COVID-19 weekly update

June 26th 2020

**clinical management**

**Title:** Tocilizumab in patients with severe COVID-19: a retrospective cohort study

Source: The Lancet Rheumatology | 24th June 2020

No therapy is approved for COVID-19 pneumonia. The aim of this study was to assess the role of tocilizumab in reducing the risk of invasive mechanical ventilation and death in patients with severe COVID-19 pneumonia who received standard of care treatment.

The study concludes that treatment with tocilizumab, whether administered intravenously or subcutaneously, might reduce the risk of invasive mechanical ventilation or death in patients with severe COVID-19 pneumonia.

Full article: [Tocilizumab in patients with severe COVID-19: a retrospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930173-9)

See also: [Can tocilizumab calm the cytokine storm of COVID-19?](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930210-1) | The Lancet Rheumatology | 24th June 2020

**Title**: Clinical Outcomes in COVID-19 Patients on Angiotensin-Converting Enzyme Inhibitors or Angiotensin Receptor Blockers

Source: European Heart Journal - Cardiovascular Pharmacotherapy | 15th June 2020

This systematic review concluded that ACEIs and ARBs should be continued in COVID-19 patients, reinforcing the recommendations made by several medical societies. Additionally, the individual patient factors such as ACE2 polymorphisms which might confer higher risk of adverse outcomes need to be evaluated further.

Full article: [A Systematic Review and Meta-Analysis to Evaluate the Clinical Outcomes in COVID-19 Patients on Angiotensin-Converting Enzyme Inhibitors or Angiotensin Receptor Blockers](https://watermark.silverchair.com/pvaa064.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAArAwggKsBgkqhkiG9w0BBwagggKdMIICmQIBADCCApIGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQM1cr0fxjTt2mpkPTzAgEQgIICY5oL8ervPQNlLEUB0YyYQcMmpCpf9Z5oAx8ecUfmD6xlFuHTan3Snwktldq9Xl5WNF88hVfrk_zQvH3LytMTIRA3U4lMprmcF9YsZcgir6lX6dxU8Semqvg3VL_3r6fabgZ8VJRgNf23dHsRviD1NbmAqKlOsdVYctVn-kdOmpk-FeBw1JU7gP5HYNxoSqeHa6qHE84_7kthGCGCr4GKGcRpeVnz2ORaObPoSEWeTYRxlPeLGmWx_E0XUO9ia0ldCJDP4gWtACRlJkfeaFZqwW8Tfge0dUqiSICizT70OFWjFFgswiyVneTfSAyk9qSsCkaLeXqgoFXaDD_R3m-E2M2O8JQOGsUtZNF4-9dGG8Yn2XSqauHrYpbMa9J9B8nBKTAcdCSBVMqfed-whGtuRKL-irjHIzYpbZKXw3FKs1-l8e19VTKgNKQjoPbI8Zo4XyNsoHCfKKYDVy9aRHml3W1NICIcNyFgwovDE0h5HSXLU87TLxCe4g7VHpgSXB0x787E7xb1d7wFGNHo3kfqHuPBAgMiIbJfB2snZWdAFk40lqM-37NnD17w3fHfkPPrFifOcSMTwof8xkONehQt2zP1V-IN2wvfg5KzSZ5V2AJK9uJkaAu7E3NdjO8m1YhZhykv_lNjv3UYbGr_k4e3F8-yeaii9poXXRVRxS6rtfTu-Gnim2OyVBIHjghCZsz3pUSyzq6cGJg_BpFQ5t9wX4yBlGXovSf33Rh_YXCHyD7Dx4k6h9_Gmqdbyu-Of5AKVSFnGPbsEfxxhlA9V1h6e_oJPrIU6g8-1DeFlWEZxhXWUibJ)

**Title**: Feasibility and physiological effects of prone positioning in non-intubated patients with acute respiratory failure due to COVID-19 (PRON-COVID): a prospective cohort study

Source: The Lancet Respiratory Medicine | 19th June 2020

Prone positioning in intubated patients is known to reduce mortality in moderate-to-severe acute respiratory distress syndrome. This study aimed to investigate feasibility and effect on gas exchange of prone positioning in awake, non-intubated patients with COVID-19-related pneumonia.

The study found that prone positioning was feasible and effective in rapidly ameliorating blood oxygenation in awake patients with COVID-19-related pneumonia requiring oxygen supplementation. The effect was maintained after resupination in half of the patients. Further studies are warranted to ascertain the potential benefit of this technique in improving final respiratory and global outcomes.

Full article at [The Lancet Respiratory Medicine](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930268-X)

**Title**: Severity of respiratory failure and outcome of patients needing a ventilatory support in the Emergency Department during Italian novel coronavirus SARS-CoV2 outbreak: Preliminary data on the role of Helmet CPAP and Non-Invasive Positive Pressure Ventilation

Source: EClinicalMedicine | published by The Lancet | 18th June 2020

The population of patients suspected for COVID-19 infection presenting at our ED showed a very high rate of severe respiratory failure, with urgent need of a large amount of intensive care resources. Mortality rates of critically ill patients with confirmed COVID-19 (76.5%) are similar to previously reported studies with similar population.

CPAP/NIPPV could be a valid strategy to treat severely hypoxic patients that cannot be intubated in the ED due to lack of intensive care resources.

