COVID-19 weekly update

September 4th 2020

**clinical management**

**Title**: Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19

JAMA | published online 2nd September 2020

Effective therapies for patients with coronavirus disease 2019 (COVID-19) are needed, and clinical trial data have demonstrated that low-dose dexamethasone reduced mortality in hospitalized patients with COVID-19 who required respiratory support.

The objective of this study was to estimate the association between administration of corticosteroids compared with usual care or placebo and 28-day all-cause mortality.

Key Points:

* In this prospective meta-analysis of 7 randomized trials that included 1703 patients of whom 647 died, 28-day all-cause mortality was lower among patients who received corticosteroids compared with those who received usual care or placebo (summary odds ratio, 0.66).
* Administration of systemic corticosteroids, compared with usual care or placebo, was associated with lower 28-day all-cause mortality in critically ill patients with COVID-19.

Full paper: [Association between administration of systemic corticosteroids and mortality among critically ill patients with covid-19. A Meta-analysis](https://jamanetwork.com/journals/jama/fullarticle/2770279?guestAccessKey=ec87204d-c42d-4d34-bef5-077a40bc86b0&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=090220)

See also:

* [New studies reinforce evidence that corticosteroids improve survival rates among critically ill COVID-19 patients](https://www.nihr.ac.uk/news/new-studies-reinforce-evidence-that-corticosteroids-improve-survival-rates-among-critically-ill-covid-19-patients/25589) | National Institute for Health Research
* [Cheap steroids save lives from severe Covid](https://www.bbc.co.uk/news/health-53612397) | BBC News

**Title**: Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy

BMJ | 2020; 370: m3320 | 1st September 2020

The objective of this review was to determine the clinical manifestations, risk factors, and maternal and perinatal outcomes in pregnant and recently pregnant women with suspected or confirmed coronavirus disease 2019 (covid-19).

The review concluded that pregnant and recently pregnant women are less likely to manifest covid-19 related symptoms of fever and myalgia than non-pregnant women of reproductive age and are potentially more likely to need intensive care treatment for covid-19. Pre-existing comorbidities, high maternal age, and high body mass index seem to be risk factors for severe covid-19. Preterm birth rates are high in pregnant women with covid-19 than in pregnant women without the disease.

Full document: [Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis](https://www.bmj.com/content/bmj/370/bmj.m3320.full.pdf)

**Title**: Impact of COVID-19 on percutaneous coronary intervention for ST-elevation myocardial infarction

Heart | 31st August 2020

The objective of the study was to identify any changes in primary percutaneous coronary intervention (PCI) for ST-elevation myocardial infarction (STEMI) in England by analysing procedural numbers, clinical characteristics and patient outcomes during the COVID-19 pandemic.

Following the lockdown in England, the authors observed a decline in primary PCI procedures for STEMI and increases in overall symptom-to-hospital and door-to-balloon time for patients with STEMI. Restructuring health services during COVID-19 has not adversely influenced in-hospital outcomes.

Full paper: [Impact of COVID-19 on percutaneous coronary intervention for ST-elevation myocardial infarction](https://heart.bmj.com/content/heartjnl/early/2020/08/31/heartjnl-2020-317650.full.pdf)

**Title**: Ethics framework for use in acute paediatric settings during COVID-19 pandemic

Royal College of Paediatrics and Child Health | updated 1st September

This ethical framework is a modification of guidance developed for treatment decisions relating to adults. The principles relating to decisions for children in the setting of the pandemic are the same as those for adults. The framework emphasises that decisions should be ethically consistent and apply to patients both with COVID-related and non-COVID related illness.

Full detail: [Ethics framework for use in acute paediatric settings during COVID-19 pandemic](https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/Ethics-framework-for-use-in-acute-paediatric-settings-during-COVID-19-pandemic.pdf)

**Title**: More about chloroquine and hydroxychloroquine

Centre for Evidence-Based Medicine | updated 30th August 2020

The hypothesis that the 4-aminoquinolines chloroquine and hydroxychloroquine may be beneficial in the treatment of COVID-19 is a weak one, based on poor mechanistic reasoning and inconsistent results of studies in vitro, in laboratory animals, and in humans.

It is likely that even if chloroquine and hydroxychloroquine are effective in COVID-19, the beneficial effects will be small.

