandemic – A call for acTIon.

Clinical Leaders Network | May 2020

This paper considers how organisations and individuals should enhance mental health resilience of the workforce and urges the healthcare system to prepare for the potential mental health impact that coronavirus will have on all our frontline health and care staff. Its ultimate aim being to provide support and guidance to the NHS and care system in order to reduce mental health morbidities in our clinical, carer and front line managerial workforce, which is likely to occur over the coming months and beyond.

Full detail at [Clinical Leaders Network](http://www.cln.nhs.uk/document_uploads/CLN-Paper-V.6.6.pdf) | See also: [Helping NHS staff survive the covid storm](https://www.hsj.co.uk/workforce/helping-nhs-staff-survive-the-covid-storm/7027630.article) | HSJ

**Title:**  Coronavirus (COVID-19): health and wellbeing of the adult social care workforce

Department of Health and Social Care | May 11th 2020

Advice for those working in adult social care on managing your mental health and how employers can take care of the wellbeing of their staff during the coronavirus outbreak.

Full detail at [Department of Health and Social Care](https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce/health-and-wellbeing-of-the-adult-social-care-workforce)

**Health management**

**TITLE:** DELIVERING CORE NHS AND CARE SERVICES DURING THE COVID-19 PANDEMIC AND BEYOND: LETTER TO THE COMMONS HEALTH AND SOCIAL CARE SELECT COMMITTEE

The Kings Fund | Nuffield Trust | Health Foundation | May 14th 2020

Covid-19 has led to rapid changes in the way health and care services are delivered, as providers refocused their efforts on tackling the pandemic. The House of Commons Health and Social Care Select Committee has launched an inquiry to better understand the impact the crisis has had on core NHS and care services during the pandemic and beyond. As part of that inquiry, The King’s Fund, Health Foundation and Nuffield Trust have submitted a joint letter to the Committee warning that it will take many months before NHS and social care organisations are able to fully restart services following the Covid-19 outbreak.

Full detail at [The Kings Fund](https://www.kingsfund.org.uk/publications/letter-to-health-and-social-care-select-committee-covid-19)

**Title:** Why we should reimagine rather than reopen

HSJ | 13th May 2020

Over the last two months, the NHS has shown its incredible ability to tackle a crisis. Depending on the next steps we take, there could be positive, lasting consequences as a result of this crisis. We should identify these now and take action to embed them writes Erin Birch. Three key opportunities to reimagine healthcare are identified:Market design; Digital delivery and Social care reform.

Full article at [Health Service Journal](https://www.hsj.co.uk/technology-and-innovation/why-we-should-reimagine-rather-than-reopen/7027613.article)

**other**

**TITLE:** WHAT THE DIAMOND PRINCESS TAUGHT THE WORLD ABOUT COVID-19

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| BMJ 2020; 369: m1632Seagoing vessels are, unfortunately, floating microcosms. They reveal details about how SARS-CoV-2 might spread onshore, hinting at how the virus will get around in the built environment -from leisure centres to office blocks to care homes. |

Full article available at [BMJ](https://www.bmj.com/content/bmj/369/bmj.m1632.full.pdf)

**Title**: Coronavirus (COVID-19) Infection Survey pilot: England, 14 May 2020

Office for National Statistics | 14th May 2020

Provisional results from the Coronavirus (COVID-19) Infection Survey for England.

**Main points**

* Within this bulletin, we refer to the number of coronavirus (COVID-19) infections within the community population; community in this instance refers to private households, and it excludes those in hospitals, care homes or other institutional settings.
* At any given time between 27 April and 10 May 2020, it is estimated that an average of 0.27% of the community population had COVID-19 (95% confidence interval: 0.17% to 0.41%).
* It is estimated that an average of 148,000 people in England had COVID-19 during this time (95% confidence interval: 94,000 to 222,000).
* For individuals working in patient-facing healthcare or resident-facing social care roles, 1.33% tested positive for COVID-19 (95% confidence interval: 0.39% to 3.28%); of those reporting not working in these roles, 0.22% tested positive for COVID-19 (95% confidence interval: 0.13% to 0.35%)
* There is no evidence of differences in the proportions testing positive between the age categories 2 to 19, 20 to 49, 50 to 69 and 70 years and over.

Full detail: [Coronavirus (COVID-19) Infection Survey pilot: England, 14 May 2020](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/england14may2020)

**Title:** Rapid Review: Diabetic retinopathy screening during the COVID-19 pandemic

The Centre for Evidence-Based Medicine | May 12th 2020

People with diabetes (PWD) are included in the group at increased risk of severe illness from coronavirus (COVID-19) and have been advised to observe stringent social distancing measures.(1)  This creates a difficult situation for PWD and their Health Care Providers (HCP) as PWD require an annual review including retinal screening as part of their screening for complications, which involves a physical visit to a community or hospital facility or an eye clinic.

