COVID-19 weekly update

October 2nd 2020

**clinical management**

**Title**: In-hospital cardiac arrest in critically ill patients with covid-19

BMJ 2020; 371: m3513 | 30th September 2020

The objective of this paper was to estimate the incidence, risk factors, and outcomes associated with in-hospital cardiac arrest and cardiopulmonary resuscitation in critically ill adults with Covid-19.

The study concluded that cardiac arrest is common in critically ill patients with covid-19 and is associated with poor survival, particularly among older patients.

Full paper: [In-hospital cardiac arrest in critically ill patients with covid-19: multicenter cohort study](https://www.bmj.com/content/bmj/371/bmj.m3513.full.pdf)

**Title**: Anaesthesia and critical care: guidance for Clinical Directors on preparations for a possible second surge in COVID-19

Faculty of Intensive Care Medicine | Intensive Care Society | Association of Anaesthetists | Royal College of Anaesthetists | 21st September 2020

Guidance for Clinical Directors in Anaesthesia and Critical Care on preparations for a possible Second Surge in COVID-19 has been jointly published by the Faculty of Intensive Care Medicine, the Intensive Care Society, the Association of Anaesthetists and the Royal College of Anaesthetists.

The guidance outlines the key principles that should be considered as you plan the changes that can be made to increase the availability of critical care facilities while protecting, as far as is possible, planned surgical activity and preserving training, while promoting and protecting the mental and physical health of healthcare workers during a second surge of COVID-19.

Full guidance: [Anaesthesia and critical care: guidance for Clinical Directors on preparations for a possible second surge in COVID-19](https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5f68ce9ccda1805270405136/1600704156814/Second-Surge-Guidance.pdf)

**Title:** Obesity a predictor of outcomes of COVID‐19 hospitalized patients

Journal of Medical Virology | 25th September 2020

Very few studies have reported association between obesity and severity of COVID‐19. In this meta‐analysis, the authors assessed the association of obesity and outcomes in COVID‐19 hospitalized patients.

The study suggests a significant association between obesity and COVID‐19 severity and poor outcomes. The results findings may have important suggestions for the clinical management and future research of obesity and COVID‐19.

Full article: [Obesity a predictor of outcomes of COVID-19 hospitalized patients- A Systematic Review and Meta-Analysis](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jmv.26555)

**Title:**  Investigation into how government increased the number of ventilators available to the NHS in response to COVID-19

National Audit Office | 30th September 2020

This report finds that the government acted with urgency to increase the number of ventilators available to the NHS, prioritising speed over cost and spending a total of £569 million. It also finds that, so far, most of these ventilators have not been needed.

Full report: [Investigation into how government increased the number of ventilators available to the NHS in response to COVID-19](https://www.nao.org.uk/wp-content/uploads/2020/09/Investigation-into-how-the-Government-increased-the-number-of-ventilators.pdf)

See also: [National Audit Office press release](https://www.nao.org.uk/press-release/investigation-into-how-government-increased-the-number-of-ventilators-available-to-the-nhs-in-response-to-covid-19/)

**Title**: Susceptibility to SARS-CoV-2 Infection Among Children and Adolescents Compared With Adults

JAMA Pediatrics | 25th September 2020

Question**:** What is the evidence on the susceptibility to and transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) among children and adolescents compared with adults?

Findings: In this systematic review and meta-analysis including 32 studies, children and adolescents younger than 20 years had 44% lower odds of secondary infection with SARS-CoV-2 compared with adults 20 years and older; this finding was most marked in those younger than 10 to 14 years. Data were insufficient to conclude whether transmission of SARS-CoV-2 by children is lower than by adults.

Meaning**:** Preliminary evidence suggests that children have a lower susceptibility to SARS-CoV-2 infection compared with adults, but the role that children and adolescents play in transmission of this virus remains unclear.

Full paper: [Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults. A Systematic Review and Meta-analysis](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2771181)

**Title**: Risk of COVID-19-related death among patients with chronic obstructive pulmonary disease or asthma prescribed inhaled corticosteroids

The Lancet Respiratory Medicine | 24th September 2020  
Early descriptions of patients admitted to hospital during the COVID-19 pandemic showed a lower prevalence of asthma and chronic obstructive pulmonary disease (COPD) than would be expected for an acute respiratory disease like COVID-19, leading to speculation that inhaled corticosteroids (ICSs) might protect against infection with severe acute respiratory syndrome coronavirus 2 or the development of serious sequelae.

This study assessed the association between ICS and COVID-19-related death among people with COPD or asthma using linked electronic health records (EHRs) in England, UK.

The results do not support a major role for regular ICS use in protecting against COVID-19-related death among people with asthma or COPD. Observed increased risks of COVID-19-related death can be plausibly explained by unmeasured confounding due to disease severity.

