COVID-19 weekly update

20th November 2020

**clinical management**

**Title**: COVID-19 therapy: corticosteroids including dexamethasone and hydrocortisone

NHS England and NHS Improvement | 13th November 2020

In accordance with World Health Organization (WHO) recommendations, this letter explains that systemic corticosteroids should be used in patients with severe and critical COVID-19 disease, but not in patients with non-severe COVID-19.

Full detail: [COVID-19 therapy: corticosteroids including dexamethasone and hydrocortisone](https://www.england.nhs.uk/wp-content/uploads/2020/11/C0870_COVID-19-Therapy-Corticosteroids-including-dexamethasone-and-hydrocortisone-letter_131120.pdf)

**Title**: A Proposed Framework and Timeline of the Spectrum of Disease Due to SARS-CoV-2 Infection. Illness Beyond Acute Infection and Public Health Implications

JAMA | 18th November 2020

This Viewpoint uses clinical observations of the natural course of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection to propose 3 phases of illness: acute infection (what people commonly refer to with the COVID-19 designation); postacute hyperinflammatory illness (referred to clinically as multisystem inflammatory syndrome); and late inflammatory sequelae, manifest as enduring cardiac, neurological, and psychological symptoms.

Full detail: [A proposed framework and timeline of the spectrum of disease due to Sars-Cov-2 infection. Illness beyond acute infection and public health implications](https://jamanetwork.com/journals/jama/fullarticle/2773338)

**Title**: Prevalence and Risk Factors of Thromboembolism among Patients With Coronavirus Disease-19: A Systematic Review and Meta-Analysis

Clinical and Applied Thrombosis/Hemostasis | Volume 26: 1-13

Emerging evidence shows that the recent pandemic of coronavirus disease 19 (COVID-19) is characterized by coagulation activation and endothelial dysfunction. This increases the risk of morbidity, mortality and economic loss among COVID-19 patients. Therefore, there was an urgent need to investigate the extent and risk factors of thromboembolism among COVID-19 patients.

The pooled prevalence of thrombotic events of hospitalized patients with COVID-19 was 33%.

The study found several risk factors such as, elevated D-dimer, hospitalized in the intensive care unit and being under mechanical ventilation, to be the most frequently reported risk factors identified. Therefore, healthcare professionals should consider these risk factors to optimally manage thromboembolism in COVID-19 patients.

Full paper: [Prevalence and risk factors of thromboembolism among patients with coronavirus disease-19: A systematic review and meta-analysis](https://journals.sagepub.com/doi/pdf/10.1177/1076029620967083)

**Title**: Long covid: Damage to multiple organs presents in young, low risk patients

BMJ | 2020; 371: m4470 | 17th November 2020

Young, low risk patients with ongoing symptoms of covid-19 had signs of damage to multiple organs four months after initially being infected, a preprint study has suggested. Initial data from 201 patients suggest that almost 70% had impairments in one or more organs four months after their initial symptoms of SARS-CoV-2 infection.

The results emerged as the NHS announced plans to establish a network of more than 40 long covid specialist clinics across England this month to help patients with long term symptoms of infection.

The prospective Coverscan study examined the impact of long covid (persistent symptoms three months post infection) across multiple organs in low risk people who are relatively young and had no major underlying health problems. Assessment was done using results from magnetic resonance image scans, blood tests, and online questionnaires.

Full detail: [Long covid: Damage to multiple organs presents in young, low risk patients](https://www.bmj.com/content/371/bmj.m4470)

Link to the research: [Multi-organ impairment in low-risk individuals with long COVID](https://www.medrxiv.org/content/10.1101/2020.10.14.20212555v1.full.pdf)

**Title**: Arthritis drug effective in treating sickest COVID-19 patients

Imperial College London | 19th November 2020

Critically ill COVID-19 patients treated with an arthritis drug are significantly more likely to have improved outcomes, a study has found.

The early findings, which are yet to be published, come from the REMAP-CAP trial, led by Imperial College London and the Intensive Care National Audit & Research Centre (ICNARC) in the UK and Utrecht University in Europe. The trial evaluates the effect of treatments on a combination of survival and length of time patients need support in an intensive care unit (ICU).

The results show that treatment with tocilizumab, an immunosuppressive drug used to treat rheumatoid arthritis, reached a key efficacy endpoint among critically ill patients with severe COVID-19, compared to patients who did not receive any immune modulation treatment.

Patients receiving tocilizumab were more likely to improve (measured by a combination of organ support, such as a breathing machine, in the ICU and surviving the hospital admission) compared to patients who received no immune modulator.

The relative contribution of survival and reduced length of time needing organ support in ICU has not yet been analysed. The trial does not yet know the relative benefits of tocilizumab compared to the other immune modulators. Further data are expected in the coming weeks and months.

Due to the clinical implications for patients, the researchers have released the findings before they have been peer-reviewed, but are working to analyse and publish the full results as soon as possible.

