COVID-19 weekly update

30th October 2020

**clinical management**

**Title**: General clinical management

RCGP | updated 26th October 2020

This resource provides essential information for GPs about COVID-19, from symptoms to diagnosis to protecting practice staff.

Full detail: [General Clinical Management](https://cash.libraryservices.nhs.uk/database/?entryid20=74027)

**Title**: Ventilation management and clinical outcomes in invasively ventilated patients with COVID-19

The Lancet Respiratory Medicine | 23rd October 2020  
  
Little is known about the practice of ventilation management in patients with COVID-19. This study aimed to describe the practice of ventilation management and to establish outcomes in invasively ventilated patients with COVID-19 in a single country during the first month of the outbreak.

In patients with COVID-19 who were invasively ventilated during the first month of the outbreak in the Netherlands, lung-protective ventilation with low tidal volume and low driving pressure was broadly applied and prone positioning was often used. The applied PEEP varied widely, despite an invariably low respiratory system compliance.

The findings of this national study provide a basis for new hypotheses and sample size calculations for future trials of invasive ventilation for COVID-19. These data could also help in the interpretation of findings from other studies of ventilation practice and outcomes in invasively ventilated patients with COVID-19.

Full paper: [Ventilation management and clinical outcomes in invasively ventilated patients with COVID-19 (PRoVENT-COVID): a national, multicentre, observational cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930459-8)

**Title:** Pre-pandemic psychiatric disorders and risk of COVID-19

The Lancet Healthy Longevity | 26th October 2020   
Psychiatric morbidities have been associated with a risk of severe infections through compromised immunity, health behaviours, or both. However, data are scarce on the association between multiple types of pre-pandemic psychiatric disorders and COVID-19. This study aimed to assess the association between pre-pandemic psychiatric disorders and the subsequent risk of COVID-19 using UK Biobank.

The findings suggest that pre-existing psychiatric disorders are associated with an increased risk of COVID-19. These findings underscore the need for surveillance of and care for populations with pre-existing psychiatric disorders during the COVID-19 pandemic.

Full paper: [Pre-pandemic psychiatric disorders and risk of COVID-19: a UK Biobank cohort analysis](https://www.thelancet.com/action/showPdf?pii=S2666-7568%2820%2930013-1)

**Title:** Patients to use pulse oximetry at home to spot deterioration

BMJ | 2020; 371: m4151 | 27th October 2020  
  
Patients with covid-19 who don’t need immediate hospital attention but are at high risk of developing serious symptoms are to be given pulse oximeters to use at home to reduce the risk of serious deterioration, *The BMJ* has learnt.

NHS England is believed to have purchased around 200 000 pulse oximeters for the scheme, which clinical commissioning groups across England will be able to access. The initiative is set to be rolled out across the country over the next six weeks.

Full detail: [Patients to use pulse oximetry at home to spot deterioration](https://www.bmj.com/content/371/bmj.m4151)

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

The Faculty of Intensive Care Medicine | Intensive Care Society | 28th October 2020 [Version 4]

This clinical guidance provides contemporary information for practising clinicians caring for critically ill adult patients with COVID-19. Whilst many of these patients will be cared for on intensive care units, some patients receiving continuous positive airways pressure (CPAP) and/or non-invasive ventilation (NIV) may be cared for on specialist respiratory wards.

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

This revised version contains important additions relating to:

● Antivirals

● Steroid therapy

● Co-infection with influenza

● Blood and thromboprophylaxis

● Acute Kidney Injury

● Neurological manifestations and management of ICU acquired weakness

● Gastrointestinal manifestations

Version 4 updates the previous FICM and ICS guideline published on 22nd June 2020.

Full document: [Clinical guide for the management of critical care for adults with COVID-19 during the Coronavirus pandemic](https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5f999cd5b3df86542e85d0ab/1603902680560/AdultCriticalCare-COVID-19-October2020.pdf)

**Title**: How has Covid-19 impacted on cardiovascular services and patients?

Nuffield Trust | 21st October 2020

This blog post from the Nuffield Trust takes a closer look at what it’s been like for people living with heart disease, and stresses the importance of understanding patients’ experiences as we head towards winter with a second wave underway.