Full article: [Risk of COVID-19-related death among patients with chronic obstructive pulmonary disease or asthma prescribed inhaled corticosteroids: an observational cohort study using the OpenSAFELY platform](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930415-X)

**Title**: Racial Disparities in Incidence and Outcomes Among Patients With COVID-19

JAMA Network Open | 25th September 2020

Question: Is there an association between race and coronavirus disease 2019 (COVID-19) after controlling for age, sex, socioeconomic status, and comorbidities?

In this cross-sectional study of adults tested for COVID-19 in a large midwestern academic health system, COVID-19 positivity was associated with Black race. Among patients with COVID-19, both race and poverty were associated with higher risk of hospitalization, but only poverty was associated with higher risk of intensive care unit admission. These findings can be helpful in targeting mitigation strategies for racial disparities in the incidence and outcomes of COVID-19.   
Full article: [Racial disparities in incidence and outcomes among patients with Covid-19](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770961)

**Title:** Clinical criteria for COVID-19-associated hyperinflammatory syndrome: a cohort study

The Lancet | 30th September 2020

A subset of patients with COVID-19 develops a hyperinflammatory syndrome that has similarities with other hyperinflammatory disorders. However, clinical criteria specifically to define COVID-19-associated hyperinflammatory syndrome (cHIS) have not been established.

In this study, the authors proposed and validated criteria for hyperinflammation in COVID-19. This hyperinflammatory state, cHIS, is commonly associated with progression to mechanical ventilation and death. External validation is needed. The cHIS scale might be helpful in defining target populations for trials and immunomodulatory therapies.

Full paper**:** [Clinical criteria for COVID-19-associated hyperinflammatory syndrome: a cohort study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930343-X)

**Title**: Anti-TNF drug adalimumab to be trialled for patients in the community

BMJ | 2020; 371: m3847 | 1st October 2020

A new trial launched at the University of Oxford will investigate whether the anti-tumour necrosis factor (TNF) drug adalimumab is effective for treating covid-19 patients in the community, including in care homes.

The AVID-CC trial will enrol up to 750 adult patients from community care settings throughout the UK, who will be randomly allocated to receive either adalimumab plus the standard of care, or just standard of care—as determined by the patient’s doctor.

The trial will test two dose levels of adalimumab—two or four injections (given at the same time in either the abdomen or thigh) on day 1.

Patients will be followed up for four months, including by an app in which they or their carers will be asked about symptoms they have.

The trial is funded through the Covid-19 Therapeutics Accelerator, an initiative launched by the Bill and Melinda Gates Foundation, Wellcome, and Mastercard. Pharmaceutical company Sandoz has supplied adalimumab.

Full detail: [Anti-TNF drug adalimumab to be trialled for patients in the community](https://www.bmj.com/content/371/bmj.m3847)

**Title**: Clinical features of COVID-19 mortality: development and validation of a clinical prediction model

The Lancet Digital Health | October 2020

The COVID-19 pandemic has affected millions of individuals and caused hundreds of thousands of deaths worldwide. Predicting mortality among patients with COVID-19 who present with a spectrum of complications is very difficult, hindering the prognostication and management of the disease. The authors aimed to develop an accurate prediction model of COVID-19 mortality using unbiased computational methods, and identify the clinical features most predictive of this outcome.

They conclude that an accurate and parsimonious COVID-19 mortality prediction model based on three features might have utility in clinical settings to guide the management and prognostication of patients affected by this disease. External validation of this prediction model in other populations is needed.

Full paper: [Clinical features of COVID-19 mortality: development and validation of a clinical prediction model](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930217-X)

**Title**: Anti-C5a antibody IFX-1 (vilobelimab) treatment versus best supportive care for patients with severe COVID-19 (PANAMO): an exploratory, open-label, phase 2 randomised controlled trial

The Lancet Rheumatology | 28th September 2020

Severe COVID-19 is characterised by inflammation and coagulation in the presence of complement system activation. This study aimed to explore the potential benefit and safety of selectively blocking the anaphylatoxin and complement protein C5a with the monoclonal antibody IFX-1 (vilobelimab), in patients with severe COVID-19.

In this small exploratory phase 2 part of the PANAMO trial, C5a inhibition with IFX-1 appears to be safe in patients with severe COVID-19. The secondary outcome results in favour of IFX-1 are preliminary because the study was not powered on these endpoints, but they support the investigation of C5a inhibition with IFX-1 in a phase 3 trial using 28-day mortality as the primary endpoint.

