COVID-19 weekly update

May 22nd 2020

**clinical management**

**Title:** Should azithromycin be used to treat COVID-19? A rapid review

Source: British Journal of General Practice | Published online May 13th 2020

The aim of this study was to review the evidence for the effectiveness and safety of azithromycin in treating COVID-19. The authors found no evidence to support the use of azithromycin for the treatment of COVID-19 outside of the context of clinical trials, unless it is used to treat bacterial super-infection. There is extremely limited evidence of a possible synergy between azithromycin and hydroxychloroquine. The adverse events profile of azithromycin in the context of COVID-19 has not yet been established.

Download the full document:  [Should azithromycin be used to treat COVID-19? A rapid review](https://bjgpopen.org/content/bjgpoa/early/2020/05/12/bjgpopen20X101094.full.pdf)

**Title:** angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) in people with or at risk of COVID-19

Source: NICE COVID-19 rapid evidence summary [ES24] | May 21st 2020

The purpose of this review is to assess the best available evidence to determine:

* If there is any increased risk of developing COVID-19 due to ACEIs or ARBs
* If ACEIs or ARBs can lead to an increased risk of developing more severe symptoms of COVID-19.

Full review at [National Institute for Health & Care Excellence](https://www.nice.org.uk/advice/es24/chapter/Key-messages)

**Title:** LONG-TERM USE OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) FOR PEOPLE WITH OR AT RISK OF COVID-19

Source: NICE COVID-19 rapid evidence summary [ES25] | May 21st 2020

The purpose of this review is to assess the best available evidence to determine:

1. If long-term use of NSAIDs is associated with an increased risk of developing COVID‑19.
2. If long-term use of NSAIDs is associated with an increased risk of developing more severe COVID‑19.

Full review at [National Institute for Health & Care Excellence](https://www.nice.org.uk/advice/es25/chapter/Key-messages)

**Title**: Use of Corticosteroids in Coronavirus Disease 2019 Pneumonia: A Systematic Review of the Literature

Source: Frontiers in Medicine | Published online April 24th 2020

The aim was to investigate the effectiveness of glucocorticoid therapy in patients with COVID-19. A systematic search of the literature across nine databases was conducted from inception until 15th March 2020, following the PRISMA guidelines. Patients with a validated diagnosis of COVID-19 and using corticosteroids were included, considering all health outcomes. Four studies with 542 Chinese participants were included. Two studies reported negative findings regarding the use of corticosteroids in patients with COVID-19, i.e., corticosteroids had a detrimental impact on clinical outcomes. One study reported no significant association between the use of corticosteroids and clinical outcomes. However, one study, on 201 participants with different stages of pneumonia due to COVID-19, found that in more severe forms, the administration of methylprednisolone significantly reduced the risk of death by 62%. The literature to date does not fully support the routine use of corticosteroids in COVID-19, but some findings suggest that methylprednisolone could lower mortality rate in more severe forms of the condition.

Full document: [Use of Corticosteroids in Coronavirus Disease 2019 Pneumonia](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7193030/pdf/fmed-07-00170.pdf)

**Title**: Convalescent plasma transfusion for the treatment of COVID-19: Systematic review

Source: Journal of Medical Virology | May 1st 2020

The recent emergence of coronavirus disease 2019 (COVID-19) pandemic has reassessed the usefulness of historic convalescent plasma transfusion (CPT). This review was conducted to evaluate the effectiveness of CPT therapy in COVID-19 patients based on the publications reported till date. To our knowledge, this is the first systematic review on convalescent plasma on clinically relevant outcomes in individuals with COVID-19.

The main findings from available data are as follows: (a) Convalescent plasma may reduce mortality in critically ill patients, (b) Increase in neutralizing antibody titers and disappearance of SARS-CoV-2 RNA was observed in almost all the patients after CPT therapy, and (c) Beneficial effect on clinical symptoms after administration of convalescent plasma.