Full article: [Severity of respiratory failure and outcome of patients needing a ventilatory support in the Emergency Department during Italian novel coronavirus SARS-CoV2 outbreak](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2820%2930163-2)

**Title**: Clinical guide for the prevention, detection and management of thromboembolic disease in patients with COVID-19

Source: Royal College of Physicians | 19th June 2020

This document provides guidance on the prevention, diagnosis and management of VTE in patients with COVID-19 who are seen in hospital.

The effectiveness of most interventions in the context of COVID-19 is currently uncertain. This guide is informed by emerging information about COVID-19 management as well as best available evidence from non-COVID-19 patients. It will be updated when further evidence is available.

Full detail: [Clinical guide for the prevention, detection and management of thromboembolic disease in patients with COVID-19](https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5eecb111fdd1e0249e31904a/1592570129615/VTE-Patients-with-COVID19.pdf)

**Title**: How to ensure safe and effective resuscitation for patients with Covid-19

Source: Nursing Times | 22nd June 2020

Resuscitation of patients with Covid-19 presents a number of challenges to health professionals in hospitals and the community. This article discusses recent guidance and the controversy surrounding the use of PPE.

Full article: [How to ensure safe and effective resuscitation for patients with Covid-19](https://www.nursingtimes.net/infection-prevention-and-control/how-to-ensure-safe-and-effective-resuscitation-for-patients-with-covid-19-22-06-2020/)

**Title**: Inhaled corticosteroids: A rapid review of the evidence for treatment or prevention of COVID-19

Source: The Centre for Evidence-Based Medicine | 22nd June 2020

This review aimed to synthesise the current literature on the role of inhaled corticosteroids in moderating the disease course or severity of COVID-19 disease.

Inhaled ciclesonide has been shown to suppress SARS-CoV-2 replication in cultured cells and it is suggested that it exhibits direct acting anti-viral activity in addition to its intrinsic anti-inflammatory function. Inhaled ciclesonide has therefore been proposed as a candidate drug for treatment of patients suffering Covid19.

However, further in vitro research is required to investigate whether this finding is replicable. Furthermore, at the time of writing, there have been no clinical trials or observational studies examining the use of ICS in COVID-19.

Clinical trials would be required to establish whether these drugs may be repurposed for the treatment of this disease.

Full details: [Inhaled corticosteroids: A rapid review of the evidence for treatment or prevention of COVID-19](https://www.cebm.net/covid-19/inhaled-corticosteroids-a-rapid-review-of-the-evidence-for-treatment-or-prevention-of-covid-19/)

**Title:** COVID 19 rapid guideline: renal transplantation

Source: NICE guideline [NG178] |19th June 2020

This guideline covers children, young people and adults who need or who have had a kidney transplant, and people who are donating a kidney (live donors). It also advises transplant and referring centres on how to run their services, while keeping them safe for patients, donors and staff during the COVID‑19 pandemic.

Full guideline: [COVID 19 rapid guideline: renal transplantation](https://www.nice.org.uk/guidance/NG178)

**Title**: Clinical guide for the management of critical care for adults with COVID-19 during the Coronavirus pandemic

Source: The Faculty of Intensive Care Medicine | Intensive Care Society | Association of Anaesthetists | Royal College of Anaesthetists | 22nd June 2020, version 3

This clinical guidance provides contemporary information on the care of critically ill adult patients with COVID-19 to practising clinicians at the bedside.

This revised version contains important additions relating to:

* Use of anaesthetic machines for ventilation of critically ill patients
* Tracheostomy
* Extubation
* Secondary and co-infection
* Blood and thromboprophylaxis
* Acute Kidney Injury
* Neurological manifestations and management
* ICU acquired weakness

This guide summarises the clinical characteristics of COVID-19 and offers advice on:

* Dealing with “surge” including mutual aid
* COVID-19 clinical characteristics and specific treatments
* Clinical decision-making
* Management of respiratory failure
* Management of non-respiratory organ failure.

Full guidance: [Clinical guide for the management of critical care for adults with COVID-19 during the Coronavirus pandemic](https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5ef4983b62dc1934b4d76a89/1593088060293/AdultCriticalCare-COVID-19.pdf)

**Title**: Demand for dexamethasone surges as RECOVERY trial publishes preprint

Source: BMJ | 2020; 369: m2512 | 23rd June 2020

Production of dexamethasone must be rapidly ramped up to meet global demand for the drug, the World Health Organization has said.

The call came as the University of Oxford’s RECOVERY trial published its much anticipated preprint paper on the drug’s effect on covid-19. The paper states that the drug cuts deaths in ventilated patients by one third and deaths in other admitted patients receiving oxygen by only one fifth.

Further detail[: Demand for dexamethasone surges as RECOVERY trial publishes preprint](https://www.bmj.com/content/369/bmj.m2512)

See also: RECOVERY Collaborative Group: [Effect of Dexamethasone in Hospitalized Patients with COVID-19 – Preliminary Report](https://www.medrxiv.org/content/10.1101/2020.06.22.20137273v1.full.pdf)

**Title**: COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study

Source: The Lancet Child & Adolescent Health | 25th June 2020

To date, few data on paediatric COVID-19 have been published, and most reports originate from China. This study aimed to capture key data on children and adolescents with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection across Europe to inform physicians and health-care service planning during the ongoing pandemic.

