COVID-19 weekly update

1st August 2022

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**clinical management**

**title:** Baricitinib in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial and updated meta-analysis

the lancet | 30th JULY 2022  
  
Background: We aimed to evaluate the use of baricitinib, a Janus kinase (JAK) 1−2 inhibitor, for the treatment of patients admitted to hospital with COVID-19. Methods This randomised, controlled, open-label, platform trial (Randomised Evaluation of COVID-19 Therapy [RECOVERY]), is assessing multiple possible treatments in patients hospitalised with COVID-19 in the UK…

…Interpretation: In patients hospitalised with COVID-19, baricitinib significantly reduced the risk of death but the size of benefit was somewhat smaller than that suggested by previous trials. The total randomised evidence to date suggests that JAK inhibitors (chiefly baricitinib) reduce mortality in patients hospitalised for COVID-19 by about one fifth.  
<https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(22)01109-6.pdf>

**title:** Baricitinib in COVID-19: a coming-of-age from artificial intelligence to reducing mortality

the lancet| 30th july 2022  
  
…Safety data for baricitinib is reassuring, especially related to thrombotic events, probably owing to the limited treatment duration in patients with COVID-19 who are anticoagulated. This finding differs from chronic JAK inhibitor dosing in rheumatoid arthritis studies, where safety signals were detected.12 Guidelines do not recommend JAK inhibitors in pregancy13 and pharmacokinetic studies suggest that the half-life of baricitinib in children is substantially shorter than in adults, requiring dosing up to four times per day.14 Tocilizumab might be preferred in patients who are pregnant or paediatric, given greater clinical experience and convenient dosing respectively.

From early days in artificial intelligence algorithms to pharmacogenomic predictions15 we now have compelling efficacy and safety data for baricitinib in patients with COVID-19. Baricitinib's evolution is an exemplar of modern-day candidate selection, proof-of-concept testing, and drug repurposing, serving as a template for drug discovery—a powerful tool in future pandemic preparedness.  
<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01295-8/fulltext>

**title:** Remote COVID-19 Assessment in Primary Care (RECAP) risk prediction tool: derivation and real-world validation studies

the lancet digital health|28th july 2022  
  
Accurate assessment of COVID-19 severity in the community is essential for patient care and requires COVID-19-specific risk prediction scores adequately validated in a community setting. Following a qualitative phase to identify signs, symptoms, and risk factors, we aimed to develop and validate two COVID-19-specific risk prediction scores. Remote COVID-19 Assessment in Primary Care-General Practice score (RECAP-GP; without peripheral oxygen saturation [SpO2]) and RECAP-oxygen saturation score (RECAP-O2; with SpO2)…  
  
…Both RECAP models are valid tools to assess COVID-19 patients in the community. RECAP-GP can be used initially, without need for observations, to identify patients who require monitoring. If the patient is monitored and SpO2 is available, RECAP-O2 is useful to assess the need for treatment escalation.  
<https://www.thelancet.com/journals/landig/article/PIIS2589-7500(22)00123-6/fulltext>

**title:** Risk stratification of patients with COVID-19 in the community  
  
the lancet digital health| 28th july 2022  
  
…In the Lancet Digital Health, we welcome the study by Ana Espinosa-Gonzalez and colleagues5 on the derivation and validation of two much-needed risk stratification tools for use in a community setting. The two pragmatic decision aids support the assessment of patients with symptoms of COVID-19, seeking to identify those who will probably require further monitoring (Remote COVID-19 assessment in primary care–General Practice, without peripheral oxygen saturation [RECAP-GP]) and those in whom treatment escalation is warranted (RECAP-oxygen [RECAP-O2]). The models were developed according to a prepublished protocol and used linked primary and hospital health-care records, together with data from the WhatsApp-based patient monitoring platform, Doctaly Assist.6

What do these data tell us and how well do the models work?  
<https://www.thelancet.com/journals/landig/article/PIIS2589-7500(22)00146-7/fulltext>