Full paper: [Anti-C5a antibody IFX-1 (vilobelimab) treatment versus best supportive care for patients with severe COVID-19 (PANAMO): an exploratory, open-label, phase 2 randomised controlled trial](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930341-6)

**Title**: Viral presence and immunopathology in patients with lethal COVID-19: a prospective autopsy cohort study

The Lancet Microbe | 25th September 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) targets multiple organs and causes severe coagulopathy. Histopathological organ changes might not only be attributable to a direct virus-induced effect, but also the immune response. The aims of this study were to assess the duration of viral presence, identify the extent of inflammatory response, and investigate the underlying cause of coagulopathy.

The study found that in patients with lethal COVID-19, an extensive systemic inflammatory response was present, with a continued presence of neutrophils and NETs. However, SARS-CoV-2-infected cells were only sporadically present at late stages of COVID-19. This suggests a maladaptive immune response and substantiates the evidence for immunomodulation as a target in the treatment of severe COVID-19.

Full paper: [Viral presence and immunopathology in patients with lethal COVID-19: a prospective autopsy cohort study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2820%2930144-0)

**Title**: Extracorporeal membrane oxygenation support in COVID-19: an international cohort study of the Extracorporeal Life Support Organization registry

The Lancet | 25th September 2020

Multiple major health organisations recommend the use of extracorporeal membrane oxygenation (ECMO) support for COVID-19-related acute hypoxaemic respiratory failure. However, initial reports of ECMO use in patients with COVID-19 described very high mortality and there have been no large, international cohort studies of ECMO for COVID-19 reported to date.

The authors of this study used data from the Extracorporeal Life Support Organization (ELSO) Registry to characterise the epidemiology, hospital course, and outcomes of patients aged 16 years or older with confirmed COVID-19 who had ECMO support initiated between Jan 16 and May 1, 2020, at 213 hospitals in 36 countries.

The syudy found that in patients with COVID-19 who received ECMO, both estimated mortality 90 days after ECMO and mortality in those with a final disposition of death or discharge were less than 40%. These data from 213 hospitals worldwide provide a generalisable estimate of ECMO mortality in the setting of COVID-19.

Full paper: [Extracorporeal membrane oxygenation support in COVID-19: an international cohort study of the Extracorporeal Life Support Organization registry](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932008-0)

**Title**: COVID-19 and Heart Failure With Preserved Ejection Fraction

JAMA | 30th September 2020

This Viewpoint discusses the emerging apparent association between COVID-19 and heart failure with preserved ejection fraction (HFpEF), and speculates on the pathophysiology and shared risk factors that may underlie the association and the possibility that SARS-CoV-2 infection may unmask or exacerbate existing HFpEF.

Full paper: [COVID-19 and heart failure with preserved ejection fraction](https://jamanetwork.com/journals/jama/fullarticle/2771385)

Related editorial:   
[Coronavirus disease 2019 (covid-19) and the heart—is heart failure the next chapter?](https://jamanetwork.com/journals/jamacardiology/fullarticle/2768915)

**recovery**

**Title:** Covid-19 community rehabilitation: physiotherapy service delivery

Chartered Society of Physiotherapy | September 24th 2020

These standards cover community rehabilitation and physiotherapy care for adults of 18 years and over with Covid-19.

The standards apply to anyone with rehabilitation needs who has or has had Covid-19. The standards are relevant to people at all stages of their Covid-19 recovery, their families and carers. This is whether their care is managed in community settings throughout or if they were admitted to hospital at any stage.

These standards do not cover delivery of community rehabilitation for adults who have not had Covid-19 but will be applicable more widely to community rehabilitation service delivery both during and beyond the Covid-19 pandemic.

There are 7 quality standards:

1. Needs assessment, rehabilitation planning and review
2. Personalised rehabilitation
3. Self-management
4. Communication and information
5. Coordinated rehabilitation and care pathways
6. Evaluation, audit and research
7. Personal Protective Equipment and infection control

Full detail: [Covid-19 community rehabilitation: physiotherapy service delivery](https://www.csp.org.uk/system/files/publication_files/001745_Community%20rehabilitation-%20physiotherapy%20service%20delivery%20_A4_V4.pdf)

**Title**: Worst hit: dementia during coronavirus

Alzheimer’s Society | 29th September 2020

Since the coronavirus (Covid-19) lockdown on 23 March, this investigation found family and friends have spent an extra 92 million hours caring for loved ones with dementia, due to the double impact of lockdown making dementia symptoms worse, and the chronically underfunded social care system leaving them nowhere else to turn.

It states that government must fix social care now, learning lessons to avoid further winter tragedy, as dementia carers struggle with depression, insomnia and exhaustion.