The risks of adverse reactions to these drugs may be increased in patients who are acutely ill with severe COVID-19, in many of whom high doses are being used.

Macrolide antibacterial drugs, such as azithromycin, clarithromycin, erythromycin, and telithromycin, interact adversely with the 4-aminoquinolines, since both types of drug prolong the electrocardiographic QT interval. The combination increases the risk of the serious ventricular tachycardia called torsades de pointes, which is often fatal. Macrolide antibacterial drugs should be avoided in patients taking chloroquine or hydroxychloroquine. Other drugs that prolong the QT interval should also be avoided or used with care.

Full detail: [More about chloroquine and hydroxychloroquine](https://www.cebm.net/covid-19/chloroquine-and-hydroxychloroquine/)

**Title**: Effect of Hydrocortisone on Mortality and Organ Support in Patients With Severe COVID-19

JAMA | published online 2nd September 2020

Question:  Does intravenous hydrocortisone, administered either as a 7-day fixed-dose course or restricted to when shock is clinically evident, improve 21-day organ support–free days (a composite end point of in-hospital mortality and the duration of intensive care unit–based respiratory or cardiovascular support) in patients with severe coronavirus disease 2019 (COVID-19)?

Findings:  In this bayesian randomized clinical trial that included 403 patients and was stopped early after results from another trial were released, treatment with a 7-day fixed-dose course of hydrocortisone or shock-dependent dosing of hydrocortisone, compared with no hydrocortisone, resulted in 93% and 80% probabilities of superiority, respectively, with regard to the odds of improvement in organ support–free days within 21 days.

Meaning:  Although suggestive of benefit for hydrocortisone in patients with severe COVID-19, the trial was stopped early and no treatment strategy met prespecified criteria for statistical superiority, precluding definitive conclusions.

Full paper: [Effect of hydrocortisone on mortality and organ support in patients with severe covid-19. The remap-cap covid-19 corticosteroid domain randomized clinical trial.](https://jamanetwork.com/journals/jama/fullarticle/2770278)

**Title**: COVID-19 and mRNA Vaccines—First Large Test for a New Approach

JAMA | published online 3rd September 2020

This Medical News article discusses the leading vaccine candidates against the novel coronavirus.

Full article: [COVID-19 and mRNA vaccines - First large test for a new approach](https://jamanetwork.com/journals/jama/fullarticle/2770485)

**Title**: Effect of Hydrocortisone on 21-Day Mortality or Respiratory Support Among Critically Ill Patients With COVID-19

JAMA | published online 2nd September 2020

Question: Does low-dose hydrocortisone decrease treatment failure in patients with COVID-19–related acute respiratory failure?

Findings:  In this randomized clinical trial that included 149 patients and was terminated early following the recommendation of the data and safety monitoring board, there was no significant difference in the rate of treatment failure (defined as death or persistent respiratory support with mechanical ventilation or high-flow oxygen therapy) on day 21 between the hydrocortisone and placebo groups (42.1% vs 50.7%, respectively).

Meaning:  Low-dose hydrocortisone did not significantly reduce treatment failure in patients with COVID-19–related acute respiratory failure; however, the study was stopped early and was therefore likely underpowered.

Full detail: [Effect of hydrocortisone on 21-day mortality or respiratory support among critically ill patients with Covid-19. A Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2770276)

See also: [Corticosteroids in Covid-19 ARDS. Evidence and hope during the pandemic](https://jamanetwork.com/journals/jama/fullarticle/2770275) | JAMA editorial

 **Title**: Effect of Dexamethasone on Days Alive and Ventilator-Free in Patients With Moderate or Severe Acute Respiratory Distress Syndrome and COVID-19

JAMA | published online 2nd September 2020

Question:  In patients with coronavirus disease 2019 (COVID-19) and moderate or severe acute respiratory distress syndrome (ARDS), does intravenous dexamethasone plus standard care compared with standard care alone increase the number of days alive and free from mechanical ventilation?

Findings:  In this randomized clinical trial that included 299 patients, the number of days alive and free from mechanical ventilation during the first 28 days was significantly higher among patients treated with dexamethasone plus standard care when compared with standard care alone (6.6 days vs 4.0 days).

Meaning: Intravenous dexamethasone plus standard care, compared with standard of care alone, resulted in a statistically significant increase in the number of days alive and free of mechanical ventilation over 28 days.