The piece sets out that for patients with long-term conditions there is a greater risk that their needs are hidden from view because they are not easily counted through waiting lists or activity data. As a second wave of Covid-19 gets underway, making use of patient feedback and experiences can help to make sure that people are still able to access the care and support they need.

Full detail: [How has Covid-19 impacted on cardiovascular services and patients?](https://www.nuffieldtrust.org.uk/news-item/how-has-covid-19-impacted-on-cardiovascular-services-and-patients)

**Title**: Impact of COVID-19 on Advance Care Planning for older patients with frailty

British Geriatrics Society | 30th October 2020

An Advanced Nurse Practitioner for Frailty, Caroline Gale writes about the impact of SARS- CoV-2 on older patients with frailty, which was the subject of her master’s dissertation, in this blog post for the British Geriatrics Society.

Full detail: [Impact of COVID-19 on Advance Care Planning for older patients with frailty](https://www.bgs.org.uk/blog/impact-of-covid-19-on-advance-care-planning-for-older-patients-with-frailty)

**Title:** Antiviral drugs trialled in the early stages of COVID-19

University College London | 28th October 2020

University College London (UCL) researchers will study two antiviral drugs to help determine if they stop the SARS-CoV-2 virus from replicating. The researchers are currently recruiting participants to the trial in London. Volunteers will live in London and be individuals who have tested positive for COVID-19 and are self-isolating at home, either asymptomatic or in the first few days of symptoms. Up to 240 adults aged 18 to 70 will be recruited to the randomised placebo controlled trial and participants will take oral medication (tablets) for one week.

The FLARE trial aims to see if favipiravir and lopinavir/ritonavir, alone or in combination, can inhibit viral replication in early infection – within the first few days of illness.

Full detail: [Antiviral drugs trialled in the early stages of COVID-19](https://www.ucl.ac.uk/news/2020/oct/antiviral-drugs-trialled-early-stages-covid-19)

**Title**: Dexamethasone in hospitalised patients with COVID-19: addressing uncertainties

The Lancet Respiratory Medicine | 29th October 2020  
  
The results of the RECOVERY trial established that a moderate dose of dexamethasone (6 mg daily for 10 days) reduced mortality in hospitalised patients with COVID-19 and respiratory failure who required therapy with supplemental oxygen or mechanical ventilation. The data also indicated that dexamethasone might increase mortality in hospitalised patients who were not receiving oxygen.

While confirming beneficial effects of corticosteroids for critically ill hospitalised patients with COVID-19, this Comment piece explains that some unanswered questions and issues remain that deserve discussion and should be addressed in future research.

Full detail: [Dexamethasone in hospitalised patients with COVID-19: addressing uncertainties](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930503-8)

**Title**: SARS-CoV-2 Neutralizing Antibody LY-CoV555 in Outpatients with Covid-19

New England Journal of Medicine | 28th October 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes coronavirus disease 2019 (Covid-19), which is most frequently mild yet can be severe and life-threatening. Virus-neutralizing monoclonal antibodies are predicted to reduce viral load, ameliorate symptoms, and prevent hospitalization.

In a phase 2 trial, outpatients with Covid-19 who received a single infusion of a 2800-mg dose of the neutralizing antibody LY-CoV555 had a greater reduction from baseline in viral load than those who received placebo. Hospitalization was less frequent among antibody-treated patients (1.6% vs. 6.3%).

Full article: [SARS-CoV-2 neutralizing antibody LY-CoV555 in outpatients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2029849?articleTools=true)

**Title**: Mild or Moderate Covid-19

New England Journal of Medicine | 29th October 2020

The diagnosis of Covid-19 is usually based on SARS-CoV-2 PCR testing of a nasopharyngeal swab or other specimen. Remdesivir and dexamethasone have benefits in hospitalized patients with severe Covid-19, but in patients with moderate disease, dexamethasone is not efficacious and data are insufficient to recommend for or against routine use of remdesivir.

This Journal feature begins with a case vignette highlighting a 73-year-old man with hypertension and chronic obstructive pulmonary disease who reports that he has had fever, cough, and shortness of breath for 2 days. How should he be evaluated? If he has coronavirus disease 2019, then how should he be treated?

Evidence supporting various strategies is presented, followed by a review of formal guidelines, when they exist. The article ends with the authors’ clinical recommendations.