Full report: [Worst hit: dementia during coronavirus](https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf)

See also: [‘Exhausted’ family and friends spent 92 million extra hours caring for loved ones with dementia since lockdown](https://www.alzheimers.org.uk/news/2020-09-29/exhausted-family-and-friends-spent-92-million-extra-hours-caring-loved-ones)

**Title:** Dementia wellbeing in the COVID-19 pandemic

25th September 2020 | NHS England

This resource is primarily for clinicians working with people with dementia, but can also be used by carers and people with dementia.

This document takes the wellbeing pathway and sets out the adjustments and amendments needed to respond to the COVID-19 pandemic. It highlights key priorities and actions for each step in the pathway.

Full document: [Dementia wellbeing in the COVID-19 pandemic](https://www.england.nhs.uk/wp-content/uploads/2020/09/C0747-dementia-wellbeing-in-the-covid-pandemic.pdf)

**Title:** Childhood in the time of Covid

Children's Commissioner | 29th September 2020

While for some children there were certain aspects of the pandemic that brought benefits such as spending more time with their families, this report sets out how for many of the most vulnerable children the disruption of the last six months has been damaging and compounded existing inequalities.

It calls for a comprehensive recovery package for children and provides a roadmap for what should be done to help children to recover from their experiences of the last six months and the ongoing crisis.

Full report: [Childhood in the time of Covid](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/09/cco-childhood-in-the-time-of-covid.pdf)

See also: [A comprehensive recovery package is needed to tackle rising tide of childhood vulnerability caused by the Covid crisis](https://www.childrenscommissioner.gov.uk/2020/09/29/a-comprehensive-recovery-package-is-needed-to-tackle-rising-tide-of-childhood-vulnerability-caused-by-the-covid-crisis/)

**TITLE:** CHILDHOOD DURING CORONAVIRUS: PROTECTING CHILDREN FROM THE EFFECTS OF POVERTY

Action for Children | September 2020

This report presents findings from an analysis of applications submitted to the Emergency Fund and a survey of our frontline staff. The report makes recommendations to the UK and devolved governments, on the steps needed to support families to recover from the financial effects of the pandemic, and to reduce child poverty rates.

While the Emergency Fund continues to operate, we felt that now was a key moment to reflect on the socio-economic consequences of the pandemic for children and families. In doing so, the report also considers the recovery measures needed to ensure that children are supported to thrive – both now, and in the months and years ahead.

Full report: [Childhood during coronavirus: protecting children from the effects of poverty](https://www.actionforchildren.org.uk/media/13197/ecc-policy-report.pdf)

See also: [Executive Summary](https://www.actionforchildren.org.uk/media/13196/ecc-executive-summary.pdf)

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

House of Commons Health and Social Care Committee | 1st October 2020

This report aims to catalogue the impact and unprecedented challenge caused by Covid-19 to the provision of essential services. It calls for urgent action to assess and tackle a backlog of appointments and an unknown patient demand for all health services, specifically across cancer treatments, mental health services, dentistry services, GP services and elective surgery. It also looks at the case made for routine testing of all NHS staff.

Full report: [Delivering core NHS and care services during the pandemic and beyond](https://committees.parliament.uk/publications/2793/documents/27468/default/)

Related:

* [MPs say compelling case for weekly testing of NHS staff to stop NHS becoming a Covid-only service in second wave](https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/119677/mps-say-compelling-case-for-weekly-testing-of-nhs-staff-to-stop-nhs-becoming-a-covidonly-service-in-second-wave/)
* [Vital that government supports NHS and social care to keep normal services running as winter approaches](https://www.health.org.uk/news-and-comment/news/vital-that-government-supports-nhs-and-social-care-to-keep-services-running)  | The Health Foundation
* [Vital lessons need to be learnt: The King’s Fund response to the Health and Social Care Committee report on core NHS services during the Covid-19 pandemic](https://www.kingsfund.org.uk/press/press-releases/health-social-care-committee-report-NHS-services-covid-19) | The King's Fund

**Title**: A V shaped recovery for the NHS?

BMJ | 2020; 370: m3694

Few would disagree that a sharp (“V shaped,” if possible) recovery for the UK economy is desirable. But for the NHS the effect of Covid-19 has raised some new (and some old) questions about the care it provides.

This data briefing asks should an alternative post-Covid future for healthcare involve learning from the best as well as the worst of this experience, with lower levels of A&E activity, more remote consultations, greater use of digital technology, and a rethinking of clinical thresholds for treatment and admission?

Full detail: [A V shaped recovery for the NHS?](https://www.bmj.com/content/370/bmj.m3694)

**Title**: Long covid and self-help pacing groups—getting by with a little help from our friends

BMJ Opinion | 29th September 2020

In this BMJ opinion piece, Paul Garner and colleagues describe how a self-help pacing group has helped them manage their long Covid.