Full detail: [Effect of dexamethasone on days alive and ventilator-free in patients with moderate or severe acute respiratory distress syndrome and Covid-19. The CoDEX Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2770277)

**Title**: Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review

Cochrane Systematic Review - Prototype | published 1st September 2020

Supplemental oxygen is frequently administered to patients with acute respiratory distress syndrome (ARDS), including ARDS secondary to viral illness such as coronavirus disease 19 (COVID‐19). An up‐to‐date understanding of how best to target this therapy (e.g. arterial partial pressure of oxygen (PaO2) or peripheral oxygen saturation (SpO2) aim) in these patients is urgently required.

Theobjective of this review was to address how oxygen therapy should be targeted in adults with ARDS (particularly ARDS secondary to COVID‐19 or other respiratory viruses) and requiring mechanical ventilation in an intensive care unit, and the impact oxygen therapy has on mortality, days ventilated, days of catecholamine use, requirement for renal replacement therapy, and quality of life.

Authors' conclusions:

We are very uncertain as to whether a higher or lower oxygen target is more beneficial in patients with ARDS and receiving mechanical ventilation in an intensive care setting. We identified only one RCT with a total of 205 participants exploring this question, and rated the risk of bias as high and the certainty of the findings as very low. Further well‐conducted studies are urgently needed to increase the certainty of the findings reported here. This review should be updated when more evidence is available.

Full detail: [Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013708/full)

**Title**: Optimal management of acute coronary syndromes in the era of COVID-19

Heart | published online 2nd September 2020

The coronavirus pandemic (COVID-19) has had unprecedented impact on healthcare systems, including acute cardiology services.

 COVID-19 *directly* leads to cardiac complications in those patients with underlying heart disease or cardiac risk factors. COVID-19 *indirectly* impacts patients through the required change in healthcare resource allocation and the need for social distancing.

A reduction in health-seeking behaviour reduced attendances for cardiac emergencies, and reduction in traditional chronic care will have implications that extend beyond the infective reach of the virus. Therefore, cardiovascular care during the pandemic should remain a priority to mitigate the significant morbidity and mortality from both the direct and indirect effects of COVID-19.

As future coronavirus waves are anticipated, it is prescient to review its impact on the delivery of cardiovascular care, in particular the management of acute coronary syndromes (ACS).

Full paper: [Optimal management of acute coronary syndromes in the era of COVID-19](https://heart.bmj.com/content/heartjnl/early/2020/09/01/heartjnl-2020-317143.full.pdf)

**Title**: Corticosteroids in the treatment of suspected or confirmed COVID-19

MHRA COVID-19 Therapeutic Alert CEM/CMO/2020/033 | 3rd September 2020

This alert looks at the implementation and management of supply of Corticosteroids in the treatment of suspected or confirmed COVID-19. This alert replaces the previously issued alerts regarding Dexamethasone in the use of COVID19.

Full document: [Corticosteroids in the treatment of suspected or confirmed COVID-19](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103670)

**recovery**

**Title**: Letter from PHE and NHS Test and Trace to school and college leaders

Department of Health and Social Care | Public Health England | 3rd September 2020

As schools and colleges return for the autumn term and welcome back pupils and students, the Medical Director of Public Health England, Yvonne Doyle, and Chief Medical Adviser of NHS Test and Trace, Susan Hopkins, have written to school and college leaders with further advice regarding coronavirus testing and shielding.

[Letter from PHE and NHS Test and Trace to school and college leaders](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914391/Letter_from_PHE_and_NHS_Test_and_Trace_to_school_and_college_leaders.pdf)

**Title**: Supporting people outside of their home

Department of Health and Social Care | 2nd September 2020

This guidance is for people who need support when outside their home and people who provide this support during coronavirus (COVID-19). It outlines how the coronavirus transmission risk can be minimised when support is provided so that people can visit shops, socialise or exercise safely.

Full guidance: [Supporting people outside of their home](https://www.gov.uk/government/publications/supporting-people-outside-of-their-home/supporting-people-outside-of-their-home)

**Title:** The Manchester Briefing on COVID-19

Alliance MBS | Week beginning 24th August 2020

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers. The briefing brings together international lessons and examples which may prompt thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic.

The lessons are taken from websites (e.g. UN, WHO), documents (e.g. from researchers and governments), webinars (e.g. those facilitated by WEF, GCRN), and other things.