Full detail: [Arthritis drug effective in treating sickest COVID-19 patients](https://www.imperial.ac.uk/news/209033/arthritis-drug-effective-treating-sickest-covid-19/)

See also: [Critically ill patients treated with arthritis drug tocilizumab show improved outcomes, researchers report](https://www.bmj.com/content/371/bmj.m4530) | BMJ

Related: [Does Tocilizumab Have a Role in the Treatment of COVID-19?](https://www.jwatch.org/na52699/2020/11/10/does-tocilizumab-have-role-treatment-covid-19) NEJM | 10th Nov

**Title**: HSJ podcast: Long-covid care cannot be delayed any longer

HSJ | 20th November 2020

With delays to promised support clinics, warnings about the need to protect staff pay, and trusts accused of penalising staff during their recovery, this podcast explores why the NHS must provide serious support sooner rather than later for debilitating long-covid.

Full detail: [HSJ podcast: Long-covid care cannot be delayed any longer](https://www.hsj.co.uk/hsj-health-check-podcast/hsj-podcast-long-covid-care-cannot-be-delayed-any-longer/7029005.article?mkt_tok=eyJpIjoiWkRKbU5UYzRaV001TnpKaCIsInQiOiJ1REtETnNRbTRsXC9RNzljbENSOExscDFDeDhQSDJyVEhtR2dsQXZUWXlJWTlvcGlMd1dSQzVhcTU1aGFSMnFVNnBUazFTdGk4VGFkSlZ0Nm9zaTdoUFoyMlFQcFJWY1lBd2l5eG5uUEx2U3pJYUN4bUZtdWpqUFVuczhGb1JTRzEifQ%3D%3D)

**Title:** Update to living WHO guideline on drugs for covid-19

BMJ | 2020; 371: m4475 | 20th November 2020

This living guideline by Lamontagne and colleagues (*BMJ* 2020;370:m3379) has been updated. The latest version of this WHO living guidance focuses on remdesivir, following the 15 October 2020 preprint publication of results from the WHO SOLIDARITY trial. It contains a weak or conditional recommendation against the use of remdesivir in hospitalised patients with Covid-19.

Latest update: [A living WHO guideline on drugs for Covid-19](https://www.bmj.com/content/370/bmj.m3379)

**Title**: reducing the risk of venous thromboembolism in over 16s with COVID-19

NICE guideline [NG186] | 20th November 2020

This guideline covers pharmacological VTE prophylaxis for patients being treated for COVID-19 pneumonia. It includes patients receiving treatment in hospital or in a community setting such as a ‘hospital at home’ service or COVID-19 ‘virtual ward’. The guideline applies to all patients with COVID-19 pneumonia, including those who have other conditions.

Full detail: [COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19](https://www.nice.org.uk/guidance/ng186)

**recovery**

**Title**: Managing the COVID-19 pandemic in care homes for older people

British Geriatrics Society | updated 16th November 2020

The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them. This guidance (Version 4) has been developed to help care home staff and NHS staff who work with them to support residents through the pandemic.

The guidance is written as the United Kingdom moves into the second wave of the COVID-19 pandemic. It is designed to be applicable to care home residents across all four nations of the UK. Residents of care homes for older people have been particularly affected by COVID-19. Across the four nations 28-50% of all COVID-related deaths occurred in care home residents.

Full guidance: [Managing the COVID-19 pandemic in care homes for older people](https://www.bgs.org.uk/sites/default/files/content/attachment/2020-11-16/Managing%20the%20COVID-19%20pandemic%20in%20care%20homes%20November%202020_0.pdf)

**Title**: REDUCING HEALTH INEQUALITIES ASSOCIATED WITH COVID-19: A FRAMEWORK FOR HEALTHCARE PROVIDERS

NHS Providers | 17th November 2020

Health and care services worldwide have faced an unparalleled challenge in responding to and managing the impact of COVID-19. The disproportionate impact of the virus has highlighted longstanding health inequalities for example for people from areas with higher levels of socio-economic deprivation, or for those from Black, Asian and minority ethnic (BAME) communities.

This framework sets out core principles for understanding and taking action on health inequalities that have developed or worsened as a result of the COVID-19 crisis. It is intended to support NHS trusts during delivery of surge plans, as well as in service restoration and recovery action.

It has been developed by the Provider Public Health Network, a group of public health professionals who work in or closely with NHS provider organisations, with support from Public Health England (PHE), and in conjunction with NHS Providers.

Full framework: [Reducing health inequalities associated with Covid-19: A framework for healthcare providers](https://nhsproviders.org/reducing-health-inequalities-associated-with-covid-19)

**Title:** NHS launches 40 ‘long COVID’ clinics to tackle persistent symptoms

NHS England | 15th November 2020

The NHS will launch a network of more than 40 ‘long COVID’ specialist clinics within weeks to help thousands of patients suffering debilitating effects of the virus months after being infected.

The clinics, due to start opening at the end of November, will bring together doctors, nurses, therapist and other NHS staff to physical and psychological assessments of those experiencing enduring symptoms.

The condition, which is thought to affect more than 60,000 people in the UK, can cause continuing fatigue, brain fog, breathlessness and pain.