The study found that COVID-19 is generally a mild disease in children, including infants. However, a small proportion develop severe disease requiring ICU admission and prolonged ventilation, although fatal outcome is overall rare. The data also reflect the current uncertainties regarding specific treatment options, highlighting that additional data on antiviral and immunomodulatory drugs are urgently needed.

Full article: [COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930177-2)

**Title**: Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study

Source: The Lancet Psychiatry | 25th June 2020

Concerns regarding potential neurological complications of COVID-19 are being increasingly reported, primarily in small series. Larger studies have been limited by both geography and specialty. Comprehensive characterisation of clinical syndromes is crucial to allow rational selection and evaluation of potential therapies. The aim of this study was to investigate the breadth of complications of COVID-19 across the UK that affected the brain.

To our knowledge, this is the first nationwide, cross-specialty surveillance study of acute neurological and psychiatric complications of COVID-19. Altered mental status was the second most common presentation, comprising encephalopathy or encephalitis and primary psychiatric diagnoses, often occurring in younger patients. This study provides valuable and timely data that are urgently needed by clinicians, researchers, and funders to inform immediate steps in COVID-19 neuroscience research and health policy.

Full article: [Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930287-X)

**Title**: Asthma in children during the COVID-19 pandemic: lessons from lockdown and future directions for management

Source: The Lancet Respiratory Medicine | 25th June 2020

This comment piece asks what has COVID-19 taught us about asthma in children? What are the implications for asthma management in children and for the asthma community as lockdowns are eased?

Full comment: [Asthma in children during the COVID-19 pandemic: lessons from lockdown and future directions for management](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2820%2930278-2/fulltext)

**recovery**

**Title**: Life after lockdown: tackling loneliness among those left behind

Source: British Red Cross | June 2020

The British Red Cross has published its report, Life after lockdown: tackling loneliness among those left behind. The report draws on findings from a collection of national-level polling, interviews and evaluations from British Red Cross services during Covid-19.

The report highlights that although social distancing and lockdown measures will continue to be eased, loneliness will remain. And for those most left behind, it may continue to grow.

To truly meet the challenge ahead, policy makers and civil society must now consider recovery and refocus our efforts on supporting those most affected by this crisis.

Full report: [Life after lockdown: tackling loneliness among those left behind](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/life-after-lockdown-tackling-loneliness-among-those-left-behind-report.pdf)

See also: [Report recommendations: an overview](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/life-after-lockdown-detailed-policy-recommendations.pdf)

**Title**: Public health on the frontline: responding to COVID-19

Source: Local Government Association | updated 22nd June

In a series of interviews, directors of public health from across the country talk about the local response to COVID-19.

Full detail: [Public health on the frontline: responding to COVID-19](https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-service-information/covid-19-public-health-0)

**TITLE:** PLANS TO EASE GUIDANCE FOR OVER 2 MILLION SHIELDING

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

Millions of people shielding from coronavirus (COVID-19) will be advised they can spend more time outside their homes from Monday 6 July.

* Advisory guidance to be eased for 2.2 million clinically extremely vulnerable people across England, as virus infection rates continue to fall
* From Monday 6 July, those shielding from coronavirus can gather in groups of up to 6 people outdoors and form a ‘support bubble’ with another household
* Government shielding support package will remain in place until the end of July when people will no longer be advised to shield

Full detail at [Department of Health & Social Care](https://www.gov.uk/government/news/plans-to-ease-guidance-for-over-2-million-shielding)

**Title**: MEETING PEOPLE FROM OUTSIDE YOUR HOUSEHOLD FROM 4 JULY

Source: Department of Health and Social Care | 23rd June 2020

Guidance explaining how you can see people that you do not live with while protecting yourself and others from coronavirus (COVID-19) from 4 July 2020.

Full detail: [Meeting people from outside your household from 4 July](https://www.gov.uk/guidance/meeting-people-from-outside-your-household-from-4-july?utm_source=c821d5fe-0712-4c30-95b0-471a85071286&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**TITLE:**  GPS PREDICT ‘HUGE SURGE’ IN PATIENTS WITH POST TRAUMATIC STRESS DISORDER DUE TO COVID-19

Source: RCGP | 21st June 2020

GPs are adapting the techniques they use to diagnose and care for veterans with Post Traumatic Stress Disorder in readiness for a ‘huge surge’ in patients with the condition as a result of COVID-19.

Previous pandemics including SARS and Swine flu (H1N1) have resulted in an increase in stress symptoms, incidence of PTSD, depression and adjustment disorders within communities.

During the current lockdown, GPs are already anecdotally reporting a rise in the number of patients with anxiety, depression and trauma symptoms, particularly in those who have pre-existing physical and mental health conditions – and they predict that this will escalate rapidly as lockdown restrictions are lifted and patients try to deal with their experiences.

Full detail: [GPs predict ‘huge surge’ in patients with Post Traumatic Stress Disorder due to COVID-19](https://www.rcgp.org.uk/about-us/news/2020/june/gps-predict-huge-surge-in-patients-with-post-traumatic-stress-disorder-due-to-covid-19.aspx)

**Title:** Guiding Principles for Effective Management of COVID-19 at a Local Level

Source: ADPH/FPH/LGA/PHE/Society of Local Authority Chief Executives/UK Environmental Health Officers Group | June 2020

This document is intended to outline principles for the design of COVID-19 Local Outbreak Plans led by the Director of Public Health at Upper Tier Local Authority level, working with all key professions and sectors, with outline responsibilities defined for each.