This week there are four briefings:

* Briefing A: Managing change for COVID-19 recovery
* Briefing B. Lessons you may find helpful from across the world
* Briefing C: Disability-inclusive recovery and renewal from
* Briefing D: Useful webinars

Full detail: [The Manchester Briefing on COVID-19. International lessons for local and national government recovery and renewal](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b19-wb24thaugust2020final.pdf?gator_td=%2bT2NXkz2W%2b7pTUgZlk4vQxTO0GQq3%2fiv3wC5MLPUOsox95c1LyJOlDYmYTixf83E4EtILRQwJBMMsKPxUfRBSHmEBldzB2%2ffbmS9V21gJC%2bFG5%2fqKb0j%2fEqTO9CwRGd00CBS6qGdz%2fGREwoWT5N6iQ%3d%3d)

**TITLE**: Mental health and COVID-19

National Institute for Health Research | 2nd September 2020

The impact of COVID-19 pandemic and the constraints it has imposed on people is an issue of interest and concern to patients, service users, carers and health and social care professionals alike. In pandemic conditions it is likely that people’s existing mental health problems may get worse. Mental health may also decline because of social isolation, loss of employment, stress and health anxiety caused by the pandemic and the steps taken to control it.

This Collection brings together NIHR research on several aspects of mental health that are particularly relevant to the COVID-19 situation.

Full detail: [Mental health and COVID-19](https://evidence.nihr.ac.uk/collection/mental-health-and-covid-19/)

**Title:** Returning to school after the coronavirus lockdown

Mental Health Foundation | 25th August 2020

The coronavirus pandemic and subsequent lockdown is an unprecedented situation in modern times. It is hard to gauge the full impact that the situation is having on children and young people’s mental health and wellbeing.

Pupils’ experiences of the lockdown period will have been very varied. For some, it will mostly have been a safe and enjoyable time. For others, it will have been challenging or traumatic. Schools and teachers are used to supporting their pupils through challenges that they face in life – the current situation will amplify those situations many times over.

This short guide aims to:

* Outline the scale of the challenge that schools and pupils are facing.
* Provide practical advice, activities and support.

Full detail: [Returning to school after the coronavirus lockdown](https://www.mentalhealth.org.uk/coronavirus/returning-school-after-lockdown)

**Title:** Generation COVID-19. Building the case to protect young people’s future health

The Health Foundation | 30th August 2020

New analysis from the Health Foundation looks at emerging evidence on the pandemic’s impact on young people across the UK – one of the most affected groups.

The analysis found:

* one in four young people were not able to access the mental health support they sought during lockdown
* 60% of young people aged 16-29 felt concerned about lockdown's impact on their friendships, compared to just 34% of 30 to 59-year-olds

But the challenges experienced by young people haven't fallen evenly. The analysis shows:

• those from the lowest income households were the most likely to no longer be working or remain not working

• young people from ethnic minority backgrounds are more than twice as likely to have not been working since lockdown than their peers.

The Health Foundation suggests a national cross-government health inequalities strategy is needed to level up health outcomes and improve the nation's health. It is vital that young people – irrespective of their background – are placed at the heart of these plans.

Full detail: [Generation COVID-19. Building the case to protect young people’s future health](https://www.health.org.uk/sites/default/files/2020-08/Generation%20COVID-19.pdf)

**Title:** Covid-related anxiety and distress in the workplace

 The British Psychological Society | 3rd September 2020

As Covid-19 lockdown restrictions are eased, and in some cases temporarily re-introduced, people will experience many different emotional responses to what is happening.

Each employee will have their own specific concerns regarding their work or personal experience.

How individual employees and employers deal with these feelings can affect their transition into new ways of working, as well as their wellbeing and performance in the immediate and long term.

This document offers practical steps and ideas for creating healthy, sustainable working conditions.

Full document: [Covid-related anxiety and distress in the workplace](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Covid-related%20anxiety%20and%20stress%20in%20the%20workplace.pdf)

**Title**: Rehabilitation of patients post-COVID-19 infection: a literature review

Journal of International Medical Research | 25th August 2020

Rehabilitation is important for patients with coronavirus disease 2019 (COVID-19) infection. Given the lack of guidelines in English on the rehabilitation of these patients, we conducted a review of the most recent reports.