Full detail: [Long Covid and self-help pacing groups—getting by with a little help from our friends](https://blogs.bmj.com/bmj/2020/09/29/long-covid-and-self-help-pacing-groups-getting-by-with-a-little-help-from-our-friends/)

**Title**: Building a resilient NHS, for COVID-19 and beyond

The Lancet [editorial] | 3rd October 2020

This Lancet editorial examines the UK response to the COVID-19 pandemic, describing it as ill prepared, patchy, confused, and incompetent. From initial equivocations, to a series of policy U turns and conflicts with scientific advisers, to vague public health guidance, the editorial suggests the UK's COVID-19 performance has fallen disastrously short and undoubtedly cost lives, and has pushed the National Health Service (NHS) to the brink.

In tackling the second wave of COVID-19, the editorial states it is not just the virus that needs to be overcome. It is also the government's recalcitrance to developing the long-term strategy needed to build a resilient NHS.

Full editorial: [Building a resilient NHS, for COVID-19 and beyond](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932035-3)

**Title:** Covid-19 and the nation's mental health: October 2020. Forecasting needs and risks in the Uk

Centre for Mental Health | 1st October 2020

The Covid-19 pandemic has created economic, health and social uncertainty and insecurity. While the impact on our mental health and need for mental health services is yet unknown, it is crucial that we prepare for an increase in demand to protect people’s wellbeing across the country.

The Centre for Mental Health has worked with NHS colleagues to build a model based on the best available evidence to forecast how many people may need mental health support as a result of the Covid-19 pandemic. The primary purpose of the model is to support local organisations to predict levels of need for mental health support among children and adults in their communities.

Full detail: [Forecast Modelling Toolkit](https://www.centreformentalhealth.org.uk/forecast-modelling-toolkit)

See also: [Covid-19 and the nation's mental health: October 2020. Forecasting needs and risks in the UK](https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020)

**Infection control**

**Title**: Latest REACT findings show high number of coronavirus infections across England

Imperial College London | 1st October 2020

An interim report from the largest community COVID-19 testing programme has found a high infection prevalence and that cases have continued to rise.

Results from swab tests carried out by more than 80,000 people out of a total of 150,000, taken between 18th and 26th September, show that infections have increased substantially across all age groups and areas of the country.

The research, led by Imperial College London, estimated that over 1 in 200 people across England have the SARS-CoV-2 virus, or 0.55% of the population, compared to 0.13% in the previous round of testing.

The biggest rise in cases was found in those aged over 65, which saw seven times as many cases as previously. A similar increase was found in those aged between 55-64. Young people continued to have the highest rates of infection, with 1 in 100 estimated to have the virus.

The reproduction (R) number decreased from 1.7 to 1.1 but with a wide possible range for the recent value of 0.7 to 1.5. This suggests that the rate of new infections has decreased, but an R above 1 would mean cases will continue to rise if current trends continue.

Full report: Real-time Assessment of Community Transmission findings: [REACT 1 round 5 interim report](https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/REACT1_12345_Interim-(1).pdf)

See also:

* [Latest REACT findings show high number of coronavirus infections across England](https://www.imperial.ac.uk/news/205473/latest-react-findings-show-high-number/) | Imperial College London
* [Interim results from largest COVID-19 study published](https://www.gov.uk/government/news/interim-results-from-largest-covid-19-study-published?utm_source=930143f4-79e2-4ca5-8b00-fedeaa81838c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) | Department of Health & Social Care

**TITLE:** NHS COVID-19 APP HAS BEEN DOWNLOADED OVER 10 MILLION TIMES

Department of Health and Social Care | 27th September 2020  
People in England and Wales have given an overwhelming response to calls for them to download the new NHS COVID-19 app, with over 10 million people downloading it so far, 6 million of whom did so on its first day (Thursday 24 September).

The app forms a central part of the NHS Test and Trace service in England and the NHS Wales Test, Trace, Protect programme – identifying contacts of those who have tested positive for coronavirus.

Further detail: [NHS COVID-19 app has been downloaded over 10 million times](https://www.gov.uk/government/news/nhs-covid-19-app-has-been-downloaded-over-10-million-times)

**Title**: delivering the flu immunisation programme during the COVID-19 pandemic

Health Matters | Public Health England | 29th September 2020

This edition of Health Matters focuses on the national flu immunisation programme and the delivery of the 2020 to 2021 programme. This will be the largest national flu immunisation programme to date offering 30 million people a vaccine. This edition also covers co-infection of flu and COVID-19 and provides calls to action for the wider health economy and local authorities as we prepare for the first winter with co-circulation of flu and COVID-19.