The COVID-19 Local Outbreak Plans are intended to: build on existing plans to manage outbreaks in specific settings; ensure the challenges of COVID-19 are understood; consider the impact on local communities; and ensure the wider system capacity supports Directors of Public Health.

Local authorities and partners will utilise local governance and partnership arrangements to ensure Local Outbreak Plans are developed and delivered to meet local needs.

Full document: [Public health leadership, multi-agency capability: guiding principles for outbreak management arrangements](https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf)

**TITLE:** ASSESSING LONG-TERM REHABILITATION NEEDS IN COVID-19 SURVIVORS USING A TELEPHONE SCREENING TOOL (C19-YRS TOOL)

Source: Advances in clinical neuroscience & rehabilitation | 9th June 2020

The COVID-19 pandemic has caused more than 5 million infections and 300,000 deaths worldwide. Many survivors of the illness are likely to have long-term symptoms and disability that will pose a significant burden to the healthcare systems and economies all over the world.

Given the scale of the burden and lockdown measures in most countries, there is a need for a pragmatic tele-assessment tool to screen for needs and target rehabilitation interventions in time.

A comprehensive multi-system telephone screening tool called COVID-19 Yorkshire Rehabilitation Screening (C19-YRS) tool has been developed by multi-disciplinary-rehabilitation teams from Leeds, Airedale and Hull NHS Trusts to assess and capture symptoms and guide rehabilitation interventions for these individuals. The tool has been shown to cover all the components of the WHO ICF Framework.

Full detail: [Assessing long-term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool)](https://www.acnr.co.uk/2020/06/c19-yrs/)

**Title**: COVID-19: THE ROAD TO RECOVERY

Source: Chartered Society of Physiotherapists | 24th June 2020

The Chartered Society of Physiotherapists has launched a short film to guide Covid-19 patients on the road to recovery.

One of the messages in [Covid-19: The Road to Recovery](https://www.csp.org.uk/content/covid-19-road-recovery) is that getting adequate rest is vital for people recovering from Covid-19, but too much rest can slow recovery down, weaken muscles and make injuries more likely.

The film offers practical, easy-to-follow advice for people recovering from Covid-19 - to enable them to regain their energy, increase their fitness and rebuild their normal routines.

Using animation, the film highlights the importance of a ‘little and often’ approach to exercise and physical activity, and shows how a gradual increase in daily activity can aid recovery, in a safe, effective way.

Full detail: [Covid-19: the Road to Recovery](https://www.csp.org.uk/public-patient/covid-19-road-recovery)

**Title**: Coronavirus (COVID-19): Keeping children safe from abuse and harm

Source: Home Office | Public Health England |Department for Digital, Culture, Media & Sport | 25th June 2020

Advice for parents and carers about the main risks children may be particularly vulnerable to at this time and information about available help and support.

Full guidance: [Advice to parents and carers on keeping children safe from abuse and harm](https://www.gov.uk/government/publications/coronavirus-covid-19-keeping-children-safe-from-abuse-and-harm/advice-to-parents-and-carers-on-keeping-children-safe-from-abuse-and-harm)

**Title**: £105 million to keep rough sleepers safe and off the streets during coronavirus pandemic

Source: Ministry of Housing, Communities & Local Government | 24th June 2020

Interim housing for thousands of rough sleepers taken off the streets during the pandemic is to be provided, ministers have announced. The additional £105 million will be used to support rough sleepers and those at risk of homelessness into tenancies of their own, including through help with deposits for accommodation, and securing thousands of alternative rooms already available and ready for use, such as student accommodation.

The government-led drive has brought together councils, charities, the private hospitality sector and community groups with the joint aim of protecting some of the most vulnerable people in society from COVID-19, and helping them turn around their lives and get them off the streets for good.

Full detail: [£105 million to keep rough sleepers safe and off the streets during coronavirus pandemic](https://www.gov.uk/government/news/105-million-to-keep-rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic)

**Infection control**

**Title**: What is the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission?

Source: Centre for Evidence-Based Medicine | 22nd June 2020

* The 2-metre social distancing rule assumes that the dominant routes of transmission of SARS-CoV-2 are via respiratory large droplets falling on others or surfaces.
* A one-size-fits-all 2-metre social distancing rule is not consistent with the underlying science of exhalations and indoor air. Such rules are based on an over-simplistic picture of viral transfer, which assume a clear dichotomy between large droplets and small airborne droplets emitted in isolation without accounting for the exhaled air. The reality involves a continuum of droplet sizes and an important role of the exhaled air that carries them.
* Smaller airborne droplets laden with SARS-CoV-2 may spread up to 8 metres concentrated in exhaled air from infected individuals, even without background ventilation or airflow. Whilst there is limited direct evidence that live SARS-CoV-2 is significantly spread via this route, there is no direct evidence that it is *not* spread this way.
* The risk of SARS-CoV-2 transmission falls as physical distance between people increases, so relaxing the 2-metre rule, particularly for indoor settings, might therefore risk an increase in infection rates. In some settings, even 2 metres may be too close.
* Safe transmission mitigation measures depend on multiple factors related to both the individual and the environment, including viral load, duration of exposure, number of individuals, indoor versus outdoor settings, level of ventilation and whether face coverings are worn.
* Social distancing should be adapted and used alongside other strategies to reduce transmission, such as air hygiene, involving in part maximizing and adapting ventilation  to specific indoor spaces, effective hand washing, regular surface cleaning, face coverings where appropriate and prompt isolation of affected individuals.