We performed this literature review using the principal research databases and included randomized trials, recommendations, quasi-randomized or prospective controlled clinical trials, reports, guidelines, field updates, and letters to the editor. We identified 107 studies in the database search, among which 85 were excluded after screening the full text or abstract. In total, 22 studies were finally included.

The complexity of the clinical setting and the speed of spread of the severe acute respiratory syndrome coronavirus 2, which leads to rapid occupation of beds in the intensive care unit, make it necessary to discharge patients with COVID-19 who have mild symptoms as soon as possible.

For these reasons, it is necessary to formulate rehabilitation programs for these patients, to help them restore physical and respiratory function and to reduce anxiety and depression, particularly patients with comorbidities and those who live alone or in rural settings, to restore a good quality of life.

Full paper: [Rehabilitation of patients post-COVID-19 infection: a literature review](https://journals.sagepub.com/doi/pdf/10.1177/0300060520948382)

**Title**: Scaling the Need, Benefits, and Risks Associated with COVID-19 Acute and Postacute Care Rehabilitation: A Review

Rehabilitation Research Practice | 26th August 2020

The main aim of this study is to review and summarize the evidence regarding the supportive role of physical rehabilitation techniques in managing COVID-19-associated pneumonia. In this review, we also emphasize the use of rehabilitation techniques in the management of pneumonia in COVID-19-infected patients.

Based on the evidence presented, we conclude that certain physical rehabilitation techniques and modalities could be of great support in the management of COVID-19-associated pneumonia.

The safety of staff and patients when applying rehabilitation intervention requires attention. The combination of physical rehabilitation and medical treatment would result in improved treatment outcomes, faster recovery, and shorter hospital stay. Many rehabilitation techniques are safe and feasible and can be easily incorporated into the management protocol of COVID-19 victims. Decisions of early rehabilitation induction should be based on the patient’s medical condition and tolerability.

Full paper: [Scaling the need, benefits, and risks associated with covid-19 acute and postacute care rehabilitation: a review](http://downloads.hindawi.com/journals/rerp/2020/3642143.pdf)

**Title**: The COVID-19 rehabilitation pandemic

Age and Ageing | September 2020

The coronavirus disease 2019 (COVID-19) pandemic and the response to the pandemic are combining to produce a tidal wave of need for rehabilitation. Rehabilitation will be needed for survivors of COVID-19, many of whom are older, with underlying health problems.

In addition, rehabilitation will be needed for those who have become deconditioned as a result of movement restrictions, social isolation, and inability to access healthcare for pre-existing or new non-COVID-19 illnesses. Delivering rehabilitation in the same way as before the pandemic will not be practical, nor will this approach meet the likely scale of need for rehabilitation.

This commentary reviews the likely rehabilitation needs of older people both with and without COVID-19 and discusses how strategies to deliver effective rehabilitation at scale can be designed and implemented in a world living with COVID-19.

Full paper: [The COVID-19 rehabilitation pandemic](https://watermark.silverchair.com/afaa118.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAqgwggKkBgkqhkiG9w0BBwagggKVMIICkQIBADCCAooGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMP5PpOdzs2i9KcSVUAgEQgIICWxSNJlWxwSXRiBi0KOntrzDN68ZRKVtchz1pAjjQxhVm_v7U-IW14qFTHeAbE-MUuAwnl-eOMxL_P_5RE6iCikcR1NpKq_GoRpIKi6CHiYPmM3FwCWS3KeatOba0Xq9D9x5pClTbqr0Sw_JuEVfuKBXoJuLEJL2W1nnGzIxKsncotDEiZkAqkRK1ewiE8ZHQNXKvlC_pQOz_-v7Z8ugBPggtRxVaxtSsx11253_pnA5MBpMP1AlnnOyOwHHV-__X6xHH6p-o-v9h2-4xqWmsNtJJoTEMuF6_JQkhiurg36yD_aqLZVsFMgUbQZ0lag9z_Yy-QUYZjAtU4Tz1ovZwudNL-3lPdC5YZIEw-Whz6hmvL86bjP3g4epVWzHbOzDaYTpMN963Fi29atdrVk4plRYIRSMo9g84gqGMQcmBZMol0p52muVdfNfH7AGUpD3jodHtbG3qRz0dO2pXpDWCIw_PgBn5gSF-DyqvKHl4hwQKq367Q3AyPrVyI8aRIv1uB3NiB1aR5eKBm4mdRM_BqOIfQD4mJLYHZwoGcOgKD9NgEmDnrFbtlC6WcwT2w-eyu92-fC7vDGPxiN6UH_RzVlD8-UenhzDGwlCQfYJL5vq_TgmYaISez1Le18MkQFiYKZbjonn8izmVE--3J3SwEguf_y-1KbkbCLnRgaEn-qca3xv3-ybOLsRnCTTGxOa63Z3lm2sUsMjVLW1rGvMMvwBMzx_YlV12NAvrPoNN3HcdQW-GS185ld2kSpoRsKYeMWW3-2nPC4rH4NOe7smDLi8-KS38IMV5t5Zppg)