Full detail: [Delivering the flu immunisation programme during the COVID-19 pandemic](https://www.gov.uk/government/publications/health-matters-flu-immunisation-programme-and-covid-19/health-matters-delivering-the-flu-immunisation-programme-during-the-covid-19-pandemic)

**Title**: Vaccine roll out could take a year and will require difficult prioritisation decisions

BMJ | 2020; 371: m3846 | 1st October 2020

Even after a covid-19 vaccine is found to be effective, it could still take a year to reach the general public, according to experts.

And the roll out of any vaccine will be accompanied by difficult decisions about who should be prioritised to receive it, warned the team from the Royal Society DELVE Initiative in a report outlining the key considerations for developing, evaluating, manufacturing, and distributing a vaccine against SAR-CoV-2.

“Even when the vaccine is available, it does not mean within a month everybody will be vaccinated. We’re talking about six to nine months to a year after a vaccine is approved,” said Nilay Shah, head of chemical engineering at Imperial College London, speaking at a Science Media Centre briefing on 1 October.

Full detail: [Vaccine roll out could take a year and will require difficult prioritisation decisions](https://www.bmj.com/content/371/bmj.m3846)

**Title:** NHS TESTING AND TRACING: 12 Tests of Winter

NHS Providers | 28th September 2020

In seven short months, testing and tracing for coronavirus has become as important a public service as treating heart attacks, catching criminals and fighting fires. So, our new national test and trace service has to work.

It would be easy to pretend that this is just a task for NHS Test and Trace. But, as in lockdown, we all have a role to play. Getting a test if we’ve got symptoms. Providing contacts quickly if the test proves positive. Self isolating if we’ve been in contact with someone who has tested positive. Doing all this quickly, given that we can pass the virus on to our friends and family without knowing, particularly in the 48 hours before symptoms begin.  
  
But we can’t do any of this without NHS Test and Trace doing its job. Making it easy to book and take a test. Providing the right number of tests in the right places, close to where we live and work. Processing the tests rapidly and accurately so the right result comes back the next day. Mobilising effectively to deal with local outbreaks.  

This long read explores what NHS Test and Trace needs to prepare for winter and manage a potential second spike of infections.

Full detail: [NHS Testing and Tracing: 12 Tests of Winter](https://nhsproviders.org/nhs-testing-and-tracing-12-tests-of-winter)

**Title:** Further restrictions confirmed in parts of the North East and North West in response to rising infection rates

Department of Health & Social Care | 1st October 2020

New measures will be brought into law in the Liverpool City Region, Halton, Warrington, Hartlepool and Middlesbrough as incidence rates rise.

From midnight on Saturday 3 October, residents in the Liverpool City Region, Halton, Warrington, Hartlepool and Middlesbrough must not meet anyone outside their household or bubble in any indoor setting, including private homes and gardens.

It is also recommended that people do not meet with anyone outside their household or bubble in outdoor public spaces, such as parks and outdoor hospitality.

Alongside these measures, £7 million of funding will be provided to these local authorities to support them with their vital work.

Schools and COVID-secure settings are not affected and remain open. Residents in these areas are also advised to only travel for essential reasons, such as going to work, or school and are encouraged to walk or cycle where possible.

Full detail: [Further restrictions confirmed in parts of the North East and North West in response to rising infection rates](https://www.gov.uk/government/news/further-restrictions-confirmed-in-parts-of-the-north-east-and-north-west-in-response-to-rising-infection-rates?utm_source=7c46c91b-f5b9-4af6-bce4-2d62c44ae0ed&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Priority groups for coronavirus (COVID-19) vaccination

Joint Committee on Vaccination and Immunisation | 25th September 2020

Interim advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the groups that should be prioritised for vaccination, if and when a vaccine is available.

Full report: [JCVI: updated interim advice on priority groups for COVID-19 vaccination](https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-25-september-2020/jcvi-updated-interim-advice-on-priority-groups-for-covid-19-vaccination)

**Title**: Preventing the transmission of COVID-19 and other coronaviruses in older adults aged 60 years and above living in long-term care

BMC Systematic Reviews | 25th September 2020

The objective of this review was to examine the current guidelines for infection prevention and control (IPAC) of coronavirus disease-19 (COVID-19) or other coronaviruses in adults 60 years or older living in long-term care facilities (LTCF).

Current evidence suggests robust surveillance and monitoring along with support for IPAC initiatives are key to preventing the spread of COVID-19 in LTCF. However, there are significant gaps in the current recommendations especially with regard to the movement of staff between LTCF and their role as possible transmission vectors.

Full document: [Preventing the transmission of COVID-19 and other coronaviruses in older adults aged 60 years and above living in long-term care: a rapid review](https://systematicreviewsjournal.biomedcentral.com/track/pdf/10.1186/s13643-020-01486-4)

**TITLE:** FALSE-POSITIVE COVID-19 RESULTS: HIDDEN PROBLEMS AND COSTS

The Lancet Respiratory Medicine| 29th September 2020

The Lancet Respiratory Medicinehas published a comment that finds false-positive COVID-19 swab test results might be increasingly likely in the current epidemiological climate in the UK, with substantial consequences at the personal, health system, and societal levels.

