COVID-19 weekly update

June 19th 2020

**clinical management**

**Title**: MHRA suspends recruitment to COVID-19 hydroxychloroquine trials

Source: Medicines and Healthcare products Regulatory Agency | 16th June 2020

The Medicines and Healthcare products Regulatory Agency (MHRA) has instructed UK clinical trialists using hydroxychloroquine to treat or prevent coronavirus (COVID-19) to suspend recruitment of further participants.

This means that no new participants will be recruited to these trials until further data which justifies their continuation have been provided, and any additional safety measures have been implemented.

This decision follows advice from the Commission on Human Medicines, which met on 1 and 5 June 2020 and reviewed the data that had been submitted for each trial in response to MHRA requests.

Full detail: [MHRA suspends recruitment to COVID-19 hydroxychloroquine trials](https://www.gov.uk/government/news/mhra-suspends-recruitment-to-covid-19-hydroxychloroquine-trials)  
  
See also: [Hydroxychloroquine for covid-19: the end of the line?](https://www.bmj.com/content/bmj/369/bmj.m2378.full.pdf) | BMJ | 15th June

**Title**: Low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19

Source: University of Oxford | Randomised Evaluation of COVid-19 thERapY (RECOVERY) | 16th June 2020  
  
A total of 2104 patients were randomised to receive dexamethasone 6 mg once per day (either by mouth or by intravenous injection) for ten days and were compared with 4321 patients randomised to usual care alone. Among the patients who received usual care alone, 28-day mortality was highest in those who required ventilation (41%), intermediate in those patients who required oxygen only (25%), and lowest among those who did not require any respiratory intervention (13%).

Dexamethasone reduced deaths by one-third in ventilated patients (rate ratio 0.65 [95% confidence interval 0.48 to 0.88]; p=0.0003) and by one fifth in other patients receiving oxygen only (0.80 [0.67 to 0.96]; p=0.0021). There was no benefit among those patients who did not require respiratory support (1.22 [0.86 to 1.75]; p=0.14).

Based on these results, 1 death would be prevented by treatment of around 8 ventilated patients or around 25 patients requiring oxygen alone.

Full detail: [Statement from the Chief Investigators of the Randomised Evaluation of COVid-19 thERapY (RECOVERY) Trial on dexamethasone](https://www.recoverytrial.net/news/low-cost-dexamethasone-reduces-death-by-up-to-one-third-in-hospitalised-patients-with-severe-respiratory-complications-of-covid-19)

See also: [Low dose steroid cuts death in ventilated patients by one third, trial finds](https://www.bmj.com/content/bmj/369/bmj.m2422.full.pdf) | BMJ 20th June

**Title**: Pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings

Source: NHS England | updated 15th June 2020

This document sets out principles to support the remote monitoring, using pulse oximetry, of patients with confirmed or possible COVID-19.

Full detail at [NHS England](https://www.england.nhs.uk/coronavirus/publication/pulse-oximetry-to-detect-early-deterioration-of-patients-with-covid-19-in-primary-and-community-care-settings/)

**Title**: Use of non-contact tonometry to measure intra-ocular pressure during COVID-19

Source: The Royal College of Ophthalmologists and the College of Optometrists | 16th June 2020

This guidance has been developed by The Royal College of Ophthalmologists (RCOphth) and the College of Optometrists (CoO) in response to the pandemic and may be subject to change. It advises that, for both primary and secondary care settings, it is acceptable to restart the use of air puff tonometry, after undertaking a local risk assessment and whilst continuing to follow infection control and other guidance related to COVID-19 in optometric and ophthalmic settings.

Full detail: [Use of non-contact tonometry to measure intra-ocular pressure during COVID-19](https://www.college-optometrists.org/the-college/media-hub/news-listing/non-contact-tonometry-covid-19.html)

**Title**: Effect of Convalescent Plasma Therapy on Time to Clinical Improvement in Patients With Severe and Life-threatening COVID-19: A Randomized Clinical Trial

Source: JAMA | 3rd June 2020

Convalescent plasma is a potential therapeutic option for patients with coronavirus disease 2019 (COVID-19), but further data from randomized clinical trials are needed. The objective of this study was to evaluate the efficacy and adverse effects of convalescent plasma therapy for patients with COVID-19.