**Infection control**

**Title**: Retest for COVID-19 4+ weeks after symptoms first appear to curb infection risk

BMJ Open | 2nd September 2020

People who've had COVID-19 should be swab tested again 4 or more weeks after symptoms first appear to minimise the risk of onward infection, according to a large population based study published in the online journal *BMJ Open*.

This is because SARS-CoV-2, the virus responsible for COVID-19 infection, takes an average of 30 days to clear from the body after the first positive test result and an average of 36 days after symptoms first appear, the study findings show. And it's not yet known how infectious a person may be in the recovery phase, warn the researchers.

The findings indicate that the rate of false negative test results--whereby people are falsely reassured they no longer have active (shedding) virus in their bodies--is relatively high (1 in 5) in early convalescence, so putting them at risk of unwittingly passing on the infection.

Full article: [Temporal profile and determinants of viral shedding and of viral clearance confirmation on nasopharyngeal swabs from SARS-CoV-2-positive subjects: a population-based prospective cohort study in Reggio Emilia, Italy](https://bmjopen.bmj.com/content/bmjopen/10/8/e040380.full.pdf) | BMJ Open

See also: [Retest for COVID-19 4+ weeks after symptoms first appear to curb infection risk, say researchers](https://www.eurekalert.org/pub_releases/2020-09/b-rfc090120.php) | EurekAlert

**Title**: New Lighthouse Lab to boost NHS Test and Trace capacity

Department of Health & Social Care | 3rd September 2020

A new Lighthouse Lab near Loughborough will join Britain’s largest network of diagnostic testing facilities in history to increase coronavirus testing capacity.

The new lab will be brought into the lab network this month and will be able to process around 50,000 tests per day by the end of the year.

This comes as the weekly statistics from NHS Test and Trace show that the service continues to reach the majority of those testing positive and their contacts, in week 13 reaching 80% of contacts where contact information was available.

Demand for testing continues to rise, with those tested for the first time increasing by 63% since mid-June.

The new lab is part of plans to scale up testing capacity to 500,000 swab tests per day by the end October. There is currently capacity for 350,000 tests each day in the UK, across all 4 testing pillars including antibody tests and surveillance studies. The growth in demand means that existing capacity for pillar 2 swab tests is being fully utilised and in line with existing plans, the capacity is being quickly expanded.

Full detail: [New Lighthouse Lab to boost NHS Test and Trace capacity](https://www.gov.uk/government/news/new-lighthouse-lab-to-boost-nhs-test-and-trace-capacity?utm_source=2db89835-05d3-41c8-97bd-ec2b5675053e&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Covid-19: the problems with case counting

BMJ | 2020; 370: m3374 | 3rd September 2020

Novel coronavirus cases in England have been rising steadily since the beginning of July. However, as this BMJ briefing explains, this trend may not tell us what we really need to know about the pandemic and the most serious cases—or what to do about them.

Full briefing: [Covid-19: the problems with case counting](https://www.bmj.com/content/bmj/370/bmj.m3374.full.pdf)

**Health management**

**Title:** Primary care networks: the impact of covid-19 and the challenges ahead

BMJ | 2020; 370: m3353 | 3rd September 2020

In 2019, general practices in England came together to form 1259 primary care networks. NHS England sees these networks as a route to improving collaboration between general practice and other community based providers, expanding the multidisciplinary workforce, and becoming the building blocks for integrated care systems as part of the NHS long term plan.

This BMJ editorial outlines the challenges and uncertainties that lie ahead in light of the pressures of the pandemic.