NHS England has provided £10 million to fund the pioneering clinics, which will see patients who have been hospitalised, officially diagnosed after a test or reasonably believe they had COVID-19.

Full detail: [NHS launches 40 ‘long COVID’ clinics to tackle persistent symptoms](https://www.england.nhs.uk/2020/11/nhs-launches-40-long-covid-clinics-to-tackle-persistent-symptoms/)

**Title:** The COVID-19 Long-Term Care situation in England

International Long Term Care Policy Network| 19th November 2020

This report, co-authored by researchers from organisations including The King's Fund, Nuffield Trust, Health Foundation, provides an overview of the impact of COVID-19 so far on people who use and provide long-term care in England and of the policy and practice measures adopted to mitigate its impact.

The report finds that the initial policy responses did not adequately consider the social care sector and that the pandemic has laid bare long-standing problems in the long-term care system in England.

Full report: [The COVID-19 Long-Term Care situation in England](https://ltccovid.org/wp-content/uploads/2020/11/COVID-19-Long-Term-Care-situation-in-England-19-November-2.pdf)

**nfection control**

**Title**: Home-made masks with filtration efficiency for nano-aerosols for community mitigation of COVID-19 pandemic

Public Health | Vol 188, November 2020, p 42-50

This study aims to investigate the filtration efficiency (FE) of home-made masks that could be used as alternatives for community mitigation of COVID-19.

Highlights:

• Home-made masks have filtration efficiency comparable to medical masks.

• They may be used as alternatives in low-risk community settings.

• Plastic face shields may be used in situations when social distancing and/or face masks are not feasible.

• Decontamination of medical masks with 75% alcohol or soap and water damages the fibres and is not recommended.

• Community mitigation measures are an important part of the global efforts in combating COVID-19.

Full article: [Home-made masks with filtration efficiency for nano-aerosols for community mitigation of COVID-19 pandemic](https://reader.elsevier.com/reader/sd/pii/S0033350620303863?token=C5348AD3FDD48E92066E65B383AF8FBF614C966F15F19B89C8F6189C29A39877724F85CE2789B968038C45488C10D0F9)

**TITLE**: NHS PLANNING TO START COVID VACCINATION OF UNDER 50s BY END OF JANUARY

HSJ | 20th November 2020

The NHS’ current plan for the covid vaccine rollout — dependent on the arrival of supplies — would see the whole adult population able to begin receiving it before the end of January, according to leaked documents seen by HSJ. Under the plan, everyone who wants to would have been vaccinated by early April.

It relies on a range of assumptions including that there will be 75 per cent takeup, outside of residential settings like care homes and prisons, where 100 per cent is expected.

The plan also relies on supplies, including more than 7 million doses being available in December. It is not clear what impact a delay to this would have on the rollout. With most doses due to be administered between early January and mid-March — at a rate of 4-5 million every week — a small delay may not make a huge impact to the overall schedule.

The dates pencilled in for beginning each group are:

* Care home residents and staff, healthcare workers **-** from beginning of December;
* Ages 80 plus - from mid-December;
* Everyone aged 70-80 - from late December;
* Everyone aged 65-70 - from early January;
* All high and moderate risk under 65s - from early January;
* Everyone aged 50-65 - from mid January; and
* Everyone aged 18-50 - from late January; but with the bulk of this group vaccinated during March.

Full detail: [NHS planning to start Covid vaccination of under 50s by end of January](https://www.hsj.co.uk/coronavirus/exclusive-nhs-planning-to-start-covid-vaccination-of-under-50s-by-end-of-january/7029015.article?mkt_tok=eyJpIjoiT1RobFpqVmhNR1ZpWlRCbSIsInQiOiJOQmVNRUpVb1ZINmF6ZWZRUnh5b2E2YlBcL282WGhHK1pwdHl2QXM1Q2pLd25TeTZNVTh5bU9IOE5CSThYbE5hWFpxZlBOb2lxKzlza0VGSWJJbzlMWlpIUFRJRXJyU2xQb1F2WUNqdlJXczBBRG16b29lNFNHaFJRa0NWVzZralAifQ%3D%3D)

**Title**: Cohort pool testing for coronavirus (COVID-19)

Department of Health and Social Care | 16th November 2020

Pooled testing is a safe and effective way of testing swab samples from several people at the same time. Several swab samples are combined into one plastic tube and are processed together to detect COVID-19.

This guidance provides information on pooled testing for universities taking part in the pooled testing pilot. Full detail: [Cohort pool testing for coronavirus (COVID-19)](https://www.gov.uk/government/publications/cohort-pool-testing-for-coronavirus-covid-19)

**TITLE:** MODERNA’S COVID-19 VACCINE CANDIDATE MEETS ITS PRIMARY EFFICACY ENDPOINT IN THE FIRST INTERIM ANALYSIS OF THE PHASE 3 COVE STUDY

Moderna | 16th November 2020

A new vaccine reports 94.5 per cent efficacy. American biotechnology company Moderna has released details of its Phase 3 COVE study; these are based on the analysis of COVID-19 cases confirmed and adjudicated starting two weeks following the second dose of vaccine. This first interim analysis was based on 95 cases, of which 90 cases of COVID-19 were observed in the placebo group versus 5 cases observed in the mRNA-1273 group.