This rapid review addresses the following questions:

* How can we help stratify annual retinal screening programmes for PWD during the COVID-19 pandemic?
* Can we do remote retinal review for PWD?
* What can we do to control the risk factors for development or progression of diabetic retinopathy during the COVID-19 pandemic?
* Is hydroxycholoroquine safe to use in individuals with diabetic retinopathy?

Full detail at [The Centre for Evidence-Based Medicine](https://www.cebm.net/covid-19/rapid-review-diabetic-retinopathy-screening-during-the-covid-19-pandemic/)

**Title:** USE OF ALL CAUSE MORTALITY TO QUANTIFY THE CONSEQUENCES OF COVID-19 IN NEMBRO, LOMBARDY: DESCRIPTIVE STUDY

BMJ | 2020; 369:m1835 | published 14th May

The objective of this study was to quantify the impact of coronavirus disease 2019 (covid-19) on all cause mortality in Nembro, an Italian city severely affected by the covid-19 pandemic.

The study findings show how covid-19 can have a considerable impact on the health of a small community. Furthermore, the results suggest that the full implications of the covid-19 pandemic can only be completely understood if, in addition to confirmed deaths related to covid-19, consideration is also given to all cause mortality in a given region and time frame.

Full article: [Use of all cause mortality to quantify the consequences of covid-19 in Nembro, Lombardy: descriptive study](https://www.bmj.com/content/bmj/369/bmj.m1835.full.pdf)

**TITLE**: PATIENTS SHOULD SELF-ISOLATE FOR TWO WEEKS BEFORE ELECTIVE CARE, TRUSTS ARE TOLD

BMJ | 2020; 369:m1991 | May 15th 2020

Patients should be admitted to hospital for planned or elective care only if they have self-isolated for 14 days beforehand and tested negative for covid-19, says new guidance for trusts in England designed to increase the number of routine operations and treatments.

People who require urgent and emergency care should be tested on arrival and streamed accordingly, with services split to make the risk of picking up the virus in hospital as low as possible, said NHS England. In emergency departments and other walk-in services trusts should ensure that measures are in place to maintain social distancing.

Full detail: [Patients should self-isolate for two weeks before elective care, trusts are told](https://www.bmj.com/content/369/bmj.m1991)

Related:

* [Operating framework for urgent and planned services in hospital settings during COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf) | NHS England
* [Patients must isolate for two weeks before an NHS operation](https://www.hsj.co.uk/coronavirus/patients-must-isolate-for-two-weeks-before-an-nhs-operation/7027653.article) | HSJ

**TITLE**: CASES OF INFLAMMATORY SYNDROME IN CHILDREN SURGE AFTER URGENT ALERT

BMJ | 2020; 369:m1990 | May 15th 2020

There has been a surge in cases of an inflammatory syndrome in children, believed to be linked to covid-19, following an alert to doctors in the UK at the end of April.

The syndrome, which in the UK is referred to as the “paediatric inflammatory multisystem syndrome which is temporarily associated with SARS-CoV-2,” has also been seen in Italy and the US and has been compared with both Kawasaki disease and toxic shock.

Experts have said that the condition may be an “antibody mediated or delayed response” to covid-19 that happens several weeks after the infection. They also stressed, however, that while doctors must know what to look out for, the syndrome is rare and has good outcomes.

Full detail: [Cases of inflammatory syndrome in children surge after urgent alert](https://www.bmj.com/content/369/bmj.m1990)

See also: [Hyperinflammatory shock in children during COVID-19 pandemic](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931094-1/fulltext) | The Lancet | May 7 2020

**TITLE:** UP TO 10,000 PEOPLE COULD BE WAITING MORE THAN A YEAR FOR OPERATIONS

HSJ | 14th May 2020

More than 10,000 patients may be waiting more than a year for elective treatment as a result of covid-19, official data suggests.

* More than 3,000 waiting over a year for elective treatment at the end of March
* Number of year-long waiters doubled from February and is nearly triple the same period in 2019
* Another 7,364 patients were at risk of going over the 52 weeks since routine work suspended in mid-April
* New data also shows lowest performance against 18-week target since June 2008

Full story at [Health Service Journal](https://www.hsj.co.uk/coronavirus/up-to-10000-people-could-be-waiting-more-than-a-year-for-operations/7027649.article)

See also: [Average waiting time for NHS operations hits six months thanks to covid](https://www.hsj.co.uk/quality-and-performance/average-waiting-time-for-nhs-operations-hits-six-months-thanks-to-covid/7027650.article) | HSJ

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.

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