The study found that among patients with severe or life-threatening COVID-19, convalescent plasma therapy added to standard treatment, compared with standard treatment alone, did not result in a statistically significant improvement in time to clinical improvement within 28 days. Interpretation is limited by early termination of the trial, which may have been underpowered to detect a clinically important difference.

Full detail: [Effect of Convalescent Plasma Therapy on Time to Clinical Improvement in Patients With Severe and Life-threatening COVID-19](https://jamanetwork.com/journals/jama/article-abstract/2766943)

**Title:** Delivering evidence-based critical care for mechanically ventilated patients with COVID-19

Source: The Lancet Respiratory Medicine | 16th June 2020

Full comment piece available at [The Lancet Respiratory Medicine](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930266-6)

**Title**: GM-CSF blockade with mavrilimumab in severe COVID-19 pneumonia and systemic hyperinflammation: a single-centre, prospective cohort study

Source: The Lancet Rheumatology | 16th June 2020

Mortality in patients with COVID-19 pneumonia and systemic hyperinflammation is high. The authors of this study aimed to examine whether mavrilimumab, an anti-granulocyte–macrophage colony-stimulating factor receptor-α monoclonal antibody, added to standard management, improves clinical outcomes in patients with COVID-19 pneumonia and systemic hyperinflammation.

Mavrilimumab treatment was associated with improved clinical outcomes compared with standard care in non-mechanically ventilated patients with severe COVID-19 pneumonia and systemic hyperinflammation. Treatment was well tolerated. Confirmation of efficacy requires controlled testing.

Full paper: [GM-CSF blockade with mavrilimumab in severe COVID-19 pneumonia and systemic hyperinflammation](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930170-3)

Related comment: [GM-CSF in the treatment of COVID-19: a new conductor in the pathogenesis of cytokine storm?](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930185-5) | The Lancet Rheumatology | 16th June 2020

**Title**: Prone Positioning in Awake, Nonintubated Patients With COVID-19 Hypoxemic Respiratory Failure

Source: JAMA | published 17th June 2020 [Research letter]

In this small single-center cohort study, we found that the use of the prone position for awake, spontaneously breathing patients with COVID-19 severe hypoxemic respiratory failure was associated with improved oxygenation.

In addition, patients with an Spo2 of 95% or greater after 1 hour of the prone position was associated with a lower rate of intubation.

Limitations of our study are the lack of control group and a small sample size. Randomized clinical trials are needed to establish whether improved oxygenation after use of the prone position in awake, nonintubated patients improves survival.

Full document: [Prone Positioning in Awake, Nonintubated Patients With COVID-19 Hypoxemic Respiratory Failure](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2767575)

**Title**: Prevalence of Taste and Smell Dysfunction in Coronavirus Disease 2019

Source: JAMA Otolaryngology - Head and Neck Surgery | 18th June 2020

The findings of this telephone survey study suggest that reduction of taste and/or smell may be a frequent and early symptom of COVID-19. Nasal obstruction was not commonly present at the onset of the disease in this study. The general practitioner may play a pivotal role in identifying potential COVID-19 in patients at an early stage if taste and/or smell alterations manifest and in suggesting quarantine before confirmation or exclusion of the diagnosis.

Full detail: [Prevalence of Taste and Smell Dysfunction in Coronavirus Disease 2019](https://jamanetwork.com/journals/jamaotolaryngology/article-abstract/2767510)

**Title**: Factors Associated With Surgical Mortality and Complications Among Patients With and Without Coronavirus Disease 2019 (COVID-19) in Italy

Source: JAMA Surgery | 12th June 2020

In this cohort study of 41 surgical patients with COVID-19 and 82 tightly matched control patients without COVID-19, significant differences were documented regarding rates of early mortality and complications, pneumonia and thrombotic complications were significantly associated with COVID-19, and different models identified COVID-19 as the first variable associated with surgical complications. These data suggest that, whenever possible, surgery should be postponed in patients with COVID-19.