A secondary endpoint analyzed severe cases of COVID-19 and included 11 severe cases (as defined in the study [protocol](https://cts.businesswire.com/ct/CT?id=smartlink&url=https%3A%2F%2Fwww.modernatx.com%2Fsites%2Fdefault%2Ffiles%2FmRNA-1273-P301-Protocol.pdf&esheet=52328447&newsitemid=20201116005608&lan=en-US&anchor=protocol&index=2&md5=134f6e409d6a854b34e17792611f940d)) in this first interim analysis. All 11 cases occurred in the placebo group and none in the vaccinated group.

The 95 COVID-19 cases included 15 older adults (ages 65+) and 20 participants identifying as being from diverse communities (including 12 Hispanic or LatinX, 4 Black or African Americans, 3 Asian Americans and 1 multiracial). This vaccine is stable at higher temperatures.

Full press release:
[Moderna’s Covid-19 vaccine candidate meets its primary efficacy endpoint in the first interim analysis of the phase 3 cove study](https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy)

See also:

* BMJ: [Moderna vaccine is nearly 95% effective, trial involving high risk and elderly people shows](https://www.bmj.com/content/371/bmj.m4471)
* BBC News: [Moderna: Covid vaccine shows nearly 95% protection](https://trfthealthweeklydigest.wordpress.com/2020/11/16/modernas-covid-19-vaccine-candidate-first-interim-analysis-of-the-phase-3-cove-study-covid19rftlks/Covid%20vaccine%20shows%20nearly%2095%25%20protection%22%20%5Ct%20%22_blank)

Related: [Government secures 5 million doses of Moderna vaccine](https://www.gov.uk/government/news/government-secures-5-million-doses-of-moderna-vaccine) | Department of Health and Social Care

**Title:** New film shows importance of ventilation to reduce spread of COVID-19

Department of Health and Social Care | 18th November 2020

A new public information campaign has been launched to highlight how letting fresh air into indoor spaces can reduce the risk of infection from coronavirus by over 70%.

The film illustrates how coronavirus lingers in the air in spaces with no fresh air, increasing the risk of people breathing in infected particles, and how the risk can be reduced significantly by regularly ventilating enclosed areas.

Airing indoor spaces is particularly important when:

* people have visitors (when permitted) or tradespeople in their home, for example for construction or emergencies
* someone from a support bubble is meeting with another household indoors
* a care worker is seeing a patient indoors
* someone in the household has the virus, as this can help prevent transmission to other household members

Full detail: [New film shows importance of ventilation to reduce spread of COVID-19](https://www.gov.uk/government/news/new-film-shows-importance-of-ventilation-to-reduce-spread-of-covid-19?utm_source=0801cf07-f8ac-45b4-93c4-cf766fdf9ee6&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Oxford vaccine shows 'encouraging' immune response in older adults

Via BBC News | 19th November 2020

The Oxford coronavirus vaccine shows a strong immune response in adults in their 60s and 70s, raising hopes that it can protect age groups most at risk from the virus. Researchers say the Lancet phase two findings, based on 560 healthy adult volunteers, are "encouraging".

They are also testing whether the vaccine stops people developing Covid-19 in larger, phase three trials. Early results from this crucial stage are expected in the coming weeks.

Three vaccines - Pfizer-BioNTech, Sputnik and Moderna - have already reported good preliminary data from phase three trials, with one suggesting [94% of over-65s could be protected from Covid-19](https://www.bbc.co.uk/news/health-54986208).

The Oxford data is from an earlier stage, which tests the safety of the vaccine and the body's response to it, but in the long run it's likely this vaccine could be easier to roll out because it doesn't need to be stored at very cold temperatures.

Full news story: [Oxford vaccine shows 'encouraging' immune response in older adults](https://www.bbc.co.uk/news/health-54993652)

Link to the research[: Safety and immunogenicity of ChAdOx1 nCoV-19 vaccine administered in a prime-boost regimen in young and old adults (COV002): a single-blind, randomised, controlled, phase 2/3 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932466-1) | The Lancet | 18th November

**Title:** Government ramps up “Moonshot” mass testing

BMJ | 2020; 371: m4460 | 17th November 2020

Last week the UK government announced that 67 more areas in England will be given access to rapid diagnostic tests for covid-19 in a major expansion of its Operation Moonshot mass testing programme.

Manchester, Newcastle, Birmingham, Bristol, and parts of London will be among the areas given access to lateral flow tests, which give results in 10 to 30 minutes, to test asymptomatic populations for covid-19. The expansion follows a pilot of mass testing in Liverpool that began on 6 November.

The latest figures, shared with The BMJ, show that as at 16 November the Liverpool pilot had tested 100 000 asymptomatic people, of whom 700 (0.7%) tested positive for covid-19.