Full article: [Mild or moderate Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMcp2009249)

**recovery**

**Title**: National guidance for the recovery of elective surgery in children

Royal College of Paediatrics and Child Health | updated 26th October 2020

The COVID-19 pandemic has resulted in the cessation of all but the most urgent elective children’s surgical cases during the period of peak prevalence of infection in the general population. These recommendations use the most up to date evidence to inform practice that will enable recovery of children’s elective surgery.

Full detail: [National guidance for the recovery of elective surgery in children](https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/National-guidance-for-the-recovery-of-elective-surgery-in-children.pdf)

**Title:** Generation COVID: Emerging work and education inequalities

London School of Economics and Political Science, Centre for Economic Performance | October 2020

The purpose of this brief paper is to present initial findings from the recently collected LSE-CEP Social Mobility survey, which was undertaken as part of our UKRI project ‘Generation COVID and Social Mobility: Evidence and Policy’. These are the first results from a project that is producing a detailed assessment of COVID-19’s impact on education and economic inequalities and offering an assessment for the longer term consequences for social mobility in the UK.

The study found, since the start of the coronavirus pandemic, young workers to be twice as likely to have lost their jobs compared to older employees and that employment and earnings losses are more pronounced for women, the self-employed and those who grew up in a poor family. The survey provides further evidence that young people are suffering substantial and sustained losses, not only to their employment, but also their education.

Full paper: [Generation COVID: Emerging work and education inequalities](http://cep.lse.ac.uk/pubs/download/cepcovid-19-011.pdf)

**Title:** Working Together for a Healthier Post-COVID Future

The Strategy Unit| October 2020  
This analysis, commissioned by the Healthier Futures Academy in the Black Country and West Birmingham, illustrates the effects that a COVID-driven recession could have on population health. It frames a discussion about how the NHS, with other local organisations, can more effectively address the causes as well as the effects of ill health.

Full detail: [Working together for a healthier post-Covid future](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-10/061020%20Working%20Together%20for%20a%20Healthier%20Post-COVID%20Future%20-%20V1.1.pdf)

See also: [COVID-19: breaking the cycle of deprivation and ill health](https://www.strategyunitwm.nhs.uk/publications/covid-19-breaking-cycle-deprivation-and-ill-health)

**Title:** Is there a doctor in the house? Averting a post-pandemic staffing crisis in the NHS

Institute of Economic Affairs| 27th October 2020

The UK ranks 27th out of 36 OECD countries for number of physicians, and around 30 per cent of doctors on GP and specialist registers are over 55 years old. The UK relies more heavily on foreign-trained physicians than comparable countries – but within a decade it could become increasingly difficult to meet demand this way. While population growth and ageing have increased demand for doctors, such demographic factors could mean a staffing crisis is on the horizon.

This briefing suggests a range of cost-effective solutions to plug doctor shortages once the Covid-19 crisis has passed.

Full briefing: [Is there a doctor in the house? Averting a post-pandemic staffing crisis in the NHS](https://iea.org.uk/wp-content/uploads/2020/10/Is-there-a-doctor-in-the-house.pdf)

Related press release: [UK faces imminent NHS staffing crisis, says new IEA research](https://iea.org.uk/media/uk-faces-imminent-nhs-staffing-crisis-says-new-iea-research/)

**TITLE:** AN AVOIDABLE CRISIS: THE DISPROPORTIONATE IMPACT OF COVID-19 ON BLACK, ASIAN AND MINORITY ETHNIC COMMUNITIES

The Doreen Lawrence Review | 27th October 2020

The Labour Party leader, Keir Starmer, appointed Baroness Doreen Lawrence to lead this review into how those from Black, Asian and minority ethnic backgrounds were being impacted by Covid-19. The review makes both immediate and long-term recommendations to protect those most at risk and tackle structural inequalities in several key areas including the machinery of government, health, employment and in the education system.

Full document: [An Avoidable Crisis: The disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic Communities](https://uploads-ssl.webflow.com/5f5bdc0f30fe4b120448a029/5f973b076be4cadc5045fad3_An%20Avoidable%20Crisis.pdf)

See also: [Labour demands immediate action for Black, Asian and minority ethnic communities, as new report lays bare pandemic suffering](https://labour.org.uk/press/labour-demands-immediate-action-for-black-asian-and-minority-ethnic-communities-as-new-report-lays-bare-pandemic-suffering/)

**Title:** 590 people's stories of leaving hospital during COVID-19

HealthWatch | British Red Cross | 27th October 2020

In partnership with British Red Cross, this report reviews the experiences of 590 people after being discharged from hospital. The research shows significant numbers of people are not receiving follow-up support under new policy to switch to a ‘discharge to assess’ model in March 2020 (introduced to cope with demand at the peak of the Covid-19 pandemic), leading to unmet needs.