**title:** Evusheld Reduces COVID-19 Disease Severity Among Unvaccinated Adults

JAMA | 26th july 2022  
  
Tixagevimab plus cilgavimab, a SARS-CoV-2–neutralizing monoclonal antibody combination marketed as Evusheld, protected nonhospitalized individuals with mild to moderate COVID-19 symptoms from progressing to severe COVID-19 or death in a clinical trial. The study, published in The Lancet Respiratory Medicine, is the first to evaluate the intramuscular injection for outpatient treatment; other anti–SARS-CoV-2 monoclonal antibodies must be administered intravenously or subcutaneously…  
<https://jamanetwork.com/journals/jama/fullarticle/2794569>

**title:** Rehospitalization, Emergency Visits After Paxlovid Treatment Are Rare

JAMA |26th july 2022  
  
Hospitalizations and emergency department visits for rebounding COVID-19 symptoms are rare after treatment with the antiviral therapy nirmatrelvir-ritonavir, according to a CDC analysis of electronic medical records from a large health care system.

In late December 2021, the US Food and Drug Administration issued an Emergency Use Authorization for nirmatrelvir-ritonavir (Paxlovid) to treat individuals with COVID-19 at increased risk of severe outcomes including hospitalization and death. Case reports of rebounding COVID-19 symptoms or positive SARS-CoV-2 test results between 2 and 8 days after treatment with the antiviral therapy prompted the CDC to issue a Health Advisory on May 24.

Less than 1% of 5287 patients who received nirmatrelvir-ritonavir for COVID-19 required hospitalization or emergency department care for symptoms 5 to 15 days after treatment, according to the CDC report. Six hospitalizations—all among people with comorbidities or advanced age—and 39 emergency department encounters for apparent COVID-19 symptoms occurred. Two of the hospitalized patients died…  
<https://jamanetwork.com/journals/jama/fullarticle/2794553#>:

**title:** Environmental and societal factors associated with COVID-19-related death in people with rheumatic disease: an observational study

the lancet rheumatology| 25th JULY 2022  
  
Differences in the distribution of individual-level clinical risk factors across regions do not fully explain the observed global disparities in COVID-19 outcomes. We aimed to investigate the associations between environmental and societal factors and country-level variations in mortality attributed to COVID-19 among people with rheumatic disease globally.

Methods. In this observational study, we derived individual-level data on adults (aged 18–99 years) with rheumatic disease and a confirmed status of their highest COVID-19 severity level from the COVID-19 Global Rheumatology Alliance (GRA) registry, collected between March 12, 2020, and Aug 27, 2021. Environmental and societal factors were obtained from publicly available sources. The primary endpoint was mortality attributed to COVID-19…  
<https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(22)00192-8/fulltext>

**long term effects**

**title:** Long covid and disability: a brave new world

BMJ| 1st august 2022  
  
Nicholas Evans and colleagues argue that long covid needs to be better recognised, understood, and supported, and should stimulate a rethink of our approach to disability

One billion people worldwide live with a disability,1 but they are often overlooked in discussions of pandemic preparedness and response.23 People with physical and cognitive disabilities—including those with “invisible” disabilities that are not obvious from the outside—were at disproportionate risk of harm from covid-19 because of their pre-existing medical conditions or their social circumstances.456 People in the UK people whose disabilities affected their day-to-day function were up to three times more likely to have died from covid-19.7 They also experienced disproportionate loss of access to medical services, education, employment, and care.8

The number of people experiencing disability is being swelled by people with “long covid,” in which symptoms persist after the acute viral infection subsides. The term “long covid” was coined by patients, initially being used on social media to describe symptoms that were impairing quality of life.9 We argue that this experience generates an obligation to recognise long covid as a potentially disabling condition defined by clinical diagnostic criteria and supported by ongoing clinical research. Such recognition would also re-enforce the obligation of the state to extend and expand supportive infrastructure and policy for people with other disabilities. The need for just social policies grounded in contemporary theories of disability, designed by disabled people for disabled people, can also form the basis for advocacy and policy change beyond the pandemic…  
<https://www.bmj.com/content/378/bmj-2021-069868>