Full detail: [Government ramps up “Moonshot” mass testing](https://www.bmj.com/content/371/bmj.m4460)

See also: BMJ editorial: [Mass testing for covid-19 in the UK](https://www.bmj.com/content/371/bmj.m4436)

**Title:** Exiting the lockdown: a strategy for sustainably controlling the transmission of covid-19 in England

BMA | 18th November 2020

As England prepares to exit its second lockdown the BMA says we cannot make the same mistake and risk a rebound surge in infections, and the need for further national lockdowns. A sustainable strategy for reducing transmission of COVID-19 until a vaccine becomes available and is widely taken up is desperately needed.

This report states that we must not squander the efforts of the many people who have followed the law, stayed at home, sacrificed freedoms and incurred financial loss in order to contain the virus.

The report sets out an exit strategy that the BMA believes must be put in place now to help towards near-elimination of COVID-19, enabling us to control the infection after lockdown ends and to prevent the need for further local or national lockdowns.

The steps that are now required to control COVID-19 can be split into three phases, from ending lockdown through to mass vaccination.

Full report: [Exiting the lockdown: a strategy for sustainably controlling the transmission of covid-19 in England](https://www.bma.org.uk/media/3536/bma-exiting-covid-lockdown-3-phase-strategy-nov-2020.pdf)

See also: BMJ: [Government must reduce social mixing after lockdown, says BMA](https://www.bmj.com/content/371/bmj.m4522?hwsamljwt=eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJodHRwczovL3NjaGVtYS5oaWdod2lyZXByZXNzLmNvbS9zYW1sL2F0dHJpYnV0ZS9wZXJzaXN0ZW50LWlkIjpbImh0dHBzOi8vaWRwLmVuZy5uaHMudWsvb3BlbmF0aGVucyFodHRwczovL29wZW5hdGhlbnMtc3AuYm1qLmNvbS9lbnRpdHkvYm1qIWkyajBkcHJ0czFxbWJjY2E1aWYybDVnYyJdLCJzdWIiOiJibWpqb3VybmFscy83NTAyNTkiLCJodHRwczovL3NjaGVtYS5oaWdod2lyZXByZXNzLmNvbS9zYW1sL2F0dHJpYnV0ZS9TaGliLUF1dGhlbnRpY2F0aW9uLUluc3RhbnQiOlsiMjAyMC0xMS0xOVQwOToxNzoxNC43MTZaIl0sImh0dHBzOi8vc2NoZW1hLmhpZ2h3aXJlcHJlc3MuY29tL3NhbWwvc2NvcGUiOlsiNDMxNTkyMi5lbmcubmhzLnVrIl0sImh0dHBzOi8vc2NoZW1hLmhpZ2h3aXJlcHJlc3MuY29tL3NhbWwvaHdQdWJTdWJkYiI6ImJtampvdXJuYWxzIiwiaHR0cHM6Ly9zY2hlbWEuaGlnaHdpcmVwcmVzcy5jb20vc2FtbC9od1B1YlVzZXJJZHMiOlsiNzUwMjU5Il0sImlzcyI6Imh0dHBzOi8vaGlnaHdpcmVwcmVzcy5jb20vIiwiaHR0cHM6Ly9zY2hlbWEuaGlnaHdpcmVwcmVzcy5jb20vc2FtbC9hdHRyaWJ1dGUvU2hpYi1BcHBsaWNhdGlvbi1JRCI6WyJibWoiXSwiaHR0cHM6Ly9zY2hlbWEuaGlnaHdpcmVwcmVzcy5jb20vc2FtbC9hdHRyaWJ1dGUvU2hpYi1BdXRobkNvbnRleHQtRGVjbCI6WyJ1cm46b2FzaXM6bmFtZXM6dGM6U0FNTDoyLjA6YWM6Y2xhc3Nlczp1bnNwZWNpZmllZCJdLCJodHRwczovL3NjaGVtYS5oaWdod2lyZXByZXNzLmNvbS9zYW1sL2F0dHJpYnV0ZS9lZHVQZXJzb25TY29wZWRBZmZpbGlhdGlvbiI6WyJtZW1iZXJANDMxNTkyMi5lbmcubmhzLnVrIl0sImF1ZCI6Imh0dHBzOi8vaGlnaHdpcmVwcmVzcy5jb20vIiwiaHR0cHM6Ly9zY2hlbWEuaGlnaHdpcmVwcmVzcy5jb20vc2FtbC9hdHRyaWJ1dGUvU2hpYi1TZXNzaW9uLUlEIjpbIl84ZmZkNTA4OTA4ZDkxNDhhZjg2MDcwNDA0MWVmZWNlZCJdLCJodHRwczovL3NjaGVtYS5oaWdod2lyZXByZXNzLmNvbS9zYW1sL2F0dHJpYnV0ZS91c2VybmFtZSI6WyJuaHNzeWFjYXJyaWNrMDAxIl0sImh0dHBzOi8vc2NoZW1hLmhpZ2h3aXJlcHJlc3MuY29tL3NhbWwvYXR0cmlidXRlL29yZ2FuaXNhdGlvbk51bSI6WyI0MzE1OTIyIl0sImh0dHBzOi8vc2NoZW1hLmhpZ2h3aXJlcHJlc3MuY29tL3NhbWwvYXR0cmlidXRlL1NoaWItSWRlbnRpdHktUHJvdmlkZXIiOlsiaHR0cHM6Ly9pZHAuZW5nLm5ocy51ay9vcGVuYXRoZW5zIl0sImV4cCI6MTYwNTg4OTE3MywiaWF0IjoxNjA1NzE2MzczLCJqdGkiOiIwYjQyNmMyOS05ZDcxLTQxOTQtODA5OC0yZTY2OWM1MmZlZmUifQ.VvX6dtj39bQGN3R9GPHtvIy7tSow9jebiKgHEJik25c)