Key findings:

* 82% of respondents did not receive a follow-up visit and assessment at homeand almost one in five of these reported an unmet care needs.
* Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
* Over a third (35%) of people were not given a contact who they could get in touch with for further advice after discharge, despite this being part of the guidance.
* Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.
* Around a third (30%) of people faced an issue with delayed COVID-19 test results, potentially putting family and carers at risk, or in a care home, other residents and staff.

The report calls on the NHS to address these issues coming into the busy winter period amidst growing pressures of a second Covid-19 wave.

Full report: [590 people's stories of leaving hospital during COVID-19](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201026%20Peoples%20experiences%20of%20leaving%20hospital%20during%20COVID-19_0.pdf)

Press release: [Hospital discharge must be improved to manage COVID-19 second peak](https://www.healthwatch.co.uk/news/2020-10-27/hospital-discharge-must-be-improved-manage-covid-19-second-peak)

See also: [Hospital discharges during pandemic were often chaotic, says watchdog](https://www.bmj.com/content/371/bmj.m4155) | BMJ

**Title**: Tackling health inequalities is more urgent than ever, says new alliance

BMJ | 2020;371: m4134 | 26th October 2020

The covid-19 pandemic has exposed how health inequalities can affect people not just over a lifetime but in a matter of weeks, a new coalition of 79 health and social care organisations has said.

The Inequalities in Health Alliance, brought together by the Royal College of Physicians, has written to the prime minister to call for action. The alliance has asked the UK government to do three things: develop a cross government strategy to reduce health inequalities, enforce the socioeconomic duty placed on government bodies by section 1 of the Equality Act 2010, and adopt a “child health in all policies” approach.

Full detail: [Tackling health inequalities is more urgent than ever, says new alliance](https://www.bmj.com/content/371/bmj.m4134)

**TITLE:** EVALUATING THE EFFECT OF DEMOGRAPHIC FACTORS, SOCIOECONOMIC FACTORS, AND RISK AVERSION ON MOBILITY DURING THE COVID-19 EPIDEMIC IN FRANCE UNDER LOCKDOWN

The Lancet Digital Health | 28th October 2020

Assessing the effect of lockdown on individual displacements is essential to quantify achievable mobility reductions and identify the factors driving the changes in social dynamics that affected viral diffusion. The authors of this paper aimed to use mobile phone data to study how mobility in France changed before and during lockdown, breaking down the findings by trip distance, user age and residency, and time of day, and analysing regional data and spatial heterogeneities.

Lockdown was effective in reducing population mobility across scales. Caution should be taken in the timing of policy announcements and implementation, because anomalous mobility followed policy announcements, which might act as seeding events. Conversely, risk aversion might be beneficial in further decreasing mobility in highly affected regions.

The study also identified socioeconomic and demographic constraints to the efficacy of restrictions. The unveiled links between geography, demography, and timing of the response to mobility restrictions might help to design interventions that minimise invasiveness while contributing to the current epidemic response.

Full paper: [Evaluating the effect of demographic factors, socioeconomic factors, and risk aversion on mobility during the COVID-19 epidemic in France under lockdown: a population-based study](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930243-0)

**Title**: Face masks, vision, and risk of falls

BMJ | 2020; 371: m4133 | 28th October 2020

Public health experts and international organisations increasingly recommend wearing masks to help limit the spread of covid-19. Safe and comfortable use of masks is therefore essential to maximise adoption and compliance.

Formal guidance and associated media coverage have focused on discomfort and communication issues, with little attention paid to the effect of wearing masks on risk of falling. Although guidance recommends that older adults wear masks because they are an at risk group, it is this population for whom the effects of masks on walking safety are likely to be most pronounced.

This editorial states that mitigating the potential effects on walking safety is important to maximise use of masks and reduce the likelihood that people will avoid activities for which masks are required. It calls for further research to be done to evaluate a range of safety strategies, including advice to slow down and use of transparent masks, to facilitate evidence based public health advice.