Based on the limited scientific data, CPT therapy in COVID-19 patients appears safe, clinically effective, and reduces mortality. Well-designed large multicenter clinical trial studies should be conducted urgently to establish the efficacy of CPT to COVID-19 patients.

Full article: [Convalescent plasma transfusion for the treatment of COVID-19: Systematic review](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jmv.25961)

**Title**: Loss of smell and taste as symptoms of COVID-19: what does the evidence say?

Source: Centre for Evidence-Based Medicine | May 20th 2020

This review from the Centre for Evidence-Based Medicine (CEBM) looks at the possible evidence base for loss of taste and smell being symptoms of COVID-19.

Read the full review from the CEBM: [Loss of smell and taste as symptoms of COVID-19: what does the evidence say?](https://www.cebm.net/covid-19/loss-of-smell-and-taste-as-symptoms-of-covid-19-what-does-the-evidence-say/)

**Title**: COVID-19 rapid guideline: interstitial lung disease [NG177]

Source: National Institute for Health & Care Excellence | published 15th May 2020

This guideline provides clinicians with advice on how to adjust care to reduce patients’ exposure to COVID-19 and how to balance the risks and benefits of taking drugs that affect the immune response during the pandemic. It highlights that bronchoscopy and pulmonary function tests have the potential to spread COVID-19 and they should only be carried out if the patient urgently needs them and if the results will have a direct impact on their care.

Full guideline: [Covid-19 rapid guideline: interstitial lung disease](https://www.nice.org.uk/guidance/NG177)

**Title**: COVID-19 rapid guideline: chronic kidney disease

Source: National Institute for Health & Care Excellence | published 15th May 2020

The purpose of this guideline is to maximise the safety of adults with chronic kidney disease during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

Full guideline: [Covid-19 rapid guideline: chronic kidney disease](https://www.nice.org.uk/guidance/ng176)

**Title**: Convalescent plasma or hyperimmune immunoglobulin for people with COVID‐19: a rapid review

Source: Cochrane Database of Systematic Reviews | Published: 14 May 2020

The objective of this study was to assess whether convalescent plasma or hyperimmune immunoglobulin transfusion is effective and safe in the treatment of people with COVID‐19.

The authors were very uncertain whether plasma from people who have recovered from COVID‐19 is an effective treatment for people with COVID‐19. The completed studies they found were poor quality and their results could be related to the natural progression of the disease, other treatments that the participants received, or to convalescent plasma. The currently available evidence on the safety and effectiveness of convalescent plasma and hyperimmune immunoglobulin for treatment of people with COVID‐19 is of very low certainty. Thus, any conclusions that are drawn based on these data are of limited value and these conclusions are subject to change as more reliable results become available.

Full detail: [Convalescent plasma or hyperimmune immunoglobulin for people with COVID‐19: a rapid review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013600/full)

**Title**: Cytokine adsorption devices for treating respiratory failure in people with COVID-19

Source: NICE: Medtech innovation briefing | published 21st May 2020

The main points from the evidence summarised in this briefing are from a non-randomised comparative single-arm observational study and a series of case reports including 56 patients with COVID‑19 and respiratory failure. It shows that cytokine adsorption devices reduce levels of cytokines in the blood in people with COVID‑19. This may help improve lung function.

Full detail at [National Institute for Health & Care Excellence](https://www.nice.org.uk/advice/mib217/chapter/Summary)

**Title**: Covid-19 and thrombosis: what do we know about the risks and treatment?

Source: BMJ 2020;369:m2058 | published 21st May 2020

Doctors are seeing high rates of blood clots in patients who are seriously ill with covid-19, but questions remain over best practice.

Full analysis at [BMJ](https://www.bmj.com/content/369/bmj.m2058)

**Title**: Covid-19 and cardiovascular disease

Source: BMJ 2020; 369:m1997 | published 2oth May 2020

Based on the evidence so far, cardiovascular risk factors and heart conditions are thought to increase the risk of poor outcomes from covid-19. Covid-19 may also be a risk factor for the development of cardiovascular disease. The guideline was developed by a Europe-wide “group of experts and practitioners” who have cared for patients with cardiovascular conditions and covid-19.