Full detail: [What is the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission?](https://www.cebm.net/covid-19/what-is-the-evidence-to-support-the-2-metre-social-distancing-rule-to-reduce-covid-19-transmission/) See also: [Review of two metre social distancing guidance: Summary of review findings](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/894961/6.6731_CO_Review_of_two_metre_Social_Distancing_Guidance_FINAL_v3_WEB_240620.pdf) | Cabinet Office | 24th June 2020

**Title**: Covid-19 antibody tests: a briefing

Source: BMJ 2020; 369:m2284 | 24th June 2020

Antibody tests are a potentially useful tool in the pandemic response – but what are they, how do they work, and are they all the same? This briefing explores the following questions:

* What are antibody tests?
* How do the tests work?
* How accurate are the lab tests?
* What about self-testing?
* What antibody tests are being used around the world?
* Does a positive antibody test result mean I’m immune?

Full detail:[Covid-19 antibody tests: a briefing](https://www.bmj.com/content/369/bmj.m2284)

See also: [Why covid-19 antibody tests are not the game changer the UK government claims](https://www.bmj.com/content/bmj/369/bmj.m2469.full.pdf) | BMJ 24th June 2020

**Title:** Rapid roll out of SARS-CoV-2 antibody testing—a concern

Source: BMJ 2020;3 69:m2420 | 24th June 2020

A group of scientists say as a positive result is unable to prove immunity, the tests offer “no benefit” to hospitals and care staff. The results do not change what personal protective equipment staff must wear, for example.

The academics also suggest there is little data on how well the test works for people at highest risk – including people belonging to some ethnic minorities and older patients. The letter outlines three concerns: Firstly, there is no specific clinical indication for the test on an individual basis. Secondly, the performance of these assays has not yet been assessed to the standard typically required of a novel test. And thirdly, the resource implications are not considered

The letter calls for a carefully developed and clearly articulated strategy for serological testing, with clear scientific or clinical aims (or both) as part of a unified covid-19 response strategy with coordination across NHS England and NHS Improvement, Public Health England, and the Scientific Advisory Group for Emergencies.

Full detail: [Rapid roll out of SARS-CoV-2 antibody testing – a concern](https://www.bmj.com/content/369/bmj.m2420)| BMJ

**Title:** First volunteer receives Imperial COVID-19 vaccine

Source: Imperial College London | 23rd June 2020

The first healthy volunteer has now received a candidate coronavirus vaccine developed by Imperial researchers. The clinical team, who delivered a small dose of the vaccine to the participant at a West London facility, are closely monitoring the participant and report they are in good health, with no safety concerns.

Imperial College London’s vaccine candidate is being developed and trialled thanks to more than £41 million in funding from the UK government and a further £5 million in philanthropic donations.

The trials are the first test of a new self-amplifying RNA (saRNA) technology, which has the potential to revolutionise vaccine development and enable scientists to respond more quickly to emerging diseases.

The vaccine has undergone rigorous pre-clinical safety tests and in animal studies it has been shown to be safe and produced encouraging signs of an effective immune response.

Full detail: [First volunteer receives Imperial COVID-19 vaccine](https://www.imperial.ac.uk/news/198533/first-volunteer-receives-imperial-covid-19-vaccine/)

See also: [Parliamentarians hear of ‘high chance’ of coronavirus vaccine](https://www.imperial.ac.uk/news/198557/parliamentarians-hear-high-chance-coronavirus-vaccine/) | Imperial College

**Title:** Observational study of UK mobile health apps for COVID-19

Source: The Lancet Digital Health | 24th June 2020

The COVID-19 pandemic has caused global disruption to society and their health-care systems.

In the setting of COVID-19, organisations in the UK such as National Health Service (NHS) Digital, NHSX, and NHS Business Services Authority have emphasised the need for mobile technology in managing the situation. This technology focus has led to an increase in the mobile phone apps developed for COVID-19.

This observational study evaluates the features of mobile phone apps released in response to the COVID-19 pandemic.

Full article: [Observational study of UK mobile health apps for COVID-19](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930144-8)

**Title:** Getting back on track: control of covid-19 outbreaks in the community

Source: BMJ | 2020; 369:m2484 | 25th June 2020

This analysis suggests there’s still time to change tack on the UK’s ad hoc system for covid-19 tracking, testing, and contact tracing

Key messages

* England’s established system of local communicable disease control has been eroded over several decades
* In response to covid-19 the government has created a parallel system which steers patients away from GPs and relies on commercial companies for testing and contact tracing
* Many suspected cases will have been missed because of mishandling of the notification system
* NHS 111 covid-19 call centres and the covid-19 clinical assessment service should be reintegrated immediately into primary care and practices resourced to resume care
* Contact tracing and testing should be led by local authorities and coordinated nationally
* England must rebuild and reintegrate its local communicable disease control system

Full detail: [Getting back on track: control of covid-19 outbreaks in the community](https://www.bmj.com/content/bmj/369/bmj.m2484.full.pdf)

**Title**: Timing is critical for antibody tests, finds Cochrane review

Source: BMJ | 2020; 369: m2584 | 25th June 2020

A Cochrane systematic review has found that, when it comes to antibody testing for covid-19, timing is everything.