**Title**: SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis

The Lancet Microbe | 19th November 2020

Viral load kinetics and duration of viral shedding are important determinants for disease transmission. We aimed to characterise viral load dynamics, duration of viral RNA shedding, and viable virus shedding of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in various body fluids, and to compare SARS-CoV-2, SARS-CoV, and Middle East respiratory syndrome coronavirus (MERS-CoV) viral dynamics.

Although SARS-CoV-2 RNA shedding in respiratory and stool samples can be prolonged, duration of viable virus is relatively short-lived. SARS-CoV-2 titres in the upper respiratory tract peak in the first week of illness. Early case finding and isolation, and public education on the spectrum of illness and period of infectiousness are key to the effective containment of SARS-CoV-2.

Full document: [SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2820%2930172-5)

**Title:** COVID-19 vaccines: no time for complacency

The Lancet | 21st November 2020

Pfizer and BioNTech recently announced that their COVID-19 vaccine candidate had 90% efficacy in clinical trials. Similar announcements have been made about the Russian Sputnik V and Moderna vaccines.

This editorial states that whilst the prospect of preventing illness and death, and avoiding the harm and misery of extended restrictions is a cause for optimism, we are far from ending COVID-19 as a public health issue.

Full editorial: [COVID-19 vaccines: no time for complacency](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2932472-7/fulltext)

**Title:** £12.2 million boost for genomic surveillance to help stop transmission of COVID-19

Department of Health and Social Care | 16th November 2020

The COVID-19 Genomics UK Consortium will use £12.2 million of funding to expand whole genome sequencing of the SARS-CoV-2 virus.

* £12.2 million to expand whole genome sequencing to see how COVID-19 spreads and evolves
* Viral genome sequencing data increases our understanding of outbreaks and help to track patterns of infection
* This research is essential for monitoring the evolution of COVID-19 for mutations which may impact the efficacy of vaccines

Full detail: [£12.2 million boost for genomic surveillance to help stop transmission of COVID-19](https://www.gov.uk/government/news/122-million-boost-for-genomic-surveillance-to-help-stop-transmission-of-covid-19?utm_source=78d26c46-11ca-42fe-92a7-6f19238e5914&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Janssen to begin COVID-19 vaccine trials in the UK

Department for Business, Energy & Industrial Strategy | 16th November 2020

* Phase 3 clinical trials for Janssen’s COVID-19 vaccine to begin across the UK
* 6,000 volunteers from across the UK will take part in Janssen’s trials to test its effectiveness
* researchers urge the public to keep volunteering for vital studies to ensure people in the UK have access to different types of vaccines that work for them

Full detail: [Janssen to begin COVID-19 vaccine trials in the UK](https://www.gov.uk/government/news/janssen-to-begin-covid-19-vaccine-trials-in-the-uk?utm_source=0f05cdff-2687-45f2-ba86-6e5335544650&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** How care homes managed infection prevention and control during the coronavirus pandemic 2020

Care Quality Commission | 18th November 2020

Effective infection prevention and control (IPC) is essential to protect people from COVID-19. This report sets out what the CQC found when they looked at IPC across 440 care home inspections in August and at the beginning of September 2020. The report includes examples of good practice.

Across the 440 inspections the CQC found the two areas with the most gaps in assurance were effective use of personal protective equipment (PPE) and having up-to-date policies.

Full report: [How care homes managed infection prevention and control during the coronavirus pandemic 2020](https://www.cqc.org.uk/sites/default/files/20201118_IPC_care_homes_final_web.pdf)

**TITLE:** HOMECARE WORKERS TO BE TESTED WEEKLY FOR COVID-19

Department of Health and Social Care | 20th November 2020

Care workers looking after people in their own homes will be offered weekly coronavirus tests from Monday, the government has announced.

* Registered carers looking after people in their own homes will be able to access weekly coronavirus tests
* Care providers will be able to book tests for their staff online from Monday (23 November)
* The roll-out marks the next stage in the government’s expansion of mass testing

Full detail: [Homecare workers to be tested weekly for COVID-19](https://www.gov.uk/government/news/homecare-workers-to-be-tested-weekly-for-covid-19?utm_source=44a7c206-a8cd-464e-a41f-46d5a906192e&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Coronavirus (COVID-19) Infection Survey, UK: 20 November 2020

Office for National Statistics | 20th November 2020

This bulletin refers to the number of current COVID-19 infections within the community population; community in this instance refers to private residential households and it excludes those in hospitals, care homes and/or other institutional settings.