Further detail: [Covid-19 and cardiovascular disease](https://www.bmj.com/content/369/bmj.m1997) | BMJ

Link to quoted guideline: [ESC Guidance for the Diagnosis and Management of CV Disease during the COVID-19 Pandemic](https://www.escardio.org/static_file/Escardio/Education-General/Topic%20pages/Covid-19/ESC%20Guidance%20Document/ESC-Guidance-COVID-19-Pandemic.pdf)

**recovery**

**Title**: COVID-19: Supporting your recovery

This resource from has been developed by a group of multi-disciplinary health professionals at Lancashire Teaching Hospitals. The purpose of the website is to support patients with their initial recovery once discharged from hospital following treatment for COVID-19.

Full detail: <https://covidpatientsupport.lthtr.nhs.uk/#/>

**Title**: Cycle of 50 day lockdowns and 30 day relaxations could be effective, study finds

Source: BMJ 2020; 369:m2037 | published May 20th 2020

An alternating cycle of 50 days of lockdown followed by 30 days of easing could be an effective strategy for reducing deaths and intensive care admissions from covid-19, an international modelling study has shown.

But this would need to be accompanied by efficient testing, case isolation, contact tracing, and shielding of vulnerable people, said researchers from the Global Dynamic Interventions Strategies for Covid-19 Collaborative Group.

The study, published in the *European Journal of Epidemiology*, assessed the likely impact of alternating between stricter measures such as lockdown and intervals of more relaxed social distancing, amid concerns that lockdowns may be unsustainable over long periods, given their economic and social impact.

Further detail: [Cycle of 50 day lockdowns and 30 day relaxations could be effective, study finds](https://www.bmj.com/content/369/bmj.m2037)

Link to the quoted research: [Dynamic interventions to control COVID-19 pandemic: a multivariate prediction modelling study comparing 16 worldwide countries](https://link.springer.com/content/pdf/10.1007/s10654-020-00649-w.pdf) | European Journal of Epidemiology

**Title**: Respiratory rehabilitation in elderly patients with COVID-19: A randomized controlled study.

Source: Complementary Therapies in Clinical Practice | Volume 39 | May 2020

The objective of this study was to investigate the effects of 6-week respiratory rehabilitation training on respiratory function, QoL, mobility and psychological function in elderly patients with COVID-19.

The authors concluded that a six-week respiratory rehabilitation can improve respiratory function, QoL and anxiety of elderly patients with COVID-19, but it has little significant improvement on depression in the elderly.

Full article: [Respiratory rehabilitation in elderly patients with COVID-19](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7118596/pdf/main.pdf)

**Title**: Emerging from COVID-19: Managing the Transition

Source: Peter Lloyd and Michael Blakemore | via National Institute for Health Research | 9th May

This paper is in three sections:

* Responding to COVID-19
* Easing Lockdown
* Co-designing a flexible approach to tackle the extremes and release creativity

Full document: [Emerging from COVID-19: Managing the Transition](https://arc-nwc.nihr.ac.uk/wp-content/uploads/2020/05/Emerging-from-COVID-19-Managing-the-Transition.pdf)

**Title**: Allied health professionals’ role in rehabilitation during and after COVID-19

Source: NHS England | NHS Improvement | published 15th May 2020

This statement outlines our four nations’ collective strategic priorities and approach to AHP rehabilitation leadership during and after COVID-19.

Full document: [Allied health professionals’ role in rehabilitation during and after COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0450-AHP-Four-Nations-Statement-on-Rehabilitation.pdf)

**TITLE:**  COVID-19 AND THE NATION’S MENTAL HEALTH: FORECASTING NEEDS AND RISKS IN THE UK

Source: Centre for Mental Health | 15th May 2020

This briefing looks at specific groups of people whose mental health will be put at risk as a result of the virus and the lockdown. These include people who have been bereaved at this time, those who have received intensive hospital treatment for the virus, and staff working in health and care services. Many people who have been through these experiences will experience serious grief and trauma symptoms over a long period of time.