The authors of the paper make four broad recommendations to redress this, they are:

1. stricter standards should be imposed in laboratory testing. This includes the development and implementation of external quality assessment schemes and internal quality systems, such as automatic blinded replication of a small number of tests for performance monitoring to ensure false-positive and false-negative rates remain low, and to permit withdrawal of a malfunctioning test at the earliest possibility.
2. pretest probability assessments should be considered, and clear evidence-based guidelines on interpretation of test results developed.
3. policies regarding the testing and prevention of virus transmission in health-care workers might need adjustments, with an immediate second test implemented for any health-care worker testing positive.
4. research is urgently required into the clinical and epidemiological significance of prolonged virus shedding and the role of people recovering from COVID-19 in disease transmission (Source: Surkova, Nikolayevskyy, & Drobniewski, 2020).

Full paper: [False-positive COVID-19 results: hidden problems and costs](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930453-7)

**Title:** Universities roll out pooled testing of students in bid to keep campuses open

BMJ | 2020; 370: m3789 | 29th September 2020

Some UK universities are introducing covid-19 screening programmes using pooled testing to help prevent outbreaks and allow campuses to stay open.

The University of Cambridge and the University of Nottingham are both using pooled testing, which involves mixing several samples together and then testing the pooled sample. If the result comes back positive the people in the group then need to be tested individually.

This approach increases the number of people who can be tested using the same amount of resources—saving time, supplies, and money. However, some experts have raised concerns over whether the costs, benefits, and harms of such programmes have been evaluated, and they have called for advice from the UK National Screening Committee.

Full detail: [Universities roll out pooled testing of students in bid to keep campuses open](https://www.bmj.com/content/370/bmj.m3789)

**Title:** Risk of COVID-19 During Air Travel

JAMA | 1st October 2020

This JAMA Patient Page describes the risk of acquiring the COVID-19 virus associated with air travel, steps that airlines and airports are taking to mitigate risk, and steps that passengers can take to reduce their risk.

Full detail: [Risk of COVID-19 during air travel](https://jamanetwork.com/journals/jama/fullarticle/2771435)

**Title:** Rethinking Covid-19 Test Sensitivity — A Strategy for Containment

NEJM | 30th September 2020

As Covid-19 cases accelerate or plateau around the world, this perspective piece suggests we urgently need a point-of-care test that is inexpensive enough to use frequently, even if it lacks high analytic sensitivity. Such a testing regimen it states, would allow us to detect infections in time to act.

Full detail: [Rethinking Covid-19 test sensitivity — A strategy for containment](https://www.nejm.org/doi/pdf/10.1056/NEJMp2025631?articleTools=true)

**workforce wellbeing**

**Title:** Can mouthwashes or nasal sprays protect healthcare workers and patients from COVID-19 infection?

Cochrane Library | September 2020

Healthcare workers are at the forefront of the COVID-19 crisis, with repeated exposure to individuals who are, or may be, infected, and are therefore at risk themselves.

These workers may be especially at risk when undertaking ‘aerosol-generating procedures’ (AGPs). This is any medical, dental or patient-care procedure that results in the production of airborne particles (aerosols) from the upper aerodigestive tract (mouth, nose, throat, oesophagus) and lower respiratory tract where the virus is shedding.

These can remain suspended in the air and travel over a distance. They may cause infection if they are inhaled. Such procedures therefore create the potential for airborne transmission of infection.

Cochrane has published three reviews that identify a number of ongoing studies, which have been recorded and will be monitored for completion with a view to updating the reviews as the results become available. But the authors did not identify any completed studies available for inclusion in any of these systematic reviews; which is not surprising given the relatively recent emergence of COVID-19 infection.

* [Use of antimicrobial mouthwashes (gargling) and nasal sprays by healthcare workers to protect them when treating patients with suspected or confirmed COVID-19 infection](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013626/full)
* [Antimicrobial mouthwashes (gargling) and nasal sprays administered to patients with suspected or confirmed COVID-19 infection to improve patient outcomes and to protect healthcare workers treating them](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013627/full)
* [Antimicrobial mouthwashes (gargling) and nasal sprays to protect healthcare workers when undertaking aerosol-generating procedures (AGPs) on patients without suspected or confirmed COVID-19 infection](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013628/full)

Full detail: [Can mouthwashes or nasal sprays protect healthcare workers and patients from COVID-19 infection?](https://www.cochrane.org/news/can-mouthwashes-or-nasal-sprays-protect-healthcare-workers-and-patients-covid-19-infection)

**Title:**  Personal protective equipment (PPE) strategy: stabilise and build resilience

Department of Health & Social Care | 28th September 2020

This strategy sets out how the UK government is moving beyond the emergency COVID-19 response to stabilise and build resilience. It details how government is preparing for a second wave of COVID-19 or concurrent pandemic alongside usual seasonal pressures.