The review of 54 studies found that antibody tests carried one week after a patient first developed symptoms detected only 30% of people who had covid-19. Accuracy increased in to 72% at two weeks and to 94% in the third week.

“If you use them at the wrong time they don’t work,” said Jon Deeks, professor of biostatistics at the University of Birmingham and the review’s lead author.

The duration of rises in antibodies is also currently unknown, and the researchers found very little data beyond 35 days after the start of symptoms. Another problem is that the data mainly came from hospital patients, so it is unclear whether the tests are able to detect the lower antibody concentrations likely seen with milder and asymptomatic covid-19.

Further detail: [Covid-19: Timing is critical for antibody tests, finds Cochrane review](https://www.bmj.com/content/bmj/369/bmj.m2584.full.pdf)

Full Cochrane review: [Antibody tests for identification of current and past infection with SARS-CiV-2](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013652/full)

**workforce wellbeing**

**TITLE**: ETHNIC MINORITY DOCTORS FEEL MORE PRESSURED AND LESS PROTECTED THAN WHITE COLLEAGUES

Source: BMJ | 2020; 369: m2506 | 22nd June 2020

Less than a third (29%) of black, Asian, and other ethnic minority doctors in the UK believe they are fully protected from covid-19 at work, whereas nearly half (46%) of their white colleagues do, shows a BMA survey of around 7500 doctors.

The survey, carried out between 16 and 18 June, also showed that doctors from ethnic minority groups were more likely to often feel pressured into treating patients without the proper protective equipment: 7% (127), versus 2.5% (110) of their white colleagues.

The survey included 5121 white doctors and 2069 doctors from “non-white or mixed/multiple ethnic groups.” Most (80%) of the respondents were based in England.

Full article: [Ethnic minority doctors feel more pressured and less protected than white colleagues, survey finds](https://www.bmj.com/content/bmj/369/bmj.m2506.full.pdf)

**Title**: MPs reject calls to routinely test health and care workers

Source: BMJ | 2020; 369:m2573 | 25th June 2020

MPs have rejected a motion calling for NHS and social care staff to be routinely tested for covid-19 regardless of symptoms, as the country emerges from lockdown.

Despite rejecting the motion the government said it would introduce “regular surveillance testing of staff” on at least a fortnightly basis, although it did not provide further detail on how this would work.

Further detail: [Covid-19: MPs reject calls to routinely test health and care workers](https://www.bmj.com/content/369/bmj.m2573)

**Title:** Doctors may quit without proper post-pandemic support, defence body warns

Source: BMJ | 2020; 369:m2476 | 21st June 2020

The government must create a national plan to provide doctors with the mental wellbeing support they will need following the covid-19 pandemic, the Medical Protection Society (MPS) has said.

Without support and time to recuperate, many doctors may leave the profession or suffer in silence with psychological injuries, the defence body said.

It called on the government to invest in local initiatives such as counselling services, and fund fast tracked research into the impact of the pandemic on doctors’ mental wellbeing.

Further detail[: Doctors may quit without proper post-pandemic support, defence body warns](https://www.bmj.com/content/369/bmj.m2476)

**Title:** SURVEY SHOWS DOCTORS ARE EXHAUSTED AND STRESSED, WITH LITTLE CONFIDENCE TO MANAGE HUGE CARE BACKLOG

Source: British Medical Association | 21st June 2020

Doctors are exhausted and are not confident that the NHS can cope with the huge backlog of postponed care due to the COVID-19 pandemic – according to the latest results of a series of pandemic surveys by the British Medical Association (BMA).

The latest tracker survey from the BMA of 7,497 doctors (5,955 in England) found that 64% said there had been a significant increase in demand for non-COVID-19 care and 21% said the levels of demand were higher than before the pandemic began.

Doctors' optimism at the ability to manage patient demand as the NHS tries to manage the backlog is also very low with just 7% having confidence that their local health economy will be able to manage. A quarter of doctors (25%) said they had had no engagement whatsoever from their local health economy about how the increased patient demand will be managed as normal NHS services resumed.

On the question of how they would cope if there was a second spike in COVID-19 infections, 50% of doctors said they were either not very or not at all confident.

The survey showed a slight increase in the numbers of doctors (45%) experiencing stress, exhaustion and burnout.

Full detail: [Survey of doctors reveals high levels of exhaustion, stress and little confidence to manage the huge backlog of missed patient care](https://www.bma.org.uk/news-and-opinion/survey-of-doctors-reveals-high-levels-of-exhaustion-stress-and-little-confidence-to-manage-the-huge-backlog-of-missed-patient-care) | BMA

See also: [22nd June 2020 BMA COVID-19 tracker survey](https://www.bma.org.uk/media/2650/bma-covid-19-survey-results-for-the-uk-18-june-2020.pdf)

**Title:** Personal protective equipment and heat: risk of heat stress

Source: Public Health England | 23rd June 2020

Wearing Personal Protective Equipment (PPE) in warm/hot environments increases the risk of heat stress. Heat stress occurs when the body is unable to cool itself enough to maintain a healthy temperature. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down.