The briefing also notes that some groups of people face an especially high risk to their mental health. They include people facing violence and abuse, people with long-term health conditions, and people from Black, Asian and minority ethnic communities. People with existing mental health difficulties also face significant risks that their health will worsen at this time.

Full report: [Covid-19 and the nation’s mental health](https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf)

**Title**: Impact of coronavirus outbreak on psychological health

Source: Journal of Global Health | June 2020 Vol 10 (1)

The Journal of Global Health has published a paper that argues it is imperative to evaluate and develop strategies to address psychological health and psychiatric aberrations caused by direct or indirect exposure to the situation. These strategies are specific to target the communities or entire populations as well as the individuals with psychiatric symptoms resulting from the actions taken by the government against coronavirus epidemic, viral infection, and fear of infection.

Full paper: [Impact of coronavirus outbreak on psychological health](http://jogh.org/documents/issue202001/jogh-10-010331.pdf)

**Title:** Mitigating the psychological effects of social isolation during the covid-19 pandemic

Source: BMJ | 2020; 369: m1904 | published May 21st 2020

This article offers an approach to identifying and managing adults impacted by the psychological effects of social isolation during the covid-19 pandemic, and to mitigate the adverse effects of physical distancing.

Full paper: [Mitigating the psychological effects of social isolation during the covid-19 pandemic](https://www.bmj.com/content/bmj/369/bmj.m1904.full.pdf)

**Infection control**

**Title**: Guidance for stepdown of infection control precautions and discharging COVID-19 patients

Source: Public Health England |updated 20th May

This updated guidance provides advice on appropriate infection prevention and control (IPC) precautions for COVID-19 patients recovering or recovered from COVID-19 and remaining in hospital, or being discharged to their own home or residential care. The NHS Hospital Service Discharge requirements issued in response to the COVID-19 emergency concerns all hospital discharges.

20th May: updates to sections 2, 3 and 4; inclusion of detail on requirements for discharge to a single occupancy room in care facility, including nursing homes and residential homes (section 5); updated with addition of ‘a loss of, or change in, normal sense of taste or smell (anosmia)’ as a symptom (section 5)

Full guidance at [Public Health England](https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings/guidance-for-stepdown-of-infection-control-precautions-and-discharging-covid-19-patients)

**Title**: Spread of covid-19 in hospitals causing national ‘concern’

Source: HSJ | published 19th May 2020

* Senior NHS England director raises concerns over transmission rate in NHS hospitals
* “National surveillance system” to provide more visibility of problem
* Public Health England leading test programme of asymptomatic healthcare workers
* SAGE conducting modelling to boost infection prevention

Full detail at [HSJ](https://www.hsj.co.uk/patient-safety/spread-of-covid-19-in-hospitals-causing-national-concern/7027663.article)

**workforce wellbeing**

**TITLE**: EPIDEMIOLOGY OF AND RISK FACTORS FOR CORONAVIRUS INFECTION IN HEALTH CARE WORKERS: A LIVING RAPID REVIEW

Source: Annals of Internal Medicine | published May 5th 2020

Health care workers (HCWs) are at risk for severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) infection. The purpose of this review was to examine the burden of SARS-CoV-2, SARS-CoV-1, and Middle Eastern respiratory syndrome (MERS)-CoV on HCWs and risk factors for infection, using rapid and living review methods.

Health care workers experience significant burdens from coronavirus infections, including SARS-CoV-2. Use of PPE and infection control training are associated with decreased infection risk, and certain exposures are associated with increased risk.

Full detail: [Epidemiology of and risk factors for coronavirus infection in health care workers: a living rapid review](https://pubmed.ncbi.nlm.nih.gov/32369541/)

**Title:** How can healthcare workers adapt non-pharmacological treatment – whilst maintaining safety – when treating people with COVID-19 and delirium?