Full editorial:  [Primary care networks: the impact of covid-19 and the challenges ahead](https://www.bmj.com/content/370/bmj.m3353)

**Title:** Decision making in a crisis. First responses to the coronavirus pandemic

Institute for Government | 1st September 2020

The coronavirus pandemic required the UK government to take high-stakes decisions under conditions that make good policy making hard. This report examines three key groups of decisions made by the government in its early response to the pandemic: the economic support package, the commitment to run 100,000 tests per day by 30 April, and the lockdown and school closures.

The report identifies how:

* The government needed to be clearer about the role of science advice and its limitations, particularly in the early stages of the crisis when it looked to its scientists to generate policy, not just advise on it
* Government decisions were influenced too much by concerns over NHS capacity rather than by controlling the spread of the virus
* Senior officials distanced themselves from the decision to reach 100,000 tests a day, and it was unclear who was responsible for different aspects of the testing regime, which made it difficult to assign responsibility for remedying gaps and failures
* The government did not think about some of the most important aspects of how it would implement its policies until after it had announced them, leaving many public services, in particular schools and the police, playing catch up.

Full report: [Decision making in a crisis. First responses to the coronavirus pandemic](https://www.instituteforgovernment.org.uk/sites/default/files/publications/decision-making-crisis.pdf)

**Title:** COVID-19 Insights Impact on workforce skills

Skills for Health | 2nd September 2020

This report confirms that the pandemic has had wider than expected consequences on our NHS and health and care workforce which will continue to significantly influence service delivery for some time to come.

This national research is based on the Covid-19 Workforce Survey, which was conducted in June 2020, and received a substantial 2950 responses from those working across our NHS, and wider health and care services. The findings clearly show that following three months of extreme change in our sector, organisations suffered severe skills loss.

The report highlights the critical issues which contributed to this, with the aim of supporting our sector to rebuild and reset for a sustainable future, both now and in the long-term.

Full report: [COVID-19 Insights Impact on workforce skills](https://www.skillsforhealth.org.uk/images/landing/Covid-19%20Workforce%20Survey%20Key%20Insights.pdf)

**other**

**TITLE:** Most Approve of National Response to COVID-19 in 14 Advanced Economies

Pew Research Center | 27th August 2020

Countries’ approaches to combat the spread of the coronavirus have varied throughout Europe, North America, Australia, Japan and South Korea, but most publics in these regions believe their own country has done a good job of dealing with the outbreak, according to a new Pew Research Center survey of 14 advanced economies.

Overall, a median of 73% across the nations say their country has done a good job of handling novel coronavirus, which has reached nearly every corner of the globe, infected more than 20 million people worldwide and resulted in the deaths of several hundred thousand.

But the pandemic has had a divisive effect on a sense of national unity in many of the countries surveyed: A median of 46% feel more national unity now than before the coronavirus outbreak, while 48% think divisions have grown. This includes 77% of Americans who say they are further divided than prior to the pandemic, while just 18% believe the country to be more united.

In addition, a median of 58% say that their lives have changed a great deal or fair amount due to COVID-19. Women in particular have felt the effects of the virus most acutely.

Full detail: [Most approve of national response to covid-19 in 14 advanced economies…but many also say their country is more divided due to the outbreak](https://www.pewresearch.org/global/2020/08/27/most-approve-of-national-response-to-covid-19-in-14-advanced-economies/)

**Title:** Ethnicity and risk of death in patients hospitalised for COVID-19 infection in the UK

BMJ Open Respiratory Research | 1st September 2020

Studies suggest that certain black and Asian minority ethnic groups experience poorer outcomes from COVID-19, but these studies have not provided insight into potential reasons for this.

The authors of this study hypothesised that outcomes would be poorer for those of South Asian ethnicity hospitalised from a confirmed SARS-CoV-2 infection, once confounding factors, health-seeking behaviours and community demographics were considered, and that this might reflect a more aggressive disease course in these patients.

The study found that those of South Asian ethnicity appear at risk of worse COVID-19 outcomes, and suggested further studies need to establish the underlying mechanistic pathways.

Full paper:  [Ethnicity and risk of death in patients hospitalised for COVID-19 infection in the UK: an observational cohort study in an urban catchment area](https://bmjopenrespres.bmj.com/content/bmjresp/7/1/e000644.full.pdf)

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