Measures to control the temperature of clinical environments and enable staff to make behavioural adaptations to stay cool and well hydrated should be made. Staff may require more frequent breaks and the frequency of PPE changes may increase, with a resulting increase in demand.

This alert contains further information and actions.

Full document: [Personal protective equipment and heat: risk of heat stress](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103597)

**Title**: Trusts ordered to publish progress on BAME covid assessments

Source: HSJ | 25th June 2020

Local NHS leaders have been ordered to complete risk assessments for all staff who are at risk of covid-19 within the next month, amid concern some are not acting fast enough.

Further detail: [Trusts ordered to publish progress on BAME covid assessments](https://www.hsj.co.uk/workforce/trusts-ordered-to-publish-progress-on-bame-covid-assessments/7027911.article)

**Health management**

**TITLE:** NHS PLANNING FOR SECOND COVID PEAK MORE THAN DOUBLE THE SIZE

Source: HSJ | 23rd June 2020

* Planning is “contingency scenario”
* But even a lower peak could challenge services for the next year
* Not clear what it means for bed capacity

Health services in at least one of the NHS’s seven regions are preparing to cope with a second peak of coronavirus demand more than twice the size as the first. However, the NHS in South East of England insisted this scenario was for contingency planning only and not based on a forecast or other intelligence.

Papers before clinical commissioning group governing bodies in Sussex say: “Systems in the south east [have] started to coalesce around being prepared for a second wave of between 2 and 2.5 [times] the first wave as a reasonable worst case scenario.” They say that more likely are lower peaks which nevertheless “continue to challenge services for at least the next year”.

The papers state they do not know the timing of the subsequent peak, citing predictions that it could either come imminently, or over the winter.

HSJunderstands other NHS regions are also planning on the basis that a further peak of covid demand on the NHS could be larger than the first.

Full detail: [NHS planning for second covid peak more than double the size](https://www.hsj.co.uk/coronavirus/nhs-planning-for-second-covid-peak-more-than-double-the-size/7027891.article?mkt_tok=eyJpIjoiTURKak1UWTRPVEV6WVRZMiIsInQiOiJaSkI4TjR1TURcL1dJYmFHbDdQUzhJdVNrdUQ1Z2dVRlZqZnF6MFhuRm1uYUFLd3JFZncwa3B3OFBmQ3p5QWtIeUJnbG9RXC84ODdLaWJzdmk3XC9tdDJmZFlcL3ZSRjhqemlzT0JzOFVJeTZPekU5ZFVzbDJXa2w5SUhxV0ZlOFlGemsifQ%3D%3D)

**Title:** Maintaining motivation in uncertain times

Source: The Kings Fund | 19th June 2020

Three months into the Covid-19 crisis, the trajectory of the pandemic remains unclear and no one knows what the future looks like. This uncertainty can leave us feeling tired and demoralised, the King’s Fund has published some guidance on keeping ourselves and our teams motivated in these challenging times.

Full detail: [Maintaining motivation in uncertain times](https://www.kingsfund.org.uk/publications/maintaining-motivation-uncertain-times)

**TITLE:** DOCTORS FEEL SHUT OUT OF PLANS FOR DEALING WITH BACKLOG OF MISSED CARE

Source: BMJ | 2020; 369:m2535 | 24th June 2020

A quarter of doctors have not been involved in planning to deal with the increased demand for non-covid-19 care despite many already seeing a significant rise, a survey by the BMA has found.

A snapshot poll carried out by the association from 16 to 18 June received responses from 7497 doctors. It asked them what engagement they had received, in their place of work or their local health economy, around how increased patient demand would be managed once normal NHS services resumed.

Of the 6735 doctors who responded to the question, 10% (682) reported significant involvement, 40% (2685) reported some involvement, and 25% (1703) had seen no engagement at all. The remaining 25% (1664) were not sure or said that the question was not relevant.

Yet the survey also found a significant increase in demand for non-covid care. Of the 6723 doctors who responded to a question about changes in patient demand, 21% (1414) said that demand was back at pre-March levels, and 43% (2878) said that they had seen a significant increase in demand but to a lower level than before March.

Full detail: [Doctors feel shut out of plans for dealing with backlog of missed care](https://www.bmj.com/content/369/bmj.m2535)

Related: BMA. [COVID-19 tracker survey](https://www.bma.org.uk/media/2650/bma-covid-19-survey-results-for-the-uk-18-june-2020.pdf). 22nd June 2020

**Title:** Trusts with the most covid outbreaks to get regional intervention

Source: HSJ | 25th June 2020

NHS trusts have been told to carry out internal investigations each time a patient is suspected of contracting covid-19 while in hospital — with “outlier” trusts subject to regional intervention.

[In a letter](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/Healthcare-associated-COVID-19-infections--further-action-24-June-2020.pdf) sent to local NHS leaders, NHS England said trusts must carry out “root cause analyses” of all probable “healthcare associated” coronavirus infections, treating each as an ”untoward incident”.

There is concern at the ease at which the virus can spread in hospitals, and the need for the instructions suggests full investigations may not already be carried out routinely by all trusts.

The letter stresses it is “important that we take even greater steps to stop the spread of coronavirus in healthcare settings”.