Source: Centre for Evidence-Based Medicine | May 6th 2020

* Delirium may be part of the spectrum of COVID-19 symptoms that patients present with. In some cases, the delirium may be severe and have a rapid onset. Clinicians should have a high level of suspicion of COVID-19 when considering a possible cause of the delirium.
* Non-pharmacological interventions (See Box 1) are the mainstay for the management of delirium in all settings; there is consistent evidence of benefit in the prevention of delirium
* Communication and care are compromised by the need for Personal Protection Equipment (PPE) in COVID-19
* Use of remote consultations may be necessary and is often feasible

Full detail at [Centre for Evidence-Based Medicine](https://www.cebm.net/covid-19/how-can-healthcare-workers-adapt-non-pharmacological-treatment-whilst-maintaining-safety-when-treating-people-with-covid-19-and-delirium/)

**Title:** PERSONAL PROTECTIVE EQUIPMENT FOR PREVENTING HIGHLY INFECTIOUS DISEASES DUE TO EXPOSURE TO CONTAMINATED BODY FLUIDS IN HEALTHCARE STAFF

Source: Cochrane Database of Systematic Reviews | published May 15th 2020

This study found low‐ to very low‐certainty evidence that covering more parts of the body leads to better protection but usually comes at the cost of more difficult donning or doffing and less user comfort. More breathable types of PPE may lead to similar contamination but may have greater user satisfaction. Modifications to PPE design, such as tabs to grab, may decrease the risk of contamination. For donning and doffing procedures, following CDC doffing guidance, a one‐step glove and gown removal, double‐gloving, spoken instructions during doffing, and using glove disinfection may reduce contamination and increase compliance. Face‐to‐face training in PPE use may reduce errors more than folder‐based training.

Full review: [Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011621.pub5/epdf/full)

**Title:** COVID-19: your wellbeing

Source: BMA Guidance | Updated: 12th May 2020

This guidance aims to help doctors and medical students working under extraordinary and challenging circumstances to look after their own health and wellbeing.

Topics:

1. [Looking after yourself](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing/looking-after-yourself)
2. [Staying safe and well at work](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing/staying-safe-and-well-at-work)
3. [Managing sickness and return to work](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing/managing-sickness-and-return-to-work)
4. [Wellbeing resources during COVID-19](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing/wellbeing-resources-during-covid-19)

Full detail at [BMA](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing)

**Title:** COVID-19: refusing to treat where PPE is inadequate

Source: BMA Guidance | Updated: 18th May 2020

This guidance sets out the process for doctors to follow to identify whether your PPE is adequate and what you can do if it is not.

Full detail at [BMA](https://www.bma.org.uk/advice-and-support/covid-19/ppe/covid-19-refusing-to-treat-where-ppe-is-inadequate)

**Title:** Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings

Source: Royal College of Psychiatrists | 13th May 2020

The Royal College of Psychiatrists (RCPsych) has responded to the urgent issue of the high and disproportionate numbers of deaths of BAME staff due to Covid-19, by producing this initial guidance on risk mitigation for urgent implementation across all mental health care organisations in the UK.

Full document: [Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings: assessment and management of risk](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings_assessment-and-management-of-risk_13052020v2.pdf?sfvrsn=1068965_2)

**Title:** Estimating Coronavirus Disease 2019 Infection Risk in Health Care Workers

Source: JAMA Network | 21st May 2020

Full editorial available via [JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766223)

**Health management**

**TITLE:** THE NEW NORMAL: BALANCING COVID-19 AND OTHER HEALTHCARE NEEDS

NHS Providers | published 14th May 2020

Trust leaders are committed to reintroducing a safe balance between care for patients with coronavirus and other services. This briefing sets out the complexities NHS trusts will face in reintroducing more services safely alongside the sustained, continuing, risk presented by COVID-19.