**title:** Smell and taste dysfunction after covid-19 [editorial]

BMJ |14th july 2022  
  
Health systems are unprepared for the scale of the challenge

The sense of smell is an ancient and vital perception in mammals, with the olfactory receptor gene family making up 1% of the mammalian genome, and the human olfactory system being able to discriminate among thousands of airborne chemicals at concentrations below the detection limits of the most complex analytical systems.1 However, people only realise the importance of smell when it is lost. The covid-19 pandemic has put both smell and taste disturbances in the spotlight because of the functional impact and severe distress caused by the loss of these senses, their fundamental diagnostic value,2 and, more recently, the high rate of long term dysfunction.3

The linked meta-analysis by Tan and colleagues (doi:10.1136/bmj-2021-069503) gives a clear picture of the challenge humans face.4 About 5% of people report smell and taste dysfunction six months after covid-19, and, given that an estimated 550 million cases of covid-19 have been reported worldwide as of July 2022, large numbers of patients will be seeking care for these disabling morbidities. Health systems should therefore be ready to provide support to these patients who often report feeling isolated when their symptoms are overlooked by clinicians…  
<https://www.bmj.com/content/378/bmj.o1653>   
  
Linked Research: [Prognosis and persistence of smell and taste dysfunction in patients with covid-19](https://www.bmj.com/content/378/bmj-2021-069503)  
Linked Opinion: [The burden of prolonged smell and taste loss in covid-19](https://www.bmj.com/content/378/bmj.o1895)

**title:** Long covid: Hair loss and sexual dysfunction are among wider symptoms, study finds

BMJ |27th july 2022  
  
People experiencing long covid have reported a wider set of symptoms than previously thought, including hair loss and sexual dysfunction.

Electronic health records of 2.4 million people in the UK from January 2020 to April 2021 were analysed for a study published in Nature Medicine.1 The cohort included 486 149 people with confirmed SARS-CoV-2 infection who were not admitted to hospital, matched with a control group of 1.9 million people with no recorded evidence of coronavirus infection.

People who tested positive for the virus reported at least one of 62 symptoms more frequently 12 weeks after initial infection with SARS-CoV-2 than those who had not contracted the virus. The symptoms with the largest adjusted hazard ratios were anosmia (6.49 (95% confidence interval 5.02 to 8.39)), hair loss (3.99 (3.63 to 4.39)), sneezing (2.77 (1.40 to 5.50)) ejaculation difficulty (2.63 (1.61 to 4.28)), reduced libido (2.36 (1.61 to 3.47)), and shortness of breath (2.20 (1.57 to 3.08)). Other common symptoms were chest pain, a hoarse voice, and fever…  
<https://www.bmj.com/content/378/bmj.o1887>

**title:** Paediatric hepatitis is linked to infection with two viruses, studies find

BMJ|26th july 2022  
  
Paediatric hepatitis is linked to infection with two viruses, studies find

Coinfection with two viruses—AAV2 and an adenovirus, or less often the herpes virus HHV6—may offer the best explanation for the recent cases of acute hepatitis seen in children, researchers believe. Two studies, from London and Glasgow, independently found that AAV2 (adeno associated virus 2) was present at high levels in blood samples from patients with unexplained hepatitis. AAV2 is not an adenovirus but is a member of the parvovirus family. It has not previously been associated with disease and needs a “helper” virus for it to replicate.