It says outlier trusts, defined by average numbers over cases aggregated over four weeks, should carry out a “full review of all actions implemented locally” and mobilise support from regional infection prevention control teams.

Full detail: [Trusts with the most covid outbreaks to get regional intervention](https://www.hsj.co.uk/coronavirus/trusts-with-the-most-covid-outbreaks-to-get-regional-intervention/7027909.article)

**Title:** Doing away with disjointed care

Source: HSJ | 25th June 2020

This article suggests that devolution is urgently required so that regional clinical teams can respond with agility to the needs of individuals and places.

The covid-19 crisis has demonstrated two things: that the UK has some of the most dedicated and skilled clinicians and carers in the world; and the system within which they work is overly centralised, disjointed, underfunded and difficult to manage.

A new report, published by ResPublica, calls for the radical devolution and reform of the UK’s health and social care system, as a vital step towards improving the health and wellbeing of the whole population.

Devolution is urgently required so that regional clinical teams can respond with agility to the needs of individuals and places, unencumbered by centralised bureaucracy. Once devolved, then a more responsive acute medical service can be complemented by actions that address the biggest driver of ill health: a person’s life circumstances.

Full article: [Doing away with disjointed care](https://www.hsj.co.uk/policy-and-regulation/doing-away-with-disjointed-care/7027900.article)

Related: [How to Improve the Health and Wellbeing of the Population: Devolution and Reform of Health and Social Care](https://www.respublica.org.uk/wp-content/uploads/2020/06/ResPublica-Health-Report-2020.pdf) | ResPublica | 25th June 2020

**Title**: As the first covid-19 peak ends, elective care demand and capacity modelling must take a new form

Source: HSJ | 25th June 2020

The NHS has had to adapt very rapidly while navigating the challenges of covid-19 and, as the service now considers how best to resume elective care, much more will have to be adapted or indeed fundamentally reimagined.

Waiting lists for elective care, already growing before covid hit, have lengthened as routine activity has inevitably taken a back seat to dealing with the pandemic. While referrals have fallen across all aspects of elective care – including, notably, cancer – they are likely to ultimately return at an even higher rate than before. Patient safety must remain paramount, despite these new complications.

In these circumstances, this article explores how best to resume elective care in the aftermath of the first peak.

Full article: [As the first covid-19 peak ends, elective care demand and capacity modelling must take a new form](https://www.hsj.co.uk/quality-and-performance/as-the-first-covid-19-peak-ends-elective-care-demand-and-capacity-modelling-must-take-a-new-form/7027890.article)

**other**

**Title:** Call for a rapid forward looking review of the UK’s preparedness for a second wave

Source: BMJ 2020; 369: m2514 | 23rd June 2020

Health leaders are calling for an urgent review to determine whether the UK is properly prepared for the "real risk" of a second wave of coronavirus.

In an open letter published in the British Medical Journal, ministers were warned that urgent action would be needed to prevent further loss of life. The presidents of the Royal Colleges of Surgeons, Nursing, Physicians, and GPs all signed the letter.

The letter highlights the following policy areas needing rapid attention:

* Governance including parliamentary scrutiny and involvement of regional and local structures and leaders
* Procurement of goods and services
* Coordination of existing structures, in a way designed to optimise the establishment of effective public health and communicable disease control infrastructure, the resilience of the NHS as a whole, and the shielding of vulnerable individuals and communities
* The disproportionate burden on black, Asian, and minority ethnic individuals and communities
* International collaboration, especially to mitigate any new difficulties in pandemic management due to Brexit

Full detail: [Covid-19: Call for a rapid forward looking review of the UK’s preparedness for a second wave—an open letter to the leaders of all UK political parties](https://www.bmj.com/content/bmj/369/bmj.m2514.full.pdf) |BMJ

See also: [Coronavirus: UK must prepare for second virus wave - health leaders](https://www.bbc.co.uk/news/uk-53159918) |BBC News

**Title:** ETHNIC DISPARITIES IN COVID-19 MORTALITY: ARE COMORBIDITIES TO BLAME?

Source: The Lancet | 19th June 2020

This correspondence suggests that research into ethnic disparities in COVID-19 mortality must consider social as well as biological factors.

Full detail: [Ethnic disparities in COVID-19 mortality: are comorbidities to blame?](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931423-9)

**TITLE**: CHILDREN IN LOCKDOWN: THE CONSEQUENCES OF THE CORONAVIRUS CRISIS FOR CHILDREN LIVING IN POVERTY

Source: The Childhood Trust | June 2020

This report warns that children are developing serious mental health conditions, including post-traumatic stress, because of the coronavirus pandemic and that disadvantage is leaving children extremely vulnerable during the crisis.

Full report: [Children in lockdown: the consequences of the coronavirus crisis for children living in poverty](https://view.publitas.com/the-childhood-trust/children-in-lockdown-the-childhood-trust-report-june-2020/page/1)

**TITLE:**  COVID-19: A CATALYST FOR FLEXIBILITY AND CREATIVITY IN NEUROLOGY

Source: The Lancet Neurology | July 2020

This editorial suggests flexibility and creativity will have to be encouraged if neurological research, education, and patient management are to thrive.

Full editorial: [COVID-19: a catalyst for flexibility and creativity in neurology](https://www.thelancet.com/action/showPdf?pii=S1474-4422%2820%2930176-9)

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>