Full detail: [Factors associated with surgical mortality and complications among patients with and without Coronavirus disease 2019 (Covid-19) in Italy](https://jamanetwork.com/journals/jamasurgery/fullarticle/2767370)

**Title:** Genomewide Association Study of Severe Covid-19 with Respiratory Failure

Source: New England Journal of Medicine | 17th June 2020

In this study, the authors identified a 3p21.31 gene cluster as a genetic susceptibility locus in patients with Covid-19 with respiratory failure and confirmed a potential involvement of the ABO blood-group system.

Full paper: [Genomewide association study of severe Covid-19 with respiratory failure](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2020283?articleTools=true)

**recovery**

**Title:** Prioritising children's rights in the COVID-19 response

Source: The Lancet Child & Adolescent Health | July 2020

Although substantial progress has been made in many aspects of child health in the past two decades, the COVID-19 pandemic and its wide-ranging effects are threatening some of these hard-won gains. Public health measures such as lockdown, school closures, and restrictions in population movement—while necessary to halt virus transmission—are causing prolonged disruption to societal functioning and exacerbating inequalities worldwide.

This editorial calls for children and their right to health, education, and protection to be prioritised in the pandemic response and recovery planning.

Full editorial: [Prioritising children's rights in the COVID-19 response](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930172-3)

**TITLE**: SUPPORTING YOUNG PEOPLE AND PARENTS: THE IMPACT OF COVID-19 ON ADOLESCENTS, PARENTING AND NEGLECT

Source: The Children's Society | June 2020

This briefing explores the challenges that adolescents and their parents face during the Covid-19 pandemic. It offers advice for professionals on how to reduce the likelihood of neglect occuring or to mitigate its effects and includes recommendations for national and local decision makers around prevention and responses to adolescent neglect.

Full briefing: [Supporting young people and parents: the impact of Covid-19 on adolescents, parenting and neglect](https://www.childrenssociety.org.uk/sites/default/files/adolescence_parental-neglect_during_covid-briefing.pdf)

**TITLE:** COVID-19 AND INEQUALITIES

Source: Institute for Fiscal Studies | 11th June 2020

This report aims to bring together what has emerged so far about the impacts of the Covid-19 crisis on inequalities across several key domains of life. It argues that the years leading up to the Covid-19 crisis, and in particular the hangover from the last economic crisis of the late 2000s, had already left households in a precarious position.

Full report: [COVID-19 and inequalities](https://www.ifs.org.uk/inequality/wp-content/uploads/2020/06/Covid-19-and-inequalities-IFS-1.pdf)

**Title:** Covid-19: understanding inequalities in mental health during the pandemic

Source: Centre for Mental Health | 18th June 2020

The Covid-19 pandemic has brought health inequalities into sharp focus. The unequal impacts of the virus are also extending inequalities in mental health.

This briefing paper, produced by Centre for Mental Health and supported by 13 other national mental health charities, explores the mental health inequalities that are associated with the pandemic in the UK. It finds that the virus and the lockdown are putting greater pressure on groups and communities whose mental health was already poorer and more precarious.

Full paper: [Covid-19: understanding inequalities in mental health during the pandemic](https://www.centreformentalhealth.org.uk/sites/default/files/2020-06/CentreforMentalHealth_CovidInequalities_0.pdf)

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

Source: Clinical Medicine | Vol 20, No 4 July 2020

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 document: [Rehabilitation after COVID-19: an evidence-based approach](file:///C:\Users\andrew.carrick\Downloads\clinmed.2020-0353.full.pdf)

**Title**: THE MANCHESTER BRIEFING ON COVID-19: INTERNATIONAL LESSONS FOR LOCAL AND NATIONAL GOVERNMENT RECOVERY AND RENEWAL

Source: Alliance MBS | Briefing for week beginning 15th June 2020

‘The Manchester Briefing on COVID-19’ is aimed at those who plan and implement recovery from COVID-19. Each week the briefing brings together international lessons and examples which may prompt thinking on recovery from COVID-19.