Main points:

* There are substantial differences in infection rates by region leading to a national infection rate in England, which is similar to last week; during the most recent week (8 November to 14 November 2020), we estimate 664,700 people (95% credible interval: 628,300 to 701,200) within the community population in England had the coronavirus (COVID-19), equating to around 1 in 80 people (95% credible interval: 1 in 85 to 1 in 80).
* Over the last week, infection rates have continued to increase in London, the East of England and the South East, however rates now appear to be decreasing in the North West and the East Midlands; the highest COVID-19 infection rates remain in the North West and Yorkshire and The Humber.
* The highest infection rates are seen among secondary school-aged children and older teenagers and young adults, although trends vary between these groups; rates continue to increase in primary school-aged children and infection rates appear to be levelling off in people aged 25 years and over.

Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 20 November 2020](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/20november2020)

**workforce wellbeing**

**TITLE:** WIDER ROLL OUT OF COVID-19 TESTING ON ASYMPTOMATIC STAFF

NHS Employers | 19th November 2020

Regular testing of asymptomatic patient-facing NHS staff is being rolled out to acute, community, ambulance, and mental health trusts following a pilot of 34 adopter trusts who began testing last week with invaluable feedback.

The lateral flow testing kits are self-administered and detect the presence of COVID-19 from a nasal swab sample. The test should be taken twice weekly and the process takes no longer than five minutes with results returned within 30 minutes. This testing will support the NHS to control infection, reduce staff absenteeism and support COVID-19 and non-COVID-19 clinical pathways.

Trusts will be notified in advance of the delivery of the kits which should provide one box of 25 kits per patient-facing staff member.

Full detail: [Wider roll out of covid-19 testing on asymptomatic staff](https://www.nhsemployers.org/news/2020/11/guidance-released-for-lateral-flow-testing-for-asymptomatic-staff)

**Health management**

**TITLE:** NHS REORGANISATION AFTER THE PANDEMIC

BMJ | 2020; 371: m4468 | 18th November 2020

Covid-19 has exposed longstanding political neglect—including historical underfunding, chronic workforce problems, and high levels of unmet need. This editorial suggests fundamental reform is needed to transform the current threadbare safety net into a system that offers much more generous and effective state protection for vulnerable people and their carers.

Full editorial: [NHS reorganisation after the pandemic](https://www.bmj.com/content/371/bmj.m4468)

**Title:** Modelling ICU capacity under different epidemiological scenarios of the COVID-19 pandemic in three western European countries

Imperial College London | 16th November 2020

The coronavirus disease 2019 (COVID-19) pandemic has placed enormous strain on healthcare systems, particularly intensive care units (ICUs), with COVID-19 patient care being a key concern of healthcare system planning for winter 2020/21. Ensuring that all patients who require intensive care, irrespective of COVID-19 status, can access it during this time is essential.

This study uses an integrated model of hospital capacity planning and epidemiological projections of COVID-19 patients to estimate the spare capacity of key ICU resources under different epidemic scenarios in France, Germany and Italy across the winter period of 2020/21.

Full report: [Modelling ICU capacity under different epidemiological scenarios of the COVID-19 pandemic in three western European countries](https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-11-16-COVID19-Report-36.pdf)

**other**

**TITLE:** INVESTIGATION INTO GOVERNMENT PROCUREMENT DURING THE COVID-19 PANDEMIC

National Audit Office | 18th November 2020

This report finds a lack of transparency and adequate documentation of some key decisions, such as why particular suppliers were chosen or how government identified and managed potential conflicts of interest, in the awarding of some contracts while government was procuring large volumes of goods and services at high speed to respond to the COVID-19 pandemic.

Full report: [Investigation into government procurement during the COVID-19 pandemic](https://www.nao.org.uk/wp-content/uploads/2020/11/Investigation-into-government-procurement-during-the-COVID-19-pandemic.pdf)

Press release: [Investigation into government procurement during the COVID-19 pandemic](https://www.nao.org.uk/report/government-procurement-during-the-covid-19-pandemic/)

See also: [Government has spent billions on contracts with little transparency, watchdog says](https://www.bmj.com/content/371/bmj.m4474) | BMJ

**Title:** Deaths of people identified as having learning disabilities with COVID-19 in England in the Spring of 2020

Public Health England | 12th November 2020

This review, commissioned by the Department of Health and Social Care, looked at: deaths from Covid-19 of people with learning disabilities; factors impacting the risk of death from COVID-19 of people with learning disabilities; and deaths in care settings of people with learning disabilities. It found the death rate up to six times higher from coronavirus during the first wave of the pandemic than the general population.