The report explains the government are confident to have secured enough supply for this winter period and have the processes and logistics in place to distribute PPE to where it is needed.

Full detail: [Personal protective equipment (PPE) strategy: stabilise and build resilience](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921787/PPE_strategy_v4.5_FINAL.pdf)

See also:

* [NHS Providers briefing: Personal Protective Equipment Strategy](https://nhsproviders.org/media/690196/next-day-briefing-ppe-strategy.pdf)
* [Government promises an “uninterrupted supply” of PPE this winter](https://www.bmj.com/content/370/bmj.m3784) | BMJ

**Health management**

**TITLE:** NHS RESET: A NEW DIRECTION FOR HEALTH AND CARE

NHS Confederation | 29th September 2020

Bringing together NHS Confederation members and partners, the NHS Reset campaign has convened the health and care system to reflect on the learning from the last six months of the Covid-19 pandemic and what it means for the future.

This report identifies five factors it believes will help to fundamentally reset the way health and care is planned, commissioned and delivered: honesty and realism: extra funding; a lighter, leaner culture; integrating health and care; and tackling health inequalities.

Full report: [NHS Reset: a new direction for health and care](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/NHS-Reset-a-new-direction-for-health-and-care.pdf)

See also: [Major new report calls for a ‘re-imagining’ of the NHS if the service is to emerge on a stronger footing from Covid-19](https://www.nhsconfed.org/news/2020/09/major-new-report-calls-for-a-reimagining-of-the-nhs)

**other**

**TITLE:** COVID-19: GENERAL PRACTICE DURING THE SECOND WAVE

BMA | 30th September 2020

General practices will struggle to cope with a second wave of covid-19 unless urgent measures are put in place to support them, the BMA has warned.

It said that practices in England were reporting that they did not have the capacity to carry out all of the work required of them while managing ongoing patient care, dealing with the backlog of care put on hold during the first wave of the pandemic, and reconfiguring services.

The report called for practices to receive extra funding for equipment to facilitate home working for staff who require it, as well as structural changes to surgery buildings to allow enhanced social distancing and infection control to protect patients and staff. It said that practices also need funding and equipment to continue digital triage and consultations while ensuring the option of a face-to-face appointment when clinically necessary.

Full report: [COVID-19: general practice during the second wave](https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-general-practice-during-the-second-wave)

See also: [GPs need extra support to withstand second wave, BMA warns](https://www.bmj.com/content/371/bmj.m3806) | BMJ

**Title:** Almost one million women in UK miss vital breast screening due to COVID-19

Breast Cancer Now | September 2020

Close to a million women in the UK have missed potentially lifesaving NHS breast screening due to COVID-19, the leading UK breast cancer charity has warned. Breast Cancer Now estimates that around 986,000 women missed their mammograms due to breast screening programmes being paused in March 2020, in a bid to reduce the risk of COVID-19 spreading and to free up emergency resource for the NHS.

Although the charity says screening for breast cancer is now beginning again, it cautions that this varies across the UK, with availability of appointments being significantly reduced to enable social distancing, and the programme has recommenced at different paces across England.

 Breast Cancer Now:  [Almost one million women in UK miss vital breast screening due to COVID-19](https://breastcancernow.org/about-us/media/press-releases/almost-one-million-women-in-uk-miss-vital-breast-screening-due-covid-19)

See also: [Pause in breast cancer screening is opportunity to re-evaluate programme, says critic](https://www.bmj.com/content/371/bmj.m3810) | BMJ

**Title:** Covid 19: a fork in the road for general practice

BMJ | 2020; 370: m3709 | 28th September 2020

Covid-19 has produced the biggest change in the organisation of UK general practice for 200 years. As in many countries, face-to-face consultations have fallen to about 10% of their previous level and most contacts are now provided remotely using symptom checkers, electronic messaging, and phone or video consultations. Several of these changes may be permanent, with fewer face-to-face consultations in future. Opportunity and danger are two aspects of change: both now apply to general practice.

GPs currently have quieter waiting rooms, fewer locums, and reduced regulatory burdens such as from Care Quality Commission inspections. However, normal workload is returning, and while remote consulting makes access much easier for some patients, there is a real risk that general practice will suddenly become less personal. Worryingly, remote consultations may increase overall GP workload and exclude patients without internet access.

Full editorial: [Covid 19: a fork in the road for general practice](https://www.bmj.com/content/370/bmj.m3709)

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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