 This week, there are four briefings:

* Briefing A: Focus of the week - Ambition for Renewal
* Briefing B: Lessons from across the world
* Briefing C: Case Study: Emotional health & wellbeing
* Briefing D: Useful webinars

Full detail: [Briefing for week beginning 15 June 2020](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b11-wb15thjune2020.pdf?gator_td=l4ZS145%2b%2bJkIh6uwP6ezxeaz8w77us2yQL%2bLAeLnuKazndpJLbIrgpJ6DkAF4pFxf0S%2fAY8kewmFn1lCwnsIwwj9%2fE4LptVzHX1AZUEW%2fKibO9B1UNAJqQO7fTwrLyTqo5iXOxuDOGyWUbB2TjKmv2U3H2vftlMLU4X9sX4XgLvnVzBOkJGpuMaS0sqU3U9%2f)

**Infection control**

**Title**: Effectiveness of isolation, testing, contact tracing, and physical distancing on reducing transmission of SARS-CoV-2 in different settings: a mathematical modelling study

Source: The Lancet Infectious Diseases | 16th June 2020

Consistent with previous modelling studies and country-specific COVID-19 responses to date, this analysis estimated that a high proportion of cases would need to self-isolate and a high proportion of their contacts to be successfully traced to ensure an effective reproduction number lower than 1 in the absence of other measures.

If combined with moderate physical distancing measures, self-isolation and contact tracing would be more likely to achieve control of severe acute respiratory syndrome coronavirus 2 transmission.

Full paper: [Effectiveness of isolation, testing, contact tracing, and physical distancing on reducing transmission of SARS-CoV-2 in different settings](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930457-6)

Related: [Case isolation, contact tracing, and physical distancing are pillars of COVID-19 pandemic control, not optional choices](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930512-0) | The Lancet Infectious Diseases | 16th June 2020

**Title**: NHS Test and Trace releases first figures, with experts calling for improvements

Source: BMJ | 2020; 369: m2404 | published 15th June 2020

Some 8117 people who tested positive for covid-19 had their case transferred into the Test and Trace service between the service’s launch on 28 May and 3 June. Of these, 5407 (67%) people were reached and asked to provide details of contacts. Just under 32 000 contacts were identified.

But this means that 33% of people who tested positive were not reached and therefore their contacts have not been traced.

Full detail: [NHS Test and Trace releases first figures, with experts calling for improvements](https://www.bmj.com/content/bmj/369/bmj.m2404.full.pdf)

See also: [Weekly NHS Test and Trace bulletin, England: 28 May – 3 June 2020](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891703/NHS_test_and_trace_bulletin__England__-_28_May_to_3_June_2020.pdf) | Department of Health & Social Care

**Title**: Next phase of NHS coronavirus app announced

Source: Department of Health & Social Care | 18th June 2020

The government has announced the next phase of development in building an app that supports the end-to-end NHS Test and Trace service

This next phase will bring together the work done so far on the NHS COVID-19 app and the new Google/Apple framework. This will allow the development of  an app that will bring together the functionality required to carry out contact tracing, and also making it easy to order tests, and access proactive advice and guidance to aid self-isolation.

Full detail at [Department of Health and Social Care](https://www.gov.uk/government/news/next-phase-of-nhs-coronavirus-covid-19-app-announced?utm_source=50c58e21-7350-47a4-bad4-bdec7bf1f0c1&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Household secondary attack rate of COVID-19 and associated determinants in Guangzhou, China: a retrospective cohort study

Source: The Lancet Infectious Diseases | 17th June 2020

SARS-CoV-2 is more transmissible in households than SARS-CoV and Middle East respiratory syndrome coronavirus. Older individuals (aged ≥60 years) are the most susceptible to household transmission of SARS-CoV-2. In addition to case finding and isolation, timely tracing and quarantine of close contacts should be implemented to prevent onward transmission during the viral incubation period.