Full report: [Deaths of people identified as having learning disabilities with COVID-19 in England in the Spring of 2020](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933612/COVID-19__learning_disabilities_mortality_report.pdf)

Press release: [People with learning disabilities had higher death rate from COVID-19](https://www.gov.uk/government/news/people-with-learning-disabilities-had-higher-death-rate-from-covid-19)

**Title:** Excess deaths vary widely across England and Wales, show data

BMJ | 2020; 371: m4500 | 18th November 2020

Excess deaths in England and Wales remain above the five year average, while deaths from covid-19 rose 40% last week, latest data show. Figures from the Office for National Statistics show that in the week ending 6 November, deaths registered for any reason were 14% (1481) above the five year average across England and Wales. But within this there was wide regional variation, with sharp rises in the north of England and Wales but no excess deaths in London.

The number of deaths involving covid-19 increased for the ninth consecutive week, the data show. There were 1937 deaths involving covid-19 registered in England and Wales in the week ending 6 November, an increase of 558 (40%) from 1379 the previous week.

Full detail: [Excess deaths vary widely across England and Wales, show data](https://www.bmj.com/content/371/bmj.m4500)

Related: ONS: [Deaths registered weekly in England and Wales, provisional: week ending 6 November 2020](https://www.ons.gov.uk/releases/deathsregisteredinenglandandwalesprovisionalweekending6november2020)

**Title:** Urgent actions and policies needed to address COVID-19 among UK ethnic minorities

The Lancet | 19th November 2020

As the UK enters a winter wave of the COVID-19 pandemic, our understanding of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continues to evolve. However, what is strikingly clear from early data is the disproportionate effect of COVID-19 on elderly, socioeconomically deprived, and ethnic minority groups, both in the UK and globally.

Rapid analyses of large-scale population-based data show increased risk of exposure to SARS-CoV-2 and poor outcomes in these groups. This comment piece discusses the need for urgent actions and policies to address COVID-19 among UK ethnic minorities.

Full detail: [Urgent actions and policies needed to address COVID-19 among UK ethnic minorities](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2932465-X/fulltext)

**Title:** Estimated impact of the COVID-19 pandemic on cancer services and excess 1-year mortality in people with cancer and multimorbidity

BMJ Open | 17th November 2020

The objective of this study was to estimate the impact of the COVID-19 pandemic on cancer care services and overall (direct and indirect) excess deaths in people with cancer.

Dramatic reductions were detected in the demand for, and supply of, cancer services which have not fully recovered with lockdown easing. These may contribute, over a 1-year time horizon, to substantial excess mortality among people with cancer and multimorbidity. It is urgent to understand how the recovery of general practitioner, oncology and other hospital services might best mitigate these long-term excess mortality risks.

Full article: [Estimated impact of the COVID-19 pandemic on cancer services and excess 1-year mortality in people with cancer and multimorbidity: near real-time data on cancer care, cancer deaths and a population-based cohort study](https://bmjopen.bmj.com/content/bmjopen/10/11/e043828.full.pdf)

**Title:** What now for remdesivir?

BMJ | 2020; 371: m4457 | 20th November 2020

The spectre of past pandemics looms large over remdesivir, one of the first drug treatments for covid-19. With a WHO trial finding little benefit, this feature piece asks if the expensive drug is just Tamiflu redux?

Full detail: [What now for remdesivir?](https://www.bmj.com/content/371/bmj.m4457)

**Title:** What does the future hold for digital health and care?

The Kings Fund | 13th November 2020

The Covid-19 pandemic has seen many health and care services turn to digital technology to continue meeting patients’ needs. But beyond remote consultations, what are the key technologies to look out for in the future?

The King's Fund explain eight key innovations and their potential to transform health and care delivery.

1. [Smartphones and wearables](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#smartphones-wearables)
2. [At-home or portable diagnostics](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#at-home)
3. [Smart or implantable drug delivery mechanisms](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#smart-implantable)
4. [Digital therapeutics and immersive technologies](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#digital-therapeutics)
5. [Genome sequencing](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#genome)
6. [Artificial intelligence](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#artificial-intelligence)
7. [Robotics and automation](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#robotics)
8. [The connected community](https://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care#community)

Full detail: [What does the future hold for digital health and care?](https://www.kingsfund.org.uk/publications/digital-revolution)

**TITLE:** INPATIENT EXPERIENCE DURING THE CORONAVIRUS (COVID-19) PANDEMIC

Care Quality Commission | 19th November 2020

This report shares the results of a CQC survey looking at the experiences of people staying in NHS hospitals during the first wave of the coronavirus (COVID-19) pandemic.

The report shows that people’s experiences of inpatient care were generally positive. Overall, most patients (83%) said they felt safe from the risk of catching COVID-19 in hospital. However, people diagnosed with the disease while in hospital felt less safe than patients who did not receive a COVID-19 diagnosis (68% and 84% respectively).

Patients with a COVID-19 diagnosis reported consistently poorer experiences than people who did not have the virus. The greatest differences were during discharge and knowing what would happen next with their care after leaving hospital.

Full report: [Inpatient experience during the Coronavirus (Covid-19) pandemic](https://www.cqc.org.uk/sites/default/files/20201118_COVID-IP-survey_report.pdf)

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[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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