Full editorial: [Face masks, vision, and risk of falls](https://www.bmj.com/content/371/bmj.m4133)

**Title**: Scope report published for Long Covid guideline

NICE | SIGN | Royal College of General Practitioners | October 2020

NHS England and the Chief Medical Officer of the Scottish Government have asked NICE and SIGN to develop a guideline on the long-term effects of COVID-19. This UK-wide guideline is being developed collaboratively by NICE, SIGN and the RCGP.

The guideline is being developed using a ‘living’ approach, which means that targeted areas of the guideline (including the case definition) will be continuously reviewed and updated in response to a developing and emerging evidence base.

The forthcoming guideline on long-Covid (post-Covid) will be published by the end of December 2020.

Full detail: [COVID-19 guideline scope: management of the long-term effects of COVID-19](https://www.nice.org.uk/guidance/gid-ng10179/documents/final-scope)

**Infection control**

**Title**: Sidelining GPs in pandemic response was “a disaster,” says global health leader

BMJ | 2020; 371: m4128 | 28th October 2020

The sidelining of general practices in the UK’s response to the covid-19 is a “disaster” and “a national shame,” a leading global health expert has said.

Anthony Costello, professor of global health and sustainable development at University College London, said GPs and local public health teams should have been given additional funding to oversee covid-19 testing, rather than this being centralised and outsourced under the government’s struggling national test and trace scheme, run by private companies Serco and Sitel.

Costello, who is also a member of the Independent SAGE group, made the comments in a talk to the Royal College of General Practitioners virtual conference on 22 October.

He said that the high trust that GPs had from the public had been woefully underutilised during the pandemic, and set out what he described as “a thought experiment” of how the government could have organised things differently.

Full detail: [Sidelining GPs in pandemic response was “a disaster,” says global health leader](https://www.bmj.com/content/371/bmj.m4128)

**Title**: Coronavirus antibody prevalence falling in England, REACT study shows

Imperial College London| 27th October 2020

The REACT ([Real Time Assessment of Community Transmission)](https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/) study has published its latest findings, the paper is available now (prior to peer-review). The research team's findings show that for a proportion of the participants their antibody response declined by more than a quarter. The study which occurred during summer 2020, used a finger prick blood test which the participants carried out at home.

The tests were taken in three rounds approximately 12, 18, and 24 weeks after the early April peak, with different people asked to take part at each stage. Participants were randomly selected from the NHS patient list and sent an invitation. In total, 17 576 tests were positive.

The research team at Imperial observed a downward trend across the country and across age groups, except for health workers, which could be indicative of their repeated or higher initial exposure to the virus, the authors suggest. The decline was largest in older people (aged 75 and over) compared to younger people, and also in people with suspected rather than confirmed infection, indicating that the antibody response varies by age and with the severity of illness.

Full detail: [Coronavirus antibody prevalence falling in England, REACT study shows](https://www.imperial.ac.uk/news/207333/coronavirus-antibody-prevalence-falling-england-react/)

See also:

* [Declining prevalence of antibody positivity to SARS-CoV-2: a community study of  
  365,000 adults](https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/MEDRXIV-2020-219725v1-Elliott.pdf) [pre-print paper]
* [Covid: Antibodies 'fall rapidly after infection'](https://trfthealthweeklydigest.wordpress.com/wp-admin/Antibodies%20'fall%20rapidly%20after%20infection') | BBC News
* [Antibody prevalence in England fell from 6.0% to 4.4% over three months, study finds](https://www.bmj.com/content/371/bmj.m4163) | BMJ

**Title**: What defines an efficacious COVID-19 vaccine? A review of the challenges assessing the clinical efficacy of vaccines against SARS-CoV-2

The Lancet Infectious Diseases | 27th October 2020

A Review published in The Lancet Infectious Diseases outlines key challenges for assessing clinical efficacy of COVID-19 vaccines. The opinion piece based on a review of evidence says that to allow meaningful comparison between COVID-19 vaccine candidates and ensure that the most effective candidates are deployed, researchers working on different vaccines should collaborate and assess vaccine efficacy using standardised methods.

They also note that determining whether a vaccine can protect against severe disease and death from COVID-19 might not be possible in clinical trials, and will likely require long-term, ongoing studies after any candidate is licenced and deployed.