Both studies, which are published as preprints and not yet peer reviewed, ruled out the likelihood of recent or prior SARS-CoV-2 infection as a direct cause for the acute hepatitis…  
<https://www.bmj.com/content/378/bmj.o1876>

**title:** Examination of Trends in Diabetes Incidence Among Children During the COVID-19 Pandemic in Ontario, Canada, From March 2020 to September 2021

jama |25th july 2022  
  
…In this cross-sectional study, we observed a slightly higher but nonsignificant increase in diabetes incidence among children during the COVID-19 pandemic. Our overall rate ratio is similar to that of Kamrath et al,3 who reported a 1.15-fold increase in type 1 diabetes incidence among children in Germany during the pandemic.3 Limitations of our study include its smaller population and therefore lower power; thus, we cannot rule out a 1.3-fold increase in RRs. An advantage of our study is that we report monthly variations in post–COVID-19 diabetes incidence showing a decline then an increase in rates, suggesting possible delays in diabetes diagnosis for children early in the pandemic with a catch-up effect. Although we are unable to differentiate type 1 and 2 diabetes, 95% of children with diabetes in Ontario have type 1.6 The lack of both an observable increase in overall diabetes incidence among children during the 18-month pandemic restrictions and a plausible biological mechanism calls into question an association between COVID-19 and new-onset diabetes. Given the variability in monthly RRs, additional population-based, longer-term data are needed to examine the direct and indirect effects of COVID-19 and diabetes risk among children.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794549>

**title:** Rates and Factors Associated With Documentation of Diagnostic Codes for Long COVID in the National Veterans Affairs Health Care System

JAMA |29th july 2022  
  
Question What are the rates, clinical settings, and factors associated with documentation of care related to COVID-19 at 3 or more months after acute infection?

Findings In this cohort study of 198 601 persons with a positive SARS-CoV-2 test, COVID-19 care was documented in 13.5% of individuals 3 or more months after infection during a mean follow-up of 13.5 months and was documented more commonly in older persons, those with higher comorbidity burden, those with more severe acute COVID-19 presentation, and those who were unvaccinated at the time of infection.

Meaning These findings provide guidance for health care systems to develop systematic approaches to the evaluation and management of patients who may be experiencing long COVID.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794788>

**infection control**

**title:** Isolation facilities for covid-19: towards a person centred approach

BMJ |26th july 2022  
  
Chuan De Foo and colleagues argue that isolation facilities have the potential to interrupt the transmission of infectious agents, particularly in the earlier stages of infectious disease outbreaks, but they must deliver person centred care..  
<https://www.bmj.com/content/378/bmj-2021-069558>

**title:** Vaccinating children aged under 5 years against covid-19

BMJ| 28th july 2022  
  
Whether other countries should follow the US’s lead is unclear  
  
The United States has joined a handful of countries recommending that children aged 6 months to 5 years should receive covid-19 vaccines,12 but it is uncertain if other countries will follow. What is the evidence behind the US’s recommendation, and how does the case for vaccinating children under 5 years differ from offering covid-19 vaccines to older children?

…Covid-19 vaccination may protect children under 5 at high risk of severe disease.27 But the case for mass vaccination of healthy under 5s seems less compelling,15 particularly in developed countries where risk of mortality from covid-19 in this age group is so low.28 However, the balance of benefits and risks may change as new variants emerge. Global surveillance of covid-19 and long term effects of vaccination in different child populations is therefore essential.29 Importantly, the views of parents must be considered in any new policy relating to young children, along with clear, accurate information for parents considering whether to vaccinate their child.  
<https://www.bmj.com/content/378/bmj.o1863>

**title:** What poo tells us: wastewater surveillance comes of age amid covid, monkeypox, and polio

BMJ| 29th JULY 2022  
  
Sewage surveillance is going through a rebirth as covid, monkeypox, and now polio bring new urgency to virus detection. Bryn Nelson reports.  
<https://www.bmj.com/content/378/bmj.o1869>

**title:** The UK government’s “personal responsibility” policy for covid is hypocritical and unsustainable  
  
BMJ| 29th JuLY 2022  
  
The UK government’s “personal responsibility” policy for covid is hypocritical and unsustainable  
  