This briefing considers five questions that the NHS must consider going forward:

1. What impact will this have on trusts and patients?
2. What are trusts doing to make more care available now?
3. What will trusts have to deliver in this next phase of the NHS response to coronavirus?
4. What constraints do trusts face in continuing to provide non-COVID care?
5. What do trusts need to rise to the challenge?

Full briefing: [The New Normal: balancing covid-19 and other healthcare needs](https://nhsproviders.org/media/689531/spotlight-on-non-covid-care.pdf)

**Title:** CQC publishes first insight document on COVID-19 pressures

Source: Care Quality Commission | published 19th May

The Care Quality Commission has published the first of what will be a regular series of insight documents intended to highlight COVID-19 related pressures on the sectors that CQC regulates.

This document draws on information gathered through direct feedback from staff and people receiving care, CQC regular data collection from services who provide care for people in their own homes, and insight from regular CQC conversations with providers and partners.

Full document:[*Covid-19 Insight*](https://www.cqc.org.uk/sites/default/files/20200501%20COVID%20IV%20update%20number%201%20ACCESSIBLE.pdf)

**TITLE:** OVERVIEW OF THE UK GOVERNMENT’S RESPONSE TO THE COVID-19 PANDEMIC

Source: National Audit Office | published 21st May 2020

This report from the National Audit Office provides an overview of government’s wide-ranging response to Covid-19. The report finds that between 31 January and 4 May, the government made over 500 announcements. The report sets out £124.3 billion of programmes, initiatives and spending commitments in response to the pandemic.

Government’s response was mobilised across five areas, with the following spending commitments:

* £6.6 billion: Health and social care measures, covering equipment, testing, services and vaccine development;
* £15.8 billion: Other public services and the wider emergency response, including funding for local government services, education and children’s services;
* £19.5 billion: Support for individuals, including benefits and sick pay and support for vulnerable people;
* £82.2 billion: Support for businesses, including support for retaining jobs, loans and grants; and
* £0.2 billion: Other support, including providing the public with information

The report concludes that the costs of government’s response are large and uncertain and will depend on the continuing health and economic impacts of the pandemic.

Full document: [Overview of the UK government’s response to the COVID-19 pandemic](https://www.nao.org.uk/wp-content/uploads/2020/05/Overview-of-the-UK-governments-response-to-the-COVID-19-pandemic.pdf)

See also: [Covid-19: UK’s response has so far cost “unprecedented” £124.3bn](https://www.bmj.com/content/bmj/369/bmj.m2057.full.pdf) | BMJ

**Title:** Delivering core NHS and care services during the pandemic and beyond:

Source: National Voices | May 2020

This submissionto the Health and Social Care Select Committee Inquiry on ‘Delivering core NHS and care services during the pandemic and beyond’ from National Voices sets out its view on the primary ongoing health and care needs during the acute and next phases of the crisis, focusing on some major conditions as well as mental health and health inequalities.

Full document: [Delivering core NHS and care services during the pandemic and beyond](https://www.nationalvoices.org.uk/sites/default/files/public/publications/hssc_submission_140520.pdf)

**Title**: The pandemic has taught the NHS the benefits of 'working from home'

Source: HSJ | published 22nd May 2020

This article looks at locking the benefits of lockdown and learning lessons from it to improve the long-term working life in the NHS.

Full article: [The pandemic has taught the NHS the benefits of 'working from home'](https://www.hsj.co.uk/service-design/the-pandemic-has-taught-the-nhs-the-benefits-of-working-from-home/7027671.article?adredir=1)

**other**

**TITLE:** CORONAVIRUS (COVID-19): ANTIBODY TESTS

Source: Department of Health and Social Care | published 22nd May 2020

This guidance provides information about the government’s coronavirus antibody testing programme. Antibody tests are to check whether a person has had the virus.