Further to this, whilst controlled human infection studies may allow rapid assessment of vaccine efficacy, it is unclear if results from these studies, which are likely to only include young volunteers, will predict vaccine efficacy in older adults.

Full paper: [What defines an efficacious COVID-19 vaccine? A review of the challenges assessing the clinical efficacy of vaccines against SARS-CoV-2](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930773-8)

**Title:** Imperial College REACT study: Coronavirus infections rising rapidly in England

Imperial College London | 29th October 2020

The latest anlaysis from the REACT study indicates that there are 96,000 new Covid infections every day, with infections doubling every 9 days. The interim report from experts at Imperial College London includes data for the period 16-25 October.

The North continues to be the worst affected. Young people (18-24 years) continue to have the highest prevalence of infection but the steepest rise was seen in adults aged 55-64, which saw rates triple compared to the previous round. The overall reproduction number (R) has increased to 1.6, with infections doubling every 9 days, meaning that the epidemic is continuing to grow across the country.

These findings from the [REal-time Assessment of Community Transmission](https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/) (REACT 1) programme are available in a pre-print report and will be submitted for peer-review.

Full detail: [Coronavirus infections rising rapidly in England, REACT study shows](https://www.imperial.ac.uk/news/207534/coronavirus-infections-rising-rapidly-england-react/)

Related report: [High prevalence of SARS-CoV-2 swab positivity and increasing R number in England during October 2020: REACT-1 round 6 interim report](https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/REACT1_r6_interim_preprint.pdf)

See also:

* [Latest interim findings from COVID-19 study published](https://www.gov.uk/government/news/latest-interim-findings-from-covid-19-study-published?utm_source=e1203edf-10f4-4663-85d0-d2a4b8b1f0bd&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) | Department of Health & Social Care
* [Covid-19: Nearly 100,000 catching virus every day](https://www.bbc.co.uk/news/health-54723962) | BBC News

**Title**: COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation

Healthcare Safety Investigation Branch | 29th October 2020

This prospective patient safety investigation looks at how the healthcare system operates to minimise the likelihood of patients catching coronavirus on acute hospital wards.

The HSIB’s investigation focused on understanding the national situation regarding nosocomial transmission during July and August 2020. The intention was to assist the NHS as it prepares itself for the coming autumn/ winter period and any longer-term implications of responding to COVID-19

The report makes a number of safety observations and eight national recommendations. The HSIB also include a tool that trusts can use straight away to review their approach.

Full report: [COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation](https://www.hsib.org.uk/documents/257/hsib-report-covid-19-transmission-hospitals.pdf)

Summary report: [COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation](https://www.hsib.org.uk/documents/258/hsib-summary-report-covid-19-transmission-hospitals.pdf)

Press release: [National report charts challenges of managing COVID-19 transmission in hospitals](https://www.hsib.org.uk/documents/259/hsib-press-release-managing-covid-19-transmission-hospitals.pdf)

NHS Providers:  [Welcome learning to reduce risk of COVID-19 infection](https://nhsproviders.org/news-blogs/news/welcome-learning-to-reduce-risk-of-covid-19-infection)

**Title**: COVID-19 transmission—up in the air

The Lancet Respiratory Medicine | 29th October 2020

We have learnt a lot about SARS-CoV-2 and our ability to test for and manage COVID-19 has improved, but this editorial makes the point that ongoing debate remains about how SARS-CoV-2 is transmitted.

The editorial suggests that as cases of COVID-19 increase globally, we need to more fully understand the transmission routes. It is crucial, it states, that we embrace new research and do not rely on recommendations based on old data so that clearer and more effective infection control guidance can be provided in the face of pandemic fatigue.

Full editorial: [COVID-19 transmission—up in the air](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30514-2/fulltext)

**Title**: Preventing the Spread of SARS-CoV-2 With Masks and Other “Low-tech” Interventions

JAMA | 26th October 2020

This Viewpoint emphasises the continued importance of low-tech public health practices, such as wearing masks, limiting large gatherings, hand washing, and physical distancing, to help control the COVID-19 pandemic even after safe and effective vaccines become available until distribution and uptake of vaccines confer herd immunity on a population level.