…The Westminster government is acting hypocritically by saying that individuals must take responsibility for mitigating covid risks while abdicating its own responsibility. It has ignored evidence based advice on how to enable people to avoid risk, and individual members of the Westminster government have not even followed their own edicts. By ignoring the advice of its behavioural science advisers, the Westminster government’s failure to accept its own responsibilities has neither enabled the public to exercise responsibility, nor prevented continuing high levels of avoidable disease, disruption, disability, and deaths from covid-19.  
<https://www.bmj.com/content/378/bmj.o1903>

**title:** EFFECTIVENESS ASSOCIATED WITH VACCINATION AFTER COVID-19 RECOVERY IN PREVENTING REINFECTION

JAMA| 27th july 2022  
  
Question How effective is vaccination against COVID-19 after recovery from prior SARS-CoV-2 infection?

Findings In this cohort study of more than 95 000 Rhode Island residents from March 2020 to December 2021, including residents and employees of long-term congregate care (LTCC) facilities, completion of the primary vaccination series after recovery from COVID-19 was associated with 49% protection from reinfection among LTCC residents, 47% protection among LTCC employees, and 62% protection in the general population during periods when wild type, Alpha, and Delta strains of SARS-CoV-2 were predominant.

Meaning These findings suggest that among people who have recovered from COVID-19, subsequent completion of the primary vaccination series reduced the risk of reinfection by approximately half.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794702>

**title:** Preventive Medication for COVID-19 Infection [jama patient page - US]

JAMA | 25th july 2022  
  
Tixagevimab-cilgavimab is a combination medication to help prevent COVID-19 infection.

Tixagevimab-cilgavimab (Evusheld) consists of 2 long-acting monoclonal antibodies that bind to the spike protein of the virus that causes COVID-19 to prevent it from infecting human cells.  
  
When Can Tixagevimab-Cilgavimab Be Given? Tixagevimab-cilgavimab is not a treatment for COVID-19 and should not be given to patients who are already infected with COVID-19 or who had recent close contact with an individual who has COVID-19 infection. Administration of tixagevimab-cilgavimab should be deferred for at least 2 weeks after receipt of COVID-19 vaccination…  
<https://jamanetwork.com/journals/jama/fullarticle/2794799>

**health management & workforce well-being**

**title:** Covid-19: Staff absences in July surged amid ongoing pressure on hospitals

BMJ| 1st AUGUST 2022  
  
NHS staff absences in England reached the highest peak in July since mid-April, amid continuing high numbers of SARS-CoV-2 infections and unrelenting demand for hospital beds.

In a joint editorial published last week the editors of The BMJ and Health Service Journal, Kamran Abbasi and Alastair McLellan, sounded the alarm at the current situation and lamented the government’s inaction in tackling the “covid-driven collapse in services.”1 They argued, “The constant pressure created by repeated covid waves is already the main reason that the NHS is nowhere near reaching the activity levels needed to begin to recover performance.

“The nation’s attempt to ‘live with covid’ is the straw that is breaking the NHS’s back. The government must stop gaslighting the public and be honest about the threat the pandemic still poses to them and the NHS.”

Given the current trends, the editors also questioned the government’s assertion that the link between infections and hospital admissions had been broken…  
<https://www.bmj.com/content/378/bmj.o1909>

**title:** Violence against health workers rises during COVID-19  
  
the lancet | 30th july 2022  
  
Violence against health-care staff has got “even worse” since the COVID-19 pandemic—but new strategies are tackling the problem. Jacqui Thornton reports.