 It sets out:

* what antibody testing is
* what an antibody test will tell you
* who is eligible for testing

Full detail at [Department of Health and Social Care](https://www.gov.uk/government/publications/coronavirus-covid-19-antibody-tests/coronavirus-covid-19-antibody-tests)

**Title**: Individual quarantine versus active monitoring of contacts for the mitigation of COVID-19: a modelling study

Source: The Lancet Infectious Diseases | published May 20th 2020

Voluntary individual quarantine and voluntary active monitoring of contacts are core disease control strategies for emerging infectious diseases such as COVID-19. Given the impact of quarantine on resources and individual liberty, it is vital to assess under what conditions individual quarantine can more effectively control COVID-19 than active monitoring. As an epidemic grows, it is also important to consider when these interventions are no longer feasible and broader mitigation measures must be implemented.

Full article[: Individual quarantine versus active monitoring of contacts for the mitigation of COVID-19](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930361-3)

**TITLE:**  FEATURES OF 20, 133 UK PATIENTS IN HOSPITAL WITH COVID-19 USING THE ISARIC WHO CLINICAL CHARACTERISATION PROTOCOL

Source: BMJ 369:m1985 | published 22nd May 2020

This rapid prospective investigation of patients with covid-19 admitted to hospital in the UK showed that obesity, chronic kidney disease, and liver disease were also associated with increased hospital mortality.

Full article: [Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study](https://www.bmj.com/content/bmj/369/bmj.m1985.full.pdf)

See also: Linked editorial: [Covid-19 care before, during, and beyond the hospital](https://www.bmj.com/content/bmj/369/bmj.m2035.full.pdf)

**Title**: OPERATING FRAMEWORK FOR URGENT AND PLANNED SERVICES WITHIN HOSPITALS

Source: NHS England | 14th May 2020

* The NHS has created unprecedented surge capacity, including HDU and ITU, to treat and care for patients with confirmed COVID-19 infection.
* The challenge now facing the NHS as it begins the second phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery.
* Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans must be to minimise the transmission of COVID-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.
* Delivery against the national expectations and principles set out in this framework will require strong and focussed leadership from local healthcare systems, underpinned by excellent clinical judgment and patient communication.
* Whilst this guidance is intentionally focussed on hospital settings, including acute, community and mental health, many of the principles will be relevant to other healthcare settings and connecting services, including ambulance, primary and community care.

Full document: [Operating framework for urgent and planned services within hospitals](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf)

**Title**: Antibody study finds ‘unexpected’ highest covid-19 infection rate in young adults

Source: HSJ | published 20th May 2020

Young adults aged between 17 and 29 were the most common age group of people infected with covid-19 in what public health officials describe as an ‘unexpected’ finding of a major new population study. The study, run by Public Health England, found a “dramatic age distribution” of covid-19 infections in London. It found that people aged between 17-29 were the “commonest group of people infected” in the capital, and that the number “declined with age.

Further detail at [HSJ](https://www.hsj.co.uk/patient-safety/revealed-antibody-study-finds-unexpected-highest-covid-19-infection-rate-in-young-adults/7027682.article)

**Title:** PUBLIC HEALTH ENGLAND: UPDATED GUIDANCE

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| The following guidance from Public Health England has been updated in the last seven days:   * [Covid-19: guidance for ambulance trusts](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-425ZDA-1/c.aspx) * [Covid-19: guidance for commissioners and providers of services for people who use drugs or alcohol](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-4288B9-1/c.aspx) * [Covid-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-428SLS-1/c.aspx) * [Covid-19: investigation and initial clinical management of possible cases](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-428SOH-1/c.aspx) * [Covid-19: guidance for households with possible coronavirus infection](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-428SQZ-1/c.aspx) * [Covid-19: management of exposed staff and patients in health and social care settings](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-428T22-1/c.aspx) * [Covid-19: prisons and other prescribed places of detention guidance](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-428T57-1/c.aspx)   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>   * [Covid-19: cleaning of non-healthcare settings](https://kingsfundmail.org.uk/21A8-6VFVZ-ND4ZRV-428T61-1/c.aspx) |