Full detail: [Preventing the spread of SARS-CoV-2 with masks and other “Low-tech” interventions](https://jamanetwork.com/journals/jama/fullarticle/2772459)

**workforce wellbeing**

**TITLE:**  HEALTH CARE WORKER SARS-COV-2 INFECTION IS FLYING UNDER THE RADAR

JAMA | 27th October 2020

A network of US medical centers studied influenza and coronavirus disease 2019 (COVID-19) in healthcare workers. The investigators worked on the assumption that SARS-CoV-2 infections among this group can often go undetected, often because they have mild or no symptoms and workplace testing isn’t sufficient

The collaboration enrolled over 3000 clinicians who regularly cared for patients with the disease between April and June at 13 medical centers located in 12 US states.

6% (194) the participants tested positive for antibodies to SARS-CoV-2. Over two-thirds of clinicians (69%) reported that they had never been diagnosed with COVID-19, less than one-third (29%) didn’t recall having any symptoms during the previous few months, and more than two-fifths 44% didn’t suspect they’d had the virus.

Full detail: [Health Care Worker SARS-CoV-2 infection is flying under the radar](https://jamanetwork.com/journals/jama/fullarticle/2772293?guestAccessKey=1abb9cf6-2ede-4ad2-b666-c4730e38400e&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=etoc&utm_term=102720)

**Title:** Supporting staff who are shielding during COVID-19

NHS Employers | 20th October 2020

Following the government announcement in March 2020 that staff with certain underlying health conditions should shield to reduce the risk of becoming seriously ill from COVID-19, Oxleas NHS Foundation Trust recognised it needed to support staff from all professions.

Through ESR, the trust identified the staff who needed to shield and could not work in any capacity from home. The trust also put a call out to services to alert the trust’s equality lead and HR team of the staff who needed to shield but could still work from home. As a result, the list of staff that were confirmed as needing to shield grew from less than 50 to 140.

The trust developed clear guidance and supported managers through online sessions to help improve their understanding and offered visible support for all staff affected.

As a result, the positive actions taken:

* promoted a culture of inclusion
* created high levels of engagement with staff
* provided clear and timely guidance for managers
* retained skilled and experienced staff.

Full detail: [Supporting staff who are shielding during COVID-19](https://www.nhsemployers.org/-/media/Employers/Documents/Plan/DIVERSITY-AND-INCLUSION/Supporting-staff-who-are-shielding-case-study.pdf?la=en&hash=5897E89CE4B667CA8C3AC4466F0442C335BEAB03)

**Title:** Two fifths of doctors say pandemic has worsened their mental health

BMJ | 2020; 371:m4148 | 27th October 2020

More than two fifths of doctors in the UK say that their mental health is now worse than before the pandemic, a BMA survey has found.

The association received responses from 6610 doctors working across England to a snapshot survey it conducted in October. Of the 6550 doctors who responded to a question about their mental wellbeing, 43% said that they were currently experiencing work related depression, anxiety, stress, burnout, emotional distress, or other mental health condition and that it was worse than it had been before the pandemic started.

Of 6559 doctors who responded to a follow-up question, a third (32%) said that their health and wellbeing were slightly worse than it had been during the first wave of the pandemic and 10% said it was much worse. More than a third (37%) said it was the same, while 21% said it was better.

Full detail: [Two fifths of doctors say pandemic has worsened their mental health](https://www.bmj.com/content/371/bmj.m4148)

**Title:** Risk of hospital admission with coronavirus disease 2019 in healthcare workers and their households

BMJ | 2020; 371: m3582 | 28th October 2020

The objective of this nationwide linkage cohort study was to assess the risk of hospital admission for coronavirus disease 2019 (covid-19) among patient facing and non-patient facing healthcare workers and their household members.

The study concluded that healthcare workers and their households contributed a sixth of covid-19 cases admitted to hospital. Although the absolute risk of admission was low overall, patient facing healthcare workers and their household members had threefold and twofold increased risks of admission with covid-19.

Full document: [Risk of hospital admission with coronavirus disease 2019 in healthcare workers and their households: nationwide linkage cohort study](https://www.bmj.com/content/bmj/371/bmj.m3582.full.pdf)

Linked editorial: [Covid-19: risks to healthcare workers and their families](https://www.bmj.com/content/371/bmj.m3944)

**Health management**

**Title:** Learning from a pandemic: how the post-covid NHS can reach its full potential

BMJ | 2020; 371: m3867 | 27th October 2020

The scale and degree of adaptation that the NHS has achieved in the past six months is unprecedented in its 72 year history. The service acted swiftly to bolster its emergency preparedness and resilience and rose to the challenge with innovation, energy, and kindness. But the pandemic has exposed its fragilities.