A new joint study by the International Council of Nurses, the International Committee of the Red Cross, the International Hospital Federation, and the World Medical Association has found that violence against doctors is endemic regardless of a country's security situation. Moreover, respondents to the survey thought that violence by patients or their families against health-care workers has worsened and has become more frequent since the start of the COVID-19 pandemic.  
<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01420-9/fulltext>

**recovery**

**title:** Covid-19: “Impossible” to be confident that government awarded Randox contracts properly, say MPs

BMJ |27th july 2022  
  
The UK government’s failure to follow basic rules in awarding £777m of contracts for covid-19 testing to the diagnostics company Randox Laboratories make it “impossible to have confidence” that the contracts were awarded properly, says the parliamentary watchdog on public spending.1

In a highly critical report, the Commons Public Account Committee accuses the Department of Health and Social Care of “woefully inadequate record keeping” and failing to meet basic requirements to publicly report ministers’ external meetings or deal with potential conflicts of interest when awarding testing contracts to the company…  
<https://www.bmj.com/content/378/bmj.o1893>

**title:** David Oliver: Relearning to value experts and their knowledge

BMJ | 27TH JULY 2022  
  
Throughout the pandemic I’ve seen expert professionals and apolitical expert institutions undermined, disparaged, accused of lying, and attacked over their credibility or independence. Some of this stems from lockdown sceptics understandably concerned about the personal and wider economic impact; some of it from people with legitimate grievances about the government’s pandemic response. But the effect, and sometimes the intention, is that official health protection measures are undermined…  
<https://www.bmj.com/content/378/bmj.o1853>

**title:** The Post–COVID-19 Case for Primary Care  
  
the lancet global health| 13th july 2022  
  
Much has been written and discussed about challenges faced by the US health care system, with most of it justifiably concerning the payment system for medical services, and how that leaves an unconscionably large proportion of US residents uninsured or underinsured for quality care. Although payment systems are undoubtedly a challenge and merit substantial conversation, the structure of US health care delivery also leaves much to be desired.

Central to that problem is the paucity of primary care physicians in the US…  
<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2794949>

**public health & health inequalities**

**title:** Persistent Disparities in COVID-19 Antiviral Dispensing

JAMA| 26th JULY 2022  
  
Communities most at risk of severe COVID-19 outcomes have half the rate of prescriptions compared with less vulnerable communities, according to a CDC report.

More than 1 million doses of oral antiviral medications to treat individuals with SARS-CoV-2 have been prescribed since late December 2021 when the US Food and Drug Administration issued Emergency Use Authorizations for nirmatrelvir-ritonavir (Paxlovid) and molnupiravir (Lagevrio).

To scale up access to the drugs, which are most effective when used within 5 days of developing symptoms, the US Department of Health and Human Services launched the Test to Treat initiative on March 7, 2022. The initiative was designed to allow high-risk individuals to be tested for SARS-CoV-2, evaluated by a clinician who can prescribe an oral antiviral if indicated, and fill the prescription for free—all at 1 site…  
<https://jamanetwork.com/journals/jama/fullarticle/2794554>

**title:** Ensuring Widespread and Equitable Access to Treatments for COVID-19

JAMa | 29th july 2022  
  
The EPIC-HR trial (Evaluation of Protease Inhibition for Covid-19 in High-Risk Patients)1 included 2246 adults at higher risk for severe disease with no prior immunity (ie, unvaccinated and no prior infection) and with mild to moderate COVID-19 symptoms who received nirmatrelvir plus ritonavir (Paxlovid) or placebo. The final analysis of 1379 patients who received treatment within 3 days of symptom onset showed that the incidence of COVID-19–related hospitalization or death by day 28 was lower in the nirmatrelvir plus ritonavir group than in the placebo group (incidence of 0.72% vs 6.53%; relative risk reduction, 88.9%)1; the data also suggested that for every 18 people who were treated with nirmatrelvir plus ritonavir, one hospitalization was prevented. A study by Najjar-Debbiny et al2 that included 4737 high-risk outpatient adults in Israel who received nirmatrelvir plus ritonavir during the circulation of the Omicron variants found that use of nirmatrelvir plus ritonavir, compared with no use, was associated with a significantly reduced risk of the composite outcome of severe COVID-19 or mortality (crude incidence rate of 5.6 vs 10.4 per 1000 person-months, respectively; adjusted hazard ratio, 0.54 [95% CI, 0.39-0.75]).