Full detail: [Household secondary attack rate of COVID-19 and associated determinants in Guangzhou, China: a retrospective cohort study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930471-0)

**Title**: COVID-19: implementing sustainable low cost physical distancing and enhanced hygiene

Source: Medical Journal of Australia | June 2020

SARS‐CoV‐2 continues to disseminate globally and there are likely to be recurrent waves of infection into the foreseeable future. The authors argue that low cost interventions, although formulated at an earlier stage of the epidemic, have increasing relevance. They will protect against the emerging concern for pre‐ symptomatic transmission and their optimisation will better enable the more restrictive and economically damaging constraints to be relaxed.

Full article: [COVID-19: implementing sustainable low cost physical distancing and enhanced hygiene](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267378/pdf/MJA2-212-443.pdf)

**Title**: COVID-19 testing: a national strategy

Source: The Royal College of Pathologists | June 2020

This document sets out a vision for a future strategy with which clinical, scientific and policy stakeholders, including patient advocacy groups, can align. It forms the basis for a roadmap to delivery. It applies equally to all settings in which care is delivered, across all the population and all age groups. Due to the emerging situation, the strategy for testing will be iterative.

There is a lack of data and questions remain about the virus and our immune response to it. This strategy will therefore evolve as evidence emerges.

Full document: [COVID-19 testing: a national strategy](https://www.rcpath.org/uploads/assets/2e8d8771-f85a-408a-b5c8e68969cd21d5/cbcb4f30-d8f8-40fe-ba8cdef3e6803ee4/RCPath-COVID-19-testing-a-national-strategy.pdf)

**TITLE**: GOVERNMENT SPENT HALF A BILLION POUNDS SOURCING PPE IN LAST TWO MONTHS

Source: HSJ | 19th June 2020

The Department of Health and Social Care spent at least £488.8m buying personal protective equipment in April and May, newly published documents reveal.

Full detail at [HSJ](https://www.hsj.co.uk/news/government-spent-half-a-billion-pounds-sourcing-ppe-in-last-two-months/7027879.article)**force**

**Health management**

**TITLE:** HELPING THE NHS RECOVER FROM COVID-19

Source: Royal College of Surgeons of England | Royal College of Emergency Medicine | 16th June 2020

The Presidents of the Royal College of Surgeons of England and the Royal College of Emergency Medicine have issued a joint memorandum to MPs calling for urgent action to help the NHS recover from Covid. The Royal Colleges argue that the NHS “cannot continue to function as a ‘COVID-only’ service”, and press for planning now to deal with a ‘hidden waiting list’ of patients who have not yet been referred, and to avoid further suspension of life-saving treatments if there is a second wave of COVID-19.

The memorandum also features early results from a survey of 1,692 surgeons, which indicates a quarter do not yet have access to “COVID-light” facilities for their patients. Results from a survey of 1,167 RCEM members indicates that seven out of ten do not think they have enough side rooms for patients in their Emergency Department.

Full memorandum: [Helping the NHS recover from COVID-19](https://www.rcseng.ac.uk/-/media/files/rcs/coronavirus/joint-memorandum-commons-hsc-committee.pdf)

**other**

**TITLE:** COVID-19: ACCESS TO OUT-OF-HOURS PALLIATIVE AND END-OF-LIFE CARE AT HOME

Source: Centre for Evidence-Based Medicine | 16th June 2020

This correspondence looks at the question ‘What are the best ways of providing palliative care outside working hours to avoid crises and help patients stay in their place of choice?’ within the context of the current pandemic

Full detail: [Covid-19: access to out-of-hours palliative and end-of-life care at home](https://www.cebm.net/covid-19/covid-19-access-to-out-of-hours-palliative-and-end-of-life-care-at-home/)

**Title**: DEATHS INVOLVING COVID-19 BY LOCAL AREA AND SOCIOECONOMIC DEPRIVATION: DEATHS OCCURRING BETWEEN 1 MARCH AND 31 MAY 2020

Source: Office for National Statistics | 12th June 2020

Provisional counts of the number of deaths and age-standardised mortality rates involving the coronavirus (COVID-19) between 1 March and 31 May 2020 in England and Wales. Figures are provided by age, sex, geographies down to local authority level and deprivation indices.