Questions are arising about how the NHS should plan for the future as well as capture and codify the experience of achieving change in such a fast, agile, and adaptive way. This essay suggests that there are three main areas of focus for planning a strategy:

* 1. Health and care delivery model redesign, including the integration and specialisation of services.
* 2. A more agile, fluid, multidisciplinary workforce, affecting staffing, training, and leadership requirements.
* 3. Greater ambition in the NHS on digitalisation, innovation, research and development, and public-private-academic partnerships.

Full detail: [Learning from a pandemic: how the post-Covid NHS can reach its full potential](https://www.bmj.com/content/bmj/371/bmj.m3867.full.pdf)

**other**

**TITLE:**  IS A SECOND WAVE HITTING EUROPE?

BMJ | 2020; 371: m4113 | 28th October 2020

A relaxation of lockdowns and the public’s loosening of precautionary behaviours has seen recorded cases and deaths rise across Europe, and governments are now having to clamp down hard as their hospitals fill up once again as this feature piece reports.

Full detail: [Is a second wave hitting Europe?](https://www.bmj.com/content/371/bmj.m4113)

**Title**: NHS capacity already stretched as COVID-19 deaths rise 53 per cent in a week

NHS Confederation | 27th October 2020

The NHS Confederation responds to figures released by the Office for National Statistics (ONS) that show an increase in the mortality rate in the last week. The Director of NHS Confederation Layla McCay says the statistics “illustrate how grave the situation has already become, and how difficult the coming weeks and months are likely to be. Deaths have risen more than 50 per cent in a week, marking the sixth weekly rise in a row, and we need action now to try to curb this.”

Full press release from [NHS Confederation](https://www.nhsconfed.org/news/2020/10/nhs-capacity-already-stretched-as-covid-19-deaths-rise-53-per-cent-in-a-week)

**Main points**

* The number of deaths registered in England and Wales in the week ending 16 October 2020 (Week 42) was 10,534; this was 580 more deaths than in Week 41.
* In Week 42, the number of deaths registered was 6.8% above the five-year average (669 deaths higher).
* Of the deaths registered in Week 42, 670 mentioned “novel coronavirus (COVID-19)”, accounting for 6.4% of all deaths in England and Wales; this is an increase of 232 deaths compared with Week 41 (when there were 438 deaths involving COVID-19, accounting for 4.4% of all deaths).

Read the statistical release from the [ONS](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending16october2020)

See also: [UK deaths near 60 000 as leaders call for realism about what NHS can handle](https://www.bmj.com/content/371/bmj.m4169) | BMJ

**Title:**  Covid-19: Why are age and obesity risk factors for serious disease?

BMJ | 2020; 371: m4130 | 26th October 2020

Worldwide more than 41 million people have now been infected with SARS-CoV-2 and over a million people have died. This BMJ News briefing asks what makes this virus so difficult to control, and why are some people more at risk than others?

Full detail: [Covid-19: Why are age and obesity risk factors for serious disease?](https://www.bmj.com/content/371/bmj.m4130)

**Title:** Coronavirus (COVID-19) Infection Survey, UK: 30 October 2020

Office for National Statistics | 30th October 2020

The latest ONS COVID-19 Infection Survey reports rising numbers of cases across the UK:

* Around 52,000 people were catching the virus, with or without symptoms, every day in homes in England up to last Friday
* This is up from 35,000 the week before
* Cases are rising "steeply" in the North West and Yorkshire and The Humber
* Across the country, rates appear to be "steeply increasing" among secondary school children
* Rates are increasing in Wales, where one-in-120 people have the virus, and in Northern Ireland where one-in-80 have it
* In Scotland, one-in-140 people are testing the positive for the virus, in England it in one-in-100

The latest R number for the UK - the number of people each infected person passes the virus on to on average - is between 1.1 and 1.3. This is lower than last week's estimate, of 1.2 to 1.4, but anything above 1.0 means cases are still growing.

Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 30 October 2020](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/30october2020)

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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