Despite these benefits, there have been many systemic obstacles to accessing outpatient treatments, including lack of public awareness, insufficient clinician education, limited well-defined pathways for clinical evaluation prior to treatment, and logistical challenges in dispensing the medications in the US. Surmounting these obstacles is especially critical given the racial and socioeconomic inequities in hospitalizations that have become apparent throughout the COVID-19 pandemic.3,4 Experience with a comprehensive approach to outpatient COVID-19 treatment in New York City may provide lessons that could help other jurisdictions formulate their own treatment strategies…  
<https://jamanetwork.com/journals/jama/fullarticle/2794967>

**title:** An effective pandemic treaty requires accountability  
  
the lancet public health| 26th july 2022  
  
The COVID-19 pandemic is estimated to have killed six to 18 million persons.1 This pandemic exposed major gaps in our global health security architecture that must be addressed to keep infectious disease outbreaks from becoming pandemics, and to effectively respond when they occur.2, 3 To address these gaps, WHO member states created the Intergovernmental Negotiating Body to negotiate a treaty or international health agreement on pandemic prevention, preparedness, and response. These negotiations are currently underway, and an initial working draft of a proposed legal instrument has been made public.4

A major gap in existing international health agreements is the scarcity of accountability mechanisms to independently and objectively assess and monitor compliance as well as to incentivise or sanction country non-compliance with agreed-upon regulations. For a global agreement to succeed in preventing and mitigating pandemics, standards must be set, and countries and international bodies held accountable to their commitments and obligations under those standards…  
<https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00192-X/fulltext>

**title:** Assessment of Exposure to Environmental Toxins and Racial and Ethnic Disparities in COVID-19 Hospitalizations Among US Veterans

JAMA | 28th july 2022  
  
In this cohort study, exposure to environmental toxins partially mediated the association of racial and ethnic disparities with COVID-19 hospitalizations, independently of COVID-19–related comorbidities. Exposure to environmental toxins may weaken the respiratory and immune systems of exposed individuals, who disproportionately belong to racial and ethnic minority populations, increasing their susceptibility to serious COVID-19 independently of comorbidities and tobacco use. Limitations of this study include its limited generalizability to children, lack of accounting for other neighborhood factors associated with health (eg, poverty), potential for measurement error (eg, participants’ residential histories and mobility), and possibility of being underpowered to detect mediation in smaller racial and ethnic minority groups.

Future research may examine exposure to specific environmental toxins. Addressing racial and ethnic health disparities requires equity-focused planning and environmental policies that address pollution and promote environmental justice for racial and ethnic minority communities. Advocating for environmental justice may also aid future disaster-preparedness efforts.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794740>

**title:** Factors Associated With Cancer Treatment Delay Among Patients Diagnosed With COVID-19

JAMA| 28th july 2022  
  
Question What are the factors associated with cancer treatment delay among patients with test results positive for SARS-CoV-2?

Findings In this cohort study using data from 3028 patients in a large COVID-19 oncology data registry, multiple different patient demographic factors, such as race and ethnicity, underlying primary malignant neoplasm (diagnosis and extent of spread), multimorbidity, geographic location, receipt of COVID-19 vaccine, severity of COVID-19 infection, and timing of COVID-19 diagnosis, were associated with delays in cancer treatment.

Meaning These findings suggest that some health disparities may have been exacerbated during the pandemic as an effect of cancer treatment delay.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794732>

**international perspectives**

**title:** Covid-19: Ontario hospitals close wards as nursing shortage bites

BMJ| 1st august 2022  
  
At least 14 hospitals in Canada’s most populous province are operating without key services this weekend as exhausted and depleted nursing staff struggle to cope with a surge in patients with covid-19…  
<https://www.bmj.com/content/378/bmj.o1917>

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

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