Full detail at [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020)

**TITLE:** DATA ON DEATHS IN CARE SETTINGS BROKEN DOWN BY ETHNICITY

Source: Care Quality Commission | 17th June 2020

Supported by the Office for National Statistics, the CQC have completed a targeted piece of work to analyse the impact of coronavirus (COVID-19) on different ethnic groups in care settings. This data indicates a disproportionate number of deaths among people from BME groups.

Full detail: [CQC publishes data on deaths in care settings broken down by ethnicity](https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-care-settings-broken-down-ethnicity)

**Title:** The Health Foundation Covid-19 Survey

Source: The Health Foundation | June 2020

The Health Foundation commissioned Ipsos MORI to carry out a survey of the general public in Great Britain to gather their views on a range of health and care issues in light of COVID-19.

Key findings

* The results highlight how public perceptions have changed since the COVID-19 pandemic, with nearly 9 in 10 people (86%) now believing national government has a ‘great deal’ or ‘fair amount’ of responsibility for ensuring people generally stay healthy, significantly up from 61% in 2018.
* The survey shows that over three-quarters (77%) of British people are concerned about the impact of social distancing on the health and wellbeing of the nation, a figure that rises to 83% among over 65s.
* The results also show that the financial impacts of COVID-19 risk affecting people’s health and wellbeing in the longer term with two fifths (41%) of people having experienced a negative or significantly negative impact on their income.

Full document: [The Health Foundation COVID-19 Survey: A report of survey findings](https://www.health.org.uk/sites/default/files/2020-06/Health-Foundation-2020-COVID-19-Polling-v2.pdf)

**Title**: COVID-19: understanding the impact on BAME communities

Source: Public Health England | published 16th June 2020

This report is a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities.

The report summarises requests for action, which have been used to inform a number of recommendations. It also includes a rapid literature review.

Full report: [Beyond the data: Understanding the impact of COVID-19 on BAME groups](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

**Title:** Coronavirus (COVID-19) Infection Survey pilot: England, 12 June 2020

Source: Office for National Statistics | 12th June 2020

Initial data from the COVID-19 Infection Survey. This survey is being delivered in partnership with IQVIA, Oxford University and UK Biocentre. It is estimated that 0.06% (95% CI 0.02% to 0.12%) of the community population in England had COVID-19 at any time between 25 May and 7 June 2020, with evidence that the number of people testing positive has decreased.

Full detail: [Coronavirus (COVID-19) Infection Survey pilot: England, 12 June 2020](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/12june2020)

**TITLE:** THE GEOGRAPHY OF THE COVID-19 CRISIS IN ENGLAND

Source: Institute for Fiscal Studies | 15th June 2020

This report analyses the health, economic and social impacts of Covid-19 vary around England. It explores which local authorities (LAs) have residents who are more vulnerable to severe Covid-19 symptoms, because of their age or pre-existing conditions; which LAs have a greater share of workers in shut-down sectors such as retail or hospitality; and which LAs have a greater share of children either eligible for free school meals or receiving children’s social services, who might be at particular educational or social risk from the crisis.

Full document: [The geography of the COVID-19 crisis in England](https://www.ifs.org.uk/inequality/wp-content/uploads/2020/06/The-Geography-of-the-COVID-19-Crisis-in-England.pdf)

**Title:** READYING THE NHS AND ADULT SOCIAL CARE IN ENGLAND FOR COVID-19

Source: National Audit Office | 12th June 2020

This report is the second in a programme of work by the National Audit Office to support Parliament’s scrutiny of the UK government’s response to COVID-19. It sets out the facts about government’s progress in preparing the NHS and social care for the COVID-19 outbreak.

Full detail at [National Audit Office](https://www.nao.org.uk/report/readying-the-nhs-and-adult-social-care-in-england-for-covid-19/)

**Title**: Maternal and neonatal outcomes associated with COVID-19 infection: A systematic review.

Source: PLoS ONE | 4th June 2020

The objective of this review was to systematically evaluate the literature and report the maternal and neonatal outcomes associated with COVID-19. The review concluded that COVID-19-positive pregnant women present with fewer symptoms than the general population and may be RT-PCR negative despite having signs of viral pneumonia. The incidence of preterm births, low birth weight, C-section, NICU admission appear higher than the general population.

Full article: [Maternal and neonatal outcomes associated with COVID-19 infection: A systematic review.](https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0234187&type=printable)

**Title:** Drinking alone: COVID-19, lockdown, and alcohol-related harm

Source: The Lancet Gastroenterology & Hepatology | July 2020

While isolation at home and social distancing undoubtedly have an immediate and important role in controlling the COVID-19 pandemic, the effects of long-term isolation on the health of the general population are unclear. Specifically, the ways in which the stress, boredom, and isolation of physical distancing might affect drinking patterns in at-risk individuals is unknown.

Full editorial: [Drinking alone: COVID-19, lockdown, and alcohol-related harm](https://www.thelancet.com/action/showPdf?pii=S2468-1253%2820%2930159-X)

**Title**: Rates of Maternal and Perinatal Mortality and Vertical Transmission in Pregnancies Complicated by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Co-V-2) Infection: A Systematic Review.

Source: Obstetrics & Gynaecology | 9th June 2020

The objective of this review was to ascertain the frequency of maternal and neonatal complications, as well as maternal disease severity, in pregnancies affected by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

Of the 99 articles identified, 13 included 538 pregnancies complicated by SARS-CoV-2 infection, with reported outcomes on 435 (80.9%) deliveries. Maternal ICU admission occurred in 3.0% of cases and maternal critical disease in 1.4%. No maternal deaths were reported. The preterm birth rate was 20.1%, the cesarean delivery rate was 84.7% the vertical transmission rate was 0.0%, and the neonatal death rate was 0.3%.

With data from early in the pandemic, it is reassuring that there are low rates of maternal and neonatal mortality and vertical transmission with SARS-CoV-2. The preterm birth rate of 20% and the cesarean delivery rate exceeding 80% seems related to geographic practice patterns.

Further detail: [Rates of Maternal and Perinatal Mortality and Vertical Transmission in Pregnancies Complicated by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Co-V-2) Infection](https://pubmed.ncbi.nlm.nih.gov/32516273/)

**Title**: Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study

Source: The Lancet Global Health | 16th June 2020

The risk of severe COVID-19 if an individual becomes infected is known to be higher in older individuals and those with underlying health conditions. Understanding the number of individuals at increased risk of severe COVID-19 and how this varies between countries should inform the design of possible strategies to shield or vaccinate those at highest risk.

About one in five individuals worldwide could be at increased risk of severe COVID-19, should they become infected, due to underlying health conditions, but this risk varies considerably by age. Our estimates are uncertain, and focus on underlying conditions rather than other risk factors such as ethnicity, socioeconomic deprivation, and obesity, but provide a starting point for considering the number of individuals that might need to be shielded or vaccinated as the global pandemic unfolds.

Full article: [Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020](https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930264-3)

**TITLE:** UPDATE FROM THE UK CHIEF MEDICAL OFFICERS ON THE UK ALERT LEVEL

Source: Department of Health and Social Care | 19th June 2020

The Joint Biosecurity Centre has recommended that the COVID-19 alert level should move from Level 4 (A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially) to Level 3 (A COVID-19 epidemic is in general circulation).

Full detail: [Update from the UK Chief Medical Officers on the UK alert level](https://www.gov.uk/government/news/update-from-the-uk-chief-medical-officers-on-the-uk-alert-level)

**Title**: COVID-19: rethinking risk

Source: The Lancet Global Health | 16th June 2020

In this comment piece, the authors suggest it is time to acknowledge that we are not all at equal risk of severe outcomes from COVID-19 and to work together with those most affected to tailor an effective response.

Full detail: [COVID-19: rethinking risk](https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930276-X)

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>